CHILD PLACEMENT AGENCY REPORT

Provider Organization: Baltimore Adolescent Treatment Guidance Organization (BATGO)

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 Inspection

<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>Ms. Alice Williams, Executive Director</td>
<td>Un Limited</td>
<td>40</td>
<td>11</td>
<td>#00290 9/5/20</td>
<td>3/12, 3/13, 3/14, 3/19, 3/20/2019</td>
</tr>
</tbody>
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Inspection Summary

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

Number of Interviews: Youth 5 Staff 5 Foster Parent 5

CPA Office Inspection: Approved

Number of ILP Apartments Inspected: NA
Number of Foster Homes Inspected: 4

Current COMAR Violation: Yes X No _____

If Yes, list Cited Violation(s) below:

<table>
<thead>
<tr>
<th>Violation(s)</th>
<th>Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>07.05.02.10 D (2) &amp; (6)</td>
<td>1 out of 6 sleeping quarters was not clean and had a foul odor.</td>
</tr>
<tr>
<td>07.05.02.10 E</td>
<td>1 out of 6 sleeping quarters did not have adequate storage place for one youth.</td>
</tr>
</tbody>
</table>

Corrective Action Plan: Yes X No _____
If yes, date of CAP: 3/13/19

Any Violations During Mid or Re-Licensure Periods: Yes _____ No _____ N/A

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

Complaint Outcome: NA

Current Status of License: Continued

Licensing Coordinator: Tina Bullock Date: 3/22/19 Email: tina.bullock@maryland.gov
Program Manager: Richard Berger Date: 3/22/19 Email: richard.berger@maryland.gov