Indiana Department of Education



Dr. Katie Jenner, Secretary of Education

ANNUAL SURVEY OF CHILDREN IN LOCAL INSTITUTIONS FOR NEGLECTED OR DELINQUENT CHILDREN

ADDRESS (Number, Street, City, State, Zip Code): THIS INSTITUTION IS LOCATED: Corporation Number: Corporation Number: ADDRESS (Number, Street, City, State, Zip Code): ADDRESS (Number, Street, City, State, Zip Code): 3. TYPE OF INSTITUTION (If the Institution serves both neglected and delinquent children, complete separate forms with separate counts.) 4. LEGAL OR ADMINISTRATIVE BASIS FOR DESIGNATION OF THIS INSTITUTION (See instructions): Check one: () An "INSTITUTION FOR NEGLECTED CHILDREN" means, as determined by the SEA, a public or private residential facility (other than a foster home) that is operated for the care of children who have been committed to the institution, or voluntarily placed in the institution under applicable state law, because of the abandonment by, neglect by, or death of parents. Check one: () An "INSTITUTION FOR DELINQUENT CHILDREN" means, as determined by the SEA, a public or private residential facility that is operated for the care of children who have been adjuctated and determined by the SEA, a public or private residential facility that is operated for the care of children who have been adjuctated and determined to be delinquent or in need of supervision. () Additional or Other:	SECTION I - INSTITUTION AND SCHOOL CORPORATION		
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2. Is this institution a residential facility which children are under 24 hour care? Yes No			
Yes No			
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3. Does the caseload data reported in item 5B above include only children ages 5-17 inclusive?			
Yes No			
SECTION III - CERTIFICATION BY AUTHORIZED OFFICIALS			
I CERTIFY that the information provided on this form is, to the best of my knowledge, complete and accurate. A knowingly false alaim on this report is a ariminal offense under U.S. Code. Title 18 Section 1001 or Section 287			
false claim on this report is a criminal offense under U.S. Code, Title 18 Section 1001 or Section 287.			
CHIEF ADMINISTRATIVE OFFICIAL OF INSTITUTION LEA REPRESENTATIVE	CHIEF ADMINISTRATIVE OFFICIAL OF INSTITUTION	LEA KERKESENIAIIVE	
SIGNATURE DATE SIGNED SIGNATURE DATE SIGNED	SIGNATURE DATE SIGNED	IGNATURE DATE SIGNED	
TYPE NAME/TITLE PHONE NUMBER TYPE NAME/TITLE PHONE NUMBER	TYPE NAME/TITLE PHONE NUMBER	YPE NAME/TITLE PHONE NUMBER	
E-MAIL ADDRESS E-MAIL ADDRESS	E-MAIL ADDRESS E	-MAIL ADDRESS	
(Note: Because these data will generate Federal funds, they are subject to audit and must be supported by documented records.)			

Please complete the JotForm no later than December 8, 2023.

This form must be signed by <u>both</u> representatives. Please do not mail hard copies.