



**TEXAS**  
**Health and Human  
Services**

# CHILD CARE LICENSING ACCOUNT PORTAL MANUAL

January 11, 2019

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## OVERVIEW

The Child Care Licensing account portal works in conjunction with systems used by HHSC staff. The portal allows users with an online account to update information related to their operation and to submit background checks.

This manual provides instructions regarding the Child Care Licensing account portal functions.

## REGISTRATION

Prior to logging into the Child Care Licensing account portal for the first time, you must register for an account.

Click here to [Complete Online Registration](#).

- If you have registered for your account but have not received the confirmation email, check your spam or junk mail folder.
- You can add [CLASSPROJECT@dfps.state.tx.us](mailto:CLASSPROJECT@dfps.state.tx.us) to your contact list to ensure that these emails are not sent to your junk mail or spam folder.

## Login

### INSTRUCTIONS TO LOGIN

1. Access the [Child-Care Licensing Account Login](#) page.
2. Once the **Child-Care Licensing Account Login** page opens, enter your **User ID** and **Password** in the provided fields, then click **Login**. **Note:** Please use Google Chrome or Internet Explorer to access your account.

3. Once you successfully login, you will be directed to the **Child-Care Licensing Account Main Page**.

# Child-Care Licensing Account Main Page

DFPS Home > Child Care > Search Texas Child Care > Child-Care Licensing Account Main Page

## Child Care Licensing

Currently logged in as: [Username] [\[Logout\]](#)

### ABOUT

- [Child Care Licensing](#)
- [Information for Parents](#)
- [Information for Providers](#)

### FIND CHILD CARE

- [Search Texas Child Care](#)
- [FAQ](#)

### CHILD SAFETY

- [Child Safety Campaigns](#)
- [Hotlines](#)
- [Serious Injuries Report](#)

### SERVICE PROVIDERS

- [Provider Login & Background Checks](#)
- [Standards & Regulations](#)
- [Enforcement](#)

### DAY CARE

- [Become a Day Care Provider](#)

Operation Name: [Tudipper Town](#)  
Operation Number: [1282328-7281](#)

Operation Type: **Child Placing Agency**  
E-mail Address: [class\\_bond@tech-consortium.com](#)

#### Select an Action

- [Access Your Compliance History & Inspection History](#)
- [Access CPA Main Page](#)
- [Submit Background Check](#)
- [Online Background Check History](#)
- [Submit Waiver / Variance](#)
- [Update Provider Vacancies](#)
- [Emergency Behavior Intervention](#)
- [Manage Operation Email Account & Manager Information](#)
- [Add / Update / View Controlling Persons](#)
- [Add / Update Additional Users](#)
- [Update Governing Body / Administrator Designation](#)
- [Submit Permit Renewal](#)

#### Message Board

Due Date	Message
6/1/2018	<a href="#">Submit Permit Renewal Application</a>

**Note:** The “**Select an Action**” section and the “**Message Board**” will vary based on Operation Type and type of user. Please see the [Security Roles and Access: Operation Types and Child Care Licensing Account Roles](#) section of this document for more information.

## ISSUES WITH LOGGING INTO THE PORTAL

You may encounter an error message when you try to logon to the portal. The main types of errors you may encounter are password related or due to incomplete registration. Below are instructions on how to resolve these types of errors.

- [Request your User ID or a new password](#)
- [Complete Registration](#)

## Request Username or New Password

You will receive an error message if you enter an incorrect User ID or Password. If you enter an incorrect User ID or Password too many times your password will be locked and you will receive a message letting you know your password has been locked. If you are an account manager and receive either of the error messages below you will need to request either your User ID or a temporary Password to be emailed to you. Account

users that are not designated as an account manager will be able to request their User IDs but will need to contact their account manager to have their password changed.

LOGIN	LOGIN
<p><b>Please enter your User ID and Password below to access your account.</b></p> <p><b>WARNING:</b> You are about to login to a secure site. If you leave your Provider site, you may be required to login again.</p>	<p><b>Please enter your User ID and Password below to access your account.</b></p> <p><b>WARNING:</b> You are about to login to a secure site. If you leave your Provider site, you may be required to login again.</p>
<ul style="list-style-type: none"><li>Invalid User ID/Password entered.</li></ul>	<ul style="list-style-type: none"><li>Your Password has been locked. Obtain new Password by clicking the link below</li></ul>
<div>User ID: <input type="text"/></div> <div>Password: <input type="password"/></div> <div><input type="button" value="Login"/> <input type="button" value="Reset"/></div> <div><a href="#">Forgot your User ID or Password?</a></div>	<div>User ID: <input type="text"/></div> <div>Password: <input type="password"/></div> <div><input type="button" value="Login"/> <input type="button" value="Reset"/></div> <div><a href="#">Forgot your User ID or Password?</a></div>

Note: If you are an account user and try to request a temporary password you will receive the message below. If you receive this message you will need to contact the account manager for your operation and request him/her to change your User ID or password.

- This User ID does not have permission to complete this action. Please contact your operations Account Manager to request your password or make changes to your User ID.

## Instructions to Request your User ID or Temporary Password

1. Click on **Forgot your User ID or Password**. You will be taken to the **Child Care Provider Login Information** page.

**LOGIN**

Please enter your User ID and Password below to access your account.

**WARNING:** You are about to login to a secure site. If you leave your Provider site, you may be required to login again.

• Invalid User ID/Password entered.

User ID:

Password:

Login Reset

[Forgot your User ID or Password?](#)

### Child-Care Provider Login Information

DPS Home > Child Care > Search Texas Child Care > This Page

Child Care Licensing

**ABOUT**

- Child Care Licensing
- Information for Parents
- Information for Providers

**FIND CHILD CARE**

- Search Texas Child Care
- FAQ

**CHILD SAFETY**

- Child Safety Campaigns
- Hotlines

**SERVICE PROVIDERS**

- Provider Login & Background Checks
- Standards & Regulations
- Enforcement

#### Login Information

**Forgot User ID?**

Enter your Operation Number and click the "Email User ID" button to have your User ID emailed to the address you provided during registration. For Branch Offices you must include the Agency Number and Branch Number when entering information in the Operation Number field. Only the designated account manager of the Operation will receive the User ID via email.

**Forgot/Need to Reset Password?**

Enter your Operation Number and User ID and click the "Email Password" button to have your password reset and password and login information sent to the email address you provided during registration. Only the designated account manager has the ability to reset passwords and receive the new password and login information via email.

Operation Number:  Email User ID:

e.g. 123456 OR 123456-123 OR 123456-123-12

User ID:  Email Password:

2. To request your User ID, enter your **Operation Number** and click the Email User ID button. A message will display letting you know your login information has been sent to the email on your account.
3. To request a temporary Password, enter your **Operation Number** and the correct **User ID**, then *click* the **Email Password** button. Note: The temporary password will expire after 24 hours. Once you have successfully logged in using a temporary password, you will need to reset the password following the instructions outlined in **How to Update the Operation's Email Accounts, Website, and Acct Manager Information**.

**LOGIN**

Please enter your User ID and Password below to access your account.

**WARNING:** You are about to login to a secure site. If you leave your Provider site, you may be required to login again.

• Your login information has been emailed to :

• @yahoo.com

If this is incorrect contact your Licensing Representative.

4. Once you receive the email with your login information you will use this information to log into your account. Note: The User ID and Password are case sensitive. You may copy your User ID and temporary Password from the email and paste the information into the User ID and Password fields.

## Complete Registration

---

You will receive an error if your account registration was not completed as required before trying to login to the portal or if you try to log in too soon after completing your registration. If you receive this error and have not completed your registration you will need to complete your registration. If you've completed your registration you will need to wait at least 24 hours after completing your registration to log into your account.

LOGIN

**Please enter your User ID and Password below to access your account.**

*WARNING: You are about to login to a secure site. If you leave your Provider site, you may be required to login again.*

- **Registration Incomplete:** You must click the link provided in your registration e-mail before proceeding. If you've done so, please wait 24 hours and try again. If problems persist, please call 1-800-645-7549 for assistance.

User ID:

Password:

[Forgot your User ID or Password?](#)

## Instructions to Complete Registration

---

1. **Check** the email account that you provided when you registered for an account.
2. Find an email from [CLASSPROJECT@dfps.state.tx.us](mailto:CLASSPROJECT@dfps.state.tx.us). The title of the email will be: **Complete Registration**. **Note:** If you are unable to locate the email described, you may contact your CCL or CBCU representative for further assistance.
3. **Click** the link provided in the email to complete your account registration. This link takes you to the Child Care Licensing account portal login page. A message displays to let you know you have successfully completed your registration.



CLASSPROJECT@dfps.state.tx.us

Complete Registration

10:

This is a system generated mail. Please do not reply to this email address.

\*\*\*\*\*

Thank You!

Thank you for creating an online account with the Texas Department of Family and Protective Services, Child Care Licensing Division. To complete your registration and begin an application there a few more steps that must be completed.

Please click on the link below

[https://qawwww.dfps.state.tx.us/Child\\_Care/Search\\_Texas\\_Child\\_Care/ppFacilityLogin.asp?nbrRgstrtn=3f4f7448f7b1000032090352cffdd8ae](https://qawwww.dfps.state.tx.us/Child_Care/Search_Texas_Child_Care/ppFacilityLogin.asp?nbrRgstrtn=3f4f7448f7b1000032090352cffdd8ae)

If you are not taken to the Login page upon clicking the link, please copy the URL and paste it into your web browser and try again.

After completing your registration, you can log into your account by clicking 'Login' on the Information for Child Care Providers page on the DFPS website.

If you created a Child Care Licensing account for the purposes of submitting an application online, we ask that you review the information about the application process found on the 'How to Become a Child-Care Provider' link:

[http://qawwww.dfps.state.tx.us/Child\\_Care/About\\_Child\\_Care\\_Licensing/start.asp](http://qawwww.dfps.state.tx.us/Child_Care/About_Child_Care_Licensing/start.asp)

When you submit an application to Child Care Licensing, you will receive a confirmation number. Please keep this confirmation number. Your account will be updated as the application is processed. We recommend that you check your Child Care Licensing account every few days to determine if an update has occurred. The updates could include a notification about when to submit a background check, send in other documents, and register for an Orientation Class. If you have a question about your application, please wait at least 48 hours before contacting a Child Care Licensing office. To find a local Child Care Licensing office, click the following link:

[http://qawwww.dfps.state.tx.us/Child\\_Care/Local\\_Child\\_Care\\_Licensing\\_Offices/default.asp](http://qawwww.dfps.state.tx.us/Child_Care/Local_Child_Care_Licensing_Offices/default.asp)

If you received this e-mail message but did not submit a registration request through the online registration page, please contact a local Child Care Licensing office.

Thank you!

Texas Department of Family and Protective Services



## Child-Care Provider Login

DFPS Home > Child Care > Search Texas Child Care > This Page

### Child Care Licensing

#### ABOUT

- [Child Care Licensing](#)
- [Information for Parents](#)
- [Information for Providers](#)

#### FIND CHILD CARE

- [Search Texas Child Care](#)
- [FAQ](#)

#### CHILD SAFETY

- [Child Safety Campaigns](#)
- [Hotlines](#)
- [Serious Injuries Report](#)

#### SERVICE PROVIDERS

- Congratulations! You have been successfully registered. Proceed by entering your User ID and Password

This page allows you to login to your online provider account. Within your account, you can perform a variety of tasks.

#### Create an Account Before Logging In!

- [Create a Day Care Provider account](#)
- [Create a 24-Hour Residential Care Provider account](#)

Once you have completed Pre-Application activities:

#### LOGIN

**Please enter your User ID and Password below to access your account.**

**WARNING:** You are about to login to a secure site. If you leave your Provider site, you may be required to login again.

User ID:

Password:

# SECURITY ROLES AND ACCESS: OPERATION TYPES AND CHILD CARE LICENSING ACCOUNT ROLES

Functionality in the Child Care Licensing account portal is based on operation type and account roles of the individual logged into the account. Functionality available to an account user is limited compared to the functionality available to the account manager. This chart shows the functionality available by operation type and account role.

Child-Care Provider Main Page Menu - 'Select an Action' Options for each Operation Type & Account Roles											
Actions	CPA	CPA Branch	GRO	LCCC	LCCH	RCCH	LH	SEBCC	IFGH	IFFH	
Access Your Compliance History & Inspection History	B		B	B	B	B	B				
Access CPA Main Page	B	B									
Submit Background Check	B	B	B	B	B	B	B	B	B	A	
Online Background Check History	B	B	B	B	B	B	B	B	B	A	
Submit Waiver / Variance	B	B	B	B	B			B	A		
Update Provider Vacancies	B	B	B					A	A		
Emergency Behavior Intervention	B	B	B						A		
Manage Operation Email Account & Manager Information	A	A	A	A	A	A	A	A	A	A	
Add / Update / View Controlling Persons	A	A	A	A	A	A	A		A	A	
Add / Update Additional Users	A	A	A	A	A	A	A	A	A	A	
Update Governing Body / Administrator Designation	A	A	A	A				A	A	A	
Submit Permit Renewal **	A		A	A	A	A					

## Legend

### Roles

- Account Manager - A
- Both - Account Manager and User - B

### Operation Types

- Child Placing Agency - CPA
- General Residential Operation - GRO
- License Child Care Center\* - LCCC
- License Child Care Home - LCCH
- Registered Child Care Home - RCCH
- Listed Home - LH
- Small Employer Based Child Care - SEBCC
- Independent Foster Group Home - IFGH
- Independent Foster Family Home - IFFH

\*License Child Care Centers include Before & After School Programs

\*\*Excludes Temporary Shelter Programs



## **PAGES/FUNCTIONALITY (HYPERLINK LIST) ACCESSED** **FROM CHILD-CARE LICENSING ACCOUNT MAIN** **PAGE**

Here is a list of the hyperlinks listed on the Child-Care Provider Main page. These hyperlinks navigate to other pages in the portal that contain other information and functionality. To go directly to a specific page hold down the Ctrl button and click on the hyperlink name.

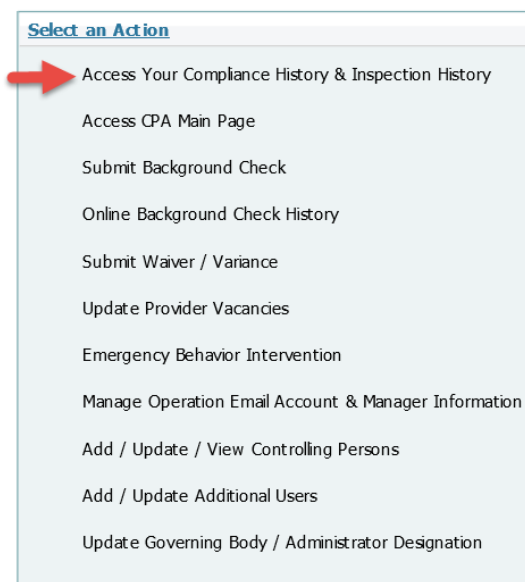
- [Access Your Compliance History & Inspection History](#)
- [Access CPA Main Page](#)
- [Submit Background Check](#)
- [Online Background Check History](#)
- [Submit Waiver / Variance](#)
- [Update Provider Vacancies](#)
- [Emergency Behavior Intervention](#)
- [Manage Operation Email Account & Manager Information](#)
- [Add / Update / View Controlling Persons](#)
- [Add Update Additional Users](#)
- [Update Governing Body / Administrator Designation](#)
- [Submit Permit Renewal](#)
- [Message Board](#)

## ACCESS YOUR COMPLIANCE HISTORY & INSPECTION HISTORY

Certain operation types with an online account can access information about the number of reports and/or inspections conducted at the operation, and access the operation's history of compliance with the minimum standards.

### INSTRUCTIONS TO ACCESS YOUR COMPLIANCE HISTORY & INSPECTION HISTORY

1. On the **Child-Care Licensing Account Main Page**, click on the "Access Your Compliance & Inspection History" link in the **Select an Action** section. This takes you to your operation's **Operation Details** page.



2. On the **Operation Details** page you are able to view more information pertaining to your operation's compliance and inspection history.
  - a. To view information specific to Inspections, Assessments, Self Reported Incidents, and Reports for your operation, click on the number link next to each type in the **Two Year Inspection Summary** section.
  - b. To view the deficiencies found against your operation click on the number link in the second bullet in the **Compliance Summary** section.
  - c. To view information concerning deficiencies for a specific weight of a standard click on the weight in the fourth bullet in in the **Compliance Summary** section.

3. To navigate back to your operation's **Child-Care Licensing Account Main Page**, either use the browser back button or click on your user name at the top right of the page.

Note: The timeframes are based on the operation type. The timeframe is two years for Child Placing Agencies, Licensed Centers (which includes Child Care programs, Before/After School programs, and School Age programs), Licensed Child-Care Homes, General Residential Operations, Listed Family Homes, and Small Employer Based Child Care operations. The timeframe is three years for Registered Child-Care Homes. The **Compliance History & Inspection History** is not applicable for Independent Foster Family Homes, Independent Foster Group Homes, or Main Chain operations.

## Child Care Licensing

Currently logged in as: [Logout]

## ABOUT

- Child Care Licensing
- Information for Parents
- Information for Providers

## FIND CHILD CARE

- Search Texas Child Care
- FAQ

## CHILD SAFETY

- Child Safety Campaigns
- Hotlines

## SERVICE PROVIDERS

- Provider Login & Background Checks
- Standards & Regulations
- Enforcement

## DAY CARE

- Become a Day Care Provider
- Day Care Licensing

## 24-HOUR RESIDENTIAL CARE

- Become a 24-Hour Residential Care Provider
- 24-Hour Residential Care Licensing
- Licensed Administrators

## MORE CHILD CARE LICENSING

- FAQ
- Forms
- Background Checks
- Contact Us

## Operation Details

You may click on the question mark image (?) to view the [Frequently Asked Questions \(FAQ\)](#) page.

Operation Number:	
Operation Type:	Child Placing Agency
Operation/Caregiver Name:	
Location Address:	
Mailing Address:	
Phone Number:	
County:	
Website Address:	
Email Address:	
Administrator/Director Name:	
Programmatic Services:	Child Care, Respite Child Care
Treatment Services:	Emotional Disorders, Mental Retardation, Primary Medical Needs, Pervasive Development Disorder
Type of Issuance:?	Full Permit
Issuance Date:	
Conditions on Permit:?	No
Hours of Operation:	08:30 AM-05:30 PM
Days of Operation:	Monday - Friday
Other Schedule Information:	
Open Foster Homes:	22
Open Branch Offices:	0
Licensed to Serve Ages:	-
Number of Administrative Penalties imposed on the Main and all associated Branches:	0
Corrective Action:?	No
Adverse Action:?	No
Temporarily Closed:	No

## Two Year Inspection Summary

- Inspectors routinely monitor compliance with Licensing standards, rules and law. At a minimum, licensed and certified operations are inspected at least once a year; Registered Child Care Homes ? are inspected at least once every two years, Listed Family Homes ? are inspected only if there is a report of abuse/neglect or if we receive a report that the home is caring for too many children.

- When operations have serious deficiencies or a significant number of deficiencies, repeat deficiencies, or fail to make corrections timely, they are inspected more frequently by licensing staff, to ensure the health and safety of children in care.

## • In the last two years, Licensing conducted the following:

[43](#) - Inspections ?  
[2](#) - Assessments ?  
[0](#) - Self Reported Incidents ?  
[17](#) - Reports ?

*Click on the inspection type to see additional details related to each inspection.*

- There are many standards that an operation must comply with; the total number varies for each type of operation. An operation or home is generally given an opportunity to correct deficiencies and has the right to request a review of a deficiency. Deficiencies pending review are not included in the two year history.

## Two Year Compliance Summary

- During the last two years, 5019 standards were evaluated for compliance at this operation.

- Of the standards evaluated [21](#) deficiencies were cited. ?

*Click on the number of deficiencies to see additional details.*

- Each standard is assigned a weight. The weight ensures all inspectors consider standard violations in the same way, and represents the potential impact a deficiency might have on children. Review the inspection reports to learn more about each citation. It's important to remember; weights are not assigned to an individual operation, inspection, or circumstance and are not intended to result in a ranking of operations or score.

## • The weights of the standard deficiencies cited in the past two years are as follows:

10 were weighted as [High](#)  
 6 were weighted as [Medium - High](#)  
 4 were weighted as [Medium](#)  
 0 were weighted as [Medium - Low](#)  
 1 was weighted as [Low](#)

*Click on the weight to see additional details about each deficiency.*

## ACCESS CPA MAIN PAGE

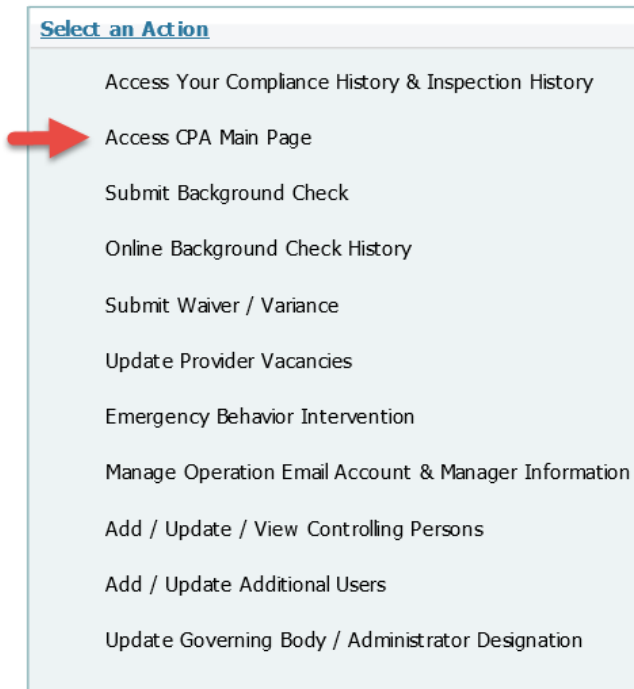
The **Child-Placing Agency Main Page** can be accessed by any Child-Placing Agency (CPA) user with an online account. The **Child-Placing Agency Main Page** provides the ability to:

- [Submit an Initial Report \(Form 2953\)](#)
- [Submit Subsequent Actions/Changes](#)
- [Search Closed Foster Home Database](#), and
- View a history of their operation's agency home add and change requests

---

## INSTRUCTIONS TO ACCESS CPA MAIN PAGE

1. On the **Child-Care Licensing Account Main Page**, click on the "Access CPA Main Page" link in the **Select an Action** section. This takes you to your operation's **Child-Placing Agency Main Page**.



# Child Placing Agency Main Page

DFPS Home > Child Care > Search Texas Child Care > CPA > This Page

Currently logged in as: [Logout]

## Child Care Licensing

### ABOUT

- Child Care Licensing
- Information for Parents
- Information for Providers

### FIND CHILD CARE

- Search Texas Child Care
- FAQ

### CHILD SAFETY

- Child Safety Campaigns
- Hotlines

### SERVICE PROVIDERS

- Provider Login & Background Checks
- Standards & Regulations
- Enforcement

### DAY CARE

- Become a Day Care Provider
- Day Care Licensing

### 24-HOUR RESIDENTIAL CARE

- Become a 24-Hour Residential Care Provider
- 24-Hour Residential Care Licensing
- Licensed Administrators

### MORE CHILD CARE LICENSING

- FAQ
- Forms
- Background Checks
- Contact Us

Operation Name: [Redacted]  
Operation Number: [Redacted]  
E-mail Address: [Redacted]

### Select an Action

- [Submit Initial Report \(Form 2953\)](#)
- [Submit Subsequent Actions/Changes](#)
- [Search Closed Foster Homes Database](#)
- [Back to Provider Main Page](#)

### Online Agency Home Add/Change History

Request Type	Agency Home Name/Number	Date Submitted	Status	App Hm	#Days App Status
Change	[Redacted]	06/06/2016	Accepted		
Change	[Redacted]	09/02/2015	Accepted		
Change	[Redacted]	07/31/2014	Accepted		
Initial	[Redacted]	06/26/2014	Accepted		
Change	[Redacted]	06/25/2014	Accepted		
Initial	[Redacted]	10/08/2013	Accepted		
Change	[Redacted]	10/08/2013	Accepted		
Change	[Redacted]	10/08/2013	Accepted		
Initial	[Redacted]	01/19/2011	Error E3*		
Initial	[Redacted]	01/19/2011	Error E3*		

First Page | Previous Page | (Pg 1 of 2) | [Next Page](#) | [Last Page](#)

Go To Page:

\*E1 Address is incomplete

E3 Agency Home already verified under another CPA/CPA branch

E5 An amended date must be entered

E7 At least one gender selection is required

E9 Branch number does not exist for this CPA

E11 Effective Date of Change is required

E13 Name of operation is required

E15 Total Capacity must be entered

E17 Verification Date must be one day after

Relinquishment Date

E19 FBI Check Results Invalid

Note: Please contact your local Licensing Representative regarding errors on the list

E2 Agency Home already relinquished

E4 An age range is required

E6 At least one Agency Home Type must be chosen

E8 At least one Type of Care Provided must be chosen

E10 CPA is closed

E12 Foster Care capacity must be entered

E14 Phone number is missing or incomplete

E16 Type of change must be selected

E18 One of the Caregivers is currently verified with another

CPA/CPA Branch

## SUBMIT INITIAL REPORT (FORM 2953)

The **Submit Initial Report (Form 2953)** page allows any Child-Placing Agency user with an account to submit agency home reports online. Prior to submitting an initial agency home report online the caregiver(s) of an agency home must have a current background check completed. Status of initial reports can be viewed on the **Child-Placing Agency Main Page**.

## INSTRUCTIONS TO SUBMIT INITIAL REPORT (FORM 2953)

1. On the **Child-Placing Agency Main Page** click on the “Submit Initial Report (Form 2953)” link in the **Select an Action** section of the page. This takes you to the **Submit Initial Report** page.

Child Placing Agency Main Page

DFPS Home > Child Care > Search Texas Child Care > CPA > This Page

Currently logged in as: [Logout]

Child Care Licensing

ABOUT

- Child Care Licensing
- Information for Parents
- Information for Providers

FIND CHILD CARE

- Search Texas Child Care
- FAQ

CHILD SAFETY

- Child Safety Campaigns

Operation Name: [Redacted]

Operation Number: [Redacted]

E-mail Address: [Redacted]

Select an Action

- [Submit Initial Report \(Form 2953\)](#)
- [Submit Subsequent Actions/Changes](#)
- [Search Closed Foster Homes Database](#)
- [Back to Provider Main Page](#)

2. On the **Submit Initial Report** page, select the appropriate option from the *Marital Status* drop-down menu for the foster parent(s).

**Note:** Social Security Number (SSN) and Caregiver info for both individuals are required if you select Married Couple or Unmarried Couple.

### Home Details

Marital Status: Choose

3. If Caregiver # 1 has a SSN, enter his/her SSN in the **Caregiver # 1** section.
4. Click the Search button.
5. Verify the caregiver's information in the **Caregiver Details** section matches the individual from your search results and click the Confirm button. The caregiver's information will populate based on the information provided in the caregiver's background check submission.
6. If Caregiver # 1 does not have a SSN, check the *No SSN Exists* check box.
7. Click the Search button.

Caregiver #1 Details

SSN: [Redacted] (i.e. xxxxxxxx) ☐ No SSN Exists

First Name: [Redacted]

Middle Name: [Redacted]

Last Name: [Redacted]

Suffix: [Redacted]

Gender: [Redacted]

Date of Birth: [Redacted]

Race: [Redacted]

Ethnicity: [Redacted]

Address: [Redacted]

City: [Redacted]

State: [Redacted]

Zip: [Redacted]

County: [Redacted]

Telephone #: [Redacted]

Enter caregiver's SSN

Or check No SSN Exists

Then click Search

Clear Caregiver #1

8. On the **Search Results** page, select the radio button next to the Caregiver's name. The information in the **Caregiver Details** section will update to the selected person's information.
9. Click the Confirm button.

Note: If you click on the “Back to Submit Initial Report” hyperlink you will be taken back to the **Submit**

Initial Report page and the page will be empty.

Currently logged in as: [Logout]

Select	Name	SSN
<input checked="" type="radio"/>		No SSN Exists
<input type="radio"/>		No SSN Exists
<input type="radio"/>		No SSN Exists

First Page | Previous Page | (Pg 1 of 1) | Next Page | Previous Page |

**Caregiver Details**

Name:  
SSN:  
Date of Birth:  
Gender:  
Home Phone #:  
County:  
Ethnicity:  
Race:  
Location Address:

Validated

Validation Status:

[Confirm](#) [Back to Submit Initial Report](#)

10. If the race is not prepopulated, select the appropriate race using the *Race* drop-down menu.
11. If there is a second caregiver, either enter his/her SSN in the **Caregiver #2 Details** section, or check the *No SSN Exists* check box.
12. Click the Search button.

**Caregiver #2 Details**

SSN: (i.e. xxxxxxxx) ☐ No SSN Exists [Search](#)

First Name:  
Middle Name:  
Last Name:  
Suffix:  
Gender:  
Date of Birth:  
Race:  
Ethnicity:

Address:  
City:  
State:  
Zip:  
County:  
Telephone #:

[Enter caregiver's SSN](#) [Or check No SSN](#) [Then click Search](#)

[Clear Caregiver #2](#)

13. If you checked the *No SSN Exists* check box, select the radio button next to the Caregiver's name.
14. If you entered a SSN for Caregiver #2, verify that the caregiver's information in the **Caregiver Details** section match the individual from your search results.
15. Click the Confirm button.
16. If the race is not prepopulated, select the appropriate race using the *Race* drop-down menu.
17. Click the Continue button. The **Agency Home** section displays the new name, address, and phone number for the Agency Home (AH). The address and phone number are based on the information for Caregiver # 1; the AH name is the combination of Caregiver # 1 and Caregiver # 2 names.
18. Enter directions to the operation in the *Directions to Operation* text box if applicable.
19. Enter other CPA name(s) and date(s) in the *If this home has ever been an agency home for another Child-Placing Agency, list CPA name(s) and the dates of affiliation:* text box if applicable.
20. Enter the name and phone number of the CPA Staff Person responsible for the AH in the *Name and Phone Number of the CPA Staff Person responsible for this Agency Home:* field.

Note: This is a required field.

Name and Phone Number  
of the CPA Staff Person  
responsible for this Agency  
Home:

, 555-555-5555



21. In the **Mailing Address** section, if the county is not already selected, select the appropriate county from the *County* drop-down menu.
22. Click the Validate Mailing Address button. The **Address Validation** page pops up.
23. Select the appropriate option in the **Address Validation** page.

### Address Validation

We are verifying your address with the US Postal Service (USPS)

Click one of the options below and click the Continue button to proceed.

- ☐ **Option 1:** Use the validated address provided by the US Postal Service (USPS), shown here:

#### Validated Address

Address Line 1: [REDACTED]  
Address Line 2: [REDACTED]  
City: EL PASO State: TX  
Zip: [REDACTED] County: EL PASO

- ☐ **Option 2:** Go back to the previous page to correct the address and revalidate.

- ☐ **Option 3:** Use the address that you originally provided, shown here:

#### Address Provided

Address Line 1: [REDACTED]  
Address Line 2: [REDACTED]  
City: EL PASO State: TX  
Zip: [REDACTED] County: EL PASO

Continue

24. If you select the option “Use the address that you originally provided, shown here:” scroll down and enter a reason for using a non-validated address in the *Reason for using non-validated address:* text box.

- ☒ **Option 3:** Use the address that you originally provided, shown here:

#### Address Provided

Address Line 1: [REDACTED]  
Address Line 2: [REDACTED]  
City: EL PASO State: TX  
Zip: [REDACTED] County: EL PASO

You have chosen to use an address that could not be validated by the US Postal Service (USPS). This sometimes happens in areas where there is a lot of new construction, and sometimes if an address is on a private road.

If the address you provided is correct, please provide the additional information requested below and click the Continue button to proceed. If this address is not correct, you can choose to go back and change the address.

You may need to contact the person who submitted the address to verify. This is the address in the standardized format that you have chosen to use:

#### Reason for using non-validated address:

(Maximum 500 characters only)



Continue

25. Click the Continue button. If you selected the option “Use the validated address provided by the US Postal Service (USPS), shown here:” the *Address Validation Status* will show as Validated. If you selected the option “Go back to the previous page to correct the address and revalidate”, you will need to correct the address, click the Validate Mailing Address button, and complete the address validation process again. If you selected the option “Use the address that you originally provided, shown here:” the *Address*

*Validation Status* will show as Not Validated and the *Reason Address Not Validated* will display the reason entered in the **Address Validation** page.

26. If the AH is going to contract with Child Protective Services, select the appropriate relation to children being placed (Relative, Fictive Kin, and/or Unrelated) in the **For CPS Contractors Only** section.

Note: The options in the remaining portion of the page will change based on the relation option chosen.

27. If *Relative* or *Fictive Kin* (by itself or with another relationship type) is selected, enter an appropriate date in the *Date Verification Process Started* text box.

Note: The system automatically selects the *Home in FH Application Status* check box and disables all the fields in the **Operation Services** section.

### For CPS Contractors Only

Foster Parent's  
Relationship to Children  
being Placed: ?

- ☒ Relative  
☒ Fictive Kin  
☐ Unrelated

Home in FH Applicant  
Status:

☒

Date Verification Process  
Started:




i.e. mm/dd/yyyy , mm-dd-yyyy



28. If *Unrelated* is selected by itself or no selection is made, enter appropriate information in the following mandatory fields: *Initial Verification Date*, *Total Capacity*, *Foster Care Capacity*, *Type of Agency Home*, *Gender*, and *Age Range*.

**Operation Services**

Initial Verification Date:    
i.e. mm/dd/yyyy , mm-dd-yyyy

Total Capacity:

Foster Care Capacity:

Agency Home Capacity:

Type of Agency Home:

Child Care Services:

Treatment Services Provided:

Special Services:

For CPS Contractors only:

Agency Home Demographics:

Gender: ☐ Male ☐ Female

Age Range: From:  To:

(checking these checkboxes is for information only, not for payment purposes)

[Back to Provider Main Page](#)

29. Enter information in the following fields, if applicable: *Child Care Services*, *Treatment Services Provided*, *Special Services*, and *For CPS Contractors Only*.

Note: To clear any entries you've made on this page without exiting, click Reset. To return to the previous page click the Back button. To abort the Submit Initial Report process entirely, click the Back to Provider Main Page link; you will be returned to the **Child-Placing Agency Main Page** and any information you have entered will NOT be saved.

30. Click the Continue button.
31. Review the AH information on the **Confirm Initial Report** page.
32. If any information needs to be changed click the Back button and correct the information, then click the Continue button again.

**Important: Please print this confirmation page for your records by clicking [here](#)**

[Back to Provider Main Page](#)

33. If the information is accurate check the check box at the bottom of the page to indicate you agree with the affirmation statements.
34. Click the "here" link to print the confirmation page.
35. Click the Submit Initial Report button. This takes you to the **Child-Placing Agency Main Page**.
- Note: If you click the Cancel Initial Report button or the Back to Provider Main Page hyperlink you are returned to the **Child-Placing Agency Main Page** and any information you have entered will NOT be

saved.

**Check to affirm** ☒ By checking the preceding box, you affirm that your designated child placement management staff has approved the home for the exact verification restrictions indicated in your electronically submitted report. **Further, you affirm that the information submitted contains no willful misrepresentation and is true and complete to the best of your knowledge.**

**Important: Please print this confirmation page for your records by clicking [here](#)** **To Print**

**To submit**    [Back to Provider Main Page](#)

36. On the **Child-Placing Agency Main Page**, a confirmation message is displayed in red text at the top of the page and the AH will display in the **Online Agency Home Add/Change History** section with the *Request Type* as Initial and the *Status* as Submitted. If *Relative* and/or *Fictive Kin* was selected for the relationship type a box with a check mark will display under the *App Hm* column for the AH.

**Your request has been submitted**

**Online Agency Home Add/Change History**

Request Type	Agency Home Name/Number	Date Submitted	Status	App Hm	#Days App Status
Initial		12/06/2017	Submitted	<input checked="" type="checkbox"/>	
Initial		12/01/2017	Submitted		
Initial		12/01/2017	Submitted	<input checked="" type="checkbox"/>	
Initial		09/18/2017	Accepted		
Initial		09/14/2017	Accepted		
Change		09/01/2017	Accepted		
Change		08/16/2017	Accepted		
Change		08/04/2017	Accepted		
Change		07/14/2017	Accepted		
Change		07/10/2017	Accepted		

Check box displayed for Relative or Fictive Kin

## SUBMIT SUBSEQUENT ACTIONS/CHANGES

The **Submit Subsequent Actions/Changes** page allows any Child-Placing Agency (CPA) user with an account to submit an Agency Home Change Request online. A change request may be submitted to indicate that an Applicant Foster Home has been changed to a Verified Foster Home or record a reason why the verification process was not completed, and it can be used to indicate that a home is now inactive or has relinquished its verification. It also allows the user to submit changes to the home's address, phone number, and/or name. Status of change requests can be viewed on the **Child-Placing Agency Main Page**.

## INSTRUCTIONS TO SUBMIT SUBSEQUENT ACTIONS/CHANGES

1. On the **Child-Placing Agency Main Page** click on the “Submit Subsequent Actions/Changes” link in the **Select an Action** section of the page. This takes you to the **Select an Agency Home** page which displays a list of your operation’s active agency homes.

Child Placing Agency Main Page

DFPS Home > Child Care > Search Texas Child Care > CPA > This Page

Child Care Licensing

Currently logged in as: [name] [Logout]

**ABOUT**

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- Information for Parents
- Information for Providers

**FIND CHILD CARE**

- Search Texas Child Care
- FAQ

**CHILD SAFETY**

- Child Safety Campaigns

Operation Name: [text box]

Operation Number: [text box]

E-mail Address: [text box]

**Select an Action**

- [Submit Initial Report \(Form 2953\)](#)
- [Submit Subsequent Actions/Changes](#)
- [Search Closed Foster Homes Database](#)
- [Back to Provider Main Page](#)

2. If you need to search for an agency home, either enter the agency home’s operation number in the *Operation Number* field or enter the agency home’s name in the *Operation Name* field and then click the Search button.
3. Select an Agency Home, by clicking the radio button to the left of the agency home operation number.

Currently logged in as: [name] [Logout]

Operation Number: [text box]

Operation Name: [text box]

Enter Operation Number or Name, then click search

Search

\*\*Select an Operation then click the Update button.  
Or select an operation in the list, then click Update

If the Home is in Applicant Status for more than 180 days, Action is required.

Select	Operation #	Name	Address	Initial Verification	Verification Amended	App Hm	#Days App Status
<input type="radio"/>	[blurred]	[blurred]	[blurred]	02/21/2011	08/24/2011		
<input type="radio"/>	[blurred]	[blurred]	[blurred]	07/28/2010			
<input type="radio"/>	[blurred]	[blurred]	[blurred]	09/28/2004			
<input type="radio"/>	[blurred]	[blurred]	[blurred]	10/05/2007			
<input type="radio"/>	[blurred]	[blurred]	[blurred]	08/30/1996			

Update Reset

4. Click the Update button. This takes you to the **Agency Home Change Request** page.

# Agency Home Change Request

DFPS Home > Child Care > Search Texas Child Care > CPA > This Page

Currently logged in as: [Logout]

## Child Care Licensing

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- Information for Providers

**FIND CHILD CARE**

- Search Texas Child Care
- FAQ

**CHILD SAFETY**

- Child Safety Campaigns
- Hotlines

**SERVICE PROVIDERS**

- Provider Login & Background Checks
- Standards & Regulations
- Enforcement

**DAY CARE**

- Become a Day Care Provider
- Day Care Licensing

**24-HOUR RESIDENTIAL CARE**

- Become a 24-Hour Residential Care Provider
- 24-Hour Residential Care Licensing
- Licensed Administrators

**MORE CHILD CARE LICENSING**

- FAQ
- Forms
- Background Checks
- Contact Us

## Agency Home

[Back to Select an Agency Home](#)

Agency Home Number:

New Branch Number:

Enter 0 to move from the current branch to the main CPA

### Home Details

Marital Status:

Foster parents are now being linked to their foster homes via each persons social security number (SSN). Please use the space below to search for each foster parent/caregiver in this home and link them to the home using their SSNs. If the information pre-fills, please ensure that it is accurate and current. Caregivers must only be Verified Foster Parents.

**ATTENTION:** If caregiver information displayed on this page does not match your records, please click the "Clear Caregiver" button to clear the incorrect entry and enter the correct caregiver information. We apologize for any inconvenience this has caused.

#### Caregiver #1 Details

SSN:  ☐ No SSN Exists

First Name:

Middle Name:

Last Name:

Suffix:

Gender:

Date of Birth:

Race:

Ethnicity:

#### Caregiver #2 Details

SSN:  ☐ No SSN Exists

First Name:

Middle Name:

Last Name:

Suffix:

Gender:

Date of Birth:

Race:

Ethnicity:

[Back to Provider Main Page](#)

5. Make appropriate changes to the following fields:
- New Branch Number** – enter a different branch number in this field to move the agency home to a different branch or enter the number zero move the agency home to the main CPA
  - Marital Status** – select a new marital status using the Marital Status drop-down menu
  - Race** – select a new race for either Caregiver # 1 or Caregiver # 2 using the Race drop-down menu in the Caregiver # 1 Details and/or Caregiver # 2 Details sections
  - Ethnicity** – select a new ethnicity for either Caregiver # 1 or Caregiver # 2 using the *Ethnicity* drop-down menu in the **Caregiver # 1 Details** and/or **Caregiver # 2 Details** sections
- Note: If the information in the *First Name*, *Middle Name*, *Last Name*, *Suffix*, *Gender*, and/or *Date of Birth* is incorrect in the **Caregiver # 1 Details**, you will need to click the Clear Caregiver # 1 button. This will clear the information for the caregiver and allow you to search for the caregiver by entering the caregiver's SSN or checking the *No SSN Exists* check box then clicking the Search button. If the information in the *First Name*, *Middle Name*, *Last Name*, *Suffix*, *Gender*, and/or *Date of Birth* is incorrect in the **Caregiver # 2 Details**, you will follow the same process. If you

- need to add a caregiver in **Caregiver # 2 Details** section you will search for a caregiver by entering the caregiver's SSN or checking the *No SSN Exists* check box, clicking the Search button, selecting the appropriate caregiver on the **Search Results** page, and clicking the Confirm button; you may need to select the appropriate race from the *Race* drop-down menu.
6. Once the appropriate changes have been made, or if no changes are needed, click the Continue button. This takes you to the second screen of the **Agency Home Change Request** page.
  7. If the Agency Home is in App Hm status and the *Relative* and/or *Fictive Kin* relationship is marked in the For CPS Contractors Only section of the page you will need to:
    - a. Uncheck the *Unrelated* relationship type if it is checked
    - b. Scroll down to the bottom of the page and click the Continue button. This will enable the fields in the **Operation Services** section.
    - c. Then continue at step 8

Note: The page will display a list of required fields that need to be updated.
  8. Make appropriate changes to the following sections/fields:
    - a. **Location Address** – make changes as needed; once changes are entered you will need to click the Validate Location Address and validate the address
    - b. **Mailing Address** – make changes as needed; once changes are entered you will need to click the Validate Mailing Address and validate the address
    - c. *Telephone #* - make changes as needed
    - d. *Name and Phone Number of CPA Staff Person responsible for this Agency Home* – this field must be completed
    - e. **For CPA Contractors Only** – make changes as needed
    - f. **Operation Services** – this section must be completed
      - i. Enter the appropriate *Total Capacity*
      - ii. Enter the appropriate *Foster Care Capacity*
      - iii. If the home goes on inactive status, enter that date in *Inactive Date*; if the home is going off of inactive status, remove the *Inactive Date*
      - iv. Select the appropriate *Agency Home Capacity*
      - v. Select the appropriate *Type of Agency Home*
      - vi. Select the appropriate *Treatment Services Provided*, as needed
      - vii. Select the appropriate *Special Services*, as needed
      - viii. Select the appropriate *Gender* (you may select Male or Female, or both)
      - ix. Enter the appropriate *Age Range*
      - x. If the home has relinquished its verification, select the appropriate *Reasons for Relinquishment*
      - xi. Select either 'Yes' or 'No' for whether the *Foster home closed with an investigation pending*
    - g. **Type of Change Made** – this section must be completed.
      - i. Select the appropriate change type – if the agency home was in App Hm status only the "Applicant Home Verified (For CPS Contractors Only)" option will be available for selection
      - ii. Enter the effective date in the *Effective Date of Change* field

Note: Use the Reset Type of Change button to remove the selection and date entered in this section. Use the Reset button to undo changes made in the rest of the page. Use the Back button to go back to the first **Agency Home Change Request** page screen

(Note: changes entered will not be saved when the Back button is clicked).

Reset Type of Change

Continue Back Reset

9. Once appropriate changes have been made click the Continue button. This takes you to the **Agency Home Change Request – Confirmation** page. Changes requested will be indicated by two asterisks and red text.

Currently logged in as: [redacted] [Logout]

Text in RED with \*\* indicate changes requested

**Agency Home**

[redacted]

**Caregiver Details**

Marital Status: Married Couple

Caregiver #1  
SSN: xxx-xx-[redacted]

Caregiver #2  
SSN: xxx-xx-[redacted]

**Agency Home Information**

Agency Home Number: [redacted]  
New Branch Number: [redacted]  
Agency Home Name: [redacted]  
Location Address: [redacted]  
County: [redacted]  
Validation Status: [redacted]

Directions to Operation

Mailing Address: [redacted]  
County: [redacted]  
Validation Status: Validated  
Telephone #: (555) 555-5555 Ext: \*\*  
Name and Phone Number of Person Submitting the Form: [redacted]

10. Review the AH information on the **Agency Home Change Request – Confirmation** page.
11. If any information needs to be changed click the Back to Change Request link and correct the information, then click the Continue button again.

☐ By checking the preceding box, you affirm that your designated child placement management staff has approved the home for the exact verification restrictions indicated in your electronically submitted report. Further, you affirm that the information submitted contains no willful misrepresentation and is true and complete to the best of your knowledge.


Important: Please print this confirmation page for your records by clicking [here](#)


Submit Request [Back to Change Request](#) [Back to Provider Main Page](#)


12. If the information is accurate check the check box at the bottom of the page to indicate you agree with the affirmation statements.
13. Click the “here” link to print the confirmation page.



14. Click the Submit Request button.

 ☒ By checking the preceding box, you affirm that your designated child placement management staff has approved the home for the exact verification restrictions indicated in your electronically submitted report. Further, you affirm that the information submitted contains no willful misrepresentation and is true and complete to the best of your knowledge.

Important: Please print this confirmation page for your records by clicking [here](#) 

  [Back to Change Request](#) [Back to Provider Main Page](#)

15. On the **Child-Placing Agency Main Page**, a confirmation message is displayed in **red** text at the top of the page and the AH will display in the **Online Agency Home Add/Change History** section with the *Request Type* as Change and the *Status* as Submitted.

**Your request has been submitted**

**Online Agency Home Add/Change History**

Request Type	Agency Home Name/Number	Date Submitted	Status	App Hm	#Days App Status
Change		12/07/2017	Submitted		
Change		08/24/2011	Accepted		
Initial		02/21/2011	Accepted		
Initial		01/10/2011	Error E3*		
Initial		12/01/2010	Accepted		
Change		07/28/2010	Accepted		
Change		07/20/2010	Accepted		
Change		01/16/2008	Accepted		
Initial		10/08/2007	Accepted		
Change		01/03/2007	Accepted		

## SEARCH CLOSED FOSTER HOMES DATABASE

The **Search Closed Foster Home Database** page enables any Child-Placing Agency (CPA) user with an account to search for foster homes that have previously closed using either the caregiver's SSN and Date of Birth (DOB) or the Foster Home Name.

## INSTRUCTIONS TO SEARCH CLOSED FOSTER HOMES DATABASE

1. On the **Child-Placing Agency Main Page** click on the “Search Closed Foster Homes Database” link in the **Select an Action** section of the page. This takes you to the **Search Closed Foster Home Database** page.

Child Placing Agency Main Page

DFPS Home > Child Care > Search Texas Child Care > CPA > This Page

Child Care Licensing

ABOUT

- Child Care Licensing
- Information for Parents
- Information for Providers

FIND CHILD CARE

- Search Texas Child Care
- FAQ

CHILD SAFETY

- Child Safety Campaigns

Operation Name: [text box]

Operation Number: [text box]

E-mail Address: [text box]

Select an Action

- [Submit Initial Report \(Form 2953\)](#)
- [Submit Subsequent Actions/Changes](#)
- [Search Closed Foster Homes Database](#)
- [Back to Provider Main Page](#)

Currently logged in as: [Logout]

2. Either enter a caregiver’s SSN and DOB in the appropriate fields, or a partial or full name in the Foster Home Name field.

SSN: [text box] Example (xxxxxxxx)

OR

Foster Home Name: [text box]

DOB: [text box]

Search Reset

[How to Search the Closed Foster Home Database ?](#)

3. Click the Search button. The results will display in the **Search Results** section (you may need to scroll down to view this section).
- Note: If you search by SSN and DOB most likely only one result will be returned; if you search by name most likely more results will be returned.

### Search Results

DISCLAIMER: This database is based on information provided to DFPS by licensed child-placing agencies. Please contact your Licensing Representative if you have a concern about the accuracy of any information contained in this database. In addition, locating information will not display for any foster home known by Licensing to be participating in the Attorney General's address confidentiality program.

Foster Parent Name	Location	County	Foster Home Telephone
[hyperlink], Michelle	[redacted]	[redacted]	[redacted]

<< < Page 1 of 1 > >>

4. Click on the “Foster Parent Name” hyperlink to view more information concerning the Foster Home. This takes you to the **Closed Foster Home Details** page.

Foster Home Name:  
Location Address:  
County  
Foster Home Telephone:  
Status:

Agency Name	Agency Contact Person	Agency Contact #	Date Verified with Agency	Date Relinquished from Agency	Reason for Relinquishment	Investigation Pending

# SUBMIT BACKGROUND CHECK

The **Child-Care Licensing Background Check Request** page allows an account administrator or user to enter and submit a Background Check (BGC) request.

## INSTRUCTIONS TO SUBMIT A BACKGROUND CHECK

### BACKGROUND CHECK REQUEST

1. On the **Child Care Licensing Account Main Page**, click on the “Submit Background Check” hyperlink in the **Select an Action** section.

**NOTE:** Names, identification numbers, phone numbers, addresses, etc. in this section are fictitious.

**NOTE:** If a renewal BGC is due for an existing employee, click on the [“Renew Background Check for {Employee Name}”](#) message in the **Message Board** and continue with step 4.

**TEXAS Health and Human Services**

Search is not available on this page.

**Child-Care Licensing Account Main Page**

DFPS Home > Child Care > Search Texas Child Care > Child-Care Licensing Account Main Page

**Child Care Licensing**

Currently logged in as: [trainingcenter](#) [Logout]

**ABOUT**

- Child Care Licensing
- Information for Parents
- Information for Providers

**FIND CHILD CARE**

- Search Texas Child Care
- FAQ

**CHILD SAFETY**

- Child Safety Campaigns
- Hotlines
- Serious Injuries Report

**SERVICE PROVIDERS**

- Provider Login & Background Checks
- Standards & Regulations
- Enforcement

**DAY CARE**

- Become a Day Care Provider

Operation Name: **The Training Center**  
Operation Number: **1105786**  
E-mail Address: **class\_test@testing.com**

Operation Type: **General Residential Operation**  
Program Provided: **Multiple Services**

**Select an Action**

- [Access Your Compliance History & Inspection History](#)
- [Submit Background Check](#)
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- [Add / Update / View Controlling Persons](#)
- [Add / Update Additional Users](#)
- [Update Governing Body / Administrator Designation](#)
- [Submit Permit Renewal](#)

**Message Board**

Due Date	Message
11/4/2018	<a href="#">Renew Background Check for Kathy Trainer</a>
11/4/2018	<a href="#">Renew Background Check for Kathy Trainer</a>
11/15/2018	<a href="#">Confirm Employment Ineligibility Notification for Daniel Trainer, 6/22/1970</a>
11/17/2018	<a href="#">Validate Employee List</a>
11/28/2018	<a href="#">Confirm Employment Ineligibility Notification for Daniel Trainer, 4/22/1972</a>
11/30/2018	<a href="#">Renew Background Check for Matt Trainer</a>
11/30/2018	<a href="#">Renew Background Check for Syssy Trainer</a>
12/24/2018	<a href="#">Submit Permit Renewal Application</a>

2. Select the “Yes” or “No” radio button for the question: "Does this person have a Social Security Number?". If “Yes” is selected, continue to step 3. If “No” is selected, continue to step 5.  
**NOTE:** If the person has a Social Security Number (SSN), it **must** be provided. Failure to provide a person’s SSN is considered providing false information and could disqualify the person from employment.

3. If the “Yes” radio button was selected indicating the person has an SSN, additional fields will display. Enter the person’s SSN in the “SSN” and “Confirm SSN” fields.
4. Enter the person’s “Date of Birth” and “Gender”, and click “Continue.”  
**NOTE:** Please verify the information entered against the person’s identification documents.

**NOTE:** If the SSN entered is found, but the Date of Birth or Gender provided do not match the information on file with CCL, a warning message is displayed, as shown in the screenshot below. Corrections must be made before the background check can be submitted. Review the person’s identification documents and correct the information entered, if needed. If information entered is correct, contact your CBCU representative for further assistance.

⚠ The information provided does not match the identification details on file for this person with Child Care Licensing. Please review the information you entered against this person's identification documents for accuracy. If the information entered is correct, please contact your CBCU representative for assistance. If you are unsure of who your CBCU representative is, you may find this information on the CBCU webpage at [http://www.dfps.state.tx.us/Background\\_Checks](http://www.dfps.state.tx.us/Background_Checks) or contact the CBCU Support Line at 1-800-645-7549.

5. Verify the “Type of Check” submitted and update as needed.
  - Select *Initial* for an initial background check request
  - Select *Renewal* for a renewal background check request




The screenshot shows the Texas Health and Human Services website. The main heading is "Child-Care Licensing Account Background Check Request". Below this, there's a section for "Request Background Check". The instructions state: "Complete the identifying information below for each person who requires a background check. You must verify that the information you submit is accurate by reviewing the person's identification documents. You must enter the person's current name and all names the person has used in the past (such as maiden name). It is important that you submit each of the person's names to ensure the accuracy of results. For additional information regarding the background checks, see [http://www.dfps.state.tx.us/Background\\_Checks/FAQ/faq\\_licensing.asp](http://www.dfps.state.tx.us/Background_Checks/FAQ/faq_licensing.asp)".

The form fields are:

- Operation Name: **The Training Center**
- Operation Type: **General Residential Operation**
- Operation Number: **1105786**
- Program Provided: **Multiple Services**
- E-mail Address: **class\_test+f\_id\_609471@tech-consortium.com**

Below the form, there's a "Type of Check" dropdown menu with options "Initial" and "Renewal". The "Initial" option is selected. Below this is a "Person Details" section.

## Person Details

6. Enter the person’s current name in the *First Name*, *Middle Name*, *Last Name*, and *Name Suffix* fields.
  - Enter all additional names the person currently uses or has used in the past in the *Alternate Names* section by selecting “Add Alternate Name.” Enter the information on the new row in the “Alternate Names” table and then click the check mark  to save the entry. To cancel adding this alternate name, click the red X mark . To remove a row from the “Alternate Names” table, click on the trash icon .

**NOTE:** Failure to provide known alternate names is considered providing false information related to the background check and could disqualify the person from employment.

Person Details

First Name:

Middle Name:

Last Name:

Name Suffix:

Alternate Names:

Enter all aliases, including the person's maiden name (if applicable)

Add Alternate Name

First Name	Middle Name	Maiden or Last Name	Suffix	Action
Kathleen		Trainer		
<input type="text" value="Kathy"/>		<input type="text" value="Smith"/>	<input type="text" value="Choose"/>	

## Identification Details

- Verify the person's SSN, if entered.

**NOTE:** If the answer to the question "Does this person have a Social Security Number?" or the SSN entered are inaccurate, you must restart the background check submittal process by returning to the **Child Care Licensing Account Main Page** and selecting the "Submit a Background Check" hyperlink.

- Select "Yes" or "No" to the question "Does this person have a Driver's License or State Issued Identification number?"
  - If "Yes" is selected, select the type of ID from the *ID Type* dropdown, enter the *ID #*, and select the state the ID was issued from the *State* dropdown.

**NOTE:** Please verify the information entered against the person's identification documents.

- If "No" is selected to both questions "Does this person have a Social Security Number?" and "Does this person have a Driver's License or State Issued Identification number?", enter an Alternate Identification for the person by selecting one of the available options in the *Alternate ID Type* dropdown and entering the *Alternate ID #*.

**NOTE:** Please verify the information entered against the person's identification documents.

**NOTE:** If the person does not have a SSN, DL/State ID, or one of the Alternate ID Type options available, you must contact your CBCU representative for further assistance.

**Identification Details**

Does this person have a Social Security Number? ☒ Yes ☐ No \*

*If this person has been issued a Social Security Number (SSN), it must be provided to ensure the background check results is valid. If this person does not have a SSN, you must enter a valid Driver's License, State Issued Identification, or alternate identification type.*

*Please verify the Social Security number against the person's Social Security card.*

SSN:  \* i.e. xxx-xx-xxxx Confirm SSN:  \* i.e. xxx-xx-xxxx

Does this person have a Driver's License or State Issued Identification number? ☒ Yes ☐ No \*

*Please verify the Driver's License or State Issued Identification number against the person's identification card.*

ID Type:  \* ID #:  x \* ID State:  \*

*Please verify the alternate identification number against the person's identification card.*

Alternate ID Type:  Alternate ID #:

### Demographic Details

10. Enter the person's Date of Birth and select the person's Gender, if not previously entered.  
**NOTE:** Please verify the information entered against the person's identification documents.
11. Select the person's Ethnicity and Race.

**Demographic Details**


Date of Birth:  \* i.e. mm/dd/yyyy Gender: ☐ Male ☒ Female \*

Ethnicity: ☐ Hispanic ☒ Not Hispanic ☐ Unable to Determine \*



Race: ☐ American Indian/Alaskan Native ☐ Asian ☐ Black \*  
☐ Native Hawaiian/Pacific Islander ☒ White ☐ Unable to Determine

**Address Details**

### Address Details

12. Enter the person's current address. To validate the address, follow the instructions starting with step 22 in the [SUBMIT INITIAL REPORT \(FORM 2953\)](#) section of this manual.
13. If the person previously lived in other cities in Texas, enter all city names in the "Other Cities of Residence in Texas" field.
14. If the person lived outside of Texas in the last five years, check the "Out-of-State Residence in the US in the Last 5 Years" check box to display the "Other States" section.
15. Enter all states outside of Texas the person has lived in the last five years by clicking "Add State" to enable the "State" list. Select the "State" from the list and click the check mark  to add it to the list. To cancel



adding a state, click the red X mark . To remove a row from the “Other States” list , click on the trash icon  .

**NOTE:** Failure to provide all other states of residency in the last 5 years is considered providing false information related to the background check and could disqualify the person from employment.

Address Details

Address Line 1:

701 W 51ST ST \*

Address Line 2:

City:

AUSTIN \*

State:

Texas ▼

County:

TRAVIS ▼ \*

Zip Code:

78751 - 2312 \*

You may need to disable pop-up blocker before validating address.

Validate Address

Please validate the address before proceeding

Address Validation Status:

Validated

Reason Address Not Validated:

Other Cities of Residence in Texas:


Corpus Christi

Out-of-State Residence in the US in the Last 5 Years:

☒

Other States:

+ Add State

State	Action
Louisiana	

Contact Information

## Contact Information

16. Click the radio button for the “Person’s Contact Method for Fingerprint Scheduling.”

17. Enter the person’s phone number.

18. Enter the person’s email address.

**NOTE:** If “Email” is selected as the “Person’s Contact Method for Fingerprint Scheduling”, then the “Email” is required.

**NOTE:** Providing a personal email address is highly recommended for **all** individuals to encourage prompt and consistent communication. Do **NOT** enter the email address of the operation in the Person Email Address field.

Contact Information

Person's Contact Method for Fingerprint Scheduling:
☒ Phone
☐ Email

Phone #:
( 512 ) 345 - 6789 \*
*i.e. (Area Code) Prefix - Suffix*

Please enter this person's email address. Do NOT enter the operation's email address. Providing an email address will allow notifications requiring action from this person to be received quickly.

Email:
dtrainer\_12345@emailaddress.com
x

Role Details

## Role Details

19. Select the role requested for the person from the available options in the “Person’s Role at the Operation:” dropdown.  
**NOTE:** The available options are specific to the applicable roles for each type of operation.
20. If the person’s role is: “Contracted Service Provider”, “Staff/Employee”, “Frequent/Regular Visitor”, or “Volunteer”, you **must** enter additional details about the person’s Job Duties or Title.
21. Select the person’s relationship with the children being placed in the home for the question “Foster Parent’s or Adoptive Parent’s Relationship to Children being Placed at time of Background Check?” (CPA’s ONLY).
22. Select “Yes” or “No” for the question “Will this person be supervised by a caregiver who is counted in child-caregiver ratio?”.
23. Select all applicable checkboxes for the question “What age(s) of children will this person be caring for?”.
24. Click **Continue**. Continue to the [Background Check Request Confirmation](#) page to submit the request.  
**NOTE:** Clicking the “Reset” button clears all of the entries you’ve made on the page and returns it to the state it was in when you first accessed this page.

Role Details

Person's Role at the Operation:
Frequent/Regular Visitor
\*
Select the most appropriate role for this person

Job Duties/Title:
Assist with occasional physical education activities for children.
\*

Will this person be supervised by a caregiver who is counted in the child-caregiver ratio? (The supervising caregiver should be an employee of your operation or a caregiver in a foster and/or adoptive home who is otherwise able to have unsupervised access to children in your care, and who is not restricted from supervising others.)
☒ Yes
☐ No
\*

What age(s) of children will this person be caring for? (Select all that apply)
☐ 0 - 17 months old
☐ 3 years - 4 years
☒ 14 years - 17 years
☐ N/A
\*
☐ 18 months - 2 years
☒ 5 years - 13 years
☐ Over 17 years

Relationship to Children:
Unrelated
\*

Reset
Continue

## BACKGROUND CHECK REQUEST CONFIRMATION

After the “Continue” button is selected on the **Background Check Request** page, the Background Check Request Confirmation displays.

1. Verify the information entered is complete and accurate.  
**NOTE:** If additional edits are needed, click the “Edit Request” button to return to the **Background Check Request** page.
2. Review the authorization statements displayed in the **Identification Details** section and select the checkbox confirming you are authorized to submit the background check and the person is required to have a background check on file with CCL.

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Request Background Check Confirmation

Currently logged in as: [jankins@hhs.texas.gov](#)

Please verify that the information you have entered is accurate by reviewing the person's identification documents. If you are sure the information is correct to the best of your knowledge, review the authorization statement below and submit the request. You may wish to [print this page for your records](http://www.dhs.state.tx.us/Background_Checks/FAQ/faq_licensing.asp). For additional information regarding background checks, see [http://www.dhs.state.tx.us/Background\\_Checks/FAQ/faq\\_licensing.asp](http://www.dhs.state.tx.us/Background_Checks/FAQ/faq_licensing.asp).

Operation Name: **The Training Center**    Operation Type: **General Residential Operation**  
Operation Number: **1105786**    Program Provided: **Multiple Services**  
E-mail Address: **class\_test+f\_id\_609471@tech-consortium.com**

Type of check: **Initial**

Person Details

Name:

Daniel Trainer

Alternate Names:

Danny Trainer, Jr, Danny Boy Trainer

Identification Details

Does this person have a Social Security Number?

Yes

SSN:

854-63-0000

Does this person have a Driver's License or State Issued Identification Number?

Yes

ID Type:

Driver's License

ID #:

000036458

ID State:

Texas

Demographic Details

Date of Birth:

4/22/1972

Gender:

Male

Ethnicity:

Not Hispanic

Race:

American Indian/Alaskan Native

Address Details

Address Line 1:

7000 N MO PAC EXPY

Address Line 2:

STE 150

City:

AUSTIN

State:

Texas

County:

TRAVIS

Zip Code:

78731 - 3277

Address Validation Status:

Validated

Reason Address Not Validated:

Other Cities of Residence in Texas:

Corpus Christi

Out-of-State Residence in the US in the Last 5 Years:

Yes

Other States:

State

Louisiana

Contact Information

Person's Contact Method for Fingerprint Scheduling:

Email

Phone #:

(512) 345-6789

Email:

dboy\_trainer\_12345@gmail.com

Role Details

Person's Role at the Operation:

Staff/Employee

Job Duties/Title:

Plan, coordinate, and oversee organized physical education activities for children.

Will this person be supervised by a caregiver who is counted in the child-caregiver ratio?

No

What age(s) of children will this person be caring for?

5 - 13 Years, 14 - 17 Years

Authorization

☒ By checking the preceding box, I verify that:

- I am authorized to submit this background check request for the operation identified on this form and that I have confirmed that the information I am submitting is correct to the best of my knowledge. I have viewed the person's identification documents and confirmed that the documents match the information that I am submitting to the HHSC for this background check. I understand the HHSC may contact others and, at any time, seek proof of any information contained here. I understand that any omission of required information or willful misrepresentation may disqualify the person from being present at this operation and/or result in the HHSC taking an enforcement action against this operation, and


- The person identified on this form must have a background check at the operation identified on this form. I understand the HHSC may contact others and, at any time, seek proof of this person's affiliation with my operation. I understand any unauthorized background check submission may result in the HHSC taking enforcement action against this operation and/or reporting the submission to law enforcement for further investigation.

Edit Request

Submit Request

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# TEXAS

## Health and Human Services

[Report Abuse](#)

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# Child-Care Licensing Account Main Page

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## Child Care Licensing

Currently logged in as: [trainingcenter](#) ([Logout](#))

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**Your Background Check Request has been submitted!**

You will receive notification of eligibility for this person to be present at your operation when required background check types have been completed. The status of this background check can be viewed on the Background Check History webpage of your online provider account.

If you have questions on the background check process, please visit the CBCU webpage at [http://www.dfps.state.tx.us/Background\\_Checks](http://www.dfps.state.tx.us/Background_Checks)

Operation Name: **The Training Center**

Operation Number: **1105786**

E-mail Address: **class\_test+f\_id\_609471@tech-consortium.com**

Operation Type: **General Residential Operation**

Program Provided: **Multiple Services**

**Select an Action**

  - [Access Your Compliance History & Inspection History](#)
  - [Submit Background Check](#)
  - [Online Background Check History](#)
  - [Submit Waiver / Variance](#)
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  - [Add / Update / View Controlling Persons](#)
  - [Add / Update Additional Users](#)
  - [Update Governing Body / Administrator Designation](#)
  - [Submit Permit Renewal](#)

**Message Board**

Due Date	Message
11/15/2018	<a href="#">Confirm Employment Ineligibility Notification for Daniel Trainer, 6/22/1970</a>
11/30/2018	<a href="#">Renew Background Check for Josephine Tester</a>
11/30/2018	<a href="#">Renew Background Check for Justa Tester</a>
11/30/2018	<a href="#">Renew Background Check for Matt Tester</a>
11/30/2018	<a href="#">Renew Background Check for Syssy Tester</a>

# ONLINE BACKGROUND CHECK HISTORY

The **Online Background Check History** page allows a user to:

- View details for all background checks submitted by the operation and take appropriate actions for each of the associated persons
- Inactivate an individual that is no longer associated with the operation
- Inactivate an individual background check if a person is no longer associated in a particular role.
- Validate the Employee List

## INSTRUCTIONS TO ACCESS ONLINE BACKGROUND CHECK HISTORY

1. On the **Child-Care Licensing Account Main Page**, click on the “Online Background Check History” hyperlink in the **Select an Action** section.

The screenshot displays the Texas Health and Human Services Child-Care Licensing Account Main Page. At the top, there is a navigation bar with links to various services. The main header includes the Texas Health and Human Services logo and a search bar. Below the header, the page title "Child-Care Licensing Account Main Page" is prominently displayed. A breadcrumb trail shows the user's path from the DFPS Home to the Child-Care Licensing Account Main Page. The page is currently logged in as "trainingcenter". The main content area is divided into several sections. On the left, there is a sidebar with categories: ABOUT, FIND CHILD CARE, CHILD SAFETY, SERVICE PROVIDERS, and DAY CARE. The central area displays operation details: Operation Name: The Training Center, Operation Number: 1105786, and E-mail Address: class\_test@testing.com. Below this, there is a "Select an Action" menu with several options, including "Online Background Check History" which is highlighted. To the right of the "Select an Action" menu is a "Message Board" section containing a table of messages with columns for Due Date and Message. The messages include notifications for renewals and confirmations.

Due Date	Message
11/4/2018	<a href="#">Renew Background Check for Kathy Trainer</a>
11/4/2018	<a href="#">Renew Background Check for Kathy Trainer</a>
11/15/2018	<a href="#">Confirm Employment Ineligibility Notification for Daniel Trainer, 6/22/1970</a>
11/17/2018	<a href="#">Validate Employee List</a>
11/28/2018	<a href="#">Confirm Employment Ineligibility Notification for Daniel Trainer, 4/22/1972</a>
11/30/2018	<a href="#">Renew Background Check for Matt Trainer</a>
11/30/2018	<a href="#">Renew Background Check for Syssy Trainer</a>
12/24/2018	<a href="#">Submit Permit Renewal Application</a>

2. The **Online Background Check History** page displays a list of all persons currently associated with the operation. Each row displays:
  - Name: the person's name
  - Date of Birth: the person's DOB

- Employment Status: the status of the individual's association with the operation
- Employment Status Date: the date the "Employment Status" was determined
- Date Last Submitted: the date the person's last BGC was submitted
- Conditions?: whether there are any "Conditions" to the person's employment
- Ineligible?: whether the person is Ineligible to be present at the operation.

**NOTE:** The list of persons may be filtered by "Name," "Employment Status," or "Date Last Submitted."

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TEXAS

Health and Human Services

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Search is not available on this page.

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24-HOUR RESIDENTIAL CARE

- Become a 24-Hour Residential Care Provider
- 24-Hour Residential Care Licensing

Operation Name: The Training Center

Operation Type: General Residential Operation

Operation Number: 1105786

Program Provided: Multiple Services

E-mail Address: class\_test@testing.com

Currently logged in as: trainingcenter (Logout)

Online Background Check History

Last Validation: 11/17/2017

Validate Employee List

Print List

Filter

Filter By:

☒ Name
☐ Employment Status
☐ Date Last Submitted

From Date:


To Date:

Starts With: t

Go

Clear

Name	DOB	Employment Status	Employment Status Date	Date Last Submitted	Conditions?	Ineligible?
Trainer, Daniel	6/22/1970	Pending <div>Inactivate</div>	10/31/2018	10/31/2018	No	Yes
Trainer, Kathy	8/8/1945	Active <div>Inactivate</div>	10/3/2018	10/3/2018	No	No
Trainer, Mab	12/4/1945	Active <div>Inactivate</div>	11/6/2018	10/29/2018	No	No
Trainer, Matt	9/9/1999	Pending <div>Inactivate</div>	11/8/2018	11/8/2018	No	No
Trainer, Syssy	5/6/1978	Pending <div>Inactivate</div>	11/16/2018	11/16/2018	No	No
Trainer, Burl	10/6/1948	Inactive	10/15/2018	10/3/2018	No	Yes
Trainer, Daniel	4/22/1972	Inactive	12/4/2018	11/20/2018	No	Yes
Trainer, Josephine	5/6/1977	Inactive	11/17/2018	11/9/2018	No	Yes
Trainer, Justa	8/8/1988	Inactive	11/17/2018	11/8/2018	No	No
Trainer, Teresa	3/8/1984	Inactive	10/3/2018	10/3/2018	No	No

- Click the  symbol to view additional information about the BGCs submitted for that person. This list shows details about the background check including:
  - Date Submitted: the date each BGC was submitted
  - Role: the “Role” for which the BGC was submitted
  - Eligibility: the current status of the person’s Eligibility to be present in the Role displayed
  - Eligibility Start Date: the date the eligibility displayed started
  - Eligibility End Date: the date the eligibility ended
  - Conditions: Details of any “Conditions” that may exist

I am
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## Child Care Licensing

Currently logged in as: [trainingcenter](#) [Logout](#)

Operation Name: **The Training Center**    Operation Type: **General Residential Operation**  
 Operation Number: **1105786**    Program Provided: **Multiple Services**  
 E-mail Address: **class\_test@testing.com**

**Online Background Check History** Last Validation: 11/17/2017

[Validate Employee List](#) [Print List](#)

**Filter**

Filter By: ☒ Name ☐ Employment Status ☐ Date Last Submitted

From Date:  To Date:  Starts With:

Name	DOB	Employment Status	Employment Status Date	Date Last Submitted	Conditions?	Ineligible?
Trainer, Daniel	6/22/1970	Pending <input type="button" value="Inactivate"/>	10/31/2018	10/31/2018	No	Yes
Trainer, Kathy	8/8/1945	Active <input type="button" value="Inactivate"/>	10/3/2018	10/3/2018	Yes	No

Date Submitted	Role	Eligibility	Eligibility Start Date	Eligibility End Date	Conditions
10/3/2018	<a href="#">Volunteer</a>	Eligible	11/4/2017	<input type="button" value="Inactivate Role"/>	This person must never be left in charge of the operation. This person must never be left alone with a child or group of children enrolled in your operation, including during transportation. This person must never be allowed to transport children enrolled in the licensed center during operation hours.
11/3/2017	<a href="#">Licensed Administrator</a>	Eligible	5/25/2016	11/3/2017	
2/13/2017	<a href="#">Licensed Administrator</a>	Eligible	2/13/2017	<input type="button" value="Inactivate Role"/>	This person must never be left in charge of the operation. This person must never be left alone with a child or group of children enrolled in your operation, including during transportation. This person must never be allowed to transport children enrolled in the licensed center during operation hours.
5/24/2016	<a href="#">Licensed Administrator</a>	Eligible	12/5/2015	5/24/2016	
12/4/2015	<a href="#">Licensed Administrator</a>	Eligible	5/29/2015	12/4/2015	
5/28/2015	<a href="#">Licensed Administrator</a>	Eligible	2/18/2014	5/28/2015	
2/17/2014	<a href="#">Licensed Administrator</a>	Eligible	10/26/2011	2/17/2014	

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## INACTIVATE A PERSON OR ROLE

### INSTRUCTIONS TO INACTIVATE A PERSON

If a person is no longer associated with the operation, the person must be inactivated using the following instructions:

1. Click on the “Inactivate” button in the **Employment Status** column of the person. Clicking the button displays a confirmation dialog box.

Name	DOB	Employment Status	Employment Status Date	Date Last Submitted	Conditions?	Ineligible?
Trainer, Daniel	6/22/1970	Pending <b>Inactivate</b>	10/31/2018	10/31/2018	No	Yes
Trainer, Kathy	8/1/1970	Pending			Yes	No

Message from webpage

You are about to change the Employment Status for this person. Do you wish to continue?

OK Cancel

Date Submitted	Role
10/3/2018	Volunteer

This person must never be allowed to transport children

2. Click the appropriate button to “Confirm” or “Cancel” the inactivation. If inactivation is confirmed, the person’s “Employment Status” is updated to “Inactive,” and the person’s “Employment Status Date” and “Eligibility End Date” for all background checks are set to the current date.

Name	DOB	Employment Status	Employment Status Date	Date Last Submitted	Conditions?	Ineligible?
Tester, Josephine	5/6/1977	Inactive	11/17/2018	11/9/2018	No	No

Date Submitted	Role	Eligibility	Eligibility Start Date	Eligibility End Date	Conditions
11/9/2018	Staff/Employee	Cancelled	11/17/2018	11/17/2018	Standard conditions for provisional eligibility apply.

Tester, Justa	8/8/1988	Pending <b>Inactivate</b>	11/8/2018	11/8/2018	No	No
Tester, Matt	9/9/1999	Pending <b>Inactivate</b>	11/8/2018	11/8/2018	No	No
Tester, Syssy	5/6/1978	Pending <b>Inactivate</b>	11/16/2018	11/16/2018	No	No




## INSTRUCTIONS TO INACTIVATE A ROLE

If a person is still associated with the operation but is no longer working in a specified role submitted with a background check, the role can be inactivated using the following instructions:

1. Click the “Inactivate Role” button in the Eligibility End Date column of the background check associated with the role to be inactivated. Clicking the button displays a confirmation dialog box.

Name	DOB	Employment Status	Employment Status Date	Date Last Submitted	Conditions?	Ineligible?
⊕ Trainer, Daniel	6/22/1970	Pending <input type="button" value="Inactivate"/>	10/31/2018	10/31/2018	No	Yes
⊖ Trainer, Kathy	8/8/1945	Active <input type="button" value="Inactivate"/>	10/3/2018	10/3/2018	Yes	No

Date Submitted	Role	Eligibility	Eligibility Start Date	Eligibility End Date	Conditions
10/3/2018	<a href="#">Volunteer</a>				<div>Message from webpage</div> <div> You are about to end this person's affiliation with your operation in this role. Do you wish to continue?</div> <div><input type="button" value="OK"/> <input type="button" value="Cancel"/></div>
11/3/2017	<a href="#">Licensed Administrator</a>				
2/13/2017	<a href="#">Licensed Administrator</a>	Eligible	2/13/2017	<input type="button" value="Inactivate Role"/>	


2. Click the appropriate button to “Confirm” or “Cancel” the role inactivation. If you confirm the role inactivation, the “Eligibility End Date” for the selected BGC is set to the current date.

**NOTE:** If all BGCs for a person are inactivated, then the person’s “Employment Status” is updated to “Inactive” and the “Employment Status Date” is set to the current date.

Name	DOB	Employment Status	Employment Status Date	Date Last Submitted	Conditions?	Ineligible?
Tester, Josephine	5/6/1977	Inactive	11/17/2018	11/9/2018	No	No
Tester, Justa	8/8/1988	Inactive	11/17/2018	11/8/2018	No	No
Date Submitted	Role	Eligibility	Eligibility Start Date	Eligibility End Date	Conditions	
11/8/2018	<a href="#">Volunteer</a>	Cancelled	11/17/2018	11/17/2018		
Tester, Matt	9/9/1999	Pending <input type="button" value="Inactivate"/>	11/8/2018	11/8/2018	No	No
Tester, Syssy	5/6/1978	Pending <input type="button" value="Inactivate"/>	11/16/2018	11/16/2018	No	No

## VALIDATE EMPLOYEE LIST

To remain federally compliant, CCL must maintain an accurate account of an individual's employment in child care. Each operation is notified by email and on the [Message Board](#) 30 days prior to when the employee list must be validated. Validation of the employee list can be completed at any time; however, listed, licensed, and registered child-care homes must complete the validation process at least once every year and all other operation types must complete the validation process at least once every quarter.



**TEXAS**  
 Health and Human Services

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# Online Background Check History

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## Child Care Licensing

Currently logged in as: [trainingcenter](#) ([Logout](#))

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**OPERATION INFO**

Operation Name: **The Training Center**  
 Operation Number: **1105786**  
 E-mail Address: **class\_test@testing.com**

Operation Type: **General Residential Operation**  
 Program Provided: **Multiple Services**

**Online Background Check History**

[Last Validation: 11/17/2017](#)

[Validate Employee List](#)
[Print List](#)

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**DAY CARE**

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- [Day Care Licensing](#)

**24-HOUR RESIDENTIAL CARE**

- [Become a 24-Hour Residential Care Provider](#)
- [24-Hour Residential Care Licensing](#)

**Filter**

Filter By: ☒ Name ☐ Employment Status ☐ Date Last Submitted

From Date:  To Date:  Starts With: 

[Go](#)
[Clear](#)

Name	DOB	Employment Status	Employment Status Date	Date Last Submitted	Conditions?	Ineligible?
Trainer, Daniel	6/22/1970	Pending <a href="#">Inactivate</a>	10/31/2018	10/31/2018	No	Yes
Trainer, Kathy	8/8/1945	Active <a href="#">Inactivate</a>	10/3/2018	10/3/2018	Yes	No
Trainer, Mab	12/4/1945	Active <a href="#">Inactivate</a>	11/6/2018	10/29/2018	No	No
Trainer, Matt	9/9/1999	Pending <a href="#">Inactivate</a>	11/8/2018	11/8/2018	No	No
Trainer, Syssy	5/6/1978	Pending <a href="#">Inactivate</a>	11/16/2018	11/16/2018	No	No
Trainer, Burl	10/6/1948	Inactive	10/15/2018	10/3/2018	No	Yes
Trainer, Daniel	4/22/1972	Inactive	12/4/2018	11/20/2018	No	Yes
Trainer, Josephine	5/6/1977	Inactive	11/17/2018	11/9/2018	No	Yes
Trainer, Justa	8/8/1988	Inactive	11/17/2018	11/8/2018	No	No
Trainer, Teresa	3/8/1984	Inactive	10/3/2018	10/3/2018	No	No

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## INSTRUCTIONS TO VALIDATE EMPLOYEE LIST

1. Ensure the list of people is up to date by:
  - a. Ensuring background checks have been submitted for all individuals affiliated with the operation, and
  - b. [Inactivating](#) individuals who are no longer associated with the operation
2. After making sure that all persons on the **Online Background Check History** page have the correct statuses displayed, click on the “Validate Employee List” button. Clicking on this button displays a confirmation dialog box.

**Online Background Check History** Last Validation: 11/17/2017


[Validate Employee List](#) [Print List](#)

**Filter**

Filter By: ☒ Name ☐ Em

From Date:

Message from webpage

 This action will validate the employee list for this operation. Continue?

<a href="#">Name</a>	<a href="#">DOB</a>	<a href="#">Employment Status</a>	<a href="#">Date Last Submitted</a>	<a href="#">Conditions?</a>	<a href="#">Ineligible?</a>
Trainer, Daniel	6/21/1976	Pending Inactivate	10/31/2018	No	Yes

3. Click the appropriate button to “Confirm” or “Cancel” the validation. If you confirm the validation, the “Last Validation” date is updated to the current date.

**Online Background Check History** Last Validation: 12/4/2018

[Validate Employee List](#) [Print List](#)

**Filter**

Filter By: ☒ Name ☐ Employment Status ☐ Date Last Submitted

From Date:  To Date:  Starts With:

<a href="#">Name</a>	<a href="#">DOB</a>	<a href="#">Employment Status</a>	<a href="#">Employment Status Date</a>	<a href="#">Date Last Submitted</a>	<a href="#">Conditions?</a>	<a href="#">Ineligible?</a>
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## SUBMIT WAIVER / VARIANCE

The **Waiver and Variance Request Main Page** allows certain users with an online account to create and submit child-care waiver/variance requests online. These requests are automatically transmitted to Child Care Licensing overnight. Certain users with an online account can also view a history of their operation's waiver/variance requests, including the status of the requests and any conditions for approval. If a waiver/variance request is rejected, a short explanation is provided to indicate the reason for the rejection.

## INSTRUCTIONS TO SUBMIT WAIVER / VARIANCE

1. Logon to your Child Care Licensing account. You will be sent to the **Child-Care Licensing Account Main Page**.
2. Click on the **Submit Waiver/Variance** hyperlink in the **Select an Action** box. You will be sent to the **Waiver and Variance Request Main Page**.

Child-Care Licensing Account Main Page

DFPS Home > Child Care > Search Texas Child Care > Child-Care Licensing Account Main Page

Child Care Licensing

Operation Name: **Toddler Town** Operation Type: **Child Placing Agency**  
Operation Number: **1382328-7281** E-mail Address: **chase\_bond@toddertown.com**

Currently logged in as: [username] [Logout]

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- Become a Day Care Provider

**Select an Action**

- Access Your Compliance History & Inspection History
- Access CPA Main Page
- Submit Background Check
- Online Background Check History
- Submit Waiver / Variance**
- Update Provider Vacancies
- Emergency Behavior Intervention
- Manage Operation Email Account & Manager Information
- Add / Update / View Controlling Persons
- Add / Update Additional Users
- Update Governing Body / Administrator Designation
- Submit Permit Renewal

**Message Board**

Due Date	Message
6/1/2018	<a href="#">Submit Permit Renewal Application</a>

3. On the **Waiver and Variance Request Main Page**, click the **Submit Waiver/Variance Request** hyperlink. You will be sent to the **Child Care Waiver/Variance Request** page.



## Waiver and Variance Request Main Page

DFPS Home > Child Care > Search Texas Child Care > Child-Care Licensing Account Main Page > Waiver and Variance

### Child Care Licensing

Currently logged in as: [username] [Logout](#)

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- Become a Day Care Provider
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#### 24-HOUR RESIDENTIAL CARE

- Become a 24-Hour Residential Care Provider
- 24-Hour Residential Care Licensing
- Licensed Administrators

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Operation Name: **Crashley 2 Crapney Academy** Operation Type: **Licensed Center**  
Operation Number: **000070** Program Provided: **Child Care Program**  
E-mail Address: **crashley2academy@crashley2academy.com**

#### Select an Action

- [Back to Child-Care Licensing Account Main Page](#)
- [Submit Waiver/Variance Request](#)

- Evaluation of your Waiver/Variance Request and recommendations by Licensing staff will be completed within 15 days from the date completed Waiver/Variance was submitted.
- After Licensing staff evaluates and makes recommendations, the supervisor will review the request along with Licensing staff's recommendations within 15 days of notification.
- An update will be available on the Waiver/Variance Request Main page within 15 days from the Licensing staff received the completed Waiver/Variance Request (including photographs, diagrams, etc).
- If the Waiver/Variance is granted, you will receive notification via electronic e-mail stating the decision to grant the request and include time limits and conditions.
- If the Waiver/Variance Request is denied, you will receive notification via electronic e-mail, stating the reason for denial. Notification will include your right to review by the director of Licensing or designee within 15 days of receiving the notice.
- If you have additional questions, please contact your Licensing Representative or visit our Frequently Asked Questions at: [https://www.dfps.state.tx.us/Child\\_Care/Information\\_for\\_Providers/default.asp](https://www.dfps.state.tx.us/Child_Care/Information_for_Providers/default.asp)

#### Active Waiver/Variance Requests

No Longer Needed	Standard/Rule	Weight	Brief Description	Original Receive Date	Effective Date	Expiration Date	Status	Admin Review Status	Conditions	Result
	<a href="#">746.4803</a>	Medium	Measurement of Use Zone for Stationary Equipment	02/07/2017		01/01/2019	Denied - Impacts Children's Health/Safety	Overturned	Y	No longer needed
	<a href="#">746.2405(2)</a>	Medium High	Infant Care Area Furnishings and Equipment - Non-walking Infant	06/25/2013	07/22/2013	07/22/2015	Granted		Y	New w/v request

**Note:** Links to previously submitted or saved drafts of waiver/variance requests are provided in the Standard/Rule column. A link is also provided to take you [Back to Child-Care Licensing Account Main Page](#). Also, when it is applicable, a check box will display in the **No Longer Needed** field. If the listed waiver/variance is no longer needed, click the check box and then click **Save** at the bottom of the page.

4. On the **Child Care Waiver/Variance Request** page, click on the **Search** button for *Search for Minimum Standard Number Request*. The **Search Standard** window will popup.

## Child Care Waiver/Variance Request

DFPS Home > Child Care > Search Texas Child Care > Child-Care Provider Main Page > Submit Waiver/Variance

Currently logged in as: [User] [Logout]

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"Texas law gives you the right to know what information is collected about you by means of a form you submit to a state government agency. You can receive and review this information, and request that incorrect information about you be corrected by contacting your licensing representative."

**TO BE COMPLETED BY THE PROVIDER OR DESIGNEE**

Operation Number :   
Operation Type :   
Operation/Caregiver Name :   
Name of the Governing Body Representative :   
Telephone No. (A/C) :   
Address of Governing Body Representative :   
City :   
State :   
Zip :

Search and select a minimum standard/rule number that you are requesting a waiver/variance for :?  
**(Note: A separate request form must be completed for each operation and minimum standard number.)**

**Search for Minimum Standard Number Request :**  ←

Brief Description :

Yes ☐ No ☐ Is this request related to an Agency Home or an Agency Home applicant?

If request relates to an Agency Foster Family or Agency Home applicant, search and select the home.

**Agency Home**

Number of Children in Care  Ages   
Numeric numbers only or age range ex: 1-5

**CPS Contractors Only**  
How are these children related to foster parent? (Check all that apply): ☒ Relative ☐ Fictive Kin ☐ Unrelated

Give the name of the caregiver or the name and date of birth of the child this request applies to, if applicable

How does this impact the safety of the children?

Specifically, describe how you do not, or would not, meet the minimum standard and WHY

If you believe that it is not economically practical for you to comply with this minimum standard, explain WHY, and include a cost estimate in your answer.

Until when do you need the waiver or variance? (specify a month, day and year)

Why do you need this length of time?

How do you propose to protect the children in your care if you are not meeting the minimum standard?

Identify steps you will take to meet this minimum standard by the time the waiver or variance expires?

If additional supporting documentation is being provided with this request (photos, legal documents, etc), please select delivery method(s). **IMPORTANT: Please include your Operation Name and Number on all supporting documentation.**


**Delivery Method :** ☐ E-mail ☐ Mail ☐ Fax ☐ Hand Delivered

[Back to Provider Main Page](#)

5. Enter a **Keyword** in the field provided, and/or make a selection for **Section** using the drop-down menu. Click the **Search** button. A list of standards will appear in the table.

Search Standard

Keyword

Section {CHOOSE} 

Standard	Weight	Description
No data to display		


Search

Reset

6. Click a **link** in the Standard column for the **Standard** for which you are requesting a waiver/variance.

Search Standard

Keyword

Section {CHOOSE} 

Standard	Weight	Description
<a href="#">749.105(1)</a>	Medium	Personnel policies-Develop a written organizational chart showing administrative/professional/staffing structures and lines of authority

Search

Reset

**Note:** To clear any values entered for Keyword or Section, and keep the popup window open, click **Reset**.



7. You will be returned to the **Child Care Waiver/Variance Request** page, and your selection will now be shown on that page.

## Child Care Waiver/Variance Request

DFPS Home > Child Care > Search Texas Child Care > Child-Care Provider Main Page > Submit Waiver/Variance

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**TO BE COMPLETED BY THE PROVIDER OR DESIGNEE**

Operation Number :  
Operation Type :  
Operation/Caregiver Name :  
Name of the Governing Body Representative :  
Telephone No. (A/C) :  
Address of Governing Body Representative :  
City :  
State : TX  
Zip :

Search and select a minimum standard/rule number that you are requesting a waiver/variance for :?  
**(Note: A separate request form must be completed for each operation and minimum standard number.)**

Search for Minimum Standard Number Request : 749.105(1)  Selected Standard appears here

Brief Description : Personnel policies-Develop a written organizational chart showing administrative/professional/staffing structures and lines of authority

Yes ☐ No ☐ Is this request related to an Agency Home or an Agency Home applicant?

If request relates to an Agency Foster Family or Agency Home applicant, search and select the home.

**Agency Home**

Click Search to select related Agency Foster Family or Agency Home applicant

Number of Children in Care

Ages  
Numeric numbers only or age range ex: 1-5

**CPS Contractors Only**

How are these children related to foster parent? (Check all that apply): ☐ Relative ☐ Fictive Kin ☐ Unrelated

Give the name of the caregiver or the name and date of birth of the child this request applies to, if applicable

How does this impact the safety of the children?

Specifically, describe how you do not, or would not, meet the minimum standard and WHY

8. **For CPA Operation Types Only:** Select the **Yes** or **No** radio buttons for the question: *"Is this request related to an Agency Home or an Agency Home applicant?"* If the request does relate to an Agency Foster Family or Agency Foster Group Home, click the **Search** button to search for and select the home.



The following popup window follows:

Agency Homes

Name	Number	Address	City, State Zip
			HASLET, TX 76052
			HOWE, TX 75459
			ANNA, TX 75409
			MCKINNEY, TX 75071
			DALLAS, TX 75220
			DALLAS, TX 75243
			MESQUITE, TX 75181
			WAXAHACHIE, TX 75165
			FORT WORTH, TX 76179
			SAGINAW, TX 76179

Page 1 of 3 (30 items)

**For CPA Operation Types Only:** Click the link for the correct home under the **Name** column to attach it to the waiver/variance request. You will be returned to the **Child Care Waiver/Variance Request** page, and your selection will now be shown on that page. CPA operations must also enter information in the **Number of Children in Care** and the **Ages** text boxes.

## Child Care Waiver/Variance Request

DFPS Home > Child Care > Search Texas Child Care > Child-Care Provider Main Page > Submit Waiver/Variance

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**TO BE COMPLETED BY THE PROVIDER OR DESIGNEE**

Operation Number :  
Operation Type :  
Operation/Caregiver Name :  
Name of the Governing Body Representative :  
Telephone No. (A/C) :  
Address of Governing Body Representative :  
City :  
State :  
Zip :

Search and select a minimum standard/rule number that you are requesting a waiver/variance for :?  
**(Note: A separate request form must be completed for each operation and minimum standard number.)**

Search for Minimum Standard Number Request : **749.101(2)**

Brief Description : Permit holder responsibilities-Establish the governing body of the agency

Yes ☒ No ☐ Is this request related to an Agency Home or an Agency Home applicant?

If request relates to an Agency Foster Family or Agency Home applicant, search and select the home.

**Agency Home**

Number of Children in Care

Ages  
Numeric numbers only or age range ex: 1-5

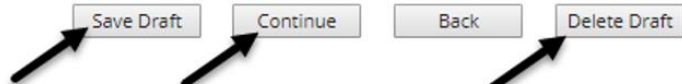
**CPS Contractors Only**  
How are these children related to foster parent? (Check all that apply): ☒ Relative ☐ Fictive Kin ☐ Unrelated

- Complete the additional 8 fields provided on the page including the "Until when do you need the waiver or variance?" date field.

10. At the bottom of the page, select a **Delivery Method** for any additional supporting documentation by using the checkboxes provided.

If additional supporting documentation is being provided with this request (photos, legal documents, etc), please select delivery method(s). **IMPORTANT: Please include your Operation Name and Number on all supporting documentation.**

**Delivery Method :** ☐ E-mail ☐ Mail ☐ Fax ☐ Hand Delivered



[Back to Provider Main Page](#)

11. At the bottom of the page, you will be given four options: Save Draft, Continue, Back, and Delete Draft.
- **Continue:** Clicking the **Continue** button will save the request information, and will take you to the **Child Care Waiver/Variance Request Confirm** page where you can continue submitting the waiver/variance request.
  - **Save Draft:** To save your work as a draft, click the **Save Draft** button. You will be returned to the **Waiver and Variance Request Main Page**, and the draft you saved will appear in the **Active Waiver/Variance Requests** table. To continue working on the draft later, click on the link for that Waiver/Variance Request under the **Standard/Rule** column.
  - **Back:** Clicking the **Back** button will take you back to the **Waiver and Variance Request Main Page** without saving your information. If a draft of the request was saved previously, clicking the **Back** button will return you to the **Waiver and Variance Request Main Page** and will NOT save any information you entered since the last time the page was saved.
  - **Delete Draft:** Clicking the **Delete Draft** button will return you to the **Waiver and Variance Request Main Page**, and your changes will NOT be saved. The waiver/variance request will be deleted.
12. After clicking the **Continue** button, the **Child Care Waiver/Variance Request Confirm** page will display. You will need to review the information for accuracy. If the information you entered is correct, check the Validation checkbox at the bottom of the page (highlighted below). Click the **Submit Request** button when you are finished.

# Child Care Waiver/Variance Request Confirm

## Child Care Licensing

Currently logged in as [username] (Logout)

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#### TO BE COMPLETED BY THE PROVIDER OR DESIGNEE

Operation Number: [redacted]  
Operation Type: [redacted]  
Program Provided: [redacted]  
Operation/Caregiver Name: [redacted]  
Name of the Governing Body Representative: [redacted]  
Telephone No. (A/C): [redacted]  
Address of Governing Body Representative: [redacted]  
City: [redacted]  
State: [redacted]  
Zip: [redacted]

Search for Minimum Standard Number Request: 748.1501(a)(1)

Brief Description: Dental care-Children in care must receive dental care initially according to the requirements in 748.1225

Give the name of the caregiver or the name and date of birth of the child this request applies to, if applicable  
test

How does this impact the safety of the children?  
test

Specifically, describe how you do not, or would not, meet the minimum standard and WHY  
test

If you believe that it is not economically practical for you to comply with this minimum standard, explain WHY, and include a cost estimate in your answer.  
test

Until when do you need the waiver or variance? (specify a month, day and year) 12/29/2017  
Why do you need this length of time?  
test

How do you propose to protect the children in your care if you are not meeting the minimum standard?  
test

Identify steps you will take to meet this minimum standard by the time the waiver or variance expires?  
test

If additional supporting documentation is being provided with this request (photos, legal documents, etc), please select delivery method(s). **IMPORTANT: Please include your Operation Name and Number on all supporting documentation.**

Delivery Method: ☐ E-mail ☐ Mail ☐ Fax ☒ Hand Delivered

☐ By checking the preceding box, you verify that you are the director, owner, or operator of the child care facility submitting this request, and the information on this form contains no willful misrepresentation and that the information given is true and complete to the best of your knowledge. You understand that the Department may contact others and, at any time, seek proof of any information contained here. You understand that any willful misrepresentation is cause for remedial action, up to and including revocation of your permit.

IMPORTANT: Please print this confirmation page by clicking [here](#) and include any supporting documents.

**Note:** To cancel the request click **Cancel Request**. You will be returned to the **Waiver and Variance Request Main Page** and your changes will NOT be saved. To return to the **Child Care Waiver/Variance Request** page to make corrections, click the **Back** button.

13. After submitting the request, you will be taken to the **Waiver and Variance Request Main Page**. A confirmation message of your submission will appear in red text at the top of the page, and your request will appear in the **Active Waiver/Variance Request** table with a status of "Submitted".

# Waiver and Variance Request Main Page

DFPS Home > Child Care > Search Texas Child Care > [Child-Care Provider Main Page](#) > Waiver and Variance

## Child Care Licensing

Currently logged in as: [User Name](#)

### ABOUT

- [Child Care Licensing](#)
- [Information for Parents](#)
- [Information for Providers](#)

### FIND CHILD CARE

- [Search Texas Child Care](#)
- [FAQ](#)

### CHILD SAFETY

- [Child Safety Campaigns](#)
- [Hotlines](#)

### SERVICE PROVIDERS

- [Provider Login & Background Checks](#)
- [Standards & Regulations](#)
- [Enforcement](#)

### DAY CARE

- [Become a Day Care Provider](#)
- [Day Care Licensing](#)

### 24-HOUR RESIDENTIAL CARE

- [Become a 24-Hour Residential Care Provider](#)
- [24-Hour Residential Care Licensing](#)
- [Licensed Administrators](#)

### MORE CHILD CARE LICENSING

- [FAQ](#)
- [Forms](#)
- [Background Checks](#)
- [Contact Us](#)

Waiver/Variance Request has been successfully submitted

Operation Name: [Hogge Cottages, Inc.](#)  
Operation Number: [43-43](#)  
Operation Type: **Child Placing Agency**  
E-mail Address: [chamap@hoggecottages.com](#)

#### Select an Action

- [Submit Waiver/Variance Request](#)
- [Back to Provider Main Page](#)

- Evaluation of your Waiver/Variance Request and recommendations by Licensing staff will be completed within 15 days from the date completed Waiver/Variance was submitted.
- After Licensing staff evaluates and makes recommendations, the supervisor will review the request along with Licensing staffs recommendations within 15 days of notification.
- An update will be available on the Waiver/Variance Request Main page within 15 days from the Licensing staff received the completed Waiver/Variance Request (including photographs, diagrams, etc).
- If the Waiver/Variance is granted, you will receive notification via electronic e-mail stating the decision to grant the request and include time limits and conditions.
- If the Waiver/Variance Request is denied, you will receive notification via electronic e-mail, stating the reason for denial. Notification will include your right to review by the director of Licensing or designee within 15 days of receiving the notice.
- If you have addition questions, please contact your Licensing Representative or visit our Frequently Asked Questions at: [https://www.dfps.state.tx.us/Child\\_Care/Information\\_for\\_Providers/default.asp](https://www.dfps.state.tx.us/Child_Care/Information_for_Providers/default.asp)

#### Active Waiver/Variance Requests

Standard/Rule	Weight	Brief Description	Agency Home	Original Receive Date	Effective Date	Expiration Date	Status	Admin Review Status	Conditions	Result
<a href="#">749.105(1)</a>	Medium	Personnel policies-Develop a written organizational chart showing administrative/professional/staffing structures and lines of authority		10/31/2017		11/01/2017	Submitted			

\*Please check back in 15 days from date submitted for results.  
\*Note: Maximum of 5 drafts can be saved

## The Active Waiver/Variance Requests Table Explained

**Standard/Rule:** Displays the standard or rule to which the waiver/variance request pertains. The number is a link that can be clicked on to access further information for the request or to continue working on a draft.

**Weight:** The weight assigned to that specific standard according to the Minimum Standards.

**Brief Description:** A short summary of the standard or rule.

**Agency Home (CPA Only):** If a waiver/variance request is for a specific Agency Home, the name of that Agency Home will appear in this column.

**Original Receive Date:** The date the waiver/variance request was originally saved as a draft or submitted.

**Effective Date and Expiration Date:** The date range that the waiver/variance request is/was in effect.

**Status:** Displays the current status of the waiver/variance request.

**Admin Review Status:** This column will display the status of the administrative review.

**Conditions:** Will contain a Y (yes) or N (no) if there are any conditions attached to the waiver/variance.

**Result:** This column displays the determination made by Child Care Licensing when ending the Waiver/Variance.

## **UPDATE PROVIDER VACANCIES**

The **Update Provider Vacancies** link is only displayed on the **Child-Care Licensing Account Main Page** for Residential Child Care operations (CPA, GRO, and Independent Foster homes), and can be found in the **Select an Action** box. Clicking on the link will take you to the **Child Placement Vacancy- Provider Update** page. On this page, you will be able to enter or update information for intake and placement purposes, and you will be able to modify any child placement vacancies your operation currently has by updating the Child Placement Vacancy (CPV) database.

The CPV database must be updated each business day, including skeleton crew holidays even if there are no changes entered in the number of vacancies. On the **Provider Update** page, you can click on the **Holidays** button which will navigate you to the **Texas State Auditor's Office** website which contains the current and next fiscal year official state holidays information.

In order to update the CPV database, you must click the **Save** button on two different pages (**Provider Update** and **Provider Vacancy Update**) for the system to record the date and time that you were logged in to the CPV database, otherwise nothing is recorded by the system. Further instructions on how to do this can be found below.

**Note:** Child-Placing Agencies (CPA) with multiple branches must update each branch, excluding administrative branches, as well.

## Child Placement Vacancy Provider Update

If you need assistance or have any questions regarding the Child Placement Vacancy application, please contact [Bridget Crawford](#) at (512) 438-3319.

[Print Version](#)
[Save](#)

[Child-Care Provider Main Page](#)
[Holidays](#)

[Children without Placement](#)
[Moderate Level in RTCs](#)
[Children in Psychiatric Hospital](#)
[Other](#)

Last Updated Date	12/06/2017 03:47 PM		
Operation Number	<input type="text"/>		
Provider Name	<input type="text"/>		
Provider Address	<input type="text"/>		
Type of Facility	General Residential Operation		
Type of Services	Child-Care Services		
Number of Vacancies	<input type="text"/>		
No-Pay Contract	<input type="checkbox"/>		
Intake Email Address	<input type="text"/>	Website Address	<input type="text"/>
Contact Person	<input type="text"/>	Phone	<input type="text"/>
Alt. Contact Person	<input type="text"/>	Phone	<input type="text"/>
After Hours Contact Person	<input type="text"/>	Phone	<input type="text"/>
Alt. After Hours Contact Person	<input type="text"/>	Phone	<input type="text"/>
Anticipated vacancies:	<input type="text"/>	date format (MM/DD/YYYY)	
Contact Comments	<div style="border: 1px solid #ccc; height: 40px; width: 100%;"></div>		

Vacancy Listing record 1 to 1
[Modify Vacancies](#)

County	Service Level	Service Types	Special Needs	Legal Risk	Age Range	Gender	Lang. Spoken	Provider Information	# of Vac.
<input type="text"/>	<input type="text"/>	Child-Care Services	<input type="text"/>	No	3 to 14	Both	<input type="text"/>	Foster Parent's Name: Intake Coordinator's Name: Intake Coordinator's Phone Number: After-Hours Contact Number: Comments:	<input type="text"/>

[Print Version](#)
[Save](#)
[Child-Care Provider Main Page](#)

version 1.0.06.2005qa

The instructions below will help guide you in your daily updating of the number of vacancies at your operation even if you have no changes. It will also help you in adding/updating administrative contact information.

## INSTRUCTIONS TO UPDATE PROVIDER VACANCIES

### NO UPDATES IN NUMBER OF VACANCIES

You are required to log into the Child Placement Vacancy database each business day, including skeleton crew holidays, even if there are no changes in the number of vacancies.

1. Click the **Update Provider Vacancies** hyperlink in the **Select an Action** box on the **Child-Care Licensing Account Main Page**. The **Provider Update** page will open (screenshot above).

- Click the **Modify Vacancies** button and the **Provider Vacancy Update** page will open (screenshot below).

**Child Placement Vacancy  
Provider Vacancy Update**

Vacancy Info - Update												
County	Service Level	Service Types	Special Needs	Legal Risk	Age Range	Gender	Languages Spoken	# of Homes	Provider Information		# of Vacancies	
		Child-Care Services Foster Care Services		Yes	3 to 15	Both			Foster Parent's Name <input type="text"/> Home Type <input type="text"/> Intake Coordinator's Name <input type="text"/> Intake Coordinator's Phone Number <input type="text"/> After-Hours Contact Number <input type="text"/> Comments No comments			<input type="button" value="Delete"/>
		Child-Care Services Foster Care Services		Yes	10 to 12	Female			Foster Parent's Name <input type="text"/> Home Type <input type="text"/> Intake Coordinator's Name <input type="text"/> Intake Coordinator's Phone Number <input type="text"/> After-Hours Contact Number <input type="text"/> Comments No comments			<input type="button" value="Delete"/>

- On the **Provider Vacancy Update** page, if there are no changes in the number of vacancies, click the **Save** button and you will then be returned to the **Provider Update** page. The **Last Updated Date** field will be changed to the current date and time.
- On the **Provider Update** page, click the **Save** button and then click the **Child-Care Licensing Account Main Page** button. The **Child-Care Licensing Account Main Page** will open.

## UPDATING THE NUMBER OF VACANCIES


You are required to log into the Child Placement Vacancy database each business day, including skeleton crew holidays, and update the homes that have a change in the number of vacancies.

- Click the **Update Provider Vacancies** hyperlink in the **Select an Action** box on the **Child-Care Provider Main Page**. The **Provider Update** page will open.
- Click the **Modify Vacancies** button. The **Provider Vacancy Update** page will open.



3. In the **# of Vacancies** column, edit the homes that have a change in the number of vacancies (i.e., enter that day's number of vacancies).

**Child Placement Vacancy  
Provider Vacancy Update**




Save      Back, do NOT Save      Add Blank Row

County	Service Level	Service Types	Special Needs	Legal Risk	Age Range	Gender	Languages Spoken	# of Homes	Provider Information	# of Vacancies
		Child-Care Services Foster Care Services		Yes	3 to 15	Both			Foster Parent's Name Home Type Intake Coordinator's Name Intake Coordinator's Phone Number After-Hours Contact Number Comments No comments	
		Child-Care Services Foster Care Services		Yes	10 to 12	Female			Foster Parent's Name Home Type Intake Coordinator's Name Intake Coordinator's Phone Number After-Hours Contact Number Comments No comments	

Save      Back, do NOT Save      Add Blank Row

4. Click on the **Save** button. The information will be saved, and you will be taken back to the **Provider Update** page. In the **Vacancy Listing** table at the bottom of the **Provider Update** page, verify that the number of vacancies is correct for each home that was updated.

**Vacancy Listing record 1 to 1**



County	Service Level	Service Types	Special Needs	Legal Risk	Age Range	Gender	Lang. Spoken	Provider Information	# of Vac.
		Foster Care Services		Yes	3 to 15	Both		Foster Parent's Name: Intake Coordinator's Name: Intake Coordinator's Phone Number: After-Hours Contact Number: Comments: No comments	

Print Version      Save      Child-Care Provider Main Page

5. Click the **Save** button at the bottom of the page, and then click on the **Child-Care Licensing Account Main Page** button. You will be taken back to the **Child-Care Licensing Account Main Page**.

---

## ADDING/UPDATING ADMINISTRATIVE CONTACT INFORMATION

A new Residential Child Care operation will enter their administrative contact information on the **Provider Update** page. This information can also be updated in the future when there is a need.

Last Updated Date			
Operation Number			
Provider Name			
Provider Address			
Type of Facility			
Type of Services			
Number of Vacancies			
No-Pay Contract			
Intake Email Address		Website Address	
Contact Person		Phone	
Alt. Contact Person		Phone	
After Hours Contact Person		Phone	
Alt. After Hours Contact Person		Phone	
Anticipated vacancies:		date format (MM/DD/YYYY)	
Contact Comments			
<div></div>			

1. Click the **Update Provider Vacancies** hyperlink in the **Select an Action** box on the **Child-Care Provider Main Page**. The **Provider Update** page will open.
2. Once on this page, you will be able to add/update your operation's *Intake Email Address*, *Website Address*, *Contact Person*, an *Alternate Contact Person*, an *After Hours Contact Person*, an *Alternate After Hours Contact Person*, *Phone* numbers for all contact persons, and the next date that you anticipate you will have any vacancies (*Anticipated Vacancies*). There is also a *Contact Comments* box for any further child placement and/or vacancy information you would like to include.
3. Once you have entered/updated this information, click one of the **Save** buttons at the top or bottom of the page.

---

## ADDING/UPDATING & DELETING INDIVIDUAL HOME INFORMATION

A new Residential Child Care operation will add their individual foster home information (foster family and foster group homes for CPAs) or individual cottages/programs (for GROs) on the **Provider Vacancy Update** page. You can also return to this page in the future to update or delete any of the individual rows.

## Child Placement Vacancy Provider Vacancy Update

Save
Back, do NOT Save
Add Blank Row

Vacancy Info - Update										
County	Service Level	Service Types	Special Needs	Legal Risk	Age Range	Gender	Languages Spoken	# of Homes	Provider Information	# of Vacancies
	Basic Moderate Specialized Intense	Child-Care Services Foster Care Services			to		English Spanish French Vietnamese American Sign Language Other		Foster Parent's Name Home Type Intake Coordinator's Name Intake Coordinator's Phone Number After-Hours Contact Number Comments	

Save
Back, do NOT Save
Add Blank Row

### ADDING A ROW

1. Click the **Update Provider Vacancies** hyperlink in the **Select an Action** box on the **Child-Care Licensing Account Main Page**. The **Provider Update** page will open.
2. Click on the **Modify Vacancies** button. The **Provider Vacancy Update** page will open.
3. To add a new row to the list of individual homes, click one of the **Add Blank Row** buttons at the top or bottom of the page. A new row will be added to the **Vacancy Info-Update** table.
4. On the new row, click on the drop down menu under the **County** column, and a list of Texas counties will display. Select the county where the home is located.
5. Under the **Service Level** column, click on the service level of care provided of *Basic*, *Moderate*, *Specialized*, or *Intense* (the background color changes to blue). For multiple service levels of care, click the lowest level of care, press the 'Shift' key and then click the highest level of care.
6. Under the **Service Types** column, select one or more of the types of service offered for that home. To select more than one service type, hold down the 'Ctrl' key on your keyboard, and then click on multiple service types (the background color changes to blue).
7. Under the **Special Needs** column, click on the drop down menu and select one of the options.
8. Under the **Legal Risk** column, click on the drop down menu and select *Yes* or *No*.
9. Under the **Age Range** column, click on the drop down menus and select the age ranges that the home cares for.
10. Under the **Gender** column, click on the drop down menu and select *Female*, *Male*, or *Both*.
11. In the **Languages Spoken** column, click on the language spoken in the home of *English*, *Spanish*, *French*, *Vietnamese*, *American Sign Language*, or *Other*. If *Other* is selected, enter the other language in the text box field. To select more than one languages spoken, hold down the 'Ctrl' key on your keyboard, and then click on multiple languages (the background color changes to blue).
12. In the **# of Homes** column, enter the number of homes the row pertains to (usually 1).
13. Under the **Provider Information** column, enter the following information for each field:
  - *Foster Parent's Name*: first and last name.
  - *Home Type*: Foster Family or Foster Group
  - *Intake Coordinator's Name*: first and last name of the Case Manager and person's title.

- *Intake Coordinator's Phone Number*: enter the complete phone number in the format of 999-999-9999 for the Case Manager.
  - *After-Hours Contact Number*: Enter the complete phone number in the format of 999-999-9999 for the after-hours contact phone number.
  - *Comments*: Enter any comments for this home such as Branch, caretaker stays at home, daycare assistance is required, N/A, None, No Comments, etc.  
For example: "Group home for children with behavioral problems; 24-hour awake supervision; shift workers; on-site therapist; public school; contract psychiatrist; successful with children who have had multiple placement breakdowns."
14. In the **# of Vacancies** column, enter the number of children the home is willing to accept at this time. The number of vacancies and the number they currently serve may not exceed the number for which they are verified, but it can be lower.
  15. To continue adding additional rows, click on the **Add Blank Row** button.
  16. When you have completed adding new rows and their information, click on either of the **Save** buttons at the top or bottom of the page. Your information will be saved, and you will be returned to the **Provider Update** page.
- Note:** You can click one of the **Back, do NOT Save** buttons to return to the **Provider Update** page without saving the changes you've made.
17. On the **Provider Update** page, click the **Save** button and then click the **Child-Care Licensing Account Main Page** button. The **Child-Care Licensing Account Main Page** will open.

## UPDATING A ROW

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1. Click the **Update Provider Vacancies** hyperlink in the **Select an Action** box on the **Child-Care Licensing Account Main Page**. The **Provider Update** page will open.
2. Click on the **Modify Vacancies** button. The **Provider Vacancy Update** page will open.
3. You are now able to update any of the information in the **Vacancy Info-Update** table. See steps 4-14 above.
4. When you have completed updating the information, click on either of the **Save** buttons at the top or bottom of the page. Your information will be saved, and you will be returned to the **Provider Update** page.
5. On the **Provider Update** page, click the **Save** button and then click the **Child-Care Licensing Account Main Page** button. The **Child-Care Licensing Account Main Page** will open.

## DELETING A ROW

---

1. Click the **Update Provider Vacancies** hyperlink in the **Select an Action** box on the **Child-Care Licensing Account Main Page**. The **Provider Update** page will open.
2. Click on the **Modify Vacancies** button. The **Provider Vacancy Update** page will open.

3. Locate the correct row for the individual home you wish to delete. Click on the **Delete** button on the far right of the row. A message box opens stating “Are you sure you want to DELETE this vacancy?” Click the OK button in the message box. The row will then be deleted from the list.
4. Click on either of the **Save** buttons at the top or bottom of the page. Your information will be saved, and you will be returned to the **Provider Update** page. . .
5. On the **Provider Update** page, click the **Save** button and then click the **Child-Care Licensing Account Main Page** button. The **Child-Care Licensing Account Main Page** will open.

**Child Placement Vacancy  
Provider Vacancy Update**

Save
Back, do NOT Save
Add Blank Row

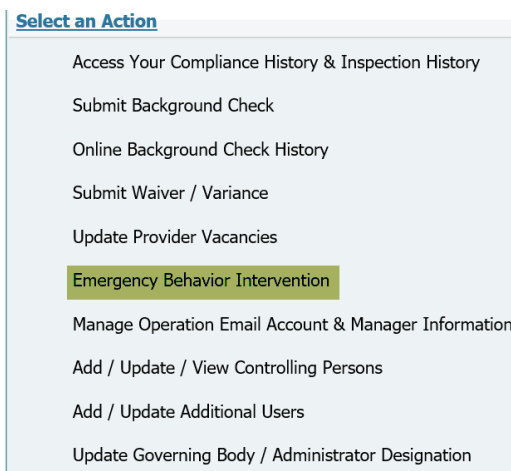
Vacancy Info - Update											# of Vacancies
County	Service Level	Service Types	Special Needs	Legal Risk	Age Range	Gender	Languages Spoken	# of Homes	Provider Information		
<div style="border: 1px solid #ccc; height: 100px;"></div>	<div style="border: 1px solid #ccc; padding: 2px;"> Basic  Moderate  Specialized  Intense </div>	<div style="border: 1px solid #ccc; padding: 2px;"> Child-Care Services </div>	<div style="border: 1px solid #ccc; padding: 2px;"> None </div>	<div style="border: 1px solid #ccc; padding: 2px;"> No </div>	<div style="border: 1px solid #ccc; padding: 2px;"> 3  to  14 </div>	<div style="border: 1px solid #ccc; padding: 2px;"> Both </div>	<div style="border: 1px solid #ccc; padding: 2px;"> English  Spanish  French  Vietnamese  American Sign Language  Other </div>	1	<div style="border: 1px solid #ccc; padding: 2px;"> Foster Parent's Name  Home Type  Intake Coordinator's Name  Intake Coordinator's Phone Number  After-Hours Contact Number  Comments </div>	<div style="border: 1px solid #ccc; padding: 2px; text-align: center;"> Delete </div>	

# **EMERGENCY BEHAVIOR INTERVENTION**

The **Child-Care Provider Emergency Behavioral Intervention** page allows any CPA or GRO user with an online account to report his/her operation's emergency behavioral intervention and view a history of the operation's emergency behavioral intervention.

## **INSTRUCTIONS TO UPDATE EMERGENCY BEHAVIOR INTERVENTION**

1. On the **Child Care Licensing Account Main Page** click on the **Emergency Behavior Intervention** link from the "Select an Action" section



2. **Enter the year** that applies to the information being reported
3. Select which **Quarter of the year** the information is being reported from the drop-down menu
4. Enter a value into the box for **Number of Personal Restraints**. If no restraints were performed in the time period being reported, enter 0.
5. Repeat this process for **Number of Mechanical Restraints**, **Number of Seclusions**, and **Number of times Emergency Medication was administered**. Each box must contain a number for the information to be submitted.
6. **Check** the validation check box.
7. Click **Submit Data**, scroll down to view the report submitted, also included are previously submitted information listed by Quarter.

**Select an Action**[Back to Provider Main Page](#)

\* denotes required field

Year:

 \*

Quarter:

 ▼

Number of Personal Restraints:

 \*

Number of Mechanical Restraints:

 \*

Number of Seclusions:

 \*

Number of times Emergency Medication was Administered:

 \*

In submitting this information to Licensing, your operation affirms that this data is true and correct. The information submitted to Licensing must be based on data available for review at the operation. ☐ \*

Data displayed:

**History**

Year	Quarter	Personal Restraints	Mechanical Restraints	Seclusions	Emergency Medication Administered
2011	1	0	0	0	0
2011	2	0	0	0	0
2011	3	0	0	0	0
2011	4	0	0	0	0
2012	1	0	0	0	0
2012	2	0	0	0	0
2012	3	0	0	0	0
2012	4	0	0	0	0
2016	3	1	0	0	1

## MANAGE OPERATION EMAIL ACCOUNT & MANAGER INFORMATION

The **Manage Operation E-mail and Account Manager Information** page allows account managers to update the operation's e-mail addresses, hours of operation, days of operation, and account manager information.

### INSTRUCTIONS TO MANAGE OPERATION EMAIL ACCOUNT & MANAGER INFORMATION

1. On the Child-Care Provider Main Page click on **Manage Operation Email Account & Manager Information**.

#### Select an Action

Access Your Compliance History & Inspection History

Submit Background Check

Online Background Check History

Submit Waiver / Variance

**Manage Operation Email Account & Manager Information**

Add / Update / View Controlling Persons

Add / Update Additional Users

Update Governing Body / Director Designation

2. To update the email or website address, click on either the **Edit Contact Email**, **Edit Public Email**, **Edit Website Address**, or **Edit Business Phone** hyperlink. Enter a new email address, website address, or phone number, and then click 'Update.'

Contact Information	
Contact Email Address:	<a href="#">Edit Contact Email</a>
Public Email Address:	<a href="#">Edit Public Email</a>
Website Address:	<a href="#">Edit Website Address</a>
Business Phone:	<a href="#">Edit Business Phone</a>

Clicking on **Edit Contact Email** will display the following pop-up box:

Update Contact E-mail Address

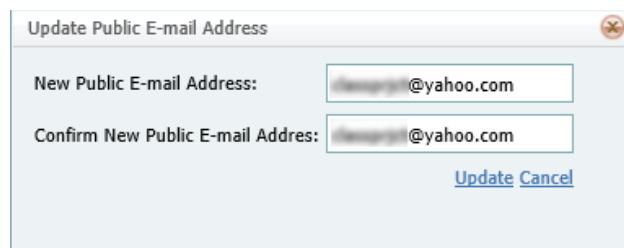
New Contact E-mail Address:

Confirm New Contact E-mail Address:

Update Cancel

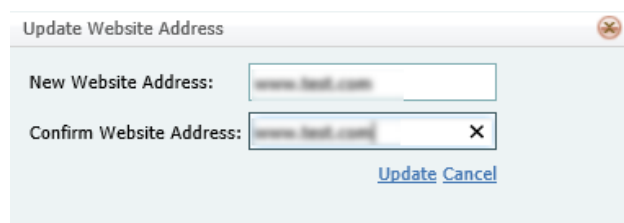


Clicking on **Edit Public Email** will display the following pop-up box:



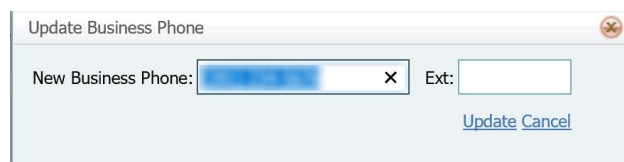
The 'Update Public E-mail Address' pop-up box contains two text input fields. The first field is labeled 'New Public E-mail Address:' and contains the text 'username@yahoo.com'. The second field is labeled 'Confirm New Public E-mail Address:' and also contains 'username@yahoo.com'. Below the fields are two links: 'Update' and 'Cancel'.

Clicking on **Edit Website Address** will display the following pop-up box:



The 'Update Website Address' pop-up box contains two text input fields. The first field is labeled 'New Website Address:' and contains 'www.test.com'. The second field is labeled 'Confirm Website Address:' and also contains 'www.test.com'. Below the fields are two links: 'Update' and 'Cancel'.

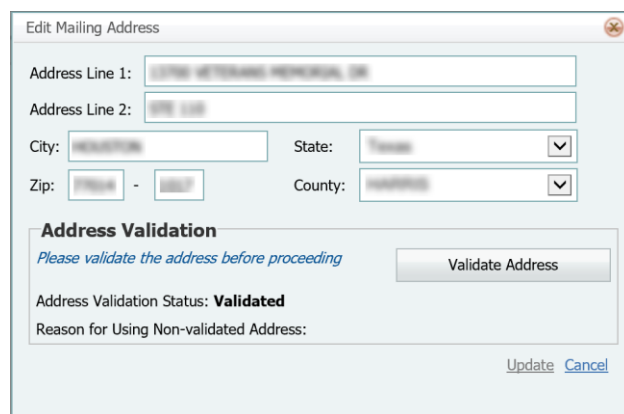
Clicking on **Edit Business Phone** will display the following pop-up box:



The 'Update Business Phone' pop-up box contains two text input fields. The first field is labeled 'New Business Phone:' and contains '1234-5678'. The second field is labeled 'Ext:' and is empty. Below the fields are two links: 'Update' and 'Cancel'.

**Note:** If you click **Cancel**, the information will remain unchanged. The window will close, and you will be returned to the **Manage Operation E-Mail and Account Manager Information** page.

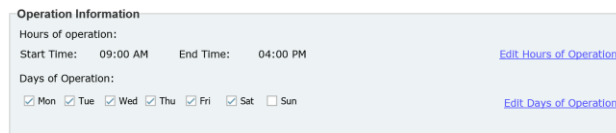
3. To update the Mailing Address, click on **Edit Mailing Address** and the following pop-up box will display:



The 'Edit Mailing Address' pop-up box contains several text input fields and dropdown menus. The fields are labeled 'Address Line 1:', 'Address Line 2:', 'City:', 'State:', 'Zip:', and 'County:'. The 'State' and 'County' fields are dropdown menus. Below the fields is a section titled 'Address Validation' with the text 'Please validate the address before proceeding' and a 'Validate Address' button. Below this section is the text 'Address Validation Status: Validated' and 'Reason for Using Non-validated Address:'. At the bottom right are two links: 'Update' and 'Cancel'.

Enter updates to the mailing address and validate the address. To validate the address, follow the instructions starting with step 22 in the SUBMIT INITIAL REPORT (FORM 2953) section of this manual. Click **Update** to save the changes and return to the **Manage Operation E-Mail and Account Manager Information** page. Click **Cancel** to discard the changes and return to the **Manage Operation E-Mail and Account Manager Information** page.

4. To update the Hours of Operation, click on **Edit Hours of Operation**, edit the hours and click 'Update.'



Operation Information

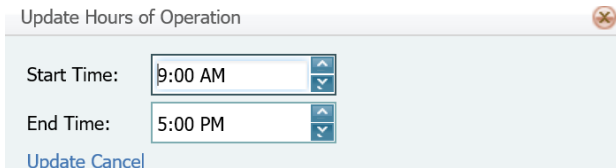
Hours of operation:

Start Time: 09:00 AM End Time: 04:00 PM [Edit Hours of Operation](#)

Days of Operation:

☒ Mon ☒ Tue ☒ Wed ☒ Thu ☒ Fri ☒ Sat ☐ Sun [Edit Days of Operation](#)

Clicking on **Edit Hours of Operation** will display the following pop-up box:



Update Hours of Operation

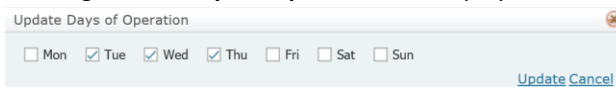
Start Time: 9:00 AM

End Time: 5:00 PM

[Update](#) [Cancel](#)

5. To update the "Days of Operation," click on **Edit Days of Operation**, edit the days and click 'Update.'

Clicking on **Edit Days of Operation** will display the following pop-up box:



Update Days of Operation

☐ Mon ☒ Tue ☒ Wed ☒ Thu ☐ Fri ☐ Sat ☐ Sun [Update](#) [Cancel](#)

6. To update the Account Manager's name, click on **Edit Account**, add/update the new name, and then click 'Update.'



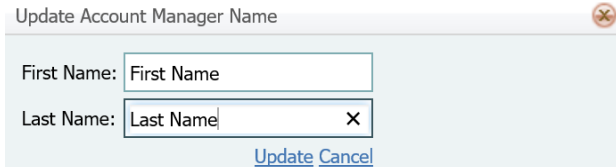
Account Manager Information

First Name:  [Edit Account](#)

Last Name:  [Update Account Manager Password](#)

User ID:

Clicking on **Edit Account** will display the following pop-up box:



Update Account Manager Name

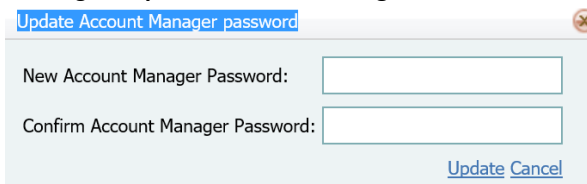
First Name:

Last Name:  X

[Update](#) [Cancel](#)

6. To change the Account Manager's password, click on **Update Account Manager Password**, change the password, and then click 'Update.'

Clicking on **Update Account Manager Password** will display the following pop-up box:



Update Account Manager password

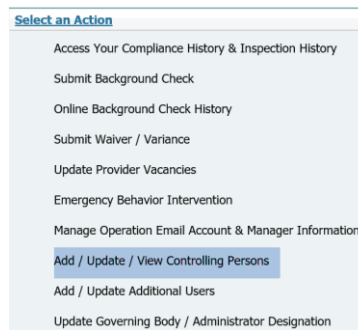
New Account Manager Password:

Confirm Account Manager Password:

[Update](#) [Cancel](#)

## ADD / UPDATE / VIEW CONTROLLING PERSONS

The **Controlling Persons Online History** page allows the account manager to add a new Controlling Person, update an existing Controlling Person, and view a history of Controlling Persons who were submitted within the last two years.



---

## INSTRUCTIONS TO ADD / UPDATE / VIEW CONTROLLING PERSONS

---

### Add New Controlling Person

1. Click the “Add New Controlling Person” hyperlink. This takes you to the **Add New Controlling Person** page.

#### Select an Action

[Add New Controlling Person](#)

[Update/View Existing Controlling Person](#)

[Click here for more information on Controlling Person](#)

[Back to Provider Main Page](#)

2. Add the name currently used by this person. List previous names, including maiden name and previous married names, in the Other Names Used section. Write out the middle name, not just the middle initial.

Controlling Person Details

\*First Name :

Middle Name :

\*Last Name :

Suffix:

▼

\*Individual's Mailing Address :

Apt/Suite#:

\*City :

\*State:

Texas

▼

\*Zip Code :

-

County:

▼

Please validate the address before proceeding

Validate Address

3. Enter the mailing address where the person receives personal mail. The address should not match the operation's address, unless you are a provider of a licensed, registered, or listed family home and the controlling person lives at the home.
4. Validate your address before proceeding, click on the validate address button and select one of the options provided.
5. Enter the person's current phone number.

\*Phone :

(Example: xxxxxxxxxx)

\*DOB :

▼

(Example: mm/dd/yyyy)

SSN:

-

-

Confirm SSN:

-

-

Driver's License State :

Texas

▼

License #:

Confirm License #:

\*Title, Position or Relationship :

▼

\*Effective date of position :

▼

(Example: mm/dd/yyyy)

## Other Names Used (Maiden, Married etc)

Add Name

First Name	Middle Name	Last Name	Suffix
No data to display			

6. Select the appropriate choice:
  - a. Licensed Administrators refer only to Licensed Child Care or Licensed Child-Placing Administrators
  - b. Center Director refers only to a director of a child care center or home
  - c. Primary Caregiver of a Child Care Home, Spouse of Primary Caregiver, and Adult Living in Child Care Home refer only to licensed, registered, or listed child care homes
7. Provide the Effective Date of the Position the person began the role of a controlling person.
8. Click the Continue button
9. Check the box in the Confirmation Statement then click Submit

# Confirmation Statement

☐ By checking, I hereby confirm that 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.

## Form Actions

Submit

Cancel

Back

### UPDATE/VIEW EXISTING CONTROLLING PERSON

1.

Click the “Update/View Existing Controlling Person” hyperlink. This takes you to the **Update / View Active Controlling Person** page.
2.

Click the “Update” hyperlink to the right of the controlling person’s information you want to update. This takes you to the **Update Controlling Person** page.

### Select a Controlling Person to Update:

This list contains only controlling persons who are known to be actively associated with the operation. If you do not see a controlling person on this list, it may be because the person is no longer associated with the operation or because the licensing inspector has not yet processed the person's online submission.

Please contact your licensing inspector if you believe that any controlling persons are missing from this list.

Name	Effective Date of Position	Role	Action
[REDACTED]	[REDACTED]	CEO	<a href="#">Update</a>
[REDACTED]	[REDACTED]	Board Member	<a href="#">Update</a>
[REDACTED]	[REDACTED]	Director	<a href="#">Update</a>

3.

Click Continue after making your updates.
4.

Check the box for the Confirmation Statement then click Submit.

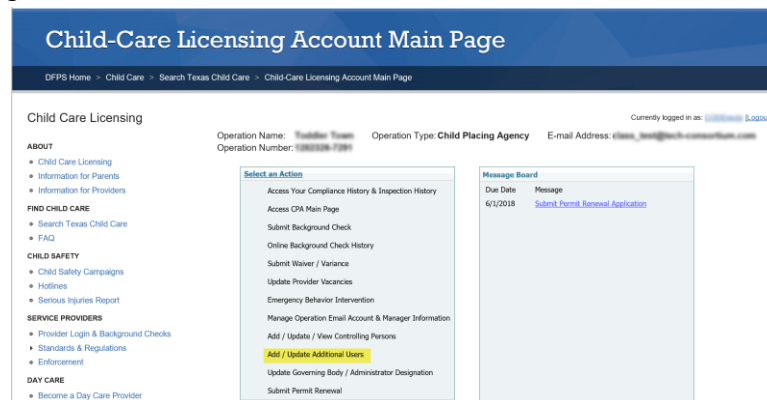
## ADD / UPDATE ADDITIONAL USERS

The **Add / Update Additional Users** link can be found in the **Select an Action** box on the **Child-Care Licensing Account Main Page**. Only the *Account Manager* is able to view and select this link which allows you to add new users to the account giving them access, deleting current users from the account, and changing account users' User IDs, names and passwords.

Please Note: You may only have a maximum of four users at any time (not including the Account Manager). If you have reached your four user maximum, you will be required to delete a current user before adding a new user.

## INSTRUCTIONS TO ADD / UPDATE ADDITIONAL USERS

1. In the **Select an Action** box, click on the **Add / Update Additional Users** link. You will be taken to the **Manage Users** page.



2. On the **Manage Users** page, you are able to view all of the current users for the account except the Account Manager (For instructions on how to view/edit the Account Manager's information, see the [Manage Operation Email Account & Manager Information](#) section of this document). To add a new user to the account, click on the **Add New User(max 4)** button.

# Manage Users

DFPS Home > Child Care > Search Texas Child Care > [Child-Care Provider Main Page](#) > Manage Users

## Child Care Licensing

Currently logged in as: [User] [Logout]

**ABOUT**

- Child Care Licensing
- Information for Parents
- Information for Providers

**FIND CHILD CARE**

- Search Texas Child Care
- FAQ

**CHILD SAFETY**

- Child Safety Campaigns
- Hotlines

**SERVICE PROVIDERS**

- Provider Login & Background Checks
- Standards & Regulations
- Enforcement

**DAY CARE**

- Become a Day Care Provider
- Day Care Licensing

Operation Name: [Redacted]  
 Operation Number: [Redacted]  
 Operation Type: [Redacted]  
 Program Provided: [Redacted]  
 E-mail Address: [Redacted]

**Current User List**

To add/update additional users, click "Add New User". Fill out all required fields (User ID, First Name, Last Name, New Password, and Confirm New Password) and click Update. Once user has been added, their information will display in the Current User List.

To delete a current user, select the "Delete User" hyperlink, on the same row as those persons User ID.

To change the password of a current user, select "Change Password" hyperlink, on the same row as that Persons User ID. Enter a New Password and Confirm New Password in the data fields and click Update.

Please Note: You may only have a maximum of four users at any time. If you have reached your four user maximum, you will be required to delete a current user before adding a new user.

User ID	First Name	Last Name	
[Redacted]	[Redacted]	[Redacted]	<a href="#">Add New User(max 4)</a> <a href="#">Change Password</a>   <a href="#">Delete User</a>

[Go to Child Care Provider Main Page](#)

- After clicking the **Add New User(max 4)** button, the **Edit Form** window will popup. Enter a **User ID**, **First Name**, **Last Name**, **New Password** and **Confirm New Password** in the appropriate fields.

**Note:** A similar popup window will appear for the **Change Password** function.

Edit Form

User ID (Min. 6):\*

First Name:\*

Last Name:\*

New Password (Min. 6):\*

Confirm New Password:\*

Update

Cancel

- Click the **Update** link. You will be returned to the **Manage Users** page, and the new user's information will be listed in the table.

## HOW TO UPDATE A USER'S USER ID, NAME, AND/OR PASSWORD

- In the **Select an Action** box, click on the **Add / Update Additional Users** link. You will be taken to the **Manage Users** page.

# Child-Care Provider Main Page

DFPS Home > Child Care > Search Texas Child Care > Child-Care Provider Main Page

## Child Care Licensing

### ABOUT

- [Child Care Licensing](#)
- [Information for Parents](#)
- [Information for Providers](#)

### FIND CHILD CARE

- [Search Texas Child Care](#)
- [FAQ](#)

### CHILD SAFETY

- [Child Safety Campaigns](#)
- [Hotlines](#)

### SERVICE PROVIDERS

- [Provider Login & Background Checks](#)
- [Standards & Regulations](#)
- [Enforcement](#)

### DAY CARE

- [Become a Day Care Provider](#)
- [Day Care Licensing](#)

Operation Name: [REDACTED]  
 Operation Number: [REDACTED]  
 Operation Type: **Child Placing Agency**  
 E-mail Address: [REDACTED]

**Select an Action**

- Access Your Compliance History & Inspection History
- Access CPA Main Page
- Submit Background Check
- Online Background Check History
- Submit Waiver / Variance
- Update Provider Vacancies
- Emergency Behavior Intervention
- Manage Operation Email Account & Manager Information
- Add / Update / View Controlling Persons
- Add / Update Additional Users**
- Update Governing Body / Administrator Designation

- On the **Manage Users** page, locate the user who you would like to update and click on the **Change Password** link for that user.

## Manage Users

DFPS Home > Child Care > Search Texas Child Care > Child-Care Provider Main Page > Manage Users

Currently logged in as: [REDACTED] [Logout]

## Child Care Licensing

### ABOUT

- [Child Care Licensing](#)
- [Information for Parents](#)
- [Information for Providers](#)

### FIND CHILD CARE

- [Search Texas Child Care](#)
- [FAQ](#)

### CHILD SAFETY

- [Child Safety Campaigns](#)
- [Hotlines](#)

### SERVICE PROVIDERS

- [Provider Login & Background Checks](#)
- [Standards & Regulations](#)
- [Enforcement](#)

### DAY CARE

- [Become a Day Care Provider](#)
- [Day Care Licensing](#)

Operation Name: [REDACTED]  
 Operation Number: [REDACTED]  
 Operation Type: [REDACTED]  
 Program Provided: [REDACTED]  
 E-mail Address: [REDACTED]

### Current User List

To add/update additional users, click "Add New User". Fill out all required fields (User ID, First Name, Last Name, New Password, and Confirm New Password) and click Update. Once user has been added, their information will display in the Current User List.

To delete a current user, select the "Delete User" hyperlink, on the same row as those persons User ID.

To change the password of a current user, select "Change Password" hyperlink, on the same row as that Persons User ID. Enter a New Password and Confirm New Password in the data fields and click Update.

Please Note: You may only have a maximum of four users at any time. If you have reached your four user maximum, you will be required to delete a current user before adding a new user.

User ID	First Name	Last Name	
[REDACTED]	[REDACTED]	[REDACTED]	<a href="#">Change Password</a>   <a href="#">Delete User</a>

[Add New User\(max 4\)](#)

[Go to Child Care Provider Main Page](#)

- After clicking the **Change Password** link, the **Edit Form** window will popup displaying that user's current **User ID**, **First Name**, and **Last Name**. The **New Password** and **Confirm New Password** fields will be blank. From the popup window, you will be able to change the person's User ID, First Name, Last Name, and/or create a new password for them.

**Note:** A person's User ID and Password must be a minimum of 6 characters long.



The 'Edit Form' window contains the following fields:

- User ID (Min. 6):\*
- First Name:\*
- Last Name:\*
- New Password (Min. 6):\*
- Confirm New Password:\*

At the bottom right, there are two links: [Update](#) and [Cancel](#).

- After updating the person's information and/or changing their password, click the **Update** link to save the information. You will be returned to the **Manage Users** page where that user's information will display.

## HOW TO DELETE A USER

- In the **Select an Action** box, click on the **Add / Update Additional Users** link. You will be taken to the **Manage Users** page.

The screenshot shows the 'Child-Care Provider Main Page' with a breadcrumb trail: [DFPS Home](#) > [Child Care](#) > [Search Texas Child Care](#) > [Child-Care Provider Main Page](#).

On the left, there is a 'Child Care Licensing' sidebar with links under categories: ABOUT, FIND CHILD CARE, CHILD SAFETY, SERVICE PROVIDERS, and DAY CARE.

On the right, there is a form with fields for Operation Name, Operation Number, Operation Type (set to 'Child Placing Agency'), and E-mail Address.

Below the form is a 'Select an Action' dropdown menu with the following options:

- Access Your Compliance History & Inspection History
- Access CPA Main Page
- Submit Background Check
- Online Background Check History
- Submit Waiver / Variance
- Update Provider Vacancies
- Emergency Behavior Intervention
- Manage Operation Email Account & Manager Information
- Add / Update / View Controlling Persons
- Add / Update Additional Users** (highlighted in yellow)
- Update Governing Body / Administrator Designation

- On the **Manage User** page, locate the user you would like to delete from the table, and click the **Delete User** link on that person's row.

# Manage Users

DFPS Home > Child Care > Search Texas Child Care > Child-Care Provider Main Page > Manage Users



## Child Care Licensing

Currently logged in as: [username] [Logout]

### ABOUT

- Child Care Licensing
- Information for Parents
- Information for Providers

### FIND CHILD CARE

- Search Texas Child Care
- FAQ

### CHILD SAFETY

- Child Safety Campaigns
- Hotlines

### SERVICE PROVIDERS

- Provider Login & Background Checks
- Standards & Regulations
- Enforcement

### DAY CARE

- Become a Day Care Provider
- Day Care Licensing

Operation Name: [redacted]  
Operation Number: [redacted]  
Operation Type: [redacted]  
Program Provided: [redacted]  
E-mail Address: [redacted]

### Current User List

To add/update additional users, click "Add New User". Fill out all required fields (User ID, First Name, Last Name, New Password, and Confirm New Password) and click Update. Once user has been added, their information will display in the Current User List.

To delete a current user, select the "Delete User" hyperlink, on the same row as those persons User ID.

To change the password of a current user, select "Change Password" hyperlink, on the same row as that Persons User ID. Enter a New Password and Confirm New Password in the data fields and click Update.

Please Note: You may only have a maximum of four users at any time. If you have reached your four user maximum, you will be required to delete a current user before adding a new user.

User ID	First Name	Last Name	
[redacted]	[redacted]	[redacted]	<a href="#">Add New User(max 4)</a>
[redacted]	[redacted]	[redacted]	<a href="#">Change Password</a>   <a href="#">Delete User</a>

[Go to Child Care Provider Main Page](#)

3. A message will display asking "Are you sure you want to delete this user account?" Click OK, and the user will then be deleted from the account.

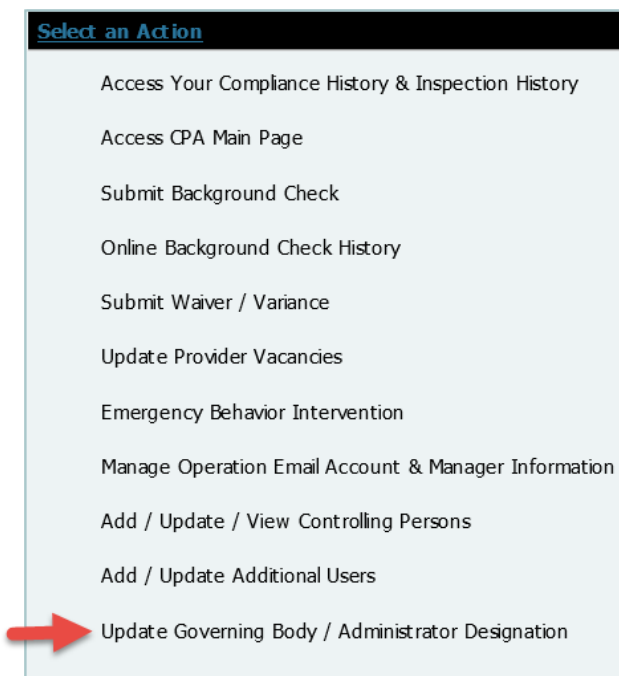
## **UPDATE GOVERNING BODY / ADMINISTRATOR DESIGNATION**

The **Governing Body/Director Designation Main Page** allows an account manager to submit changes to the governing body or director/ administrator for his/her operation online as an alternative to completing and sending in the Governing Body/Director Designation form. Submitted information is transmitted to Child Care Licensing overnight.

### INSTRUCTIONS TO UPDATE GOVERNING BODY/ADMINISTRATOR DESIGNATION

1. On the **Child-Care Licensing Account Main Page**, click on the “Update Governing Body / Administrator Designation” link in the **Select an Action** section. This takes you to your operation’s **Governing Body/Director Designation Main Page**.

Note: This page displays previously made updates in the **Governing Body/Administrator Designation Update** section.



2. Click the “Update Governing Body/Administrator Designation” link in the **Select an Action** section on the **Governing Body/Director Designation Main Page**. This takes you to the **Governing Body/Director**

## Designation page.

# Governing Body/Director Designation Main Page

DFPS Home > Child Care > Search Texas Child Care > Child-Care Provider Main Page > Governing Body

Child Care Licensing Currently logged in as: [Logout]

**ABOUT**

- Child Care Licensing
- Information for Parents
- Information for Providers

**Operation Name:** [Redacted]

**Operation Number:** [Redacted]

**Operation Type:** Child Placing Agency

**E-mail Address:** [Redacted]

Select an Action

Update Governing Body/Administrator Designation

Back to Provider Main Page

**Governing Body/Administrator Designation Update**

Section	Date Submitted	Status
Update made to CEO	12/11/2017	Submitted
Update made to Designee	07/10/2012	Accepted
Update made to CEO	07/10/2012	Accepted
Update made to Designee	08/19/2011	Accepted
Update made to Director/Administrator	08/03/2011	Accepted
Update made to Designee	08/03/2011	Accepted
Update made to CEO	08/03/2011	Accepted
Update made to Designee	07/19/2011	Accepted
Update made to CEO	07/19/2011	Accepted
Update made to Director/Administrator	08/31/2010	Accepted

**FIND CHILD CARE**

- Search Texas Child Care
- FAQ

**CHILD SAFETY**

- Child Safety Campaigns
- Hotlines

**SERVICE PROVIDERS**

- Provider Login & Background Checks
- Standards & Regulations
- Enforcement

**DAY CARE**

- Become a Day Care Provider
- Day Care Licensing

**24-HOUR RESIDENTIAL CARE**

- Become a 24-Hour Residential Care Provider
- 24-Hour Residential Care Licensing
- Licensed Administrators

**MORE CHILD CARE LICENSING**

- FAQ
- Forms
- Background Checks
- Contact Us

3. To update the **Governing Body or Organization/Association CEO/Chair** section:
  - a. Enter the *Effective Date*.
  - b. Enter the new information in the appropriate fields: *First Name, Middle Name, Last Name, Business Address*, etc.
  - c. If you made changes to the *Business Address* you will need to validate the address.
    - i. Click the Validate Address button. The **Address Validation** page pops up.
    - ii. Select the appropriate option in the **Address Validation** page.
    - iii. If you select the option "Use the address that you originally provided, shown here:" scroll down and enter a reason for using a non-validated address.
    - iv. Click the Continue button. If you selected the option "Use the validated address provided by the US Postal Service (USPS), shown here:" the *Address Validation Status* will show as Validated. If you selected the option "Go back to the previous page to correct the address and revalidate", you will need to correct the address, click the Validate Mailing Address button, and complete the address validation process again. If you selected the option "Use the address that you originally provided, shown here:" the *Address Validation Status* will show as Not Validated and the *Reason Address Not Validated* will display the reason entered in the **Address Validation** page.
4. To update the **Designee** section:
  - a. Enter the *Effective Date*.
  - b. Enter the new information in the appropriate fields: *First Name, Middle Name, Last Name, Business Address*, etc.
  - c. If you made changes to the *Business Address* you will need to validate the address.
5. To Assign New Admin:
  - a. Click the Assign New Admin button.

- b. Enter the Admin ALS # in the *Admin ALS #* field.

The screenshot shows the 'Administrator' form. At the top, there is a tab labeled 'Administrator' and a button 'Assign New Admin'. To the right of the button is a date field 'Effective Date' with a dropdown arrow and a checkbox 'Vacant'. Below the date field is a warning message in red: 'Warning: Selecting the 'Vacant' checkbox will delete the information from this section after your Licensing representative processes this request. If a second director is present, the information from the second director will be moved to this section.' Below the warning are fields for 'First Name', 'Middle Name', 'Last Name', 'Business Address', 'City', 'State', and 'Zip Code'. An 'Assign new Administrator' dialog box is open over the form. The dialog box has a title bar 'Assign new Administrator' and a close button. It contains a text input field 'Admin ALS #' with a search icon, a 'Search' button, and a message 'Enter an Admin ALS # and click Search'. At the bottom of the dialog are 'Assign' and 'Cancel' buttons.

- c. Click the Search button. If the administrator is found the **Assign new Administrator** window displays the administrator's name. If the administrator is not found the **Assign new Administrator** window will display a message that the ALS administrator was not found.

The screenshot shows the 'Assign new Administrator' dialog box. It has a title bar 'Assign new Administrator' and a close button. Below the title bar is a text input field 'Admin ALS #' with a search icon and a 'Search' button. Below the search field is a section titled 'Results of Search:' containing the text 'Ms. [redacted]'. Below this text is a message: 'If this is the correct Administrator, please select the Assign button. Please be aware that the action of searching for and saving a licensed administrator will remove (or unlink) the current licensed administrator associated with your Governing Body in CLASS.' At the bottom of the dialog are 'Assign' and 'Cancel' buttons.

The screenshot shows the 'Assign new Administrator' dialog box. It has a title bar 'Assign new Administrator' and a close button. Below the title bar is a text input field 'Admin ALS #' with a search icon and a 'Search' button. Below the search field is a message: 'Administrator with ALS Number [redacted] was not found'. At the bottom of the dialog are 'Assign' and 'Cancel' buttons.

- d. Click the Assign button to assign the new administrator and remove (unlink) the current licensed administrator, or click the Cancel button to keep the current administrator associated with your governing body.
- e. Enter the *Effective Date*.
6. To update the **Administrator** section:
- Enter the *Effective Date*.
  - Enter the new information in the appropriate fields: *First Name*, *Middle Name*, *Last Name*, *Business Address*, etc.
  - If you made changes to the *Business Address* you will need to validate the address.
7. To mark the Administrator as Vacant:
- Enter the *Effective Date*.
  - Check the *Vacant* checkbox. The Assign New Admin button will be disabled and the Administrator's information will be read only.

8. To apply the changes to branches, check the checkbox(es) next to the *Branches* to which the changes on this page are to be applied.

## List Of Branches

(Select the branches to apply the changes to the Administrator position)

#	Branch #	Operation Name	City	Administrator Name
<input type="checkbox"/>	Main			
<input type="checkbox"/>	2			
<input type="checkbox"/>	3			

9. To update the **Delivery Method** section, check the appropriate checkbox next to the appropriate delivery method for the changes made to the **Governing Body/Director Designation** page.

**Delivery Method:**

☐ E-mail ☐ Mail ☐ Fax ☐ Hand Delivered

Continue

Cancel

10. Once all appropriate changes have been made to the page click the Continue button. The **Governing Body/Director Designation** page will display with all the information in read only mode and the changes made will be indicated by red lettering and two asterisks. (See example below, the Designee's name change is indicated in red lettering and two asterisks.)

<b>Designee</b>	Effective Date: 03/27/2018
First Name:	***
Middle Name:	***
Last Name:	
Business Address:	
City:	
County:	
State:	
Zip Code:	
Address Validation Status : <b>Validated</b>	
Business Phone :	Ext:

11. Review the information. If the information is correct, check the check box for the verification statement at the bottom of the page, and then print the page by clicking the "here" hyperlink in the IMPORTANT statement under the verification statement box.

☒ By checking the preceding box, you verify that you are the director, owner, or operator of the child care operation submitting this request, and the information on this form contains no willful misrepresentation and that the information given is true and complete to the best of your knowledge. You understand that the Department may contact others and, at any time, seek proof of any information contained here. You understand that any willful misrepresentation or failure to provide information within the required time limit is cause for remedial action, up to and including revocation of your permit.

IMPORTANT: Please print this confirmation page by clicking [here](#) and include any supporting documents.

**Delivery Method:**

☒ E-mail ☐ Mail ☐ Fax ☐ Hand Delivered

Submit

Cancel

Back

12. Click the Submit button. You will be taken to the **Governing Body/Director Designation Main Page**. The change made will be displayed in the **Governing Body/Director Designation Update** section with the status of Submitted.

**Governing Body/Administrator Designation Update**

Section	Date Submitted ▼	Status
Update made to CEO	12/11/2017	Submitted
Update made to Designee	07/10/2012	Accepted
Update made to CEO	07/10/2012	Accepted
Update made to Designee	08/19/2011	Accepted
Update made to Director/Administrator	08/03/2011	Accepted
Update made to Designee	08/03/2011	Accepted
Update made to CEO	08/03/2011	Accepted
Update made to Designee	07/19/2011	Accepted
Update made to CEO	07/19/2011	Accepted
Update made to Director/Administrator	08/31/2010	Accepted

13. If the information is not correct, click the back button to make additional changes to the **Governing Body/Director Designation** page, click the continue button once edits are complete, check the check box for the verification statement, print the page, and then click the Submit button.
14. If changes entered are not needed, click the Cancel button. The changes will not be saved and you will be returned to the **Governing Body/Director Designation Main Page**.
- Note: If you click the “Back to Provider Main Page” hyperlink you will be returned to the **Child-Care Licensing Account Main Page** and changes made will not be saved.

## **SUBMIT PERMIT RENEWAL**

The **Permit Renewal Submission** page allows an account administrator to enter and submit an application to renew the operation's child-care permit. Submitted information is transmitted to Child Care Licensing overnight. Not all Operations must renew their permits. Therefore, you will only see the **Submit Permit Renewal** option when the Operation is one of these Operation/Care types:

- Registered Child-Care Homes
- Licensed Child-Care Homes
- Licensed Child-Care Centers
- School-Age Programs
- Before and After-School Programs
- Child-Placing Agencies
- General Residential Operations

Permit Renewal requirements DO NOT APPLY to:

- Listed Family Homes
- Temporary Shelter Programs
- Small Employer-Based Child Care Operations



# INSTRUCTIONS TO SUBMIT A PERMIT RENEWAL APPLICATION

1. On the **Child-Care Licensing Account Main Page**, click on the “Submit Permit Renewal” link in the **Select an Action** section, or click on the Permit Renewal message on the **Child-Care Licensing Account Main Page**.

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Child Care Licensing

Currently logged in as: [trainingcenter](#) (Logout)

Operation Name: **The Training Center** Operation Type: **General Residential Operation**  
Operation Number: **1105786** Program Provided: **Multiple Services**  
E-mail Address: **class\_test+f\_id\_609471@tech-consortium.com**

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**Message Board**

Due Date	Message
11/15/2018	<a href="#">Confirm Employment Ineligibility Notification for Daniel Trainer, 6/22/1970</a>
11/24/2018	<b><a href="#">Submit Permit Renewal Application</a></b>
11/30/2018	<a href="#">Renew Background Check for Matt Tester</a>
11/30/2018	<a href="#">Renew Background Check for Syssy Tester</a>

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 Operation Number: **1105786**      Program Provided: **Multiple Services**  
 E-mail Address: **class\_test+f\_id\_609471@tech-consortium.com**

**Current Renewal:**

Renewal #: 300001	Renewal Due Date: 11/24/2018	Status: Pending Submission
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**Renewal eApplication:**

Click the link in the Section Completion Status to view/edit a section. Each section must be marked Completed in order to submit the Permit Renewal eApplication.

eApplication Section	Section Description	Section Completion Status
Section A	Operation Details	<a href="#">Incomplete</a>
Section B	Controlling Person Details	<a href="#">Incomplete</a>
Section C	Governing Body Details	<a href="#">Incomplete</a>
Section D	Waiver / Variance Details	<a href="#">Incomplete</a>
Section E	Background Check Details	<a href="#">Incomplete</a>
Section F	Fees Details	<a href="#">Incomplete</a>

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Currently logged in as: [trainingcenter](#) ([Logout](#))

**Operation Name:** The Training Center  
**Operation Number:** 1105786  
**E-mail Address:** class\_test+f\_id\_609471@tech-consortium.com

**Operation Type:** General Residential Operation  
**Program Provided:** Multiple Services

**Current Renewal:**

<b>Renewal #:</b> 300001	<b>Renewal Due Date:</b> 11/24/2018	<b>Status:</b> Pending Submission
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**Renewal eApplication:**

Section A

**• Mailing Address**  
  
 Address Line 1: 7000 N MO PAC EXPY  
 Address Line 2: STE 150  
 City:AUSTIN                      State: TX  
 Zip 78731 - 3277                  County:TRAVIS

**• Contact Information**  
  
 Business Phone: (936) 789-0123  
 Contact Email Address:class\_test+f\_id\_609471@tech-consortium.com  
 Public Email Address: class\_test+f\_id\_609471@tech-consortium.com  
 Website Address: thetrainingcenter.org

Do changes need to be made to the "Operation Details"?

☐ Yes    ☒ No

Update Operation Details

Save & Return

Save & Next Section

**⚠ Warning:** Details related to certain sections might have changed since the eApplication was last saved. Please review each section prior to submitting.
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Operation Name: The Training Center    Operation Type: General Residential Operation

Operation Number: 1105786    Program Provided: Multiple Services

E-mail Address: class\_test+f\_id\_609471@tech-consortium.com

Current Renewal:

Renewal #: 300001	Renewal Due Date: 11/24/2018	Status: Pending Submission
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Renewal eApplication:

Section B

Controlling Person Details

Controlling Persons

First Name	Middle Name	Last Name	Suffix	Status
Kathleen				Identified
Burl				Identified
Carmie				Identified
Melinda				Identified

Are any controlling persons not listed above that need to be added and associated with the facility?

☐ Yes
 ☒ No

Are there are any controlling persons listed above that are no longer associated with this facility?

☐ Yes
 ☒ No

Update Controlling Persons

Save & Previous Section

Save & Return

Save & Next Section

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**Operation Name:** The Training Center  
**Operation Number:** 1105786  
**E-mail Address:** class\_test+f\_id\_609471@tech-consortium.com

**Operation Type:** General Residential Operation  
**Program Provided:** Multiple Services

**Current Renewal:**

Renewal #: 300001	Renewal Due Date: 11/24/2018	Status: Pending Submission
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**Renewal eApplication:**

Section C

**Governing Body Details**

Governing Body

Position	First Name	Middle Name	Last Name	Status
Ceo	Kathleen			Active
Designee	Carmle			Active
Director	Kathleen Clark			Active

Are there are any governing body positions to be marked vacant? ☐ Yes ☒ No

Are there are any governing body positions to be filled or replaced? ☐ Yes ☒ No

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Currently logged in as: [redacted]

Operation Name: [redacted]    Operation Type: **Child Placing Agency**    E-mail Address: [redacted]  
 Operation Number: [redacted]

Current Renewal:

Renewal #: **421**      Renewal Due Date: **6/1/2020**      Status: **Pending Submission**

Renewal eApplication:

Section D

Waiver / Variance Details

Standard / Rule	Brief Description	Effective Date	Expiration Date	Status	CPA Branch	Agency / Home
749.3023(c) (1)	Bedrooms-Child 6 years old or older must not share bedroom w/ person of opposite sex unless sharing w/ his parent or if both children non-ambulatory	12/11/2013	12/11/2016	Granted	Main	
749.3027(a) (1)	Bedrooms-child may share a bedroom with an adult caregiver if it is in the best interest of the child	10/23/2013	10/23/2016	Granted	Main	
749.3023(c) (1)	Bedrooms-foster children or any other household members may not use a room commonly used for other purposes as a bedroom	11/01/2013	11/01/2016	Granted	Main	
749.3023(c) (2)	Bedrooms-foster children or any other household members may not use a passageway to other rooms as a bedroom	02/05/2014	10/31/2014	Granted	Main	
749.3029	Bedrooms-Child 6 years old or older must not share bedroom w/ person of opposite sex unless sharing w/ his parent or if both children non-ambulatory	07/23/2014	01/23/2015	Granted	Main	
749.3023(c) (2)	Bedrooms-foster children or any other household members may not use a passageway to other rooms as a bedroom	12/11/2014	12/11/2016	Granted	Main	
749.3023(c) (1)	Bedrooms-foster children or any other household members may not use a room commonly used for other purposes as a bedroom	12/11/2014	12/11/2015	Granted	Main	
749.3027(a) (3)	Bedrooms-Approval for child to share a bedroom with an adult caregiver documented, dated in the child's service plan	03/25/2015	12/31/2016	Granted	Main	
749.3027(a) (1)	Bedrooms-child may share a bedroom with an adult caregiver if it is in the best interest of the child	05/10/2015	12/31/2016	Granted	Main	[redacted]
749.3029	Bedrooms-Child 6 years old or older must not share bedroom w/ person of opposite sex unless sharing w/ his parent or if both children non-ambulatory	06/05/2015	12/31/2015	Granted	Main	[redacted]
749.3023(a)	Bedrooms-only rooms that provide adequate opportunities for rest and privacy may be used as a bedroom	09/08/2015	09/08/2016	Granted	Main	
749.3029	Bedrooms-Child 6 years old or older must not share bedroom w/ person of opposite sex unless sharing w/ his parent or if both children non-ambulatory	11/03/2015	07/31/2016	Granted	Main	
749.3027(a) (1)	Bedrooms-child may share a bedroom with an adult caregiver if it is in the best interest of the child	10/16/2015	09/01/2016	Granted	Main	
749.3027(a) (1)	Bedrooms-child may share a bedroom with an adult caregiver if it is in the best interest of the child	12/15/2015	07/31/2016	Granted	Main	
749.3027(a) (1)	Bedrooms-child may share a bedroom with an adult caregiver if it is in the best interest of the child	10/07/2016	10/01/2017	Granted	Main	

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Warning! There are one or more Waiver/Variations that have expired and require action.

Do any expired Waivers/Variations need a new request? ☐ Yes ☒ No

Are any Waivers/Variations no longer needed? ☐ Yes ☒ No

Update Waivers/Variations

Save & Previous Section

Save & Return

Save & Next Section

Review the information presented. If the information is current, complete, and correct, indicate that you do not need to make any changes to the listed waivers or variances by clicking the **No** radio buttons. Then click the **Save & Next Section** button, which will take you to the **Background Check Details** section. If changes are needed, click the **Yes** radio button for one or both of the questions, and then click the **Update Waivers/Variances** button, which will take you to the **Waiver and Variance Request Main Page** described earlier in this document. Only waivers or variances that were submitted through the online system are displayed in the online system. The system will provide a warning if there are any expired waivers or variances that require action.

After making any needed updates or submitting new requests, return to the eApplication and review the information again.



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Currently logged in as: [User] [Logout]

Operation Name: [Redacted] Operation Type: **Child Placing Agency** E-mail Address: [Redacted]

Operation Number: [Redacted]

**Current Renewal:**

Renewal #: **421**

Renewal Due Date: **6/1/2020**

Status: **Pending Submission**

**Renewal eApplication:**

Section D

**Waiver / Variance Details**

Waivers / Variances

Standard / Rule	Brief Description	Effective Date	Expiration Date	Status	CPA Branch	Agency / Home
749.3021(a)	Space-bedroom must have at least 40 square feet of space per occupant; only four occupants per bedroom		08/31/2018	Submitted	Main	

Do any expired Waivers/Variances need a new request? ☐ Yes ☐ No

Are any Waivers/Variances no longer needed? ☐ Yes ☐ No

Update Waivers/Variances

Save & Previous Section

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Operation Name: **The Training Center**      Operation Type: **General Residential Operation**  
 Operation Number: **1105786**      Program Provided: **Multiple Services**  
 E-mail Address: **class\_test+f\_id\_609471@tech-consortium.com**

**Current Renewal:**

Renewal #: 300001	Renewal Due Date: 11/24/2018	Status: Pending Submission
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**Renewal eApplication:**

Section E

**Background Check Details**

Employee List Last Validation Date: 11/17/2018 [Validate Employee List](#)

Do you certify that you have submitted background checks on all persons as required by 40 TAC Chapter 745, Subchapter F and they are current? ☒ Yes ☐ No [Initiate Background Check Request](#)

[Save & Previous Section](#) [Save & Return](#) [Save & Next Section](#)

**Warning:** Details related to certain sections might have changed since the eApplication was last saved. Please review each section prior to submitting.



8. In the **Fees Details** section, review the statement presented and click the check box to indicate your agreement. You must check this box in order to submit the Permit Renewal eApplication. Then click the **Save & Return** button, which will take you back to the **Permit Renewal Submission** page.

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Renewal #: <b>300001</b>	Renewal Due Date: <b>11/24/2018</b>	Status: <b>Pending Submission</b>
--------------------------	-------------------------------------	-----------------------------------

**Renewal eApplication:**

Section F

**Fees Details**

☒ I understand that upon receiving this application, Licensing staff will evaluate whether there are no outstanding annual fees, background check fees, or administrative penalties. I also understand that my annual fee is due by my anniversary date.

[Save & Previous Section](#)    [Save & Return](#)

**Warning:** Details related to certain sections might have changed since the eApplication was last saved. Please review each section prior to submitting.

9. Once all sections are completed, the **Certification and Signature** section will display. Click the check box to certify that the information provided is true and complete, and then click the **Submit Renewal Application** button.

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Section D	Waiver / Variance Details	<a href="#">Completed</a>
Section E	Background Check Details	<a href="#">Completed</a>
Section F	Fees Details	<a href="#">Completed</a>


Certification and Signature


☒ I CERTIFY THAT THE INFORMATION PROVIDED HERE 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 ENFORCEMENT ACTION, INCLUDING REVOCATION. I UNDERSTAND THAT THIS APPLICATION WILL BE RETURNED IF IT IS INCOMPLETE OR DOES NOT CONFORM TO APPLICABLE LAWS.


Submit Renewal Application

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**Your Permit Renewal eApplication has been successfully submitted.**

Notifications and status information pertaining to your Permit Renewal application submittal will be available from your Message Board and the Permit Renewal page.

Operation Name: **The Training Center**      Operation Type: **General Residential Operation**  
 Operation Number: **1105786**      Program Provided: **Multiple Services**  
 E-mail Address: **class\_test+f\_id\_609471@tech-consortium.com**

Select an Action
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<a href="#">Add / Update / View Controlling Persons</a>
<a href="#">Add / Update Additional Users</a>
<a href="#">Update Governing Body / Administrator Designation</a>
<a href="#">Submit Permit Renewal</a>

Message Board	
Due Date	Message
11/15/2018	<a href="#">Confirm Employment Ineligibility Notification for Daniel Trainer, 6/22/1970</a>
11/30/2018	<a href="#">Renew Background Check for Matt Tester</a>
11/30/2018	<a href="#">Renew Background Check for Sysy Tester</a>

## MESSAGE BOARD

The **Message Board** is a section of the **Child-Care Licensing Account Main Page** that is displayed near the **Select an Action** section. Each message contains a “Due Date” and “Message” text. Clicking on the message text will take you to the appropriate page on which you can take action related to the message.

### BACKGROUND CHECK MESSAGES

#### EMPLOYMENT INELIGIBILITY NOTIFICATION

If a person is ineligible to be present at the operation based on their background check results, a notification is sent via email and displayed on the **Message Board**.

To confirm the ineligible notification has been reviewed and the individual removed from the operation, complete the following steps:

1. Click on the “Confirm Employment Ineligibility Notification for {Person’s Name}” hyperlink in the **Message Board** section.

The screenshot displays the Texas Health and Human Services website. The top navigation bar includes links for Child Protection, Prevention Services, Investigations, Adult Protection, Child Care Licensing, Adoption & Foster Care, and Doing Business with DFPS. The main header features the Texas Health and Human Services logo and a search bar. The page title is "Child-Care Licensing Account Main Page". The breadcrumb trail shows the path: DFPS Home > Child Care > Search Texas Child Care > Child-Care Licensing Account Main Page.

The page content is divided into several sections:

- Child Care Licensing**: Includes links for ABOUT, FIND CHILD CARE, CHILD SAFETY, SERVICE PROVIDERS, and DAY CARE.
- Operation Information**: Displays the Operation Name (The Training Center), Operation Number (1105786), E-mail Address (class\_test@testing.com), Operation Type (General Residential Operation), and Program Provided (Multiple Services).
- Select an Action**: A list of links for various actions, including Access Your Compliance History & Inspection History, Submit Background Check, Online Background Check History, Submit Waiver / Variance, Update Provider Vacancies, Emergency Behavior Intervention, Manage Operation Email Account & Manager Information, Add / Update / View Controlling Persons, Add / Update Additional Users, Update Governing Body / Administrator Designation, and Submit Permit Renewal.
- Message Board**: A table showing messages with Due Date and Message columns. The message from 11/15/2018 is highlighted.

Due Date	Message
11/4/2018	<a href="#">Renew Background Check for Kathy Trainer</a>
11/4/2018	<a href="#">Renew Background Check for Kathy Trainer</a>
11/15/2018	<a href="#">Confirm Employment Ineligibility Notification for Daniel Trainer, 6/22/1970</a>
11/30/2018	<a href="#">Renew Background Check for Matt Trainer</a>
11/30/2018	<a href="#">Renew Background Check for Syssy Trainer</a>
12/24/2018	<a href="#">Submit Permit Renewal Application</a>

2. Read the information displayed and click the checkbox in the **Confirmation** section confirming the individual is not associated with the operation in the specified role.

I am

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DFPS Home > Child Care > Search Texas Child Care > Child-Care Licensing Account Main Page > Ineligible Background Check Determination

Child Care Licensing

Currently logged in as: [trainingcenter](#) [\[Logout\]](#)

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24-HOUR RESIDENTIAL CARE

Become a 24-Hour Residential Care Provider

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MORE CHILD CARE LICENSING

Operation Name: **The Training Center**

Operation Type: **General Residential Operation**

Operation Number: **1105786**

Program Provided: **Multiple Services**

E-mail Address: **class\_test@testing.com**

Ineligible Background Check Determination

Your operation requested a background check for **Daniel Trainer**, born in **6/22/1970**, for the role of **Staff/Employee**. The following alternate names for this person were also checked: **N/A**. The results of the check are only based on the identification information that has been submitted for this individual. It is your organization's responsibility to ensure the accuracy of the identifying data by reviewing supporting documents.

Based on a review of the background check results, the Centralized Background Check Unit (CBCU) found this person to be **INELIGIBLE** to be present at your operation in the role listed above while children are in care. Allowing the person to be present at your operation in this role would be a violation of minimum standards and could result in enforcement action against your operation. If you would like to have this person considered for a different role at your operation or reconsidered as a result of new information, you must submit a new background check request for this person.

You must confirm by **11/15/2018** that this person is no longer present at your operation in the role listed above by updating the individual's affiliation with your operation on the Background Check History webpage of your online provider account.

The CBCU has conducted this background check in compliance with, and as required by, Child Care Licensing minimum standards, rules, and other Texas and federal laws.

Confirmation

☒ I confirm this person is no longer affiliated with this operation in this role.

Submit

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- Click the “Submit” button.

**NOTE:** Once confirmed, the person’s “Employment Status” will be updated to “Inactive”. If a different role is desired, a new background check must be submitted.

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# Online Background Check History

DFPS Home > Child Care > Search Texas Child Care > Child-Care Licensing Account Main Page > Online Background Check History

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- Become a Day Care Provider
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- Become a 24-Hour Residential Care Provider
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Currently logged in as: [trainingcenter](#) [Logout](#)

Operation Name: **The Training Center**    Operation Type: **General Residential Operation**  
Operation Number: **1105786**    Program Provided: **Multiple Services**  
E-mail Address: **class\_test@testing.com**

**Online Background Check History** Last Validation: 12/4/2018

[Validate Employee List](#) [Print List](#)

**Filter**

Filter By: ☒ Name ☐ Employment Status ☐ Date Last Submitted

From Date:  To Date:  Starts With:  [Go](#) [Clear](#)

Name	DOB	Employment Status	Employment Status Date	Date Last Submitted	Conditions?	Ineligible?
Trainer, Kathy	8/8/1945	Active <a href="#">Inactivate</a>	10/3/2018	10/3/2018	Yes	No
Trainer, Mab	12/4/1945	Active <a href="#">Inactivate</a>	11/6/2018	10/29/2018	No	No
Trainer, Matt	9/9/1999	Pending <a href="#">Inactivate</a>	11/8/2018	11/8/2018	No	No
Trainer, Syssy	5/6/1978	Pending <a href="#">Inactivate</a>	11/16/2018	11/16/2018	No	No
Trainer, Burl	10/6/1948	Inactive	10/15/2018	10/3/2018	No	Yes
Trainer, Daniel	6/22/1970	Inactive	12/4/2018	10/31/2018	No	Yes
Trainer, Daniel	4/22/1972	Inactive	12/4/2018	11/20/2018	No	Yes
Trainer, Josephine	5/6/1977	Inactive	11/17/2018	11/9/2018	No	Yes
Trainer, Justa	8/8/1988	Inactive	11/17/2018	11/8/2018	No	No
Trainer, Teresa	3/8/1984	Inactive	10/3/2018	10/3/2018	No	No

## RENEW BACKGROUND CHECK MESSAGE

Thirty days prior to a person's background check renewal date, a notification is sent via email and displayed on the **Message Board**.

To submit a renewal background check for an individual that is still associated with the operation, complete the following steps:

1. Click on the "Renew Background Check for {Employee Name}" message in the **Message Board** section.

The screenshot displays the Texas Health and Human Services Child-Care Licensing Account Main Page. The header includes the Texas state seal and the text "TEXAS Health and Human Services". A navigation menu at the top lists various services like Child Protection, Prevention Services, Investigations, Adult Protection, Child Care Licensing, Adoption & Foster Care, and Doing Business with DFPS. A search bar indicates "Search is not available on this page." Below the header, the page title "Child-Care Licensing Account Main Page" is prominently displayed. A breadcrumb trail shows the path: DFPS Home > Child Care > Search Texas Child Care > Child-Care Licensing Account Main Page. The main content area is titled "Child Care Licensing" and shows the user is logged in as "trainingcenter". It displays operation details: Operation Name: The Training Center, Operation Number: 1105786, Operation Type: General Residential Operation, and Program Provided: Multiple Services. On the left, there are links for ABOUT, FIND CHILD CARE, CHILD SAFETY, SERVICE PROVIDERS, and DAY CARE. In the center, a "Select an Action" menu lists various options like "Access Your Compliance History & Inspection History", "Submit Background Check", "Online Background Check History", "Submit Waiver / Variance", "Update Provider Vacancies", "Emergency Behavior Intervention", "Manage Operation Email Account & Manager Information", "Add / Update / View Controlling Persons", "Add / Update Additional Users", "Update Governing Body / Administrator Designation", and "Submit Permit Renewal". On the right, the "Message Board" section shows a table of messages with columns for "Due Date" and "Message". The message "Renew Background Check for Matt Trainer" dated 11/30/2018 is highlighted in yellow.

Due Date	Message
11/4/2018	<a href="#">Renew Background Check for Kathy Trainer</a>
11/4/2018	<a href="#">Renew Background Check for Kathy Trainer</a>
11/30/2018	<a href="#">Renew Background Check for Matt Trainer</a>
11/30/2018	<a href="#">Renew Background Check for Syssy Trainer</a>
12/24/2018	<a href="#">Submit Permit Renewal Application</a>

- Follow the instructions in the [Submit Background Check](#) section of this manual to submit a renewal Background Check Request for the person.

I am ▾

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Prevention Services ▾

Investigations ▾

Adult Protection ▾

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Adoption & Foster Care ▾

Doing Business with DFPS ▾

DFPS Home > Child Care > Search Texas Child Care > Child-Care Licensing Account Main Page > Request Background Check

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Request Background Check

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Complete the identifying information below for each person who requires a background check. You must verify that the information you submit is accurate by reviewing the person's identification documents. You must enter the person's current name and all names the person has used in the past (such as maiden name). It is important that you submit each of the person's names to ensure the accuracy of results. For additional information regarding the background checks, see [http://www.dfps.state.tx.us/Background\\_Checks/FAQ/faq\\_licensing.asp](http://www.dfps.state.tx.us/Background_Checks/FAQ/faq_licensing.asp)

Operation Name: **The Training Center**    Operation Type: **General Residential Operation**  
Operation Number: **1105786**    Program Provided: **Multiple Services**  
E-mail Address: **class\_test@testng.com**

\* denotes required field

Type of Check: ☐ Initial ☒ Renewal \*

Person Details

First Name:  \*

Middle Name:

Last Name:  \*

Name Suffix:

Alternate Names:  
Enter all aliases, including the person's maiden name (if applicable)  
[+ Add Alternate Name](#)

First Name	Middle Name	Maiden or Last Name	Suffix	Action
No data to display				

Identification Details

Does this person have a Social Security ☒ Yes ☐ No \*

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## VALIDATE EMPLOYEE LIST MESSAGE

Thirty days prior to the due date to validate the employee list for an operation, a notification is sent via email and displayed on the **Message Board**.

To validate the employee list from the Message Board notification, complete the following steps:

1. Click on the "Validate Employee List" message in the **Message Board** section.

**TEXAS Health and Human Services**

Search is not available on this page.

**Child-Care Licensing Account Main Page**

DFPS Home > Child Care > Search Texas Child Care > Child-Care Licensing Account Main Page

Child Care Licensing

Currently logged in as: [trainingcenter](#) [Logout]

Operation Name: **The Training Center**  
Operation Number: **1105786**  
E-mail Address: **class\_test@testing.com**

Operation Type: **General Residential Operation**  
Program Provided: **Multiple Services**


**Select an Action**

- [Access Your Compliance History & Inspection History](#)
- [Submit Background Check](#)
- [Online Background Check History](#)
- [Submit Waiver / Variance](#)
- [Update Provider Vacancies](#)
- [Emergency Behavior Intervention](#)
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- [Add / Update / View Controlling Persons](#)
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**Message Board**

Due Date	Message
11/4/2018	<a href="#">Renew Background Check for Kathy Trainer</a>
11/4/2018	<a href="#">Renew Background Check for Kathy Trainer</a>
11/15/2018	<a href="#">Confirm Employment Ineligibility Notification for Daniel Trainer, 6/22/1970</a>
11/17/2018	<a href="#">Validate Employee List</a>
11/28/2018	<a href="#">Confirm Employment Ineligibility Notification for Daniel Trainer, 4/22/1972</a>
11/30/2018	<a href="#">Renew Background Check for Matt Trainer</a>
11/30/2018	<a href="#">Renew Background Check for Syssy Trainer</a>
12/24/2018	<a href="#">Submit Permit Renewal Application</a>

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TEXAS

Health and Human Services

Search is not available on this page.

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# Online Background Check History

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Operation Name: The Training Center

Operation Number: 1105786

E-mail Address: class\_test@testing.com

Operation Type: General Residential Operation

Program Provided: Multiple Services

Currently logged in as: [trainingcenter](#) [Logout](#)

Last Validation: 11/17/2017

[Validate Employee List](#)
[Print List](#)

Online Background Check History

Filter

Filter By:

☒ Name
 ☐ Employment Status
 ☐ Date Last Submitted

From Date:

To Date:

Starts With: t

Go

Clear

Name	DOB	Employment Status	Employment Status Date	Date Last Submitted	Conditions?	Ineligible?
<input checked="" type="checkbox"/> Trainer, Daniel	6/22/1970	Pending <input type="button" value="Inactivate"/>	10/31/2018	10/31/2018	No	Yes
<input checked="" type="checkbox"/> Trainer, Kathy	8/8/1945	Active <input type="button" value="Inactivate"/>	10/3/2018	10/3/2018	Yes	No
<input checked="" type="checkbox"/> Trainer, Mab	12/4/1945	Active <input type="button" value="Inactivate"/>	11/6/2018	10/29/2018	No	No
<input checked="" type="checkbox"/> Trainer, Matt	9/9/1999	Pending <input type="button" value="Inactivate"/>	11/8/2018	11/8/2018	No	No
<input checked="" type="checkbox"/> Trainer, Syssy	5/6/1978	Pending <input type="button" value="Inactivate"/>	11/16/2018	11/16/2018	No	No
<input checked="" type="checkbox"/> Trainer, Burl	10/6/1948	Inactive	10/15/2018	10/3/2018	No	Yes
<input checked="" type="checkbox"/> Trainer, Daniel	4/22/1972	Inactive	12/4/2018	11/20/2018	No	Yes
<input checked="" type="checkbox"/> Trainer, Josephine	5/6/1977	Inactive	11/17/2018	11/9/2018	No	Yes
<input checked="" type="checkbox"/> Trainer, Justa	8/8/1988	Inactive	11/17/2018	11/8/2018	No	No
<input checked="" type="checkbox"/> Trainer, Teresa	3/8/1984	Inactive	10/3/2018	10/3/2018	No	No

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# **GLOSSARY**

<b>Term</b>	<b>Definition</b>
<b>Child Care Licensing (CCL)</b>	The division within HHSC that regulates child day care and residential child-care operations and other child-care activities, and the licensing of child-care administrators and child-placing agency administrators.
<b>Child-placing Agency (CPA)</b>	A person, including an organization, other than the parents of a child who plans for the placement of or places a child in a child-care operation or adoptive home. A CPA is a licensed residential child-care operation that may verify and regulate its own homes subject to HHSC minimum standards. See Texas Human Resources Code §42.002(12), and 40 TAC §§745.21(8) and 745.37.
<b>Controlling Person</b>	A controlling person is a person who, either alone or in connection with others, has the ability to directly or indirectly influence or direct the management, expenditures, or policies of an operation.
<b>Day Care Center</b>	Before September 1, 2003, this was a child day-care operation licensed to provide care for 13 or more children, birth through 13 years. A day-care center is now licensed as a child-care center and must follow Minimum Standards for Child-Care Centers (Chapter 746External Link Title 40, TAC). Some of the minimum standards in Chapter 746 grandfather certain requirements for day-care centers licensed before September 1, 2003. See Texas Human Resources Code §42.002(1) and 40 TAC §745.37.
<b>Director</b>	The adult designated to have the daily on-site responsibility for the operation of the licensed child-care center, including maintaining compliance with the minimum standards and licensing laws. See 40 TAC §746.1001.
<b>Emergency Behavior Intervention</b>	Interventions used in an emergency situation, including personal restraints, mechanical restraints, emergency medication, and seclusion.
<b>Independent Foster Family Home (IFFH)</b>	A licensed operation that provides residential child care for six or fewer children up to the age of 18 years. An independent foster family home is not affiliated with a CPA, but is monitored and regulated directly by the HHSC Child Care Licensing Division. See CPA foster family home for a home verified (monitored and regulated) by a child-placing agency (CPA). See 40 TAC §745.37.

<b>Independent Foster Group Home (IFGH)</b>	A licensed operation that provides residential care for seven to 12 children up to the age of 18 years. An independent foster group home is not affiliated with a CPA, but is monitored and regulated directly by the HHSC Child Care Licensing Division. See CPA foster group home for a home verified (monitored and regulated) by a child-placing agency (CPA). See 40 TAC §745.37.
<b>General Residential Operation</b>	A child-care facility that provides care for more than 12 children for 24 hours a day, including facilities known as children's homes, halfway houses, residential treatment centers, emergency shelters, and therapeutic camps. See Texas Human Resources Code §42.002(4).
<b>Governing Body</b>	The entity with ultimate authority and responsibility for the operation. See 40 TAC §745.21(20).
<b>Licensed Child Care Home (LCCH)</b>	A child day-care operation that is licensed. The primary caregiver provides care in the caregiver's own residence for children from birth through 13 years. The total number of children in care varies with the ages of the children, but the total number of children in care at any given time, including the children related to the caregiver, must not exceed 12. Before September 1, 2003, a licensed child-care home was licensed as a group day-care home. See 40 TAC §747.111.
<b>Listed Family Home (LFH)</b>	A child day care operation that receives a listing permit. The caregiver is at least 18 years old and provides care for compensation in the caregiver's own home, for three or fewer children unrelated to the caregiver, birth through 13 years. Care is provided for at least four hours a day, three or more days a week, and for more than three consecutive weeks. The total number of children in care, including children related to the caregiver, may not exceed 12. See Texas Human Resources Code §42.052(c) and 40 TAC §745.37.
<b>Operating Hours</b>	The days and hours that an operation is open and offering child care.
<b>Operation</b>	A person or entity offering a program that may be subject to regulation by Licensing. An operation includes the building and grounds where the program is offered, any person involved in providing the program, and any equipment used in providing the program. An operation includes a child-care facility, child-placing agency, or listed family home. See 40 TAC §745.21(27).

<b>Registered Child-Care Home (RCCH)</b>	A registered child day-care operation known as a registered family home prior to September 1, 2003. The registered primary caregiver provides care in the caregiver's own residence for not more than six children from birth through 13 years, and may provide care after-school hours for not more than six additional elementary school children. The total number of children in care at any given time, including the children related to the caregiver, must not exceed 12. The term does not include a home that provides care exclusively for any number of children who are related to the caregiver. A registered home must follow Chapter 747External Link, Minimum Standards for Child-Care Homes. Some minimum standard rules in Chapter 747 grandfather certain requirements for homes registered before September 1, 2003. See Texas Human Resources Code §§42.002(9) and 42.052(d) and 40 TAC §§745.37 and 747.109.
<b>Residential Child Care</b>	The care, custody, supervision, assessment, training, education, or treatment of an unrelated child or children up to the age of 18 years for 24 hours a day that occurs in a place other than the child's own home. Residential child care also includes child-placing agencies. See 40 TAC §745.35.
<b>Variance</b>	An alternate method of compliance requested by a child-care facility or child-placing agency that allows them to comply with a specific minimum standard in a way that meets the intent of the standard but is different from the usual compliance, as long as the health, safety, and well-being of the children is reasonably protected. See Texas Human Resources Code §42.048(c).
<b>Waiver</b>	An exception granted by Licensing when a child-care facility or child-placing agency requests that it not be required to comply with a specific minimum standard. The waiver is granted if Licensing determines that the economic impact of compliance is great enough to make compliance impractical and the possibility of risk is not significantly increased. See Texas Human Resources Code §42.042(j).