## CHILD PLACEMENT AGENCY REPORT

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

**Licensing Agency:** DHS  
**Contracting Agency(s):** DHS

**Name of Chief Administrator:** Andre Cooper  
**Email:** acooper@thechildrenshome.net

**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>DHR 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 Home, Inc.</td>
<td>Unlimited</td>
<td>40</td>
<td>16</td>
<td>#00214/6/15/2019</td>
<td>9/14/17</td>
</tr>
</tbody>
</table>

### Inspection Summary

**Number of Records Reviewed:** Youth 5, Staff 1, Foster Parent 0, Adoptive Parent NA

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

**CPA Office Inspection:** Approved

**Number of ILP Apartments Inspected:** N/A  
**Number of Foster Homes Inspected:** 0

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

<table>
<thead>
<tr>
<th>Violation(s)</th>
<th>Findings</th>
</tr>
</thead>
</table>

**Corrective Action Plan:** Yes  
**If yes, date of CAP:**

**Any Violations During Mid or Re-Licensure Periods:** Yes  
**If Yes See Report (s) Date(s):**

**Complaint Outcome:** N/A

**Current Status of License:** Continued

**Licensing Coordinator:** Michelle Goines  
**Date:** 10/13/17  
**Email:** michelle.goines@maryland.gov

**Program Manager:** Richard Berger  
**Date:** 10/113/17  
**Email:** richard.berger@maryland.gov