

PARENT SURVEY

PROVIDER'S NAME _____ ID Number _____
Child's Name _____ Child's Number _____
Child's Name _____ Child's Number _____
Child's Name _____ Child's Number _____
Parent/Guardian Name _____ Phone _____

PLEASE COMPLETE THIS SURVEY FOR THE MONTH OF _____

Were your children in this provider's care?	Yes	No
Were there any days your child was not in care?	Yes	No
If yes, please specify _____		

NORMAL DAYS IN CARE: MON TUES WED THUR FRI SAT SUN *(please circle all days that apply)*

NORMAL HOURS IN CARE: Drop Off Time _____ Pick Up Time _____

NORMAL MEALS/ SNACKS RECEIVED: Breakfast AM Snack Lunch PM Snack Supper *(please check all that apply)*

Are there menus posted for you to see? Yes No

Are your children happy with the food served? Yes No

Additional Comments about food served: _____

PLEASE COMPLETE THIS SECTION FOR INFANTS ONLY:

Do you provide any of the food or formula?	Yes	No
Was formula offered by your provider?	Yes	No

Additional Comments: _____

Parent's Signature _____ Date _____
(DATE IS REQUIRED)