

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CPA-0081	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/16/2014
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NAME OF PROVIDER OR SUPPLIER THE NATIONAL CENTER FOR CHILDREN AND	STREET ADDRESS, CITY, STATE, ZIP CODE 1438 RHODE ISLAND AVENUE, NE WASHINGTON, DC 20018
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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S 000	<p>Initial Comments</p> <p>Due to this Child Placing Agency's history of overall compliance with applicable regulations (22 DCMR, Chapter 16), the Department of Health, Health Regulation and Licensing Administration conducted an abbreviated monitoring survey on September 15, 2014 through September 16, 2014. The sample sizes were twenty (20) personnel records based on a census of thirty eight (38) employees, fourteen (14) foster parent records based on a census of seventeen (17); and, twenty (20) foster children records based on a census of twenty eight (28).</p> <p>The survey findings were based on interviews and the review of records.</p> <p>There were no deficiencies identified during the monitoring survey. The agency was found to be in compliance with Title 29 Chapter 16, Standards of Placement, Care, and Services for Child Placing.</p>	S 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____