

ILLINOIS STATE BOARD OF EDUCATION
Nutrition and Wellness Programs Division

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.

Thank you for your time and cooperation.

**HOUSEHOLD CONTACT COVER MEMORANDUM
For Sponsoring Organization**

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: *(Date)*

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

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CACFP HOUSEHOLD CONTACT QUESTIONNAIRE

For Office Use Only

Name of Center/Sponsoring Organization: _____

Date completed: _____ Written 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.

Week of:	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

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, were there days during the month when your child would normally not have attended the center?

PENALTIES FOR MISREPRESENTATION: *I certify that all 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 Telephone:** (_____) _____

Address (Street, City, State, Zip Code): _____

HOUSEHOLD CONTACT SCRIPT

Good morning (or good afternoon), this is (name) _____
from (name of your 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) _____
attendance and meal participation at (name of facility)_____.

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 to ensure 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.