CHILD PLACEMENT AGENCY REPORT

Provider Organization: Neighbor to Family, Inc.

Licensing Agency: DHS

Contracting Agency(s): DHS

Name of Chief Administrator: Donna McCarter

Email: Donna.mccarter@ntf.org

License Type: Treatment Foster Care

Type of Inspection: Quarterly

<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, 5740 Executive Drive Suite 208 Baltimore, MD 21228</td>
<td>unlimited</td>
<td>50</td>
<td>32</td>
<td>00284 12/4/18</td>
<td>3-19-18</td>
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</tbody>
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Inspection Summary

Number of Records Reviewed: Youth _____ Staff _____ Foster Parent _____ Adoptive Parent _____

Number of Interviews: Youth _____ Staff _____ Foster Parent _____

CPA Office Inspection: Approved

Number of ILP Apartments Inspected: N/A

Number of Foster Homes Inspected: 0

Current COMAR Violation: Yes X No _____

If Yes, list Cited Violation(s) below:

<table>
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<tr>
<th>Violation(s)</th>
<th>Findings</th>
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</table>

Corrective Action Plan: Yes _____ No _____

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: Michelle Goines Date: 4/10/18 Email: michelle.goines@maryland.gov

Program Manager: Richard Berger Date: 4/10/18 Email: richard.berger@maryland.gov