



## State of New Jersey

DEPARTMENT OF AGRICULTURE  
33 West State Street 4<sup>th</sup> Floor  
PO Box 334  
TRENTON NJ 08625-0334


CHRIS CHRISTIE  
*Governor*

KIM GUADAGNO  
*Lt. Governor*

DOUGLAS H. FISHER  
*Secretary*

June 2012

TO: Child Care Food Program Sponsors

FROM: Tanya D.W. Johnson, Coordinator   
Child and Adult Care Food Program

SUBJECT: **CCFP Memo #12-7**  
**Reporting Changes in the Child Care Food Program**  
**Operation for the Summer Months**

Many Child Care Food Program Sponsors change their food service program during the summer months by adding programs, deleting programs or closing altogether. Because changes require prior approval, the CACFP needs to know if your program will stay the same or change during the summer months. Each sponsor must complete the enclosed "2012 Checklist for Reporting Summer Participation" so that your program specialist can complete the necessary paperwork for the upcoming summer months.

**The deadline for submitting the enclosed checklist with an accompanying Schedule A change (if applicable) is July 13, 2012. Checklists received after that date will not be considered and may result in loss of reimbursement. If your program will change for the summer, you may need to submit additional program applications with evidence of a current day care center license for each facility. Those forms must also be received and approved by the Child and Adult Care Food Program by July 13, 2012.**

If you report changes on your Schedule A, you will receive a revised Schedule A reflecting the changes after all necessary documents are received and approved. Be sure to review the amended Schedule A for information to include all programs that will operate during the summer months.

**YOU MUST COMPLETE AND RETURN THE APPROPRIATE SECTION OF THE CHECKLIST EVEN IF YOUR PROGRAM OPERATION WILL NOT CHANGE.** This will enable our office to determine if all sponsors have been accounted for and when the process is complete. **IF YOU REPORT SUMMER CHANGES, IN SEPTEMBER, YOU WILL "CHANGE BACK" TO THE STRUCTURE OF YOUR FALL OPERATION.**

If you have questions or need additional forms to report changes in your food program operation, contact your Child Nutrition Specialist at 609-984-1250.

TDWJ/CAFP/CCFP Memo #12-7  
Enclosure: 2012 Checklist for Reporting Summer Changes

**CHILD CARE FOOD PROGRAM**  
**2012 CHECKLIST FOR REPORTING SUMMER PARTICIPATION**  
*(CCFP Memo #12-7 - Attachment)*

Sponsor: \_\_\_\_\_ Agreement # \_\_\_\_\_ - \_\_\_\_\_

Dear Program Specialist:

I have received your letter describing the process for reporting changes in the Child Care Food Program operation during the summer months. In response to your request, I have reviewed and compared my current Schedule A with the food service operation for the summer months. As a result, I am reporting the following:

**CHOOSE ONE ONLY:**

- or***  **OUR PROGRAM WILL NOT CHANGE DURING THE SUMMER. THERE ARE NO CHANGES TO REPORT.**
- ATTACHED IS A COPY OF OUR SCHEDULE A REPORTING HOW OUR FOOD SERVICE PROGRAM WILL CHANGE FOR THE SUMMER MONTHS. (*Note: Each sponsor must submit the revision on the most current Schedule A copy on file in your day care center office.*)**

**REPORT CHANGES ON YOUR SCHEDULE A IN RED INK AND RETURN BY JULY 13, 2012.**  
**ADDITIONAL FORMS MAY BE REQUIRED IN ORDER TO COMPLETE THE FOLLOWING CHANGES:**

**CHECK (✓) ALL THAT APPLY:**

- The location(s) where children will be fed will change.  
*(License and Program Application forms must be submitted.)*
- The meal types served to children will change.
- The number of programs sponsored by our organization will change.
- The following center(s) will close for the summer.**

*List reason:* \_\_\_\_\_

- Other: \_\_\_\_\_

Our agency understands that we must report the requested change(s) on the most current Schedule A. The Child Care Food Program will send the Schedule A revision to acknowledge approval of my request. Our agency is responsible for monitoring and verifying the Schedule A Change(s) to avoid delay or loss of reimbursement.

\_\_\_\_\_  
*(Name and Title of Sponsor Representative) (Signature of Sponsor Representative)*