

**MASSACHUSETTS DEPARTMENT OF ELEMENTARY & SECONDARY EDUCATION
ANNUAL COUNT OF CHILDREN IN STATE AGENCY INSTITUTIONS FOR NEGLECTED OR DELINQUENT CHILDREN, ADULT
CORRECTIONAL INSTITUTIONS, AND
COMMUNITY DAY PROGRAMS FOR NEGLECTED OR DELINQUENT CHILDREN**

PART I – INSTITUTION AND STATE AGENCY

1. Name and address of institution, community day program, or adult correctional institution:	2. Name and address of State agency:
---	--------------------------------------

PART II – BASIS FOR ELIGIBILITY

	YES	NO
1. Is a regular program of instruction provided for the youth in the institution or community day school?		
2. Is the State agency responsible for providing free public education for the youth in the institution or community day school?		
3. Is the average length of stay in the institution or community day school at least 30 days?		

If answer to ALL questions above is YES, proceed to Part III

PART III - TYPE OF INSTITUTION AND ENROLLMENT

Category <i>(check one)</i>	Number of children under 21 enrolled in a regular program of instruction supported by state funds for at least:	
	20 hours per week	15 hours per week
Institution for Neglected Children A public or private residential facility, other than a foster home, 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 law, due to abandonment, neglect, or death of their parents or guardians.		
Institution for Delinquent Children and Youth 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.		
Community Day Program A regular program of instruction provided by a State agency at a community day school operated specifically for neglected or delinquent children.		
Adult Correctional Institution A facility in which persons are confined as a result of a conviction for a criminal offense, including persons under 21 years of age.		

PART IV – ADJUSTED ENROLLMENT TO REFLECT THE RELATIVE LENGTH OF THE STATE AGENCY’S ANNUAL PROGRAM

Enrollment (from Part III)	Number of Days Per Year Educational Program Operates	Adjusted Enrollment
<input type="text"/>	X	Divided by 180 = <input type="text"/>

PART V – CERTIFICATION

I certify that the information provided meets the requirements of Title I, Part D, Subpart 1 and is, to the best of my knowledge, complete and accurate.

X _____ Typed name and Title of Institution 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