Provider Organization: The Woodbourne Center, Inc.

Licensing Agency: DHS

Name of Chief Administrator: Chaya Caine

License Type: Treatment Foster Care

Contracting Agency(s): DHS and DJS

Email: ccaine@woodbourne.org

Type of Inspection: Quarterly Inspection

<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>The Woodbourne Center, Inc.</td>
<td>unlimited</td>
<td>68</td>
<td>DHS 25</td>
<td>#00391 4/11/2019</td>
<td>1-24-19</td>
</tr>
</tbody>
</table>

Inspection Summary

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

Number of Interviews: Youth 4 Staff 0 Foster Parent 7

CPA Office Inspection: Approved

Number of ILP Apartments Inspected: N/A 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>07.05.01.15 A</td>
<td>Woodbourne’s Chief Administrator has been managing child placement cases for over a year. It is required that the chief administrator concentrate on performing those duties and responsibilities of an administrator and not as a caseworker.</td>
</tr>
</tbody>
</table>

Corrective Action Plan: Yes X No __ If yes, date of CAP: 1-24-19

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: Approved

Licensing Coordinator: Tina M. Bullock Date: 2/19/19 Email: tina.bullock@maryland.gov

Program Manager: Richard Berger Date: 2/19/19 Email: richard.berger@maryland.gov