

**MARYLAND STATE DEPARTMENT OF EDUCATION
Office of Child Care
ENVIRONMENTAL HEALTH SURVEY**

THIS SECTION TO BE COMPLETED BY THE APPLICANT									
Name of Provider/Facility:									
Address of Provider/Facility:									
Phone Number:									
County:									
Number living in Family Child Care Home: (do not include provider's own children under 6 years of age)									
Requested Capacity: (maximum number of children at any time including provider's own children under 6 years of age)									
Water Supply:		PUBLIC	PRIVATE		Sewage Disposal:		PUBLIC	PRIVATE	

THIS SECTION TO BE COMPLETED BY LOCAL HEALTH DEPARTMENT
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	In Compliance	Not in Compliance
Findings: Water Supply:		
Sewage Disposal:		

- Recommendation:
- License/Register
 - License/Register with plan to correct
 - Do not License/Register
 - Emergency Suspension because of imminent risk to children

Comments: _____

_____ Health Department Inspector Signature _____ Date _____ Health Officer Representative Signature _____ Date

Return completed form to: _____ **by:** _____