

# PERFORMANCE AND QUALITY IMPROVEMENT



Masonic Home for Children  
*Growing Hearts, Brighter Futures*

## 2025 First Quarter Report

## INTRODUCTION

Welcome to MHCO's Performance and Quality Improvement (PQI) process. This PQI Quarterly Report is the result of collaboration by staff from the different departments throughout the organization. The report is written for all stakeholders of MHCO including residents, resident families, staff, community members, board members, donors, and any individual interested in the organization. The PQI process provides opportunities for the agency to reflect on what is going well and where we can make changes. MHCO believes in building the competencies of the residents and staff by establishing expectations that are realistic and achievable.

Annually, MHCO establishes goals to work on in a similar way there are goals established for and with the residents during their stay with us. The goals have targets we strive to meet and plans for how to meet them. This report reflects the goals established for 2025 and the progress made toward meeting them. Data is collected on an on-going basis to provide evidence of progress. In this report the goals, targets, data, and plans are provided for review and feedback.

## IMPROVEMENT PLANS

MHCO utilizes the PQI process to review what is going well and what improvements are needed. The agency continues to implement the trauma informed model of care that improves service delivery and will impact the census in the residential programs. Marketing strategies are being implemented to increase giving, the workforce, the census, and SGA printing. If you have any questions or feedback, please contact the PQI Coordinator via email or phone:

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### KEY:



**ON TARGET**



**CLOSE TO TARGET/PROGRESS MADE**



**TARGET NOT MET**

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## Goal 1

Increase participation in community events and service projects that promote social responsibility and increase sustainability

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### Targets

1. Each quarter, a total of at least 3 residents and 3 personnel will participate in an off-campus community event or service project.
  2. Each quarter, a total of at least 3 residents and 3 personnel will participate in an on-campus community event or service project.
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### Progress

1. Target was not met. Off campus, 2 personnel and 7 residents participated in the 'Destiny Dance Benefit Concert,' a fundraising event.
2. Target was met. On campus, 21 residents and 8 staff worked with volunteers on landscape projects on the 'Great Landscape Day.'

**TARGETS MET: 1/2**



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### Plan

- Continue marketing for Childcare Workers (CCWs) and residents through community involvement.
- Continue to identify social opportunities on and off campus for residents to give back to others.

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## Goal 2

Increase familiarity with lockdown, weather, and fire emergency procedures to increase safety and security of residents and personnel

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### Targets

1. 100% of open cottages/residential buildings have at least one fire drill per month (that includes one overnight – 12:01am-5:59am - fire drill per quarter)
  2. At least one emergency preparedness event per quarter, including:
    - One fire/bomb threat drill for nonresidential buildings with response time of 1 minute 15 seconds or less and 100% participation, by December 31, 2025.
    - One campus-wide lockdown/active shooter drill with an average response time of under 5 minutes and 100% participation of those on campus, by December 31, 2025
    - One campus-wide tornado/hurricane drill per with an average response time of under 3 minutes and 100% participation of those on campus, by December 31, 2025.
    - One Safety Procedure training for all residents and personnel by December 31, 2025.
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### Progress

1. Target met. 100% of staff and residents in all 10 open residential cottages completed monthly fire drills that included one quarterly overnight drill, with 100% participation, meeting the licensing requirements.
2. Target not met – 96% participated in the campus-wide tornado/hurricane drill with an average response time over 3 minutes.

**TARGETS MET 1/2**



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### Plan

Monitoring and addressing compliance will continue during supervision and team meetings.

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### Goal 3

Increase Direct Care and TLC/ILP census to meet licensed residential capacity and provide services to families and individuals in the community through the Community Support Center

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#### Targets

1. A monthly average of 16 residents in TLC/ILP by December 31, 2025
  2. A monthly average of 40 residents in Direct Care by December 31, 2025
  3. Increase the quarterly average number of residents served in Direct Care by one
  4. 75% successful linkages to needed resources made for referred persons in the Community Support Center each quarter
  5. Each month, at least 4 groups/classes will be facilitated through the Community Support Center by personnel or collaboratives
  6. Each month, the Community Support Center personnel will conduct at least 3 outreach/marketing activities
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#### Progress

1. Progress was made with a year-to-date monthly average of 19 residents in TLC/ILP.
2. Progress was not made with a year-to-date monthly average of 39 residents in DC.
3. Target was not met. The monthly average of residents served this quarter dropped by one from last quarter.
4. CSC served 28 individuals and 11 of 16 needs were met (69%), missing the target. CSC secured food for a family with 5 children, aided a family with shelter, provided diapers and baby items for 4 families, and gave monetary assistance to 4 people to cover utility expenses. CSC was unable to help 4 individuals with their electric bill because they could not provide a disconnection notice/warning.
5. Target met in January and exceeded in February and March with a total of 14 groups/classes facilitated through CSC this quarter. These included Robotics Lab classes (by AA8 Corporation), a financial literacy workshop, 'Catch My Breath' vaping education (GV Health Department), a MOMS.P.E.A.K.S. support group (for mothers of special needs children), a German support group, and an FVG Smart Start training session.
6. Target was exceeded in January (4), met in March (3), not met in February (2) with a total of 9 outreach/marketing activities including 'Lunch n Learn' (Chamber of Commerce), job fair, chamber annual meeting, and meetings with First National Bank, Cooperative Extension/Food Program, House of Prayer, and the Green Rural Redevelopment Organization.

**TARGETS MET 1/6**

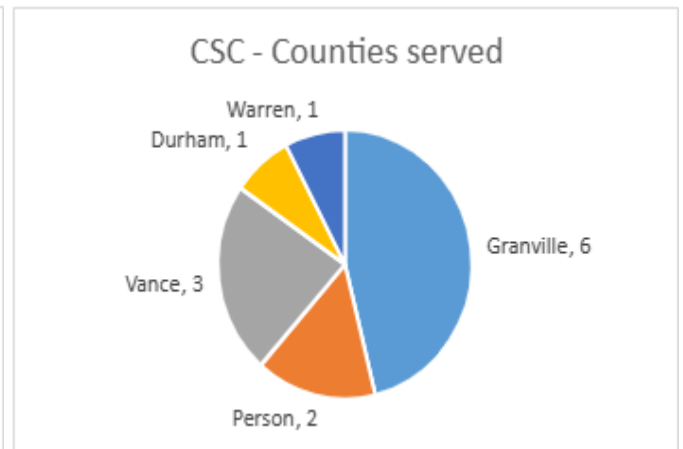
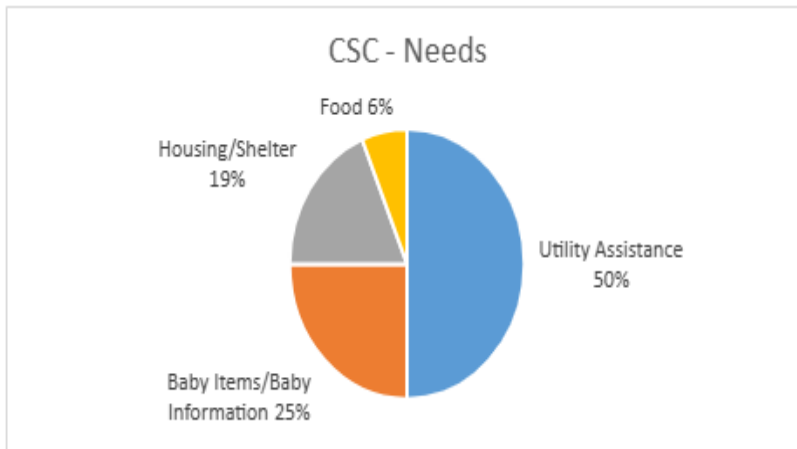
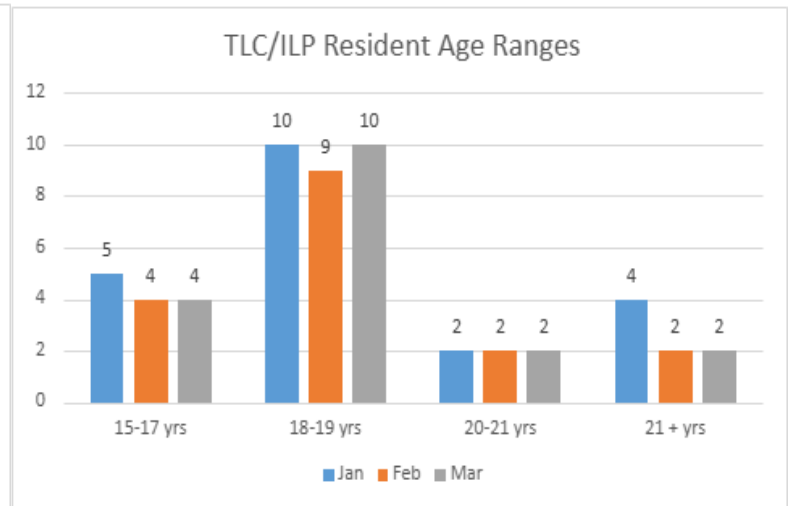
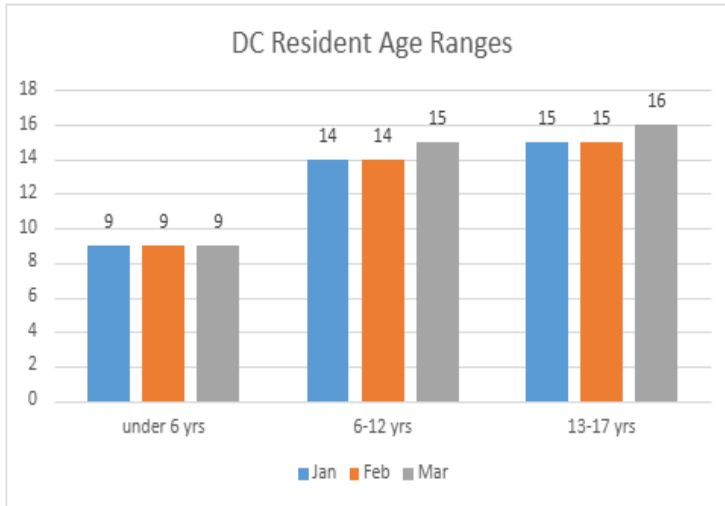
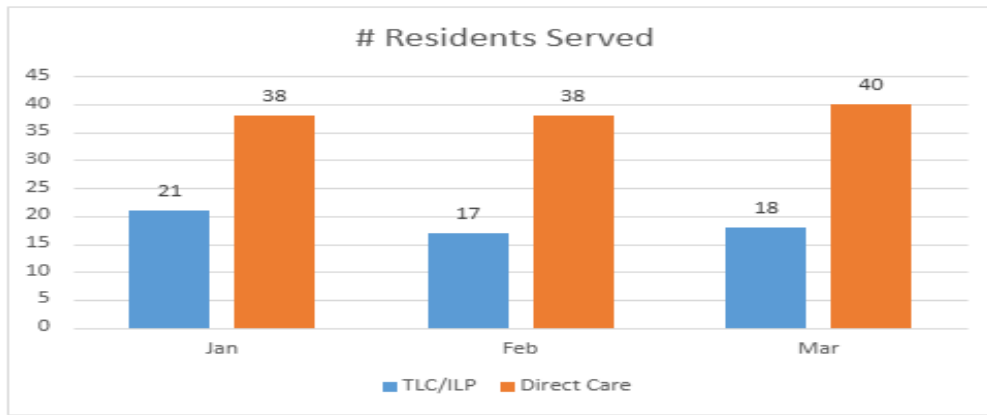


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#### Plan

Continue to process applications and follow up with referrals for appropriate residents.

	Jan	Feb	Mar	YTD	Resident Ethnicity and Gender	DC		TLC/ILP	
Number of calls	18	15	27	60	Black or African American	7	18%	19	86%
Applications sent	13	7	13	33	White	30	75%	2	9%
DC Admissions	4	0	2	6	Hispanic	2	5%	1	5%
DC Discharges	0	0	4	4	American Indian or Alaska Native	0	0%	0	0%
% Planned Discharges (DC)	N/A	N/A	100%	100%	Multi-Racial	1	3%	0	0%
ILP Admissions	0	0	1	1	Unknown	0	0%	0	0%
ILP Discharges	4	0	0	4	Male	23	58%	14	64%
% Planned Discharges (ILP)	75%	N/A	N/A	75%	Female	17	43%	8	36%
Cottage moves	2	0	2	4					



CSC REFERRAL SOURCES	#	%
Self	11	69%
Family Member	1	6%
Family Friend	1	6%
DSS	1	6%
Unite Us	1	6%
Interagency Partner	1	6%

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## Goal 4

Increase skills and opportunities through participation in educational experiences

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### Targets

1. 90% of available Direct Care residents will attend on-campus educational groups/classes quarterly
  2. 90% of available TLC/ILP residents will attend on-campus educational groups/classes quarterly
  3. 100% of Direct Care residents who need academic support will receive it quarterly
  4. 100% of TLC/ILP residents who need academic support will receive it quarterly
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### Progress

1. Target was exceeded. All 34 DC residents available attended on-campus education.
2. Target was exceeded. All 13 available TLC/ILP residents attended on-campus education.  
Education included: financial literacy, vaping, ReadAloud, Math/ELA Enrichment, PenPal.
3. Target was met. All 15 DC residents in need of academic support received it this quarter.
4. Target was met. Two TLC/ILP residents in need of academic support this quarter received it this quarter.

**TARGETS MET 4/4** 

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### Plan

Continue to incorporate the CARE trauma language and concepts into resident education.  
Continue to offer resident education to all program residents.  
Continue to offer educational support and opportunities for learning and achievement.

CAMPUS AVERAGES 2024-2025	Grading Periods		
	1st	2nd	3rd
Alumni Cottage	72	73	86
Eller Cottage	83	86	89
Gray Cottage	84	82	78
Jefcoat Cottage	79	80	86
Kimel Cottage	77	75	87
Master Mason Cottage	86	89	90
Temple Cottage	86	87	80
Williams Cottage	81	N/A	N/A
Bemis Cottage	92	N/A	N/A
Flowers Cottage	N/A	N/A	83
Campus Average	82	82	85
TROUTMAN AWARDS 2024-2025	Grading Periods		
	1st	2nd	3rd
# Students on Honor Roll	9	10	11
# Students on Honorable Mention	11	9	8
# Students who maintained 90 or above from last grading period	2	2	6
# Students who increased GPA +5 points since last report card with a C/70 average	N/A	8	11

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## Goal 5

Increase vocational skills through participation in Kid\$Earn and other work experiences

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### Targets

1. A monthly average of 13.0 residents will participate in Kid\$Earn each quarter.
  2. 75% of ILP/TLC residents will work off campus each quarter.
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### Progress

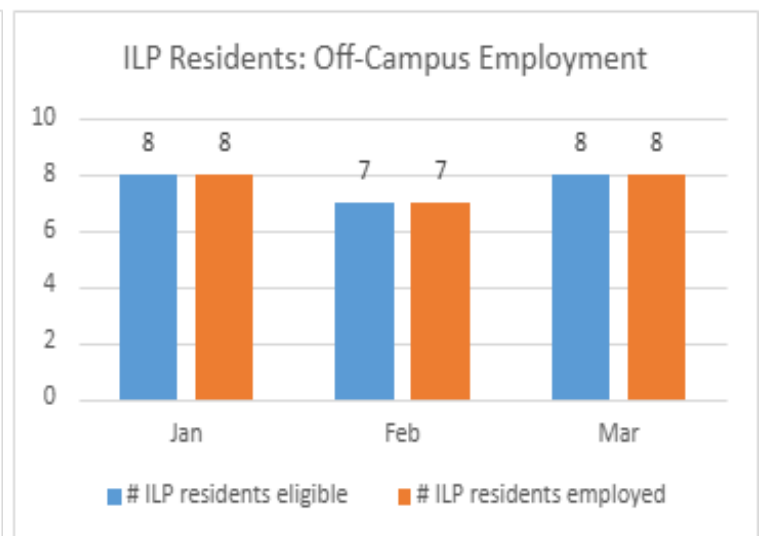
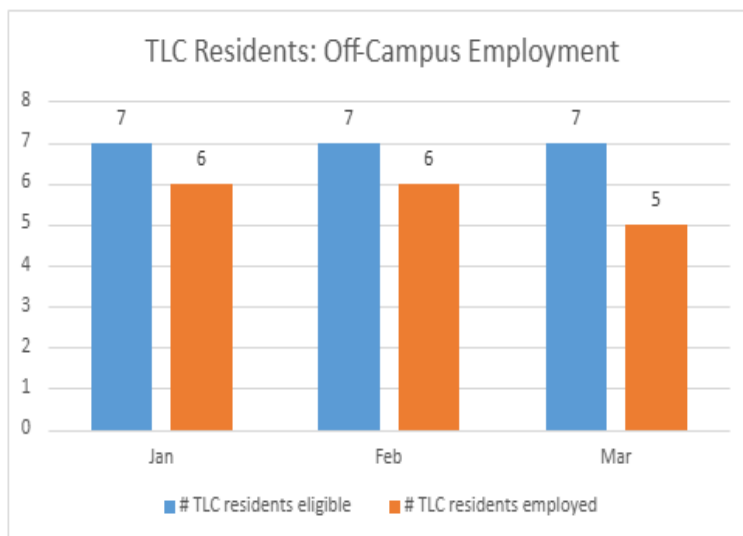
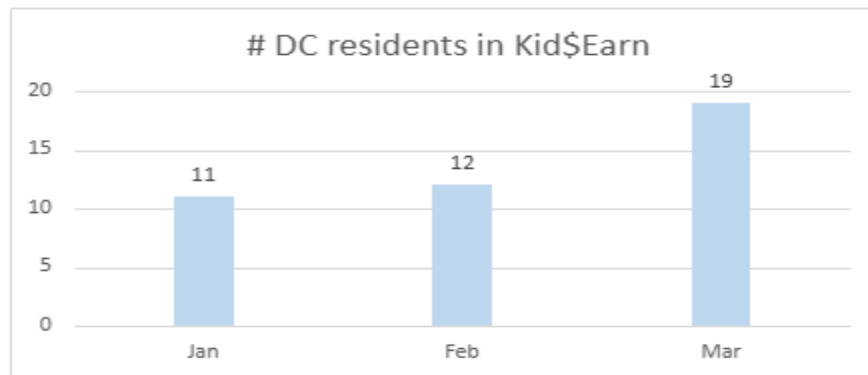
1. Target exceeded. A monthly average of 14 DC residents participated in Kid\$Earn.
2. Target exceeded. 100% of eligible ILP residents and 81% of eligible TLC residents worked off-campus. Combined, 91% of eligible TLC/ILP residents worked off campus this quarter.

**TARGETS MET 2/2** ★★

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### Plan

- Continue providing additional education and support to residents seeking employment on or off campus.
- Continue to discuss barriers and challenges with residents in program teams to incorporate into service planning.





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## Goal 6

Improve program advancement based on achievement of independent living skills

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### Targets

1. 100% of assessment activities and Resident Assessment documents are completed by the due date
  2. 100% of service planning activities and Individual Service Plan documents completed by the due date
  3. 100% of Child and Family Team meetings and documentation completed by the due date
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### Progress

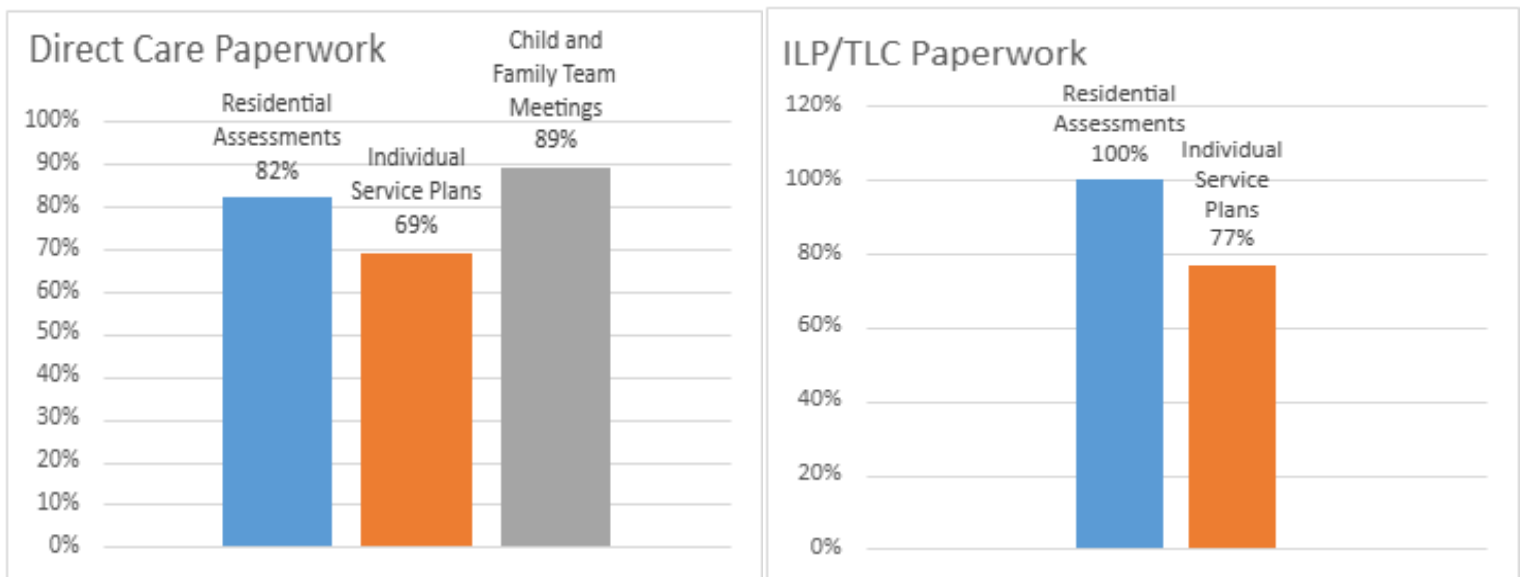
1. Target not met. 91% of Direct Care and TLC/ILP assessment activities and documentation were completed by the due date.
2. Target not met. 73% of Direct Care and TLC/ILP service planning activities and documentation were completed by the due date.
3. Target not met. 89% of the Child and Family Team Meeting documentation was completed by the due date.

**TARGETS MET 0/3** ☆☆☆

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### Plan

Continue to ensure DC Supervisors, ILP Supervisor and ILP RA getting documents completed on time.



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## Goal 7

Increase annual giving to reduce reliance on planned gifts

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### Targets

1. 10% increase in dollar amount of giving quarterly (excluding legacy gifts)
  2. 75% of staff to donate at least once to MHCO annually
  3. 100% of members of the Board of Directors to donate at least once to MHCO annually
  4. 10 new donors giving a \$10 monthly recurring payment quarterly
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### Progress

1. There was a decrease in the dollar amount of giving compared to the last quarter (Q4 2024), missing the target. However, compared to the same quarter in 2024, there was a \$43,092 increase.
2. Progress made toward the annual target. 30 personnel (51%) donated to MHCO year-to-date. 29 personnel gave recurring donations.
3. Progress made toward the annual target. 11 BOD members (73%) donated to MHCO year-to-date. 7 BOD members gave recurring donations.
4. Target exceeded with 16 new donors giving a \$10 monthly recurring payment this quarter.

TARGETS MET 1/4



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### Plan

New fundraising letter to targeted audience to be mailed by July 2025. Continue to remind staff and board members about the importance of giving.

Annual Giving		Q1	Increase/Decrease
	2024	\$574,643	+ \$43,092
	2025	\$617,735	

BOD/Personnel Donations	Q1	
	#	%
Personnel giving to MHCO	30	51%
Personnel - recurring donation	29	97%
BOD giving to MHCO	11	73%
BOD - recurring donation	7	63%

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## Printing Income

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### Targets

1. General public printing total between \$475K and \$500K annually
  2. 1.25% increase in Masonic and related printing compared to the same quarter in 2024
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### Progress

1. Progress made toward the annual target. There was a 14% increase in income compared to the same quarter of the previous year.
2. Target not met and there was a 15% decrease in income compared to the same quarter of the previous year.

**TARGETS MET 0/2**



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### Plan

Some invoices not billed in the 1st quarter will help increase revenue in the 2nd quarter.

General Printing Income	Q1	Increase/Decrease
2024	\$102,239	+ 14% (\$14,446)
2025	\$116,685	

Masonic Printing Income	Q1	Increase/Decrease
2024	\$110,129	- 15% (\$16,483)
2025	\$93,646	

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## Goal 8

Reduce staff turnover rate, improve staff morale, and increase communication, inclusion, and teamwork

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### Targets

1. 100% of all programs and departments will submit all required monthly meeting documentation to the HR Specialist by the due date
  2. Required paperwork will be submitted to the HR Specialist by the due date to indicate that 100% of childcare workers receive monthly face-to-face supervision
  3. Required paperwork will be submitted to the HR Specialist by the due date to indicate that 100% of personnel receive quarterly face-to-face supervision
  4. 100% of 'all staff' meetings will include at least one teambuilding activity
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### Progress

1. Target met. All seven identified departments submitted required monthly meeting documentation to the HR Specialist by the due date.
2. Target met. Required paperwork was submitted to the HR Specialist by the due date to indicate that 100% of childcare workers received monthly face-to-face supervision.
3. Target met. Required paperwork was submitted to the HR Specialist by the due date to indicate that 100% of personnel received quarterly face-to-face supervision.
4. Target met. There was one 'all staff' meeting this quarter, and it included a teambuilding activity: "Number Scramble."

**TARGETS MET 4/4** 

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### Plan

Continue tracking and monitoring to ensure that department meetings, personnel supervision, and teambuilding activities occur as per policy and staff request, and the new Staff Retention Plan is implemented.