**CHILD PLACEMENT AGENCY REPORT**

**Provider Organization:** Building Families For Children  
**Licensing Agency:** DHR  
**Contracting Agency(s):** DHR

**Name of Chief Administrator:** Debbie Marini  
**Email:** Debbie@buildingfamiliesforchildren.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>Building Families for Children CHosen TFC 7161 A Columbia Gateway Dr Columbia, MD 21046</td>
<td>Unlimited</td>
<td>56</td>
<td>DHR 41</td>
<td>#00182/ 12/1/18</td>
<td>5/15 &amp; 5/16/17</td>
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**Inspection Summary**

**Number of Records Reviewed:**  
- Youth 0  
- Staff 12  
- Foster Parent 4  
- Adoptive Parent N/a

**Number of Interviews:**  
- Youth 0  
- Staff 4  
- 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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</table>

**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:** 5/19/17  
**Email:** lisa.beeman@maryland.gov

**Program Manager:** Richard Berger  
**Date:** 5/19/17  
**Email:** richard.berger@maryland.gov