CHILD PLACEMENT AGENCY REPORT

Provider Organization: King Edwards, Inc.

Licensing Agency: DHS

Name of Chief Administrator: Katrina Clayton

License Type: ILP

Contracting Agency(s): DHS

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>King Edwards, Inc. 8600 LaSalle Road, Suite 300 Baltimore, MD 21286</td>
<td>Unlimited</td>
<td>20</td>
<td>18</td>
<td>#00133 02/01/2019</td>
<td>08/10/2018</td>
</tr>
<tr>
<td>King Edwards’ Inc.- Mother/Baby 8600 LaSalle Road, Suite 300 Baltimore, MD 21286</td>
<td>Unlimited</td>
<td>20</td>
<td>10</td>
<td>#00457 02/01/2019</td>
<td>08/10/2018</td>
</tr>
</tbody>
</table>

Inspection Summary

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

Number of Interviews: Youth 4 Staff 0 Foster Parent N/A

CPA Office Inspection: Approved

Number of ILP Apartments Inspected: 5 Number of Foster Homes Inspected: N/A

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>
</table>

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):

Complaint Outcome:

Current Status of License: Continued

Licensing Coordinator: Sherlema Ferguson Date: 8/30/18 Email: sherlema.ferguson@maryland.gov

Program Manager: Richard Berger Date 8/30/18 Email: richard.berger@maryland.gov