



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's Name: _____

Type of Establishment:

<input type="checkbox"/> Childcare Center	<input type="checkbox"/> Group Daycare Home
<input type="checkbox"/> Foster Home – Individual	<input type="checkbox"/> Group Foster Home
<input type="checkbox"/> Adoptive Home	<input type="checkbox"/> Other: _____

Facility Name: _____
(if Childcare, Daycare or Group Foster Home)

Address: _____
(location to be inspected)

Street	City	State	Zip Code
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Mailing Address: _____

Street	City	State	Zip Code
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Telephone: 1) _____ 2) _____

Number of children facility is licensed for: _____

Email: _____

NOTE: IF applicant is other than an individual, complete items 1a, 1b, and 1c below:

- 1a. Name of Corporation 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. If paying by check, please make it payable to "City of Waco".

Date of Application **Applicant Signature** **Applicant Name (Printed)**

Office Use Only	Notes:		
_____ EnerGov	_____ Foster/Adopt Checklist	_____ Copy to Inspector	Area _____
_____ FE/FM/FH Info	_____ File/Label		