

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

<b>Provider Organization:</b>	National Center for	Children and Families.	. Inc. Greentree	Adolescent Program

Licensing Agency: DHS CFSA Contracting Agency(s): DHS DJS CFSA

Program Administrator: Kristal Holland Certification # A00036 Exp. Date: 12/31/2019

**Type of Inspection:** Mid Licensure

Site Name	Gender	Age Range	License Capacity	DHS Contract Limit	License#/ Exp. date	Date of site Inspection
Greentree Adolescent Program (GAP)	Males	12-20	20	20	#00129 4/12/2020	4/9/19

Greentree Adolescent Program (GAP)	Males	12-20	20	20	#00129 4/12/2020	4/9/19
	Inspection Sun	nmary				
Number of Records Reviewed: Youth 14	Staff					
Number of Interviews: Youth 4 Staff	3					

**Physical Plant Inspection:** Approved

COMAR Violation: Yes X No \_\_\_\_

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

II I co, not cited viole	tion(s) below:
Violation(s)	Findings
14.31.0605E(1)(b)	3 of 7 records reviewed did not have a reference signed off by staff, signifying it was checked
14.31.06.15G(3)	1 of 7 records reviewed did not have documentation of CPI training
14.31.06.05.E(1)(d)	2 of 7 records reviewed did not have documentation of TB testing
14.31.06.05.E(1)	5 of 7 records did not have CPR documentation
14.31.06.05F3(c)	5 of 7 records did not have First Aid documentation
14.31.06.05.D(1)	2 of 7 records did not have a job description
14.31.06.07C(1)	Physical Plant Damage: hole in the ceiling overhang outside of the Sequoia building; laundry room wall
	needs completed repair; closet door in dorm room has a hole & needs repair.

14.31.06.05.D(1)	2 of 7 records did not have a job description							
14.31.06.07C(1)	Physical Plant Damage: hole in the ceiling overhang outside of the Sequoia building; laundry room needs completed repair; closet door in dorm room has a hole & needs repair.							
Corrective Action Plan	n: Yes X No			If yes, da	te of C	AP:	4/9/19	
Any Violations During If Yes See Report(s) D	•	ure Perio	ods: Yes	No	<u>X</u>	NA _		
<b>Complaint Outcome:</b>	N/A							
<b>Current Status of Lice</b>	ense: Continued							
Licensing Coordinator: Patricia	a Sparrow	Date:	4/22/2019	Email:	patricia	a.sparr	row@maryland	<u>l.gov</u> .
Program Manager:	André Thomas	Date:	4/25/2019	Email:	andre.t	homas	s@maryland.g	<u>OV</u>

DHR/OLM (RCC) Updated: 12/11/2013