Michigan Department of Education

Fall 2014 - Annual Survey of Neglected and Delinquent Child Care Institutions

Detailed Child Count Form

Institution: _____ Fiscal Agent: _____

Completed by (Name & Title): _____ Date Completed: _____

Instructions:

* Complete a separate form for each facility.
* List all students ages 5-17 residing in the local institution for at least one day during the count period of October 1, 2014 through October 30, 2014.
* Report this total on Form FS-4685 Item D.2.
* Do not submit these records to the Michigan Department of Education. These records are to be retained by the facility for five years or until all program audits are settled following the 5 year period.

Child Name and/or Identification Number	(N) Neglected or (D) Delinquent	Date of Birth	Age	Date Entered	Date Terminated	Dates Consecutively Enrolled From	Dates Consecutively Enrolled To