RESIDENTIAL CHILD CARE PROGRAMS REPORT

Provider Organization: Jumoke, Inc.

Licensing Agency: DHS

Contracting Agency(s): DHS

Program Administrator: Zachary Dingle

Certification #: #00070

Exp. Date: 9/30/18

Type of Inspection: Mid-Licensure

<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>1216 Evesham Ave.</td>
<td>Male</td>
<td>18-20</td>
<td>4</td>
<td>4</td>
<td>00436</td>
<td>09/30/18</td>
</tr>
<tr>
<td>33rd Street</td>
<td>Male</td>
<td>17-20</td>
<td>6</td>
<td>6</td>
<td>00435</td>
<td>09/30/18</td>
</tr>
<tr>
<td>322 Gwynn Ave</td>
<td>Male</td>
<td>16-19</td>
<td>5</td>
<td>5</td>
<td>00437</td>
<td>09/30/18</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>14.31.06.17 B(5)</td>
<td>1/5 records did not document referral information.</td>
</tr>
</tbody>
</table>

Corrective Action Plan: Yes X No

If yes, date of CAP: 10/27/17

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

If Yes See Report(s) Date(s): 10/31/17

Complaint Outcome: N/A

Current Status of License: Continued

Licensing Coordinator: Jennifer McCabe Date: 11/2/17 Email: Jennifer.mccabe@maryland.gov

Program Manager: Andre Thomas Date 11/2/17 Email: Andre.thomas@maryland.gov