

Texas Juvenile Justice Department CERTIFICATE OF REGISTRATION

Be it known that

4M Youth Services

is hereby registered to operate the ROCKDALE REGIONAL JUVENILE JUSTICE CENTER

STATE OF TEXAS
City of ROCKDALE
Post-Adjudication (Secure) Facility
Rated Capacity of 65

The aforementioned Juvenile Facility has completed all registration requirements of the Texas Juvenile Justice Department, as required by the Texas Family Code, and is hereby officially registered by the undersigned.

REGISTRATION is issued this the 1st Day of February, 2012 Expiration Date: January 31, 2013

Cheryln & Townsend, Executive Director Texas Juvenile Justice Department



Texas Juvenile Justice Department CERTIFICATE OF REGISTRATION

Be it known that **4M Youth Services**

is hereby registered to operate the ROCKDALE REGIONAL JUVENILE JUSTICE CENTER

STATE OF TEXAS
City of ROCKDALE
Pre-Adjudication Detention Facility
Rated Capacity of 41

The aforementioned Juvenile Facility has completed all registration requirements of the Texas Juvenile Justice Department, as required by the Texas Family Code, and is hereby officially registered by the undersigned.

REGISTRATION is issued this the 1^{st} Day of February, 2012 Expiration Date: January 31, 2013

Cherylak, Townsend, Executive Director Texas Juvenile Justice Department

CERTIFICATION OF JUVENILE DETENTION/RESIDENTIAL FACILITY

STATE OF TEXAS COUNTIES OF FALLS, MILAM, AND ROBERTSON

WE the undersigned, as the Juvenile Board of the 20th-82nd Judicial District,

Hereby certify that we have personally inspected, reviewed and considered all elements in the Texas Family Code 51.12(c)(1-7) & Texas Family Code 51.125(b)(1-2) in determining that the Rockdale Regional Juvenile Justice Facility at 696 N. FM 487, Rockdale, Texas 76567 is suitable for the detention of children.

Let it therefore be known that the Rockdale Regional Juvenile Justice Facility is hereby certified as a suitable facility to detain juveniles. Both short and long term, for pre-adjudicated and post-adjudicated offenses.

Sixty-five (65) beds are certified for post-adjudicated residents. Forty-one (41) of the 65 beds are dually certified for pre-adjudicated residents.

Inspected this the 16th day of December, 2011.

Judge Robert Stem 82nd District Judge Chairman of the Board

Judge Steve Sharp Falls County Judge

Member

Judge Dave Barkemeyer

Milam County Judge

Member

Judge John Youngblood 20th District Judge

Member

Judge Jan Roe

Robertson County Judge

Member

At 8,45 o'clock M

DEC 19 2011

CHRISTY THAMMEL, DISTRICT CLERK
FALLS COUNTY, TEXAS
BY MCAMCY LOEPUTY

COUNTY OF MILAM

4M YOUTH SERVICES, INC.

DBA Rockdale Regional Juvenile Justice Center

Juvenile Board Services

January 1, 2011-December 31, 2011

This Agreement is entered into by and between the Milam County Juvenile Board, at the request of and on behalf of the 4M Youth Service, Inc. DBA Rockdale Regional Juvenile Justice Center (facility) a forprofit corporation, licensed to provide child care services by the Texas Juvenile Probation Commission, and/or any other appropriate State agency with licensure or regulatory authority over this facility.

ARTICLE I PURPOSE

1.01 The purpose of this Juvenile Board Services Agreement is to provide 4M Youth Services, Inc. DBA Rockdale Regional Juvenile Justice Center with Juvenile Board Services in accordance with the Texas Family Code Section 51.12 and Section 51.125. The facility to be utilized is owned and operated by 4M Youth Services, Inc. and is located at 696 N. FM 487, Rockdale, Texas 76567.

ARTICLE II TERM

- 2.01 The term of this Agreement is for 12 months, commencing December 12, 2007, and ending December 31, 2008. It shall be automatically renewed for one year terms thereafter, commencing January 1st and ending December 31st, unless one party notifies the other in writing, at least thirty (30) days prior to the expiration of said term, of its intention to not renew this Agreement.
- 2.02 The terms of this Agreement shall be extended until such time as all services which have been requested by Juvenile Board, and are pending on the termination date in section 2.01 above, have been performed.

ARTICLE III SERVICES

3.01 Juvenile Board will provide the appropriate service as defined below:

A. Facility Approval

The 20th/82nd Juvenile Board has certified said mentioned Facility located at 696 N. F.M. 487, Rockdale Texas, and Agrees that 4M Youth Services, Inc. is contracted to Operate said Facility under such provisions as required by law.

Chairman of the Board

TILED
MIS COUNTY, TEXAS:

lia Garrett

Facility Administrator

DEG 2 2 2010



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/11/2011

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to

| the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s). | | | | | | | | | | | |
|---|---|---------------------|----------------------|-----------------------|--|--|----------------------------|--|-----------|-------------|--|
| PRODUCER | | | | | | CONTACT Sissy Hughey | | | | | |
| Luhn-McCain Insurance Agency | | | | | PHONE (A/C, No. Ext): (210) 822-1571 FAX (A/C, No): (210) 822-6027 | | | | | | |
| 332 W. Sunset Road, Suite 3 | | | | | E-MAIL ADDRESS: slh@luhn-mccain.com | | | | | | |
| | | | | | INSURER(S) AFFORDING COVERAGE | | | | | NAIC # | |
| San Antonio TX 78209 | | | | | | INSURER A Houston Casualty Company | | | | | |
| INSURED | | | | | | INSURER B :National Indemnity Company | | | | | |
| 4M Youth Services, Inc. | | | | | | INSURER C: North American Capacity | | | | | |
| 4M Granbury Youth Services, Inc. | | | | | | INSURER D: | | | | | |
| 696 N FM 487 | | | | | INSURER E : | | | | | | |
| Rockdale TX 76567 | | | | | | INSURER F: | | | | | |
| COVERAGES CERTIFICATE NUMBER:CL11101104899 REVISION NUMBER: | | | | | | | | | | _ | |
| THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. | | | | | | | | | | | |
| INSR LTR TYPE OF INSURANCE | | | SUBR WVD | POLICY NUMBER | | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMIT | s | | |
| A | GENERAL LIABILITY | | l | S5-1-1-50597 | | 9/28/2011 | 9/28/2012 | EACH OCCURRENCE | \$ | 1,000,000 | |
| | x COMMERCIAL GENERAL LIABILITY | | | Professional Liabili | ty: | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ | 50,000 | |
| | CLAIMS-MADE X OCCUR | | | \$1,000,000 Ea Claim | | | | MED EXP (Any one person) | \$ | 1,000 | |
| | x \$25,000 Ded. Per Occ | | | \$1,000,000 Aggregate | | | | PERSONAL & ADV INJURY | \$ | 1,000,000 | |
| | | Sexual Misconduct L | | ab: | | | GENERAL AGGREGATE | \$ | 1,000,000 | | |
| | | | \$1,000,000 Ea Claim | 0 Ea Claim | | | PRODUCTS - COMP/OP AGG | \$ | 1,000,000 | | |
| | x POLICY PRO- JECT LOC | | | \$1,000,000 Aggregate | | | | | \$ | | |
| В | AUTOMOBILE LIABILITY | | | TBD | | 9/28/2011 | 9/28/2012 | COMBINED SINGLE LIMIT (Ea accident) | \$ | 1,000,000 | |
| | ANY AUTO | | | | |] | BODILY INJURY (Per person) | \$ | | | |
| | ALL OWNED X SCHEDULED AUTOS | | | | | | | BODILY INJURY (Per accident) | \$ | | |
| | X HIRED AUTOS X NON-OWNED AUTOS | | | | | | | PROPERTY DAMAGE (Per accident) | \$ | | |
| | | | | | | | | | \$ | | |
| | UMBRELLA LIAB OCCUR | | | | | | | EACH OCCURRENCE | \$ | | |
| | EXCESS LIAB CLAIMS-MADE | | | | | | | AGGREGATE | \$ | | |
| | DED RETENTION\$ | | | | | | | | \$ | | |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | | | | WC STATU- OTH- TORY LIMITS ER | | | |
| ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? | | N/A | | } | | | | E.L. EACH ACCIDENT | \$ | | |
| | (Mandatory in NH) | | | | | | | E.L. DISEASE - EA EMPLOYEE | \$ | | |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | | E.L. DISEASE - POLICY LIMIT | \$ | | |
| С | Occupational Accident | | | EEG0000016-03 | | 12/5/2010 | 12/5/2011 | Combined Single Limit | | \$1,000,000 | |
| | Policy: SIR \$2500 PerOcc | | | | | | | General Pol Aggregate Limit | \$: | 25,000,000 | |
| | | | | | | | | | | | |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) | | | | | | | | | | | |
| | | | | | | | | | | | |
| CERTIFICATE HOLDER | | | | | | CANCELLATION | | | | | |
| | | | | | | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. | | | | | |
| | | | | | | AUTHORIZED REPRESENTATIVE | | | | | |
| | | | | | | etta McCa | in/SLH | - Dane | _ | 5:e. | |