

USDA Parent Audit Form

Please complete the information below and return it in the envelope that is provided.

Your information is completely confidential.

Provider's Name: _____

1. How many hours a day is your child in care with this provider? _____
2. Are the child/infant menus posted within direct sight of entering the home? _____
3. Are you aware of the providers scheduled meal times? _____
4. Does your child have food allergies or a special diet? If so, what is the allergy or special requirement? _____
5. Did the provider offer to provide a certain brand of formula to you before care began? If so, what brand? (if applicable)

6. Is the food preparation areas clean and free of clutter? _____
7. Have any hazardous materials ever been in sight? _____
8. Are pets accessible to children? _____
9. Have you ever been present during a meal? If so, did the provider feed the children what was written on the menu? _____
10. Do you have any questions, concerns or share anything about your provider?

Child Name: _____

Date: _____

Parent Name: _____

RCVD: _____

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability.

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