CHILD PLACEMENT AGENCY REPORT

Provider Organization: Hearts and Homes for Youth, Inc.

Licensing Agency: Department of Human Resources

Name of Chief Administrator: Jessica McKinnie

License Type: TFC and ILP

Type of Inspection: Mid-License

<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>Family Ties Treatment Foster Care 5550 Sterrett Place, Suite 200 Columbia, MD 21044</td>
<td>Unlimited</td>
<td>25</td>
<td>DHR 10 DJS 2</td>
<td>#00159 4/1/2016</td>
<td>4/20 &amp; 4/21/15</td>
</tr>
<tr>
<td>Damamli TFC/ILP 5550 Sterrett Place, Suite 200 Columbia, MD 21044</td>
<td>Unlimited</td>
<td>25</td>
<td>DHR 14 DJS 2</td>
<td>#00161 4/1/2016</td>
<td>4/20 &amp; 4/21/15</td>
</tr>
</tbody>
</table>

Inspection Summary

Number of Records Reviewed: Youth 15 Staff 14 Foster Parent 13 Adoptive Parent N/A

Number of Interviews: Youth 7 Staff 5 Foster Parent 2

CPA Office Inspection: Continued

Number of ILP Apartments Inspected: 5 Number of Foster Homes Inspected: 2

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>1/5 client records didn’t document treatment foster parent notes</td>
</tr>
<tr>
<td>07.05.01.08 A (2)</td>
<td>2/5 client records didn’t document incident report</td>
</tr>
</tbody>
</table>

Corrective Action Plan: Yes X No

If yes, date of CAP: 4/21/15

Complaint Outcome: N/A

Current Status of License: Approved

Licensing Coordinator: Lisa Beeman Date: 4/30/15 Email: lisa.beeman@maryland.gov

Program Manager: Richard Berger Date: 4/30/15 Email: richard.berger@maryland.gov