## RESIDENTIAL CHILD CARE PROGRAMS REPORT

**Provider Organization:** Challenger’s Independent Living, Inc.  
**Licensing Agency:** DHS  
**Contracting Agency(s):** DHS  
**Program Administrator:** Walter McNeil  
**Certification #** A00020  
**Exp. Date:** 12/20/2019  
**Type of Inspection:** Quarterly Evaluation

### Site Details

<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>Bert’s Place</td>
<td>Males</td>
<td>16-19</td>
<td>5</td>
<td>5</td>
<td>#00411 12/20/19</td>
<td>3/7 &amp; 3/8/18</td>
</tr>
<tr>
<td>Bert’s Place Too</td>
<td>Females</td>
<td>15-19</td>
<td>7</td>
<td>7</td>
<td>#00550 12/20/19</td>
<td>3/7 &amp; 3/8/18</td>
</tr>
</tbody>
</table>

### Inspection Summary

**Number of Records Reviewed:**  Youth 5  Staff 6

**Number of Interviews:**  Youth 0  Staff 1

**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>14.31.06.13 E (3)</td>
<td>1/5 youth records did not have dental documentation</td>
</tr>
<tr>
<td>14.31.06.12 A</td>
<td>1/5 youth records did not have education documentation</td>
</tr>
<tr>
<td>14.31.06.05 E (1) (c)</td>
<td>1/6 personnel records did not have proper medical documentation</td>
</tr>
<tr>
<td>14.31.06.05 E (1)(h)</td>
<td>1/6 personnel records did not have RCYCP Certification</td>
</tr>
<tr>
<td>14.31.06.15 G(3)(b)(c)</td>
<td>3/6 staff members did not have TACT-II training</td>
</tr>
<tr>
<td>14.31.06.14 D</td>
<td>Staff member not placed on administrative leave during a CPS investigation</td>
</tr>
</tbody>
</table>

**Corrective Action Plan:** Yes  X  No

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

If Yes See Report(s) Date(s):  12/26/17  
N/A

**Complaint Outcome:** N/A

**Current Status of License:** Continued under CAP

---

**Licensing**  
**Coordinator:** Jennifer McCabe  
**Date:** 3/19/2018  
**Email:** Jennifer.mccabe@maryland.gov

**Program Manager:** Andre Thomas  
**Date:** 3/19/2018  
**Email:** Andre.thomas@maryland.gov