

**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.):

☐ 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):

Please mail or fax request to: Hawaii Child Care Nutrition Program 1955 East-West Road #306,
Honolulu, HI 96822 or (808) 956-6457. For more information please contact HCCNP at (808) 956-4124
or via e-mail hccnp@hawaii.edu

(Revised: October 2018)