



Maryland Department of Human Services  
 Office of Licensing and Monitoring  
 311 W. Saratoga Street  
 Baltimore, Maryland 21201  
 Office: 410.767.7871 Fax: 410.333.8408

**CHILD PLACEMENT AGENCY REPORT**

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

**Licensing Agency:** DHS

**Contracting Agency(s):** DHS

**Name of Chief Administrator:** Shawn Kros, LCSW-C

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

**License Type:** Treatment Foster Care

**Type of Inspection:** Quarterly

Name and Address of CPA Office	License Capacity	DHS Contract Limit	Census by Placing Agency	License#/ Exp. date	Date of site Inspection
Arc Northern Chesapeake 4513 Philadelphia Road Aberdeen, MD 21001	Unlimited	TFC-30 Mother Baby- 2 Medically Fragile-4	20	#00186 12/18/20	4/2 & 4/3/19

**Inspection Summary**

**Number of Records Reviewed:** Youth 10 Staff 0 Foster Parent 8 Adoptive Parent NA

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

**CPA Office Inspection:** Approved

**Number of ILP Apartments Inspected:** NA **Number of Foster Homes Inspected:** 0

**Current COMAR Violation:** Yes  No

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

Violation(s)	Findings
07.02.21.08 A (1)	1/10 client record didn't document 30 day treatment plan meeting/signatures
07.02.21.08 A (2)	1/10 client record didn't document 90 day treatment plan meeting/signatures
07.02.21.10 D (3)	1/10 client record didn't document foster parent progress notes
07.05.01.11 A (b)	1/8 foster parent record didn't document 07.05.01.11 A (b) supervisory signature
07.05.02.16 G (4)	1/8 foster parent record didn't document timely annual recertification.
07.05.02.13 A (8)(a) (iv)	1/8 foster parent record didn't document annual signed agreement
07.05.02.06 A (1) (a & b)	2/8 foster parent records were missing a household member's physical exam & PPD testing.

**Corrective Action Plan:** Yes  No

**If yes, date of CAP:**

**Any Violations During Mid or Re-Licensure Periods:** Yes  No  N/A

**If Yes See Report (s) Date(s):**

**Complaint Outcome:** NA

**Current Status of License:** Continued

**Licensing**

**Coordinator:** Lisa Beeman

**Date:** 4/12/19

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**Program Manager:** Richard Berger

**Date:** 4/12/19

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