# TELEPHONE LOG: CONTACT WITH PARENT ABOUT THEIR CHILD'S ATTENDANCE WITH PROVIDER

Parent name:	Provider name:		
Address:	Verification month/year:		
City/County:	Dates being verified:		
Staff who verified attendance: FINAL ACTION TAKEN: Date:			

#### A. HOME AND WORK TELEPHONE CONTACTS ATTEMPTED

Enter HOME phone number called each try <i>circle successful try</i>	Date & time called write <u>a.m.</u> or <u>p.m.</u>	Enter WORK phone called each try circle successful try	Date & time called write <u>a.m.</u> or <u>p.m.</u>
1st try:		1st try:	
2nd try:		2nd try:	
3rd try:		3rd try:	

# Begin with an introduction to help the person understand why you are calling, like:

"My name is:My agency's name isThe reason I'm calling you is to get your suggestions about
the meals your child/ren eat with your day care provider. Our agency has a contract with the US Department
of Agriculture, Child and Adult Care Food Program. This program sends us federal funds to pass on to
providers to help them cover the cost of nutritious meals for day care children. Providers must meet special
meal plan requirements so children's meals and snacks are healthful."

"You're one of the families we chose this month to survey about the meals your children eat in day care. We want to know if you are satisfied with the meals, if you have any questions about the food, or your child's care, or our agency's requirements for your provider." (Add your own ideas to this.)

"Could I have a few minutes to ask some questions about the meals and the hours your child/ren are with (provider)\_\_\_\_\_?"

### B. QUESTIONS AND ANSWERS

Questions to ask		Fill in or circle the answers		
1.	Are you satisfied with the meals your child/ren are fed? Why?	Yes	No	Comments:
2.	Did you know your provider takes part in the meal reimbursement program?	Yes	No	Comments:
3.	Are you asked to bring food or pay for any food or meals your child/ren eat with the provider?	Yes No If YES, which meals?  Br am L pm S eve  Why do you bring food or pay?  How often?		Br am L pm 5 eve

Questions to ask		Fill in or circle the answers		
4.	Do you have suggestions for ways we can help your provider improve meals or child care?	Suggestions:		
5.	Did your provider have you fill out and sign an enrollment form for your child/ren?	Yes No If YES, can you give me the approximate?	ıte	
6.	Were your child/ren not in your provider's care for any days in (month) because they were sick, or you had someone else care for them, or you were on vacation, (etc)?	Yes No If YES, can you give me the dates?  What was the reason for absence?	_	
7.	Do you have any questions about our agency or why I am calling?	Questions and Answers:		

### C. NON-SHIFT CARE: ATTENDANCE INFORMATION FOR VERIFICATION MONTH

Names of child/ren for survey	Days, hours, and meals child/ren are with provider					
	Time comes write am or pm	Time leaves write am or pm	<i>REGULAR</i> days in care	<b>REGULAR</b> meals with provider	OCCASIONAL meals and days	
1			MTWThFSSn	B am L pm S eve		
2			MTWThFSSn	B am L pm S eve		
3			MTWThFSSn	B am L pm S eve		
4			MTWThFSSn	B am L pm S eve		
5			MTWThFSSn	B am L pm S eve		

#### Caller's comments about attendance:

## AND/OR D. SHIFT CARE: ATTENDANCE INFORMATION FOR VERIFICATION MONTH

	Dates and days for each shift	Days, hours, and meals child/ren are with provider					
WORK SHIFTS		Time comes write am or pm	Time leaves write am or pm	days in care	meals served by provider		
Shift 1				MTWThFSSn	B am L pm S eve		
Shift 2				MTWThFSSn	B am L pm S eve		
Shift 3				MTWThFSSn	B am L pm S eve		

### Caller's comments about attendance: