

ILLINOIS STATE BOARD OF EDUCATION
Nutrition Programs Division
100 North First Street, W-270
Springfield, IL 62777-0001

ISBE AGREEMENT NUMBER

ISBE SITE NUMBER

DCFS LICENSE EXEMPTION REQUEST

This document must be completed by all organizations who want to participate in the Child and Adult Care Food Program (CACFP) to receive reimbursement for children/student meals/snacks when the program is not licensed by the Department of Children and Family Services (DCFS). A separate form must be completed for each program/site location (separate address). DCFS will determine whether the program is license exempt or requires licensing.

ORGANIZATION RESPONSIBLE FOR PROGRAM

1. LEGAL NAME OF ORGANIZATION OFFERING PROGRAM

2. NAME OF EXECUTIVE DIRECTOR/OWNER

3. PHYSICAL ADDRESS FOR ORGANIZATION (Street, City, State, Zip-Code)

4. MAILING ADDRESS FOR ORGANIZATION (Street, City, State, Zip-Code) (If different)

5. TELEPHONE NUMBER (Include Area Code)

6. WHAT TYPE OF ORGANIZATION IS THIS? (Check one only)

- Charitable Community For-Profit Nonpublic School Park District
 Public School Other Public Entity Religious Other _____

7. DOES THIS ORGANIZATION HAVE FEDERAL TAX-EXEMPT STATUS 501(C)(3) OF THE INTERNAL REVENUE CODE?

YES (Must attach letter)

NO

EXPLANATION OF PROGRAM

8. NAME OF PROGRAM

9. DATE YOU WOULD LIKE PROGRAM TO BEGIN

10. ADDRESS (Street, City, State, Zip Code) (If different from Physical Address above)

11. The program will be offered between the hours of _____ a.m. p.m. and _____ a.m. p.m.

12. Mark the day(s) of the week the program will be offered:

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

13. Mark the months of the year the program will operate?

January February March April May June
 July August September October November December

14. List the education and/or enrichment activities that will be offered to the children/students?
(Ex: activities could include homework assistance, art, dance, computer science, and etc.)

LOCATION OF PROGRAM AND CHILDREN IN BUILDING

15. What type of building is used for this program? (Check one only)

- Boys and Girls Club
 Church
 Community Center
 Nonpublic School
 Public School
 Other _____

16. Is there a licensed child care center already located somewhere in this building?

- YES NO If Yes, please provide license number _____

17. How many children/students are expected to participate in this program? _____

18. What is the age range of the children/students participating in this program? _____

19. Provide information about each room used for the program. If more than 6 rooms are used, list the rooms on separate paper. Provide name/number of the room, size of room (square footage), number of tables and chairs, and ages of the children grouped together in each room.

	NAME OF ROOM	SIZE OF ROOM	# OF TABLES	# OF CHAIRS	AGE RANGE OF CHILDREN
Room 1					
Room 2					
Room 3					
Room 4					
Room 5					
Room 6					

Provide the location of the rooms in the building (example: first floor, basement, and etc). Explain briefly where exit doors are located in each room which lead outside (example: There are two exits, one that leads directly outside; room exit leads to main hallway, which exits outside; or room exit leads to rear outside exit)

	LOCATION IN BUILDING	EXPLAIN LOCATION OF EXIT DOORS
Room 1		
Room 2		
Room 3		
Room 4		
Room 5		
Room 6		

20. Are there private rest rooms for boys and girls in the building?

- YES NO If yes, where are they located? _____

21. The building which houses the program MUST comply with health and fire standards. Are the following documents available?

- YES NO Illinois Department of Public Health inspection from within past 12 months showing all violations are corrected.
 YES NO Illinois Fire Safety inspection from within past 12 months showing violations are corrected.

INFORMATION ON STAFF

22. All employees and volunteers who may have contact with the children/students are required to have background checks.

- Have each employee and volunteer, who may have contact with the children/students, complete an *Authorization for Background Check*, form CFS-689.
- List below the full names of all employees and volunteers who completed the form.
- Using the *Authorization for Background Check*, form CFS-689, check the individual's name to the Sex Offenders Registry Service (SORS) at <http://www.isp.state.il.us/sor> to determine whether the individual is listed as an offender.
- Mark the *SORS Clearance Completed* box below to show your organization certifies the individual's name did not appear on the SORS website during your search.
- Mark the *CANTS Clearance Completed* box below that an *Authorization for Background Check*, form CFS-689, for the individual was mailed to Springfield DCFS and was returned to your organization showing that DCFS checked the Child Abuse and Neglect Tracking System (CANTS).

AUTHORIZATION FOR BACKGROUND CHECK FORM, CFS-689

EMPLOYEE/VOLUNTEER COMPLETE LEGAL NAME AND ADDRESS	DATE OF BIRTH (mm/dd/yyyy)	SORS CLEARANCE COMPLETED	CANTS CLEARANCE COMPLETED
Check one only: <input type="checkbox"/> Employee <input type="checkbox"/> Volunteer Name: _____ _____	_____	<input type="checkbox"/> Completed by this organization	<input type="checkbox"/> Completed by DCFS
Check one only: <input type="checkbox"/> Employee <input type="checkbox"/> Volunteer Name: _____ _____	_____	<input type="checkbox"/> Completed by this organization	<input type="checkbox"/> Completed by DCFS
Check one only: <input type="checkbox"/> Employee <input type="checkbox"/> Volunteer Name: _____ _____	_____	<input type="checkbox"/> Completed by this organization	<input type="checkbox"/> Completed by DCFS
Check one only: <input type="checkbox"/> Employee <input type="checkbox"/> Volunteer Name: _____ _____	_____	<input type="checkbox"/> Completed by this organization	<input type="checkbox"/> Completed by DCFS
Check one only: <input type="checkbox"/> Employee <input type="checkbox"/> Volunteer Name: _____ _____	_____	<input type="checkbox"/> Completed by this organization	<input type="checkbox"/> Completed by DCFS
Check one only: <input type="checkbox"/> Employee <input type="checkbox"/> Volunteer Name: _____ _____	_____	<input type="checkbox"/> Completed by this organization	<input type="checkbox"/> Completed by DCFS
Check one only: <input type="checkbox"/> Employee <input type="checkbox"/> Volunteer Name: _____ _____	_____	<input type="checkbox"/> Completed by this organization	<input type="checkbox"/> Completed by DCFS
Check one only: <input type="checkbox"/> Employee <input type="checkbox"/> Volunteer Name: _____ _____	_____	<input type="checkbox"/> Completed by this organization	<input type="checkbox"/> Completed by DCFS
Check one only: <input type="checkbox"/> Employee <input type="checkbox"/> Volunteer Name: _____ _____	_____	<input type="checkbox"/> Completed by this organization	<input type="checkbox"/> Completed by DCFS
Check one only: <input type="checkbox"/> Employee <input type="checkbox"/> Volunteer Name: _____ _____	_____	<input type="checkbox"/> Completed by this organization	<input type="checkbox"/> Completed by DCFS
Check one only: <input type="checkbox"/> Employee <input type="checkbox"/> Volunteer Name: _____ _____	_____	<input type="checkbox"/> Completed by this organization	<input type="checkbox"/> Completed by DCFS

OFFICIAL SIGNED AGREEMENT

Read the information below, mark the appropriate boxes, and sign this document. Mail to the DCFS address listed below.

Mark the documents you have attached to this request.

- Articles of Incorporation (when applicable)
- Building Occupancy (when applicable)
- Federal Tax-Exempt Status—US Department of Treasury letter validating 501(c)(3) status (when applicable)
- Fire Inspection, violation free (within the past 12 months)
- Health Inspection, violation free (within the past 12 months)
- Copies of employees' *Authorized Background Check*, forms CFS-689, showing the results of DCFS checking CANTS

I agree this organization is responsible for the continuing operation of the program identified above and all the information provided is accurate.

When notified that this program is exempt from DCFS licensure, I shall notify DCFS, in writing, every two years from the DCFS designation date, to certify this information is still valid and correct. If the organization experiences any change in operation or if any of the above information changes, this organization will notify DCFS within thirty (30) days of the change.

I agree to keep DCFS informed of all NEW employees or volunteers who have contact with the children/students. These individuals will have background checks completed, which will include having the employee or volunteer complete an Authorization for Background Check form; comparing the information to the Sex Offenders Registry Service (SORS) to determine whether the individuals are listed as offenders; and providing DCFS with a signed Authorization for Background Check form so DCFS can check the Child Abuse and Neglect Tracking System (CANTS) for individuals to determine whether they have child abuse/neglect history.

I also understand to continue participation in the Child and Adult Care Food Program, this organization must contact DCFS according to the agreed upon statement above.

Signature

Date of Birth (mm/dd/yyyy)

Title

Date

Print Name of Person Signing Above

Organization

Mail this completed request along with all required attachments to:

Department of Children and Family Services
1911 S. Indiana, 9th Floor
Chicago, Illinois 60616

FOR DCFS USE ONLY

Pursuant to Part 377.3 FACILITIES AND PROGRAMS EXEMPT FROM LICENSURE the program identified above is:

- Exempt from DCFS licensure
- Required to be licensed by DCFS, please contact us for more information.

This determination was made after review of the information included herein and examination of required attachments as specified in Part 377.3. A copy of this document will remain on file with DCFS at the field office address identified below.

Review of this request and examination of required documents was conducted by:

Signature of DCFS Public Service Administrator

DCFS Designation Date

Print Name of DCFS Public Service Administrator

Telephone (Include Area Code)

DCFS Field Office Address