RESIDENTIAL CHILD CARE PROGRAMS REPORT

Provider Organization: Maryland School for the Deaf

Licensing Agency: DHR  Contracting Agency(s): MSDE

Program Administrator: Mitchell "Rex" Mores  Certification #: #A00226  Exp. Date: 12/31/2015

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>Maryland School for the Deaf – Frederick Campus (Headquarters)</td>
<td>M &amp; F</td>
<td>4-21</td>
<td>300</td>
<td>0</td>
<td>3/11/16 #00325</td>
<td>7/7/2015</td>
</tr>
<tr>
<td>Maryland School for the Deaf – Columbia Campus (Headquarters)</td>
<td>M &amp; F</td>
<td>5-13</td>
<td>100</td>
<td>0</td>
<td>3/11/16 #00324</td>
<td>7/8/2015</td>
</tr>
</tbody>
</table>

Inspection Summary

Number of Records Reviewed: Youth 0  Staff 13

Number of Interviews: Youth 0  Staff 0

Physical Plant Inspection: Approved

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>14.31.07.04 D (2)</td>
<td>One record of thirteen did not contain a copy of the CPR card.</td>
</tr>
</tbody>
</table>

Corrective Action Plan: Yes X  No  If yes, date of CAP: 7/13/2015

Complaint Outcome: N/A

Current Status of License: Continued

Licensing
Coordinator: Mignon H. Atkins  Date: 7/13/2015  Email: Mignon.atkins@maryland.gov

Program Manager: André Thomas  Date 7/12/2015  Email: andre.thomas@maryland.gov