 Provider Organization: Day By Day, Inc.

Licensing Agency: DHS

Contracting Agency(s): DHS

Program Administrator: Janet Uagbor

Certification # A00011 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>Oakfield I</td>
<td>M</td>
<td>14-18</td>
<td>6</td>
<td>6</td>
<td>#00474 10/7/19</td>
<td>4/30/19</td>
</tr>
<tr>
<td>Oakfield II</td>
<td>M</td>
<td>14-20</td>
<td>6</td>
<td>0</td>
<td>#00641 10/7/19</td>
<td>4/30/19</td>
</tr>
</tbody>
</table>

Inspection Summary

Number of Records Reviewed: Youth 3 Staff 5

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>14.31.06.05F</td>
<td>None of the employees had 40 hours of training.</td>
</tr>
<tr>
<td>14.31.06.15G(3)</td>
<td>Four out five employees did not have updated TACT2 training.</td>
</tr>
</tbody>
</table>

Corrective Action Plan: Yes X No __ If yes, date of CAP: 4/30/19

Any Violations During Mid or Re-Licensure Periods: Yes ____ No ____ NA _X_

If Yes See Report(s) Date(s):

Complaint Outcome: N/A

Current Status of License: Continued

Licensing Coordinator: Odetta Bulluck Date: 5/3/2019 Email: Odetta.squire-bulluck@maryland.gov

Program Manager: Andre Thomas Date: 5/7/2019 Email: andre.thomas@maryland.gov