**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:** 12/31/19

**Type of Inspection:** Quarterly

<table>
<thead>
<tr>
<th>Site Name</th>
<th>Gender</th>
<th>Age Range</th>
<th>License Capacity</th>
<th>DHR Contract Limit</th>
<th>License#/Exp. date</th>
<th>Date of site Inspection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brook Lane Health Services, Inc.</td>
<td>M/F</td>
<td>6-17</td>
<td>14</td>
<td>14</td>
<td>#00075 11/15/19</td>
<td>8/16/18</td>
</tr>
</tbody>
</table>

**Inspection Summary**

**Number of Records Reviewed:**  
Youth 0  
Staff 6

**Number of Interviews:**  
Youth 0  
Staff 3

**Physical Plant Inspection:** Approved

**Current COMAR Violation:** Yes X No

If Yes, list Cited Violation(s) below:

<table>
<thead>
<tr>
<th>Violation(s)</th>
<th>Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>14.31.06.05 E (1) (h)</td>
<td>1/6 personnel records did not have RCYCP documentation</td>
</tr>
<tr>
<td>14.31.06.15 G (3)</td>
<td>Utilizing a non-approved behavioral intervention training</td>
</tr>
</tbody>
</table>

**Corrective Action Plan:** Yes X No  
If yes, date of CAP: 8/16/18

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

If Yes See Report(s) Date(s): 11/2/17

**Complaint Outcome:** N/A

**Current Status of License:** Continued

**Licensing**  
**Coordinator:** Jennifer McCabe  
**Date:** 8/30/18  
**Email:** Jennifer.mccabe@maryland.gov

**Program Manager:** Andre Thomas  
**Date:** 9/4/18  
**Email:** Andre.thomas@maryland.gov