CHILD PLACEMENT AGENCY REPORT

Provider Organization: Northwestern Human Services Maryland, Inc.

Licensing Agency: DHR

Name of Chief Administrator: Cynthia Fincham

License Type: Treatment Foster Care

Contracting Agency(s): DHR

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>15245 Shady Grove Road, Suite C 125</td>
<td>unlimited</td>
<td>5</td>
<td>1</td>
<td>#00367 8/25/2017</td>
<td>11/28/2016</td>
</tr>
</tbody>
</table>

Inspection Summary

Number of Records Reviewed: Youth 3 Staff 0 Foster Parent 0 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 X No

If Yes, list Cited Violation(s) below:

<table>
<thead>
<tr>
<th>Violation(s)</th>
<th>Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>07.02.21.07</td>
<td>One out of three child case records did not have documentation of the referral information</td>
</tr>
<tr>
<td>07.02.21.07 A(2)</td>
<td>One out of three child case records did not have documentation of a psychiatric/ psychological evaluation</td>
</tr>
<tr>
<td>07.05.02.18 D(4)</td>
<td>One out of three child case records did not have a copy of the court order</td>
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Corrective Action Plan: Yes ___ No X

If yes, date of CAP:

Complaint Outcome: N/A

Current Status of License: Continued

Licensing Coordinator: Roxanne M.Epps Date: 12/5/2016 Email: roxanne.epps@maryland.gov

Program Manager: Richard Berger Date: 12/5/2016 Email: richard.berger@maryland.gov