CHIL D P L A C E M E N T   A G E N C Y   R E P O R T


Licensing Agency:   DHR

Contracting Agency(s):   CFSA

Name of Chief Administrator:   Lisa Emmi

Email:   lemmi@familymattersdc.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>6196 Oxon Hill Road, Suite 340 Oxon Hill, MD 20745</td>
<td>unlimited</td>
<td>0</td>
<td>45</td>
<td>#00151 10/30/2016</td>
<td>7/23/2015</td>
</tr>
</tbody>
</table>

Inspection Summary

Number of Records Reviewed:   Youth 0   Staff 10   Foster Parent 12   Adoptive Parent NA

Number of Interviews:   Youth 0   Staff 5   Foster Parent 0

CPA Office Inspection:   Approved

Number of ILP Apartments Inspected:   NA

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</td>
<td>None of the foster parent records that were reviewed provided documentation of youth placed in the home.</td>
</tr>
<tr>
<td>07.05.02.11 E (9)</td>
<td>Four of the twelve foster parent records provided documentation of an MVA driving record.</td>
</tr>
</tbody>
</table>

Corrective Action Plan:   Yes X   No ___

If yes, date of CAP:   7/23/2015

Complaint Outcome:   NA

Current Status of License:   Continued

Licensing

Coordinator:   Roxanne M.Epps  Date:   8/3/2015  Email:   roxanne.epps@maryland.gov

Program Manager:   Richard Berger  Date:   8/3/2015  Email:   richard.berger@maryland.gov