

THIS IS A ONCE PER CALENDAR YEAR SURVEY AND IS DUE BY JUNE 1, 2017 PLEASE COMPLETE ALL SECTIONS

SECTION I. Facility Information				
Facility Name:				
County:				
Type of Facility:		🗌 Juvenile Hall 🛛 🗌 C	amp 🗌] Special Purpose Juvenile Hall
SECTION II. Status Offenders				
PLEASE CHECK THE APPROPRIATE BOX FOR YOUR FACILITY:				
YES*	NO	Please check "Yes" or "No defined in <u>Section 601, Wl</u>		wing question regarding status offenders as
		This facility may hold status offenders, as defined in Section 601 WIC or non offenders during the calendar year 2017.		
*If YES, please submit, upon the individual's release, a Status Offender and Non Offender Detention Report to the Board of State and Community Corrections (BSCC) for each status offender or non offender held. If a youth is detained for subsequent weekends, <u>please submit a separate report for each detention period.</u> Please notify the BSCC if your facility changes how it will handle status offenders during the 2017 calendar year. <u>If you are not sure that you will be holding status offenders or non offenders, but the potential exists, please indicate YES above. When such an individual is released, please submit a Status Offender and Non Offender Detention Report.</u>				
SECTION III. Federal Youth PLEASE CHECK THE APPROPRIATE BOX FOR YOUR FACILITY:				
YES*	NO	Please check the appropriate box for the following questions regarding youth held for the <u>Federal Government</u> :		
		This facility may hold Federal Youth during the calendar year of 2017.		
*If YES , please submit, <i>upon the individual's release,</i> a <i>Federal Youth Detention Report</i> to the BSCC for each "Federal Government hold" youth. Please notify the BSCC if your facility changes how it will handle federal youth during the 2017 calendar year. <u>If you are not sure that you will be holding federal youth, but the potential exists, please indicate YES above. When a federal youth is released, please submit a Federal Youth Detention Report.</u>				
SECTION IV. Contact Information PLEASE COMPLETE ALL OF THE FOLLOWING INFORMATION				
Name and Title of Reporting Person			Phone: E-Mail:	Date:
Name and Title of Facility Administrator			Phone: E-Mail:	Date:
Submit completed form: email: analyst@bscc.ca.gov fax: (916) 322-2461 mail: Board of State and Community Corrections ATTN: FSO Report Analyst 2590 Venture Oaks Way, Suite 200			Expand Bu	orm may be downloaded by clicking the tton " <i>Status Offenders and Federal Youth"</i> at <u>p://www.bscc.ca.gov/s_fsoservices.php</u>
Sacramento, CA 95833			<u>Questio</u>	ns? analyst@bscc.ca.gov or (916) 323-8621