



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

**CHILD PLACEMENT AGENCY REPORT**

**Provider Organization:** Associated Catholic Charities – Center for Family Services

**Licensing Agency:** DHS

**Contracting Agency(s):** DHS

**Name of Chief Administrator:** Laurie Vozzella-Bell

**Email:** [lvozzell@catholiccharities-md.org](mailto:lvozzell@catholiccharities-md.org)

**License Type:** Treatment Foster Care

**Type of Inspection:** Quarterly

Name and Address of CPA Office	License Capacity	DHR Contract Limit	Census by Placing Agency	License#/ Exp. date	Date of site Inspection
Associated Catholic Charities Center for Family Services 2601 North Howard Street, Suite 200 Baltimore, MD 21218	Unlimited	80	26 youth (14 TFC, 10 HOPE, and 2 Regular Foster Care)	#00171 10/8/2020	4/12/19

**Inspection Summary**

**Number of Records Reviewed:** Youth 8 Staff 0 Foster Parent 4 Adoptive Parent NA

**Number of Interviews:** Youth 0 Staff 4 Foster Parent 0

**CPA Office Inspection:** Approved

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

**Current COMAR Violation:** Yes  No

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

Violation(s)	Findings
07.02.21.10 D (3)	2 out of 8 child case records were missing foster parent progress notes
07.05.02.17 A (7)	1 out of 8 child records did not have an updated physical examination.
07.05.02.17 A (2 & (7)	2 out of 8 child records did not have documentation of an eye and dental examinations.
07.05.02.13 A (7)	1 out of 4 foster parent records did not receive notification of their signed application within the 120 day requirement.
07.05.02.11 E (10 & 11 a & b)	1 out of 4 foster parent records did not have documentation of a face to face.
07.05.02.07	1 certified foster home did not have a financial documentation to prove sufficient income for re-certification.

**Corrective Action Plan:** Yes  No

**If yes, date of CAP:** 4/12/19

**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:** Tina Bullock      **Date:** 4/23/19      **Email:** [tina.bullock@maryland.gov](mailto:tina.bullock@maryland.gov)

**Program Manager:** Richard Berger      **Date:** 4/23/19      **Email:** [richard.berger@maryland.gov](mailto:richard.berger@maryland.gov)