



DRIPPING SPRINGS
Texas

Health Inspection Application For
Child Care Facilities

Subject to Regulation by The:
Texas Department of Protective and Regulatory Services

Circle one: (Day Care, Kindergarten, and Nursery School, Kindergarten and Above, Institutional Basic Child Care, Institution Mentally Retarded, Residential Treatment Center, Halfway House, Emergency Shelter)

NAME OF FACILITY _____ COUNTY _____

ADDRESS _____

CITY _____ ZIP _____

PERSON IN RESPONSIBLE CHARGE _____

AGE OF CHILDREN _____

NUMBER OF CHILDREN ENROLLED AT THIS DATE _____

LICENSED NUMBER OF CHILDREN _____

COMMERCIAL _____ NON-PROFIT _____

INSPECTION PURPOSE:

LICENSE _____ NEW _____ RENEWAL _____ COMPLAINT _____

DATE OF LAST INSPECTION _____

Created 08-09-18

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