

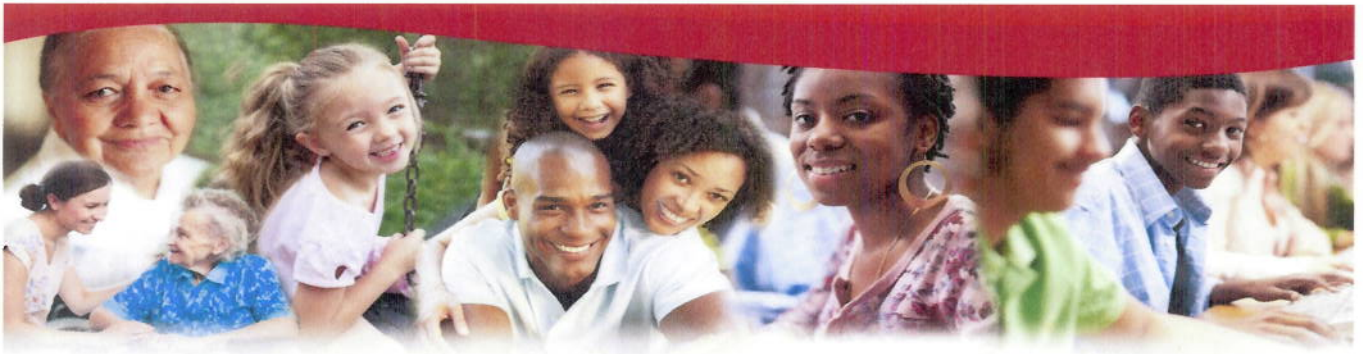
February 23, 2017 –, Maryland Department of Transportation (MDOT),  
7201 Corporate Center Drive, Hanover, MD 21076

*Department of Human Resources’  
Office of Licensing and Monitoring  
Agenda*

Welcome	Darlene Ham
Contracts SSA Updates	Tennille Thomas
Drug Trends and Treatment	Tiffi’ni Davis, LBSW, M.M sc Abundant Living Resources, Inc. <a href="http://www.alrinc.org">www.alrinc.org</a>
My DHR – Uniform Incident Report	Lynn Wisner
Citrix (Required for Mid-License and Re-Licensure materials)	Adele Black
Health Departments	Helen Murray-Miller
Electronic Records	Darlene Ham
Questions and Answer Period	Darlene Ham

**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 [hr.electronicdocuments@maryland.gov](mailto:hr.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](mailto: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

## Maryland Child Support Offices

<p>Allegany County  <b>Mailing Address &amp; Location:</b>            1 Frederick Street            Cumberland, MD 21502</p>	<p>Anne Arundel County  <b>Mailing Address:</b>            P.O. Box 1870            Annapolis, MD 21404  <b>Location:</b>            44 Calvert Street            Annapolis, MD 21401</p>	<p>Baltimore City  <b>Mailing Address &amp; Location:</b>            1 North Charles Street, 5<sup>th</sup> Fl.            Baltimore, MD 21201</p>
<p>Baltimore County  <b>Mailing Address &amp; Location:</b>            170 W. Ridgely Road, Suite 200            Lutherville, MD 21093-5114</p>	<p>Calvert County  <b>Mailing Address &amp; Location:</b>            200 Duke Street            Prince Frederick, MD 20678</p>	<p>Caroline County  <b>Mailing Address:</b>            P.O. Box 400            Denton, MD 21629  <b>Location:</b>            300 Market Street            Denton, MD 21629</p>
<p>Carroll County  <b>Mailing Address:</b>            P.O. Box 930            Westminster, MD 21158  <b>Location:</b>            10 Distillery Drive            Westminster, MD 21157</p>	<p>Cecil County Office of Child Support  <b>Mailing Address:</b>            P.O. Box 1160            Elkton, MD 21922-1160  <b>Location:</b>            170 East Main Street            Elkton, MD 21921</p>	<p>Charles County  <b>Mailing Address:</b>            P.O. Box 1010            La Plata, MD 20646  <b>Location:</b>            200 Kent Avenue            La Plata, MD 20646</p>
<p>Dorchester County  <b>Mailing Address:</b>            P.O. Box 259            Cambridge, MD 21613  <b>Location:</b>            627 Race Street            Cambridge, MD 21613</p>	<p>Frederick County  <b>Mailing Address:</b>            P.O. Box 3066            Frederick, MD 21705  <b>Location:</b>            100 East All Saints Drive            Frederick, MD 21701</p>	<p>Garrett County  <b>Mailing Address &amp; Location:</b>            12578 Garrett Highway            Oakland, MD 21550</p>
<p>Harford County  <b>Mailing Address &amp; Location:</b>            101 S. Main Street, Suite 200            Bel Air, MD 21014</p>	<p>Howard County  <b>Mailing Address &amp; Location:</b>            7121 Columbia Gateway Drive            Columbia, MD 21046</p>	<p>Kent County Office of Child Support  <b>Mailing Address &amp; Location:</b>            315 High Street, Suite 208            Chestertown, MD 21620</p>
<p>Montgomery County  <b>Mailing Address:</b>            51 Monroe Street, Suite 811            Rockville, MD 20850  <b>Location:</b>            51 Monroe Street, 10th Floor            Rockville, MD 20850</p>	<p>Prince George's County  <b>Mailing Address &amp; Location:</b>            4235 28th Avenue, Suite 135            Temple Hills, MD 20748</p>	<p>Queen Anne's County  <b>Mailing address:</b>            P.O. Box 387            Centerville, MD 21617  <b>Location:</b>            125 Comet Drive            Centerville, MD 21617</p>

<p>St. Mary's County  <b>Mailing Address:</b>  Joseph D. Carter Bldg.  P.O. BOX 509  Leonardtown, MD 20650  <b>Location:</b>  23110 Leonard Hall Drive  Leonardtown, MD 20650</p>	<p>Somerset County  <b>Mailing Address:</b>  P.O. Box 369  Princess Anne, MD 21853  <b>Location:</b>  30397 Mt. Vernon Road  Princess Anne, MD 21853</p>	<p>Talbot County  <b>Mailing Address &amp; Location:</b>  301 Bay Street, Unit 5  Easton, MD 21601</p>
<p>Washington County  <b>Mailing Address:</b>  P.O. Box 1419  Hagerstown, MD 21741-1419  <b>Location:</b>  122 North Potomac Street  Hagerstown, MD 21741</p>	<p>Wicomico County  <b>Mailing Address &amp; Location:</b>  309 Calvert Street, Suite 101  Salisbury, MD 21801</p>	<p>Worcester County  <b>Mailing Address:</b>  P.O. Box 39  Snow Hill, MD 21863  <b>Location:</b>  299 Commerce Street  Snow Hill, MD</p>



***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](mailto: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](mailto: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](mailto: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](mailto:WBridges@BaltimoreCountyMD.gov)  
Website: [ehs@baltimorecountymd.gov](http://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](http://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.**



### **Caroline County**

Environmental Health Services  
403 South 7<sup>th</sup> Street Room 248  
Denton, MD 21629  
Don Wilson, Director  
(410) 479-8045, (410) 479-8049  
Fax: (410) 479-4082  
Email: [Don.wilson@maryland.gov](mailto: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](mailto:Jason.Raschka@Maryland.gov)  
Website: [www.cecilcountyhealth.org](http://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

Fax: (301) 609-6684

Email: [Donna.ward@maryland.gov](mailto:Donna.ward@maryland.gov)

Website: [www.charlescountyhealth.org/environmental-health](http://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](mailto:Margaret.shenton@maryland.gov)

Website: [www.dorchesterhealth.org](http://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](mailto:L.pfeiffer@Frederickcountymd.gov)

Website: [www.frederickcountymd.gov](http://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).**

**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](mailto:Stacy.gillum@maryland.gov)  
Website: [www.garretthealth.org](http://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](mailto:Dan.driscoll@maryland.gov)  
Website: [www.harfordcountyhealth.com](http://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)).**



### **Howard County**

Community Hygiene  
8930 Stanford Boulevard  
Columbia, MD 21045  
Monna Oumans  
(410) 313-1773  
Fax: (410) 313-2648  
Email: [Moumans@Howardcountymd.gov](mailto:Moumans@Howardcountymd.gov)  
Website: [www.howardcountymd.gov-communitiyhealth](http://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](mailto:Joshua.parker@maryland.gov)  
Website: [www.kenthd.org/environmental-health](http://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 2<sup>nd</sup> floor  
Rockville, MD 20850  
Gene Von Gunten  
(240) 777-3986  
Fax: (240) 777-6314  
Email: [Gene.vongunten@montgomerycountymd.gov](mailto:Gene.vongunten@montgomerycountymd.gov)  
Website: [www.permittingervices.montgomerycountymd.gov](http://www.permittingervices.montgomerycountymd.gov)

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](mailto: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](mailto: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.**

**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](mailto:Robert.hammett@maryland.gov)

Website: [www.smchd.healthdept@maryland.gov](http://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](mailto:Diane.waller@maryland.gov)

Website: [www.somersethealth.org/environmentalhealth](http://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



Email: [Annek.siefer@maryland.gov](mailto:Annek.siefer@maryland.gov)  
Website: [www.dhmv.maryland.gov/talbotcounty/eh](http://www.dhmv.maryland.gov/talbotcounty/eh)  
Inspection fee \$80 water sample

**Talbot County Environmental Health Services performs inspection services for adoption homes and foster homes. They use DHMV 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](mailto:Carrie.lane@maryland.gov)  
Website: [www.dhmv.maryland.gov/washhealth](http://www.dhmv.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 DHMV 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](mailto:Allison.marine@maryland.gov)  
Website: [www.wicomicohealth.org](http://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](mailto:Stuartn.white@maryland.gov)

Website: [www.worcesterhealth.org](http://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

DATE OF REQUEST:	
Operator:	Type of Facility:
Address:	Purpose
Phone:	Survey requested by:
WATER SUPPLY: Public Private Not Complete (Circle)	WASTE HANDLING:
Date of Sample:	Containers adequate/maintained
Bact. Chem:	Disposal of garbage at frequent intervals
Drinking water accessible	Proper handling/storage of special wastes
No cross connections/back siphonage present	SAFETY:
Residual Disinfectant Present	Hazardous products properly stored
Hot Water Temperature _____ Deg. F	Exterior property/grounds free of hazards
PHYSICAL PLANT:	Dogs/cats vaccinated against rabies
Absence of deteriorating lead based paint/asbestos	Reporting of Communicable Disease
Plumbing properly maintained/water heaters vented	
Housing/general cleanliness/vermin free	SEWAGE DISPOSAL: Public Private Non Complete (Circle)
	No evidence of malfunction/property maintained
S - Satisfactory    U - Unsatisfactory    N/A - Category is not applicable    N/O - Not Observed	
OBSERVATIONS:	
RECOMMENTATIONS:	
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**

Public ( )

Private ( )

**2. SEWAGE DISPOSAL**

Public ( )

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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CITY OF BALTIMORE  
MAYOR CATHERINE E. PUGH



HEALTH DEPARTMENT

Leana Wen, M.D., M.Sc.  
Commissioner of Health  
1001 E. Fayette St.  
Baltimore, MD 21202

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,

A handwritten signature in cursive script, appearing to read "J. Speaker".

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) \_\_\_\_\_

	Public	Private
Water Supply	_____	_____
Sewage Disposal	_____	_____

## THIS SECTION TO BE COMPLETED BY LOCAL HEALTH

Findings:

	In Compliance	Not in Compliance
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: \_\_\_\_\_





**CECIL COUNTY  
HEALTH  
DEPARTMENT**

STEPHANIE GARRITY M.S., HEALTH OFFICER

JOHN M. BYERS HEALTH CENTER • 401 BOW STREET • ELKTON, MD 21921

WWW.CECILCOUNTYHEALTH.ORG

**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

EH Share>Community Protection>Care Home Inspection Program>Assisted living water and sewer request form

*Healthy People. Healthy Community. Healthy Future.*

ADMINISTRATIVE SERVICES .....	410-996-5550	ENVIRONMENTAL HEALTH SERVICES .....	410-996-5160
ALCOHOL & DRUG RECOVERY CENTER .....	410-996-5106	HEALTH PROMOTION .....	410-996-5168
OFFICE OF EPIDEMIOLOGY & EMERGENCY PREPAREDNESS .....	410-996-5113	SPECIAL POPULATIONS MENTAL HEALTH C.S.A. ....	410-996-5112
COMMUNITY HEALTH SERVICES .....	410-996-5110	TTY USERS FOR DISABLED, MARYLAND RELAY .....	800-201-7165
DISEASE CONTROL .....	410-996-5100	EN ESPAÑOL .....	410-996-5550 EXT. 4680

HEALTH DEPARTMENT TOLL FREE ... 877-334-9985

DIVISION OF ENVIRONMENTAL HEALTH SERVICES



Dianna E. Abney, MD
Health Officer

James C. Bridgers, Jr., PhD
Deputy Health Officer

Mark Williams, REHS
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 \_\_\_\_\_

j:\dhhmh\11-sanitary survey\office forms\1-sanitary survey request.doc







**FREDERICK COUNTY HEALTH DEPARTMENT  
APPLICATION FOR EVALUATION OF INDIVIDUAL WATER SUPPLY**

Results to be mailed to (Name):		Fee Paid:	Receipt #:	
		Tax Map #:	Parcel #:	ADC#
Mailing Address:		Property Address:		
Phone: Home: ( )	Work: ( )	Cell: ( )		
Subdivision Name:	Lot Number:	Section:	Block:	
Location & Directions to the Property:				
Type of House and Color:				
Reason for Water Supply Evaluation:	If Doctor's Request:		Water Treatment:	
( ) Doctor's Request	Doctor's Name: _____		( ) UV Light	
( ) Routine	Address: _____		( ) Chlorinator	
( ) Certificate of Potability	Phone Number: _____		( ) Water Softener	
( ) Family Day Care			( ) Neutralizer	
( ) Foster Care or Adoption			( ) Reverse Osmosis	
			( ) None	
<b>Well Information - Health Department Use Only</b>				
Tag Number FR - _____	Well Depth _____			
Driller: _____	Casing Depth _____			
Date Drilled: _____	Gallons per minute _____			
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: \_\_\_\_\_



Montgomery County Maryland  
Department of Permitting Services

255 Rockville Pike, 2<sup>nd</sup> Floor  
Rockville, Maryland 20850-4153  
(240) 777-6320 Fax (240) 777-6262  
<http://permits.emontgomery.gov>



## 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)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Well Permit          | <input type="checkbox"/> Septic System Permit        | <input type="checkbox"/> Water Table Test  |
| <input type="checkbox"/> Percolation Test     | <input type="checkbox"/> Subdivision Plan Review     | <input type="checkbox"/> Sand Mound Test   |
| <input type="checkbox"/> Repair Septic Permit | <input type="checkbox"/> Environmental Health Survey | <input type="checkbox"/> Minor Plan Review |

**DESCRIPTION OF WORK:**

- |  |          |                              |   |
|--|----------|------------------------------|---|
| <input type="checkbox"/> Construct a Well Water Supply | to serve | <input type="checkbox"/> New | <input type="checkbox"/> Existing building. |
| <input type="checkbox"/> Construct a Septic System     | to serve | <input type="checkbox"/> New | <input type="checkbox"/> Existing building. |
| <input type="checkbox"/> Replace a Septic System       | to serve | <input type="checkbox"/> New | <input type="checkbox"/> Existing building. |
| <input type="checkbox"/> Other _____                   |          | <input type="checkbox"/> New | <input type="checkbox"/> 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 \_\_\_\_\_





Queen Anne's County Department of Health  
 Division of Environmental Health Services  
 206 N. Commerce Street, Centreville, MD 21617-1049  
 Tel: 410-758-2281 • Fax: 410-758-6602

**ENVIRONMENTAL HEALTH**

C. Devadason, M.D., D.P.H.  
 Health Officer  
 John Nickerson  
 Director of Environmental Health Services

**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  
 Day Care  
 Foster Care

No. in Family \_\_\_\_\_  
No. of children requested \_\_\_\_\_

**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: \_\_\_\_\_



# WASHINGTON COUNTY HEALTH DEPARTMENT

1302 Pennsylvania Avenue • Hagerstown, MD 21742

[www.dhmm.maryland.gov/washhealth](http://www.dhmm.maryland.gov/washhealth)

## 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



# SANITARY SURVEY APPLICATION



Public Health  
Wicomico County  
Health Department

Environmental Health

[www.wicomicohealth.org](http://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: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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.**