

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DSS Form 1674 (SEP 98) Edition of OCT 91 is obsolete