

## OFFICE OF LICENSING AND MONITORING

## Child Placement Agency Report Summary

Information	
Provider Organization	Mentor Maryland
Name of Chief Administrator	Dianne McGinn
Email of Chief Administrator	Dianne.McGinn@sevitahealth.com

		Total DHS	2	5	Other	License#	Date of Site
Name/Address	License Capacity	Contract Limit	DHS Census	DJS Census	Census	Exp Date	Inspection
MENTOR Maryland - ILP Baltimore						#2202	
2525 Lord Baltimore Drive	Unlimited	296	ω	0	0	7/1/2026	1/9/2025
Baltimore, MD 21244							
MENTOR Maryland - TFC Baltimore						#278	
2525 Lord Baltimore Drive	Unlimited		128	0	0	3000/1/2	1/9/2025
Baltimore, MD 21244						0707/11//	

Contracting Agency(s)	
Maryland Department of Human Services and DJS	

Licensing information	
Licensing Agency	Maryland Department of Human Services
License Type	Treatment Foster Care and ILP
Type of Inspection	Quarterly



	of the review			
	documentation at the time	Psychiatric/Psychological[07.05.04.04A(6)(d)pg.4]	ΙĘΡ	
CAP	One youth missing the			
A	One youth was missing the current physical at the time of the review.	Physical Exam[07.05.02.17A(1)(7)pg.28,29]	ГÞ	
CAP	The required monthly visits were missing for three youth at the time of the review.	Monitoring Visits (2x month)[07.02.21.08A(3)(5)pg7]	TFC	
CAP	One youth was missing the current dental and the second youth was missing the required vision at the time of the review.	Dental/Vision/Hearing[07.05.02.17A(2)(7)pg.28,29]	ILP	
CAP	Three youth missing the required dental at the time of the review.	Dental/vision[07.05.02.17A(2)&(7)pg.28&29]	TFC	resolved or a corrective action plan has been implemented.
CAP	Four youth were missing the required weekly documentation at the time of the review.	Foster Parent Progress Notes (Daily or wkly)[07.02.21.10D(3)pg.9	ТРС	children based on impact, scope, and frequency. These
CAP	Two youth were missing the required documentation at the time of the review.	Immunization[07.05.02.17A(3)pg.28]	TFC	cited for the listed COMAR violations which <i>MAY</i> present
Citation Status	Comment	COMAR Citation	CPA Site	This Provider was
(CAP = Corrective Action Plan)				<b>COMAR Citations</b>

							children based on impact, scope, and frequency.	present imminent	COMAR violations which <i>DO NOT</i>	This Provider was cited for the listed	
TFC	Πħ	TFC	TFC	iLb	TFC	Ę	ILΡ	TFC	TFC	TFC	TFC
References[07.05.02.11e(10&11)pg.14]	Placement Agreement[07.05.04.048(2)a,b,c,dpg.5]	Orientation[07.05.01.13A(4)Pg21,07.05.01.16APg.25]	Initial Treatment Plan[07.02.21.08A1pgs.6&7]	Education/Employment[07.05.04.05B(6)(a,b,c)pg.6]	Con't Treatment Plan[7.02.21.08A2pg.7,07.02.21.11pgs.10]	Casey Life Skills Assessment (30 days)[07.05.04.05A(2)pg.5]	Birth Certificate/ SS Number[07.05.04.04A(6)(e)(f)Pg4]	Birth Certificate[07.05.02.18D(2)pg.31]	Application for Employment[07.05.01.13B(1) pg.21]	Application & consent[07.05.02.05Bpg.307.05.02.11D(1)pg.14	Vehicle Insurance[07.05.01.10Epg16]
Two foster parents were missing the required number of references at the time of the review.	One youth missing the documentation at the time of the review.	Missing for one staff at the time of the review.	Required signatures were missing for three youth at the time of the review.	One youth was missing the documentation for education at the time of the review.	Three youth were missing the required signatures at the time of the review.	Documented was completed outside of the 30 days for one youth.	One youth was missing the documentation at the time of the review.	One youth was missing the document at the time of the review.	Ten staff applications were missing the dates at the time of the review.	One foster parent certification date was outside of the 120 days from the signed application.	Two staff did not have the required coverage amounts at the time of the review.

## Office of Licensing and Monitoring Staff Information

Nalicia Goods M	Sherlease Bagby-Cannady	Name
1	(Johnson)	
Acting Deputy Executive Director	Licensing Specialist	Role
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2/10/25	2.10.2025	Date