



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:** CareRite TFC, Inc.

**Licensing Agency:** DHS

**Contracting Agency(s):** DHS

**Name of Chief Administrator:** Dr. Felicia Bassey-Akamune

**Email:** [careritetfc@gmail.com](mailto:careritetfc@gmail.com)

**License Type:** Treatment Foster Care

**Type of Inspection:** Quarterly Site Inspection

Name and Address of CPA Office	License Capacity	DHR Contract Limit	Census by Placing Agency	License#/ Exp. date	Date of site Inspection
7676 New Hampshire Ave Suite 330 B Takoma Park, MD 20912	Unlimited	15	8	#00451 6/8/18	9/18/17

**Inspection Summary**

**Number of Records Reviewed:** Youth 0 Staff 4 Foster Parent 2 Adoptive Parent NA

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

**CPA Office Inspection:** Approved

**Number of ILP Apartments Inspected:** N/A

**Number of Foster Homes Inspected:** NA

**Current COMAR Violation:** Yes  No

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

Violation(s)	Findings
07.05.01.09 D & 07.05.01.13 B	2/4 employee records did not reflect required employment references
07.05.01.14 A	1/4 employee records did not reflect documentation of appropriate education/qualifications for employment position
07.05.01.13 A (4) & 07.05.01.16 A	3/4 employee records did not reflect employees attendance/completion of orientation ( not signed by employee or manager)
07.05.01.13 B (4) & 07.05.01.13 C	1/4 employee records did not reflect medical examination
07.05.01.10 E	1/4 employees record did not reflect employee with current vehicle ins.
07.05.01.13 B (7) & 07.02.21.05A &B	3/4 employee records did not reflect TFC pre-service training
07.02.21.05 C & 07.05.01.13 B (7)	2/4 employee records did not reflect any professional training
07.05.02.18 F (1)	1/2 foster parent records face sheet did not identify date of d/c for youth
07.05.02.18 F (5)	1/2 foster parent records did not provide an accurate account of the record of child placement
07.05.02.11 E (10&11)	2/2 foster parent records were missing required references

**Corrective Action Plan:** Yes  No

**If yes, date of CAP:** 11-13-17

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

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

**Complaint Outcome:** N/A

**Current Status of License:** Continued

**Licensing**

**Coordinator:** Michelle Goines      **Date:** 11/14/17      **Email:** [michelle.goines@maryland.gov](mailto:michelle.goines@maryland.gov)

**Program Manager:** Richard Berger      **Date:** 11/14/17      **Email:** [richard.berger@maryland.gov](mailto:richard.berger@maryland.gov)