



Website www.michigan.gov/cacfp Phone 517-241-5353 FAX 517-241-5376	Michigan Department of Education Office of Health and Nutrition Services Child Nutrition Services Child and Adult Care Food Program (CACFP) Screening for Unlicensed Facilities Form	
---	---	--

Instructions: This is an annual requirement. If the facility does not have a child day care license, complete this form and upload into the appropriate fiscal year CACFP application. Use a separate form for each facility. Submit a description of the program in the form of a flyer, brochure, website print out, or information provided to parents, if available. The answers to these questions should correlate to what you have submitted within the CACFP application.

Date:	Agreement Number: 82015
Sponsor name: Detroit Public Schools Community District	
Sponsor address: 3011 W. Grand Blvd., 14th Floor Detroit, MI 48202	
Facility name:	
Facility address:	
Name of Program:	
Age range of children participating in program(s):	
Days and times program serves children meals:	
Length of program: (2 weeks or less, ongoing, etc.)	

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.
- Other – describe _____



Please state specific examples of how your program meets one of the descriptions on the previous page.

Program Person:
Phone Number:
E-mail Address:



SUPPER PROGRAM FORM 24-25 SY

School Name _____

1. Start date of program: _____

2. End date of program: _____

3. Days of the week for the program: (circle) M T W TH F S

4. Program starting time: _____

5. Program end time: _____

6. Anticipated number of students enrolling in the program: _____

Principal Signature: _____ Date: _____

Please email your completed form to yuwana.trice@detroitk12.org



Student Daily Attendance Roster by Week

School Name: _____ Week Ending Date: _____
 Program/Activity Name: _ _____

#	Student Name	Mon	TUE	WED	THU	FRI	SAT
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							