



Maryland Department of Human Services
Office of Licensing and Monitoring
311 W. Saratoga Street
Baltimore, Maryland 21201
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CHILD PLACEMENT AGENCY REPORT

Provider Organization: Psychiatric Center Chartered - STRIDE, Incorporated

Licensing Agency: DHS

Contracting Agency(s): DYRS

Name of Chief Administrator: Anayo Orezabo

Email: anayoorezabo@pccstride.org

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
PCC-STRIDE-Incorporated 7329 Hanover Parkway Greenbelt, MD 20770	Un-limited	21 DYRS	10 DYRS	#00331 10/3/2019	1/22/19

Inspection Summary

Number of Records Reviewed: Youth 6 Staff Foster Parent 6 Adoptive Parent NA

Number of Interviews: Youth 0 Staff 0 Foster Parent 0

CPA Office Inspection: Approved

Number of ILP Apartments Inspected: NA **Number of Foster Homes Inspected:** 0

Current COMAR Violation: Yes X No

If Yes, list Cited Violation(s) below:

Violation(s)	Findings
07.05.02.18 D	2 out of 6 youth records not have face sheets.
07.05.02.15 A	1 out of 6 youth records did not have Admission/ Intake information.
07.02.21.07 (2) a	2 out of 6 youth records did not have referral information.
07.02.21.08 A 1	1 out of 6 youth records did not have an initial treatment plan.
07.02.21.10 D (3)	1 out of 6 youth records were missing foster parent progress notes.
07.02.21.08 A (3) (5)	1 out of 6 youth records did not have monitoring visits notes.
07.05.02.18 D (6)	1 out of 6 youth records did not have any medical history or information.
07.05.02.17 A (3)	2 out of 6 youth records did not have immunization records.
07.05.02.17 A (1) & (7)	3 out of 6 youth records did not have physical examinations as required.
07.05.02.17 A (2) & (7)	5 out of 6 youth records did not have eye or dental examination.
07.05.02.11 E (10) b	1 out of 6 foster parent records did not have a reference from a school administrator as required.
07.05.02.06	1 out of 6 foster parent records is in need of an up to date physical.

Corrective Action Plan: Yes X No

If yes, date of CAP: 1-22-19

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

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

Complaint Outcome: NA

Current Status of License: Approved

Licensing

Coordinator: Tina Bullock **Date:** 2/12/19 **Email:** tina.bullock@maryland.gov

Program Manager: Richard Berger **Date:** 3/1/19 **Email:** richard.berger@maryland.gov