

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 **Sites** that were actively used during this reporting period including those open
- B.) Enter the total number of **Children in Care** who resided in this setting during this reporting period including the setting column.
- C.) Enter the total number of **incidents** involving restraint in this setting during this reporting period. This information should be documented for each setting column.
- D.) Enter the total number of **incidents in this setting during this reporting period involving restraint that require medical attention** for each setting column. If none enter "0".
- E.) 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".
- F.) 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".
- G.) 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.
- H.) 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.
- I.) 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".
- J.) Enter the **dimensions 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".
Room 1: 10x10, Room 2 10x12.
- K.) 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".
- L.) 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".
- M.) Select the drop down for the appropriate residential type.

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

Black or African American

African American

Afro-Caribbean

Communities of Micronesian Region
Native Hawaiian
Samoan
Other Pacific Islander

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 change

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 augumentative communication device.

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

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

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

Enter the number of **incidents** with this child during this reporting period that resulted in an injury arising frc

Enter the total number of **incidents** that resulted in this child being placed in involuntary seclusion in a locke

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

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

From the drop down menu, identify all applicable descriptions of the steps taken during this reporting perioo
returning to the drop down menu and choosing another description. If the child in care was involved in more
restraints/seclusion occurred during this reporting period".

Site Information

ened or closed during this reporting period. This information should be documented for each setting column. For those who exited or moved during this reporting period. This information should be documented for each setting column. If none enter "0".

resulted in a reportable injury to a child arising from the use of a restraint . This information should be documented for each setting column. If none enter "0".

is placed in a restraint and a person participating in the restraint was not certified in the application of the restraint during this reporting period. This information should be documented for each setting column. If none enter "0".

is placed in involuntary seclusion and a person participating in the seclusion was not trained in its use. This information should be documented for each setting column. If none enter "0".

is placed in involuntary seclusion and a person participating in the seclusion was not trained in its use. This information should be documented for each setting column. If none enter "0".

Information

me). Enter information for each child across the row headed by the child in care's identifier and 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

Other
Other
Don't Know
Don't want to answer

ed during this reporting period, choose the most recent.

; period. If none enter "0".

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

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

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

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

is reporting period. If none enter "0".

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

l 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

mn.

each

documented

one enter

the type of

0".

If none

example:

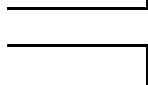
or "0".

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another

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ription by



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

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

10/01/2022 - 12/31/2022
Tavros Care
No

2	
4	
0	
0	
0	
0	
0	
0	
0	
0	
0	
0	
0	
0	
24-Hour Residential	

Child Name	Race/Ethnicity	Biological Gender
MeyWa	White	Male
DunDa	White	Male
CoIGe	White	Male
EdwBr	White	Male
N/A	Other	Other

Gender, Gender Identified	Migrant Status	Primary Language	Does this child use an Augmentative Communication Device?
Male	US Citizen	English	No
Male	US Citizen	English	No
Male	US Citizen	English	No
Male	US Citizen	English	No
Other	Other	Other	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
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0

0

0

0

0

0

0

0

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

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

0.00

Three or fewer restraints/seclusion occurred during this reporting period

0.00

Three or fewer restraints/seclusion occurred during this reporting period

0.00

Three or fewer restraints/seclusion occurred during this reporting period

0.00

Three or fewer restraints/seclusion occurred during this reporting period

Three or fewer restraints/seclusion occurred during this reporting period

# of incidents where this child was placed In involuntary seclusion	# of incidents where this child was placed in a locked room, # of incidents where this child was placed in a locked room
0	0
0	0
0	0
0	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

0

0

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

Three or fewer restraints/seclusion occurred during this reporting period

Three or fewer restraints/seclusion occurred during this reporting period

Three or fewer restraints/seclusion occurred during this reporting period

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

Gender	Migrant Status	Primary Language
Male	Naturalized Citizen	Amharic, Somali
Female	Conditional Permanent Resident	Arabic
Gender Neutral	Lawful Permanent Resident	ASL
Non-Binary	Temporary Visitor	Burmese
Trans Male	Undocumented Immigrant	Cambodian
Trans Female	US Citizen	Chinese
Other	Other	English
		Farsi
		French
		German
		Hindi
		Hmong
		Japanese
		Korean
		Mam
		Marshallese
		Mien
		Oromo
		Romanian
		Russian
		Samoan, Hawaiian
		Spanish
		Tagalog, Ilocano
		Thai
		Ukrainian
		Vietnamese
		Other

Steps taken to decrease the use of restraint/seclusion for this child

Three or fewer restraints/seclusion occurred during this reporting period

Update has been made to the FBA

Update has been made to the PBSP

Staff retrained to this child's PBSP

General retraining of staff

ISP Team has convened

Changes made to the ISP

Assistive Device/Technology added to child's ISP

Adaptations made to meet identified sensory needs

Consultation with psychiatrist/medication prescriber

Consultation with Primary Care Physician/Dentist

Environmental changes to the setting interior

Door Window Dings Added

Environmental changes to the child's bedroom

Environmental changes to the setting exterior / property

Changes made to the child's schedule

Changes made to the child's protocols

Following a review of the restraints, no steps were taken to decrease the use of restraint/seclusion during this reporting period

Does this child use an Augmentative Communication Device?

Reporting Quarter

Yes
No
Unknown

09/01/2021 - 12/31/2021
01/01/2022 - 03/31/2022
04/01/2022 - 06/30/2022
07/01/2022 - 09/30/2022
10/01/2022 - 12/31/2022

5 or more capacity

Facility Type

Yes

24-Hour Residential

No

Host Home