Department of Human Resources’
Office of Licensing and Monitoring
Agenda

Welcome

Contracts SSA Updates

Drug Trends and Treatment

My DHR – Uniform Incident Report

Citrix (Required for Mid-License and Re-Licensure materials)

Health Departments

Electronic Records

Questions and Answer Period

Next Quarterly Provider Meeting:
April 20, 2017 from 10am to 12pm @ MDOT
Questions and Answer Period

1. Child support- are other people having a difficult time getting it back in a timely manner- Are people going to the state or the local counties and can an e-mail or faxed response be ok?

   Answer: See list of Child Support location in Maryland. Responses from the local department must be on the local department letterhead. Email responses must be a PDF copy. Fax responses are fine if on the local department letterhead.

2. There is no regulation regarding video surveillance in the foster homes- with technology changing should we look for the state to provide direction or should private providers be developing their own policies?

   Answer: It is recommended TFC provider agencies develop their own policy. OLM requires providers to not allow video surveillance in bedrooms or bathrooms.

3. Home inspections by local counties vs private (environmental)

   Answer: TFC providers COMAR requires home health inspections to be completed by the local health department or a State licensed sanitarian. See attached health departments for Maryland counties.
February 23, 2017

Dear Provider:

This letter serves as a friendly reminder that effective July 1, 2013, the Department began offering a free and accessible via the internet service for all providers to electronically submit their mid-licensure and re-licensure information. The Department selected CITRIX to provide this service.

Effective immediately, electronic submission is required for all mid-licensure and re-licensure information. The required use of this platform is to allow providers to upload documentation electronically in a secure environment to the Department instead of the paper-based process. You can learn more about the product at https://www.citrix.com/products/sharefile/.

In order to have an account created in CITRIX, please send the request to dhr.electronicdocuments@maryland.gov. Also when a staff person leaves employment or is no longer in need of having access to CITRIX, please send the request to deactivate their account to the same email address within 24 hours of the change.

If you require additional information or have any questions, please do not hesitate to contact Adele Black, OLM QA Coordinator, at 410-767-7743 or adele.black@maryland.gov.

Sincerely,

Darlene Ham
Executive Director
Office of Licensing and Monitoring
February 22, 2017

RE: Electronic Record Keeping System

Dear Providers:

In recent months several providers have considered using an electronic file management system (Electronic Record) to track and store records. The Office of Licensing and Monitoring is in support to simplify your record keeping processes. OLM will continue to monitor your program based on COMAR 07.05.01.11, 07.05.05.02.18, 07.05.03.20, 07.05.04.10, and 14.31.06.18.

Providers that are considering using or who are using an electronic record keeping system are required to have the following:

1. Private providers must have policies and procedures for electronic record keeping system. The policy must include the following:
   a. Timeframes for documentation to be uploaded to the electronic record.
   b. Security protocols for:
      i. access to data base,
      ii. back up of database
      iii. storage of CJIS information
   c. Record recovery system
   d. Electronic signature
   e. Process for transferring or closing a record (hard copy)
   f. Protocol around Confidentiality
   g. Other form of record keeping
   h. Record maintenance

2. Instructions and procedure on how the Office of Licensing and Monitoring, SSA Contracts, Federal and/or Legislative audits gain access to electronic record.

3. Electronic record must have same record format as identified in COMAR for foster youth, employees, and foster parents.

Thank you for your continued adherence to State licensing requirement. We appreciate your cooperation in protecting our most vulnerable citizens, our children and youth. If you have any questions, please do not hesitate to contact your Licensing Coordinator.

Sincerely,

Darlene Ham
Executive Director
Office of Licensing and Monitoring
<table>
<thead>
<tr>
<th>County</th>
<th>Mailing Address &amp; Location</th>
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<td>1 Frederick Street Annapolis, MD 21404</td>
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<td>1 North Charles Street, 5th Fl.</td>
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<td>Baltimore, MD 21201</td>
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<td>Baltimore County</td>
<td>Mailing Address &amp; Location: 170 W. Ridgely Road, Suite 200 Lutherville, MD 21093-5114</td>
<td>Calvert County</td>
<td>Mailing Address &amp; Location: 200 Duke Street Prince Frederick, MD 20678</td>
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<td>Location: 10 Distillery Drive Westminster, MD 21157</td>
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<td>Caroline County</td>
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<td></td>
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<td>Location: 300 Market Street Denton, MD 21629</td>
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<td>Carroll County</td>
<td>Mailing Address:  P.O. Box 930 Westminster, MD 21158</td>
<td>Cecil County Office of Child Support Mailing Address: P.O. Box 1160 Elkton, MD 21922-1160</td>
<td>Charles County</td>
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<tr>
<td></td>
<td>Westminster, MD 21158 Location: 10 Distillery Drive Westminster, MD 21157</td>
<td>Location: 170 East Main Street Elkton, MD 21921</td>
<td>Location: 200 Kent Avenue La Plata, MD 20646</td>
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<td>Frederick County</td>
<td>Mailing Address:  P.O. Box 3066 Frederick, MD 21705</td>
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<td></td>
<td>627 Race Street Cambridge, MD 21613 Location: 100 East All Saints Drive Frederick, MD 21701</td>
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<td>Garrett County</td>
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<td>Harford County</td>
<td>Mailing Address &amp; Location: 101 S. Main Street, Suite 200 Bel Air, MD 21014</td>
<td>Howard County</td>
<td>Mailing Address &amp; Location: 7121 Columbia Gateway Drive Columbia, MD 21046</td>
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<td>Kent County Office of Child Support Mailing Address &amp; Location: 315 High Street, Suite 208 Chestertown, MD 21620</td>
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<td>Montgomery County</td>
<td>Mailing Address:  51 Monroe Street, Suite 811 Rockville, MD 20850 Location: 51 Monroe Street, 10th Floor Rockville, MD 20850</td>
<td>Prince George’s County Mailing Address &amp; Location: 4235 28th Avenue, Suite 135 Temple Hills, MD 20748</td>
<td>Queen Anne’s County Mailing address:  P.O. Box 387 Centreville, MD 21617 Location: 125 Comet Drive Centreville, MD 21617</td>
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<td>St. Mary’s County</td>
<td>Joseph D. Carter Bldg.</td>
<td>23110 Leonard Hall Drive</td>
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<td>P.O. BOX 509</td>
<td>Leonardtown, MD 20650</td>
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<td>Somerset County</td>
<td>P.O. Box 369</td>
<td>30397 Mt. Vernon Road</td>
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<td>Princess Anne, MD 21853</td>
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<td>Talbot County</td>
<td>301 Bay Street, Unit 5</td>
<td>Easton, MD 21601</td>
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<tr>
<td>Washington County</td>
<td>P.O. Box 1419</td>
<td>122 North Potomac Street</td>
<td></td>
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<td></td>
<td>Hagerstown, MD 21741-1419</td>
<td>Hagerstown, MD 21741</td>
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<td>Wicomico County</td>
<td>309 Calvert Street, Suite 101</td>
<td>Salisbury, MD 21801</td>
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<td></td>
<td>P.O. Box 39</td>
<td>299 Commerce Street</td>
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<td>Worcester County</td>
<td>Snow Hill, MD 21863</td>
<td>Snow Hill, MD</td>
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Health Departments
Inspections list for Group Homes and Foster Homes

Allegany County
Department of Environmental Services
P.O. Box 1745
Cumberland, MD 21501
Misty Joy
(301)759-5047
Fax: (301) 777-5583
Email: Misty.Joy@Maryland.gov
Foster home fee $35.00

Allegany County Department of Environmental Services requires Treatment Foster Care providers & Adoption Agencies to send the DHMH Environmental Health Survey to the above address (See attachment).

No group homes in this jurisdiction.

Anne Arundel County
Environmental Health Administration
3 Harry S. Truman Parkway
Annapolis, MD 21401
Sharon Pawlowski (Supervisor of the South Unit)
(410) 222-7238
Fax: (410) 222-7678
Ian Tracy (Supervisor of North Unit)
(410) 222-0056 ext. 3025
Fax: (410) 222-6076
Email: Hdspawlo@aacounty.org

Anne Arundel County has one group homes. Anne Arundel County Environmental Health Administration requires Treatment Foster Care providers & Adoption Agencies to send the DHMH Environmental Health Survey to the above address (See attachment).

Group Home providers are required to obtain written documentation annually from Environmental Health Services that inspections are not required in that jurisdiction (per COMAR 14.31.06.07A(3)).

Baltimore City
Environmental Health Services
1001 E. Fayette Street
Baltimore, MD 21202
Jessica Speaker, Director
(410) 396-4428
Email: Jessica.Speaker@Baltimorecity.gov
Baltimore City Environmental Health Services does not provide health inspections for group homes, foster homes or adoption homes. Baltimore City Environmental Health Services does not provide supporting documentation of their policy of NOT requiring health inspections in that jurisdiction. (See attachment)

TFC an Adoption Providers are required to have health inspections completed by a State licensed sanitarian (per COMAR 07.05.02.10A).

See attached letter from Baltimore City Health Department

Baltimore County
Environmental Health Services
9100 Franklin Square Drive Suite 230
Baltimore, MD 21237
Bill Bridges, Director
(410) 887-3663
Fax: (410) 887-3392
Email: WBRidges@BaltimoreCountyMd.gov
Website: ehs@baltimorecountymd.gov
Inspection fee: $90

Baltimore County Environmental Health Services will complete an inspection of a foster care home and adoption homes. Baltimore County Environmental Health Services will also send a copy of the health inspection to the Fire Department so they can schedule a Fire Safety check. Baltimore County uses DHMH Environmental Health Survey form (See attachment).

Group Home providers are required to obtain written documentation annually from Environmental Health Services that inspections are not required in that jurisdiction (per COMAR 14.31.06.07A(3))

Calvert County
Environmental Health Services
150 Main Street Suite 100
Prince Frederick, MD 20678
(410) 535-3922
Fax: (410) 535-5252
Website: www.calverthealth.org
Inspection fee $90

Calvert County Environmental Health Services will complete an inspection of the water and septic disposal systems. They use Calvert County Environmental Health Survey form (See attachment). If you need a building permit please contact the local Calvert County Inspections and Permits (410) 535-2155.

Developed - 1/6/2017
Caroline County
Environmental Health Services
403 South 7th Street Room 248
Denton, MD 21629
Don Wilson, Director
(410) 479-8045, (410) 479-8049
Fax: (410) 479-4082
Email: Don.wilson@maryland.gov
Inspection fee $30.00

Caroline County Environmental Health Services perform inspection services for foster homes and group homes. Caroline County use DHMH Environmental Health Survey form (See attachment).

Carroll County
Environmental Health Services

Carroll County DOES NOT have any group homes or foster homes. Health inspection services ended in 2011.

Cecil County
Environmental Health Services
401 Bow Street
Elkton, MD 21921
Jason Raschka
(410) 996-5160 (443) 245-3851
Fax: (410) 996-5153
Email: Jason.Raschka@Maryland.gov
Website: www.cecilcountyhealth.org
Inspection fee $50.00

Cecil County Environmental Health Services performs inspection services for foster homes only. Cecil County uses the Water & Sewer Evaluations form (See attachment).

No group homes in this jurisdiction.

Charles County
Environmental Health Services
4545 Crain Highway
White Plains, MD 20695
Donna Ward
(301) 609-6722

Developed - 1/6/2017
Fax: (301) 609-6684  
Email: Donna.ward@maryland.gov  
Website: www.charlescountyhealth.org/environmental-health  
Inspection fee $90, water sample fee $30, send sample to lab $41  

Charles County Environmental Health Services only provides health inspections for adoption homes and foster homes. Charles County uses DHMH Environmental Health Survey form (See attachment).  

Group Home providers are required to obtain written documentation annually from Environmental Health Services that inspections are not required in that jurisdiction (per COMAR 14.31.06.07A(3))  

Dorchester County  
Environmental Health Services  
3 Cedar Street  
Cambridge, MD 21613  
Margaret Shenton  
(410) 901-8154  
Fax:(410) 901-8192  
Email: Margaret.shenton@maryland.gov  
Website: www.dorchesterhealth.org  
Inspection fee $50  

Dorchester County Environmental Health Services performs inspection services for foster homes. Dorchester County do NOT inspect group homes. They use DHMH Environmental Health Survey form (See attachment).  

No group homes in this jurisdiction.  

Frederick County  
Environmental Health Services  
350 Montevue Lane  
Frederick, MD 201702  
Laura Pfeiffer  
Email: L.pfeiffer@frederickcountymd.gov  
Website: www.frederickcountymd.gov  
Inspection fee $81  

Frederick County Environmental Health Services performs inspection services for foster and adoption homes only. They use the form-Application for evaluation and individual water supply form (See attachment).  

Developed - 1/6/2017
Group Home providers are required to obtain written documentation annually from Environmental Health Services that inspections are not required in that jurisdiction (per COMAR 14.31.06.07A(3)).

**Garrett County**
Environmental Health Services
1025 Memorial Drive
Oakland, MD 21550
Stacy Gillum
(301) 334-7760
Fax: (301) 334-7769
Email: Stacy.gillum@maryland.gov
Website: www.garretthealth.org
Inspection fee $30.00

Garrett County Environmental Health Services performs inspection services for foster homes and adoption homes. They use DHMH Environmental Health Survey form (See attachment).

Group Home providers are required to obtain written documentation annually from Environmental Health Services that inspections are not required in that jurisdiction (per COMAR 14.31.06.07A(3)).

**Harford County**
Environmental Health Services
120 Hayes Street
Bel Air, MD 21014
Daniel Driscoll
(410) 877-2316
Fax: (443) 643-0333
Email: Dan.driscoll@maryland.gov
Website: www.harfordcountyhealth.com
Inspection fee 0

Harford County Environmental Health Services performs inspection services for foster homes and adoption homes. They use DHMH Environmental Health Survey form (See attachment).

Group Home providers are required to obtain written documentation annually from Environmental Health Services that inspections are not required in that jurisdiction (per COMAR 14.31.06.07A(3)).

Developed - 1/6/2017
Howard County
Community Hygiene
8930 Stanford Boulevard
Columbia, MD 21045
Monna Oumans
(410) 313-1773
Fax: (410) 313-2648
Email: Moumans@Howardcountymd.gov
Website: www.howardcountymd.gov-communitiyhealth
Inspection fee $44 and $36 for water well

Howard County Community Hygiene performs inspection services for adoption homes and foster homes. They use DHMH Environmental Health Survey form (See attachment).

Group Home providers are required to obtain written documentation annually from Environmental Health Services that inspections are not required in that jurisdiction (per COMAR 14.31.06.07A(3)).

Kent County
Environmental Health Services
125 South Lynchburg Street
Chestertown, MD 21620
Joshua Parker
(410) 778-2375
Fax: (410) 778-7017
Email: Joshua.parker@maryland.gov
Website: www.kenthd.org/environmental-health (community and recreation sanitation)
Inspection fee $60 for water sample

Kent County Environmental Health Services performs inspection services for adoption homes and foster homes. They use DHMH Environmental Health Survey form (per COMAR 14.31.06.07A(3)).

No group homes in this jurisdiction.

Montgomery County
Department of Permitting Services
255 Rockville Pike 2nd floor
Rockville, MD 20850
Gene Von Gunten
(240) 777-3986
Fax: (240) 777-6314
Email: Gene.vongunten@montgomerycountymd.gov
Website: www.permittingservices.montgomerycountymd.gov

Developed - 1/6/2017
Inspection fee $235 for well or septic
$375 for well and septic

Montgomery County Department of Permitting Services performs inspection services for adoption homes, foster homes and group homes. They use the Application for Well/Septic Services or Permit form (See attachment).

Group Home providers are required to obtain written documentation annually from Environmental Health Services that inspections are not required in that jurisdiction (per COMAR 14.31.06.07A(3)).

**Prince George’s County**
Environmental Health Services
9201 Basil Court Suite 318
Largo, MD 20774
Terria Bryan
(301) 883-7681
Fax: (301) 883-7266
Email: Tmbryan@co.pg.md.us
Website: [www.princegeorgesmd.gov](http://www.princegeorgesmd.gov) (Well and sewage disposal systems)
Inspection fee 0

Prince Georges County Environmental Health Services will inspect the well and septic systems of adoption homes, foster homes and group homes. They use DHMH Environmental Health Survey form (See attachment).

**Queen Anne County**
Environmental Health Services
208 N. Commerce Street
Centreville, MD 21617
Gabe Houghton
(410) 758-2281
Fax: (410) 758-6602
Email: Gabe.houghton@maryland.gov
Website: NO current web page
Inspection fee(s)-public water and sewer-Free
private water and public sewer $60
private water and septic system $100

Queen Anne County Environmental Health Services performs inspection services for adoption homes and foster care homes. Queen Anne County use Environmental Health Survey form (See attachment).

No group homes in this jurisdiction.

Developed - 1/6/2017
St. Mary’s County
Environmental Health Services
P.O. Box 316
21580 Peabody Street
Leonardtown, MD 20650
Robert Hammett
(301) 475-4321
Fax: (301) 475-4373
Email: Robert.hammett@maryland.gov
Website: www.smchd.healthdept@maryland.gov
Inspection fee $58 for water sample
$41 lab fee

St. Mary’s County Environmental Health Services performs inspection services for adoption homes, foster homes and group homes. They use DHMH Environmental Health Survey form (See attachment).

No group homes in this jurisdiction.

Somerset County
Environmental Health Services
7920 Crisfield Highway
Westover, MD 21871
Diane Waller
(443) 523-1730
Fax: (410) 651-4083
Email: Diane.waller@maryland.gov
Website: www.somersethealth.org/environmentalhealth
Inspection fee $150 includes water sample

Somerset County Environmental Health Services performs inspection services for adoption homes and foster homes. They use DHMH Environmental Health Survey form (See attachment).

No group homes in this jurisdiction.

Talbot County
Environmental Health Services
215 Bay Street Suite 4
Easton, MD 21601
Anne Siefer
(410) 770-6813
Fax: (410) 770-6888

Developed - 1/6/2017
Talbot County Environmental Health Services performs inspection services for adoption homes and foster homes. They use DHMH Environmental Health Survey form (See attachment).

No group homes in this jurisdiction.

**Washington County**
Environmental Health Services  
1302 Pennsylvania Avenue  
Hagerstown, MD 21742  
Carrie Lane  
(240) 313-3406  
Fax: (240) 313-3424  
Email: Carrie.lane@maryland.gov  
Website: www.dhmh.maryland.gov/washhealth  
Inspection fee $25 for well  
    $20 for septic

Washington County Environmental Health Services performs inspection services for adoption homes and foster homes. They use DHMH Environmental Health Survey form (See attachment).

Group Home providers are required to obtain written documentation annually from Environmental Health Services that inspections are not required in that jurisdiction (per COMAR 14.31.06.07A(3)).

**Wicomico County**
Environmental Health Services  
108 East Main Street  
Salisbury, MD 21801  
Allison Marine  
(410) 546-4446  
Fax: (410) 219-2882  
Email: Allison.marine@maryland.gov  
Website: www.wicomicohealth.org  
Inspection fee $200 sanitary survey  
    $50 water sample

Wicomico Environmental Health Services performs inspection services for adoption homes and foster homes. They use Sanitary Survey Application form (See attachment).
No group homes in this jurisdiction.

**Worcester County**
Environmental Health Services
13070 St. Martins Neck Road
Bishopville, MD 21813
Stu White
(410) 352-3234
Fax: (410) 352-3369
Email: Stuartn.white@maryland.gov
Website: www.worcesterhealth.org
Inspection fee $80

Worcester County Environmental Health Services performs inspection services for foster homes and adoption home. They use DHMH Environmental Health Survey form (See attachment).

No group homes in this jurisdiction.
**MARYLAND STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE**  
**REPORT OF ENVIRONMENTAL HEALTH SURVEY**

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<td>Address:</td>
<td>Purpose</td>
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<tr>
<td>Phone:</td>
<td>Survey requested by:</td>
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**WATER SUPPLY:**  
Public  Private  Not Complete (Circle)

**DATE OF SAMPLE:**  

**Bact. Chem:**  
Drinking water accessible  No cross connections/back siphonage present

**PHYSICAL PLANT:**  
Absence of deteriorating lead based paint/asbestos  Plumbing properly maintained/water heaters vented  Housing/general cleanliness/vermin free

**SEWAGE DISPOSAL:**  
Public  Private  Non Complete (Circle)

**WASTE HANDLING:**  
Containers adequate/maintained  Disposal of garbage at frequent intervals  Proper handling/storage of special wastes

**SAFETY:**  
Hazardous products properly stored  Exterior property/grounds free of hazards  Dogs/cats vaccinated against rabies  Reporting of Communicable Disease  No evidence of malfunction/property maintained

**S - Satisfactory  U - Unsatisfactory  N/A - Category is not applicable  N/O - Not Observed**

**OBSERVATIONS:**

**RECOMMENDATIONS:**

**SANITARIAN:**  
**HEALTH DEPARTMENT:**  
**DATE:**  
**OPERATOR:**  
**DATE:**
SANITARY SURVEY FOR FOSTER AND ADOPTION HOMES

SECTION I: To Be Completed by the Applicant

Foster ___ Adoption ___ Child ___ Adult ___ (Check appropriate spaces)

NAME(s): ____________________________________________________________

ADDRESS: __________________________________________________________

PHONE NUMBERS: Home __________ Work __________ Cell __________

PROPERTY TAX ACCOUNT # ____________________________________________

1. WATER SUPPLY 2. SEWAGE DISPOSAL
Public ( ) Public ( )
Private ( ) Private ( )

No. in family ___ No. of children requested ___ Age(s) ___ No. of adults requested ___

Signature of Applicant ____________________________________________

PLEASE RETURN THIS FORM TO YOUR CASE WORKER

SECTION II: To Be Completed by the Case Worker

Case Worker’s special requests or comments:

NAME OF CASE WORKER: ____________________________________________

NAME OF AGENCY: ________________________________________________

ADDRESS OF AGENCY: ____________________________________________

PHONE NUMBER: ________________________________________________

SECTION III: To Be Completed by the Environmental Health Specialist

1. WATER SUPPLY APPROVED: YES ___ NO ___
2. SEWAGE DISPOSAL APPROVED: YES ___ NO ___
3. OTHER: ______________________________________________________

APPLICANT’S PROPERTY HAS MET THIS DEPARTMENT’S REQUIREMENTS:

YES ___ NO ___ DATE ______________________________

Signature of Environmental Health Specialist ____________________________

REMARKS:

______________________________________________________________

______________________________________________________________

______________________________________________________________

Revised: 8/2013
RE: Baltimore City Health Department Inspections

January 5, 2017

Dear Andre Thomas,

This letter is to inform Maryland Department of Human Resources, Office of Licensing and Permits that the Baltimore City Health Department’s (BCHD) Environmental Inspection Services no longer conduct inspections of group homes, foster care homes and adoption homes as part of the State’s licensing process. The reason for this change is that BCHD has no separate regulations that govern the operation of such homes and it has not been delegated as the licensing authority for such establishments.

Please feel free to contact me with any questions or concerns.

Best Regards,

Jessica Speaker
Director, Environmental Inspection Services
**CALVERT COUNTY ENVIRONMENTAL HEALTH SURVEY**

**THE APPLICANT COMPLETES THIS SECTION**

Name of Provider or Center: 
Address: 

Phone Number:  
County:  

Number living in family Child Care Home: (do not include provider's own children under 6)  
Requested Capacity: (maximum number of children at any time including provider's children under 6 years)  

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<th>Private</th>
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Sewage Disposal |  |

**THIS SECTION TO BE COMPLETED BY LOCAL HEALTH**

Findings: 

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<th>Not in Compliance</th>
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<td>Water Supply</td>
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</table>
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:  

WATER AND SEWER 
EVALUATION REQUEST FORM

Applicant Name: ________________________________

Address: ______________________________________

Telephone Number: ______________________________

E-mail Address: __________________________________

Water Supply: [ ] Public [ ] Private

Sewage Disposal System: [ ] Public [ ] Private

To be completed by:
Environmental Health Services, Community Protection Program Section

*If private water or on-site septic, a $50.00 Environmental Inspection Fee is required.

Water Supply Approved [ ] Disapproved [ ]

Sewage Disposal System Approved [ ] Disapproved [ ]

Sewage Disposal System approved for ________ residents.

All Cecil County Health Department, Environmental Health requirements have been met.

Approving Authority
Signature: ___________________________ Date: ______________

Updated 6/23/16
DIVISION OF ENVIRONMENTAL HEALTH SERVICES

Dianna E. Abney, MD  James C. Bridgers, Jr., PhD  Mark Williams, REHS
Health Officer  Deputy Health Officer  Director, Environmental Health Services

Sanitary Survey Request

Send this request with a check or money order payable to the Charles County Health Department for $40.00. Sanitary Survey request forms and fees are necessary for all adoption, daycare and assisted living unit applications. No fees are charged for foster care homes but Sanitary Survey Request forms must still be submitted. If a water sample must be taken no collection fee will be charged by the Health Department – Charles County; additional Maryland State Laboratory analysis fees may still apply.

Name: ____________________________________________

Mailing Address: _______________________________________________________________

Street Address: __________________________________ City: _________________________

County: __________________ State: ___________ Zip Code: ___________________________

Property Account/Tax Identification Number: _____________________________________

Home Phone: (     ) __________________________ Work Phone: (     ) __________________

Type of Facility: ( ) Adoption Home ( ) Foster Home ( ) Day Care ( ) Assisted Living Unit

Pets: ( )Dog ( )Cat ( )Ferret ( )None Current rabies certificate provided ( )yes ( )no

Water Supply: ( ) Public ( ) Private Sewage Disposal: ( ) Public ( ) Private

If the facility is on private water, the owner may submit results from a Maryland Certified Lab or submit a Water Sample Request to the Charles County Department of Health. If a water sample must be taken, a collection fee will be charged for Adoption Homes, Assisted Living Units and Daycare requests. No collection fee will be charged for Foster Home requests. Additional Maryland State Laboratory analysis fees will apply for Foster Home, Daycare and Assisted Living Unit water samples collected. No lab fee is collected for Adoption requests.

If the facility is on private sewage disposal, a site visit will be made.

Signature of Applicant: __________________________ Date: __________________________

Name of Agency: ______________________________________________________________

Agency Mailing Address: _________________________________________________________

Agency Phone Number: (     ) __________________________ Contact Person: _____________

*********************For Health Department Use Only***********************

Private Water Supply Approved ______ Disapproved ______ Water Lab invoice number ______________

Private Sewage Disposal Approved ______ Disapproved ______

Comments ________________________________________________________________

Signed __________________________ Date _______________________

f:\ahhn\1-sanitary survey\office forms\1-sanitary survey request.doc

4545 Crain Highway, P.O. Box 1050  White Plains, MD 20695  phone: 301-609-6751  fax: 301-609-6684  MD TTY: 1-800-735-2258
**DORCHESTER COUNTY HEALTH DEPARTMENT**  
**REPORT OF ENVIRONMENTAL HEALTH SURVEY**

<table>
<thead>
<tr>
<th>Operator:</th>
<th>Type of Facility:</th>
<th>Date of Issuance:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address:</th>
<th>Purpose:</th>
<th>Survey requested by:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Phone:</th>
<th>WATER SUPPLY: Public Private Not Complete (Circle)</th>
<th>WASTE HANDLING</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>WASTE HANDLING</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of Sample:</th>
<th>Bact:</th>
<th>Containers adequate/maintained</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Disposal of garbage at frequent intervals</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Drinking water accessible</th>
<th>Proper handling/storage of special waste</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>No cross connections/back siphonage present</th>
<th>SAFETY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residual Disinfectant Present</td>
<td>Hazardous products properly stored</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Hot Water Temperature Deg. F</th>
<th>Exterior property/grounds free of hazards</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>PHYSICAL PLANT</th>
<th>SEWAGE DISPOSAL: Public Private Not Complete (Circle)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Absence of deteriorating lead based paint/asbestos</td>
<td>No evidence of malfunction/properly maintained</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Plumbing properly maintained/ water heaters vented</th>
<th>Reporting of Communicable Disease</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Housing/general cleanliness/vermin free</th>
<th>Other</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>S - Satisfactory</th>
<th>U - Unsatisfactory</th>
<th>N/A - Category is not applicable</th>
<th>N/O - Not Observed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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**OBSERVATIONS:**

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**RECOMMENDATIONS:**

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<table>
<thead>
<tr>
<th>Sanitarian:</th>
<th>Health Department:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Operator:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
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</table>

**NOTE:** The contents of this survey form represents the state of the inspected facility on the date and at the time it was inspected only.
FREDERICK COUNTY HEALTH DEPARTMENT
APPLICATION FOR EVALUATION OF INDIVIDUAL WATER SUPPLY

<table>
<thead>
<tr>
<th>Results to be mailed to (Name):</th>
<th>Fee Paid:</th>
<th>Receipt #:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Tax Map #:</th>
<th>Parcel #:</th>
<th>ADC#</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Mailing Address:</th>
<th>Property Address:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Phone: Home: ( )</th>
<th>Work: ( )</th>
<th>Cell: ( )</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Subdivision Name:</th>
<th>Lot Number:</th>
<th>Section:</th>
<th>Block:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

Location & Directions to the Property:

Type of House and Color:

Reason for Water Supply Evaluation:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>( ) Doctor's Request</td>
<td>( ) Routine</td>
</tr>
<tr>
<td>( ) Certificate of Potability</td>
<td>( ) Family Day Care</td>
</tr>
<tr>
<td>( ) Foster Care or Adoption</td>
<td>Water Treatment:</td>
</tr>
</tbody>
</table>

If Doctor's Request:

<table>
<thead>
<tr>
<th>Doctor's Name:</th>
<th>Address:</th>
<th>Phone Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Water Treatment:</th>
</tr>
</thead>
<tbody>
<tr>
<td>( ) UV Light</td>
</tr>
<tr>
<td>( ) Chlorinator</td>
</tr>
<tr>
<td>( ) Water Softener</td>
</tr>
<tr>
<td>( ) Neutralizer</td>
</tr>
<tr>
<td>( ) Reverse Osmosis</td>
</tr>
<tr>
<td>( ) None</td>
</tr>
</tbody>
</table>

Well Information - Health Department Use Only

<table>
<thead>
<tr>
<th>Tag Number FR:</th>
<th>Well Depth:</th>
<th>Driller:</th>
<th>Casing Depth:</th>
<th>Date Drilled:</th>
<th>Gallons per minute:</th>
</tr>
</thead>
<tbody>
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<td></td>
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</table>

APPLICANT'S SIGNATURE: DATE:
HARFORD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SURVEY REQUEST

Type of survey requested. (check applicable box)
____ Foster care
____ Adoptive care
____ Family day care

Is this a new application or a relicensing request?

Name, address, and phone number of agency requesting inspection:

Name of applicant:
Mailing address of applicant:
Site/Inspection address of applicant (if different from mailing address):

Home phone number: Work phone number:

ENTER THE FOLLOWING INFORMATION FROM THE APPLICANT’S HARFORD COUNTY PROPERTY TAX BILLING NOTICE:

Tax Map: Parcel: Lot Number: Tax ID Number:

Subdivision Name:
Best time to contact:
Source of drinking water: private well public supply
In the case of a private well, the name of the MD certified laboratory collecting and analyzing water samples:

Collection date of water samples:

ATTACH WATER SAMPLE RESULTS OF BACTERIOLOGICAL & NITRATE ANALYSIS TO THIS FORM.
Method of sewage disposal: on-site septic system public sewer

In the case of a family day care home only, will a swimming pool be utilized? yes no

SECTION TO BE COMPLETED BY HEALTH DEPARTMENT
Status of home: approved denied
Comments:

Sanitarian: Date:
Application for Well/Septic Services or Permit

Application # __________________ Building Permit # __________________

**TYPE OF PERMIT or SERVICE:** I hereby apply for the following permit/service (check all that apply)

- [ ] Well Permit
- [ ] Septic System Permit
- [ ] Water Table Test
- [ ] Percolation Test
- [ ] Subdivision Plan Review
- [ ] Sand Mound Test
- [ ] Repair Septic Permit
- [ ] Environmental Health Survey
- [ ] Minor Plan Review

**DESCRIPTION OF WORK:**

- [ ] Construct a Well Water Supply to serve [ ] New [ ] Existing building.
- [ ] Construct a Septic System to serve [ ] New [ ] Existing building.
- [ ] Replace a Septic System to serve [ ] New [ ] Existing building.
- [ ] Other ___________________________ to serve [ ] New [ ] Existing building.

For use as a dwelling containing ________ bedroom(s), or for use as ____________________________

**LOCATION OF WORK:**

Address __________________________ Street Number __________________________ Street Name __________________________ City __________________________ State __________________________ Zip __________________________

Lot __________________________ Block __________________________ Subdivision Name __________________________

**APPLICANT INFORMATION:**

Contact ID# __________________________ Fax # __________________________

Name of Property Owner __________________________ Telephone # __________________________

Address __________________________ City __________________________ State __________________________ Zip __________________________

**CONTACT INFORMATION:**

Contact ID# __________________________ Fax # __________________________

Contact Person (if other than applicant) __________________________ Telephone # __________________________

Address __________________________ City __________________________ State __________________________ Zip __________________________

**TO BE READ BY APPLICANT**

I declare and affirm, under penalty of perjury, that to the best of my knowledge, information and belief all matters and facts in this application are correct. I declare that I am the owner of the property or duly authorized to make this application on behalf of the owner.

Print Name __________________________ Applicant's Signature __________________________ Date __________________________

W & S Application HS 02/05
ENVIRONMENTAL HEALTH

SANITARY SURVEY FOR: DAYCARE FACILITIES/FOSTER AND ADOPTION HOME

Applicant Name: ____________________ Mailing Address: ____________________

Physical Address: ____________________ Telephone No.: ____________________

Directions to Home or Facility:

Number in Family: ___________ Number of Children Requested: _________

1. WATER SUPPLY: Public ( ) Private ( ) If Private: Drilled Well ( ) Dug Well ( )
   Driven Well ( ) Other ( ) Unknown ( ) Notes: ________________
2. SEWAGE DISPOSAL: Public ( ) Private ( ) If Private: Septic tank ( ) Drainfield ( )
   Other (specify) __________________ Notes: __________________
3. REFUSE DISPOSAL: Public ( ) Private ( ) Notes: __________________
4. REFRIGERATION: Electric ( ) Gas ( ) Notes: __________________
5. HEATING: Furnace ( ) Electric ( ) Wood ( ) Oil ( ) Kerosene stove ( )
   Other ( ) Notes: __________________
6. DOORS AND WINDOWS SCREENED: Yes ( ) No ( )
7. POOL: Yes ( ) No ( )
8. PETS: Dog ( ) Cat ( ) Other ( )

Signature of Applicant: ____________________ Date: ____________________

SECTION II. (Sanitarian's Evaluation)

1. Water Supply Approved: Yes ( ) No ( ) Remarks: __________________
2. Sewage Disposal Approved: Yes ( ) No ( )
3. Refuse Disposal Approved: Yes ( ) No ( )
4. Other ________________

APPROVED ( ) DISAPPROVED ( )

Signature of Sanitarian ____________________ Signature of Director ____________________
SOMERSET COUNTY HEALTH DEPARTMENT
7920 CRISFIELD HIGHWAY
WESTOVER, MARYLAND 21871
(P) 443-523-1730     (F) 410-651-4083

SANITARY SURVEY APPLICATION

Check one:  ( ) Adoption  No. in Family __________
            ( ) Day Care      No. of children requested______
            ( ) Foster Care

SECTION I
Name: __________________________________ Phone: __________________________
Address: ______________________________________________________________
City, State, Zip code: __________________________________________________

1) Water Supply:  Public ( )     Private ( )
2) Sewage Disposal:  Public ( )     Private ( )
3) Milk Supply:  Purchase from __________________________________________
4) Refuse Disposal:  Public ( )     Private ( )
5) Refrigeration of Foods: Electric ( )   Gas ( )   Ice Box ( )   Other ( )   None ( )
6) Heating:  Furnace ( )   Coal or Wood Stove ( )   Kerosene Stove ( )   Electric ( )
7) Bedroom: No. of bedrooms ____   No. of sleeping/napping spaces available _____

Signature of Applicant: __________________________ Date: ______________________

Requesting Agency: ______________________________________________________
APPLICATION FOR SANITARY SURVEY

Application Date: __________________ County: __________________

PLACEMENT AGENCY INFORMATION:
NAME: __________________________ PHONE#: __________________
FAX #: __________________________
ADDRESS: ________________________
AGENCY CONTACT (Social Worker): ________________________________

FACILITY TO BE SURVEYED INFORMATION:
NAME: __________________________ PHONE #: __________________
ADDRESS: ________________________

NUMBER CURRENTLY RESIDING IN HOME: ______ Adults ______ Children
NUMBER OF CLIENTS REQUESTED: ______ Adults ______ Children

WATER SUPPLY: Public ______ Private ______ ($25.00 FEE)
If Private – Is there any treatment on the well? ______
If Yes – What type of treatment? ______

SEWAGE DISPOSAL: Public ______ Private ______ ($20.00 FEE)
If Private – Approximate year septic was installed (if known) ______
Owner of property at time of installation (if known) ______

TO BE COMPLETED BY HEALTH FACILITY:
____ APPROVED ______ DISAPPROVED

COMMENTS:

__________________________   ____________________   ______
Signature                      Title                      Date

OFFICE USE ONLY

RECEIPT #:___________________   DATE:_________________   AMOUNT:__________

ENVIRONMENTAL HEALTH
1302 Pennsylvania Avenue
Hagerstown, Maryland 21742

240-313-3400 Voice • 240-313-3391 TDD • 240-313-3424 Fax
SANITARY SURVEY APPLICATION
Environmental Health www.wicomicohealth.org Phone: 410-546-4446

Sanitary Survey fee: $200.00 Water collection fee: $50.00

Cash □ Credit/Debit □ Check #: ______ Receipt #: ______

Date: ______________ Property ID: ______________

□ New applicant □ Renewal Establishment ID: ______________

□ Assisted Living □ Care / Project Home
□ Private Home Child Care
□ Foster Care / Adoption
□ Church / Other Child Care

Water sample? □ Yes □ No
Water supply: □ Public □ Private
Sewage supply: □ Public □ Private
Refuse disposal: □ Public □ Private

Name of applicant: ____________________________________________

Address: __________________________________________________

Mailing address (if different): __________________________________

Phone (H): __________ (W): __________ (C): __________

Pets present: □ NO □ YES # of cats __________ # of dogs __________ # of ferrets __________

Name of Vet: __________________________________ Phone: __________

□ Assisted Living and Care / Project Home:
Number of family members in home: _____ Number of proposed residents: _____

□ Private Home Child Care:
Number of people in home (excluding Provider's children < six years old): _____
Number of proposed children (max number of children at any time including Provider's children < six years old):

□ Foster Care / Adoption:
Number of people in home: _____ Number of proposed children: _____

□ Church / Other Child Care:
Please submit a drawing of the property showing all buildings, driveways, wells, and septic.

Requesting Agency (Information must be completed):
Name of Agency: __________________________________ Contact name: __________________________ Phone: __________________________
Address: __________________________________ Fax: __________________________ Email: __________________________

NEW APPLICANTS: If Applicant is requesting more than eight children or residents, the applicant may need to apply for a land evaluation. There is an additional fee for this process. This land evaluation may also be required for existing facilities who are requesting an approval for an increase in the number of children or residents

NO REFUNDS WILL BE GRANTED ONCE FIELD WORK HAS BEGUN OR AFTER 30 DAYS FROM APPLICATION DATE.

MAKE CHECKS PAYABLE TO: WICOMICO COUNTY HEALTH DEPARTMENT, 108 E. MAIN STREET, SALISBURY, MD 21801

There will be a $50.00 fee on all NSF checks.