

**MASSACHUSETTS DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
ANNUAL COUNT OF CHILDREN IN COMMUNITY RESIDENTIAL FACILITIES FOR NEGLECTED OR
DELINQUENT CHILDREN**

| | | |
|---|--|--|
| Name and address of community residential facility: | Name and address of parent company, if applicable: | School District (source/facilitator of funds): |
|---|--|--|

Type of facility (*please check one*): Neglected: _____ Delinquent: _____

Capacity of facility: _____

October 2014 enrollment - report the number of children who *resided* in your facility for **at least one day during the 30-day count period**. The *count period* must be for **30 consecutive days, at least one day of which is in October**. _____

Check all that apply:

- Residential facility
- Children receive all instruction in facility
- Children receive all instruction in district schools
- Children receive some instruction in the facility and some in district schools
- Other – Explain: _____

Type of Title I Services:

- English (reading, writing)
- Math
- Other – List: _____

CERTIFICATION:

I certify that the information provided meets the requirements of Title I, Part D, Subpart 2 and is, to the best of my knowledge, complete and accurate.

| | | |
|---|--|--|
| X _____ Typed name and title of facility official | X _____ Signature and date | X _____ Telephone number w/ext. |
| X _____ Program contact person and title if different from above | X _____ Program contact person telephone number w/ ext. | X _____ Program contact person e-mail address |

This facility will **NOT** apply for Title I N or D funds for FY2016