

**Hawaii Child Care Nutrition Program
Menu Review Request Form**

Name of Program: _____

Address: _____

City: _____ Zip Code: _____

Contact Person: _____ Phone#: _____

Email: _____

Licensing Worker: _____ Phone#: _____

Address: _____

City: _____ Zip Code: _____

Type of program (*Check only 1 box. Please use a separate form for each program.):

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Group Child Care

☐

Family Child Care

☐

Before/After School Program

☐

Infant/Toddler

Age(s) of children served: _____

Number of children served: _____

Type of review requested:

☐

Breakfast

☐

Lunch

☐

AM snack

☐

PM snack

Please attach complete menus from the last 3 months, including serving sizes. If your school uses a cycle or rotating menu, please indicate when submitting request.

☐

Regular Menu

☐

Cycle/Rotating Menu

Children with special needs (please describe):

