

CHILD CARE FEE SCHEDULE

<input type="checkbox"/> Please check if this is a change of address.			Region
Operation Name (if Registered Child Care or Listed Family Home, enter your name only):		Operation No. (on your permit):	Telephone Number ____ - ____ - ____
Operation Street Address:	City:	County:	Zip
TYPE OF FEE BEING PAID			AMOUNT
<ul style="list-style-type: none"> FOR LISTED FAMILY HOMES ONLY: Listed Family Home Fee: A \$20 fee paid when the listing is requested and at the anniversary date of issuance. The background check fees are included in this. 			
<input type="checkbox"/> Listing Request Fee	<input type="checkbox"/> Annual Listing Renewal Fee		\$ _____
<ul style="list-style-type: none"> FOR REGISTERED CHILD-CARE HOMES ONLY: Registered Child-Care Home Fee: A \$35 fee paid when the registration is requested and at the anniversary date of issuance. 			
<input type="checkbox"/> Registration Request Fee	<input type="checkbox"/> Annual Registration Renewal Fee		\$ _____
<ul style="list-style-type: none"> LICENSED OPERATIONS: Please refer to the description below for the types of fees: 			
Operation Type (check one)		Fee Type (check all that apply)	<i>Amount of Fee paid:</i> <div style="text-align: right;">\$ _____</div> <i>plus additional fee, if applicable</i> <div style="text-align: right;">\$ _____</div>
<input type="checkbox"/> Licensed Care Center	<input type="checkbox"/> Institution Serving Mentally Retarded Children	<input type="checkbox"/> Application	
<input type="checkbox"/> Child - Placing Agency	<input type="checkbox"/> Institution Providing Basic Child Care	<input type="checkbox"/> Provisional	
<input type="checkbox"/> Foster Family Home	<input type="checkbox"/> Residential Treatment Center	<input type="checkbox"/> Provisional Renewal	
<input type="checkbox"/> Foster Group Home	<input type="checkbox"/> Emergency Shelter	<input type="checkbox"/> Non-expiring license fee	
<input type="checkbox"/> Maternity Home	<input type="checkbox"/> Therapeutic Camp	<input type="checkbox"/> Annual Renewal	
<input type="checkbox"/> Halfway House		<input type="checkbox"/> Amendment	
		<input type="checkbox"/> Supplemental	
CAPACITY. Number of children for which you are or will be Licensed: _____ X \$1 (This applies to those licensed operations that are obtaining their full license or paying annual renewal fees it does not apply to centers that are applying/paying for application and provisional license. <i>Is this a change in the number of children from your previous Licensing?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No			<i>Total Capacity Fee:</i> <div style="text-align: right;">\$ _____</div>
APPLIES TO ALL OPERATIONS EXCEPT LISTED FAMILY HOMES:			
<input type="checkbox"/> Background Check Fee	Number of Persons being checked: _____ X \$2		<i>Total amount of Background Check Fees:</i> <div style="text-align: right;">\$ _____</div>
TOTAL AMOUNT OF FEES PAID:			\$ _____

Check if you would like to receive or continue to receive the **Texas Child Care** quarterly journal at no cost. This information is needed to determine postage rates.

FEE DEFINITIONS

Application Fee: A nonrefundable fee of \$35 for an initial application for a license to operate a child care operation. This fee is paid when the application is submitted.

Provisional License Fee: A \$35 fee for a child care operation. A \$50 fee for a child placing agency and maternity home. This fee is paid when the application for a provisional license is submitted.

Provisional Renewal: \$35.00 fee for a child care operation. A \$50 fee for a child placing agency and maternity home. The fee is paid when the provisional license is renewed.

Non-expiring licensing fee: A \$35 fee for a child care operation. Due only when the non-expiring license is issued.

Annual Fee: A \$35 fee for a child care operation, plus \$1 for each child the operation is licensed to serve; a \$100 fee for a child placing agency. This fee is paid before the non-expiring license is issued and at the anniversary date of issuance.

Amendment License Fee (for increase in licensed capacity ONLY): A \$1 fee for each child that the current licensed capacity is increased.

Registered Child-Care Home Fee: A \$35 fee paid when the registration is requested and at the anniversary date of issuance.

Supplemental Fee: A supplemental fee is applied only when there is an insufficient licensing payment.

Listed Family Home Fee: A \$20 fee paid when the listing is requested and at the anniversary date of issuance. This includes the Background check fees.

Background Check Fee: \$2.00 per person submitted. (The Background Check fee(s) must be submitted with this form to the address below. The Form 2971, Request for Criminal History and Central Registry Check, must be submitted separately to your local licensing office.)

Exemption: Certified or state-run operations are exempt from application and licensing fees. Licensed Foster Homes, Licensed Foster Group Homes and Non-Profit 24-hour Care Operations that charge no fees for their services or Non-Profit Operations that provide care for children in the managing conservatorship of the Department are exempt from paying provisional, annual, and background check fees.

Make Payable To: Texas Dept. of Protective and Regulatory Services	KEEP YOUR RECEIPT STUB OR CANCELED CHECK NO RECEIPT WILL BE SENT - DO NOT SEND CASH
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RETURN ONLY THIS 2988a FORM WITH YOUR LICENSING FEE IN THE RETURN ENVELOPE
ADDRESSED TO:
Texas Department of Protective and Regulatory Services
Accounting Division E-672
P.O. Box 149030
Austin, Texas 78714-9030