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: Re-Licensure

<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 8/6/20</td>
<td>7/26/18</td>
</tr>
<tr>
<td>Sodus #2</td>
<td>Female</td>
<td>14-18</td>
<td>7</td>
<td>7</td>
<td>#00569 8/6/20</td>
<td>7/26/18</td>
</tr>
</tbody>
</table>

Inspection Summary

Number of Records Reviewed: Youth 17 Staff 14

Number of Interviews: Youth 4 Staff 6

Physical Plant Inspection: Approved

Current COMAR Violation: Yes ___ No ___

If Yes, list Cited Violation(s) below:

<table>
<thead>
<tr>
<th>Violation(s)</th>
<th>Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>14.31.06.05E(1)(e)</td>
<td>One record did not have a federal clearance.</td>
</tr>
<tr>
<td>14.31.06.05E(1)(f)</td>
<td>On record did not have CPS clearance.</td>
</tr>
<tr>
<td>14.31.06.10B(9)(b)</td>
<td>No Dietetic license</td>
</tr>
</tbody>
</table>

Corrective Action Plan: Yes ___ 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): 2/17; 11/17; 12/17; 1/18 & 2/18

Complaint Outcome: N/A

Current Status of License: Relicensed

Licensing Coordinator: Odetta Bulluck
Date: 8/27/18
Email: Odetta.squire-bulluck@maryland.gov

Program Manager: Andre Thomas
Date: 8/28/18
Email: Andre.thomas@maryland.gov