**CHILD PLACEMENT AGENCY REPORT**

**Provider Organization:** Jumoke, Inc. ILP

**Licensing Agency:** DHS

**Contracting Agency(s):** DHS

**Name of Chief Administrator:** Zachary Dingle

**Email:** zdingle@jumoke.net

**License Type:** Independent Living Program

**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>Jumoke, Inc 7000 Park Heights Ave, Suite M1 Baltimore, MD 21215</td>
<td>Unlimited</td>
<td>22</td>
<td>16</td>
<td>#00402/11/1/2019</td>
<td>9/25/18</td>
</tr>
</tbody>
</table>

**Inspection Summary**

- **Number of Records Reviewed:** Youth 0 Staff 3 Foster Parent N/A Adoptive Parent N/A
- **Number of Interviews:** Youth 0 Staff 0 Foster Parent N/A
- **CPA Office Inspection:** Approved
- **Number of ILP Apartments Inspected:** 6
- **Number of Foster Homes Inspected:** N/A
- **Current COMAR Violation:** Yes X No

**If Yes, list Cited Violation(s) below:**

<table>
<thead>
<tr>
<th>Violation(s)</th>
<th>Findings</th>
</tr>
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<tbody>
<tr>
<td>07.05.01.13 B (6)</td>
<td>1/3 personnel records did not have annual performance evaluation</td>
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</table>

**Corrective Action Plan:** Yes X No

**If yes, date of CAP:** 9/25/18

**Any Violations During Mid or Re-Licensure Periods:** Yes ___ No X N/A

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

**Complaint Outcome:** N/A

**Current Status of License:** Continued

**Licensing**

- **Coordinator:** Jennifer A. McCabe  
  **Date:** 10/2/18  
  **Email:** Jennifer.mccabe@maryland.gov

- **Program Manager:** Richard Berger  
  **Date:** 10/2/18  
  **Email:** Richard.berger@maryland.gov