RESIDENTIAL CHILD CARE PROGRAMS REPORT

Provider Organization: Cedar Ridge Children’s School and Home, Inc.
Licensing Agency: DHS
Contracting Agency(s): DJS
Program Administrator: Tom Badley
Certification #: A00059
Exp. Date: 12/31/17
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>Grace (Main Campus)</td>
<td>Male</td>
<td>13-20</td>
<td>8</td>
<td>0</td>
<td>#00244 3/25/2019</td>
<td>12/13/17</td>
</tr>
<tr>
<td>Jordan (Off Campus)</td>
<td>Male</td>
<td>13-20</td>
<td>4</td>
<td>0</td>
<td>#00245 3/25/2019</td>
<td>12/13/17</td>
</tr>
</tbody>
</table>

Inspection Summary

Number of Records Reviewed: Youth 0 Staff 2
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>14.31.05E(1)(h)</td>
<td>One record out of two did not have documentation of RCYCP certification.</td>
</tr>
</tbody>
</table>

Corrective Action Plan: Yes x No
If yes, date of CAP: 12/13/17
Any Violations During Mid or Re-Licensure Periods: Yes ____ No ____ NA ____
If Yes See Report(s) Date(s):
Complaint Outcome: None
Current Status of License: Continued

Licensing
Coordinator: Odetta Bulluck
Date: 12/22/17
Email: Odetta.squire-bulluck@maryland.gov

Program Manager: Andre Thomas
Date: 12/22/17
Email: Andre.thomas@maryland.gov