

WYOMING DEPARTMENT OF HEALTH, AGING, CLS

Nutrient Analysis Menu Guidance Approval Sheet

(This form will not be accepted without check marks based on meals/day and signature.)
(Average amounts per meal over 1 month)

Nutrient	1 meal/day		2 meals/day		3 meals/day	
	<i>Minimum</i>	<i>Check</i>	<i>Minimum</i>	<i>Check</i>	<i>Minimum</i>	<i>Check</i>
Energy	660 calories		1,320 calories		2000 calories	
Protein	30 grams		60 grams		90 grams	
Fat	35% or less of meal		35% or less of meal		35% or less of meal	
	<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	
Sodium	1,400mg		1,800mg		2,300mg	
Added sugars	No more than 10g per meal		No more than 10g per meal		No more than 10g per meal	

Month and location of Menus: _____

I certify that I have reviewed the Title III-C menu policies and the menu/meals herein meets all nutritional requirements as indicated on this table and within the menu policy specifications.

Registered Dietitian Signature: _____ **Date:** _____

Updated 3/23/2026