Provider Organization: King Edwards, Inc.

Licensing Agency: DHS

Name of Chief Administrator: Katrina Clayton

License Type: Independent Living Program

Type of Inspection: Quarterly

<table>
<thead>
<tr>
<th>Name and Address of CPA Office</th>
<th>License Capacity</th>
<th>DHR Contract Limit</th>
<th>Census by Placing Agency</th>
<th>License#/ Exp. date</th>
<th>Date of site Inspection</th>
</tr>
</thead>
<tbody>
<tr>
<td>King Edwards, Inc. ILP 8600 LaSalle Road, Suite 300</td>
<td>Unlimited</td>
<td>20</td>
<td>16</td>
<td>#00133 02/01/2019</td>
<td>05/14/2018</td>
</tr>
<tr>
<td>King Edwards’ Inc.- Mother/Baby 8600 LaSalle Road, Suite 300 Baltimore, MD 21286</td>
<td>Unlimited</td>
<td>20</td>
<td>11</td>
<td>#00457 02/01/2019</td>
<td>05/14/2018</td>
</tr>
</tbody>
</table>

Inspection Summary

Number of Records Reviewed: Youth __5__ Staff __0__ Foster Parent __0__ Adoptive Parent __N/A__

Number of Interviews: Youth __0__ Staff __0__ Foster Parent __N/A__

CPA Office Inspection:

Number of ILP Apartments Inspected: __0__

Number of Foster Homes Inspected: __N/A__

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>07.05.02.17 (A)(2)</td>
<td>Missing dental and vision in 1/5 youth records.</td>
</tr>
<tr>
<td>07.05.04.05 (A)(2)</td>
<td>Missing Casey Assessment in 1/5 youth records.</td>
</tr>
</tbody>
</table>

Corrective Action Plan: Yes __x__ No ________

If yes, date of CAP: __05/17/2018__

Any Violations During Mid or Re-Licensure Periods: Yes ________ No ____ N/A__x____

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

Complaint Outcome: N/A

Current Status of License: Continued

Licensing Coordinator: Sherlema Ferguson

Date: __5/18/18__

Email: sherlema.ferguson@maryland.gov

Program Manager: Richard Berger

Date: __5/18/18__

Email: richard.berger@maryland.gov