CHILD PLACEMENT AGENCY REPORT

Provider Organization: Lutheran Social Services of the National Capital Area

Licensing Agency: DHS  
Contracting Agency(s): CFSA/URM Federal

Name of Chief Administrator: Kichelle Coleman  
Email: colemank@ssnca.org

License Type: Treatment Foster Care  
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>Lutheran Social Services of the National Capitol Area</td>
<td>Unlimited</td>
<td>0</td>
<td>20</td>
<td>#00200/6/15/19</td>
<td>6/15/18 7/25/18</td>
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</tbody>
</table>

Inspection Summary

Number of Records Reviewed:  
- Youth: 4 
- Staff: 0 
- Foster Parent: 1 
- Adoptive Parent: 0

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

CPA Office Inspection: Approved

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

Current COMAR Violation: Yes [X] No

If Yes, list Cited Violation(s) below:

<table>
<thead>
<tr>
<th>Violation(s)</th>
<th>Findings</th>
</tr>
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<tbody>
<tr>
<td>COMAR: 07.02.21.09</td>
<td>One Treatment Foster Home has a capacity violation.</td>
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Corrective Action Plan: Yes [X] No  
If yes, date of CAP: 8/30/18

Any Violations During Mid or Re-Licensure Periods: Yes [X] No  
N/A

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

Complaint Outcome: N/A

Current Status of License: Continued

Licensing Coordinator: Mignon H. Atkins  
Date: 7/25/18  
Email: Mignon.atkins@maryland.gov

Program Manager: Andre Thomas  
Date: 7/25/18  
Email: andre.thomas@maryland.gov