CHILD PLACEMENT AGENCY REPORT

Provider Organization:  Neighbor to Family, Inc.

Licensing Agency:  DHS

Contracting Agency(s):  DHS

Name of Chief Administrator:  Donna McCarter

Email:  Donna.mccarter@ntf.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>
</tr>
</thead>
<tbody>
<tr>
<td>Neighbor to Family Inc, 5750 Executive Drive, Suite 107 Baltimore, MD 21228</td>
<td>Unlimited</td>
<td>50</td>
<td>31</td>
<td>#00284 12/04/2020</td>
<td>06/04/2019</td>
</tr>
</tbody>
</table>

Inspection Summary

Number of Records Reviewed:  Youth 3  Staff 4  Foster Parent 0  Adoptive Parent  NA

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

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>07.02.21.10D</td>
<td>Foster Parent Progress Notes missing in 1 of 4 youth records.</td>
</tr>
<tr>
<td>07.02.21.08 A(3)(5)</td>
<td>Monitoring visits to the home are only occurring 1x per month.</td>
</tr>
<tr>
<td>07.02.21.05 A</td>
<td>Staff must complete a minimum of 20 hrs. of pre-service training must occur before assuming duties.</td>
</tr>
</tbody>
</table>

Corrective Action Plan:  Yes  X  No

If yes, date of CAP:  06/13/2019

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:  6/13/19  Email:  sherlema.ferguson@maryland.gov

Program Manager:  Richard Berger  Date:  6/13/19  Email:  richard.berger@maryland.gov