COMPLIANCE SCHEDULE APPLICATION

Maryland Department of Health (MDH)
Center for Healthy Homes and Community Services (CHHCS)
6 St. Paul Street, Suite 1301
Baltimore, Maryland 21202-1608
(410) 767-8417 FAX (410) 333-8926
Toll Free 1-877-463-3464 ext. 78417

I. Camp Owner Information				
NAME OF OWNER				
MAILING ADDRESS OF OWNER				
CITY		STATE		ZIPCODE
II. Camp Information				
CAMP NAME				
PHYSICAL ADDRESS				
CITY		STATE		ZIPCODE
TYPE OF FACILITY [] DAY CAMP			[] DAY & RESIDENTIA	AL CAMP
III. Compliance Information				
SPECIFY THE NONCOMPLIANT ITEM				
SPECIFY THE REASON THAT THE NONCOMPLIANT ITEM CANNOT BE IMMEDIATELY CORRECTED				
EXPLAIN THE PLAN FOR CORRECTING THE NONCOMPLIANT ITEM				
GIVE THE TIME SCHEDULE FOR CORRECTING THE NONCOMPLIANT ITEM				
IV. Signature				
SIGNATURE OF OWNER OR AUTHORIZED REPRESENTATIVE			DATE	
PHONE NUMBER	ER EMAIL ADDRESS			
For Office Use Only				
DOES OPERATION DURING THE TIME ALLOWED TO BRING THE YOUTH CAMP INTO COMPLIANCE ADVERSELY AFFECT THE HELATH AND SAFETY OF THE PUBLIC?				
[]YES		[] NO		
COMPLIANCE SCHEDULE IS: [] APPROVE	ROVED []DISAPPRO		PPROVED	
ENVIRONMENTAL HEALTH SPECIALIST'S SIGNATURE			DATE	