



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:** Bethany Christian Services

**Licensing Agency:** DHS

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

**Name of Chief Administrator:** Tawnya Brown

**Email:** [tbrown@bethany.org](mailto:tbrown@bethany.org)

**License Type:** Private Foster Care

**Type of Inspection:** Quarterly

Name and Address of CPA Office	License Capacity	DHS Contract Limit	Census by Placing Agency	License#/ Exp. date	Date of site Inspection
Bethany Christian Services 2142 Priest Bridge Court, Suite1 Crofton, Maryland 21114	Unlimited	0	16	#00473 06/24/2020	09/20/2018

**Inspection Summary**

**Number of Records Reviewed:** Youth 0 Staff 7 Foster Parent 1 Adoptive Parent NA

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

**CPA Office Inspection:** Approved

**Number of ILP Apartments Inspected:** 0      **Number of Foster Homes Inspected:** 0

**Current COMAR Violation:** Yes  No

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

Violation(s)	Findings
07.05.01.13B(1)	Missing application for employment in 2/7 personnel records.
07.05.01.09 D	Missing references in 2/7 2/7 personnel records.
07.05.01.09 A(2)	Missing or late CPS clearances in 2/7 2/7 personnel records.
07.05.01/13 B(5)	Missing credentials in 1/7 personnel records.
07.05.01.14 C	Missing documentation of education in 6/7 personnel records.
07.05.01.13 A(1)	Missing job description in 5/7 personnel records.
07.05.01.13 A(4)	Missing documentation of orientation in all personnel records.
07.05.01.13 A(9)	Missing confidentiality statement in 1/7 personnel records.
07.05.01.13 B(4)	Missing TB test results in 1/7 personnel records.
07.05.01.10 E	Missing up to date vehicle insurance documentation in 4/7 personnel records.
07.05.02.18F(1)	Missing face sheet in foster parent record.
07.05.02.11E(8)	Missing child support screen in foster parent record.

**Corrective Action Plan:** Yes  No

**If yes, date of CAP:** 9/27/2018

**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:** 10/2/18 **Email:** [sherlema.ferguson@maryland.gov](mailto:sherlema.ferguson@maryland.gov)

**Program Manager:** Richard Berger **Date:** 10/2/18 **Email:** [richard.berger@maryland.gov](mailto:richard.berger@maryland.gov)