Household Contact System for Sponsoring Organizations

PURPOSE: To develop a system sponsoring organizations (SO) will use to conduct household contacts when there are serious discrepancies between attendance, enrollment, and meal participation.

DESCRIPTION: Household contact means a contact made by a sponsoring organization or the State agency to an adult member of a household when a child is in a child care facility. The purpose of the contact is to verify the attendance and enrollment of the child and the specific meal service(s) the child routinely receives while in care.

Sponsoring organizations should contact households when one or more of the following situations occur:
- Meal counts are inconsistent with attendance records.
- A large number of weekend, night, and/or holiday meals and snacks are claimed for reimbursement.
- Prior five-day meal counts are a great deal higher than the attendance on the day of review.
- A significant number of meals served and claimed do not correspond to the information on the enrollment form.

PROCEDURE:
- Ensure sponsoring organizations include parent/guardian contact information on the mandatory enrollment forms.
- Decide if the household contact will be conducted by telephone or mail via United States Postal Service (USPS).
- Complete a copy of the telephone script (attached) for every person making contact with households via the telephone.
- Complete a copy of the household contact letter and form (attached) for each contact if the contact will be made via mail. The letter should include a five-day return response due date.
- A copy of the script or the contact letter and the contact questionnaire will be kept on file and should include the names of all SO staff that worked on the household contact. Ensure all information received is documented and maintained on file.
- Send household contacts via USPS certified mail.
- Collect and analyze the information submitted by the households within one week of receipt.
- Determine if there is a non-compliance issue with the facility. Is the facility in compliance? If not, does the non-compliance require some type of Corrective Action Plan?
- Send appropriate correspondence to the facility.
- Ensure all corrective action is timely.

The Sponsoring organization will be required to adapt this procedure to its own organization. A sponsoring organization may develop household contact letters, forms, and scripts; however these must be submitted to the Illinois State Board of Education for approval.
To: Parents/guardians of children enrolled at:

______________________________________________
(Name of Center)

From: __________________________________
(Name of Sponsoring Organization)

Date: ______________________________

Re: Child and Adult Care Food Program Household Contact

Your child(ren)’s child care facility participates in the Child and Adult Care Food Program (CACFP). Through CACFP, your child(ren) receives United States Department of Agriculture (USDA) approved meals and snacks.

In order to measure the success of this program, we are asking you to 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 by _________________ (within five working days) ensures two things:

1. Your child(ren) will continue to receive nutritious meals and snacks.
2. The child care facility will continue to receive financial support from USDA.

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

Your cooperation will help CACFP provide quality service to the child care facilities participating in the program.

Thank you for your time and cooperation.

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. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free 866/632-9992 (voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at 800/877-8339; or 800/845-6136 (Spanish). USDA is an equal opportunity provider and employer.

Illinois 1/06
**CACFP HOUSEHOLD CONTACT QUESTIONNAIRE**

For Office Use Only
Name of Center/Sponsoring Organization: ______________________________________________________

Date Completed: ___________________________ Written____ or Telephone _______

Site Name: _________________________________________________________________________________________

Form Completed by: _________________________________________________________________________________

Child’s Name: _______________________________________________________________________________________

Parent/Guardian complete information below.
Please complete the calendar below for the month of ______________________________. Indicate the days your child was in attendance by marking with an X.

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1. What are the normal days your child is in attendance? Please circle: SU M T W TH F SA

2. List the normal hours your child is in attendance: ______________________________________________

3. If your child goes to school and leaves from the center, list the time the child leaves for school and list the time the child returns from school to the center: ____________________________________________

4. What meals/snacks does your child normally eat at the center/home? Please check all that apply.
   - Early snack
   - Breakfast
   - AM snack
   - Lunch
   - PM snack
   - Supper
   - Evening snack

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

* For example, where there days during the month when your child would normally not have attended the center?

**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 ___________________________________________ Date ____________

Printed Name ___________________________________________ Home Phone _____________________________

Address ___________________________________________ Work Phone _____________________________

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GOOD MORNING (OR GOOD AFTERNOON), THIS IS ____________________________
FROM ______________________________.
I WORK WITH THE CHILD AND ADULT CARE FOOD PROGRAM AND I WOULD LIKE TO ASK YOU A FEW QUESTIONS ABOUT
______________________________ ATTENDANCE AND MEAL PARTICIPATION AT ________________________.

IS THIS [MR., MRS., MS.] ____________________________?

AS A PARTICIPANT OF THE CHILD AND ADULT CARE FOOD PROGRAM, YOUR CHILD CARE CENTER HAS AGREED TO
FOLLOW USDA STANDARDS IN SERVING MEALS TO THE CHILDREN IN CARE. THIS PROGRAM ENABLES THE CENTER TO
SERVE NUTRITIOUS FOODS. OCCASIONALLY, WE REVIEW RECORDS TOENSURE ACCURACY AND TO MAINTAIN THE
INTEGRITY OF THE FOOD PROGRAM. TO ASSIST US, WE NEED TO ASK YOU A FEW QUESTIONS.

ASK QUESTIONS AND COMPLETE CACFP HOUSEHOLD CONTACT QUESTIONNAIRE AT THIS TIME.

DATE OF CONTACT __________________________ TIME OF 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.