

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>CPA-0081</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>01/08/2015</b>
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  <b>THE NATIONAL CENTER FOR CHILDREN AND</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1438 RHODE ISLAND AVENUE, NE WASHINGTON, DC 20018</b>
---	---

(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
S 000	<p>Initial Comments</p> <p>An annual licensure survey was conducted on January 8, 2015 through January 8, 2015. The sample sizes were twenty (20) personnel records based on a census of thirty-eight (38), 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 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		

Health Regulation & Licensing Administration  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_