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| North Carolina Department of Health and Human Services  Division of Public Health, Women’s & Children’s Health Section  Nutrition Services Branch  **Child and Adult Care Food Program**  **Sponsoring Organization**  **Household Contact Policy and Procedure**  **TEMPLATE** | | | | | | |
| ***Delete Instructions Prior to Submission for Approval***  **Instructions: Institutions participating in NC CACFP may adapt this template to reflect their institution’s policies and procedures or use an existing household contact policy. All household contact policies must include the elements listed below under “Policy.” Highlighted items should be modified to reflect your Institution’s procedures.** | | | | | | |
|  |  | | |  |  |  |
|  | (Institution Name) | | |  | (CACFP Agreement Number) |  |
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| **PURPOSE** | | | | | | |
| 7 CFR §226.2 defines a household contact 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.  The purpose of the Household Contact Policy is to establish a system for Sponsoring Organizations to verify the accuracy of the information submitted on claims for reimbursement by providers or facilities. The intent of the household contact system is to investigate potentially inflated meal counts or other suspicious CACFP documentation. | | | | | | |
| **POLICY** | | | | | | |
| * Household contacts are conducted to verify that meals claimed in a month were: * Served to participants enrolled in care. * Served to participants in attendance when meals were served. | | | | | | |
| * Household contacts are made in person whenever possible. If in-person contacts are not possible, contacts by mail or telephone will be utilized. | | | | | | |
| * Criteria for conducting household contacts include: * Information on the Income Eligibility Applications is not current or has been altered (e.g. erased or whited-out) * A significant number of claimed meals do not correspond to the information on the CACFP enrollment forms * Meal counts are inconsistent with attendance records * Meal counts and attendance are inconsistent with information on CACFP enrollment forms * A large number of weekend, night, and/or holiday meals and snacks are claimed * Lunches are claimed for school-age children * Provider’s repeated absence at the time of unannounced reviews * The prior days’ meal counts are much higher than attendance on the day of the review * Written parent/guardian concerns regarding child enrollment, attendance, and/or meal participation in the facility | | | | | | |
| * All information collected during a household contact procedure shall be kept strictly confidential unless release of such information is specifically prescribed by law and necessary for the proper administrative of the Program. | | | | | | |
| **PROCEDURES** | | | | | | |
| * [INSTITUTION] staff will select a recent month or months so that households responding to the requests will be able to recall the days that participants were in attendance at the center or day care home. | | | | | | |
| * [INSTITUTION] staff will select the households to contact. In some cases, [INSTITUTION] the sponsor may need to contact all households for the claim month. | | | | | | |
| * [INSTITUTION] staff will not notify the facility prior to initiating household contacts. | | | | | | |
| * [INSTITUTION] staff will contact the household in person, by mail, or by telephone. | | | | | | |
| * Information about the contact will be recorded on the contact survey form, including:   + Name of household contact   + Date of contact or attempted contact   + Method of contact   + Results of contact, including name of participant, dates of meals, hours in care, and meals served | | | | | | |
| * [INSTITUTION] will issue findings and a corrective action plan if there are discrepancies found in the reimbursement claim that was verified, including:   + Specific findings of noncompliance with program requirements.   + Actions to be taken by the facility to ensure compliance   + Date by which the corrective action is to be completed   + Consequence for failure to submit or execute an acceptable corrective action plan. | | | | | | |
| * [INSTITUTION] will declare the facility seriously deficient if they are unable to maintain corrective actions or if they have claimed meals for children no longer enrolled. | | | | | | |
| * [INSTITUTION] will contact the state agency if a facility is unable to maintain corrective actions or if they have claimed meals for children no longer enrolled. | | | | | | |
| **INSTITUTION INFORMATION** | | | | | | |
|  |  |  |  | | |  |
|  | (Print Name of Authorized Representative) |  | (Title of Authorized Representative) | | |  |
|  |  |  |  | | |  |
|  | (Signature of Authorized Representative) |  | (Date) | | |  |
|  |  |  |  | | |  |
|  | **Date(s) of annual policy review:** | | | | |  |

Sources:

[7 CFR 226.2](https://www.ecfr.gov/cgi-bin/text-idx?SID=809fa835a4c93f234d13e3c7c5913e47&mc=true&node=pt7.4.226&rgn=div5#sp7.4.226.a) (Code of Federal Regulations, Child and Adult Care Food Program)

[USDA Monitoring Handbook for State Agencies](https://fns-prod.azureedge.net/sites/default/files/cacfp/2014Monitoring_%20Handbook_SA.pdf)

Minnesota Department of Education – [CACFP Sponsoring Organization Household Contact Procedures](https://education.mn.gov/MDE/Search/index.htm?query=household+contact&searchbutton=Search&v%3Asources=mn-mde-live&qp=mn-mde-live)