

Child Care Regulation (CCR)  
**Governing Body or Director Designation**

Use this form to designate a person as designee to speak and act on your organization's behalf. Use this form to designate a director.

**Directions:** To complete this form, fill out Section 1 to name a designee, Section 2 to designate a director or interim director, or both Section 1 and 2 if necessary. The Certification and Signature section must be completed to verify information in Section 1, Section 2 or both. For more information, contact your Child Care Regulation (CCR) representative.

**Section 1 – Designee**

Operation Name		Operation No.	Area Code and Phone No.	
Operation Street Address	City	County	State	ZIP Code
Is this address the person's home residence? <input type="radio"/> Yes <input type="radio"/> No				
Is this phone number a home phone number? <input type="radio"/> Yes <input type="radio"/> No				
Governing Body or Organization Name			Area Code and Phone No.	
Governing Body or Organization Street Address	City	County	State	ZIP Code
Is this address the person's home residence? <input type="radio"/> Yes <input type="radio"/> No				
Is this phone number a home phone number? <input type="radio"/> Yes <input type="radio"/> No				
Name of Chief Executive Officer (CEO) or Head of Governing Body			Area Code and Phone No.	
CEO or Head of Governing Body Street Address	City	County	State	Zip Code
Is this address the person's home residence? <input type="radio"/> Yes <input type="radio"/> No				
Is this phone number a home phone number? <input type="radio"/> Yes <input type="radio"/> No				
Name of Designee of Governing Body			Area Code and Phone No.	
Designee Street Address	City	County	State	ZIP Code
Is this address the person's home residence? <input type="radio"/> Yes <input type="radio"/> No				
Is this phone number a home phone number? <input type="radio"/> Yes <input type="radio"/> No				
Send routine correspondence to the CEO or Head of Governing Body? <input type="radio"/> Yes <input type="radio"/> No				

**Section 2 – Director or Interim Director**

Name of Director or Interim Director

### Section 3 – Certification and Signatures

By completing Section A of this form, I hereby designate the person noted as designee to speak for and act on our organization's behalf. I understand that all correspondence and copies of compliance documents will be sent to the designee. I understand that as the permit holder, the governing body is ultimately responsible for maintaining compliance with applicable CCR statutes, administrative rules and minimum standards. I understand that all waivers and variances must be requested and signed by me or by the designee. I understand that any time there is a change in the designee of an operation, the governing body must notify CCR. I understand HHSC will notify the governing body and all controlling persons of compliance documents and enforcement action against the operation. By completing Section B of this form, I hereby designate the person noted as the director or interim director of my operation.

Printed Name of Owner	Title
Signature Of Owner	Date Signed
Printed Name of Head of the Governing Body	Title
Signature of Head of the Governing Body	Date Signed
Printed Name of Designee	Title
Signature of Designee	Date Signed