

**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):  
\_\_\_\_\_  
\_\_\_\_\_

For more information please email or contact Colin K. Wills : Hawaii Child Care Nutrition Program  
[ccnp808@gmail.com](mailto:ccnp808@gmail.com) or (402) 431-2018.