**CHILD PLACEMENT AGENCY REPORT**

**Provider Organization:** Arrow Child and Family Ministries

**Licensing Agency:** Department of Human Resources  
**Contracting Agency(s):** DHR, DJS

**Name of Chief Administrator:** Maisha Davis  
**Email:** Maisha.davis@arrow.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>
</table>
| Arrow Child and Family Ministries TFC  
1605 Cromwell Bridge Road  
Baltimore, Maryland 21234 | unlimited | 120 | DHR 48  
DJS 5 | # 00224/ 7/15/17 | 4/21 & 4/26/16 |
| Arrow Child & Family Ministries TFC  
116-18 West Main Street, Suite 101  
Salisbury, Maryland 21801 | unlimited | 120 | DHR 9  
DJS 1 | #00327/ 7/15/17 | 4/25/16 |

**Inspection Summary**

**Number of Records Reviewed:**  
Youth __2__ Staff __3__ Foster Parent __6__ Adoptive Parent __N/A__

**Number of Interviews:**  
Youth __0__ Staff __5__ Foster Parent __0__

**CPA Office Inspection:** Approved

**Number of ILP Apartments Inspected:** __N/A__  
**Number of Foster Homes Inspected:** __0__

**Current COMAR Violation:** Yes ___ No ___ X ___

If Yes, list Cited Violation(s) below:

<table>
<thead>
<tr>
<th>Violation(s)</th>
<th>Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td></td>
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**Corrective Action Plan:** Yes ___ No ___ X ___  
If yes, date of CAP:

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

If Yes See Report (s) Date(s): N/A

**Complaint Outcome:** N/A

**Current Status of License:** Continued

**Licensing Coordinator:** Lisa Beeman  
**Date:** 5/5/2016  
**Email:** lisa.beeman@maryland.gov

**Program Manager:** Richard Berger  
**Date:** 5/5/2016  
**Email:** richard.berger@maryland.gov