



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

RESIDENTIAL CHILD CARE PROGRAMS REPORT

Provider Organization: Inner County Outreach, Inc.

Licensing Agency: DHS

Contracting Agency(s): DHS

Program Administrator: Pastor Nathaniel Johnson

Certification # A000139 **Exp. Date:** 12/31/19

Type of Inspection: Quarterly

Site Name	Gender	Age Range	License Capacity	DHS Contract Limit	License#/ Exp. date	Date of site Inspection
Harewood	Male	14-18	6	6	#00243 11/4/19	5/24/19
Overlea	Female	16-20	6	6	#00504 11/4/19	5/23/19

Inspection Summary

Number of Records Reviewed: Youth 0 Staff 2

Number of Interviews: Youth 0 Staff 0

Physical Plant Inspection: Approved

Current COMAR Violation: Yes No

If Yes, list Cited Violation(s) below:

Violation(s)	Findings
14.31.06.07A(2)	Physical Plant deficiency with ceiling fan
14.31.06.07.A(1)	Physical Plant deficiency with the smoke detector
14.31.06.07E(4)(a)	Physical Plant deficiency holes in bedroom walls
14.31.06.07K(1)	Physical Plant deficiency front panel missing off electrical socket
14.31.06.07F(3)	Physical Plant box spring needs to be cleaned
14.31.06.07F(3)(d)	Physical Plant beds to close to slated ceiling
14.31.06.07C(1)	Physical Plant wood floor had expose nails
14.31.06.07I	Physical Plant kitchen cabinet missing front panel.
14.31.06.07E(5)	Physical plant baseboards had graffiti and unclean
14.31.06.05E(1)(b)	Neither of the 2 employee records had references
14.31.06.06.D(3)	Neither 2 employee records had confidentiality statements
14.31.06.05E(1)(m)	Neither of the 2 records had child abuse statements.
14.31.06.05E(1)(g)	Neither of the 2 records had I-9 forms
14.31.06.05D(1)	Neither of the 2 records had a job description
14.31.06.05E(1)(l)	Neither of the 2 records had driving records
14.31.05.06A(2)(f)	1 record out of 2 did not have the RCYCP certification

Corrective Action Plan: Yes No

If yes, date of CAP: 5/24/19

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

Complaint Outcome: N/A

Current Status of License: Continued

Licensing

Coordinator: Odetta Bulluck **Date:** 6/4/2019 **Email:** Odetta.squire-bulluck@maryland.gov

Program Manager: Andre Thomas **Date:** 6/7/2019 **Email:** Andre.thomas@maryland.gov