



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

**CHILD PLACEMENT AGENCY REPORT**

**Provider Organization:** Children’s Choice of Maryland

**Licensing Agency:** DHS

**Contracting Agency(s):** DHS & DJS

**Name of Chief Administrator:** Leslie Allen

**Email:** [lallen@childrenschoice.org](mailto:lallen@childrenschoice.org)

**License Type:** Treatment Foster Care, Mother-Infant

**Type of Inspection:** Re-License

| Name and Address of CPA Office  | License Capacity | DHS Contract Limit | Census by Placing Agency | License#/ Exp. date | Date of site Inspection |
|---|------------------|--------------------|--------------------------|---------------------|-------------------------|
| Children’s Choice TFC<br>6067 Harford Rd. Baltimore, MD 21214                       | Unlimited        | 85                 | DHS 30<br>DJS 2          | #00246/<br>6/20/20  | 6/11/18                 |
| Children’s Choice TFC<br>1813 Sweet Bay Drive, Suite 1<br>Salisbury, MD 21801       | Unlimited        | Same               | DHS 11<br>DJS 2          | #00247/<br>6/20/20  | 6/12/18                 |
| Children’s Choice TFC<br>1563 Postal Road., Suites 3A, 3B & 3C<br>Chester, MD 21619 | Unlimited        | Same               | DHS 22                   | #00245/<br>6/20/20  | 6/13/18                 |
| Children’s Choice TFC<br>10001 Derekwood Lane, Suite 202<br>Lanham, MD 20706        | Unlimited        | Same               | DHS 21<br>CFSA 90        | #00295/<br>6/20/20  | 6/13/18                 |

**Inspection Summary**

**Number of Records Reviewed:** Youth 26 Staff 14 Foster Parent 27 Adoptive Parent N/A

**Number of Interviews:** Youth 6 Staff 4 Foster Parent 6

**CPA Office Inspection:** Approved

**Number of ILP Apartments Inspected:** N/A **Number of Foster Homes Inspected:** 6

**Current COMAR Violation:** Yes  No

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

| Violation(s) | Findings |
|--------------|----------|
| N/A          |          |

**Corrective Action Plan:** Yes  No

**If yes, date of CAP:**

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

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

**Complaint Outcome:** N/A

**Current Status of License:**  
**Continued**

**Licensing**

**Coordinator:** Lisa Beeman                      **Date:** 6/27/18                      **Email:** [lisa.beeman@maryland.gov](mailto:lisa.beeman@maryland.gov)

**Program Manager:** Richard Berger                      **Date:** 6/27/18                      **Email:** [richard.berger@maryland.gov](mailto:richard.berger@maryland.gov)