Date:

Dear:

The child care center your child attends 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. 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 Child and Adult Care Food Program (CACFP) or the enclosed form, please call our office at (931) 289-4135.

Sincerely,

Lori Basham Head Start Director Highland Rim Economic Corporation



Center Name:
Enrolled Child's Name:
Parent's/Guardian's Name:
Parent's/Guardian's Address:
Is your child currently enrolled in the above early childhood program? Yes No No
If no, when was the last date your child attended this program?
Please Circle the dates your child was in the care during the month of
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 your child was usually in the care during this month.
AM 6:30 7 8 9 10 11 PM Noon 1 2 3 4:30
Please circle the meals your child received while in care. Breakfast AM Snack Lunch PM Snack Extended Care snack
Please describe any variation from the circled meals or times during the month:
Parent /Guardian 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.
CACFP Household Contact Procedure
September 10, 2022
Phone 931.289.4135 • 615.763.0273 • Fax 931.289.3220 • www.highlandrim.org