CHILD PLACEMENT AGENCY REPORT

Provider Organization: National Center for Children and Families (NCCF)- FutureBound ILP

Licensing Agency: DHR
Contracting Agency(s): DHR/DJS

Name of Chief Administrator: Julie Oldham
Email: joldham@nccf-cares.org

License Type: ILP
Type of Inspection: Re-Licensure

<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>FutureBound ILP (FILP)</td>
<td>Unlimited</td>
<td>21</td>
<td>9</td>
<td>#00415/4/12/16</td>
<td>04/04/2016</td>
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<tr>
<td>309 Congressional Lane</td>
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<td>Rockville, MD 20852</td>
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Inspection Summary

Number of Records Reviewed: Youth 16 Staff 8 Foster Parent N/A Adoptive Parent N/A

Number of Interviews: Youth 3 Staff 0 Foster Parent N/A

CPA Office Inspection: Approved

Number of ILP Apartments Inspected: 4 Number of Foster Homes Inspected: N/A

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>07.05.04.05 A</td>
<td>Missing 30 day placement assessment in one out of 4 records.</td>
</tr>
<tr>
<td>07.05.04.05 B</td>
<td>Missing 90 day case plan in one out of 4 records.</td>
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</tbody>
</table>

Corrective Action Plan: Yes X No ____ If yes, date of CAP: 04/11/16

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

If Yes See Report (s) Date(s): 04/11/16

Complaint Outcome: NA

Current Status of License: Relicense

Licensing
Coordinator: Sherlema Ferguson Date: 04/11/2016 Email: sherlema.ferguson@maryland.gov

Program Manager: Richard Berger Date: 04/11/2016 Email: richard.berger@maryland.gov

DHR/OLM (CPA) : 5/28/2015