**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

**License Type:** Child Placement Agency  
**Type of Inspection:** Quarterly

<table>
<thead>
<tr>
<th>Name and Address of CPA Office</th>
<th>License Capacity</th>
<th>DHR Contract Limit</th>
<th>Census by Placing Agency</th>
<th>License#/ Exp. date</th>
<th>Date of site Inspection</th>
</tr>
</thead>
<tbody>
<tr>
<td>4513 Philadelphia Road Aberdeen, MD 21001</td>
<td>unlimited</td>
<td>36</td>
<td>23</td>
<td>#00186 12/18/2016</td>
<td>9/14, 15 &amp; 16, 2015</td>
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</tbody>
</table>

**Inspection Summary**

- **Number of Records Reviewed:** Youth 0  
  Staff 4  
  Foster Parent 5  
  Adoptive Parent NA

- **Number of Interviews:** Youth 1  
  Staff 3  
  Foster Parent 3

**CPA Office Inspection:** Approved

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

**COMAR Violation:** Yes X No

If Yes, list Cited Violation(s) below:

<table>
<thead>
<tr>
<th>Violation(s)</th>
<th>Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>07.05.01.13 A(1)</td>
<td>One out of four personnel records did not have a copy of the job description</td>
</tr>
<tr>
<td>07.05.01.13 A(4)</td>
<td>One out of four personnel records did not have documentation of receiving orientation</td>
</tr>
<tr>
<td>07.05.01.13 A(9)</td>
<td>One out of four personnel records did not have a signed copy of the confidentiality statement</td>
</tr>
<tr>
<td>07.05.01.12 B</td>
<td>One out of four personnel records did not have a signed copy of the child abuse statement</td>
</tr>
<tr>
<td>07.05.01.13 C(1)</td>
<td>Two out of four personnel records did not have updated medical examinations</td>
</tr>
<tr>
<td>07.05.01.13 C(2)</td>
<td>Three out of four personnel records had documentation of current TB screening</td>
</tr>
<tr>
<td>07.02.21.05 A</td>
<td>Three out of four personnel records had documentation of pre-service training</td>
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</tbody>
</table>

**Corrective Action Plan:** Yes X No  
If yes, date of CAP: 9/16/2015

**Complaint Outcome:** NA

**Current Status of License:** Continued

**Licensing Coordinator:** Roxanne M. Epps  
**Date:** 9/13/2015  
**Email:** roxanne.epps@maryland.gov

**Program Manager:** Richard Berger  
**Date:** 9/13/2015  
**Email:** richard.berger@maryland.gov