CHILD PLACEMENT AGENCY REPORT

Provider Organization: Lutheran Family Services

Licensing Agency: DHS
Contracting Agency(s): CFSA

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

License Type: TFC
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>Lutheran Family Services</td>
<td>Unlimited</td>
<td>0</td>
<td>15</td>
<td>#00200</td>
<td>04/01/2019</td>
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<tr>
<td>2503 Belair Drive</td>
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<tr>
<td>Bowie, MD 20715</td>
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Inspection Summary

Number of Records Reviewed:
- Youth: 4
- Staff: 0
- Foster Parent: 2
- Adoptive Parent: NA

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: 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>07.02.21.08 A(3)(5)</td>
<td>Monitoring Visits missing in 1/5 records.</td>
</tr>
<tr>
<td>07.05.02.17 A(1)</td>
<td>Physical Exam missing in 1/5 records.</td>
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<tr>
<td>07.05.02.17 A(2)</td>
<td>Dental/Vision missing in 3/5 records.</td>
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</tbody>
</table>

Corrective Action Plan: Yes X No

If yes, date of CAP: 4/16/19

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

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

Complaint Outcome: NA

Current Status of License: Continued

Licensing Coordinator: Sherlema Ferguson Date: 4/18/19 Email: sherlema.ferguson@maryland.gov

Program Manager: Richard Berger Date: 4.18/19 Email: richard.berger@maryland.gov