# 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  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.** |
| 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** |