



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

**RESIDENTIAL CHILD CARE PROGRAMS REPORT**

**Provider Organization:** Brook Lane Health Services, Inc.

**Licensing Agency:** DHS

**Contracting Agency(s):** DHS

**Program Administrator:** Ralph Hertges

**Certification #** A00018 **Exp. Date:** 11/15/17

**Type of Inspection:** Re Licensure Evaluation

Site Name	Gender	Age Range	License Capacity	DHR Contract Limit	License#/Exp. date	Date of site Inspection
Brook Lane Health Services, Inc.	M/F	6-17	14	14	#00075 11/15/17	10/11 & 10/12/17

**Inspection Summary**

**Number of Records Reviewed:** Youth 6 Staff 10

**Number of Interviews:** Youth 1 Staff 2

**Physical Plant Inspection:** Approved

**Current COMAR Violation:** Yes X No     

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

Violation(s)	Findings
14.31.06.05 F	6/10 personnel records did not have training documentation
14.31.06.05 E (1)(c)	6/10 personnel records did not have correct medical documentation
14.31.06.05 E(1)(d)	1/10 personnel records did not have Tuberculosis documentation
14.31.06.05 E(1)(h)	6/10 personnel records did not have Credential-RCYCP documentation
14.31.06.17 C(1)	2/6 youth records did not have Initial Service Plans
14.31.06.12 C	4/6 youth records did not have Life Skills Training
14.31.06.17 B (5)(J)(ii)(iii)	2/6 youth records did not have Legal Documents

**Corrective Action Plan:** Yes X No     

**If yes, date of CAP:** 10/12/17

**Any Violations During Mid or Re-Licensure Periods:** Yes      No X NA     

**If Yes See Report(s) Date(s):** N/A

**Complaint Outcome:** N/A

**Current Status of License:** Re-licensed

**Licensing**

**Coordinator:** Jennifer McCabe **Date:** 10/30/17 **Email:** [Jennifer.mccabe@maryland.gov](mailto:Jennifer.mccabe@maryland.gov)

**Program Manager:** Andre Thomas **Date:** 10/30/17 **Email:** [Andre.thomas@maryland.gov](mailto:Andre.thomas@maryland.gov)