

Household Contact Survey

Sponsoring Organization: _____

Agreement Number: _____

Center/Daycare Home: _____

Agency Contact Personnel: _____

Parent's/Guardian's name: _____

Contact Address: _____

Contact Phone Number: _____

Is your child currently enrolled in the above facility? Yes _____ No _____

If no, when was the last day your child attended this facility? _____

Please circle the dates your child was in care during the month of

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	

Please circle all of the hours that your child was usually in care during this month.

AM	5	6	7	8	9	10	11	Noon	1	2	3	4	5	6	7	8	9	10	11	12
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Please circle all of the meals that your child would have received while in care.

Breakfast	AM Snack	Lunch	PM Snack	Dinner/Supper	Evening Snack
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Please describe any variation from the circled meals or times during the month:

For Parents/Guardians of Infants Only

If your child is under 1 year, were you offered formula by the center? Y or N

Do you provide breast milk? Y or N If your child receives formula, who supplies it? _____

Are all other infant foods provided by the child care center? _____

If not, what foods do you provide for your infant? _____

Parent/Guardian Name: _____

Signature: _____ Date: _____

Please return form to: _____