

**Agency & Site Information**

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 opened or closed during this reporting period. This information should be documented for each setting column.

B.) Enter the total number of **Children in Care** who resided in this setting during this reporting period including those who exited or moved during this reporting period. This information should be documented for each 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. If none enter "0".

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

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. This information should be documented for each setting column. 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 and a person participating in the restraint was not certified in the application of the type of 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. If none enter "0".

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. If none enter "0".

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. This information should be documented for each setting column. 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. This information should be documented for each setting column. Example: 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. This information should be documented for each setting column. 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 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".

M.) Enter the total number of **Children in Care** who were placed in a restraint and in involuntary seclusion in this setting during this reporting period. This information should be documented for each setting column. If none enter "0".

N.) Select the drop down for the appropriate residential type.

**Child Information**

All children in care during this quarter will be listed. The following will explain each question asked about the child.  
 Enter the child's identifier (First three letters of their last name followed by the first two letters of their first name). Enter information for each child across the row headed by the child in care's identifier

From the drop down menu, choose the child in care's identified race/ethnicity. This may be repeated for each race/ethnicity with which the child in care identifies by returning to the drop down menu and

<b>Hispanic and Latino/a/x</b>	<b>American Indian and Alaska Native</b>	<b>Asian</b>
Central American	American Indian	Asian Indian
Mexican	Alaska Native	Cambodian
South American	Canadian Inuit, Metis, or First Nation	Chinese
Other Hispanic or Latino/a/x	Indigenous Mexican, Central American, or South American	Communities of Myanmar
		Filipino/a
<b>Native Hawaiian &amp; Pacific Islander</b>	<b>Black or African American</b>	Hmong
Chamorro (Chamorro)	African American	Japanese
Marshallese	Afro-Caribbean	Korean
Communities of Micronesia Region	Ethiopian	Laotian
Native Hawaiian	Somali	South Asian
Samoaan	Other African (Back)	Vietnamese
Other Pacific Islander	Other Black	Other Asian
<b>White</b>	<b>Middle Eastern/ North African</b>	<b>Other</b>
Eastern European	Middle Eastern	Other
Slavic	North African	Don't Know
Western European		Don't want to answer
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 changed during this reporting period, choose the most recent.  
 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 augmented communication device.  
 From the drop down menu, identify if the child in care is economically disadvantaged.  
 Enter the total number of **incidents** that resulted in this child being placed in a restraint during this reporting period. If none enter "0".  
 Enter the total number of **incidents during this reporting period** wherein this child was placed in a restraint by any person who is not certified in the use of that specific restraint. If none enter "0".

From the drop down menu, identify all applicable descriptions of the steps taken during this reporting period to decrease the use of restraint for this child. This may be repeated for each applicable description  
 Enter the number of **incidents** with this child during this reporting period that resulted in an injury arising from the use of a restraint. If none, enter "0".  
 Enter the total number of **incidents** that resulted in this child being placed in involuntary seclusion in a locked room during this reporting period. If none enter "0".  
 Enter the total number of **incidents** that resulted in this child being placed in involuntary seclusion during this reporting period. If none enter "0".  
 Enter the total number of **incidents** during this reporting period wherein this child was placed in involuntary seclusion by any person who is not trained in its use. If none enter "0".

From the drop down menu, identify all applicable descriptions of the steps taken during this reporting period to decrease the use of involuntary seclusion for this child. This may be repeated for each applicable

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

<b>A.) Number of Sites Served during this reporting period</b>	12
<b>B.) Number of Children in Care in this setting during this reporting period</b>	36
<b>C.) Total # of Incidents involving restraint</b>	9
<b>D.) Total # of incidents resulting in a reportable injury to a child arising from the use of a restraint.</b>	0
<b>E.) Total # of children who were placed in restraint more than three times</b>	0
<b>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</b>	0
<b>G.) Total # of incidents involving involuntary seclusion</b>	0
<b>H.) Total # of Incidents involving involuntary seclusion in a locked room</b>	0
<b>I.) Number of rooms that have been used or would be used for involuntary seclusion</b>	0
<b>J.) Dimensions of room that has been used or could be used for involuntary seclusion</b>	0
<b>K.) Total # of children who were placed in involuntary seclusion more than three times</b>	0
<b>L.) Total # of incidents in which a person who placed a child in care in involuntary seclusion was not trained to use involuntary seclusion</b>	0
<b>M.) Total # of children who experienced both restraints and involuntary seclusions</b>	0

<b>N.) Setting Type</b>	24-Hour Residential
-------------------------	---------------------







<b>Race/Ethnicity</b>	<b>Gender</b>	<b>Gender</b>
American Indian and/or Alaska Native	Male	Male
Asian	Female	Female
Black or African American		Gender Neutral
Hispanic or Latino, Latina, Latinx		Non-Binary
Indigenous Mexican, Central and/or South American		Trans Male
Middle Eastern and/or North African		Trans Female
Native Hawaiian or Pacific Islander		Other
White		
Other		

**Migrant Status****Primary Language**

Naturalized Citizen	Amharic, Somali
Conditional Permanent Resident	Arabic
Lawful Permanent Resident	ASL
Temporary Visitor	Burmese
Undocumented Immigrant	Cambodian
US Citizen	Chinese
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 rep

Does this child use an Augmentative Communication Device?	Reporting Quarter	5 or more capacity
Yes	09/01/2021 - 12/31/2021	Yes
No	01/01/2022 - 03/31/2022	No
Unknown	04/01/2022 - 06/30/2022	
	07/01/2022 - 09/30/2022	
	10/01/2022 - 12/31/2022	
	01/01/2023 - 03/31/2023	
	04/01/2023 - 06/30/2023	
	07/01/2023 - 09/30/2023	
	10/01/2023 - 12/31/2023	
	01/01/2024 - 03/31/2024	
	04/01/2024 - 06/30/2024	
	07/01/2024 - 09/30/2024	
	10/01/2024 - 12/31/2024	

Reporting period

**Facility Type**

**Is the child economically  
disadvantaged?**

24-Hour Residential  
Host Home

Yes  
No