# Child Placement Agency Report

**Provider Organization:** Umbrella Therapeutic Services, Inc.  
**Licensing Agency:** DHR  
**Contracting Agency(s):** DHR  
**Name of Chief Administrator:** Dr. Sheryl Neverson  
**Email:** snicholsumbrella@yahoo.com  
**License Type:** Independent Living Program  
**Type of Inspection:** Quarterly

## Name and Address of CPA Office

<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>
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</thead>
</table>
| Umbrella Therapeutic Services, Inc.  
4085 McDowell Lane  
Baltimore, Maryland 21227 | Unlimited | 10 | 7 | #00452/12/20/2017 | 03/23/2016 |

## Inspection Summary

**Number of Records Reviewed:** Youth 3, Staff 0, Foster Parent NA, Adoptive Parent NA  
**Number of Interviews:** Youth 0, Staff 0, Foster Parent NA  
**CPA Office Inspection:**  
**Number of ILP Apartments Inspected:** 0  
**Number of Foster Homes Inspected:** NA  
**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>07.05.04.05 B</td>
<td>Incorrect 90 day case plan timeframes on three out of three records.</td>
</tr>
<tr>
<td>07.05.02.17 A (1)(7)</td>
<td>One out of three youth needs a physical.</td>
</tr>
</tbody>
</table>

**Corrective Action Plan:** Yes X No ___  
**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:** Sherlema Ferguson  
**Date:** 03/29/2016  
**Email:** sherlema.ferguson@maryland.gov

**Program Manager:** Richard Berger  
**Date:** 03/29/2016  
**Email:** richard.berger@maryland.gov