



CHILD PLACEMENT AGENCY REPORT

**Provider Organization:** Arc of Northern Chesapeake Region, Inc.

**Licensing Agency:** DHR

**Contracting Agency(s):** DHR

**Name of Chief Administrator:** Joel Lightfoot

**Email:** [jlightfoot@arcncr.org](mailto:jlightfoot@arcncr.org)

**License Type:** Treatment Foster Care

**Type of Inspection:** Quarterly

Name and Address of CPA Office	License Capacity	DHR Contract Limit	Census by Placing Agency	License#/ Exp. date	Date of site Inspection
4513 Philadelphia Road Aberdeen, MD 21001	unlimited	36	17	#00186 12/18/2016	3/17/2016 3/30/2016

**Inspection Summary**

**Number of Records Reviewed:** Youth 10 Staff 6 Foster Parent 0 Adoptive Parent NA

**Number of Interviews:** Youth 0 Staff 0 Foster Parent 0

**CPA Office Inspection:** 3/30/2016

**Number of ILP Apartments Inspected:** NA

**Number of Foster Homes Inspected:** 0

**COMAR Violation:** Yes  No

**If Yes, list Cited Violation(s) below:**

Violation(s)	Findings
07.02.21.08 D(2)	Two out of ten child case records did not document visits at least twice a month.
07.05.02.18 D(9)	Two out of ten child case records did not document progress notes.
07.05.02.17 A(3)	Three out of ten child case records did not have immunization history.
07.05.02.18 D(2)	One out of ten child case records did not have a copy of the birth certificate.
07.05.02.18 D(8)	One out of ten child case records did not have documentation of educational history.
07.05.01.09 D	Three out of six personnel records did not have the required reference checks.
07.05.01.13 B	One out of six personnel records did not have an application for employment.
07.05.01.17 D(1)	The personnel record for the student intern did not a copy of the student services required by COMAR.
07.05.01.10 E	One out of six personnel records did not have documentation of vehicle insurance.
07.02.21.05 B	One out of six personnel records did not have documentation of pre- service training.
07.01.21.05 C	two out of six personnel records did not have documentation of 30 hours of annual training.

**Corrective Action Plan:** Yes X No \_\_\_\_\_

**If yes, date of CAP:** 3/30/2016

**Complaint Outcome:** NA

**Current Status of License:** Continued

**Licensing**

**Coordinator:** Roxanne M. Epps **Date:** 4/4/2016 **Email:** [roxanne.epps@maryland.gov](mailto:roxanne.epps@maryland.gov)

**Program Manager:** Richard Berger **Date:** 4/4/2016 **Email:** [richard.berger@maryland.gov](mailto:richard.berger@maryland.gov)