

Office of Licensing and Monitoring 311 W. Saratoga Street Baltimore, Maryland 21201 Office: 410.767.7871 Fax: 410.333.8408

## **CHILD PLACEMENT AGENCY REPORT**

| <b>Provider Organization:</b> Baltimore Adolescent Treatment Guidance Organization (BATGO)                       |   |                          |                             |                        |   |  |
|--|---|--------------------------|-----------------------------|------------------------|---|--|
| Licensing Agency:DHSContracting Agency(s):DHS  |   |                          |                             |                        |   |  |
| Name of Chief Administrator:Alice WilliamsEmail:awilliams@batgo.org  |   |                          |                             |                        |   |  |
| License Type:Treatment Foster CareType of Inspection:Quarterly Inspection  |   |                          |                             |                        |   |  |
| Name and Address of CPA Office   | License<br>Capacity   | DHR<br>Contract<br>Limit | Census by Placing<br>Agency | License#/<br>Exp. date | Date of site<br>Inspection                    |  |
| Ms. Alice Williams, Executive Director<br>BATGO Inc.<br>2901 Druid Park Drive, Suite A-103<br>Baltimore MD 21215 | Un<br>Limited   | 40                       | 11                          | #00290<br>9/5/20       | 3/12, 3/13,<br>3/14, 3/19<br>and<br>3/20/2019 |  |
| Inspection Summary   |   |                          |                             |                        |   |  |
| Number of Records Reviewed: Youth Staff Foster Parent Adoptive Parent N/A  |   |                          |                             |                        |   |  |
| Number of Interviews: Youth <u>5</u> Staff <u>Foster Parent 5</u>  |   |                          |                             |                        |   |  |
| CPA Office Inspection: Approved  |   |                          |                             |                        |   |  |
| Number of ILP Apartments Inspected: NA Number of Foster Homes Inspected: 4                                       |   |                          |                             |                        |   |  |
| Current COMAR Violation: Yes X No  |   |                          |                             |                        |   |  |
| If Yes, list Cited Violation(s) below:   |   |                          |                             |                        |   |  |
| Violation(s)   | Violation(s) Findings   |                          |                             |                        |   |  |
| 07.05.02.10 D (2) & (6)  | 1 out of 6 sleeping quarters was not clean and had a foul odor. |                          |                             |                        |   |  |
| 07.05.02.10 E 1 out of 6 sleeping quarters did not have adequate storage place for one youth.                    |   |                          |                             |                        |   |  |
| Corrective Action Plan: Yes X No If yes, date of CAP: 3/13/19  |   |                          |                             |                        |   |  |
| Any Violations During Mid or Re-Licensure Periods: Yes No N/A<br>If Yes See Report (s) Date(s):                  |   |                          |                             |                        |   |  |
| Complaint Outcome: NA  |   |                          |                             |                        |   |  |
| Current Status of License: Continued   |   |                          |                             |                        |   |  |
|  |   |                          |                             |                        |   |  |
| Licensing<br>Coordinator: Tina Bullock Date:   | 3/22/19   | Email                    | : <u>tina.bullock@m</u>     | aryland.gov            |   |  |