New Foundations
Home for Children

Program Evaluation/Quality Improvement
April-June 2026

Quarterly Report to the Board of Directors
(*August 26, 2026*)

<u>Programs</u>

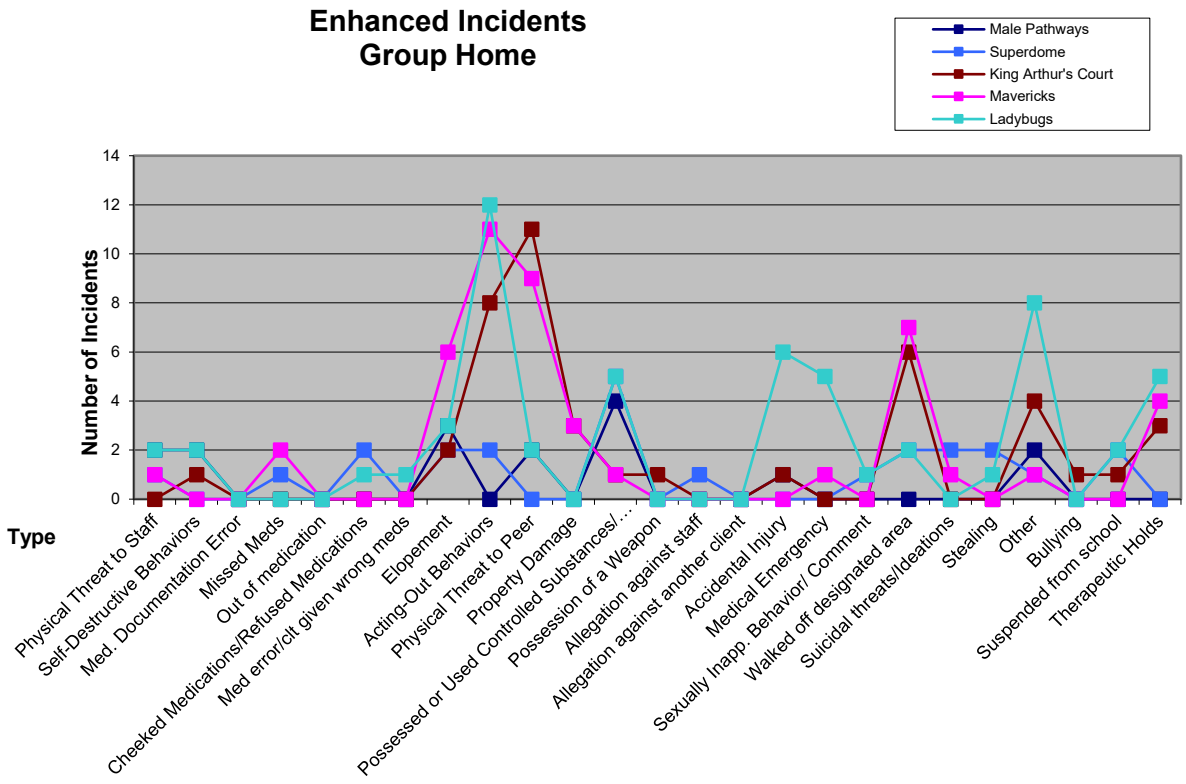
Enhanced Group Care Services
STRD and PW

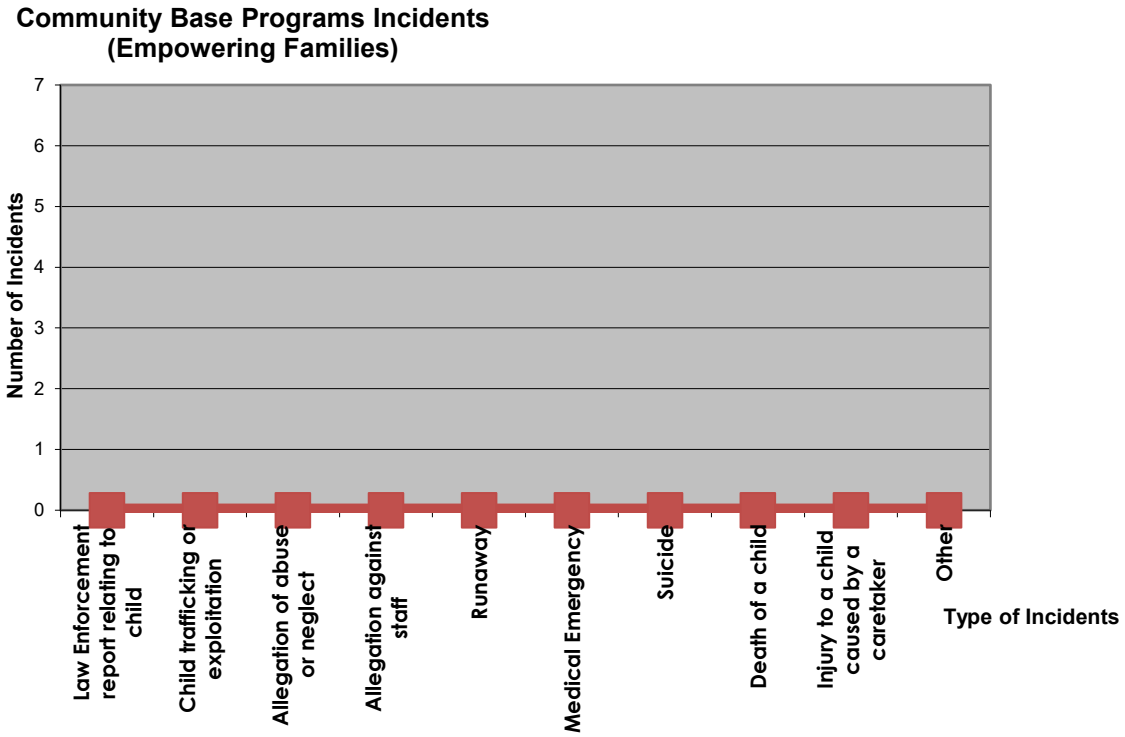
Empowering Families
EF

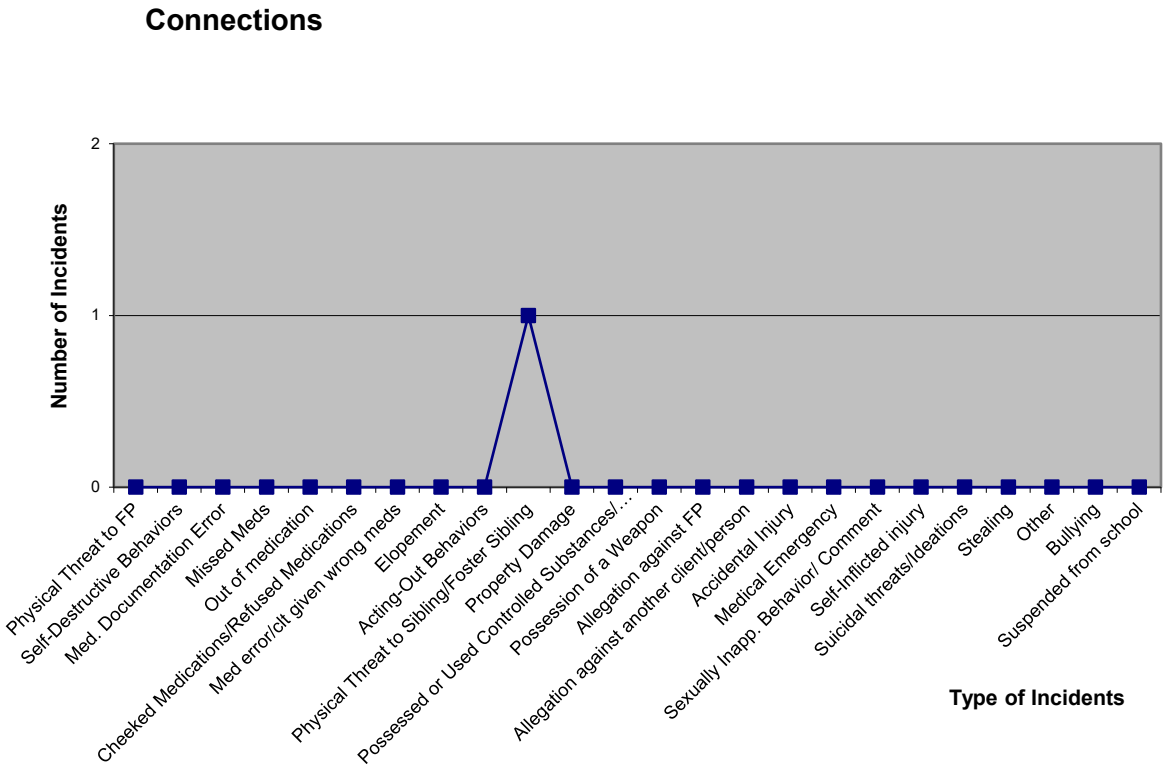
Connections Foster Care
CFC

AREA 1: Incident Reports		
Program	Total IRs	Benchmark Analysis
Enhanced Group Care Services	188	125
Empowering Families (EF)	0	2
Connections Therapeutic Foster Care (TFC)	1	4

Data from program incident reports was analyzed and discussed with in program management and care treatment teams. The care teams noted that staff were addressing the problems with the clients appropriately, as they occurred.

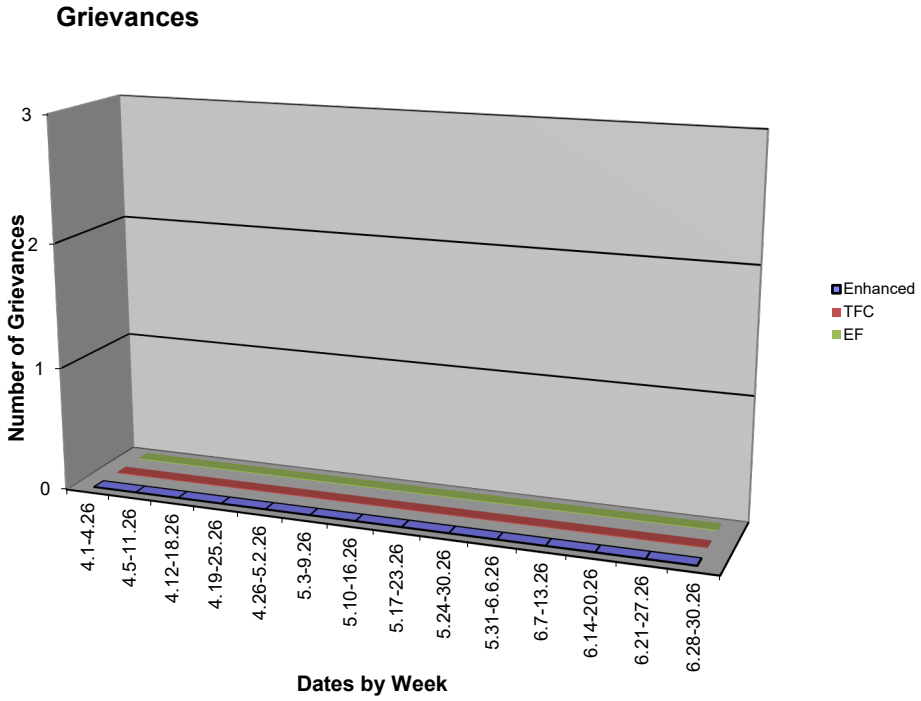



Community Base Programs Incidents
(Empowering Families)
Number of Incidents
0
1
2
3
4
5
6
7
Law Enforcement report relating to child
Child trafficking or exploitation
Allegation of abuse or neglect
Allegation against staff
Runaway
Medical Emergency
Suicide
Death of a child
Injury to a child caused by a caretaker
Other
Type of Incidents


Connections
Number of Incidents
0
1
2
Physical Threat to FP
Self-Destructive Behaviors
Med. Documentation Error
Missed Meds
Out of medication
Cheeked Medications/Refused Medications
Med error/clt given wrong meds
Elopement
Acting-Out Behaviors
Physical Threat to Sibling/Foster Sibling
Property Damage
Possessed or Used Controlled Substances/...
Possession of a Weapon
Allegation against FP
Allegation against another client/person
Accidental Injury
Medical Emergency
Sexually Inapp. Behavior/ Comment
Self-Inflicted injury
Suicidal threats/Ideations
Stealing
Other
Bullying
Suspended from school
Type of Incidents

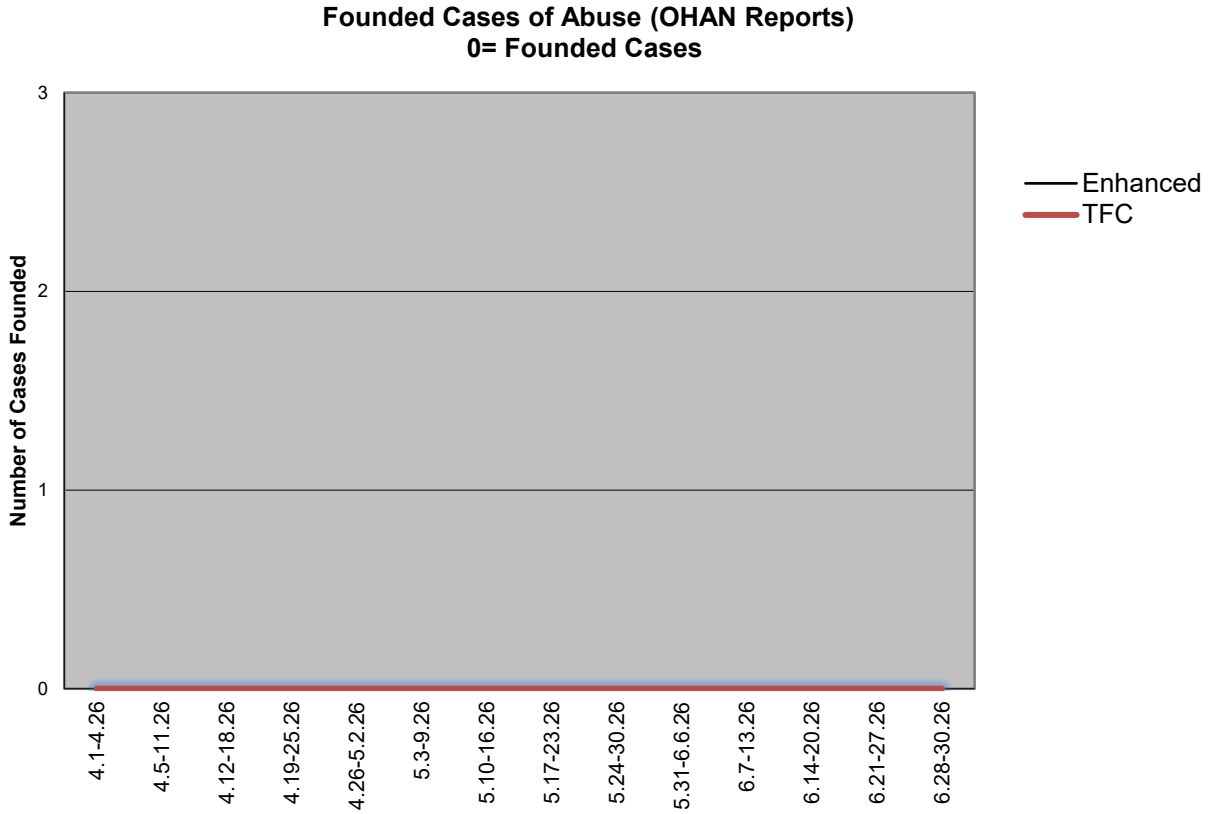
AREA 2: Grievances		
Program	Total Gs	Benchmark Analysis
Enhanced Group Care Services	0	0
Empowering Families (EF)	0	0
Connections Therapeutic Foster Care (TFC)	0	0

Data from the program quarterly risk management reports concerning client and staff grievances was collected and analyzed, then presented and discussed with program leadership and care team staffing.



AREA 3: Founded Reports of Abuse (OHAN)		
Program	Total	Benchmark Analysis
Enhanced	100%	Dept. of Social Services benchmark for OHAN is 99.68%.
Connections	100%	

*Data from Enhanced and Connections quarterly risk management reports concerning founded reports of abuse as investigated by **Out of Home Abuse and Neglect (OHAN)** program was collected and analyzed, then presented to the program leadership and care team staffing.*
OHAN is a program within the Human Services division of the Department of Social Services.



AREA 4: **Clients Served**												
Program	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
Enhanced	49	41	44	43	46	49	47	45	47	47	43	44
EF	37	31	24	32	43	45	47	27	33	36	36	44
TFC (Clients)	16	17	17	16	17	16	17	16	16	17	17	23
TFC (Foster Parents)	15	15	15	14	16	15	15	15	15	16	16	16

AREA 5: Customer Satisfaction - Enhanced

Customer satisfaction surveys are conducted to ensure that the programs are providing quality services. Clients, referring agencies, and/or families are asked to complete a survey at the time of the care plan & review, then at the time of discharge in Enhanced. Benchmark analysis= 85% for Customer Satisfaction outcomes.

At the Time of Care Plan & Review	
Client surveys completed	34
Referring agency surveys completed	7
Family surveys completed	1
Client Reported Outcomes (based on those completed)	
►Felt the program helped them deal with their problems (25). 20% had no opinion (7). 6% disagreed (2)	74%
►Felt staff was available to talk with them (25). 20% had no opinion (7). 6% disagreed (2)	74%
►Felt staff treated them fairly (21). 23% had no opinion (8). 15% disagreed (5)	62%
►Felt staff psychiatrist treated them respectfully (21). 20% had no opinion (7). 3% disagreed (1). 15% not applicable (5)	62%
Referring Agency Reported Outcomes	
►Felt client benefited from program (7)	100%
►Said they would recommend the program (7)	100%
Average overall rating was **4.8** out of **5** (with 5 being the highest).	4.8
Family Reported Outcomes (based on those completed) (based on those completed)	
►See noticeable improvement in child's behavior/attitude/interaction (1)	100%
►Said they would recommend the program (1).	100%
Average overall rating was **5** out of **5** (with 5 being the highest).	5
Selected Comments at the time of care plan & review	
Clients: **What about the program do you feel helps you the most?** "*Therapy.*" ▪ " *My attitude.*" ▪ *"Attending drug classes and activities with Ms. Brenda."* ▪ **Referring Agencies:** *"My client is doing well in the program, thanks."* ▪ Families*: "None noted."*	
At Exit/Discharge	
Client surveys completed	4
Referring agency surveys completed	1
Family surveys completed	4
Client Reported Outcomes (based on those completed)	
►Felt the program helped them deal with their problems (4).	100%
►Felt staff were available to talk with them (4).	100%
►Felt staff treated them fairly (4).	100%
►Felt staff psychiatrist treated them respectfully (3). 25% not applicable (1)	75%
Referring Agency Reported Outcomes (based on those completed)	
►Felt client benefited from program (1).	100%
►Said they would recommend the program (1).	100%
Average overall rating was **5** out of 5 (with 5 being the highest).	5
Family Reported Outcomes (based on those completed)	
►Saw noticeable improvement in child's behavior/attitude/interaction (4).	100%
►Said they would recommend the program (4).	100%
Average overall rating was **4.7** out of 5 (with 5 being the highest).	4.7
Selected Comments at the time of Exit	
Clients: What about the program do you feel helps you the most? *"About my problems I needed help with."* ▪ *"The staff."* ▪ *"When I am going through something, they were there to talk to me."* ▪ **Referring Agencies**: *" None noted."* ▪ ***Families*:** *"None noted."*	

AREA 5: Customer Satisfaction – Connections TFC

Customer satisfaction surveys are conducted to ensure that the programs are providing quality services. Clients, referring agencies, and/or families are asked to complete a survey at the time of the IPOC & review, then at the time of discharge in TCF. Benchmark analysis= 80% for Customer Satisfaction outcomes.

At the Time of IPOC & Review	
Client surveys completed	5
Referring agency surveys completed	0
Foster Parent surveys completed	8
Client Reported Outcomes (based on those completed)	
▶Felt foster parents helped them learn to deal with their problems (5).	100%
▶Felt foster parents were available to talk with them (5).	100%
▶Felt foster parents treated them fairly (5).	100%
Referring Agency Reported Outcomes (based on those completed)	
▶See noticeable improvement in child's behavior	
▶Said they would recommend the program	
Average overall rating was out of 5 (with 5 being the highest).	
Foster Parents Reported Outcomes (based on those completed)	
▶Satisfied with the program's interventions and services (8)	100%
▶Said they would recommend the program (8)	100%
Average overall rating was **5** out of 5 (with 5 being the highest).	5
Selected Comments at the time of IPOC & review	
Clients: **What is the most helpful thing your foster parents do? Clients:** *"Homework and make sure we eat a lot."* ▪ *"Teach me that real life can be hard sometimes."* ▪ *"They help me with homework and make sure I eat a lot and take me to the doctor."* ▪ **Referring Agencies:** *" N/A."* ▪ ***Foster* Parents:** *"Janean is great."* ▪ "*Great support*." ▪ "*I love Jane and Jenean they are amazing."*	
At Exit/Discharge ***ZERO Received***	
Client surveys completed	0
Referring agency surveys completed	2
Foster Parents surveys completed	0
Client Reported Outcomes	
▶Felt foster parent helped them learn to deal with their problems	
▶Felt foster parents was available to talk with them	
▶Felt foster parents treated them fairly	
Referring Agency Reported Outcomes	
▶Satisfied with the program's interventions and services (2)	100%
▶Said they would recommend the program (2)	100%
Average overall rating was **4.5** out of 5 (with 5 being the highest).	5
Foster Parents Reported Outcomes (based on those completed)	
▶Satisfied with the program's interventions and services.	
▶Said they would recommend the program	
Average overall rating was out of 5 (with 5 being the highest).	
Selected Comments at the time of Exit	
Clients: What is the most helpful thing foster parents did? *N/A* ▪ ***Referring Agencies****: None noted* ▪ ***Foster Parents****: N/A*	

AREA 5: Customer Satisfaction – EF

Customer satisfaction surveys are conducted to ensure that the programs provide quality services. Families are asked to complete a survey at the time of **discharge** in EF. Benchmark analysis= 80% for Customer Satisfaction outcomes.

At the Time of Exit/Discharge	
Surveys Completed	10
Outcomes (based on those completed)	
▶Staff understood the barriers and stability needs of you/family (10)	100%
▶Staff support you in following through on your goals (10)	100%
▶Staff equipped you with knowledge (10)	100%

Selected Comments about caseworker was able to provide help: *"T did a great job and always listened and was never judgmental. I am thankful for everything, and for him continuing to believe in me."*

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Notes:

When a survey is received with negative scores, an answer of "no opinion", low ratings or comments, the QI Manager follows up with the client, if possible, or the Program Director or Human Services Professional (HSP) or Treatment Coordinator follows up with them, to discuss any issues surrounding the negative feedback and how we can improve the situation for the client.

If the feedback comes from a caseworker or family member, the QI Manager sends a letter to the caseworker or family member who completed the survey thanking them for their input and letting them know that the issues or concerns they noted have been forwarded to the appropriate staff. In the letter is also an invitation for the caseworker or family member to contact Steve Dean to discuss the matter in further detail. Then a copy of that letter and the survey noting the concerns is given to Steve Dean, Chief Executive Officer, and the Program Director and HSP or Treatment Coordinator for that program.

Once the Program Director and/or QI manager has spoken with program staff and addressed concerns, they return the notification form to the QI Manager with the corrective action taken by the program indicated. This ensures that all program staff is aware of any concerns, that the issues can be addressed in a timely manner, and that the way the concern was addressed is documented.

When a program does not meet the benchmark in any area, the QI Manager and/or SLT will meet with that program to assess the concerns/needs and discuss ways to improve on the area(s) of concern. Benchmarks for Area One, Two, Three, and Four were established by using data from the last four quarters. Regarding Customer Satisfaction Survey Benchmarks, each program's care team established the benchmark indicators. Area Six contains our Post Discharge Outcomes. The QI Manager is currently using email and/or mail to conduct one- and four-months Outcome Survey follow-up with a client after discharge.

QI: Risk Management--Quarterly Board Report

Date: May 27, 2026

(Audited January-March 2026 on May 26, 2026)

		Jul-Sep 2025	Oct-Dec 2025	Jan-Mar 2026	Apr-Jun 2026
1	Annual Secretary of State Filing and Registration current		Yes	Yes	
2	IRS Tax Return Form 990 current		Yes		
3	Annual Financial Audit current	In process, it will be completed in Oct. 2025			
4	Required Insurances Current:		Yes		
	A. General Liability				
	B. Professional Liability		Yes		
	C. Worker's Compensation		Yes		
	D. Automobile Liability		Yes		
5	Licenses Current (DHEC and Fire Inspections included)				Yes
6	Any Existing Contract Disputes or Defaults	No	No	No	No
7	OSHA report completed as required	Yes			
8	Payroll Liabilities current (IRS 941 Quarterly Filing)	Yes	Yes	Yes	Yes
9	Federal and State Tax Payments	Yes	Yes	Yes	Yes
10	Is the agency under any Corrective Action?	No	No	No	No
11	All Worker's Compensation claims are in process and/or complete	3 open cases and 2 closed	1 open case	1 open case	1 open case
12	All FMLA requests are in process and/or complete	None for the quarter	1 open case and 4 closed	1 open case and 3 closed	None for the quarter
13	Founded cases of staff abuse or neglect for this quarter	No	No	No	No
14	Grievances reported by staff or clients for this quarter	No	No	No	No
15	Client's rights provided to clients and assessed monthly	Yes	Yes	Yes	Yes

		Jul-Sep 2025	Oct-Dec 2025	Jan-Mar 2026	Apr-Jun 2026
16	**Pending Litigation regarding clients, agency, or personnel**	*Yes*	*Yes*	*Yes*	*Yes*
17	**Whistleblower Reports for this quarter**	*No*	*No*	*No*	*No*
18	**Conflicts of interest**	*No*	*No*	*No*	*No*

***If highlighted in gray, not due for auditing that quarter.**

Any questions and/or new Risk Management issues/concerns?