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THIS IS A ONCE PER CALENDAR YEAR SURVEY AND IS DUE BY February 29, 2024 PLEASE COMPLETE ALL SECTIONS Excilitu Information

SECTION I.	Facility into	mation				
Facility Name:				BSCC#:		
County:						
Type of Facility:		Juvenile Hall	🗌 Camp	Special Purpose Juvenile Hall	SYTF	
SECTION II. Status Offenders						
PLEASE CHECK THE APPROPRIATE BOX FOR YOUR FACILITY:						
YES*	NO	Please check "Yes" or "No" for the following question regarding status offenders as defined in <u>Section 601, WIC</u> :				
		This facility may hold status offenders, as defined in Section 601 WIC or non offenders during the calendar year 2024.				
*If YES, please submit, <i>upon the individual's release</i> , a <i>Status Offender and Non Offender Detention Report</i> 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 2024 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 2024.				
*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 2024 calendar year.						
				the potential exists, please indicate YES above. When a federal ta Federal Youth Detention Report.		
SECTION IV. Contact Information PLEASE COMPLETE ALL OF THE FOLLOWING INFORMATION						
Name and Title of Reporting Person			Phor	ne: Date:		
			E-Ma	ail:		
Name and Title of Facility Administrator			Phor	ne: Date:		
			E-Ma	E-Mail:		
Submit completed form:						
email:				This form may be downloaded at https://www.bscc.ca.gov/s_fsoservices/		
	ATTN: FSO Re	and Community Correct eport Analyst Daks Way, Suite 200	Qu	estions? Contact the FSO Compliance nalyst at <u>analyst@bscca.ca.gov</u> or (91	e Monitoring	
Sacramento, CA 95833						

NOTICE TO REPORTERS: Beginning July 1, 2024, the Office of Youth and Community Restoration (OYCR) will assume responsibility for Compliance Monitoring of JH facilities. All forms and surveys must be submitted to OYCR after July 1, 2024. For updates and information please visit our website.