RESIDENTIAL CHILD CARE PROGRAMS REPORT

Provider Organization: Challenger’s Independent Living, Inc.
Licensing Agency: DHS
Program Administrator: Walter McNeil
Contracting Agency(s): DHS
Certification #: A00020
Exp. Date: 12/31/2019
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>Bert's Place</td>
<td>Males</td>
<td>16-19</td>
<td>5</td>
<td>5</td>
<td>#00411 12/20/19</td>
<td>3/1 &amp; 3/4/19</td>
</tr>
<tr>
<td>Bert's Place Too</td>
<td>Females</td>
<td>15-19</td>
<td>7</td>
<td>7</td>
<td>#00550 12/20/19</td>
<td>3/1 &amp; 3/4/19</td>
</tr>
</tbody>
</table>

Inspection Summary

Number of Records Reviewed: Youth 0 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>14.31.06.18 A (2)</td>
<td>Challenger’s Independent Living staff is not completing Critical Incident Reports per OLM policy.</td>
</tr>
</tbody>
</table>

Corrective Action Plan: Yes X No ___
If yes, date of CAP: 3/4/19
Any Violations During Mid or Re-Licensure Periods: Yes X No ___ NA ___
If Yes See Report(s) Date(s): 12/26/18
Complaint Outcome: N/A
Current Status of License: Continued

Licensing Coordinator: Jennifer McCabe  Date: 3/12/19  Email: Jennifer.mccabe@maryland.gov
Program Manager: Andre Thomas  Date: 3/13/19  Email: Andre.thomas@maryland.gov