



Household Contact Procedure (Sponsoring Organizations Only)

Household Contact Definition

A contact made by a sponsoring organization (SO) or State Agency to an adult member of a household of an enrolled participant for verifying their enrollment, attendance, and the meal service(s) they received while in care (7 CFR 226.2). **The intent of the household contact is to investigate potentially inflated meal counts or other suspicious CACFP documentation.**

Reasons for Conducting Household Contacts

SOs must complete household contacts when having one or more of the following concerns with a site's CACFP documentation:

1. Information on Household Size-Income Statements is not current or has been altered, e.g. erased or whited out.
2. A significant number of claimed meals do not match the information on the CACFP enrollment forms.
3. Concerns regarding the validity of enrollment, attendance, and/or meal service participation of participants in care. For example:
 - a. Meal counts are inconsistent with attendance records;
 - b. Meal counts and attendance are inconsistent with information on the CACFP enrollment forms,
 - c. A large number of weekend, night, and/or holiday meals and snacks are claimed; and/or
 - d. The prior days' meal counts are much higher than attendance on the day of a monitoring review.
 - e. Complaints from families, the community, and/or regulating agencies.
4. Any other claiming pattern(s) and/or Program participation concern(s) defined by the SO, DPI, and/or USDA.

Household Contact Procedure

1. A household contact must be made to families of each enrolled participant. The agency must request families to document, for a specified month, whether each participant was enrolled in the facility, the days attended, and the meals received while in care.
 - Each household must be instructed to submit the information to the SO within two (2) weeks of the request.
2. The household contact may be in writing, by phone, e-mail, fax, or in person, as long as the contact and the information received from the contact are documented. If additional follow-up attempts are needed because a household does not respond, it is recommended that this follow-up be by a different mode of contact than used on the first attempt.
 - The attached sample letter and survey may be used or adapted. If using this letter and form, enter the site-specific information in the highlighted fields.
3. No more than 45 days may elapse from the start of the household contact procedure (date the letters were originally sent/contact originally made to the households) to the closeout of the process. At the end of the 45-day period the SO must determine whether the household contact procedure was successful.
 - A household contact is defined as successful when there is a household response rate of 50% or more of the surveyed households.

4. Unsuccessful Household Contact Procedure:

If the household contact procedure was not successful, the SO must implement a written corrective action plan with the site, including an effective date, for resolving the concerns. The SO must document all of its subsequent action(s) taken in response to an unsuccessful household contact procedure.

A household contact is one tool for SOs to examine concerns arising from an onsite monitoring review or by a review of submitted claim documentation. If the household contact procedure is not successful, other approaches (additional unannounced reviews, more detailed review of claims history, etc.) may be used to investigate and resolve the issue(s).

Sample Household Contact Letter

Date: **[Enter Current Date]**

Dear **[Name of Parent/Guardian or Adult Participant]**:

This center 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 to verify enrollment, attendance, and meals served to each participant. 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 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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To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(1) Mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
400 Independence Avenue, SW
Washington, D.C. 20250-9410;

(2) Fax:
(202) 690-7442; or

(3) Email:
program.intake@usda.gov

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Sample Household Contact Survey

CENTER NAME: _____

ENROLLED PARTICIPANT'S NAME: _____

ADDRESS: _____

PARENT'S/GUARDIAN'S NAME: _____

Is this participant currently enrolled in the above center? Yes _____ No _____

If no, when was the last date of their attendance at this center? _____

Please circle the dates they attended 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 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 received while in care during this month

Breakfast AM Snack Lunch PM Snack Dinner Evening Snack

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

For Infants (Under 1 Year) Only: Were you offered formula by the center?

_____ Do you provide breast milk? _____ Who supplies the formula? _____

Are all other infant foods provided by the center? _____

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

Parent/Guardian or Adult Participant 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.