

**Provider Organization:** 

**Program Administrator:** 

**Licensing Agency:** 

Maryland Department of Human Services Office of Licensing and Monitoring 311 W. Saratoga Street Baltimore, Maryland 21201

Office: 410.767.7871 Fax: 410.333.8408

A00068

**DHS** 

**Exp. Date:** 12/31/19

**Contracting Agency(s):** 

**Findings** 

If yes, date of CAP:

**Certification #** 

## RESIDENTIAL CHILD CARE PROGRAMS REPORT

Care With Class, Incorporated

Aquan Manigault

Yes No X

Type of Inspection: Mid-Licensure						
Site Name	Gender	Age Range	License Capacity	DHS Contract Limit	License#/ Exp. date	Date of site Inspection
Park –Apt.A3	Males	15-19	3	3	#0029 11/17/19	11.14.18
Park-Apt.B2	Males	15-19	3	3	#00480 11/17/19	11.14.18
Kennedy	Males	15-19	5	5	#00583 11/17/19	11.14.18
<u>Inspection Summary</u>						
Number of Records Reviewed: Youth 6 Staff 8						
Number of Interviews: Youth 5 Staff 4						
Physical Plant Inspection: Approved						
COMAR Violation: Yes No _X_						
If Yes, list Cited Violation(s) below:						

Licensing

Coordinator: Patricia Sparrow Date: 12/4/18 Email: patricia.sparrow@maryland.gov

**Program Manager:** Andre Thomas **Date** 12/10/18 **Email:** <u>andre.thomas@maryland.gov</u>

DHR/OLM (RCC) Updated: 12/11/2013

Violation(s)

Current Status of License: Continued

**Corrective Action Plan:** 

**Complaint Outcome:**