☐ Approved
□ Denied
Initials

Michigan Department of Education School Nutrition Programs

Residential Child Care Institution Exception Request Form

City:			- - - -
Juvenile Detention Center: YES Correctional Facility: YES Other RCCI Type, if applicable:	S 🗆 NO 🗆		_
As required by the United State Residential Child Care Institutio Patterns as defined by the Heal reasons for this request:	n (RCCI) is requestin	g an exception to the	New Meal
 The following age/grade during the times specifie 		our facility(s) in the f	ollowing locations
	Location	Location	Location
Age/Grade Group a. K-5 b. 6-8 c. 9-12	Service Time	Service Time	Service Time
Describe your operational safety concerns (or state meals with varying amounts)	juvenile justice laws	or regulations) relate	
3) The above named institu group represented to all concerns: YES NO			
In accordance with USDA Policy exception to the New Meal Patte information above is complete at the serving of different age/grad of Education (MDE) within 15 days	erns due to the logisti and accurate. Any ch de groups will be com	ical concerns specified ange to our safety cor	above. The ncerns related to
Director/Administrator Name	Signature	 Date	
 MDE Administrator Name	Signature	 	