

## OFFICE OF LICENSING AND MONITORING

## **Residential Child Care Report Summary**

nformation			
Provider Organization	Hearts and Homes		
Name of Certified Program Administrator	Chloe Perez		
Email of Chief Administrator	CPerez@heartsandhomes.org		

Name/Address	License Capacity	Total DHS Contract Limit	DHS Census	DJS Census	Other Census	License# Exp Date	Date of Site Inspection
Montgomery 11920	8	16	4	0	0	MH2301 9/30/23	1/24/2023
Anne Arundel 25	8		2	0	0	MH2302 9/30/23	1/25/2023

Licensing Informati	ion	
Licensing Agency	Maryland Department of Health	
License Type	Therapeutic Group Home	
Type of Inspection	Quarterly	
Current Status of License	ACTIVE	

COMAR Citations (CAP = Corrective Action Plan)

This Provider was cited for	RCC Site	COMAR Citation	Comment	Citation Status (Resolved/CAP)	
ne listed COMAR violations					
which MAY present safety isks for children based on					
mpact, scope, and					
requency. These issues are					
ither resolved or a orrective action plan has					
peen implemented.					
	Montgomery 11920	14.31.06.15 C	Youth did not have a Safe Enviror	ironment Plan in the record (IB)	
his Provider was cited					
or the listed COMAR					
violations which <b>DO</b>					
<b>VOT</b> present imminent					
afety risks for children based on impact, scope,					
and frequency.					

Name	Role	Email	Date	
atricia Sparrow	Licensing Specialist	Patricia.sparrow@maryland.gov	7/7/2023	
Kimberly Brock	Program Manager	Kimberly.brock1@maryland.gov	7/10/2023	