OMB Control No: 0970-XXXX Expiration date: XX/XX/XXXX

Facility Info					In Care			Beds in Reserve		
State	City	Program Name	Program Type	Funded Capacity		Total		Female		Reconcile
			Western Region							

Master In Care and Capacity Report

OMB Control No: 0970-XXXX Expiration date: XX/XX/XXXX

										^/^^/	
		Facility Info			In Care			Beds in Reserve			
State	City	Program Name	Program Type	Funded Capacity	Male	Female	Total	Male	Female	Total	Reconcile
			Central Region			_					

Master In Care and Capacity Report

OMB Control No: 0970-XXXX Expiration date: XX/XX/XXXX

								, acros	i date: XX/	0,7000	
		Facility Info				In Care		Ве	Beds in Reserve		
State	City	Program Name	Program Type	Funded Capacity	Male	Female	Total	Male	Female	Total	Reconcile
	l e		Eastern Region								

Master In Care and Capacity Report

OMB Control No: 0970-XXXX Expiration date: XX/XX/XXXX

		Facility Info			In Care		Beds in Reserve				
State	City	Program Name	Program Type	Funded Capacity	Male	Female	Total	Male	Female	Total	Reconcile
	DFFC										

Capacity Summary

Туре	Shelter	Transitional Foster Care	Residential Treatment	Staff Secure	Therapeutic Staff Secure	Secure	DFFC	Total	%
Funded Capacity									
In Care									
In Reserve									
Unavailable Funded									

	Facility Info tate City Program Name Program Type Fu			In Care		Beds in Reserve					
State	City	Program Name	Program Type	Funded Capacity	Male	Female	Total	Male	Female	Total	Reconcile

Summary of DCS Capacity

Availibility by Region	Availability by Types of Care

Availibility b	y Region
Western Region	
Central Region	
Eastern Region	
Total	

Availability by Types of Care						
Residential Treatment						
Secure						
Shelter						
Staff Secure						
Therapeutic Staff Secure						
Transitional Foster Care						