



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: CareRite TFC, Inc.

Licensing Agency: DHS

Contracting Agency(s): DHS

Name of Chief Administrator: Dr. Felicia Bassey-Akamune

Email: careritetfc@gmail.com

License Type: Treatment Foster Care

Type of Inspection: Quarterly Site Inspection

Name and Address of CPA Office	License Capacity	DHR Contract Limit	Census by Placing Agency	License#/ Exp. date	Date of site Inspection
7676 New Hampshire Ave Suite 330 B Takoma Park, MD 20912	Unlimited	15	8	#00451 6/8/18	9/18/17

Inspection Summary

Number of Records Reviewed: Youth 0 Staff 4 Foster Parent 2 Adoptive Parent NA

Number of Interviews: Youth 0 Staff 0 Foster Parent NA

CPA Office Inspection: Approved

Number of ILP Apartments Inspected: N/A

Number of Foster Homes Inspected: NA

Current COMAR Violation: Yes No

If Yes, list Cited Violation(s) below:

Violation(s)	Findings
07.05.01.09 D & 07.05.01.13 B	2/4 employee records did not reflect required employment references
07.05.01.14 A	¼ employee records did not reflect documentation of appropriate education/qualifications for employment position
07.05.01.13 A (4) & 07.05.01.16 A	¾ employee records did not reflect employees attendance/completion of orientation (not signed by employee or manager)
07.05.01.13 B (4) & 07.05.01.13 C	¼ employee records did not reflect medical examination
07.05.01.10 E	¼ employees record did not reflect employee with current vehicle ins.
07.05.01.13 B (7) & 07.02.21.05A & B	¾ employee records did not reflect TFC pre-service training
07.02.21.05 C & 07.05.01.13 B (7)	2/4 employee records did not reflect any professional training
07.05.02.18 F (1)	½ foster parent records face sheet did not identify date of d/c for youth
07.05.02.18 F (5)	½ foster parent records did not provide an accurate account of the record of child placement
07.05.02.11 E (10&11)	2/2 foster parent records were missing required references

Corrective Action Plan: Yes x No

If yes, date of CAP: 11-13-17

Any Violations During Mid or Re-Licensure Periods: Yes No

If Yes See Report (s) Date(s):

Complaint Outcome: N/A

Current Status of License: Continued

Licensing

Coordinator: Michelle Goines **Date:** 11/14/17 **Email:** michelle.goines@maryland.gov

Program Manager: Richard Berger **Date:** 11/14/17 **Email:** richard.berger@maryland.gov