

SMALL EMPLOYER BASED CHILD CARE APPLICATION

“Texas law gives you the right to know what information is collected about you by means of a form you submit to a state government agency. You can receive and review this information, and request that incorrect information about you be corrected by contacting your licensing representative.”

PART I - OPERATION INFORMATION

Name of Operation	Telephone No. (inc. A/C)
Address of Operation (Street, City, State, ZIP)	County
Operation Type: <input type="checkbox"/> Small Employer Based Child Care Center: By checking this box, I am certifying that this operation is a Small Employer Based Child Care Center with fewer than 50 full-time employees; caring for 12 or fewer employees' children.	

PART II - APPLICANT INFORMATION

Type of Governing Body:

Partnership
 Limited Partnership
 Sole Proprietorship
 Limited Liability Partnership
 Limited Liability Company
 Corporation
 Non-profit Corporation
 State Operated
 Nonprofit Corporation w/ Religious Affiliation
 Association
 Non-profit Association
 Political Subdivision
 Nonprofit Association w/ Religious Affiliation

Please fill in this section if your type of governing body is:
SOLE PROPRIETORSHIP OR PARTNERSHIP
(General, Limited Partnership, Limited Liability Partnership)

Name of Entity (Limited Partnership or Limited Liability Partnership must complete)
Name of Sole Proprietor or Partner (Last, First, Middle)
Mailing Address - Street or P.O. Box
City, State, ZIP
Telephone No. (include A/C)
Name of 2nd Partner
Mailing Address - Street or P.O. Box
City, State, ZIP
Telephone No. (include A/C)

Please fill in this section if your type of governing body is:
Association, Corporation, Limited Liability Company,
Non-Profit Corporation, Non-Profit Association, Political Subdivision,
Non-Profit Corp. with Religious Affiliation, Non-Profit Association with
Religious Affiliation, or State Operated

Name of Organization
Mailing Address - Street or P.O. Box
City, State, ZIP
Telephone No. (include A/C)
Telephone No. (include A/C)

Note: If more than two partners, attach identifying information for each person.

PART III - PERMIT HISTORY

Does this operation currently have a permit to provide any other type of child care or child-placing services, or is there another application or request pending? Yes No

If yes, specify type of permit: _____

Has this operation's permit been denied or revoked in the past? Yes No

If yes, explain: _____

Give the date of the action: _____

Operation's address: _____

Give the type of operation: _____

Has a part of the program been determined to be exempt? Yes No

If yes, explain: _____

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PART IV- INFORMATION for PUBLIC WEB SITE: DFPS posts information about your operation and its compliance history on our web site a txchildcaresearch.org.

INFORMATION FOR TDFPS WEB SITE

Phone #: () Fax #: () E-Mail Address:

Web Page Address: http://

Pager # () Cell Phone.# ()

OPERATION: (Please check all that apply)

Hours of operation: Begin time End time

Days of operation:

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Months of Operation: Year – round or

January February March April May June
 July August September October November December

Ages Served:

Infants (birth -17 months) Toddlers (18 months – 2 years) Pre-kindergartnen (3 years – 4 years) School-age (5 yrs and older)

DIRECTIONS TO LOCATION: (Please give clear concise directions)

NOTE:

- Persons requesting a Certificate of Compliance have the option of attending a child-care orientation in health, safety, and sanitation related to preventing risk to children. Contact your local licensing office for more information.
- Information contained in this Request may be required by law to be released to the public.

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PART V-APPLICANT SIGNATURE:

I certify that the information 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 or the application or later revocation of the permit. The documentation to complete this application is attached (see checklist below). I certify that if this operation is granted a permit, there will be no racial discrimination in the admission or care of children.

<input type="checkbox"/> Verification of Fee Payment <input type="checkbox"/> Certificate of Good Standing <input type="checkbox"/> Governing Body/ Director Designation <input type="checkbox"/> Fingerprint Checks (if applicable)	<input type="checkbox"/> Floor Plan (including dimensions of the indoor and outdoor area) <input type="checkbox"/> Request for Criminal History and Central Registry Check
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FOR DFPS USE ONLY

			Criminal History	Date Received	Date Entered	Date Completed
			Central Registry	Date Received	Date Entered	Date Completed
Date Request Rec'd	Date Accepted	Date Fee Verified	Amount Paid	Method of Verification	By:	

I am requesting a Certificate of Compliance from the Texas Department of Family and Protective Services to provide employer based child care. I agree to comply with the Department's rules and all provisions of Chapter 42 of the Human Resources Code (the child care licensing law) that apply to Small Employer Based Child Care Centers. I understand I am to notify the Texas Department of Family and Protective Services if I move or when I am no longer caring for children.

I also certify that the information I have given 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 or revocation of my Certificate of Compliance.

I authorize the Texas Department of Family and Protective Services to contact people listed on this form. I authorize the Texas Department of Public Safety to release my criminal history record information to the Texas Department of Family and Protective Services.

Signature

Date

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PART VI-DFPS USE ONLY

Date Application Received:

PART VII-OPERATION DATA

AMENDMENT DATA

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