



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
COMMUNITY FOOD AND NUTRITION ASSISTANCE  
CHILD AND ADULT CARE FOOD PROGRAM  
**DAILY MENU PLANNING AND PRODUCTION**

NAME OF CENTER/FACILITY \_\_\_\_\_

DATE \_\_\_\_\_

MEAL PATTERN	MENU	FOOD ITEM USED	AMOUNT OF FOOD USED	NUMBER SERVED	
				Participants	Adults
<b>BREAKFAST</b>					
Milk, fluid					
Juice, Fruit or Vegetable					
Grains/Bread including cereal					
Other foods					
<b>A.M. SNACK</b> (Select two of these four components)					
Milk, fluid					
Juice, Fruit or Vegetable					
Grains/Bread including cereal					
Meat/Meat Alternate					
Other Foods					