



## CHILD CARE LICENSING REQUEST FOR BACKGROUND CHECK

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**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](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, <a href="https://www.dfps.state.tx.us/Child_Care/Search_Texas_Child_Care/ppFacilityLogin.asp">www.dfps.state.tx.us/Child_Care/Search_Texas_Child_Care/ppFacilityLogin.asp</a> .
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 <a href="#">Child Care Provider</a> 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: <a href="mailto:CBCUExemptBGC@dfps.state.tx.us">CBCUExemptBGC@dfps.state.tx.us</a>

**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](http://www.dfps.state.tx.us/Child_Care/Information_for_Providers/cclforms.asp).

OPERATION INFORMATION		
Operation Name: Lolly's Learn & Grow Center	Operation Number: 1607496	Operation Telephone Number: (361)937-4769
Operation Address: 9450 S Padre Island Dr Ste 2B Corpus Christi, TX 78418	Operation Mailing Address:  same	County:  Nueces

VERIFICATION SIGNATURES		
I verified <b>(by reviewing the person's Social Security card or driver license)</b> 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:  Laura Wiggins	Signature of Director, Owner, or Operator:  X	Date Signed:

PRIVACY STATEMENT
DFPS values your privacy. For more information, read our privacy policy online at: <a href="http://www.dfps.state.tx.us/policies/privacy.asp">www.dfps.state.tx.us/policies/privacy.asp</a> .

<b>INDIVIDUAL'S IDENTIFYING INFORMATION</b>					
Initial	24 Month Check	Fingerprint Check Required		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: Male Female
List any other city in Texas where the person has been a resident:					
List addresses, including county, where the person has lived outside of Texas in the previous five years:					
Ethnicity (must accompany race): Hispanic Non-Hispanic		Race: White Black Asian American Indian/Alaskan Native Native Hawaiian/Pacific Islander			
Social Security Number:		Photo ID: Driver License #: ID #: State:		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:					
Adoptive Parent	Caregiver	Director	Foster Parent	Household Member	Licensed Administrator
Other Staff	Staff	Volunteer	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					

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Applicant's signature