**CHILD PLACEMENT AGENCY REPORT**

Provider Organization: Pressley Ridge, Inc.

Licensing Agency: DHS

Name of Chief Administrator: Coni Grant

License Type: TFC

Contracting Agency(s): DHS, DJS

Email: cgrant@pressleyridge.org

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>Pressley Ridge- Cumberland 327 Beall Street Cumberland, MD 21502</td>
<td>Unlimited</td>
<td>107 (Total for both TFC sites)</td>
<td>16</td>
<td>#00390 04/15/2019</td>
<td>___</td>
</tr>
<tr>
<td>Pressley Ridge- Baltimore (TFC) 25 N. Caroline Street Baltimore, MD 21204</td>
<td>Unlimited</td>
<td>45 (Parent/Child)</td>
<td>21(Parent/Child) 26 TFC</td>
<td>#00441 04/15/2019</td>
<td>01/11/2019</td>
</tr>
</tbody>
</table>

**Inspection Summary**

Number of Records Reviewed: Youth 0 Staff 0 Foster Parent 5 Adoptive Parent N/A

Number of Interviews: Youth 0 Staff 4 Foster Parent 0

CPA Office Inspection: Continued

Number of ILP Apartments Inspected: N/A Number of Foster Homes Inspected: 0

Current COMAR Violation: Yes ___ No ___ X

If Yes, list Cited Violation(s) below:

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

Corrective Action Plan: Yes ___ No ___ X If yes, date of CAP:

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

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

Complaint Outcome: NA

Current Status of License: Continued

Licensing Coordinator: Sherlema Ferguson Date: 1/30/19 Email: sherlema.ferguson@maryland.gov

Program Manager: Richard Berger Date: 1/30/19 Email: richard.berger@maryland.gov