



OFFICE OF LICENSING AND MONITORING

Child Placement Agency Report Summary

Provider Information

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| Provider Organization | Neighbor to Family |
| Name of Chief Administrator | Donna McCarter |
| Email of Chief Administrator | donna.McCarter@neighbortofamily.org |

CPA Site Information

| Name/Address | License Capacity | Total DHS Contract Limit | DHS Census | DJS Census | Other Census | License # Exp Date | Date of Site Inspection |
|--|------------------|--------------------------|------------|------------|--------------|--------------------|-------------------------|
| 5740 Executive Drive, Suite 107 Baltimore, MD 21228 | Unlimited | 50 | 27 | 0 | 0 | #232 9/19/2025 | 2/25/2025 |
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| Contracting Agency(s) | Maryland Department of Human Services & Maryland Department of Juvenile Services |
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Licensing Information

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| Licensing Agency | Maryland Department of Human Services |
| License Type | Treatment Foster Care |
| Type of Inspection | Quarterly |
| Current Status of License | ACTIVE with Sanction |

COMAR Citations


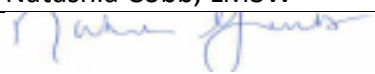
(CAP = Corrective Action Plan)

| <p>This Provider was cited for the listed COMAR violations which MAY present safety risks for children based on impact, scope, and frequency. These issues are either resolved or a corrective action plan has been implemented.</p> | CPA Site | COMAR Citation | Comment | Citation Status (Resolved/CAP) |
|---|----------|--|---|--------------------------------|
| | 5001509 | <i>Con't Treatment Plan [7.02.21.08A2pg.7,07.02.21.11pgs.10]</i> | Missing in five client records. Treatment plans were either outdated or not provided upon request | CAP |
| | | <i>Child Placement Worker Responsibilities [07.05.01.15D(2)(4)]</i> | Youth's record had multiple documents missing including home visits, medical appointments, treatment plans and progress notes. | CAP |
| | | <i>Dental/vision [07.05.02.17A(2) &(7)pg.28&29]</i> | Missing in three client records. Dental exams were either outdated or incomplete. | CAP |
| | | <i>Agency Maintenance of Child in Foster Care Placement [07.05.02.17A(7)]</i> | Annual appointments (medical, vision) and dental appointments not documented in the record. | CAP |
| | | <i>Foster Parent Progress Notes (Daily or wkly) [07.02.21.10D(3) pg.9]</i> | Missing in six client records. Notes are missing multiple weeks or have not been submitted. | CAP |
| | | <i>Initial Treatment Plan [07.02.21.08A1pgs.6&7]</i> | Missing in three client records. Document not provided upon request | CAP |
| | | <i>Confidentiality [07.05.02.19B]</i> | Following termination, staff retained company computer, badge, and key to NTF's administrative office where the records are housed | CAP |
| | | <i>Employee Responsibilities [07.05.01.15A(1)(3)(5)]</i> | Various concerns with the management of the agency's program (i.e. poor record keeping, lack of support to foster parents and accuracy of agency rosters), responsibilities such as supervision, training and termination lack sufficiency, Lack of delegation of appropriate responsibilities to staff | CAP |

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|--|--|---|---|-----|
| | | Employee Qualifications [07.05.01.14C(4)] | Missing in one client record | CAP |
| | | Monitoring Visits (2x month) [07.02.21.08A(3)(5) pg7] | Home visit notes were either missing and/or duplicates for multiple months. No recent home visit notes in the record for six clients. | CAP |
| | | Psychiatric/Psychological [07.02.21.07A(2)(d) pgs.6] | No documentation located in the clinical record regarding psychiatric/psychological reports, medication or updates | CAP |
| | | physical exam [07.05.02.17A(1) & (7) pg.28&29] | Missing in one client record | CAP |
| | | Monitoring Foster Parents [07.05.02.16F(1)] | Foster parent reported there was a lack of support in the home regarding the youth's behavior and respite care and caseworker failed to meet the visit requirements based upon COMAR and the agency's policies. | CAP |
| | | Progress Notes [07.05.02.18D(9) pg.32,07.02.21.10D(3)(4)pg9] | Missing in six client records. Clinical record not provided after multiple requests | CAP |
| | | TFC Annual Training 30 hrs. [07.02.21.05. Cpg5,07.05.01.13. B(7)pg.21] | Missing in two staff records. Insufficient hours for 2024 | CAP |
| | | Post-Acceptance Responsibilities [07.02.21.08A(3)(5)] | Caseworker failed to meet with youth and foster parent twice a month | CAP |
| | | Records [07.05.02.18D(6)(8)(9)] | Missing pertinent documentation in the record (i.e. treatment plans, educational records, medical records) | CAP |
| | | Home study [07.05.02.11Apg.13] | Home study incomplete-missing two documented visits on the report for one foster parent. | CAP |
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| This Provider was cited for the listed COMAR violations which DO NOT present imminent safety risks for children based on impact, scope, and frequency. | 5001509 | Agency Reporting Responsibilities [07.05.01.08B(26)(e)] | Plans for remedying weaknesses in the program lack sufficiency |
| | | Annual performance Evaluations [07.05.01.13a(5)pg.21,07.05.01.13b(6)pg21] | Missing previous annual performance evaluation for one staff member |
| | | Child Support [07.05.02.11E(8)pg.14] | Missing Child Support Enforcement document in one foster parent record |
| | | Credentials [07.05.01.13b(5)pg.21,07.05.01.14Cpg22] | One staff carrying a caseload does not have a license to practice social work |
| | | Vehicle Insurance [07.05.01.10Epg16] | Insufficient insurance limits for one staff member |
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Office of Licensing and Monitoring Staff Information

| Name | Role | Email | Date |
|---|----------------------------------|--|-----------|
|  Natashia Cobb, LMSW | Licensing Specialist | natashia.cobb@maryland.gov | 4/23/2025 |
|  Nalicia Goods | Acting Deputy Executive Director | Nalicia.goods@maryland.gov | 4/23/2025 |