

**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
- 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 r**
- 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.
- H.) Enter the total number of **incidents** involving involuntary seclusion in a locked room in this setting during this reporting period.
- 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. 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 during this reporting period.
- 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 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**".

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**Site Information**

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

ing 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".

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

as 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".

ing 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. If none enter "0".

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

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

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

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**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 reporting period. For zero to three incidents that involve restraint choose only the option: "Three or fewer restraints/seclusion occurred during this reporting period."

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 description by reporting period. For zero to three incidents that involve involuntary seclusion choose only the option: "Three or fewer incidents of involuntary seclusion occurred during this reporting period."

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each

documented

one enter

the type of

0".

If none

example:

or "0".

is

another

turning to  
uring this

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