



1. Will any people assist you in caring for children?  Yes  No

If yes, provide the following information on the people who will assist you (include their names on Form 2971, Child Care Licensing Request for Background Check.)

Name (First, Middle, Last)	Date of Birth

2. Have you or has any person living in your home, anyone who helps care for children or anyone who will have contact with the children in your care (other than a child's family) ever had one of the following?

A child removed because of abuse, neglect or exploitation?  Yes  No

A determination that a child was abused, neglected or exploited?  Yes  No

A contact or visit regarding child abuse, neglect or exploitation by any of the following agencies?  Yes  No

Child Protective Services with the Department of Family and Protective Services?  Yes  No

Child Welfare agency anywhere in Texas or another state?  Yes  No

Law enforcement agency (police, sheriff, etc.) in Texas or another state?  Yes  No

Other (Specify): \_\_\_\_\_  Yes  No

If yes, to any of the questions above, what was the child's name? \_\_\_\_\_

How was the child related to you? \_\_\_\_\_

When did this occur? \_\_\_\_\_

Where did this occur? \_\_\_\_\_

Comments

3. Do you or does any person living in your home, anyone who helps care for children or anyone who will have contact with the children in your care (other than a child's family) have any of the following?

A felony conviction?  Yes  No

If yes, give the name of the person, type of conviction, location of the offense and details of the offense:

A felony or misdemeanor charge pending?  Yes  No

If yes, give the name of the person, type of charge, location of the offense, county where the charge is pending, court number and details of the offense:

A deferred sentence?  Yes  No

If yes, give the name of the person, type of charge, location of the offense, county where the charge is pending, court number and details of the offense:

4. List any health issues affecting you or someone living in your home that may affect or limit your ability to care for children:

### Part III – Operation Information

\*Enter or select the details of the services you intend to offer in the sections below.

- Hours of Operation Begin Time: \_\_\_\_\_ End Time: \_\_\_\_\_
- Days of the Week in Operation (check all that apply)  
 Monday     Tuesday     Wednesday     Thursday     Friday     Saturday     Sunday
- Months of Operation (check all that apply)  
 January     February     March     April     May     June     July  
 August     September     October     November     December
- Which age groups do you intend to care for? (Check all that apply)  
 Infants (birth – 17 months)  
 Toddlers (18 months – 2 years)  
 Pre-Kindergarten (3 years – 4 years)  
 School-age (5 years and older)
- Services Provided (check all that apply)  
 After School Services     Before School Services     Drop-In Care (Alternate Care)     School-Age Child Care  
 Transportation     Meals Provided     Field Trips     Pool on Premises  
 Snacks Provided     Water Activities     Part-time Care (will enroll children for only part of the day and/or week)
- Miscellaneous  

Are you requesting a listing permit to receive a federal child care subsidy?     Yes     No

Are you currently caring for children in your home who are not related to you?     Yes     No

How many children are you caring for or do you intend to care for? \_\_\_\_\_  
Related                      Unrelated

What language do you primarily speak? \_\_\_\_\_

### Part IV – 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:
- 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 permit denied:

Operation's physical address (Street, City, State, and ZIP Code):

What was the reason for the denial?

3. 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 permit revoked:

Operation's physical address (Street, City, State, and ZIP Code):

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

What was the reason for the revocation?

4. Have you (the applicant) ever had a permit from HHSC that HHSC **refused to renew**?  Yes  No

If yes, provide the date of the refusal to renew:

Type of permit HHSC refused to renew:

Operation's physical address (Street, City, State, and ZIP Code):

What was the reason for the refusal to renew?

5. 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 physical address (Street, City, State, and ZIP Code):

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?

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

If yes, provide the dates:

Was adverse action taken against the operation for which you were a controlling person? (Examples of adverse action are denial or revocation)

Yes  No

If yes, provide the date of the adverse action:

Operation's physical address (Street, City, State, and ZIP Code):

## Part V – Notice to the Applicant

### 1. Safe Sleep Training

You must submit proof of successful completion of one hour of safe sleep training that covers the following topics:

1. Recognizing and preventing shaken baby syndrome and abusive head trauma;
2. Understanding and using safe sleeping practices and preventing sudden infant death syndrome (SIDS); and
3. Understanding early childhood brain development.

Date the training was completed: \_\_\_\_\_

Please attach proof of training to this application.

### 2. Optional Health, Safety and Sanitation Pre-Application Class

You may attend a pre-application class in health, safety and sanitation related to preventing risk to children. Contact your local [CCR office](#) for more information.

### 3. Minimum Standards for Listed Family Homes

A Listed Family Home caring for unrelated children is required to follow:

- the Minimum Standards for Listed Family Homes that are outlined in 26 Texas Administrative Code, Chapter 742;
- 26 Texas Administrative Code Chapter 745 (Licensing); and
- all provisions of Chapter 42 of the Texas Human Resources Code (the child care regulation law) that apply to listed family homes.

The Minimum Standards for Listed Family Home can be found on the HHSC website:

<https://hhs.texas.gov/doing-business-hhs/provider-portals/protective-services-providers/child-care-licensing/minimum-standards>

### 4. Investigations

The Texas Department of Family and Protective Services (DFPS) will investigate an allegation of possible abuse, neglect or exploitation of children in your care.

HHSC CCR will investigate reports alleging that:

- a violation of minimum standards at a Listed Family Home caring for unrelated children occurred;
- you are providing care to more children than your permit allows; or
- you are providing care to \*unrelated children if you are only approved to provide care to related children.

\*You must contact your local CCR office to obtain a different permit if you want to care for unrelated children.

### 5. Notice

Information contained in this Listing Permit Request may be required by law to be released to the public. CCR will post information on its public website about your listed family home and its compliance history at [www.txchildcaresearch.org](http://www.txchildcaresearch.org). If your address, phone or other information changes, inform your local CCR office.

## Part VI – Certification and Signature

I request to list with CCR to provide child care.

I agree to comply with 26 Texas Administrative Code Chapter 742 (Minimum Standards for Listed Family Homes), 26 Texas Administrative Code Chapter 745 (Licensing), and all provisions of Chapter 42 of the Texas Human Resources Code (the child care regulation statutes) that apply to listed family homes.

I understand I am to notify CCR within 15 days if I move or when I am no longer caring for children.

I certify that the information provided in this document 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 denial or later revocation of a listing permit. The documentation to complete the 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 CCR grants me a listing permit, there will be no racial discrimination in the admission or care of children at my listed family home.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**The following are required as part of a complete request for a listing permit:**

- Form 2962, Verification of Liability Insurance, OR a document that covers the same information that is in Form 2962 (use of Form 2962 is optional)
- Form 2760, Controlling Person - Child Care Regulation, or the online submission of information regarding controlling persons through the CCR website
- Online submission or a completed Form 2971, Child Care Licensing Request for Background Check, for all applicable persons
- Proof of one training hour of safe sleep training

## Privacy Statement

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