Provider Organization: Progressive Steps Inc.

Licensing Agency: DHS
Contracting Agency(s): DHS

Name of Chief Administrator: Jerry O. Pittman
Email: jopittman@phinc.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>
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</thead>
<tbody>
<tr>
<td>Progressive Steps Inc</td>
<td>Unlimited</td>
<td>15</td>
<td>15</td>
<td>#00229 4/4/2020</td>
<td>8/20/18</td>
</tr>
<tr>
<td>6201 Liberty Road, Suite C</td>
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<tr>
<td>Baltimore, MD 21207</td>
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**Inspection Summary**

Number of Records Reviewed: Youth __5__ Staff __0__ Foster Parent __5__ Adoptive Parent __NA__

Number of Interviews: Youth __0__ Staff __0__ Foster Parent __0__

CPA Office Inspection: Approved

Number of ILP Apartments Inspected: __NA__
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 ____ N/A____
If Yes See Report (s) Date(s): ___

Complaint Outcome: NA

Current Status of License: Re-licensure approved

Licensing Coordinator: Lisa Beeman Date: 8/27/18 Email: Lisa.beeman@maryland.gov

Program Manager: Richard Berger Date 8/27/18 Email: richard.nbvberger@maryland.gov