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| **DEPARTMENT OF HEALTH SERVICES**Division of Quality AssuranceF-62594 (06/2024) | **STATE OF WISCONSIN****DHS 129.17(1)**Page 1 of 2 |
| **NOTICE OF SUBSTANTIAL CHANGE****FEEDING ASSISTANT TRAINING PROGRAM** |
| * The purpose of this form is to provide the Department of Health Services (DHS) with information, in a timely manner, regarding requests for changes in approved feeding assistant training programs. Substantial changes in the program must be reported to DHS using this form (F-62594) prior to the implementation of the change. The substantial change must not be implemented until the change is approved by DHS. DHS responds to substantial change notices in writing.
* “Substantial change” is defined as any change in the designee, instructor, or curriculum.
* Failure to provide this information may result in the suspension or revocation of the program’s certification or the imposition of a plan of correction on the program.
* If you have any questions about the completion of this form, please send question(s) to: dhsdqafeedingassistantprogram@dhs.wisconsin.gov
* Submit this completed form to: dhsdqafeedingassistantprogram@dhs.wisconsin.gov
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| Facility Name      |
| **Change** |
| **Program designee changed?** *If “yes,” indicate date of change and attach details, including name, telephone number, and e-mail address.* | Date (mm/dd/ccyy)      |
|  **Instructor changed?** *If “yes,” indicate date of change and attach completed instructor application,* [*F-62692*](https://www.dhs.wisconsin.gov/forms/index.htm?combine=f-62692&field_division_office_owner_target_id=All&field_language_target_id=All)*.*  | Date (mm/dd/ccyy)      |
| **Training curriculum changed?**  *If “yes,” indicate date of change and attach details of curriculum change.* | Date (mm/dd/ccyy)      |
| **Reason For Change** *(Identify page and section from attached application.)* |
|       |
| **Program Designee** |
| Name – Program Designee      | Title       | Phone Number      |
| **Signature** – Program Designee | Date Signed      |

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| **DHS USE ONLY** |

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| [ ]  Approved/Acknowledged[ ]  Denied  | Entered Database Date: |       |
| Reason for Denial:       |
| Name – Reviewer      | Title      | Date Reviewed      |