TEXAS Health and Human Services

Form 2971
December 2022-E

Child Care Regulation

Request for Background Check

Use this form to request background checks required by 26 Texas Administrative Code (TAC) Chapter 745 Subchapter F. You can also submit background check requests through your Child Care Regulation Account website.

See the chart below for instructions based on operation type for submitting background check requests.

Operation Type:	Submit Background Check Requests:
• Licensed child care center • School-age program • Before- or after-school program • Licensed child care home • Registered home • Employer- based child care operation • Shelter operation • Residential care provider	through your online Child Care Regulation Account. **Exception**: use this form and submit it to CBCU if the person for whom you are submitting the background check does not have any of the following types of identification: • Social Security number; • driver's license number; • state-issued identification number; • Canadian social insurance number; • military identification card number; • passport number; or • permanent resident card identification number. **Note**: If you submit this form and the background check subject does not meet the exception above, CBCU staff will advise you to submit the background check through your online Child Care Regulation Account.
Listed family home	• through your online Child Care Regulation Account; or • submit this form to CBCU.

Submit this form to CBCU by:

- emailing to contactcbcu@hhs.texas.gov;
- faxing to 512-339-5871; or
- mailing to:

Texas Health and Human Services Commission
Centralized Background Check Unit
Mail Code 121-7
P.O. Box 149030
Austin, TX 78714-9030

Directions: Complete the following information for each person required to have a background check. Download additional forms from the HHS forms website **https://hhs.texas.gov/laws-regulations/forms**.

Operation Information

Operation Name	Operation No.	Operation Area Code and Phone No.

Operation Address *(Street, City, State, ZIP Code)*	
Operation Mailing Address *(Street, City, State, ZIP Code)*	County

Verification Signatures

I verified (by reviewing the person's Social Security card or driver license) that the information on this form contains no willful misrepresentation, and that the information given is true and complete to the best of my knowledge. I understand that HHSC may contact others and, at any time, seek proof of any information contained here. I understand that any willful misrepresentation or failure to provide identifying information within the stated time limit is a cause for denial of the application or revocation of my license, registration, or listing.

Crystal Sanders

Printed Name of Director, Owner or Operator	**Signature of Director, Owner or Operator**	**Date Signed**

Individual's Identifying Information

☐ Initial ☐ Renewal ☐ Fingerprint Check Required ☐ FBI Results in DPS Clearinghouse

First Name	Middle Name	Last Name

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

Other First Names	Other Middle Names	Other Last Names

Address (Street, City, State, ZIP Code)

County	Area Code and Phone No.	Date of Birth	Gender: ◯ Male ◯ Female

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

Ethnicity *(must accompany race)*: ◯ Hispanic ◯ Non-Hispanic	Race ◯ Asian ◯ Black ◯ White ◯ Native Hawaiian/Pacific Islander ◯ American Indian/Alaskan Native	Social Security No.

Photo ID Type:

☐ Driver License No.: _____ State: _____ ☐ Canadian SIN: _____

☐ State ID: _____ ☐ Military ID: _____

☐ Passport: ☐ Permanent Resident Card:

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

◯ Email: _____ ◯ Area Code and Phone No.: _____

Please enter the 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.

Role at Operation:

☐ Adoptive Parent ☐ Contracted Service Provider ☐ Director ☐ Foster Parent ☐ Foster/Adoptive Parent
☐ Household Member ☐ Frequent/Regular Visitor ☐ Licensed Administrator ☐ Owner/Permit Holder
☒ Staff/Employee ☐ Unverified Respite Provider ☐ Volunteer

Job Duties/Title:

ECHL Staff

For Foster or Adoptive Homes Only:

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

◯ Relative ◯ Fictive Kin ◯ Unrelated

Will this person be supervised by a caregiver who is counted in the child-caregiver ratio? ..... ◯ Yes ◯ No

(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.)

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

◔ 0 – 17 months ◔ 18 months – 2 years ◑ 3 years – 4 years ◕ 5 years – 13 years ◯ 14 years – 17 years
◯ Over 17 years ◯ N/A