

(Agency Letterhead)

(Date)

Parent's Name
Address
City, AZ Zip Code

Dear (parent's name):

I represent _____ child care nutrition program. Your child care provider (name here) _____/center (name of center) _____, receives reimbursement from the Child and Adult Care Food Program (CACFP) for the meals served to your child(ren). In order to ensure the integrity of the program we occasionally conduct surveys with the parents/guardians to verify your child's(ren's) attendance in the child care provider's home/center. Participation in this survey will assist us in maintaining the integrity of the CACFP. Following are a few questions to verify your child's(ren's) participation in the CACFP. Please return completed survey in the provided self-addressed stamped envelope within 14 days. Your prompt return of the requested information will be appreciated. If you decide not to participate in this survey, benefits to your child(ren) will continue.

Parent Survey

Child care provider's name/center's name:

Parent's/Guardian's name: _____
Relationship to child: _____
Date: _____

	Check one	
	Yes	No
1. Are you aware that your child care provider/center participates in the U.S. Department of Agriculture Child Nutrition Program (CACFP)?		
2. Did you fill out and sign an enrollment form for your child(ren) to enroll on the CACFP with the child care provider/center noted above?		
3. Do you pay (private pay or DES child care subsidy, with or without co-payment, for your child(ren)'s care at the child care provider/center noted above?		

4. Is/are the child(ren) still in care at the child care provider's home/center noted above?		
5. If yes, how many days in the month(s) of _____ was/were your child(ren) in attendance?_____		
6. If no longer in care, last day in care. _____		
7. Name(s) and age(s) of child(ren) in care. _____		
8. Is/are the child(ren) related to child care provider? (Family Day Care Home Only)		
9. If yes, what is the relationship? _____		
10. What is the normal school schedule for the child(ren)? _____		
11. Was/were your child(ren) in attendance during the month(s) of: _____?		
12. Were there any days your child(ren) was/were not in care due to illness, vacation, appointments, etc., during the month(s) of: _____?		
13. If yes, describe. _____		
14. ____Is/are your child(ren) in care on weekends? OR: ____Was/were your child(ren) in care during weekends for the month(s) of: _____?		
15. ____Is/are your child(ren) in care on holidays? OR: ____Was/were your child(ren) in care during the holiday(s) of: _____?		
16. What hours is/are your child(ren) normally in care? _____		
17. What meal(s) does the child care provider/center usually serve to your child(ren)? _____		

18. Do you provide either food or money for any meals while child(ren) is/are in child care?		
19. In general, do you feel your child(ren) benefits/benefit from the CACFP?		

Comments: _____

Thank you for your cooperation. If you have any questions, please feel free to call _____ at _____.

Parent Signature _____ Date _____
