



WYOMING DEPARTMENT OF HEALTH, AGING, CLS

Nutrient Analysis Menu Approval Sheet

(This form will not be accepted without check marks based on meals/day and signature)
(Average amounts per meal over one month)

Nutrient	1 meal/day		2 meals/day		3 meals/day	
	Minimum	Check	Minimum	Check	Minimum	Check
Energy	660 calories <i>No less than 600 calories per day</i>		1,320 calories <i>No less than 1,200 calories per day</i>		2,000 calories <i>No less than 1,800 calories per day</i>	
Protein	30 grams		55 grams		75 grams	
Fat	30% <i>35% or less per meal</i>		30% <i>35% or less per meal</i>		30% <i>35% or less per meal</i>	
	<10% saturated fat		<10% saturated fat		<10% saturated fat	
	Avoid trans fat		Avoid trans fat		Avoid trans fat	
Fiber	9 grams		18 grams		28 grams	
Calcium	330mg		660mg		1,000mg	
Vitamin A	300mcg		600mcg		900mcg	
Vitamin B6	0.6mg		1.2mg		1.7mg	
Vitamin B12	.8mcg		1.6mcg		2.4mcg	
Vitamin C	30mg		50mg		75mg	
Vitamin D	3ug		6ug		10ug	
Potassium	1,133mg		2,266mg		3,400mg	
Maximum amounts per meal average over one month						
Sodium	1,400mg		1,800mg		2,300mg	
Added sugars	<17g		<34g		<51g	

I certify that I have reviewed the Title III-C menu policy and the menu herein meets all nutritional requirements as indicated on this table and within the menu policy specifications. *Please check appropriate boxes to indicate standards are met for one, two, or three meals per day.*

Menu Dates Approved: _____

Registered Dietitian Signature: _____ Date: _____