

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

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

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 15th of each month to be approved for meal service effective the first day of the CURRENT month of the change. Changes must be entered in the CARES online system in order to be approved.

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
- 7. Tier changes (List Provider with new Tier Determination)
- 8. Homes deleted. (List Provider 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.

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 completed, saved, and submitted the necessary changes in the CARES online system to complete the revision process.

\_\_\_\_\_  
 (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	Provider #	Tier Code Change	Registration Exp. Date	New Address	New Phone #	Meal Service Times and Enrollment Revisions (no more than 5 non-resident children are allowed during a meal service).							
									Shifts	Breakfast	AM Snack	Lunch	PM Snack	Dinner	Eve Snack	# of Enrolled Children
3.									Shifts	Breakfast	AM Snack	Lunch	PM Snack	Dinner	Eve Snack	# of Enrolled Children
									1 <sup>st</sup> Shifts							
									2 <sup>nd</sup> Shifts							
4.									Shifts	Breakfast	AM Snack	Lunch	PM Snack	Dinner	Eve Snack	# of Enrolled Children
									1 <sup>st</sup> Shifts							
									2 <sup>nd</sup> Shifts							
5.									Shifts	Breakfast	AM Snack	Lunch	PM Snack	Dinner	Eve Snack	# of Enrolled Children
									1 <sup>st</sup> Shifts							
									2 <sup>nd</sup> Shifts							
6.									Shifts	Breakfast	AM Snack	Lunch	PM Snack	Dinner	Eve Snack	# of Enrolled Children
									1 <sup>st</sup> Shifts							
									2 <sup>nd</sup> Shifts							
7.									Shifts	Breakfast	AM Snack	Lunch	PM Snack	Dinner	Eve Snack	# of Enrolled Children
									1 <sup>st</sup> Shifts							
									2 <sup>nd</sup> Shifts							
8.									Shifts	Breakfast	AM Snack	Lunch	PM Snack	Dinner	Eve Snack	# of Enrolled Children
									1 <sup>st</sup> Shifts							
									2 <sup>nd</sup> Shifts							
9.									Shifts	Breakfast	AM Snack	Lunch	PM Snack	Dinner	Eve Snack	# of Enrolled Children
									1 <sup>st</sup> Shifts							
									2 <sup>nd</sup> Shifts							
10.									Shifts	Breakfast	AM Snack	Lunch	PM Snack	Dinner	Eve Snack	# of Enrolled Children
									1 <sup>st</sup> Shifts							
									2 <sup>nd</sup> Shifts							
11.									Shifts	Breakfast	AM Snack	Lunch	PM Snack	Dinner	Eve Snack	# of Enrolled Children
									1 <sup>st</sup> Shifts							
									2 <sup>nd</sup> Shifts							
12.									Shifts	Breakfast	AM Snack	Lunch	PM Snack	Dinner	Eve Snack	# of Enrolled Children
									1 <sup>st</sup> Shifts							
									2 <sup>nd</sup> Shifts							

(SEE REVERSE SIDE FOR PROGRAM REQUIREMENTS)

CACFP Telephone # 984-1250. Fax (609) 984-0878

(Please Check)

I have completed, saved, and submitted the necessary changes in the CARES online system to complete the revision process.