

Reporting period:	07/01/2026 - 09/30/2026
Agency Name:	Professional Therapeutic Community I
Do any homes have a capacity of 5 or more (Yes/No):	No

A.) Number of Sites Served during this reporting period	1
B.) Number of Children in Care in this setting during this reporting period	3
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
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

[illegible]

