

Agency & Site Inform

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 o column.
- B.) Enter the total number of **Children in Care** who resided in this setting during this reporting period including t for each setting column.
- C.) Enter the total number of **incidents** involving restraint in this setting during this reporting period. This inform
- D.) Enter the total number of **incidents in this setting during this reporting period involving restraint that result** 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 setti If none enter "0".
- F.) Enter the total number of **incidents** during this reporting period wherein a child in care in this setting was pla 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
- H.) Enter the total number of **incidents** involving involuntary seclusion in a locked room in this setting during this "0".
- I.) Enter the total number of **room(s)** that were used or could have been used for involuntary seclusion in this se 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 set 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 durin enter "0".
- L.) Enter the total number of **incidents** during this reporting period wherein a child in care in this setting was pla 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 column. If none enter "0".
- N.) Select the drop down for the appropriate residential type.

Child Informatio

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

From the drop down menu, choose the child in care's identified race/ethnicity. This may be repeated for each race

Hispanic and Latino/a/x

Central American

Mexican

American Indian and Alaska Native

American Indian

Alaska Native

South American
Other Hispanic or Latino/a/x

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
Samoan
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/ North African

Middle Eastern
North 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 d

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 peri

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

From the drop down menu, identify all applicable descriptions of the steps taken during this reporting period to d

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

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

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

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

From the drop down menu, identify all applicable descriptions of the steps taken during this reporting period to d

ation

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

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

ation should be documented for each setting column. If none enter "0".

ted in a reportable injury to a child arising from the use of a restraint . This information should

ng during this reporting period. This information should be documented for each setting column.

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

s reporting period. This information should be documented for each setting column. If none enter

etting during this reporting period. This information should be documented for each setting

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

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

setting during this reporting period. This information should be documented for each setting

n

d.

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

ce/ethnicity with which the child in care identifies by returning to the drop down menu and

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

During this reporting period, choose the most recent.

0. If none enter "0".

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

Decrease the use of restraint for this child. This may be repeated for each applicable description of the use of a restraint. If none, enter "0".

0. If none enter "0".

During this reporting period. If none enter "0".

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

Decrease the use of involuntary seclusion for this child. This may be repeated for each applicable

Reporting period:	04/01/2024 - 06/30/2024
Agency Name:	Albertina Kerr
Do any homes have a capacity of 5 or more (Yes/No):	No

A.) Number of Sites Served during this reporting period	12
B.) Number of Children in Care in this setting during this reporting period	41
C.) Total # of Incidents involving restraint	9
D.) Total # of incidents resulting in a reportable injury to a child arising from the use of a restraint.	0
E.) Total # of children who were placed in restraint more than three times	1
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	0
G.) Total # of incidents involving involuntary seclusion	0
H.) Total # of Incidents involving involuntary seclusion in a locked room	0
I.) Number of rooms that have been used or would be used for involuntary seclusion	0
J.) Dimensions of room that has been used or could be used for involuntary seclusion	0
K.) Total # of children who were placed in involuntary seclusion more than three times	0
L.) Total # of incidents in which a person who placed a child in care in involuntary seclusion was not trained to use involuntary seclusion	0
M.) Total # of children who experienced both restraints and involuntary seclusions	0

N.) Setting Type	24-Hour Residential
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Child Name	Race/Ethnicity	Biological Gender	Gender Identified
Craja	White	Male	Male
Decno	White	Male	Male
Hesda	Other	Male	Male
Lucbr	White	Male	Male
Alfbr	White	Male	Male
Itoev	White	Male	Male
Milja	White	Male	Male
Egbsa	White	Male	Male
Milar	White	Male	Male
Wuldu	White	Male	Male
Engsa	Black or African American	Female	Female
Marca	Black or African American	Female	Female
Minly	White	Female	Female
Colis	White	Male	Male

Coxph	Other	Male	Male
Poske	White	Female	Female
Debja	White	Male	Male
Dowel	White	Male	Male
Haljo	White	Male	Male
Smico	American Indian and/or Alaska Native	Male	Male
Douad	White	Male	Male
Reana	White	Male	Male
Vetan	White	Male	Male
Canca	Other	Female	Female
Fordi	Black or African American	Female	Female
Gueem	Hispanic or Latino, Latina, Latinx	Female	Female
Prech	Other	Female	Female
Groph	White	Male	Male
Pulan	Native Hawaiian or Pacific Islander	Male	Male

Andro	White	Male	Male
Geiwi	White	Male	Male
Petky	White	Male	Male
Seija	Other	Male	Male
Lanju	Black or African American	Male	Male
Jacri	White	Male	Male
Reiko	White	Male	Male
White	White	Male	Male
Bonva	White	Male	Male
Fitjo	White	Male	Male
Lanro	White	Male	Male
Marty	Other	Male	Male

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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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

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Three or fewer restraints/seclusion occurred during this reporting period

0.00

Three or fewer restraints/seclusion occurred during this reporting period

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Three or fewer restraints/seclusion occurred during this reporting period

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0.00 Update has been made to the PBSP

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

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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

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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

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Three or fewer restraints/seclusion occurred during this reporting period

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Three or fewer restraints/seclusion occurred during this reporting period

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Race/Ethnicity	Gender	Gender
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