CHILD PLACEMENT AGENCY REPORT

Provider Organization: Hearts and Homes for Youth, Inc.- Damamli ILP

Licensing Agency: DHS

Contracting Agency(s): DHS, DJS

Name of Chief Administrator: Chloe Perez

Email: cperez@heartsandhomes.org

License Type: ILP

Type of Inspection: Quarterly

<table>
<thead>
<tr>
<th>Name and Address of CPA Office</th>
<th>License Capacity</th>
<th>DHS 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>Hearts and Homes for Youth, Inc. 3919 National Drive, Suite 400 Burtonsville, MD 20866</td>
<td>Unlimited</td>
<td>18</td>
<td>9 DHS 1 DJS</td>
<td>#00161 04/01/2018</td>
<td>07/19/2017</td>
</tr>
</tbody>
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Inspection Summary

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

Number of Interviews: Youth 0 Staff 2 Foster Parent NA

CPA Office Inspection: Continue

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

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>07.05.04.04 A(6)a</td>
<td>Medical history missing in 1/5 records reviewed.</td>
</tr>
<tr>
<td>07.05.02.17 A(3)</td>
<td>Immunization record missing in 1/5 records reviewed.</td>
</tr>
<tr>
<td>07.05.04.06(c)(f)</td>
<td>Birth certificate/social security card missing in 1/5 records reviewed.</td>
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</table>

Corrective Action Plan: Yes X No If yes, date of CAP: 07/31/2017

Any Violations During Mid or Re-Licensure Periods: Yes ___ No ___

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

Complaint Outcome:

Current Status of License: Continued

Licensing Coordinator: Sherlema Ferguson Date: Email: sherlema.ferguson@maryland.gov

Program Manager: Richard Berger Date 8/1/17 Email: richard.berger@maryland.gov