CHILD PLACEMENT AGENCY REPORT

Provider Organization: Pressley Ridge, Inc.

Licensing Agency: DHR

Name of Chief Administrator: Coni Grant

License Type: Treatment Foster Care

Contracting Agency(s): DHR

Email: cgrant@pressleyridge.org

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>Pressley Ridge TFC Programs (Central)</td>
<td>Un-limited</td>
<td>107 total for both sites. Balto. &amp; Cumberland</td>
<td>29</td>
<td>00210/4/15/17</td>
<td>11-16-16</td>
</tr>
<tr>
<td>25 N. Caroline Street Baltimore, MD 21231</td>
<td></td>
<td></td>
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<tr>
<td>Pressley Ridge Parent/Child</td>
<td></td>
<td>45</td>
<td>26</td>
<td>00441/4/15/17</td>
<td>11-16-16</td>
</tr>
<tr>
<td>25 N. Caroline Street Baltimore, MD 21231</td>
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</table>

Inspection Summary

Number of Records Reviewed: Youth 7 Staff 0 Foster Parent 5 Adoptive Parent 0

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>07.02.21.08 A 2</td>
<td>2 treatment plan cycles not filed in the record of Kavonna S.</td>
</tr>
</tbody>
</table>

Corrective Action Plan: No X

If yes, date of CAP: The provider is required to submit a Quality Improvement Plan.

Complaint Outcome: N/A

Current Status of License: Continued

Licensing Coordinator: Gary C. Lee Date: 1/31/17 Email: gary.lee@maryland.gov

Program Manager: Richard Berger Date: 1/31/17 Email: richard.berger@maryland.gov