**CHILD PLACEMENT AGENCY REPORT**

**Provider Organization:** Neighbor to Family, Inc.

**Licensing Agency:** DHS

**Name of Chief Administrator:** Donna McCarter

**License Type:** Treatment Foster Care

**Contracting Agency(s):** DHS

**Email:** Donna.mccarter@ntf.org

**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>Neighbor to Family Inc, 5740 Executive Drive Suite 208 Baltimore, MD 21228</td>
<td>unlimited</td>
<td>50</td>
<td>32</td>
<td>#00284 12/4/18</td>
<td>11-1-18</td>
</tr>
</tbody>
</table>

**Inspection Summary**

**Number of Records Reviewed:** Youth 4  Staff 3  Foster Parent 4  Adoptive Parent NA

**Number of Interviews:** Youth 0  Staff 0  Foster Parent 0

**CPA Office Inspection:** Approved

**Number of ILP Apartments Inspected:** N/A  **Number of Foster Homes Inspected:** 0

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

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

<table>
<thead>
<tr>
<th>Violation(s)</th>
<th>Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>07.05.02.18 D (2)</td>
<td>2 of 4 youth records did not have birth certificates</td>
</tr>
<tr>
<td>07.05.02.05 B</td>
<td>1 of 4 parent records did not have the application and consent forms</td>
</tr>
</tbody>
</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):**

**Complaint Outcome:**

**Current Status of License:** Continued

**Licensing Coordinator:** Andre Thomas  **Date:** 11/27/18  **Email:** andre.thomas@maryland.gov

**Program Manager:** Richard Berger  **Date:** 11/27/18  **Email:** richard.berger@maryland.gov