# Child Placement Agency Report

**Provider Organization:** MENTOR Maryland  
**Licensing Agency:** DHR  
**Name of Chief Administrator:** Simone Bramble  
**License Type:** ILP  
**Contracting Agency(s):** DHR, DJS  
**Email:** simone.bramble@thementornetwork.com

<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>BTIT/BCS/ILP 1540 Caton Center Dr., Baltimore, MD 21227</td>
<td>Unlimited</td>
<td>ILP 15</td>
<td>ILP DHR 8 DJS 2</td>
<td>#00272 / 6/30/18 #00408 / 6/30/18</td>
<td>03/16/2017</td>
</tr>
<tr>
<td>BTIT/BCS/ILP 620 Naylor Mill Road, Suite F Salisbury, MD 21801</td>
<td>Unlimited</td>
<td>ILP 15</td>
<td>ILP DHR 0 DJS 2</td>
<td>#00409 / 6/30/18</td>
<td>03/10/2017</td>
</tr>
</tbody>
</table>

### Inspection Summary

- **Number of Records Reviewed:** Youth 8, Staff 0, Foster Parent NA, Adoptive Parent NA
- **Number of Interviews:** Youth 0, Staff 0, Foster Parent 0
- **CPA Office Inspection:** Approved

- **Number of ILP Apartments Inspected:** 1  
- **Number of Foster Homes Inspected:** NA

**Current COMAR Violation:** Yes X No

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<tr>
<th>Violation(s)</th>
<th>Findings</th>
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**Corrective Action Plan:** Yes ___ No ___ X  
If yes, date of CAP:

- **Any Violations During Mid or Re-Licensure Periods:** Yes ___ No ___
  If Yes See Report (s) Date(s):

**Complaint Outcome:** N/A

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**Current Status of License:** Re-Licensed

**Licensing Coordinator:** Sherlema Ferguson  
**Date:** 3/20/2017  
**Email:** sherlema.ferguson@maryland.gov

**Program Manager:** Richard Berger  
**Date:** 3/20/2017  
**Email:** richard.berger@maryland.gov