**CHILD PLACEMENT AGENCY REPORT**

**Provider Organization:** Progressive Life Center ILP

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

**Name of Chief Administrator:** Peter Fitts  
**Email:** pfitts@plcntu.org

**License Type:** Independent Living Program (ILP)  
**Type of Inspection:** Quarterly

<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>
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</thead>
<tbody>
<tr>
<td>Progressive Life Center ILP</td>
<td>Unlimited</td>
<td>10</td>
<td>5</td>
<td>#00417</td>
<td>06/26/2018</td>
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<tr>
<td>8800 Jericho City Drive</td>
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<td></td>
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<td></td>
<td>02/23/2018</td>
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<tr>
<td>Landover, MD 20785</td>
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**Inspection Summary**

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

**Number of Interviews:**  
Youth 3  
Staff 0  
Foster Parent NA

**CPA Office Inspection:** Approved

**Number of ILP Apartments Inspected:** 2  
**Number of Foster Homes Inspected:** NA

**Current COMAR Violation:** Yes X No

If Yes, list Cited Violation(s) below:

<table>
<thead>
<tr>
<th>Violation(s)</th>
<th>Findings</th>
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**Corrective Action Plan:** Yes X No

If yes, date of CAP:

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

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

**Complaint Outcome:**

**Current Status of License:** Continued

**Licensing Coordinator:** Sherlema Ferguson  
**Date:** 3/28/18  
**Email:** sherlema.ferguson@maryland.gov

**Program Manager:** Richard Berger  
**Date:** 3/28/18  
**Email:** richard.berger@maryland.gov