

Twin Cities Adult Day Care Meal Counts

Dates: _____ / _____ / 20____ to _____ / _____ / 20____

| | Mon | Tues | Wed | Thurs | Fri |
|-----------|-----|------|-----|-------|-----|
| Breakfast | | | | | |
| AM Snack | | | | | |
| Lunch | | | | | |

Cycle Menu Week _____

Menu Changes: Record which meal and the new food (Example: bananas at breakfast)

| | Mon | Tues | Wed | Thurs | Fri |
|--|-----|------|-----|-------|-----|
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