

Instructions: As required by Oregon Senate Bill 710 adopted 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@dhsoha.state.or.us.

Agency Name	Center for Human Development, Inc.
Site or Program Name	Rising Stars Day Treatment Program
Reporting time frame (indicate which	1/2022-3/2022
quarter in months and year).	
Total number of incidents involving	0
restraint.	
Total number of incidents involving	0
involuntary seclusion.	
The total number of incidents involving	0
restraint and seclusion that resulted in	
reportable injuries.	
Total number of involuntary seclusions	0
in a locked room.	
Total number of rooms available for	1 Safe room
use for involuntary seclusion.	
Description of the dimensions and	Safe room no door 10'x15'
design of the seclusion rooms.	
Total number of children in care	0
placed in restraint.	
Total number of children in care	0
placed in involuntary seclusion:	
Total number of children in care who	0
were placed in restraint or involuntary	
seclusion more than three times	
during the reporting period.	

A description of the steps the program	N/A	
has taken to decrease the use of		
restraint and involuntary seclusion.		
Number of incidents in which an	0	
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.		
	ren 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:		
Race/Ethnicity: American Indian or Alas		
Black or African American	Native Hawaiian	
Other Pacific Islander White		
Gender: Male Female Tra	Non binary	
Gender. Male Female IIa	ansgender Non-binary	
Disability Status : Disabled Non-D	Disabled	
Migrant Status: Non-Migrant Mi	grant	
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English Proficiency: English is primary language		
English is not primary language		
Economic Status: Economically Disadvantaged		
Not Economically Disadvantaged		