CHILD PLACEMENT AGENCY REPORT

Provider Organization: Arrow Child and Family Ministries

Licensing Agency: DHS   **Contracting Agency(s):**   DHR, DJS

Name of Chief Administrator: Kimberly Morrill   **Email**   kimberly.morrill@arrow.org

License Type: Treatment Foster Care   **Type of Inspection:**   Re-licensure

Name and Address of CPA Office	License Capacity	DHR Contract Limit	Census by Placing Agency	License#/ Exp. date	Date of site Inspection
Arrow Child and Family Ministries TFC 1605 Cromwell Bridge Road Baltimore, Maryland 21234	unlimited	80	DHR 62 DJS 2	# 00224/ 7/15/19	7/6/17
Arrow Child & Family Ministries TFC 116-18 West Main Street, Suite 101 Salisbury, Maryland 21801	unlimited	80	DHR 10 DJS 0	#00327/ 7/15/19	6/29/17

Inspection Summary

Number of Records Reviewed: **Youth** __18__   **Staff** __12__   **Foster Parent** __17__   **Adoptive Parent** __n/a__

Number of Interviews: Youth __6__ **Staff** __3__ **Foster Parent** __5__

CPA Office Inspection: Approved

Number of ILP Apartments Inspected: __N/A__   **Number of Foster Homes Inspected:** __5__

Current COMAR Violation: Yes _____ **No** __X__

If Yes, list Cited Violation(s) below:

Violation(s)	Findings
N/A	

Corrective Action Plan: Yes ____ **No** __X__   **If yes, date of CAP:**

Any Violations During Mid or Re-Licensure Periods: Yes __X__ **No** _____
If Yes See Report (s) Date(s): 2/3/17

Complaint Outcome: N/A

Current Status of License: Continued

Licensing
Coordinator: Lisa Beeman   **Date:**   7/14/17   **Email:**   lisa.beeman@maryland.gov

Program Manager: Richard Berger   **Date**   7/14/17   **Email:**   richard.berger@maryland.gov