

Submitted 11-27-18



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 19000000053210002403

BRIDGE CITY CENTER FOR YOUTH  
Statewide Program Manager  
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 24, 2018.**

**PLEASE COMPLETE AND MAIL THIS FORM IN THE ENCLOSED  
ENVELOPE BY NOVEMBER 30, 2018**

**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](mailto: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 <b>Ellyn Toney</b>  |           |              | E-mail address            |            |           |
| Title <b>Chief of Operations</b>   |           |              | <b>ellyn.toney@la.gov</b> |            |           |
| Business address – Number and street/or P.O. Box/Route number<br><b>7919 Independence Blvd</b> |           |              | Telephone                 |            |           |
|  |           |              | Area code                 | Number     | Extension |
|  |           |              | <b>2252877937</b>         |            |           |
|  |           |              | Fax Number                |            |           |
| City   | State     | ZIP Code     | Area code                 | Number     |           |
| <b>Baton Rouge</b>   | <b>LA</b> | <b>70806</b> | <b>2252877</b>            | <b>989</b> |           |



## 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, 2017 and September 30, 2018.

**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, 2017 and September 30, 2018, 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, 2017 and September 30, 2018?

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