

Instructions: As required by Oregon Senate Bill 710, adopted during in the 2021 regular session, quarterly reports must be completed and submitted to the Children’s Care Licensing Program (CCLP) regarding restraints and involuntary seclusions of children in care. Reports must also be posted on the Child Caring Agency’s website, if applicable, and must be provided to any member of the public upon request.

Submit reports to [cclp.licensing@dhsosha.state.or.us](mailto:cclp.licensing@dhsosha.state.or.us).

|   |                     |
|---|---------------------|
| Agency Name   | Family Solutions    |
| Site or Program Name  | Proctor Foster Care |
| Reporting time frame (indicate which quarter in months and year).                                   | 01/01/23-03/31/23   |
| Total number of children served by CCA during reporting time frame                                  | 6                   |
|   |                     |
| Total number of incidents involving restraint.  | 0                   |
| Total number of incidents involving involuntary seclusion.  | 0                   |
| The total number of incidents involving restraint that resulted in reportable injuries.             | 0                   |
| The total number of incidents involving involuntary seclusion that resulted in reportable injuries. | 0                   |
| Total number of involuntary seclusions in a locked room.  | 0                   |
| Total number of rooms available for use for involuntary seclusion.                                  | 0                   |
| Description of the dimensions and design of the seclusion rooms.                                    | 0                   |
| Total number of children in care placed in restraint.   | 0                   |
| Total number of children in care placed in involuntary seclusion:                                   | 0                   |

|  |  |
|--|--|
| Total number of children in care who were placed in a restraint than three times during the reporting period.  | 0  |
| Total number of children in care who were placed in involuntary seclusion more than three times during the reporting period.   | 0  |
| A description of the steps the program has taken to decrease the use of restraint and involuntary seclusion.   | This program is hands off and does not preform restraints or involuntary seclusions. |
| Number of incidents in which an individual who placed a child in care in a restraint or involuntary seclusion was not certified or trained in the use of the type of restraint or involuntary seclusion used, including individuals whose certification or training was expired at the time of the restraint or seclusion. | 0  |

**Demographic Characteristics** of the children in care who the program placed in a restraint or involuntary seclusion, including race, ethnicity, gender, disability status, migrant status, English proficiency and status as economically disadvantaged, unless the demographic information would reveal personally identifiable information about an individual child in care. Indicate the number of children who experienced restraint or seclusion who match each of the criteria listed below:

| <b>Race/Ethnicity:</b>           | <b>Total Number of Children</b> |
|----------------------------------|---------------------------------|
| American Indian or Alaska Native |                                 |
| Asian                            |                                 |
| Black or African American        |                                 |
| Hispanic (any race)              |                                 |
| Native Hawaiian                  |                                 |
| Other Pacific Islander           |                                 |
| White                            |                                 |

|                     |  |
|---------------------|--|
| Other               |  |
| Unable to determine |  |

| <b>Gender:</b>    | <b>Total Number of Children</b> |
|-------------------|---------------------------------|
| Male              |                                 |
| Female            |                                 |
| Transgender       |                                 |
| Non-binary        |                                 |
| Agender/No Gender |                                 |
| Questioning       |                                 |
| Refused to Answer |                                 |

| <b>Disability Status:</b> | <b>Total Number of Children</b> |
|---------------------------|---------------------------------|
| Disabled                  |                                 |
| Non-Disabled              |                                 |

| <b>Migrant Status:</b> | <b>Total Number of Children</b> |
|------------------------|---------------------------------|
| Migrant                |                                 |
| Non-Migrant            |                                 |

| <b>English Proficiency:</b>     | <b>Total Number of Children</b> |
|---------------------------------|---------------------------------|
| English is primary language     |                                 |
| English is not primary language |                                 |

| <b>Economic Status:</b>        | <b>Total Number of Children</b> |
|--------------------------------|---------------------------------|
| Economically Disadvantaged     |                                 |
| Not Economically Disadvantaged |                                 |