



GROUP QUARTERS CONTROL RECORD

Special Census

U.S. DEPARTMENT OF COMMERCE
U.S. CENSUS BUREAU

THIS LISTING CONTAINS INFORMATION, THE RELEASE OF WHICH IS PROHIBITED BY TITLE 13, U.S.C.

A. Case ID: B. SCID/GU name: C. GQ name: D. Facility name: E. Street address: F. City:	G. State: / H. Zip Code: I. County: J. GQ Type Code: K. AA: L. Tract: M. Block: N. Map Spot: O. Location description: P. Building name: Q. Building number:
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Section A – Group Quarters Facility Contact Information

Confirm, update or collect the GQ Contact information. *(Complete Items 1 to 3)*

Question 1, SC-351 1. Contact name: 3. Telephone number(s), including area code and extension: (____) ____ - ____	Question 2, SC-351 2. Contact title: Cell Home/Other Ext. (____) ____ - ____ (____) ____ - ____
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Section B – Group Quarters Information

Question 3, SC-351 4. GQ name: <i>(Only MINOR spelling corrections are allowed)</i> 5. Street name: 6. Facility name: 7. Potential duplicate: 1 ☐ YES 2 ☐ NO	Question 4, SC-351 8. Is GQ Type Code correct? 1 ☐ YES 2 ☐ NO → New GQ Type code: Question 5, SC-351 9. Max Pop: Question 6, SC-351 10. GQ operating on Special Census date: 1 ☐ YES 2 ☐ NO 3 ☐ Don't know
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Section B – Group Quarters Information – Continued

Question 7, SC-351

Question 8, SC-351

11. Expected Pop: _____ → 12. 1 ☐ Male 2 ☐ Female 3 ☐ Both

Question 9a, SC-351

Question 9b, SC-351

13. Records with requested information: 1 ☐ YES 2 ☐ NO 14. Type of Records: 1 ☐ Paper 2 ☐ Computer 3 ☐ Both

Question 9c, SC-351

15. Records available to Census worker: 1 ☐ YES 2 ☐ NO

Question 10a and 10b, SC-351

16. Enumeration method: 1 ☐ Administrative Records 2 ☐ In Person Interview 3 ☐ Drop Off/Pick Up

Question 11, SC-351

17. Approximate number of persons at TNSOL: _____

Question 12, SC-351

18. Other languages: 1 ☐ NO 2 ☐ YES (*List Languages*) → ① _____ ② _____

Question 13, SC-351

19. Specific instructions:

Question 14, Questions
15b and 15e, SC-351

20. Enumeration appointment: _____ / _____ / _____ : _____ : _____ 1 ☐ am
2 ☐ pm

Question 15a, SC-351

21a. Shelter opening time: _____ : _____ 1 ☐ am
2 ☐ pm 21b. Shelter closing time: _____ : _____ 1 ☐ am
2 ☐ pm

Question 15b, SC-351

22. Client arrival time: _____ : _____ 1 ☐ am
2 ☐ pm 23. Latest time clients can enter shelter: _____ : _____ 1 ☐ am
2 ☐ pm

Question 15d, SC-351

Question 16a, SC-351

24. Procedures when clients enter
the shelter ↴

25a. Enumeration contact same as facility contact: 1 ☐ YES 2 ☐ NO ↴

Contact name: _____

Contact title: _____

Contact phone No. (____) _____ - _____

Question 16b, SC-351

Question 17, SC-351

25b. Staff helping with enumeration? 1 ☐ YES 2 ☐ NO 26. GQ Contact responsible for additional locations? 1 ☐ YES
2 ☐ NO

27. Status code for the GQAC interview (*Select one*):

1 ☐ Complete

6 ☐ Cannot Locate

11 ☐ Closed on Special Census Day

2 ☐ Housing Unit

7 ☐ Demolished/Burned Out

12 ☐ Uninhabitable (*Open to the Elements/
Condemned/Under Construction*)

3 ☐ Transitory Location

8 ☐ Duplicate Survivor ID # _____

13 ☐ Dangerous Address

4 ☐ Out of Enumeration Area

9 ☐ Refusal

14 ☐ Unresolved (*Cannot reach by phone*)

5 ☐ Nonresidential

10 ☐ Military or Maritime Vessel

Notes

Section C – Enumeration Information

Print Field Representative's Name _____ Month/Day/Year _____
28. Assigned to: _____ **29.** Date assigned: ____/____/_____
Month/Day/Year
30. Date Enumeration completed: ____/____/_____
31. Total ICQs: _____ (Total Pop)

Certification

Field Representative – *I certify that the entries made on this form are true and correct to the best of my knowledge.*

32. Field Representative signature: _____ **33.** Date signed: _____

For Supervisory Use Only

34. Zero Pop. reason (Mark (X) only ONE):

- | | |
|--|--|
| 1 ☐ Refusal | 6 ☐ Nonresidential |
| 2 ☐ Duplicate Survivor ID # _____ | 7 ☐ Occupied As of Special Census Day but no one there as of Enumeration Date |
| 3 ☐ Military or Maritime Vessel | 8 ☐ Dangerous Address |
| 4 ☐ Out of Enumeration Area | 9 ☐ Demolished/Burned Out |
| 5 ☐ Cannot Locate | 10 ☐ Uninhabitable (Open to the Elements/Condemned/Under Construction) |

For SCO Use Only

35. Our records show our Census Field Representative visited your facility on _____
(transcribe date from Item 20 above) to count your residents/clients. Is this correct?

- 1 ☐ YES (Go to item 36.) 2 ☐ NO – Thank the respondent and end the interview. Record response here  3 ☐ I don't know (Go to item 36.)

36. What is the approximate number of residents/clients you think were counted as a result of that visit? This number might be different than the maximum number of persons you could have at your facility.

Number of residents/clients _____ ☐ I don't know

37. SCO Clerk signature: _____
Month/Day/Year _____

38. Clerk ID: _____ **39.** Date signed: _____

For Supervisor Use Only – RI Result

- 1 ☐ Pass 2 ☐ Soft Fail 3 ☐ Hard Fail 4 ☐ Non-Interview

Notes

