

## Sample Household Contact Letter

*[Sponsoring Organization Letterhead]*

*[Date]*

Dear *[name of parent]*:

*[Name of sponsoring organization]* participates in the Child and Adult Care Food Program (CACFP), a program that provides reimbursement to day care facilities for serving nutritious meals and snacks to children. CACFP requires that sponsors contact the parents of children who attend their programs to confirm that their *[day care centers or homes]* are maintaining records correctly. Therefore, *[name of sponsor]* is contacting you with some questions about your child's attendance at *[name of center or home]* during *[name of month, year]*.

Please help us meet this CACFP requirement by completing the enclosed form and returning it to our office by *[date 14 days from mailing date]*. Please mail it back to us in the enclosed self-addressed, stamped envelope. If you have any questions, or if you need help, please call *[staff member name]* at *[phone number]*.

Thanks so much for helping us collect this information about your child's attendance at *[name of center or home]* during *[month, year]*.

Sincerely,

*[name of sponsor official]*  
*[title of sponsor official]*

Enclosure

## Sample Household Contact Form

### Parent Questionnaire

Name of Child: \_\_\_\_\_

DOB: \_\_\_\_\_

Has your child ever been enrolled in day care at *[name of center or home]*?

\_\_\_\_ Yes      \_\_\_\_ No      Comments \_\_\_\_\_

Did your child attend the program at least one day during the month of *[month, year]*?

\_\_\_\_ Yes      \_\_\_\_ No      Comments \_\_\_\_\_

When did your child attend day care during *[month, year]*? (circle all dates your child attended this day care during *[month, year]*)

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											

Was your child absent from day care any days during *[month, year]*?

\_\_\_\_ Yes      \_\_\_\_ No      If yes, list all days your child was absent from care during *[month, year]*.

What days of the week does your child usually attend child care at *[name of center or home]*? (circle the correct responses)

Monday      Tuesday      Wednesday      Thursday      Friday      Saturday      Sunday

What time is your child usually in child care at *[name of center or home]*? For example, when do you usually drop off and pick up your child from child care?

What meals and snacks does your child usually receive while at *[name of center or home]*?

\_\_\_\_ Breakfast      \_\_\_\_ Lunch      \_\_\_\_ Supper      \_\_\_\_ AM Snack      \_\_\_\_ PM Snack      \_\_\_\_ Eve Snack

Do you provide any of the food that your child eats while in care at *[name of center or home]*?

\_\_\_\_ Yes      \_\_\_\_ No      If yes, please specify: \_\_\_\_\_

Name of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_