

Screening for Unlicensed Facilities

Instructions: If you do not have a license for your facility, complete this form and fax to (313) 578-7129. Use a separate sheet for each program. Submit a description of the program in the form of a flyer, brochure, web site printout, or information provided to parents, if available.

Date _____ Agreement # 82015

Organization name City of Detroit Public Schools

Organization address 7322 Second Ave., Michigan 48202-2711

Site name _____

Site address _____

Name of program _____

Age range of children participating in program: _____

Days and times program serves children: _____

Anticipated number of students: _____

Length of program (2 weeks or less, ongoing, etc.) Ongoing

School Day begins at: _____AM

Are parents on-site with their children? Yes No

Are children free to attend or leave this program without the permission of a parent? Yes No

Check the description that best describes your program:

- This program is primarily supervised, school-age-child-focused training in a specific subject, including, but not limited to, dancing, drama, music, or religion. This applies only to the time a child is involved in supervised school-age-child-focused training.
- This program is primarily an incident of group athletic or social activities for school-age children sponsored by or under the supervision of an organized club or hobby group, including, but not limited to, youth clubs, scouting, and school-age recreational or supplementary education programs. This applies only to the time the school-age child is engaged in the group athletic or social activities and if the school-age child can come and go at will.

Please state specific examples of how your program meets one of the descriptions on the previous page. Attach additional sheets if necessary.

The school provides programming space for district authorized groups, staff and vendors to provide social enrichment activities or education remediation in an after school setting through out the school year. Activities include subject matter tutoring and school age appropriate focused training for hard and soft skill acquisition.

Program Contact Person _____

Birth Date of Contact (for security purposes) : _____ (mm/dd/yy)

Phone Number _____

E-mail Address _____

Signed: _____ Date _____

Signature of Level 3 or designated individual on Child Nutrition Program Security Authorization form.

For MDE use only

Reviewed by: _____ Date _____

- Met definition of child care center/referred to licensing
- Does not meet definition of child care center
- Notified applicant