**Provider Organization:** The Children’s Guild, Inc.

**Licensing Agency:** DHS

**Contracting Agency(s):** DHS

**Name of Chief Administrator:** Keisha Bryan

**Email:** bryan.k@childrenguild.org

**License Type:** Treatment Foster Care

**Type of Inspection:** Quarterly

<table>
<thead>
<tr>
<th>Name and Address of CPA Office</th>
<th>License Capacity</th>
<th>DHS 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>The Children’s Guild, Inc.</td>
<td>unlimited</td>
<td>60</td>
<td>61</td>
<td>#00300 7/25/2018</td>
<td>01/22/2018</td>
</tr>
</tbody>
</table>

**Inspection Summary**

**Number of Records Reviewed:**
- Youth **4**
- Staff **0**
- Foster Parent **0**
- Adoptive Parent **N/A**

**Number of Interviews:**
- Youth **0**
- Staff **0**
- Foster Parent **0**

**CPA Office Inspection:** 01/22/2018

**Number of ILP Apartments Inspected:** **N/A**

**Number of Foster Homes Inspected:** **N/A**

**Current COMAR Violation:** Yes **___** No **___**

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 X **___**

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

**Complaint Outcome:** N/A

**Current Status of License:** Continued

**Licensing Coordinator:** Sherlema Ferguson  
**Date:** 2/6/18  
**Email:** sherlema.ferguson@maryland.gov

**Program Manager:** Richard Berger  
**Date:** 2/6/18  
**Email:** richard.berger@maryland.gov