**Provider Organization:** Boys Town Washington DC  

**Licensing Agency:** DHS  

**Contracting Agency(s):** DHS  

**Name of Chief Administrator:** Dr. Robert Winfield  

**Email:** rwinfield@boystown.org  

**License Type:** TFC  

**Type of Inspection:** Quarterly

<table>
<thead>
<tr>
<th>Name and Address of CPA Office</th>
<th>License Capacity</th>
<th>DHR Contract Limit</th>
<th>Census by Placing Agency</th>
<th>License#/ Exp. date</th>
<th>Date of site Inspection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boys Town Washington DC</td>
<td>Un-limited</td>
<td>0 N/A Agency</td>
<td>6</td>
<td>#01155</td>
<td>12/21/17</td>
</tr>
<tr>
<td>8181 Professional Place Hyattsville, MD 20706</td>
<td>maintain contract with CFSA</td>
<td></td>
<td></td>
<td>June 29th, 2018</td>
<td></td>
</tr>
</tbody>
</table>

**Inspection Summary**

**Number of Records Reviewed:** Youth 0  Staff 0  Foster Parent 0  Adoptive Parent N/A

**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:** NA

**Current COMAR Violation:** Yes   No   X

**If Yes, list Cited Violation(s) below:**

<table>
<thead>
<tr>
<th>Violation(s)</th>
<th>Findings</th>
</tr>
</thead>
</table>

**Corrective Action Plan:** Yes   No   X  
**If yes, date of CAP:**

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

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

**Complaint Outcome:** NA

**Current Status of License:** Continued

**Licensing Coordinator:** Gary C. Lee  
**Date:** 12/21/17  
**Email:** Gary.lee@maryland.gov

**Program Manager:** Richard Berger  
**Date:** 12/21/17  
**Email:** richard.berger@maryland.gov