**CHILD PLACEMENT AGENCY REPORT**

**Provider Organization:**  Hearts and Homes for Youth, Inc.

**Licensing Agency:**  Department of Human Resources  
**Contracting Agency(s):**  DHR, DJS

**Name of Chief Administrator:**  Jessica McKinnie  
**Email:**  jmckinnie@heartsandhomes.org

**License Type:**  TFC and ILP  
**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>
</table>
| Family Ties Treatment Foster Care  
5550 Sterrett Place, Suite 200  
Columbia, MD 21044 | Unlimited | 25 | DHR 14  
DJS 3 | #00159  
4/1/2016 | 1/27 & 2/1/16 |
| Damamli TFC/ILP  
5550 Sterrett Place, Suite 200  
Columbia, MD 21044 | Unlimited | 25 | DHR 10  
DJS 1 | #00161  
4/1/2016 | 1/27 & 2/1/16 |

**Inspection Summary**

Number of Records Reviewed:  
- Youth 4  
- Staff 8  
- Foster Parent 0  
- Adoptive Parent N/A

Number of Interviews:  
- Youth 0  
- Staff 4  
- Foster Parent 0

CPA Office Inspection:  Approved

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

Current 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>N/A</td>
<td></td>
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Corrective Action Plan:  Yes ___ No ___ X  
If yes, date of CAP:

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

If Yes See Report(s) Date(s):  N/A

Complaint Outcome:  N/A

Current Status of License:  Continued

**Licensing**

**Coordinator:**  Lisa Beeman  
**Date:**  2/4/2016  
**Email:**  Lisa.beeman@maryland.gov

**Program Manager:**  Richard Berger  
**Date:**  2/4/2016  
**Email:**  richard.berger@maryland.gov