RESIDENTIAL CHILD CARE PROGRAMS REPORT

Provider Organization: Brook Lane Health Services, Inc.

Licensing Agency: DHS
Contracting Agency(s): DHS

Program Administrator: Ralph Hertges
Certification #: A00018 Exp. Date: 12/31/19

Type of Inspection: Quarterly

<table>
<thead>
<tr>
<th>Site Name</th>
<th>Gender</th>
<th>Age Range</th>
<th>License Capacity</th>
<th>DHS Contract Limit</th>
<th>License#/Exp. date</th>
<th>Date of site Inspection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brook Lane Health Services, Inc.</td>
<td>M/F</td>
<td>6-17</td>
<td>14</td>
<td>14</td>
<td>#00075 11/15/19</td>
<td>2/28/19</td>
</tr>
</tbody>
</table>

Inspection Summary

Number of Records Reviewed: Youth 5 Staff 0

Number of Interviews: Youth 0 Staff 0

Physical Plant Inspection: Approved

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>14.31.06.07 E (4) (a)</td>
<td>Peeling paint in one bedroom</td>
</tr>
<tr>
<td>14.31.06.15 G (3)</td>
<td>Utilizing a non-approved behavioral intervention training</td>
</tr>
<tr>
<td>14.31.06.15 B (2) (e)</td>
<td>Non-approved behavioral intervention utilized during restraint of youth</td>
</tr>
</tbody>
</table>

Corrective Action Plan: Yes X No ___

If yes, date of CAP: 2/28/19

Any Violations During Mid or Re-Licensure Periods: Yes X No ___ NA ___

If Yes See Report(s) Date(s): 11/26/18

Complaint Outcome: N/A

Current Status of License: Continued

Licensing Coordinator: Jennifer McCabe Date: 3/6/19 Email: Jennifer.mccabe@maryland.gov

Program Manager: Andre Thomas Date: 3/7/19 Email: Andre.thomas@maryland.gov