|  |
| --- |
| **NOTICE:** This report is required by sections 1124, 1402, 1411, and 1412 of the Elementary and Secondary Education Act of 1965, as amended (ESEA). The completion of this report is required to obtain or retain benefits. Failure to submit the report will result in the inability of the U.S. Department of Education to carry out legislative requirements and the loss of funds to State and local educational agencies to provide compensatory education services for children in institutions and community day programs for neglected or delinquent children.  **SECTION A - FORMULA DATA AND REPORTING FORMAT SHEET**  Children in Locally Operated Institutions for Neglected or Delinquent Children and Adult Correctional Institutions,  Children in State-Operated Institutions for Neglected or Delinquent Children, and Community Day Programs for Neglected or Delinquent Children, and Adult Correctional Institutions |

**Local Educational Agency**

(**District Name**)

Number of neglected or delinquent children, ages 5 - 17, inclusive, in local institutions by LEA

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **LEA**  **CODE** | **Name and Address of Institution(s)** | **Neglected (N) Caseload**  **Count for**  **October 2013 \*** | **Delinquent (D) Caseload**  **Count for**  **October 2013\*** | **TOTAL** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  | **GRAND TOTAL for the LEA** |  |  |  |

\* 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.

**30 Day Count Period**: Please Note: Designate a consecutive thirty (30) day period (one day of which **must be** in October 2013) and count each child who resided in the institution during that period for at least one day. The LDOE recommends that your consecutive 30-day period begins on October 1 and ends on October 31. **If the LEA does not have any institutions for N or D children, indicate N/A.**

|  |
| --- |
| **CERTIFICATION BY LOCAL EDUCATIONAL AGENCY** |

I hereby certify that the information provided is, to the best of my knowledge, complete and accurate.  ***Please sign in blue ink*.**

Signature:

Date:

Typed name and title:

Address:

Telephone Number:

E-mail address: \_\_\_\_\_\_\_\_\_

**Send completed and signed document to**:

Louisiana Department of Education

Office of Student Programs

NCLB Services

Edeltress Brown - Educational Program Consultant

Post Office Box 94064

Baton Rouge, LA 70804-9064