RESIDENTIAL CHILD CARE PROGRAMS REPORT

Provider Organization: St. Ann’s Center for Children, Youth and Families

Licensing Agency: DHR-OLM
Contracting Agency(s): DHR, DJS, CFSA

Program Administrator: Peggy Howard-Gatewood
Certification #: A00087
Exp. Date: 12/31/2017

Type of Inspection: Mid-Licensure Evaluation

<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>St. Ann’s Children’s Residential Program</td>
<td>M/F</td>
<td>2 days-12 years</td>
<td>57</td>
<td>57</td>
<td>#00093 12/24/2017</td>
<td>12/19/2016</td>
</tr>
<tr>
<td>St. Ann’s Teen Mother-Baby Program</td>
<td>F/C</td>
<td>13-21</td>
<td>36</td>
<td>36</td>
<td>#00093 12/24/2017</td>
<td>12/19/2016</td>
</tr>
<tr>
<td>St. Ann’s Teen Female Program</td>
<td>F</td>
<td>13-19</td>
<td>16</td>
<td>16</td>
<td>#00093 12/24/2017</td>
<td>12/19/2016</td>
</tr>
</tbody>
</table>

**Inspection Summary**

Number of Records Reviewed: Youth 15 Staff 8

Number of Interviews: Youth 1 Staff 2

Physical Plant Inspection: Approved

COMAR Violation: Yes ___ No X

If Yes, list Cited Violation(s) below:

<table>
<thead>
<tr>
<th>Violation(s)</th>
<th>Findings</th>
</tr>
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<tbody>
<tr>
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Corrective Action Plan: Yes ___ No X

If yes, date of CAP:

Complaint Outcome: N/A

Current Status of License: Continued

Licensing Coordinator: Howard Rollins
Date: 12/20/2016
Email: howard.rollins@maryland.gov

Program Manager: André Thomas
Date 12/20/2016
Email: andre.thomas@maryland.gov