**Residential Child Care Programs Report**

**Provider Organization:** The Children’s Home, Inc.  
**Licensing Agency:** DHS  
**Contracting Agency(s):** DHS, DJS, DYRS  
**Program Administrator:** Yvette Lucas  
**Certification #:** A00201  
**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>DHS Contract Limit</th>
<th>License#/Exp. date</th>
<th>Date of site Inspection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shelter</td>
<td>Females/Males</td>
<td>13-17</td>
<td>8</td>
<td>None</td>
<td>#00268 6/15/19</td>
<td>9/12/18</td>
</tr>
<tr>
<td>Transitional Living High Intensity</td>
<td>Males</td>
<td>13-17</td>
<td>8</td>
<td>None</td>
<td>#00144 6/15/19</td>
<td>9/12/18</td>
</tr>
<tr>
<td>Diagnostic Center</td>
<td>Females</td>
<td>13-19</td>
<td>16</td>
<td>11</td>
<td>#00536 6/19/19</td>
<td>9/12/18</td>
</tr>
<tr>
<td>Group Home</td>
<td>Males/Females</td>
<td>13-20</td>
<td>48</td>
<td>34</td>
<td>#00268 6/19/19</td>
<td>9/12/18</td>
</tr>
</tbody>
</table>

**Inspection Summary**

- **Number of Records Reviewed:** Youth 0  Staff 8
- **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></td>
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</tbody>
</table>

Corrective Action Plan: Yes X No  
If yes, date of CAP:

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

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

- Complaint Outcome: N/A
- Current Status of License: Continued

**Licensing Coordinator:** Patricia Sparrow  
**Date:** 10/2/18  
**Email:** Patricia.sparrow@maryland.gov

**Program Manager:** Andre Thomas  
**Date:** 10/2/18  
**Email:** Andre.thomas@maryland.gov