

REGULAR MENU PLANNING WORKSHEET

Month:	Provider Name:	Provider #:	

Г		Supporting Hawai's Child Care Needs			Day/Date:					
			Portion per child	Portion per child	Portion per child	Food Item				
L			1-2 yrs	3-5 yrs	6-12 yrs					
Breakfast	ast	Bread/Alternate								
	akt	Juice/Fruit/Veg								
	B	Milk								
AM Snack	f 4	Meat/Alternate								
	20	Bread/Alternate								
	Choose 2 of 4	Juice/Fruit/Veg								
	ទ័	Milk								
Lunch	_	Meat/Alternate								
	_	Bread/Alternate								
	nch	Fruit/Veg								
	נ	Fruit/Veg								
		Milk								
Г	4	Meat/Alternate								
PM Snack	2 of	Bread/Alternate								
Ν	Choose 2 of 4	Juice/Fruit/Veg								
-	Che	Milk								
	_	Meat/Alternate								
	ē	Bread/Alternate								
		Fruit/Veg								
	٥	Fruit/Veg								
		Milk								
	4	Meat/Alternate								
EV Snack	2 01	Bread/Alternate								
	Choose 2 of 4	Juice/Fruit/Veg								
"	ទី	Milk								

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