



TEXAS DEPARTMENT OF FAMILY AND PROTECTIVE SERVICES

COMMISSIONER
Carey D. Cockerell

Date

Name
Address
City, Zip
Operation #

Dear:

Your application for a permit to operate a(n) Small Employer Based Child-Care Center, received {enter date}, is complete and has been accepted.

An application inspection is necessary to evaluate compliance with standards for your operation type. Your inspection is scheduled for {enter date} at {enter time}.

If you have any other questions or need additional information, please contact me.

Sincerely,

Licensing Representative
Phone number
Child-Care Licensing
{Licensing office address}