

Instructions: ORS 418.528 requires the following information for all children in care served by a child caring agency (CCA) and must be submitted quarterly to the Children's Care Licensing Program (CCLP). Current reports must 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@odhsoha.oregon.gov

| Agency Name | Kairos |
|--|-------------------------------------|
| Site or Program Name | Tempo |
| Reporting time frame (indicate which quarter | October 1, 2023 – December 31, 2023 |
| in months and year). | |
| Total number of children served by CCA | 6 |
| during reporting time frame | |

Demographic Characteristics (For all Children Served): Indicate the race, ethnicity, gender, disability status, migrant status, English proficiency, and status as economically disadvantaged for all **children in care served by the program during the reporting period** unless the demographic information would reveal personally identifiable information about an individual child in care.

| Race/Ethnicity: | Total Number of Children |
|----------------------------------|--------------------------|
| American Indian or Alaska Native | 0 |
| Asian | 0 |
| Black or African American | 1 |
| Hispanic (any race) | 0 |
| Native Hawaiian | 0 |
| Other Pacific Islander | 0 |
| White | 5 |
| Other | 0 |
| Unable to determine | 0 |

| Gender: | Total Number of Children |
|-------------------|--------------------------|
| Male | 4 |
| Female | 2 |
| Transgender | 0 |
| Non-binary | 0 |
| Agender/No Gender | 0 |
| Questioning | 0 |
| Refused to Answer | 0 |
| | |

| Disability Status: | Total Number of Children |
|--------------------|--------------------------|
| Disabled | 0 |



| Non-Disabled | 6 |
|--------------|---|
|--------------|---|

| Migrant Status: | Total Number of Children |
|-----------------|--------------------------|
| Migrant | 0 |
| Non-Migrant | 6 |

| English Proficiency: | Total Number of Children |
|---------------------------------|--------------------------|
| English is primary language | 6 |
| English is not primary language | 0 |

| Economic Status: | Total Number of Children |
|--------------------------------|--------------------------|
| Economically Disadvantaged | 6 |
| Not Economically Disadvantaged | 0 |

| Restraint and Involuntary Seclusion Information | |
|---|-----|
| Total number of incidents involving restraint. | 0 |
| Total number of incidents involving | 0 |
| involuntary seclusion. | |
| The total number of incidents involving | 0 |
| restraint that resulted in reportable injuries. | |
| The total number of incidents involving | 0 |
| involuntary seclusion that resulted in | |
| reportable injuries. | |
| Total number of involuntary seclusions in a | 0 |
| locked room. | |
| Total number of rooms available for use for | 0 |
| involuntary seclusion. | |
| Description of the dimensions and design of | N/A |
| the seclusion rooms. | |
| Total number of children in care placed in | 0 |
| restraint. | |
| Total number of children in care placed in | 0 |
| involuntary seclusion. | |
| The total number of children who | 0 |
| experienced both restraint and involuntary | |
| seclusion. | |
| Total number of children in care who were | 0 |
| placed in a restraint than three times during | |
| the reporting period. | |



| placed in involuntary seclusion more than three times during the reporting period. | |
|--|-----|
| 9 1 91 | N/A |
| 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 (For all children placed in a restraint or involuntary seclusion): Indicate the race, ethnicity, gender, disability status, migrant status, English proficiency, and status as economically disadvantaged for all children in care who the program placed in a restraint or involuntary seclusion during the reporting period unless the demographic information would reveal personally identifiable information about an individual child in care.

| Race/Ethnicity: | Total Number of Children |
|----------------------------------|---------------------------------|
| American Indian or Alaska Native | 0 |
| Asian | 0 |
| Black or African American | 0 |
| Hispanic (any race) | 0 |
| Native Hawaiian | 0 |
| Other Pacific Islander | 0 |
| White | 0 |
| Other | 0 |
| Unable to determine | 0 |

| Gender: | Total Number of Children |
|-------------------|--------------------------|
| Male | 0 |
| Female | 0 |
| Transgender | 0 |
| Non-binary | 0 |
| Agender/No Gender | 0 |
| Questioning | 0 |
| Refused to Answer | 0 |



| Disability Status: | Total Number of Children |
|--------------------|--------------------------|
| Disabled | 0 |
| Non-Disabled | 0 |

| Migrant Status: | Total Number of Children |
|-----------------|--------------------------|
| Migrant | 0 |
| Non-Migrant | 0 |

| English Proficiency: | Total Number of Children |
|---------------------------------|--------------------------|
| English is primary language | 0 |
| English is not primary language | 0 |

| Economic Status: | Total Number of Children |
|--------------------------------|--------------------------|
| Economically Disadvantaged | 0 |
| Not Economically Disadvantaged | 0 |