



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**

**Provider Organization:** Linwood Center, Inc.

**Licensing Agency:** DHS

**Contracting Agency(s):** DHS, Autism Waiver

**Program Administrator:** William Moss

**Certification:** A00025 **Exp. Date:** 12/31/19

**Type of Inspection:** Quarterly

Site Name	Gender	Age Range	License Capacity	DHR Contract Limit	License#/ Exp. date	Date of site Inspection
Martha Bush Drive <b>Headquarters</b>	M/F	9 – 21 Yrs.	15	15	#00247 - 4/11/2019	1/16/19
North Rodgers Avenue	Males	9 – 21 Yrs.	4	5	#00595 – 4/11/2019	1/17/19
Rusty Rim	Males	9 – 21 Yrs.	3	5	#00560 – 4/11/2019	1/17/19
Chantilla Road	M/F	9 – 21 Yrs.	4	5	#00392 – 4/11/2019	1/17/19
Town & Country Blvd.	Female	9 – 21 Yrs.	3	1	Pending	1/17/19

**Inspection Summary**

**Number of Records Reviewed:** Youth 2 Staff 6

**Number of Interviews:** Youth 0 Staff 0

**Physical Plant Inspection:** Approved

**Current COMAR Violation:** Yes  No

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

Violation(s)	Findings
14.31.06.17 B (1) (5) (a)	One of two children’s records did not contain the pre and admission materials.
14.31.06.15.C (1)	One of two children’s records did not contain the Safe Environment Plan.
14.31.06.12 A (1)	One of two children’s records did not contain documentation of school.
14.31.06.05 E (1) f	One of seven personnel records did not contain the CPS Clearance.
14.31.06.05 E (1) (i)	Three of seven personnel records did not document the CPR and First Aid Certification.
14.31.06.A (2) (f)	One of seven personnel records did not contain documentation for RCYC certification.
14.31.06.07 C (1)	Three of three houses have deficiencies related to maintenance of structures and grounds.
14.31.06.07 E (4) (b)	Two of three houses have deficiencies related to housekeeping.
14.31.05.04 B (7)	The Financial Incident Report is overdue for the April 2018 through September 2018 period.

**Corrective Action Plan:** Yes  No

**If yes, date of CAP:** 3/22/19

**Any Violations During Mid or Re-Licensure Periods:**

Yes  No  NA

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

**Complaint Outcome:** Founded

**Current Status of License:** Continued

**Licensing**

**Coordinator:** Mignon H. Atkins      **Date:** 3/12/19      **Email:** [Mignon.atkins@maryland.gov](mailto:Mignon.atkins@maryland.gov)

**Program Manager:** Andre Thomas      **Date:** 3/13/19      **Email:** [andre.thomas@maryland.gov](mailto:andre.thomas@maryland.gov)