

CHILD PLACEMENT AGENCY REPORT

| Provider Organization: Building Fa | Provider Organization: Building Families For Children | | | | | | | | |
|---|---|--------------------------|-----------------------------|------------------------|----------------------------|--|--|--|--|
| Licensing Agency: DHS | Contracting Agency (s): DHS | | | | | | | | |
| Name of Chief Administrator: Damon Thompson Email: <u>damon@buildingfamiliesforchildren.org</u> | | | | | | | | | |
| License Type: Treatment Foster Care Type of Inspection: Re-Licensure | | | | | | | | | |
| Name and Address of CPA Office | License Capacity | DHS Contract Limit | Census by Placing Agency | License#/ Exp. date | Date of site Inspection | | | | |
| Building Families for Children 7161 A Columbia Gateway Dr. Columbia, MD 21046 | Unlimited | 50 | DHS 32 | #00182/ 12/1/2018 | 11/27/2018 | | | | |
| Inspection Summary | | | | | | | | | |
| Number of Records Reviewed: Youth <u>31</u> Staff <u>30</u> Foster Parent <u>26</u> Adoptive Parent <u>N/A</u> | | | | | | | | | |
| Number of Interviews: Youth <u>7</u> Staff <u>8</u> Foster Parent <u>8</u> | | | | | | | | | |
| CPA Office Inspection: Approved | | | | | | | | | |
| Number of ILP Apartments Inspected: N/A Number of Foster Homes Inspected: 7 | | | | | | | | | |
| Current COMAR Violation: Yes X No | | | | | | | | | |
| If Yes, list Cited Violation(s) below: | | | | | | | | | |
| Violation(s) | Findings | | | | | | | | |
| 07.02.21.07 | Missing referral information in 1/5 child records. | | | | | | | | |
| 07.05.02.18 D(2) | Missing birth certificate in 3/5 child records. | | | | | | | | |
| 07.05.02.17 A(3) | Missing immunization record in 1/5 child records. | | | | | | | | |
| 07.05.02.17 A(1) | Missing physical examination in 1/5 child records. | | | | | | | | |
| 07.05.02.18 D(8) | Missing education record in 1/5 child records. | | | | | | | | |
| Corrective Action Plan: Yes X No If yes, date of CAP: 12/10/18 Any Violations During Mid or Re-Licensure Periods: Yes X No If Yes See Report (s) Date(s): 12/10/18 Yes X No | | | | | | | | | |
| Complaint Outcome: Unfounded | | | | | | | | | |
| Current Status of License: Re-License | | | | | | | | | |

| Licensing Coordinator: Sh | erlema Ferguson | Date: | 12/5/18 | Email: | sherlema.ferguson@maryland.gov |
|------------------------------|-----------------|-------|---------|--------|--------------------------------|
| Program Manage | Richard Berger | Date | 12/5/18 | Email: | richard.berger@maryland.gov |