



Southwest Human Development Services

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USDA CHILD AND ADULT CARE FOOD PROGRAM
PARENT AUDIT

Date: _____

Ref. # _____

Dear Parent or Guardian:

Your childcare provider, _____, participates on the USDA Child and Adult Care Food Program under the sponsorship of Southwest Human Development Services, a private non-profit agency which provides reimbursement for nutritious meals and snacks from USDA and the Texas Department of Human Services. For auditing purposes, please answer the following questions and return this form in the self-addressed and pre-paid postage envelope as soon as possible. Complete this form even if your child is in part-time care or is no longer in care at this time. We will contact you in person if we receive no response from this request. Thank you for your assistance in helping us verify participation for the Program.

1. The Child Care Provider listed above cares for the following children of mine (please list your own children in care):

2. My child/children were in this provider's care within this year for the months of:

Jan. ___ Feb. ___ Mar. ___ April ___ May ___ June ___
July ___ Aug. ___ Sept. ___ Oct. ___ Nov. ___ Dec. ___

3. My child/children were in this provider's care the following days of the week:

Mon. ___ Tues. ___ Wed. ___ Thurs. ___ Fri. ___ Sat. ___ Sun. ___

4. Hours my child/children arrive at _____ (time) and depart at _____ (time) from the day care.

5. My child/children were in this provider's care approximately _____ (number) days each month.

6. To my knowledge, my child/children are provided with the following meals/snacks:

Breakfast ___ Morning Snack ___ Lunch ___ Afternoon Snack ___ Dinner ___ Evening Snack ___

7. My child/children were in this provider's care on these holidays:

Thanksgiving [] Christmas [] New Year's [] Mem. Day [] July 4 [] Labor Day []

8. Is your child/children at present in this provider's care? If not, when was the last day cared for: _____

9. Do you provide any of the food? _____. If so, what do you provide and how often? _____

10. Are you related to this person? _____. State your relation: _____

Signature of Parent or Guardian: _____ Date Signed: _____

Daytime Telephone Number: _____