RESIDENTIAL CHILD CARE PROGRAMS REPORT

Provider Organization: St. Ann’s Children’s Residential Program

Licensing Agency: DHS
Contracting Agency(s): DHS, DJS, CFSA

Program Administrator: Peggy Gatewood
Certification #: A00087
Exp. Date: 12/31/17

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>St. Ann’s Children’s Residential Program (Hope House)</td>
<td>M/F</td>
<td>2 days-12 yrs</td>
<td>57</td>
<td>0</td>
<td>#00093 12/24/2017</td>
<td>9/27/17</td>
</tr>
<tr>
<td>St. Ann’s Teen Mother Baby (Grace House)</td>
<td>F</td>
<td>13-21</td>
<td>36</td>
<td>5</td>
<td>#00093 12/24/2017</td>
<td>9/27/17</td>
</tr>
<tr>
<td>St. Ann Teen Female</td>
<td>F</td>
<td>13-19</td>
<td>16</td>
<td>0</td>
<td>#00093 12/24/2017</td>
<td>9/27/17</td>
</tr>
</tbody>
</table>

Inspection Summary

Number of Records Reviewed: Youth 4 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 ___ 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): 6/6/17

Complaint Outcome: NA

Current Status of License: Continued

Licensing Coordinator: Patricia Sparrow Date: 10/6/17 Email: Patricia.sparrow@maryland.gov

Program Manager: Andre Thomas Date: 10/6/17 Email: andre.thomas@maryland.gov