CHILD PLACEMENT AGENCY REPORT

Provider Organization: Arc of Baltimore

Licensing Agency: DHS

Name of Chief Administrator: Nellie Power

License Type: Treatment Foster Care

Contracting Agency(s): DHS

Email: npower@thearchbaltimore.org

Type of Inspection: Quarterly

<table>
<thead>
<tr>
<th>Name and Address of CPA Office</th>
<th>License Capacity</th>
<th>DHR Contract Limit</th>
<th>Census by Placing Agency</th>
<th>License#/# Exp. date</th>
<th>Date of site Inspection</th>
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<tr>
<td>Arc Baltimore, Inc.</td>
<td>Un Limited</td>
<td>40</td>
<td>33</td>
<td>00304</td>
<td>11/18/19</td>
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<td>7215 York Road</td>
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<td>Baltimore, MD 21215</td>
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Inspection Summary

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

Number of Interviews: Youth 3 Staff 1 Foster Parent 3

CPA Office Inspection: Approved

Number of ILP Apartments Inspected: NA Number of Foster Homes Inspected: 2

Current COMAR Violation: Yes X No

If Yes, list Cited Violation(s) below:

<table>
<thead>
<tr>
<th>Violation(s)</th>
<th>Findings</th>
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<tbody>
<tr>
<td>07.05.02.06 A 1</td>
<td>A foster parent did not have an initial medical examination at the time of their application.</td>
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Corrective Action Plan: Yes X No

If yes, date of CAP:

Any Violations During Mid or Re-Licensure Periods: Yes ___ No ____ N/A___X___

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

Complaint Outcome: NA

Current Status of License: Continued

Licensing Coordinator: Tina Bullock Date: 8/27/18 Email: tina.bullock@maryland.gov

Program Manager: Richard Berger Date: 8/27/18 Email: richard.berger@maryland.gov