

Application for a License or Certification to Operate a Child Day Care Facility

Use this form to apply for a license or certification to operate a child care center, school-age program, before or after-school program, or child care home.

Directions: After completing this form, mail it and any other materials requested to your nearest Licensing office. For information on local Licensing offices, see: <https://hhs.texas.gov/services/safety/child-care/contact-child-care-licensing>.

Part I – About Your Operation

| | | | | |
|---------------------------------|-------------------------|---------------|-------|----------|
| Name of Operation | Area Code and Phone No. | Email Address | | |
| Address | City | County | State | ZIP Code |
| Mailing Address (if different) | City | County | State | ZIP Code |
| Hours of Operation | | | | |
| Days of the Week in Operation | | | | |
| Months of the Year in Operation | | | | |

Part II – Governing Body Information

| | | | | |
|---|---|--|--|--|
| Type of Governing Body: | | | | |
| <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Association | <input type="checkbox"/> Corporation | <input type="checkbox"/> Nonprofit Association | |
| <input type="checkbox"/> Nonprofit Corporation | <input type="checkbox"/> State Operated | <input type="checkbox"/> Political Subdivision | <input type="checkbox"/> Partnership | |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Limited Liability Partnership | <input type="checkbox"/> Limited Liability Company | | |
| <input type="checkbox"/> Nonprofit Corporation with Religious Affiliation | <input type="checkbox"/> Nonprofit Association with Religious Affiliation | | | |
| Secretary of State Filing No. (if applicable) | | | | |

Part III – Applicant Information

Section 1

Complete this section if your type of governing body is a sole proprietorship or partnership. This includes a general, limited partnership, or limited liability partnership. **If you have more than two partners**, attach the information requested here for each.

| | | | | | |
|--|---------------|------|--------|-------------------------|----------|
| Name of Entity (Required for a limited partnership or limited liability partnership.) | | | | | |
| Name of Sole Proprietor or Partner | | | | Area Code and Phone No. | |
| Street Address or P.O. Box | Apartment No. | City | County | State | ZIP Code |
| Name of Second Partner | | | | Area Code and Phone No. | |
| Street Address or P.O. Box | Apartment No. | City | County | State | ZIP Code |
| <input type="checkbox"/> Check here if you are (or a partner is) a military member, military spouse, military veteran or veteran spouse. This applies only if your governing body is a sole proprietorship or partnership. | | | | | |

Section 2

Complete this section if your type of governing body is an association, corporation, nonprofit association, nonprofit corporation, political subdivision, nonprofit corporation with religious affiliation, nonprofit association with religious affiliation, limited liability company, or state operated.

| | | | | | |
|--|---------------|-------------------------|--------|-------|----------|
| Name of Organization or Governing Body | | Area Code and Phone No. | | | |
| Street Address or P.O. Box | Apartment No. | City | County | State | ZIP Code |

Part IV – Child Population

| | | |
|------------|-----|------------------------------|
| Age Range: | To: | Expected Number of Children: |
|------------|-----|------------------------------|

Part V – Operation Type and Services

| Operation Type Select One Type of Operation | Number of Children Served For Licensed Child Care Centers only. Select one of the boxes |
|--|---|
| <input type="radio"/> Licensed Child Care Center | <input type="radio"/> Center with 12 or fewer children <input type="radio"/> Center with 13 or more children |
| <input type="radio"/> School-Age Program (SAP) | N/A |
| <input type="radio"/> Before or After-School Program (BAP) | N/A |
| <input type="radio"/> Licensed Child Care Home | N/A |

Part VI – Permit History

Do you (the applicant) have either a permit to provide any other type of child care or child-placing services, or a pending application to provide such services? Yes No

If yes, specify the name of the operation and type of permit: _____

Is there a program exempt from Child Care Licensing regulation operating at the same physical location that you noted in Part I of this application? Yes No

If yes, explain: _____

Have you (the applicant) ever been denied a permit to provide child care or child-placing services? Yes No

If yes, provide the date of denial: _____ Type of operation denied: _____

What was the reason for the revocation? _____

| | |
|---|--------|
| Operation's address (Street, City, State, and ZIP Code) | County |
|---|--------|

What was the reason for the denial? _____

Have you (the applicant) ever had a permit for child care or child-placing services revoked? Yes No

If yes, provide the date of revocation: _____ Type of operation revoked: _____

| | |
|---|--------|
| Operation's address (Street, City, State, and ZIP Code) | County |
|---|--------|

If the revocation occurred in another state, list the name and address of the regulatory body that issued the revocation.

What is the reason for the revocation?

Part VI – Permit History

Have you (the applicant) ever been prohibited or barred from operating any other type of child care operation? Yes No

If yes, provide the date of the prohibition or bar: _____ Type of operation barred: _____

| | |
|---|--------|
| Operation's address (Street, City, State, and ZIP Code) | County |
|---|--------|

If the bar occurred in another state, list the name and address of the regulatory body that issued the bar:

What was the reason for the prohibition or bar?

Have you (the applicant) ever been a controlling person at an operation? Yes No

If yes, provide the dates: _____ Was the operation's permit revoked? Yes No

If so, provide the date of revocation: _____

Name of the Operation:

| | |
|---|--------|
| Operation's address (Street, City, State, and ZIP Code) | County |
|---|--------|

Part VII – Additional Information for Publication on the Child Care Licensing (CCL) Website

| | |
|----------------------|---------------|
| Web Address http://: | Email Address |
|----------------------|---------------|

Services Provided *(check all that apply)*

| | | |
|--|---|---|
| <input type="checkbox"/> School-Age Care | <input type="checkbox"/> Field Trips | <input type="checkbox"/> Accredited by National Organization |
| <input type="checkbox"/> After School Services | <input type="checkbox"/> Skills Classes | <input type="checkbox"/> Get Well Care (for ill or recovering children) |
| <input type="checkbox"/> Before School Services | <input type="checkbox"/> Meals Provided | <input type="checkbox"/> Snacks Provided |
| <input type="checkbox"/> Children with Special Needs | <input type="checkbox"/> Night Care | <input type="checkbox"/> Child and Adult Care Food Program |
| <input type="checkbox"/> Pool on Premises | <input type="checkbox"/> Transportation | <input type="checkbox"/> Water Activities |
| <input type="checkbox"/> Drop-In Care (alternative care) | <input type="checkbox"/> Part-Time Care (will enroll children for only part of the day and/or week) | |

Primary Language Spoken: _____

Part VIII – Certification and Signature

I certify that the information provided here contains no willful misrepresentation or falsification and that it is true and complete to the best of my knowledge and belief. I understand that any willful misrepresentation is cause for immediate denial of the application or later denial or revocation of the license. The documentation to complete this application is attached (see the checklist provided below). I understand that this application will be returned if the attached documentation is incomplete or does not conform to applicable laws. If a license is granted, there will be no racial discrimination in the admission or care of children.

| | |
|---|-------------|
| Signature of Applicant, Designee, or Head of the Governing Body | Date Signed |
|---|-------------|

Part VIII – Certification and Signature

- Form 2948, Plan of Operation
- Form 3010, Licensed Child Care Fee Schedule
- Certificate of Good Standing or Formation (if applicable)
- Request for Background Check(s)
- Form 2982, Personal History Statement (as needed)
- Floor Plan (including dimensions of the indoor and outdoor area)
- Form 2760, Controlling Person - Child Care Licensing
- Form 2911, Governing Body/Direction Designation
- Proof of liability insurance or documentation that you are unable to obtain liability insurance and a copy of the notice to parents that informs them that you do not have liability insurance. **Note:** Not required for Licensed Child Care Homes.

Driving directions to the operation: Please provide clear and concise directions for driving to your operation from the nearest Licensing office.

Privacy Statement

HHSC values your privacy. For more information, read the privacy policy online at: <https://hhs.texas.gov/policies-practices-privacy#security>

CCL Use Only

Date Application Received: _____

Amendment Data

Amendment Data

| | | | |
|--------------------------------|--|--------------------------------|--|
| Capacity (0-17 months): | | Capacity (0-17 months): | |
| Capacity (18 months or older): | | Capacity (18 months or older): | |
| Ages: | | Ages: | |
| Hours: | | Hours: | |
| Days: | | Days: | |
| Months: | | Months: | |
| Restrictions/Conditions: | | Restrictions/Conditions: | |
| Change requested: | | Change requested: | |
| Date Requested: | | Date Requested: | |
| Date Fee Paid: | | Date Fee Paid: | |
| Amount Paid (if applicable): | | Amount Paid (if applicable): | |
| Method of Verification: | | Method of Verification: | |
| By: | | By: | |