

HOUSEHOLD CONTACT SYSTEM FOR SPONSORING ORGANIZATIONS

CACFP Policy 05-11

Purpose

To develop a system that Sponsoring Organizations will use for contacting households in the monitoring of child care facilities (homes and unaffiliated centers). This does not apply to Adult Daycare Centers.

Scope

Sponsoring Organizations (SO) participating in the Child and Adult Care Food Program (CACFP).

Description

Household contact means a contact made by a sponsoring organization or a State Agency to an adult member of a household with a child in a family day care home or a child care center. The purpose of the contact is to verify the attendance and enrollment of the child and the specific meal service(s) which the child routinely receives while in care.

Sponsoring organizations should contact households when one or more of the following situations occur:

1. Meal counts are inconsistent with attendance records.
2. Meal counts and attendance are not consistent with the information on the enrollment forms.
3. Information on the Applications for Free and Reduced-Price Meals is not current or has been altered in any fashion, e.g. erased or white out.
4. A large number of weekend, night, and/or holiday meals and snacks are claimed for reimbursement.
5. Prior day's meals counts are a great deal higher than the attendance on the day of review.
6. A significant number of meals served and claimed that does not correspond to the information on the enrollment form.

Procedure:

1. Sponsoring organizations should have parent/guardian contact information on the mandatory enrollment forms.
2. Decide if the household contact will be conducted by telephone or mail (USPS).
3. If the contact will be made by telephone, complete a copy of the script (attached) that will be used for each contact.
4. If the contact will be made by mail, complete a copy of the household contact letter and form (attached) for each contact. The letter should include a due date.
5. A copy of the script or the contact letter and the contact(s) will be kept on file and should include the names of all SO staff that worked on the household contact with the records.
6. Household contacts via the USPS shall be sent certified mail.
7. Collect and analyze the information submitted by the households.
8. Determine if there is a non-compliance issue with the institution or facility. Does the non-compliance reflect a serious deficiency?
9. Send appropriate correspondence to the facility and request related corrective action.

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10. Follow normal procedure regarding submission of required corrective action and determination of seriously deficient centers and providers.

It is expected that each sponsoring organization will adapt this procedure to its own organization. A SO may develop household contact letters, forms, and scripts; however these must be submitted to the State Agency for approval.

Sources

The Child Nutrition and WIC Reauthorization Act of 2004 (Public Law 108-265); FY04 Child and Adult Care Food Program Policy Memorandum #04-23.

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Household Contact Script

Good Morning or good afternoon. This is (name) _____ from
(name of the organization). I work with the Child and Adult Care Food Program and I would like
to ask you a few questions about (name of child or children) _____'s meal
participation and attendance at (name of facility) _____.
Is this [Mr., Mrs., Ms.] _____?

(Ask the questions on the form. Make sure to record the date and time of the contact)

Do you have any questions or comments about the Child and Adult Care Food Program?
(Answer questions if necessary.)

Thank you for your time. I appreciate your cooperation.

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MEMORANDUM

TO: Parents/Guardians of children enrolled at [Name of facility/home daycare]
FROM: Name of person conducting the household contact
DATE: Insert Current Date
SUBJECT: CACFP Household Contact

Your child(ren)'s daycare facility participates in the Child and Adult Care Food Program (CACFP). Through it, your child(ren) should be receiving United States Department of Agriculture (USDA) approved meals and snacks.

In order to measure the success of this program, the Indiana Department of Education requests that you take a few minutes to help us do a better job for your child(ren). Please complete the enclosed *CACFP Household Contact Form*. Your prompt response (within five days) ensures two things:

Your child(ren) will continue to receive nutritious meals and snacks.
Your caregiver will continue to receive financial support from USDA.

A self-addressed, stamped envelope is enclosed for your convenience. Please read and complete the form. After signing and dating the form, please return it in the self-addressed, stamped envelope.

Your cooperation will help the CACFP provide quality service to the child care facilities participating in the program. The practice of confirmation of attendance is meant in no manner to reflect upon the caregiver, but is part of routine review procedures.

Thank you for your time and cooperation.

This institution is an equal opportunity provider.

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CACFP HOUSEHOLD CONTACT FORM

Name of Institution: _____ Sponsor ID#: _____
 Date Completed: _____ Written: Telephone:
 Site/Provider Name: _____
 Form Completed By: _____
 Child's Name: _____

Please complete the calendar below for the month of _____. Indicate the days your child was in attendance with an X, and the days your child as absent with an A. Leave the days blank that your child does not attend day care.

| Week of: | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|----------|--------|--------|---------|-----------|----------|--------|----------|
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What are the normal days your child is in care? Please Circle: Su M T W Th F Sa

List the normal hours your child is in attendance: _____

What meals/snacks does your child normally eat at the child care facility? Check all that apply.

Breakfast AM Snack Lunch PM Snack Supper Night Snack

Did any exceptions occur during the above month? Please explain.

PENALTIES FOR MISREPRESENTATION: I certify that all of the above information is true and correct. I understand that this information is being given for the receipt of federal funds, that authorized officials may verify the information, and that deliberate misrepresentation may subject me to prosecution under applicable state and federal laws.

Signature of Parent/Guardian: _____

Printed Name: _____ Date: _____

Home Phone: _____ Work Phone: _____

Address: _____

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