



**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*

PHYSICAL: 511 Mercer Street • MAILING: PO Box 384 • Dripping Springs, TX 78620  
512.858.4725 • [www.cityofdrippingsprings.com](http://www.cityofdrippingsprings.com)