**Residential Child Care Programs Report**

**Provider Organization:** Arc of Washington County, Inc.

**Licensing Agency:** DHS  
**Contracting Agency(s):** DHS & DJS

**Program Administrator:** Doug Ford Jr.  
**Certification #:** A00010  
**Exp. Date:** 12/31/2019

**Type of Inspection:** Quarterly

<table>
<thead>
<tr>
<th>Site Name</th>
<th>Gender</th>
<th>Age Range</th>
<th>License Capacity</th>
<th>DHR Contract Limit</th>
<th>License#/Exp. date</th>
<th>Date of site Inspection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Girls Foundation- Bryan Place</td>
<td>Female</td>
<td>15-21</td>
<td>5</td>
<td>5</td>
<td>#00630 10/15/19</td>
<td>4/10 &amp; 4/11/18</td>
</tr>
<tr>
<td>Boys Foundation-South Potomac Street</td>
<td>Male</td>
<td>16-21</td>
<td>5</td>
<td>0</td>
<td>#00061 10/15/19</td>
<td>4/10 &amp; 4/11/18</td>
</tr>
<tr>
<td>Bridgewater-Marion Street</td>
<td>Female</td>
<td>10-17</td>
<td>4</td>
<td>4</td>
<td>#00310 10/15/19</td>
<td>4/10 &amp; 4/11/18</td>
</tr>
<tr>
<td>Jefferson House-Hamaker Lane</td>
<td>Male</td>
<td>10-17</td>
<td>4</td>
<td>4</td>
<td>#00060 10/15/19</td>
<td>4/10 &amp; 4/11/18</td>
</tr>
<tr>
<td>St. Paul Road House</td>
<td>Male</td>
<td>10-17</td>
<td>4</td>
<td>4</td>
<td>#00571 10/15/19</td>
<td>4/10 &amp; 4/11/18</td>
</tr>
</tbody>
</table>

**Inspection Summary**

**Number of Records Reviewed:**  
- Youth ___ 7 ___  
- Staff ___ 8 ___

**Number of Interviews:**  
- Youth ___ 0 ___  
- Staff ___ 0 ___

**Physical Plant Inspection:** Approved

**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>14.31.06.17 B (j) (ii)</td>
<td>1/7 youth records did not have a court order</td>
</tr>
<tr>
<td>14.31.06.06</td>
<td>1/8 personnel records did not have documentation of education</td>
</tr>
</tbody>
</table>

**Corrective Action Plan:** Yes ___ X ___ No ___  
If yes, date of CAP: 4/11/18

Any Violations During Mid or Re-Licensure Periods: Yes ___ X ___ No ___  
NA ___

If Yes See Report(s) Date(s): 1/3/18

**Complaint Outcome:** NA

**Current Status of License:** Continued
Licensing Coordinator: Jennifer A. McCabe  Date: 4/13/18  Email: Jennifer.mccabe@maryland.gov

Program Manager: Andre’ Thomas  Date: 4/13/18  Email: andre.thomas@maryland.gov