CHILD PLACEMENT AGENCY REPORT

Provider Organization: Foundations for Home and Community, Inc.

Licensing Agency: DHR
Contracting Agency(s): DHR

Name of Chief Administrator: Michael Layne
Email: Michael.Layne@uhsinc.com

License Type: Treatment Foster Care
Type of Inspection: Quarterly

Name and Address of CPA Office

<table>
<thead>
<tr>
<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>Unlimited</td>
<td>108</td>
<td>33</td>
<td>#00364 10/8/2016</td>
<td>1/20/2016</td>
</tr>
<tr>
<td></td>
<td></td>
<td>55</td>
<td>#00264 10/8/2016</td>
<td>2/1/2016</td>
</tr>
</tbody>
</table>

Inspection Summary

Number of Records Reviewed:
- Youth: 18
- 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: NA

COMAR Violation: Yes No X

If Yes, list Cited Violation(s) below:

<table>
<thead>
<tr>
<th>Violation(s)</th>
<th>Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>07.02.21.08. A(1)</td>
<td>Two out of eighteen foster youth records did not have an initial treatment plan</td>
</tr>
<tr>
<td>07.05.02.17 A(3)</td>
<td>One out of eighteen foster youth did not have immunization record history</td>
</tr>
<tr>
<td>07.02.21.07 A(2)d</td>
<td>Two out of eighteen foster youth records have a copy of psychiatric/psychological evaluation</td>
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</tbody>
</table>

Corrective Action Plan: Yes X No
If yes, date of CAP: 2/1/2016

Complaint Outcome: N/A

Current Status of License: Continued

Licensing
Coordinator: Roxanne M.Epps
Date: 2/9/2016
Email: roxanne.epps@maryland.gov

Program Manager: Richard Berger
Date: 2/9/2016
Email: richard.berger@maryland.gov