



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:** Foundations for Home and Community, Inc.

**Licensing Agency:** DHS

**Contracting Agency(s):** DHS

**Name of Chief Administrator:** Emily Meyers

**Email:** [Emily.meyers@uhsinc.com](mailto:Emily.meyers@uhsinc.com)

**License Type:** Treatment 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
Foundations for Home and Community 10001Derekwood Lane, Suite 208 Lanham, MD 20706	unlimited	90	65	#00364 10/8/2018	4/20, 4/23 & 4/25/18

**Inspection Summary**

**Number of Records Reviewed:** Youth 2 Staff 8 Foster Parent 0 Adoptive Parent NA

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

**CPA Office Inspection:** Approved

**Number of ILP Apartments Inspected:** NA

**Number of Foster Homes Inspected:** 0

**Current COMAR Violation:** Yes  No

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

Violation(s)	Findings
07.05.01.09 D	6/8 staff records didn't document 4 references
07.05.01.09 A (1) & (2)	5/8 staff records didn't document timely CJIS/CPS clearances
07.05.01.16 A	6/8 staff records didn't document orientation after hire
07.05.01.13 A (1)	5/8 staff records didn't document job descriptions
07.05.01.13 C (1) & (2)	4/8 staff records didn't document physical exam/TB; 1/8 didn't document physical exam
07.05.01.13 B (6)	1/8 staff record didn't document annual performance evaluation
07.05.01.14 C (4)	4/8 staff records didn't document SW credentials/licensure
07.05.01.10 E	6/8 staff records didn't document current car insurance
07.05.01.13 B 07.02.21.05 A & B	5/8 staff records didn't document pre-service training.

**Corrective Action Plan:** Yes  No

**If yes, date of CAP:** 4/25/18

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

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

**Complaint Outcome:** NA

**Current Status of License:** Continued

**Licensing**

**Coordinator:** Lisa Beeman

**Date:** 4/30/18

**Email:** [Lisa.beeman@maryland.gov](mailto:Lisa.beeman@maryland.gov)

**Program Manager:** Richard Berger

**Date:** 4/30/18

**Email:** [richard.berger@maryland.gov](mailto:richard.berger@maryland.gov)