## Child Placement Agency Report

**Provider Organization:** Good Children in the Making

**Licensing Agency:** DHS

**Contracting Agency(s):** DHS

**Name of Chief Administrator:** Marsha Ross

**Email:** ldymrsh@aol.com

**License Type:** Treatment Foster care

**Type of Inspection:** Quarterly

### Name and Address of CPA Office

<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>Good Children in the Making, Inc. 14300 Gallant Fox lane, Suite 216 Bowie, MD 20715</td>
<td>Un Limited</td>
<td>28</td>
<td>22</td>
<td>00276 10/3/18</td>
<td>8/9/18</td>
</tr>
</tbody>
</table>

### Inspection Summary

**Number of Records Reviewed:**
- Youth: 0
- Staff: 0
- Foster Parent: 0
- Adoptive Parent: NA

**Number of Interviews:**
- Youth: 5
- Staff: 0
- Foster Parent: 5

**CPA Office Inspection:** Approved

**Number of ILP Apartments Inspected:** NA

**Number of Foster Homes Inspected:** 0

**Current COMAR Violation:** Yes  No  X

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

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

**Corrective Action Plan:** Yes  X  No

**If yes, date of CAP:**

**Any Violations During Mid or Re-Licensure Periods:** Yes  No  X  N/A

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

**Complaint Outcome:** NA

**Current Status of License:** Continued

**Licensing Coordinator:** Patricia Sparrow  
**Date:** 8/31/18  
**Email:** patricia.sparrow@maryland.gov

**Program Manager:** Richard Berger  
**Date:** 8/31/18  
**Email:** richard.berger@maryland.gov