RESIDENTIAL CHILD CARE PROGRAMS REPORT

Provider Organization: The Maryland Salem Children’s Trust, Inc.

Licensing Agency: DHS

Contracting Agency(s): DHS, DJS

Program Administrator: Kathy Friend

Certification #: A00268

Exp. Date: 12/31/20

Type of Inspection: Re-Licensure Evaluation

<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>Group Home</td>
<td>M/F</td>
<td>9-18</td>
<td>24</td>
<td>16</td>
<td>00246</td>
<td>3/7/19</td>
</tr>
<tr>
<td>Shelter</td>
<td>M/F</td>
<td>9-18</td>
<td>8</td>
<td>8</td>
<td>00515</td>
<td>3/7/19</td>
</tr>
</tbody>
</table>

Inspection Summary

Number of Records Reviewed: Youth 24 Staff 27

Number of Interviews: Youth 10 Staff 8

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>14.31.06.07 C (1)</td>
<td>Several bedroom doors are broken and need to be replaced</td>
</tr>
<tr>
<td>14.31.06.07 J (2)</td>
<td>Missing window screens</td>
</tr>
</tbody>
</table>

Corrective Action Plan: Yes X No ___

If yes, date of CAP: 3/7/19

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

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

Complaint Outcome: N/A

Current Status of License: Relicensed

Licensing Coordinator: Jennifer A. McCabe  Date: 3/19/2019  Email: Jennifer.mccabe@maryland.gov

Program Manager: Andre’ Thomas  Date: 3/20/2019  Email: Andre.thomas@maryland.gov