Virginia Department of Education

Annual Report of Children in Local Institutions for Neglected or Delinquent

Children and Adult Correctional Institutions

**2017 Report Form**

The purpose of this annual report is to provide the Department with data required by Title I, Parts A, and D,

of the *Elementary and Secondary Education Act*, as amended, for use in the computation of grants to Local Educational Agencies and state agencies responsible for providing free public education for children in institutions or community day programs for neglected or delinquent children.

## Section A: Formula Data and Reporting

**Children in Locally-Operated Institutions for Neglected or Delinquent Children**

**and Local Adult Correctional Institutions**

**Indicate the number of neglected or delinquent children, ages 5-17, inclusive, in local residential institutions in the school division.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of School Division** | **Division** **Code** | **NEGLECTED Caseload Count for October 2017\*** | **DELINQUENT Caseload Count for October 2017\*\*** | TOTAL |
|  |  |  |  |  |

 \*Count children residing in institutions for neglected children in this column.

\*\*Count children residing in institutions for delinquent children and adult correctional institutions

 in this column.

* **Section B: Classification and Breakdown of Institutions in School Division**

 **Indicate the institutions in your division from which the count in Section A was derived.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name and Address of Institution** | **Governing Document Provided:** **Yes or No** | **Institution Type: Neglected (N) or Delinquent (D)**  | **Total students living in institution** |
|  |  |  |  |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Name and Address of Institution** | **Governing Document Provided:** **Yes or No** | **Institution Type: Neglected (N) or Delinquent (D)** | **Total students living in institution** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

* **Section C: Data Verification**

**Provide an explanation for any large increases or decreases in the data from the previous year.** Possible reasons for changes in the data may include, but are not limited to:

* a new institution opening;
* an institution closing;
* youth over the age of 17 were counted; or
* youth not living in the facility were counted.

(Insert text here)

* **Section D: Certification by School Division**

I certify that the Local Education Agency has implemented a system of internal controls and taken the steps necessary to ensure that the data provided meet the requirements of Title I of the ESEA and are, to the best of my knowledge, valid and reliable.

Signature of School Division Superintendent or Designee\* Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Typed Name and Title Telephone Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Title I, Part D, Contact E-mail Address Telephone Number

\*The signed certification can be scanned when returning the report electronically.

|  |
| --- |
| ***All* school divisions must submit the Report Form (Attachment B) and supporting documents electronically to Gloria Torrens-Billings at** **Gloria.Torrens-Billings@doe.virginia.gov** **on or before Wednesday, November 15, 2017**. **For questions, contact Tiffany Frierson, Title I Specialist,** **at (804) 371-2682 or** **Tiffany.Frierson@doe.virginia.gov**. |