Provider Organization: The National Center for Families – FutureBound Independent Living Program

Licensing Agency: DHS

Contracting Agency(s): DHS & DJS

Name of Chief Administrator: Julie Oldham

Email: joldham@nccf-cares.org

License Type: ILP

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>The National Center for Children and Families FutureBound Independent Living Program 309 Congressional Lane Rockville, MD 20852</td>
<td>Unlimited</td>
<td>21</td>
<td>15 (DHS) 0 (DJS)</td>
<td>#00415 04/12/2020</td>
<td>10/22/2018</td>
</tr>
</tbody>
</table>

**Inspection Summary**

Number of Records Reviewed: Youth _____ Staff 6 Foster Parent _____ Adoptive Parent ______

Number of Interviews: Youth _____ Staff _____ Foster Parent _____

CPA Office Inspection: Approved

Number of ILP Apartments Inspected: _____ Number of Foster Homes Inspected: _____

Current COMAR Violation: Yes ___ No _____

If Yes, list Cited Violation(s) below:

<table>
<thead>
<tr>
<th>Violation(s)</th>
<th>Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>07.05.01.09 D/07.05.01.13 B (3)</td>
<td>The required number of references missing in 1/6 personnel records.</td>
</tr>
<tr>
<td>07.05.01.13 A (5)/07.05.01.13 B (6)</td>
<td>Current performance evaluation missing in 1/6 personnel records.</td>
</tr>
</tbody>
</table>

Corrective Action Plan: Yes ___ No _____. If yes, date of CAP:

Any Violations During Mid or Re-Licensure Periods: Yes ___ No _____. N/A __ X ______

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

Complaint Outcome: Not Applicable

Current Status of License: Continued

**Licensing**

Coordinator: Dante Scancella Date: 10/31/18 Email: Dante.scancella@maryland.gov

Program Manager: Richard Berger Date: 10/31/18 Email: Richard.berger@maryland.gov