



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

**ADOPTION AGENCY REPORT**

**Provider Organization:** The Datz Foundation, Inc.

**Licensing Agency:** DHS

**Contracting Agency(s):** NA

**Name of Chief Administrator:** Vivan Datoff

**Email:** [datzfoundation@hotmail.com](mailto:datzfoundation@hotmail.com)

**License Type:** Adoption

**Type of Inspection:** Mid-Licensure

Name and Address of CPA Office	License Capacity	The Hague	License#/ Exp. date	Date of site Inspection
The Datz Foundation 17 Warren Road, #25A Pikesville, Maryland 21208	NA	02/18/2016- 02/18/ 2020	#00150 06/06/2018	08/22/2017

**Inspection Summary**

**Number of Records Reviewed:** Youth N/A Staff 5 Foster Parent N/A Adoptive Parent 4  
Birth Parents N/A

**Number of Interviews:** Youth N/A Staff 0 Foster Parent N/A

**CPA Office Inspection:**

**Number of Foster Homes Inspected:** N/A **Number of Adoptive Homes Inspected:** N/A

**Current COMAR Violation:** Yes  No

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

Violation(s)	Findings
07.05.01.09 D(1)	Missing references in 5/5 personnel records.
07.05.01.13 B(1)	Missing job applications in 3/3 personnel records.
07.05.03.10 D(5)(f)	Missing fire inspection in ¼ records.
07.05.03.10 D(5)(b)	Missing marital documentation in ¼ records.
07.05.03.10 D(5)(n)	Missing driving records in ¼ records.
07.05.01.09	Missing Criminal background check in 1/5 personnel records.
07.05.01.09 A(2)	Missing CPS clearance in 1/5 personnel records.
07.05.01.14 C	Missing documentation of education in 2/3 personnel records.
07.05.01.13 A(9)	Missing confidentiality statement in 1/3 personnel records.
07.05.01.13 C	Missing medicals and/or TB test results in 3/3 personnel records.
07.05.01.13 B(7)	Missing annual training in 1/3 personnel records.

**Corrective Action Plan:** Yes  No

**If yes, date of CAP:** 08/29/2017

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

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

**Complaint Outcome:**

**Current Status of License:**

**Licensing**

**Coordinator:** Sherlema Ferguson      **Date:** 9/11/17      **Email:** [sherlema.ferguson@maryland.gov](mailto:sherlema.ferguson@maryland.gov)

**Program Manager:** Richard Berger      **Date:** 9/11/17      **Email:** [richard.berger@maryland.gov](mailto:richard.berger@maryland.gov)