



Midwest Child Care Association

Your Child Care Partner

FOOD SERVICE OPERATION QUESTIONNAIRE

CENTER NAME: _____

DATE: _____

1. Please name the person who is responsible for purchasing the majority of the center's groceries.

2. How many hours **per week** does it take for that person to complete the task? _____ **hours per week.**
3. What is this person's **hourly rate**? \$ _____.
4. Please name the person who is responsible for taking the children's attendance at each meal?

5. What is this person's hourly rate? \$ _____.
6. Please name the person who is responsible for entering the data into Midwest's food program software.

7. What is this person's hourly rate? \$ _____.
8. Please name the person who is responsible for cooking and cleaning the food area.

9. What is this person's hourly rate? \$ _____.

Thank you.

Please submit to Midwest Child Care Association with your monthly claim paperwork

In Compliance with USDA 7 CFR 226.2