ing estimates are made based on previous experience and records available. Data are not available on a per-person-served basis.

Table 4.—Range of approximate costs

Type of facility	Cost per square foot	
	Construction and fixed equipment	Movable equipment
Diagnosis and evaluation clinics Day facilities Residential facilities	\$20-\$30 16- 23 18- 25	\$5 4 4

## (b) Maintenance and Operation Expenses

Information is not available regarding expenditures for maintenance and operations for all facilities for the mentally retarded. Furthermore, much of the information which is available is fragmentary and inconclusive. Some indication of the trend of expenditures for maintenance and operations, however, may be seen from available data for public institutions for the mentally retarded for the period 1956 through 1965. On the basis of these data, it appears as though the aggregate amounts expended for maintenance and operations have been increasing significantly from 1956 to 1965. Table 5 presents the available information by year. Separate data on the wage and salary bill in general, or on the wage bill for custodial personnel in particular, are not available.

Table 5.—Expenditures for maintenance of public institutions for the mentally retarded, United States, 1956-65

Total expenditures for maintenance 1
joi maintenance .
\$168, 851
190, 316
214, 813
234, 715
266, 237
288, 386
324, 071
353, 575
391, 764
439, 350

<sup>&</sup>lt;sup>1</sup> Includes salaries and wages; purchased provisions; fuel, light, and water; and other maintenance. Source: U.S. Department of Health, Education, and Welfare, Public Health Service, National Institute of Mental Health.

Costs per resident day have also risen for public institutions for the mentally retarded. Table 6 shows the cost per resident for 6 years.

Table 6.—Maintenance expenditures per day per resident patient, public institutions for the mentally retarded

Year:	
1956	_ \$3. 19
1958	
1960	_ 4.51
1962	
1964	_ 5.89
1965	_ 6.36

Source: 1956-65, U.S. Department of Health, Education, and Welfare, Public Health Service, National Institute of Mental Health.