CHILD PLACEMENT AGENCY REPORT

Provider Organization:  Arrow Child and Family Ministries

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

Name of Chief Administrator:  Kimberly Morrill  Email  kimberly.morrill@arrow.org

License Type:  Treatment Foster Care  Type of Inspection:  Quarterly

<table>
<thead>
<tr>
<th>Name and Address of CPA Office</th>
<th>License Capacity</th>
<th>DHS Contract Limit</th>
<th>Census by Placing Agency</th>
<th>License# Exp. date</th>
<th>Date of site Inspection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arrow Child and Family Ministries TFC 1605 Cromwell Bridge Road Baltimore, Maryland 21234</td>
<td>unlimited</td>
<td>80</td>
<td>DHS 52</td>
<td># 00224/7/15/19</td>
<td>4/24 &amp; 4/25/18</td>
</tr>
<tr>
<td>Arrow Child &amp; Family Ministries TFC 116-18 West Main Street, Suite 101 Salisbury, Maryland 21801</td>
<td>unlimited</td>
<td>80</td>
<td>DHS 9</td>
<td>#00327/7/15/19</td>
<td>4/19/18</td>
</tr>
</tbody>
</table>

Inspection Summary

Number of Records Reviewed:  Youth 0  Staff 0  Foster Parent 0  Adoptive Parent N/A

Number of Interviews:  Youth 6  Staff 0  Foster Parent 7

CPA Office Inspection:  Approved

Number of ILP Apartments Inspected:  N/A  Number of Foster Homes Inspected:  5

Current COMAR Violation:  Yes  No  X

If Yes, list Cited Violation(s) below:

<table>
<thead>
<tr>
<th>Violation(s)</th>
<th>Findings</th>
</tr>
</thead>
</table>
| Corrective Action Plan:  Yes  No  X  If yes, date of CAP:  

Any Violations During Mid or Re-Licensure Periods:  Yes  No  

If Yes See Report (s) Date(s):  N/A

Complaint Outcome:  N/A

Current Status of License:  Continued

Licensing Coordinator:  Lisa Beeman  Date:  4/28/18  Email:  lisa.beeman@maryland.gov

Program Manager:  Richard Berger  Date:  4/28/18  Email:  richard.berger@maryland.gov