

BRIGHT FROM THE START

Georgia Department of Early Care and Learning: Nutrition Services

2 Martin Luther King Jr. Drive, SE, Suite 754, East Tower, Atlanta, Georgia 30334

(404) 656-5957

**Loss or Destruction of Records Form**

**Instructions:** Pursuant to DECAL Policy No. CACFP/02-18 (Policy 18) and SFSP/03-5 (Policy 5), this form is designed to assist organizations in officially documenting the loss and/or destruction of Program records in the event of a disaster. Once completed and checked for accuracy, upload this document and supporting documentation of the loss/disaster such as a valid insurance claim or police report into the *Attachment List* as part of your Application for the applicable year within GA ATLAS within ten (10) business days of notifying DECAL of the lost or destroyed records. Per the above-mentioned policies, when DECAL required records are lost or partially or fully destroyed (either physically or electronically), organizations must notify their assigned Nutrition Services Application Specialist (for independent institutions) or Business Operations Specialist (for sponsors) via email, fax, or by telephone (when email/fax service is unavailable to the facility) within 24 hours of the occurrence.

**Note:** Failure to promptly notify DECAL of the record loss and/or destruction may result in a meal reclaim and/or a cost disallowance for the period the records cover. DECAL reserves the right to review each loss of records or destruction submission on a case-by-case basis to ensure compliance with Federal regulations and its agreement with DECAL. Should DECAL’s review of a situation indicate that the organization is using this process to commit fraud or avoid maintaining required records, the normal procedures for identifying serious deficiencies shall be used.

1. **Preliminary Program Information**

 Program(s) CACFP – Agreement Number

 CACFP – At-Risk Afterschool - Agreement Number

 SFSP – Agreement Number

Organization Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_

Name of Program Contact/Delegated Principal:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Program Alternate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Description of Loss and/or Destruction**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Record #** | **Record Type (*e.g*., meal count, IES, attendance, payroll, receipts)** | **Month Document Covered** | **Year of Document** | **Support Documentation Provided (*e.g.,* insurance claim, police report, etc.)** |
| Record #1 |   |   |   |   |
| Record #2 |   |   |   |   |
| Record #3 |   |   |   |   |
| Record #4 |   |   |   |   |
| Record #5 |   |   |   |   |
| Record #6 |   |   |   |   |
| Record #7 |   |   |   |   |
| Record #8 |   |   |   |   |
| Record #9 |   |   |   |   |
| Record #10 |   |   |   |   |

**Briefly describe the circumstances that led to the record loss or destruction:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Provide the date the record(s) were lost and/or destroyed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Organization Certification Statement**

*I certify that the information contained in this document is true and correct to the best of my ability and that knowingly submitting false or incorrect information and/or failure to notify DECAL should the information contained in this document change, may result in the denial of reimbursement and/or termination and disqualification of the organization, its responsible principals and/or individuals from participation in the CACFP, SFSP, or any other Child Nutrition Program (CNP).*

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Program Contact/Designated Principal Date (MM/DD/YY)**

**For Official DECAL use Only:**

Signature of DECAL Compliance Examiner Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of DECAL Compliance Manager Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Revised 06/2023**