

# District Application for Approval of a Juvenile Detention Facility or Child Caring Institution to Provide an On-Grounds Educational Program

Michigan Department of Education Office of Special Education September 2024

### **Purpose**

Section 24 of the State School Aid Act appropriates state aid funding to the educating district or intermediate district for educating pupils assigned by a court or the Department of Health and Human Services (DHHS) to reside in or to attend a juvenile detention facility or child caring institution licensed by DHHS and approved by the department to provide an on-grounds education program.

School districts must be approved by Michigan Department of Education (MDE) to operate programs on the grounds of juvenile detention facilities or child caring institutions to receive funding under either Section 24, Section 51a, or Section 53a of the State School Aid Act prior to the first year of operation.

In the initial year, the district must submit a completed application to MDE and receive approval to operate a program on the grounds of a juvenile detention facility or child caring institution. MDE may do periodic reviews to assure the program continues to meet the requirements for educating pupils in a restricted setting.

A change in the juvenile detention facility or child caring instituion the school district operates programs in and/or a change in licensure will result in a new application needing to be submitted for approval.

#### **Instructions**

- Complete a separate application for each juvenile detention facility and/or child caring institution.
- 2. **Complete** the General Information, District Certification, and Intermediate School District (ISD) Certification sections.
- 3. **Attach** required documentation to the application.
- 4. **Submit** the completed application and required documentation electronically.
  - a. **Utilize** the LEAPFILE Secure File Exchange Portal.
  - b. Send to MDE-OSEprogramfinance@michigan.gov.
- 5. If approved, MDE will sign and return the approved application to the district and ISD, if applicable.
- 6. For questions, contact Nichole Northern, MDE Office of Special Education (OSE) Financial Manager, at NorthernN2@michigan.gov.



## **Educational Agency Information**

Legal Name of School District	District Code No	o. Telephone No.	
Address	City	Zip Code	
Legal Name of Intermediate School District			
Date Application Submitted			
Fiscal Year District Intends to Receive Initial Section 24 Funding if Approved			

## **Facility Information**

Legal Name of Facility		
Address	City	Zip Code
Number of Beds Approved by the DHHS		

## **Required Documentation**

Submit to MDE the following required documentation with the completed and signed application:

- 1. Evidence of the number of beds approved by the DHHS.
- 2. Attach DHHS license. Further, if facilities have been added for educational purposes (not residential) please include evidence of approval by fire marshal and health department offices.
- 3. Other demographic or program information that will assist MDE to facilitate the district's education program for adjudicated youth.

MDE staff may contact the district and arrange an on-site visit to review the program for approval.



### **District Certification**

I certify all information provided within this district application for approval of the above-named juvenile detention facility or child caring institution is true, complete, and accurate to the best of my knowledge.

Superintendent or Authorized Official Signature Date Signed

Contact Person Phone No. (Area Code)

Email Address Date Completed

#### **ISD Certification**

I certify the ISD has reviewed the member district application for approval of the above-named juvenile detention facility or child caring institution and all information provided within the district application is true, complete, and accurate to the best of my knowledge.

Superintendent or Authorized Official Signature Date Signed

Contact Person Phone No. (Area Code)

Email Address Date Completed

MDE USE ONLY

Approved Denied

Authorized Official Title

Authorized Official Signature Date

