

Adult Care Center: _____

Date: _____

Date	Breakfast Menu	Number of Adults Served	Item, Portion, Quantity	Milk (8 fl. oz.)	Vegetable/Fruit (½ cup)	Grains (2 oz. eq.)	Meat/Meat Alternate (Optional)
			<i>Item</i>				
			<i>Portion Size</i>				
			<i>Quantity Prepared</i>				
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