



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 190000000053210002403

BRIDGE CITY CENTER FOR YOUTH
 DIRECTOR
 3225 RIVER RD
 PO BOX 9098
 BRIDGE CITY
 LA 70094

**This questionnaire asks about services, staff, and persons assigned
 beds in this facility on Wednesday, OCTOBER 26, 2016.**

**PLEASE COMPLETE AND MAIL THIS FORM IN THE ENCLOSED
 ENVELOPE BY DECEMBER 2, 2016**

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

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

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

**If you have any questions, call Sabrina Webb
 U.S. Census Bureau, 1-800-352-7229.**

1. PERSON COMPLETING THIS QUESTIONNAIRE

Name Will Paulson			E-mail address		
Title Statewide Program Manager			will.paulson@la.gov		
Business address – Number and street/or P.O. Box/Route number 7919 Independence Blvd			Telephone		Extension
			Area code	Number	
			2252877981		
			Fax Number		
City	State	ZIP Code	Area code	Number	
Baton Rouge	LA	70806	2252877989		

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, 2015 and September 30, 2016.

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, 2015 and September 30, 2016, 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, 2015 and September 30, 2016?

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 6 – Homicide or manslaughter by non-resident(s) 7 – Accidental death 8 – Other – <i>Specify in box</i> →	<input style="width: 40px; height: 20px;" type="text"/> Code	<input style="width: 40px; height: 20px;" type="text"/> Code	<input style="width: 40px; height: 20px;" type="text"/> Code
b. Location of death 1 – Inside this facility 2 – Outside this facility	<input style="width: 40px; height: 20px;" type="text"/> Code	<input style="width: 40px; height: 20px;" type="text"/> Code	<input style="width: 40px; height: 20px;" type="text"/> Code
c. Age at death (in years)	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>
d. Sex 1 – Male 2 – Female	<input style="width: 40px; height: 20px;" type="text"/> Code	<input style="width: 40px; height: 20px;" type="text"/> Code	<input style="width: 40px; height: 20px;" type="text"/> Code
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 5 – Asian 6 – Native Hawaiian or other Pacific Islander 8 – Other – <i>Specify in box</i> →	<input style="width: 40px; height: 20px;" type="text"/> Code	<input style="width: 40px; height: 20px;" type="text"/> Code	<input style="width: 40px; height: 20px;" type="text"/> Code
f. Date of admission to facility (mm/dd/yyyy)	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
g. Date of death (mm/dd/yyyy)	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>