

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 number of Medium-High Deficiencies: _____

Total points of High Deficiencies (5 points each): _____

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: _____