



Maryland Department of Human Services  
 Office of Licensing and Monitoring  
 311 W. Saratoga Street  
 Baltimore, Maryland 21201  
 Office: 410.767.7871 Fax: 410.333.8408

**RESIDENTIAL CHILD CARE PROGRAMS REPORT**

**Provider Organization:** Arrow Child and Family Ministries, Inc.

**Licensing Agency:** DHS

**Contracting Agency(s):** DHS,DJS

**Program Administrator:** Jennifer McGlothlin-Renault

**Certification #** A00128

**Exp. Date:** 12/31/19

**Type of Inspection:** Quarterly

Site Name	Gender	Age Range	License Capacity	DHS Contract Limit	License#/ Exp. date	Date of site Inspection
Diagnostic Program	M/F	12-17	45	32	#00261 7/15/19	4/4/18
Transitional Living Program	F	13-20	18	18	#00475 7/15/19	4/11/18

**Inspection Summary**

**Number of Records Reviewed:** Youth 3 Staff 3

**Number of Interviews:** Youth 7 Staff 5

**Physical Plant Inspection:** Approved

**Current COMAR Violation:** Yes  No

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

Violation(s)	Findings
14.31.06.12C	3 of 3 youth records reviewed did not have documentation of life skills training
14.31.06.17C(1)	1 of 3 youth records reviewed did not have a preliminary assessment completed within 72hrs
14.31.06.05E(1)(c)	1 of 3 personnel records reviewed did not have documentation of a medical exam
14.31.06.05A(2)(l)	1 of 3 personnel records reviewed did not have documentation of orientation
14.31.06.05.E(1)(i)	1 of 3 personnel records reviewed did not have documentation of CPR training
14.31.06.05.3(c)	1 of 3 personnel records reviewed did not have documentation of First Aid training
14.31.06.07(E)(4)(5)	Physical plant – walls need to be cleaned and painted
14.31.06.07I	Physical plant – furniture is ripped and needs to be cleaned
14.31.06.07G	Physical plant – bathrooms are in disrepair
14.31.06.07M	Physical plant – vents in the bathrooms need to be replaced
14.31.06.07K(1)	Physical plant - light bulbs need to be replaced
14.31.06.07J	Physical plant – windows need to be replaced
14.31.06.18A(2)	Critical incident reports need to be submitted to OLM within 48hours of the incident.

**Corrective Action Plan:** Yes  No

**If yes, date of CAP:** 4/11/18

**Complaint Outcome:** Founded

**Current Status of License:** Continued

**Licensing**

**Coordinator:** Patricia Sparrow      **Date:** 5/2/18      **Email:** [Patricia.sparrow@maryland.gov](mailto:Patricia.sparrow@maryland.gov)

**Program Manager:** Andre Thomas      **Date:** 5/2/18      **Email:** [Andre.thomas@maryland.gov](mailto:Andre.thomas@maryland.gov)