Residential Child Care Institution Exception Request Form

Name of Institution: ___________________________________________
Agreement Number: ___________________________________________
Address: ___________________________________________________
City: _______________________________________________________
Zip Code: __________________________________________________

Juvenile Detention Center: YES □ NO □
Correctional Facility: YES □ NO □
Other RCCI Type, if applicable: _________________________________

As required by the United States Department of Agriculture (USDA), the above named Residential Child Care Institution (RCCI) is requesting an exception to the New Meal Patterns as defined by the Healthy, Hunger-Free Kids Act of 2010. Following are the reasons for this request:

1) The following age/grade groups are served at our facility(s) in the following locations during the times specified:

<table>
<thead>
<tr>
<th>Location</th>
<th>Location</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age/Grade Group</td>
<td>Service Time</td>
<td>Service Time</td>
</tr>
<tr>
<td>a. K-5</td>
<td>_________</td>
<td>_________</td>
</tr>
<tr>
<td>b. 6-8</td>
<td>_________</td>
<td>_________</td>
</tr>
<tr>
<td>c. 9-12</td>
<td>_________</td>
<td>_________</td>
</tr>
</tbody>
</table>

2) Describe your operational limitations to separating age/grade groups or legitimate safety concerns (or state juvenile justice laws or regulations) related to offering meals with varying amounts of food within the same meal period:

______________________________________________________________
______________________________________________________________
______________________________________________________________

3) The above named institution agrees to serve meals meeting the highest age/grade group represented to all students in the location(s) identified above due to safety concerns:

YES □ NO □

In accordance with USDA Policy SP-48-2013, the above named institution requests an exception to the New Meal Patterns due to the logistical concerns specified above. The information above is complete and accurate. Any change to our safety concerns related to the serving of different age/grade groups will be communicated to the Michigan Department of Education (MDE) within 15 days.

Director/Administrator Name __________________________ Signature __________________________ Date __________________________

MDE Administrator Name __________________________ Signature __________________________ Date __________________________

7/22/2013