



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: Lutheran Social Services of the National Capital Area

Licensing Agency: DHS

Contracting Agency(s): DHS

Name of Chief Administrator: Kichelle Coleman

Email: colemank@lssnca.org

License Type: Treatment Foster Care

Type of Inspection: Re-licensure

Name and Address of CPA Office	License Capacity	DHR Contract Limit	Census by Placing Agency	License#/ Exp. date	Date of site Inspection
Lutheran Social Services of the National Capital Area 2503 Belair Drive Bowie, Maryland 20715	Unlimited	0	CFSA 30 URM 20	# 00200 6/15/19	6/14/2017

Inspection Summary

Number of Records Reviewed: Youth 5 Staff 13 Foster Parent 8 Adoptive Parent N/A

Number of Interviews: Youth 2 Staff 3 Foster Parent 2

CPA Office Inspection: Approved

Number of ILP Apartments Inspected: N/A

Number of Foster Homes Inspected: 2

Current COMAR Violation: Yes No

If Yes, list Cited Violation(s) below:

07.05.02.18 D	1/5 youth records were missing face sheets which should be located in the front of the case record
07.05.02.15 A	1/5 youth records were missing assessment of the child's needs
07.02.21.07	1/5 youth records did not include referral from local Department: the local department shall(1) determine that a child is eligible for treatment foster care
07.02.21.08 A	4/5 records did not reflect treatment plans within 30 calendar days of a child's acceptance into the program, develop a treatment plan in conjunction with the local department
07.02.21.08 A & 07.02.21.11	4/5 Each youth should evaluate each child's treatment plan at intervals not to exceed 3 months
07.05.02.18 D (9) & 07.02.21.10 D (3) (4)	4/5 youth records were missing documentation of staffing and other meetings tracking the child's progress: Keep a systematic record of a child's behavior and progress in targeted areas on at least a weekly, or preferably, a daily basis: Ensure a child access to medical and dental care, including accompanying the child to medical and dental appointments and carrying out treatment prescribed by health care providers
07.02.21.10 D (3)	5/5 youth records did not reflect a systematic record of a child's behavior and progress in targeted areas on at least a weekly, or preferably, a daily basis
07.02.21.08 A (3) (5)	5/5 youth records did not reflect visits with the treatment foster parents at least twice a month; have face-to-face contact with a child at a minimum of twice a month
07.05.02.17 A (3)	1/5 youth records did not reflect information on the child's immunization history within 30 days of placement or, if not available, provide needed immunizations after a physical examination and recommendations by a physician
07.05.02.17 A (2) & (7)	1/5 youth records did not reflect annual medical and dental examinations and the health care recommended in the child's health record while the child is in the agency's care
07.02.21.07 A (2) (d)	2/5 youth records did not reflect psychological or psychiatric evaluations performed within 1 year before the date of referral to the provider agency if eligibility is based on a serious emotional, behavioral, or psychological condition.

07.05.02.18 D	1/5 youth records did not reflect educational history
07.05.02.18 F(1)	4/8 foster parent records were missing face each certified foster parent records shall include face sheet in front of record
07.05.02.18 F (5)	4/8 foster parent records did not reflect children placed with the foster parent
07.05.02.11 E	2/8 foster parents were missing at least three individual references
07.05.02.11 A	1/ 8 foster parent records did not reflect certifying of the foster parent, the agency child placement worker shall conduct a home study
07.05.02.13 A (8)	4/8 foster parent records did not reflect signed agreement with the certified foster parent which includes the following:
07.05.02.06 A (1) (a&b)	1/8 foster parent records was an analysis of a tuberculosis test or x-ray, and

Corrective Action Plan: Yes No

If yes, date of CAP: 6/14/17

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

If Yes See Report (s) Date(s): 3/27/17

Complaint Outcome: N/A

Current Status of License: Continued

Licensing

Coordinator: Michelle Goines **Date:** 8/25/17 **Email:** michelle.goines@maryland.gov

Program Manager: Richard Berger **Date:** 8/25/17 **Email:** richard.berger@maryland.gov