

**Agency &**

Choose the time frame from the drop down box.

Type in your agency name

Type Yes or No to the question "Do any homes have a capacity of 5 or more (Yes/No)."

- A.) Enter the total number of **Children in Care** who resided in this setting during this reporting period including setting column.
- B.) Enter the total number of **incidents** involving restraint in this setting during this reporting period. This information should be documented for each setting column. If none enter "0".
- C.) Enter the total number of **incidents in this setting during this reporting period involving restraint that require a physician's order** for each setting column. If none enter "0".
- D.) Enter the total number of **Children in Care** who were placed in a restraint more than three times in this setting during this reporting period. If none enter "0".
- E.) Enter the total number of **incidents** during this reporting period wherein a child in care in this setting was placed in a restraint used. This information should be documented for each setting column. If none enter "0".
- F.) Enter the total number of **incidents** involving involuntary seclusion in this setting during this reporting period. This information should be documented for each setting column. If none enter "0".
- G.) Enter the total number of **incidents** involving involuntary seclusion in a locked room in this setting during this reporting period. This information should be documented for each setting column. If none enter "0".
- H.) Enter the total number of **room(s)** that were used or could have been used for involuntary seclusion in this setting during this reporting period. If none enter "0".
- I.) Enter the **dimensions of room(s)** that were used or could have been used for involuntary seclusion in this setting during this reporting period. Room 1: 10x10, Room 2 10x12. If none enter "0".
- J.) Enter the total number of **children** who were placed in a restraint more than three times in this setting during this reporting period. If none enter "0".
- K.) Enter the total number of **incidents** during this reporting period wherein a child in care in this setting was placed in a restraint used. This information should be documented for each setting column. If none enter "0".
- L.) Type the name and address of each 24-hour residential home. Each setting will have its own column of information.

**Child**

Enter the child's identifier (First three letters of their last name followed by the first two letters of their first name).  
From the drop down menu, choose the child in care's identified race/ethnicity. This may be repeated for each identified race/ethnicity.

**Hispanic and Latino/a/x**

Central American

Mexican

South American

Other Hispanic or Latino/a/x

**American Indian and Alaska Native**

American Indian

Alaska Native

Canadian Inuit, Metis, or First Nation

Indigenous Mexican, Central American, or South American

**Native Hawaiian & Pacific Islander**

Chamorro (Chamorro)

Marshallese

Communities of Micronesia Region

Native Hawaiian

Samoa

Other Pacific Islander

**Black or African American**

African American

Afro-Caribbean

Ethiopian

Somali

Other African (Black)

Other Black

**White**

Eastern European  
Slavic  
Western European  
Other White

**Middle Eastern/ Noth African**

Middle Eastern  
Noth African

From the drop down menu, choose the child in care's biological gender.

From the drop down menu, choose the child in care's identified gender.

From the drop down menu, choose the child in care's current migrant status. If the migrant status has changed

From the drop down menu, choose the child in care's primary language.

From the drop down menu, identify if the child in care utilizes an augmentative communication device.

Enter the total number of **incidents** that resulted in this child being placed in a restraint during this reporting period.

Enter the total number of **incidents during this reporting period** wherein this child was placed in a restraint

From the drop down menu, identify all applicable descriptions of the steps taken during this reporting period. If the child in care was involved in more than one incident, return to the drop down menu and choosing another description. If the child in care was involved in more than one incident during this reporting period".

Enter the number of **incidents** with this child during this reporting period that resulted in an injury arising from a restraint.

Enter the total number of **incidents** that resulted in this child being placed in involuntary seclusion in a locked room during this reporting period.

Enter the total number of **incidents** that resulted in this child being placed in involuntary seclusion during this reporting period.

Enter the total number of **incidents** during this reporting period wherein this child was placed in involuntary seclusion.

From the drop down menu, identify all applicable descriptions of the steps taken during this reporting period. If the child in care was involved in more than one incident, return to the drop down menu and choosing another description. If the child in care was involved in more than one incident during this reporting period".

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**Site Information**

ing those who exited or moved during this reporting period. This information should be documented for  
information should be documented for each setting column. If none enter "0".  
**esulted in a reportable injury to a child** arising from the use of a restraint . This information should be do  
etting during this reporting period. This information should be documented for each setting column. If no  
as placed in a restraint and a person participating in the restraint was not certified in the application of th  
period. This information should be documented for each setting column. If none enter "0".  
ing this reporting period. This information should be documented for each setting column. If none enter "(  
is setting during this reporting period. This information should be documented for each setting column.  
setting during this reporting period. This information should be documented for each setting column. Ex  
uring this reporting period. This information should be documented for each setting column. If none ente  
as placed in involuntary seclusion and a person participating in the seclusion was not trained in it's use. Th  
information.

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**Information**

ime). Enter information for each child across the row headed by the child in care's identifier  
h race/ethnicity with which the child in care identifies by returning to the drop down menu and choosing

- Asian**
- Asian Indian
- Cambodian
- Chinese
- Communities of Myanmar
- Filipino/a
- Hmong
- Japanese
- Korean
- Laotian
- South Asian
- Vietnamese
- Other Asian

1

**Other**

Other

Don't Know

Don't want to answer

ed during this reporting period, choose the most recent.

g period. If none enter "0".

by any person who is not certified in the use of that specific restraint. If none enter "0".

d to decrease the use of restraint for this child. This may be repeated for each applicable description by re  
æ incidents that involve restraint choose only the option: "Three or fewer restraints/seclusion occurred c

om the use of a restraint. If none, enter "0".

æd room during this reporting period. If none enter "0".

is reporting period. If none enter "0".

y seclusion by any person who is not trained in its use. If none enter "0".

d to decrease the use of involuntary seclusion for this child. This may be repeated for each applicable desc  
e zero to three incidents that involve involuntary seclusion choose only the option: "Three or fewer

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or "0".

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<b>Reporting reporting period:</b>
<b>Agency Name:</b>
<b>Do any homes have a capacity of 5 or more (Yes/No):</b>

<b>A.) Number of Children in Care in this setting during this reporting period</b>
<b>B.) Total # of Incidents involving restraint</b>
<b>C.) Total # of incidents resulting in a reportable injury to a child arising from the use of a restraint.</b>
<b>D.) Total # of children who were placed in restraint more than three times</b>
<b>E.) Total # of incidents in which a person who placed a child in care in a restraint was not certified in the use of the type of restraint used</b>
<b>F.) Total # of incidents involving involuntary seclusion</b>
<b>G.) Total # of Incidents involving involuntary seclusion in a locked room</b>
<b>H.) Number of rooms that have been used or would be used for involuntary seclusion</b>
<b>I.) Dimensions of room that has been used or could be used for involuntary seclusion</b>
<b>J.) Total # of children who were placed in involuntary seclusion more than three times</b>
<b>K.) Total # of incidents in which a person who placed a child in care in involuntary seclusion was not trained to use involuntary seclusion</b>
<b>Setting Name/Address</b>

01/01/2022 - 03/31/2022
Walker Support services
No

3	
0	
0	
1	
0	
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0	

age Ct / 4852 Carriage Ct NE Salem, OR 97301





























































































































































































**Child Name**

**Race/Ethnicity**

**Biological Gender**

SitZa

White

Male











**Gender, Gender  
Identified**

**Migrant Status**

**Primary Language**

**Does this child use an  
Augmentative Communication  
Device?**

Male

US Citizen

English

No









**# of incidents that resulted in this child  
being placed in a restraint**

**# of incidents where this child was  
placed in a restraint by any person who  
is not certified in that restraint**

10

0











**# of incidents with this child that resulted in a reportable injury arising from the use of a restraint.**

0.00

**Summary description of the steps taken DURING THIS REPORTING PERIOD to decrease the use of restraint for this child**

ISP Team has convened, Update has been made to the PBSP, Staff retrained to this child's PBSP, Consultation with psychiatrist/medication prescriber, Consultation with Primary Care Physician/Dentist, Environmental changes to the child's bedroom







Environmental changes to the child's  
bedroom

**# of incidents where this child was placed In involuntary seclusion**

0

**# of incidents where this child was placed in a locked room, # of incidents where this child was placed in a locked room**

0











**# of incidents where this child was placed in involuntary seclusion by a person who is not trained in the use of involuntary seclusion**

0

**Summary description of the steps taken to decrease the use of involuntary seclusion for this child**

Three or fewer restraints/seclusion occurred during this reporting period











**Race/Ethnicity****Gender**

American Indian and/or Alaska Native

Male

Asian

Female

Black or African American

Hispanic or Latino, Latina, Latinx

Indigenous Mexican, Central and/or South American

Middle Eastern and/or North African

Native Hawaiian or Pacific Islander

White

Other