**CHILD PLACEMENT AGENCY REPORT**

Provider Organization: Arc of Baltimore, Inc.

Licensing Agency: DHS

Contracting Agency(s): DHS

Name of Chief Administrator: Nellie Power

Email: npower@thearcbaltimore.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>
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<tbody>
<tr>
<td>Arc of Baltimore, Inc.</td>
<td>Un Limited</td>
<td>40</td>
<td>30</td>
<td>00304</td>
<td>2/21/2019</td>
</tr>
<tr>
<td>7215 York Road, Baltimore, MD 21215</td>
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**Inspection Summary**

Number of Records Reviewed: Youth 13 Staff 0 Foster Parent 0 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>
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</thead>
<tbody>
<tr>
<td>07.02.21.07 A (2) (d)</td>
<td>1 out of 13 youth records did not have documentation of any psychological or psychiatric evaluations.</td>
</tr>
<tr>
<td>07.05.02.17 A (7)</td>
<td>1 out of 13 youth records was missing a dental record.</td>
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</table>

Corrective Action Plan: Yes X No ___

If yes, date of CAP: 2/21/19

Any Violations During Mid or Re-Licensure Periods: Yes ____ No ____ N/A____X____

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

Complaint Outcome: NA

Current Status of License: Continued

Licensing Coordinator: Tina Bullock  
Date: 3/7/19  
Email: tina.bullock@maryland.gov

Program Manager: Richard Berger  
Date: 3/7/19  
Email: richard.berger@maryland.gov