**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

**License Type:** Treatment Foster Care  
**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>Arc Northern Chesapeake</td>
<td>Un-Limited</td>
<td>30</td>
<td>18</td>
<td>#00186 12/18/18</td>
<td>6/21/18</td>
</tr>
<tr>
<td>4513 Philadelphia Road. Aberdeen, MD 21001</td>
<td></td>
<td></td>
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</tbody>
</table>

**Inspection Summary**

**Number of Records Reviewed:**  
Youth 0  
Staff 7  
Foster Parent 2  
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 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 B</td>
<td>Chief Administrator, Shawn Kros did not his current professional licensure in personnel.</td>
</tr>
<tr>
<td>07.05.01.13 C</td>
<td>Shawn Kros did not have an updated Physical and PPD results in her personnel file</td>
</tr>
</tbody>
</table>

**Corrective Action Plan:** Yes X No ___  
If yes, date of CAP:

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

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

**Complaint Outcome:** NA

**Current Status of License:** Continued

**Licensing Coordinator:** Tina Bullock  
**Date:** 7/7/18  
**Email:** tina.bullock@maryland.gov

**Program Manager:** Richard Berger  
**Date:** 7/7/18  
**Email:** richard.berger@maryland.gov