Site Change Notification Form

# Child and Adult Care Food Program

### Institution Name Agreement Number

Site Name:

Site Address:

Place a check **only in the boxes** that require an update to the application and enter the new information in the space provided. You may be required to submit supporting documentation for the change. **Note: If there is a change in legal ownership, including a change in legal entity although still operated by the same primary owners, contact the Application Specialist. \*Contact the Application Specialist as well if the Ownership Code or Organization Type has changed. For sponsoring organizations: If terminating a site, please submit the Voluntary Closure form.**

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| **Change Type** | **New Information** |
| [ ]  Site Name **(Submit updated DECAL license)** |  |  |
| [ ]  Site Address **(Submit updated DECAL license)** | Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date Location Changed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| [ ]  Ownership Code\* | [ ]  Corporation [ ]  Government [ ]  Limited Liability Corporation [ ]  Out of State Corporation [ ]  Partnership [ ]  Sole Proprietorship  |
| [ ]  Organization Type\* | Tax Status: [ ]  Profit [ ]  Nonprofit |
| [ ]  Site Contact Name |  |
| [ ]  Contact Information | Phone Number: ( ) Extension: Fax Number: ( ) Email address:  |
| [ ]  Site/Program Type | **[ ]** Adult Care Center [ ]  Child Care Center [ ]  At-Risk Afterschool Care Center **[ ]** Head Start Only [ ]  Outside School Hours [ ]  Homeless/Emergency Shelter |
| [ ]  Enrollment Change |  |
| [ ]  Licensed Type | **[ ]** Bright from the Start (DECAL) Exemption[ ]  Department of Defense (DOD)[ ]  Bright from the Start (DECAL) License [ ]  Adult Care Center[ ]  Office of the Head Start [ ]  Other Federal/State Approval Authority [ ]  Not Required [ ]  Bright from the Start (DECAL) Self-Assessment  |
| [ ]  License Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ]  License Effective Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| [ ]  License Capacity **(Submit supporting doc. from licensing division)** | Capacity @ 35 Sq. Feet: \_\_\_\_\_\_\_\_\_\_\_ Capacity @ 25 sq. feet: \_\_\_\_\_\_\_\_\_\_\_  |
| [ ]  Building Capacity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ]  Average Daily Attendance \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **[ ]** Fire Inspection Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ] Food Inspection Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| [ ]  Do you provide child care for infants under 12 months old?  |  [ ]  Yes [ ]  No |
| [ ]  Food Service | **[ ]** Prepared on site [ ]  Prepared at Central Facility [ ]  Contracted [ ]  School Food Authority [ ]  Other |

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| *I certify that I am authorized to make this request to DECAL and that the information I have provided above is true and correct.* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature Title Date |

**Email**: Assigned CACFP Application Specialist:

 Jerald Savage 0 (zero)-G Shericka Blount H-P

 Jerald.Savage@decal.ga.gov Shericka.Blount@decal.ga.gov

 Vanessa Goodman Q-Z

 Vanessa.Goodman@decal.ga.gov

 Shericka Blount (H-P)

**Mail to:**

Bright from the Start: Department of Early Care and Learning

Attn: CACFP Application Specialist

2 Martin Luther King Jr. Drive, SE

Suite 754, East Tower

Atlanta, GA  30334