

South Carolina Department of Social Services  
 Child and Adult Care Food Program (CACFP)  
**WEEKLY MENU FORM**

|                             |   |                   |                  |                 |               |                 |               |
|-----------------------------|---|-------------------|------------------|-----------------|---------------|-----------------|---------------|
| Provider's Name: _____      |   | Month/Year: _____ |                  |                 |               |                 |               |
|                             | <b>Monday</b>                           | <b>Tuesday</b>    | <b>Wednesday</b> | <b>Thursday</b> | <b>Friday</b> | <b>Saturday</b> | <b>Sunday</b> |
| <b>Breakfast</b>            | <b>Calendar Date</b>                    |                   |                  |                 |               |                 |               |
|                             | Fluid Milk                              |                   |                  |                 |               |                 |               |
|                             | Fruit, Vegetable or Full Strength Juice |                   |                  |                 |               |                 |               |
|                             | Bread or Bread Alternate(s)             |                   |                  |                 |               |                 |               |
|                             | *Additional Food (Optional)             |                   |                  |                 |               |                 |               |
| <b>AM Snack</b>             | Choose 2 of these 4:<br>Fluid Milk      |                   |                  |                 |               |                 |               |
|                             | Fruit, Vegetable or Full Strength Juice |                   |                  |                 |               |                 |               |
|                             | Bread or Bread Alternate                |                   |                  |                 |               |                 |               |
|                             | Meat or Meat Alternate                  |                   |                  |                 |               |                 |               |
| <b>Lunch</b>                | Fluid Milk                              |                   |                  |                 |               |                 |               |
|                             | Meat or Meat Alternate                  |                   |                  |                 |               |                 |               |
|                             | Vegetable or Fruit                      |                   |                  |                 |               |                 |               |
|                             | Vegetable or Fruit                      |                   |                  |                 |               |                 |               |
|                             | Bread or Bread Alternate(s)             |                   |                  |                 |               |                 |               |
| *Additional Food (Optional) |   |                   |                  |                 |               |                 |               |
| <b>PM Snack</b>             | Choose 2 of these 4:<br>Fluid Milk      |                   |                  |                 |               |                 |               |
|                             | Fruit, Vegetable or Full Strength Juice |                   |                  |                 |               |                 |               |
|                             | Bread or Bread Alternate                |                   |                  |                 |               |                 |               |
|                             | Meat or Meat Alternate                  |                   |                  |                 |               |                 |               |

DSS Form 1674 (SEP 98) Edition of OCT 91 is obsolete