

OFFICE OF LICENSING AND MONITORING

Child Placement Agency Report Summary

Provider Information

| Provider Organization | Hearts and Homes for Youth, Inc. |
|------------------------------|----------------------------------|
| Name of Chief Administrator | Roma Marshall |
| Email of Chief Administrator | rmarshall@heartsandhomes.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 |
|---|---------------------|-----------------------------|------------|------------|-----------------|-----------------------|----------------------------|
| Hearts and Home Family Ties Treatment Foster Care Site #5000800 3919 National Drive, Suite 400 Burtonsville, MD 20866 | Unlimited | 30 | 19 | 0 | 0 | #00159 06/16/2024 | 08/08/2023 |

| Licensing Information | | | |
|---------------------------|--|--|--|
| Licensing Agency | Maryland Department of Human Services | | |
| License Type | Treatment Foster Care & Parent/Child ILP | | |
| Type of Inspection | Quarterly | | |
| Current Status of License | ACTIVE | | |

CPA Report Summary Page 1 of 3

COMAR CITATIONS

| | CPA Site | COMAR CITATION | COMMENT |
|---|----------|---|--|
| This Provider was cited for the listed COMAR violation 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. | 5000788 | Dental/Vision/Hearing [07.05.02.17A(2)(7)pg.28, 29] | Current dental and/or vision documentation were missing for two youth at the time of the review. |
| | 5000788 | Medical History [07.05.02.18D(6) pg.32] | One youth was missing the medical history or attempts to obtain the documents at the time of the review. |
| | 5000788 | Physical Exam [07.05.02.17A(1)(7)pg.28, 29] | Three youth were missing current and/or follow up physical examinations. |
| | 5000788 | CPS Clearance[07.05.02.11E (7)(b)pg.14] | The household members of one foster parent did not have a CPS on file at the time of the review. |
| | 5000788 | PPD initial/every 2 years for all Family Members[07.05.02.06A(1)(a&b)pg4] | The household members of two foster parents are expired at the time of the review. No compliance letter was found. |
| | 5000788 | Medical Initial & Every 2yrs All Family Members[07.05.02.06pg .4] | The household members of two foster parents are expired at the time of the review. No compliance letter was found. |
| This Provider was cited for the listed | 5000788 | Annual Re- Certification[07.05.02.16 Gpg.27] | Signatures from the agency and foster parent were missing for one recertification at the time of the review. |
| COMAR violations which DO NOT | 5001112 | Life Skills Training[07.05.04.06A, Bpg.7] | Four youth was missing the documentation. |

CPA Report Summary Page 2 of 3

| present imminent | | | |
|---|---------|---|---|
| safety risks for children based on impact, scope, and | 5000788 | Con't Treatment Plan [7.02.21.08A2pg.7,07.02.2 1.11pgs.10] | The treatment plan conducted in June 2023 for one youth did not have the participants signatures or attempts to obtain needed signatures. |
| frequency. | 5000788 | Education[07.05.02.18D (8)pg.32] | One youth missing current education information at the time of the review. |
| | 5000788 | Initial Treatment Plan [07.02.21.08A1pgs.6&7] | No signatures and completed out of time frame for one youth. |
| | 5000788 | Foster Parent Progress Notes (Daily or wkly)[07.02.21.10D(3)p g.9] | The month of July was missing at the time of the review for one youth. |

Office of Licensing and Monitoring Staff Information

| Name | Role | Email | Date |
|--------------------------|----------------------|--------------------------------|------------|
| Tawanna Tilghman-Marine | Licensing Specialist | tawanna.tilghmanmarine@marylan | 09/13/2023 |
| Lawarra Lilgena - Marine | | <u>d.gov</u> | |
| Nalicia Goods | Program Manager | nalicia.goods@maryland.gov | 09/13/2023 |
| Mahan gents | | | |