



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

**CHILD PLACEMENT AGENCY REPORT**

**Provider Organization:** Progressive Life Center TFC

**Licensing Agency:** DHS

**Contracting Agency(s):** DHS

**Name of Chief Administrator:** Peter Fitts

**Email:** [pfitts@plcentu.org](mailto:pfitts@plcentu.org)

**License Type:** TFC

**Type of Inspection:** Quarterly

Name and Address of CPA Office	License Capacity	DHS Contract Limit	Census by Placing Agency	License#/ Exp. date	Date of site Inspection
Progressive Life Center ILP 8800 Jericho City Drive Landover, MD 20785	Unlimited	66	26	#00142 06/26/2020	03/27/2019
Progressive Life Center 2641 Maryland Avenue Baltimore, MD 21218	Unlimited		22	#00141 6/26/2020	02/28/2019

**Inspection Summary**

**Number of Records Reviewed:** Youth 9 Staff 0 Foster Parent 1 Adoptive Parent NA

**Number of Interviews:** Youth 0 Staff 4 Foster Parent 0

**CPA Office Inspection:** Approved

**Number of ILP Apartments Inspected:** 0

**Number of Foster Homes Inspected:** NA

**Current COMAR Violation:** Yes  No

**If Yes, list Cited Violation(s) below:**

Violation(s)	Findings
07.05.02.18 D	Face Sheet missing in 1/9 records.
07.02.21.07	Referral Information missing in 1/9 records.
07.02.21.08 A (1)	Initial Treatment Plan missing in 3/9 records.
07.02.21.08	Con't Treatment Plan incorrect in 3/9 records.
07.02.21.10 D(3)	Foster Parent Progress Notes missing in 1/9 records.
07.02.21.08 A(3)(5)	Monitoring Visits (2x month) missing in 4/9 records.
07.05.02.18 D(2)	Birth Certificate missing in 2/9 records.
07.05.02.17 A(3)	Immunization missing in 4/9 records.
07.05.02.17 A(1)	Physical missing in 1/9 records.
07.05.02.17 A(1)(7)	Dental/Vision missing in 2/9 records.
07.05.02.18 D(8)	Education missing in 1/9 records.
07.05.02.06 A(1)	PPD initial missing in 1 foster parent record.

**Corrective Action Plan:** Yes  No

**If yes, date of CAP:** 4/10/2019

**Any Violations During Mid or Re-Licensure Periods:** Yes  No

**If Yes See Report (s) Date(s):**

**Complaint Outcome:** NA

**Current Status of License:** Continued

**Licensing**

**Coordinator:** Sherlema Ferguson **Date:** 4/5/19 **Email:** [sherlema.ferguson@maryland.gov](mailto:sherlema.ferguson@maryland.gov)

**Program Manager:** Richard Berger **Date:** 4/5/19 **Email:** [richard.berger@maryland.gov](mailto:richard.berger@maryland.gov)