

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 12/17/2015
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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>An annual licensure survey was conducted on December 17, 2015. The sample sizes were Ten (10) personnel records based on a census of forty-four (44) employees, six (6) foster parent records based on a census of twenty-three (23); and ten (10) foster children records were reviewed based on a census of thirty-five (35).</p> <p>The findings of the survey were based on interview with staff, a review of records, including ten (10) personnel records based on a census of forty-four (44) employees, six (6) foster parent records based on a census of twenty-three active foster parents and ten foster children records based on a census of thirty-five active foster care placements.</p> <p>There were no deficiencies identified during the 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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Health Regulation & Licensing Administration
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE