**RESIDENTIAL CHILD CARE PROGRAMS REPORT**

**Provider Organization:** McJoy’s Joy Covenant, Inc.

**Licensing Agency:** DHS  
**Contracting Agency(s):** DHS

**Program Administrator:** Mackramat Egoborebhe  
**Certification #** A00001  
**Exp. Date:** 12/31/2019

**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>McJoy’s Joy Covenant, Inc.</td>
<td>Male</td>
<td>16-20</td>
<td>8</td>
<td>8</td>
<td>#00427 8/9/2020</td>
<td>2/22/19</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

**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>14.31.06.12C</td>
<td>2 of 5 records Life Skills Training was not documented</td>
</tr>
</tbody>
</table>

**Corrective Action Plan:** Yes X No  
If yes, date of CAP: 2/22/19

**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:** Continued

**Licensing Coordinator:** Patricia Sparrow  
**Date:** 3/7/2019  
**Email:** Patricia.sparrow@maryland.gov

**Program Manager:** Andre Thomas  
**Date:** 3/11/2019  
**Email:** Andre.thomas@maryland.gov