



PTCN PASSAGES Quarterly SB710 Report

Reporting period:	July 1 to September 30, 2025
Agency Name:	PTCN-Passages
Do any homes have a capacity of 5 or more (Yes/No)	No
A. Number of Sites Served during this reporting period	2
B. Number of Children in Care in this setting during this reporting period	5
C. Total # of Incidents involving restraint	0
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	0
E.1. Summary description of the steps taken during this reporting period to decrease the use of restraints	No steps were taken as three/or fewer restraints/seclusion occurred during this reporting period
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
K.1. Summary description of the steps taken during this reporting period to decrease the use of involuntary seclusion	No steps were taken as three/or fewer restraints/seclusion occurred during this reporting period
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