

OFFICE OF LICENSING AND MONITORING

Child Placement Agency Report Summary

| Information | | | | |
|------------------------------|-------------------------------------|--|--|--|
| Provider Organization | Building Families for Children | | | |
| Name of Chief Administrator | Tia Blue | | | |
| Email of Chief Administrator | tia@buildingfamiliesforchildren.org | | | |

CPA Office Information

| Name/Address | License Capacity | Total DHS Contract Limit | DHS Census | DJS Census | Other Census | License # Exp Date | Date of Site Inspection |
|---|------------------|-----------------------------|------------|------------|-----------------|-----------------------|----------------------------|
| Building Families for Children 7142 Columbia Gateway Dr. Columbia, MD 21046 | Unlimited | 50 | 17 | 0 | 0 | #2301 9/20/2026 | 12/11/24 |

| Contracting Agency(s) | Maryland Department of Human Services (DHS) |
|-----------------------|---|
|-----------------------|---|

| Licensing Information | | | |
|---------------------------|---------------------------------------|--|--|
| Licensing Agency | Maryland Department of Human Services | | |
| License Type | Treatment Foster Care | | |
| Type of Inspection | Periodic | | |
| Current Status of License | ACTIVE | | |

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| | CPA Site | COMAR Citation | Comment | Citation Status |
|---------------------|----------|--|-----------------------------|------------------------------|
| | | | | (Resolved/CAP) |
| | | Criminal Background State | One staff was missing the | |
| This Provider was | | (CJIS)[07.05.01.09apg15,07.05.01.13B(2)pg.21] | state clearance at the | CAP |
| | | (CJIS)[07.05.01.09apg15,07.05.01.15B(2)pg.21] | time of the review | |
| | | | The current TB for one | CAP |
| ited for the listed | | TB Test [07.05.01.13B(4)pg21&07.05.01.13cpg.22] | staff was missing at the | |
| OMAR violations | | | time of the review | |
| hich MAY present | | Reference Check [07.05.01.09dpg15,07.05.01.13b(3)pg.21] | References were | САР |
| afety risks for | | | completed after the hire | |
| nildren based on | | | date for one staff. The | |
| npact, scope, and | | | second staff did not have | |
| equency. These | | | the required amount of | |
| sues are either | | | references at the time of | |
| esolved or a | | | the review. | |
| orrective action | | PPD initial/every 2 years for all Family Members[07.05.02.06A(1)(a&b)pg4] | The household member of | САР |
| lan has been | | | one foster parent was | |
| | | | missing the current PPD at | |
| nplemented. | | | the time of the review. | |
| | | | Two staff did not have the | |
| | | Vehicle Insurance[07.05.01.10Epg16] | required amount of | CAR |
| | | | coverage at the time of | САР |
| | | | the review. | |
| | | physical exam[07.05.02.17A(1)&(7)pg.28&29] | Two youth were missing | |
| | | | current physicals at the | САР |
| | | | time of the review. | |
| | | | Three youth were missing | |
| | | Dental/vision[07.05.02.17A(2)&(7)pg.28&29] | current visions at the time | САР |
| | | | of the review. | |
| | | | | |
| | | | The document was missing | from the record for one staf |
| | | Child abuse statement[07.05.01.12bpg.20] | the time of the review. | |

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| 230This Provider was cited for the listed COMAR violations which <i>DO</i> <i>NOT</i> present imminent safety risks for children | Confidentiality statement[07.05.01.13A(9)pg.21] | The document was missing from the record for one staff at the time of the review. |
|--|---|---|
| | Chief Administrator Training (10 hrs)[07.05.01.16B(3)pg25] | The assigned Chief Administrator at the time of the review did not have the required hours at the time of the review. |
| | TFC Pre-service Training[07.05.01.13.B(7)Pg21,07.02.21.05.A&Bpg.4 | One staff was missing the documentation at the time of the review. |
| | Con't Treatment Plan[7.02.21.08A2pg.7,07.02.21.11pgs.10] | The continuing treatment plan was missing for one youth at the time of the review. |
| based on impact, scope, and | | |
| frequency. | | |
| This Provider was cited for the listed COMAR violations | | |
| which DO NOT present imminent safety risks for | | |
| children based on impact, scope, and | | |
| frequency (continued from | | |
| page 2). | | |

Office of Licensing and Monitoring Staff Information

| Name | Role | Email | Date |
|------------------------|-------------------------------------|-------------------------------------|----------|
| -Taevana Tul Xna=Maine | Licensing Specialist | Tawanna.tilghmanmarine@maryland.gov | 1/8/2025 |
| Mahn Junto | Acting Deputy Executive Director | <u>Nalicia.goods@maryland.gov</u> | 1/8/2025 |