RESIDENTIAL CHILD CARE PROGRAMS REPORT

Provider Organization: Arc of Washington County, Inc.
Licensing Agency: DHR
Contracting Agency(s): DHR, DJS
Program Administrator: Doug Ford Jr.
Certification # A00010 Exp. Date: 12/31/2015
Type of Inspection: Quarterly

<table>
<thead>
<tr>
<th>Site Name</th>
<th>Gender</th>
<th>Age Range</th>
<th>License Capacity</th>
<th>DHR Contract Limit</th>
<th>License#/ Exp. date</th>
<th>Date of site Inspection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Potomac (I)</td>
<td>Male</td>
<td>16-21</td>
<td>5</td>
<td>0</td>
<td>#00061 10/15/15</td>
<td>7/14/2015</td>
</tr>
<tr>
<td>Potomac (II)</td>
<td>Female</td>
<td>15-21</td>
<td>5</td>
<td>5</td>
<td>#00062 10/15/15</td>
<td>7/14/2015</td>
</tr>
<tr>
<td>Marion</td>
<td>Female</td>
<td>10-17</td>
<td>4</td>
<td>4</td>
<td>#00310 10/15/15</td>
<td>7/14/2015</td>
</tr>
</tbody>
</table>

Inspection Summary

Number of Records Reviewed: Youth 4 Staff 7

Number of Interviews: Youth 0 Staff 0

Physical Plant Inspection: Approved

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:

Complaint Outcome: N/A

Current Status of License: Continued

Licensing Coordinator: Howard Rollins Date: 7/15/2015 Email: howard.rollins@maryland.gov

Program Manager: André Thomas Date: 7/15/2015 Email: andre.thomas@maryland.gov