**Annual Survey of Local Residential Child Care Institutions**

**Fall 2020**

**Section I – Institution and School District**

1. **Type of Institution** (Check only one box)

|  |  |
| --- | --- |
|  |  **Neglected Institution** |

*Primary purpose stated in its charter: A public or private residential facility that is operated primarily for the care of children who have been committed to the institution or voluntarily placed in the institution under applicable state laws because of the abandonment, neglect, or death of their parents or guardians.*

|  |  |
| --- | --- |
|  |  **Delinquent Institution** |

*Primary purpose stated in its charter: A public or private residential facility that is operated primarily for the care of children who have been adjudicated to be delinquent or in need of supervision because of the violation of state or local laws*.

1. **Legal Name and Address of Institution**

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|  |

 ***Legal Name of Institution***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |

  ***Number and Street City State Zip Code***

**Legal or Administrative Basis for Designation of this Institution**

|  |  |  |
| --- | --- | --- |
|  |  |  |

 License Number Date of Expiration

1. **Name and Address of Local Public School System in which this Institution is Located**

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|  |

 ***Name of Local Public School System***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |

  ***Number and Street City State Zip Code***

|  |  |  |
| --- | --- | --- |
| Name of county in which school system is located:  |  |  |

1. **Total Number of Children** (age 5-17 inclusive) **that resided in the institution for, at least, one day during a** **30-consecutive day counting period. The counting period can fall between September 1 and November 30; however, one day of the counting period must be in October.**

|  |  |
| --- | --- |
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**Section II – Basis for Eligibility (Please circle Yes or No)**

1. Is this institution operated primarily for the care of children who are abandoned,

neglected, or who are committed because of the death of their parents or guardians? **Yes No**

1. Is this institution operated primarily for the care of children who have been adjudicated

by appropriate state or local authority to be delinquentor in need of supervision? **Yes No**

1. Is this institution a residential facility in which children are under 24-hour care? **Yes No**
2. Does the caseload data reported in *item 4 above* include only children age 5-17? **Yes No**

**Section III – Certification by Chief Administrative Official of Institution**

***I certify that the information provided on this form is, to the best of my knowledge, complete and accurate.***

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 **Signature Date**

|  |  |  |
| --- | --- | --- |
|  |  |  |

 **Typed Name and Title Telephone Number**

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**Section IV – Child Count**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Institution** |  |  |  | **School System** |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Date Completed** |  |  |  | **Completed by:** |  |  |

 **Name and Title**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) |
| **Child Name and/or** **Identification Number**  | **(N) Neglected****(D)****Delinquent** | **Date of Birth** | **Age** | **Date** **Entered** | **Date Terminated** | **Dates Consecutively Enrolled\*** | **Dates of the 30 Day Counting Period***(One day must be in October)\*\*****(ex: 10/1/20 - 10/30/20)*** |
| **From** | **To** |
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**\*Column 7 refers to the dates student was enrolled.**

**\*\*Column 8 refers to the 30 consecutive day counting period (One day must be in October).**

**\*\*Please note with regard to Column 8, all children should have the same 30 day counting period.**