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 1-877-4MD-MDH ext. 8417

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 [ ] RESIDENTIAL CAMP [ ] DAY & RESIDENTIAL CAMP [ ] TRIP CAMP [ ] TRAVEL 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	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: [ ] APPROVED [ ] DISAPPROVED

ENVIRONMENTAL HEALTH SPECIALIST'S SIGNATURE	DATE