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| logo_forms | Wisconsin Department of Public Instruction  **GROUP CHILD CARE LICENSE EXEMPTION  FOR CACFP PARTICIPATION**  PI-6016 (Rev. 07-22) | | | | | | | Each site participating in the Child and Adult Care Food Program (CACFP) as an At-Risk Afterschool Program, Outside of School Hours Care Program or Emergency Shelter, that does not have a child care license issued by the Wisconsin Department of Children and Families (DCF), must obtain annual certification from DCF of its exemption from Wisconsin child care licensing regulations (DCF 251). | | | | | | | | |
| **INSTRUCTIONS**   1. Complete this form for each site and submit to: Department of Children and Families Licensing, Attention: Amanda St. Martin by email: [amanda.stmartin@wisconsin.gov](mailto:amanda.stmartin@wisconsin.gov).   2. Once the form is reviewed and signed by the DCF representative, a copy will be returned to your agency.  3. Upload the DCF signed form to your online CACFP contract. | | | | | | | | | | | | | | | | |
|  | | | | GENERAL INFORMATION | | | | | | |  | | | | | |
| Site Name | | | | | | | County | | | | | | DPI Agency Code *If assigned* | | | |
| Site Street Address | | | | | | | City | | | | | | State | | | Zip |
| Site Contact Person | | | | | | | Contact Person Email | | | | | | | | | Telephone *Area/No.* |
| Site Operated By  School  Community Organization  Church  Other *Specify:* | | | | | | | | | | | | | | | | |
| Name of Legally Responsible Corporation | | | | | | | Owner/President Name | | | | | | | | | Telephone *Area/No.* |
| Street Address of Legally Responsible Corporation | | | | | | | City | | | | | | State | | | Zip |
| Federal Employer Identification Number (FEIN) | | | | Is Site Operated by a School?  Yes  No | | | | | | | | Has This Site Ever Been Licensed in the Past?  Yes *When*        No | | | | |
| Has This Site Ever Had a License Denied, Revoked, Suspended, or Not Renewed?  No  Yes *Specify:* | | | | | | | | | | | | | | | | |
| **Age of Children Served** | | **Hours of Operation** | | | **Days of Operation** | | | | **Months of Operation** | | | | | **Types of Programs** | | |
| Youngest:  Oldest: | | AM  Start Time:  End Time: | | | Sunday  Monday  Tuesday  Wednesday  Thursday  Friday  Saturday | | | | Jan  Feb  Mar  April  May  June | July  Aug  Sept  Oct  Nov  Dec | | | | Before/After School Site  Homeless/Domestic Shelter  Community Learning Center | | |
| How many children **under** the age of 7 years can be enrolled at any one time? | | AM  Start Time:  End Time: | | | Do Parents/Guardians Remain Onsite During Care?  No  Yes *Specify :* | | |
| Comments: | | | | | | | | | | | | | | | | |
|  | | | | CERTIFICATION / SIGNATUARE | | | | | | |  | | | | | |
| **I ATTEST** that all information given in this form is true and accurate to the best of my knowledge. | | | | | | | | | | | | | | | | |
| Signature of Site Contact Person  ⮚ | | | | | | | | | | | | | | | Date Signed *Mo./Day/Yr* | |
|  | | | DCF USE ONLY—Do Not Write Below This Line | | | | | | | | |  | | | | |
| **Based on the information provided in this form, the program named above is:**  **NOT** required to maintain a child care license.  Required to maintain a child care license. | | | | | | | | | | | | | | | | |
| Name of DCF Child Care Licensing Representative *Print* | | | | | | Signature of DCF Child Care Licensing Representative  ⮚ | | | | | | | | | Date Signed *Mo./Day/Yr* | |
| Copy emailed to Site Contact Person | | | | | | | | | | | | | | | | |
| In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA’s TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant’s name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by: **(1)** **mail:** U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; **(2)** **fax:** (833) 256-1665 or (202) 690-7442; or **(3)** **email:** [program.intake@usda.gov](mailto:program.intake@usda.gov)    This institution is an equal opportunity provider. | | | | | | | | | | | | | | | | |