

South Carolina Department of Social Services • Child and Adult Care Food Program (CACFP)

WEEKLY MENU FORM

Provider's Name: _____		Month/Year: _____																											
		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY																					
Calendar Date																													
Breakfast	<input type="checkbox"/> Fluid Milk																												
	<input type="checkbox"/> Fruit, Vegetable or Full Strength Juice																												
	<input type="checkbox"/> Bread or Bread Alternate(s)																												
	Additional Food (Optional)																												
AM Snack	<input type="checkbox"/> Choose 2 of These 4: Fluid Milk																												
	<input type="checkbox"/> Fruit, Vegetable or Full Strength Juice																												
	<input type="checkbox"/> Bread or Bread Alternate																												
	<input type="checkbox"/> Meat or Meat Alternate																												
Lunch	* Main Dish	<table border="1" style="font-size: 8px; width: 100%;"><tr><td>CN</td></tr><tr><td>PS</td></tr><tr><td>HM</td></tr></table>	CN	PS	HM	<table border="1" style="font-size: 8px; width: 100%;"><tr><td>CN</td></tr><tr><td>PS</td></tr><tr><td>HM</td></tr></table>	CN	PS	HM	<table border="1" style="font-size: 8px; width: 100%;"><tr><td>CN</td></tr><tr><td>PS</td></tr><tr><td>HM</td></tr></table>	CN	PS	HM	<table border="1" style="font-size: 8px; width: 100%;"><tr><td>CN</td></tr><tr><td>PS</td></tr><tr><td>HM</td></tr></table>	CN	PS	HM	<table border="1" style="font-size: 8px; width: 100%;"><tr><td>CN</td></tr><tr><td>PS</td></tr><tr><td>HM</td></tr></table>	CN	PS	HM	<table border="1" style="font-size: 8px; width: 100%;"><tr><td>CN</td></tr><tr><td>PS</td></tr><tr><td>HM</td></tr></table>	CN	PS	HM	<table border="1" style="font-size: 8px; width: 100%;"><tr><td>CN</td></tr><tr><td>PS</td></tr><tr><td>HM</td></tr></table>	CN	PS	HM
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* Key:	CN = Child Nutrition Label	PS = Product Specification Sheet	HM = Homemade
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DSS Form 1674 (JAN 00) Edition of SEP 98 is obsolete.