NEBRASKA DEPARTMENT OF EDUCATION
CDC Consolidated Data Collection Helpdesk (888) 285-0556

Nebraska Department of Education
301 Centennial Mall South, PO Box 94987
Lincoln, NE 68509-4987
NDE Helpdesk: 1-888-285-0556 or ADVISERHelp@nebraskacloud.org

Instructions updated: August 19, 2019

Title I Annual Caseload Count of Children in Local Institutions for Neglected or Delinquent Children or in Correctional Institutions P.L. 114-95, Title I

Due Date: December 5
Audit Window Close Date: January 5

Scope - The purpose of the annual caseload count is to provide the State Educational Agency with current information on the location and number of children living in institutions for neglected or delinquent children, or in local correctional institutions. The information collected will be used in the Title I formula for computing allocations for local educational agencies. Public Law 114-95 114th Congress "SEC. 1124. BASIC GRANTS TO LOCAL EDUCATIONAL AGENCIES."

PROCESS

Step 1: District obtains access to the Title I Annual Caseload Count of Children in Local Institutions for Neglected or Delinquent or in Correctional Institutions collection.
Step 2: District downloads forms and mails/e-mails them to facilities/institutions within the district.
Step 3: District receives the completed forms and documentation back from facilities/institutions and enters the form data in the Title I Annual Caseload Count collection in the CDC.
Step 4: District submits and approves the Title I Annual Caseload Count collection by due date. Then audit window period is allowed for corrections.

DIRECTIONS FOR COMPLETING THE ON-LINE SUBMISSION

Step I

The Title I Annual Caseload Count of Children in Local Institutions for Neglected or Delinquent or in Correctional Institutions collection is found in the Nebraska Department of Education's Consolidated Data Collection (CDC).

NOTE: To gain access to the Consolidated Data Collection, please refer to "Accessing the Consolidated Data Collection" instructions found on the NSSRS Resources page, under the heading "Consolidated Data Collection (CDC)", at the following url: http://www.education.ne.gov/nssrs/Resources.html#Instructions

Only districts that have residential facilities/institutions located in their district and listed annually by NE State Agencies (NE Department of Health and Human Services and NE Office of Probation) will need to complete this collection. If you are not one of these districts, you will not be given access.

Once in the Consolidated Data Collection (CDC), click on the link for **Title I Annual Caseload Count of Children in Local Institutions for Neglected or Delinquent.**

Open Collections:

CATEGORY	COLLECTION
GENERAL	Days In Session/Instructional Program Hours
ASSESSMENT	State Of The Schools Report
TRANSPORTATION	Pupil Transportation Report
DISCIPLINE	Report of Suspension/Expulsions
GENERAL	Request To Submit Data Late Or Make Data Changes
GENERAL	Teacher and Principal Evaluation Survey
GENERAL	Graduation Cohort Resolution Request (Optional)
GENERAL	ESU/District/System/School Information Report
TITLE I	Annual Participation Report
FINANCIAL	School Age Final Financial Report (SFR)
TITLE I	Title I Annual Caseload Count Of Children In Local Institutions For Neglected Or Delinquent

*Enter the collection to view submission status.

A list of all the facilities/institutions that are required to complete the caseload count form will display in a table on the main page of the collection.

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NDE #04-017

TITLE I ANNUAL CASELOAD COUNT OF CHILDREN IN LOCAL INSTITUTIONS FOR NEGLECTED OR DELINQUENT CHILDREN OR IN CORRECTIONAL INSTITUTIONS

Download Sample Spreadsheet | Download All Forms

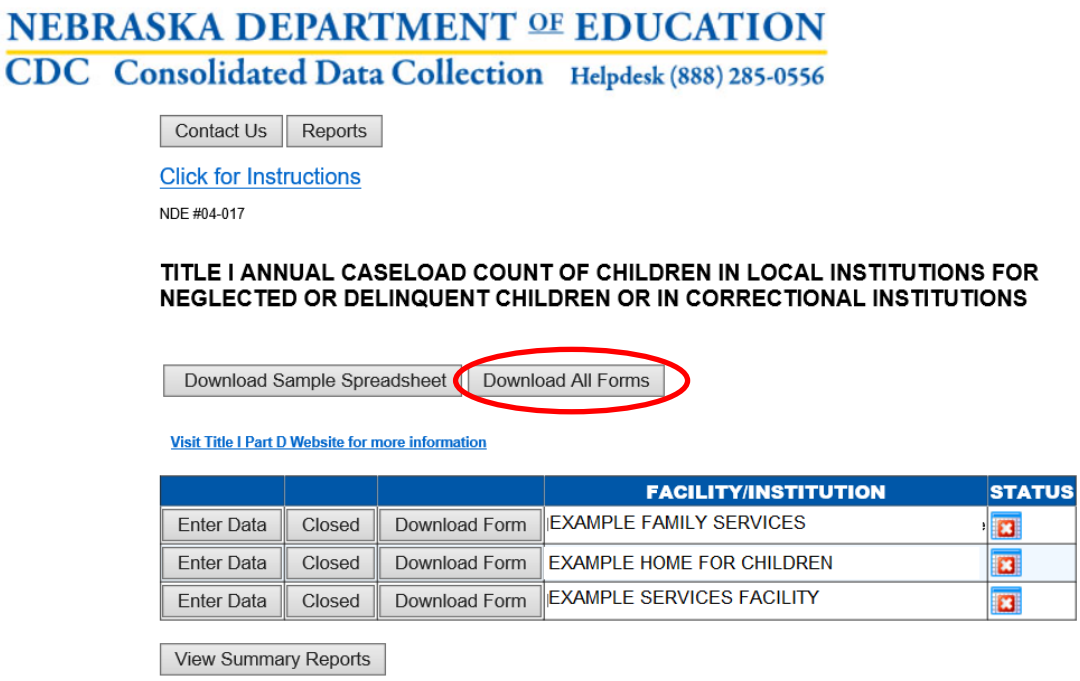
Visit Title I Part D Website for more information

			FACILITY/INSTITUTION	STATUS
Enter Data	Closed	Download Form	EXAMPLE FAMILY SERVICES	
Enter Data	Closed	Download Form	EXAMPLE HOME FOR CHILDREN	
Enter Data	Closed	Download Form	EXAMPLE SERVICES FACILITY	

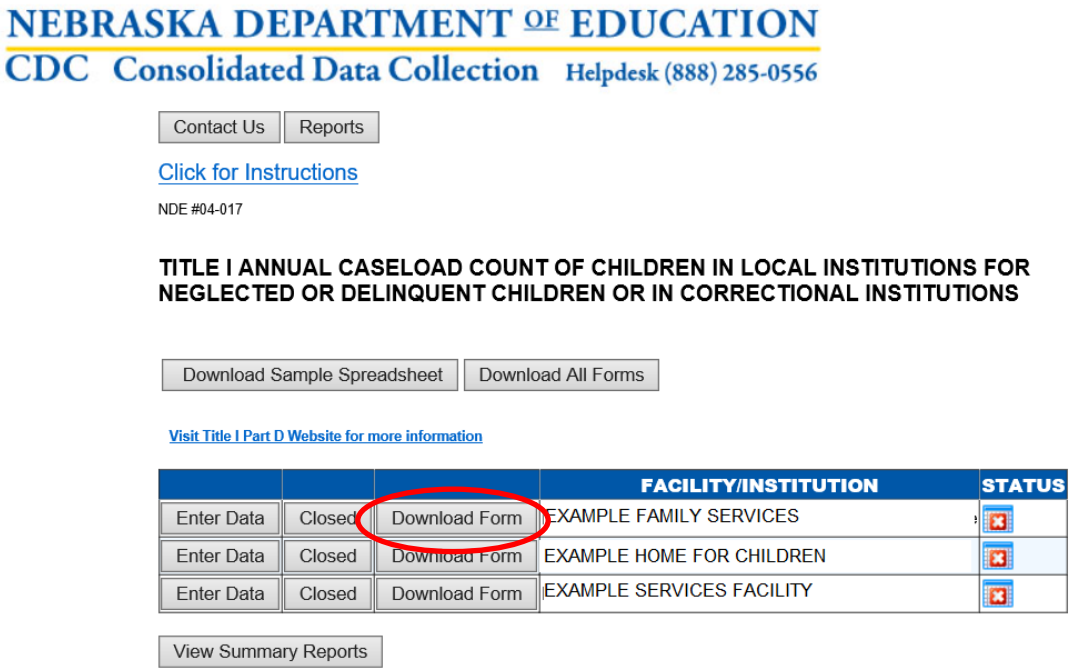
View Summary Reports

Step 2
Districts will download forms to mail or e-mail to each facility/institution listed. Forms are in a pdf format and can be downloaded and saved to your computer. These can then be printed off to mail to the facility/institution, or if saved individually, can be e-mailed to the facility/institution.

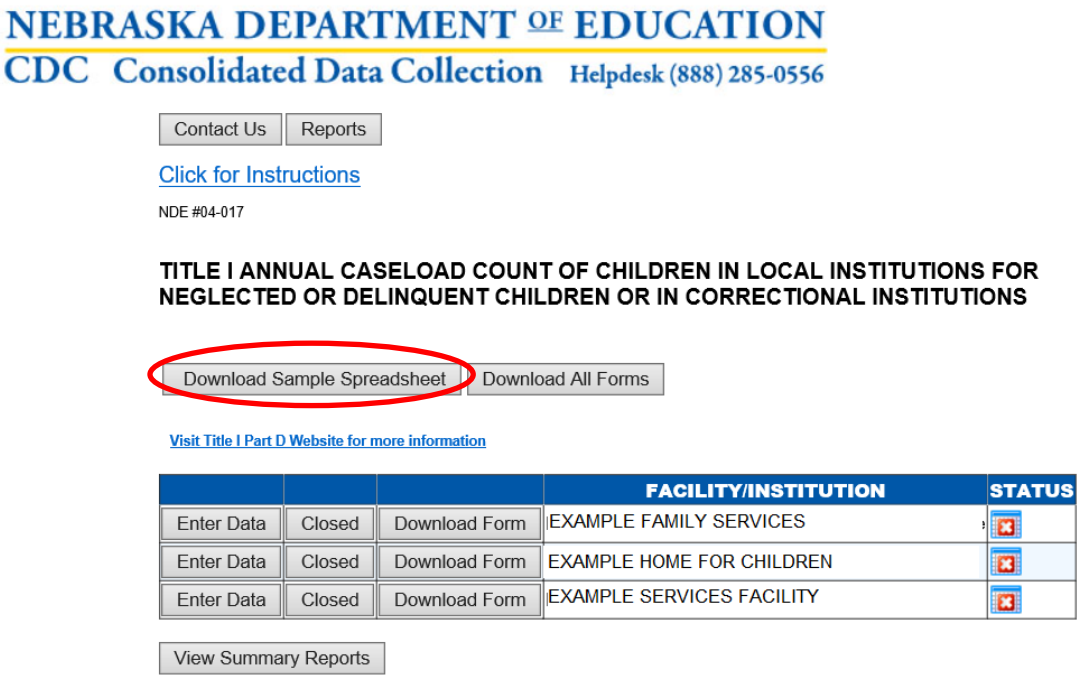
Click on the **Download All Forms** button to get a pdf of all forms.



Or, click on **Download Form** by each facility/institution's name to get a pdf of each individual form.

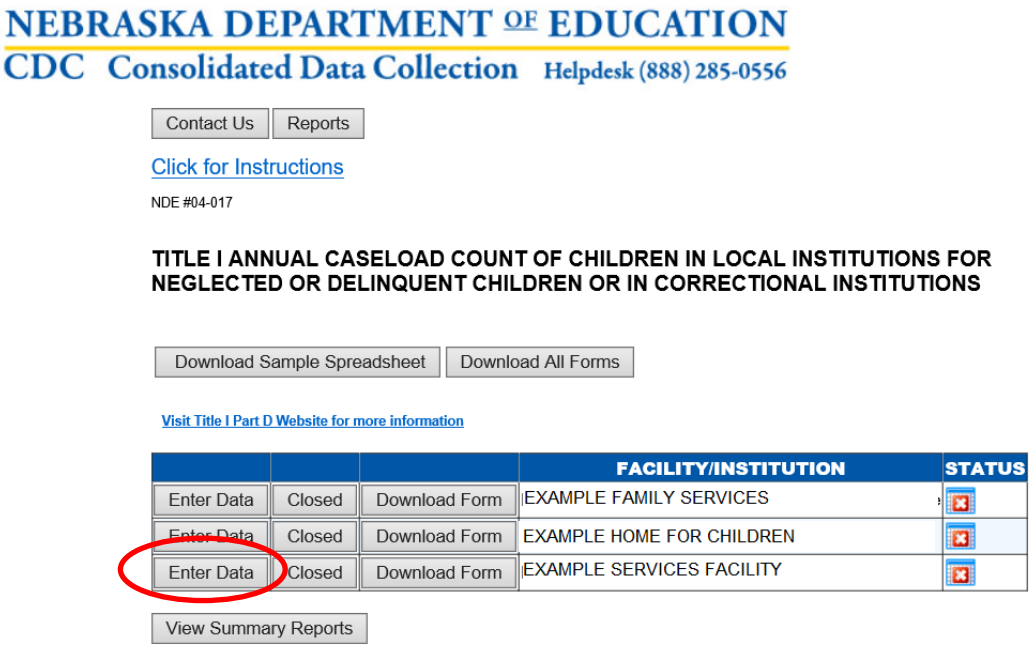


Click on **Download Sample Spreadsheet** to obtain an excel spreadsheet that can be also sent to each facility/institution to help them when completing the form.



Step 3

Once you receive the returned form and appropriate documentation back from the facility/institution, review for accuracy and completeness; then enter the data from the form into the collection by clicking on **Enter Data** by each facility/institution's name.



SECTION I – Institutions and School District

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Collection Main Pg | Contact Us | CDC Main Pg | Logout | Instructions | Reports

NDE FORM #04-017

TITLE I ANNUAL CASELOAD COUNT OF CHILDREN IN LOCAL INSTITUTIONS FOR NEGLECTED OR DELINQUENT CHILDREN OR IN CORRECTIONAL INSTITUTIONS

SECTION I - Institutions and School District

1. Legal Name and Address of Facility/Institution:

Facility/Institution Name:
EXAMPLE FAMILY SERVICES

Revised Facility/Institution Name (If different than "Facility/Institution Name":

Facility/Institution Address 1:
123 Main Street

Facility/Institution Address 2:

Facility/Institution City: Exampleville

Facility/Institution State: NE

Facility/Institution Zip (5 digits): 12345

Facility/Institution Zip (4 digits):

Facility/Institution Phone: 402-123-4567

Facility/Institution E-Mail: pointofcontact@examplefamilyservices.org

Facility/Institution Contact: Joe Smith

2. Type of Facility/Institution:

○ A. "An institution for Neglected Children" A public or private residential facility (Other than a foster home) operated primarily for the care of children who have been committed to the institution, or voluntarily placed in the institution under applicable State law, because of the abandonment by, or neglect by, or death of parents; or determined to be delinquent or in need of supervising.

○ B. "An institution for Delinquent Children" A public or private residential facility that is operated primarily for the care of children who have been determined to be delinquent or in need of supervision. In Nebraska, only county operated local detention/staff secure institutions are considered here.

3. Name of local (public) school district in which this Facility/Institution is located:

EXAMPLE SCHOOL DISTRICT [00-0000]

4. Legal or administrative basis for designation of this Facility/Institution, as indicated in item 2 above *(see instructions)*:

1. **Legal Name and Address of Facility/Institution** - The name and address of the facility/institution will be pre-populated. If there are additions or changes on the form returned by the facility/institution, please enter those changes in this section. If the facility/institution's name is not correct on the form, enter the revised name in the textbox under "Revised Facility/Institution Name".
2. **Type of Facility/Institution** - Select either A or B.
3. **Name of local (public) school district in which this Facility/Institution is** located - This will be pre-populated with your district name.
4. **Legal or administrative basis for designation of this Facility/Institution, as indicated in item 2 above** – This may be HHS or probation, a court ordered setting for students and also a licensed facility.

5. Caseload *(see instructions)*:		
A.	1.	Total caseload of residents that reside within the 30 consecutive day count period this year with one day of the 30 days being in October:
	2.	List the 30 consecutive day count period used *(it can start as early as 9/2, or as late as 10/31)*: Start Date: End Date:
B.		From the total in A, with one day being in October of this year, the number of children age 5-17 inclusive who had resided in the county institution for at least one day or more:

6. Interim School *(see instructions)*:	
A.	Is there a school in the facility/institution?
	○ Yes ○ No
B.1.	If yes to the above, is the interim school approved by Rule 18?
	○ Yes ○ No
B.2.	In the process of approval?
	○ Yes ○ No

5. **Caseload** - All caseload counts of students include the birth date of each student and should be included on the spreadsheet sent to the district by the facility/institution.
   A1. Report the total caseload of residents that reside within the 30 day count period, this year, with one day being in October.
   A2. Report the start and end date of the 30 consecutive day period.
   NOTE: When saving the form at the end, there will be a validation to check and make sure there is <u>exactly</u> 30 days here. This includes the start and end dates. A validation will also check to make sure that at least one of the days falls in October.
   B. Report the number of children age 5-17 inclusive who resided in the county institution for at least one day or more, including one day being in October of this year.
   NOTE: This number cannot be greater than the number reported in A1 above.
6. **Interim School**
   A. Check the radio button **Yes** if there is an interim school located in the facility/institution.
   B1. If the answer to A. is Yes, check the radio button in which applies to whether the interim school is approved by Rule 18 or not.
   B2. If the answer to B1.is No, you must check the radio button that applies if the interim school is in the process of approval for Rule 18.

Section II – Basis for Eligibility

SECTION II - Basis for Eligibility	
1. Is this Facility/Institution operated primarily for the care of *(see instructions)*:	
A.	Children who are orphaned or have been abandoned or neglected by parents or persons acting in place of parents or children who have been determined by appropriate state or local authority to be delinquent or in need of supervision?
	○ Yes ○ No
B.	Residents in a local county operated detention/staff secure facility?
	○ Yes ○ No
2. Is this institution a residential facility in which children are under 24 hour care?	
	○ Yes ○ No
3. Do the Caseload Data reported in Item 5.B. above include only children age 5-17 inclusive?	
	○ Yes ○ No
COMMENTS:	
Click to Save Form	

1. **Is this facility/institution operated primarily for the care of** - Select **Yes** to only A or B. The system will not allow them to both be A or both be B.
2. **Is this institution a residential facility in which children are under 24 hour care?** - Select either Yes or No.
   NOTE: If the answer is No, the students located in this facility will not generate Title funds for the district.
3. **Do the Caseload Data reported in item 5.B. above include only children age 5-17 inclusive?** - Select either Yes or No.
   If No, check with the facility for the correct number and then make the correction to 5.B per the facility's response.

Comments - Enter comments in this box if the caseload counts being reported are 0.
(See form example on the next page.).

Click to Save Form - Select the **Click to Save Form** button to save the data.

Once the form is complete for a facility/institution, there will be a green check mark next to the facility/institution on the main page of the collection.

			FACILITY/INSTITUTION	STATUS
Enter Data	Closed	Download Form	EXAMPLE FAMILY SERVICES	✓
Enter Data	Closed	Download Form	EXAMPLE HOME FOR CHILDREN	✗
Enter Data	Closed	Download Form	EXAMPLE SERVICES FACILITY	✗

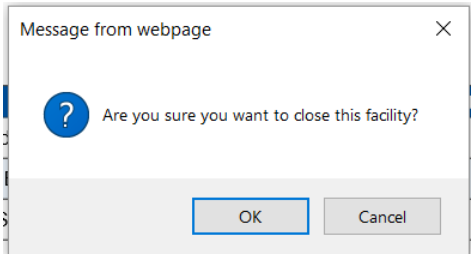
In order to complete the collection, all facilities/institutions will need to have a green check mark under the **Status** column.

			FACILITY/INSTITUTION	STATUS
Enter Data	Closed	Download Form	EXAMPLE FAMILY SERVICES	✓
Enter Data	Closed	Download Form	EXAMPLE HOME FOR CHILDREN	✓
Enter Data	Closed	Download Form	EXAMPLE SERVICES FACILITY	✓

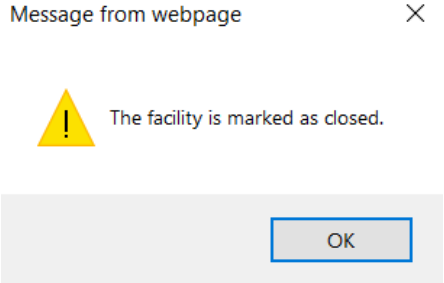
If a facility has been closed, click on the **Closed** button.

			FACILITY/INSTITUTION	STATUS
Enter Data	Closed	Download Form	EXAMPLE FAMILY SERVICES	✓
Enter Data	Closed	Download Form	EXAMPLE HOME FOR CHILDREN	✓
Enter Data	Closed	Download Form	EXAMPLE SERVICES FACILITY	✗

You will be asked if you are sure you want to close the facility?



Once you click **OK**, you will receive a confirmation the facility has been closed.



The closed facility now has a green check mark under the Status column and access to the form for this facility/institution is no longer available.

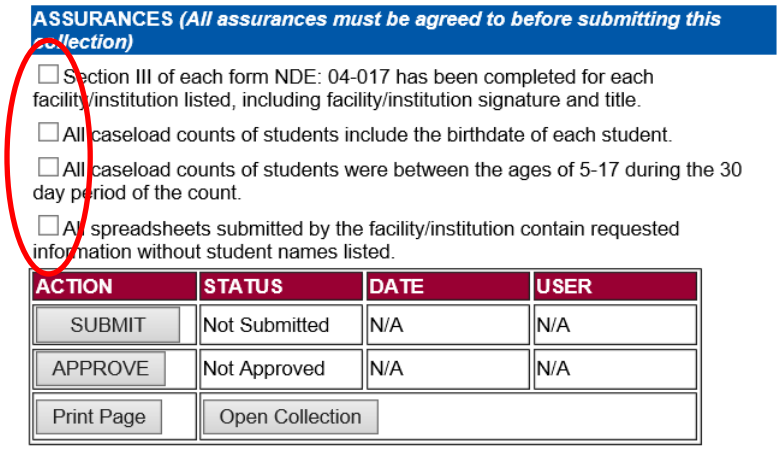
			FACILITY/INSTITUTION	STATUS
Enter Data	Closed	Download Form	EXAMPLE FAMILY SERVICES	✗
Enter Data	Closed	Download Form	EXAMPLE HOME FOR CHILDREN	✗
Enter Data	Closed	Download Form	EXAMPLE SERVICES FACILITY	✓

NOTE: If the Closed button is clicked by mistake, please contact the Title I office at NDE so the status can be reset.

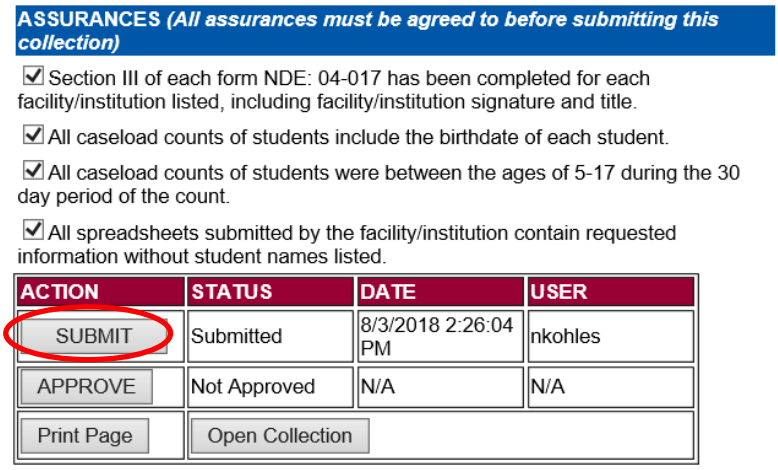
IMPORTANT: All documentation returned to the district by the facility/institution must be saved at the district for 6 years. It is not necessary to send the documentation to NDE unless there is a 10% difference in counts from the previous year. If there is a 10% difference in negative or positive counts, NDE will request the spreadsheet documentation along with the reason for the 10% difference for submission to USDE.

Step 4
Once all the forms have been completed and each facility has a green check mark under the Status column, the collection is ready to be submitted.

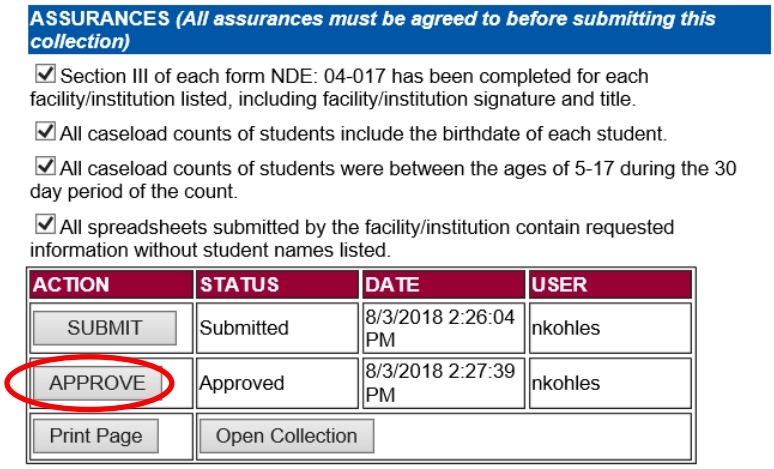
All Assurances will need to be agreed to by checking the statements.



SUBMISSION
In order to submit the collection when it is complete, user will need to have one of these CDC UserTypes: ALL, DISTRICT ADMIN. User will select the **Submit** button.



After the data has been reviewed by the District Administrator or the CDC User with APPROVER UserType, they will select the **Approve** button.



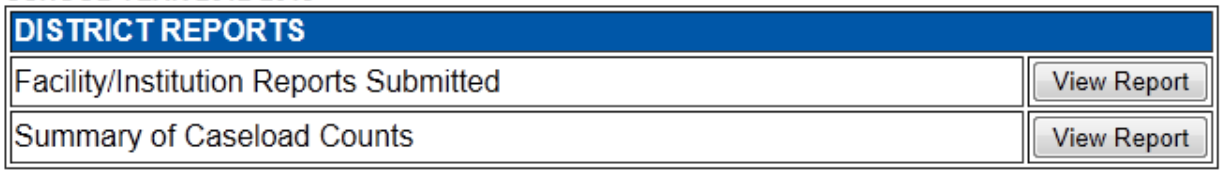
NOTE: Only the person who is designated as District Administrator in the Consolidated Data Collection will see the Approve button in the box below the Submit button. The District Administrator can also Submit and Approve.

When the collection has been approved, you will no longer be able to make changes. If changes need to be made, you will need to contact the NDE Helpdesk (ADVISERHelp@nebraskacloud.org) to re-open the collection.

VIEW SUMMARY REPORT

When you have completed reporting, click on **View Summary Reports** to view a copy of what was reported to NDE. There is also a summary of the caseload counts provided.

This will display a menu with two reports available for viewing.



Facility/Institution Reports Submitted - provides a report of what was reported for each facility/institution.

Summary of Caseload Counts - provides a summary of the Neglected and Delinquent caseload counts submitted.