

## Child and Adult Care Food Program (CACFP) Household Contact Procedure

### Purpose

The purpose of this document is to describe the responsibilities of sponsoring organizations participating in the Child and Adult Care Food Program (CACFP).

Included are the requirements of sponsoring organizations to perform household contacts in its monitoring of child care facilities (homes and centers). This procedure does not apply to Adult Day Care Centers or sponsors of At-Risk Afterschool Programs.

### Legal Requirements

Laws and regulations that serve as the basis for this document include:

- [7CFR 226.2](#); [7CFR 226.16\(d\)\(5\)](#) and [7CFR 226.6\(m\)\(5\)](#)

### Household Contacts

Sponsoring organizations, as part of their monitoring of facilities, must comply with the household contact requirements. 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 care. The purpose of the contact is to verify the attendance and enrollment of the child and the specific meal service(s) the participant routinely receives while in care. The intent of the household contact system is to investigate potentially inflated meal counts or other questionable CACFP documentation.

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 income eligibility forms is not current or has been altered in any fashion (e.g., white out, erased, etc.).
4. Records were completed in advance.
5. A large number of weekend, night, and/or holiday meals and snacks are claimed for reimbursement.



6. Prior day's meals counts are significantly higher than the attendance on the day of review without good reason (e.g., flu/sickness, vacation, field trip, etc.).
7. Discrepancies in recordkeeping and other various reasons that cause a sponsoring organization to question the claim.
8. The sponsoring organization received a complaint regarding meal claiming.
9. The sponsoring organization questions the validity of a provider's reimbursement claim.
10. Any other time deemed necessary by the sponsoring organization.

## **Household Contact Procedure**

1. The sponsoring organization may contact households in writing, by phone, e-mail, or in-person. Sponsoring organizations should have parent/guardian contact information on the mandatory enrollment forms.
2. Decide if the household contact will be contacted by telephone or mail (USPS).
3. If the contact will be made via in writing, e-mail, or in-person, complete a copy of the household contact letter and contact survey form (attached) for each household contact.
4. If the contact will be made via telephone, complete a copy of the telephone script (attached) and contact survey form for each household contact.
5. A copy of the script or contact letter and the contact survey will be kept on file and should include the name(s) of all staff that worked on the household contact. Ensure all information received is documented and maintained on file.
6. Household contacts must be sent via USPS certified mail.
7. Collect and analyze the information submitted by the households.
8. Determine if there is an issue of non-compliance with the site. If so, the site must be assigned corrective action.
9. Send appropriate correspondence to the site, request related corrective action, and ensure all corrective action is timely.
10. If additional follow-up attempts are needed because a household does not respond, it is recommended that the follow-up is made by a different mode of contact than used previously (e.g., if the first attempt was by mail, the second attempt may be by telephone).
11. The attached sample letter, survey, and telephone script is highly suggested to use. Sponsoring organizations may develop contact letters, forms, and scripts, however, the State agency must approve these forms prior to use. If using the sample forms provided by the State agency, make sure to enter the specific information in the highlighted fields.

# Sample Household Contact Letter

*Organization Letterhead*

Date: [Enter Current Date]

Dear [Name of Parent/Guardian]:

The child care center your child attends participates in the Child and Adult Care Food Program (CACFP).

By federal regulation, we need to complete household contacts for some centers on our program. Your center has been chosen for a household contact at this time. Completing this information helps us ensure the integrity and quality of the food program.

Please complete the enclosed form as accurately as possible. We have provided a return addressed stamped envelope for you to send the completed form back to us. If there are any discrepancies between the information you submit and what the center reports, the center will be contacted. It is possible we would have to do a follow-up telephone call to you for further information.

If you have any questions about the Child and Adult Care Food Program (CACFP) or the enclosed form, please call our office at [(XXX) XXX-XXXX].

Sincerely,

[Agency Representative's Name]

[Agency Representative's Title]

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1. mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410;
2. fax: (202) 690-7442; or
3. email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

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# Sample Household Contact Survey Form

Organization Letterhead

Center Name: \_\_\_\_\_

Enrolled Child's Name: \_\_\_\_\_

Parent's/Guardian's Name: \_\_\_\_\_

Parent's/Guardian's Address: \_\_\_\_\_

Is your child currently enrolled in the above child care center? Yes \_\_\_\_ No \_\_\_\_

If no, when was the last date your child attended this center? \_\_\_\_\_

Please circle the dates your child was in care during the month of [Enter Test Month].

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 the hours 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

Please circle the meals your child received while in care.

Breakfast AM Snack Lunch PM Snack Dinner Evening Snack

Please describe any variation from the circled meals or times during the month:

\_\_\_\_\_  
\_\_\_\_\_

If your child is under 1 year, were you offered formula by the center? \_\_\_\_\_

Do you provide breast milk? \_\_\_\_\_ Who supplies the formula? \_\_\_\_\_

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

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

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Telephone number where you can be reached during the day: \_\_\_\_\_

Thank you for helping improve the quality of the Child and Adult Care Food Program.

## Sample Household Contact Script

Good morning or good afternoon. This is (name) \_\_\_\_\_ from (name of 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 question on the household contact survey 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 and I appreciate your cooperation. Thank you for helping improve the quality of the Child and Adult Care Food Program.