# Texas Rising Star Initial Screening Form—Homes

**Facility Name:**       **Address:**

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

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| **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”** |
| 1. On Corrective or Adverse Action with CCR? [ ]  Yes [ ]  No

On Corrective Action with Board? [ ]  Yes [ ]  NoOn Notice of Freeze with TWC? [ ]  Yes [ ]  NoCited for 747.3505 by CCR? [ ]  Yes [ ]  No[ ] [ ] **Stop process if “Yes” for any of the above.** |
| 1. **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.**  |
| 1. **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”** |
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| *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**       |