CHILD PLACEMENT AGENCY REPORT

Provider Organization: Parker Therapeutic Services

Licensing Agency: DHS

Name of Chief Administrator: Deanna Dishman

License Type: Treatment Foster Care

Contracting Agency(s): DHS

Email: d.dishman@parkertxservice.com

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>Parker Therapeutic Services, Inc. 940 Madison Avenue</td>
<td>Unlimited</td>
<td>40</td>
<td>44</td>
<td>#00372 3/16/2020</td>
<td>12/7/18</td>
</tr>
</tbody>
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Inspection Summary

Number of Records Reviewed: Youth 0 Staff 13 Foster Parent 0 Adoptive Parent 0

Number of Interviews: Youth 0 Staff 5 Foster Parent 0

CPA Office Inspection: Approved

Number of ILP Apartments Inspected: NA Number of Foster Homes Inspected: 0

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>07.05.01.16 B(3)</td>
<td>The Chief Administrator annually receives at least 10 hours of training in one or more of the following areas: (a) Principles and practices of administration, (b) Budget preparation (c) Agency accountability (d) State requirements for child placement agencies (e) Organizational development (f) Principles and practice of child placement and child care.</td>
</tr>
</tbody>
</table>

Corrective Action Plan: Yes X No ___ If yes, date of CAP: 12/7/18

Any Violations During Mid or Re-Licensure Periods: Yes ___ No ____ N/A ____ X ___

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

Complaint Outcome: NA

Current Status of License: Continued

Licensing Coordinator: Deborah C. Taylor Date: 12/18/18 Email: deborah.taylor@maryland.gov

Program Manager: Richard Berger Date: 12/18/18 Email: richard.berger@maryland.gov