

Adult Care / Child Care / Day Care Application

The Texas Department of Family and Protective Services (TX DFPS) and Texas Department of Aging and Disability (TX DADS) requires the annual inspection of adult care / child care and day care centers by a local sanitation officer in accordance with Title 40, Texas Administrative Code, Part 19, Department of Family and Protective Services, and chapter 745, Licensing, Subchapter B, Child Care and other regulation.

Northeast Texas Public Health District Order 2013-2 establishes an annual inspection fee for day care centers, child care centers, and other facilities requiring inspection by TX DFPS in Smith County. The fee will cover a (12) month period from the date it is paid. The inspection fee is due at the time of application. Application must be made at least one working day prior to the pre-operational inspection. Once the inspection is completed, the inspection report will be sent to the appropriate licensing agent.

1.	Part I - Reason For Request of Service:		
	□ New I	License. A pre-operational inspection of new operation for the purpose	of licensure.
	☐ Renev	wal. Annual renewal of existing operation for TX DFPS / TX DADS co	ompliance.
	☐ Other	:	
2.		tion Information:	
	Address of Oper	ration:	
	Primary Phone #	#: Fax #:	
	Contact Email Address:		
	Secretary of State Filing # where applicable:		
	Non-Profit 501(c)(3) identification number:		
	License Type:	☐ <u>Child Care Center</u> : 7 or more children for no more than 24 hours p	er day
		☐ <u>Day Care Center</u> : 13 or more children ages (infant to 13 years of a	ige)
		☐ Other (explain)	
3.	Part III – Appli Type of Govern	icant Information: ing Body:	
	☐ Corporation	☐ Government Agency	
	□ Partnership	☐ Non-Profit	
	☐ Individual Name of Owner	☐ Other::	
	Mailing Address of Owner:		
	City, State, Zip:		
		Fax:	

** Note: Please attach a formal document delineating all owners and partners of operation for an LLC./Inc. Please attach a copy of the "Assumed Name, DBA" application from the Smith County Clerk's office for an individual owner. ** 4. Part IV – Services Offered Snacks: ☐ Provided* □ Not Provided Meals: ☐ Prepared* □ Catered* □ Not Provided ☐ Pool on Premises** ☐ Night Care*** ☐ Playground ☐ Before/After School Care ☐ Other: ☐ Transportation Services with an asterisk will require an additional permit application with NET Health. Please contact 903-535-0037 for further review. Retail Food Establishment Commercial Pool/Spa/PIWF Establishment *** Environmental Health Inspection 5. Part V - Licensing Information Name of Licensing Agency: __ Name of Licensing Representative: Address of Licensing Agency: Phone Number of Agency: Licensed Number of Adults / Children: _____ Age Range of Children: _____ 6. Part VI - Applicant Acknowledgement I acknowledge receipt of a copy of NETPHD Order 2013-2 establishing the inspection per State Law and Texas Department of Regulatory Services. I understand that failure to comply with provisions described in the NETPHD Order 2013-2 can result in citations for violations and penalties to be assessed in court. I certify that all facts stated in this application are true and correct. Date Signature of Applicant Print Name 7. Part VII - Fee for Inspection. Fee: \$150.00 Payment Methods Accepted: • Cash/Money Order • Check – please make checks payable to: NETPHD • Credit – o Transactions can only be made in office. o American Express is **NOT** accepted. o 3% processing fee is assessed for all credit transactions over \$100.00. The required inspection will not be scheduled or conducted until this form and the required fee has been received. **OFFICE USE ONLY** Date received: _____ Annual daycare/childcare permit fee: \$150.00 Method of payment: _____ Copy of Driver's License: ____ 501(c)(3): ____ Federal EIN: ____ Ownership: ____ District: ____

Location Code: _____ Date Issued to Inspector: _____