Kames

Texas Dept of Family & Protective Services

General Residential Operation and Residential Treatment Center Documentation Required at Application

Form 2784 June 2013

Documentation that must be Submitted to DFPS to Apply for a License

DOCUMENT	FORM
Application for a license to operate a residential child-care facility, or child-placing agency	2960 ✓
Floor Plan of the building and surrounding space to be used, showing the dimensions and the purpose of all rooms and specifying where children and caregivers, if applicable, will sleep	NA ✓
Request for Criminal History and Central Registry Check	2971 ✓
Controlling Person Form	2970 ✓
Personal History Statement for each applicant that is sole proprietor or partner unless you are also a licensed administrator	2982 ✓
Proof the for-profit corporation or limited liability company is not delinquent in paying the franchise tax. For information on the franchise tax, see §745.245.	NA ✓
Verification of liability insurance or documentation that you are unable to obtain liability insurance and a copy of the written notice informing the parents that there is no insurance, see §745.249 and §745.251.	2962 ✓
Residential Child Care License Fee Schedule and Fee (with payment sent to Austin & a copy submitted with the application)	3011 ✓

~~Policies, procedures, and documentation required by minimum standard that are listed in this~~ Table, *as applicable:

Documentation operation is legally established	§748.101(1) /
Policies stating responsibilities of governing body	§§748.101(3)-(4); 748.131
Personnel policies and procedures	§748.105 → 1, 2, 3, 4, 5, 6, 7, 8
Conflict of interest policies	§748.107
Fiscal requirements	§748.161(1)-(3)
Admission policies	§§748.233; 748.1203(a); 748.1211(b)(2); 748.1825
Child-care policies	§§748.235; 748.1105(1); 748.1107(a)(1); 748.1309; 748.1481(b)(1); 748.1941(1) → 6.5 comes close
Emergency behavior intervention policies	§§748.237; 748.1823; 748.2451; 748.2751(a)(1); 748.2753(a)(1); 748.2755(a)(1) Only refers to staff not dealing kids - roles disab
Volunteer policies	§748.239
Electronic records policies, procedures and protecting records	§§748.341(a) and (c); 748.435
Professional staffing plan	§§748.501; Subchapter E, Divisions 2, 3, 4; 748.1009(b); 748.1339; 748.1345 N/A
Tobacco use policies	§748.1661
Recreational plan	§748.3701(b)
Weapons, firearms, explosive materials and projectiles	§748.3931(3)
Drug testing policy	§745.4151

* Subchapters B-R - (§§748.41-748.4111) are applicable for all GRO and RTC's;
* Subchapter S - (§§748.4201-748.4269) is applicable if the operation offers emergency care services; → Call.
* Subchapter T - (§§748.4301-748.4397) is applicable if the operation offers an assessments services program; and
* Subchapter U - (§§748.4401-748.4473) is applicable if the operation offers therapeutic camp services.

[pink] = Missing
☆ = Out of compliance

APPLICATION FOR A LICENSE TO OPERATE A RESIDENTIAL CHILD-CARE FACILITY

CHILD CARE LICENSING

Purpose: Use this form to apply for a license to operate a residential child-care facility, including a child-placing agency.
Directions: After completing this form, please mail it and any other materials requested to your nearest DFPS Licensing office. For information on local Licensing offices, see:
http://www.dfps.state.tx.us/Child_Care/Local_Child_Care_Licensing_Offices/default.asp

PART I – ABOUT YOUR OPERATION

Name of Operation						Telephone Number
Karnes County Residential Center						830-254-2000
Street Number	**Street Address**	**Apartment Number**	**City**	**County**	**State**	**Zip Code**
409	FM 1144		Karnes City	Karnes	TX	78118

Type of Governing Body:

- ☐ Sole Proprietorship
- ☐ Partnership
- ☐ Limited Partnership
- ☐ Limited Liability Partnership
- ☐ Association
- ☒ Corporation
- ☐ Nonprofit Association
- ☐ Nonprofit Corporation
- ☐ Political Subdivision
- ☐ Nonprofit Corporation with Religious Affiliation
- ☐ Nonprofit Association with Religious Affiliation
- ☐ Limited Liability Company
- ☐ State Operated

PART II – APPLICANT INFORMATION

Section 1

Complete this section if your type of governing body is: SOLE PROPRIERTORSHIP OR PARTNERSHIP (General, Limited Partnership, Limited Liability Partnership)

If you have more than two partners, attach the information requested here for each.

Name of Entity (Required for a Limited Partnership or Limited Liability Partnership)			Name of Sole Proprietor or Partner			Telephone Number
Street Number	**Street Address or P.O. Box**	**Apartment Number**	**City**	**County**	**State**	**Zip Code**
Name of Second Partner			Telephone Number			
Street Number	**Street Address or P.O. Box**	**Apartment Number**	**City**	**County**	**State**	**Zip Code**

☐ Check here, if you are (or a partner is) a military service member, military spouse, or military veteran. (Applies only if your governing body is a sole proprietorship or partnership.)

Section 2

Complete this section, if your type of governing body is: association, corporation, limited liability company, nonprofit

PART II – APPLICANT INFORMATION

orporation, nonprofit association, political subdivision, nonprofit corporation with religious affiliation, nonprofit association with religious affiliation, or state operated

Name of Organization or Governing Body			Telephone Number			
GEO Group Inc.			561-893-0101			
Street Number	Street Address or P.O. Box	Apartment Number	City	County	State	Zip Code
621	One Park Place NW 63rd St.	Suite 700	Boca Raton	Palm Beach	FL	33487

PART III – CHILD POPULATION

[X] Boys [x] Girls Age Range:1 to 17 Expected Number of Children: 581

PART IV – OPERATION TYPE AND SERVICES

OPERATION TYPE (Select one type of operation.)	PROGRAMMATIC SERVICES (Select all that apply for your type of operation.)	TREATMENT SERVICES (Select all that apply for your type of operation.)
[ ] General Residential Operation operating as a Residential Treatment Center	[ ] Child-Care Services [ ] Emergency Care Services [ ] Respite Child Care [ ] Transitional Living Program [ ] Assessment Services [ ] Therapeutic Camp Services	[ ] Emotional Disorders [ ] Mental Retardation [ ] Pervasive Development Disorder [ ] Primary Medical Needs
[ ] General Residential Operation offering emergency care services ONLY	[ ] Child-Care Services [ ] Emergency Care Services [ ] Respite Child Care [ ] Transitional Living Program [ ] Assessment Services	*(Select one of the following treatment services only if your emergency care services program is limited to a specific target population.)* [ ] Emotional Disorders [ ] Mental Retardation [ ] Pervasive Development Disorder [ ] Primary Medical Needs
[X] General Residential Operation offering Child Care Services ONLY	[x] Child-Care Services [ ] Transitional Living Program	*(Treatment services are not permitted for operations that provide child care services only)*
[ ] General Residential Operation offering multiple services	[ ] Child-Care Services [ ] Emergency Care Services [ ] Respite Child Care [ ] Transitional Living Program [ ] Assessment Services [ ] Therapeutic Camp Services	[ ] Emotional Disorders [ ] Mental Retardation [ ] Pervasive Development Disorder [ ] Primary Medical Needs

PART IV – OPERATION TYPE AND SERVICES

☐ Child-Placing Agency ☐ Foster Care ☐ Adoption	☐ Child-Care Services ☐ Transitional Living Program ☐ Assessment Services ☐ Respite Child-Care Services	☐ Emotional Disorders ☐ Mental Retardation ☐ Pervasive Development Disorder ☐ Primary Medical Needs
☐ Independent Foster Family Home	☐ Child-Care Services ☐ Transitional Living Program ☐ Assessment Services ☐ Respite Child-Care Services	☐ Emotional Disorders ☐ Mental Retardation ☐ Pervasive Development Disorder ☐ Primary Medical Needs
☐ Independent Foster Group Home	☐ Child-Care Services ☐ Transitional Living Program ☐ Assessment Services ☐ Respite Child-Care Services	☐ Emotional Disorders ☐ Mental Retardation ☐ Pervasive Development Disorder ☐ Primary Medical Needs

PART V – PERMIT HISTORY

Do you (the applicant) have either a permit to provide any other type of child-care or child-placing services or a pending application to provide such services? ☐ Yes ☒ No

If yes, specify the name of the operation and type of permit:

Have you (the applicant) ever been denied a permit to provide child-care or child-placing services?
☐ Yes ☒ No

If yes, provide the date of denial:	Type of operation denied

Operation's address (Street, City, State, and Zip Code):	County

What was the reason for the denial?

Have you (the applicant) ever had a permit for child-care or child-placing services revoked?
☐ Yes ☒ No

If yes, provide date of the revocation:	Type of operation revoked?

Operation's address (Street, City, State, and Zip Code):	County

If the revocation occurred in another state, list the name and address of the regulatory body that issued the revocation:

What was the reason for the revocation?

Have you (the applicant) ever been prohibited or barred from operating a child-placing agency or any other type of child-care operation? ☐ Yes ☒ No

If yes, provide the date of the prohibition or bar:	Type of operation barred?

PART V – PERMIT HISTORY

Operation's address (Street, City, State, and Zip Code):	County

If the bar occurred in another state, list the name and address of the regulatory body that issued the bar:

What was the reason for the prohibition or bar?

Have you (the applicant) ever been a controlling person at a residential operation? ☐ Yes ☒ No

If yes, provide the dates:	Was the operation's permit revoked? If so, provide the date of revocation:	Name of the operation:
Operation's address (Street, City, State, and Zip Code):		County

PART VI – ADDITIONAL INFORMATION FOR PUBLICATION ON THE DFPS WEBSITE

Website Address: http:// geogroup.com

Email Address: rthompson@geogroup.com

Name of Administrator or Executive Director: Rose Thompson

Behavior Interventions: (Check all that apply)

☐ Personal Restraints ☐ Seclusion ☐ Mechanical Restraints ☐ Emergency Medication

Devices: (Check all that apply)

☐ Protective Devices ☐ Supportive Devices

Special Services Provided: (Check all that apply)

☐ Young-Adult Care
☐ International Adoptions
☐ Human Trafficking Services
☐ Interstate Compact on the Placement of Children (for children from another state)
☐ Physically Challenged (provides accommodations for children with physical disabilities)

PART VII – FOR CHILD-PLACING AGENCIES

Attach a complete list of your offices and agency homes, and indicate which of your offices regulates each home.

PART VIII – DESIGNATING A GOVERNING BODY

Name of Chief Executive Officer or Head of the Governing Body: Rose Thompson				Telephone Number (000-000-0000):830-254-2000
Mailing Address:409 FM 2144	City: Karnes City	County: Karnes	State:Tx	Zip Code:78118

PART VIII – DESIGNATING A GOVERNING BODY

Name of Designated Governing Body:				Telephone Number (000-000-0000):
Mailing Address:	City:	County:	State:	Zip Code:

I hereby designate the person stated above as the official representative (designee) to speak for and act on our organization's behalf.

- I understand that, as the permit holder, the governing body is ultimately responsible for maintaining compliance with the minimum standards and other child care licensing law.
- I understand that all waivers and variances must be requested and signed by me or by the designee.
- I understand that the governing body must notify the DFPS Licensing division anytime there is a change in the governing body's designee.
- I understand that the DFPS Licensing division provides the governing body and all controlling persons in the operation with documents showing the operation's compliance or deficiencies and any remedial actions that Licensing takes against the operation.

AUTHORIZING SIGNATURE

Signature of the Chief Executive Officer or Head of the Governing Body or Each Partner:	Signer's Title:	Date Signed:
X Rose Thomas	Program Director	09-14-15

PART IX – FOR INDEPENDENT FOSTER HOMES

Licensing will conduct a background check, including a criminal history check, on applicants for a license to operate an independent foster home.

Some criminal convictions:

- preclude an applicant from operating a licensed foster home; and
- may also be considered in evaluating the application.

See 40 TAC Chapter 745, Subchapter F, for Licensing's rules on background checks, including those that would impact the approval of an application.

PART X – 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 immediate denial of the application or later denial or revocation of the license. The documentation to complete this application is attached (see the checklist provided below). I understand that this application will be returned if the attached documentation is incomplete or does not conform to applicable laws. If a license is granted, there will be no racial discrimination in the admission or care of children.

PART X – CERTIFICATION AND SIGNATURE

Signature of Applicant, Designee, or Head of the Governing Body X	Date Signed:

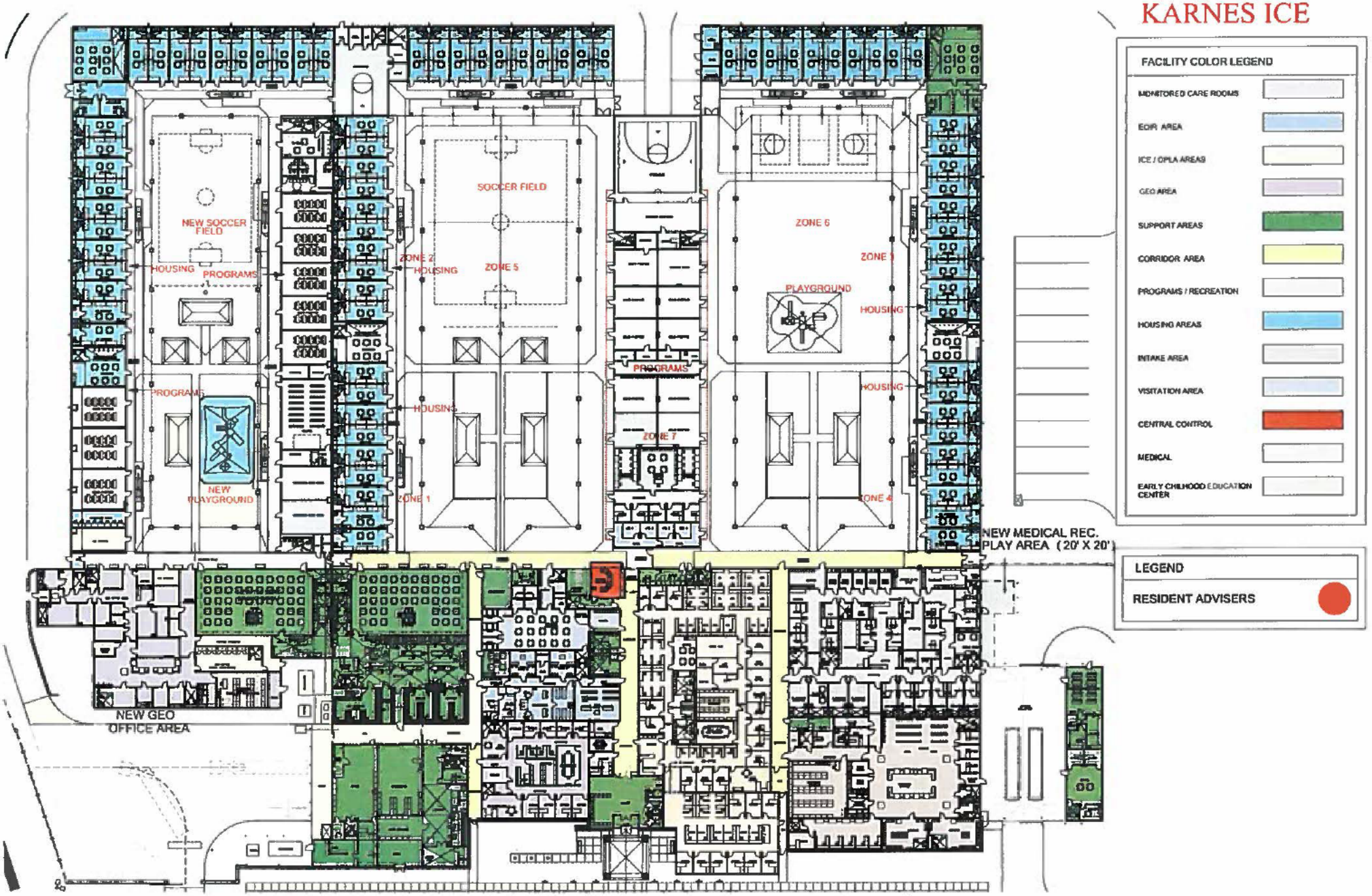
☐ Floor plan of the building and surrounding space to be used (with indoor dimensions and the purpose of all rooms provided. I if applicable, specify where the children and caregivers will sleep)	☐ Proof of liability insurance (or documentation that you are unable to obtain liability insurance) and a copy of the notice to parents about whether you have liability insurance.
☐ Proof that the for-profit corporation or the limited liability company is not delinquent in paying franchise tax.	☐ Policies, procedures, and documentation, as required by either form 2784, 2785, or 2786 (if applicable)
☐ Verification of Fee Payment (if applicable)	☐ Request for Criminal History and Central Registry Check
☐ Personal History Statement (if applicable)	☐ Controlling Person Form

DRIVING DIRECTIONS TO THE OPERATION: (Please provide clear and concise directions for driving to your operation from the nearest DFPS Licensing office)

PRIVACY STATEMENT

DFPS values your privacy. For more information, read our privacy policy online at http://www.dfps.state.tx.us/policies/privacy.asp.

KARNES ICE



FACILITY PLAN

N.T.S.

Karnes County Residential Center

Building Dimensions

Total sq. footage of facility:	216,814
Bed Rooms x 166 :	293.75 sq. ft.
Dining Room 1:	2,720 sq. ft.
Dining Room 2:	2,691 sq. ft.
Gymnasium 1:	1,856sq. ft.
Gymnasium 2:	2,816 sq. ft.
Dayrooms x 9:	520 sq. ft.
Compound 1 (outside recreation):	10,368 sq. ft.
Compound 2 (outside recreation):	19,520 sq. ft.
Compound 3 (outside recreation):	19,520 sq. ft.

CHILD CARE LICENSING REQUEST FOR BACKGROUND CHECK

CCL

"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."

Operation Name	Operation Number	Telephone No. (A/C)
Karnes County Residential Center	N/A	830-254-2000

Operation Address (Street, City, ZIP)	Operation Mailing Address (City & Zip)	County
409 FM 1144 Karnes City, 78118	Same	Karnes

Complete the following information for each person required to have a background check. All names used currently or in the past must be provided. If you do not provide every name that each person has used, you may receive inaccurate results. Additional forms may be obtained from the Licensing office.

I verified **(by reviewing the person's social security card and/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 the Department may contact others and, at any time, seek proof of any information contained here. I understand that any willful misrepresentation or failure to provide identifying information within the stated time limit is a cause for denial of the application or revocation of my license, registration or listing.

Printed Name of Director, Owner, or Operator	Signature of Director, Owner, or Operator	Date
Rose Thompson	Rose Thompson	09/14/2015

☒ Initial ☐ 24 Month Check ☐ Fingerprint Check Required ☐ FBI Results in DPS Clearinghouse

Social Security Number	ID Type - Drivers License or ID Number -State
[redacted]	[redacted]

First Name	Middle Name	Last Name
Rose	Marie	Thompson

Street Address	City	State	Zip
509 Cottonwood	Kenedy	Tx	78119

County	Telephone No. (A/C)	Date of Birth	Gender
Karnes	830-267-1659	[redacted]	☐ M ☒ F

You must list any other city in Texas where this person has been a resident, and any addresses, including county, where the person has lived outside of Texas in the previous five years: Pearsall, Texas

Relationship of person to requestor
☐ Adoptive Parent ☐ Caregiver ☒ Director ☐ Foster parent ☐ Household Member ☐ Licensed Administrator
☐ Other Staff ☐ Staff ☐ Volunteer ☐ Other:

For Foster/Adoptive Homes only: Relationship between child/children to be placed and the foster/adoptive parent(s) or prospective foster/adoptive parent(s) ☐ Relative ☐ Fictive Kin ☐ Unrelated

Date Hired /Used by the Operation/Agency	*Ethnicity* (must accompany race)	Race
05/2012	☐ Hispanic ☒ Other	☒ White ☐ Asian ☐ Black ☐ American Indian/Alaskan Native ☐ Unable to Determine ☐ Native Hawaiian/ Pacific Islander

Other names used (married, maiden, etc.) First Name	Middle Name	Last Name
Rose	Marie	Straughn

DFPS Use Only	Worker Name--Last, first	Mail Code

"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."

AFFIDAVIT FOR APPLICANTS FOR EMPLOYMENT WITH A LICENSED OPERATION OR REGISTERED CHILD-CARE HOME

AN APPLICANT FOR TEMPORARY OR PERMANENT EMPLOYMENT with a licensed child-care facility, licensed child-placing agency or registered child-care home whose employment or potential employment with the facility, agency, or home involves direct interaction with or the opportunity to interact and associate with children must execute and submit the following affidavit with the application for employment:

STATE OF Texas

COUNTY OF Kaufman

I swear or affirm under penalty of perjury that I do not now and I have not at any time, either as an adult or as a juvenile:

1. Been convicted of;
2. Pleaded guilty to (whether or not resulting in a conviction);
3. Pleaded nolo contendere or no contest to;
4. Admitted;
5. Had any judgment or order rendered against me (whether by default or otherwise);
6. Entered into any settlement of an action or claim of;
7. Had any license, certification, employment, or volunteer position suspended, revoked, terminated, or adversely affected because of;
8. Resigned under threat of termination of employment or volunteerism for;
9. Had a report of child abuse or neglect made and substantiated against me for; or
10. Have any pending criminal charges against me in this or any other jurisdiction for;

Any conduct, matter, or thing (irrespective of formal name thereof) constituting or involving (whether under criminal or civil law of any jurisdiction):

1. Any felony;
2. Rape or other sexual assault;
3. Physical, sexual, emotional abuse and/or neglect of a minor;
4. Incest;
5. Exploitation, including sexual, of a minor;
6. Sexual misconduct with a minor;
7. Molestation of a child;
8. Lewdness or indecent exposure;
9. Lewd and lascivious behavior;
10. Obscene or pornographic literature, photographs, or videos;
11. Assault, battery, or any violent offense involving a minor;
12. Endangerment of a child;
13. Any misdemeanor or other offense classification involving a minor or to which a minor was a witness;
14. Unfitness as a parent or custodian;
15. Removing children from a state or concealing children in violation of a court order;
16. Restrictions or limitations on contact or visitation with children or minors resulting from a court order protecting a child or minor from abuse, neglect, or exploitation; or,
17. Any type of child abduction.

Except the following (list all incidents, locations, description, and date) (if none, write NONE)

None

The failure or refusal of the applicant to sign or provide the affidavit constitutes good cause for refusal to hire the applicant.

Signed: Todd Thomas Date: 9-14-15

Subscribed and sworn to (or affirmed) before me this 14 day of September 2015

Signature of notary officer: Laura Ann Guerrero
(seal, if any, of notarial officer)

LAURA ANN GUERRERO
MY COMMISSION EXPIRES
February 11, 2017

My commission expires: 02/11/2017

Texas Dept of Family and Protective Services

Controlling Person Form
Child Care Licensing

Form 2760
Sept 4, 2012

Operation Name	Operation Number	Telephone No. (A/C)
Karnes County Residential Center	N/A	830-254-2000
Address of Operation	**City & ZIP Code**	**County**
409 Fm 1144	Karnes City, 78118	Karnes

Complete the required information for each controlling person with your operation. This includes all people in the operation as stated under 40 TAC §745.901 or see Page 3 of this form for the definition of "controlling person."

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.

Rose Thomps — Signature of Applicant, Designee, or Head of Governing Body

09/14/15 — Date

First Name	Middle Name	Last Name	Suffix
Rose	Marie	Thompson	Mrs
Other names used (married, maiden, etc.) First Name	Middle Name	Last Name	Suffix
FT Straughn Rose		Straughn	
Date of Birth	**Driver's License No.**	**Driver's License State**	**SSN**
[redacted]			
Individual's Mailing Address	**City**	**State** / **Zip**	**Telephone No. (A/C)**
509 Cottonwood St.	Kenedy	Tx / 78119	830-267-1659

Title, Position or Relationship

- ☐ Licensed Administrator
- ☒ Center Director
- ☐ Board Member
- ☐ Governing Body Member
- ☐ CEO
- ☐ Owner
- ☐ Primary Caregiver in Child Care Home
- ☐ Spouse of Primary Caregiver
- ☐ Adult Living in Child Care Home
- ☐ Other: _____

Effective Date of Position: 05/2012

If person is associated with a Child Placing Agency, indicate if the person is associated with the Main or Branch office:
☐ Main ☐ Branch If Branch, what number: ____

First Name	Middle Name	Last Name	Suffix
Other names used (married, maiden, etc.) First Name	Middle Name	Last Name	Suffix
Date of Birth	**Driver's License No.**	**Driver's License State**	**SSN**
Individual's Mailing Address	**City**	**State** / **Zip**	**Telephone No. (A/C)**

Title, Position or Relationship

- ☐ Licensed Administrator
- ☐ Center Director
- ☐ Board Member
- ☐ Governing Body Member
- ☐ CEO
- ☐ Owner
- ☐ Primary Caregiver in Child Care Home
- ☐ Spouse of Primary Caregiver
- ☐ Adult Living in Child Care Home
- ☐ Other: _____

Effective Date of Position

If person is associated with a Child Placing Agency, indicate if the person is associated with the Main or Branch office:
☐ Main ☐ Branch If Branch, what number: ____

DFPS Use Only	Name of Licensing Staff Completing AARS Check	Mail Code
Date Form Received	Date AARS Check Completed	AARS Status: Cleared: / Match:

First Name	Middle Name	Last Name	Suffix
Other names used (married, maiden, etc.) First Name	Middle Name	Last Name	Suffix

Date of Birth	Driver's License No.	Driver's License State	SSN

Individual's Mailing Address	City	State	Zip	Telephone No. (A/C)

Title, Position or Relationship
- ☐ Licensed Administrator
- ☐ Center Director
- ☐ Board Member
- ☐ Governing Body Member
- ☐ CEO
- ☐ Owner
- ☐ Primary Caregiver in Child Care Home
- ☐ Spouse of Primary Caregiver
- ☐ Adult Living in Child Care Home
- ☐ Other: ____________________

Effective Date of Position

If person is associated with a Child Placing Agency, indicate if the person is associated with the Main or Branch office:
☐ Main ☐ Branch If Branch, what number: _____

First Name	Middle Name	Last Name	Suffix
Other names used (married, maiden, etc.) First Name	Middle Name	Last Name	Suffix

Date of Birth	Driver's License No.	Driver's License State	SSN

Individual's Mailing Address	City	State	Zip	Telephone No. (A/C)

Title, Position or Relationship
- ☐ Licensed Administrator
- ☐ Center Director
- ☐ Board Member
- ☐ Governing Body Member
- ☐ CEO
- ☐ Owner
- ☐ Primary Caregiver in Child Care Home
- ☐ Spouse of Primary Caregiver
- ☐ Adult Living in Child Care Home
- ☐ Other: ____________________

Effective Date of Position

If person is associated with a Child Placing Agency, indicate if the person is associated with the Main or Branch office:
☐ Main ☐ Branch If Branch, what number: _____

First Name	Middle Name	Last Name	Suffix
Other names used (married, maiden, etc.) First Name	Middle Name	Last Name	Suffix

Date of Birth	Driver's License No.	Driver's License State	SSN

Individual's Mailing Address	City	State	Zip	Telephone No. (A/C)

Title, Position or Relationship
- ☐ Licensed Administrator
- ☐ Center Director
- ☐ Board Member
- ☐ Governing Body Member
- ☐ CEO
- ☐ Owner
- ☐ Primary Caregiver in Child Care Home
- ☐ Spouse of Primary Caregiver
- ☐ Adult Living in Child Care Home
- ☐ Other: ____________________

Effective Date of Position

If person is associated with a Child Placing Agency, indicate if the person is associated with the Main or Branch office:
☐ Main ☐ Branch If Branch, what number: _____

First Name	Middle Name	Last Name	Suffix
Other names used (married, maiden, etc.) First Name	Middle Name	Last Name	Suffix

Date of Birth	Driver's License No.	Driver's License State	SSN

Individual's Mailing Address	City	State	Zip	Telephone No. (A/C)

Title, Position or Relationship
- ☐ Licensed Administrator
- ☐ Center Director
- ☐ Board Member
- ☐ Governing Body Member
- ☐ CEO
- ☐ Owner
- ☐ Primary Caregiver in Child Care Home
- ☐ Spouse of Primary Caregiver
- ☐ Adult Living in Child Care Home
- ☐ Other: ____________________

Effective Date of Position

If person is associated with a Child Placing Agency, indicate if the person is associated with the Main or Branch office:
☐ Main ☐ Branch If Branch, what number: _____

Instructions for Controlling Person Form

Who must complete the controlling person form?
The applicant, designee, or head of the governing body must complete and sign this form.

Whose names must be entered on the Controlling Person Form?
Controlling Persons include each:

(1) Owner of the operation or member of the governing body of the operation, including, as applicable, an executive, an officer, a board member, a partner, a sole proprietor and the sole proprietor's spouse, or the primary caregiver at a child-care home and the primary caregiver's spouse;

(2) Person who manages, administrates, or directs the operation or its governing body, including a day care director or a licensed administrator; or

(3) Person who either alone or in connection with others has the ability to influence or direct the management, expenditures, or policies of the operation. For example, a person may have influence over the operation because of a personal, familial, or other relationship with the governing body, manager, or other controlling person of the operation.

A person does not have to be present at the operation or hold an official title at the operation or governing body in order to be a controlling person. An employee, lender, secured creditor, or landlord of the operation is not a controlling person unless the person meets the definition as stated above.

When do I complete this form?
Complete and sign this form when:

(1) You submit an application to licensing for a permit; and

(2) Within two days after a person becomes a controlling person at your operation.

Where do I send the form?
Mail the form to your local Licensing office.

General Instructions:
Do not leave any blanks. Write "none," "not applicable," or "NA" if the item does not apply.

Operation Information:
Enter the operation name and operation number (if already licensed, certified, registered or listed). The remaining operation information is self-explanatory.

Signature/date:
The applicant, designee, or head of the governing body must sign and date the form.

Controlling Person Information:

- ***Name:*** List every name used by this person, including a woman's maiden name and previous married names. Write out the middle name, do not use only the middle initial. Add additional pages, as necessary.
- ***Address and phone:*** Enter the personal mailing address and phone number for the person listed.
- ***Title, Position, or Relationship:*** Select the appropriate choice.
  - *Licensed Administrators* refers to Licensed Child Care Administrators or Licensed Child Placing Administrators
  - *Center Director* refers to a director of a child care center or home
  - *Primary Caregiver of a Child Care Home*, *Spouse of Primary Caregiver*, and *Adult Living in Child Care Home* are terms only associated with licensed, registered, or listed child care homes
- ***Effective Date of the Position***: Enter the date the person began the role of a controlling person.

Page 2:

This page is provided in case you have many controlling persons for your operation. Make as many copies of Page 2 as you need to list all the names you need to submit. Only one Page 1 is required each time you submit the form.

Texas Dept of Family and Protective Services

PERSONAL HISTORY STATEMENT

Form 2982
July 2010

"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."

Name (Last, First, Middle)	Soc. Sec. No.*	TX. Driver's License No.*	Date of Birth
Thompson, Rose	[redacted]	[redacted]	[redacted]

Mailing Address	City	Zip Code	Home Telephone No. (A/C)
509 Cottonwood St	Kenedy	78119	830-267-1659

Name of Operation	Capacity	Your Title or Position at the Operation
GEO Group Inc.	830	Program Director

Operation Address	City	Zip Code	Telephone No. (A/C)
409 FM 1144	Karnes City	78119	830-254-2005

*Indicate if you do not have a Social Security number or a Texas driver's license.

1. EDUCATION:

Elementary or High School (check highest year completed)
☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9 ☐10 ☐11 ☒12

Did you graduate or receive a GED?..... ☒ Yes ☐ No

NAME OF SCHOOL	LOCATION CITY AND STATE	DATES ATTENDED From Mo.	From Yr.	To Mo.	To Yr.	GRADUATED Yes	GRADUATED No	TYPE OF DIPLOMA OR DEGREE	MAJOR FIELD OF STUDY
College or University	University of Phoenix, Phoenix, Arizona	05	2010	07	2013	☒	☐	Bachelor of Science Criminal Justice Administration	Criminal Justice Administration
						☐	☐		
						☐	☐		
Technical or Vocational						☐	☐		
						☐	☐		

Describe any other special training you have had which you feel is pertinent. Including Continuing Education Units. Give dates, locations, and the name of organization or agency sponsoring the training.

List any professional licenses, certifications, or credentials you hold.

2. EMPLOYMENT AND EXPERIENCE – Show all positions held within the last 10 years beginning with current or last employer.

DATES EMPLOYED From Mo.	From Yr.	To Mo.	To Yr.	POSITION	Full Time	Part Time	EMPLOYER	ADDRESS
					☐	☐		
					☐	☐		
					☐	☐		
					☐	☐		

Use additional sheets as necessary.

A. Describe the duties of each position listed above that were in the areas of child-care services, child-care personnel supervision, skill-based instruction, recreational or youth development program, and program management or administration.

B. Describe any other experience you have had which you feel is pertinent. Include volunteer work in the description. Give dates and locations.

3. PREVIOUS LICENSES/REGISTRATIONS/LISTINGS

A. Has the Texas Department of Family and Protective Services or any other agency ever registered or listed you to care for children?
☐ Yes ☒ No

If "Yes," when were you registered or listed? From: To:	Address (Street, City, ZIP)
County and State	If you were registered under another name, what was the name?

B. Has the Texas Department of Family and Protective Services or any other agency ever licensed you to care for children? ☐ Yes ☒ No

If "Yes," what kind of license did you have?	When were you licensed? From: To:
Name of operation	
Operation Address (Street, City, State and ZIP)	County

C. Are you now a foster parent? ☐ Yes ☒ No

D. Have you ever been denied a permit to care for children? ☐ Yes ☒ No

If "Yes," when were you denied?	For what type of child care were you denied?
Operation's Address (Street, City, State and ZIP)	County
What was the reason for the denial?	

E. Have you ever had a child-care permit revoked or have you ever been barred/prohibited from operating? ☐ Yes ☒ No

If "Yes," when did the revocation or bar occur?	What was the reason for the revocation or bar?
Operation's Address (Street, City, State and ZIP)	County
If the revocation or bar occurred in another state, list the name and address of the regulatory body that issued the revocation or bar	
Indicate the type of child care permit that was revoked or the type of child care you were barred from operating?	

F. Has an operation that you owned or operated ever been placed on probation? ☐ Yes ☒ No

If "Yes," when was it placed on probation?	What was the reason it was placed on probation?
Operation's Address (Street, City, ZIP)	County

4. PEOPLE IN THE HOME: For Child Care Operations in Homes Only:

(Complete only if child care will be provided in the home where the caregiver and family reside.)
The following people 14 years old or older live in my home in addition to myself. Use additional sheets as necessary.

NAME (Last, First, Middle)	AGE	DATE OF BIRTH	SOCIAL SECURITY NO.*	TX. DRIVER'S LIC. NO.*	RELATIONSHIP

5. HEALTH

A. Are you physically and/or emotionally fit to act as the director/administrator of a child care operation? ☒ Yes ☐ No

If "No," please explain.

B. Is any person listed in #4 physically and/or emotionally impaired? ☐ Yes ☐ No

If "yes", please explain.

6. CHILD ABUSE/NEGLECT

Have you or has any person listed in Item #4 ever been investigated for abusing or neglecting a child by any of the following agencies?

A. Child Protective Services of the Texas Department of Family and Protective Services ☐ Yes ☒ No

B. County child welfare agency ☐ Yes ☒ No

C. Law enforcement agency (police, sheriff, etc.) ☐ Yes ☒ No

D. Child welfare agency in another state ☐ Yes ☒ No

E. Other (specify) ☐ Yes ☒ No

If "Yes" to any of the above, what was the child's name?	How was the child related?

When did this occur?	Where?

CRIMINAL CHARGES/CONVICTIONS

A. Have you or has any person listed in Item #4 ever been convicted of a felony or misdemeanor? ☐ Yes ☒ No

If "Yes," give name of person(s)	Date of Conviction	Location

Give details including type of conviction and disposition: _____

B. Do you or does any person listed in Item #4 have felony or misdemeanor charges pending with the county or district attorney or is anyone now complying with the terms of a deferred adjudication? ☐ Yes ☒ No

If "Yes" give name of person(s)	Type of Charge	
County where charges are pending or length of deferred sentence.	Court No.	Location

Give details: _____

8. FOR DIRECTOR OF LICENSED CENTERS ONLY

Please attach all additional documentation relevant to your education, training, and job experience to this form (e.g.: an original DFPS child care director's certificate, college transcripts, original training course certificates, or C.D.A. credential). All original documentation will be returned to you after qualifications are evaluated.

I certify that this information contains no willful misrepresentation or falsification and that it is true and complete to the best of my knowledge and belief. I hereby authorize the Texas Department of Family and Protective Services to contact the persons listed on this form. I understand that the Department may contact others and, at any time, seek verification of any and all information on this form., I understand that any willful misrepresentation is cause for immediate denial of the application or later revocation of the license.

Rose Thompson — Signature

9-14-15 — Date

ROSE THOMPSON
509 Cottonwood
Kenedy, TX 78119
(830)267-1659

Summary:

Bachelor of Science Degree / Criminal Justice Administration

Twenty-five (25) years of correctional supervisory and administrative operations experience including Senior Warden.

Eight (8) years Immigration & Customs Enforcement Experience to include opening and operating "Civil Detention" and "Family Residential" management.

Work History:

2014-Present

GEO Group Inc. **Karnes City, TX**
Karnes County Civil Detention Center

Facility Administrator

- Responsible for the oversight of all facility operations of a 532 Family Residential Center.

2012-2014 **GEO Group Inc.** **Karnes City, TX**
Karnes County Civil Detention Center

Facility Administrator (Warden)

- Responsible for the oversight of all facility operations of 608 bed Civil Detention Center.

2010-2012 **GEO Group Inc.** **Pearsall, TX**
South Texas Detention Complex

Assistant Facility Administrator

- Job duties consist of assisting the Senior Warden in oversight of all facility operations of the facility to include security, transportation, food service, laundry, and intake.

- Monitor contract compliance, compliance of policies, procedures, rules and regulations; monitor compliance within ICE requirements.
- In addition to daily duties as described above, I have been actively involved in the planning and execution of procedures and practices related to all aspects of audits for Performance Based National Detention Standards, ACA audits, GEO audits, and ICE ODO audits.
- Supervise over 500 detention staff.
- Detailed to various facilities to assist regional staff with audits and internal investigations.

2008-2010 **GEO Group Inc.** **Pearsall, TX**
South Texas Detention Complex

Chief of Security

- Responsible for all daily operations of the facility.
- Supervise 386 Detention Officer's, 1 Captain, 6 Lieutenant's, and 15 Sergeant's.
- Knowledgeable in all areas of the National Detention Standards, Performance Based Detention Standards and American Correctional Association Policies and Procedures.
- Recently underwent NDS audit and scored "good".
- Team leader in ACA accreditation and scored 98.3

2007-2008 **GEO Group Inc.** **Pearsall, TX**
South Texas Detention Complex

Chief of Intake/Transportation

- Responsible for all daily operations of the facility.
- Supervise 240 Detention Officer's, 6 Lieutenant's, and 4 Sergeant's.
- Knowledgeable in all areas of the National Detention Standards and American Correctional Association Policies and Procedures.
- Recently underwent NDS audit and scored "good".
- Team leader in ACA accreditation and scored 98.3

2004-2007 **Corrections Corporation of America** **Mineral Wells, TX**
Mineral Wells Pre-Parole Transfer Facility

Quality Assurance Manager

- Oversee the contract with Texas Department of Criminal Justice to ensure we are meeting all requirements.
- Technical writer for all audit responses.
- ACA Manager.
- Write and interpret facility policy and procedures.
- Trainer of "True Colors",CPR/First Aid

- Public Information Officer, Certified
- Trainer of "Front Line Leadership" for entry and mid-level supervisors.
- Trainer of "Back to Basics" Program for In-Service classes.
- Trainer for multiple TDCJ classes for Pre-Service and In-Service.
- Supervise 2 employees (Fire and Safety Manager, Mailroom Supervisor)

2004-2004 **Corrections Corporation of America Jacksboro, TX**
John R. Lindsey State Jail

Classification/Intake Supervisor

- Oversee the daily operations of the Intake/Classification Department.
- Supervise 12 employees to include Intake/Transportation Officer and supervisor.
- Responsible for keeping the facility count at the budgeted count.
- Sit on all Classification Committees.
- Oversee and coordinate all offender releases.
- Knowledgeable in all areas of time calculations and County Judgments.

2001-2004 **Wackenhut Corrections Jacksboro, TX**
John R. Lindsey State Jail

Chief of Classification

- Responsible for the Classification/Intake process.
- Order all incoming offenders into the facility.
- Supervise 12 employees to include Intake/Transportation Officer and Supervisor.
- Oversee that all policies and procedures are followed.
- Knowledgeable in performance measures used to monitor Private Facilities.
- Chair Classification Committees.
- ACA Team Leader.

1998-2001 **Wackenhut Corrections Jacksboro, TX**
John R. Lindsey State Jail

Unit Manager

- Responsible for 196 offenders housing and job assignments.
- Dually supervised Correctional Officers assigned to unit.
- Voting member of various Classification Committees.

- Back up for Chief of Classification, Count Room and Intake Coordinator.
- Responsible for unit orientation video and handbook.
- Substitute Teacher.
- Cross-trained in Photo & ID process of offenders.

1997-1998 **Wackenhut Corrections** **Jacksboro, TX**
John R. Lindsey State Jail

Recidivist Specialist

- Coordinate Individualized Treatment Plan Committee for newly received offenders.
- Diagnostic Screening Interviews.
- ACA Team Leader.
- Cross-trained for Intake Coordinator.

1996-1997 **Texas Department of Corrections** **Woodville, TX**
Gibb Lewis Unit

Administrative Secretary

1996-1996 **Texas Department of Corrections** **Woodville, TX**
Gibb Lewis Unit

Admin Tech I-Absentee Tracking Coordinator

1996-1996 **Texas Department of Corrections** **Woodville, TX**
Gibb Lewis Unit

Clerk III-Count room

1993-1995 **Texas Department of Corrections** **Huntsville, TX**
Goree Unit

Unit Personnel Lt.

1990-1993 **Texas Department of Corrections** **Huntsville, TX**
Wynne Unit

Human Resource Clerk

Education:

2013	University of Phoenix BS Criminal Justice Administration	Phoenix, AZ
1981-1985	Magnolia High School	Magnolia, TX

Specialized Training/Achievements:

- Master Training for Training Instructor
- ACA (Successfully completed three (3) accreditations)
- Performance Based National Detention Standards Trainer
- National Detention Standards (Successfully completed NDS audit with a score of "good")
- True Colors Instructor Certification
- Front Line Leadership Maximizer Instructor; The Basics of Listening, 360 Degree Leader, Business IQ, The Leader as a Model, Team Concept, Professional Performance, Coaching and the People Issues, Effective Delegation
- Level One Training Course for Supervisor's
- NCIC/TCIC Training
- Victims Representative Training
- Member of Correctional Accreditation Managers Association
- Public Information Officer Certified
- Juvenile Family Residential Management Training
- PREA Investigator

References:

Gary Gomez, Director of Operations/Central Region

Franchise Tax Account Status

As of: 09/14/2015 02:34:12 PM

This Page is Not Sufficient for Filings with the Secretary of State

GEO CORRECTIONS AND DETENTION, LLC	
Texas Taxpayer Number	32050139743
Mailing Address	621 NW 53RD ST STE 700 C/O TAX DEPT BOCA RATON, FL 33487-8242
Right to Transact Business in Texas	ACTIVE
State of Formation	FL
Effective SOS Registration Date	02/07/2013
Texas SOS File Number	0801730257
Registered Agent Name	CORPORATE CREATIONS NETWORK INC.
Registered Office Street Address	4265 SAN FELIPE #1100 HOUSTON, TX 77027

Texas Dept of Family and Protective Services

VERIFICATION OF INSURANCE

Form 2962
August 2006

Operation Name	Operation No.	Telephone No.
GEO Group, Inc.	46-1258100	830-254-2000
Address FM 1144 Karnes City, Tx. 78118		
Licensee Karnes County Residential Center	**Type of Operation** Corporation	

☒ **This operation has liability insurance in the amount of $300,000 for each occurrence of negligence covering injury to a child. (A copy of the Certificate of insurance must be attached.)**

Insurance Company Name	Policy No.	Policy Coverage Dates
Willis Insurance Services of Georgia, Inc.	[redacted]	From:10/01/2014 To:10/01/2015

☐ **This operation does not have liability insurance as required by Section 42.049 of the Human Resources Code for the following reason:**

☐ Financial reasons (cannot afford). Give reason: _____

_____

☐ No coverage available from an underwriter. Give reason why: _____

_____

☐ The limitations on the current policy have been exhausted.

When will it be available? _____

☐ Exempt as agency home, licensed or registered day care home, listed family home, state operated facility or independent school district operation.

Parents of children in care have been, or will be, notified in writing by the following means:

☐ Pamphlet to parents. (Attach a copy.)

☒ Notice posted in a prominent place. (Attach a copy.)

☐ Letter to parents. (Attach copy of letter.)

☐ A statement is on the enrollment form. (Attach a copy of the enrollment form.)

☐ Other (specify): _____

Lee Thompson
Signature-Director/Designee

09/14/2015
Date

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 09/30/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies)must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER

Willis Insurance Services of Georgia, Inc.
c/o 26 Century Blvd.
P. O. Box 305191
Nashville, TN 37230-5191

CONTACT NAME:
PHONE (A/C, NO, EXT): 877-945-7378 FAX (A/C, NO): 888-467-2378
E-MAIL ADDRESS: certificates@willis.com

INSURER(S) AFFORDING COVERAGE	NAIC#
INSURER A: National Union Fire Insurance Co. of Pitt	19445-002
INSURER B: New Hampshire Insurance Company	23841-001
INSURER C: Steadfast Insurance Co.	26387-001
INSURER D: Illinois National Insurance Company	23817-001
INSURER E:	
INSURER F:	

INSURED

The GEO Group Inc and All Subsidiaries
621 Northwest 53rd Street
Suite 700
Boca Raton, FL 33487

COVERAGES **CERTIFICATE NUMBER: 22186873** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADD'L INSRD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY			[redacted]	10/1/2014	10/1/2015	EACH OCCURRENCE	$ 5,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 5,000,000
	CLAIMS-MADE X OCCUR						MED EXP (Any one person)	$
	X Medical Professional						PERSONAL & ADV INJURY	$ 5,000,000
	X Civil Rights						GENERAL AGGREGATE	$ 25,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$ 5,000,000
	X POLICY PRO-JECT LOC							$
A	AUTOMOBILE LIABILITY			[redacted]	10/1/2014	10/1/2015	COMBINED SINGLE LIMIT (Ea accident)	$ 3,000,000
B	X ANY AUTO				10/1/2014	10/1/2015	BODILY INJURY(Per person)	$
A	ALL OWNED AUTOS / SCHEDULED AUTOS				10/1/2014	10/1/2015	BODILY INJURY(Per accident)	$
	X HIRED AUTOS / X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
C	X UMBRELLA LIAB X OCCUR			[redacted]	10/1/2014	10/1/2017	EACH OCCURRENCE	$ 25,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$ 25,000,000
	DED RETENTION $							$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				10/1/2014	10/1/2015	X WC STATU-TORY LIMITS / OTH-ER	
A	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N N	N/A			10/1/2014	10/1/2015	E.L. EACH ACCIDENT	$ 2,000,000
D	(Mandatory in NH) If yes, describe under				10/1/2014	10/1/2015	E.L. DISEASE - EA EMPLOYEE	$ 2,000,000
B	DESCRIPTION OF OPERATIONS below				10/1/2014	10/1/2015	E.L. DISEASE - POLICY LIMIT	$ 2,000,000
C	Professional Liability				10/1/2014	10/1/2015	$3,000,000. Per Loss $3,000,000. Annual Aggregate	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach Acord 101, Additional Remarks Schedule, if more space is required)
SEE ATTACHED:

CERTIFICATE HOLDER

The Geo Group, Inc-Central Regional Off.
Attn: D. Copeland
1777 NE Loop 410
Suite 1100
San Antonio, TX 78217

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Texas Dept of Family and Protective Services

RESIDENTIAL CHILD CARE LICENSE FEE SCHEDULE

Form 3011 August 2013

☐ Please check if this is a change of address.

Operation Name:	Operation Number (on your permit):		Telephone Number
Karnes County Residential Center	If this is a new operation, check this box ☑		830 - 254 - 2000
Operation Street Address: 409 FM 1144	City: Karnes City	County: Karnes	Zip 78118
E-Mail Address:			

TYPE OF FEE BEING PAID		AMOUNT
Operation Type (check one)	**Fee Type** (check all that apply)	
☑ General Residential Operation ☐ Child-Placing Agency ☐ Independent Foster Home	☑ Application ☐ Initial ☐ Initial Renewal — See Amount Below ☐ Non-expiring license fee ☐ Annual Renewal	$ 35
☐ Amendment – Increased capacity only; $1 for each additional child: ____ x $1		$ ____
CAPACITY. Number of children for which you are licensed: 581 x $1 (Only paid with a non-expiring license fee or annual renewal).		$ 581
☐ Background Check Fee	Number of Persons being checked: ____ x $2	$ ____
	TOTAL AMOUNT OF FEES PAID:	$ 616

FEE DEFINITIONS

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

Initial License Fee: A $35 fee for a child care operation (other than a child-placing agency). A $50 fee for a child-placing agency. This fee is paid when the application is submitted.

Initial Renewal: $35.00 fee for a child care operation. A $50 fee for a child-placing agency. The fee is paid when the initial license is renewed.

Non-expiring licensing fee and annual fee: A $35 fee for a child care operation plus $1 for each child the operation is licensed to serve (other than a child-placing agency); 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.

Directions for Sending Payment:

1. Please send only **ONE CHECK or MONEY ORDER** for the entire amount (including any background check fees). **Please DO NOT SEND CASH**

2. **Make check or money order payable to:**
   Department of Family and Protective Services

3. **Mail this completed form and your check or money order to:**
   Texas Department of Family and Protective Services
   Licensing Fee
   Accounting Division E-672
   P.O. Box 149030
   Austin, Texas 78714-9030

4. **Keep a copy of your canceled check or money order for your records. NO RECEIPT WILL BE SENT**

Note: This form and your payment will be returned to you if:

- The form is blank or incomplete;
- You do not send the correct fee amount; or
- You send cash

The law requires that if an operation fails to pay the annual license fee when due, the license will be suspended until the fee is paid. This means children must not be in care at the operation until the suspension is lifted. State Law requires the Texas Department of Family and Protective Services to collect fees for issuing licenses, registrations and listings and for conducting background checks. Fees received by the Department are deposited in the state's general revenue fund.