CHILD PLACEMENT AGENCY REPORT

Provider Organization: CONCERN, Incorporated

Licensing Agency: DHR

Name of Chief Administrator: Carrie Knebel

License Type: Treatment Foster Care

Contracting Agency(s): DHR

Email: cknebel@concern4kids.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>
</tr>
</thead>
<tbody>
<tr>
<td>CONCERN 10003 Derekwood Lane, Suite 200 Lanham, MD 20706</td>
<td>Unlimited</td>
<td>85</td>
<td>62</td>
<td># 00238/11/21/15</td>
<td>5/27/15</td>
</tr>
</tbody>
</table>

Inspection Summary

Number of Records Reviewed: Youth 0 Staff 0 Foster Parent 8 Adoptive Parent N/A

Number of Interviews: Youth 0 Staff 0 Foster Parent 0

CPA Office Inspection:

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

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>07.05.02.18 F (1)</td>
<td>Face sheet missing in 4/4 initial certifications.</td>
</tr>
<tr>
<td>07.05.02.11 E</td>
<td>2/3 references received. The provider is required to obtain 3.</td>
</tr>
<tr>
<td>07.05.02.11</td>
<td>2 initial home studies missing in the record of two foster parent records.</td>
</tr>
</tbody>
</table>

Corrective Action Plan: Yes X No If yes, date of CAP: 5/27/15

Complaint Outcome: N/A

Current Status of License: Continued

Licensing Coordinator: Gary C. Lee Date: 6/18/2015 Email: Gary.lee@maryland.gov

Program Manager: Richard Berger Date 6/18/2015 Email: richard.berger@maryland.gov