

# District Application for Approval of Section 24 Educating Students on the Grounds of Juvenile Detention Facilities and Child Caring Institutions

# Michigan Department of Education Office of Special Education July 2025

#### **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 institution the school district operates programs in and/or a change in licensure will result in the need for a new application to be submitted for approval.

#### **Instructions**

- 1. **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 <a href="NorthernN2@michigan.gov">NorthernN2@michigan.gov</a>.



# **Educational Agency Information**

Legal Name of School District		District Code No.	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 Licensed Juvenile Detention or Child Caring Facility			
Address		City	Zip Code
Number of Beds Approved by the DHHS	Does this Facility Have a Nonresidential Day Treatment Program?  Yes (complete the section below)  No		

# **Nonresidential Day Treatment Program**

Legal Name of First Nonresidential Day Treatment Program		
Address	City	Zip Code
Legal Name of Second Nonresidential Day Treatment Program		
Address	City	Zip Code



## **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.
- 3. Further, if facilities have been added for educational purposes (not residential) please include evidence of approval by fire marshal and health department offices.
- 4. Complete the Other demographic or Program Information below. This will assist MDE to facilitate the district's education program for adjudicated youth.
  - a. For each facility complete a separate Other Demographic or Program Information section found below.

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

### **Other Demographic or Program Information**

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Provide the following demographic information at time of application:		
a.	Grade Range	
b.	Age Range	
c.	Gender	
d.	Number of students	
e.	Which counties did students previously reside	



#### Describe the education program provided by the school:

- a. How is the school building set up? (school building, classroom on each pod, Wing, etc.)
- b. How are the students assigned to classroom?
- c. How is grade placement determined?
- d. Student teacher ratio in each classroom
- e. Grades the program covers
- f. How is the Michigan Merit Curriculum (MMC) delivered? (In-person instruction in each classroom?)
- g. Describe how credits are earned

h.	Number of general education teachers
i.	Number of special education teachers
Desc	ribe the provision of special education on programs and services:  How do you determine if an incoming student has an IEP?
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b.	How many students are eligible for special education?
C.	How many students are currently being evaluated?
d.	How is specialized instruction provided?
e.	Who provides the special education services? (school social work, speech language, OT, and PT)

### **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** 

Application Approved Application Denied

Authorized Official Title

Authorized Official Signature Date

