CHILD PLACEMENT AGENCY REPORT

Provider Organization: Concern, Inc

Licensing Agency: DHS

Name of Chief Administrator: Carrie Knebel

License Type: TFC, Medically Fragile and Mother Baby

Contracting Agency(s): DHS

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 Inc. 10003 Derekwood Lane, Suite 200 Lanham, MD 20706</td>
<td>Un Limited</td>
<td>65 total</td>
<td>48</td>
<td>#00238 11/21/17</td>
<td>8/22/17</td>
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</tbody>
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Inspection Summary

Number of Records Reviewed: Youth 5 Staff 0 Foster Parent 0 Adoptive Parent NA

Number of Interviews: Youth 0 Staff 0 Foster Parent 0

CPA Office Inspection: Approved

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

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>07.02.21.10 D (3)</td>
<td>Missing foster parent notes for Victoria A.</td>
</tr>
<tr>
<td>07.02.21.08 A (3) (5)</td>
<td>Missing documentation of visit in foster home for Victoria A.</td>
</tr>
</tbody>
</table>

Corrective Action Plan: Yes X No If yes, date of CAP: 8/22/17

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: Continue under CAP

Licensing Coordinator: Gary Lee Date: 8/2017 Email: gary.lee@maryland.gov

Program Manager: Richard Berger Date: 8/2017 Email: Richard.berger@maryland.gov