Performance and Quality Improvement

Quarterly Report

Clear Creek Farm

Impacting Lives One Youth at a Time!

2026

3rd Quarter

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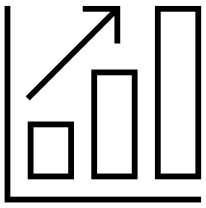
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Section One – Introduction

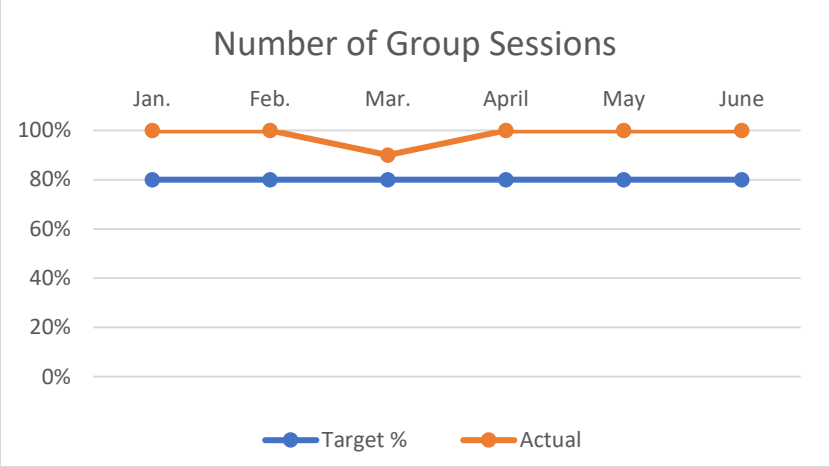
Welcome to our Performance and Quality Improvement (PQI) Quarterly Report. This report has been developed for all stakeholders, including clients, staff, community members, board of trustee members, funders or any other individual who may be interested in the quality of work we do here, within Clear Creek Farm. Clear Creek Farm takes performance and quality improvement very seriously, integrating multiple aspects of quality and improvement, not only within our program, but also within our administration. We are in a world where changing and adapting to the times are necessary, in order to continue to provide relevant mechanics, programming and services to the youth we serve. We hope this report serves as a brief glimpse into how committed and dedicated we are to the youth we serve, but also to demonstrate transparency when aspects of our programming do not go as planned. We desire to receive feedback from our stakeholders, if there are ideas for improving this document.

This report is designed to provide information to our stakeholders, with clarity, on various aspects, including, but not limited to; accomplishments, opportunities for improvements, as well as recognition of those going the extra mile, within our organization. As you read through this report, you may find that we have fallen short of some targeted goals, but understand these shortcomings are being addressed within the organization, for improvement. Our next section, *Outputs*, looks at the productivity of the program(s), and quantity/quality of services being provided. For our outputs, you will see a graph specifically designed to show our target, as well as where we currently stand within that specific output. Each output/graph will be accompanied with two additional sections, Plan and On Target, which discuss our current plans for that particular output, how it relates to our organization, and if we are on target or not for that specific quarter. This design gives the opportunity for a quick reference or guide to our outputs and whether or not we are on target.



Section Two – Outputs

This section provides what outputs we are currently measuring to determine the productivity of our program, as well as identify areas in need of improvement. Our outputs are designed to be simple visual representations of where we are and where we want to be. These outputs do not necessarily mean the youth we serve are any happier or feeling any better about their lives or situations. The data does conclude that staff and administration are providing necessary services, in order to provide the opportunity for growth, for each youth we serve, as well as promoting a positive work environment. In a later section of this PQI report, measurements of improvement for each resident we serve will be discussed and reviewed.

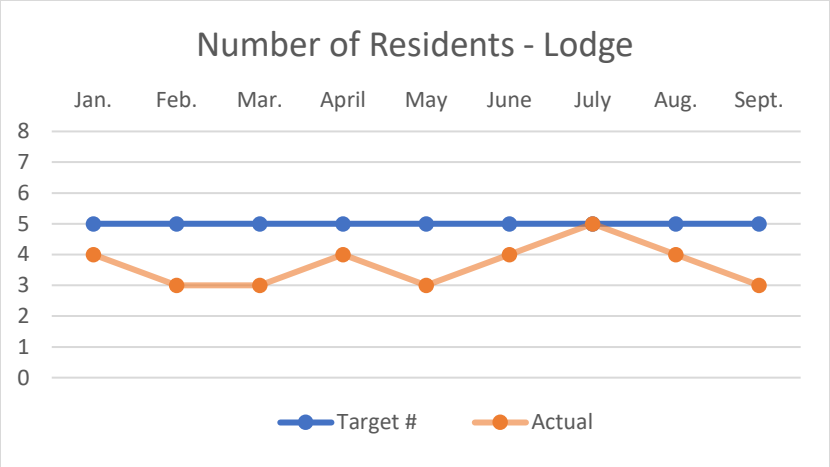


Plan

The Lodge Program and its staff will continue to provide scheduled group sessions, on a regular basis. Having a decrease in staff turnover results in trained staff being able to follow programming and routine, including offering groups on available weekdays.

On Target

The number of group sessions offered within the Lodge Program remains a key component to resident success. Our target goal is offering non-clinical groups, at least 80% of total available weekdays. The Lodge Program met this goal having an overall average of 100%, for this quarter, with an overall current average remaining at 98% through September.

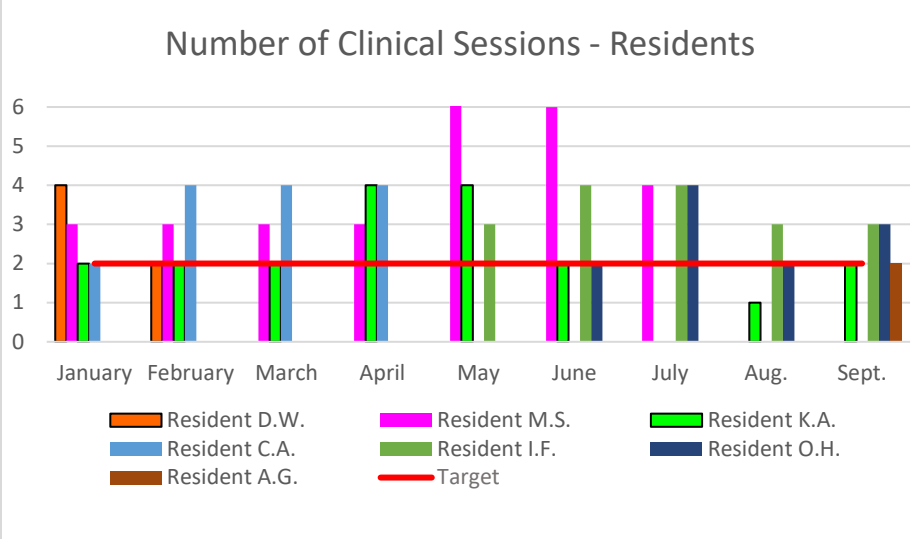


Plan

Maintaining the goal of 5 or more residents within the Lodge Program can be challenging at times, due to foreseen and unforeseen situations; Resident(s) successfully discharged/graduation from the program, or unsuccessful discharges. Decrease in staff turnover can provide more resources toward increasing or maintaining targeted number of residents within the Lodge Program.

On Target

For the 3rd Quarter of 2026, the Lodge Program did not meet the goal of 5 residents in the Lodge Program per month. The overall average number of residents within the Lodge Program this quarter was 4, residents, which was a slight increase from quarter 2. Clear Creek Farm had 2 program graduates, during this quarter, while accepting 1 new resident during this quarter.

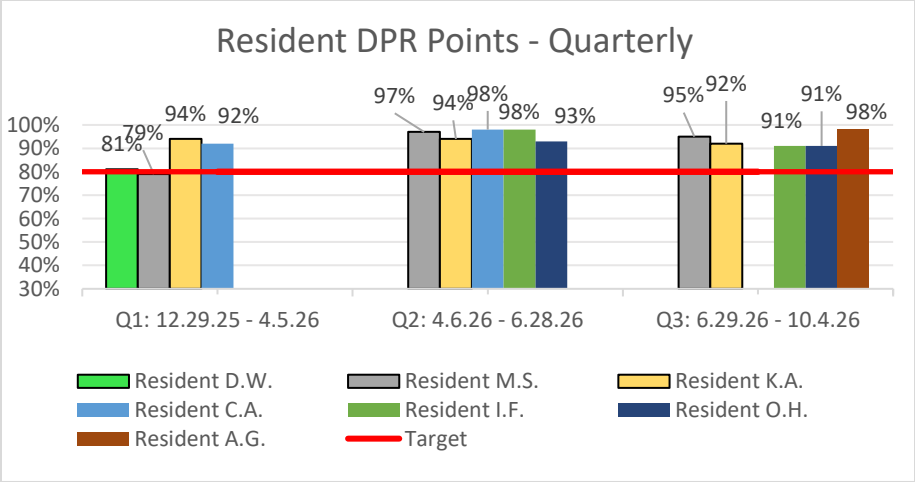


Plan

Clinical sessions for each resident are vital for their personal growth, to dive deep into aspects of their lives, in a professional setting. Within the Lodge Program, our plan for clinical sessions and residents is for residents to receive continual clinical sessions, deemed necessary by the recommendations of their counselor.

On Target

Clear Creek Farm's continual target for each resident is to receive 2 clinical sessions within a month, or 6 total in a quarter. We fully understand clinical recommendations may differ from our target. Overall, July's average was 3, August's was 1.5 and September's was 2.5, with an overall quarterly average of 2.33 sessions per month, meeting the minimum goal of 2 sessions per month. Resident M.S. was discharged from the Lodge Program at the start of August and K.A. was discharged at the very end of September.



Plan

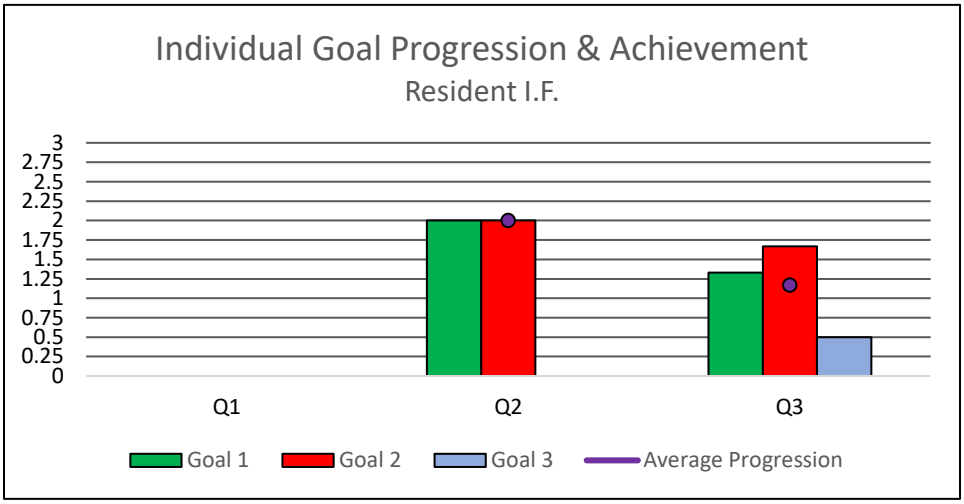
Resident progression is necessary for the ultimate goal of successfully graduating the program. By tracking earned points and utilizing positive reinforcement, it places value in earned points and encourages positive growth, behaviors and relationships between residents and staff members.

On Target

The Lodge Program monitors earned points on a daily basis, measuring/combining points in a summary every two weeks, or DPR period (820 Points). The target goal for the Lodge and its full quarter residents earned points is 80% of all possible points during a given quarter (6-7 DPR periods). For this quarter, the targeted goal was a minimum of 5,740 points or 80% of all possible points, during the 3rd Quarter of 2026, from placement date. During the 3rd Quarter, 5 of 5 residents achieved the goal of earning at least 80% of all possible DPR points. The combined average of earned DPR points during this quarter was 93%, a 3% decrease from the previous quarter, but still achieving this goal.

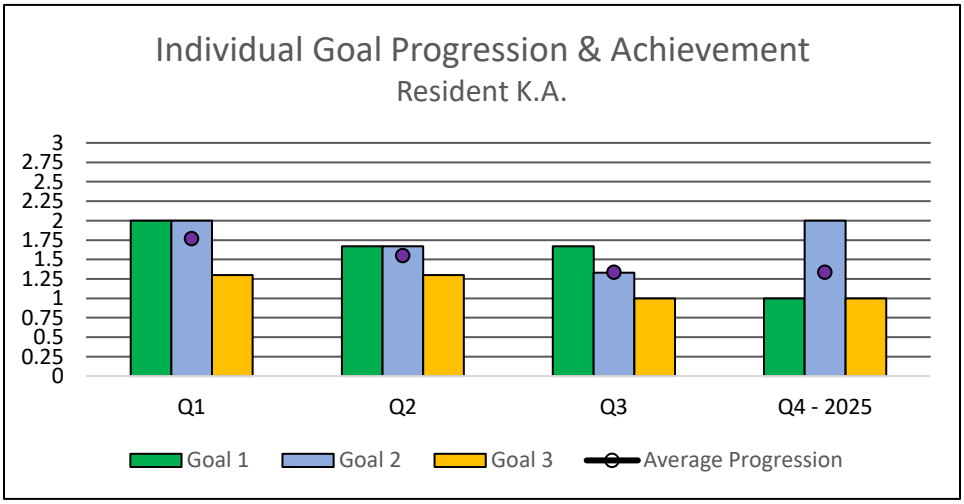
Plan

Individualized goals help tailor each resident's experience and progression within the Lodge Program. During the initial 30-Day Master Care Plan meeting, 3-4 goals are set, through various team member's insight, guidance and recommendations, which are then tracked and measured each month for progression and achievement. Each month, the individual goals are given a score, based on the resident's progress and then averaged out for a quarterly average. While we celebrate any goal progression, the target goal each quarter is for each resident is to average at or above "Minimal Progress" for their overall goal progression average.



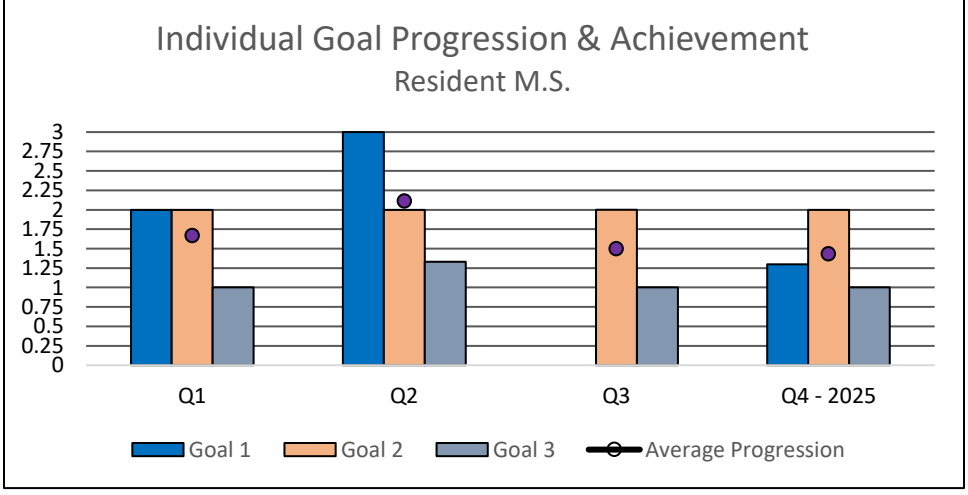
On Target

Resident I.F. had a significant dip in her individual goal progression during this quarter, decreasing from 2.00 to 1.17, which is just above Minimal Progression. I.F. struggled significantly with her educational goal for the month of September, but her other two individual goal progression helped with keeping her overall average above Minimal Progression.



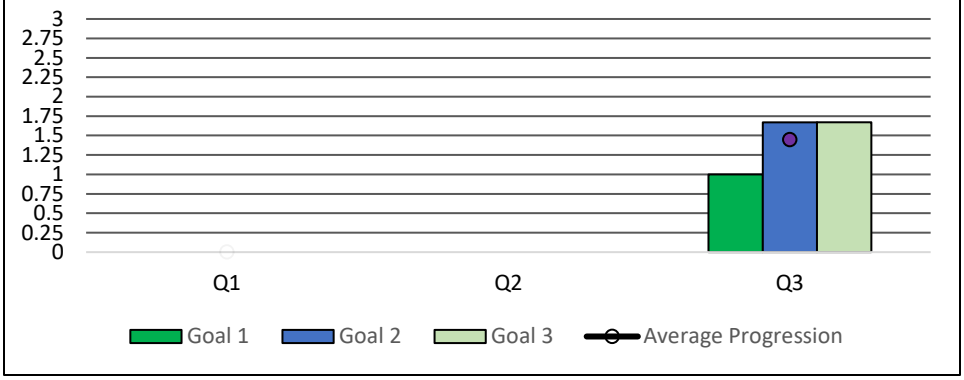
On Target

Resident K.A. had another slight dip with her individual goal progression. In the 2nd Quarter of 2026, she averaged 1.55 but for the 3rd Quarter she averaged 1.33, which is slightly above minimal progression. K.A. was successfully discharged from the Lodge Program at the very end of the 3rd Quarter.



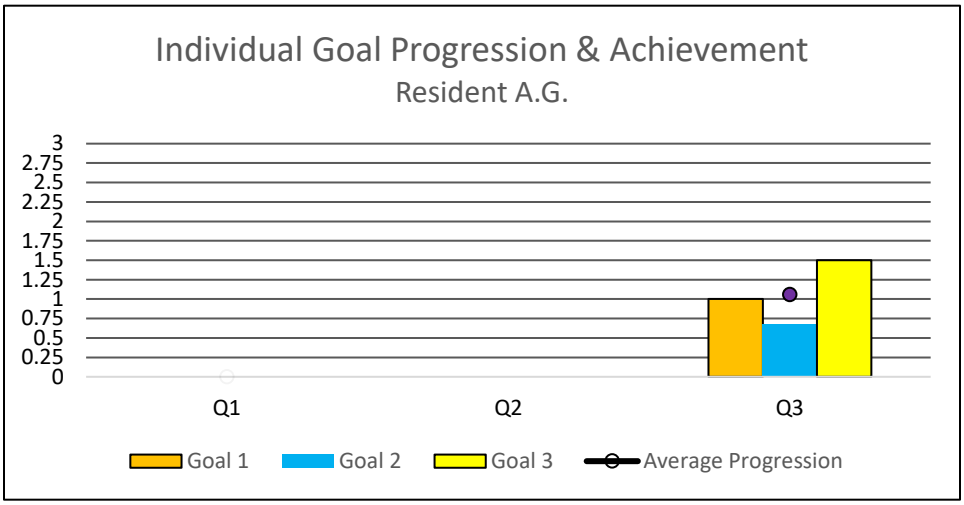
On Target

Resident M.S. had a slight decrease in her individual goal progression average, averaging 1.5, which is between the Minimal and Marginal Progression range. This is slightly lower than her previous quarter but M.S. did successfully complete goal 1 during quarter 2! M.S. was successfully discharged from the Lodge Program in August!



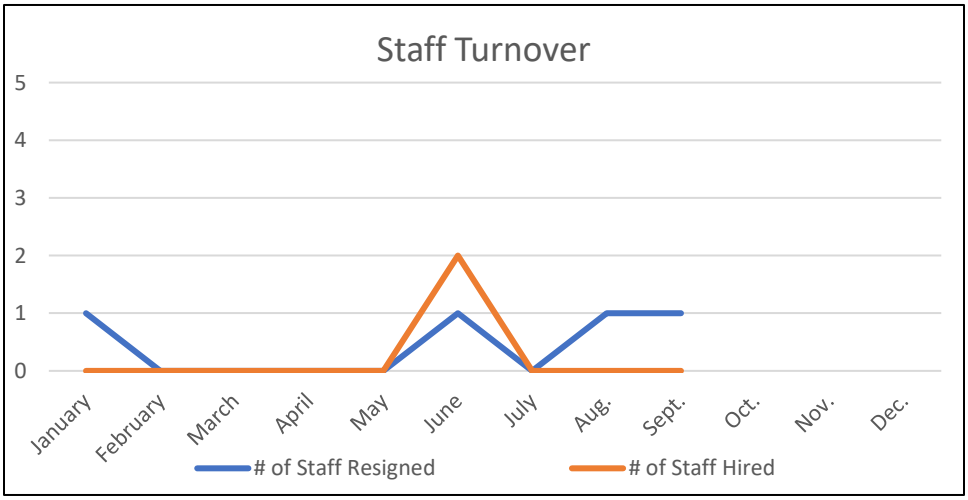
On Target

Resident O.H. was placed in the Lodge Program at the end of quarter 2. O.H.'s average progression was 1.45, which is midway between Minimal and Marginal Progression.



On Target

Resident A.G. was placed during the 3rd Quarter of 2026. A.G.'s average progression for this quarter was 1.06, which is slightly above Minimal Progression.



On Target

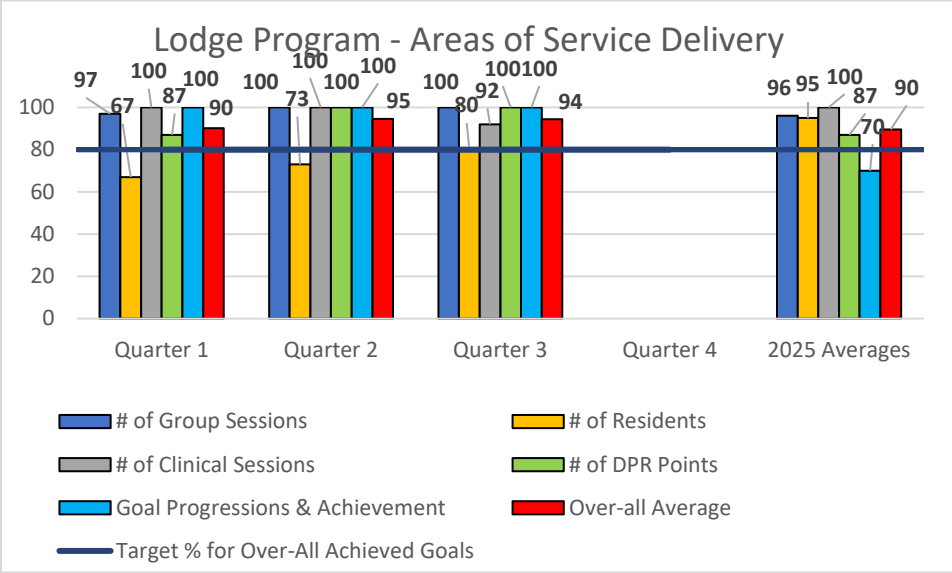
During the 3rd Quarter, Clear Creek Farm had 2 part-time staff members resign, along with the Program Coordinator of the Lodge Program. The average turnover rate for the 3rd Quarter was 16.67%.

Plan

Clear Creek Farm values each and every staff member that is a part of this organization, who are engaged and support our mission and vision. Long-term, tenured staff is a steppingstone to resident success and growth. Having stabilized, dedicated staff members is a direct correlation with resident stability and success.

Section Three – Outcomes

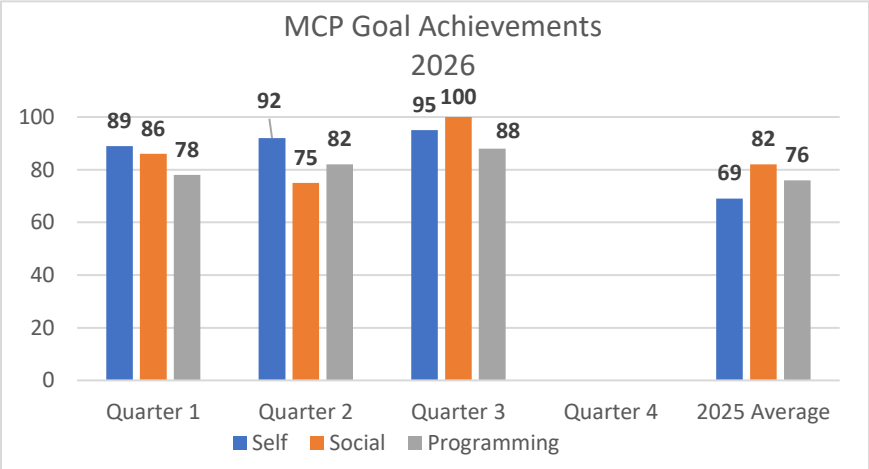
Areas of Service Delivery provides Clear Creek Farm an opportunity to assess the quality of services delivered, through quantifiable data. For this review, Clear Creek Farm administrative staff and PQI Committee members identified 5 measurable areas of service delivery, within the Lodge Program. Areas of service delivery include, Number of Group Sessions Provided, Number of Residents within the Lodge Program, Number of Clinical Sessions residents attend, Resident DPR earned points and Individual Goal Progression & Achievement. The targeted goal of the 5 areas of service delivery is to have an overall average of 80% or higher for all quarterly goals. Programs that perform lower than 80% for 3 consecutive quarters will be required to complete an improvement plan. See the improvement plan sections for additional information on programs which may be required to complete an improvement plan. For the 3rd Quarter of 2026, the Lodge Program achieved the target goal in 5 of the 5 areas of service delivery, with an over-all average for the combined areas of service delivery being 94%, which is 2% lower than quarter 2 of 2026. The Lodge Program averaged 4 residents, during the 3rd quarter, with having 2 residents successfully discharged, 1 in August and 1 in September.



Section Three - Outcomes

This section focuses on our residents' outcomes – personal growth that demonstrates our interventions/services work, while displaying positive, personal growth. Outcomes are measured on a quarterly basis, through data collection from Resident Health and Wellness Surveys, completed at Master Care Plan meetings (MCPs), along with medical appointment documentation and MCP goal achievements.

MCP goal achievement(s) is a measurement of 9 overall individual program goals for each resident. During each resident MCP meeting, the Program Coordinator and/or Program Director, along with the youth's treatment team members, determine if that resident has achieved any or all 9 program goals. For the purposes of ease of understanding, as well as to better track trends, the PQI committee has broken those 9 goals into 3 separate categories. The 3 categories consist of Self, Social and Programming. These indicators are combined with all other resident MCP goals, for the specified quarter and input into an easily identifiable chart.



During the 3rd Quarter of 2026, Clear Creek Farm had 6 MCPs, providing data for tracking goals. Overall, total goal achievement during this quarter was 94%, an 11% increase from the 2nd Quarter, 2026. For the "Self"

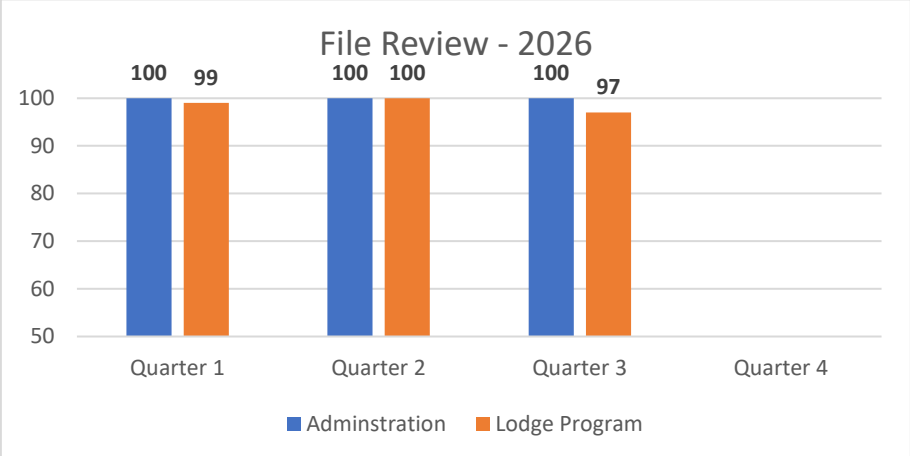
category, residents achieved 95% (20/21) of goals, for the "Social" category, residents achieved 100% (18/18) of goals, and for the "Programming" category, residents achieved 88% (15/17) of goals. Overall, for the 3rd Quarter, 2026, each category had an increase from the previous quarter.

Results of all Resident Health and Wellness Surveys, during each quarter will be combined for tracking purposes, with all resident responses, including written responses. See appendix for total responses. The PQI Sub-Committee and PQI Committee will evaluate any concerning information or results from collected survey results, which will then be further discussed within this section of the PQI Quarterly Report. If no concerning results are identified, the PQI Committee will determine if there are any results that need to be mentioned and included.

For the 3rd Quarter of 2026, there were 5 Resident Health and Wellness Survey provided by current residents. See appendix for total responses from the combined surveys. Below are various outcomes from the self-reported Resident Health and Wellness Surveys, which we have identified as key components of gauging how our residents are treated within the organization, as well as how they feel about their progress. We understand these are not evidence-based outcomes, but we included them for the purpose of providing insight into our stakeholders, as to how our residents feel. The Resident Health and Wellness Surveys from this quarter indicated 100% for "*As I have progressed through the program, I have made positive improvements, personal growth and have developed better decision-making skills,"* as well as, 80% "Yes" and 20% "Most of the Time" for *"I feel my safety and well-being is important to staff, at Clear Creek Farm."*

Section Four – Random File Review

Random file reviews will take place on a quarterly basis and will be conducted by Clear Creek Farm Administrative Staff and PQI Committee Members. The purpose of file reviews is to establish guidelines to be followed to ensure files contain necessary information and documents to assess the quality of services provided.



For the 3rd Quarter of 2026, Clear Creek Farm conducted a file review for the administration office, as well as 3 current open resident files, during this quarter, as well as 2 closed file. The administration office achieved a 100% compliance, while the Lodge Program achieved a 97%, missing only a couple Mentoring Forms throughout the entire 3rd Quarter.

Section Five – Stakeholder Survey Satisfaction

Clear Creek Farm values stakeholders' views and opinions of operations and programming gathered through stakeholder surveys. We not only look at what our community's view is of Clear Creek Farm but also our Staff, Board of Trustees, and placing agencies, to ensure we are delivering satisfactory services across the board. Our target goal for each stakeholder category is to have a minimum participation rate of 75%. We will continue to emphasize and encourage participation in bi-annual surveys, as best we can, with the resources we have available. During the 3rd Quarter of 2026, we received 5 of 6 (83%) Resident Health and Wellness Surveys. All other survey's are administered either semi-annually (2nd and 4th Quarters) or annually (4th Quarter).

Section Six – Improvement Plans

For the 3rd Quarter of 2026, there were no improvement plans required, as there were no identified areas of concerns needing improvement. Clear Creek Farm continues to take all aspects of the organization seriously and are dedicated to continuous improvement, in order to provide quality services that encompasses the organization's core values. Clear Creek Farm will assess for further areas that may be in need of improvement during the next quarterly PQI Committee meeting, set for January, 2027.

Section Seven – Recognition

Clear Creek Farm would also like to recognize and congratulate all our graduates of the Lodge Program, as well as those that have been reunified with family! We would also like to congratulate all of our residents who successfully graduated from the Lodge Program and either stepped down to a less restrictive placement or were reunified with their families this quarter!



Section Eight – Future Plans

An update on our Art & Recreation Center, our focus continues to be the gaming room, for phase 3, with phase 4 being a therapeutic art room. Please follow along for updates, as we continue the transformation our second house into an Art & Recreation Center for our youth!

Please Contact us!

If you have any feedback about this report, please contact via email or phone:

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(937) 498-9445

Clear Creek Farm

Quarterly Risk Management Report – Quarter 3, 2026

Clear Creek Farm

Impacting Lives One Youth at a Time!

Introduction

Clear Creek Farm's PQI Subcommittee and PQI Committee review, monthly, all immediate and ongoing risks, including, but not limited to; incident reports including critical incident reports, accidents, grievances/complaints, as well as facility safety concerns/issues, serious illness, injury or deaths, situations where a resident was determined to be a danger to themselves or any other person, and all restrictive behavior management interventions (restraints). Clear Creek Farm does not permit the use of seclusion, isolation, chemical/mechanical restraints, prone restraints, or any other form of intervention(s) not identified within Clear Creek Farm's *Disciplinary Philosophy, Behavioral Intervention Policy,* out of the scope of permitted restraints or holds within official passive restraint training (Crisis Prevention Institute – CPI) or any other prohibited punishments (Cruel and Unusual Punishments or Corporal Punishments).

Purpose

The purpose of the Risk Management Report is to compile, analyze, and review all pertinent information provided during a given quarter, for the purposes of identifying trends or areas in need of improvements. Clear Creek Farm regularly reviews all identified information above to ensure the quality of care with its programs, is maintained, while also maintaining the health and safety of all residents and staff.

Facility Safety/Maintenance

Clear Creek Farm received 3 maintenance reports, during the Quarter 3, 2026.

There was a toilet needing fixed in Room 2 of the Lodge, A seatbelt needing fixed in the Large White Van, as well as an outlet needing replaced in the Staff Office of the Lodge.

Grievances/Complaints

Clear Creek Farm received 0 grievances/complaint forms during Quarter 3, 2026.

Accidents

Clear Creek Farm had 0 vehicle accidents during Quarter 3, 2026.

Incident Reports

The incident category pertains to all incident reports identified by Clear Creek Farm, which includes Incident of Medical Emergency, Incident of Resident Misbehavior, Incident of Passive Physical Restraint, Incident of Suspected Child Abuse or Neglect and Incident of Community Engagement. These incident reports are utilized for but not limited to; Non-Routine Medical Appointments, Missed/Refused Medication(s), Self-Harming/Suicidal Ideations or Threats, AWOL/Runaway, School Refusal/Disciplinary Actions, Alleged Delinquent/Criminal Activity, as well as Child Victim of Alleged Delinquent/Criminal Activity.

Incident of Medical Emergency

During Quarter 3, 2026, Clear Creek Farm had a total of 15 incidents of medical emergency, with 0 being identified as Critical Incident Reports. 10 incidents included non-routine medical appointments for various medical concerns such as illnesses, minor burn, falling while riding a bike, UTI symptoms, as well as for an obgyn appointment. There were 2 incidents for missed medications or medication errors due to a staff error, 1 for a medication being left at an Off Campus visit and 1 refusal. There was also 1 incident of an ER visit due to suicidal ideations/Self-Harming Behaviors.

Incident of Resident Misbehavior

During Quarter 3, 2026, Clear Creek Farm had a total of 13 incidents of resident misbehaviors, with 0 being identified as a Critical Incident Report. There 3 for self-harming behaviors, 3 due to residents vaping/smoking, 1 for a residents participating in a forensic interview, 3 due to school disciplinaries for bus behavior, 1 for a resident hitting another, along with 1 for the victim, as well as 1 for a Sheriff’s Deputy coming to talk to a resident regarding another student at school missing.

Incident of Passive Physical Restraint (Behavioral Management Interventions)

Clear Creek Farm had 0 situations that resulted in behavioral management interventions and/or incidents of passive physical restraints during Quarter 3, 2026.

Incident of Suspected Child Abuse or Neglect

Clear Creek Farm did not have any incidents of suspected child abuse or neglect during Quarter 3, 2026.

Incidents of Community Engagement

Clear Creek Farm did not have any incidents of community engagement during Quarter 3, 2026.

Critical Incident Reports

Clear Creek Farm identifies all incident reports as either "not critical" or "critical" based on the incident report information. To be identified as a critical incident, an independent reviewer reviews the original incident report and determines if the incident was either a threat of or actual harm, serious injury, or death. Refer to Clear Creek Farm's *Procedures for Investigating and Reviewing Critical Incidents* policy for further details regarding critical incidents.

Critical Incidents

During Quarter 3, 2026, Clear Creek Farm had 0 incidents identified as critical incidents.

Critical Incidents – Incident of Medical Emergency

There were 0 incidents identified as a critical incident during the 3rd Quarter of 2026.

Critical Incidents – Incident of Resident Misbehavior

There were 0 incidents identified as a critical incident during the 3rd Quarter of 2026.

Critical Incidents – Incident of Passive Physical Restraint

There were 0 incident identified as a critical incident during the 3rd Quarter of 2026.

Conclusion

During the PQI Subcommittee and PQI Committee meetings for Quarter 3, 2026, there were 0 trends identified. There was a slight increase with medical emergency incident reports, as well as with behavioral incident reports from the previous quarter, but there was nothing out of the ordinary regarding the reported incidents. There were 2 medication errors by staff, but that continues to be a low number, bringing the current yearly total to 4 staff medication errors, less than 1 a month, on average.