Texas Rising Star Initial Screening Form—Homes

Facility Name: _____ **Address:** _____

Director Name: _____ **License #:** _____

Initial Review for Registered or Licensed Homes

1. Facility has CCR licensing history for at least a 12-month period? ☐ Yes ☐ No
   Date of Review: _____
   Review most recent 6-months of CCR licensing history for the subsequent sections

   Stop process if "No"

2. On Corrective or Adverse Action with CCR? ☐ Yes ☐ No
   On Corrective Action with Board? ☐ Yes ☐ No
   On Notice of Freeze with TWC? ☐ Yes ☐ No
   Cited for 747.3505 by CCR? ☐ Yes ☐ No

   Stop process if "Yes" for any of the above.

3. **CCR Deficiency Review**
   Facility is unable to be certified as Texas Rising Star if they have received any of the following deficiencies listed below:

   ☐ 745.635 Criminal Convictions or Central Registry Findings – Take Appropriate Action
   ☐ 745.641 Background Checks Requirement – Providing Direct Care
   ☐ 747.207(4) Reporting Suspected Abuse, Neglect, or Exploitation
   ☐ 747.1501(a)(3) Responsibilities of Employees and Caregivers – Ensure No Child is Abused, Neglected, or Exploited

   Stop process if any of the above have been received within the previous 6-months.

4. **Total Points Review**
   Facility is unable to be Texas Rising Star if they have received 25 or more total points (when reviewing CCR weighted High and/or Medium-High Deficiencies received within the previous 6-months).

   Total points received: _____
   Total number of High Deficiencies: _____ Total points of High Deficiencies (5 points each): _____
   Total number of Medium-High Deficiencies: _____ Total points of Medium-High Deficiencies (3 points each): _____

   Does the facility have more than 25 total points? ☐ Yes ☐ No

   Stop process if "Yes"

Texas Rising Star Staff: Place a copy of this form and screenshot of CCR licensing history within Engage Event Log for applicable status update.

Child Care Program Signature: _____ **Date:** _____

Texas Rising Star Staff Signature: _____ **Date:** _____