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 usedc during this reporting period including those ope

B.) Enter the total number of **Children in Care** who resided in this setting during this reporting period incluc setting column.

C.) Enter the total number of **incidents** involving restraint in this setting during this reporting period. This ir

D.) Enter the total number of **incidents in this setting during this reporting period involving restraint that r** 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 s "0".

F.) Enter the total number of **incidents** during this reporting period wherein a child in care in this setting wa 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 p

H.) Enter the total number of **incidents** involving involuntary seclusion in a locked room in this setting durir

I.) Enter the total number of **room(s)** that were used or could have been used for involuntary seculsion in th enter "0".

J.) Enter the **dimensions of room(s)** that were used or could have been used for involuntary seclusion in this Room 1: 10x10, Room 2 10x12. If none enter "0".

K.) Enter the total number of **children** who were placed in a restraint more than three times in this setting d

L.) Enter the total number of **incidents** during this reporting period wherein a child in care in this setting wa information should be documented for each setting column. If none enter "0".

M.) Select the drop down for the appropriate residencial type.

Enter the child's identifer (First three letters of their last name followed by the first two letters of their first nai

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	**American Indian and Alaska Native**
Central American	American Indian
Mexican	Alaska Native
South American	Canadian Inuit, Metis, or First Nation
Other Histpanci or Latino/a/x	Indigenous Mexican, Central American, or South American

Native Hawaiian & Pacific Islander	**Black or African American**
Charmoru (Chamorro)	African American
Marshallese	Afro-Caribbean

Communities of Micronesian Region	Ethiopian
Native Hawaiian	Somali
Samoan	Other African (Back)
Other Pacific Islander	Other Black

White	**Middle Eastern/ Noth African**
Eastern European	Middle Eastern
Slavic	Noth African
Western European	
Other White	

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 period
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 fr

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 period
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".

ened or closed during this reporting period. This information should be documented for each setting colu

ding those who exited or moved during this reporting period. This information should be documented for

nformation 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 n

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".
ng this reporting period. This information should be documented for each setting column. If none enter "0

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. E

uring this reporting period. This information should be documented for each setting column. If none ent

as placed in involuntary seclusion and a person participating in the seclusion was not trained in it's use. Th

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

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

cumented

one enter

type of

)".

If none

ample:

er "0".

his

another

:urning to
uring this

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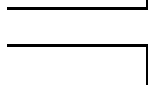
Reporting reporting period:	
Agency Name:	
Do any homes have a capacity of 5 or more (Yes/No):	

A.) Number of Sites Served durting 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

07/01/2022 - 09/30/2022	
Walker Support Services	
No	

2	
5	
1	
0	
0	
0	
0	
0	
0	
0	
0	
0	
24-Hour Residential	

Child Name	Race/Ethnicity	Biological Gender
SitZe	White	Male
DunDa	White	Male
ColGe	White	Male
EdwBr	White	Male
MeyWa	White	Male

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
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
1	0
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
0.00	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
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	Summary description of the steps taken to decrease the use of involuntary seclusion for this child
0	Three or fewer restraints/seclusion occurred during this reporting period
0	Three or fewer restraints/seclusion occurred during this reporting period
0	Three or fewer restraints/seclusion occurred during this reporting period
0	Three or fewer restraints/seclusion occurred during this reporting period
0	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/secusion during this reporting peric

Does this child use an Augmentative Communication Device?	Reporting Quarter
Yes	09/01/2021 - 12/31/2021
No	01/01/2022 - 03/31/2022
Unknown	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