

CHILDCARE/FOSTER/ADOPTIVE INSPECTION APPLICATION

Waco-McLennan County Public Health District Environmental Health Division



225 West Waco Drive, Waco, Texas 76707 Phone: (254) 750-5464 Fax: (254) 750-5424

Email: ENVHealth@wacotx.gov

PLEASE READ ENTIRE APPLICATION AND FILL IN ALL BLANKS COMPLETELY. FAILURE TO DO SO CAN RESULT IN DELAYS.

This application is hereby submitted for an inspection of a childcare facility or a foster/adoptive home. By this application it is agreed that the establishment will comply with the provisions of the Health, Sanitation and Safety Standards applicable to the type of establishment. It is further agreed that said facilities will be open to inspection by the Waco-McLennan County Public Health District.

Owner/Foster Name:						
Facility Name:						
(if Childcare, Daycare or Group Foster Home)						
Type of Establishment:	☐ Childcare Center			Group Daycare Home		
	☐ Foster Home – Individual			Group Foster Home		
	☐ Adoptive H	lome		Other:		
Physical address:						
-	Street	City		State	Zip Code	
Mailing/Billing Address:						
	Street	City		State	Zip Code	
Telephone: 1)		2)				
Email:						
Number of children facility is licensed for:						
NOTE: IF applicant is other	than an individua	al, complete items belo	ow:			
1a. Name of Corp	oration or Firm	:				
1b. Person Responsible:				Title:		
1c. Address:				Phone: _		
Upon receipt of this application, fee, and notification by the applicant, the Sanitarian shall make an inspection of the establishment to determine compliance with the provisions of applicable regulations. When inspection reveals that the applicable requirements have been met, approval shall be issued to the applicant. Please make checks payable to "City of Waco". <i>Permits and fees are non transferable and non refundable</i> .						
Date of Application App	olicant Signatur	e		Applicant I	Name (Printed)	
Office Use Only EnerGovFile/LabelFoster/Adopt ChecklistCopy to Inspector						