

United States™
**Census
2010**

**CORRECTIONAL FACILITY CONTINUATION FORM
GROUP QUARTERS VALIDATION**

PAGE

OF

CASE ID

OLQ NAME

LCO

AA

State

County

Block

Map Spot

For Office Use Only

| a. Let's talk about the ... | b. What is the name or designation of this building? | c. What is the maximum number of inmates who can live or stay here at this building? | |
|------------------------------------|---|---|---|
| <input type="text"/> building* | <input type="text"/> | <input type="text"/> | Is there another building? |
| <input type="text"/> building | <input type="text"/> | <input type="text"/> | Yes → Go to "Question a" and ask about the next building |
| <input type="text"/> building | <input type="text"/> | <input type="text"/> | |
| <input type="text"/> building | <input type="text"/> | <input type="text"/> | No → Return to Tab 4, Question 12, in the questionnaire |
| <input type="text"/> building | <input type="text"/> | <input type="text"/> | |
| <input type="text"/> building | <input type="text"/> | <input type="text"/> | |
| <input type="text"/> building | <input type="text"/> | <input type="text"/> | |
| <input type="text"/> building | <input type="text"/> | <input type="text"/> | |

*** Enter the next building number in the space provided.**
If there are more buildings, please continue on the next page.



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*** Enter the next building number in the space provided. If there are more buildings, please continue with another CF Continuation Form, D-351CF(GQV)**

