

**OFFICE OF  
LICENSING AND MONITORING**

**Child Placement Agency Report Summary**

**Information**

Provider Organization	<b>PSI Services, Inc.</b>
Name of Chief Administrator	Dr. Sheila Pandit
Email of Chief Administrator	Sheila.pandit@psiservices.org

**CPA Office Information**

Name/Address	License Capacity	Total DHS Contract Limit	DHS Census	DIS Census	Other Census	License # Exp Date	Date of Site Inspection
PSI Services	unlimited	<b>58</b>	40	0	11	#243 05/28/2024	03/06/2024

Contracting Agency(s)	Maryland Department of Human Services
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**Licensing Information**

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

# COMAR Citations

This Provider was cited for the listed COMAR violations which <b>MAY</b> present imminent safety risks for children based on impact, scope, and frequency.	CPA Site	COMAR Citation	Comment
	5001252	Monitoring Visits (2x month)[07.02.21.08A(3)(5)pg7]	CAP
	Examination[07.05.01.13B(4)pg21&07.05.01.13Cpg.22]	CAP	
	TB Test[07.05.01.13B(4)pg21&07.05.01.13Cpg.22]	CAP	
	PPD initial/every 2 years for all Family Members[07.05.02.06A(1)(a&b)pg4]	CAP	
	Medical Initial & Every 2yrs All Family Members[07.05.02.06pg.4]	CAP	
	Criminal background : State clearance[07.05.02.11E(7)(a)pg.14]	CAP	
	physical exam[07.05.02.17A(1)&(7)pg.28&29]	CAP	
	Dental/vision[07.05.02.17A(2)&(7)pg.28&29]	CAP	
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.	CPA Site	COMAR Citation	Comment
	5001252	TFC Annual Training 30 hrs.[07.02.21.05.Cpg5,07.05.01.13.B(7)pg.21]	Not in the record for one staff.
	Initial Treatment Plan[07.02.21.08A1pgs.6&7]	Not in the record for three youth.	
	TFC : Con't training 20 hrs/yr[07.02.21.10Cpg.9]	Not in the record for one foster parent.	

	<b>Reference</b> Check[07.05.01.09dpg15.07.05.01.13b(3)pg.21]	Not in the record for three staff.
	<b>Vehicle Insurance</b> [07.05.01.10Epg16]	Not in the record for one staff.
	<b>References</b> [07.05.02.11e(10&1)pg.14]	Not in the record for four foster parents.
	<b>Admission /Intake</b> [07.05.02.15Apgs21]	Not in the record for one youth.
	<b>Annual Re-Certification</b> [07.05.02.16Gpg.27]	Not in the record for one foster parent.
	<b>Cont Treatment</b> Plan[7.02.21.08A2pg.7.07.02.21.11pgs.10]	Not in the record for two youth.

**Office of Licensing and Monitoring Staff Information**

Name	Role	Email	Date
Shawnae Lowery	Licensing Specialist	Shawnae.lowery1@maryland.gov	04/22/2024
	Program Manager	Nalicia.goods@maryland.gov	4/22/24