CHILD PLACEMENT AGENCY REPORT

Provider Organization: BATGO, Inc.-Treatment Foster Care

Licensing Agency: DHS
Contracting Agency(s): DHS

Name of Chief Administrator: Alice Williams
Email: awilliams@batgo.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>DHR 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>BATGO, Inc. 2901 Druid Park Circle Drive, Suite # A 201 Baltimore, MD 21215</td>
<td>Unlimited</td>
<td>40</td>
<td>18</td>
<td>#00290</td>
<td>12/28/17</td>
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Inspection Summary

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

Number of Interviews: Youth 0 Staff 4 Foster Parent 0

CPA Office Inspection: Approved

Number of ILP Apartments Inspected: NA Number of Foster Homes Inspected: 0

Current COMAR Violation: Yes ___ No X

If Yes, list Cited Violation(s) below:

<table>
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<tr>
<th>Violation(s)</th>
<th>Findings</th>
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</table>

Corrective Action Plan: Yes ___ No X 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: Gary Lee Date: 12/28/17 Email: Gary.lee@maryland.gov

Program Manager: Richard Berger Date: 12/28/17 Email: Richard.lee@maryland.gov