

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: _____