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| **DEPARTMENT OF HEALTH SERVICES**  Division of Quality Assurance  F-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](mailto:dhsdqafeedingassistantprogram@dhs.wisconsin.gov) * Submit this completed form to: [dhsdqafeedingassistantprogram@dhs.wisconsin.gov](mailto:dhsdqafeedingassistantprogram@dhs.wisconsin.gov) | | | |
| 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.)* | | | |
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| **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 | |