



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:** Hearts and Homes for Youth, Inc.

**Licensing Agency:** DHS

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

**Name of Chief Administrator:** Jarrell McRae

**Email:** [jmcr@heartsandhomes.org](mailto:jmcr@heartsandhomes.org)

**License Type:** Treatment Foster Care

**Type of Inspection:** Mid-license Inspection

Name and Address of CPA Office	License Capacity	DHS Contract Limit	Census by Placing Agency	License#/ Exp. date	Date of site Inspections
Hearts and Homes for Youth, Inc. TFC and Dampli TFC 3919 National Drive, Suite 400 Burtonsville, Maryland 20866	Unlimited	30	Family Ties- 12 (DHS- 11, DJS- 1) Damamli TFC- 4 Total=16	#00159 4/1/2020	7/6/18, 9/18 & 9/19/18, 10/16/18, 1-11-19, 4-16-19, and 4/23/19.

**Inspection Summary**

**Number of Records Reviewed:** Youth 12 Staff 11 Foster Parent 9 Adoptive Parent N/A

**Number of Interviews:** Youth 5 Staff 5 Foster Parent 6

**CPA Office Inspection:** Approved

**Number of ILP Apartments Inspected:** N/A **Number of Foster Homes Inspected:** 4

**Current COMAR Violation:** Yes X No \_\_\_\_\_

**If Yes, newly Cited Violation(s) on 4/16 & 4/23/19**

Violation(s)	Findings
07.05.02.11 E (10 & 11(a & b))	2 certified foster homes did not have face to face references prior to their certification.
07.05.02.06	1 foster parent did not have any records of a medical examination.
07.05.02.06 A (1) (a & b)	1 household member in 1 certified foster home did not have a record of a tuberculosis test.
07.05.02.10 D (3)	Two youth are sharing a bedroom with only one bed in the room.
07.05.02.10 D (6)	Sleeping quarters among two youth was not clean during a home observation.

**Corrective Action Plan:** Yes X No \_\_\_\_\_ **If yes, date of CAP:** 4/16 & 4/23/19

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

**If Yes See Report (s) Date(s):** 7-6-18 & 10-16-18

**Complaint Outcome:** N/A

**Current Status of License:** Continued

**Licensing**

**Coordinator:** Tina Bullock

**Date:** 4/26/19

**Email:** [tina.bullock@maryland.gov](mailto:tina.bullock@maryland.gov)

**Program Manager:** Richard Berger

**Date:** 4/26/19

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