



Conducted by
U.S. DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. CENSUS BUREAU
FOR
OFFICE OF JUVENILE JUSTICE AND
DELINQUENCY PREVENTION
U.S. DEPARTMENT OF JUSTICE

Juvenile Residential Facility Census

QUESTIONNAIRE FOR

BCCY

This questionnaire asks about services, staff, and persons assigned beds in this facility on Wednesday, OCTOBER 22, 2014.

PLEASE COMPLETE AND MAIL THIS FORM IN THE ENCLOSED ENVELOPE BY NOVEMBER 28, 2014

Return the completed form to: **U.S. Census Bureau**
P.O. Box 5000
Jeffersonville, IN 47199-5000
GOVS/JRFC

WEBSITE: <https://respond.census.gov/jrfc>

Fax: 1-888-262-3974
EMAIL: govs.JRFC@census.gov

If you have any questions, call Alonzo Johnson U.S. Census Bureau, 1-800-352-7229.

1. PERSON COMPLETING THIS QUESTIONNAIRE

Name Ellyn Toney			E-mail address		
Title Chief of Operations			ellyn.toney@la.gov		
Business address – Number and street/or P.O. Box/Route number 7919 Independence Blvd			Telephone		
			Area code	Number	Extension
			225-287-7937		
			Fax Number		
City	State	ZIP Code	Area code	Number	
Baton Rouge	LA	70810	225-287-7989		

Section 6 – THE LAST YEAR

IMPORTANT INSTRUCTIONS

Questions 1 through 3 ask about deaths of young persons at locations either **INSIDE** and/or **OUTSIDE** this facility during the period between October 1, 2013 and September 30, 2014.

INSIDE this facility refers to any location on the facility grounds.

OUTSIDE this facility refers to any location in the community or off facility grounds.

1. During the YEAR between October 1, 2013 and September 30, 2014, did ANY young persons die while assigned a bed at this facility at a location either **INSIDE** or **OUTSIDE** of this facility?

01 Yes

02 No → **Go to Section 7 on page 22**

2. How many young persons died while assigned beds at this facility during the year between October 1, 2013 and September 30, 2014?

Person(s)

3. What were the cause of death, location of death, age, sex, race, date of admission to the facility, and date of death for each young person who died while assigned a bed at this facility?

	Young person 1 (1)	Young person 2 (2)	Young person 3 (3)
a. Cause of death			
1 – Illness/natural causes (excluding AIDS)			
2 – Injury suffered prior to placement here			
3 – AIDS			
4 – Suicide			
5 – Homicide or manslaughter by another resident	<input type="checkbox"/> Code	<input type="checkbox"/> Code	<input type="checkbox"/> Code
6 – Homicide or manslaughter by non-resident(s)			
7 – Accidental death			
8 – Other – <i>Specify in box</i> →			
b. Location of death			
1 – Inside this facility	<input type="checkbox"/> Code	<input type="checkbox"/> Code	<input type="checkbox"/> Code
2 – Outside this facility			
c. Age at death (in years)	<input style="width: 40px; height: 25px;" type="text"/>	<input style="width: 40px; height: 25px;" type="text"/>	<input style="width: 40px; height: 25px;" type="text"/>
d. Sex			
1 – Male	<input type="checkbox"/> Code	<input type="checkbox"/> Code	<input type="checkbox"/> Code
2 – Female			
e. Race			
1 – White, not Hispanic origin			
2 – Black or African American, not of Hispanic origin			
3 – Hispanic or Latino			
4 – American Indian/Alaskan Native	<input type="checkbox"/> Code	<input type="checkbox"/> Code	<input type="checkbox"/> Code
5 – Asian			
6 – Native Hawaiian or other Pacific Islander			
8 – Other – <i>Specify in box</i> →			
f. Date of admission to facility (mm/dd/yyyy)	<input style="width: 25px; height: 20px;" type="text"/> <input style="width: 25px; height: 20px;" type="text"/> <input style="width: 25px; height: 20px;" type="text"/> <input style="width: 25px; height: 20px;" type="text"/>	<input style="width: 25px; height: 20px;" type="text"/> <input style="width: 25px; height: 20px;" type="text"/> <input style="width: 25px; height: 20px;" type="text"/> <input style="width: 25px; height: 20px;" type="text"/>	<input style="width: 25px; height: 20px;" type="text"/> <input style="width: 25px; height: 20px;" type="text"/> <input style="width: 25px; height: 20px;" type="text"/> <input style="width: 25px; height: 20px;" type="text"/>
g. Date of death (mm/dd/yyyy)	<input style="width: 25px; height: 20px;" type="text"/> <input style="width: 25px; height: 20px;" type="text"/> <input style="width: 25px; height: 20px;" type="text"/> <input style="width: 25px; height: 20px;" type="text"/>	<input style="width: 25px; height: 20px;" type="text"/> <input style="width: 25px; height: 20px;" type="text"/> <input style="width: 25px; height: 20px;" type="text"/> <input style="width: 25px; height: 20px;" type="text"/>	<input style="width: 25px; height: 20px;" type="text"/> <input style="width: 25px; height: 20px;" type="text"/> <input style="width: 25px; height: 20px;" type="text"/> <input style="width: 25px; height: 20px;" type="text"/>