



Annual Survey of Children in Institutions for Neglected or Delinquent Children or Local Adult Correctional Facilities

1. Institution Name:
2. Institution Address:
3. Local Education Agency (LEA) name where children reside in this institution:
4. LEA CDS Code: _____ County: _____
5. Select a consecutive 30-day period for the count, at least one day of which must be in October 2018. *Example:* "October 1-30, 2018."

Date From: _____ Date To: _____
6. Enter the number of children ages 5-17 inclusive who resided in the institution for at least **one day** during the selected 30-day period. Count all children resident during the selected period (not just those from your LEA).

Count for October 2018:

Certification by Institution Administrator

Name _____ Email _____

Signature _____ Date _____

Certification by LEA Chief School Administrator

Name _____ Email _____

Signature _____ Date _____

Failure to include the signature of the facility administrator invalidates your count and will affect your funding. Both signatures are required.

Scan and email to Title1D@doe.nj.gov.