



REGULAR MENU PLANNING WORKSHEET

Month: _____ Provider Name: _____ Provider #: _____

		Day/Date:			Food Item	Food Item	Food Item	Food Item	Food Item
		Portion per child	Portion per child	Portion per child					
		1-2 yrs	3-5 yrs	6-12 yrs					
Breakfast	Bread/Alternate								
	Juice/Fruit/Veg								
	Milk								
AM Snack Choose 2 of 4	Meat/Alternate								
	Bread/Alternate								
	Juice/Fruit/Veg								
	Milk								
Lunch	Meat/Alternate								
	Bread/Alternate								
	Fruit/Veg								
	Fruit/Veg								
	Milk								
PM Snack Choose 2 of 4	Meat/Alternate								
	Bread/Alternate								
	Juice/Fruit/Veg								
	Milk								
Dinner	Meat/Alternate								
	Bread/Alternate								
	Fruit/Veg								
	Fruit/Veg								
	Milk								
EV Snack Choose 2 of 4	Meat/Alternate								
	Bread/Alternate								
	Juice/Fruit/Veg								
	Milk								

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