RESIDENTIAL CHILD CARE PROGRAMS REPORT

Provider Organization: Changing Lives at Home, Inc.

Licensing Agency: DHS
Contracting Agency(s): DHS

Program Administrator: Latrill Bryant-Bass
Certification #: A00106
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>DHR Contract Limit</th>
<th>License# / Exp. date</th>
<th>Date of site Inspection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Changing Lives</td>
<td>F</td>
<td>15-19</td>
<td>5</td>
<td>5</td>
<td>#00496 6/14/20</td>
<td>9/10/18</td>
</tr>
</tbody>
</table>

Inspection Summary

Number of Records Reviewed: Youth 2 Staff 0

Number of Interviews: Youth 2 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>14.31.06.13C(3)</td>
<td>Medication was not documented consistently in the log.</td>
</tr>
<tr>
<td>14.31.06.17</td>
<td>2 of 2 records reviewed did not have referral information.</td>
</tr>
<tr>
<td>14.31.06.17B(9)(a)</td>
<td>1 of 2 records did not have documentation of assessment.</td>
</tr>
</tbody>
</table>

Corrective Action Plan: Yes x No ___
If yes, date of CAP:

Any Violations During Mid or Re-Licensure Periods: Yes ____ No ____ NA ____
If Yes See Report(s) Date(s):

Complaint Outcome: N/A

Current Status of License: Continued

Licensing Coordinator: Odetta Bulluck
Date: 9/18/19
Email: Odetta.squire-bulluck@maryland.gov

Program Manager: Andre Thomas
Date: 9/18/19
Email: andre.thomas@maryland.gov