



Indiana Department of Education

Dr. Katie Jenner, Secretary of Education

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

SECTION I - INSTITUTION AND SCHOOL CORPORATION

<p>1. NEGLECTED OR DELINQUENT INSTITUTION (LEGAL NAME)</p> <p>ADDRESS (Number, Street, City, State, Zip Code):</p>	<p>2. LOCAL PUBLIC SCHOOL CORPORATION IN WHICH THIS INSTITUTION IS LOCATED:</p> <p>Corporation Number:</p> <p>Corporation Name:</p> <p>ADDRESS (Number, Street, City, State, Zip Code):</p>
<p>3. TYPE OF INSTITUTION (If the Institution serves both neglected and delinquent children, complete separate forms with separate counts.)</p> <p>Check one:</p> <p>() 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.</p> <p>() 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 adjudicated and determined to be delinquent or in need of supervision.</p>	<p>4. LEGAL OR ADMINISTRATIVE BASIS FOR DESIGNATION OF THIS INSTITUTION (See instructions):</p> <p>Check one:</p> <p>() State license</p> <p>() Charter</p> <p>() Appropriate legal citations</p> <p>() Recognition by a welfare agency</p> <p>() Additional or Other: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>5. CASELOAD (Please complete A, B, and C. See instructions):</p> <p>A. Total caseload for October 2024 (October 1 through October 31): _____</p> <p>B. Total count for 30 consecutive day period (see instructions for determining count): _____</p> <p>C. Was there a large increase or decrease in this year's annual count in comparison to last year's annual count? _____</p> <p>IF 'YES', PLEASE EXPLAIN: _____</p>	

SECTION II - BASIS FOR ELIGIBILITY

<p>1. Is this institution operated for the care of: (See instructions)</p> <p>A. Children who are abandoned by, neglected by, or separated by the death of their parents?</p> <p style="padding-left: 40px;">Yes No</p> <p>B. Children who have been determined by appropriate state or local authority to be delinquent or in need of supervision?</p> <p style="padding-left: 40px;">Yes No</p> <p>2. Is this institution a residential facility which children are under 24 hour care?</p> <p style="padding-left: 40px;">Yes No</p> <p>3. Does the caseload data reported in item 5B above include only children ages 5-17 inclusive?</p> <p style="padding-left: 40px;">Yes No</p>	
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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 claim on this report is a criminal offense under U.S. Code, Title 18 Section 1001 or Section 287.

<p>CHIEF ADMINISTRATIVE OFFICIAL OF INSTITUTION</p> <p>SIGNATURE _____ DATE SIGNED _____</p> <p>TYPE NAME/TITLE _____ PHONE NUMBER _____</p> <p>E-MAIL ADDRESS _____</p>		<p>LEA REPRESENTATIVE</p> <p>SIGNATURE _____ DATE SIGNED _____</p> <p>TYPE NAME/TITLE _____ PHONE NUMBER _____</p> <p>E-MAIL ADDRESS _____</p>	
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(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 4, 2024.

This form must be signed by both representatives. Please do not mail hard copies.