



Dear Potential Relative Child Care Provider,

The Texas Workforce Commission adopted a ruling which states a relative providing child care in the relative's residence must be listed with the Texas Department of Family and Protective Services (DFPS) to be an eligible relative provider with Workforce Solutions Northeast Texas.

Relative providers must provide Workforce Solutions Northeast Texas with a copy of a listing permit issued by DFPS before child care assistance can be approved.

We have enclosed the instructions and forms for you to complete and information regarding the minimum requirements for listed family homes. Please follow the instructions exactly to ensure that your listing application is processed. DFPS has stated that processing could take 45 days or more.

As soon as you receive your listing letter from DFPS, please mail or fax us a copy.

If you have any questions, please contact our office.

Respectfully,
Workforce Solutions Northeast Texas Child Care Services

Mount Pleasant

312 N. Riddle
Mt. Pleasant, TX 75455
(903) 572-9841
(903) 572-0159 (Fax)

Paris

5210 S.E. Loop 286
Paris, TX 75460
(903) 784-4356
(903) 784-7267 (Fax)

Sulphur Springs

1513 Houston St.
Sulphur Springs, TX 75482
(903) 885-7556
(903) 439-1012 (Fax)

Texarkana

1702 Hampton Road
Texarkana, TX 75503
(903) 794-4163
(903) 792-2976 (Fax)

Child Care Services

1702 Hampton Road
Texarkana, TX 75503
(903) 794-8999
(903) 794-8012 (Fax)

MAILING INSTRUCTIONS FOR LISTED FAMILY HOME APPLICATIONS

1. Form 2986-Listing Request – Must be complete, signed and dated and must include an e-mail address
2. Form 2760 Controlling Person Form for applicant and spouse if applicable
3. Form 2971 Request for Background Check – Must be completed for everyone in the household 14 years of age and older, signed and dated.
4. A copy of your check or money order for the \$20.00 licensing fee plus \$2.00 for each background check to the following address:

HHSC/Child Care Regulation
Attention: Listed Home Tech – Heather Hensley
535 S. Loop 288, Ste 2001
Denton, TX 76205
FAX: 512-460-8656
heather.hensley@hhs.texas.gov

A background check is required for everyone 14 years and older in your home. Fill out one section of Form 2971 for each individual. Each individual's background check will cost \$2.00.

CCR will contact you either by phone, letter and/or email and give you an operation number. Do not submit payment prior to obtaining the operation number. This number must be printed on your check/money order and your fee payment form if mailing payment or the money will not be credited to your (child care) operation.

PLEASE MAKE/KEEP A COPY OF ALL DOCUMENTS BEFORE SENDING TO CHILD CARE REGULATION (CCR). LISTINGS ARE REQUIRED TO BE RENEWED EACH YEAR BEFORE YOUR ANNIVERSARY DATE AND A COPY OF THOSE DOCUMENTS MUST BE SUBMITTED TO OUR OFFICE BEFORE BEING SENT TO CCR.

Mail payment (check or money order) (NO CASH) along with Form 3008 Listed family Home Fee Schedule to the following address after obtaining the operation number and putting the operation number on your fee payment form and payment:

**Texas Health and Human Services Commission Accounts Receivable
P. O. Box 149055
Austin, TX 78714-9055**

Enclosures: The other information included in this packet is useful information to a child care provider. Also included are the laws associated with child care.

- **Texas DFPS Requirements for Listed Family Homes (2 pages)**
- **Form 2873 Guidelines for Listed Family Homes (6 pages)**
- **Instructions for Relative Child Care Providers: Completing Required Texas DFPS Forms (3 pages)**
- **Form 2896 Listing Permit Request (6 pages)**
- **Form 2760 Controlling Person Form Child Care Licensing (3 pages)**
- **Form J-800-2971i Instructions for Child Care Licensing Request for Background Check (2 pages)**
- **Form J-800-2971 Child Care Licensing Request for Background Check (4 pages)**
- **Safe Sleep Training Resources (2 pages)**
- **Form 2955 Licensing Fee Information (1 page)**
- **Form J-800-3008 Listed Family Home Fee Schedule (1 page)**

Online applications and the online provider portal are available on their website:

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

By registering for an online account, you can submit your application, pay your application fees, submit background check requests, and submit controlling person information online

Texas Department of Family and Protective Services Requirements for Listed Family Homes

The Texas Workforce Commission requires that relatives who care for a child in the relative's home be listed with the Texas Department of Family and Protective Services (DFPS) in order to be eligible to be reimbursed for providing child care services. Once listed with DFPS, you will be required to comply with DFPS rules and all provisions of Chapter 42 of the Texas Human Resources Code (the child care licensing law) that apply to listed family homes. As a listed family home, you must be aware of and comply with the DFPS requirements for listed family homes outlined in this document.

The following caregivers are required to list with DFPS

An individual at least 18 years old who provides care for compensation for three or fewer children, aged birth through 13 years, who are unrelated to the caregiver. The care is provided for at least four hours a day, three or more days a week, for three or more consecutive weeks or four hours a day for 40 or more in a 12-month period.

Total number of children in care

The total number of children in care, including children related to the caregiver, may not exceed 12*. A caregiver who is subject to regulation as a listed family home and wishes to care for any unrelated children is required to get an FBI fingerprint check for themselves and anyone else that is required to have a background check. A caregiver who is subject to regulation as a listed family home who wishes to care for more than three children unrelated to the caregiver must instead become a registered child care home.

*Note: Your Local Workforce Development Board may have a local policy limiting the number of subsidized children you can care for.

Annual Fee Renewal

You are required to pay an annual fee of \$20. DFPS will notify you when your annual fee is due. Failure to pay the annual fee will result in revocation of the listing permit and you will not be allowed to receive a subsidy for providing child care services.

Background Check Requirements

You must continue to submit background check information, using the Request for Criminal History and Central Registry Check, Form 2971, for the following:

- Individuals who regularly or frequently work or live in the home and are turning 14 years of age; and
- New individuals regularly or frequently working or living in the home.

Background check information for these individuals must be submitted within two business days after the individual turns 14 years of age or is newly present in the home.

You must resubmit background check requests for all individuals once every 24 months after you first submit an individual's name to DFPS.

There is a \$2 fee for each background check requested. Send completed Listing Family Home Fee Schedule, Form 3008, with payment to the address listed on the form.

Required Notification to DFPS

You are required to notify DFPS if you move or close your family home.

Guidelines for Listed Family Homes

This information sheet is designed to help you understand the laws and rules governing listed family homes.

Directions: If you have questions regarding listed family homes, contact the local Child Care Regulation (CCR) office. A list of offices can be found at <https://hhs.texas.gov/services/safety/child-care/contact-child-care-licensing>.

A family home provider who is compensated* to provide regular care** for one to three unrelated children in the provider's own home must **list** with the Child Care Regulation department of the Texas Health and Human Services Commission (HHSC). A provider who is required to get a listing **may** apply for a registration instead; but a provider with a registration must comply with minimum standards for registered child care homes.

*You are compensated if you receive anything of value in exchange for the care you are providing.
**You are providing regular care if you care for a child for four or more hours per day, for three or more days per week and for three or more consecutive weeks, or for four hours per day for 40 or more days in a period of 12 months.

Following are the legal requirements for a Listed Family Home provider:

A. People in the Home

1. The provider must submit a completed [Child Care Licensing Request for Background Check](#) form for the provider, any resident of the home who is 14 years old or older, and any person who regularly or frequently visits the home while the children are in care. The provider and any resident aged 14 years or older must also complete an FBI fingerprint check.
2. The provider must submit a completed [Child Care Licensing Request for Background Check](#) every 5 years that includes the provider, all residents of the home who are 14 years old or older, and all persons who regularly or frequently visit the home while the children are in care, and may be left alone with children. Failure to submit the required background checks will result in the automatic suspension of the home's listing. If the background checks are not received within six months of the due date, the listing will be automatically revoked.
3. A person is regularly or frequently present if the person is at the home:
 - on a scheduled basis;

A. People in the Home

- for three or more non-continuous visits in a 30-day period;
 - for one continuous stay that exceeds seven days; or
 - for three or more continuous stays per year, and the duration of each stay exceeds 48 hours.
4. Overview of Background Check rules for Listed Family Homes is available on the HHSC Website:
- Listed Family Homes caring for Unrelated Children:
<https://hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/provider-portal/protective-services/ccl/background-checks/bgc-rule-change-overview-listed-family-homes.pdf>
 - Relative Only – Listed Family Homes:
<https://hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/provider-portal/protective-services/ccl/background-checks/bgc-rule-change-overview-tsp-sebcc-lfhr.pdf>
5. A conviction for any of the offenses included in the chart posted on the CCR website may affect a person's ability to be in the home or to have contact with children in care. The chart lists the action required regarding any criminal convictions for persons that reside in a listed family home: <https://hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/provider-portal/protective-services/ccl/criminal-history/reg-list-home-chart.pdf>.
6. Until charges are dropped, a person who is indicted for any of the offenses listed in the chart linked in #5 above, or who is the subject of an official criminal complaint (related to those offenses) that has been accepted by a county or district attorney, must not be in the home or have contact with children who are in care.
7. You must receive notification from Child Care Regulation's Centralized Background Check Unit (CBCU) that a person is eligible or eligible with conditions before the person can work or be present at your home.

A. People in the Home

8. You must notify CCR of any indictment or complaint within 24 hours of your awareness or by the next workday. You must also notify the CCR if a person who is subject to background has been arrested for a crime, so that the CBCU may determine whether the person may be present at the home while children are in care.

You may contact CCR through the CBCU support line (800-645-7549) or by directly contacting the CBCU inspector assigned to your operation. The list of inspectors and respective regional assignments may be found at <https://www.hhs.texas.gov/doing-business-hhs/provider-portals/protective-services-providers/child-care-licensing/child-care-licensing-background-checks/centralized-background-check-unit>.

9. When a person is no longer associated with your operation or home (for example, a person leaves employment, moves out of the home, or does not otherwise require a background check), you must inactivate the person's association with your operation. A listed home must validate that the list of people associated with your operation is accurate at least once a year. You may complete these tasks through your online Child Care Licensing Account or by contacting your local CCR office.

B. Number of Children in Care

1. Once listed by CCR, you may care for one to three unrelated children in your home. You must obtain a registration or license to care for more than three unrelated children in your home.
2. If you are listed to care only for children related to you, you may not care for any unrelated children. If you decide to provide care to unrelated children, you must contact CCR to obtain a different permit.
3. The total number of children in a listed family home, **including** those related to the provider, may not exceed 12 at any given time. Children who are related to the provider are his or her children, grandchildren, great-grandchildren, first cousins, siblings, nieces, and nephews.

C. Minimum Standards for Listed Family Homes

A listed family home caring for unrelated children must comply with 26 Texas Administrative Code Chapter 742 Minimum Standards for Listed Family Homes at all times. CCR will investigate complaints of possible violations of minimum standards in a listed family home caring for unrelated children.

The Texas Health and Human Services Commission (HHSC) developed the minimum standards with the assistance of child-care providers, parents, lawyers, doctors, and other experts in a variety of fields. Chapter 42, Texas Human Resources Code sets guidelines for what the minimum standards for listed family homes must include.

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>

D. Abuse, Neglect, or Exploitation of Children in Care

1. Children must not be abused, neglected, or exploited while in the listed family home. [See 26 TAC Sec. 742.303\(1\)\(B\)](#). If the Department of Family and Protective Service (DFPS) receives a report of abuse, neglect, or exploitation of children in a listed family home, an investigator is assigned to visit the home and investigate the complaint.
2. If a child appears to have been abused or neglected when the child comes to the listed family home, the caregiver must call and report the abuse or neglect to the Texas Department of Family and Protective Services (DFPS) or the nearest law enforcement agency immediately. This is required by Chapter 261 of the Texas Family Code, Investigation of Report of Child Abuse and Neglect. This law provides immunity to anyone who makes a good faith report. **The 24-hour, toll-free number for reporting child abuse and neglect is 1-800-252-5400; an e-report can also be filed at <https://txabusehotline.org>.**
3. The Texas Department of Family and Protective Services (DFPS) will investigate complaints of possible abuse, neglect, or exploitation of children in a listed family home caring for related or unrelated children.

E. Provider (Primary Caregiver)

As the primary caregiver, I will be required to:

1. meet all requirements of a listed family home in the Human Resources Code, Chapter 42, and 26 Texas Administrative Code, Chapters 742 and 745, as applicable.
2. be at least 18 years old.
3. complete at least one hour of safe sleeping training before CCR may issue a listing.
4. provide proof of liability insurance or documentation that I am unable to obtain liability insurance and a copy of the notice to parents that informs them that I do not have liability insurance.
5. show the listing certificate to any parent who requests to see it.
6. pay the annual listing fee and any background checks fees to maintain a listing with the state. Failure to submit payment for the fee(s) when due will result in the automatic suspension of the home's listing. If payment of the fee(s) is not made within six months of the due date, the listing will be automatically revoked.

F. Advertising a Listed Family Home

A family home may not place a public advertisement that uses the title "listed family home" or any variation of the phrase unless the home is listed as provided by the Human Resources Code Chapter 42.0522(b).

Any public advertisement for a listed family home that uses the title "listed family home" must contain a provision in bold type stating: **'THIS HOME IS A LISTED FAMILY HOME. IT IS NOT LICENSED OR REGISTERED WITH THE HEALTH AND HUMAN SERVICES COMMISSION. A LISTED FAMILY HOME HAS LIMITED MINIMUM STANDARDS AND IS NOT INSPECTED UNLESS A COMPLAINT IS FILED WITH THE COMMISSION.'**

G. Liability Insurance Requirements

A listed family home shall maintain liability insurance coverage in the amount of \$300,000 for each occurrence of negligence. An insurance policy or contract required must cover injury to a child that occurs while the child is on the premises of or in the care of the listed family home.

G. Liability Insurance Requirements

You do not have to have liability insurance that meets the requirements if you are unable to carry the insurance because:

- (1) Of financial reasons;
- (2) You are unable to locate an underwriter who is willing to issue a policy to the home; or
- (3) You have already exhausted the limits of a policy that met the requirements.

Parent Notification for Lack of Insurance

If you are unable to carry the liability insurance or stop carrying the insurance because of a reason listed above, you must send written notification to CCR by the anniversary date of the issuance of your permit to operate a listed family home. If you subsequently stop carrying the liability insurance, you must notify the parent of each child in your care in writing, within 30 days. You may use [Form 2962, Attachment A](#), Parental Notification of Lack of Required Liability Insurance, located on CCR's provider website to notify parents.

Annual Verification

You must annually verify your insurance status with CCR. The annual verification must be completed no later than the anniversary date of your listing. You will receive a message on the message board in your online provider account when this annual verification is due. You may complete the verification one of three ways:

- Updating information on the Liability Insurance History page of your online provider account;
- Submitting [Form 2962](#), Verification of Liability Insurance to CCR; or
- Sending the information required by Form 2962 to CCR.

If you have insurance, you also must send proof of insurance from your insurance company to CCR no later than the anniversary date of your listing permit.

H. Appeals and Court Challenges

If CCR denies a person a listing or revokes, or suspends a person's listing, CCR notifies the person in writing of the reasons for the revocation or denial and how to request an appeal.

Instructions for Relative Child Care Providers: Completing Required Texas Department of Family and Protective Services Forms

General Instructions

You must submit the following forms to the Texas Department of Family and Protective Services (DFPS) Local Child Care Licensing Office:

- Listing Request, Form 2986; and
- Request for Criminal History and Central Registry Check, Form 2971.

You must submit the following form, along with a \$20 application fee and \$2 for each background check, to the DFPS Accounting Division in Austin, Texas (address provided in detailed instructions below):

- Listed Family Home Fee Schedule, Form 3008

The forms must be filled out completely. Any form not fully completed will be returned to you, and DFPS will not process your application until all of the requested information is provided.

Listing Request, Form 2986

General Instructions: Do not leave any blanks. Write *none*, *not applicable*, or *NA* if an item does not apply. If the question is a required yes or no question, check either *Yes* or *No*; do not leave the answer blank.

Your Information: Provide your name, address (including mailing address), telephone number, date of birth, Social Security number (SSN), and Texas Driver's License number.

Note: For SSN and Texas Driver's License number, indicate if you do not have either SSN or Texas Driver's License, or if your driver's license is out-of-state.

1. List each individual 14 years of age or older who will regularly or frequently be present, staying, or working at the home while the children are in care.

Important: Submit the Request for Criminal History and Central Registry Check, Form 2971, on yourself, and *all* individuals listed in question #1 of the Listing Request, Form 2986.

2. Check either *Yes* or *No* if other individuals not listed in #1 will assist you in caring for children in the home. If *Yes*, provide each individual's name, address, telephone number, SSN, and Texas Driver's License number (if available). Add these individuals to the Request for Criminal History and Central Registry Check, Form 2971.

Important: Although other individuals may assist you in caring for an eligible child, the Texas Workforce Commission and the Local Workforce Development Board cannot reimburse those

individuals. Additionally, you must be present in the home when those individuals provide care.

- 3. A:** Check *Yes* to indicate that you are requesting to be listed in order to receive a federal child care subsidy.

B-C: Indicate whether you are caring for children who are not related to you and the number of related and unrelated children you are caring for or intend to care for.

- 4.** Check either *Yes* or *No* if you have ever been licensed, registered, or listed as a child care provider by any agency of the State of Texas. If *Yes*, provide information on your previous license or registration.
- 5.** Information for the DFPS website is required. Information regarding your operation and its compliance history will be posted on the DFPS website. However, the information requested in *Services Offered* and *Directions to Location* under this question is optional.

Signature and Date: You must sign and date the form.

Mailing Instructions: Mail this form to **your DFPS Local Licensing Office**. Workforce Solutions Office staff can provide you a list of addresses for DFPS Local Child Care Licensing Offices.

Request for Criminal History and Central Registry Check, Form 2971

General Instructions: Do not leave any blanks. Write *none*, *not applicable*, or *N/A* if an item does not apply. If the question is a required yes or no question, check either *Yes* or *No*; do not leave the answer blank.

Your Information: Provide your name as the Operation Name. This must be the same name as appears on the Listing Request, Form 2986.

Write *N/A* for the Operation Number. This number will be provided to you upon approval of your listing permit by DFPS.

Provide the street address, mailing address, county, and telephone number that you provided on the Listing Request, Form 2986.

Signature and Date: You must sign and date this form.

Individuals for Whom a Background Check Is Requested: Complete information for yourself and each individual listed in questions #1 and #2 on the Listing Request, Form 2986.

Note: This form provides the space necessary for information on up to three individuals. Fill out as many copies of page two as necessary if there are more than three individuals requiring a background check.

- Indicate that this is an *Initial* background check.
- Provide the SSN and Texas Driver's License or other ID number.
- Provide the individual's name as it appears on the Listing Request, Form 2986.
- Provide the individual's street address, county, and telephone number.
- Provide the individual's date of birth and gender.
- List every town and city in Texas where the individual has lived since the age of 14.
- Provide the date when the individual began living in or frequenting your home.
- Provide the race and ethnicity of the individual.

- Provide all other names (married, maiden, etc.) that the individual may have used.

Mailing Instructions: Mail this form to **your DFPS Local Licensing Office**. Workforce Solutions Office staff can provide you a list of addresses for DFPS Local Child Care Licensing Offices.

Listed Family Home Fee Schedule, Form 3008

Your Information: Provide your name as the Operation Name. This must be the same name as appears on the Listing Request, Form 2986.

Write *N/A* for the Operation Number. This number will be provided to you upon approval of your listing permit by DFPS.

Provide the street address, mailing address, county, and telephone number that you provided on the Listing Request, Form 2986.

Provide the DFPS District—i.e., the areas, Central Texas, North Texas, etc., specified on the list of addresses for DFPS Local Child Care Licensing Offices. Texas Workforce Center staff can provide this list to you.

Type of Fee Being Paid: Check the Listing Request Fee box. Write **\$20** in the space provided.

Check the Background Check Fee box. Write the total number of background checks requested in the next section. Multiply \$2 by # of checks requested and write the total amount in the space provided.

Total Amount of Fees Paid: **\$20 + \$ number of background checks requested.**

Mailing Instructions: Do not send cash. Personal checks and money orders are accepted. Make checks payable to the Texas Department of Family and Protective Services.

Attach the total fee to your completed Listed Family Home Fee Schedule, Form 3008, and mail it to the address below. This is the *only* form that you mail to this address. All other forms must be mailed to your DFPS Local Child Care Licensing Office.



You are encouraged to keep a copy of the completed forms and payment information for your records.

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:

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. 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>.

Controlling Person Form Child Care Licensing

Operation Name	Operation Number	Telephone No. (A/C)
Address of Operation	City & ZIP Code	County

Complete the required information for each controlling person with your operation. This includes all people in the operation as stated under 40 TAC §745.901 or see Page 3 of this form for the definition of "controlling person."

The information on this form contains no willful misrepresentation. The information given is true and complete to the best of my knowledge. I understand that any willful misrepresentation or failure to provide identifying information within the required time frames is a cause for remedial action regarding my application or permit.

Signature of Applicant, Designee, or Head of Governing Body Date

First Name		Middle Name		Last Name		Suffix
Other names used (married, maiden, etc.) First Name		Middle Name		Last Name		Suffix
Date of Birth	Driver's License No.	Driver's License State	SSN			
Individual's Mailing Address		City	State	Zip	Telephone No. (A/C)	
Title, Position or Relationship <input type="checkbox"/> Licensed Administrator <input type="checkbox"/> Governing Body Member <input type="checkbox"/> Primary Caregiver in Child Care Home <input type="checkbox"/> Center Director <input type="checkbox"/> CEO <input type="checkbox"/> Spouse of Primary Caregiver <input type="checkbox"/> Board Member <input type="checkbox"/> Owner <input type="checkbox"/> Adult Living in Child Care Home <input type="checkbox"/> Other: _____						Effective Date of Position
If person is associated with a Child Placing Agency, indicate if the person is associated with the Main or Branch office: <input type="checkbox"/> Main <input type="checkbox"/> Branch If Branch, what number: _____						

First Name		Middle Name		Last Name		Suffix
Other names used (married, maiden, etc.) First Name		Middle Name		Last Name		Suffix
Date of Birth	Driver's License No.	Driver's License State	SSN			
Individual's Mailing Address		City	State	Zip	Telephone No. (A/C)	
Title, Position or Relationship <input type="checkbox"/> Licensed Administrator <input type="checkbox"/> Governing Body Member <input type="checkbox"/> Primary Caregiver in Child Care Home <input type="checkbox"/> Center Director <input type="checkbox"/> CEO <input type="checkbox"/> Spouse of Primary Caregiver <input type="checkbox"/> Board Member <input type="checkbox"/> Owner <input type="checkbox"/> Adult Living in Child Care Home <input type="checkbox"/> Other: _____						Effective Date of Position
If person is associated with a Child Placing Agency, indicate if the person is associated with the Main or Branch office: <input type="checkbox"/> Main <input type="checkbox"/> Branch If Branch, what number: _____						

DFPS Use Only	Name of Licensing Staff Completing AARS Check		Mail Code
Date Form Received	Date AARS Check Completed	AARS Status: Cleared: Match:	

Controlling Person Form Child Care Licensing

First Name		Middle Name		Last Name		Suffix	
Other names used (married, maiden, etc.) First Name		Middle Name		Last Name		Suffix	
Date of Birth		Driver's License No.	Driver's License State	SSN			
Individual's Mailing Address			City	State	Zip	Telephone No. (A/C)	
Title, Position or Relationship <input type="checkbox"/> Licensed Administrator <input type="checkbox"/> Governing Body Member <input type="checkbox"/> Primary Caregiver in Child Care Home <input type="checkbox"/> Center Director <input type="checkbox"/> CEO <input type="checkbox"/> Spouse of Primary Caregiver <input type="checkbox"/> Board Member <input type="checkbox"/> Owner <input type="checkbox"/> Adult Living in Child Care Home <input type="checkbox"/> Other: _____							Effective Date of Position
If person is associated with a Child Placing Agency, indicate if the person is associated with the Main or Branch office: <input type="checkbox"/> Main <input type="checkbox"/> Branch If Branch, what number: _____							

First Name		Middle Name		Last Name		Suffix	
Other names used (married, maiden, etc.) First Name		Middle Name		Last Name		Suffix	
Date of Birth		Driver's License No.	Driver's License State	SSN			
Individual's Mailing Address			City	State	Zip	Telephone No. (A/C)	
Title, Position or Relationship <input type="checkbox"/> Licensed Administrator <input type="checkbox"/> Governing Body Member <input type="checkbox"/> Primary Caregiver in Child Care Home <input type="checkbox"/> Center Director <input type="checkbox"/> CEO <input type="checkbox"/> Spouse of Primary Caregiver <input type="checkbox"/> Board Member <input type="checkbox"/> Owner <input type="checkbox"/> Adult Living in Child Care Home <input type="checkbox"/> Other: _____							Effective Date of Position
If person is associated with a Child Placing Agency, indicate if the person is associated with the Main or Branch office: <input type="checkbox"/> Main <input type="checkbox"/> Branch If Branch, what number: _____							

First Name		Middle Name		Last Name		Suffix	
Other names used (married, maiden, etc.) First Name		Middle Name		Last Name		Suffix	
Date of Birth		Driver's License No.	Driver's License State	SSN			
Individual's Mailing Address			City	State	Zip	Telephone No. (A/C)	
Title, Position or Relationship <input type="checkbox"/> Licensed Administrator <input type="checkbox"/> Governing Body Member <input type="checkbox"/> Primary Caregiver in Child Care Home <input type="checkbox"/> Center Director <input type="checkbox"/> CEO <input type="checkbox"/> Spouse of Primary Caregiver <input type="checkbox"/> Board Member <input type="checkbox"/> Owner <input type="checkbox"/> Adult Living in Child Care Home <input type="checkbox"/> Other: _____							Effective Date of Position
If person is associated with a Child Placing Agency, indicate if the person is associated with the Main or Branch office: <input type="checkbox"/> Main <input type="checkbox"/> Branch If Branch, what number: _____							

First Name		Middle Name		Last Name		Suffix	
Other names used (married, maiden, etc.) First Name		Middle Name		Last Name		Suffix	
Date of Birth		Driver's License No.	Driver's License State	SSN			
Individual's Mailing Address			City	State	Zip	Telephone No. (A/C)	
Title, Position or Relationship <input type="checkbox"/> Licensed Administrator <input type="checkbox"/> Governing Body Member <input type="checkbox"/> Primary Caregiver in Child Care Home <input type="checkbox"/> Center Director <input type="checkbox"/> CEO <input type="checkbox"/> Spouse of Primary Caregiver <input type="checkbox"/> Board Member <input type="checkbox"/> Owner <input type="checkbox"/> Adult Living in Child Care Home <input type="checkbox"/> Other: _____							Effective Date of Position
If person is associated with a Child Placing Agency, indicate if the person is associated with the Main or Branch office: <input type="checkbox"/> Main <input type="checkbox"/> Branch If Branch, what number: _____							

Controlling Person Form Child Care Licensing

Instructions for Controlling Person Form

Who must complete the controlling person form?

The applicant, designee, or head of the governing body must complete and sign this form.

Whose names must be entered on the Controlling Person Form?

Controlling Persons include each:

- (1) Owner of the operation or member of the governing body of the operation, including, as applicable, an executive, an officer, a board member, a partner, a sole proprietor and the sole proprietor's spouse, or the primary caregiver at a child-care home and the primary caregiver's spouse;
- (2) Person who manages, administrates, or directs the operation or its governing body, including a day care director or a licensed administrator; or
- (3) Person who either alone or in connection with others has the ability to influence or direct the management, expenditures, or policies of the operation. For example, a person may have influence over the operation because of a personal, familial, or other relationship with the governing body, manager, or other controlling person of the operation.

A person does not have to be present at the operation or hold an official title at the operation or governing body in order to be a controlling person. An employee, lender, secured creditor, or landlord of the operation is not a controlling person unless the person meets the definition as stated above.

When do I complete this form?

Complete and sign this form when:

- (1) You submit an application to licensing for a permit; and
- (2) Within two days after a person becomes a controlling person at your operation.

Where do I send the form?

Mail the form to your local Licensing office.

General Instructions:

Do not leave any blanks. Write "none," "not applicable," or "NA" if the item does not apply.

Operation Information:

Enter the operation name and operation number (if already licensed, certified, registered or listed). The remaining operation information is self-explanatory.

Signature/date:

The applicant, designee, or head of the governing body must sign and date the form.

Controlling Person Information:

- **Name:** List every name used by this person, including a woman's maiden name and previous married names. Write out the middle name, do not use only the middle initial. Add additional pages, as necessary.
- **Address and phone:** Enter the personal mailing address and phone number for the person listed.
- **Title, Position, or Relationship:** Select the appropriate choice.
 - *Licensed Administrators* refers to Licensed Child Care Administrators or Licensed Child Placing Administrators
 - *Center Director* refers to a director of a child care center or home
 - *Primary Caregiver of a Child Care Home, Spouse of Primary Caregiver, and Adult Living in Child Care Home* are terms only associated with licensed, registered, or listed child care homes
- **Effective Date of the Position:** Enter the date the person began the role of a controlling person.

Page 2:

This page is provided in case you have many controlling persons for your operation. Make as many copies of Page 2 as you need to list all the names you need to submit. Only one Page 1 is required each time you submit the form.



INSTRUCTIONS FOR CHILD CARE LICENSING REQUEST FOR BACKGROUND CHECK

Purpose: This form contains the instructions for requesting a background check using the 2971 form.

Who is required to have a Named-Based Background Check for Criminal History and History of Abuse or Neglect?

Chapter 42 of the Human Resources Code requires the director, owner or operator of a child-care operation to provide identifying information to the Texas Department of Family and Protective Services (DFPS) on the director, owner, and operator of the operation; each current and prospective employee; each current or prospective foster parent providing foster care through a child-placing agency; each prospective adoptive parent seeking to adopt through a child-placing agency; each person 14 years of age or older, other than a client in care who: is counted in child-to-caregiver ratios, will reside in a prospective adoptive home if the adoption is through a child-placing agency, has unsupervised access to children in care at the operation or resides in the operation, or will regularly or frequently be staying or working at an operation or prospective adoptive home while children are in care; and each substitute employee, unless it is confirmed that the organization providing the substitute employee has completed a background check for the person through DFPS within the last 24 months. The information provided below will be used to run a name-based background check for any criminal history and history of abuse or neglect (central registry check).

Who is required to have a Fingerprint-Based Criminal History Check?

As part of the background check process, it may be necessary for you or your staff to be fingerprinted through the applicant fingerprinting service center for the Texas Department of Public Safety (DPS). The following must request a fingerprint-based criminal history check:

- The following persons associated with a child-placing agency, general residential operation, or independent foster home: any current or prospective foster or adoptive parent; a person aged 14 years or older living in the home or operation, is counted in the child/caregiver ratio, or has unsupervised access to children in care; a director, owner, and operator; and any current or prospective employee.
- The following persons associated with a child-care center, school-age program, before or after-school program, licensed child-care home, registered child-care home, and listed family home: any person aged 14 years or older living in the operation, is counted in the child/caregiver ratio, or has unsupervised access to children in care; a director, owner, and operator; and any current or prospective employee.
- Any person required to have a name-based background check:
 - who has lived outside of Texas within the five (5) years preceding the date the person’s name was required to be submitted for a background check; or
 - if there is reason to suspect the person has a criminal history in another state.

If a Fingerprint-Based Criminal History Check has already been completed on a person, is a new one required?

If the person has a DPS clearinghouse record from a fingerprint check conducted by another entity that is available for review by DFPS, then the person may not have to submit his/her fingerprints for the current background check. You must check the "FBI Results in DPS Clearinghouse" check box in addition to the "Fingerprint Check Required" check box on Form 2971 and notify the Centralized Background Check Unit (CBCU) Support Line at 800-645-7549 or send an email to CCLFBIRERESULTS@dfps.state.tx.us so that the CBCU can verify the clearinghouse record.

If the person has a fingerprint check on record with DFPS, and it has not been more than 24 months since the last name-based criminal history check, then the person may not have to submit his/her fingerprints for the current background check. You must check the "Fingerprint Check Required" checkbox on Form 2971 so that DFPS may determine whether the person has a fingerprint check in its records.

When must I complete the background check request?

Each person at your operation who is required to have a background check must complete all required background checks prior to having direct access or providing direct care to the children in care and once every 24 months thereafter.

How does a Child-Care Operation submit a background check request?

If	then
You are applying for a permit	You must send your background check request form along with your application to your local licensing office.

If	then
Your operation is a Licensed Child-Care Center, School-Age Program, Before or After-School Program, or Residential Care provider	Your operation must submit your background check requests via the Internet.
Your operation is a Licensed Child-Care Home, Registered Child-Care Home, or Listed Family Home	Your operation may submit your background check requests via the Internet, fax the background check request form to 512-339-5871, or mail the background check form to: DFPS, Centralized Background Check Unit, P.O. Box 149030, Mail Code: 121-7, Austin, TX 78714-9030.
You are an Exempt Operation submitting BGC requests only	you may submit your background check requests to mailbox: CBCUExemptBGC@dfps.state.tx.us

Background check requests may be submitted at the following address:
www.dfps.state.tx.us/Child_Care/Search_Texas_Child_Care/ppFacilityLogin.asp.

NOTE: If you are submitting your request via the Internet please DO NOT submit this form to your licensing office.

Is there a fee for processing background check requests?

Yes. You must pay a **\$2 fee** for each person listed on this form or submitted via the Internet. Submit the appropriate Fee Schedule for your operation, along with the fee(s), to: **DFPS, Accounting Division MC: E-672, P.O. Box 149030, Austin, TX, 78714-9030**. Failure to submit fee payments can result in **adverse action including suspension or revocation**.

If a fingerprint check is required, a separate fee for obtaining a fingerprint check must be paid to the DPS Fingerprinting Service Center for each person obtaining a fingerprint check at the time of the fingerprinting appointment.

For information on that fee and scheduling a fingerprint-based check, see the Centralized Background Check Unit Fingerprinting page at http://www.dfps.state.tx.us/Background_Checks/fingerprinting.asp.



CHILD CARE LICENSING REQUEST FOR BACKGROUND CHECK

Purpose: This form may be used to request background checks required by Texas Administrative Code (TAC) §745.615. Background check requests may also be submitted through DFPS’s Child Care Provider website at https://www.dfps.state.tx.us/Child_Care/Search_Texas_Child_Care/ppFacilityLogin.asp. See the chart below for instructions based on operation type for submitting background check requests.

IF	THEN
You are applying for a permit	You must send your background check request form along with your application to your local licensing office.
Your operation is a licensed child-care center, school-age program, before- or after-school program, or residential care provider	Your operation must submit background check requests via DFPS’s Child Care Provider page, www.dfps.state.tx.us/Child_Care/Search_Texas_Child_Care/ppFacilityLogin.asp .
Your operation is a licensed child-care home, registered child-care home, or listed family home	Your operation may submit background check requests via DFPS’s Child Care Provider page, fax the background check form to 512-339-5871, or mail the background check form to: DFPS, Centralized Background Check Unit, P.O. Box 149030, Mail Code: 121-7, Austin, TX 78714-9030.
You are an exempt operation submitting background check requests only	You may submit your background check requests to the following mailbox: CBCUExemptBGC@dfps.state.tx.us

Directions: Complete the following information for each person required to have a background check. Additional forms may be downloaded from the DFPS website at http://www.dfps.state.tx.us/Child_Care/Information_for_Providers/cclforms.asp.

OPERATION INFORMATION		
Operation Name:	Operation Number:	Operation Telephone Number: () -
Operation Address:	Operation Mailing Address:	County:

VERIFICATION SIGNATURES		
I verified (by reviewing the person’s Social Security card or driver license) 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 DFPS 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 is a cause for denial of the application or revocation of my license, registration, or listing.		
Printed Name of Director, Owner, or Operator:	Signature of Director, Owner, or Operator: X	Date Signed:

PRIVACY STATEMENT
DFPS values your privacy. For more information, read our privacy policy online at: www.dfps.state.tx.us/policies/privacy.asp .

INDIVIDUAL'S IDENTIFYING INFORMATION

<input type="checkbox"/> Initial	<input type="checkbox"/> 24 Month Check	<input type="checkbox"/> Fingerprint Check Required	<input type="checkbox"/> FBI Results in DPS Clearinghouse
First Name:		Middle Name:	Last Name:
List any other names the individual uses or has used in the past, including married and maiden names, below. If you do not provide every name that the individual has used, you may receive inaccurate results:			
Other First Names:		Other Middle Names:	Other Last Names:
Street Address:		City:	State: Zip Code:
County:	Telephone Number: () -		Date of Birth: Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
List any other city in Texas where the person has been a resident and any addresses, including county, where the person has lived outside of Texas in the previous five years:			
Ethnicity (must accompany race): <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic		Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Native Hawaiian/Pacific Islander	
Social Security Number:		Photo ID Type: <input type="checkbox"/> Driver License: Number: State: <input type="checkbox"/> State ID:	Date Hired or Used by the Operation or Agency:
Contact information is required to schedule a fingerprint appointment. You must select one of the following choices and provide either an email address or phone number for the individual. Preferred method of contact for scheduling fingerprint appointment: <input type="checkbox"/> Email: <input type="checkbox"/> Telephone Number: () -			
Relationship of person to requestor: <input type="checkbox"/> Adoptive Parent <input type="checkbox"/> Caregiver <input type="checkbox"/> Director <input type="checkbox"/> Foster Parent <input type="checkbox"/> Household Member <input type="checkbox"/> Licensed Administrator <input type="checkbox"/> Other Staff <input type="checkbox"/> Staff <input type="checkbox"/> Volunteer <input type="checkbox"/> Other:			
For foster/adoptive homes only: Relationship between child/children to be placed and the foster/adoptive parent(s) or prospective foster/adoptive parent(s) <input type="checkbox"/> Relative <input type="checkbox"/> Fictive Kin <input type="checkbox"/> Unrelated			
Will this person be paid or is this person currently paid by the operation in the role selected? <input type="checkbox"/> Yes <input type="checkbox"/> No			

The following pages are additional Individual's Identifying Information sheets for use when submitting more than one individual's background check

INDIVIDUAL'S IDENTIFYING INFORMATION

<input type="checkbox"/> Initial	<input type="checkbox"/> 24 Month Check	<input type="checkbox"/> Fingerprint Check Required	<input type="checkbox"/> FBI Results in DPS Clearinghouse
----------------------------------	---	---	---

First Name:	Middle Name:	Last Name:
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List any other names the individual uses or has used in the past, including married and maiden names, below. If you do not provide every name that the individual has used, you may receive inaccurate results:

Other First Names:	Other Middle Names:	Other Last Names:
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Street Address:	City:	State:	Zip Code:
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County:	Telephone Number: () -	Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
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List any other city in Texas where the person has been a resident and any addresses, including county, where the person has lived outside of Texas in the previous five years:

Ethnicity (must accompany race): <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	Race: <input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Black <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Asian
--	---

Social Security Number:	Photo ID Type: <input type="checkbox"/> Driver License: Number: State: <input type="checkbox"/> State ID:	Date Hired or Used by the Operation or Agency:
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Contact information is required to schedule a fingerprint appointment. You must select one of the following choices and provide either an email address or phone number for the individual.
Preferred method of contact for scheduling fingerprint appointment:
 Email:
 Telephone Number: () -

Relationship of person to requestor:					
<input type="checkbox"/> Adoptive Parent	<input type="checkbox"/> Caregiver	<input type="checkbox"/> Director	<input type="checkbox"/> Foster Parent	<input type="checkbox"/> Household Member	<input type="checkbox"/> Licensed Administrator
<input type="checkbox"/> Other Staff	<input type="checkbox"/> Staff	<input type="checkbox"/> Volunteer	<input type="checkbox"/> Other:		

For foster/adoptive homes only: Relationship between child/children to be placed and the foster/adoptive parent(s) or prospective foster/adoptive parent(s)
 Relative Fictive Kin Unrelated

Will this person be paid or is this person currently paid by the operation in the role selected? Yes No

INDIVIDUAL'S IDENTIFYING INFORMATION

<input type="checkbox"/> Initial	<input type="checkbox"/> 24 Month Check	<input type="checkbox"/> Fingerprint Check Required	<input type="checkbox"/> FBI Results in DPS Clearinghouse
----------------------------------	---	---	---

First Name:	Middle Name:	Last Name:
-------------	--------------	------------

List any other names the individual uses or has used in the past, including married and maiden names, below. If you do not provide every name that the individual has used, you may receive inaccurate results:

Other First Names:	Other Middle Names:	Other Last Names:
--------------------	---------------------	-------------------

Street Address:	City:	State:	Zip Code:
-----------------	-------	--------	-----------

County:	Telephone Number: () - -	Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
---------	------------------------------------	----------------	---

List any other city in Texas where the person has been a resident and any addresses, including county, where the person has lived outside of Texas in the previous five years:

Ethnicity (must accompany race): <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	Race: <input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Black <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Asian
--	---

Social Security Number:	Photo ID Type: <input type="checkbox"/> Driver License: Number: State: <input type="checkbox"/> State ID:	Date Hired or Used by the Operation or Agency:
-------------------------	---	--

Contact information is required to schedule a fingerprint appointment. You must select one of the following choices and provide either an email address or phone number for the individual.

Preferred method of contact for scheduling fingerprint appointment:

Email:

Telephone Number: () - -

Relationship of person to requestor:

<input type="checkbox"/> Adoptive Parent	<input type="checkbox"/> Caregiver	<input type="checkbox"/> Director	<input type="checkbox"/> Foster Parent	<input type="checkbox"/> Household Member	<input type="checkbox"/> Licensed Administrator
<input type="checkbox"/> Other Staff	<input type="checkbox"/> Staff	<input type="checkbox"/> Volunteer	<input type="checkbox"/> Other:		

For foster/adoptive homes only: Relationship between child/children to be placed and the foster/adoptive parent(s) or prospective foster/adoptive parent(s)

Relative Fictive Kin Unrelated

Will this person be paid or is this person currently paid by the operation in the role selected? Yes No

Safe Sleep Training Resources

Effective 3/10/2021, all Listed Home applicants are required to complete a Safe Sleep training prior to being able to issue the permit. Here are some resources for online providers of the Safe Sleep training:

Note: HHSC does not support or endorse programs or their sponsors.

Texas A&M Agrilife – Child Care

Course: \$12.00

<https://agrilifelearn.tamu.edu/product?catalog=COFS-088>

TECPDS

Various Trainers offer classes on infant safety and safe sleep. Trainers also provide valid certificates as proof of training. Costs vary.

<https://tecpds.org/wp/>

Child Day Care Director Credentialing Organizations Recognized by Child Care Regulation

Programs recognized by licensing comply with [TAC, Title 26, Part 1, Chapter 745, Subchapter P](#). HHSC assumes no responsibility for the business practices of recognized programs. Consumers are responsible for all agreements entered into with any recognized program and it is their responsibility to ensure the program is in good standing with licensing.

Costs Vary. Courses are also provided as trainings by these organizations.

<https://hhs.texas.gov/doing-business-hhs/provider-portals/protective-services-providers/child-care-licensing/child-day-care-provider/child-day-care-director-credentialing-organizations-recognized-child-care-licensing>

ProTraining Solutions

Course: \$10

Spanish:

https://prosolutionstraining.com/store/product/?tProductVersion_id=1572&uLanguage_id=2

English:

https://prosolutionstraining.com/store/product/?tProductVersion_id=1572

Texas Healthy Steps

More intensive than regular trainings as it provides CEUs on a variety of topics – Really for health care professionals and students, however registration is free and courses are free.

<https://www.txhealthsteps.com/>

Cribs for Kids

<https://cribsforkids.org/safe-sleep-ambassador/>

HHSC

This course is self-instructional and you must submit a copy of the post test at the end:

<https://www.hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/provider-portal/protective-services/ccl/safe-sleep-training-listed-homes.pdf>

THE TRAINING FROM HHSC IS FREE AND IS ATTACHED TO THIS APPLICATION. THE TRAINING IS A PRINTABLE pdf DOCUMENT.

You will need to print the test at the end of the training, print your name at the top, complete the test and submit with your application to Child Care Regulation.



Safe-Sleep Self-Instructional Training for Listed Family Homes

This self-instructional training is one of multiple ways to meet the safe sleep training requirement for becoming a Listed Family Home. Human Resources Code Sec. 42.046 states (f) An applicant for a listing to operate a family home shall submit with the application proof of the applicant's successful completion of safe sleep training in accordance with commission rules.

The test at this end of this training must be passed with 80% to receive credit (answering 10 of the 13 questions correctly). The completed test needs to be submitted with the Listed Family Home application. It is recommended that a copy of the completed test also be made and kept for your records.

Introduction

As a child care provider, you play an important role in keeping infants safe in their sleep environment by applying simple, caregiving techniques. This self-instructional training:

- Provides an overview of safe sleep,
- Explains the risks of using equipment not intended for sleep,
- Shares safe sleep tips,
- Takes a look at minimum standards that relate to safe sleep; and
- Highlights the importance of sharing your knowledge with parents.

You will have opportunities to *test your knowledge* while reading the training material and you will take a test for training credit at the conclusion.

What is Safe Sleep?

Safe sleep means putting an infant to sleep in ways that can help protect him/her from dangers, like choking and suffocation (not being able to breathe), and sudden infant death syndrome (also called SIDS).

Safe sleep practices can help lower the risk of sleep-related infant deaths. As a primary caregiver it is important that you learn about what a safe sleep environment looks like and then apply that information when you care for infants. Following safe sleep practices will help the infants sleep safely and give you peace of mind.

Sudden Infant Death Syndrome (SIDS) is the sudden, unexplained death of a baby younger than 1 year of age that doesn't have a known cause even after a complete investigation. This investigation includes performing a complete autopsy, examining the death scene, and reviewing the clinical history.

85% of all sudden and unexpected infant deaths between 1 month and 1 year are due to Sudden Infant Death Syndrome (SIDS). 90% of SIDS occurs from 1 to 6 months of age. SIDS is diagnosed when all other possible causes, such as accidents, abuse, and medical conditions, have been ruled out. While no one single reason for SIDS has been identified, a combination of risk factors may contribute to cause infant death. These risk factors include:

- Age: Most SIDS deaths occur between 2 to 4 months of age but can occur after 4 months as well.
- Ethnicity: African Americans are twice as likely to die of SIDS than Caucasian infants. Native Americans are about three times more likely.

- Smoking, alcohol, or drug use during pregnancy or after birth.
- Little or no prenatal care.
- Prematurity and/or low birth weight.
- Overheating from sleepwear or bedding.
- Stomach sleeping.

SIDS is not:

SIDS is not the cause of every sudden infant death.

Other things that SIDS is not:

- SIDS is not the same as suffocation and is not caused by suffocation.
- SIDS is not caused by vaccines, immunizations, or shots.
- SIDS is not contagious.
- SIDS is not the result of neglect or child abuse.
- SIDS is not caused by cribs.
- SIDS is not caused by vomiting or choking.
- SIDS is not completely preventable, but there are ways to reduce the risk.

Evidence does not support the safety or effectiveness of wedges, positioners, or other products that claim to keep infants in a specific position or to reduce the risk of SIDS, suffocation, or reflux. In fact, many of these products are associated with injury and death, especially when used in baby's sleep area.

Check Your Knowledge

1. Safe sleep practices can help lower the risk of SIDS.

- A. True
- B. False

2. Smoking, alcohol, or drug use during pregnancy or after birth is a risk factor of SIDS.

- A. True
- B. False

Check Your Knowledge Answer Key: 1) A; 2) A

Sleep Equipment

“Sleep-related causes of infant death” are those linked to how or where a baby sleeps or slept. These deaths are due to accidental causes, such as suffocation, entrapment, or strangulation. Entrapment is when the baby gets trapped between two objects, such as a mattress and a wall, and can’t breathe. Strangulation is when something presses on or wraps around the baby’s neck, blocking the baby’s airway.

The following recommendations reduce the risk of SIDS and death or injury from suffocation, entrapment, and strangulation.

- Never place baby to sleep on soft surfaces, such as on a couch, sofa, waterbed, pillow, quilt, sheepskin, or blanket.
- Do not use a car seat, stroller, swing, infant carrier, infant sling or similar products as an infant’s place to sleep.

In infants, there is risk for positional asphyxia which can occur when they are placed in a semi-seated position, like when they are in a car seat, swing, or bouncer. Positional asphyxia is a type of suffocation that occurs when the body is put in a position that restricts airflow. Studies show that infants sleeping in this position can have their blood oxygen level drop to such a low level that brain cell damage occurs.



Positional asphyxia can occur due to the prominence of the occiput (back of the head), as well as the overall lack of neck muscle strength, which forces the head to slouch forward pushing the infant’s chin down against his/her chest. This body position causes the windpipe to narrow or close. Imagine a drinking straw and then bend that straw over. This is what could occur to an infant’s windpipe when their head flops over in restrictive infant equipment while sleeping.

Restrictive infant equipment, such as bouncers, car seats, rockers, infant swings may not be used as sleep equipment in regulated childcare. Parents and childcare providers should transfer infants who fall asleep in one of these devices to a crib, except when the infant is being transported in a vehicle. Infants can suffer serious harm from sleeping in equipment not designed for sleeping. Direct supervision is always required for infants using restrictive infant equipment while awake.

These pictures are just a few examples of Restrictive Infant Equipment that are **not** safe for infant sleep. Please contact Child Care Regulation if you have questions regarding a specific piece of equipment.

An infant should sleep in a crib or play yard (also known as a play pen), whether provided by the home or the child’s parent, and have a firm, flat mattress that the manufacturer designed specifically for the crib or play yard model number that snugly fits the sides of the crib or play yard.



Check Your Knowledge

- 1. Entrapment is when the baby gets trapped between two objects, such as a mattress and a wall, and can't breathe.**
 - A. True
 - B. False

- 2. _____ is always required for infants using restrictive infant equipment while awake.**
 - A. Singing a song
 - B. Watching T.V.
 - C. Cooking and cleaning
 - D. Direct Supervision

Check Your Knowledge Answer Key: 1) A; 2) D

Safe Sleep Tips

There are several ways to reduce the risk of SIDS and other sleep-related causes of infant death.

DO'S

Do put infants to sleep alone on their backs in a crib with a tight-fitting bottom sheet.



The back sleep position (supine) is the safest position for all babies. Babies who are used to sleeping on their backs, but who are then placed to sleep on their stomachs, like for a nap, are at **very** high risk for SIDS.

If baby rolls over on his or her own from back to stomach or stomach to back, there is no need to reposition the baby. Starting sleep on the back is most important for reducing the

risk of SIDS.

Do dress the infant lightly and control the room temperature.

Dress baby appropriately for the environment, and do not over bundle. Parents and caregivers should watch for signs of overheating, such as sweating or the baby's chest feeling hot to the touch.

Keep the baby's face and head uncovered during sleep.

Do use pacifiers as it may lower the risk of sudden death.

Do not attach the pacifier to anything—like a string, clothing, stuffed toy, or blanket—that carries a risk for suffocation, choking, or strangulation.

Wait until breastfeeding is well established (often by 3 to 4 weeks) before offering a pacifier. Or, if the baby is not being breastfed, offer the pacifier as soon as you want. Don't force the baby to use it.

If the pacifier falls out of baby's mouth during sleep, there is no need to put the pacifier back in.

Do Tummy Time to Play and Back to Sleep

Tummy time describes the times when you place your baby on his or her stomach while your baby is awake, and someone is watching. Supervised tummy time helps strengthen your baby's neck, shoulder, and arm muscles.



DON'TS

Don't allow infants to sleep in equipment or on furniture not designed for infant sleeping.

Infants should sleep in equipment designed for sleeping such as a crib or play yard.



Don't put an infant to sleep with blankets, pillows, stuffed animals, or bumper pads.

Keeping these items out of baby's sleep area reduces the risk of SIDS and suffocation, entrapment, and strangulation. Because evidence does not support using them to prevent injury, crib bumpers are not recommended. Keeping these and other soft objects out of baby's sleep area is the best way to avoid these dangers.

Don't expose babies to smoke or e-cigarette emissions.

Secondhand smoke is bad for everyone, and that includes babies. Place the crib in an area that is always smoke free.

Don't add extra mattresses or padding to a crib.

Cribs should be used only as directed by manufacturer instructions. Adding additional padding or elevating a mattress can create an entrapment hazard and increase the risk of suffocation.

Don't swaddle an infant.

There is no evidence that swaddling reduces SIDS risk. In fact, swaddling can increase the risk of SIDS and other sleep-related causes of infant death. Certain sleep sacks may be used instead of swaddling.



Appropriate sleep sack for infants

1. Arm and neck openings sized appropriately for a safer fit.
2. Select a material that will not be too warm. Infants overheating is a SIDS risk.
3. Sleeveless to reduce the risk of overheating. (Room temperature should be comfortable for an adult clothed with lightweight material.)
4. Inverted zipper for easy changing.
5. Roomy sack promotes healthy hip development.
6. Sleepwear may never restrict an infant's natural movements.

Never "modify" a sleep sack. All sleepwear must be used in accordance with manufactures instructions.

Check out a short YouTube video of [Where Should Babies Sleep](https://youtu.be/hjNaEl7AZ-w).
(<https://youtu.be/hjNaEl7AZ-w>)



Check Your Knowledge

- 1. All the following are ways to reduce risk of SIDS and other sleep related causes of death except _____.**
 - A.** swaddling an infant
 - B.** using a pacifier
 - C.** dressing the infant lightly and controlling the room temperature.
 - D.** always supervising an infant.
- 2. Crib bumpers are not linked to serious injuries and deaths from suffocation, entrapment, and strangulation.**
 - A.** True
 - B.** False

Check Your Knowledge Answer Key: 1) A; 2) B

Minimum Standards for Safe Sleep

For a listed family home, the permit holder must ensure compliance with minimum standards at all times. The following are the basic care requirements for infants which include following safe sleep practices in your childcare home.

Subchapter E: Basic Care Requirements

§742.501. What are the basic care requirements for an infant?

Basic care for an infant must include:

- (1) Giving individual attention to the infant including, playing, talking, cuddling, and holding;
- (2) Holding and comforting the infant when the infant is upset;
- (3) Giving prompt attention to the physical needs of the infant, such as feeding and diapering;
- (4) Talking to the infant while you are feeding, changing, and holding the infant, such as naming objects, singing, or saying rhymes;
- (5) Storing objects that could cause choking (objects that are less than 1 and 1/4 inches in diameter) out of the infant's reach;
- (6) Providing or having the parent provide an individual crib or play yard (also known as a play pen) for each non-walking infant younger than 12 months of age to sleep in; and
- (7) Providing or having the parent provide an individual cot, bed, or mat that is waterproof or washable for each walking infant to sleep or rest on.

§742.503. What safety requirements must my cribs meet?

- (a) Each crib or play yard (also known as a play pen), whether provided by the home or the child's parent, must have a firm, flat mattress that the manufacturer designed specifically for the crib or play yard model number that snugly fits the sides of the crib or play yard. You may not supplement the mattress with additional foam material or pads.

(b) Each crib or play yard must be bare for an infant younger than 12 months of age, except for a tight-fitting sheet and a mattress cover to protect against wetness. The mattress cover, whether provided by the home or the parent, must:

- (1) Be designed specifically for the size and type of crib and crib mattress that the cover is being used with;
- (2) Be tight fitting and thin; and
- (3) Not be designed to make the sleep surface softer.

§742.505. What types of sleeping equipment am I prohibited from using with infants?

- (a) You may not use a bean bag, waterbed, or a foam pad as sleeping equipment for an infant.
- (b) An infant may not sleep in a restrictive device, unless you have a signed statement from a health-care professional stating that it is medically necessary for the infant to sleep in a restrictive device. If an infant falls asleep in a restrictive device, you must remove the infant from the device and place the infant in a crib as soon as possible.

§742.507. What additional requirements apply when an infant is sleeping or resting?

- (a) You must place an infant who is not yet able to turn over without assistance in a face-up sleeping position, unless you have a signed statement from a health-care professional stating that it is medically necessary for the infant to sleep in a different sleeping position.
- (b) You may not lay a swaddled infant down to sleep or rest on any surface at any time, unless you have a signed statement from a health-care professional stating it is medically necessary for the infant to be swaddled while the infant is sleeping.
- (c) An infant's head, face, or crib must not be covered by items such as blankets, linens, or clothing at any time.

Check Your Knowledge

1. Which is not a basic care requirement for an infant?

- A. Holding an infant when he/she is upset.
- B. Giving individual attention to an infant including playing, talking, holding, cuddling.
- C. Providing or having the parent provide an individual crib or play yard for each non-walking infant under 12 months.
- D. Allowing an infant to sleep in a restrictive device until you finish cleaning up from lunch.

2. You may supplement a crib or play yard's mattress with additional foam materials.

- A. True
- B. False

Check Your Knowledge Answer Key: 1) D; 2) B

Importance of Sharing Knowledge

As a childcare provider, you serve a very important role in not only the lives of young children, but in their parents' lives as well. Parents see you as an expert in child development and will often come to you first with questions about their children. One of the most impactful conversations you can have with the parent of an infant is regarding safe sleep practices. By talking to parents about a few very important, yet simple techniques to incorporate during sleep times, you can help parents keep their young children safe.



Parents, however, may not know all of these measures, and even if they are aware of safe sleep practices, they may not understand the importance of following the guidelines every single day. Here are the top six topics to cover with parents to ensure they are keeping their babies safe during sleep:

- ✓ **Back to sleep:** Babies are always placed on their backs to sleep every time, even when cared for by grandparents and babysitters.
- ✓ **Temperature:** Keep the temperature of the room comfortable, 70 to 72 degrees. Do not let the baby overheat. Never cover a baby's head during sleep, as the head is the main place where heat is released.
- ✓ **Separate sleep surfaces:** The best place for a baby to sleep is on a separate sleep surface in the room where the parents are sleeping.
- ✓ **Non-usual care provider:** Babies who are used to sleeping on their backs and are then placed on their stomachs to sleep have a much greater risk of SIDS. It is crucial that parents talk to all adults who care for their infants about safe sleep practices.
- ✓ **Breastfeeding:** Research indicates that babies who are breastfed have a lower chance of SIDS than non-breastfed babies.
- ✓ **Smoking:** Parents should never allow their baby to be around smoke. Babies who are regularly exposed to smoke have an increased chance of developing allergies, asthma, and SIDS.

Allow parents time to ask questions and discuss any concerns about their baby's sleeping practices. If you do not know the answer or if you feel uncomfortable talking about a particular issue, gently encourage the parent to discuss the matter with their pediatrician or healthcare provider. Remember that you are often a parent's first point of information, so take this responsibility seriously!

Sources:

Chapter 742 Minimum Standards for Listed Family Homes

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Safe Sleep Self-Instructional Training

Post Test

Name: _____

- 1. Safe sleep is putting an infant to sleep in ways that can help to protect him/her from dangers like, _____, _____, and _____.**
 - A. Colic, skin problems, and acid reflux.
 - B. Choking, suffocation, and SIDS.
 - C. Colds, diaper rash, and vomiting.
 - D. Congestion, bacterial infections, and viruses.

- 2. ____ percent of SIDS occurs from ages 1 to 6 months.**
 - A. 90
 - B. 35
 - C. 82
 - D. 28

- 3. All of the following risk factors may contribute to infant death except _____.**
 - A. Stomach sleeping.
 - B. Overheating from sleepwear and bedding.
 - C. Prematurity and/or low birth rate.
 - D. Using a separate, firm sleep surface in the room with a parent.

4. Sleep related infant death can be due to accidental causes such as suffocation, entrapment, and/or strangulation.

A. True

B. False

5. _____ is when the baby gets trapped between two objects, such as a mattress and a wall, and can't breathe.

A. Entanglement

B. Entrapment

C. Strangulation

D. Positional asphyxia

6. Placing a baby on a soft surface to sleep such as a quilted blanket, couch, sofa, waterbed, or pillow is not dangerous.

A. True

B. False

7. In regulated childcare, restrictive equipment, such as car seats, bouncers, rockers and infant swings may not be used as sleep equipment.

A. True

B. False

8. _____ is a type of suffocation that occurs when the body is placed in a position that restricts airflow.

A. Choking

B. Strangulation

C. Positional Asphyxia

D. Smothering

9. Infants should not be placed to sleep with blankets, pillows, stuffed animals or bumper pads.

- A. True
- B. False

10. An infant who is not able to turn over without assistance while sleeping must be placed _____ sleeping position.

- A. in a face up
- B. on a stomach
- C. in an elevated
- D. on a side

11. If an infant falls asleep while in restrictive equipment, transfer the infant to a crib or play yard _____.

- A. once he/she is sound asleep and won't wake up if moved
- B. as soon as possible.
- C. 1 hour after the infant has been sleeping.
- D. never. The parent has asked you to let the infant sleep in the equipment.

12. Positional Asphyxia can occur in infants when they are placed _____.

- A. in a crib on their back.
- B. on a soft surface.
- C. in a semi-seated position.
- D. in the bathtub.

13. One of the most impactful conversations you can have with the parent of an infant is regarding _____.

- A. what day of the week you will get paid.
- B. the type of services you provide.
- C. safe sleep practices.
- D. gossip about other families.



Licensing Fee Information

State Law requires the Texas Health and Human Services Commission (HHSC) to collect fees for issuing licenses, registrations, and listings and for conducting background checks. HHSC deposits the checks it receives in the state's general revenue fund.

Directions: Your licensing representative will provide you with the appropriate fee schedule form to submit with your fee payment.

Mail the completed corresponding fee schedule form for your operation and your check or money order to this address:

Texas Health and Human Services Commission
Accounts Receivable
P.O. Box 149055
Austin, TX 78714-9055

No cash accepted

AMOUNT OF FEES

40 TAC §§745.505-509 establishes the following fee schedule:

For listed family homes and applicants for a listing:

Type and Amount of Fee	When Fee is Due
Application Fee: \$20	Before HHSC accepts the application
Annual fee: \$20	On the anniversary date of the issuance of the listing

For registered child-care homes or applicants for a registration:

Type and Amount of Fee	When Fee is Due
Application Fee: \$35	Before HHSC accepts the application
Annual fee: \$35	On the anniversary date of the issuance of the registration

For licensed operations or applicants for a license:

Type and Amount of Fee	When Fee is Due
Application Fee: \$35	Before HHSC accepts the application
Initial-license fee for a child-placing agency (CPA): \$50	Before HHSC accepts the application
Initial-license fee for an operation that is not a CPA: \$35	Before HHSC accepts the application
Renewal fee for initial license: same amount as for initial license fee	Before HHSC renews the initial license
Full-license fee for a CPA: \$100	Before HHSC issues the full license
Full-licensing fee for an operation that is not a CPA: \$35, plus \$1 for each child the operation is licensed to care for	Before HHSC issues the full license
Annual-license fee: same amount as full-license fee	On the anniversary date of the issuance of the full license
Amendment fee: \$1 for each additional child that would increase the current licensed capacity	Before HHSC amends the license for new capacity

BACKGROUND CHECK

BACKGROUND CHECK

A \$2 fee per person should be paid each time a Criminal History and Central Registry background check is requested. (The \$2 Background Check fee(s) must be submitted with the appropriate Child Care Fee Schedule form, to the address listed above. The actual Request for Criminal History and Central Registry Check form (Form 2971), must be submitted separately to your local licensing office.)

SUPPLEMENT

If a licensed operation, agency, registered child care home, or listed family home pays less than the correct amount of the fee, they must pay the remainder.

EXEMPTION

Certified or state-run operations are exempt from application and licensing fees. Licensed foster homes, licensed foster group homes and non-profit 24-hour operation that charge no fees for their services or that provide care for children in the managing conservatorship of the Department are exempt from paying provisional, annual and background check fees. Listed homes are exempt from the background check fee.

The law requires that if an operation, agency, group home, or family home fails to pay the annual license, registration, or listing fee when due, the license, registration, or listing will be suspended until the fee is paid. This means children must not be in care at the operation until the suspension is lifted.



Listed Family Home Fee Schedule

State Law requires the Texas Health and Human Services Commission (HHSC) to collect fees for issuing licenses, registrations and listings and for conducting background checks. HHSC deposits the checks it receives in the state's general revenue fund.

Directions: Please send only a **Check or MONEY ORDER** for the entire amount (including background check fees). **Please DO NOT SEND CASH.**

Make check or money order payable to: Texas Health and Human Services Commission

Mail this completed form and your check or money order to:
Texas Health and Human Services Commission Accounts Receivable
P.O. Box 149055
Austin, TX 78714-9055

Keep a copy of your canceled check or money order for your records. NO RECEIPT WILL BE SENT.

This form and your payment will be returned to you if: the form is blank or incomplete, you do not send the correct fee amount, or you send cash.

Fee Definitions: 40 TAC §745.505 establishes the following fee schedule:

Initial Application/Request Listing Fee: A nonrefundable fee of \$20 when the listing is requested. The fee is paid when the listing is requested.

Annual Listing Renewal Fee: A \$20 fee for a listed operation. The fee is paid by the anniversary date of issuance.

Background Check Fee: A \$2 fee per person, paid each time a Criminal History and Central Registry background check is requested.

The law requires that if a home fails to pay the annual listing fee when due, the listing will be suspended until the fee is paid. This means children must not be in care at the home until the suspension is lifted. If you do not pay the fee within six months of your listing being automatically suspended, your listing will be automatically revoked.

If you receive a payment from a child care subsidy program, you will not receive a subsidy payment if your listing is suspended or revoked.

OPERATION INFORMATION			
<input type="checkbox"/> Please check if this is a change of address			
Name:	Operation Number (on your permit):	Telephone Number:	
	<input type="checkbox"/> If this is a new operation, check the box		
Street Address:	City:	County:	ZIP Code:
Email Address:			

FEES			
Service Code	TYPE OF FEE BEING PAID		AMOUNT
529200990	<input type="checkbox"/> Listing Request Fee - \$20		\$
529200990	<input type="checkbox"/> Annual Listing Renewal Fee - \$20		\$
529200988	<input type="checkbox"/> Background Check Fee	Number of Persons being checked: x \$2	\$
TOTAL AMOUNT OF FEES PAID:			\$