



south dakota
DEPARTMENT OF EDUCATION

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800 Governors Drive
Pierre, SD 57501-2235

T 605.773.3413
F 605.773.6846
www.doe.sd.gov

February 10, 2006

SUBJECT: Household Contact Requirements for Sponsors of Homes

CACFPDCH – 76.1

TO: Authorized Representatives

FROM: Child and Adult Nutrition Services

This memo replaces CACFP – 76. This information should be shared with any person(s) responsible for monitoring and/or claims processing in the CACFP and the person(s) who supervise those personnel. The original should be placed in the numbered memo notebook from Child and Adult Nutrition Services. The memo is also available on the Child & Adult Nutrition Services website.

The Interim Rule, implementing legislative reforms to strengthen Program integrity published in the Federal Register on September 1, 2004, requires that State Agencies establish a system for sponsoring organizations of homes to use in making household contacts as part of their review and oversight of participating homes. Such systems must specify the circumstances under which household contacts will be made, as well as the procedures for conducting household contacts. The purpose of this memo is to provide you with the current system established for sponsors of day care homes in the State of South Dakota.

Household contacts are defined in regulations as 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 in order to verify the attendance and enrollment of the child and the specific meal service(s) which the child routinely receives while in care.

If you would like further guidance or have additional questions related to this matter, please call our office at (605) 773-3413.

Household Contact Policies and Procedures

(for Sponsors of Day Care Homes and Group Family Day Care Homes)

In South Dakota all Sponsoring Organizations of Day Care Homes and Group Family Day Care Homes are required to conduct household contacts for a minimum of 5% of providers in each Program year (determined by the number of homes for which the sponsor based the annual administrative budget) and in all of the situations described below:

- 1) Any time the five-day reconciliation of meal counts and enrollment forms turns up claiming errors for two consecutive reviews and/or follow-up visits.
- 2) Any time a provider is consistently not at home during the time of a monitoring visit.
- 3) Any time meal count records exceed enrollment.
- 4) Any time the number of children in attendance during two consecutive monitoring visits is significantly (40%) lower than the average attendance for that meal service.
- 5) As a follow up to specific or identified meal count and/or attendance concerns brought to the attention of the sponsoring organization and/or state agency by licensing staff, parents, employees of the provider, the public, etc. (The local agency must also follow up on concerns brought to their attention in areas that are not related to meal count and/or attendance. Household contacts may or may not be appropriate means of follow up to other identified concerns.)
- 6) As a follow up to any concerns of fraudulent claiming discovered during monitoring visits.
- 7) As a follow up to any suspicious claiming patterns discovered during claims processing.
- 8) On a random basis to ensure that household contacts are completed for at least 5% of all providers during each Program year (October – September). The sponsor must always round up to the next whole number in determining the total number of household contacts that must be completed for the Program year.

The following procedures are to be used when conducting household contacts:

- 1) For sponsors with 100 or more providers, at least one household contact must be completed during each quarter of the Program year.
- 2) Once the providers have been selected, the sponsor staff must select the parents to contact. On most occasions, all enrolled families will be contacted. There may be reasons not to contact some families (relatives of the provider who may alert other parents not to cooperate, etc). The provider does not need to be contacted for her own children.
- 3) Contacts may be made via letter, email, phone, or in person. Letters are strongly encouraged as families may be hesitant to share this type of information with a stranger over the phone. When using letters, sponsors are strongly encouraged to include a self-addressed, stamped envelope to increase the likelihood of response by the family. Sample surveys/letters are available from the State Agency.
- 4) Contact must be made directly with the family if at all possible. Under no circumstances may the sponsor ask the provider, or employees of the provider, to assist with the distribution of the letters to the families.
- 5) At least 25% of families must respond to the survey. Electronic means of contact and/or response, if available, is allowable.

- 6) If the 25% response rate is not achieved, follow up attempts must be made with all families who have not responded within 30 days of the original contact being made.
- 7) If the 25% response rate still has not been achieved after the second attempt, another follow up contact should be made to either collect the data on the survey or to encourage the family to send in the survey.
- 8) If the 25% response rate is not achieved within 2 months of the start of the process and all of the required follow up contacts were made, the sponsor may consider the survey “complete” for that provider.
- 9) Appropriate action must be taken by the sponsor for any discrepancies reported by the families.
- 10) If a survey is closed without any findings and a similar problem occurs again with the same provider in the same Program year, the sponsor is not required to do another household contact. If the problem shows up in a different Program year another survey of households must be conducted for the same provider.
- 11) All contacts and responses must be documented and the documentation must be maintained for a period of 3 years beyond the end of the current Program year.

Should there be any questions, or need for additional guidance, in the implementation of these policies and procedures, please contact Child and Adult Nutrition Services at 773-3413 for assistance.

Prototype Household Contact Phone Survey

Child's Name(s): _____ Parent's Name: _____

Center/Provider Name: _____

Call History: Attempt #1: _____; #2 _____; #3 _____
Date and Initial Date and Initial Date and Initial

Introduction:

Good morning (or Good afternoon). My name is _____ from (name of organization). I work with the Child and Adult Care Food Program and we are doing a survey of the families whose children are enrolled at (name of facility) _____. I would like to ask you a few questions about (name of children) _____'s meal participation and attendance. Is this (Mr., Mrs., Ms.) _____? Would you have a few moments to complete this phone survey?

If yes, proceed. If no, ask if there might be a better time to call? _____

- 1) Is/Are your child/children still enrolled in child care at this facility? _____ If not, when were they withdrawn? _____

IF THE PARENT WITHDREW THEIR CHILD/CHILDREN PRIOR TO THE TIME PERIOD IN QUESTION, STOP HERE AND THANK THEM FOR THEIR PARTICIPATION. IF NOT, CONTINUE.

- 2) What meals and/or snacks are normally provided to your child/children while in care?

- 3) Do you provide any food for your child/children while he/she/they are in care? If so, what kind of items and how often do you provide them? _____

- 4) Does/do you child/children enjoy the menu selections and preparation of foods? _____
- 5) What days of the week does/do your child/children normally attend? _____
- 6) What hours is your child normally in care? _____

Ask this question only if you have specific reason to believe that meals were claimed on a date(s) the child/children was/were not in attendance.

- 7) Did your child/children attend _____ during his/her normal hours of care on _____?
Name of center/provider
Date(s)

- 8) 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.

Signature of Interviewer

Use Back to Document Additional Information

Prototype Household Contact Letter

Dear _____:

Your child care provider participates in the Child and Adult Care Food Program. This is a nation-wide Program in which your child care provider is reimbursed for serving nutrition meals and snacks to the children in care. This reimbursement helps to support the costs of the food service operations and helps to keep day care fees affordable. Reimbursement is based on the actual meals served to your children. We commend you on your choice of a registered/licensed provider that cares enough to go the extra steps necessary to meet the USDA requirements for the Food Program.

Periodically, we contact parents/guardians to confirm the meal and snack count reported by your child care provider. Completion of this survey will support the integrity and continued existence of the Child and Adult Care Food Program (CACFP). For your convenience, a postage-paid, return envelope has been included. The integrity of the CACFP relies on accurate documentation of meals and snacks served. Your input is vital to the continuance of this valuable Program for your child care provider. Your name, the names of your children, and the information reported on this survey will not be shown to your child care provider and will be maintained in a confidential file within our organization. Please return your survey **as soon as possible**. If not returned within 30 days we will be contacting you again. If you have any questions, please contact the office at _____. Thank you for your cooperation.

Sincerely,

Prototype Household Contact Survey

Please complete the following survey concerning your children and return immediately in the envelope provided.

- 1) Child's Name(s): _____
- 2) Are your children currently in the care of _____? **Yes No**
(insert name of child care provider)
- 3) If no longer in care, when did your children quit going there? **N/A Date:** _____
If your children quit going to this child care provider within the past month please complete the remainder of this form and return the completed form in the enclosed envelope. If longer than one month ago please stop here and return the form in the enclosed envelope.
- 4) What hours are your children normally in the care of this provider? _____ to _____
- 5) What days are your children normally in the care of this provider? (circle all that apply)
Monday Tuesday Wednesday Thursday Friday Saturday Sunday
- 6) Exceptions to the days circled above: Are your children ever in the provider's care:
on weekends (if not circled above)? **No Yes** – clarify: _____
on holidays? **No Yes** – clarify: _____
in evenings? **No Yes** – clarify: _____
- 7) Which of the following meals do your children normally participate in while in day care? (circle all that apply)

Breakfast	Morning Snack	Lunch
Afternoon Snack	Supper	Evening Snack
- 8) The attached form is a copy of the meal count records indicating the meals claimed for your children during the month of _____. Are the days of care accurate for the listed meals? **Yes No**
- 9) If you answered "No" to question 8, please indicate the meals that would not have been served to your children and the reason(s) why:
- 10) Has your child care provider shared information with you about the Child and Adult Care Food Program? **Yes No**
- 11) Does your child care provider charge for the meals served to your children? **Yes No**
- 12) If you answered "Yes" to #11, above, please describe what you are charged:

- 13) Does your child care provider require you to provide your own food? **Yes** **No**
- 14) If you answered “Yes” to #13, above, under what circumstances are you required to provide food?
- 15) If your child is under 1 year of age, were you offered formula by your child care provider? **Yes** **No** **N/A**
- 16) If your child is under 1 year of age, do you provide breast milk? **Yes** **No** **N/A**
- 17) If your child is under 1 year of age, who supplies the formula? **Provider** **Parent** **N/A**
- 18) If your child is under 1 year of age, are all other infant foods provided by your child care provider? **Yes** **No** **N/A**
- 19) If not, what foods do you provide for your infant? **N/A**
- 20) Is a menu posted for you to read? **Yes** **No**
- 21) Are there any questions, or concerns, you have regarding the Child and Adult Care Food Program? If so, state them specifically. You may use a separate page if additional space is needed.

22) If you have questions or concerns and would like a follow up contact, please indicate a telephone number where you can be reached and the best time of day to be reached at the number provided

Phone Number: _____ **Best Time:** _____ **Best Day:** _____

23) Additional Comments:

I have reviewed the information submitted for the month of _____. I believe to the best of my knowledge, that this information provided to you in this survey is an accurate reflection of the time my children spent in care.

Parent Signature

Date

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