

Child Care Regulation

Request for Background Checks for an Administrator's License

Instructions: Complete all sections of this form and submit it with either Form 3014, Administrator License - Renewal or Status Change, or Form 3015, Application for a Child Care Administrator License or a Child-Placing Agency Administrator License.

If you have questions, contact the Administrator Licensing Office at 713-696-7119 or CCRLICADM@hhs.texas.gov.

Use this form to request the background check that is required when applying for or renewing an administrator's license.

Applicant's Information

First Name:		Middle Name (<i>spell out completely</i>):		Last Name:	
List any other names you use or have used in the past, including married and maiden names, below. If you do not provide every name that you have used, you may receive inaccurate results:					
Other First Name(s):		Other Middle Name(s) (<i>spell out completely</i>):		Other Last Name(s):	
Physical Home Address (<i>No P.O. Box Numbers</i>):		City:	County:	State:	ZIP Code:
Contact Area Code and Phone No.:		Date of Birth:	Gender: <input type="radio"/> Male <input type="radio"/> Female	Social Security No.:	
Driver's License No. or State-Issued ID (<i>No. and State</i>):			Email Address:		
List any other city in Texas where you have been a resident and any addresses, including county, where you have lived outside of Texas in the previous five years:					
Race: <input type="radio"/> White <input type="radio"/> Black <input type="radio"/> Asian/Pacific Islander <input type="radio"/> American Indian/Alaskan Native			Ethnicity (<i>must accompany race</i>): <input type="radio"/> Hispanic <input type="radio"/> Other: _____		

Operation's Information

Operation Name:		Operation No:		Administrator's License No.:	
Operation Street Address:		City:	State:	ZIP Code:	
Your Role at the Operation:					
<input type="checkbox"/> Administrator or Backup Administrator					
<input type="checkbox"/> Staff					
<input type="checkbox"/> Not Affiliated with an Operation					
<input type="checkbox"/> Other: _____					
To apply for or renew an administrator's license, do as follows:					
<ul style="list-style-type: none"> • Obtain a fingerprint-based criminal history check, Central Registry check and other applicable background checks through HHSC; and • Pay a \$2 background check fee. Make your payment payable to Texas Health and Human Services Commission. 					
You are not required to complete a new fingerprint-based criminal history check if:					
<ul style="list-style-type: none"> • You have a fingerprint-based criminal history check that is accessible to HHSC through the Department of Public Safety's (DPS's) clearinghouse; and • the fingerprints were completed on or after June 1, 2015. 					

Status of Fingerprint-Based Criminal History Check

Check one of the following:

- I must complete a fingerprint-based criminal history check.
- I already have a fingerprint-based criminal history check on record that is accessible to HHSC through DPS, and it has not been more than 60 months since my previous background check.
- I already have a fingerprint-based criminal history check on record with HHSC and it has not been more than 60 months since my previous background check.

Title 26 of the Texas Administrative Code, §§745.8933 and 745.8993, require a licensed administrator or applicant to provide identifying information that will be used to check for any criminal history that is a violation of law or HHSC rule and to check the Department of Family and Protective Services Central Registry of abuse and neglect. It may be necessary to obtain additional information if you do not live in Texas or may have criminal history or abuse/neglect in another state. You will be notified if the results of the background check violate law or rule.

Privacy Statement

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

Signature

I verify that the information on this form contains no willful misrepresentation and that the information given is true and complete to the best of my knowledge.

I understand that HHSC may contact others and, at any time, seek proof of any information contained here.

I understand that any willful misrepresentation or failure to provide identifying information within the stated time limit may result in adverse action.

Signature of Licensed Administrator or Applicant

Date Signed

Please make checks or money orders payable to Texas Health and Human Services.

Send this form, and either Form 3014 or Form 3015, to:

Via Mail:

**Texas Health and Human Services Commission
Administrator Licensing
RCCL Mail Code 1732, P.O. Box 16017
Houston, TX 77222**

or

Via Email:

CCRLICADM@hhs.texas.gov