



OFFICE OF LICENSING AND MONITORING

Child Placement Agency Report Summary

Information

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| Provider Organization | Pressley Ridge, Inc. |
| Name of Chief Administrator | Simone Bramble |
| Email of Chief Administrator | sbramble@pressleyridge.org |

CPA Office Information

| Name/Address | License Capacity | Total DHS Contract Limit | DHS Census | DJS Census | Other Census | License # Exp Date | Date of Site Inspection |
|--|------------------|--------------------------|------------|------------|--------------|---------------------------|-------------------------|
| 8501 LaSalle Rd Suite 200 Towson, MD 21286 | Unlimited | 189 | 58 | 0 | 0 | #2241 #2521 04/13/2024 | 1/9/2024 |

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

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| Licensing Agency | Maryland Department of Human Services |
| License Type | Treatment Foster Care |
| Type of Inspection | Quarterly |
| Current Status of License | ACTIVE |

COMAR Citations

(CAP = Corrective Action Plan)

| This Provider was cited for the listed COMAR violations which MAY present safety risks for children based on impact, scope, and frequency. These issues are either resolved or a corrective action plan has been implemented. | CPA Site | COMAR Citation | Comment | Citation Status (Resolved/CAP) |
|--|---|--|------------------------------------|--------------------------------|
| | 5061783 | Medical Examination [07.05.01.13B(4)pg21&07.05.01.13cpg.22] | Not in the record for one staff. | CAP |
| 5061783 | Health & Sanitary [07.05.02.10Apg.9] | Not in the record for two foster parents. | CAP | |
| | 5089879 | Physical Exam [07.05.02.17A(1)(7)pg.28,29] | Not in the record for two youth. | CAP |
| | 5061783 | physical exam [07.05.02.17A(1)&(7)pg.28&29] | Not in the record for one youth. | CAP |
| | 5089879 | Dental/Vision/Hearing [07.05.02.17A(2)(7)pg.28,29] | Not in the record for seven youth. | CAP |
| | 5061783 | Dental/vision [07.05.02.17A(2)&(7)pg.28&29] | Not in the record for one youth. | CAP |
| | 5089879 | Immunization [07.05.02.17A(3)pg.28] | Not in the record for four youth. | CAP |
| | 5061783 | Immunization [07.05.02.17A(3)pg.28] | Not in the record for three youth. | CAP |
| | 5061783 | Medical History [07.05.02.18D(6)pg.32] | Not in the record for two youth. | CAP |
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| | 5061783 | Referral Information [07.02.21.07pg.6] | Not in the record for one youth. | |

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|---|----------------|---|---|
| This Provider was cited for the listed COMAR violations which DO NOT present imminent safety risks for children based on impact, scope, and frequency. | 5061783 | Initial Treatment Plan [07.02.21.08A1pgs.6&7] | Not in the record for four youth. |
| | 5061783 | Monitoring Visits (2x month) [07.02.21.08A(3)(5)pg7] | Not in the record for four youth. |
| | 5061783 | Foster Parent Progress Notes (Daily or wkly) [07.02.21.10D(3)pg.9] | Not in the record for six youth. |
| | 5061783 | Agency Reporting Responsibilities [07.05.01.08 (2)] | The agency did not submit six critical incident reports in a timely manner. |
| | 5089879 | Reference Check [07.05.01.09DPG.15,07.05.01.13B(3)pg.21] | Not in the record for two staff. |
| | 5061783 | Child abuse statement [07.05.01.12bpg.20] | Not in the record for one staff. |
| | 5061783 | Confidentiality statement [07.05.01.13A(9)pg.21] | Not in the record for one staff. |
| | 5089879 | Non-TFC Annual Training for Supervisors & Workers 20hrs [07.05.01.13.B(7)Pg21,07.05.01.16B.(1)pg.25] | Not in the record for one staff. |
| | 5061783 | References [07.05.02.11e(10&11)pg.14] | Not in the record for four foster parents. |
| | 5061783 | Child Support [07.05.02.11E(8)pg.14] | Not in the record for one foster parent. |
| | 5061783 | Signed Agreement [07.05.02.13A(8)pg.19] | Not in the record for one foster parent. |
| | 5061783 | Admission /Intake [07.05.02.15Apgs21] | Not in the record for one youth. |
| | 5061783 | Legal Records [07.05.02.18D(4)pg.31] | Not in the record for one youth. |
| | 5061783 | Education [07.05.02.18D(8)pg.32] | Not in the record for one youth. |
| | 5089879 | Birth Certificate/ SS Number [07.05.04.04A(6)(e)(f)Pg4] | Not in the record for two youth. |
| | 5089879 | Casey Life Skills Assessment (30 days) [07.05.04.05A(2)pg.5] | Not in the record for one youth. |
| | 5089879 | Legal Documentation [07.05.04.05A(4)(i)pg.6] | Not in the record for two youth. |
| | 5089879 | Education/Employment [07.05.04.05B(6)(a,b,c)pg.6] | Not in the record for two youth. |
| | 5061783 | Con't Treatment Plan [7.02.21.08A2pg.7,07.02.21.11pgs.10] | Not in the record for one youth. |

Office of Licensing and Monitoring Staff Information

| Name | Role | Email | Date |
|--|----------------------|--|------------|
|  Shawnae Lowery | Licensing Specialist | shawnae.lowery1@maryland.gov | 03/26/2024 |
|  Nalicia Goods | Program Manager | nalicia.goods@maryland.gov | 3/26/2024 |