CHILD PLACEMENT AGENCY REPORT

Provider Organization: Psychiatric Centered Chartered-Stride
7329 Hanover Parkway
Greenbelt, MD 20770

Licensing Agency: DHR
Contracting Agency(s): DYRS

Name of Chief Administrator: Amayo Orezabo
Email: amayoorezabo@pccstride.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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<tbody>
<tr>
<td>PCC-STRIDE-Incorporated</td>
<td>Unlimited</td>
<td>DHR</td>
<td>7</td>
<td>#00331</td>
<td>4/21/17</td>
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<td>7329 Hanover Parkway</td>
<td></td>
<td>0 DHR</td>
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<td>10/3/17</td>
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<tr>
<td>Greenbelt, MD 20770</td>
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<td>0 DYRS</td>
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Inspection Summary

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

Number of Interviews: Youth 0 Staff 0 Foster Parent 0

CPA Office Inspection: Approved

Number of ILP Apartments Inspected: _____
Number of Foster Homes Inspected: _____

Current COMAR Violation: Yes ___ No x

If Yes, list Cited Violation(s) below:

<table>
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<tr>
<th>Violations (s)</th>
<th>Findings</th>
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</table>

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

Any Violations During Mid or Re-Licensure Periods: Yes ___ No x
If Yes See Report(s) Date(s):

Complaint Outcome: N/A

Current Status of License: Continued

Licensing Coordinator: Michelle Goines
Date: 5/23/17
Email: michelle.goines@maryland.gov

Program Manager: Richard Berger
Date 5/23/17
Email: richard.berger@maryland.gov