

# CHILD AND ADULT CARE FOOD PROGRAM FAMILY DAY CARE CHECKLIST FOR REPORTING INSTITUTION AND FACILITY CHANGES

Sponsoring Organization: \_\_\_\_\_ Agreement #: **18**- \_\_\_\_ - \_\_\_\_

Sponsor Address: \_\_\_\_\_ County: \_\_\_\_\_

City, State: \_\_\_\_\_ Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

**USE THIS FORM TO REPORT CHANGES DURING THE AGREEMENT YEAR.** Correctly completed applications, attachments, and changes must be submitted to the state agency by the **15<sup>th</sup> of each month** to be approved for meal service effective the first day of the upcoming month of the change.

As a sponsoring organization, it is your responsibility to ensure that this office receives program records and revisions within the specified timeframes. Records, which do not meet program requirements, correct and return immediately. Errors and incomplete information will cause a delay in your approval. Therefore, you must ensure that your schedule allows ample time for these corrections. Each month application material remains outstanding will result in loss of reimbursement. In addition, to ensure program compliance a review of these records will take place during administrative reviews and audits.

Dear Nutrition Program Specialist:

**In accordance with the Child and Adult Care Food Program (CACFP) Family Day Care Agreement, which requires each sponsor to report administrative and operational changes for the food program within ten days, I would like to report the following:**

(Fill in the "Effective Date")

- 1. Agency's name changed. (Attach new IRS Letter of Determination, NJ Start Registration Confirmation, and Federal ID Letter),
- 2. Address changed. (Attach Federal ID Letter and W-9)
- 3. Telephone/fax number changed.
- 4. FDCFP Person responsible changed.
- 5. Budget Revisions. (Attach Budget Revision Form)
- 6. Federal Financial Accountability Transparency Act (FFATA) information changed. (Attach Schedule A)
- 7. Tier changes. (Attach Schedule A)
- 8. Homes deleted. (Attach Schedule A and Reason(s) for Termination)
- 9. Homes added. See list below. (Attach Provider Application Documents)
- 10. Registration certificates updated. (Attach Registration Certificate(s))
- 11. Provider(s) Reinstated. (Attach Provider Application Documents)
- 12. Provider's name changed. (Attach Registration Certificate(s))
- 13. Provider's address changed. (Attach Registration Certificate(s) and Pre-approval Form)
- 14. Provider's meal service times changed. (Attach Schedule A)



NEW PROVIDERS ONLY						
#	New	Provider's Name	Tier Code	Registration Exp. Date	Address	Phone #
1.						
2.						

(USE THE BACK PAGE FOR ADDITIONAL NEW PROVIDERS AND/OR UPDATES.)

(Please Check)

- I have signed, indicated and dated the necessary changes on the enclosed Schedule A to complete the revision process. I understand that the Child and Adult Care Food Program office will send a revised Schedule A or approval letter to acknowledge approval of these changes.

\_\_\_\_\_  
(Name and Title of Sponsor/Representative)

\_\_\_\_\_  
(Signature of Sponsor/Representative)

List any additional changes for Family Day Care Food Program homes below:

ADDITIONAL PROVIDERS AND UPDATES									
#	New	Reinstated	Provider's Name	Schd. A #	Tier Code Change.	Registration Exp. Date	New Address	New Phone #	FOR STATE AGENCY USE ONLY
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									
11.									
12.									

**(SEE REVERSE SIDE FOR PROGRAM REQUIREMENTS)**

*(Please Check)*

I have signed, indicated and dated the necessary changes on the enclosed Schedule A to complete the revision process. I understand that the Child and Adult Care Food Program office will send a revised Schedule A or approval letter to acknowledge approval of these changes.

\_\_\_\_\_  
(Name and Title of Sponsor/Representative)

\_\_\_\_\_  
(Signature of Sponsor/Representative)

**If you require additional technical assistance, please contact (609) 984-1250. Fax (609) 984-0878.**