

Website
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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:
Sponsor name:	
Sponsor address:	
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.

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Program Person:
Phone Number:
E-mail Address: