



Program Evaluation Management Report

THE ARC CARROLL COUNTY
180 KRIDERS CHURCH RD, WESTMINSTER, MD 21158
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Program Evaluation Management Report

January 1, 2025 - June 30, 2025

Our Vision

We are a leading organization that champions for and supports people with developmental disabilities, while cultivating relationships that enrich our community.

Our Values

Innovation - Our founders pioneered the opportunities that exist today for people with developmental disabilities. We build on their courageous tradition of innovation and creativity in the design and delivery of our services.

Integrity - We operate with integrity in all that we do—as a service provider, as an employer, and as members of our community.

Respect - We treat everyone with respect. Dignity, choice, ability, privacy, and opinion are fundamental principles of who we are.

Quality - We embrace the highest standards in all that we do. Quality in service and character drives our actions and attitudes.

Caring - We act with a genuine spirit of caring. A sincere interest in and concern for the complete well-being of all people define our actions.

Our Mission

To support people in their individual pursuit of a fulfilling life.



ACHIEVE WITH US.

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Message from the Executive Director

“There is no power for change greater than a community discovering what it cares about.”

- Margaret Wheatley

I was drawn to this quote from author, community organizer, and corporate trainer Margaret Wheatley because it perfectly captures how far The Arc has come—and how much more accepting our community has become of people with disabilities. When I first came to The Arc in the early 1990s, we had just a few group homes and a sheltered workshop where most individuals spent their days. Options were limited, but at the time, they seemed to satisfy most individuals and families. Back then, we often spoke of “going into the community” as if it were a special event or vacation destination. Today, when people talk about going places, they say they’re going to the store, the movies, or out to eat. In hindsight, our language reflected a certain discomfort—we didn’t feel we were doing anything wrong, but our words revealed our uneasiness about supporting individuals with disabilities in everyday spaces like stores, restaurants, and recreational spots. That “vibe” has changed.

A great example is The Arc’s current project: building two fully accessible homes in a local neighborhood. In the past, when The Arc moved into a neighborhood, we often faced protests. Neighbors voiced strong concerns—about safety, about property values, about “those people.” This time, we decided to be proactive. We hosted a “Get to Know The Arc” event to address any concerns and introduce ourselves. We prepared for tough questions. The night of the event, only one person came—a local minister who simply wanted to welcome us and ask how her congregation could support and partner with The Arc. **Wow.** What a difference.

There are now countless examples of people with disabilities being welcomed into businesses, workplaces, restaurants, and social events. Our social media feeds are full of images and stories showing individuals fully engaged in community life. Of course, there’s still work to do. But when we take a moment to reflect, it’s clear that Carroll County has made incredible progress. It’s gratifying to be part of not just a movement, but real, lasting change that shows just how much this community *cares* about people with disabilities.

I’m also grateful that The Arc itself continues to grow and evolve. Our employment initiatives are gaining traction, our supports program is expanding, and overall satisfaction among the people we serve remains high.

There’s power in this kind of change—because it starts with caring.
Don Rowe
Executive Director
July 7, 2025

Data Analysis Procedures

Data is regularly collected from program areas and is compiled and analyzed by the Director of Quality Assurance upon receipt. Any negative trends identified are promptly communicated to the relevant program management staff. In addition to this ongoing analysis, the data undergoes a formal review every six months to assess its reliability and validity, with findings presented at quarterly staff meetings. Furthermore, all incident and behavior support plan-related data are reviewed by the Quality Management Committee, which meets quarterly.



Meaningful Day Services

Number of People Receiving Supports

As of June 30, 2025:

- 115 DDA Funded
- 0 Unfunded
- 0 Private Pay
- 10 Vocational Rehabilitation (DORS)
- 0 Pre-ETS (DORS)
- 0 WBLE
- 24 DORS Funded (Summer Job)

As of December 31, 2024:

- 118 DDA Funded
- 0 Unfunded
- 0 Private Pay
- 9 Vocational Rehabilitation (DORS)
- 0 Pre-ETS (DORS)
- 0 WBLE
- 17 DORS Funded (Summer Job)

Changes: 0 people joined (DDA Funded)
3 people left (DDA Funded)

Goal #1 - FY 25

The Arc Carroll County's Educational Partnership/Transition Program will increase their effectiveness, efficiency, and service access of the program.

Measure	Indicators	Applies To	Time of Measure	Data Source	Obtained By	Target	Results	Prior Term	Achieved?	Rationale
Number of experiences students receive regarding community resources i.e. DORS, DDA, SC, BERC, etc.	Guest speakers giving exposure to possible jobs	All Educational Partnership Students	Monthly (not including Summer)	Completed Lesson Plans	Day Program Manager	5 for school year	4 for '24-'25 school year	0 '24-'25 school year	Not achieved	To give students a view of the operations of businesses and possible jobs available to them
Number of graduating students entering the Arc for adult services	Students entering the Arc as their provider agency	All eligible graduating students in Carroll County	Semi Annually	Application for Services	Compliance Manager	See below	7	4		To show effectiveness of program reflected in students choosing The Arc for adult supports
Percentage of referrals that obtained a paid job in VR.	Number of adults that got a job through DORS & SYE Funding	All VR Adults	Semi Annually	Progress Notes	Job Developer	70%	70% 7 of 10	67% 6 of 9	Achieved	To show effectiveness of the program
Percentage of students that got a job through SYE funding	Number of students that got a job through SYE	All Educational Partnership Students	Semi Annually	Progress Notes	Day Program Manager	5%	7%	5%	Achieved	To show effectiveness of the program

Number of students receiving DORS or SYE summer funding.	Number of students granted summer funding	All Educational Partnership Students	Semi Annually	DORS authorizations	Day Program Manager	30 Students	24 Students	17 Students	Not achieved	To measure access to revenue sources other than DDA, and to measure the access of students to become familiar with the Arc Carroll County.
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Strategies:

Funder requirements will be maintained. The Arc will continue to maintain a relationship with The Division of Rehabilitation Services (DORS) and Carroll County Public Schools.

The Educational Partnership team will continue to practice person centered goals for vocational and educational success, focusing on education, job placement, vocational goals and objectives, lesson planning and curriculum implementation.

Circumstances influencing results:

Measure 2 has been reworded to “Number of graduating students entering the Arc for adult services” since educational partnership classes have been reduced.

Action Plan:

Continue tracking current measures.

Goal #2 - FY 25

The Arc Carroll County's Meaningful Day Services will increase its effectiveness, efficiency, and service access.

Measure	Indicators	Applies To	Time of Measure	Data Source	Obtained By	Target	Results	Prior Term	Achieved?	Rationale
Percentage of PCP goals obtained in Meaningful Day Services	Number of goals successfully completed	All persons served	Annually	PCPs and supporting data	Program Coordinator	90%	65% 95 of 146	58% 44 of 76	Not achieved	To track the number of people meeting the goals outlined in their PCP
Utilization of funded hours in Day Habilitation and CDS	Number of hours spent in Day Habilitation and CDS	People in Day Habilitation and CDS	Semi Annually	Database	Director of Finance	40%	50%	57%	Achieved	To track utilization of hours to better manage staff scheduling and monitor unusual events
Number of integrated activities individuals participated in	Total number of volunteer & community-based activities people took part in that receive Day Habilitation	People in Day Habilitation Services	Semi Annually	Database	Compliance Manager	50	173	144	Achieved	To track the number of volunteer and community-based activities that people participate in under Day Habilitation Services to show an increase in community integration.
Number of hours spent volunteering	Total number of hours people volunteered in the community	People in Day Habilitation and CDS	Semi Annually	Database	Compliance Manager	1,500	1,577	1,522	Achieved	To track the number of hours spent in the community volunteering in Day Habilitation and CDS. This will

										show an increase in community integration.
Number of hours spent in the community	Total number of hours people spent in the community	People in Day Habilitation	Semi Annually	Database	Compliance Manager	10,500	11,188	10,828	Achieved	To track the number of hours spent in the community for people receiving Day Habilitation. This will show an increase in community integration.
Number of individuals in Community Integrated Employment	Total number of people in Community Integrated Employment Services	People in Community Integrated Employment	Semi Annually	Database	Community Employment Coordinator	>35	36	36	Achieved	To track the number of people receiving Supported Employment.
Number of Community Integrated Employment Sites	Total number of Community Integrated Employment Sites	People in Community Integrated Employment	Semi Annually	Employment Tracking System	Community Employment Coordinator	33	33	33	Achieved	To track the number community integrated employment sites to show an increase in employment opportunities and connections.
Percentage of staff under Job Development, Job Discovery and Employment that are CESP Certified.	Number of staff under Job Development, Job Discovery and Employment that are	Staff having 100% of DDA Required Training completed	Semi Annually	Training Database	Human Resources	50%	100% 6 of 6	78% 7 of 9	Achieved	To track the number of staff that are in compliance with this training requirement.

	CESP Certified									
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Strategies:

C.A.R.F. accreditation will be maintained through elevating the value, quality, and ideal outcomes of services that enhance the lives of persons served at The Arc.

The leadership team will continue to meet on a regular basis to guide the process.

The Employment Services team, including DSP's and Coordinators will meet on a monthly basis to discuss progress made, what still needs to be completed, continuing to emphasise the person-centered philosophy, and work collaboratively on community integration.

The Day Program Manager will participate in state-wide, and regional forums on topics related to employment and will foster participation and training for Direct Support Professionals.

Circumstances influencing results:

None.

Action Plan:

Continue tracking current measures.

Community Living Services

Number of People Receiving Supports

As of June 30, 2025:

- 23 Residential
- 60 Support Services

As of December 31, 2024:

- 23 Residential
- 63 Support Services

Changes:

3 people left support services
0 people joined support services
1 person left residential services
0 person joined residential services

Goal #3 FY 25

The Arc Carroll County's Community Living Program will increase its effectiveness, efficiency, and service access.

Personal Supports

Measure	Indicators	Applies To	Time of Measure	Data Source	Obtained By	Target	Results	Prior Term	Achieved?	Rationale
Percentage of PCP goals obtained in Personal Support Services.	Number of goals successfully completed	All persons served	Semi Annually	PCP's and supporting data	Program Coordinator	90%	36% 17 of 47	70% 14 of 20	Not achieved	To track the number of people meeting the goals outlined in their PCP
Utilization of funded hours in Personal Supports	Compliance using the DDA standards	People in Personal Supports	Monthly	Wage Detail Analysis	Director of Finance	90%	60%	59%	Not achieved	To track utilization of hours to better manage staff scheduling and monitor unusual events
Number of new people receiving supports	New admissions into the program	People entering Personal Supports	Monthly	Enrollment Data	Program Coordinator	6	0	3	Not achieved	To track new entries into the program
Number of individuals that exceeded their funded hours	Compliance using the DDA standards	People in PS	Monthly	Wage Detail Analysis	Director of Finance	0	14	See below	Not achieved	To track utilization of hours to better manage staff scheduling and monitor unusual events
Number of integrated activities individuals participated in	Total number of community-based activities people took part in	All people receiving personal supports	Semi-annual	Database	Program Coordinator	100	285	251	Achieved	To track the number of community-based activities that people participate in under Personal Supports to show community

										integration. *Number is unduplicated community integrated activities.
Percentage of individuals that maintain social connections	Number of people that have social connections	All people receiving personal supports	Annually	Interviews per CQL guidelines	Program Coordinator	95%	100%	100%	Achieved	To track the alignment of services provided to CQL's Basic Assurances
Percentage of individuals that are involved with other members of the community	Number of people that interact with other members of the community	All people receiving personal supports	Annually	Interviews per CQL guidelines	Program Coordinator	95%	100%	89%	Achieved	To track the alignment of services provided to CQL's Basic Assurances

Strategies:

C.A.R.F. accreditation will be maintained through elevating the value, quality, and ideal outcomes of services that enhance the lives of persons served at The Arc.

The Support Services Coordinators will participate in state-wide, and regional forums on topics to community inclusion and will foster participation and training Direct Support Professionals.

The Support Services Coordinators and Direct Support Professionals will continue to make progress towards DDA's vision of the Person-Centered Philosophy.

Circumstances influencing results:

Measure 5: "Number of integrated activities individuals participated in" is new. This measure tracks the number of community-based activities (unduplicated) that people participate in under Personal Supports to show community integration.

Action Plan:

Continue tracking current measures.

Community Living - Group Home

Measure	Indicators	Applies To	Time of Measure	Data Source	Obtained By	Target	Results	Prior Term	Achieved?	Rationale
Percentage of PCP goals obtained in Community Living - Group Home Services.	Number of goals successfully completed	All persons served	Annually	PCP's and supporting data	Program Coordinator	90%	75% 9 of 12	86% 12 of 14	Not achieved	To track the number of people meeting the goals outlined in their Person-centered Plan
Percentage of individuals whose daily routine is person-centered	Number of people whose has a person-centered routine	All residents	Annually	Interviews per CQL guidelines	Program Coordinator	100%	100%	100%	Achieved	To track the alignment of services provided to CQL's Basic Assurances
Percentage of individuals who have personalized their own space	Number of people that have personalized space	All residents	Annually	Interviews per CQL guidelines	Program Coordinator	100%	100%	100%	Achieved	To track the alignment of services provided to CQL's Basic Assurances
Percentage of individuals that have social connections	Number of people that have social connections	All residents	Annually	Interviews per CQL guidelines	Program Coordinator	100%	96%	96%	Not achieved	To track the alignment of services provided to CQL's Personal Outcome Measures
Percentage of individuals that engage in their preferred activities	Number of people that engage in preferred activities	All residents	Annually	Interviews per CQL guidelines	Program Coordinator	100%	96%	96%	Not achieved	To track the alignment of services provided to CQL's Basic Assurances
Timeliness of follow up medical appointments	% of follow up appts. is completed within 2 weeks prior or 2 weeks after the	All residents receiving Health Services	Monthly	Medical Appointment Records	Health Services Coordinator	75%	86%	90%	Achieved	To track number of follow up appointments maintained as ordered by medical personnel

	doctor's requested return date									
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Strategies:

C.A.R.F. accreditation will be maintained through elevating the value, quality, and ideal outcomes of services that enhance the lives of persons served at The Arc.

The Assistant Director of Community Living will participate in state-wide, and regional forums on topics to community inclusion and will foster participation and training Direct Support Professionals.

The Assistant Director of Community Living and Direct Support Professionals will continue to make progress towards DDA's vision of the Person-Centered Philosophy.

Circumstances influencing results:

None.

Action Items:

Continue tracking current measures.

Goal #4 FY25

The Arc Carroll County's Transportation Services will maintain its efficiency per regulations.

Measure	Indicators	Applies To	Time of Measure	Data Source	Obtained By	Target	Results	Prior Term	Achieved?	Rationale
School buses passing mandatory inspections	Percentage of buses passing Board of Education required inspections	All school buses	August, October, March	Inspection Sheets	Director of Transportation	80%	90%	90%	Achieved	To track buses passing mandatory inspections, as a bus being red lined has a fiscal impact on the entire operation
Preventative maintenance appointments completed on time for school bus fleet	On time = every 6 months or every 5,000 miles	School Bus Fleet	Monthly	Driver Reports and Fuelman Entries	Director of Transportation	90%	90%	90%	Achieved	To track efficiency of preventative maintenance on the fleet
Preventative maintenance appointments completed on time for MTA fleet	On time = every 6 months or every 5,000 miles	MTA Fleet	Monthly	Driver Reports and Fuelman Entries	Director of Transportation	100%	100%	100%	Achieved	To track efficiency of preventative maintenance on the fleet
Preventative maintenance appointments completed on time car & minivan fleet	On time = every 6 months or every 5,000 miles	Car & Minivan Fleet	Monthly	Driver Reports and Fuelman Entries	Director of Transportation	100%	100%	100%	Achieved	To track efficiency of preventative maintenance on the fleet

Strategies:

C.A.R.F. accreditation will be maintained through elevating the value, quality, and ideal outcomes of services that enhance the lives of persons served at The Arc.

Funder requirements will be maintained.

Action Items:

Continue tracking current measures.

Goal #5 FY 25

Ninty percent of The Arc Carroll County's overall satisfaction will rate in the satisfied category.

Educational Partnership/Transition

Measure	Indicators	Applies To	Time of Measure	Data Source	Obtained By	Target	Results	Prior Term	Achieved?	Rationale
Maximize student satisfaction	Overall satisfaction of student (Perfect Score = 15)	All Students (not including MSTC)	Annually	Satisfaction Surveys	Educational Partnership Manager/ Director of QA	90%	91% 17 of 17	92% 30 of 30	Achieved	To track satisfaction
Maximize teacher satisfaction	Overall satisfaction of teacher (Perfect Score = 15)	All involved teachers	Annually	Satisfaction Surveys	Educational Partnership / Director of QA	90%	97% 10 of 10	98% 10 of 10	Achieved	To track satisfaction
Maximize staff satisfaction	Overall satisfaction for staff (Perfect Score = 39)	Educational Partnership staff	Annually	Satisfaction Surveys	Director of QA	90%	97% 1 of 1	93% 4 of 4	Achieved	To track satisfaction

Meaningful Day Services

Measure	Indicators	Applies To	Time of Measure	Data Source	Obtained By	Target	Results	Prior Term	Achieved?	Rationale
Maximize satisfaction of people receiving support	Overall satisfaction (Perfect Score = 30)	People in Work Services	Annually	Satisfaction Surveys	Program Coordinator	90%	96% 48 of 114	99% 50 of 119	Achieved	To track satisfaction
Maximize family satisfaction	Overall satisfaction (Perfect Score = 24)	Families of people in Work Services	Annually	Satisfaction Surveys	Program Coordinator	90%	93% 43 of 114	89% 47 of 119	Achieved	To track satisfaction

Maximize staff satisfaction	Overall satisfaction for staff (Perfect Score = 39)	Employment Services Staff	Annually	Satisfaction Surveys	Director of QA	90%	89% 36 of 42	91% 38 of 42	Not achieved	To track satisfaction
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Personal Support Services

Measure	Indicators	Applies To	Time of Measure	Data Source	Obtained By	Target	Results	Prior Term	Achieved?	Rationale
Maximize satisfaction of people receiving support	Overall satisfaction (Perfect Score = 50)	People in FISS	Annually	Satisfaction Surveys	Program Coordinator	95%	99% 5 of 60	98% 22 of 67	Achieved	To track satisfaction
Maximize family satisfaction	Overall satisfaction (Perfect Score = 50)	Families of people in FISS	Annually	Satisfaction Surveys	Program Coordinator	90%	100% 5 of 83	100% 5 of 81	Achieved	To track satisfaction
Maximize staff satisfaction	Overall satisfaction for staff (Perfect Score = 39)	FISS Staff	Annually	Satisfaction Surveys	Director of QA	90%	92% 21 of 35	92% 30 of 38	Achieved	To track satisfaction

Residential Services

Measure	Indicators	Applies To	Time of Measure	Data Source	Obtained By	Target	Results	Prior Term	Achieved?	Rationale
Maximize satisfaction of people receiving support	Overall satisfaction (Perfect Score = 30)	All residents	Annually	Satisfaction Surveys	Program Coordinator	95%	100% 9 of 23	95% 5 of 24	Achieved	To track satisfaction
Maximize family satisfaction	Overall satisfaction (Perfect Score = 24)	Families of residents	Annually	Satisfaction Surveys	Program Coordinator	95%	100% 5 of 83	100% 5 of 81	Achieved	To track satisfaction

Maximize staff satisfaction	Overall satisfaction for staff (Perfect Score = 39)	Residential Staff	Annually	Satisfaction Surveys	Director of QA	90%	92% 48 of 72	92% 49 of 65	Achieved	To track satisfaction
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Transportation

Measure	Indicators	Applies To	Time of Measure	Data Source	Obtained By	Target	Results	Prior Term	Achieved?	Rationale
Maximize staff satisfaction	Overall satisfaction for staff (Perfect Score = 39)	Transportation Staff	Annually	Satisfaction Surveys	Director of QA	90%	See below	91%	N/A	To track satisfaction

Global

Measure	Indicators	Applies To	Time of Measure	Data Source	Obtained By	Target	Results	Prior Term	Achieved?	Rationale
Maximize overall staff satisfaction	Overall satisfaction for staff (Perfect Score = 39)	Administrative Staff	Annually	Satisfaction Surveys	Director of QA	90%	92%	92%	Achieved	To track satisfaction

Strategies:

C.A.R.F. accreditation will be maintained through elevating the value, quality, and ideal outcomes of services that enhance the lives of persons served at The Arc.

Statements of dissatisfaction will be addressed on both an individual and systematic basis.

The board reviews the results of the satisfaction surveys in all departments yearly. Dissatisfaction in relation to families, providers, employers, persons served, and the board are immediately addressed. In regard to staff

dissatisfaction, during monthly staff meetings, staff collaborate to come up with resolutions to implement agency wide.

Circumstances influencing results:

Transportation Survey Results - Although the survey was distributed both electronically and in paper form, no responses were received from the transportation staff. To ensure each person receives a copy, staff surveys will be distributed at The Arc's annual transportation breakfast.

Goal #6 FY 25

The Arc Carroll County will globally increase its effectiveness, efficiency, and service access.

Measure	Indicators	Applies To	Time of Measure	Data Source	Obtained By	Target	Results	Prior Term	Achieved?	Rationale
Number of preventable slips, trips, or falls	All preventable Slips, Trips, and Falls for people supported	All Programs	Quarterly	Incident Reports	Director of QA	<10	3	4	Achieved	To lower preventable fall related incidents using timely alerts, staff training, and environmental checks to maximize safety of people supported
Number of other safety related incidents	Incidents involving police, elopement, injury, accidents, and physical aggression	All Programs	Quarterly	Incident Reports	Director of QA	<10	18	24	Not achieved	To lower safety related incidents using timely alerts, staff training, and environmental checks to maximize safety of people supported
Overall adaptive behavior in relation to behavior plans	Number of people with adaptive behavior	All Programs	Monthly	Behavior plan data	Director of QA	90%	50%	54%	Not achieved	To track the performance of people utilizing behavior support plans
Percentage of fully trained staff	Staff fully trained as per agency requirement	All Program Staff	Semi Annually	Training Database	Human Resources	85%	98%	98%	Achieved	To track training percentages for staff
Percentage of all staff with required DDA training	Staff having 100% of DDA trainings completed	All Program Staff	Semi Annual	Training Database	Human Resources	90%	99%	99%	Achieved	To track training percentages for staff and efficiency of bringing new staff into compliance

Strategies:

C.A.R.F. accreditation will be maintained through elevating the value, quality, and ideal outcomes of services that enhance the lives of persons served at The Arc.

The Safety Committee will meet bi-monthly to review health and safety related incidents and discuss how The Arc can decrease these incidents.

The Quality Management Committee will meet on a quarterly basis to review all incidents and talk about ways to decrease the likelihood of these types of incidents reoccurring.

The Arc implemented several systems including iCare Manager and Relias. Both systems improve compliance for trainings, medication management, incident reporting, etc.

Circumstances influencing results:

None

Action Items:

Continue tracking current measures.

Safety Summary

Over the past six months, the number of preventable slips, trips, and falls has remained consistent; however, The Arc continues to perform below the established target. To maintain and improve safety, The Arc provides ongoing training and resources to all staff. For instance, all employees receive annual training on slip, trip, and fall prevention. Additionally, if concerning trends emerge, a team meeting is held to assess the situation, develop strategies, and implement measures to reduce the risk of falls.

Examples of safety-related incidents include instances of physical aggression towards others and minor vehicle accidents. The Arc remains committed to enhancing training and staffing strategies to mitigate these risks and prevent similar incidents in the future.

Reportable Incident Analysis

During the reporting period, there were seven reportable incidents, including two incidents related neglect - not meeting ratios. Additionally, 14 incidents involved emergency room visits, urgent care visits, or EMS evaluations. The number of such incidents have continued to decrease in the first half of 2025 following a transition to a new nursing agency, which has demonstrated a stronger alignment with the specific needs of the individuals we support. This agency's involvement has contributed to improved health outcomes and a reduction in emergency-related incidents. Emergency room visits were recorded across the Residential Program and Personal Supports Program with 92% occurring in the Residential Program.

Four hospitalizations occurred and were reported. None remain in the hospital. All of the individuals made a full recovery from the illness that resulted in hospitalization. No deaths occurred between January 1, 2025 - June 30, 2025.

There were zero serious vehicle accidents between January 1, 2025 - June 30, 2025. There were 3 minor vehicle accidents that occurred during this timeframe. None of the staff or individuals required treatment from the emergency room or urgent care. Examples of minor accidents that occurred include backing out of a home and tapping a parked car and gliding into a guardrail while sliding on ice.

The Quality Management Committee was responsible for reviewing the incidents and to monitor proper implementation of agency procedures and recommend corrective actions if necessary. The committee found all incidents to have been handled appropriately. The committee did not find it necessary to make any recommendations

beyond those already made in the reports.

The staff is to be commended on their actions to ensure the safety of people served.