

**Bright from the Start:**  
**Georgia Department of Early Care and Learning**  
**The Child and Adult Care Food Program (CACFP)**  
**Household Contact Form – Sponsor Use Only**

**Section I**

Institution Type: Center Sponsor  Administrative Sponsor  Day Care Home Sponsor

Date of Contact: \_\_\_\_\_ Time Contact Made: \_\_\_\_\_

Monitor Name: \_\_\_\_\_

Reason for Contact:  Enrollment/Attendance Verification  Systemic Irregularities in Program operations  
 Suspicious Claiming Patterns

**Section II**

Name of Institution: \_\_\_\_\_ Agreement Number: \_\_\_\_\_

Address: \_\_\_\_\_

Site Name: \_\_\_\_\_ Site Type:  Child Care Center  
 Family Child Care Learning Home

**Section III**

Parent/Guardian Name: \_\_\_\_\_ Parent Contact Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

|                                      |  |  |  |
|--------------------------------------|--|--|--|
| Names of Children Enrolled for Care: |  |  |  |
|--------------------------------------|--|--|--|

|   |               |    |                    |  |
|---|---------------|----|--------------------|--|
| Days of Care: S <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> | Hour of Care: | am | Month in Question: |  |
|---|---------------|----|--------------------|--|

|  |               |    |                    |  |
|--|---------------|----|--------------------|--|
| Meal Types: B <input type="checkbox"/> AM <input type="checkbox"/> L <input type="checkbox"/> PM <input type="checkbox"/> S <input type="checkbox"/> | Hour of Care: | pm | Dates in Question: |  |
|--|---------------|----|--------------------|--|

**Section IV**

Was child(ren) in care as specified and claimed by site? Yes  No   
*Comment(s):* \_\_\_\_\_

Did child(ren) participate in the meal services as indicated by site on date(s) in question? Yes  No   
*Comment(s):* \_\_\_\_\_

Is the information on the Enrollment Form (acquired by the center/home) accurate and current? Yes  No   
*Comment(s):* \_\_\_\_\_

**Section V**

Reclaimed Assessed: Yes  No  Meal Types: B  AM  L  PM  S