Please return by December 6, 2002, to: Title I/Migrant Programs Florida Department of Education 325 West Gaines Street, Room 352 Tallahassee, Florida 32399-0400

FLORIDA DEPARTMENT OF EDUCATION DIVISION OF PUBLIC SCHOOLS AND COMMUNITY EDUCATION ANNUAL SURVEY OF CHILDREN IN LOCAL INSTITUTIONS FOR NEGLECTED OR DELINQUENT CHILDREN OR

FISCAL YEAR 2002-03

IN CORRECTIONAL INSTITUTIONS, TITLE I (850) 487-3530, SunCom 277-3530 (Please read the instructions on reverse before completing this form.) SECTION I - INSTITUTION AND SCHOOL DISTRICT 3. NAME OF PUBLIC SCHOOL DISTRICT IN WHICH CHILDREN 1. NAME AND ADDRESS OF INSTITUTION (Include Zip Code) RESIDING IN THIS INSTITUTION ATTEND SCHOOL 4. LEGAL OR ADMINISTRATIVE BASIS FOR DESIGNATION OF 2. TYPE OF INSTITUTION (Mark only one box to identify the type of institution being reported.) THIS INSTITUTION, AS INDICATED IN ITEM 2. (Please mark appropriate box.) A.

"AN INSTITUTION FOR NEGLECTED CHILDREN" - A ☐ A PRIVATE INSTITUTION ADMINISTERED THROUGH A PUBLIC OR PRIVATE RESIDENTIAL FACILITY (Other CONTRACT WITH THE FLORIDA DEPARTMENT OF JUVENILE than a foster home) THAT IS OPERATED FOR THE CARE JUSTICE OF CHILDREN WHO HAVE BEEN COMMITTED TO ☐ A PUBLIC INSTITUTION OPERATED BY THE STATE OF OR VOLUNTARILY PLACED IN THE INSTITUTION **FLORIDA** UNDER APPLICABLE STATE LAW, DUE TO ☐ A PUBLIC INSTITUTION OPERATED BY THE BOARD OF ABANDONMENT, NEGLECT, OR DEATH COUNTY COMMISSIONERS FOR THE COUNTY IN WHICH THE PARENTS OR GUARDIANS. INSTITUTION IS LOCATED ☐ OTHER (Explain) 5. CASELOAD B.

"AN INSTITUTION FOR DELINQUENT CHILDREN" - A PUBLIC OR PRIVATE RESIDENTIAL FACILITY THAT A. TOTAL CASELOAD FOR OCTOBER 2002 **→** IS OPERATED FOR THE CARE OF CHILDREN WHO HAVE BEEN DETERMINED TO BE DELINQUENT OR IN NEED OF SUPERVISION. THE TERM ALSO INCLUDES AN ADULT CORRECTIONAL INSTITUTION B. OF TOTAL OCTOBER CASELOAD, NUMBER OF CHILDREN AGED 5 - 17 INCLUSIVE WHO HAD RESIDED IN THE INSTITUTION FOR 30 OR MORE IN WHICH CHILDREN RESIDE. CONSECUTIVE DAYS SECTION II - BASIS FOR ELIGIBILITY YES NO 1. IS THIS INSTITUTION OPERATED FOR THE CARE OF: A. CHILDREN WHO ARE ORPHANED OR HAVE BEEN ABANDONED OR NEGLECTED BY PARENTS/GUARDIANS OR PERSONS ACTING IN PLACE OF PARENTS? B. CHILDREN WHO HAVE BEEN DETERMINED BY APPROPRIATE STATE OR LOCAL AUTHORITY TO BE DELINQUENT OR IN NEED OF SUPERVISION? IS THIS INSTITUTION A RESIDENTIAL FACILITY IN WHICH CHILDREN ARE UNDER 24 HOUR CARE? DO THE CASELOAD DATA REPORTED IN ITEM 5B. ABOVE INCLUDE ONLY CHILDREN AGED 5 - 17 INCLUSIVE? 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. SIGNATURE **DATE SIGNED** TYPED NAME AND TITLE **TELEPHONE** RETURN THIS COMPLETED REPORT TO YOUR DISTRICT COORDINATOR OF TITLE I. SECTION IV - VALIDATION BY DISTRICT COORDINATOR OF TITLE I I HAVE REVIEWED THIS FORM AND IT IS, TO THE BEST OF MY KNOWLEDGE, COMPLETE AND ACCURATE SIGNATURE **DATE SIGNED TYPED NAME AND TITLE TELEPHONE**

ANNUAL SURVEY OF CHILDREN IN LOCAL INSTITUTIONS FOR NEGLECTED OR DELINQUENT CHILDREN OR IN CORRECTIONAL INSTITUTIONS, TITLE I

GENERAL INSTRUCTIONS

The purpose of this annual survey is to provide the Florida Department of Education with current information on the location and number of children living in institutions for neglected or delinquent children, or in correctional institutions. The information collected will be used for purposes of the Title I formula for computing allocations for local educational agencies.

Institutions in which education is provided by a state agency should be submitted on ESE 019, Annual Report of Children in State Agency Institutions for Neglected or Delinquent Children, Adult Correctional Institutions, and Community Day Programs for Neglected or Delinquent Children, Title I.

A separate report should be completed for each institution that meets the requirements of the definitions in the Title I Regulations. (Shown in Section I., Item 2.)

In the case of group homes under one administration office, one report can be prepared for all the homes which are located in the same school district. However, there should be an attachment to the form which lists for each home the address and the caseload data as required in Section I., Items 5A, and B. A separate report should be filed for each school district.

SPECIFIC INSTRUCTIONS

SECTION I - INSTITUTION AND SCHOOL DISTRICT

- 1. NAME AND ADDRESS OF INSTITUTION Enter legal name and address of institution. If the name of the institution has changed since last year, please show old name in parenthesis.
- 2. TYPE OF INSTITUTION Mark only one box to identify the type of institution being reported. If the institution serves both neglected and delinquent children, for classification purposes identify the majority of the children. If an institution does not meet the definition of institutions cited in the Title I Regulations, it SHOULD NOT BE INCLUDED for the purposes of this survey.
- 3. NAME OF PUBLIC SCHOOL DISTRICT Enter the name of the school district in which the children residing in this institution attend schools. Since allocations are computed in the Florida Department of Education by the district, it is very important to accurately identify the district.
- 4. LEGAL OR ADMINISTRATIVE BASIS FOR DESIGNATION OF THIS TYPE OF INSTITUTION Please mark appropriate box.
- 5. CASELOAD DATA (A) Enter the total number of residents in this institution during the period October 1 through October 31, 2002, or any portion thereof; and (B) enter the total number of residents, aged 5 17 inclusive, who during the month of October 2002, had resided in the institution for 30 or more consecutive days, one of which was during the month of October. These data will be used in the Title I formula for computation of grants. There should be records available to support the caseload data reported in this item since this count generates Title I funds and is subject to audit.

Neglected or delinquent children who are eligible for programs for handicapped children may be counted for grant determination under both programs and may be served under both programs.

SECTION II - BASIS FOR ELIGIBILITY

1. - 3. <u>If the answer for any item is "No," please explain on a separate sheet,</u> on what basis the children in this institution should be counted for local educational agency allocation purposes.

SECTION III - CERTIFICATION BY CHIEF ADMINISTRATIVE OFFICIAL OF INSTITUTION

<u>This section must be signed by the Chief Administrative Official of the institution</u> to certify that the information reported is complete and accurate. <u>Return completed report to your District Coordinator of Title I.</u>

SECTION IV - VALIDATION BY DISTRICT COORDINATOR OF TITLE I

<u>This section must be signed by the District Coordinator of Title I.</u> Validated reports should be returned to Title I/ Migrant Programs, Bureau of Equily, Safety, and School Support, Florida Department of Education, 325 West Gaines Street, Room 352, Tallahassee, Florida 32399-0400, (850) 487-3530, SunCom 277-3530.