CHILD PLACEMENT AGENCY REPORT

Provider Organization: Neighbor to Family, Inc.

Licensing Agency: DHR

Name of Chief Administrator: Donna McCarter

License Type: Treatment Foster Care

Contracting Agency(s): DHR

Email: Donna.mcarter@ntf.org

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>Neighbor to Family, Inc.</td>
<td>Unlimited</td>
<td>50</td>
<td>DHR 26</td>
<td>#00284 12/5/2016</td>
<td>11/11/16</td>
</tr>
</tbody>
</table>

**Inspection Summary**

Number of Records Reviewed: 
- Youth: 3
- Staff: 0
- Foster Parent: 6
- Adoptive Parent: N/A

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

CPA Office Inspection: Approved

Number of ILP Apartments Inspected: N/A

Number of Foster Homes Inspected: 0

COMAR Violation: Yes \(\times\) No

If Yes, list Cited Violation(s) below:

<table>
<thead>
<tr>
<th>Violation(s)</th>
<th>Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>07.05.02.06 A (1) (a &amp; b)</td>
<td>TB test expired for foster parent and biological child</td>
</tr>
<tr>
<td>07.02.21.09</td>
<td>Exception placement request not obtained</td>
</tr>
</tbody>
</table>

Corrective Action Plan: Yes \(\times\) No \(\times\)

If yes, date of CAP:

Any Violations During Mid or Re-Licensure Periods: Yes \(\times\) No

If Yes See Report (s) Date(s): 3-22-16 & 9-20-16

Complaint Outcome: N/A

Current Status of License: Continued

Licensing Coordinator: Michelle Goines  Date: 11/29/16  Email: michelle.goines@maryland.gov

Program Manager: Richard Berger  Date: 11/29/16  Email: richard.berger@maryland.gov