



# OFFICE OF LICENSING AND MONITORING

## Child Placement Agency Report Summary

### Provider Information

|                              |   |
|------------------------------|---|
| Provider Organization        | <b>Baltimore Adolescent Treatment Guidance Organization (BATGO)</b> |
| Name of Chief Administrator  | Heather McQuay  |
| Email of Chief Administrator | <a href="mailto:heather@batgo.org">heather@batgo.org</a>            |

### CPA Site Information

| Name/Address   | License Capacity | Total DHS Contract Limit | DHS Census | DJS Census | Other Census | License # Exp Date | Date of Site Inspection |
|--|------------------|--------------------------|------------|------------|--------------|--------------------|-------------------------|
| 2901 Druid Park Drive, Suite A-103<br>Baltimore MD 21215 | Unlimited        | <b>40</b>                | 10         | 0          | 0            | #170<br>11/3/25    | 1/30/25                 |
|  |                  |                          |            |            |              |                    |                         |
| Contracting Agency(s)                                    | DHS              |                          |            |            |              |                    |                         |



### Licensing Information

|                           |  |
|---------------------------|--|
| Licensing Agency          | <b>Maryland Department of Human Services</b> |
| License Type              | <b>Treatment Foster Care</b>                 |
| Type of Inspection        | <b>Periodic</b>                              |
| Current Status of License | <b>ACTIVE</b>                                |

## COMAR Citations

(CAP = Corrective Action Plan)

|   | CPA Site | COMAR Citation   | Comment   | Citation Status (Resolved/CAP) |
|---|----------|--|---|--------------------------------|
| <p>This Provider was cited for the listed COMAR violations which <b>MAY</b> present safety risks for children based on impact, scope, and frequency. These issues are either resolved or a corrective action plan has been implemented.</p> |          | <b>Dental/vision</b> [07.05.02.17 A(2)&(7)pg.28&29]                                | No documentation of dental and vision in the record at the time of the review, for one youth.                           | CAP                            |
|   |          | <b>Immunization</b> [07.05.02.17 A(3)pg.28]  | No documentation of immunization in the record at the time of the review, for one youth.                                | CAP                            |
|   |          | <b>PPD initial/every 2 years for all Family Members</b> [07.05.02.06A(1) (a&b)pg4] | The household member of one foster parent did not have the proper documentation written by the doctor for the PPD test. | CAP                            |
|   |          | <b>TB Test</b> [07.05.01.13B(4)pg21&07.05.01.13cpg.22]                             | One staff had an expired TB test.   | CAP                            |
|   |          |  |   |                                |
|   |          |  |   |                                |
| <p>This Provider was cited for the listed COMAR violations which <b>DO NOT</b> present imminent safety risks for children based on impact, scope, and frequency.</p>  |          | <b>Education</b> [07.05.02.18D(8)pg.32]  | No documentation of education in the record at the time of the review, for one youth.                                   |                                |
|   |          | <b>Foster Parent Progress Notes (Daily or wkly)</b> [07.02.21.10D(3)pg.9]          | Two youth had incomplete foster parent progress notes.  |                                |
|   |          | <b>Vehicle Insurance</b> [07.05.01.10Epg 16]                                       | One staff did not have the required coverage amounts pe COMAR, at the time of the review.                               |                                |
|   |          |  |   |                                |
|   |          |  |   |                                |
|   |          |  |   |                                |

| Name  | Role                                | Email  | Date      |
|---|-------------------------------------|--|-----------|
| <br>Tawanna Tilghman-Marine | Licensing Specialist                | <a href="mailto:tawanna.tilghmanmarine@maryland.gov">tawanna.tilghmanmarine@maryland.gov</a> | 1/31/2025 |
| <br>Nalicia Goods           | Acting Deputy<br>Executive Director | <a href="mailto:nalicia.goods@maryland.gov">nalicia.goods@maryland.gov</a>                   | 1/31/2025 |