# CHILD PLACEMENT AGENCY REPORT

**Provider Organization:** WIN Family Services, Inc  
**Licensing Agency:** DHR  
**Contracting Agency(s):** DHR  
**Name of Chief Administrator:** Alford Laws  
**Email:** allaws@winfamilyservices.org  
**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>WIN Family Services, Inc. PG 10001 Derekwood Lane, Suite 210 Lanham, MD 20706</td>
<td>Unlimited</td>
<td>95 total for both sites</td>
<td>33 DYRS 5</td>
<td>00383 5/15/18</td>
<td>2-13-17</td>
</tr>
</tbody>
</table>

## Inspection Summary

**Number of Records Reviewed:** Youth 8 Staff 0 Foster Parent 3 Adoptive Parent 0  
**Number of Interviews:** Youth 0 Staff 0 Foster Parent 0  
**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>
</tr>
</thead>
</table>

**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:**  
**Current Status of License:** Continued under CAP

## Licensing

**Coordinator:** Gary C. Lee  
**Date:** 2-15-17  
**Email:** gary.lee@maryland.gov  
**Program Manager:** Richard Berger  
**Date:** 2-15-17  
**Email:** richard.berger@maryland.gov