

Date: _____

Dear Parent(s)/Guardians(s):

The purpose of this letter is to inform you of the Second Interim Rule: Household Contacts for the Child and Adult Care Food Program (CACFP). The Stanislaus County Office of Education is required to contact households of enrolled children in order to verify the enrollment and attendance of your child. * Household Contact documentation is required to verify compliance with the regulation **

The Child and Adult Care Food Program is administered in California by the Community Nutrition Programs Unit, Nutrition Services Division, California Department of Education located at 1430 N Street, Suite 1500 Sacramento, California 95814. The toll free number is 800-952-5609.

*Please review the attached attendance report for your child.

**Sign and return the bottom portion of this letter and the attendance report to:

*Stanislaus County Office of Education
Child/Family Services Division
Attn: Program Accountant
1100 H Street, Modesto, CA 95354*

I _____, verify that my child: _____ DOB: _____,
(Parent/Guardian) (Child's Name) (Month/Day/Year)

Enrolled at

Head Start on: _____ and the attached _____.
(Circle One) (Enrollment Date)

Enrollment/Attendance report is valid and correct for the month of: _____.
(Month/Year)

(Parent/Guardian Signature) (Date)

OFFICE USE ONLY:

Verification Letter Mailed: _____, by: _____
Initials: _____

Signed Verification RECD: _____ Program Accountant Initials: _____

Distribution: White: (Original)-Agency Office**Yellow: Parent Copy****Pink: Agency Office**