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 CenterHead 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

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Vanessa Goodman Q-Z

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Shericka Blount (H-P)

**Mail to:**

Bright from the Start: Department of Early Care and Learning

Attn: CACFP Application Specialist

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