**Residential Child Care Programs Report**

**Provider Organization:** Southern MD Youth Homes, Inc.

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

**Program Administrator:** Kathleen Fitzsimmons  
**Certification #** A00013  
**Exp. Date:** 12/31/19

**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>Sodus #1</td>
<td>Male</td>
<td>14-18</td>
<td>8</td>
<td>8</td>
<td>#00570 8/6/18</td>
<td>5/23/18</td>
</tr>
<tr>
<td>Sodus #2</td>
<td>Female</td>
<td>14-18</td>
<td>7</td>
<td>7</td>
<td>#00569 8/6/18</td>
<td>5/23/18</td>
</tr>
</tbody>
</table>

**Inspection Summary**

- **Number of Records Reviewed:** Youth 3, Staff 0
- **Number of Interviews:** Youth 0, Staff 0
- **Physical Plant Inspection:** Approved
- **Current COMAR Violation:** Yes, No __x__

If Yes, list Cited Violation(s) below:

<table>
<thead>
<tr>
<th>Violation(s)</th>
<th>Findings</th>
</tr>
</thead>
</table>

**Corrective Action Plan:** Yes __x__, No __x__  
If yes, date of CAP:

**Any Violations During Mid or Re-Licensure Periods:** Yes __x__, No __NA__
If Yes See Report(s) Date(s):

**Complaint Outcome:** N/A

**Current Status of License:** Continued

**Licensing Coordinator:** Odetta Bulluck  
**Date:** 5/31/2018  
**Email:** Odetta.squire-bulluck@maryland.gov

**Program Manager:** Andre Thomas  
**Date:** 5/31/2018  
**Email:** Andre.thomas@maryland.gov