



State of New Jersey


DEPARTMENT OF AGRICULTURE
33 West State Street 4th Floor
PO BOX 334
TRENTON NJ 08625-0334

CHRIS CHRISTIE
Governor

KIM GUADAGNO
Lt. Governor

DOUGLAS H. FISHER
Secretary

TO: New Jersey Family Day Care Sponsoring Organizations

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

DATE: March 2010

SUBJECT: **Worksheet Schedule A – NEW FORMAT
FDCFP Memo #10-09**

Enclosed are copies of your agency's most current Schedule A, an example illustrating the newest section of the Schedule A and the Cover Letter for Schedule A Changes. Be sure to photocopy the Schedule A and any subsequent change(s) you report to the CACFP office for your files.

Claims for reimbursement for meals served are limited to a maximum of three meals per day, per participant; specifically, two meals and one snack or two snacks and one meal. **Three hours** shall elapse between the beginning of one meal service and the beginning of another, except that 4 hours shall elapse between the service of a lunch and supper when no supplement is served between lunch and supper.

Monthly Schedule A 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 upcoming month. Each sponsoring organization is responsible for verifying the Schedule A information for accuracy and completeness. Errors and incomplete information could result in delayed approvals.

If you need assistance, call the Family Day Care Food Program office at (609) 984-1250.

Ciw/fdc1/memo/schd A2



State Of New Jersey – Department Of Agriculture
 Bureau of Child Nutrition Programs
Child and Adult Care Food Program

UPDATE INFORMATION, SIGN & DATE

PERSON AUTHORIZING CHANGE: _____ DATE: _____

Agreement	Federal Id	Appr Date	Effective Date	Operation Dates	Sponsor Status
21-999	V22100080012	COMPLETED BY CAFP	10/01/10	10/01/09 – 9/30/10	ACTIVE
Sponsor Name		Appr. Labor Budget		Appr. Non Labor Budget	
APPLE CORE DAY CARE CENTER		\$6,645		\$ 0	
Mailing Address		Board of Directors	Phone/E-mail	Fax	County
1776 NORTH COOKS AVENUE TRENTON, NJ 08625		TANYA DW JOHNSON	(856) 999-9999	(856) 888-8888	MERCER
		Authorized Representative	Phone/E-mail	Fax	County
		FRED CAMMUS	(609) 999-9999	(609) 888-8888	MERCER
Office Location		Contact Person	Phone / Ext.	Fax	Last Prov. Num
33 WEST STATE STREET TRENTON, NJ 08625		HECTOR MERCADO	(609) 777-7777	(609) 888-8881	558

Federal Financial Accountability Transparency Act (FFATA)

CONGRESSIONAL DISTRICT	DUNNS NUMBER	CCR REGISTRATION DATE

By checking the box and signing above, our agency certifies that we have updated or renewed our registration in CCR, which is an annual federal requirement

Tier	Provider Number/County/Name	Street Address	City / Zip	Phone	Lic Exp	Prov Enr	Total Enr	MEAL SERVICE TIMES (1 st and 2 nd Shifts)						
								B	A	L	P	D	E	
1 A	555 Browdy, Lisa Mercer	555 Cooper Lane	Trenton/08638	609-555-5555	05/09	0	3	6:30	9:30	12:30	3:30	6:30	8:00	
2M	556 Peters, Sandy Mercer	5555 Onyx Drive	Trenton/08638	609-555-5556	06/09	1	4	6:30	9:30	12:30	3:30	6:30	8:00	

NEW: 2nd
Shift for Meal Services

CHILD AND ADULT CARE FOOD PROGRAM FAMILY DAY CARE

CHECKLIST FOR REPORTING ADMINISTRATIVE AND PROGRAM CHANGES

Sponsoring Organization: _____ Agreement #: 10 - ____ - ____

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 upcoming month of the change.

As a sponsoring agency, 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 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, W-9 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. Tier changes. (Attach Schedule A)
- 7. Homes deleted. (Attach Schedule A and Reason(s) for Termination)
- 8. Homes added. See list below. (Attach Provider Application Documents)
- 9. Registration certificates updated. (Attach Registration Certificate(s))
- 10. Provider(s) Reinstated. (Attach Provider Application Documents)
- 11. Provider's name changed. (Attach Registration Certificate(s))
- 12. Provider's address changed. (Attach Registration Certificate(s) and Pre-approval Form)

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 for item(s) 5-8. 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 for item(s) 5-8. 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) 292-4498. Fax (609) 984-0878.