FORM **SC-116** (1-19-2023) OMB No. 0607-0368

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

United States® Census Bureau

GROUP QUARTERS CONTROL RECORD
Special Census

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:

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: _____

Question 2, SC-351

2. Contact title: _____

3. Telephone number(s), including area code and extension: Cell (____) ____ – _____ Home/Other (____) ____ – _____ Ext. _____

Section B – Group Quarters Information

Question 3, SC-351

4. GQ name:

(*Only MINOR spelling corrections are allowed*)

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

Continued on next page

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: Month/Day/Year ___/___/_____ Time ____:____ 1 ☐ am 2 ☐ pm

Question 15a, SC-351

21a. Shelter opening time: Time ____:____ 1 ☐ am 2 ☐ pm **21b.** Shelter closing time: Time ____:____ 1 ☐ am 2 ☐ pm

Question 15b, SC-351 Question 15c, SC-351

22. Client arrival time: Time ____:____ 1 ☐ am 2 ☐ pm **23.** Latest time clients can enter shelter: Time ____:____ 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
2 ☐ Housing Unit
3 ☐ Transitory Location
4 ☐ Out of Enumeration Area
5 ☐ Nonresidential
6 ☐ Cannot Locate
7 ☐ Demolished/Burned Out
8 ☐ Duplicate Survivor ID # _____
9 ☐ Refusal
10 ☐ Military or Maritime Vessel
11 ☐ Closed on Special Census Day
12 ☐ Uninhabitable (*Open to the Elements/ Condemned/Under Construction*)
13 ☐ Dangerous Address
14 ☐ Unresolved (*Cannot reach by phone*)

Notes

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Section C – Enumeration Information

Print Field Representative's Name

28. Assigned to: _____

29. Date assigned: ___/___/_____ Month/Day/Year

30. Date Enumeration completed: ___/___/_____ Month/Day/Year

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

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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