

Child Care and Development Fund (CCDF) Plan For Texas FFY 2022-2024

1 Define CCDF Leadership and Coordination with Relevant Systems

This section identifies the leadership for the CCDF program in each Lead Agency and the entities and individuals who will participate in the implementation of the program. It also identifies the stakeholders that were consulted to develop the Plan and who the Lead Agency collaborates with to implement services. Respondents are asked to identify how match and maintenance-of-effort (MOE) funds are used. Lead Agencies explain their coordination with child care resource and referral (CCR&R) systems and describe their efforts on their disaster preparedness and response plans to support continuity of operations in response to emergencies.

1.1 CCDF Leadership

The Governor of a state or territory must designate an agency (which may be an appropriate collaborative agency) or establish a joint interagency office to represent the state or territory as the Lead Agency. The Lead Agency agrees to administer the program in accordance with applicable federal laws and regulations and the provisions of this Plan, including the assurances and certifications appended hereto (658D; 658E(c)(1) and 98.16 (a)). Note: An amendment to the CCDF State Plan is required if the Lead Agency changes or if the Lead Agency official changes.

1.1.1 Which Lead Agency is designated to administer the CCDF program?

Identify the Lead Agency or joint interagency office designated by the state or territory. ACF will send official grant correspondence, such as grant awards, grant adjustments, Plan approvals, and disallowance notifications, to the designated contact identified here (658D(a) and 98.16(a)).

a) Lead Agency or Joint Interagency Office Information:

Name of Lead Agency: Texas Workforce Commission

Street Address: 101 East 15th Street

City: Austin

State: Texas

ZIP Code: 78771-0001

Web Address for Lead Agency: <https://www.twc.texas.gov/>

b) Lead Agency or Joint Interagency Official Contact Information:

Lead Agency Official First Name: Edward

Lead Agency Official Last Name: Serna

Title: Executive Director

Phone Number: (512) 305-9636

Email Address: edward.serna@twc.texas.gov

1.1.2 Who is the CCDF Administrator?

Identify the CCDF Administrator designated by the Lead Agency, the day-to-day contact, or the person with responsibility for administering the state's or territory's CCDF program. ACF will send programmatic communications, such as program announcements, program instructions, and data collection instructions, to the designated contact identified here. If there is more than one designated contact with equal or shared responsibility for administering the CCDF program, please identify the Co-Administrator or the person with administrative responsibilities and include his or her contact information.

a) CCDF Administrator Contact Information:

CCDF Administrator First Name: Reagan

CCDF Administrator Last Name: Miller

Title of the CCDF Administrator: Division Director, Child Care & Early Learning Division

Phone Number: (512) 936-3563

Email Address: reagan.miller2@twc.texas.gov

b) CCDF Co-Administrator Contact Information (if applicable):

CCDF Co-Administrator First Name: Allison

CCDF Co-Administrator Last Name: Wilson

Title of the CCDF Co-Administrator: Director, Program Policy & Quality Improvement

Description of the Role of the Co-Administrator: The Co-Administrator manages state-level policy staff responsible for CCDF planning, guidance, and implementation efforts.

Phone Number: (512) 936-4917

Email Address: allison.wilson@twc.texas.gov

1.2 CCDF Policy Decision Authority

The Lead Agency has broad authority to administer (i.e., establish rules) and operate (i.e., implement activities) the CCDF program through other governmental, non-governmental, or public or private local agencies as long as the Lead Agency retains overall responsibility for the administration of the program (658D(b) and 98.16 (d)(1)). Administrative and implementation responsibilities undertaken by agencies other than the Lead Agency must be governed by written agreements that specify the mutual roles and responsibilities of the Lead Agency and other agencies in meeting the program requirements.

1.2.1 Which of the following CCDF program rules and policies are administered (i.e., set or established) at the state or territory level or local level? Identify whether CCDF program rules and policies are established by the state or territory (even if operated locally) or whether the CCDF policies or rules are established by local entities, such as

counties or workforce boards (98.16(i)(3)). Check one.

- a. All program rules and policies are set or established at the state or territory level. If checked, skip to question 1.2.2.
- b. Some or all program rules and policies are set or established by local entities or agencies. If checked, indicate which entities establish the following policies. Check all that apply.

i. Eligibility rules and policies (e.g., income limits) are set by the:

- A. State or territory

Identify the entity:

Texas Workforce Commission (TWC)

- B. Local entity (e.g., counties, workforce boards, early learning coalitions).

If checked, identify the entity and describe the eligibility policies the local entity(ies) can set.

TWC Child Care Services rules establish general eligibility requirements for child care services in 40 Texas Administrative Code (TAC) [Chapter 809, Subchapter C](#) and Part D of the [Child Care Services Guide](#). The TWC rules and guidelines describe the policies in place regarding the following for child eligibility:

- Age, residency, and family income requirements
- Eligibility verification, determination, and redetermination requirements
- Priority groups for child care services
- Calculation of family income
- Child care during interruptions in work, education, or job training
- Continuity of care
- Waiting periods for reapplication

Additionally, 40 TAC [§809.91](#) establishes the requirements regarding child care providers' eligibility to receive subsidies to ensure that payments are only made to:

- regulated child care providers that meet or exceed the Pre-Star designation requirements, (at the point the Pre-Star designation goes into effect, as further described in Section 5.4 of the State Plan, or state licensing minimum standards;
- qualified relative child care providers; or
- child care providers in a neighboring state, subject to the following requirements:
 - board's child care contractor reviews the licensing status of the out-of-state provider every month, at a minimum, to confirm the provider is meeting the minimum licensing standards of the state;

- the provider meets the requirements of the neighboring state to serve CCDF-subsidized children; and
- the provider agrees to comply with the requirements, policies, and procedures as set by the Board.

TWC Chapter 809 Child Care Services rules also require the 28 Local Workforce Development Boards (Boards) to establish policies on the following in 40 TAC [§809.13](#) and Part B-300 of the [Child Care Services Guide](#):

- How the Board determines that a parent is making progress toward successful completion of a job training or educational program
- Maintenance of a waiting list
- Family income limits
- Provision of child care services to a child with disabilities until the age of 19
- Minimum activity requirements for parents (if higher than TWC's minimum activity requirements)
- Time limits for the provision of child care while a parent is attending an educational program
- Provision of services with regard to Board-level and state-defined priority groups
- Transfer of a child from one provider to another
- Children's eligibility for contracted slots agreements (if the Board opts to enter into such agreements)
- Referrals from recognized pre-K or Head Start/Early Head Start partnerships

C. Other.

Describe:

ii. Sliding-fee scale is set by the:

A. State or territory

Identify the entity:

B. Local entity (e.g., counties, workforce boards, early learning coalitions).

If checked, identify the entity and describe the sliding fee scale policies the local entity(ies) can set.

TWC Child Care Services rule [§809.19\(a\)\(1\)\(B\)](#) and Section B-600 of the Child Care Services Guide require Boards to set the parent share of cost based on the family's size and gross monthly income; Boards may consider the number of children in care. TWC rules also require Board policy to include criteria for

determining the affordability of the parent share of cost and provisions for a parent's failure to pay the parent share of cost.

C. Other.

Describe:

iii. Payment rates and payment policies are set by the:

A. State or territory

Identify the entity:

Texas Workforce Commission

B. Local entity (e.g., counties, workforce boards, early learning coalitions).

If checked, identify the entity and describe the payment rates and payment policies the local entity(ies) can set.

TWC sets minimum reimbursement thresholds by Board area based on the most recent annual market rate survey. TWC rules and guidelines (40 TAC [§809.20](#) and Section B-700 of the [Child Care Services Guide](#)) require Boards to establish maximum reimbursement rates at or above these thresholds to ensure that the rates provide access to child care in the local market in a manner consistent with state and federal statutes and regulations governing child care. Additionally, Board payment rates must allow the Board to meet performance targets determined by TWC based on statewide targets established by the Texas legislature for the number of children served. TWC reviews Board performance monthly using measures including the number of children served and the percentage of providers in the state that served subsidized children.

As described in TWC Child Care Services rule [§809.20\(b\)](#), Boards must establish tiered, enhanced reimbursement rates for providers meeting the Texas Rising Star quality rating program criteria. Texas Government Code [§2308.315](#) requires that the rates for Texas Rising Star providers be greater than those provided to other non-TRS providers by at least:

- 5 percent for 2-Star programs;
- 7 percent for 3-Star programs; and

- 9 percent for 4-Star programs.

Beginning in Fiscal Year 2019, TWC began benchmarking the Texas Rising Star rates against the most recent Market Rate Survey. The minimum threshold for reimbursement rates for Board Contract Year (BCY) 2022 are as follows:

- 60th percentile of the most recent Market Rate Survey for infants;
- 55th percentile of the most recent Market Rate Survey for toddlers; and
- 50th percentile of the most recent Market Rate Survey for preschool and school age children.

The Commission requires Boards to set their Texas Rising Star maximum reimbursement rates at or above the following levels set for BCY'22:

- For infants, benchmarking to the 85th percentile as follows:

§809.93(b), Boards must reimburse regulated providers based on a child's monthly enrollment authorization regardless of the child absences, with the exception of periods during which the parent voluntarily suspends care.

C. Other.

Describe:

iv. Licensing standards and processes are set by the:

A. State or territory

Identify the entity:

Texas Health and Human Services Commission (HHSC), Child Care Regulation (CCR) Division

B. Local entity (e.g., counties, workforce boards, early learning coalitions).

If checked, identify the entity and describe the type of licensing standards and processes the local entity(ies) can set.

C. Other.

Describe:

v. Standards and monitoring processes for license-exempt providers are set by the:

A. State or territory

Identify the entity:

B. Local entity (e.g., counties, workforce boards, early learning coalitions).

If checked, identify the entity and describe the type of standards and monitoring processes for license-exempt providers the local entity(ies) can set.

C. Other.

Describe:

Texas does not monitor license-exempt providers.

vi. Quality improvement activities, including QRIS are set by the:

A. State or territory

Identify the entity:

Texas Workforce Commission

B. Local entity (e.g., counties, workforce boards, early learning coalitions).

If checked, identify the entity and describe the eligibility policies the local entity(ies) can set.

[Section 2308.3155](#) of the Texas Government Code requires TWC to adopt rules to administer the Texas Rising Star program (the QRIS for Texas). This section of the statute also requires TWC to make funds available to Boards for the provision of technical assistance to Texas Rising Star programs and providers seeking Texas Rising Star certification.

In accordance with [§2308.317](#) of the Texas Government Code, TWC allocates 2 percent of CCDF funding for Boards to spend on local quality initiatives. Child Care Services rules allow Boards to spend those funds on non-direct care quality improvement activities in accordance with 45 CFR §98.53, applicable state laws, and the CCDF State Plan ([TAC §809.16](#)).

Additionally, as directed by the Commission and the legislature, TWC expends

funds at the state level for statewide quality improvement activities as well as for targeted pilot programs.

C. Other.

Describe:

vii. Other. List and describe any other program rules and policies that are set at a level other than the state or territory level:

1.2.2 The Lead Agency has broad authority to operate (i.e., implement activities) through other agencies, as long as it retains overall responsibility. Complete the table below to identify which entity(ies) implements or performs CCDF services.

a. Check the box(es) to indicate which entity(ies) implement or perform CCDF services.

Who conducts eligibility determinations?

- CCDF Lead Agency
- TANF agency
- Local government agencies
- CCR&R
- Community-based organizations

Who assists parents in locating child care (consumer education)?

- CCDF Lead Agency
- TANF agency
- Local government agencies
- CCR&R
- Community-based organizations

Who issues payments?

- CCDF Lead Agency
- TANF agency
- Local government agencies

- CCR&R
- Community-based organizations

Who monitors licensed providers?

- CCDF Lead Agency
- TANF agency
- Local government agencies
- CCR&R
- Community-based organizations

Who monitors license-exempt providers?

- CCDF Lead Agency
- TANF agency
- Local government agencies
- CCR&R
- Community-based organizations

Who operates the quality improvement activities?

- CCDF Lead Agency
- TANF agency
- Local government agencies
- CCR&R
- Community-based organizations

b. Other. List and describe any other state or territory agencies or partners that implement or perform CCDF services and identify their responsibilities.

Board child care contractors assist parents in locating child care. Note: "Child Care Contractor," as defined in Section A-100 of the Child Care Services Guide, is the entity or entities under contract with the Board to manage child care services. This includes contractors involved in the determination of eligibility for child care services, the billing and reimbursement process for child care subsidies, and the funding of quality improvement activities.

1.2.3 Describe the processes the Lead Agency uses to oversee and monitor CCDF administration and implementation responsibilities performed by other agencies as reported above in 1.2.1 and 1.2.2 (98.16(b)). In the description include:

Written agreements. Note: The contents of the written agreement may vary based on the role the agency is asked to assume or type of project but must include at a minimum the elements below (98.11(a)(3)).

--Tasks to be performed

--Schedule for completing tasks

--Budget which itemizes categorical expenditures in accordance with CCDF requirements

--Monitoring and auditing procedures

--Indicators or measures to assess performance of those agencies

Any other processes to oversee and monitor other agencies.

The Workforce Board Grants department in TWC's Workforce Development Division is responsible for contract oversight for all Board allocated funds, including child care.

Workforce Board Grants works closely with the Child Care and Early Learning Division on:

- developing and managing contracts for CCDF funds administered by the 28 Boards;
- overseeing contractual compliance and use of allocated funds, including:
 - the schedule for completing required actions and reports, and
 - budgeting and correctly categorizing expenditures in accordance with CCDF and TWC requirements, and
 - meeting required performance levels, which are established each year by TWC and included as a Board contracted measure;
 - TWC adopts Board child care performance standards in an open, posted meeting each year. For Fiscal Year/Board Contract Year 2021, the child care performance agenda item is posted here:
https://www.twc.texas.gov/files/twc/commission_meeting_material_100620_item20_bcy21_cc.pdf
- processing any deobligation and reallocation of funds;
- overseeing expenditure levels; and
- issuing corrective actions.

TWC's contracts with Boards include performance measures for the use of CCDF funds.

TWC tracks each Board's monthly performance for the average number of children served using the number of paid billings.

Board performance is reviewed by the Child Care and Early Learning Division each month, including:

- Average number of children served per day (total and by eligibility category)
- Average cost of care per day (total and by eligibility category)
- Texas Rising Star provider participation

Additionally, TWC's Subrecipient Monitoring (SRM) department within the Regulatory Integrity Division monitors Boards annually to ensure that funds are spent in accordance with applicable federal and state statutes, regulations, and rules. SRM performs monitoring reviews of fiscal and program activities, including customer eligibility, wage verification, provider billing, and disbursement testing. RID also provides training to identify and prevent improper payments and potential problems.

1.2.4 Upon request, and to the extent practicable and appropriate, Lead Agencies must ensure any code or software for child care information systems or information technology for which a Lead Agency or other agency expends CCDF funds to develop must be made available to other public agencies. This includes public agencies in other states, for their use in administering child care or related programs (98.15(a)(11)).

Assure by describing how the Lead Agency makes child care information systems systems (e.g., subsidy, registry, and QRIS systems) available to public agencies in other states.

Currently, TWC does not have a separate information system for child care. Boards use The Workforce Information System of Texas (TWIST) for eligibility and case management for all workforce programs, including child care. TWIST is a client-server application that was built in 1997; the child care program was phased in to TWIST in 2010. Due to the age and nature of the technology, TWIST does not lend itself to code-sharing.

Pending legislative approval, TWC is preparing to release a Request for Offers (RFO) to procure a Commercial Off-the-Shelf (COTS) system to replace TWIST and support effective

management of the child care program at both the state and Board levels. This system will streamline the child care services application and eligibility process across the entire state. The new system will assist with efficient collection of child care data, allow quicker implementation of policy and legislative changes, and provide robust reporting tools to help inform decisions for the future of child care in the state of Texas. In selecting a COTS solution, CCDF funds will be used to configure, customize, implement, and host the system, but will not for software development.

As part of the information-gathering process leading up to the RFO, TWC has surveyed CCDF Lead Agencies in other states. TWC met with representatives from several states to share information about data management systems. TWC will continue to share information with other states/territories regarding Texas' selection and implementation of a new system.

1.2.5 Lead Agencies must have in effect policies to govern the use and disclosure of confidential and personally identifiable information about children and families receiving CCDF assistance and child care providers receiving CCDF funds (98.15(b)(13)).

Certify by describing the Lead Agency's policies related to the use and disclosure of confidential and personally identifiable information.

All TWC staff must adhere to TWC policies regarding protecting personally identifiable information (PII) as outlined in TWC's Privacy Manual. The Privacy Manual sets forth TWC's policies, mandatory procedures, and recommended best practices for safeguarding sensitive personal information (SPI). The policies follow the National Institute of Standards and Technology Publications framework, which includes policies and recommendations for protection of SPI and confidential information by limiting collection, use, access, and retention of information to the minimum necessary to achieve stated business purposes.

Additionally, all TWC staff members must complete annual training on policies and procedures for protecting SPI and PPI. TWC's overarching policy is to support our mission while safeguarding the SPI and confidential information entrusted to TWC.

TWC's [Workforce Development Letter 02-18](#) (WD 02-18), "Handling and Protection of PII and Other Sensitive Information," outlines TWC's policies requiring Boards to ensure the protection of PII and other confidential information for all customers. If a breach occurs, Boards and contractors must follow specific procedures to report the breach to TWC's Risk and Security Management department. WD 02-18 details requirements for the following areas:

- Access to, handling of, and protection of PII and other sensitive information
- Securing PII on computers and data storage
- Emailing PII
- Faxing and printing PII
- Mailing of PII
- Transportation of PII
- Retention and destruction of PII
- Protection against and response to possible breaches of PII
- Recommended best practices to ensure security of PII and other sensitive information

1.3 Consultation in the Development of the CCDF Plan

The Lead Agency is responsible for developing the CCDF plan, which serves as the application for a 3-year implementation period. As part of the Plan development process, Lead Agencies must consult with the following:

(1) Appropriate representatives of units of general purpose local government-(658D(b)(2); 98.10(c); 98.12(b); 98.14(b)). General purpose local governments are defined by the U.S. Census at https://www.census.gov/newsroom/cspan/govts/20120301_cspan_govts_def_3.pdf.

(2) The State Advisory Council (SAC) on Early Childhood Education and Care (pursuant to 642B(b)(1)(A)(i) of the Head Start Act) (658E(c)(2)(R); 98.15(b)(1)) or similar coordinating body pursuant to 98.14(a)(1)(vii).

(3) Indian tribe(s) or tribal organization(s) within the state. This consultation should be done in a timely manner and at the option of the Indian tribe(s) or tribal organization(s) (658D(b)(1)(E)).

Consultation

involves meeting with or otherwise obtaining input from an appropriate agency in the development of the state or territory CCDF Plan. Describe the partners engaged to provide services under the CCDF program in question 1.4.1.

1.3.1 Describe the Lead Agency's consultation efforts in the development of the CCDF Plan. Note: Lead Agencies must describe in a. - c. consultation efforts with required partners listed in Rule and Statute. ACF recognizes that there is great value in consulting with other entities and has provided element d. for Lead Agencies to identify consultation efforts with other agencies or organizations.

a) Describe how the Lead Agency consulted with appropriate representatives of general purpose local governments.

Local Workforce Development Board (Board) members are appointed by chief elected officials (CEOs) in each local workforce development area and certified by TWC. Boards are statutorily created public entities recognized by state statute as local governmental entities, and Board members are considered public officials. TWC staff members serve on Boards as the required public employment service representatives. The CEOs and the Board chair enter into a partnership agreement that defines their operating relationship. The Board executive director (ED) is responsible for administering Board staff operations. TWC's three-member Commission (Commission) and TWC staff consult regularly with Board EDs on all aspects of workforce services, including child care services.

TWC staff meets with Board EDs monthly through the Board ED council. Board staff is consulted on a regular basis regarding TWC rules, policies, and procedures that are included in the State Plan. This consultation includes biweekly conference calls with Board EDs, quarterly workforce forums, and quarterly child care network meetings. Additionally, Board child care staff participates in ad hoc workgroups regarding implementation of new initiatives.

In development of this State Plan, TWC solicited input from Board EDs and Board staff through a stakeholder survey and a virtual meeting for all Board EDs and Board child care staff. Boards also provided input on policy changes occurring in advance of the

State Plan through meetings and public input opportunities.

b) Describe how the Lead Agency consulted with the State Advisory Council or similar coordinating body.

In January 2019, Governor Greg Abbott appointed 20 child care and early learning leaders to the Texas Early Learning Council (TELC) (earlylearningtexas.org). TELC was convened to support the Preschool Development Grant. This group includes representatives from state agencies (including TWC), school districts, colleges, Head Start, child care providers, and nonprofit organizations.

TELC includes representatives from the following agencies and organizations:

- Texas Health and Human Services Commission (HHSC) Child Care Regulation (CCR)
- Texas Department of Family and Protective Services (DFPS) Prevention and Early Intervention (PEI)
- HHSC Early Childhood Intervention (ECI)
- Texas Education Agency (TEA) Early Childhood Education
- Texas Head Start Collaboration Office (THSCO)
- DFPS Child Protective Services (CPS)
- Texas Early Childhood Professional Development System (TECPDS)
- Texas Department of State Health Services (DSHS) Maternal Health and Substance Abuse
- Greater East Texas Community Action Program
- Children's Learning Institute (CLI) of University of Texas Health Sciences Center at Houston
- Texas Association for the Education of Young Children (TAEYC)
- Texans Care for Children
- PNC Financial Services Group
- Texas Public Broadcasting Association

TELC conducted a statewide birth-five needs assessment and developed a statewide birth-five strategic plan. The Texas Early Learning Strategic Plan offers a framework for public and private action to achieve the state's vision that all Texas children are ready for school and ready to learn by 2025.

TELC continues to meet every other month to provide input on child care and early learning initiatives in the state and to work toward meeting the goals of the strategic plan. In the January 15, 2021, meeting, TWC presented the results of the 2022-2024 CCDF State Plan Stakeholder Survey and solicited input on the State Plan. TWC will share a

copy of the draft State Plan with TELC members to provide another opportunity for input.

c. Describe, if applicable, how the Lead Agency consulted with Indian tribes(s) or tribal organizations(s) within the state. Note: The CCDF regulations recognize the need for states to conduct formal, structured consultation with Tribal governments, including Tribal leadership. Many states and tribes have consultation policies and procedures in place.

On January 27, 2021, TWC met with tribal CCDF administrators from the Alabama-Coushatta, Kickapoo, and Ysleta del Sur Pueblo tribes to identify opportunities for coordinating services and consultation on the State Plan. Following the meeting, TWC met with local Boards that have a tribe located in their workforce areas (Borderplex, Deep East, and Middle Rio) to support them in connecting with the tribal CCDF administrators in their areas. Although Boards have established memoranda of understanding (MOUs) with tribes for workforce services, they had not previously established partnerships for child care services. Boards will share opportunities for free training and professional development with tribes. Other services to be coordinated will be based on the tribes' needs and the Boards' available resources. TWC will send a copy of the draft State Plan to each of the tribal CCDF administrators for review and feedback.

d) Describe any other entities, agencies, or organizations consulted on the development of the CCDF plan.

In addition to holding a public hearing regarding the draft State Plan on April 27, 2021, TWC also conducted a statewide survey and stakeholder focus groups. TWC's 2022-2024 CCDF State Plan Stakeholder Survey was available via Survey Monkey from December 1, 2020, to January 7, 2021. The survey, available in English and Spanish, was posted to the TWC website and widely distributed to child care providers, parents, Boards, advocacy groups, community organizations, and state agencies. TWC received 3,237 responses from the following:

- 1,562 child care providers
- 1,374 parents
- 83 child care advocacy groups or community organizations
- 72 Board staff members
- 13 state agency staff members
- 50 other early childhood programs
- 10 industry partners
- 73 other respondents

Child care providers that provided input on the State Plan represented 132 counties and all 28 Local Workforce Development Boards.

TWC hosted three stakeholder focus groups to discuss State Plan input, as follows:

- Child care providers-December 16, 2020
- Child care advocates (including the organizations listed below)-December 17, 2020:
 - Commit Partnership
 - Texas Association for the Education of Young Children
 - Texas Public Broadcasting Association
 - Child Care Associates
 - Children at Risk
 - Dallas Early Education Alliance
 - Texans Care for Children
- Local Boards-January 7, 2021

1.3.2 Describe the statewide or territory-wide public hearing process held to provide the public with an opportunity to comment on the provision of child care services under this Plan (658D(b)(1)(C); 98.16(f)).

Reminder:

Lead Agencies are required to hold at least one public hearing in the state or territory, with sufficient statewide or territory-wide distribution of notice prior to such a hearing to enable the public to comment on the provision of child care services under the CCDF Plan. At a minimum, this description must include:

a) Date of the public hearing. 04/27/2021

Reminder: Must be no earlier than January 1, 2021, which is 9 months prior to the October 1, 2021, effective date of the Plan. If more than one public hearing was held, please enter one date (e.g., the date of the first hearing, the most recent hearing or any hearing date that demonstrates this requirement).

b) Date of notice of public hearing (date for the notice of public hearing identified in a. 04/06/2021

Reminder: Must be at least 20 calendar days prior to the date of the public hearing. If more than one public hearing was held, enter one date of notice (e.g. the date of the first notice, the most recent notice or any date of notice that demonstrates this requirement).

c) How was the public notified about the public hearing? Please include specific website links if used to provide notice.

TWC sent an e-mail with the date and location of the hearing to all child care providers with an agreement to serve subsidized children, child care stakeholders, and Boards.

Notications for the Public Hearing were available at

<https://www.twc.texas.gov/programs/childcare#stakeholderInput> and

<https://www.twc.texas.gov/events#commission>. After the meeting, these notifications

were removed; however, TWC posted the recording of the public hearing at

https://twc.granicus.com/player/clip/213?view_id=1&redirect=true.

Notice of the public hearing was also posted in the Texas Register. The archived notice is available at

[https://texreg.sos.state.tx.us/public/pubomarchive\\$omarchive.QueryViewByKey?P_OM_I](https://texreg.sos.state.tx.us/public/pubomarchive$omarchive.QueryViewByKey?P_OM_I)

[D=235737&Z_CHK=32060](https://texreg.sos.state.tx.us/public/pubomarchive$omarchive.QueryViewByKey?P_OM_I).

d) Hearing site or method, including how geographic regions of the state or territory were addressed. The hearing was held at TWC's main office (101 E. 15th St., Austin, TX 78701) and simultaneously over Zoom, allowing participation from anywhere in the state.

e) How the content of the Plan was made available to the public in advance of the public hearing. (e.g. the Plan was made available in other languages, in multiple formats, etc.)

On April 21, 2021, TWC also posted the draft State Plan on TWC's website

([https://www.twc.texas.gov/agency/texas-workforce-commission-](https://www.twc.texas.gov/agency/texas-workforce-commission-rules#pendingProposedRulesRuleReviewsStatePlans)

[rules#pendingProposedRulesRuleReviewsStatePlans](https://www.twc.texas.gov/agency/texas-workforce-commission-rules#pendingProposedRulesRuleReviewsStatePlans)) and sent an e-mail informing all child care providers, stakeholders, and Boards of the availability of the draft State Plan.

All information placed on the TWC website is accessible to individuals with disabilities.

f) How was the information provided by the public taken into consideration regarding the provision of child care services under this Plan? Twenty-three commenters testified at the public hearing. TWC also received 22 written comments on the State Plan during the public comment period. TWC reviewed and considered all public comments. TWC made some modifications to the Plan in response to comments and is considering other comments for future action.

1.3.3 Lead Agencies are required to make the submitted and final Plan, any Plan amendments, and any approved requests for temporary relief (i.e., waivers) publicly available on a website (98.14(d)). Please note that a Lead Agency must submit Plan amendments within 60 days of a substantial change in the Lead Agency's program. (Additional information may be found here: <https://www.acf.hhs.gov/occ/resource/pi-2009-01>)

a) Provide the website link to where the Plan, any Plan amendments, and/or waivers are available. Note: A Plan amendment is required if the website address where the Plan is posted is changed.

All approved State Plans are available at <https://www.twc.texas.gov/students/child-care-development-fund-state-plans>.

b) Describe any other strategies that the Lead Agency uses to make the CCDF Plan and Plan amendments available to the public (98.14(d)). Check all that apply and describe the strategies below, including any relevant website links as examples.

Working with advisory committees.

Describe:

Working with child care resource and referral agencies.

Describe:

Providing translation in other languages.

Describe:

Sharing through social media (e.g., Twitter, Facebook, Instagram, email).

Describe:

TWC emails a listserv (GovDelivery) of stakeholders, including advocacy groups, providers, and parents, to share the State Plan, State Plan amendments, and waivers as they are approved by the Commission. TWC's internet home page includes a link for interested persons to sign up to receive updates (GovDelivery) on several topics, including child care.

- Providing notification to stakeholders (e.g., parent and family groups, provider groups, advocacy groups). Describe:

Describe:

TWC emailed over 19,000 providers and stakeholders about the availability of the draft State Plan and information on the public hearing. TWC maintains both internal and subscription-based email distribution lists of child care stakeholders. TWC also provided an overview of the draft CCDF State Plan to the Early Childhood Coalition in April 2021.

- Working with statewide afterschool networks or similar coordinating entities for out-of-school time.

- Other.

Describe:

The State Plan refers to TWC Chapter 809 Child Care Services rules, Board child care policies, and other applicable TWC rules and policies. In accordance with state law, the public is given notice of rule changes and the opportunity for public input. Additionally, TWC requires Boards to post policy changes for public input at an open meeting. Rule and policy changes are incorporated into any plan amendments.

1.4 Coordination with Partners to Expand Accessibility and Continuity of Care

1.4 Coordination with Partners to Expand Accessibility and Continuity of Care

Lead Agencies are required to describe how the state or territory will efficiently, and to the extent practicable, coordinate child care services supported by CCDF with programs operating at the federal, state/territory, and local levels for children in the programs listed below. This includes programs for the benefit of Indian children, infants and toddlers, children with disabilities, children experiencing homelessness, and children in foster care (98.14(a)(1)).

1.4.1 Describe how the Lead Agency coordinates the provision of child care services with the following programs to expand accessibility and continuity of care and to assist children enrolled in early childhood programs in receiving full-day services that meet the

needs of working families (658E(c)(2)(O); 98.12(a); 98.14(a)).

This list includes agencies or programs required by law or rule, along with a list of optional partners that Lead Agencies potentially would coordinate with over the next 3 years to expand accessibility and continuity of care and to assist children enrolled in early childhood programs in receiving full-day services.

Include in the descriptions the goals of this coordination, such as:

- extending the day or year of services for families;
- smoothing transitions for children between programs or as they age into school;
- enhancing and aligning the quality of services for infants and toddlers through school-age children;
- linking comprehensive services to children in child care or school age settings; or
- developing the supply of quality care for vulnerable populations (as defined by the Lead Agency) in child care and out-of-school time settings

Check the agencies or programs the Lead Agency will coordinate with and describe all that apply.

a. The Lead Agency is required to coordinate with the following agencies. Provide a description for how coordination occurred.

i. Appropriate representatives of the general purpose local government, which can include counties, municipalities, or townships/towns. Describe the coordination goals, processes, and results:

Each Local Workforce Board (Board) consults with local government representatives to develop a four-year strategic plan for their workforce area that includes a local plan for the administration, coordination, and oversight of child care services and initiatives.

ii. State Advisory Council on Early Childhood Education and Care or similar coordinating body (pursuant to 642B(b)(1)(A)(i) of the Head Start Act). Describe the coordination goals, processes, and results:

The Texas Early Learning Council serves as Texas' State Advisory Council on Early Childhood Education and Care. Members of the Council are appointed by Governor Greg Abbott. This group includes representatives from state agencies, school districts, colleges, Head Start, child care providers, and nonprofit organizations. The Council meets every other month. TWC regularly presents information to the Council and receives feedback on child care and early learning issues. More information is available

at <https://earlylearningtexas.org/>. TELC continues to meet quarterly.

- Check here if the Lead Agency has official representation and a decision-making role in the State Advisory Council or similar coordinating body.

iii. Indian tribe(s) and/or tribal organization(s), at the option of individual tribes. Describe the coordination goals, processes, and results, including which tribe(s) was (were) consulted:

On January 27, 2021, TWC met with Tribal CCDF administrators from the Alabama-Coushatta, Kickapoo, and Ysleta del Sur Pueblo tribes to identify opportunities for coordinating services and solicit input on the State Plan. Following the meeting, TWC met with the Boards with tribes located in their workforce areas (Borderplex, Deep East, and Middle Rio) to support them in connecting with their local Tribal CCDF administrators. Although Boards have established memoranda of understanding with tribes for workforce services, they had not previously established partnerships for child care services. Boards will share opportunities for free training and professional development with tribes. Other services to be coordinated will be based on the tribes' needs and the Boards' available resources.

- N/A-Check here if there are no Indian tribes and/or tribal organizations in the state.

iv. State/territory agency(ies) responsible for programs for children with special needs, including early intervention programs authorized under the Individuals with Disabilities Education Act (Part C for infants and toddlers and Part B, Section 619 for preschool). Describe the coordination goals, processes, and results:

A TWC Child Care & Early Learning Division representative is a member of the ECI Advisory Committee and works with ECI to give parents and providers information on state resources available for developmental screenings and other services for infants and toddlers with disabilities. ECI and TEA's Preschool Special Education program are also represented on the TELC.

Additionally, Boards coordinate with local early childhood programs and ECI service providers to offer ECI services at child care facilities and conduct conferences and trainings for providers and parents about services for infants and toddlers with

disabilities.

v. [State/territory office/director for Head Start state collaboration. Describe the coordination goals, processes, and results:](#)

A TWC Child Care & Early Learning Division representative sits on the THSSCO Advisory Board to support the development and activities of the annual needs assessment and strategic plan. THSSCO is also represented on the TELC.

To facilitate greater coordination between child care and Head Start/Early Head Start services and ensure full-day care for children enrolled in these programs, in January 2021, TWC added [§809.22](#) to the TWC Child Care Services rules. This section requires Boards to enroll eligible children in the child care subsidy program who are also enrolled in and referred by a Head Start/Early Head Start program. These children are also exempt from the Board's waiting list.

vi. [State/territory agency responsible for public health, including the agency responsible for immunizations. Describe the coordination goals, processes, and results:](#)

The Department of State Health Services (DSHS) operating under the Health and Human Services Commission (HHSC) enterprise. DSHS is represented on the TELC. During the COVID-19 pandemic, TWC provided input to DSHS regarding vaccines for child care workers. And, following the federal prioritization of educators, including child care workers, for vaccine distribution, DSHS immediately notified all vaccine providers to immediately consider child care workers as a 1b COVID vaccine priority.

vii. [State/territory agency responsible for employment services/workforce development. Describe the coordination goals, processes, and results:](#)

TWC is the state agency responsible for employment services and workforce development. The Child Care & Early Learning Division director meets weekly with directors from other workforce divisions.

viii. [State/territory agency responsible for public education, including Prekindergarten \(PreK\). Describe the coordination goals, processes, and results:](#)

Pre-K partnership activities: TWC has a dedicated position to support the development of partnerships between child care providers and public pre-K programs and to help draft state-level policy to improve their success. Developing partnerships between child care

providers and public-school pre-K programs is an important strategy to improve school-readiness, support families, and strengthen the ECE workforce through TWC's child care subsidy program. TWC will continue to explore systemic strategies for increasing and expanding pre-K partnerships statewide.

To facilitate greater coordination between child care and pre-K services and ensure full-day care for children enrolled in these programs, in January 2021, TWC added [§809.22](#) to the Child Care Services rules requiring Boards to enroll eligible children in the child care subsidy program who are also enrolled in and referred by a pre-K partnership or local education agency (LEA). These children are also exempt from the Board's waiting list.

On June 18, 2021, Governor Abbott signed House Bill 2607 which requires each Board to inform the local school districts and open-enrollment charter schools in the workforce area regarding opportunities to partner with child care providers to expand access to and provide facilities for prekindergarten programs. TWC will support Boards with sharing this information.

RECESS grants: TWC leveraged additional CCDF funds in 2019 to support TEA in awarding grants to help develop partnerships in four regions as part of the Regional Early Childhood Education Support Specialists (RECESS) Initiative. The RECESS Initiative grants will help child care providers and school districts in their regions to develop partnerships over a three-year period.

Additionally, a school finance bill enacted by the 86th Texas Legislature in 2019 included requirements for pre-K partnerships that were a key part of expanding to full-day pre-K for eligible 4-year-olds. The bill added [§29.153\(g\)](#) to the Texas Education Code, which requires school districts to solicit and consider proposals for pre-K partnerships with high-quality child care providers before they construct, repurpose, or lease classroom facilities.

Pre-K Partnership Summit: TWC collaborated with TEA, the nonprofit Children at Risk, and the W.K. Kellogg Foundation to host the Pre-K Partnership Summit, which was scheduled for spring 2020. However, the COVID-19 pandemic forced the groups to reschedule the in-person summit for spring 2021. This summit will provide specialized

information and training to Boards and regional education service centers-key governmental entities that support partnerships between child care providers and public school pre-K programs. A key part of the summit is building relationships to launch a statewide implementation of partnerships, so individualized technical assistance will be provided for 20 regional teams across the state to develop local plans for partnership expansion. Regional teams consist of the regional education service center, local Board(s), child care programs, and public school partners interested in starting pre-K program partnerships.

PEIMS numbers: Texas Labor Code [§302.0043\(c-1\)](#) requires TWC to coordinate with TEA to assign unique Public Education Information Management System (PEIMS) numbers to children younger than six who are enrolled in the child care subsidy program. This will allow for longitudinal analysis of information on children who receive subsidies by bridging their participation in early childhood programs to their participation in public education. TWC collaborated with TEA to develop an automated interface and began assigning PEIMS numbers to children under age six enrolled in subsidized child care on September 1, 2020. Now that the functionality is in place, TWC and TEA will develop a plan to analyze and share this cross-agency data.

ECDataWorks and TXR3: Beginning in 2018, TWC partnered with TEA to participate in ECDataWorks, a multiyear project supported by the W.K. Kellogg Foundation and facilitated by the University of Pennsylvania's Consortium for Policy Research in Education in collaboration with leading experts in the field.

The ECDataWorks project team works in a collaborative, outcome-driven manner to conceptualize and develop tools to facilitate the organization, delivery, and strategic use of existing early childhood data. The web-based analytic tool-Texas Ready Communities, Ready Schools, and Ready Students (TXR3)-is being developed and will be released in 2021.

TXR3 will help decision-makers visualize how well public school pre-K, kindergarten, and Texas Rising Star programs are prepared to educate children. TXR3 provides insight into the professional development needs of communities and schools as equal partners in collaboratively educating and preparing children.

ix. State/territory agency responsible for child care licensing. Describe the coordination goals, processes, and results:

TWC works closely with the HHSC's Child Care Regulation (CCR) division to ensure that child care providers serving children participating in the child care subsidy program meet the health and safety requirements of the CCDF Final Rule. In addition to meeting with CCR representatives in several interagency groups and monthly Region VI meetings, TWC seeks input from CCR on Texas Rising Star reviews, the effects of natural disasters and COVID-19, and other issues that arise. Additionally, TWC and CCR share data on all regulated child care providers. TWC will continue to work with CCR to support child care providers and parents seeking child care services.

x. State/territory agency responsible for the Child and Adult Care Food Program (CACFP) and other relevant nutrition programs. Describe the coordination goals, processes, and results:

TWC coordinates with the Texas Department of Agriculture (TDA)-the agency responsible for CACFP-to participate in efforts to address children's health and nutrition, such as the DSHS Obesity Prevention Program.

xi. McKinney-Vento state coordinators for homeless education and other agencies providing services for children experiencing homelessness and, to the extent practicable, local McKinney-Vento liaisons. Describe the coordination goals, processes, and results:

TWC works with the Texas Department of Housing & Community Affairs (TDHCA) to coordinate services for individuals and families experiencing homelessness. Additionally, TEA's State McKinney-Vento Coordinator and a representative of TWC's CC&EL division serve together on the ECI State Advisory Council. Boards coordinate with local homeless shelters and organizations serving homeless families. Boards also work with ISDs to identify and provide outreach to homeless children served by public schools. This coordination is in conjunction with workforce services to homeless families through the Workforce Innovation and Opportunity Act (WIOA).

xii. State/territory agency responsible for the Temporary Assistance for Needy Families (TANF) program. Describe the coordination goals, processes, and results:

TWC and the Local Boards administer the Choices employment program for TANF recipients. Boards prioritize child care subsidies for parents receiving Temporary Assistance for Needy Families (TANF) and participating in Choices.

xiii. Agency responsible for Medicaid and the state Children's Health Insurance Program. Describe the coordination goals, processes, and results:

TWC works extensively with HHSC, the agency responsible for the Children's Health Insurance Program (CHIP) and the Medicaid program. Boards also provide customers with referrals to these programs.

xiv. State/territory agency responsible for mental health. Describe the coordination goals, processes, and results:

TWC coordinates with HHSC, DFPS, and DSHS, the agencies responsible for addressing children's mental health issues. Additionally, Boards provide customers with referrals to local mental health programs.

xv. Child care resource and referral agencies, child care consumer education organizations, and providers of early childhood education training and professional development. Describe the coordination goals, processes, and results:

Boards and their child care contractors provide many child care resource and referral services. Boards may also contract with local resource and referral organizations and providers of early childhood education training and professional development.

xvi. Statewide afterschool network or other coordinating entity for out-of-school time care (if applicable). Describe the coordination goals, processes, and results:

TWC will provide a copy of the draft State Plan to the Texas Partnership for Out of School Time (TXPOST) and solicit input on the State Plan.

xvii. Agency responsible for emergency management and response. Describe the coordination goals, processes, and results:

On December 7, 2020, TWC met with representatives from the Texas Division of Emergency Management (TDEM), DSHS, and CCR to review and update the state's Child Care Disaster Preparedness and Recovery Plan. And throughout the COVID-19 pandemic, TWC has worked closely with TDEM to address the needs of the child care industry, including distribution of cleaning and PPE supplies.

1.4.1 Describe how the Lead Agency coordinates the provision of child care services with

the following programs to expand accessibility and continuity of care and to assist children enrolled in early childhood programs in receiving full-day services that meet the needs of working families (658E(c)(2)(O); 98.12(a); 98.14(a)).

b. The following are examples of optional partners a state might coordinate with to provide services. Check which optional partners the Lead Agency coordinates with and describe the coordination goals, processes and results.

- i. State/territory/local agencies with Early Head Start - Child Care Partnership grants.

Describe

- ii. State/territory institutions for higher education, including community colleges

Describe

TWC works with CLI at the University of Texas Health Science Center at Houston and Texas A&M AgriLife Extension to coordinate training opportunities. Additionally, TWC meets quarterly with several institutions of higher education (IHEs), including community colleges, during TELC meetings. In the Statewide Strategic Plan, TELC set a target increase of 50 percent by 2025 for the number of IHEs that have developed articulation pathways between the Child Development Associate (CDA) and other degree programs. TWC expects to coordinate with IHEs as needed to help the state meet this goal. Additionally, TWC works with Rice University's Texas Policy Lab to analyze administrative and demographic data related to key policy questions.

- iii. Other federal, state, local, and/or private agencies providing early childhood and school-age/youth-serving developmental services.

Describe

TWC is a member of the ECI Advisory Committee. ECI is a statewide program for families with children from birth to three years old who have disabilities and developmental delays. ECI provides support to families to help their children reach their potential through developmental services.

- iv. State/territory agency responsible for implementing the Maternal and Child Home Visitation programs grant.

Describe

DFPS's Prevention and Early Intervention (PEI) oversees the Teas Home Visiting

program. PEI is a member of the TELC. In addition, Boards coordinate services with local Maternal, Infant, and Early Childhood Home Visiting Program grantees to identify potential families who may benefit from the program.

v. Agency responsible for Early and Periodic Screening, Diagnostic, and Treatment.

[Describe](#)

vi. State/territory agency responsible for child welfare.

[Describe](#)

TWC works with DFPS to fund child care services for children in protective care. Boards also coordinate with local DFPS offices to authorize care for children needing protective services.

vii. Provider groups or associations.

[Describe](#)

TWC regularly meets with child care providers who are members of TELC and the Texas Rising Star 4-year review workgroup. Additionally, in June 2020, TWC hosted a listening session with child care providers who gave input on the state's response to COVID-19. In December 2020, TWC conducted a focus group with providers who responded to the 2022-2024 CCDF State Plan Stakeholder Survey. TWC will continue to meet with groups of child care providers periodically.

viii. Parent groups or organizations.

[Describe](#)

TWC is in the process of developing a Family Engagement Stakeholder Group with technical assistance from the National Center on Early Childhood Quality Assurance. TWC plans to have regular meetings with a representative group of parents of young children from across the state.

ix. Other.

[Describe](#)

TWC regularly meets with organizations that advocate for children, families, and child care providers. Several of these groups, including Texans Care for Children, Texas

Association for the Education of Young Children, and Children at Risk, are members of TELC and/or the Texas Rising Star four-year review workgroup. Additionally, in December 2020, TWC hosted a focus group with advocacy groups to report the preliminary results of the stakeholder survey and solicit their input on the development of the State Plan.

Optional Use of Combined Funds:

States and territories have the option to combine CCDF funds with any program identified as required in 1.4.1. These programs include those operating at the federal, state, and local levels for children in preschool programs, tribal early childhood programs, and other early childhood programs, including those serving infants and toddlers with disabilities, children experiencing homelessness, and children in foster care (658E(c)(2)(O)(ii)). Combining funds could include blending multiple funding streams, pooling funds, or layering funds together from multiple funding streams to expand and/or enhance services for infants, toddlers, preschoolers and school-age children and families to allow for the delivery of comprehensive quality care that meets the needs of children and families. For example, state/territory agencies may use multiple funding sources to offer grants or contracts to programs to deliver services; a state/territory may allow a county/local government to use coordinated funding streams; or policies may be in place that allow local programs to layer CCDF funds with additional funding sources to pay for full-day, full-year child care that meets Early Head Start/Head Start Program Performance Standards or state/territory prekindergarten requirements in addition to state/territory child care licensing requirements.

As a reminder, CCDF funds may be used in collaborative efforts with Head Start programs to provide comprehensive child care and development services for children who are eligible for both programs. In fact, the coordination and collaboration between Head Start and CCDF is strongly encouraged by sections 640(g)(1)(D) and (E); 640(h); 641(d)(2)(H)(v); and 642(e)(3) of the Head Start Act in the provision of full working day, full calendar year comprehensive services. To implement such collaborative programs, which share, for example, space, equipment, or materials, grantees may layer several funding streams so that seamless services are provided (Policy and Program Guidance for the Early Head Start - Child Care Partnerships:

https://www.acf.hhs.gov/sites/default/files/occ/acf_im_ohs_15_03.pdf
).

1.5.1 Does the Lead Agency choose to combine funding for CCDF services for any required early childhood program (98.14(a)(3))?

No (If no, skip to question 1.5.2)

Yes. If yes, describe at a minimum:

a) How you define "combine"

Non-CCDF funds are included with CCDF funds in allocations to Boards for the provision of qualifying direct child care services and child care quality improvement activities.

b) Which funds you will combine

TWC will use TANF funds transferred to Title XX, local donations, and state general revenue funds for child care services. Additionally, Title IV-B, Title IV-E, and Title XX funds are combined with CCDF funds transferred to DFPS as well as with state general revenue funds to provide child care services for children in protective services and children in foster care.

c. What is your purpose and expected outcomes for combining funds, such as extending the day or year of services available (i.e., full-day, full-year programming for working families), smoothing transitions for children, enhancing and aligning quality of services, linking comprehensive services to children in child care, or developing the supply of child care for vulnerable populations? Note: Responses should align with the goals, processes and results describe in 1.4.1.

Title IV-B, Title IV-E, Title XX, and state general revenue funds are combined with CCDF funds to enhance and align child care services for children receiving protective services. TANF funds transferred to Title XX funds are combined with CCDF funds to enhance the quality and supply of child care services for children and families that are vulnerable due to extreme poverty.

d) How you will be combining multiple sets of funding, such as at the State/Territory level, local level, program level?

TWC allocates CCDF funding to Boards in a manner similar to the federal regulation for allocating funds to the states, as follows:

- Discretionary

- Matching (including state general revenue funds)
- Mandatory (including state general revenue funds for state Maintenance of Effort (MOE) funds and TANF funds that are transferred to Title XX)

e) How are the funds tracked and method of oversight

As described in section 1.2.3, Workforce Grants and Initiatives Division, the Workforce Board Grants (WBG) department is responsible for developing and managing contracts for CCDF funds administered by the 28 Boards and for overseeing contractual compliance and use of allocated funds. For control of budgets, expenses, and encumbrances, each funding stream has its own Project Grant Code in the accounting system, which indicates the fund and the federal fiscal year of the award. WBG works closely with the Child Care and Early Learning Division on the oversight of CCDF expenditures, corrective actions, and processing any deobligation and reallocation of funds. TWC's contracts with Boards include performance measures for the use of CCDF funds. TWC tracks each Board's monthly performance for the average number of children served by the number of paid billings.

1.5.2 Which of the following funds does the Lead Agency intend to use to meet the CCDF matching and MOE requirements described in 98.55(e) and 98.55(h)?

Note:

Lead Agencies that use Prekindergarten funds to meet matching requirements must check Prekindergarten funds and public and/or private funds.

Use of PreK for Maintenance of Effort: The CCDF final rule clarifies that public preK funds may also serve as maintenance-of-effort funds as long as the state/territory can describe how it will coordinate preK and child care services to expand the availability of child care while using public preK funds as no more than 20 percent of the state's or territory's maintenance of effort or 30 percent of its matching funds in a single fiscal year (FY) (98.55(h)). If expenditures for preK services are used to meet the maintenance-of-effort requirement, the state/territory must certify that it has not reduced its level of effort in full-day/full-year child care services (98.55(h)(1); 98.15(a)(6)).

Use of Private Funds for Match or Maintenance of Effort: Donated funds do not need to be

under the administrative control of the Lead Agency to qualify as an expenditure for federal match. However, Lead Agencies do need to identify and designate in the state/territory Plan the donated funds given to public or private entities to implement the CCDF child care program (98.55(f)).

a. N/A - The territory is not required to meet CCDF matching and MOE requirements

b. Public funds are used to meet the CCDF matching fund requirement. Public funds may include any general revenue funds, county or other local public funds, state/territory-specific funds (tobacco tax, lottery), or any other public funds.

i. If checked, identify the source of funds:

In addition to the state general revenue funds that Texas certifies for match, the 28 Boards receive public match funds from public entities including local governments and public colleges and universities.

c. Private donated funds are used to meet the CCDF matching funds requirement. Only private funds received by the designated entities or by the Lead Agency may be counted for match purposes (98.53(f)).

i. If checked, are those funds:

A. Donated directly to the State?

B. Donated to a separate entity(ies) designated to receive private donated funds?

ii. If checked, identify the name, address, contact, and type of entities designated to receive private donated funds:

Each of the 28 Boards may receive privately donated funds to meet match requirements. A Board directory, which includes addresses and contact information, is available at <http://www.twc.state.tx.us/files/partners/workforce-board-directory-twc.pdf>.

d. State expenditures for PreK programs are used to meet the CCDF matching funds requirement.

If checked, provide the estimated percentage of the matching fund requirement that will be met with Prekindergarten expenditures (not to exceed 30 percent): 30%

i. If the percentage is more than 10 percent of the matching fund requirement, describe how the State will coordinate its preK and child care services:

TWC coordinates with the Texas Education Agency (TEA) Early Childhood Education department, which oversees Texas' public high-quality pre-K program. Additionally,

Boards coordinate with local Independent School Districts (ISDs) that provide pre-K programs to ensure coordination of pre-K and child care services. TWC and TEA are also coordinating in the development of pre-K partnerships to offer pre-K services in child care settings.

ii. Describe the Lead Agency efforts to ensure that Prekindergarten programs meet the needs of working parents:

Boards work with local ISDs to provide wraparound child care to serve the needs of working parents with eligible children. Child care and pre-K partnerships were a key part of expanding to full-day pre-K for eligible four-year-olds—a component of House Bill 3, 86th Texas Legislature, Regular Session (2019). TWC and TEA collaborated to provide Pre-K Partnership Planning Grants to help local education agencies develop partnerships with Texas Rising Star 3- or 4-Star-certified private child care providers to expand access and service delivery models for the provision of pre-K services to three- and four-year-old children.

TWC and TEA, in collaboration with the nonprofit organization Children at Risk and with the support of the W.K. Kellogg Foundation, planned the Pre-K Partnership Summit, which was scheduled for spring 2020. However, the COVID-19 pandemic forced the groups to reschedule this as a virtual event in the spring of 2021. A key part of the summit is building relationships to launch a statewide implementation of partnerships, which would be difficult to successfully achieve in a virtual meeting. The summit will provide specialized information and training to Boards and education service centers, key regional government entities that support child care providers and public pre-K programs, respectively, to help them develop partnerships. Finally, TWC hired a specialist to provide ongoing technical assistance to Boards and to support state-level policy to improve the development and success of these partnerships.

Additionally, effective January 25, 2021, per TWC Chapter 809 Child Care Services rule [§809.22](#), Boards must enroll eligible children who are also enrolled in a pre-K partnership, and Boards may exempt children referred by a pre-K partnership from the Board's waiting list.

- e. State expenditures for Prekindergarten programs are used to meet the CCDF maintenance-of-effort requirements. If checked,**

i. Assure by describing how the Lead Agency did not reduce its level of effort in full-day/full-year child care services, pursuant to 98.55(h)(1) and 98.15(a)(6).

TWC has not reduced-but rather increased-its level of effort in full-day/full-year child care services, as shown by the average number of children served per day. The increase is also reflected in the percentage of those served by high-quality providers that are Texas Rising Star certified.

Average Children Served Per Day

- 2018: 107,139
- 2019: 130,224
- 2020: 127,604

Percentage of Children Enrolled with a Texas Rising Star Provider

- 2018: 28.8%
- 2019: 31.6%
- 2020: 38.2%

Between October 2019 and March 2020, TWC served an average of more than 135,500 children per day. The impact of the COVID-19 pandemic on child care providers in 2020 led to a slight reduction in the average children served per day for the year. This count does not include 29,892 children served through the temporary Essential Worker Child Care program for three months in response to COVID-19.

ii. Describe the Lead Agency efforts to ensure that Prekindergarten programs meet the needs of working parents:

As described in section 1.5.2 (d)(iii), Boards work with local ISDs to provide wraparound child care to serve the needs of working parents with eligible children. Additionally, TWC and TEA collaborated to provide Pre-K Partnership Planning Grants to help local education agencies develop partnerships with Texas Rising Star 3- or 4-Star-certified private child care providers to expand access and service delivery models for the provision of pre-K to three- and four-year-old children.

iii. Estimated percentage of the MOE Fund requirement that will be met with Prekindergarten expenditures (not to exceed 20 percent): 20%

iv. If the percentage is more than 10 percent of the MOE requirement, describe how the state will coordinate its Prekindergarten and child care services to expand the availability of child care:

As described in section 1.5.2 (d)(iii), Boards work with local ISDs to provide wraparound child care to serve the needs of working parents with eligible children. Additionally, TWC and TEA collaborated to provide Pre-K Partnership Planning Grants to help local education agencies develop partnerships with Texas Rising Star 3- or 4-Star-certified private child care providers to expand access and service delivery models for the provision of pre-K to three- and four-year-old children.

f. The same funds are used to meet at least some of the CCDF MOE and TANF MOE requirements.

i. If known, what percent of funds used to meet CCDF MOE also is used to meet TANF MOE requirements?

1.6 Public-Private Partnerships

Lead Agencies are required to describe how they encourage public-private partnerships among other public agencies, tribal organizations, private entities, faith-based organizations, businesses or organizations that promote business involvement, and/or community-based organizations to leverage existing service delivery (i.e., cooperative agreement among providers to pool resources to pay for shared fixed costs and operation) (658E(c)(2)(P)). ACF expects these types of partnerships to leverage public and private resources to further the goals of the CCDBG Act. Lead Agencies are required to demonstrate how they encourage public-private partnerships to leverage existing child care and early education service-delivery systems and to increase the supply and quality of child care services for children younger than age 13, for example, by implementing voluntary shared service alliance models (98.14(a)(4)).

1.6.1 Identify and describe any public-private partnerships encouraged by the Lead Agency to leverage public and private resources to further the goals of the CCDBG Act. Include in the response any public-private partnerships that have emerged from the response to the COVID-19 pandemic (98.16(d)(2)) and if applicable, how those partnerships will be continued post-pandemic.

Local Workforce Development Boards

Local Match: Local Workforce Development Boards (Boards) leverage local public expenditures in their local workforce development areas (workforce areas) as match for federal CCDF matching funds. Boards work with public institutions of higher education (IHEs), independent school districts (ISDs), and local governments to

certify local public expenditures for direct child care services to low-income families and for child care quality improvement activities. Boards use the federal CCDF matching funds resulting from the public certifications to increase direct child care services to CCDF-eligible families targeted to meet the child care needs in their workforce areas. The funds are also used to expand quality improvement activities in the workforce areas.

Quality Set-Aside: Texas Government Code [§2308.317\(c\)](#) requires each Board to use at least 2 percent of its yearly child care allocation for quality initiatives. Boards must ensure that the 2 percent allocation dedicated to quality child care initiatives is used for the following:

1. Quality child care programs, including programs that meet one of the following conditions:
 - The director receives mentoring
 - The program is in the process of obtaining Texas Rising Star certification
2. Technical assistance for Texas Rising Star providers and child care providers seeking Texas Rising Star certification, including providing the following:
 - Child development specialists to serve as Texas Rising Star mentors and assessors
 - Consumer information for parents regarding the selection of the quality
 - Parenting education information for parents of children enrolled in the program, including information about parenting classes that are available in the area
3. Professional development for child care providers, directors, and employees
4. Educational materials for children served by child care providers
5. Educational information for parents on the development of children under age five
 - Boards must ensure that the priority for the 2 percent allocation is given to quality child care initiatives benefiting child care facilities that are working toward Texas Rising Star certification or are Texas Rising Star providers working toward a higher certification level.

Texas Rising Star Assessor and Mentor Funding: Texas Government Code [§2308.3155\(c\)](#) requires TWC to provide funding to Boards for Texas Rising Star assessors and mentors. Texas Rising Star assessors are responsible for conducting on-site assessments of providers to determine compliance with Texas Rising Star standards. Texas Rising Star mentors provide technical assistance to providers working to become Texas Rising Star-certified and to Texas Rising Star providers working to attain higher levels of Texas Rising Star certification.

Shared Services: This initiative provided \$750,000 in 2019 to Boards to purchase back-office solutions for Texas Rising Star-certified child care providers. Funds were spent on software licenses and subscription fees for solutions that support sound business practices and promote management efficiencies, as well as technical assistance and training to support the implementation of back-office solutions. TWC's 2022–2024 CCDF State Plan Stakeholder

Survey indicated a high level of interest in continuing to support and expand shared services initiatives. TWC will continue to explore meaningful, systemic strategies to support local shared services alliances.

Contracted Slots: House Bill 680 was passed in 2019 and amended the Texas Labor Code to add [§302.0461](#), which allows Boards to contract with Texas Rising Star 3-Star– or 4-Star–rated providers, including providers that are part of a pre-K partnership or who have a partnership with an Early Head Start or Head Start program, for a number of slots to be reserved for children participating in child care subsidies for specified populations. The rule changes and guidance that were needed to implement contracted slots were finalized in February 2021. TWC is giving Boards the option to pursue a contracted slots model and will provide technical assistance to help interested Boards develop their model. TWC will assess the success of these models to determine whether this is a viable supply-building strategy for the state.

Child Care Industry Partnership Program: This program allows Boards to leverage local industry cash donations with CCDF state funds to build public-private partnerships that support early childhood programs and systems and to expand and support activities that improve early learning and child care. Boards partnering with a corporation and/or foundation may submit an application to TWC detailing how they would like to invest these funds in local efforts to expand and improve the quality of child care. The purpose of this oversight is to ensure that the funds are spent on meaningful strategies that have long-term benefits. TWC will provide 100 percent matching funds to support the following quality improvement activities:

- Apprenticeship
- Family child care
- Pre-K partnerships
- Business support
- Wage supplementation or stipends
- COVID-19 response and/or recovery
- Program capacity expansion
- Local child care studies

Office of the Governor

Texas Early Childhood Learning Summits: In partnership with the Office of the Texas Governor and the Texas Education Agency (TEA), TWC approved funding for two statewide conferences tailored to the needs of early childhood educators. Attendees

will include certified teachers; school campus and district administrators; and child care staff, administrators, and owners. Goals of the conferences include:

- supporting the increased professional development needs of early learning professionals;
- equipping child care providers, school districts, and teachers with information, tools, and resources; and
- improving the quality of pre-K and early child care experiences. The 2020 and 2021 Summits were canceled due to the COVID-19 pandemic, but the Summit will resume in 2022

Texas Early Learning Council: Governor Greg Abbott reinstated the Texas Early Learning Council (TELC), including representation from TWC. In 2019, TELC leveraged the Preschool Development Grant—Birth to Five Planning Grant to develop the Texas Early Learning Strategic Plan. TELC designed the plan as a framework for public and private action at state and local levels to achieve the group’s vision that all Texas children are ready for school and ready to learn. The strategic plan includes goals for system, family, and child outcomes; strategies to meet these goals; and measurable targets to achieve by 2025. TELC continues to meet quarterly to advance implementation of the plan. More information is available at <https://earlylearningtexas.org/telc-project-updates.html>.

Prekindergarten–Child Care Partnership

Pre-K partnership activities: TWC has a dedicated staff position to help support the development of pre-K partnerships and provide ongoing technical assistance to Boards and support state-level policy to improve the development and success of these partnerships. As part of this work, pre-K partnership support will be included in Texas Rising Star mentorship activities and the new Continuous Quality Improvement Plan beginning in 2021. Developing partnerships between child care providers and public school pre-K programs is an important strategy to improve school-readiness, better support families, and strengthen the early childhood education workforce through TWC’s child care subsidy program. TWC will continue to explore systemic strategies for increasing and expanding pre-K partnerships statewide.

RECESS grants: TWC leveraged additional CCDF funds in 2019 to support TEA in awarding grants to help develop partnerships in four regions as part of the Regional Early Childhood Education Support Specialists (RECESS) initiative. The RECESS initiative grantees focusing on pre-K partnerships will help child care providers and ISDs in their regions to develop

partnerships over a three-year period. Additionally, in 2019, the 86th Texas Legislature enacted a broad school finance bill and included requirements around pre-K partnerships, which was a key part of expanding to full-day pre-K for eligible 4-year-olds. The bill added Texas Education Code [§29.153 \(g\)](#), which requires school districts to solicit and consider proposals for pre-K partnerships with high-quality child care providers before they construct, repurpose, or lease classroom facilities.

Pre-K Partnership Summit: TWC collaborated with TEA and the nonprofit organization, Children at Risk, to host a summit with the support of the W.K. Kellogg Foundation, which was scheduled for spring 2020. However, the COVID-19 pandemic forced the groups to reschedule the in-person summit, which will be held virtually in spring 2021. This summit will provide specialized information and training to Boards and regional education service centers—key regional government entities that support child care providers and public-school pre-K programs, respectively, to develop partnerships. A key part of the summit is relationship building to launch a statewide implementation of partnerships, so the summit will include individualized technical assistance for 20 regional teams across the state to help them develop a localized plan for partnership expansion. Regional teams consist of the regional education service center, local Boards, and child care programs and public school partners interested in starting pre-K partnerships.

Quality Initiatives

Texas School Ready! Grants: TWC provides CCDF matching funds to TEA for the Texas School Ready! (TSR!) project through the Children’s Learning Institute (CLI). TEA certifies state expenditures for the TSR! project. The TSR! project provides training and mentoring to teachers in child care, Head Start, and pre-K settings who serve preschool children and is designed to prepare children for kindergarten.

Texas Rising Star Program Support: TWC provides funds to TEA to be used by CLI to develop guides, tools, statewide online and in-person trainings, and consumer education materials to support Texas Rising Star Certification Guidelines content and outreach.

Infant, Toddler, and Developmental Screening Training: TWC approved funding to TEA to be used by CLI to improve the quality of infant and toddler care by assisting providers with training on developmental screenings for infants and toddlers. TWC developed a series of [web-based training modules](#) that highlight early learning guidelines, social and emotional

skills, and cognitive development. The modules provide caregivers with lessons that promote child development across all early learning domains. Additionally, the modules will include developmental checklists that will allow caregivers to screen for developmental delays against important milestones in the early learning guidelines.

Professional Development Partnerships: TWC provides CCDF funds to TEA for the Professional Development Partnerships for Early Childhood Education (ECE) program, which is designed to determine a pathway for articulation between two- and four-year colleges and universities for preservice early childhood teachers. IHEs identify a faculty member to serve as a mentor and require students agree to complete a minimum number of credit hours over the program period. Each participating IHE is required to adapt its program to include the elements of current effective teacher preparation programs that focus on the skills most important for children's success.

Texas Early Childhood Professional Development System (TECPDS): TWC provides funding for TECPDS to support the Texas Workforce Registry (TWR). TWR is a web-based application for early childhood education professionals who work with children from birth to age 8 to house their education and employment history and training hours. TWR is administered by CLI. TWC funds are supporting a statewide roll-out of the TWR to all Texas Rising Star–certified early learning programs or early learning programs applying for and working with a Texas Rising Star mentor to achieve certification. TWC will continue to explore improvements and expansion of the TWR, as well as strategies to use its data to better understand and support the child care industry.

Texas Association for the Education of Young Children (TXAEYC): Through a competitive procurement process, TWC awarded funds to TXAEYC for the T.E.A.C.H. program to provide financial assistance to child care providers and early childhood educators to complete a CDA credential or enroll in college-credit courses in early childhood development. In 2020, TWC increased the award and expanded the program to help early childhood educators obtain bachelor's degrees and complete early childhood education apprenticeship programs.

Child Care Business Training: Through a competitive procurement process, TWC awarded a two-year grant for \$3 million to Collaborative for Children to provide child care business training. This initiative provides online trainings available statewide and live virtual meetings

for child care owners and directors in targeted regions across Texas. The trainings are designed to teach skills valuable to administrators of small businesses, increase the number of qualified Texas Rising Star providers, and improve the quality of child care services. All training is available in English and Spanish.

Infant-Toddler Specialist Network: Through a competitive procurement process, TWC awarded \$3 million to CLI at the University of Texas Health Science Center at Houston to establish a statewide Infant-Toddler Specialist Network (ITSN). This network will provide teachers and administrators of infant and toddler programs with professional development, technical support, and opportunities to participate in professional learning communities (PLCs). This will help to enhance the quality of care provided to infants and toddlers across the state and elevate the skills and competencies of the teachers and administrators who participate. The ITSN website is at <https://texasitsn.org/>.

Planning for Individualized Instruction: TWC, through a competitive procurement, selected TXAEYC in partnership with Teaching Strategies to implement a statewide early childhood assessment project. At no cost to providers that serve subsidized children, Teaching Strategies provides GOLD®, an observation-based assessment system that enables early childhood caregivers to assess the development and learning of children from birth to five years of age. Teaching Strategies trains caregivers to use the assessment tools, gather and report data, and use the data to offer care and instruction that is individualized according to each child's strengths and needs.

Collaborative Matching Grants

Through a competitive procurement process, TWC awarded collaborative matching grants to nonprofits and community-based organizations for projects designed to improve the availability of quality child care services and to meet the needs of local communities and child care providers. Grantees are required to secure matching cash or in-kind leverage contributions to maximize resources for child care needs in the state. These grants are listed below:

- Family Child Care Networks: This project, totaling approximately \$400,000, funds two local collaborative efforts to develop staffed Family Child Care Networks designed to provide training, specialized services, and technical assistance to address the needs of family home-based caregivers. These efforts will increase the availability and quality of family child care. The United Way of Denton County and AVANCE were awarded 18-month grants on March 1, 2020.

- Addressing Challenging Behaviors in Child Care: TWC awarded nearly \$1 million to Green Space Learning and Development to provide professional development that focuses on identifying, preventing, and addressing challenging behaviors. The professional development activities align with evidence-based models that promote young children’s positive emotional and social development and provide teachers with strategies to reduce challenging behaviors. The 18-month grant began September 2020.
- Child Care Staff Retention Strategies: In August 2020, TWC awarded approximately \$2 million between two grantees, Raising Austin and the Ounce of Prevention (now Start Early), to provide collaborative efforts to implement evidence-based strategies shown to improve retention of child care staff through the development of professional supports such as:
 - professional development programs that focus on providing adaptive leadership skills training to create supportive work environments and improve staff retention;
 - initiatives that aid early childhood educators’ access to local referral and PLCs to provide ongoing resources for educators; and
 - initiatives that promote reflective pedagogical supervision, coaching, and other development opportunities. Providing this training will increase director and owner capacity as administrators of small businesses and provide tools and resources.

1.7 Coordination With Local or Regional Child Care Resource and Referral Systems

Lead Agencies may use CCDF funds to establish or support a system or network of local or regional child care resource and referral (CCR&R) organizations that is coordinated, to the extent determined by the state/territory, by a statewide public or private non-profit, community-based or regionally based, lead child care resource and referral organization (such as a statewide CCR&R network) (658E(c)(3)(B)(iii); 98.52).

If Lead Agencies use CCDF funds for local CCR&R organizations, the local or regional CCR&R organizations supported by those funds must, at the direction of the Lead Agency:

- Provide parents in the state with consumer education information concerning the full range of child care options (including faith-based and community-based child care providers), analyzed by provider, including child care provided during non-traditional hours and through emergency child care centers, in their area.
- To the extent practicable, work directly with families who receive assistance to offer the

families support and assistance to make an informed decision about which child care providers they will use to ensure that the families are enrolling their children in the most appropriate child care setting that suits their needs and one that is of high quality (as determined by the Lead Agency).

- Collect data and provide information on the coordination of services and supports, including services under Part B, Section 619 and Part C of the Individuals with Disabilities Education Act.

- Collect data and provide information on the supply of and demand for child care services in areas of the state and submit the information to the State.

- Work to establish partnerships with public agencies and private entities, including faith-based and community-based child care providers, to increase the supply and quality of child care services in the state and, as appropriate, coordinate their activities with the activities of the state Lead Agency and local agencies that administer funds made available through CCDF (98.52(b)).

Nothing in the statute or rule prohibits States from using CCR&R agencies to conduct or provide additional services beyond those required by statute or rule.

Note: Use 1.7.1 to address if a state/territory funds a CCR&R organization, describe what services are provided and how it is structured. Use subsection 7.5 to address the services provided by the local or regional child care resource and referral agencies and the indicators of progress met by CCR&R organizations if they are funded by quality set-aside funds.

1.7.1 Does the Lead Agency fund a system of local or regional CCR&R organizations?

No. The state/territory does not fund a CCR&R organization(s) and has no plans to establish one.

Yes. The state/territory funds a CCR&R organization(s) with all the responsibilities outlined above. If yes, describe the following:

How are CCR&R services organized? Include how many agencies, if there is a statewide network, and if the system is coordinated:

1.8 Disaster Preparedness and Response Plan

In past disasters, and in response to the COVID-19 pandemic, the provision of emergency child care services and rebuilding and restoring of child care infrastructure has emerged as an essential service. Lead Agencies are required to establish a Statewide Child Care Disaster Plan (658E(c)(2)(U)). They must demonstrate how they will address the needs of children - including the need for safe child care before, during, and after a state of emergency declared by the Governor, or a major disaster or emergency (as defined by Section 102 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. 5122) - through a Statewide Disaster Plan. The effective date for the establishment of this Statewide Disaster Plan was October 1, 2018.

1.8.1 Did you make any updates to the Statewide Disaster Plan since the FY 2019-2021 CCDF Plan was submitted? Please consider any updates that were made as a result of the Lead Agency's experiences in responding to the COVID-19 pandemic. (Note: It is a Lead Agency decision on how often a plan should be updated and which entities, if any, should be collaborated with in the updating process.)

No

Yes

If yes, describe the elements of the plan that were updated: [Click or tap here to enter text.](#)

TWC developed the Statewide Child Care Disaster Plan in collaboration with the Texas Health and Human Services Commission (HHSC) Child Care Regulation (CCR) division Texas Division of Emergency Management (TDEM), and the Texas Department of State Health Services (DSHS). Originally developed in 2018 following Hurricane Harvey, the plan has been improved and updated to reflect lessons learned during COVID-19.

Guidelines for continuation of child care subsidies and services, coordination of post-disaster recovery of child care services, requirements for providers were updated and new elements were added in response to COVID-19.

1.8.2 To demonstrate continued compliance with the required elements in the Statewide Disaster Plan, certify by checking the required elements included in the current State Disaster Preparedness and Response Plan.

- a. The plan was developed in collaboration with the following required entities:
 - i. State human services agency
 - ii. State emergency management agency
 - iii. State licensing agency
 - iv. State health department or public health department
 - v. Local and state child care resource and referral agencies
 - vi. State Advisory Council on Early Childhood Education and Care or similar coordinating body
- b. The plan includes guidelines for the continuation of child care subsidies.
- c. The plan includes guidelines for the continuation of child care services.
- d. The plan includes procedures for the coordination of post-disaster recovery of child care services.
- e. The plan contains requirements for all CCDF providers (both licensed and license-exempt) to have in place:
 - i. Procedures for evacuation
 - ii. Procedures for relocation
 - iii. Procedures for shelter-in-place
 - iv. Procedures for communication and reunification with families
 - v. Procedures for continuity of operations
 - vi. Procedures for accommodations of infants and toddlers
 - vii. Procedures for accommodations of children with disabilities
 - viii. Procedures for accommodations of children with chronic medical conditions
- f. The plan contains procedures for staff and volunteer emergency preparedness training.
- g. The plan contains procedures for staff and volunteer practice drills.

1.8.3 If available, provide the direct URL/website link to the website where the statewide child care disaster plan is posted:

<https://www.twc.texas.gov/files/partners/ccdf-emergency-preparedness-disaster-response->

2 Promote Family Engagement through Outreach and Consumer Education

Lead Agencies are required to support the role of parents as child care consumers who need information to make informed choices regarding the services that best suit their needs. A key purpose of the CCDBG Act is to "promote involvement by parents and family members in the development of their children in child care settings" (658A(b)). Lead Agencies have the opportunity to consider how information can be provided to parents through the child care assistance system, partner agencies, and child care consumer education websites.

The target audience for the consumer education information includes three groups: parents receiving CCDF assistance, the general public, and when appropriate, child care providers. OCC expects that Lead Agencies are using targeted strategies for each group to ensure tailored consumer education information. In this section, Lead Agencies will address how information is made available to families, the general public and child care providers to assist them in accessing high-quality child care and how information is shared on other financial assistance programs or supports for which a family might be eligible. In addition, Lead Agencies will certify that information on developmental screenings is provided and will describe how research and best practices concerning children's development, including their social-emotional development, is shared.

This section also covers the parental complaint process and the consumer education website that has been developed by the Lead Agency. Finally, this section addresses the consumer statement that is provided to parents supported with CCDF funds.

Note: When asked for citations, responses can include state statute, regulations, administrative rules, policy manuals, or policy issuances. See the Introduction on page 4 for more detail.

2.1 Outreach to Families With Limited English Proficiency and Persons With Disabilities

The Lead Agency is required to describe how it provides outreach and services to eligible families with limited English proficiency and persons with disabilities and to facilitate the participation of child care providers with limited English proficiency and child care providers with disabilities in the CCDF program (98.16(dd)). Lead Agencies are required to develop policies and procedures to clearly communicate program information, such as requirements, consumer education information, and eligibility information, to families and child care providers of all backgrounds (81 FR 67456).

2.1.1 Check the strategies the Lead Agency or partners utilize to provide outreach and services to eligible families for whom English is not their first language. Check all that apply.

- a. Application in other languages (application document, brochures, provider notices)
- b. Informational materials in non-English languages
- c. Website in non-English languages
- d. Lead Agency accepts applications at local community-based locations
- e. Bilingual caseworkers or translators available
- f. Bilingual outreach workers
- g. Partnerships with community-based organizations
- h. Collaboration with Head Start, Early Head Start, and Migrant Head Start
- i. Home visiting programs
- j. Other.

Describe:

2.1.2 Check the strategies the Lead Agency or partners utilize to provide outreach and services to eligible families with a person(s) with a disability. Check all that apply.

- a. Applications and public informational materials available in Braille and other communication formats for access by individuals with disabilities
- b. Websites that are accessible (e.g. Section 508 of the Rehabilitation Act)
- c. Caseworkers with specialized training/experience in working with individuals with disabilities
- d. Ensuring accessibility of environments and activities for all children
- e. Partnerships with state and local programs and associations focused on disability-related topics and issues
- f. Partnerships with parent associations, support groups, and parent-to-parent support groups, including the Individuals with Disabilities Education Act (IDEA) federally funded Parent Training and Information Centers
- g. Partnerships with state and local IDEA Part B, Section 619 and Part C providers and agencies
- h. Availability and/or access to specialized services (e.g. mental health, behavioral specialists, therapists) to address the needs of all children
- i. Other.

Describe:

2.2 Parental Complaint Process

The Lead Agency must certify that the state/territory maintains a record of substantiated parental complaints and makes information regarding such complaints available to the public on request (658E(c)(2)(C); 98.15(b)(3)). Lead Agencies must also provide a detailed description of the hotline or similar reporting process for parents to submit complaints about child care providers; the process for substantiating complaints; the manner in which the Lead Agency maintains a record of substantiated parental complaints; and ways that the Lead Agency makes information on such parental complaints available to the public on request (98.16 (s); 98.32(d)).

2.2.1 Describe the Lead Agency's hotline or similar reporting process through which parents can submit complaints about child care providers, including a link if it is a Web-based process:

The Statewide Intake (SWI) division of the Texas Department of Family and Protective Services (DFPS) is available for parents to report abuse, neglect, or exploitation of children, as well as violations of minimum standards in child care operations. Individuals may report abuse by using the following methods:

- Texas Abuse Hotline: 1-800-252-5400
- Non-emergency reports may be submitted at www.txabusehotline.org

Both the hotline and website are available 24 hours a day, seven days a week, across the United States.

The SWI division receives and routes the following types of allegations regarding operations that are subject to regulation by Texas Health and Human Services (HHS) Child Care Regulation (CCR):

- All reports that allege abuse, neglect, or exploitation of children in care (routed to the Child Care Investigations (CCI) division of DFPS)
- Some, but not all, reports that allege violations of CCR statute, administrative rules, or minimum standards at child day care operations (routed to CCR)

Parents can also make reports that allege violations of CCR statute, administrative rules, or minimum standards to their local licensing office. The list of [local child care licensing offices](#) is posted on the HHS website by regional areas in Texas. CCR also has an information line, 1-800-862-5252, and a centralized email inbox, CCLQuestions@hhsc.state.tx.us, where parents can contact CCR with questions or concerns.

CCR requires child care operations to post the Texas Abuse Hotline and local licensing office telephone numbers in a prominent place in the operation for parents to see.

CCR requires that operational policies for licensed facilities and registered homes include instructions on how a parent may contact the local Licensing office, access the Texas Abuse and Neglect Hotline, and access the DFPS website.

2.2.2 For complaints regarding all providers, including CCDF providers and non-CCDF providers, describe the Lead Agency's process and timeline for screening, substantiating, and responding to complaints. Describe whether the process includes monitoring, and highlight any differences in processes for CCDF and non-CCDF providers and licensed and license-exempt providers:

DFPS investigates reports of abuse, neglect, or exploitation that allege a child in care of an operation was or may be harmed because of an act or omission by an individual working under the supervision of a child care operation. Such harm must meet the definitions of

abuse, neglect, or exploitation as described in the Texas Family Code and Texas Administrative Code. (DFPS also investigates reports of exploitation that allege an individual working under the auspices of an operation engaged in illegal or improper use of a child or used a child's resources for monetary or personal benefit, profit, or gain.) The operation where the alleged abuse, neglect, or exploitation occurred may also be violating statutes, administrative rules, or minimum standards.

CCR investigates reports, including self-reports made by the operation, that allege statute, administrative rules, or minimum standards have been or are in violation. No allegation of abuse, neglect, or exploitation is involved. Self-reports made by the operation include incidents involving an employee or child at an operation contracting a communicable disease; a disaster or emergency causing an operation to close or rendering part of the operation unsafe or unsanitary; or a minor accident involving a child in care.

The timeline for responding to and resolving complaints depends on the priority of the investigation. DFPS must respond to a report of an allegation of abuse or neglect within the first 24 hours of receiving the complaint, and the investigation must be resolved within 30 days unless there is good cause for an extension. At the child care operation, DFPS conducts on-site visits and interviews, gathers information, and observes areas pertaining to the priority 1 or priority 2 allegation of abuse, neglect, or exploitation.

The initial investigation of a report that alleges statute, administrative rules, or minimum standards have been or are in violation must occur within five to 15 days and resolved within 30 to 60 days, depending on priority. The timeline for resolution may be extended if there is good cause.

All investigations of reports that allege statute, administrative rules, or minimum standards have been or are in violation, assigned a priority of 1, 2, 3, or 4, require CCR staff to conduct an unannounced, on-site inspection of the operation. During the inspection, CCR staff evaluates compliance with the minimum standards related to the allegation and any plain-view observations. CCR does not conduct an on-site inspection for investigations assigned a priority 5, which are self-reports of minor violations of minimum standards or a serious injury.

After any investigation (including DFPS abuse, neglect, or exploitation investigation) a written report is given to the operation and staff members discuss deficiencies with the individual in

charge. This report is required to be posted at the operation and is available for review on the Search Texas Child Care website, a searchable website maintained by CCR. If a provider disagrees with a deficiency, the provider may request an administrative review. Licensing staff follows up on all deficiencies to ensure that they are corrected. If deficiencies are of such a serious nature that the health and safety of the children are threatened, enforcement actions such as administrative penalties, probation, suspension, and permit denial or revocation may be warranted.

If DFPS makes the determination of Reason to Believe (RTB) that abuse, neglect, or exploitation occurred to a child in care, then the alleged perpetrator is notified of the finding and his or her due process rights. The alleged perpetrator is registered in the Central Registry of Abuse, Neglect, or Exploitation. The Centralized Background Check Unit will notify the alleged perpetrator of his or her eligibility to remain at the operation depending on the risk evaluation process.

2.2.3 Certify by describing how the Lead Agency maintains a record of substantiated parental complaints. Highlight any differences in processes for CCDF and non-CCDF providers and licensed and license-exempt providers:

Records of abuse, neglect, or exploitation investigations are maintained by DFPS in the Information Management Protecting Adults and Children in Texas (IMPACT) system. Records of complaints regarding providers are maintained in the Childcare Licensing Automated Support System (CLASS), the automated system that CCR uses to document all inspections and investigations. CLASS records go back to 2002.

2.2.4 Certify by describing how the Lead Agency makes information about substantiated parental complaints available to the public; this information can include the consumer education website discussed in section 2.3:

Information about complaints is available to the public through the Search Texas Child Care website, a searchable website maintained by CCR. The public can review a provider's Five-

Year Inspection Summary and compliance history, which includes complaints. An individual may also contact DFPS or the local CCR office for complaint information.

Public records of complaints are featured prominently on the CCR website. Parents can also easily find public records of complaints and other violations through a simple Google search that involves key terms such as “Texas child care.” The first result for this search is the Search Texas Child Care site noted above where they can search the specific child care operation in which they are interested.

2.2.5 Provide the citation to the Lead Agency's policy and process related to parental complaints:

Section 6000 of the Child Care Regulation Handbook: <https://hhs.texas.gov/laws-regulations/handbooks/ccrh/6000-investigations>

2.3 Consumer Education Website

States and territories are required to provide information to parents, the general public, and when applicable, child care providers through a state website, which is consumer-friendly and easily accessible (658E(c)(2)(E)(i)(III) and 98.33 (a)). The website must include information to assist families in understanding the Lead Agency’s policies and procedures, including licensing child care providers. The website information must also include monitoring and inspection reports for each provider, and the quality of each provider (if such information is available for the provider) (658E(c)(2)(D); 98.33(a)). The website should also provide access to a yearly statewide report on the aggregate number of deaths, serious injuries, and the number of cases of substantiated child abuse that have occurred in child care settings. To help families access additional information on finding child care, the website must include contact information for local child care and resource referral organizations. It must also include information on how parents can contact the Lead Agency and other organizations to better understand the information on the website.

To certify, respond to questions 2.3.1 through 2.3.10 by describing how the Lead Agency meets these requirements and provide the direct URL/website link to the consumer education website in 2.3.11.

Please note that any changes made to the web links provided below in this section after the CCDF Plan is approved will require a CCDF Plan amendment.

2.3.1 Describe how the Lead Agency ensures that its website is consumer-friendly and easily accessible. (Note: While there is no Federal CCDF definition for easily accessible, Lead Agencies may consider easily accessible websites to be searchable, simple to navigate, written in plain language, and easy to understand.):

The consumer services that the Texas Health and Human Services Commission provides can be found under the Services tab on the Health and Humans Services (HHS) main page at <https://hhs.texas.gov/>. The HHS website adheres to all requirements of Section 504 of the Rehabilitation Act.

The Child Care page is under the Safety subtab. Consumer content is organized to allow each audience to easily find information by topic: types of child care, licensing, and technical assistance and training. There is a Frequently Asked Questions section with easy-to-read questions and answers that uses simple terms and avoids industry jargon.

Child Care Regulation (CCR) maintains a [Search Texas Child Care](#) web page on the Department of Family and Protective Services (DFPS) website with options that allow users to search for child care by a variety of criteria, including provider type, county, ZIP code, age groups served, and services provided. The website presents compliance histories for the past five years and includes the number of minimum standards evaluated, a brief description of each deficiency cited, and the risk level of each minimum standard.

Additionally, the Texas Workforce Commission (TWC) operates the [Texas Child Care Solutions](#) website, which is organized to allow parents and providers to find information on quality child care, financial assistance, and child development. The content on the Texas Child Care Solutions website is tested against the Flesch-Kincaid reading scale to ensure readability for the broadest audience.

TWC also funded the [Texas Child Care Availability Portal](#) – a tool that connects parents to open child care slots by allowing providers to voluntarily indicate their vacant seats and enrollment by age group. This portal provides an easily navigable map powered by Google Maps, with which many users are already familiar. Each child care provider profile also links directly to the provider’s state inspection and reports page on CCR’s Search Texas Child Care site. The portal has also supported collection of timely and meaningful information about the COVID-19 pandemic’s effects on the child care industry. As of March 19, 2021, 3,379 providers were reporting a total of 63,535 vacant slots, and the portal had logged 59,195 searches for child care.

To give parents better access to these resources, TWC and agency partners are in the process of creating a new consumer education website that will serve as the primary vehicle for communication about child care and early learning in Texas. Texas’ website project was selected to partner with the Inspire Team, an individualized technical assistance service provided through the federal Child Care State Capacity Building Center. The Inspire Team will assist the Texas team with web page design, governance, implementation and communication plans, and a web analytics strategy. Additionally, TWC will seek input from multiple stakeholders, including parents, providers, and partner organizations, in developing this site.

TWC’s new consumer education website is expected to include all early childhood services, programs, and information provided by the State of Texas. This requires coordination across multiple state agencies that are part of an interagency team formed in 2018 and led by the interagency early childhood deputy director.

Currently, Texas parents must search online across multiple websites to find the information they need. The goal of TWC’s consumer education website is to give parents of young children one place to get information from at least the following state agencies:

- The Texas Workforce Commission
- The Texas Education Agency
- The Texas Department of State Health Services
- The Texas Department of Family and Protective Services
- The Texas Health and Human Services Commission

The website will include information on eligibility, how to access services, and more for the following resources at minimum:

- Child care

- Public school prekindergarten
- Head Start
- Home visiting
- Early childhood intervention
- Child development
- Nutrition

2.3.2 Describe how the website ensures the widest possible access to services for families that speak languages other than English (98.33(a)):

The child care consumer information on the CCR website is available in both English and Spanish. The inspection results posted on the [Search Texas Child Care](#) web page are not being translated at this time because the content is dynamically generated and translation requires additional effort and technical resources.

The Texas Child Care Solutions website is available in both Spanish and Vietnamese, the second and third most common languages spoken in Texas, respectively.

2.3.3 Describe how the website ensures the widest possible access to services for persons with disabilities:

All CCR web content, except for inspection results, meets accessibility standards. As the inspection results are dynamically generated, ensuring accessibility of that content will require additional technical resources and efforts. HHSC has a dedicated accessibility department that works with new computer systems to ensure the widest possible access to individuals with disabilities. The new systems use the Web Content Accessibility Guidelines (WCAG) 2.0, and specialized accessibility testing occurs during the development life cycle. However, legacy applications with outdated technologies have proven difficult and costly to bring up to standards. There is an opportunity, subject to legislative funding, for this site to be replaced, at which point it would be in compliance.

All TWC web content is required to meet industry-accepted accessibility standards that allow

individuals with disabilities, such as visual impairments, to access information. The Texas Child Care Solutions website was built using WordPress. WordPress templates and design standards adhere to WCAG 2.0 and comply with Section 504 of the Rehabilitation Act.

2.3.4 Provide the specific website links to the descriptions of the Lead Agency's processes related to child care.

A required component of the consumer education website is a description of Lead Agency policies and procedures relating to child care (98.33(a) (1)). This information includes a description of how the state/territory licenses child care, a rationale for exempting providers from licensing requirements, the procedure for conducting monitoring and inspections of providers, and the policies and procedures related to criminal background checks.

a. Provide the direct URL/website link to how the Lead Agency licenses child care providers, including the rationale for exempting certain providers from licensing requirements, as described in subsection 5.2

Link to the explanation of how Child Care Licensing issues permits to child care homes:
<https://hhs.texas.gov/doing-business-hhs/provider-portals/protective-services-providers/child-care-licensing/become-a-child-care-home-provider>

Link to the explanation of how Child Care Licensing issues permits to child care centers:
<https://hhs.texas.gov/doing-business-hhs/provider-portals/protective-services-providers/child-care-licensing/child-day-care-provider/become-a-child-care-center-based-provider>

Exemptions:

<https://hhs.texas.gov/doing-business-hhs/provider-portals/protective-services-providers/child-care-licensing/licensing-exemptions>

b. Provide the direct URL/website link to the processes for conducting monitoring and inspections of child care providers, as described in subsection 5.4:

Link to Child Care Licensing website that has monitoring and inspection information for parents on Child Care Licensing website:

<https://hhs.texas.gov/services/safety/child-care>

Link to monitoring and inspection policy and procedures:

<https://hhs.texas.gov/laws-regulations/handbooks/cclpph/4000-inspections>

c. Provide the direct URL/website link to the policies and procedures related to criminal background checks for staff members of child care providers, as described in 5.5.2.

Link to main page for Background Checks :

<https://hhs.texas.gov/doing-business-hhs/provider-portals/protective-services-providers/child-care-licensing/child-care-licensing-background-checks>

d. Provide the direct URL/website link to the offenses that prevent individuals from being employed by a child care provider or receiving CCDF funds, as described in questions 5.5.4:

Link to charts that list the criminal offenses that prevent individuals from being employed by a child care provider:

<https://hhs.texas.gov/doing-business-hhs/provider-portals/protective-services-providers/child-care-licensing/criminal-history-convictions-requirements-charts>

2.3.5 How does the Lead Agency post a localized list of providers searchable by zip code on its website?

The consumer education website must include a list of all licensed providers (98.33 (a)(2)). At the discretion of the Lead Agency, all providers eligible to deliver CCDF services, identified as either licensed or license-exempt, can be included. Providers caring for children to whom they are related do not need to be included. The list of providers must be searchable by ZIP Code.

a. Provide the website link to the list of child care providers searchable by ZIP code:

http://www.dfps.state.tx.us/Child_Care/Search_Texas_Child_Care/default.asp

<https://find.childcare.texas.gov/>

b) In addition to the licensed providers that are required to be included in your searchable list, which additional providers are included in the Lead Agency's searchable list of child care providers (please check all that apply):

- i. License-exempt center-based CCDF providers
- ii. License-exempt family child care (FCC) CCDF providers
- iii. License-exempt non-CCDF providers
- iv. Relative CCDF child care providers
- v. Other.

Describe

c) Identify what informational elements, if any, are available in the searchable results.

Note: Quality information (if available) and monitoring results are required on the website but are not required to be a part of the search results.

All Licensed Providers

- Contact Information
- Enrollment capacity
- Hours, days and months of operation
- Provider education and training
- Languages spoken by the caregiver
- Quality Information
- Monitoring reports
- Willingness to accept CCDF certificates
- Ages of children served

License-Exempt CCDF Center-based Providers

- Contact Information
- Enrollment capacity
- Hours, days and months of operation
- Provider education and training
- Languages spoken by the caregiver
- Quality Information
- Monitoring reports
- Willingness to accept CCDF certificates
- Ages of children served

License-Exempt CCDF Family Child Care Home Providers

- Contact Information
- Enrollment capacity
- Hours, days and months of operation
- Provider education and training
- Languages spoken by the caregiver
- Quality Information
- Monitoring reports
- Willingness to accept CCDF certificates
- Ages of children served

License-Exempt Non-CCDF Providers

- Contact Information
- Enrollment capacity
- Hours, days and months of operation
- Provider education and training
- Languages spoken by the caregiver
- Quality Information
- Monitoring reports
- Willingness to accept CCDF certificates
- Ages of children served

Relative CCDF Providers

- Contact Information
- Enrollment capacity
- Hours, days and months of operation
- Provider education and training
- Languages spoken by the caregiver
- Quality Information
- Monitoring reports
- Willingness to accept CCDF certificates
- Ages of children served

2.3.5 How does the Lead Agency post a localized list of providers searchable by zip code on its website?

The consumer education website must include a list of all licensed providers (98.33 (a)(2)). At the discretion of the Lead Agency, all providers eligible to deliver CCDF services, identified as either licensed or license-exempt, can be included. Providers caring for children to whom they are related do not need to be included. The list of providers must be searchable by ZIP Code.

d. Other information included for:

i. All Licensed providers.

Describe

- Director
- Website address
- Type of Issuance
- Issuance Date
- Permit Renewal Date
- Conditions on permit
- Number of Admin Penalties
- Corrective and Adverse action status
- Temporary Closure status
- Five Year Inspection and Compliance Summary (Including Inspections, Reports, Assessments) Weights of the standard deficiencies
- Five-Year Serious Injury and Fatality Summary

ii. License-exempt CCDF center-based providers.

Describe

- Contact Information
- Enrollment Capacity
- Years in Operation
- Provider Education and Training
- Languages Spoken
- Quality Information
- Monitoring Reports

iii. License-exempt CCDF family child care providers.

Describe

iv. License-exempt, non-CCDF providers.

Describe

- Contact Information
- Enrollment Capacity
- Years in Operation

- Provider Education and Training
- Languages Spoken
- Quality Information
- Monitoring Reports

v. Relative CCDF providers.

Describe

- Contact Information
- Enrollment Capacity
- Years in Operation
- Provider Education and Training
- Languages Spoken
- Quality Information
- Monitoring Reports

2.3.6 Lead Agencies must also identify specific quality information on each child care provider for whom they have this information. The type of information provided is determined by the Lead Agency, and it should help families easily understand whether a provider offers services that meet Lead Agency-specific best practices and standards or a nationally recognized, research-based set of criteria. Provider-specific quality information must only be posted on the consumer website if it is available for the individual provider.

a. What information does the Lead Agency provide on the website to determine quality ratings or other quality information?

- i. Quality rating and improvement system
- ii. National accreditation
- iii. Enhanced licensing system
- iv. Meeting Head Start/Early Head Start Program Performance Standards
- v. Meeting Prekindergarten quality requirements
- vi. School-age standards, where applicable
- vii. Other.

Describe

b) For what types of providers are quality ratings or other indicators of quality available?

i. Licensed CCDF providers.

Describe the quality information:

Texas Rising Star is a voluntary, quality-based rating system of child care providers participating in TWC's subsidized child care program. Texas Rising Star certification is available to licensed centers and licensed and registered child care home providers that meet the certification criteria. Texas Rising Star offers three levels of certification (2-Star, 3-Star, and 4-Star) to encourage providers to attain progressively higher levels of quality. This information is not available on the searchable website operated by CCR, however, it is listed in the Texas Child Care Availability Portal.

CCR's [Search Texas Child Care](#) web page includes provider's self-reported information regarding their national accreditation status. It does not contain information on a provider's certification under the state's QRIS, Texas Rising Star. Parents are able to obtain information on a provider's Texas Rising Star certification status on the [Texas Child Care Availability Portal](#) and on [Texas Child Care Solutions](#) website.

ii. Licensed non-CCDF providers.

Describe the quality information:

iii. License-exempt center-based CCDF providers.

Describe the quality information:

Providers operated by the US Department of Defense (DoD) are required to meet high-quality standards established and monitored by DoD. Therefore, DoD-operated facilities automatically receive an initial 4-Star certification without a full on-site assessment.

iv. License-exempt FCC CCDF providers.

Describe the quality information:

v. License-exempt non-CCDF providers.

Describe the quality information:

vi. Relative child care providers.

Describe the quality information:

vii. Other.

Describe

2.3.7 Lead Agencies must post monitoring and inspection reports on the consumer education website for each licensed provider and for each non-relative provider eligible to provide CCDF services. These reports must include the results of required annual monitoring visits, and visits due to major substantiated complaints about a provider's failure to comply with health and safety requirements and child care policies. A full report covers everything in the monitoring visit, including areas of compliance and non-compliance. If the state does not produce any reports that include areas of compliance, the website must include information about all areas covered by a monitoring visit (e.g., by posting a blank checklist used by monitors).

The reports must be in plain language or provide a plain language summary, as defined by the state or territory, and be timely to ensure that the results of the reports are available and easily understood by parents when they are deciding on a child care provider. Lead Agencies must post at least 3 years of reports.

Certify by responding to the questions below:

a. Does the Lead Agency post? (check one):

i. Full monitoring reports that include areas of compliance and non-compliance.

ii. Monitoring reports that include areas of non-compliance only, with information about all areas covered by a monitoring visit posted separately on the website (e.g., a blank checklist used by monitors). Note: This option is only

allowable if the state/territory does not produce monitoring reports that include both areas of compliance and non-compliance.

If checked, provide a direct URL/website link to the website where a blank checklist is posted.

CCR displays the total number of standards evaluated for compliance within the last five years, and the following areas are evaluated at every inspection:

- Supervision of children
- Child/caregiver ratio
- Fire, safety and/or sanitation deficiencies
- Conditions of any waiver or variance
- Director and caregiver responsibilities
- Restrictions and/or conditions of the permit
- Background checks

Section 4000 of the Child Care Regulation handbook (<https://www.hhs.texas.gov/laws-regulations/handbooks/ccrh/section-4000-inspections>) details the policies and procedures for child care monitoring inspections.

b. Check to certify that the monitoring and inspection reports and, if necessary, their plain language summaries include:

- Date of inspection
- Health and safety violations, including those violations that resulted in fatalities or serious injuries occurring at the provider.

Describe how these health and safety violations are prominently displayed:

CCR prominently displays all violations for each provider in a summary broken down by risk level (high, medium-high, medium, medium-low, and low). Violations are displayed in a table that includes a brief description of the minimum standard, the risk level associated with the minimum standard, and a link to the narrative explaining the reason for the violation. Starting in August 2018, two additional fields were added to include the technical assistance provided and the correction narrative for how the operation has come into compliance. Five-year serious injury and fatality summaries are also available, as of April 2020.

- Corrective action plans taken by the state and/or child care provider.

Describe:

For each deficiency cited, CCR displays whether the deficiency was corrected at

the time of the inspection, the deadline for correcting the deficiency, and the date the correction was verified. Additional information about corrections is included in the narrative that explains the violation, the technical assistance provided, and how the operation has come into compliance. There is also an indicator displayed when a provider is subject to a current adverse or corrective action.

A minimum of 3 years of results, where available.

c. How and where are reports posted in a timely manner? Specifically, provide the Lead Agency's definition of "timely" and describe how it ensures that reports and/or summaries are posted within its timeframe. Note: While Lead Agencies may define "timely," we recommend Lead Agencies update results as soon as possible and no later than 90 days after an inspection or corrective action is taken.

i. Provide the direct URL/website link to where the reports are posted.

-

http://www.dfps.state.tx.us/Child_Care/Search_Texas_Child_Care/ppFacilitySearchDailyCare.asp

ii. Describe how the Lead Agency defines timely posting of monitoring reports.

CCR posts deficiencies to the public Search Texas Child Care web page after due process has been finalized. CCR notifies providers that if, upon receipt of the inspection report, the provider disagrees with the actions or decisions of CCR staff, the provider has 15 days to request due process via an administrative review. If the provider does not respond within 15 days or gives written notice that it waives the right to an administrative review, the deficiency is posted to the Search Texas Child Care web page the next day. Due process usually takes from 15 to 20 days after CCR cites the deficiency. If the provider requests an administrative review, the process takes approximately 76 days after CCR cites the deficiency.

d. Monitoring and inspection reports or the summaries must be in plain language to meet the CCDF regulatory requirements (98.33 (a)(4)).

i. Provide the Lead Agency's definition of plain language.

HHSC describes plain language as language that allows the audience to find what they need, understand what they find, and use what they find to meet their needs. The contact information for CCR is posted clearly throughout the CCR website, offering

consumers the opportunity to provide feedback on the readability of the information and reports presented.

ii. Describe how the monitoring and inspection reports or the summaries are in plain language.

The [Search Texas Child Care](#) web page includes a plain-language summary of each inspection, including a list of items that are evaluated at each inspection: supervision; child-to-caregiver ratio; obvious fire, safety, or sanitation deficiencies; conditions of any waiver or variance; director and caregiver responsibilities; and background checks. This information is static across inspection reports and operations.

The summary also includes a dynamically created list for each inspection, presented in table format. The table can be viewed in a "Detail" view, which includes the date of inspection, the type of inspection, whether the inspection was the result of a self-report, and whether a violation was found. Listed under each inspection is the subchapter of minimum standards that was evaluated, the total number of minimum standards in that subchapter, and the total number of violations found under that subchapter. For subchapters that were not evaluated, the list shows the total number of individual minimum standards evaluated and the total number of violations found.

e. Describe the process for correcting inaccuracies in reports (98.33 (a)(4)).

CCR does not post deficiencies to the public [Search Texas Child Care](#) web page until the provider has either waived the right to due process or requested due process and the finding was upheld. If a provider wants to contest information that is posted on the public website, the contact information for CCR is clearly posted and each request is evaluated.

CCR does not regulate or issue deficiencies to any license-exempt provider that is eligible for CCDF. CCDF providers that are regulated by DoD are exempt from CCR, and their inspection reports are not included on the CCR website. DoD child development programs must adhere to the inspection and complaint procedures outlined in DoD Instruction 6060.02.

f. Describe the process for providers to appeal the findings in reports. Description of the process should include the time requirements and timeframes for:

- filing the appeal
- conducting the investigation
- removal of any violations from the website determined on appeal to be unfounded.

CCR notifies providers that if, upon receipt of the inspection report, the provider disagrees with the actions or decisions of CCR staff, the provider has 15 days to request due process via an administrative review. Once CCR receives the request for an administrative review, the provider is contacted within 10 days to schedule the conference. The conference occurs within 30 days of this contact, unless additional time is required to accommodate a provider's Open Records Request to obtain records pertaining to the CCR decision.

During the administrative review conference, the provider may present documents to support the appeal of the CCR decision. CCR may interview staff and review inspection or investigation records to obtain additional information. CCR has 21 days after conducting the administrative review conference to overturn or uphold the decision and prepare and send written notification about the outcome of the administrative review to the provider. A decision to uphold the deficiency may include amending the narrative or selecting a more appropriate minimum standard to cite as deficient. Once the decision to uphold is entered in the licensing system (CLASS), the deficiency is posted to the public [Search Texas Child Care](#) web page the following day. If CCR overturns the deficiency, the deficiency is not posted to the public web page.

Link to Child Care Regulation policy and procedures regarding administrative reviews:

<https://hhs.texas.gov/laws-regulations/handbooks/ccpph/section-7000-voluntary-actions-enforcement-actions#7710>

g. Describe the process for maintaining monitoring and inspection reports on the website. Specifically, provide the minimum number of years reports are posted and the policy for removing reports (98.33(a)(4)(iv)).

CCR displays five years of compliance history for licensed operations and registered child care homes. The removal of compliance information after five years from the date of the deficiency is controlled by an IT process. There is no policy for removing reports, however, CCR will evaluate a provider's request to remove or change information posted on the public [Search Texas Child Care](#) web page on a case-by-case basis.

CCR does not publish reports of closed operations on the [Search Texas Child Care](#) web page, but it does include a list of licensed child care operations whose permit has been revoked or involuntarily suspended in the past five years. Registered and listed homes whose permit was revoked or involuntarily suspended after December 13, 2010, are listed permanently. The list includes only revocations or involuntary suspensions that have been finalized, not those that are still under review or appeal.

2.3.8 Aggregate data on serious injuries, deaths, and substantiated cases of child abuse that have occurred in child care settings each year must be posted by Lead Agencies on the consumer education website (98.33(a)(5)). The serious incident aggregate data should include information about any child in the care of a provider eligible to receive CCDF, not just children receiving subsidies.

This aggregate information on serious injuries and deaths must be separated by category of care (e.g. centers, family child care homes, and in-home care) and licensing status (i.e. licensed or license-exempt) for all eligible CCDF providers in the state. The information on instances of substantiated child abuse does not have to be organized by category of care or licensing status. Information should also include the total number of children regulated to be cared for by provider type and licensing status (81 FR, p. 67477), so that families can view the serious injuries, deaths, and substantiated cases of abuse data in context. The aggregate report should not include individual provider-specific information or names.

a. Certify by providing:

- i. The designated entity to which child care providers must submit reports of any serious injuries or deaths of children occurring in child care (98.16 (ff)) and describe how the Lead Agency obtains the aggregate data from the entity.

CCR requires providers to report serious injuries and deaths of children occurring in regulated child care operations. CCR does not regulate license-exempt providers eligible for CCDF and therefore does not have reporting requirements for those providers. Regulated providers may report serious injuries or deaths of children:

- by phone 24 hours a day to the Texas Abuse and Neglect Hotline (1-800-252-5400); or
- 24 hours a day via the Texas Abuse and Neglect Hotline [online reporting system](#)

If a report is made to the Texas Abuse and Neglect Hotline (online or by phone), DFPS, which manages the hotline, enters the report into the DFPS automated system (IMPACT). IMPACT routes reports related to child care operations to the licensing system, CLASS. For child deaths or situations in which a child may be at immediate risk of harm, DFPS hotline staff immediately notifies CCR staff by phone.

Before September 1, 2017, CCR was a division of DFPS, and the DFPS Management, Reporting, and Statistics division aggregated the data. CCR became a division of the Texas Health and Human Services Commission (HHSC) on that date, and the HHSC Regulatory Services Division Analytics team currently supports CCR's data and reporting needs.

[ii. The definition of "substantiated child abuse" used by the Lead Agency for this requirement.](#)

An allegation of abuse, neglect, or exploitation is substantiated if, based on the preponderance of evidence gathered during an investigation, the DFPS investigator concludes that the alleged abuse or neglect occurred. Abuse and neglect are defined in Texas Family Code §261.001.

[iii. The definition of "serious injury" used by the Lead Agency for this requirement.](#)

Serious injury is defined as any physical injury to a child that requires medical treatment and resulted or may result in impairment to the child's overall health or well-being. This does not include:

- near fatal injuries;
- injuries for which a child is evaluated by a professional as a precaution;
- injuries for which first aid is administered at the operation, but no further treatment by a medical professional is warranted; or
- medical events due to routine, ongoing medical issues, such as asthma or seizures. Also see impairment.

Impairment: In most instances, an impairment prevents the injured person from performing one or more of their usual and customary daily activities or makes the task of daily activities more difficult.

Link to definition:

<https://hhs.texas.gov/laws-regulations/handbooks/cclpph/definitions-terms#S>

b. Certify by checking below that the required elements are included in the Aggregate Data Report on serious incident data that have occurred in child care settings each year.

- i. the total number of serious injuries of children in care by provider category/licensing status
- ii. the total number of deaths of children in care by provider category/licensing status
- iii. the total number of substantiated instances of child abuse in child care settings
- iv. the total number of children in care by provider category/licensing status

c. Provide the website link to the page where the aggregate number of serious injuries, deaths, and substantiated instances of child abuse are posted.

CCR posts the following reports on the [Child Care Licensing Statistics](#) web page:

- Data Book Child Day Care Licensing
- Data Book Residential Child Care Licensing
- Serious Injuries Report
- Child Safety Data for Licensed Day Care Centers

DFPS is the state agency responsible for conducting investigations of alleged abuse, neglect, or exploitation of children in child care settings. DFPS posts aggregate data of substantiated instances of child abuse and neglect in child care settings in the DFPS Annual Data Book, available on their public website at www.dfps.state.tx.us.

2.3.9 The consumer education website must include contact information on referrals to local child care resource and referral organizations (98.33 (a)(6)). How does the Lead Agency provide referrals to local CCR&R agencies through the consumer education website? Describe and include a website link to this information:

TWC developed [Texas Child Care Solutions](#), the purpose of which is to provide parents and child care providers access to resources and information to assist them in making informed choices to meet their child care and family needs. Texas Child Care Solutions connects parents with up-to-date parenting information, ideas, and on-the-ground resources.

As stated in Section 2.3.1, TWC is working on creating a new consumer education website. The goal of the new consumer education website is to give parents of young children one

place to get information from the following state agencies:

- The Texas Workforce Commission
- The Texas Education Agency
- The Texas Department of State Health Services
- The Texas Department of Family and Protective Services
- The Texas Health and Human Services Commission

The website will include information on eligibility, application, and more for these resources:

- Child care
- Public school prekindergarten
- Head Start
- Home visiting
- Early childhood intervention
- Child development
- Nutrition

2.3.10 The consumer education website must include information on how parents can contact the Lead Agency, or its designee, or other programs that can help the parent understand information included on the website (98.33 (a)(7)). Describe and include a website link to this information:

Parents can contact their local Board for assistance with understanding the information provided on the Texas Child Care Solutions website:

<http://texaschildcaresolutions.org/contact-us/>

In addition, the following CCR web pages for parents include a link to a list of local CCR offices: <https://hhs.texas.gov/services/safety/child-care/contact-child-care-licensing>

2.3.11 Provide the website link to the Lead Agency's consumer education website. Note: An amendment is required if this website changes.

[Texas Child Care Solutions](https://texaschildcaresolutions.org/) contains parent resource information, and includes links to the [Search Texas Child Care](https://texaschildcaresolutions.org/) webpage which contains child care licensing information.

<https://texaschildcaresolutions.org/>

2.4 Additional Consumer and Provider Education

Lead Agencies are required to certify that they will collect and disseminate information about the full diversity of child care services to promote parental choice to parents of eligible children, the general public, and where applicable, child care providers. In addition to the consumer education website, the consumer education information can be provided through CCR&R organizations or through direct conversations with eligibility case workers and child care providers. Outreach and counseling can also be effectively provided via information sessions or intake processes for families (658E(c)(2)(E); 98.15(b)(4); 98.33(b)).

In questions 2.4.1 through 2.4.5, certify by describing:

2.4.1 How the Lead Agency shares information with eligible parents, the general public, and where applicable, child care providers about the availability of child care services provided through CCDF and other programs for which the family may be eligible, such as state Prekindergarten, as well as the availability of financial assistance to obtain child care services. At a minimum, describe what is provided (e.g., such methods as written materials, the website, and direct communications) and how information is tailored for these audiences.

The state uses a variety of methods to inform families of the availability of child care services. TWC posts information regarding child care services on its website, holds community outreach meetings or other in-person meetings, and uses radio and/or television and print media. The information is available to eligible parents and the public through TWC's consumer education website—Texas Child Care Solutions—at <http://www.texaschildcaresolutions.org>. The website includes links to each program's website and any local information that may be available. TWC is working with a cross-agency early childhood team to develop a single web page where parents can access information about all early childhood services that are publicly available in Texas.

Additionally, the state is exploring a parent education and outreach campaign to provide

parents with information on Texas Rising Star and emphasize the importance of considering quality in the selection of a child care provider.

2.4.2 How does the Lead Agency provide the required information about the following programs and benefits to the parents of eligible children, the general public, and where applicable, providers? Certify by describing for each program listed below, at a minimum, what information is provided, how the information is provided, and how the information is tailored to a variety of audiences. Include any partners who assist in providing this information.

a. Temporary Assistance for Needy Families program:

Texas Child Care Solutions includes links to TANF information available at the HHSC website.

b. Head Start and Early Head Start programs:

Texas Child Care Solutions includes links to Head Start and Early Head Start information available from the Texas Head Start State Collaboration Office (THSSCO).

c. Low Income Home Energy Assistance Program (LIHEAP):

Texas Child Care Solutions includes links to the Comprehensive Energy Assistance Program's (CEAP) information available from the Texas Department of Housing and Community Affairs.

d. Supplemental Nutrition Assistance Programs (SNAP) Program:

Texas Child Care Solutions includes links to SNAP information available at the HHSC website.

e. Women, Infants, and Children Program (WIC) program:

Texas Child Care Solutions includes links to the WIC program information available at the Texas Department of State Health Services (DSHS) website.

f. [Child and Adult Care Food Program\(CACFP\):](#)

Texas Child Care Solutions includes links to CACFP information available at the Texas Department of Agriculture (TDA) website.

g. [Medicaid and Children's Health Insurance Program \(CHIP\):](#)

Texas Child Care Solutions includes links to both Medicaid and CHIP information available at the HHSC website.

h. [Programs carried out under IDEA Part B, Section 619 and Part C:](#)

Texas Child Care Solutions includes links to ECI information available at the HHSC website and links to the Preschool Programs for Children with Disabilities (PPCD) information available at the Texas Education Agency's (TEA) website.

2.4.3 Describe how the Lead Agency makes information available to parents, providers and the general public on research and best practices concerning children's development, including physical health and development, particularly healthy eating and physical activity and information about successful parent and family engagement. The description should include:

- what information is provided
- how the information is provided
- how the information is tailored to a variety of audiences, including:
 - parents
 - providers
 - the general public
- any partners in providing this information

Description:

The Texas Early Learning Council (TELC) developed infant, toddler, and three-year-old

guidelines called Little Texans–Big Futures (<http://littletexans.org/>), which address the research and best practices concerning children’s development. It includes physical health and development, such as healthy eating, physical activity, information about successful parenting, and family engagement. Little Texans–Big Futures are research-based guidelines and include guidance on what young children should know and be able to do at different points in their development. The guidelines also include critical information to help parents and caregivers notice these milestones and respond appropriately to support each child’s development.

The Little Texans–Big Futures guidelines are available to parents, providers, and the public at <http://littletexans.org/DownloadGuidelines.aspx>. TEA has also developed voluntary Texas Prekindergarten Guidelines (Pre-K Guidelines), which are available at <http://tea.texas.gov/index2.aspx?id=2147495508>. Additionally, the TELC developed Texas’ Early Learning Pathways, [https://texasrisingstar.org/wp-content/uploads/2016/01/TexasEarlyLearningPathways%20\(1\).pdf](https://texasrisingstar.org/wp-content/uploads/2016/01/TexasEarlyLearningPathways%20(1).pdf), which aligns Little Texans–Big Futures with the Pre-K Guidelines.

Links to Little Texans–Big Futures, the Pre-K Guidelines, and Texas’ Early Learning Pathways are also available through Texas Child Care Solutions at <http://www.texaschildcaresolutions.org>. Both the Little Texans–Big Futures and Pre-K Guidelines are available online for providers, caregivers, and teachers to access. Additionally, TWC uses the GovDelivery email system to give providers information on the guidelines.

Furthermore, the Texas Rising Star program standards are based on both the Little Texans–Big Futures and the Pre-K Guidelines. Texas Rising Star providers and providers working to become Texas Rising Star providers are made aware of the guidelines through Texas Rising Star mentors.

Little Texans–Big Futures and the Pre-K Guidelines are also available online in Spanish, and Little Texans–Big Futures is available in Vietnamese.

2.4.4 Describe how information on the Lead Agency's policies regarding the social-emotional and behavioral issues and mental health of young children, including positive behavioral intervention and support models based on research and best practices for those from birth to school age, are shared with families, providers, and the general public. At a minimum, include

- what information is provided,
- how the information is provided, and
- how information is tailored to a variety of audiences, and
- include any partners in providing this information.

Description:

Little Texans–Big Futures includes information and guidance on the social, emotional, and behavioral health of children. Little Texans–Big Futures is available to parents, the public, and providers at <http://littletexans.org/DownloadGuidelines.aspx>.

Links to Little Texans–Big Futures as well as the Pre-K Guidelines are also available through the Parent Portal at <https://twcparentportal.texasrisingstar.org/>. The information is also available online in Spanish and Vietnamese. Parents can find the Texas Child Care Solutions website through a simple Google search as well as through the referral services of 2-1-1 Texas, a website and toll-free number that connects Texans with health and human services programs.

TWC uses the GovDelivery email delivery system to give providers information on the guidelines.

Furthermore, the Texas Rising Star program standards are based on both Little Texans–Big Futures and the Pre-K Guidelines. Texas Rising Star providers and providers working to become Texas Rising Star providers are made aware of the guidelines through Texas Rising Star mentors.

Additionally, in August 2020, TWC awarded Green Space \$992,311 to lead the Addressing Challenging Behavior initiative. This initiative funds professional development activities that focus on identifying, preventing, and addressing challenging behaviors. The professional development activities are to align with evidence-based models that promote young children's positive emotional and social development and provide teachers with strategies to reduce challenging behaviors and help prevent suspension and expulsion of young children. This initiative is now available as an opportunity to all 28 Boards statewide. The grant began in September 2020 and is expected to end in February 2022. Information and access to training may be found at <https://www.greenspacetx.com/challenging>.

Partners making information available regarding social-emotional and behavioral health include the Children's Learning Institute (CLI), TEA, Early Childhood Intervention (ECI), Prevention and Early Intervention (PEI), and Boards.

2.4.5 Describe the Lead Agency's policies to prevent the suspension and expulsion of children from birth to age 5 in child care and other early childhood programs receiving CCDF funds (98.16(ee)), including how those policies are shared with families, providers, and the general public.

To help reduce the number of suspensions or expulsions from the child care setting, TWC is committed to providing support and resources to child care and early education providers, caregivers, and parents to help create positive classroom environments and develop strategies to appropriately address challenging behaviors. TWC's policy and resources are available to parents, providers, and the public on the Texas Child Care Solutions website at <https://texaschildcaresolutions.org/wp-content/uploads/sites/3/2016/09/Expulsion-Reduction-and-Prevention-Policy-Statement.pdf>

Additionally, TWC requires Texas Rising Star providers to have a policy on expulsions and to provide the policy to parents.

Addressing Challenging Behaviors

Additionally, in August 2020, TWC awarded Green Space \$992,311 to lead the Addressing

Challenging Behavior initiative. This initiative funds professional development that focuses on identifying, preventing, and addressing challenging behaviors. The professional development activities are aligned with evidence-based models that promote young children's positive emotional and social development and provide teachers with strategies to reduce challenging behaviors. This initiative is now available as an opportunity to all Boards statewide. The grant began in September 2020 and is expected to end in February 2022. Information and access to training can be found at <https://www.greenspacetx.com/challenging>.

Texas Reading Initiative

TWC partnered with TEA to launch a statewide texting campaign to provide technical assistance and distribute materials to parents across the state to improve early literacy skills for young children via the Texas Reading Initiative. This work will help increase awareness of the importance of early childhood education, school-readiness, and grade-level reading. Parents can subscribe to receive regular text messages or may follow the initiative on social media platforms at <https://www.facebook.com/TXReading/> and <https://twitter.com/txreading>.

2.5 Procedures for Providing Information on Developmental Screenings

Lead Agencies are required to provide information on developmental screenings to parents, the general public and, when applicable, child care providers. Information should include: Existing resources and services that the state can use in conducting developmental screenings and providing referrals to services for children who receive child care assistance. Lead Agencies must also include a description of how a family or child care provider can use these resources and services to obtain developmental screenings for children who receive subsidies and who might be at risk of cognitive or other developmental delays, which can include social, emotional, physical, or linguistic delays (658E(c)(2)(E)(ii)). This information about the resources can include the Early and Periodic Screening, Diagnosis, and Treatment program under the Medicaid program carried out under title XIX of the Social Security Act and developmental screening services available under IDEA Part B, Section 619 and Part C, in conducting those developmental screenings and in providing referrals to services for children who receive subsidies. Lead Agencies are required to provide this information to eligible families during CCDF intake and to child care providers through training and education (98.33(c)). Information on developmental screenings, as other consumer education information, should be accessible

for individuals with limited English proficiency and individuals with disabilities.

2.5.1 Certify by describing:

a) How the Lead Agency collects and disseminates information on existing resources and services available for conducting developmental screenings to CCDF parents, the general public, and where applicable, child care providers (98.15(b)(3)).

TWC coordinates with the Texas Department of State Health Services (DSHS), the Texas Health and Human Services Commission (HHSC), and the Texas Education Agency (TEA) to stay abreast of resources available for conducting developmental screenings. Information regarding these services is available to parents, providers, and the public through the [Texas Child Care Solutions website](#). TWC is working with a team of early childhood leaders across five agencies to consolidate all available early childhood state resources into one parent-friendly website in order to make information regarding developmental screenings and related topics more accessible to parents.

b) The procedures for providing information on and referring families and child care providers to the Early and Periodic Screening, Diagnosis, and Treatment program under the Medicaid program - carried out under Title XIX of the Social Security Act (42 U.S.C. 1396 et seq.) - and developmental screening services available under Section 619 and Part C of the Individuals with Disabilities Education Act (20 U.S.C. 1419, 1431 et seq.). As required by Texas Workforce Commission Chapter 809 Child Care Services rule [§809.15](#) and described in Section D-1004.a of the [Child Care Services Guide](#), Local Workforce Development Boards (Boards) are required to ensure that parents receive information on developmental screenings as part of the intake process.

As described in Section H-106 of TWC's [Child Care Services Guide](#), Boards have the flexibility to choose methods for disseminating developmental screening information to parents, including providing information through Board websites and providing a link to the [Texas Child Care Solutions website](#). Boards are also encouraged to make information and training on developmental screenings available to providers.

c) How the Lead Agency gives information on developmental screenings to parents receiving a subsidy as part of the intake process. Include the information provided, ways

it is provided, and any partners in this work.

As required by § [809.15](#) and described in Section D-1004.a of the Child Care Services Guide, Boards are required to ensure that parents qualifying for a subsidy receive information on developmental screenings as part of the intake process. TWC provides a sample handout for Boards in Appendix J of the [Child Care Services Guide- Parent Information on Developmental Screenings and Other Family Resources](#).

d) How CCDF families or child care providers receiving CCDF can use the available resources and services to obtain developmental screenings for CCDF children at risk for cognitive or other developmental delays.

Information on how to access available resources and services to obtain developmental screenings is available at the [Texas Child Care Solutions](#) website as well as in the information provided to CCDF families at the time of intake.

e) How child care providers receive this information through training and professional development.

DSHS offers a national system framework that uses and builds on existing resources to develop and enhance a comprehensive approach to early childhood system-building. Help Me Grow is available in some Texas communities and strengthens the network of community resources, linking families to an organized flow of resources, which allows them to easily access the services and supports that they need. More information about the initiative can be found at <https://www.dshs.texas.gov/mch/Child-Health-in-Texas.aspx>. There is no funding attached to this initiative.

The Texas A&M AgriLife Extension service [website](#) offers online child care training courses, and includes a category for Child Growth and Development courses.

ECL has also developed an online training course geared specifically toward child care providers to train them on Child Find activities and working with their local ECL provider to jointly serve children. TWC has highlighted this freely available training in our bi-monthly Child Care & Early Learning Newsletter which goes to providers and other stakeholders across the state.

At the state level, the interagency team for early childhood is exploring opportunities for partnering and cross-training across programs to increase parent and provider

awareness of child development, developmental screenings, Child Find activities, inclusion practices, and services available for children with delays and disabilities.

Additionally, Texas Rising Star's new Continuous Quality Improvement (CQI) framework provides a vehicle for intentional activities to improve individual provider's knowledge and skills around child development, developmental screenings, child progress monitoring, and inclusion practices.

f) Provide the citation for this policy and procedure related to providing information on developmental screenings.

[Section 809.15\(b\)\(6\)](#) requires that Boards provide information on existing resources and services available in the local workforce development area for conducting developmental screenings and providing referrals to services. Such resources and services include the following:

- Early and Periodic Screening, Diagnosis, and Treatment Program (known as Texas Health Steps Medicaid Resource Center): <https://www.txhealthsteps.com/texas-health-steps-medicaid-resource-center>
- Developmental screening services under Part B and Part C of the Individuals with Disabilities Education Act (HHSC's Early Childhood Intervention program), <https://hhs.texas.gov/services/disability/early-childhood-intervention-services>
- TEA's Assessments for Students with Disabilities:
- <https://tea.texas.gov/student-assessment/testing/student-assessment-overview/accommodation-resources/assessments-for-students-with-disabilities>

2.6 Consumer Statement for Parents Receiving CCDF Funds

Lead Agencies must provide CCDF parents with a consumer statement in hard copy or electronically (such as referral to a consumer education website) that contains specific information about the child care provider they select (98.33 d). Please note that if the consumer statement is provided electronically, Lead Agencies should consider ensuring the statement is accessible to parents, including parents with limited access to the internet, and that parents have a way to contact someone to address their questions.

2.6.1 Certify by describing:

a. How and when the Lead Agency provides parents receiving CCDF funds with a consumer statement identifying the requirements for providers and the health and safety record of the provider they have selected.

As described in Section H-100 of TWC's [Child Care Services Guide](#), Boards may use the TWC-developed forms to notify parents of their eligibility for child care services and provide consumer information.

As required in TWC Child Care Services rule [§809.15](#), Boards must also ensure that consumer education information is provided through a Board's website and contains, at a minimum, the following:

- Information about the Texas Information and Referral Network (2-1-1 Texas)
- The website and telephone number of the Texas Health and Human Services Commission Child Care Regulation (CCR) so that parents can obtain health and safety requirements, including information on:
 - the prevention and control of infectious diseases (including immunizations);
 - building and physical premises safety;
 - minimum health and safety training appropriate to the provider setting; and
 - the regulatory compliance history of child care providers.
- A description of the full range of eligible child care providers
- A description of programs available in the local workforce development area relating to school readiness and quality rating systems, including:
 - Texas Rising Star provider criteria;
 - integrated school readiness models, pursuant to Texas Education Code [§29.160](#) ; and
 - a list of child care providers that meet quality indicators, pursuant to Texas Government Code [§2308.3171](#).

TWC has also recently created [Texas Child Care Availability Portal](#) (<https://frontlinechildcare.texas.gov/>), a searchable website with a map to help parents find child care. Each child care provider profile includes a direct link to its CCR health and safety page, as well as Texas Rising Star information. TWC will be incorporating this into existing requirements and resources.

b. Certify by checking below the specific information provided to families either in hard copy or electronically. Note: The consumer statement must include the eight requirements listed in the table below.

Health and safety requirements met by the provider

- Licensing or regulatory requirements met by the provider
- Date the provider was last inspected
- Any history of violations of these requirements
- Any voluntary quality standards met by the provider
- How CCDF subsidies are designed to promote equal access
- How to submit a complaint through the hotline
- How to contact a local resource and referral agency or other community-based organization to receive assistance in finding and enrolling in quality child care

c. Provide a link to a sample consumer statement or a description if a link is not available.

Parent Education: [Texas Child Care Solutions](#);

Provider Information: [Search Texas Child Care](#)

Sample: [Parent Information for Choosing a Child Care Provider](#)

Sample: [Parents Rights](#)

Sample: [Parent Information on Developmental Screening and Other Family Resources](#)

3. Provide Stable Child Care Financial Assistance to Families

3. Provide Stable Child Care Financial Assistance to Families

In providing child care assistance to families, Lead Agencies are required to implement these policies and procedures: a minimum 12-month eligibility and redetermination period, a process to account for irregular fluctuations in earnings, a policy ensuring that families' work schedules are not disrupted by program requirements, policies to provide for a job search of no fewer than 3 months if the Lead Agency exercises the option to discontinue assistance, and policies for the graduated phase-out of assistance. In addition, the Lead Agency is also required to describe procedures for the enrollment of children experiencing homelessness and, if applicable, children in foster care.

Note: Lead Agencies are not prohibited from establishing policies that extend eligibility beyond 12 months to align program requirements. For example, Lead Agencies can allow children enrolled in Head Start, Early Head Start, state or local Prekindergarten, and other collaborative programs to finish the program year or, similarly, parents enrolled in school can have eligibility

extended to allow parents to finish their school year. This type of policy promotes continuity for families receiving services through multiple benefit programs.

In this section, Lead Agencies will identify how they define eligible children and families and how the Lead Agency improves access for vulnerable children and families. This section also addresses the policies that protect working families and determine a family's contribution to the child care payment.

Note: When asked for citations, responses can include state statute, regulations, administrative rules, policy manuals or policy issuances. See the Introduction on page 4 for more detail.

3.1 Eligible Children and Families

3.1 Eligible Children and Families

At the time when eligibility is determined or redetermined, children must (1) be younger than age 13; (2) reside with a family whose income does not exceed 85 percent of the State's median income for a family of the same size and whose family assets do not exceed \$1,000,000 (as certified by a member of said family); and (3)(a) reside with a parent or parents who are working or attending a job training or educational program or (b) receives, or needs to receive, protective services and resides with a parent or parents not described in (3)(a.) (658P(4)); 98.20(a)).

3.1.1 Eligibility criteria: Age of children served

a) The CCDF program serves children

from birth

(weeks/months/years)

through 12

years (under age 13). Note: Do not include children incapable of self-care or under court supervision, who are reported below in (b) and (c).

b) Does the Lead Agency allow CCDF-funded child care for children age 13 and above but below age 19 years who are physically and/or mentally incapable of self-care?(658E(c)(3)(B), 658P(3))

- No
 Yes,

and the upper age is 18

(may not equal or exceed age 19).

If yes, Provide the Lead Agency definition of physical and/or mental incapacity: A child who has a physical or mental impairment that substantially limits one or more major life activities, has a record of such an impairment, or is regarded as having such an impairment. Major life activities include, but are not limited to, caring for oneself, performing manual tasks, walking, hearing, seeing, speaking, breathing, learning, and working. (TWC Chapter 809 Child Care Services rule §809.2(8))

c) Does the Lead Agency allow CCDF-funded child care for children age 13 and above but below age 19 years who are under court supervision? (658P(3), 658E(c)(3)(B))

- No.
 Yes

and the upper age is 18

(may not equal or exceed age 19)

d) How does the Lead Agency define the following eligibility terms?

i. "residing with":

A child is considered to be residing with the parent when the child is living with, and physically present with, the parent during the time period for which child care services are being requested or received. (TWC rule [§809.2\(23\)](#))

ii. "in loco parentis":

An individual 18 years of age or older who is responsible for the day-to-day care and supervision of the child when the child's natural parent, adoptive parent, stepparent, or legal guardian is not available to care for the child. The individual must document the reason that the child's parents are unavailable to care for the child, and that he or she is exercising parental responsibility for the child. ([Child Care Services Guide, D-105.c](#))

3.1.2 Eligibility criteria: Reason for care

a. How does the Lead Agency define the following terms for the purposes of determining CCDF eligibility?

i. Define what is accepted as "Working" (including activities and any hour requirements):

Working is defined as:

- activities for which one receives monetary compensation such as a salary, wages, tips, and commissions; or
- participation in Choices or Supplemental Nutrition Assistance Program Employment and Training (SNAP E&T) activities. (TWC rule [§809.2\(27\)](#))

For at-risk and former Choices child care, a parent is required to work or attend a job training or educational program for a combination of at least an average of 25 hours per week for a single-parent family or 50 hours per week for a two-parent family, or a higher number of hours per week as established by the Board. (TWC rule [§809.50](#) and [§809.48](#))

On June 15, 2021, TWC's three-member Commission approved a temporary waiver in response to COVID impacts for TWC rule [§809.41\(a\)\(3\)\(B\)](#), to provide additional flexibility, allowable under federal CCDBG law and regulations (45 CFR [§98.21\(a\)\(2\)\(iii\)](#)), to support families who are engaged in job search at initial eligibility. This waiver will allow 3 months of child care for those seeking work/education/training. This waiver is valid from July 1, 2021 through September 30, 2022.

ii. Define what is accepted as "Job training" (including activities and any hour requirements):

A job training program is defined as a program that provides training or instruction leading to:

- basic literacy;

- English proficiency;
 - an occupational or professional certification or license; or
 - the acquisition of technical skills, knowledge, and abilities specific to an occupation.
- (TWC rule [§809.2\(14\)](#))

For at-risk and former Choices child care, a parent is required to work or attend a job training or educational program for a combination of at least an average of 25 hours per week for a single-parent family or 50 hours per week for a two-parent family, or a higher number of hours per week as established by the Board. (TWC rule [§809.50](#) and [§809.48](#))

iii. Define what is accepted as "Education" (including activities and any hour requirements):

Educational program is defined as a program that leads to:

- a high school diploma;
- a Certificate of High School Equivalency; or
- a postsecondary degree from an institution of higher education. (TWC rule [§809.2\(9\)](#))

For at-risk and former Choices child care, a parent is required to work or attend a job training or educational program for a combination of at least an average of 25 hours per week for a single-parent family or 50 hours per week for a two-parent family, or a higher number of hours per week as established by the Board. (TWC rule [§809.50](#))

Participation credit for individuals attending job training or educational programs applies as follows:

- each credit hour of a postsecondary education course counts as three education activity hours per week;
- each credit hour of a condensed postsecondary education course counts as six education activity hours per week; and
- teen parents attending high school or the equivalent shall be considered as meeting the education requirements of this section. (TWC rules [§809.48](#) and [§809.50](#))

iv. Define what is accepted as "Attending" (a job training or educational program) (e.g. travel time, hours required for associated activities such as study groups, lab

experiences, time for outside class study or completion of homework):

An individual is attending a job training or educational program if the individual:

- is considered by the program to be officially enrolled;
- meets all attendance requirements established by the program; and
- is making progress toward successful completion of the program as determined by the Board at the time of eligibility redetermination. (TWC rule [§809.2\(1\)](#))

3.1.2 Eligibility criteria: Reason for care

b. Does the Lead Agency allow parents to qualify for CCDF assistance on the basis of education and training without additional work requirements?

Yes

No,

If no, describe the additional work requirements.

N/A

3.1.2 Eligibility criteria: Reason for care

c. Does the Lead Agency provide child care to children who receive, or need to receive protective services?

No.

Yes. If yes:

i. Provide the Lead Agency's definition of "protective services":

TWC rule [§809.2\(19\)](#) defines "protective services" as services provided when a child:

- is at risk of abuse or neglect in the immediate or short-term future and the child's family cannot or will not protect the child without the intervention of DFPS Child Protective Services (CPS) (This includes respite care provided to custodial parents of children in protective services.);
- is in the managing conservatorship of DFPS and is residing with a relative or a foster parent; or
- has been provided with protective services by DFPS within the prior six months and requires services to ensure the stability of the family.

Additionally, for purposes of waiving the co-payment and income eligibility requirements for child care, children experiencing homelessness are included in the definition of "protective services" for CCDF. (TWC rule [§809.41\(a\)\(3\)\(A\)\(iii\)](#) and

[§809.19\(a\)\(2\)\(C\)](#)

On [March 24, 2020](#), TWC expanded its definition of "protective services" to include a new category for children of specified COVID-19 frontline essential workers: TWC COVID-19 Essential Workers. The TWC COVID-19 Essential Workers eligibility category includes the following types of essential work. Due to limited funding, Boards must prioritize child care services for TWC COVID-19 essential workers in the order listed:

1. Workers in child care services that support workers in other essential functions
2. Pharmacy and health care workers
3. First responders
4. Critical infrastructure workers in grocery, utilities, and trucking
5. Other identified infrastructure workers, which include:
 - critical state and local government staff;
 - mail/delivery services;
 - nursing homes, home health care, and other direct care providers;
 - banks;
 - gas stations;
 - military; and
 - restaurants and other food delivery
6. Other critical occupations identified by the Board.

On [June 29, 2021](#), TWC's three-member Commission authorized Service Industry Recovery (SIR) Child Care to serve children with parents who work in the service industry with a family income at or below 75% of the state's median income. This program serves children under the expanded definition of "protective services" adopted during the COVID-19 pandemic to serve essential workers and will be funded under the Coronavirus Response and Relief Supplemental Appropriations (CRRSA) Act and the American Rescue Plan Act (ARPA).

Families qualifying for this program will receive 12 months of care with these one-time funds. Pending approval of a federal waiver, these families will not be automatically redetermined for a new 12-month eligibility period, but may apply for at-risk child care to take effect upon the termination of SIR child care.

In order to address the impacts of COVID and to support Texas' continued economic recovery, the Services Industry Recovery (SIR) child care program is aimed at assisting low-wage workers in TWC-specified service industries, who

generally operate in close quarters with their customers, and whose jobs were not able to be accomplished remotely:

- [Arts, Entertainment, and Recreation: NAICS 71](#)
- [Accommodation and Food Services: NAICS 72](#)
- [Retail Trade: NAICS 44-45](#)

Note: Federal requirements allow other vulnerable children identified by the Lead Agency not formally in child protection to be included in the Lead Agency's definition of protective services for CCDF purposes. A Lead Agency may elect to provide CCDF-funded child care to children in foster care when foster care parents are not working or are not in education/training activities, but this provision should be included in the protective services definition above.

ii. Are children in foster care considered to be in protective services for the purposes of eligibility at determination?

- No
 Yes

iii. Does the Lead Agency waive the income eligibility requirements for cases in which children receive, or need to receive, protective services on a case-by-case basis (98.20 (a)(3)(ii)(A))?

- No
 Yes

iv. Does the Lead Agency waive the eligible activity (e.g., work, job training, education, etc.) requirements for cases in which children receive, or need to receive, protective services on a case-by-case basis?

- No
 Yes

v. Does the Lead Agency provide respite care to custodial parents of children in protective services?

- No
 Yes

3.1.3 Eligibility criteria: Family Income Limits

Note: The questions in 3.1.3 relate to initial determination. Redetermination is addressed in 3.1.8 and 3.2.5.

a. How does the Lead Agency define "income" for the purposes of eligibility at the point of initial determination?

For the purposes of determining family income and assessing the parent share of cost, TWC Child Care Services rule [§809.44](#) directs Boards to ensure that family income is calculated in accordance with Commission guidelines that:

- take into account irregular fluctuations in earnings; and
- ensure that temporary increases in income, including temporary increases that result in monthly income exceeding 85 percent of the state median income, do not affect eligibility or parent share of cost.

A family's monthly income is the gross income before adjustments are made for taxes, which can also be referred to as gross earnings or gross pay. ([Child Care Services Guide, D-106.a](#)) Unless otherwise required by federal or state law, a family's monthly income for purposes of determining eligibility and the parent share of cost includes all income sources except those listed below. In accordance with Commission income-calculation guidelines, Boards must ensure that the following sources are excluded from family income:

- (1) Medicare, Medicaid, SNAP benefits, school meals, and housing assistance
- (2) Monthly monetary allowances provided to or for children of Vietnam veterans born with certain birth defects
- (3) Needs-based educational scholarships, grants, and loans, including financial assistance under Title IV of the Higher Education Act, Pell Grants, Federal Supplemental Educational Opportunity grants, Federal Work Study Program, PLUS, Stafford Loans, and Perkins loans
- (4) Individual Development Account (IDA) withdrawals for the purchase of a home, medical expenses, or educational expenses
- (5) Onetime cash payments, including tax refunds, Earned Income Tax Credit (EITC) and Advanced EITC, onetime insurance payments, gifts, and lump-sum inheritances
- (6) VISTA and AmeriCorps living allowances and stipends
- (7) Noncash or in-kind benefits such as employer-paid fringe benefits, food, or housing

received in lieu of wages

(8) Foster care payments and adoption assistance

(9) Special military pay or allowances, including subsistence allowances, housing allowances, family separation allowances, or special allowances for duty subject to hostile fire or imminent danger

(10) Income from a child in the household between 14 and 19 years of age who is attending school

(11) Early withdrawals from qualified retirement accounts specified as hardship withdrawals as classified by the Internal Revenue Service (IRS)

(12) Unemployment compensation

(13) Child support payments

(14) Cash assistance payments, including TANF, Supplemental Security Income (SSI), Refugee Cash Assistance, general assistance, emergency assistance, and general relief

(15) Onetime income received in lieu of TANF cash assistance

(16) Income earned by a veteran while on active military duty and certain other veterans' benefits, such as compensation for service-connected death, vocational rehabilitation, and education assistance

(17) Regular payments from Social Security, such as the Old-Age and Survivors Insurance Trust Fund

(18) Lump-sum payments received as assets in the sale of a house, in which the assets are to be reinvested in the purchase of a new home (consistent with IRS guidance)

(19) Payments received as the result of an automobile accident insurance settlement that are being applied to the repair or replacement of an automobile

(20) Any income sources specifically excluded by federal law or regulation (TWC rule [§809.44](#))

b. Provide the CCDF income eligibility limits in the table below at the time of initial determination. Complete columns (i) and (ii) based on maximum eligibility at initial entry into CCDF. Complete columns (iii) and (iv) only if the Lead Agency is using income eligibility limits lower than 85 percent of the current state median income (SMI) at the initial eligibility determination point. If the income eligibility limits are not statewide, please complete the chart below using the most populous area of the state or territory (defined as the area serving highest number of CCDF children) and respond to c. below the table.

	(i)	(ii)	(iii)	(iv)
Family Size	100% of SMI(\$/Month)	85% of SMI (\$/Month) [Multiply (a) by 0.85]	(IF APPLICABLE) (\$/Month) Maximum Initial or First Tier Income Limit (or Threshold) if Lower Than 85% of Current SMI	IF APPLICABLE) (% of SMI) [Divide (iii) by (i), multiply by 100] Income Level if Lower Than 85% of Current SMI
1	N/A	N/A	N/A	N/A
2	\$4,839	\$4,113	\$2,903	60%
3	\$5,977	\$5,081	\$3,660	61.2%
4	\$7,116	\$6,049	\$4,417	62%
5	\$8,254	\$7,016	\$5,173	62.7%

c. If the income eligibility limits are not statewide, describe how many jurisdictions set their own income eligibility limits and provide the income limit ranges across the jurisdictions (e.g. range from [lowest limit] to [highest limit])(98.16(i)(3)).

Each of the 28 Boards sets its own income eligibility limits, with 23 Boards setting income eligibility limits at 85 percent of SMI. The chart in section 3.1.3.b is based on the Gulf Coast Board (Gulf Coast). Gulf Coast has established an entry-level eligibility of 200 percent of the federal poverty guidelines (FPG), with continued eligibility up to 85 percent of SMI. The lowest income eligibility limit is set at 185 percent of FPG, or \$2,686 per month for a family size of two. The highest income eligibility limit is set at 85 percent of SMI, or \$4,113 per month for a family size of two.

d. SMI source and year. US Department of Health and Human Services Office of Community Services LIHEAP IM-2020-02 State Median Income Estimates for Optional Use in FY 2020 and Mandatory Use in FY 2021, published May 29, 2020: <https://acfmmain-stage.acf.hhs.gov/ocs/policy-guidance/liheap-im-2020-02-state-median-income-estimates-optional-use-fy-2020-and>

Reminder: Reminder: Income limits must be established and reported in terms of current SMI based on the most recent data published by the Bureau of the Census (98.20(a)(2)(i)) even if the federal poverty level is used in implementing the program. SMI guidelines are available at: https://www.acf.hhs.gov/ocs/resource/liheap-im-2020-02-state-median-income-estimates-for-optional-use-fy2020-and-mandatory-use-fy2021?utm_medium=rss.

e. Identify the most populous area of the state (defined as the area serving the highest number of CCDF children) used to complete the chart in 3.1.3 b.

Gulf Coast Workforce Area

f. What is the effective date for these eligibility limits reported in 3.1.3 b? October 1, 2021

g. Provide the citation or link, if available, for the income eligibility limits.

<https://twc.texas.gov/files/twc/bcy-2022-board-income-limits-for-ccdf-eligibility-twc.pdf>

3.1.4 Lead Agencies are required to ensure that children receiving CCDF funds do not have family assets that exceed \$1,000,000, as certified by a family member (98.20(a)(2)(ii)).

a) Describe how the family member certifies that family assets do not exceed \$1,000,000 (e.g., a checkoff on the CCDF application).

A family member provides self-attestation on the Board's application for child care services that the family's assets do not exceed \$1 million, and the Board records the certification in The Workforce Information System of Texas (TWIST). (TWC rule [§809.41\(a\)\(3\)\(ii\)](#) and [Child Care Services Guide, D-102](#))

b) Does the Lead Agency waive the asset limit on a case-by-case basis for families defined as receiving, or in need of, protective services?

No.

Yes.

If yes, describe the policy or procedure and provide citation:

TWC Child Care Services rule [§809.41\(a\)](#) exempts children who receive or need protective services from income limits and the family asset limit.

3.1.5 Describe any additional eligibility conditions or rules, which are applied by the Lead Agency (98.20(b)) during:

a. eligibility determination.

TWC requires Boards to serve children in the following three priority groups (TWC rule [§809.43](#) and Section B-400, [Child Care Services Guide](#)):

First Priority Group-Mandatory

Consistent with CCDF regulations, the first priority group is assured child care services and includes children of parents eligible for the following:

- Choices child care
- Temporary Assistance for Needy Families (TANF) Applicant child care
- Supplemental Nutrition Assistance Program Employment and Training (SNAP E&T) child care
- At-Risk child care for former Choices child care recipients whose TANF benefits were denied or voluntarily ended within the last 12 months due to employment, timing out of benefits, or an earnings increase

Second Priority Group-Subject to Availability of Funds

The second priority group is served subject to the availability of funds and includes, in the following order of priority:

1. Children who need to receive protective services child care as referenced in §809.49
2. Children of a qualified veteran or qualified spouse as defined in §801.23
3. Children of a foster youth as defined in §801.23
4. Children experiencing homelessness as defined in §809.2 and described in §809.52
5. Children of parents on military deployment as defined in §809.2 whose parents are unable to enroll in military-funded child care assistance programs
6. Children of teen parents as defined in §809.2
7. Children with disabilities as defined in §809.2

Third Priority Group-Board Determined

The third priority group includes any other priority adopted by the Board. However, a Board must not establish a priority group based on parent choice of an individual provider or provider type. Boards must ensure that children in the first and second priority groups are enrolled before enrolling children from Board-established priority groups.

[b. eligibility redetermination.](#)

If, at the time of eligibility redetermination, the family is experiencing a temporary status change in work, school, or job training, the Board has the option to extend the eligibility period to the date the parent is expected to return to work, school, or job training. In accordance with local procedures, the redetermination would then be based on the income upon the parent's return to work, school, or job training. This extension is allowed on a case-by-case basis. ([Child Care Services Guide, D-1005](#))

3.1.6 Lead Agencies are required to take into consideration children's development and promote continuity of care when authorizing child care services (98.21(f); 98.16(h)(6)). Lead Agencies are reminded that authorized child care services are not required to be strictly based on the work, training, or education schedule of the parent (98.21 (g)). Check the approaches, if applicable, that the Lead Agency uses when considering children's development and promoting continuity of care when authorizing child care services.

- a. Coordinating with Head Start, Prekindergarten, other early learning programs, or school-age programs to create a package of arrangements that accommodates parents' work schedules
- b. Inquiring about whether the child has an Individualized Education Program (IEP) or Individual Family Services Plan (IFSP)
- c. Establishing minimum eligibility periods greater than 12 months
- d. Using cross-enrollment or referrals to other public benefits
- e. Working with IDEA Part B, Section 619 and Part C staff to explore how services included in a child's IEP or IFSP can be supported and/or provided onsite and in collaboration with child care services
- f. Working with entities that may provide other child support services.
- g. Providing more intensive case management for families with children with multiple risk factors;
- h. Implementing policies and procedures that promote universal design to ensure that activities and environments are accessible to all children, including children with sensory, physical, or other disabilities
- i. Other.

Describe:

Children with disabilities are added to the second priority group to be served, subject to the availability of funds. (TWC rule [§809.43](#) and [Child Care Services Guide, B-402.g](#)) Boards document the child's disability according to local procedures.

Documentation may include verification from a qualified health care provider or confirmation of the child's enrollment in or receipt of benefits from one or more of the following programs:

- Supplemental Security Income (SSI)
- Social Security Disability Insurance (SSDI)
- The Texas Health and Human Services Commission Early Childhood Intervention

(ECI) program

- A Head Start program that identified the child as having a disability
- Public school special education services, including early childhood special education

Additionally, Boards are encouraged to establish child care authorization procedures that take into account the developmental needs of the child, the child care needs of the parent, and the requirement to ensure proper use of public funds. ([Child Care Services Guide, E-606](#))

3.1.7 Fluctuation in earnings.

Check the processes that the Lead Agency uses to take into account irregular fluctuations in earnings.

- Average the family's earnings over a period of time (i.e. 12 months).
- Request earning statements that are most representative of the family's monthly income.
- Deduct temporary or irregular increases in wages from the family's standard income level.
- Other.

Describe:

N/A

3.1.8 Lead Agencies are required to have procedures for documenting and verifying that children receiving CCDF funds meet eligibility criteria at the time of eligibility determination and redetermination (98.68(c)). Lead Agencies should note that there are no federal requirements for specific documentation or verification procedures. Check the information that the Lead Agency documents and verifies at initial determination and redetermination and describe, at a minimum, what information is required and how often. Check all that apply.

Applicant identity.

Required at Initial Determination

Required at Redetermination

Describe:

Documentation requirements vary by Board. Examples representative of most Boards include a driver's license, birth certificate, government-issued photo ID, or US passport. Boards validate identity information such as name, date of birth, and Social Security number (if voluntarily provided) of parents and children through a data-match process with state and federal databases.

Applicant's relationship to the child.

Required at Initial Determination

Required at Redetermination

Describe:

Acceptable documentation includes the child's birth certificate or hospital or public health birth record.

In cases of in loco parentis documentation, Boards must verify the reason that the parent is unavailable to care for the child. Examples of acceptable documentation include:

- military orders;
- a document from a licensed medical professional stating the medical condition that makes the parent unable to care for his or her child;
- a commitment order from a court; and
- a sworn affidavit attesting to:
 - the circumstances of how and why the caretaker assumed responsibility for the child;
 - the whereabouts of the natural parent(s);
 - the caretaker's relationship to the child; and
 - the length of time the child has been with the caretaker.

Additionally, Boards must verify that the caretaker is responsible for the child.

Examples of acceptable documentation include:

- military power of attorney appointing the caretaker as the guardian of the child;
- notarized power of attorney; or
- a sworn affidavit of temporary custody or guardianship of the child and one of the following:
 - the caretaker's most recent IRS tax return listing the child as a dependent;
 - a letter from a child care center or other independent, nonrelative, verifiable source that can establish the individual's parental and financial responsibility for the child;
 - a letter from an ISD; or

- documentation that the caretaker is receiving TANF benefits on behalf of the child or has received benefits within the past six months.

Child's information for determining eligibility (e.g., identity, age, citizen/immigration status).

Required at Initial Determination

Required at Redetermination

Describe:

Acceptable documentation includes:

- a birth certificate;
- a US passport;
- a hospital or public health birth record;
- a church or baptismal record (United States or its territories);
- TANF, SNAP, Medicaid, or other public assistance documentation; or
- documentation providing qualified alien status.

Work.

Required at Initial Determination

Required at Redetermination

Describe:

Documentation requirements vary by Board. Examples include pay stubs, pay statements, time sheets, and employer verifications.

Job training or educational program.

Required at Initial Determination

Required at Redetermination

Describe:

Documentation requirements vary by Board. Examples include proof of course enrollment, course schedules, and transcripts.

Family income.

Required at Initial Determination

Required at Redetermination

Describe:

Documentation requirements vary by Board. Examples include check stubs and tax returns.

Household composition.

Required at Initial Determination

Required at Redetermination

Describe:

Documentation requirements vary by Board. Examples include public assistance records and tax returns.

Applicant residence.

Required at Initial Determination

Required at Redetermination

Describe:

Documentation requirements vary by Board. Examples include utility bills, rental agreements, leases, and home titles.

Other.

Required at Initial Determination

Required at Redetermination

Describe:

For families affected by declared national or state emergencies and served using emergency federal funds, TWC may allow Boards to waive documentation requirements as necessary for a period of no more than three months. Following the waiver period, the family must submit required documentation to determine eligibility for child care services to continue.

3.1.9 Which strategies, if any, will the Lead Agency use to ensure the timeliness of eligibility determinations upon receipt of applications? Check all that apply.

Time limit for making eligibility determinations

Describe length of time:

TWC Child Care Services rule [§809.71\(6\)](#) requires that a parent be notified of his or her eligibility to receive child care services within 20 calendar days from the day that

the Board's child care contractor receives all necessary documentation required to determine eligibility for child care.

Track and monitor the eligibility determination process

Other.

Describe:

N/A

None

3.1.10 Informing parents who receive TANF benefits about the exception to the individual penalties associated with the TANF work requirement.

3.1.10 Informing parents who receive TANF benefits about the exception to the individual penalties associated with the TANF work requirement.

Lead Agencies are required to inform parents who receive TANF benefits about the exception to the individual penalties associated with the work requirement for any single custodial parent who has a demonstrated inability to obtain needed child care for a child younger than age 6 (98.16(v); 98.33(f)).

Lead Agencies must coordinate with TANF programs to ensure that TANF families with young children will be informed of their right not to be sanctioned if they meet the criteria set forth by the state/territory TANF agency in accordance with Section 407(e)(2) of the Social Security Act.

In fulfilling this requirement, the following criteria or definitions are applied by the TANF agency to determine whether the parent has a demonstrated inability to obtain needed child care.

Note: The TANF agency, not the CCDF Lead Agency, is responsible for establishing the following criteria or definitions. These criteria or definitions are offered in this Plan as a matter of public record.

a. Identify the TANF agency that established these criteria or definitions: TWC administers the TANF/Choices program, which is the employment and training component of TANF in Texas. HHSC administers the TANF benefit program and

determines when a parent has good cause for not meeting work requirements due to lack of child care. TWC and Boards receive good cause determinations through an automated interface between agency systems.

b. Provide the following definitions established by the TANF agency:

i. "Appropriate child care":

Child care provided by:

- relatives who meet the requirements stipulated in 45 CFR §98.2 and who are eligible under TWC Child Care Services rule [§809.91\(e\)](#);
- child care facilities licensed by or registered with Child Care Regulation and those operated and monitored by US military services; or
- family homes listed with CCR.

ii. "Reasonable distance":

TWC grants Boards the authority to define "reasonable distance" for each local workforce development area (workforce area) based on the workforce area's specific geography and transportation systems.

iii. "Unsuitability of informal child care":

Any informal child care that does not meet the definition of appropriate child care or is deemed inappropriate by the parent is considered unsuitable.

iv. "Affordable child care arrangements":

Child care arrangements that fall within the maximum rates established by each Board. Parents participating in Choices are exempt from co-pays.

c. How are parents who receive TANF benefits informed about the exception to the individual penalties associated with the TANF work requirements?

- i. In writing
- ii. Verbally
- iii. Other.

Describe:

TANF parents are informed about exceptions at the Workforce Orientation for Applicants.

d. Provide the citation for the TANF policy or procedure:

TWC Chapter 811 Choices rules [§811.3\(b\)\(2\)\(E\)](#), [§811.4\(d\)\(6\)](#), and [§811.11\(a\)\(2\)](#).

3.2 Family Contribution to Payments

3.2 Family Contribution to Payments

Lead Agencies are required to establish and periodically revise a sliding-fee scale for CCDF families that varies based on income and the size of the family to determine each family's contribution (i.e., co-payment) that is not a barrier to families receiving CCDF funds (658E(c)(5)). In addition to income and the size of the family, the Lead Agency may use other factors when determining family contributions/co-payments. Questions 3.2.1 through 3.2.4 address co-payments during the initial/entry-eligibility period.

To help families transition off of child care assistance, Lead Agencies may gradually adjust co-pay amounts for families determined to be eligible under a graduated phase-out. Question 3.2.5 addresses co-payments during the graduated phase-out period.

3.2.1 Provide the CCDF co-payments in the chart below according to family size for one child in care.

a. Complete the chart based on the most populous area of the state or territory (defined as the area serving the highest number of CCDF children, aligned to the response provided in 3.1.3 e).

	(a)	(b)	(c)	(d)	(e)	(f)
Family Size	Lowest initial or First Tier Income Level where family is first charged co-pay (greater than \$0)	What is the monthly co-payment for a family of this size based on the income level in (a)?	What percentage of income is this co-payment in (b)?	Highest initial or First Tier Income Level before a family is no longer eligible.	What is the monthly co-payment for a family of this size based on the income level in (d)?	What percentage of income is this co-payment in (d)?
1	N/A	N/A	N/A	N/A	N/A	N/A

	(a)	(b)	(c)	(d)	(e)	(f)
2	\$718	\$12	1.7%	\$2,874	\$360	12.5%
3	\$905	\$12	1.3%	\$3,621	\$360	9.9%
4	\$1092	\$12	1.1%	\$4,368	\$360	8.2%
5	\$1278	\$12	1.0%	\$5,114	\$360	7.0%

b. If the sliding-fee scale is not statewide (i.e., county-administered states):

i. N/A. Sliding fee scale is statewide

ii. Identify the most populous area of the state (defined as the area serving the highest number of CCDF children) used to complete the chart above.

Gulf Coast Workforce Development Area

iii. Describe how many jurisdictions set their own sliding-fee scale (98.16(i)(3)).

There are 28 Workforce Development Board Areas.

c. What is the effective date of the sliding-fee scale(s)? 10/1/2020

d. Provide the link(s) to the sliding-fee scale:

Each of the 28 Boards maintains information on the sliding fee scales for their areas. The Board Parent Share of Cost Charts are available at

<https://www.twc.texas.gov/programs/childcare#dataAndReports>.

3.2.2 How will the family's contribution be calculated, and to whom will it be applied?

Check all that apply under a. or b.

a. The fee is a dollar amount and (check all that apply):

i. The fee is per child, with the same fee for each child.

ii. The fee is per child and is discounted for two or more children.

iii. The fee is per child up to a maximum per family.

iv. No additional fee is charged after certain number of children.

v. The fee is per family.

vi. The contribution schedule varies because it is set locally/regionally (as indicated in 1.2.1).

Describe:

TWC Chapter 809 Child Care Services rule [§809.19](#) describes the parent share of cost requirements. Boards must have a policy that provides for the parent share of cost:

- being assessed to all parents (except those described in section 3.2.4); and
- being an amount determined on a sliding fee scale based on family size and gross monthly income (number of children in care may also be considered).

Boards must ensure that the sliding fee scale is based on family size and gross family income expressed as a percent of the federal poverty guidelines (FPG) or state median income (SMI) for the appropriate fiscal year. In establishing the parent share of cost policy, Boards also may consider the number of children in care by including an additional amount for each additional child in care. Consistent with CCDF regulations §98.45(k), Boards must ensure that the parent share of cost policy does not consider the cost of care or the amount of the provider reimbursement. Teen parents not covered under the exceptions defined in section 3.2.4 must be assessed a parent share of cost that is solely based on the teen parent's income and family size. If the parent share of cost, which is based on income and family size, is calculated to be zero, then the Board or its child care contractor must not charge the parent any minimum share of cost amount.

Additionally, families who are initially eligible for child care with a three-month job search period will have their parents' share of cost set at the maximum based on their family size. The Board must waive the parent's share of cost during the initial job search period. If the parent begins to meet participation requirements within or by the end of the three months, the parent's share of cost will be reinstated based on the initially established amount or the actual family income, whichever amount is lower.

TWC will explore developing a statewide policy on parent copays, and as part of the review will analyze variances in parents' share of cost with the goal of creating a standard framework that all Boards will follow to determine families' contribution to the cost of child care.

vii. Other.

Describe:

- b. The fee is a percent of income and (check all that apply):
- i. The fee is per child, with the same percentage applied for each child.
 - ii. The fee is per child, and a discounted percentage is applied for two or more children.
 - iii. The fee is per child up to a maximum per family.
 - iv. No additional percentage is charged after certain number of children.
 - v. The fee is per family.
 - vi. The contribution schedule varies because it is set locally/regionally (as indicated in 1.2.1).

Describe:

- vii. Other.

Describe:

3.2.3 Does the Lead Agency use other factors in addition to income and family size to determine each family's co-payment (658E(c)(3)(B))? Reminder ' Lead Agencies may NOT use cost of care or amount of subsidy payment in determining copayments (98.45(k)(2)).

- No.
- Yes, check and describe those additional factors below.
- a. Number of hours the child is in care.

Describe:

TWC Chapter 809 Child Care Services rule [§809.19\(k\)](#) allows Boards to reduce the assessed parent share of cost upon the child's referral for part-time care. The following Boards have implemented such a policy:

- Alamo
- Capital Area
- Central Texas
- Gulf Coast
- Northeast Texas

- Tarrant County

- b. Lower co-payments for a higher quality of care, as defined by the state/territory.

Describe:

TWC Chapter 809 Child Care Services rule [§809.19\(g\)](#) allows Boards to reduce the assessed parent share of cost upon the parent's selection of a Texas Rising Star-certified provider. The following Boards have implemented such a policy:

- Alamo
- Capital Area
- Central Texas
- Gulf Coast
- Northeast Texas
- North Central Texas
- Permian Basin
- Rural Capital
- Tarrant County

- c. Other.

Describe:

3.2.4 The Lead Agency may waive contributions/co-payments from families whose incomes are at or below the poverty level for a family of the same size (98.45(k)) or for families who are receiving or needing to receive protective services, on a case-by-case basis, as determined for purposes of CCDF eligibility, or who meet other criteria established by the Lead Agency (98.45(k)(4)). Does the Lead Agency waive family contributions/co-payments for any of the following? Check all that apply.

- No, the Lead Agency does not waive family contributions/co-payments.
- Yes, the Lead Agency waives family contributions/co-payments. If yes, identify and describe which families have their family contributions/co-payments waived.
- a. Families with an income at or below the Federal poverty level for families of the same size.

Describe the policy and provide the policy citation.

- b. Families who are receiving or needing to receive protective services on a case-by-case basis, as determined by the Lead Agency for purposes of CCDF eligibility.

Describe the policy and provide the policy citation.

As described in TWC Child Care Services rule [§809.19\(a\)\(2\)](#), TWC waives the parent share of cost for parents eligible for the following:

- Choices child care
- SNAP E&T child care
- Child care for a child experiencing homelessness
- Protective services child care (unless DFPS assesses a fee to the parent), including parents who receive child care through the Service Industry Recovery Child Care program (described in 3.1.2 (c)).

Additionally, as described in [§809.19\(i\)](#), a Board or its contractor may not assess a family co-payment to parents with zero countable income.

- c. Families meeting other criteria established by the Lead Agency. Describe the policy.

3.2.5 Policies and processes for graduated phase-out of assistance at redetermination.

3.2.5 Policies and processes for graduated phase-out of assistance at redetermination.

Lead Agencies that establish initial family income eligibility below 85 percent of state median income (SMI) are required to provide a graduated phase-out of assistance for families whose income has increased above the state's initial income threshold at the time of redetermination but remains below the federal threshold of 85 percent of the state median income (98.21 (b)(1)). Providing a graduated phase-out promotes continuity by allowing for wage growth, allows for a tapered transition out of the child care subsidy program as income increases, and supports long-term self-sufficiency for families.

Lead Agencies that provide a graduated phase-out must implement a two-tiered eligibility threshold, with the second tier of eligibility (used at the time of eligibility redetermination) to be set at:

At redetermination, a child shall be considered eligible if his or her parents are working or attending a job training or educational program even if their income exceeds the Lead Agency's income limit to initially qualify for assistance as long as their income does not exceed the second tier of eligibility (98.21(a); 98.21(b)(1)). Note that once deemed eligible, the family shall be considered eligible for a full minimum 12-month eligibility period, even if their income exceeds the second tier of eligibility during the eligibility period, as long as it does not exceed 85 percent of SMI.

A family eligible for services via the graduated phase-out of assistance is considered eligible under the same conditions as other eligible families with the exception of the co-payment restrictions, which do not apply to a graduated phase-out. To help families transition off of child care assistance, Lead Agencies may gradually adjust copay amounts for families whose children are determined eligible under a graduated phase-out and may require additional reporting on changes in family income. However, Lead Agencies must still ensure that any additional reporting requirements do not constitute an undue burden on families.

Lead Agencies that establish initial family income eligibility below 85 percent of state median income (SMI) are required to provide a graduated phase-out of assistance for families whose income has increased above the state's initial income threshold at the time of redetermination but remains below the federal threshold of 85 percent of the state median income (98.21 (b)(1)). Providing a graduated phase-out promotes continuity by allowing for wage growth, allows for a tapered transition out of the child care subsidy program as income increases, and supports long-term self-sufficiency for families.

a. Check and describe the option that best identifies the Lead Agency's policies and procedures regarding the graduated phase-out of assistance.

N/A. The Lead Agency sets its initial eligibility threshold at 85 percent of SMI and therefore, is not required to provide a graduated phase-out period. (If checked, skip to subsection 3.3)

The Lead Agency sets the second tier of eligibility at 85 percent of SMI.

A. Describe the policies and procedures.

TWC Chapter 809 Child Care Services rule [§809.41\(e\)](#) states that Boards establishing initial family income eligibility at less than 85 percent SMI must ensure that the family remains income-eligible for care after passing the Board's initial income eligibility limit. The procedures related to the graduated phaseout of

eligibility are described in [Appendix J-103](#) of the Child Care Services Guide.

B. Provide the citation for this policy or procedure.

TWC Child Care Services rule [§809.41\(e\)](#) and [Appendix J-103](#) of the Child Care Services Guide.

- The Lead Agency sets the second tier of eligibility at an amount lower than 85 percent of SMI for a family of the same size but above the Lead Agency's initial eligibility threshold.

A. Provide the income level for the second tier of eligibility for a family of three:

B. Describe how the second eligibility threshold:

1. Takes into account the typical household budget of a low-income family:

2. Is sufficient to accommodate increases in family income over time that are typical for low-income workers and that promote and support family economic stability:

3. Reasonably allows a family to continue accessing child care services without unnecessary disruption:

4. Provide the citation for this policy or procedure related to the second eligibility threshold:

3.2.5 b. To help families transition from assistance, does the Lead Agency gradually adjust co-payments for families eligible under the graduated phase-out period?

No

Yes

i. If yes, describe how the Lead Agency gradually adjusts copayments for families under a graduated phase-out.

ii. If yes, does the Lead Agency require additional reporting requirements during the graduated phase-out period? *(Note: Additional reporting requirements are also*

discussed in section 3.4.3 of the plan.)

No.

Yes.

Describe:

3.3 Increasing Access for Vulnerable Children and Families

3.3 Increasing Access for Vulnerable Children and Families

Lead Agencies are required to give priority for child care assistance to children with special needs, which can include vulnerable populations, in families with very low incomes and to children experiencing homelessness (658E(c)(3)(B); 98.46(a)). The prioritization of CCDF assistance services is not limited to eligibility determination (i.e., the establishment of a waiting list or the ranking of eligible families in priority order to be served).

Note:

CCDF defines "child experiencing homelessness" as a child who is homeless, as defined in Section 725 of Subtitle VII-B of the McKinney-Vento Act (42 U.S.C. 11434a) (98.2).

3.3.1 Describe how the Lead Agency defines:

a) "Children with special needs":

The following groups are considered children with special needs and vulnerable populations ([Child Care Services Guide](#) , Section B-402.e)

1. Children of parents on military deployment whose parents are unable to enroll in military-assistance programs
2. Children of teen parents
3. Children with disabilities

Children with special needs are in the second priority group, which also includes children experiencing homelessness ([Child Care Services Guide](#) , Section B-400).

b) "Families with very low incomes":

"Families with very low incomes" is defined as families eligible for the following:

- Choices child care;
- TANF Applicant child care;
- Supplemental Nutrition Assistance Program Employment and Training (SNAP E&T) child care; and
- At-Risk child care for former Choices child care recipients whose TANF benefits were denied or voluntarily ended within the last 12 months due to employment, timing out of benefits, or an earnings increase.

Children in families with very low incomes are in the first priority group and are assured child care services ([Child Care Services Guide](#) , Section B-400).

3.3.2 Identify how the Lead Agency will prioritize or target child care services for the following children and families:

Note: If waiving co-payments is checked, Lead Agencies will need to provide further information in question 3.2.4. Paying higher rates for accessing higher quality care is addressed in 4.3.3 and using grants or contracts to reserve spots is addressed in 4.1.6.

a) Indicate how the identified populations are prioritized or targeted.

i. Indicate how services are prioritized for children with special needs. Check all that apply:

- Prioritize for enrollment in child care services
- Serve without placing on waiting list
- Waive co-payments (on a case-by-case basis). As described in 3.2.4
- Pay higher rate for access to higher quality care
- Using grants or contracts to reserve spots

ii. Indicate how services are prioritized for families with very low incomes. Check all that apply:

- Prioritize for enrollment in child care services
- Serve without placing on waiting list
- Waive co-payments (on a case-by-case basis). As described in 3.2.4
- Pay higher rate for access to higher quality care

Using grants or contracts to reserve spots

iii. Indicate how services are prioritized for children experiencing homelessness, as defined by the CCDF. Check all that apply:

Prioritize for enrollment in child care services

Serve without placing on waiting list

Waive co-payments (on a case-by-case basis). As described in 3.2.4

Pay higher rate for access to higher quality care

Using grants or contracts to reserve spots

iv. Indicate how services are prioritized, for families receiving TANF, those attempting to transition off TANF, and those at risk of becoming dependent on TANF (98.16(i)(4)).

Check all that apply:

Prioritize for enrollment in child care services

Serve without placing on waiting list

Waive co-payments (on a case-by-case basis). As described in 3.2.4

Pay higher rate for access to higher quality care

Using grants or contracts to reserve spots

b. If applicable, identify and describe any other ways the identified populations in the table above are prioritized or targeted.

N/A

3.3.3 List and define any other priority groups established by the Lead Agency.

Children of eligible veterans, foster youth, parents in military deployment, or teen parents receive priority for child care services. These priority groups are defined as follows:

An **eligible veteran** (or qualified spouse), as defined in [Texas Workforce Commission Chapter 801 Child Care Services rule §801.23\(2\)](#), is one of the following:

(A) Federal/state qualified veteran--an individual who served in the active military, naval, or air service, and who was discharged or released from such service under conditions other than dishonorable as specified at 38 USC. §101(2). Active service includes full-time duty in the National Guard or a Reserve component, other than full time for training purposes.

(B) Federal qualified spouse--the spouse of one of the following:

(i) Any veteran who died of a service-connected disability.

(ii) Any member of the Armed Forces serving on active duty who, at the time of

application for assistance under this section, is listed, pursuant to 37 USC. §556 and regulations issued thereunder, by the Secretary concerned in one or more of the following categories and has been so listed for a total of more than 90 days:

(I) Missing in action;

(II) Captured in line of duty by a hostile force; or

(III) Forcibly detained or interned in line of duty by a foreign government or power.

(iii) Any veteran who has a total disability resulting from a service-connected disability as evaluated by the Department of Veterans Affairs.

(iv) Any veteran who died while a disability, as defined in clause (iii) above, was in existence.

(C) State qualified spouse:

(i) A spouse who meets the definition of federal qualified spouse; or

(ii) A spouse of any member of the armed forces who died while serving on active military, naval, or air service.

A **parent on military deployment** is a parent on temporary duty assignment away from the permanent military installation or place of residence for reserve components of the single military parent or dual military parents. This includes deployed parents in the regular military, military reserves, or National Guard (Texas Workforce Commission Chapter 809 Child Care Services rule [§809.2\(16\)](#)).

An **eligible foster youth**, as defined in [TWC rule §801.23\(1\)](#), is a:

(A) Current Foster Youth--A youth, age 14 or older, who is receiving substitute care services under the managing conservatorship of the Texas Department of Family and Protective Services (DFPS). This includes youth residing in private foster homes, group homes, residential treatment centers, juvenile correctional institutions, and relative care; or

(B) Former Foster Youth--A youth up to 23 years of age, who formerly was under the managing conservatorship of DFPS, until:

(i) the conservatorship was transferred by a court;

(ii) the youth was legally emancipated (i.e., the youth's minority status was removed by a court); or

(iii) the youth attained 18 years of age.

A **teen parent** is an individual 18 years of age or younger, or 19 years of age and attending high school or the equivalent, who has a child ([§809.2\(24\)](#)).

3.3.4 Describe how the Lead Agency prioritizes services for the additional priority groups identified in 3.2.3.

TWC requires Boards to serve children in the following three priority groups (TWC rule [§809.43](#) and Section B-400, [Child Care Services Guide](#)):

First Priority Group—Mandatory

The first priority group is assured child care services and includes children of parents eligible for the following:

- Choices child care
- Temporary Assistance for Needy Families (TANF) Applicant child care
- Supplemental Nutrition Assistance Program Employment and Training (SNAP E&T) child care
- At-Risk child care for former Choices child care recipients whose TANF benefits were denied or voluntarily ended within the last 12 months due to employment, timing out of benefits, or an earnings increase

Second Priority Group—Subject to Availability of Funds

The second priority group is served subject to the availability of funds and includes, in the following order of priority:

1. Children who need to receive protective services child care as referenced in §809.49
2. Children of a qualified veteran or qualified spouse as defined in §801.23
3. Children of a foster youth as defined in §801.23
4. Children experiencing homelessness as defined in §809.2 and described in §809.52
5. Children of parents on military deployment as defined in §809.2 whose parents are unable to enroll in military-funded child care assistance programs
6. Children of teen parents as defined in §809.2
7. Children with disabilities as defined in §809.2

Third Priority Group—Board Determined

The third priority group includes any other priority adopted by the Board. However, a Board must not establish a priority group based on parent choice of an individual provider or provider type. Boards must ensure that children in the first and second priority groups are enrolled before enrolling children from Board-established priority groups.

3.3.5 Lead Agencies are required to expend CCDF funds to (1) permit the enrollment (after an initial eligibility determination) of children experiencing homelessness while required documentation is obtained, (2) provide training and technical assistance to child care providers and the appropriate Lead Agency (or designated entity) staff on identifying and serving homeless children and families (addressed in section 6), and (3) conduct specific outreach to homeless families (658E(c)(3); 98.51).

a. Describe the procedures to permit the enrollment of children experiencing homelessness while required documentation is obtained.

For children experiencing homelessness, TWC Chapter 809 Child Care Services rules:

- exempt the family from the parent share of cost ([§809.19\(a\)\(2\)\(C\)](#)); and
- require that the child is initially enrolled for a period of three months to allow the parent to provide documentation verifying the child's eligibility ([§809.52](#)).

b. Check, where applicable, the procedures used to conduct outreach for children experiencing homelessness (as defined by CCDF Rule) and their families.

- i. Lead Agency accepts applications at local community-based locations
- ii. Partnerships with community-based organizations
- iii. Partnering with homeless service providers, McKinney-Vento liaisons, and others who work with families experiencing homelessness to provide referrals to child care
- iv. Other

Note: The Lead Agency shall pay any amount owed to a child care provider for services provided as a result of the initial eligibility determination, and any CCDF payment made prior to the final eligibility determination shall not be considered an error or improper payment (98.51(a)(1)(ii)).

3.3.6 Lead Agencies must establish a grace period that allows homeless children and children in foster care to receive CCDF assistance while providing their families with a reasonable time to take any necessary actions to comply with immunization and other health and safety requirements (as described in section 5). The length of such a grace period shall be established in consultation with the state, territorial, or tribal health agency (658E(c)(2)(I)(i)(I); 98.41(a)(1)(i)(C)).

Note:

Any payment for such a child during the grace period shall not be considered an error or improper payment (98.41(a)(1)(i)(C)(2)).

a) Describe procedures to provide a grace period to comply with immunization and other health and safety requirements, including how the length of the grace period was established in consultation with the state, territorial, or tribal health agency for:

i. Children experiencing homelessness (as defined by Lead Agency's CCDF)

The Texas Health and Human Services Commission (HHSC) Child Care Regulations (CCR) minimum standards provide a 30-day grace period to comply with immunization and other health and safety requirements.

Provide the citation for this policy and procedure.

[26 Texas Administrative Code \(TAC\) Rule 744.613\(c\)\(2\)](#)

[26 Texas Administrative Code \(TAC\) Rule 746.613\(c\)\(2\)](#)

[26 Texas Administrative Code \(TAC\) Rule 747.613\(c\)\(2\)](#)

ii. Children who are in foster care.

For children who are in foster care, CCR minimum standards provide a 30-day grace period to comply with immunization and other health and safety requirements.

Provide the citation for this policy and procedure.

[26 Texas Administrative Code \(TAC\) Rule 744.613\(c\)\(2\)](#)

[26 Texas Administrative Code \(TAC\) Rule 746.613\(c\)\(2\)](#)

[26 Texas Administrative Code \(TAC\) Rule 747.613\(c\)\(2\)](#)

b) Describe how the Lead Agency coordinates with licensing agencies and other relevant state, territorial, tribal, and local agencies to provide referrals and support to help families with children receiving services during a grace period comply with immunization and other health and safety requirements (98.41(a)(1)(i)(C)(4)).

Boards must ensure that consumer education information, including information provided through a Board's website, contains, at a minimum, information on the prevention and control of infectious diseases, including immunizations ([§809.15\(b\)\(2\)](#) and Child Care Services Guide, [Section H-101](#)).

CCR minimum standards require that families with children receiving services during a grace period be referred to an appropriate health-care professional to obtain the required immunizations (26 TAC §746.613(c)(2)). The DSHS rule at [25 TAC §97.66](#), Provisional Enrollment for (Non-Higher Education; Non-Veterinary) Students and Children, establishes the guidelines for provisional enrollment as described here.

c) Does the Lead Agency establish grace periods for other children who are not experiencing homelessness or in foster care?

No.

Yes.

Describe:

3.4 Continuity for Working Families

3.4.1 Minimum 12-month eligibility.

3.4.1 Minimum 12-month eligibility.

The Lead Agency is required to establish a minimum 12-month eligibility and redetermination period:

regardless of changes in income. Lead Agencies may not terminate CCDF assistance during the minimum 12-month period if a family has an increase in income that exceeds the state's income eligibility threshold but not the federal threshold of 85 percent of state median income (SMI). regardless of temporary changes in participation in work, training, or educational activities (658E(c)(2)(N)(i) and (ii)). The Lead Agency may not terminate assistance prior to the end of the minimum 12-month period if a family experiences a temporary job loss or a temporary change in participation in a training or educational activity. Any temporary change cannot have a time limit (e.g. 60 days, 90 days, etc.). A temporary change in eligible activity includes, at a minimum:

any time-limited absence from work for an employed parent due to such reasons as the need to care for a family member or an illness; any interruption in work for a seasonal worker who is not working; any student holiday or break for a parent participating in a training or educational program; any reduction in work, training, or education hours, as long as the parent is still working or attending a training or educational program; any other cessation of work or attendance at a

training or educational program that does not exceed 3 months or a longer period of time established by the Lead Agency a child turning 13 years old during the minimum 12-month eligibility period (except as described in 3.1.1) any changes in residency within the state, territory, or tribal service area

a. Describe the Lead Agency's policies and procedures related to providing a minimum 12-month eligibility period at initial eligibility determination and redetermination and provide a citation for these policies or procedures.

TWC Chapter 809 Child Care Services rule [§809.42\(b\)](#) requires Boards to ensure that eligibility for child care services is redetermined no sooner than 12 months following the date of the initial determination or most recent redetermination.

[Section 809.51\(a\)](#) states that if the child meets all of the applicable eligibility requirements for child care services on the date of the most recent eligibility determination or redetermination, the child must be considered to be eligible and will receive services during the 12-month eligibility period described in §809.42, regardless of any:

- (1) change in family income, if that family income does not exceed 85 percent of SMI for a family of the same size; or
- (2) temporary change in the ongoing status of the child's parent as working or attending a job training or education program.

The Lead Agency is required to establish a minimum 12-month eligibility and redetermination period

b. Describe and provide the citation for each of the minimum required elements listed below that are included in the Lead Agency's definition of "temporary change".

- i. Any time-limited absence from work for an employed parent due to such reasons as the need to care for a family member or an illness.

Describe or define your Lead Agency's policy:

Temporary changes in the ongoing status of a child's parent as working or attending a job training or education program include time-limited absence from work for an employed parent for periods of family leave (including parental leave) or sick leave.

Citation:

[§809.51\(a\)\(2\)\(A\)](#)

- ii. Any interruption in work for a seasonal worker who is not working.

Describe or define your Lead Agency's policy:

Temporary changes in the ongoing status of a child's parent as working or attending a job training or education program include interruption in work for a seasonal worker who is not working between regular industry work seasons.

Citation:

[§809.51\(a\)\(2\)\(B\)](#)

- iii. Any student holiday or break for a parent participating in a training or educational program.

Describe or define your Lead Agency's policy:

Temporary changes in the ongoing status of a child's parent as working or attending a job training or education program include student holiday or break for a parent participating in training or education.

Citation:

[§809.51\(a\)\(2\)\(C\)](#)

- iv. Any reduction in work, training, or education hours, as long as the parent is still working or attending a training or educational program.

Describe or define your Lead Agency's policy:

Temporary changes in the ongoing status of a child's parent as working or attending a job training or education program include reduction in work, training, or education hours, as long as the parent is still working or attending a training or education program.

Citation:

[§809.51\(a\)\(2\)\(D\)](#)

- v. Any other cessation of work or attendance at a training or educational program that does not exceed 3 months or a longer period of time established by the Lead Agency.

Describe or define your Lead Agency's policy:

Temporary changes in the ongoing status of a child's parent as working or attending a job training or education program include other cessation of work or attendance in training or in an education program that does not exceed three months.

Citation:

[§809.51\(a\)\(2\)\(E\)](#)

- vi. A child turning 13 years old during the minimum 12-month eligibility period (except as described in 3.1.1).

Describe or define your Lead Agency's policy:

Temporary changes in the ongoing status of a child's parent as working or attending a job training or education program include change in age, including turning 13 years old or a child with disabilities turning 19 years old during the eligibility period.

Citation:

[§809.51\(a\)\(2\)\(F\)](#)

- vii. Any changes in residency within the state, territory, or tribal service area.

Describe or define your Lead Agency's policy:

Temporary changes in the ongoing status of a child's parent as working or attending a job training or education program include change in residency within the state.

Citation:

[§809.51\(a\)\(2\)\(G\)](#)

c. Provide any other elements included in the state's definition of "temporary change", including those implemented during the pandemic, and provide the citation.

N/A

3.4.2 Continuing assistance for "job search" and a Lead Agency's option to discontinue assistance during the minimum 12-month eligibility period.

a. Does the Lead Agency consider seeking employment (engaging in a job search) an eligible activity at initial eligibility determination (at application) and at the minimum 12-month eligibility redetermination? (Note: If yes, Lead Agencies must provide a minimum of three months of job search.)

3.4.2 Continuing assistance for "job search" and a Lead Agency's option to discontinue assistance during the minimum 12-month eligibility period.

Lead Agencies have the option, but are not required, to discontinue assistance during the minimum 12-month eligibility period due to a parent's non-temporary loss of work or cessation of attendance at a job training or educational program, otherwise known as a parent's eligible activity.

If the Lead Agency chooses the option to discontinue assistance due to a parent's non-temporary loss or cessation of eligible activity, it must continue assistance at least at the same level for a period of not fewer than 3 months after each such loss or cessation. This time period allows the parent to engage in a job search and to resume work or resume attendance in a job training or educational program. At the end of the minimum 3-month period of continued assistance, if the parent has engaged in a qualifying work, training, or educational program activity with an income below 85 percent of state median income (SMI), assistance cannot be terminated, and the child must continue receiving assistance until the next scheduled redetermination or, at the Lead Agency option, for an additional minimum 12-month eligibility period.

No.

Yes.

If yes, describe the policy or procedure (including any differences in eligibility at initial eligibility determination vs. redetermination of eligibility):

On June 15, 2021, [TWC authorized](#) a rule waiver to allow 3-month initial job search period for unemployed parents determined eligible from July 1, 2021 through

September 2022.

b. Does the Lead Agency discontinue assistance during the minimum 12-month eligibility period due to a parent's non-temporary loss or cessation of eligible activity and offer a minimum 3-month period to allow parents to engage in a job search and to resume participation in an eligible activity?

No, the state/territory does not discontinue assistance during the 12-month eligibility period due to a parent's non-temporary loss of work or cessation of attendance at a job training or educational program.

Yes, the Lead Agency discontinues assistance during the 12-month eligibility period due to a parent's non-temporary loss of work or cessation of eligible activity and provides a minimum 3-month period of job search. If yes:

i. Provide a summary describing the Lead Agency's policies and procedures for discontinuing assistance due to a parent's non-temporary change:

During the period of time between eligibility redeterminations, a Board shall discontinue child care services due to a parent's loss of work or cessation of attendance at a job training or educational program that does not constitute a temporary change as described in Section 3.4.1. However, Boards must ensure that care continues at the same level for a period of not less than three months after such loss of work or cessation of attendance at a job training or educational program ([§809.51\(b\)](#)). Boards must provide parents written notification at least 15 calendar days before any termination of child care services ([§809.71\(9\)](#)).

ii. Describe what specific actions/changes trigger the job-search period after each such loss or cessation:

The job search period is triggered based on parent self-report of permanent cessations of activity or identification of those who have filed an unemployment insurance (UI) claim using the UI Early Warning Report. The UI Early Warning Report seeks to identify and assess customers who filed a UI claim and who may no longer be working and therefore may have experienced a nontemporary change in work status. A customer identified in the report has not necessarily experienced a nontemporary change in work. Potential child care issues are resolved by verifying the customer's employment and/or training status using current local procedures. The parent is required to report only a permanent cessation of activity ([§809.73\(b\)\(2\)](#)). The three-month activity interruption for job search begins the day

after the activity ends and is tracked in Texas Workforce Information System of Texas (TWIST). If the parent does not report a permanent cessation that has already exceeded three months and the Board contractor discovers and verifies with the parent that one has occurred, care must be terminated after proper notice is provided to the parent. Before making a determination to end care, verification that the parent has not resumed participation in any activity at any level must occur.

iii. How long is the job-search period (must be at least 3 months)?

Boards must ensure that care continues at the same level for a period of not less than three months after such loss of work or cessation of attendance at a job training or educational program.

iv. Provide the citation for this policy or procedure.

TWC Chapter 809 Child Care Services rule §809.51(b)

c. The Lead Agency may discontinue assistance prior to the next minimum 12-month redetermination in the following limited circumstances. Check and describe any circumstances in which the Lead Agency chooses to discontinue assistance prior to the next minimum 12-month redetermination. Check all that apply.

i. Not applicable.

ii. Excessive unexplained absences despite multiple attempts by the Lead Agency or designated entity to contact the family and provider, including the prior notification of a possible discontinuation of assistance.

A. Define the number of unexplained absences identified as excessive:

If a child has exceeded 40 total unexplained absences during the most recent eligibility period, then the child shall be terminated from care because of excessive unexplained absences. Exceptions are provided for court-ordered visitation, documented chronic illness, or disability. Additionally, when the child reaches 15 and 30 cumulative absences, notice regarding the potential termination must be provided to the parent and provider before terminating care, allowing the parent to explain the absences or determine whether a voluntary suspension may be appropriate.

B. Provide the citation for this policy or procedure:

[§809.78](#)

- iii. A change in residency outside of the state, territory, or tribal service area.

Provide the citation for this policy or procedure:

Section D-901.a of the [TWC Child Care Services Guide](#) requires that Boards terminate child care services when a family experiences a change in residency outside of the state.

- iv. Substantiated fraud or intentional program violations that invalidate prior determinations of eligibility.

Describe the violations that lead to discontinued assistance and provide the citation for this policy or procedure.

As described in Section G of the [TWC Child Care Services Guide](#), and in [§809.111-§809.112](#), the following parental actions may be grounds for suspected fraud and cause for Boards to conduct fraud fact-finding:

- Not reporting or falsely reporting at initial eligibility or at eligibility redetermination:
 1. household composition or income sources or amounts that would have resulted in ineligibility or a higher parent share of cost; and/or
 2. work, training, or education hours that would have resulted in ineligibility.
- Not reporting during the 12-month eligibility period:
 1. changes in income or household composition that would cause the family income to exceed 85 percent SMI (taking temporary fluctuations of income into consideration);
 2. a permanent loss of job or cessation of training or education that exceeds three months; and/or
 3. improper or inaccurate attendance reporting.

These violations may result in the following actions:

- Recouping funds from the parent
- Prohibiting future child care eligibility until a recoupment is repaid in full, provided the prohibition does not result in a Choices or SNAP E&T participant becoming ineligible
- Requiring parents to select a regulated child care provider
- Terminating care during the 12-month eligibility period if eligibility was determined using fraudulent information provided by the parent
- Any other action consistent with the intent of the governing statutes or regulations to investigate, prevent, or stop suspected fraud

As described in § [809.19\(d\)](#), failure to pay the parent share of cost may constitute an intentional program violation and result in termination of care. Before terminating care, Boards must follow locally established policies regarding the evaluation of each family's financial situation and a possible temporary reduction in the parent share of cost based on extenuating circumstances. Parents must also receive written notice of possible termination resulting from failure to pay the parent share of cost prior to services being terminated.

3.4.3 Change reporting during the minimum 12-month eligibility period.

3.4.3 Change reporting during the minimum 12-month eligibility period.

The Lead Agency must describe the requirements for parents to report changes in circumstances during the 12-month eligibility period and describe efforts to ensure that such requirements do not place an undue burden on eligible families, which could impact the continuity of care for children and stability for families receiving CCDF services (98.21 (e)).

Note: Responses should exclude reporting requirements for a graduated phase-out, which were described in question 3.2.5 b.

Families are required to report a change to the Lead Agency at any time during the 12-month eligibility period if the family's income exceeds 85 percent of the state median income, taking into account irregular fluctuations in income (98.21(e)(1)). If the Lead Agency chooses the option to terminate assistance, as described in section 3.4.2 of the Plan, they may require families to report a non-temporary change in work, training or educational activities (otherwise known as a parent's eligible activity).

a. Does the Lead Agency require families to report a non-temporary change in a parent's eligible activity?

No

Yes

b. Any additional reporting requirements during the 12-month eligibility period must be limited to items that impact a family's eligibility (e.g., income changes over 85 percent of

state median income (SMI)) or that impact the Lead Agency's ability to contact the family or pay the child care providers (e.g., a family's change of address, a change in the parent's choice of child care provider).

Check and describe any additional reporting requirements required by the Lead Agency during the 12-month eligibility period. Check all that apply.

- i. Additional changes that may impact a family's eligibility during the 12-month period.

Describe:

As described in TWC Child Care Services rule [§809.73](#), families are required to report the following to the child care contractor within 14 calendar days of occurrence:

- Changes in family income or family size that would cause the family to exceed 85 percent SMI for a family of the same size
- Changes in work or attendance at a job training or an education program that are not considered to be temporary changes

- ii. Changes that impact the Lead Agency's ability to contact the family.

Describe:

Families are required to report any changes in family residence, primary phone number, or email address (if applicable) to the child care contractor within 14 calendar days of occurrence ([§809.73](#)).

- iii. Changes that impact the Lead Agency's ability to pay child care providers.

Describe:

Child Care Rule [§809.92](#) details provider responsibilities in order to receive subsidy payments for child care. Providers are responsible for the following:

- (1) collecting the parent share of cost as assessed under §809.19 before child care services are delivered;
- (2) collecting other child care funds received by the parent as described in §809.21(a)(2);
- (3) reporting to the Board or the Board's child care contractor instances in which the parent fails to pay the parent share of cost; and
- (4) following attendance reporting and tracking procedures required by the Commission under §809.95, the Board, or, if applicable, the Board's child care contractor.

Additionally, Providers shall not charge the difference between the provider's published rate and the amount of the Board's reimbursement rate as determined under §809.21 to parents (1) who are exempt from the parent share of cost assessment under §809.19(a)(2); or (2) whose parent share of cost is calculated to be zero pursuant to §809.19(f). A Board may develop a policy that prohibits providers from charging the difference between the provider's published rate and the amount of the Board's reimbursement rate (including the assessed parent share of cost) to all parents eligible for child care services

Providers shall not deny a child care referral based on the parent's income status, receipt of public assistance, or the child's protective service status.

Providers shall not charge fees to a parent receiving child care subsidies that are not charged to a parent who is not receiving subsidies.

c. Any additional reporting requirements that the Lead Agency chooses to require from parents during the minimum 12-month eligibility period, shall not require an additional office visit. In addition, the Lead Agency must offer a range of notification options to accommodate families. How does the Lead Agency allow families to report changes to ensure that reporting requirements are not burdensome and to avoid an impact on continued eligibility between redeterminations? Check all that apply.

- i. Phone
- ii. Email
- iii. Online forms
- iv. Extended submission hours
- v. Postal Mail
- vi. FAX
- vii. In-person submission
- viii. Other.

Describe:

d) Families must have the option to voluntarily report changes on an ongoing basis

during the minimum 12-month eligibility period. Lead Agencies are required to act on information reported by the family if it will reduce the family's co-payment or increase the family's subsidy. Lead Agencies are prohibited from acting on information reported by the family that would reduce the family's subsidy unless the information reported indicates that the family's income exceeds 85 percent of SMI after considering irregular fluctuations in income or, at the option of the Lead Agency, the family has experienced a non-temporary change in eligible activity.

i. Describe any other changes that the Lead Agency allows families to report.

Parents may report changes in:

- (1) income and family size, which might result in a reduction in the parent share of cost; and
- (2) work, job training, or education program participation that might result in an increase in the level of child care services.

ii. Provide the citation for this policy or procedure.

TWC Chapter 809 Child Care Services rule [§809.73\(d\)](#)

3.4.4 Prevent the disruption of employment, education, or job training activities

3.4.4 Prevent the disruption of employment, education, or job training activities.

Lead Agencies are required to have procedures and policies in place to ensure that parents (especially parents receiving assistance under the TANF program) are not required to unduly disrupt their employment, education, or job training activities to comply with the Lead Agency's or designated local entity's requirements for the redetermination of eligibility for assistance (658E(c)(2)(N)(ii); 98.21(d)).

Examples include developing strategies to inform families and their providers of an upcoming redetermination and the information that will be required of the family, pre-populating subsidy renewal forms, having parents confirm that the information is accurate, and/or asking only for the information necessary to make an eligibility redetermination. In addition, states and territories can offer a variety of family-friendly methods for submitting documentation for eligibility redetermination that considers the range of needs for families in accessing support (e.g., use of languages other than English, access to transportation, accommodation of parents working non-traditional hours).

a) Identify, where applicable, the Lead Agency's procedures and policies to ensure that parents (especially parents receiving TANF program funds) do not have their employment, education, or job training unduly disrupted to comply with the state/territory's or designated local entity's requirements for the redetermination of eligibility. Check all that apply.

- i. Advance notice to parents of pending redetermination
- ii. Advance notice to providers of pending redetermination
- iii. Pre-populated subsidy renewal form
- iv. Online documentation submission
- v. Cross-program redeterminations
- vi. Extended office hours (evenings and/or weekends)
- vii. Consultation available via phone
- viii. Other.

Describe:

[Section 801.25](#) contains requirements for all workforce services, including that Boards must have written procedures that define the steps taken to minimize customer wait times, and if a Workforce Solutions Office does not provide all on-site services and programs, electronic access to such services is provided, for example, by making access available through computer applications or telephone conferencing. Boards do not require working parents to visit Workforce Solutions Offices to submit eligibility documentation. Boards accept documentation by fax, mail, or email. Additionally, some Workforce Solutions Offices are open after standard work hours, and some locations have a drop box in which parents may submit documentation outside of business hours.

4 Ensure Equal Access to Child Care for Low-Income Children

A core purpose of CCDF is to promote parental choice and to empower working parents to make their own decisions regarding the child care services that best suit their family's needs. Parents have the option to choose from center-based care, family child care, or care provided in the child's own home. In supporting parental choice, the Lead Agencies must ensure that families receiving CCDF funding have the opportunity to choose from the full range of eligible

child care settings and must provide families with equal access to child care that is comparable to that of non-CCDF families. Lead Agencies must employ strategies to increase the supply and to improve the quality of child care services, especially in underserved areas. In addition to generally building the supply of child care for all families, this effort also supports equal access for CCDF eligible children to the priced child care market.

This section addresses strategies that the Lead Agency uses to promote parental choice, ensure equal access, and increase the supply of child care. Note: In responding to questions in this section, the Office of Child Care (OCC) recognizes that each state/territory identifies and defines its own categories and types of care. The OCC does not expect states/territories to change their definitions to fit the CCDF-defined categories and types of care. For these questions, provide responses that closely match the CCDF categories of care.

Note: When asked for citations, responses can include state statute, regulations, administrative rules, policy manuals or policy issuances. See the Introduction on page 4 for more detail.

4.1 Maximize Parental Choice and Implement Supply Building Mechanisms

The parent(s) of each eligible child who receive(s) or is offered financial assistance for child care services has the option of either receiving a child care certificate or, if available, enrolling their child with a provider that has a grant or contract for providing child care services (658E(c)(2)(A); 98.30(a)). Even if a parent chooses to enroll their child with a provider who has a grant or contract, the parent will select the provider, to the extent practicable. If a parent chooses to use a certificate, the Lead Agency shall provide information to the parent on the range of provider options, including care by sectarian providers and relatives. Lead Agencies must require providers chosen by families to meet health and safety standards and has the option to require higher standards of quality. Lead Agencies are reminded that any policies and procedures should not restrict parental access to any type of care or provider (e.g. center care, home care, in-home care, for-profit provider, non-profit provider, or faith-based provider, etc.) (98.15 (a)(5)).

4.1.1 Describe the child care certificate, including when it is issued to parents (before or after the parent has selected a provider) and what information is included on the certificate (98.16 (q)).

Upon eligibility determination, parents receive a child care certificate. The parent may have already selected a provider but is not required to do so before receiving the certificate

(Notification of Eligibility for Child Care Services). As described in Section D-1004 of [TWC's Child Care Services Guide](#), Boards must ensure that eligibility notification packets contain the following elements, at a minimum:

- A written eligibility notification, which must contain the following:
 - A congratulatory opening statement
 - The requirement that the parent select a provider within 14 days or contact the Child Care Services program if the parent requires assistance finding a provider
 - Specific eligibility reasons or elements
 - A calculated monthly income including all income sources used to determine eligibility
 - Household composition (family size)
 - The parent share of cost amount
 - 85 percent of state median income (SMI) information
 - Requirements regarding changes to report
- Parents' rights information, which must contain:
 - the basic rights listed in the TWC Sample Parent Rights form (Child Care Service Guide, [Appendix J](#)); and
 - a statement of acknowledgment by the parent that, by selecting a provider and entering into care, the parent has read and understood the information about parent rights.
- An agreement to report attendance, which must contain:
 - information on the state attendance standards that the parent agrees to follow and the state-defined consequences for not meeting those standards; and
 - information on attendance reporting and responsibilities.
- Parent information for choosing a provider, which must contain:
 - information on parent choice, including types of providers available;
 - information on choosing a quality provider, including information about Texas Rising Star providers; and
 - information on how to access Texas Child Care Regulation (CCR) provider compliance and inspection information.
- Additional consumer information, including information on developmental screenings and a link to the Parent Portal

4.1.2 Identify how the parent is informed that the child care certificate allows the option to choose from a variety of child care categories, such as private, not-for-profit, faith-based providers; centers; FCC homes; or in-home providers (658E(c)(2)(A)(i); 658P(2); 658Q). Check all that apply.

- a. Certificate provides information about the choice of providers
- b. Certificate provides information about the quality of providers

- c. Certificate is not linked to a specific provider, so parents can choose any provider
- d. Consumer education materials on choosing child care
- e. Referrals provided to child care resource and referral agencies
- f. Co-located resource and referral staff in eligibility offices
- g. Verbal communication at the time of the application
- h. Community outreach, workshops, or other in-person activities
- i. Other.

Describe:

TWC and Boards use consumer education materials (flyers, forms, brochures), verbal communication at the time of application, and Board websites. There are multiple points of communication throughout the eligibility and renewal process.

TWC Child Care Services rule [§809.15](#) requires Boards to inform parents of child care options by providing a description of the full range of eligible child care providers, including:

- licensed child care centers;
- licensed child care homes;
- registered child care homes; and
- the option to choose an eligible relative.

Additionally, TWC rules require Boards to provide parents with:

- a description of programs available in the local workforce development area (workforce area) relating to Texas Rising Star provider certification, providers participating in the Texas School Ready project, and other quality rating systems, including national accreditations;
- the CCR website and telephone number, so parents can be aware of health and safety requirements for regulated child care providers; and
- information about 2-1-1 Texas.

TWC distributes a brochure to Boards with information for parents to consider when choosing child care, including quality considerations. Texas Government Code [§2308.3171](#) requires that Boards post a list of child care providers that have met a quality indicator in a prominent place on the Board's website. The statute also requires any child care provider that cares for subsidized children to post its quality indicator at the entrance of the provider's facility.

4.1.3 A core principle of CCDF is that families receiving CCDF-funded child care should have equal access to child care that is comparable to that of non-CCDF families (658E(c)(4)(A) and 98.45(a)).

a. Describe how parents have access to the full range of providers eligible to receive CCDF:

TWC policies and procedures ensure that parents who are eligible for the child care subsidy program have access to the full range of eligible providers. Boards recruit licensed child care centers, licensed and registered child care homes, and military child care providers to ensure that parents have a choice of eligible providers available.

Program data, available at

https://www.twc.texas.gov/childcarenumbers/Texas_Statewide_System_annual.html,

shows that more than 97% of children in the Texas subsidy system are served in licensed child care centers. As of May 2021, over 60% of licensed centers were serving subsidized children. Boards provide a list of eligible providers in their workforce area and encourage parents to select high-quality child care options, such as Texas Rising Star-certified providers.

To encourage providers to participate in the Texas Rising Star program, Boards set enhanced reimbursement rates for 4-Star Texas Rising Star programs at or above the 75th percentile of the most recent MRS, with 3-Star programs receiving at least 90 percent of the 4-Star amount and 2-Star programs receiving at least 90 percent of the 3-Star amount. Boards set their maximum reimbursement rates for providers that are not quality-rated at or above the minimum threshold described in Section 4.3.1(f) (ranging from the 50th to the 60th percentile of their workforce area's market rate, according to the most recent marker rate survey (MRS)).

TWC's tiered reimbursement rate system has proven to be an effective way to increase the supply of high-quality child care available to children in Texas. TWC's [Child Care by the Numbers](#) data (*Average Number of Children in Texas Rising Star Care by Star Level*) shows an annual increase in children served by Texas Rising Star providers since 2018 (from 30,820 in 2018 to 48,675 in 2020), particularly for children in top-quality 4-star providers.

Of children served by Texas Rising Star providers in 2018:

- 21.0% were in 2-star providers
- 28.2% were in 3-star providers
- 50.8% were in 4-star providers

Of children served by Texas Rising Star providers in 2019:

- 14.1% were in 2-star providers
- 25.3% were in 3-star providers
- 60.6% were in 4-star providers

Of children served by Texas Rising Star providers in 2020:

- 12.6% were in 2-star providers
- 23.6% were in 3-star providers
- 63.8% were in 4-star providers

On June 18, 2021, the Governor Abbott signed House Bill 2607 which requires all subsidy providers to participate in Texas Rising Star. TWC plans to continue to incentivize child care programs to provide high-quality care by offering a tiered reimbursement with 4-star providers reimbursed at least at the 75th percentile of the market rate based on the most recent MRS, with care at 4-star providers set at or above the 85th percentile for infants and the 80th percentile for toddlers.

b. Describe state data on the extent to which eligible child care providers participate in the CCDF system:

In Board Contract Year* 2020 (BCY'20), Texas had 12,564 regulated child care operations. Of those, 7,803 (62.1 percent) had agreements with Boards to accept children participating in the child care subsidy system.

Of the 7,228 providers that actively served children with subsidies in BCY'20:

- 6,099 (84.4 percent) were licensed child care centers;
- 615 (8.5 percent) were licensed child care homes;
- 492 (6.8 percent) were registered child care homes; and
- 22 (0.3 percent) were military child care centers.

All data listed is available at <https://twc.texas.gov/programs/child-care-numbers>. This data is available annually and monthly by Board workforce area.

**The Board Contract Year aligns with the Federal Fiscal Year and begins October 1 of the previous year through September 30 of the year listed.*

c. [Identify any barriers to provider participation, including barriers related to payment rates and practices - including for family child care and in-home providers - based on provider feedback and reports to the Lead Agency:](#)

Beginning with the 2019 study, TWC's MRS included two new questions to gain insight into the dynamics of which facilities accept subsidized children and how that affects their pricing for such children. The first question, addressed to providers that serve subsidized children, asks whether they charge more to families of subsidized children if their established rates are greater than the reimbursement they would receive (which includes the subsidy and co-payment). In the 2020 MRS, a little more than 5 percent of centers and approximately 8 percent of homes charge families a surcharge. These figures are quite similar to the rates observed in the 2019 MRS.

The second question added to the MRS, addressed to facilities that do not report serving subsidized children, asked whether they had a reason for not accepting subsidized children. The most common reason reported by homes is that families have not requested or needed subsidized care. In the 2020 MRS, 5 to 6 percent of facilities not serving subsidized children indicated that they did not do so because reimbursement rates were too low. Additionally, less than 1 percent of facilities reported that they did not accept subsidized children due to issues with not receiving payments or receiving payments late. These patterns are similar to those reported in the 2019 study.

TWC also asked providers that responded to the [2022-2024 CCDF State Plan Stakeholder Survey](#), "What challenges, if any, have you experienced with the child care subsidy program?" Of 1,392 providers that reported accepting subsidies, 769 responded to this question.

Some providers described losing money because reimbursement rates, even at 75th percentile for 4-Star Texas Rising Star providers, are less than their rates for private-pay parents. Others said they charge parents in their community less than the Board's maximum rates, particularly for Texas Rising Star providers, and do not receive the full enhanced Texas Rising Star rate.

Aside from payment rates, providers described barriers to provider participation, such as paperwork, billing complications, and loss of funds when parents do not pay the co-payment and transfer to another provider or do not return to care. Providers also

requested notice from Boards before terminating payments for care when providers are transferred or care is terminated.

Based on feedback from the survey and other provider feedback opportunities, TWC recently instituted a new policy requiring Boards to implement a two-week waiting period for transfers in order to better align with industry standards. ([40 TAC §809.13\(10\)](#)) TWC will explore additional opportunities to improve policies and procedures to reduce the barriers to provider participation in child care subsidies.

4.1.4 Certify by describing the Lead Agency's procedures for ensuring that parents have unlimited access to their children whenever their children are in the care of a provider who receives CCDF funds (658E(c)(2)(B); 98.16(t)).

Health and Human Services Commission (HHSC) CCR Minimum Standards require that during the hours of operation licensed facilities make all areas of the facility accessible to parents of children who are receiving care at the facility. ([26 TAC §746.501\(b\)](#)) During the eligibility process, the child care contractor informs parents of their rights and responsibilities, including the right to:

- visit child care facilities;
- make telephone inquiries before enrolling; and
- observe providers at any time after the child is enrolled.

Child care contractors discuss parental concerns with the facility's director or owner to ensure that parental rights are respected.

4.1.5 The Lead Agency must allow for in-home care (i.e., care provided in the child's own home) but may limit its use (98.16(i)(2)). Will the Lead Agency limit the use of in-home care in any way?

- No.
- Yes. If checked, what limits will the Lead Agency set on the use of in-home care? Check all that apply.

- a. Restricted based on the minimum number of children in the care of the provider to meet the Fair Labor Standards Act (minimum wage) requirements.

Describe:

N/A

- b. Restricted based on the provider meeting a minimum age requirement.

Describe:

In-home providers must be at least 18 years of age.

- c. Restricted based on the hours of care (i.e., certain number of hours, non-traditional work hours).

Describe:

In-home care is allowed if a parent has nontraditional work hours (evenings, nights, and/or weekends).

- d. Restricted to care by relatives. (A relative provider must be at least 18 years of age based on the definition of eligible child care provider (98.2)).

Describe:

In-home providers must be eligible relative providers.

- e. Restricted to care for children with special needs or a medical condition.

Describe:

N/A

- f. Restricted to in-home providers that meet additional health and safety requirements beyond those required by CCDF.

Describe:

Child Care Services rule [§809.91\(e\)\(1\)](#) requires in-home providers to list with CCR as a family home, undergo a criminal background check, and undergo a check against the sex offender registry and the central child abuse and neglect registry.

- g. Other.

Describe:

Child Care Services rule [§809.91\(e\)\(2\)](#) requires Boards to allow relative child care

providers to provide in-home child care only for the following:

- A child with disabilities and his or her siblings
- A child under 18 months of age and his or her siblings
- A child of a teen parent
- When the parent's work schedule requires evening, overnight, or weekend child care and taking the child outside of the child's home would be disruptive to the child

A Board may allow relative in-home child care for circumstances in which the Board's child care contractor determines and documents that other child care provider arrangements are not available in the community. (40 TAC [§809.91\(e\)](#))

4.1.6 Child care services available through grants or contracts.

a) In addition to offering certificates, does the Lead Agency provide child care services through grants or contracts for child care slots (658A(b)(1))? Note: Do not check 'yes' if every provider is simply required to sign an agreement to be paid in the certificate program.

- No. If no, skip to 4.1.7.
- Yes, in some jurisdictions but not statewide.

If yes, describe how many jurisdictions use grants or contracts for child care slots.

Texas Labor Code [§302.0461](#) allows Boards to contract with child care providers for a specified number of slots to be reserved for children participating in child care subsidies. To qualify for a contract for reserved slots, providers must:

- maintain a 3- or 4-Star Texas Rising Star provider rating; and
- meet one of the following criteria:
 - be located in an area where the number of children younger than six years of age who have working parents is at least three times greater than the capacity of licensed child care providers in the area (a child care "desert") or another area determined to be underserved;
 - have a pre-K partnership;
 - have an Early Head Start/Head Start partnership;
 - increase the number of places reserved for high-quality infant/toddler care;or
- satisfy a requirement for the Board's strategic plan.

TWC issued the necessary policy changes and guidance on the processes and procedures for implementing contracted slots at the Board level in spring 2021.

Currently, all Boards have the option to contract with providers for slots if they meet the criteria listed above. While several Boards have expressed interest in and are in the initial stages of developing their programs, none have been fully implemented. TWC works with Boards to understand the effectiveness of contracted slot strategies as they are implemented and uses that information to inform future plans related to contracted slots.

Boards will contract directly with eligible (3- or 4-Star) Texas Rising Star providers. Providers will receive the same reimbursement rates for contracted slots as they would for any other referral.

Parents will continue to have the option to select any provider that participates in the subsidy program. In areas where providers have available contracted slots, parents may be offered the opportunity to enroll with a contracted provider but will not be required to do so.

When a contracted slot becomes open, the Board will first contact families on the waiting list that requested care in that ZIP code in order of priority group, as described in Section 3.3. As Boards fill vacant reserved slots, they will follow the same rules for priority groups as they normally do, but the pool of eligible families will be restricted to those seeking services for the appropriate age group within the ZIP code where the contracted slot is available.

On [June 29, 2021](#), TWC's three-member Commission authorized dedicating CRRSA/ARPA funding to support pilot programs for Boards who wish to implement contracted slots within Texas Rising Star 3- and 4-Star providers, as authorized in the Texas Labor Code [§302.0461](#). TWC will administer an application process on a first come first served basis for Boards to request funding to implement Texas Rising Star Contracted Slots. This pilot will provide Boards with the opportunity to create a new service delivery design, outside of the Board's regular annual allocation of child care funds.

[Yes, statewide. If yes, describe:](#)

i. How the Lead Agency ensures that parents who enroll with a provider who has a grant or contract have choices when selecting a provider:

ii. The entities that receive contracts (e.g., shared services alliances, CCR&R agencies, FCC networks, community-based agencies, child care providers) and how grants or contracts are promoted by the Lead Agency:

iii. How rates for contracted slots are set through grants and contracts and if they are viewed by providers as a vehicle for stabilizing payments.

4.1.6 Child care services available through grants or contracts.

b) Will the Lead Agency use grants or contracts for child care services to increase the supply and/or quality of specific types of care?

No

Yes. If yes, does the Lead Agency use grants or contracts to increase the supply and/or quality of child care programs serving the populations below? Check all that apply.

i. Grants or Contracts are used in Child Care Programs that serve Children with disabilities:

To increase the supply of care

To increase the quality of care

ii. Grants or Contracts are used in Child Care Programs that serve Infants and toddlers:

To increase the supply of care

To increase the quality of care

iii. Grants or Contracts are used in Child Care Programs that serve School-age children:

To increase the supply of care

To increase the quality of care

iv. Grants or Contracts are used in Child Care Programs that serve Children needing non-traditional hour care:

To increase the supply of care

To increase the quality of care

v. Grants or Contracts are used in Child Care Programs that serve Children experiencing homelessness:

To increase the supply of care

To increase the quality of care

vi. Grants or Contracts are used in Child Care Programs that serve Children with diverse linguistic or cultural backgrounds:

To increase the supply of care

To increase the quality of care

vii. Grants or Contracts are used in Child Care Programs that serve Children in underserved areas:

To increase the supply of care

To increase the quality of care

viii. Grants or Contracts are used in Child Care Programs that serve Children in urban areas:

To increase the supply of care

To increase the quality of care

ix. Grants or Contracts are used in Child Care Programs that serve Children in rural areas:

To increase the supply of care

To increase the quality of care

x. Grants or Contracts are used in Child Care Programs that serve Other populations, please specify :

To increase the supply of care

To increase the quality of care

Describe

To qualify for a contract with Boards for reserved slots in accordance with Texas Labor Code [§302.0461](#), providers must meet the following criteria:

- Be a Texas Rising Star 3- or 4-Star provider
- Meet one of the following criteria:
 - Be located in a child care desert or area determined to be underserved
 - Have a pre-K partnership
 - Have an Early Head Start/Head Start partnership
 - Increase the number of places reserved for high-quality infant/toddler care
 - Satisfy a requirement for the Board's strategic plan

4.1.7 Lead Agencies must identify shortages in the supply of high-quality child care providers that meet parents' needs and preferences. List the data sources used to identify any shortages and declines in the supply of care types that meet parents' needs. Also describe the method of tracking progress to support equal access and parental choice (98.16(x)).

a. In child care centers.

To determine shortages in the supply of high-quality providers, each Board uses information from The Workforce Information System of Texas (TWIST), CCR, and the Children's Learning Institute (CLI) along with local data on the number of high-quality child care centers and parents seeking care. Several Boards leverage geographic information systems to map the locations of providers and identify child care deserts. TWC and Boards also use data collected through the Texas Child CareAvailability Portal to analyze supply and demand.

b. In child care homes.

To determine shortages in the supply of high-quality providers, each Board uses information from TWIST, CCR, and CLI along with local data on the number of high-quality child care centers and parents seeking care. Several Boards leverage geographic information systems to map the locations of providers and identify child care deserts. TWC and Boards also use data collected through the Texas Child CareAvailability Portal to analyze supply and demand.

c. Other.

N/A

4.1.8 Lead Agencies are required to develop and implement strategies to increase the supply of and improve the quality of child care services (98.16 (x)). These strategies should address children in underserved areas; infants and toddlers; children with disabilities, as defined by the Lead Agency; and children who receive care during non-traditional hours. Identify what method(s) is (are) used to increase supply and/or to improve quality for the following populations and indicate in the description if a strategy is focused more on building supply or on improving quality.

a) Children in underserved areas. Check and describe all that apply.

i. Grants and contracts (as discussed in 4.1.6).

Describe:

Texas Labor Code [§302.0461](#) allows Boards to contract with eligible (3- or 4-Star) Texas Rising Star providers for slots reserved for children participating in child care subsidies in areas:

- be located in an area where the number of children younger than six years of age who have working parents is at least three times greater than the capacity of licensed child care providers in the area (i.e. a child care "desert") or another area determined to be underserved;
- have a Pre-K partnership;
- have an Early Head Start/Head Start partnership;
- increase the number of places reserved for high quality infant/toddler care; or
- satisfy a requirement for the Board's strategic plan.

ii. Targeted Family Child Care Support such as Family Child Care Networks.

Describe:

TWC awarded grants to two local collaborative efforts to develop staffed family child care networks designed to provide training, specialized services, and technical assistance to address the needs of home-based caregivers, thereby increasing the availability and quality of family child care. TWC continues to explore opportunities to support family child care networks to build supply and improve quality in underserved areas and statewide.

iii. Start-up funding.

Describe:

iv. Technical assistance support.

Describe:

TWC is available to work with Boards to determine the child care needs of workforce areas and target underserved areas for quality improvement funding.

v. Recruitment of providers.

Describe:

Some Boards use a variety of methods to identify shortages, including using geographic information systems to map Texas Rising Star providers. Additionally, TWC provides quality improvement funds to Boards to expand capacity or address particular needs in their workforce area. Boards report their quality improvement activities to TWC on a quarterly basis.

vi. Tiered payment rates (as in 4.3.3).

Describe:

As described in section 4.3.2 and Section B-703 of the [Child Care Services Guide](#), Texas Government Code [§2308.315](#) requires that Boards reimburse Texas Rising Star-certified providers at a rate above that for non-Texas Rising Star providers. Additionally, TWC policy requires Boards to establish reimbursement rates at the following levels:

- For infants, benchmarking to the 85th percentile as follows:
 - For 4-Star providers, the 75th percentile of the most recent Market Rate Survey
 - For 3-Star providers, at 90 percent of the 4-Star rate
 - For 2-Star providers, at 90 percent of the 3-Star rate



vii. Support for improving business practices, such as management training, paid sick leave, and shared services.

Describe:

Child Care Business Training

TWC awarded a two-year grant for \$3 million to Collaborative for Children to provide statewide online and regional in-person child care business training for at least 1,000 child care owners and directors. The trainings are designed to increase the attendees' capacity as administrators of a small business,

increase the number of qualified Texas Rising Star providers, and improve the quality of child care services. All training is available in English and Spanish. TWC will continue to explore opportunities to support child care business practices across the state.

Shared Services Alliances

In TWC's [2022-2024 CCDF State Plan Stakeholder Survey](#), 458 child care providers, Boards, and other stakeholders listed shared services alliances as one of the top three issues of importance to them. Based on this interest, TWC is exploring opportunities to promote new shared services alliance hubs to allow child care providers to partner with other programs in their area to leverage economies of scale and secure advantageous pricing structures on goods and services. Each alliance would determine how to best share administrative, accounting, or human resources functions, IT platforms, training and professional networking, substitute teacher pools, and public-private prekindergarten partnerships.

Child Care Staff Retention Strategies

TWC awarded Together 4 Children (\$981,092) and Start Early (\$985,702) funds for professional development that focuses on teaching adaptive leadership skills to create supportive work environments and improve staff retention at child care and early learning programs. Both grantees will provide regionally focused, in-person and online training to 200 child care administrators and 100 early learning programs.

[viii. Accreditation supports.](#)

[Describe:](#)

Boards provide mentoring to help child care providers meet Texas Rising Star quality standards and achieve certification. Additionally, some Boards provide fee assistance for attaining national accreditation.

[ix. Child Care Health Consultation.](#)

[Describe:](#)

x. Mental Health Consultation.

Describe:

xi. Other.

Describe:

4.1.8 Lead Agencies are required to develop and implement strategies to increase the supply of and improve the quality of child care services (98.16 (x)). These strategies should address children in underserved areas; infants and toddlers; children with disabilities, as defined by the Lead Agency; and children who receive care during non-traditional hours. Identify what method(s) is (are) used to increase supply and/or to improve quality for the following populations and indicate in the description if a strategy is focused more on building supply or on improving quality.

b. Infants and toddlers. Check and describe all that apply.

i. Grants and contracts (as discussed in 4.1.6).

Describe:

Texas Labor Code [§302.0461](#) allows Boards to contract with eligible (3- and 4-Star) Texas Rising Star child care providers for slots to be reserved for children participating in child care subsidies to increase the number of places reserved for infants and toddlers.

ii. Family Child Care Networks.

Describe:

TWC awarded grants to two local collaborative efforts to develop staffed family child care networks designed to provide training, specialized services, and technical assistance to address the needs of home-based caregivers, thereby increasing the availability and quality of family child care. TWC continues to explore opportunities to support family child care networks to build supply and improve quality for infant and toddler care statewide.

iii. Start-up funding.

Describe:

iv. Technical assistance support.

Describe:

TWC is available to work with Boards to determine the infant and toddler child care needs of their workforce areas and to target underserved areas for quality improvement funding to increase the supply of high-quality providers.

v. Recruitment of providers.

Describe:

Boards target underserved areas for quality improvement funding and recruitment efforts to increase the number and quality of providers of care for infants and toddlers.

vi. Tiered payment rates (as in 4.3.3).

Describe:

Boards establish reimbursement rates and may provide rate increases to providers of certain age groups based on the market rate survey (MRS) and needs of the workforce area. Infant care providers have the highest reimbursement rates, followed by toddlers. Minimum thresholds for base rates are set as follows:

- 60th percentile of the most recent MRS for infants;
- 55th percentile of the most recent MRS for toddlers; and
- 50th percentile of the most recent MRS for preschool and school-age children.

Reimbursement rates for Texas Rising Star providers are also tiered by age group, as follows:

- For infants, benchmarking to the 85th percentile as follows:
 - For 4-Star providers, the 75th percentile of the most recent Market Rate Survey
 - For 3-Star providers, at 90 percent of the 4-Star rate
 - For 2-Star providers, at 90 percent of the 3-Star rate



vii. Support for improving business practices, such as management training, paid sick leave, and shared services.

Describe:

Child Care Business Training

TWC awarded a two-year grant for \$3 million to Collaborative for Children to provide child care business training through statewide online and regional in-person training for at least 1,000 child care owners and directors. The trainings are designed to increase the attendees' capacity as administrators

of a small business, increase the number of qualified Texas Rising Star providers, and improve the quality of child care services. All training is available in English and Spanish.

Shared Services Alliances

In TWC's [2022-2024 CCDF State Plan Stakeholder Survey](#), 458 child care providers, Boards, and other stakeholders listed shared services alliances as one of their top three issues of importance. Based on this interest, TWC is exploring opportunities to promote new shared services alliance hubs to allow child care providers to partner with other programs in their area to leverage economies of scale and secure advantageous pricing structures on goods and services. Each alliance would determine how to best share administrative, accounting, and/or human resources functions, IT platforms, training and professional networking, and substitute teacher pools.

Child Care Staff Retention Strategies

TWC awarded Together 4 Children (\$981,092) and Start Early (\$985,702) funds for professional development that focuses on teaching adaptive leadership skills to create supportive work environments and improve staff retention at child care and early learning programs. Both grantees will provide regionally focused in-person and online training to 200 child care administrators and 100 early learning programs.

[viii. Accreditation supports.](#)

[Describe:](#)

Boards provide mentoring to help child care providers meet Texas Rising Star quality standards and achieve certification. Additionally, some Boards provide fee assistance for attaining national accreditation.

[ix. Child Care Health Consultation.](#)

[Describe:](#)

[x. Mental Health Consultation.](#)

Describe:

- xi. Other.

Describe:

Infant Toddler Specialist Network TWC provided \$3 million through a competitive procurement process to establish a statewide infant and toddler specialist network. The University of Texas Health Science Center at Houston was awarded the contract and began its work in March 2020. This network provides teachers and administrators of infant and toddler programs with professional development, technical support, and opportunities to participate in professional learning communities. This will help to enhance the quality of care provided to infants and toddlers across the state, as well as elevate the skills and competencies of the infant and toddler professionals who participate. TWC will monitor the effectiveness of this program and use that information to inform any future initiatives.

4.1.8 Lead Agencies are required to develop and implement strategies to increase the supply of and improve the quality of child care services (98.16 (x)). These strategies should address children in underserved areas; infants and toddlers; children with disabilities, as defined by the Lead Agency; and children who receive care during non-traditional hours. Identify what method(s) is (are) used to increase supply and/or to improve quality for the following populations and indicate in the description if a strategy is focused more on building supply or on improving quality.

c. Children with disabilities. Check and describe all that apply.

- i. Grants and contracts (as discussed in 4.1.6).

Describe:

- ii. Family Child Care Networks.

Describe:

- iii. Start-up funding.

Describe:

iv. [Technical assistance support.](#)

[Describe:](#)

TWC works with Boards to determine the workforce area needs for child care of children with disabilities.

v. [Recruitment of providers.](#)

[Describe:](#)

Boards work with partnering agencies and local providers to identify available child care slots for children with disabilities.

vi. [Tiered payment rates \(as in 4.3.3\).](#)

[Describe:](#)

TWC Child Care Services rule [§809.20\(e\)](#) requires Boards to ensure that providers reimbursed for additional staff or equipment needed to assist in the care of a child with disabilities are paid at a rate of up to 190 percent of the rate for a child without disabilities of that same age. This inclusion rate takes into consideration the estimated cost of the additional staff or equipment needed. The Board shall ensure that a professional who is familiar with assessing the needs of children with disabilities certifies the need for the additional staff or equipment.

vii. [Support for improving business practices, such as management training, paid sick leave, and shared services.](#)

[Describe:](#)

Child Care Business Training

TWC awarded a two-year grant for \$3 million to Collaborative for Children to provide statewide online and regional in-person child care business training for at least 1,000 child care owners and directors. The trainings are designed to increase the attendees' capacity as administrators of a small business, increase the number of qualified Texas Rising Star providers, and improve the quality of child care services. All training is available in English and Spanish.

Shared Services Alliances

In TWC's [2022-2024 CCDF State Plan Stakeholder Survey](#), 458 child care

providers, Boards, and other stakeholders listed shared services alliances as one of the top three issues of importance to them. Based on this interest, TWC is exploring opportunities to promote new shared services alliance hubs to allow child care providers to partner with other programs in their area to leverage economies of scale and secure advantageous pricing structures on goods and services. Each alliance would determine how to best share administrative, accounting, or human resources functions, IT platforms, training and professional networking, and substitute teacher pools.

Child Care Staff Retention Strategies

TWC awarded Together 4 Children (\$981,092) and Start Early (\$985,702) funds for professional development that focuses on teaching adaptive leadership skills to create supportive work environments and improve staff retention at child care and early learning programs. Both grantees will provide regionally focused in-person and online training to 200 child care administrators and 100 early learning programs.

viii. Accreditation supports.

Describe:

ix. Child Care Health Consultation.

Describe:

x. Mental Health Consultation.

Describe:

xi. Other.

Describe:

TWC funded online training courses developed in partnership with CCR and Texas A&M AgriLife to assist providers in serving children with disabilities.

4.1.8 Lead Agencies are required to develop and implement strategies to increase the

supply of and improve the quality of child care services (98.16 (x)). These strategies should address children in underserved areas; infants and toddlers; children with disabilities, as defined by the Lead Agency; and children who receive care during non-traditional hours. Identify what method(s) is (are) used to increase supply and/or to improve quality for the following populations and indicate in the description if a strategy is focused more on building supply or on improving quality.

d. Children who receive care during non-traditional hours. Check and describe all that apply.

i. Grants and contracts (as discussed in 4.1.6).

Describe:

ii. Family Child Care Networks.

Describe:

TWC awarded grants to two local collaborative efforts to develop staffed family child care networks to provide training, specialized services, and technical assistance to address the needs of home-based caregivers, thereby increasing the availability and quality of family child care. TWC continues to explore opportunities to support family child care networks to build the supply of non-traditional hour care.

iii. Start-up funding.

Describe:

iv. Technical assistance support.

Describe:

v. Recruitment of providers.

Describe:

TWC is available to work with Boards to determine the nontraditional child care needs of workforce areas and to target underserved areas for quality improvement funding to expand access to high-quality child care.

vi. Tiered payment rates (as in 4.3.3).

Describe:

TWC is available to work with Boards to develop differential rate structures for care

during nontraditional hours (nights and weekends). Boards establish reimbursement rates and may target rate increases to specific provider types.

- vii. [Support for improving business practices, such as management training, paid sick leave, and shared services.](#)

Describe:

Child Care Business Training

TWC awarded a two-year grant for \$3 million to Collaborative for Children to provide statewide online and regional in-person child care business training for at least 1,000 child care owners and directors. The trainings are designed to increase the attendees' capacity as administrators of a small business, increase the number of qualified Texas Rising Star providers, and improve the quality of child care services. All training is available in English and Spanish.

Shared Services Alliances

In TWC's [2022-2024 CCDF State Plan Stakeholder Survey](#), 458 child care providers, Boards, and other stakeholders listed shared services as one of the top three issues of importance to them. Based on this interest, TWC is exploring opportunities to promote shared services models to allow child care providers to partner with other programs in their area to leverage economies of scale and secure advantageous pricing structures on goods and services.

Child Care Staff Retention Strategies

TWC awarded Together 4 Children (\$981,092) and Start Early (\$985,702) funds for professional development that focuses on teaching adaptive leadership skills to create supportive work environments and improve staff retention at child care and early learning programs. Both grantees will provide regionally focused in-person and online training to 200 child care administrators and 100 early learning programs.

Child Care Business Coaching

On May 4, 2021, the Commission approved \$15 million to support technical assistance and business coaching to all regulated providers across the state.

Technical assistance will include support to apply for COVID relief funds and to support to access other assistance opportunities. The funding will also support more in-depth business coaching and to assist center and home-based providers to improve their fiscal management skills and strengthen their business practices.

viii. Accreditation supports.

Describe:

ix. Child Care Health Consultation.

Describe:

x. Mental Health Consultation.

Describe:

xi. Other.

Describe:

Improved Data Collection

TWC has added a data field in TWIST to help Boards identify families that need care during nontraditional hours and connect them with child care providers that best meet their needs. TWC is also collecting data in the Texas Child Care Availability Portal on families seeking care during nontraditional hours.

4.1.8 Lead Agencies are required to develop and implement strategies to increase the supply of and improve the quality of child care services (98.16 (x)). These strategies should address children in underserved areas; infants and toddlers; children with disabilities, as defined by the Lead Agency; and children who receive care during non-traditional hours. Identify what method(s) is (are) used to increase supply and/or to improve quality for the following populations and indicate in the description if a strategy is focused more on building supply or on improving quality.

e. Other. Check and describe all that apply.

i. Grants and contracts (as discussed in 4.1.6).

Describe:

Texas Labor Code [§302.0461](#) allows Boards to contract for slots with eligible (3- and 4-Star) Texas Rising Star child care providers that have a pre-K or Head Start/Early Head Start partnership.

Additionally, TWC anticipates offering Stabilization Subgrants to providers, funded with American Rescue Plan CCDBG funds beginning in the fall of 2021. Upon Commission approval of the Stabilization Subgrant program, TWC will submit a State Plan amendment including a link to the online subgrant application, how grants are awarded, what grants may be used for, and any strategies used to target or prioritize providers. TWC will further amend the state plan when impact and outcome information becomes available regarding the Stabilization Subgrants.

ii. Family Child Care Networks.

Describe:

iii. Start-up funding.

Describe:

iv. Technical assistance support.

Describe:

v. Recruitment of providers.

Describe:

vi. Tiered payment rates (as in 4.3.3).

Describe:

vii. Support for improving business practices, such as management training, paid sick leave, and shared services.

Describe:

viii. Accreditation supports.

Describe:

- ix. Child Care Health Consultation.

Describe:

- x. Mental Health Consultation.

Describe:

- xi. Other.

Describe:

4.1.9 Lead Agencies must prioritize investments for increasing access to high-quality child care and development services for children of families in areas that have significant concentrations of poverty and unemployment and do not currently have sufficient numbers of such programs (658 E(c)(2)(M); 98.16 (x);98.46(b)).

a) How does the Lead Agency define areas with significant concentrations of poverty and unemployment?

TWC analyzes the percentages of the population below 100 percent of federal poverty guidelines (FPG) and of children under 13 in families below 150 percent of FPG across each of the 28 workforce areas. TWC uses unemployment data collected by the agency's Unemployment Insurance Division to compare child poverty rates with unemployment rates and has found a correlation between child poverty and unemployment.

b) Describe how the Lead Agency prioritizes increasing access to high-quality child care and development services for children of families in areas that have significant concentrations of poverty and unemployment and that do not have high-quality programs

TWC includes the percentage of the population below 100 percent of FPG and the percentage of children under 13 in families below 150 percent FPG as factors in determining funding allocations to each workforce area. Additionally, TWC provides funding to Boards to improve child care quality and increase access to Texas Rising Star-certified providers for low-income families. Boards prioritize these quality funds

based on the needs of the workforce area, including increasing the number of Texas Rising Star-certified providers in areas that have high concentrations of poverty and unemployment. Magnifying these efforts, Texas Government Code [§2308.317](#) requires Boards to prioritize quality child care funding initiatives that benefit child care facilities working toward Texas Rising Star certification or Texas Rising Star-certified providers working toward higher certification levels.

4.2 Assess Market Rates and Analyze the Cost of Child Care

4.2 Assess Market Rates and Analyze the Cost of Child Care

Key principles of the CCDF are to: (1) provide equal access to childcare for children receiving childcare assistance; and (2) ensure parental choice by offering a full range of childcare services. Payment rates that are too low to support equal access undermine these principles. To establish subsidy payment rates that ensure equal access, Lead Agencies collect and analyze data through a number of tools. Lead Agencies have the option to conduct a statistically valid and reliable (1) market rate survey (MRS) reflecting variations in the price to parents of childcare services by geographic area, type of provider, and age of child or (2) an ACF pre-approved alternative methodology, such as a cost estimation model (CEM) (658E(c)(4)(B)). A cost estimation model estimates the cost of care by incorporating both data and assumptions to judge what expected costs would be incurred by childcare providers and parents under different scenarios. Another approach would be a cost study that collects cost data at the facility or program level to measure the costs (or inputs used) to deliver childcare services (CCDF-ACF-PI-2018-01).

Regardless of whether Lead Agencies conduct a MRS or an alternative methodology, they are required to analyze the cost of providing child services, known as the narrow cost analysis, that meet basic health/safety/quality and staffing requirements (base level care) (98.45(b)(3), (f)(1)(ii)(A), and (f)(2)(ii)), and higher-quality care at each level of quality, as defined by the Lead Agency (98.45(b)(4), (f)(1)(ii)(B), and (f)(2)(iii)). The analysis must identify the gaps between the cost of care and subsidy levels adopted by the state and then be considered as part of the rate setting process.

Note: Any Lead Agency considering using an alternative methodology, instead of a MRS rate survey, is required to submit a description of its proposed approach to its ACF Regional Child Care Program Office for pre-approval in advance of the Plan submittal (see

<https://www.acf.hhs.gov/occ/resource/ccdf-acf-pi-2016-08>

). Advance approval is not required if the Lead Agency plans to implement both a MRS and an alternative methodology.

A MRS or an ACF pre-approved alternative methodology must be developed and conducted no earlier than 2 years before the date of submission of the Plan (658E(c)(4)(B)(i) (98.45 (c)). Due to the COVID-19 pandemic, Lead Agencies may request a waiver for up to one additional year (until July 1, 2022) to complete the required MRS or an ACF pre-approved alternative methodology. Lead Agencies may also request the required Narrow Cost Analysis be waived for one year (until July 1, 2022). These waiver requests must include a justification linked to the COVID-19 pandemic.

4.2.1 Completion of the MRS or ACF pre-approved alternative methodology.

Did the state/territory conduct a statistically valid and reliable MRS or ACF pre-approved alternative methodology?

Yes. If yes, please identify the methodology(ies) used below to assess child care prices and/or costs.

a. MRS.

When was your data gathered (provide a date range, for instance, September - December, 2019)?

October 2019 to July 2020

b. ACF pre-approved alternative methodology.

Identify the date of the ACF approval and describe the methodology:

No, a waiver is being requested in Appendix A.

a. Please identify the Lead Agency's planned methodology(ies) to assess child care prices and/or costs.

i. MRS.

If checked, describe the status of the Lead Agency's implementation of the MRS.

- ii. ACF pre-approved alternative methodology.

If checked, describe the status of the Lead Agency's implementation of the ACF pre-approved alternative methodology, including if applicable, the date of the ACF approval and a description of the methodology:

b. If a waiver is requested, Lead Agencies will need to respond to questions 4.2.2- 4.5.2 based on data collected for the FY 2019-2021 CCDF Plan or any data collected since then. Identify the date of the Lead Agencies' most recent and complete Market Rate Survey or ACF pre-approved alternative methodology that will provide data to inform responses to questions 4.2.2 - 4.5.2.

4.2.2 Prior to developing and conducting the MRS, or conducting the ACF pre-approved alternative methodology, the Lead Agency is required to consult with (1) the State Advisory Council or similar coordinating body, local child care program administrators, local child care resource and referral agencies, and other appropriate entities, and (2) organizations representing caregivers, teachers, and directors (98.45 (e)). Local child care program administrators may also be good informants to Lead Agencies on narrow cost analyses.

Describe how the Lead Agency consulted with the:

- a) State Advisory Council or similar coordinating body:

TWC previously solicited comments in 2016, when the MRS instrument was significantly modified, on the draft MRS implementation plan and survey questionnaires from Boards, CCR, the Texas Education Agency, the Children's Learning Institute, and multiple child care policy and advocacy groups.

- b) Local child care program administrators:

TWC solicited comments on the draft MRS implementation plan and survey questionnaires from providers that serve subsidized children.

- c) Local child care resource and referral agencies:

TWC solicited comments on the draft MRS implementation plan and survey questionnaires from Boards and contractors that provide child care resource and referral services.

d) Organizations representing caregivers, teachers, and directors:

TWC solicited comments on the draft MRS implementation plan and survey questionnaires from the Texas Licensed Child Care Association.

e) Other. Describe:

TWC previously solicited comments in 2016, when the MRS instrument was significantly modified, on the draft MRS implementation plan and survey questionnaires from Boards, CCR, the Texas Education Agency, the Children's Learning Institute, and multiple child care policy and advocacy groups. After the vendor submitted its MRS implementation plan, which included the MRS statistical methodology and process, TWC provided a copy of the plan process and the draft MRS survey questionnaire to the stakeholders listed above. Stakeholders had 30 days to review and comment. TWC reviewed the comments with the vendor and incorporated changes as appropriate.

4.2.3 ACF has established a set of benchmarks, largely based on research, to identify the components of a valid and reliable market rate survey (81 FR, p. 67509). To be considered valid and reliable a Market Rate Survey or preapproved alternative methodology meets the following:

- represents the child care market
- provides complete and current data
- uses rigorous data collection procedures
- reflects geographic variations
- analyzes data in a manner that captures other relevant differences

An MRS can use administrative data, such as child care resource and referral data, if it is representative of the market.

a. Describe how each of the benchmarks are met in either the MRS or ACF pre-approved alternative methodology.

i. Represent the child care market: [Click or tap here to enter text.](#)

Of the 3,926 eligible child care providers surveyed in 2020, 2,131 (54.3 percent) completed the survey. This overall response rate reflects the same pattern seen in

previous years in which homes have lower response rates than centers. The overall response rate for homes was 41.6 percent, and the overall response rate for centers was 64.8 percent, providing a large and statistically reliable sample size.

ii. [Provide complete and current data:](#)

Data Source and Sample Population

TWC contracts with the Texas Institute for Child & Family Wellbeing (TXICFW) in partnership with the Ray Marshall Center for the Study of Human Resources (RMC) to conduct the Texas Child Care MRS. A month before the surveys begin, RMC obtains a list of all licensed centers and licensed and registered homes from the Texas Health and Human Services Commission's CCR to determine a target number of facilities to sample for statistically valid and stable rate estimates statewide and for each of the 28 local workforce development areas (workforce areas).

The facility sample for the 2020 MRS was determined from a list of 14,529 facilities obtained from HHSC in September 2019. First, a statewide representative sample of 1,000 facilities was randomly selected from the list to provide greater statistical power for estimating statewide rates and trends and to increase the precision of rate estimates for the largest Boards, which provide the bulk of care in the state. In addition to the statewide sample, another sample of randomly selected facilities was used to estimate rates at the workforce area level. This sample includes the target number of each type of facility from each workforce area projected to yield 50 independent rate observations in full-time rate categories.

Projections based on detailed response rates to the last three annual surveys indicated that, on average, 116 licensed child care centers (LCCCs), 23 licensed child care homes (LCCHs), and 92 registered child care homes (RCCHs) per workforce area were needed to reach this goal. These target numbers were then increased by between 5 percent and 21 percent for workforce area and facility type combinations that showed low response rates in recent surveys. The target number of facilities was then randomly selected from each workforce area, or, if fewer providers were available in any given combination of workforce area and facility type, the entire population was selected (a complete census).

Implementation of this sampling scheme resulted in all facilities of any type being selected from 11 workforce areas. In addition to these 11, a complete census of LCCCs was necessary in four more workforce areas, a complete census of LCCHs was necessary in one more workforce area, and a complete census of RCCHs was necessary in 12 more workforce areas.

Before the survey sample was finalized, a match was performed between the list of sampled facilities and a database indicating which facilities, whose published rates were already available through administrative records, were serving subsidized children. These partially subsidized facilities were randomly split into two groups, with one half being retained in the sample and the other half set aside to be excluded from further study. This sampling plan can be described as an under-sample of subsidized facilities, whose rate data is largely redundant with existing data sources, and a corresponding over-sample of nonsubsidized facilities, whose rates constitute the bulk of the paid market and are not otherwise available without surveying.

Before final rates were estimated, data from the statewide sample was added to that from the local samples in their respective areas, as well as the published rate data, and weighting schemes were applied as appropriate. The number of rate observations collected by this design was more than adequate to provide stable rate estimates for all workforce areas, without needing to rely on rates from adjacent areas or any other kinds of estimates or approximations.

Head Start facilities were excluded before the sample was drawn because they do not charge parents directly. During the interview, research staff members screened out facilities that did not represent the true price market for child care in Texas. These facilities include those that only offered drop-in care, part-day care with no after-school care, summer camps, care provided to specific populations only (such as children with special needs, children of teen moms, children of staff at a company), and free or family-discounted child care services. School and kindergarten programs that did not offer regular after-school care and Head Start programs were also excluded. Finally, facilities that had closed or no longer had children enrolled were determined to be ineligible.

iii. Use rigorous data collection procedures:

Survey and Rate Estimation Methodology

Detailed training and supervision were provided to research staff members on survey methodology, interviewing protocols, data entry and collection, and tracking procedures by advanced graduate students and the project manager.

Before interviews, the research team mailed introductory letters and/or sent emails to all facilities in the sample explaining the survey purpose, goals and objectives, confidentiality policies, and the voluntary nature of participation. Information was presented in both English and Spanish unless providers' surnames suggested they were of Vietnamese origin, in which case information was presented in both English and Vietnamese. A website was also constructed to present more information about the survey to providers.

The research team added an incentive drawing, new to the 2020 study, for providers participating in the survey to increase overall response rates. Child care providers were notified in the initial email or letter that when they completed the survey, their facility would be entered into a weekly drawing for a \$200 gift card. At the end of the month, winners would be selected and notified. Due to the disruption caused by COVID-19, it is difficult to determine to what extent this worked to enhance response rates.

In order to prevent a delay in data collection, bilingual research staff members (seven English/Spanish and one English/Vietnamese) were hired to conduct interviews with centers and homes. Three additional research staff members were hired to conduct interviews with all multisite facilities (facilities with more than one location).

Data collection began in October 2019 and was extended to July 2020 due to delays related to COVID-19. A seven-station call center at TXICFW operated Monday through Friday between 7:00 a.m. and 7:00 p.m. Research staff members maintained a tracking database containing basic provider information (facility name, workforce area, phone number, facility identification number) and call history (number of attempts, date and time of attempt, preferred calling

times, appointments, call results, final status). A minimum of two morning and two afternoon/evening calls were made to contact each provider. The research staff called at least one week apart unless an appointment or preferred calling time was established. In these cases, the staff made up to three additional attempts to complete the survey. A toll-free number was also available for providers to return missed calls, return messages, or ask questions about the survey.

If research staff members were unable to complete the survey after all attempts had been made to reach a provider, the facility was marked as "" and no more attempts to contact that facility were made. In cases where the phone number provided was disconnected or no longer in service, the research staff attempted to contact the facility three times at least one week apart. If the number was still not working and no additional information was available online, the staff determined the facility to be ineligible.

In addition to the percentage of children enrolled who were receiving TWC-subsidized child care, the survey instrument asked providers for the following: Enrollment numbers and the daily rates charged for full-day (six hours or more) and part day (fewer than six hours) care for:

- infants (0-17 months);
- toddlers (18-35 months);
- preschool age children (36-71 months); and
- school-age children (72 months and above)

Information about:

- hours of operation;
- availability of care for children with disabilities;
- additional charges (registration/activity fees) and transportation fees;
- administrative category (for example, sectarian/nonsectarian, community-based, for-profit/nonprofit); and
- national accreditation or Texas Rising Star (TRS) provider status

Among survey data gathered, daily market rates for licensed centers were captured for all categories of care offered, regardless of whether any children were being served in such categories. The categories consisted of all possible combinations of age groups (gathered for actual age categories in which each center offered rates but aggregated to the four standard categories for reporting) by full-time status (part day or full day). Thus, one center could contribute as many as eight independent rate

observations, each representing any number of children (including zero). These rate observations were then weighted by the number of child care slots they represent when calculating market rate percentiles.

In contrast, market rates for surveyed home-based facilities, including RCCH and LCCH, were gathered at the level of the individual child currently being served. Each child's age, detailed weekly schedule, and rates charged were gathered for purposes of calculating daily market rates. In this case, the individual children were treated as independent rate observations, and each facility could contribute as many as nine observations (or fewer depending on the facility type and number of children enrolled). Because of this, there was no need to differentially weight the rate observations when calculating the local market rate percentiles for surveyed home-based facilities: each child (or rate) started with a weight equal to one (but see weighting discussion below).

When incorporating published rates from administrative records, it was necessary to calculate and adjust weights so that any estimation of rates, whether local or statewide, would reflect the typical balance of care provided by subsidized and non-subsidized facilities. Generally speaking, since so much more data on published rates are now available, weights for these rates need to be smaller to prevent their contribution to the rate market from being overstated.

For the analysis of surveyed center rates, the number of child care slots for each rate category was determined in one of two ways. First, for categories of care in which children were currently being served, the number of children in each category served as a proxy for the number of slots. Second, rate categories in which no children were currently being served were also included in the analysis, since they were also theoretically part of the market. This was done by estimating the number of slots for each of these rate categories with a formula that multiplies the number of children served at each facility by the average proportion of children, across all licensed centers, served in each rate category. Thus, for example, a facility that served 100 children and had an existing part-day infant rate schedule, but did not currently serve any part-day infants, would have its number of slots for this category of care estimated at two (100 child capacity X 2 percent of children served in the part-day infant category across all licensed centers). If the same facility served no part-day preschoolers, its number of slots would be estimated at seven (100 child capacity X 7

percent served in this category across all licensed centers). This method allows fuller use of the rate information gathered from surveyed centers, especially for rare forms of care in which rate observations are otherwise scarce.

iv. Reflect geographic variations:

Before final rates were estimated, data from the statewide sample was added to that from the local samples in their respective areas, as well as the published rate data, and weighting schemes were applied as appropriate. The number of rate observations collected by this design was more than adequate to provide stable rate estimates for all workforce areas, without needing to rely on rates from adjacent areas or any other kinds of estimates or approximations.

v. Analyze data in a manner that captures other relevant differences:

New supplemental Cost of Quality Analysis

TWC has contracted with the Ray Marshall Center (RMC), LBJ School of Public Affairs, and the University of Texas at Austin to conduct a study of the cost of providing quality child care in the State of Texas. The purpose of the study is to provide estimates of the cost of providing higher-quality care under our Texas Rising Star program, relative to child care providers who are not Texas Rising Star-certified. The study is being conducted in conjunction with the Texas Institute for Child and Family Wellbeing (TICFW), who assisted with the design of the surveys to capture important quality factors and pricing information, and were responsible for fielding the surveys to carefully selected samples of home- and center-based child care facilities. This supplemental study was fielded together with the 2020 Market Rate Survey but results will be included in a separate final study report to be released in summer of 2021.

b. Given the impact of COVID-19 on the child care market, do you think that the data you gathered (as indicated in 4.2.1) on the prices or costs of child care adequately reflect the child care market as you submit this plan?

No

Yes.

If yes, why do you think the data represents the child care market?

Yes, a large portion of the survey was completed prior to the onset of the COVID-

19 pandemic and survey timeframe was extended through July 2020 due to delays.

4.2.4 Describe how the market rate survey or ACF pre-approved alternative methodology reflects variations in the price or cost of child care services by:

a) Geographic area (e.g., statewide or local markets). Describe:

The MRS includes results by LWDA. The MRS providers are selected from a statewide list provided by CCR. In addition to a statewide sample, another sample of facilities is randomly selected to estimate rates at the LWDA level. This sample includes a target number of each type of facility from each LWDA projected to yield 35 independent rate observations in full-time rate categories.

b) Type of provider. Describe:

The MRS includes results by each of the three types of child care provider regulated by CCR and eligible to care for subsidized children:

- Licensed child care centers
- Licensed child care homes
- Registered child care homes

The applicable facilities for the MRS are developed from a CCR-provided statewide list of all licensed centers and licensed and registered homes in the state. However, some providers are excluded from the sample for a variety of reasons. Head Start facilities are excluded before the sample is drawn because they do not charge parents directly.

Facilities whose only service is drop-in care are excluded at the time of the interview because they charge very high hourly rates and are not usually used by employed parents for regular care. Other types of facilities that are not included in the survey are listed homes, relative providers, kindergartens, summer camps, and nursery schools.

c) Age of child. Describe:

The MRS includes results by the following age groups:

- Infants (0-17 months)
- Toddlers (18-35 months)
- Preschool-age children (36-71 months)
- School-age children (72 months and above)

The MRS instrument asked providers for enrollment numbers and the daily rates charged for full-day (six hours or more) and part-day (fewer than six hours) care for each age group.

d. Describe any other key variations examined by the market rate survey or ACF pre-approved alternative methodology, such as quality level.

The survey asks providers if they have a Texas Rising Star quality designation or another national accreditation. However, the report does not disaggregate the results by Texas Rising Star or other quality designator.

4.2.5 Has the Narrow Cost Analysis been completed for the FY 2022 - 2024 CCDF Plan?

No, a waiver is being requested in Appendix A. If no, describe the status of the Lead Agency's upcoming narrow cost analysis.

Yes, the narrow cost analysis information is included in the report as described in 4.2.6. If yes, describe how the State/Territory analyzed the cost of child care through a narrow cost analysis for the FY 2022 - 2024 CCDF Plan, including:

a. The methodology the Lead Agency used to conduct, obtain, and analyze data on the estimated cost of care (narrow cost analysis), including any relevant variation by geographic location, category of provider, or age of child (98.45 (f)(ii)).

TWC has contracted with the Ray Marshall Center (RMC), LBJ School of Public Affairs, and the University of Texas at Austin to conduct a study of the cost of providing quality child care in the State of Texas.

b. How the methodology addresses the cost of child care providers' implementation of health, safety, quality and staffing requirements (i.e. applicable licensing and regulatory requirements, health and safety standards, training and professional development standards, and appropriate child to staff ratio, groups size limits, and caregiver qualification requirements (98.45 (f)(ii)(A)).

c. How the methodology addresses the cost of higher-quality care, as defined by the Lead Agency using a quality rating and improvement system or other system of quality indicators, at each level of quality (98.45 (f)(ii)(B)).

d. The gap between costs incurred by child care providers and the Lead Agency's payment rates based on findings from the narrow cost analysis.

4.2.6 After conducting the market rate survey or ACF pre-approved alternative methodology, the Lead Agency must prepare a detailed report containing the results of the MRS or ACF pre-approved alternative methodology. The detailed report must also include the Narrow Cost Analysis, as described in 4.2.5, which estimates the cost of care (including any relevant variation by geographic location, category of provider, or age of child) necessary to support (1) child care providers' implementation of the health, safety, quality, and staffing requirements, and (2) higher quality care, as defined by the Lead Agency using a quality rating and improvement system or other system of quality indicators, at each level of quality. For states without a QRIS or for a state with a QRIS system that is currently limited to only certain providers, those states may use other quality indicators (e.g. provider status related to accreditation, PreK standards, Head Start performance standards, school-age quality standards, or state defined quality measures.)

The Lead Agency must make the report with these results widely available no later than 30 days after completion of the report, including posting the results on the Lead Agency website. The Lead Agency must describe in the detailed report how the Lead Agency took into consideration the views and comments of the public or stakeholders.

Describe how the Lead Agency made the results of the market rate survey or ACF pre-approved alternative methodology report widely available to the public (98.45(f)(1)) by responding to the questions below.

a. Date the report containing results was made widely available - no later than 30 days after the completion of the report. September 25, 2020

b. Describe how the Lead Agency made the detailed report containing results widely available and provide the link where the report is posted.

TWC provides links to all current and previous market rate surveys on its Child Care & Early Learning services webpage at: <https://twc.texas.gov/programs/texas-child-care-market-rate-survey>.

The direct link to the 2020 Market Rate Survey and Supplemental Report is <https://txicfw.socialwork.utexas.edu/2020-texas-child-care-market-rate-survey/>.

c. Describe how the Lead Agency considered stakeholder views and comments in the detailed report.

As TWC begins developing the narrow cost analysis, TWC will solicit feedback for that and the MRS in the form of focus groups, emails to stakeholders, and public webinars.

4.3 Establish Adequate Payment Rates

The Lead Agency must set CCDF subsidy payment rates, in accordance with the results of the current MRS or ACF pre-approved alternative methodology, as identified in 4.2.1, at a level to ensure equal access for eligible families to child care services that are comparable with those provided to families not receiving CCDF assistance. Lead Agencies must also consider the costs of base and higher quality care at each level as part of its rate setting. The Lead Agency must re-evaluate its payment rates at least every 3 years.

4.3.1 Provide the base payment rates and percentiles (based on the most recent MRS as identified in 4.2.1) for the following categories below.

4.3.1 Provide the base payment rates and percentiles (based on the most recent MRS as identified in 4.2.1) for the following categories below.

Lead Agencies are required to provide a summary of data and facts in their Plan to demonstrate how its payment rates ensure equal access. The preamble to the final rule (81 FR, p. 67512), indicates that a benchmark for adequate payment rates is the 75th percentile of the most recent MRS. The 75th percentile is the number separating the lowest 75 percent of rates from the highest 25 percent. Setting rates at the 75th percentile, while not a requirement, would ensure that eligible children have access to three out of four child care slots.

The 75th percentile benchmark applies to the base rates. Base rates are the lowest, foundational rates before any differentials are added (e.g., for higher quality or other purposes). Further, base rates must be sufficient to ensure that minimum health and safety and staffing requirements are covered.

Percentiles are not required if the Lead Agency conducted an ACF pre-approved alternative methodology, but must be reported if the Lead Agency conducted a MRS. For states that conduct an ACF pre-approved alternative methodology, report the base payment rates based on a full-time weekly rate.

The ages and types of care listed below are meant to provide a snapshot of the categories on which rates can be based and are not intended to be comprehensive of all categories that might exist or to reflect the terms used by the Lead Agency for particular ages. If rates are not statewide, please use the most populous geographic region (defined as the area serving highest number of CCDF children) to report base payment rates below.

a. Provide the base payment rates and percentiles based on either the statewide rates or the most populous area of the state (area serving highest number of children accessing CCDF). To facilitate compiling state by state payment rates, provide the full-time weekly base payment rates in the table below. If weekly payment rates are not published, then the Lead Agency will need to calculate its equivalent.

i. Age of child in what type of licensed child care setting (All rates are full-time) - Infant (6 months) Center care:

Base payment rate:\$42.60 daily

Full-time weekly base payment rate: \$213.00

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 60th

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate? N/A

ii. Age of child in what type of licensed child care setting (All rates are full-time) - Toddler (18 months) Center care:

Base payment rate:\$37.80 daily

Full-time weekly base payment rate: \$189.00

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 55th

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate? N/A

iii. Age of child in what type of licensed child care setting (All rates are full-time) - Preschooler (4 years) Center care:

Base payment rate:\$34.00 daily

Full-time weekly base payment rate: \$170.00

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 50th

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate? N/A

iv. Age of child in what type of licensed child care setting (All rates are full-time) - School-age child (6 years) Center care (Based on full-day, full-year rates that would be paid during the summer):

Base payment rate:\$31.80 daily

Full-time weekly base payment rate: \$159.00

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 50th

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate? N/A

v. Age of child in what type of licensed child care setting (All rates are full-time) - Infant (6 months) Family Child Care:

Base payment rate:\$37.20 daily

Full-time weekly base payment rate: \$186.00

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 60th

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate? N/A

vi. Age of child in what type of licensed child care setting (All rates are full-time) - Toddler (18 months) Family Child Care:

Base payment rate:\$34.00 daily

Full-time weekly base payment rate: \$170.00

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 55th

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate? N/A

vii. Age of child in what type of licensed child care setting (All rates are full-time) - Preschooler (4 years) Family Child Care:

Base payment rate:\$31.20 daily

Full-time weekly base payment rate: \$156.00

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 50th

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate? N/A

viii. Age of child in what type of licensed child care setting (All rates are full-time) - School-age child (6 years) Family Child Care (Based on full-day, full-year rates that would be paid during the summer):

Base payment rate:\$27.60 daily

Full-time weekly base payment rate: \$138.00

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 50th

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate? N/A

b. If the Lead Agency does not publish weekly rates then how were these rates calculated (e.g., were daily rates multiplied by 5 or monthly rates divided by 4.3)?

Weekly rates were calculated by multiplying daily rates by 5.

c. Describe how the Lead Agency defines and calculates part-time and full-time care.

Full-time care is from six to 12 hours of care and part-time is less than six hours of care.

d. Provide the date these current payment rates became effective (i.e., date of last update based on most recent MRS as reported in 4.2.1). October 1, 2021

e. If applicable, identify the most populous area of the state (area serving highest number of children accessing CCDF) used to complete the responses above.

Gulf Coast Workforce Development Area

f. Provide the citation, or link, if available, to the payment rates

https://www.twc.texas.gov/files/twc/commission_meeting_material_08.31.21_item11a_dp-bcy22_cc_%20minimum_%20rates.pdf

g. If the payment rates are not set by the Lead Agency for the entire state/territory, describe how many jurisdictions set their own payment rates (98.16(i)(3)).

As described in TWC Chapter 809 Child Care Services rule [§809.20](#), based on local factors, including a market rate survey (MRS) provided by TWC, each of the 28 Local Workforce Development Boards (Boards) establishes maximum reimbursement rates for child care subsidies at or above a level established by TWC to ensure that the rates provide equal access to child care in the local market in a manner consistent with state and federal statutes and regulations governing child care. TWC requires Boards to set maximum reimbursement rates at no lower than the 50th-60th percentile (dependent on age group) of the Boards' workforce area) market rate according to the most recent MRS.

4.3.2 Describe how and on what factors the Lead Agency differentiates payment rates.

Check all that apply.

a. Geographic area.

Describe:

Each of the 28 Boards establishes reimbursement rates in their workforce areas ([§809.20\(a\)](#)) based on the most recent MRS.

b. Type of provider.

Describe:

Boards establish rates for the following:

- Licensed Child Care Centers (LCCCs)
- Licensed Child Care Homes (LCCHs)
- Registered Child Care Homes (RCCHs)
- Eligible relatives

c. Age of child.

Describe:

Boards establish rates for the following:

- Infants: Age 0 through 17 months; at 60th percentile of the most recent MRS
- Toddlers: Age 18 through 35 months; at 55th percentile of the most recent MRS
- Preschool-age children: Age 36 through 71 months; at 50th percentile of the most recent MRS
- School-age children: Age: 72 months and older; at 50th percentile of the most recent MRS

On May 18, 2021, Governor Abbott signed Senate Bill 1555 which requires TWC to align maximum reimbursement rates with the age groups reflected by HHSC CCR. The rates must provide the highest rates to providers caring for children in the age group with the lowest child-to-caregiver ratio. TWC will establish the new graduated reimbursement rates by December 1, 2023.

d. Quality level.

Describe:

Boards establish enhanced reimbursement rates for Texas Rising Star providers for each provider type (except relatives) and age group. The minimum enhanced rate must be set at or above the following:

- For infants, benchmarking to the 85th percentile as follows:
 - For 4-Star providers, the 75th percentile of the most recent Market Rate Survey
 - For 3-Star providers, at 90 percent of the 4-Star rate
 - For 2-Star providers, at 90 percent of the 3-Star rate

Boards also have enhanced rates of at least 5 percent above the Board's regular rate for preschool-age children served at a Texas School Ready provider.

- e. Other.

Describe:

Boards are required to ensure that providers that are reimbursed for additional staff members or equipment needed to assist in the care of a child with disabilities are paid a rate up to 190 percent of the provider's reimbursement rate for a child of the same age. The higher rate must take into consideration the estimated cost of the additional staff members or equipment needed by a child with disabilities. The Board must ensure that a professional, who is familiar with assessing the needs of children with disabilities, certifies the need for the higher reimbursement rate described in this subsection.

4.3.3 Lead Agencies can choose to establish tiered rates, differential rates, or add-ons on top of their base rates as a way to increase payment rates for targeted needs (i.e., a higher rate for special needs children as both an incentive for providers to serve children with special needs and as a way to cover the higher costs to the provider to provide care for special needs children). Lead Agencies may pay providers more than their private pay rates as an incentive or to cover costs for higher quality care (81 FR, p. 67514).

Has the Lead Agency chosen to implement tiered reimbursement or differential rates?

- No.
- Yes. If yes, identify below any tiered or differential rates, and at a minimum, indicate the process and basis used for determining the tiered rates, including if the rates were based on the MRS or an ACF pre-approved alternative methodology. Check and describe all that apply.
- a. This option should not be selected if the answer above is "Yes" -- Tiered or differential rates are not implemented.

Describe:

- b. Differential rate for non-traditional hours.

Describe:

Boards may define differential rates for nontraditional hours, based on the MRS and factors specific to the workforce area. TWC will conduct an analysis on the availability of

care across the state during nontraditional hours and will support Boards in increasing this type of care, if needed.

- c. Differential rate for children with special needs, as defined by the state/territory.

Describe:

TWC Child Care Services rules provide for an inclusion rate of up to 190 percent of the reimbursement rate.

- d. Differential rate for infants and toddlers. Note: Do not check if the Lead Agency has a different base rate for infants/toddlers with no separate bonus or add-on.

Describe:

TWC addresses the higher costs of infant and toddler care by establishing a higher minimum threshold for these groups, as follows:

- 60th percentile of the most recent MRS for infants;
- 55th percentile of the most recent MRS for toddlers; and
- 50th percentile of the most recent MRS for preschool and school-age children.

Reimbursement rates for Texas Rising Star providers are also tiered by age group, as follows:

- For infants, benchmarking to the 85th percentile as follows:
 - For 4-Star providers, the 75th percentile of the most recent Market Rate Survey
 - For 3-Star providers, at 90 percent of the 4-Star rate
 - For 2-Star providers, at 90 percent of the 3-Star rate



- e. Differential rate for school-age programs. Note: Do not check if the Lead Agency has a different base rate for school-age children with no separate bonus or add-on.

Describe:



- f. Differential rate for higher quality, as defined by the state/territory.

Describe:

Texas Government Code [§2308.315](#) (as described in Section B-703 of the [Child Care Services Guide](#)) requires that Boards reimburse Texas Rising Star-certified providers an increased rate above the rate reimbursed to non-Texas Rising Star providers. The percentage of the increase must be at least:

- 5 percent for a 2-Star provider;
- 7 percent for a 3-Star provider; and

- 9 percent for a 4-Star provider.

However, Boards reimburse at much higher rates than those minimums that are set forth in state statute. TWC requires that the minimum enhanced rate be set at or above the following:

- For infants, benchmarking to the 85th percentile as follows:
 - For 4-Star providers, the 75th percentile of the most recent Market Rate Survey
 - For 3-Star providers, at 90 percent of the 4-Star rate
 - For 2-Star providers, at 90 percent of the 3-Star rate

Additionally, TWC rules require that Boards reimburse providers participating in the Texas School Ready project at an increased rate for preschool-age children. The increased rate must be at least 5 percent greater than the Board's regular base rate.



g. Other differential rates or tiered rates.

Describe:

4.3.4 Establishment of adequate payment rates.

a. Describe how base payment rates are adequate and enable providers to meet health, safety, quality, and staffing requirements under CCDF, and how they were established based on the most recent MRS or ACF pre-approved alternative methodology and the Narrow Cost Analysis, as reported in 4.2.1 and 4.2.5.. In determining compliance with the Act for the equal access provisions in the FY2019-2021 CCDF Plan, the OCC reviewed all the states with payment rates below the 75th percentile benchmark. Of those states, the half with the lowest payment rates were considered non-compliant and placed on a corrective action plan (CAP). These states all had rates below the 25th percentile for either some or all categories of care. The 25th percentile is not to be viewed as a benchmark or a long-term solution to gauge equal access. It is also not to be viewed as sufficient for compliance in future plan cycles. OCC expects to continue to take action against states with the lowest rates in future plan cycles in an effort to keep payment rates moving upward toward ensuring equal access. Note: Per the preamble (81 FR p. 67512), in instances where an MRS or ACF pre-approved alternative methodology indicates that prices or costs have increased, Lead Agencies must raise their rates as a result.

TWC annually sets minimum standards for provider rates according to the most recent market rate survey. The BCY'22 minimum thresholds for reimbursement rates are as follows:

- 60th percentile for infants;
- 55th percentile for toddlers; and
- 50th percentile for preschool and school-age children.
- Reimbursement rates for Texas Rising Star providers are also set based on the most recent market rate survey:
 - For infants, benchmarking to the 85th percentile as follows:
 - For 4-Star providers, the 75th percentile of the most recent Market Rate Survey
 - For 3-Star providers, at 90 percent of the 4-Star rate
 - For 2-Star providers, at 90 percent of the 3-Star rate

Boards have the ability to set a higher rate but have to follow the above minimum standards when setting maximum reimbursement rates.

b) Describe how payment rates are adequate and have been established based on the [most recent MRS or alternative methodology](#) . Note: Per the preamble (81 FR 67512), in instances where a MRS or alternative methodology indicates that prices or costs have increased, Lead Agencies must raise their rates as a result.

TWC uses the most recent MRS to set rates. During COVID-19, additional enhanced reimbursement rates (ERR) were paid to child care providers that continued to provide child care to subsidized referrals. An additional 25 percent was paid on the total monthly reimbursement for child care subsidies starting in April 2020 until March 2021. The ERR began to slowly decrease by 5 percent increments starting in April 2021 through July 2021. In August 2021, the ERR program was discontinued.

4.3.5 Describe how the Lead Agency took the cost of higher quality, as determined in 4.2.5, into account, including how payment rates for higher-quality care, as defined by the Lead Agency using a QRIS or other system of quality indicators, relate to the estimated cost of care at each level of quality. Note: For states without a QRIS, the states may use other quality indicators (e.g. provider status related to accreditation, PreK standards, Head Start performance standards, or state-defined quality measures).

As described above, Texas Government Code [§2308.315](#) requires that Texas Rising Star–certified providers be reimbursed at the following percentages above the Board's non–Texas Rising Star rate for the same type of care:

- 5 percent for a 2-Star provider
- 7 percent for a 3-Star provider
- 9 percent for a 4-Star provider

However, TWC requires that the minimum enhanced rate must be set at or above the following:

- For infants, benchmarking to the 85th percentile as follows:
 - For 4-Star providers, the 75th percentile of the most recent Market Rate Survey
 - For 3-Star providers, at 90 percent of the 4-Star rate
 - For 2-Star providers, at 90 percent of the 3-Star rate

4.3.6 Identify and describe any additional facts that the Lead Agency considered in determining its payment rates ensure equal access. If applicable, provide a description of how any additional health and safety costs, because of the COVID-19 pandemic are included in rate setting.

In May 2020, the Commission authorized the use of CCDF CARES Act funding to support a temporary increase of 25 percent in child care provider reimbursement rates. That temporary measure was approved through December 2020. In January 2021, the Commission authorized the extension of that ERR of 25 percent through March 2021, which phased out by the end of July 2021, with reductions to 20 percent in April, 15 percent in May, 10 percent in June, and 5 percent in July.

4.4 Implement Generally Accepted Payment Practices and Ensure Timeliness of Payments

4.4 Implement Generally Accepted Payment Practices and Ensure Timeliness of Payments

Lead Agencies are required to demonstrate that they have established payment practices applicable to all CCDF child care providers that include ensuring the timeliness of payments by either (1) paying prospectively prior to the delivery of services or (2) paying within no more than 21 calendar days of the receipt of a complete invoice for services. To the extent practicable, the Lead Agency must also support the fixed costs of providing child care services by delinking provider payments from a child's occasional absences by (1) paying based on a child's

enrollment rather than attendance, (2) providing full payment if a child attends at least 85 percent of the authorized time, (3) providing full payment if a child is absent for 5 or fewer days in a month, or (4) using an alternative approach for which the Lead Agency provides a justification in its Plan (658E(c)(2)(S)(ii); 98.45(l)(2)).

Lead Agencies are required to use CCDF payment practices that reflect generally accepted payment practices of child care providers who serve children who do not receive CCDF-funded assistance. Unless a Lead Agency is able to demonstrate that the following policies are not generally accepted in its particular state, territory, or service area or among particular categories or types of providers, Lead Agencies must (1) pay providers based on established part-time or full-time rates rather than paying for hours of service or smaller increments of time and (2) pay for reasonable, mandatory registration fees that the provider charges to private-paying parents (658E(c)(2)(S); 98.45(l)(3)). Responses may also identify any additional health and safety fees providers are charging as a result of COVID-19.

In addition, there are certain other generally accepted payment practices that are required. Lead Agencies are required to ensure that child care providers receive payment for any services in accordance with a payment agreement or an authorization for services, ensure that child care providers receive prompt notice of changes to a family's eligibility status that could impact payment, and establish timely appeal and resolution processes for any payment inaccuracies and disputes (98.45(l)(4) through (6); 658E(c)(2)(S)(ii); 98.45(l)(4); 98.45(l)(5); 98.45(l)(6)).

4.4.1 Certify by identifying and describing the payment practices below that the Lead Agency has implemented for all CCDF child care providers.

a. Ensure the timeliness of payments by either (Lead Agency to implement at least one of the following):

- i. Paying prospectively prior to the delivery of services.

Describe the policy or procedure.

N/A

- ii. Paying within no more than 21 calendar days of the receipt of a complete invoice for services.

Describe the policy or procedure.

Local Workforce Development Boards (Boards) or Board child care contractors

reimburse all providers in their local workforce development area (workforce area) on a standard weekly, biweekly, or monthly schedule as determined by the Board. Payment to child care providers is based on the child care authorization that is in place for the child.

b. To the extent practicable, support the fixed costs of providing child care services by delinking provider payments from a child's occasional absences by: (Note: The Lead Agency is to choose at least one of the following):

i. Paying based on a child's enrollment rather than attendance.

Describe the policy or procedure.

TWC Chapter 809 Child Care Services rule [§809.93](#) requires that a Board or its child care contractor reimburse a regulated provider based on a child's monthly enrollment authorization. Providers are reimbursed for the full authorization regardless of the child's attendance.

ii. Providing full payment if a child attends at least 85 percent of the authorized time.

Describe the policy or procedure.

N/A

iii. Providing full payment if a child is absent for five or fewer days in a month.

Describe the policy or procedure.

N/A

iv. Use an alternative approach for which the Lead Agency provides a justification in its Plan.

If chosen, please describe the policy or procedure and the Lead Agency's justification for this approach.

N/A

c. The Lead Agency's payment practices reflect generally accepted payment practices of child care providers who serve children who do not receive CCDF subsidies. These payment practices must include the following two practices unless the Lead Agency

provides evidence that such practices are not generally accepted in its state (658E(c)(2)(S); 98.45(l)(3)).

i. Paying on a part-time or full-time basis (rather than paying for hours of service or smaller increments of time).

Describe the policy or procedure and include a definition of the time increments (e.g., part time, full-time).

TWC rules require payments be based on a child's enrollment authorization, which is categorized as full or part time (or blended for school-age children). Payments are based on that categorization and are not based on smaller increments. Full-time care is from six to 12 hours of care and part-time is fewer than six hours of care.

ii. Paying for reasonable mandatory registration fees that the provider charges to private-paying parents.

Describe the policy or procedure.

TWC rules require that Boards ensure that a provider's published rate, used to calculate the maximum provider reimbursement, includes the provider enrollment, supply, and activity fees.

TWC's [Child Care Services Guide](#) Section B-707.b describes the procedures that Boards must use to calculate providers' published rates:

- The published daily rate is the sum of calculated daily rates and calculated daily fees.
- Boards must ensure that child care contractors use the methodology outlined in B-707.b to calculate providers' published rates and applicable fees upon renewal of provider agreements.
- Daily fees include the following:
 - Enrollment and registration fees
 - Supply fees
 - Activity fees

Additionally, Texas' annual Market Rate Survey (MRS) uses the same methodology to calculate market rates for child care services. As described in Section B-701 of TWC's [Child Care Services Guide](#), Boards must establish maximum reimbursement rates based on local factors, including the MRS, to ensure that rates provide equal access to child care in the local market.

The BCY'22 minimum thresholds for reimbursement rates are as follows:

- 60th percentile for infants;
- 55th percentile for toddlers; and

- 50th percentile for preschool and school-age children.

Reimbursement rates for Texas Rising Star providers are also set based on the most recent market rate survey:

- For infants, benchmarking to the 85th percentile as follows:
 - For 4-Star providers, the 75th percentile of the most recent Market Rate Survey
 - For 3-Star providers, at 90 percent of the 4-Star rate
 - For 2-Star providers, at 90 percent of the 3-Star rate

d. The Lead Agency ensures that providers are paid in accordance with a written payment agreement or an authorization for services that includes, at a minimum, information regarding provider payment policies, including rates, schedules, any fees charged to providers, including fees related to COVID 19, and the dispute-resolution process. Describe:

Boards establish contractual agreements with each provider receiving CCDF subsidies. These agreements detail payment policies, including rates, schedules, fees, and the dispute resolution process.

e. The Lead Agency provides prompt notice to providers regarding any changes to the family's eligibility status that could impact payments, and such a notice is sent no later than the day that the Lead Agency becomes aware that such a change will occur.

Describe:

Details of each child's authorization, including the days of the week authorized and the beginning and end dates, are sent to the provider based on local Board procedures. Updates to the authorization, including any changes in the days authorized and end dates, are immediately conveyed to the provider as outlined in local Board procedures (for example, by phone or email).

Additionally, beginning in 2021, TWC rule [§809.13\(c\)\(10\)](#) requires that Board policies regarding the transfer of a child from one provider to another include a waiting period of two weeks before the effective date of the transfer. This new rule, which allows for limited exceptions such as when a provider has been placed on corrective action with CCR, ensures that providers have notice prior to a subsidy child being unenrolled.

f. The Lead Agency has a timely appeal and resolution process for payment inaccuracies and disputes. Describe:

As mentioned previously, Boards or Board child care contractors reimburse providers on

a weekly, biweekly, or monthly schedule. Upon receipt of the payment, providers may contact Boards or Board contractors regarding any payment inaccuracy at any time, and Boards are able to resolve any discrepancy through direct payment adjustments to the provider.

g. Other. Describe:

N/A

4.4.2 Do payment practices vary across regions, counties, and/or geographic areas?

No, the practices do not vary across areas.

Yes, the practices vary across areas.

Describe:

Each Board has an agreement for each provider that provides subsidized child care. All Boards follow the practices of verifying services were received, paying based on enrollment authorization, and paying after services are received. Procedural differences exist across Boards, including the frequency with which Boards reimburse providers, and this varies by Board workforce area.

4.4.3 Describe how Lead Agencies' payment practices described in subsection 4.4 support equal access to a full range of providers.

TWC Child Care Services rule §809.91 outlines the requirements to be a child care provider and §809.93 outlines provider reimbursement. Additionally, parents have parental choice and the ability to choose any provider that has entered into an agreement to provide subsidized child care.

4.5 Establish Affordable Co-Payments

Family co-payments are addressed in Section 3 related to minimum 12-month eligibility and the graduated phase-out provision and also in this subsection, because they are an important element for determining equal access. If a Lead Agency allows providers to charge amounts more than the required family co-payments, the Lead Agency must provide a rationale for this practice, including how charging such additional amounts will not negatively impact a family's ability to receive care they might otherwise receive, taking into consideration a family's co-payment and the provider's payment rate.

4.5.1 How will the Lead Agency ensure that the family contribution/co-payment, based on a sliding-fee scale, is affordable and is not a barrier to families receiving CCDF services (98.16 (k))? Check all that apply

- a. Limit the maximum co-payment per family.

Describe: .

N/A

- b. Limit the combined amount of co-payment for all children to a percentage of family income. List the percentage of the co-payment limit and

N/A

- c. Minimize the abrupt termination of assistance before a family can afford the full cost of care ('the cliff effect') as part of the graduated phase-out of assistance discussed in 3.2.5.

TWC Chapter 809 Child Care Services rule [§809.41\(e\)](#) states that Boards establishing initial family income eligibility at less than 85 percent state median income must ensure that the family remains income-eligible for care after passing the Board's initial income eligibility limit.

- d. Other.

Describe:

Parent share of cost amounts are set by each Board and are based on local factors.

TWC Chapter 809 Child Care Services rule [§809.19](#) outlines that the parent share of cost is determined by a sliding scale based on family size and gross monthly income. It also requires Boards to examine the sliding scale if there are frequent terminations for lack of payment of the parent share of cost.

Additionally, [§809.19\(d\)](#) states that prior to termination of child care for nonpayment of parent share of cost, an evaluation is required of each family's financial situation for extenuating circumstances that may affect the affordability of the parent share of cost, and a temporary reduction may apply.

TWC is analyzing parent share of cost and will consider the development of a statewide policy that all Boards will follow to set their local parent share of cost amount. TWC intends to establish a statewide policy to support a more consistent approach to the amounts that families are required to pay.

4.5.2. Does the Lead Agency choose the option to allow providers to charge families additional amounts above the required co-payment in instances where the provider's price exceeds the subsidy payment (98.45(b)(5))?

No

Yes. If yes:

i. Provide the rationale for the Lead Agency's policy to allow providers to charge families additional amounts above the required co-payment, including a demonstration of how the policy promotes affordability and access for families.

TWC Child Care Services rule [§809.13\(c\)\(11\)](#) states that Boards must develop a policy relating to providers charging the difference between their published rate and the Board's reimbursement rate. This policy is decided upon at the local level and is based on the needs of the local workforce development area in regard to child care provider capacity. Allowing Boards to make this decision locally allows more parental choice and access for families regarding child care options.

ii. Provide data (including data on the size and frequency of such amounts) on the extent to which CCDF providers charge additional amounts to families.

Out of the 28 Boards, 7 Boards have opted to allow providers to charge the difference between their published rate and the reimbursement rate to families.

TWC will work with these Boards to understand the size and frequency of those amounts:

- Texoma
- Brazos Valley
- Deep East
- Heart of Texas
- Central Texas
- Alamo
- Permian Basin

iii. Describe the Lead Agency's analysis of the interaction between the additional amounts charged to families with the required family co-payment, and the ability of current subsidy payment rates to provide access to care without additional fees.

TWC is analyzing the parent share of costs across Boards as a percentage of family income. As part of this analysis, TWC will pay particular attention to the 7 Boards that allow providers to charge the difference. TWC will use the findings to inform any actions in order to better support parental choice and equal access.

5 Establish Standards and Monitoring Processes to Ensure the Health and Safety of Child Care Settings

Lead Agencies are required to certify that there are in effect licensing requirements applicable to all child care services in the state/territory, which supports the health and safety of all children in child care. States and territories may allow licensing exemptions. Lead Agencies must describe how such licensing exemptions do not endanger the health, safety, and development of CCDF children in license-exempt care (98.16 (u)).

Lead Agencies also must certify that there are in effect health and safety standards and training

requirements applicable to providers serving CCDF children whether they are licensed or license-exempt. These health and safety requirements must be appropriate to the provider setting and age of the children served, must include specific topics and training on those topics, and are subject to monitoring and enforcement procedures.

The organization of this section begins with a description of the licensing system for all child care providers in a state or territory and then moves to focus specifically on CCDF providers who may be licensed, or those exempt from licensing. The next section addresses child-staff ratios, group size limits, and required qualifications for caregivers, teachers, and directors (98.16(m)) serving CCDF children. The section then covers the health and safety requirements; standards, training, and monitoring and enforcement procedures to ensure that CCDF child care providers comply with licensing and health and safety requirements (98.16(n)). Finally, Lead Agencies are asked to describe any exemptions for relative providers (98.16(l)). In some cases, CCDF health and safety requirements may be integrated within the licensing system for licensed providers and may be separate for CCDF providers who are license-exempt. In either case, Lead Agencies are expected to identify and describe health and safety requirements for all providers receiving CCDF.

Note: When responding to questions in this section, the OCC recognizes that each state/territory identifies and defines its own categories of care. The OCC does not expect states/territories to change their definitions to fit the CCDF-defined categories of care. For these questions, provide responses that closely match the CCDF categories of care.

Criminal background check requirements are included in this section (98.16(o)). It is important to note that these requirements apply to all child care staff members who are licensed, regulated, or registered under state/territory law and all other providers eligible to deliver CCDF services.

Note: When asked for citations, responses can include state statute, regulations, administrative rules, policy manuals or policy issuances. See the Introduction on page 4 for more detail.

5.1 Licensing Requirements

Each state/territory must certify it has in effect licensing requirements applicable to all child care services provided within the state/territory (not restricted to providers receiving CCDF funds) and provide a detailed description of these requirements and how the requirements are

effectively enforced (658E(c)(2)(F)). If any types of providers are exempt from licensing requirements, the state/territory must describe those exemptions and describe how these exemptions do not endanger the health, safety, or development of children. The descriptions must also include any exemptions based on provider category, type, or setting; length of day; and providers not subject to licensing because the number of children served falls below a Lead Agency-defined threshold and any other exemption to licensing requirements (658E(c)(2)(F); 98.16(u); 98.40(a)(2)(iv)).

5.1.1 To certify, describe the licensing requirements applicable to child care services provided within the state/territory by identifying the providers in your state/territory that are subject to licensing using the CCDF categories listed below? Check, identify, and describe all that apply, and provide a citation to the licensing rule.

a. Center-based child care.

i. Identify the providers subject to licensing:

Licensed Child Care Centers, Before- and After-School Care, and School Age Programs

ii. Describe the licensing requirements:

Child Care Center is a licensed operation providing care at a location other than the permit holder's home, for seven or more children under age 14, for less than 24 hours per day, but for at least two hours per day for three or more days per week.

Before- or After-School Program is a licensed operation providing care before and/or after the customary school day and during school holidays, for at least two hours per day, three days per week, to children who attend prekindergarten (pre-K) through grade six.

School-Age Program is a licensed operation providing supervision and recreation, skills instruction, or skills training for at least two hours per day and three days a week to children attending pre-K through grade six. A school-age program operates before or after the customary school day and may also operate during school holidays, the summer period, or any other period when school is not in session.

iii. Provide the citation:

Texas Human Resources Code (HRC) [§42.041\(a\)](#); 26 Texas Administrative Code

(TAC) [§745.37\(2\)](#).

b. Family child care. Describe and provide the citation:

i. Identify the providers subject to licensing:

Licensed Child Care Homes and Registered Child Care Homes

ii. Describe the licensing requirements:

Licensed Child Care Home is a licensed operation that provides care in the caregiver's own residence for children from birth through age 13 for less than 24 hours per day, but at least two hours per day, three or more days a week. The total number of children in care varies with the ages of the children in care at any given time, including the children related to the caregiver, and must not exceed 12.

Registered Child Care Home is a registered operation in which the primary caregiver provides regular care in the caregiver's own residence for not more than six children from birth through age 13 and may provide care after school hours for not more than six additional elementary school children. The total number of children in care at any given time, including the children related to the caregiver, must not exceed 12.

Regular care is defined as care that is provided for at least four hours per day, three or more days a week, for three or more consecutive weeks, or four hours a day for 40 or more days in a 12-month period.

Listed Family Home is a listing of a caregiver who is at least age 18 and who provides care in his or her own home for compensation, for three or fewer children unrelated to the caregiver, from birth through age 13, for at least four hours a day, three or more days a week, for three or more consecutive weeks, or four hours a day for 40 or more days in a 12-month period. The total number of children in care, including the children related to the caregiver, may not exceed 12. The caregiver must be listed as a relative-only listed home (care is provided only for children related to the provider in the provider's own home) to be eligible for CCDF.

iii. Provide the citation:

HRC [§42.052\(c\)-\(d\)](#) and [§42.0523](#); 26 TAC [§745.37\(2\)](#)

c. In-home care (care in the child's own) (if applicable):

i. Identify the providers subject to licensing:

Relative-Only Listed Family Home

ii. Describe the licensing requirements:

A Listed Family Home usually provides regular child care in the provider's own home for compensation for one to three unrelated children, up to 12 total children, but the home may provide care in the child's own home if the caregiver is listed as a relative-only listed family home (care is provided only for children related to the provider) and the home meets other CCDF eligibility requirements.

Regular care is defined as care that is provided for at least four hours per day, three or more days a week, for three or more consecutive weeks, or four hours per day for 40 or more days in a 12-month period.

iii. Provide the citation:

Texas Human Resources Code (HRC) [§42.0523](#); 26 Texas Administrative Code (TAC) [§745.37\(2\)](#)

5.1.2 Identify the CCDF-eligible providers who are exempt from licensing requirements. Describe exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption. Describe how such exemptions do not endanger the health, safety, and development of children (658E (c)(2)(F); 98.40(a)(2)). Do not include exempt relative care providers, this information will be collected in Section 5.6.

a. License-exempt center-based child care. Describe and provide the citation by answering the questions below.

i. Identify the CCDF-eligible center-based child care providers who are exempt from licensing requirements. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption:

Programs exempt from regulation by Licensing fall into four categories:

1. Certain programs and facilities regulated by other government entities;
2. Programs of limited duration
3. Educational facilities and programs; and
4. Miscellaneous programs

Child care programs operating on federal installations, including military bases and Indian reservations, are exempt.

Youth camps that are licensed by the Department of State Health Services are not regulated by the Texas Health and Human Services Commission (HHSC).

Municipal programs run by the municipality are exempt if the governing body annually adopts standards of care by ordinance that includes requirements for child-caregiver ratios; minimum employee qualifications; minimum building, health, and safety standards; and mechanisms for monitoring and enforcing the adopted standards. A municipal program must also provide the standards to parents, inform parents that the program is not licensed by the state, and ensure that the program does not advertise itself as a child care program.

Programs of limited duration include those with parents on the premises and operate in association with shopping centers, businesses, and places offering other activities such as retreats or classes for religious instruction. A child may be in care for up to only four-and-one-half hours per day and up to 12 hours per week, or for up to 15 hours per week if care is provided so that a parent may attend a class provided by a nonprofit entity. Short-term programs operate for less than three consecutive weeks and less than 40 days in a 12-month period and are not subject to regulation. These include religious programs lasting two weeks or less and foreign exchange or sponsorship programs offering a living arrangement in a caretaker's home.

Educational facilities that serve children in grades pre-K and above, including educational facilities accredited by the Texas Education Agency (TEA), the Southern Association of Colleges and Schools (SACS), or the Texas Private School Accreditation Commission (TEPSAC); educational facilities that are members of an organization requiring compliance with standards and that do not provide care for more than one hour before and one hour after the customary school day in the

community; and private educational facilities that do not provide more than two total hours of care before or after the customary school day in the community are all exempt.

Before- and/or after-school care centers that are operated by an accredited educational facility and that offer care for children in grades pre-K and above are exempt.

Before- and/or after-school care centers that are operated by a contracted entity and offer care for children in grades pre-K and above are exempt if an accredited educational facility contracts with the entity and the accredited educational facility approves the curriculum content of the program.

Miscellaneous programs include skills programs that offer direct instruction, food distribution programs, and programs offering emergency shelter for minors.

Neighborhood nonprofit programs that provide activities designed for recreational purposes for children ages 5-13 if the program does not accept compensation; has a governing body that adopts standards of care, including ratios, training, background checks, health and safety checks, and mechanisms for monitoring and enforcing standards and receiving and resolving complaints from parents of the enrolled children; and other requirements as required by rule are exempt.

ii. Provide the citation to this policy:

HRC [§42.041\(b\)](#); 26 TAC §§ [745.111-115](#); [745.119](#) Identify the center-based child care providers who are exempt from licensing requirements.

iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children.

Each of these programs have sets of requirements that are put in place by another governmental entity, municipality, or accreditation body that is responsible for oversight or regulation of child safety in these facilities. Exempt operations are not eligible to receive CCDF.

b. License-exempt family child care. Describe and provide the citation by answering the

questions below.

i. Identify the CCDF-eligible family child care providers who are exempt from licensing requirements. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption:

N/A

ii. Provide the citation to this policy:

N/A

iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children.

N/A

c. In-home care (care in the child's own home by a non-relative): Describe and provide the citation by answering the questions below.

i. Identify the CCDF-eligible in-home child care (care in the child's own home by a non-relative) providers who are exempt from licensing requirements. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption.

N/A

ii. Provide the citation to this policy:

N/A

iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children.

N/A

5.2 Standards for Ratios, Group Size and Qualifications for CCDF Providers

Lead Agencies are required to have child care standards for providers receiving CCDF funds, appropriate to the type of child care setting involved, that address appropriate ratios between the number of children and number of providers in terms of the age of the children, group size limits for specific age populations, and the required qualifications for providers (658E(c)(2)(H); 98.41(d); 98.16(m)). For ease of responding, this section is organized by CCDF categories of care, licensing status, and age categories. Respondents should map their Lead Agency categories of care to the CCDF categories. Exemptions for relative providers will be addressed in subsection 5.6.

5.2.1 Describe how the state/territory defines the following age classifications. For instance, Infant: 0-18 months.

a. Infant. Describe:

Birth-17 months

b. Toddler. Describe:

18-35 months

c. Preschool. Describe:

A child who is three or four years of age before the beginning of the current school year.

d. School-Age. Describe:

A child who is five years of age and older and is enrolled in or has completed kindergarten. School-age and before- or after-school programs follow the same ratio and group sizes as licensed centers; however, they only care for children who attend prekindergarten through grade six.

5.2.2 To demonstrate continued compliance, provide the ratio and group size for settings and age groups below.

a) Licensed CCDF center-based care

i. Infant

A. Ratio:

1:4 for 0-11 months; 1:5 for 12-17 months

B. Group size:

10 for 0-11 months; 13 for 12-17 months

ii. Toddler

A. Ratio:

1:9 for 18-23 months; 1:11 for 24-35 months

B. Group size:

18 for 18-23 months; 22 for 24-35 months

iii. Preschool

A. Ratio:

1:15 for 3 years; 1:18 for 4 years

B. Group size:

30 for 3 years; 35 for 4 years

iv. School-age

A. Ratio:

1:22 for 5 years; 1:26 for 6-13 years

B. Group size:

35 for 5-13 years

v. Mixed-Age Groups (if applicable)

A. Ratio:

The child/caregiver ratio is the maximum number of children one caregiver can be responsible for. Each child must have a caregiver who is responsible for the child and who is aware of details of the child's habits, interests, and any special problems. Ratios for mixed-age groups are determined by the specified age of the children in the caregiver's group or the age of the youngest child in the group, depending on the activity and the number of children at the child care center. The specified age is determined as follows:

- 1) List each child by age from youngest to oldest;
- 2) Determine the core number by dividing the total number of children by 2 and round up any non-whole number;
- 3) Starting from the first or youngest child on the list, count down until reaching the core number;
- 4) The age of the child on the list that corresponds with the core number is the specified age of the group. This age dictates the applicable ratio as described above. This age dictates the applicable ratio as described above.

B. Group size:

This specified age of the children in the group determines the maximum group size and the number of children two or more caregivers may supervise.

vi. If any of the responses above are different for exempt child care centers, describe the ratio and group size requirements for license-exempt providers.

N/A

5.2.2 To demonstrate continued compliance, provide the ratio and group size for settings and age groups below.

b. Licensed CCDF family child care home providers:

i. Mixed Groups

A. Ratio:

The child/caregiver ratio is the maximum number of children one caregiver may be responsible for.

(1) The total number of children a caregiver may supervise is determined by the ages of the children in the child care home.

(2) When determining the child-caregiver ratio, the provider may use the developmental or emotional age, rather than the chronological age, of a child with special care needs, if this is recommended by a health care professional or a qualified professional and is documented in the child's record.

(3) All children present, including children related to the provider, assistant, and substitute caregiver's children, and drop-in and part-time children must be counted in the child/caregiver ratio, by age of the child, regardless of the length of time they are present.

(4) The provider must also count neighborhood children visiting the child care home, if the provider is responsible for their care and supervision in the absence of the parent.

(5) In a registered child care home, a child who is at least four years of age and attending a prekindergarten program during the customary school day is counted in the same way children five years old and older who are in after-school care are counted. The prekindergarten program must be operated by or in collaboration with the local school district.

Listed family homes may only care for up to three unrelated children, with no restrictions on ratio/group size.

B. Group size:

The group size varies depending on the total number of children, the ages of the children, and the number of caregivers in the home.

ii. Infant

A. Ratio:

The ratio varies depending on the number of children, the ages of the children, and

the number of caregivers in the home. See attached graphics below in part B. Ratio and group size requirements change for field trips and water activities. Listed family homes may only care for up to three unrelated children, with no restrictions on ratio/group size.

B. Group size:

The group size varies depending on the total number of children, the ages of the children, and the number of caregivers in the home.

For a registered child care home, the number of children in care at the same time must follow the chart found in 26 TAC §747.1701:

[Attached Graphic](#)

Registered child care homes are not allowed to increase the number of children in care if two or more caregivers are caring for the children.

For a licensed child care home, the number of children in care at the same time must follow the chart found in 26 TAC §747.1801:

[Attached Graphic](#)

For a licensed child care home when there are two caregivers caring for the children, the number of children in care at the same time must follow the chart found in 26 TAC §747.1803:

[Attached Graphic](#)

Listed family homes may only care for up to three unrelated children with no restrictions on ratio or group size.

iii. Toddler

A. Ratio:

The ratio varies depending on the number of children, the ages of the children, and

the number of caregivers in the home. See attached graphics below in part B. Ratio and group size requirements change for field trips and water activities. Listed family homes may care only for up to three unrelated children, with no restrictions on ratio/group size.

B. Group size:

For a registered child care home, the number of children in care at the same time must follow the chart found in 26 TAC §747.1701:

[Attached Graphic](#)

Registered child care homes are not allowed to increase the number of children in care if two or more caregivers are caring for the children.

For a licensed child care home, the number of children in care at the same time must follow the chart found in 26 TAC §747.1801:

[Attached Graphic](#)

For a licensed child care home when there are two caregivers caring for the children, the number of children in care at the same time must follow the chart found in 26 TAC §747.1803:

[Attached Graphic](#)

Listed family homes may only care for up to three unrelated children, with no restrictions on ratio or group size.

iv. Preschool

A. Ratio:

The ratio varies depending on the number of children, the ages of the children, and the number of caregivers in the home. See attached graphics below in part B. Ratio and group size requirements change for field trips and water activities. Listed family homes may only care for up to three unrelated children, with no restrictions on ratio or group size.

B. Group size:

For a registered child care home, the number of children in care at the same time must follow the chart found in 26 TAC §747.1701:

[Attached Graphic](#)

Registered child care homes are not allowed to increase the number of children in

care if two or more caregivers are caring for the children.

For a licensed child care home, the number of children in care at the same time must follow the chart found in 26 TAC §747.1801:

[Attached Graphic](#)

For a licensed child care home when there are two caregivers caring for the children, the number of children in care at the same time must follow the chart found in 26 TAC §747.1803:

[Attached Graphic](#)

Listed family homes may only care for up to three unrelated children, with no restrictions on ratio or group size.

v. School-age

A. Ratio:

The ratio varies depending on the number of children, the ages of the children, and the number of caregivers in the home. See attached graphics below in part B. Ratio and group size requirements change for field trips and water activities. Listed family homes may only care for up to three unrelated children, with no restrictions on ratio or group size.

B. Group size:

For a registered child care home, the number of children in care at the same time must follow the chart found in 26 TAC §747.1701:

[Attached Graphic](#)

Registered child care homes are not allowed to increase the number of children in care if two or more caregivers are caring for the children.

For a licensed child care home, the number of children in care at the same time must follow the chart found in 26 TAC §747.1801:

[Attached Graphic](#)

For a licensed child care home when there are two caregivers caring for the children, the number of children in care at the same time must follow the chart

found in 26 TAC §747.1803:

[Attached Graphic](#)

Listed family homes may only care for up to three unrelated children, with no restrictions on ratio or group size.

vi. If any of the responses above are different for exempt child care homes, describe the ratio and group size requirements for license-exempt family child care home providers.

N/A

5.2.2 To demonstrate continued compliance, provide the ratio and group size for settings and age groups below.

c. Licensed in-home care (care in the child's own home):

i. Mixed Groups (if applicable)

A. Ratio:

Listed family homes for relative care only are the only types of listed family homes eligible for CCDF and for the care to be in the child's own home. The care is limited to the number of related children living at that residence.

B. Group size:

N/A

ii. Infant (if applicable)

A. Ratio:

N/A

B. Group size:

N/A

iii. Toddler (if applicable)

A. Ratio:

N/A

B. Group size:

N/A

iv. Preschool (if applicable)

A. Ratio:

N/A

B. Group size:

N/A

v. School-age (if applicable)

A. Ratio:

N/A

B. Group size:

N/A

vi. Describe the ratio and group size requirements for license-exempt in-home care.

N/A

5.2.3 Provide the teacher/caregiver qualifications for each category of care.

a. Licensed Center-Based Care

i. Describe the teacher qualifications for licensed CCDF center-based care, including any variations based on the ages of children in care:

- 1) Be at least 18 years of age;
- 2) Have a high school diploma, high school equivalent, or high school certificate of coursework completion as defined in Texas Education Code §28.025(d);
- 3) Have a cleared background check;
- 4) Have a current record of a TB examination, showing the employee is free of TB, if required by DSHS or local health authority;
- 5) Complete an Affidavit for Applicants for Employment form;
- 6) Complete orientation; and
- 7) 24 required hours of pre-service training. For nonexempt caregivers: Eight hours before the caregiver may be counted in the child/caregiver ratio and 16 hours within 90 days of employment;
- 8) Current Pediatric CPR/first aid with rescue breathing within 90 days of employment and before having unsupervised access to a child in care; and
- 9) Transportation training, if applicable.

[ii. Describe the director qualification for licensed CCDF center-based care, including any variations based on the ages of children in care or the number of staff employed:](#)

- 1) Be at least 21 years of age;
- 2) Have a high school diploma, high school equivalent, or high school certificate of coursework completion as defined in Texas Education Code §28.025(d);
- 3) Have a cleared background check;
- 4) Have a current record of a TB examination, showing that the employee is free of TB, if required by DSHS or local health authority;
- 5) Complete an Affidavit for Applicants for Employment form;
- 6) Complete orientation; and
- 7) 24 required hours of pre-service training. For nonexempt caregivers: Eight hours before the caregiver may be counted in the child/caregiver ratio and 16 hours within 90 days of employment;
- 8) Current Pediatric CPR/first aid with rescue breathing within 90 days of employment and before having unsupervised access to a child in care; and
- 9) Transportation training, if applicable;

A director must also meet one of the following combinations of education and experience as listed below:

- A bachelor's degree with 12 college credit hours in child development and six in

- management and at least one year of experience in a licensed child care center;
- An associate of applied science degree in child development or a closely related field, with six college credit hours in child development, six college credit hours in management, and at least two years of experience in a licensed child care center;
- 60 college credit hours, with nine college credit hours in child development, six college credit hours in management, and at least two years of experience in a licensed child care center;
- A child care administrator's certificate from a community college, with at least 15 college credit hours in child development, three college credit hours in management, and at least two years of experience in a licensed child care center;
- A Child Development Associate™ credential or certified child care professional credential, with six college credit hours in management and at least two years of experience in a licensed child care center;
- A day care administrator's credential issued by a professional organization or educational institution and approved by CCR and at least two years of experience in a licensed child care center; or
- Nine college credit hours in child development, nine college credit hours in management, and at least three years of experience in a licensed child care center.

iii. If any of the responses above are different for license-exempt child care centers, describe which requirements apply to exempt centers:

N/A

iv. If applicable, provide the website link detailing the center-based teacher and director qualifications.

Teacher (Caregiver): Must meet the qualifications for:

Chapter 746: Minimum Standards for Child Care Centers

Subchapter D: Personnel

Division 2: Child Care Center Employees and Caregivers

Link:

[https://texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac_view=5&ti=26&pt=1&ch=746&sch=D&div=2&rl=Y](https://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=5&ti=26&pt=1&ch=746&sch=D&div=2&rl=Y)

Division 4: Professional Development

Link:

[https://texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac_view=5&ti=26&pt=1&ch=746&sch=D&div=4&rl=Y](https://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=5&ti=26&pt=1&ch=746&sch=D&div=4&rl=Y)

Chapter 744: Minimum Standards for School Age and Before or After School

Programs

Subchapter D: Personnel

Division 2 Employees and Caregivers

Link:

[https://texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac_view=5&ti=26&pt=1&ch=744&sch=D&div=2&rl=Y](https://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=5&ti=26&pt=1&ch=744&sch=D&div=2&rl=Y)

Division 4: Professional Development

Link:

[https://texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac_view=5&ti=26&pt=1&ch=744&sch=D&div=4&rl=Y](https://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=5&ti=26&pt=1&ch=744&sch=D&div=4&rl=Y)

Director: Must meet the qualifications for:

Chapter 746: Minimum Standards for Child Care Centers

Subchapter D: Personnel

Division 1: Child Care Center Director

Link:

[https://texreg.sos.state.tx.us/public/readtac\\$ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=26&pt=1&ch=746&rl=1015](https://texreg.sos.state.tx.us/public/readtac$ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=26&pt=1&ch=746&rl=1015)

All child care employees, including the director, must also meet:

Division 2: Child Care Center Employees and Caregivers

Link:

[https://texreg.sos.state.tx.us/public/readtac\\$ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=26&pt=1&ch=746&rl=1105](https://texreg.sos.state.tx.us/public/readtac$ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=26&pt=1&ch=746&rl=1105)

Division 4: Professional Development

Link:

[https://texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac_view=5&ti=26&pt=1&ch=746&sch=D&div=4&rl=Y](https://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=5&ti=26&pt=1&ch=746&sch=D&div=4&rl=Y)

Chapter 744: Minimum Standards for School Age and Before or After School

Programs

Subchapter D: Personnel

Division 1: Director

Link for Operation Director or Program Director:

[https://texreg.sos.state.tx.us/public/readtac\\$ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=26&pt=1&ch=744&rl=1015](https://texreg.sos.state.tx.us/public/readtac$ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=26&pt=1&ch=744&rl=1015)

Link for Site Director:

[https://texreg.sos.state.tx.us/public/readtac\\$ext.TacPage?sl=R&app=9&p_dir=&p_rloc](https://texreg.sos.state.tx.us/public/readtac$ext.TacPage?sl=R&app=9&p_dir=&p_rloc)

[=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=26&pt=1&ch=744&rl=1017](#)

All child care employees, including the director, must also meet:

Division 2: Child Care Center Employees and Caregivers

Link:

[https://texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac_view=5&ti=26&pt=1&ch=744&sch=D&div=2&rl=Y](https://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=5&ti=26&pt=1&ch=744&sch=D&div=2&rl=Y)

Division 4: Professional Development

Link:

[https://texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac_view=5&ti=26&pt=1&ch=744&sch=D&div=4&rl=Y](https://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=5&ti=26&pt=1&ch=744&sch=D&div=4&rl=Y)

b. Licensed Family Child Care

i. Describe the provider qualifications for licensed family child care homes, including any variations based on the ages of children in care:

For registered and licensed child care homes, the primary caregiver must:

- Be at least 21 years of age;
- Have a high school diploma or its equivalent;
- Have a certificate of completion of the licensing orientation within one year of the application date;
- Have current certification in pediatric cardiopulmonary resuscitation (CPR) and pediatric first aid with rescue breathing;
- Have been cleared by a background check;
- Have a current record of a tuberculosis (TB) examination showing you are free of contagious TB, if required by the Texas Department of State Health Services or local health authority; and
- Have proof of training in:
 1. Prevention, recognition, and reporting of child maltreatment, including: (i) Factors indicating a child is at risk for abuse or neglect; (ii) Warning signs indicating a child may be a victim of abuse or neglect; (iii) Procedures for reporting child abuse or neglect; and (iv) Community organizations that have training programs available to employees, children, and parents.
 2. recognizing and preventing shaken baby syndrome and abusive head trauma;
 3. understanding and using safe sleep practices and preventing sudden infant death syndrome (SIDS);
 4. understanding early childhood brain development;
 5. understanding the developmental stages of children;
 6. emergency preparedness;
 7. preventing and controlling the spread of communicable diseases, including

- immunizations;
- 8. administering medication, if applicable;
- 9. preventing and responding to emergencies due to food poisoning or an allergic reaction;
- 10. understanding building and physical premises safety, including identification and protection from hazards that can cause bodily injury, such as electric hazards, bodies of water, and vehicular traffic;
- 11. handling, storing, and disposing of hazardous materials; and
- 12. precautions in transporting children if the child care home plans to transport a child whose chronological or developmental age is less than nine years.

The primary caregiver in a licensed child care home must also meet one of the following combinations of education and experience in a licensed child care center, licensed child care home, or registered child care home:

1. A bachelor's degree with 12 college credit hours in child development, three college credit hours in management, and at least one year of experience;
2. An associate of applied science degree in child development or a closely related field, with six college credit hours in child development, three college credit hours in management, and at least one year of experience;
3. Sixty college credit hours, with six college credit hours in child development, three college credit hours in management, and at least one year of experience;
4. A child development associate credential or certified child care professional credential with three college credit hours in management and at least one year of experience;
5. A child care administrator's certificate from a community college with at least 15 college credit hours in child development, three college credit hours in management, and at least two years of experience;
6. A day care administrator's credential issued by a professional organization or an educational institution and approved by CCR, and at least two years of experience; or
7. 72 clock hours of training in child development, 30 clock hours in management, and at least three years of experience.

ii. [If any of the responses above are different for license-exempt family child care homes, describe which requirements apply to exempt homes:](#)

N/A

iii. [If applicable, provide the website link detailing the family child care home provider qualifications:](#)

Chapter 747: Minimum Standards for Child Care Homes

Subdivision D: Personnel

Link:

[https://texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac_view=5&ti=26&pt=1&ch=747&sch=D](https://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=5&ti=26&pt=1&ch=747&sch=D)

c. Regulated or registered In-home Care (care in the child's own home by a non-relative)

i. Describe the qualifications for licensed in-home child care providers (care in the child's own home) including any variations based on the ages of children in care:

N/A

ii. If any of the responses above are different for license-exempt in-home care providers, describe which requirements apply to exempt in-home care providers:

N/A

5.3 Health and Safety Standards and Training for CCDF Providers

5.3 Health and Safety Standards and Training for CCDF Providers

The state/territory must describe its requirements for pre-service or orientation training and ongoing training. Lead Agencies are required to have minimum pre-service or orientation training requirements (to be completed within 3 months), as appropriate to the provider setting and the age of children served. This training must address the required health and safety topics (658E(c)(2)(I)(i) and the content area of child development. Lead Agencies have flexibility in determining the number of training hours to require, and they may consult with Caring for our Children Basics for best practices and the recommended time needed to address these training requirements.

Lead Agencies must also have ongoing training requirements for caregivers, teachers, and directors who are caring for children receiving CCDF funds (658E(c)(2)(I)(i); 98.44(b)(1)(iii)). Lead Agencies are to report the total number of ongoing training hours that are required each year, but they do not have to report these hours out by topic (658E(c)(2)(G)(iii)). Ongoing training requirements will be addressed in 5.3.13.

Both preservice/orientation and ongoing trainings should be a part of a broader systematic

approach and progression of professional development (as described in section 6) within a state/territory.

States and territories must have health and safety standards

for programs (e.g., child care centers, family child care homes, etc.) serving children receiving CCDF assistance relating to the required health and safety topics as appropriate to the provider setting and age of the children served (98.41(a)). This requirement is applicable to all child care programs receiving CCDF funds regardless of licensing status (i.e., licensed or license-exempt). The only exception to this requirement is for relative providers, as defined in 98.2. Lead Agencies have the option of exempting relatives from some or all CCDF health and safety requirements (98.42(c)). Exemptions for relative providers' standards and training requirements will be addressed in question 5.6.3.

To certify, describe the following health and safety requirements for programs serving children receiving CCDF assistance on the following topics (98.16(l)) identified in questions 5.3.1 - 5.3.12. Note: Monitoring and enforcement will be addressed in subsection 5.4.

5.3.1 Prevention and control of infectious diseases (including immunizations) health and safety standards and training requirements.

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

All providers eligible to receive CCDF must obtain immunization records or an exemption from immunizations and a health statement for each child in care.

Providers must have policies for immunizations, vaccine-preventable diseases, and health checks. Vaccine-preventable diseases for employees must also be addressed in policy, unless the operation is in the home of the permit holder, the director, or a caregiver.

Providers must adhere to the local health authority's requirements regarding tuberculosis testing for children and employees. Employees and children must wash hands throughout the day at specific times, including after diapering and toileting. Multiple standards require sanitation of the class environment to prevent and control

infectious disease.

Pre-service and annual training hours for licensed and registered child care centers and school-age, before and after school programs must include instruction on immunizations and preventing and controlling the spread of communicable diseases. For home providers, orientation and annual training hours must include such training, and the primary caregiver must complete such training as part of the requirements of a primary caregiver.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

Standards for licensed and registered child care centers and school-age, before and after school programs require health and safety protocols and training on immunizations and preventing and controlling the spread of communicable diseases. Standards for listed family homes were adopted in March 2021. The standards establish basic health and safety guidelines for these providers. Listed family homes are exempt from receiving CCDF with the exception of relative-only providers. Relative-only listed family homes are exempt from the new standards. The standards state that hand sanitizer may be used only for children two years and older.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

See the following sections of 26 Texas Administrative Code (TAC) that pertain to the identified operation types:

School-Age and Before- or After-School Programs ([Chapter 744](#)): §§744.501, 744.503, 744.603, 744.605, 744.611, 744.613, 744.615, 744.623, 744.625, 744.901, 744.2501-744.2531, 744.2571-744.2573, 744.2575, 744.2576, 744.2577, 744.2579, 744.2581

Child Care Centers ([Chapter 746](#)): §§746.501, 746.503, 746.603, 746.605, 746.611, 746.613, 746.615, 746.623, 746.625, 746.627, 746.901, 746.3111, 746.3113, 746.3123, 746.3317, 746.3401-746.3433, 746.3501-746.3505, 746.3601-746.3611

Child Care Homes ([Chapter 747](#)): §§747.501, 747.503, 747.603, 747.605, 747.611, 747.613, 747.615, 747.623, 747.657, 747.629, 747.901, 747.903, 747.3117,

747.3201-747.3229, 747.3401-747.3411, 747.3301-747.3307

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

See the following sections of 26 TAC that pertain to the identified operation types:

School-Age and Before- or After-School Programs ([Chapter 744](#)): §§744.1301, 744.1303, 744.1305, 744.1307, 744.1309, 744.1311, 744.1331

Child Care Centers ([Chapter 746](#)): §§746.1301, 746.1303, 746.1305, 746.1307, 746.1309, 746.1311, 746.1329

Child Care Homes ([Chapter 747](#)): §§747.1007, 747.1107, 747.1301, 747.1303, 747.1305, 747.1309, 747.1327

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

School-age, before-, and after-school programs and child care centers require training on immunizations and preventing and controlling the spread of communicable diseases as part of pre-service and annual training.

Primary caregivers in child care homes are required to obtain training on immunizations and preventing and controlling the spread of communicable diseases to meet the qualifications for permitting and annual training. Training on immunizations and preventing and controlling the spread of communicable diseases is required during orientation and annual training for all assistant and substitute caregivers.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Child care trainer and training curricula must meet the criteria outlined in rule. The trainings may be either instructor-led or self-instructional. Child Care Regulation (CCR) provides technical assistance for online training through Texas A&M AgriLife and training resources through the Texas Early Childhood Professional Development System (TECPDS). Regional CCR staff also participate in face-to-face trainings. Updated information is shared with providers through CCR's email distribution system, and communications and notices are posted on the Health and Human Services (HHS) website.

5.3.2 Prevention of sudden infant death syndrome and the use of safe-sleep practices.

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

Any provider caring for infants and eligible to receive CCDF must follow the minimum standards which:

- include standards for cribs and safety;
- require that infants be placed on their backs to sleep; and
- prohibit swaddling, sleeping in restrictive devices, and certain types of equipment.

Minimum standards also require providers to have a safe-sleep policy and parents to sign an enrollment agreement that includes a copy of that policy.

If a caregiver provides care for children younger than 24 months of age, pre-service and annual training hours must include one hour of training that covers the following topics:

- Recognizing and preventing shaken baby syndrome and abusive head trauma
- Understanding and using safe-sleep practices and preventing sudden infant death

syndrome (SIDS)

- Early childhood brain development

School-age, before-, and after-school programs are not permitted to care for infants.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

Standards for licensed child care centers and licensed and registered child care homes require those that care for children younger than 24 months of age to cover SIDS and safe-sleep practices in their pre-service and annual training hours. Listed family home standards were adopted in March 2021. The standards establish basic health and safety guidelines for these providers. Listed family homes are exempt from receiving CCDF with the exception of relative-only providers. Relative-only listed family homes are exempt from the new standards.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

See the following sections of 26 TAC that pertain to the identified operation types:

- Child Care Centers ([Chapter 746](#)): §§746.501, 746.1305, 746.1309, 746.1311, 746.2401, 746.2403, 746.2405, 746.2409, 746.2411, 746.2413, 746.2415, 746.2423, 746.2425, 746.2426, 746.2427, 746.2428, 746.2429, 746.3407
- Child Care Homes ([Chapter 747](#)): §§747.501, 747.801, 747.1007, 747.1107, 747.1301, 747.1305, 747.1309, 747.2301, 747.2303, 747.2305, 747.2307, 747.2309, 747.2311, 747.2313, 747.2315, 747.2323, 747.2325, 747.2326, 747.2327, 747.2328, 747.2329
- School-age, before-, and after-school programs are not permitted to care for infants.

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

See the following sections of 26 TAC that pertain to the identified operation types:

- Child Care Centers ([Chapter 746](#)): §§746.1301, 746.1305, 746.1307, 746.1309, 746.1311, 746.1313, 746.1317
- Child Care Homes ([Chapter 747](#)): §§747.1007, 747.1107, 747.1301, 747.1309
- Primary caregivers in child care homes must have this training before receiving a

permit.

- School-age, before-, and after-school programs are not permitted to care for infants.

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

Both child care centers and child care homes require at least one hour of pre-service and annual training on SIDS and the use of safe-sleep practices if the facility provides care for children younger than 24 months of age.

School-age, before-, and after-school programs are not permitted to care for infants.

Relative-only providers are exempt from these requirements. Texas does not have any nonrelative providers that are license-exempt.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Child care trainer and training curricula must meet criteria outlined in rule. The trainings may be either instructor-led or self-instructional. CCR provides technical assistance for online training through Texas A&M AgriLife as well as training resources through TECPDS. Updated information about training is shared with providers through CCR's email distribution system, and communications, and notices

are posted on the HHS website.

5.3.3 Administration of medication, consistent with standards for parental consent.

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

Minimum standards require all providers eligible to receive CCDF to have a policy regarding procedures for dispensing medication. Minimum standards also require providers to inform parents before enrollment if the provider chooses not to administer medication. Parents are required to sign an enrollment agreement that includes a copy of the provider's medication policy.

Minimum standards:

- require authorization from a parent for the provider to administer medications (except in the event of a medical emergency);
- include instructions on how to administer and store medication;
- include guidance on how to document the administration of medication; and
- require that medication records be kept for at least three months.

If a caregiver provides care for a child with a diagnosed food allergy, the caregiver must have a food allergy emergency plan signed by the child's health care professional and a parent.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

If the operation chooses to administer medication, CCR's minimum standards are consistent across all programs with respect to requirements for documentation, storage, handling, and policies for and administration of medication.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

See the following sections of 26 TAC that pertain to the identified operation types:

- Child Care Centers ([Chapter 746](#)): §§746.501, 746.603, 746.605, 746.801, 746.1303, 746.1309, 746.1311, 746.3001, 746.3101, 746.3801, 746.3803, 746.3805, 746.3807, 746.3809, 746.3811, 746.3817, 746.3819
- Child Care Homes ([Chapter 747](#)): §§747.501, 747.603, 747.605, 747.801, 747.1007, 747.1107, 747.1301, 747.1305, 747.1309, 747.2901, 747.3601, 747.3603, 747.3605, 747.3607, 747.3609, 747.3611, 747.3617, 747.3619
- School-Age and Before- or After-School Programs ([Chapter 744](#)): §§744.501, 744.603, 744.605, 744.801, 744.1303, 744.1309, 744.1311, 744.2301, 744.2651, 744.2653, 744.2655, 744.2657, 744.2651, 744.2659, 744.2661, 744.2667, 744.2669

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

See the following sections of 26 TAC that pertain to the identified operation types:

- Child Care Centers ([Chapter 746](#)): §§746.1303, 746.1305, 746.1309, 746.1311
- Child Care Homes ([Chapter 747](#)): §§747.1007, 747.1107, 747.1301, 747.1305, 747.1309;
- Primary caregivers in child care homes must have this training before receiving a permit.
- School-Age and Before- or After-School Programs ([Chapter 744](#)): §§744.1303, 744.1309, 744.1311

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

An operation that chooses to administer medication must require training on the administration of medication as part of orientation and annual training if the operation is a school-age, before-, or after-school program or child care center.

If administering medication, primary caregivers in child care homes are required to obtain training on administering medication before issuance of a permit and as part of annual training. Training on administering medication is required during orientation and annual training for all assistant and substitute caregivers.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Child care trainer and training curricula must meet criteria outlined in rule. The trainings may be either instructor-led or self-instructional. CCR provides technical assistance for online training through Texas A&M AgriLife as well as training resources through TECPDS. Updated information about training is shared with providers through CCR's email distribution system, and communications, and notices are posted on the HHS website.

5.3.4 Prevention of and response to emergencies due to food and allergic reactions.

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

For all providers eligible to receive CCDF, minimum standards define a food-allergy emergency plan and contain guidance about when a food-allergy emergency plan is required. A food-allergy emergency plan is defined as an individualized plan prepared by the child's health care professional that includes:

- a list of each food the child is allergic to;
- symptoms the child may exhibit if exposed to a food on the list; and
- the steps to take if the child has an allergic reaction.

Providers take the following steps when caring for children with food allergies:

- Obtain information about a child's allergies before admitting the child to the child care facility
- Post a list of each child's food allergies that require an emergency plan
- Take a copy of a child's food-allergy emergency plan and allergy medications on field trips
- Ensure that the child is not served food that is identified on the child's food-allergy emergency plan

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

A child care home must post the list of each child's food allergies in a prominent place during all hours of operation. Upon the request of a child's parent, the home must maintain privacy for the child and ensure that all caregivers, employees, and household members who prepare and serve food are aware of each child's food allergies.

The only providers eligible to provide in-home care are individuals related to the child. Relative-only providers are exempt from these requirements.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

See the following sections of 26 TAC that pertain to the identified operation types:

- Child Care Centers ([Chapter 746](#)): §§746.401, 746.403, 746.605, 746.1303, 746.1309, 746.1311, 746.3001, 746.3301, 746.3817, 746.3819
- Child Care Homes ([Chapter 747](#)): §§747.401, 747.605, 747.1007, 747.1107, 747.1301, 747.1305, 747.1309, 747.2901, 747.3101, 747.3617, 747.3619
- School-Age and Before- or After-School Programs ([Chapter 744](#)): §§744.401, 744.403, 744.605, 744.1303, 744.1309, 744.1311, 744.2301, 744.2401, 744.2667, 744.2669

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

See the following sections of 26 TAC that pertain to the identified operation types:

- Child Care Centers ([Chapter 746](#)): §§746.1301, 746.1303, 746.1309, 746.1311
- Child Care Homes ([Chapter 747](#)): §§747.1007, 747.1107, 747.1301, 747.1305, 747.1309 (Primary caregivers in child care homes must have this training before receiving a permit.)
- School-Age and Before- or After-School Programs ([Chapter 744](#)): §§744.1301, 744.1303, 744.1309, 744.1311

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

Licensed child care center, school-age, before-, and after-school program, and licensed and registered child care home standards require training on preventing and responding to emergencies due to food or an allergic reaction in their orientation and annual training hours.

Listed family home standards were adopted in March 2021. The standards establish basic health and safety guidelines for these providers. Listed family homes are exempt from receiving CCDF with the exception of relative-only providers. Relative-only listed family homes are exempt from the new standards.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

- Pre-Service
- Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

- Yes
- No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Child care trainer and training curricula must meet criteria outlined in rule. The trainings may be either instructor-led or self-instructional. CCR provides technical

assistance for online training through Texas A&M AgriLife as well as training resources through TECPDS. Updated information about training is shared with providers through CCR's email distribution system, and communications, and notices are posted on the HHS website.

5.3.5 Building and physical premises safety, including the identification of and protection from hazards, bodies of water, and vehicular traffic.

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

For all providers eligible to receive CCDF, minimum standards require providers to take safety precautions to ensure that areas accessible to children are free from hazards, including:

- electrical outlets and connections;
- air conditioners, heaters, and fans;
- sliding-glass doors;
- play materials and equipment;
- poisonous or potentially harmful plants;
- storage chests, boxes, or trunks;
- bodies of water, including pools, hot tubs, ponds, creeks, birdbaths, fountains, buckets, and barrels;
- televisions;
- dangerous individuals; and
- unsafe children's products.

Minimum standards prohibit the presence of firearms and other weapons on the premises of a child care center (except for firearms and other weapons carried by certified peace officers and security officers). Minimum standards for child care homes require that weapons be locked and stored out of reach of children. Ammunition must be kept in a separate locked cabinet and be inaccessible to children during all hours of operation.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in

care.

The requirements for firearms and weapons are different for centers and homes, as described above. The only providers eligible to provide in-home care are individuals related to the child. Relative-only providers are exempt from these requirements.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

See the following sections of 26 TAC that pertain to the identified operation types:

- Child Care Centers ([Chapter 746](#)): §§746.3407, 746.3701, 746.3703, 746.3707, 746.3709, 746.4311, 746.4135, 746.4751, 746.5501
- Child Care Homes ([Chapter 747](#)): §§747.3203, 747.3501, 747.3503, 747.3505, 747.3935, 747.4113, 747.4407, 747.5011, 747.5301
- School-Age and Before- or After-School Programs ([Chapter 744](#)): §§744.2601, 744.2603, 744.2607, 744.2609

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

See the following sections of 26 TAC that pertain to the identified operation types:

- Child Care Centers ([Chapter 746](#)): §§746.1301, 746.1303, 746.1309, 746.1311
- Child Care Homes ([Chapter 747](#)): §§747.1007, 747.1107, 747.1301, 747.1309
- School-Age and Before- or After-School Programs ([Chapter 744](#)): §§744.1303, 744.1309, 746.1303, 746.1309

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

Standards for orientation and annual training hours for licensed child care centers, school-age, before-, and after-school programs, and licensed and registered child care homes require instruction on building and physical premises safety, including identification and protection from hazards.

Listed family home standards were adopted in March 2021. The standards establish basic health and safety guidelines for these providers. Listed family homes are exempt from receiving CCDF, with the exception of relative-only providers. Relative-only listed

family homes are exempt from the new standards.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Child care trainer and training curricula must meet criteria outlined in rule. The trainings may be either instructor-led or self-instructional. CCR provides technical assistance for online training through Texas A&M AgriLife as well as training resources through TECPDS. Updated information about training is shared with providers through CCR's email distribution system, and communications, and notices are posted on the HHS website.

5.3.6 Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment.

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

CCR minimum standards require employees to:

- ensure that no child is abused or neglected while in the care of the facility; and
- report suspected abuse or neglect.

An overview of the policy on the prevention, recognition, and reporting of child

maltreatment must be covered in orientation and as part of annual training for all caregivers and must be covered in written operational policies. The standards also list acceptable and prohibited forms of discipline and guidance.

SIDS and shaken baby syndrome must be covered in pre-service and annual training. If a caregiver provides care for children younger than 24 months of age, pre-service and annual training hours must include one hour of training that covers the following topics:

- Recognizing and preventing shaken baby syndrome and abusive head trauma
- Understanding and using safe-sleep practices and preventing SIDS
- Early childhood brain development

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

Licensed child care center, school-age, before-, and after-school program, and licensed and registered child care home standards require an overview of the policy on the prevention, recognition, and reporting of child maltreatment to be covered in orientation.

For licensed child care centers and licensed and registered child care homes, if a provider cares for children younger than 24 months of age, one hour of that caregiver's pre-service training must cover the following topics:

- Recognizing and preventing shaken baby syndrome and abusive head trauma
- Understanding and using safe-sleep practices and preventing SIDS
- Early childhood brain development

Licensed child care centers and school-age, before-, and after-school programs must require at least one clock hour of annual training on the prevention, recognition, and reporting of child maltreatment.

Listed family home standards were adopted in March 2021. The standards establish basic health and safety guidelines for these providers. Listed family homes are exempt from receiving CCDF, with the exception of relative-only providers. Relative-only listed family homes are exempt from the new standards.

iii. The Lead Agency must certify that the identified health and safety standard(s) is (are) in effect. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

See the following sections of 26 TAC that pertain to the identified operation types:

- Child Care Centers ([Chapter 746](#)): §§746.201, 746.501, 746.901, 746.1201, 746.1301, 746.1303, 746.1305, 746.1309, 746.1311, 746.2803, 746.2805
- Child Care Homes ([Chapter 747](#)): §§747.207, 747.403, 747.501, 747.901, 747.1007, 747.1107, 747.1301, 747.1305, 747.1309, 747.1403, 747.1501, 747.2703, 747.2705
- School-Age and Before- or After-School Programs ([Chapter 744](#)): §§744.201, 744.405, 744.501, 744.901, 744.1201, 744.1303, 744.1309, 744.1311, 744.2103, 744.2105, 744.2109

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

See the following sections of 26 TAC that pertain to the identified operation types:

- Child Care Centers ([Chapter 746](#)): §§746.1301, 746.1303, 746.1305, 746.1309, 746.1311
- Child Care Homes ([Chapter 747](#)): §§747.1007, 747.1107, 747.1301, 747.1303, 747.1305, 747.1309, 747.1313, 747.1314
- School-Age and Before- or After-School Programs ([Chapter 744](#)): §§744.1301, 744.1303, 744.1305, 744.1309, 744.1311

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

Licensed child care center, school-age, before-, and after-school program, and licensed and registered child care home standards require training on the prevention, recognition, and reporting of child maltreatment to be covered in orientation. For child care homes, proof of this training is required for the primary caregiver.

For licensed child care centers and licensed and registered child care homes, if a provider cares for children younger than 24 months of age, one hour of that caregiver's pre-service training must cover the following topics:

- Recognizing and preventing shaken baby syndrome and abusive head trauma
- Understanding and using safe-sleep practices and preventing SIDS

- Early childhood brain development

Licensed child care centers and school-age, before-, and after-school programs must require at least one clock hour of annual training on prevention, recognition, and reporting of child maltreatment.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Child care trainer and training curricula must meet criteria outlined in rule. The trainings may be either instructor-led or self-instructional. CCR provides technical assistance for online training through Texas A&M AgriLife as well as training resources through TECPDS. Updated information about training is shared with providers through CCR's email distribution system, and communications and notices are posted on the HHS website. DFPS also offers training for child care professionals.

5.3.7 Emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event (such as violence at a child care facility), within the meaning of those terms under section 602(a)(1) of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5195a(a)(1)). Emergency preparedness and response planning (at the child care provider level) must also include procedures for evacuation; relocation; shelter-in-place and lockdown; staff and volunteer training and practice drills; communications and reunification with families;

continuity of operations; and accommodations for infants and toddlers, children with disabilities, and children with chronic medical conditions.

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

Minimum standards define "emergency preparedness plan" and detail the situations that the plan must include (evacuation, relocation, sheltering and lockdown, communication, documentation, continuity of care, and reunification).

CCR minimum standards require operations to:

- post emergency evacuation plans;
- have an emergency preparedness plan;
- share the emergency preparedness plan with parents;
- practice components of the emergency preparedness plan;
- maintain documentation and implementation of emergency drills; and
- have and post emergency evacuation and relocation diagrams.

Fire drills must be practiced every month. Sheltering and lockdown drills for severe weather must be practiced at least four times each calendar year.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

Child care homes are not required to post emergency evacuation and relocation diagrams, but a copy of the diagrams must be ready for immediate use if a substitute caregiver is left in charge.

The only providers eligible to provide in-home care are individuals related to the child. Relative-only providers are exempt from these requirements.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

See the following sections of 26 TAC that pertain to the identified operation types:

- Child Care Centers ([Chapter 746](#)): §§746.307, 746.401, 746.501, 746.503, 746.801, 746.1301, 746.1303, 746.1309, 746.1311, 746.5201, 746.5202,

- 746.5204, 746.5205, 746.5207, 746.5209, 746.5211, 746.5619
- Child Care Homes ([Chapter 747](#)): §§747.305, 747.501, 747.801, 747.1301, 747.1303, 747.5001, 747.5003, 747.5005, 747.5007, 747.5009, 747.5419
 - School-Age and Before- or After-School Programs ([Chapter 744](#)): §§744.401, 744.501, 744.1301, 744.1303, 744.1309, 744.1311, 744.3551, 744.3553, 744.3557, 744.3559, 744.3561, 744.3819

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

See the following sections of 26 TAC that pertain to the identified operation types:

- Child Care Centers ([Chapter 746](#)): §§746.1301, 746.1303, 746.1305, 746.1309
- Child Care Homes ([Chapter 747](#)): §§747.1007, 747.1107, 747.1301, 747.1303, 747.1305, 747.1309
- School-Age and Before- or After-School Programs ([Chapter 744](#)): §§744.1301, 744.1303, 744.1309, 744.1311

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

Licensed child care center, school-age, before-, and after-school program, and licensed and registered child care home standards require emergency preparedness and response planning to be covered in orientation and annual training. For child care homes, proof of this training is required for the primary caregiver.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

- Pre-Service
- Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

- Yes
- No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Child care trainer and training curricula must meet criteria outlined in rule. The trainings may be either instructor-led or self-instructional. CCR provides technical assistance for online training through Texas A&M AgriLife as well as training resources through TECPDS. Updated information about training is shared with providers through CCR's email distribution system, and communications and notices are posted on the HHS website. DFPS also offers training for child care professionals.

5.3.8 Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants.

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

For all providers eligible to receive CCDF, minimum standards require providers to:

- clearly mark cleaning supplies and other toxic materials;
- keep cleaning supplies and other toxic materials away from food and inaccessible to children;
- use, store, and dispose of hazardous materials as recommended by the manufacturer;
- wash hands after handling cleaners, toxic materials, or bodily fluids; and
- wear gloves when handling blood.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

Licensed child care center, school-age, before-, and after-school program, and licensed and registered child care home standards require appropriate handling and storage of hazardous materials and disposal of biological contaminants to be covered in orientation and annual training. For child care homes, proof of this training is required for the primary caregiver.

All providers must clearly mark cleaning supplies and other toxic materials and keep them separate from food and inaccessible to children. Additionally, providers must follow the manufacturer's recommendations for the use, storage, and disposal of hazardous materials.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

See the following sections of 26 TAC that pertain to the identified operation types:

- Child Care Centers ([Chapter 746](#)): §§746.3317, 746.3407, 746.3415, 746.3425, 746.3701
- Child Care Homes ([Chapter 747](#)): §§747.3203, 747.3211, 747.3221, 747.3225, 747.3501
- School-Age and Before- or After-School Programs ([Chapter 744](#)): §§744.2507, 744.2515, 744.2523, 744.2601

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

See the following sections of 26 TAC that pertain to the identified operation types:

- Child Care Centers ([Chapter 746](#)): §§746.1301, 746.1303, 746.1309
- Child Care Homes ([Chapter 747](#)): §§747.1007, 747.1107, 747.1301, 747.1305, 747.1309
- School-Age and Before- or After-School Programs ([Chapter 744](#)): §§744.1303, 744.1309, 744.1311

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

Licensed child care center, school-age, before-, and after-school program, and licensed and registered child care home standards require handling and storage of hazardous materials and the appropriate disposal of biological contaminants to be covered in orientation and annual training.

For child care homes, minimum qualifications require proof of this training for the

primary caregiver.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Child care trainer and training curricula must meet criteria outlined in rule. The trainings may be either instructor-led or self-instructional. CCR provides technical assistance for online training through Texas A&M AgriLife as well as training resources through TECPDS. Updated information about training is shared with providers through CCR's email distribution system, and communications and notices are posted on the HHS website. DFPS also offers training for child care professionals.

5.3.9 Precautions in transporting children (if applicable).

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

Minimum standards for licensed child care centers, school-age, before-, and after-school programs, and licensed and registered child care homes require providers to:

- obtain a parent or guardian's permission to transport the children in their care;
- have a transportation policy;
- prohibit alcohol, controlled substances, and smoking while transporting;

- maintain vehicles in safe operating condition;
- take safety precautions when loading and unloading children;
- use passenger safety seat systems;
- require the use of safety belts for caregivers and drivers;
- carry a driver's license and documentation of the names of the children being transported;
- emergency medical transport and treatment authorization forms for each child being transported;
- parent's names and telephone numbers and emergency telephone numbers for each child being transported;
- carry safety equipment, including a fire extinguisher and first-aid kit;
- have a plan to handle transportation emergencies;
- have communication requirements regarding the transport of children; and
- under certain circumstances, have an electronic child-safety alarm installed.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

For licensed child care centers, a vehicle purchased or leased on or after December 31, 2013, must be equipped with an electronic child-safety alarm if the vehicle is designed to seat eight or more individuals and the operation uses the vehicle to transport children in care. Providers are responsible for ensuring that the alarm is installed and maintained according to the manufacturer's instructions. The alarm must be used at all times whenever a vehicle is used to transport a child in care.

Child care homes are not required to have an electronic child-safety alarm installed. If the home transports children whose chronological or developmental age is younger than nine years old, two clock hours of annual transportation safety training is required for the primary caregiver and each employee before transporting a child.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

See the following sections of 26 TAC that pertain to the identified operation types:

- Child Care Centers ([Chapter 746](#)): §§746.501, 746.605, 746.901, 746.1301, 746.1303, 746.1311, 746.1316, 746.1316, 746.1805, 746.3703, 746.5601, 746.5603, 746.5605, 746.5607, 746.5609, 746.5611, 746.5613, 746.5615, 746.5617, 746.5619, 746.5621, 746.5623, 746.5625, 746.5627

- Child Care Homes ([Chapter 747](#)): §§747.605, 747.901, 747.1303, 747.1314, 747.3503, 747.5401, 747.5403, 747.5405, 747.5407, 747.5409, 747.5411, 747.5413, 747.5415, 747.5417, 747.5419, 747.5421
- School-Age and Before- or After-School Programs ([Chapter 744](#)): §§744.501, 744.605, 744.901, 744.1317, 744.2603, 747.2901, 744.3801, 744.3803, 744.3805, 744.3807, 744.3809, 744.3811, 744.3813, 744.3815, 744.3817, 744.3819, 744.3821

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

See the following sections of 26 TAC that pertain to the identified operation types:

- Child Care Centers ([Chapter 746](#)): §§746.1301, 746.1303, 746.1309, 746.1311, 746.1316
- Child Care Homes ([Chapter 747](#)): §§747.1007, 747.1107, 747.1301, 747.1303, 747.1305, 747.1309, 747.1314
- School-Age and Before- or After-School Programs ([Chapter 744](#)): §§744.1301, 744.1303, 744.1309, 744.1317

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

Licensed child care center, school-age, before-, and after-school program, and licensed and registered child care home standards require two clock hours of transportation safety training in addition to any requirements for orientation, pre-service, and annual training.

Precautions for transporting children must be covered in orientation if the operation transports a child whose chronological or developmental age is younger than nine years old.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Child care trainer and training curricula must meet criteria outlined in rule. The trainings may be either instructor-led or self-instructional. CCR provides technical assistance for online training through Texas A&M AgriLife as well as training resources through TECPDS. Updated information about training is shared with providers through CCR's email distribution system, and communications and notices are posted on the HHS website.

5.3.10 Pediatric first aid and pediatric cardiopulmonary resuscitation (CPR).

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

For all providers eligible to receive CCDF, CCR minimum standards for licensed child care centers, school-age, before-, and after-school programs, and licensed and registered child care homes require CPR training and recertification to adhere to the guidelines for cardiopulmonary resuscitation for laypersons established by the American Heart Association. Each caregiver and the child care center director must have a current certificate of training with an expiration or renewal date.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

Each caregiver and the child care center director must have a current certificate of

training with an expiration or renewal date.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

See the following sections of 26 TAC that pertain to the identified operation types:

- Child Care Centers ([Chapter 746](#)): §§746.1301, 746.1315, 746.1317, 746.1329, 746.3001
- Child Care Homes ([Chapter 747](#)): §§747.1007, 747.1107, 747.1209, 747.1301, 747.1303, 747.1305, 747.1309, 747.1313, 747.1327, 747.2901
- School-Age and Before- or After-School Programs ([Chapter 744](#)): §§744.1301, 744.1303, 744.1309, 744.1311, 744.1315, 744.1319, 744.1331, 744.2301

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

See the following sections of 26 TAC that pertain to the identified operation types:

- Child Care Centers ([Chapter 746](#)): §§746.1301, 746.1315
- Child Care Homes ([Chapter 747](#)): §§747.1303, 747.1313
- School-Age and Before- or After-School Programs ([Chapter 744](#)): §§744.1301, 744.1315

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

Each caregiver and the child care center director must have a current certificate of training with an expiration or renewal date.

For licensed child care centers and school-age, before-, and after-school programs, a new caregiver does not have to have a current certificate in pediatric CPR before having unsupervised access to a child in care. However, the operation must have at least one employee or caregiver on the premises while children are in care that has a current certificate in pediatric CPR. New caregivers must obtain a certificate in pediatric CPR within 90 days of employment.

For licensed child care centers and school-age, before-, and after-school programs, a

new caregiver must have a current certificate in pediatric first aid before having unsupervised access to a child in care. New caregivers must obtain a certificate in pediatric first aid within 90 days of employment.

For child care homes, the primary caregiver must have a current certificates in both pediatric first aid and CPR before the home may be registered or licensed. For a substitute caregiver, the certificates must be obtained before the substitute may be counted in the child/caregiver ratio.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

- Pre-Service
- Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

- Yes
- No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Child care trainer and training curricula must meet criteria outlined in rule. First aid and CPR training must be obtained through instructor-led training.

CCR provides pediatric CPR and first aid training resources through various outlets. Updated information about training is shared with providers by instructors that adhere to the guidelines for CPR established by the American Heart Association.

5.3.11 Recognition and reporting of child abuse and neglect. Note: The description must include a certification that child care providers within the state comply with the child abuse reporting requirements of section 106(b)(2)(B)(i) of the Child Abuse Prevention

and Treatment Act (42 U.S.C. 5106a(b)(2)(B)(i)).

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

CCR Minimum standards require employees to ensure that no child is abused or neglected while in the care of the center. All caregivers must report suspected abuse, neglect, or exploitation.

An overview of the policy on prevention, recognition, and reporting of child maltreatment must be covered in orientation and as part of annual training for all caregivers. Providers must also develop written policies and procedures on preventing and responding to abuse and neglect of children that include the following:

- Requirements for annual training for employees
- Methods for increasing employee and parent awareness of child abuse and neglect, including information on warning signs that a child may be a victim of abuse or neglect and factors that may indicate that a child is at risk
- Strategies for coordination between the center and appropriate community organizations
- Actions that the parent of a child who is a victim of abuse or neglect should take to obtain assistance and intervention, including procedures for reporting child abuse or neglect

CCR minimum standards require directors to ensure that:

- no child is abused or neglected;
- employees report abuse and neglect; and
- policies are provided to parents and include instructions on how to report abuse and neglect.

Directors must also ensure that employees are trained on the provider's policies about the prevention, recognition, and reporting of abuse or neglect, including:

- factors indicating that a child is at risk of abuse or neglect;
- warning signs that a child might be a victim of abuse or neglect;
- procedures for reporting abuse or neglect; and
- information about community organizations that have additional training on the topic.

The number for the Texas Abuse Hotline (1-800-252-5400) is required to be posted in a prominent area within the facility. Additional requirements include notification of all parents and guardians of children in care regarding any incident of abuse, neglect, or exploitation of a child.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

Licensed child care center, school-age, before-, and after-school program, and licensed and registered child care home standards require policies on the prevention, recognition, and reporting of child maltreatment and recognition and reporting of child abuse and neglect to be covered in orientation.

For licensed child care centers and licensed and registered child care homes that care for children younger than 24 months of age, one hour of each caregiver's pre-service training must cover the following topics:

- Recognizing and preventing shaken baby syndrome and abusive head trauma
- Understanding and using safe-sleep practices and preventing SIDS
- Early childhood brain development

Licensed child care centers and school-age, before-, and after-school programs must require at least one clock hour of annual training on prevention, recognition, and reporting of child maltreatment.

Listed family home standards were adopted in March 2021. The standards establish basic health and safety guidelines for these providers. Listed family homes are exempt from receiving CCDF, with the exception of relative-only providers. Relative-only listed family homes are exempt from the new standards.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

See the following sections of 26 TAC that pertain to the identified operation types:

- Child Care Centers ([Chapter 746](#)): §§746.201, 746.309, 749.311, 746.501, 746.901, 746.1201, 746.1303, 746.1309, 746.1311
- Child Care Homes ([Chapter 747](#)): §§747.207, 747.303, 747.309, 747.501, 747.1007, 747.1107, 747.1301, 747.1403, 747.1501
- School-Age and Before- or After-School Programs ([Chapter 744](#)): §§744.201, 744.309, 744.311, 744.501, 744.901, 744.1201, 744.1303, 744.1309, 744.1311, 744.2109

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

See the following sections of 26 TAC that pertain to the identified operation types:

- Child Care Centers ([Chapter 746](#)): §§746.1301, 746.1303, 746.1305, 746.1309, 746.1311
- Child Care Homes ([Chapter 747](#)): §§747.1007, 747.1107, 747.1301, 747.1303, 747.1305, 747.1309
- School-Age and Before- or After-School Programs ([Chapter 744](#)): §§744.1301, 744.1303, 744.1309, 744.1311

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

Licensed child care center, school-age, before-, and after-school program, and licensed and registered child care home standards require training on the prevention, recognition, and reporting of child maltreatment to be covered in orientation. For child care homes, proof of training is required for the primary caregiver.

For licensed child care centers and licensed and registered child care homes that provide care for children younger than 24 months of age, one hour of each caregiver's pre-service training must cover the following topics:

- Recognizing and preventing shaken baby syndrome and abusive head trauma
- Understanding and using safe-sleep practices and preventing SIDS
- Early childhood brain development

Licensed child care centers and school-age, before-, and after-school programs must require at least one clock hour of annual training on prevention, recognition, and reporting of child maltreatment.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

- Pre-Service
- Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

- Yes

No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Child care trainer and training curricula must meet criteria outlined in rule. The trainings may be either instructor-led or self-instructional. CCR provides technical assistance for online training through Texas A&M AgriLife as well as training resources through TECPDS. Updated information about training is shared with providers through CCR's email distribution system, and communications and notices are posted on the HHS website. DFPS also offers training for child care professionals.

5.3.12 PLEASE ENTER 'NA' IN THE TEXT BOXES 'i', 'ii', AND 'iii' BELOW, AND COMPLETE QUESTION 5.3.12b

a. PLEASE ENTER 'NA' IN THE TEXT BOXES 'i', 'ii', AND 'iii' BELOW, AND COMPLETE QUESTION 5.3.12b

i. Please enter 'NA' below

N/A

ii. Please enter 'NA' below

N/A

iii. Please enter 'NA' below

N/A

5.3.12 Child Development. Lead Agencies are required to describe in their plan how training addresses child development principles, including the major domains of cognitive, social, emotional, physical development and approaches to learning (98.44(b)(1)(iii)).

b. Pre-Service and Ongoing Training

i. Describe the training content and provide the citation(s) for the training requirement(s). Include citations for both licensed and license-exempt providers

See the following sections of 26 TAC that pertain to the identified operation types:

- Child Care Centers ([Chapter 746](#)): §§746.1015, 746.1017, 746.1027, 746.1301, 746.1303, 746.1305, 746.1309, 746.1311
- Child Care Homes ([Chapter 747](#)): §§747.1007, 747.1013, 747.1107, 747.1119, 747.1301, 747.1303, 747.1305, 747.1309
- School-Age and Before- or After-School Programs ([Chapter 744](#)): §§744.1301, 744.1303, 744.1305, 744.1309, 744.1311

ii. Describe any variations in training requirements for this topic. Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

Licensed child care center, school-age, before-, and after-school program standards require pre-service training for caregivers to include developmental stages of children and age appropriate activities for children. In child care homes, the primary caregiver is required to show proof of training in understanding early childhood brain development and the developmental stages of children before becoming registered or licensed.

Primary caregivers in a licensed home must also provide evidence of meeting child development education requirements before receiving a license.

Licensed child care center, school-age, before-, and after-school program, and licensed and registered child care home standards require that at least six clock hours of the annual training hours must be in one or more of the following topics:

- (1) Child growth and development;
- (2) Guidance and discipline;
- (3) Age-appropriate curriculum; and
- (4) Teacher-child interaction.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

v. How do providers receive updated information and/or training regarding this topic? This description should include methods to ensure that providers are able to maintain and update their understanding of child development principles as described in the topic above.

Child care trainer and training curricula must meet criteria outlined in rule. The trainings may be either instructor-led or self-instructional. CCR provides technical assistance for online training through Texas A&M AgriLife as well as training resources through TECPDS. Updated information about training is shared with providers through CCR's email distribution system, and communications and notices are posted on the HHS website. DFPS also offers training for child care professionals.

5.3.13 Provide the number of hours of ongoing training required annually for eligible CCDF providers in the following settings (658E(c)(2)(G)(iii):

a. Licensed child care centers:

- 30 clock hours of annual training for directors
- 24 clock hours of annual training for caregivers

b. License-exempt child care centers:

N/A

c. Licensed family child care homes:

- 30 clock hours of annual training for primary caregivers
- 24 clock hours of annual training for substitute/assistant caregivers in a licensed child care home who are counted in ratio on more than ten separate occasions in one training year
- 15 clock hours of annual training for substitute/assistant caregivers in a registered child care home who are counted in ratio on more than 10 separate occasions in one

training year

d. License-exempt family child care homes:

N/A

e. Regulated or registered In-home child care:

N/A

f. Non-regulated or registered in-home child care:

N/A

5.3.14 In addition to the required standards, does the Lead Agency require providers to comply with the following optional standards? If checked, describe the standards, how often the training is required and include the citation. (Please check all that apply)

a. Nutrition:

Describe:

CCR Minimum standards include requirements for how often to provide snacks and meals. The meals and snacks served must follow the meal patterns established by the US Department of Agriculture Child and Adult Care Food Program (CACFP) that is administered by the Texas Department of Agriculture. Licensed child care centers, school-age, before-, and after-school programs, and licensed and registered child care homes must follow these patterns regardless of whether the operation participates in the program for reimbursement.

CCR minimum standards have specific requirements for feeding infants and specify the daily food needs of children by the age groups outlined by CACFP. Minimum standards prohibit serving fruit or vegetable juice to children younger than 12 months and specify the permissible amount of juice to serve to children in age groups 12 months through five years and six years and older.

For an infant who is not yet ready for table food, providers must obtain and follow written feeding instructions that are signed and dated by the infant's parent or health

care professional. These instructions must be updated every 30 days.

Annual training hours may include nutrition education, but there are no specific requirements.

See the following sections of 26 TAC that pertain to the identified operation types:

- Child Care Centers ([Chapter 746](#)): §§746.2419, 746.2421, 746.3301-746.3321, 746.3301, 746.3303, 746.3309, 746.3311, 746.3309, 746.3319
- Child Care Homes ([Chapter 747](#)): §§747.2319, 747.2321, 747.3101-747.3121, 747.3101, 747.3103, 747.3109, 747.3111, 747.3119
- School-Age and Before- or After-School Programs ([Chapter 744](#)): §§744.2401-744.2423, 744.2401, 744.2403, 744.2409, 744.2411, 744.2421

b. Access to physical activity:

Describe:

CCR minimum standards for physical activity were updated to align with the best practices published in the fourth edition of *Caring for Our Children*. Minimum standards now require children ages 18 months and older be allowed 60 to 90 total minutes of outdoor time each day. Minimum standards include specific requirements for the types of activities provided for the following age groups: infants, toddlers, prekindergarten, and school-age.

Minimum standards require all children ages 18 months and older to be provided with the opportunity for outdoor play twice a day, weather permitting. Infants are required to have the opportunity for outdoor play at least once a day. The daily activity plan must contain a balance of active and quiet play that includes group and individual activities. Withholding active play or keeping a child inside as a consequence for behavior, unless the child is exhibiting behavior during active play that requires a brief supervised separation or time-out, is prohibited.

Operational policies should include and address the promotion of indoor and outdoor physical activity and cover the following:

- The benefits of physical activity and outdoor play
- The duration of both indoor and outdoor physical activity at the operation
- The type of physical activity (structured and unstructured) that children may engage in at the operation
- Each setting in which physical activity will take place
- The recommended clothing and footwear that allow children to participate freely and safely in physical activities

- A plan to ensure physical activity occurs on days when extreme weather conditions prohibit or limit outdoor play

Providers must ensure that screen time activity, if used:

- is related to planned activities that meet educational goals;
- is age-appropriate;
- does not exceed one hour per day;
- is not during mealtimes, snack times, nap times, or rest times; and
- does not include advertising or violence.

A school-age child may use screen time without restriction for homework. Screens must be turned off when not in use.

Annual training hours may include instruction on physical activity, but there are no specific requirements.

See the following sections of 26 TAC that pertain to the identified operation types:

Child Care Centers ([Chapter 746](#)): §§746.123, 746.501, 746.2203, 746.2205, 746.2206, 746.2207, 746.2417, 746.2507, 746.2607, 746.2707, 746.2805, 746.3209

Child Care Homes ([Chapter 747](#)): §§747.123, 747.501, 747.2102, 747.2103, 747.2104, 747.2105, 747.2317, 747.2407, 747.2507, 747.2607, 747.2705

School-Age and Before- or After-School Programs ([Chapter 744](#)): §§744.123, 744.501, 744.2001, 744.2002, 744.2003, 744.2005, 744.2007, 744.2105

c. Caring for children with special needs:

Describe:

CCR minimum standards require operations to ensure that children who need special care due to disabling or limiting conditions receive the care recommended by a health care professional or by qualified individuals affiliated with the local school district or early childhood intervention program.

Information about special needs requirements must be obtained at admission. These basic care requirements must be documented and on file for review at the child care center during operating hours.

Caregivers must provide planned activities designed to meet the individual needs and developmental level of each child. All activities must integrate all children with or without special care needs. Facilities may need to adapt equipment and vary methods

to ensure that the operation cares for children with special needs in a natural environment.

Annual training hours may include caring for children with special needs, but there are no specific requirements.

See the following sections of 26 TAC that pertain to the identified operation types:

- Child Care Centers ([Chapter 746](#)): §§746.123, 746.201, 746.605, 746.609, 746.1309, 746.1311, 746.1507, 746.2201, 746.2203, 746.3311, 746.5202
- Child Care Homes ([Chapter 747](#)): §§747.123, 747.605, 747.609, 747.1305, 747.1309, 747.1603, 747.2101, 747.3311, 747.5003
- School-Age and Before- or After-School Programs ([Chapter 744](#)): §§744.123, 744.201, 744.605, 747.2101, 744.1309, 744.1311, 744.1501, 744.2001, 744.2005, 744.2411, 744.3553

- d. Any other areas determined necessary to promote child development or to protect children's health and safety (98.44(b)(1)(iii)).

Describe:

Minimum standards include requirements for diapering, including how and when diapers must be changed, what equipment is required, and how to prevent the spread of germs when diapering children. See the following sections of 26 TAC: §§746.3501-746.3505, 747.3301-747.3307, and 745.10005.

Minimum standards prohibit the use of tobacco products in or on the grounds of an operation. See the following sections of 26 TAC: §§744.2603, 746.3703, and 747.3503. Child care homes are prohibited from tobacco use only during operating hours. The only providers eligible to provide in-home care are individuals related to the child. Relative-only providers are exempt from these requirements.

Minimum standards require that operations be equipped with a working carbon monoxide detection system. See the following sections of 26 TAC: §§744.3731-744.3757, 746.5531-746.5357, and 747.5331-747.5337.

Minimum standards require annual fire inspections for centers. See the following sections of 26 TAC: §§744.3501-744.3505 and 746.5101-746.5105. Fire inspections are not applicable to child care homes; however, local ordinances may require one. If

care is provided for children above or below the ground floor of the child care home, written approval must be granted from the state or local fire marshal.

5.4 Monitoring and Enforcement Policies and Practices for CCDF Providers

5.4.1 Enforcement of licensing and health and safety requirements.

Lead agencies must certify that procedures are in effect to ensure that all child care providers caring for children receiving CCDF services comply with all applicable state and local health and safety requirements, including those described in 98.41 (98.42(a)). This may include, but is not limited to, any systems used to ensure that providers complete health and safety trainings, any documentation required to be maintained by child care providers, or any other monitoring procedures to ensure compliance. Note: Inspection requirements are described starting in 5.4.2.

a. To certify, describe the procedures to ensure that CCDF providers comply with the required Health and Safety Standards as described in Section 5.3.

Child Care Regulation (CCR) is responsible for promulgating and enforcing minimum standards for regulated providers. CCR has three sets of minimum standards based on the type of provider:

- minimum standards for child care centers;
- minimum standards for before- or after-school care and school-age programs; and
- minimum standards for child care homes.

These minimum standards are stated in 26 Texas Administrative Code (TAC) Chapters [746](#), [744](#), and [747](#), respectively, and have comprehensive requirements related to health and safety with which child care providers must comply. CCR staff enforces compliance with minimum standards through inspections, investigations, and technical assistance. If a CCR staff member identifies a compliance deficiency, the staff member follows up with the provider to verify that the deficiency was corrected. If the provider is unable to meet the standards fully or demonstrates a pattern of noncompliance, including a pattern that threatens the health and safety of children, CCR may impose an enforcement action. The policy and procedures that CCR uses to enforce minimum standards, licensing rules, and statute are documented in the [Child Care Regulation Policy and Procedures Handbook](#) and are governed by Human Resources Code (HRC) [Chapter 42](#), 26 TAC [Chapter 745](#), and 40 TAC [Chapter 745](#).

b. To certify, describe the procedures to ensure that CCDF providers comply with the required Health and Safety Training as described in Section 5.3.

CCR is responsible for promulgating and enforcing minimum standards for regulated providers. CCR has three sets of minimum standards based on the type of provider:

- minimum standards for child care centers;
- minimum standards for before- or after-school care and school-age programs; and
- minimum standards for child care homes.

These minimum standards are stated in 26 TAC Chapters [746](#), [744](#), and [747](#), respectively, and have comprehensive requirements related to health and safety with which child care providers must comply. CCR staff enforces compliance with minimum standards through inspections, investigations, and technical assistance. If a CCR staff member identifies a compliance deficiency, the staff member follows up with the provider to verify that the deficiency was corrected. If the provider is unable to meet the standards fully or demonstrates a pattern of noncompliance, including a pattern that threatens the health and safety of children, CCR may impose an enforcement action. The policy and procedures that CCR uses to enforce minimum standards, licensing rules, and statute are documented in the [Child Care Regulation Policy and Procedures Handbook](#) and are governed by HRC [Chapter 42](#), 26 TAC [Chapter 745](#), and 40 TAC [Chapter 745](#).

c. To certify, describe the procedures to ensure that CCDF providers comply with all other applicable state and local health, safety, and fire standards.

CCR is responsible for promulgating and enforcing minimum standards for regulated providers. CCR has three sets of minimum standards based on the type of provider:

- minimum standards for child care centers;
- minimum standards for before- or after-school care and school-age programs; and
- minimum standards for child care homes.

These minimum standards are stated in 26 TAC Chapters [746](#), [744](#), and [747](#), respectively, and have comprehensive requirements related to health and safety with which child care providers must comply. CCR staff enforces compliance with minimum standards through inspections, investigations, and technical assistance. If a CCR staff member identifies a compliance deficiency, the staff member follows up with the provider to verify that the deficiency was corrected. If the provider is unable to meet the standards fully or demonstrates a pattern of noncompliance, including a pattern that threatens the health and safety of children, CCR may impose an enforcement action. The policy and procedures that CCR uses to enforce minimum standards, licensing rules, and statute

are documented in the [Child Care Regulation Policy and Procedures Handbook](#) and are governed by HRC [Chapter 42](#), 26 TAC [Chapter 745](#), and 40 TAC [Chapter 745](#).

5.4.2 Inspections for licensed CCDF providers.

Lead agencies must require licensing inspectors to perform inspections - with no fewer than one pre-licensure inspection for compliance with health, safety, and fire standards - of each child care provider and facility in the state/territory. Licensing inspectors are required to perform no fewer than one annual, unannounced inspection of each licensed CCDF provider for compliance with all child care licensing standards; it shall include an inspection for compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards; inspectors may inspect for compliance with all three standards - health, safety, and fire - at the same time (658E(c)(2)(K)(i)(II); 98.16 (n); 98.42(b)(2)(i)).

Certify by describing, in the questions below, your state/territory's monitoring and enforcement procedures to ensure that licensed child care providers comply with licensing standards, including compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards.

a. Licensed CCDF center-based child care

i. Describe your state/territory's policies and practices for pre-licensure inspections of licensed child care center providers for compliance with health, safety, and fire standards.

CCR conducts pre-licensure inspections during which the provider is evaluated for compliance with all applicable minimum standards, including those for health, safety, and fire standards. Any deficiencies that CCR staff identifies must be corrected before a permit may be issued.

ii. Describe your state/territory's policies and practices for annual, unannounced inspections of licensed CCDF child care center providers.

CCR staff conducts at least one annual, unannounced monitoring inspection at each child care center, before- or after-school care, and school-age program. Staff may conduct additional unannounced inspections based on factors such as an operation's

compliance history.

iii. Identify the frequency of unannounced inspections:

- A. Once a year
 B. More than once a year

Describe:

iv. If applicable, describe the differential monitoring process and how these inspections ensure that child care center providers continue to comply with the applicable licensing standards, including health, safety, and fire standards.

N/A-Texas does not conduct differential monitoring

v. List the citation(s) for your state/territory's policies regarding inspections for licensed CCDF center providers

HRC [§42.044\(b\)](#); 40 TAC [§745.8407\(3\)](#)

5.4.2 Inspections for licensed CCDF providers.

Lead agencies must require licensing inspectors to perform inspections - with no fewer than one pre-licensure inspection for compliance with health, safety, and fire standards - of each child care provider and facility in the state/territory. Licensing inspectors are required to perform no fewer than one annual, unannounced inspection of each licensed CCDF provider for compliance with all child care licensing standards; it shall include an inspection for compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards; inspectors may inspect for compliance with all three standards - health, safety, and fire - at the same time (658E(c)(2)(K)(i)(II); 98.16 (n); 98.42(b)(2)(i)).

Certify by describing, in the questions below, your state/territory's monitoring and enforcement procedures to ensure that licensed child care providers comply with licensing standards, including compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards.

b. Licensed CCDF family child care home

i. Describe your state/territory's requirements for pre-licensure inspections of licensed family child care providers for compliance with health, safety, and fire standards

CCR conducts pre-licensure inspections during which the provider is evaluated for compliance with all applicable minimum standards, including those for health, safety, and fire standards. Any deficiencies that CCR staff identifies must be corrected before a permit may be issued.

ii. Describe your state/territory's policies and practices for annual, unannounced inspections of licensed CCDF family child care providers.

CCR staff conducts at least one annual, unannounced monitoring inspection at each CCDF family child care operation. Staff may conduct additional unannounced inspections based on factors such as an operation's compliance history.

iii. Identify the frequency of unannounced inspections:

- A. Once a year
- B. More than once a year

Describe:

iv. If applicable, describe the differential monitoring process and how these inspections ensure that family child care providers continue to comply with the applicable licensing standards, including health, safety, and fire standards.

N/A-Texas does not conduct differential monitoring.

v. List the citation(s) for your state/territory's policies regarding inspections for licensed CCDF family child care providers

Child Care Licensing Policy and Procedures Handbook (CCLPPH) 4132

5.4.2 Inspections for licensed CCDF providers.

Lead agencies must require licensing inspectors to perform inspections - with no fewer

than one pre-licensure inspection for compliance with health, safety, and fire standards - of each child care provider and facility in the state/territory. Licensing inspectors are required to perform no fewer than one annual, unannounced inspection of each licensed CCDF provider for compliance with all child care licensing standards; it shall include an inspection for compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards; inspectors may inspect for compliance with all three standards - health, safety, and fire - at the same time (658E(c)(2)(K)(i)(II); 98.16 (n); 98.42(b)(2)(i)).

Certify by describing, in the questions below, your state/territory's monitoring and enforcement procedures to ensure that licensed child care providers comply with licensing standards, including compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards.

c) Licensed in-home CCDF child care

i. Does your state/territory license in-home child care (care in the child's own home)?

No (Skip to 5.4.3 (a)).

Yes. If yes, answer A-D below:

A. Describe your state/territory's policies and practices for pre-licensure inspections of licensed in-home care (care in the child's own) providers for compliance with health, safety, and fire standards.

Relative-only listed family homes that meet other eligibility requirements for CCDF are the only providers to which CCR may issue a permit that can provide care in the child's own home. CCR does not conduct inspections on any listed family homes. The Texas Department of Family and Protective Services conducts investigations of allegations of abuse, neglect, or exploitation involving a listed family home.

B. Describe your state/territory's policies and practices for annual, unannounced inspections of licensed CCDF child care in-home care (care in the child's own home) providers.

N/A

C. Identify the frequency of unannounced inspections:

1. Once a year

2. More than once a year

Describe:

N/A

D. If applicable, describe the differential monitoring process and how these inspections ensure that in-home care (care in the child's own providers continue to comply with the applicable licensing standards, including health, safety, and fire standards.

N/A

E. List the citation(s) for your state/territory's policies regarding inspections for licensed CCDF in-home care (care in the child's own home) providers.

[HRC 42.052\(i\)](#)

5.4.2 Inspections for licensed CCDF providers.

Lead agencies must require licensing inspectors to perform inspections - with no fewer than one pre-licensure inspection for compliance with health, safety, and fire standards - of each child care provider and facility in the state/territory. Licensing inspectors are required to perform no fewer than one annual, unannounced inspection of each licensed CCDF provider for compliance with all child care licensing standards; it shall include an inspection for compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards; inspectors may inspect for compliance with all three standards - health, safety, and fire - at the same time (658E(c)(2)(K)(i)(II); 98.16 (n); 98.42(b)(2)(i)).

Certify by describing, in the questions below, your state/territory's monitoring and enforcement procedures to ensure that licensed child care providers comply with licensing standards, including compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards.

d) List the entity(ies) in your state/territory that are responsible for conducting pre-licensure inspections and unannounced inspections of licensed CCDF providers

Texas Health and Human Services Commission Child Care Regulation Department (CCR)

5.4.3 Inspections for license-exempt center-based and family child care providers.

The Lead Agency must have policies and practices that require licensing inspectors (or qualified monitors designated by the Lead Agency) to perform an annual monitoring visit of each license-exempt CCDF provider for compliance with health, safety, and fire standards (658E(c)(2)(K)(i)(IV); 98.42(b)(2)(ii)). Inspections for relative providers will be addressed in question 5.6.4. At a minimum, the health and safety requirements to be inspected must address the standards listed in subsection 5.3 (98.41(a)).

To certify, describe the policies and practices for the annual monitoring of:

- a. License-exempt center-based CCDF providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring is used.

N/A-exempt providers are not regulated or monitored by CCR.

- i. Provide the citation(s) for this policy or procedure

N/A

- b. License-exempt family child care CCDF providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring is used.

N/A; Exempt providers are not regulated or monitored by CCR.

- i. Provide the citation(s) for this policy or procedure

N/A

5.4.4 Inspections for license-exempt in-home care (care in the child's own home).

Lead Agencies have the option to develop alternate monitoring requirements for care provided

in the child's home that are appropriate to the setting. A child's home may not meet the same standards as other child care facilities and this provision gives Lead Agencies flexibility in conducting more streamlined and targeted on-site inspections. For example, Lead Agencies may choose to monitor in-home providers on basic health and safety requirements such as training and background checks. Lead Agencies could choose to focus on health and safety risks that pose imminent danger to children in care. This flexibility cannot be used to bypass the monitoring requirement altogether. States should develop procedures for notifying parents of monitoring protocols and consider whether it would be appropriate to obtain parental permission prior to entering the home for inspection (98.42(b)(2)(iv)(B)).

a. To certify, describe the policies and practices for the annual monitoring of license-exempt in-home care, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring procedures are used.

N/A-exempt providers are not regulated or monitored by CCR.

b. Provide the citation(s) for this policy or procedure.

N/A

c. List the entity(ies) in your state/territory that are responsible for conducting inspections of license-exempt CCDF providers:

N/A

5.4.5 Licensing Inspectors (or qualified inspectors designated by the Lead Agency).

Lead Agencies will have policies and practices that ensure that individuals who are hired as licensing inspectors (or qualified monitors designated by the Lead Agency) are qualified to inspect child care providers and facilities and have received health and safety training appropriate to the provider setting and age of the children served. Training shall include, but is not limited to, those requirements described in 98.41(a)(1) and all aspects of the state's licensure requirements (658E(c)(2)(K)(i)(I); 98.42(b)(1-2)).

a. To certify, describe how the Lead Agency ensures that licensing inspectors (or qualified monitors designated by the Lead Agency) are qualified to inspect child care facilities and providers

CCR inspectors must have a college degree and complete a 14-week training program

provided by CCR.

b. To certify, describe how inspectors and monitors have received training on health and safety requirements that are appropriate to the age of the children in care and the type of provider setting (98.42(b)(1-2)).

The training program involves classroom, individual, and experiential learning activities designed to ensure that inspectors learn how to regulate for the health and safety requirements outlined in state law, rules, and agency policy.

c. Provide the citation(s) for this policy or procedure.

Child Care Regulation Professional Development Division Handbook. 4000 Required CCR Classes

5.4.6 The states and territories shall have policies and practices that require the ratio of licensing inspectors to child care providers and facilities in the state/territory to be maintained at a level sufficient to enable the state/territory to conduct effective inspections of child care providers and facilities on a timely basis in accordance with federal, state, and local laws (658E(c)(2)(K)(i)(III); 98.42(b)(3)).

a. To certify, describe the state/territory policies and practices regarding the ratio of licensing inspectors to child care providers (i.e. number of inspectors per number of child care providers) and facilities in the state/territory and include how the ratio is sufficient to conduct effective inspections on a timely basis.

CCR has created a weighted points system (WPS) to assist with caseload management. Caseloads are based on the WPS that has been designed to take into consideration the following factors:

- Numbers and type of child care operations
- Investigations (forecasted)
- Applications (forecasted)
- All other inspections

CCR derives forecasting formulas by using a weighted moving average model that is based on 10 years of historical data. CCR then uses the state's average time at inspections to determine the "weight" assigned to each factor to calculate the points correlated to a specific child care operation. CCR assigns each county points and

workloads with a targeted set of points per inspector. CCR reassess the data at least every other year to determine whether positions need to be relocated to other areas in the state to address statewide fluctuation in child care operations.

b. [Provide the policy citation and state/territory ratio of licensing inspectors.](#)

CCR provides monthly updates to the Texas Legislative Budget Board to identify current caseloads for the CCR inspector workforce. The legislature uses this information to assess whether CCR inspectors are meeting current performance measures with the allocated positions.

[5.5 Comprehensive Background Checks](#)

The CCDBG Act requires states and territories to have in effect requirements, policies and procedures to conduct comprehensive background checks for all child care staff members (including prospective staff members) of all child care programs that are 1) licensed, regulated, or registered under state/territory law; or, 2) all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers) (98.43(a)(1)(i)). Background check requirements apply to any staff member who is employed by a child care provider for compensation, including contract employees and self-employed individuals; whose activities involve the care or supervision of children; or who has unsupervised access to children (98.43(2)). For family child care homes, this requirement includes the caregiver and any other adults residing in the family child care home who are age 18 or older (98.43(2)(ii)(C)). This requirement does not apply to individuals who are related to all children for whom child care services are provided (98.43(2)(B)(ii)). Exemptions for relative providers will be addressed in 5.6.5.

A comprehensive background check must include eight (8) separate and specific components (98.43(2)(b)), which encompass three (3) in-state checks, two (2) national checks, and three (3) interstate checks (if the individual resided in another state in the preceding 5 years).

5.5.1 Background Check Requirements. In the table below, certify by checking that the state has policies, and is conducting checks for the required background check components, ensuring that these requirements are in place for all licensed, regulated, or registered child care providers and for all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i),

98.43(a)(2) and 98.16(o).

a. Components of In-State Background Checks

i. Criminal registry or repository using fingerprints in the current state of residency

Licensed, regulated, or registered child care providers

Citation:

26 Texas Administrative Code (TAC) [Chapter 745](#)

§745.605

§745.609

§745.611

All other providers eligible to deliver CCDF Services

Citation:

§745.605

§745.609

§745.611

§745.615

ii. Sex offender registry or repository check in the current state of residency

Licensed, regulated, or registered child care providers

Citation:

§745.605

§745.609

§745.611

All other providers eligible to deliver CCDF Services

Citation:

§745.605

§745.609

§745.611

§745.615

iii. Child abuse and neglect registry and database check in the current state of residency

Licensed, regulated, or registered child care providers

Citation:

§745.605

§745.609

All other providers eligible to deliver CCDF Services

Citation:

§745.605

§745.609

§745.611

§745.615

5.5.1 Background Check Requirements. In the table below, certify by checking that the state has policies, and is conducting checks for the required background check components, ensuring that these requirements are in place for

all licensed, regulated, or registered child care providers and for all other providers eligible to deliver CCDF services

(e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i), 98.43(a)(2) and 98.16(o).

b. Components of National Background Check

i. FBI Fingerprint Check

Licensed, regulated, or registered child care providers

Citation:

§745.605

§745.609

§745.611

All other providers eligible to deliver CCDF Services

Citation:

§745.605

§745.609

§745.611

§745.615

ii. National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) name-based search

Licensed, regulated, or registered child care providers

Citation:

§745.605

§745.609

§745.611

All other providers eligible to deliver CCDF Services

Citation:

§745.605

§745.609

§745.611

§745.615

5.5.1 Background Check Requirements. In the table below, certify by checking that the state has policies, and is conducting checks for the required background check components, ensuring that these requirements are in place for all licensed, regulated, or registered child care providers and for all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i), 98.43(a)(2) and 98.16(o).

c. Components of Interstate Background Checks

i. Criminal registry or repository in any other state where the individual has resided in the past 5 years, with the use of fingerprints being optional.

Note: It is optional to use a fingerprint to conduct this check. Searching a general public facing judicial website does not satisfy this requirement. This check must be completed in addition to the national FBI history check to mitigate any gaps that may exist between the two sources (unless the responding state participates in the National Fingerprint File program).

Licensed, regulated, or registered child care providers

Citation:

§745.613

All other providers eligible to deliver CCDF Services

Citation:

§745.613

ii. Sex offender registry or repository in any other state where the individual has resided in the past 5 years.

Note: It is optional to use a fingerprint to conduct this check. This check must be completed in addition to the National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) to mitigate any gaps that may exist between the two sources.

Licensed, regulated, or registered child care providers

Citation:

§745.613

All other providers eligible to deliver CCDF Services

Citation:

§745.613

iii. Child abuse and neglect registry and database in any other state where the individual has resided in the past 5 years

Note: This is a name-based search

Licensed, regulated, or registered child care providers

Citation:

§745.613

All other providers eligible to deliver CCDF Services

Citation:

§745.613

5.5.2 Procedures for a Provider to Request a Background Check.

Child care providers are required to submit requests for background checks for each of their staff members to the appropriate state or territorial agency, which is to be defined clearly on the state or territory Web site. Family child care home providers must also submit background check requests for all household members over the age of 18. The requests must be submitted prior to when the individual becomes a staff member and must be completed at least once every five years per Â§ 98.43(d)(1) and (2). The state or territory must ensure that its policies and procedures under this section, including the process by which a child care provider or other state or territory may submit a background check request, are published on the web site of the state or territory as described in Â§ 98.43(g) and the web site of local lead agencies.

a. Describe the state/territory procedure(s) for a provider to request the required background checks. If the process is different based on provider type, please include that in this description. If the process is different based on each background check component, please include that in this description.

All background check types are submitted the same way, and there is not a separate process for providers or the state agency to submit background check requests. Most regulated providers are required to use the online CCR account to submit and manage background checks. Once the provider has submitted the background check request through the online account, the background check data is transferred to the background check processing application, where CCR's Centralized Background Check Unit (CBCU) processes the background check. The system is designed to determine which background check types are required based on the following:

- Operation type
- Role of background check subject
- Supervised or unsupervised with children
- If the subject has lived in another US state or territory in the past five years

There are three provider types that are not required to use the online CCR account to submit background checks: listed family homes, employer-based child care operations,

and shelter care operations. These providers may submit a paper or electronic background check request to CBCU staff for manually entering the request. If other provider types have difficulty with their online accounts, the provider can also submit a paper or electronic form for CBCU to submit the background check while the provider is working on gaining access to the provider's account.

b. The state/territory must ensure that fees charged for completing the background checks do not exceed the actual cost of processing and administration, regardless of whether they are conducted by the state/territory or a third-party vendor or contractor. What are the fees and how do you ensure that these fees do not exceed the actual cost of processing and administering the background checks? Lead Agencies can report that no fees are charged if applicable (98.43(f)).

Child care providers and child care staff members are required to pay a \$2 per person fee to HHSC when submitting a request for a background check. This fee is used to offset the cost of the name-based background check requirements but does not fully cover the actual HHSC labor costs of processing and administering the background check program. This fee goes to the Texas General Revenue Fund.

c. Describe the state/territory policy(ies) related to prospective staff members working on a provisional basis. Pending completion of all background check components in 98.43(b), the prospective staff member must be supervised at all times by an individual who received a qualifying result on a background check described in 98.43(b) within the past 5 years (98.43(c)(4)) and the prospective staff member must have completed and received satisfactory results on either the FBI fingerprint check or a fingerprint check of the state/territory criminal registry or repository in the state where the prospective staff member resides. Describe and include a citation for the Lead Agency's policy:

Citation: 26 TAC [Chapter 745](#) §§745.631, 745.637, and 745.647. The Texas Central Registry Check and either the Texas Name-Based Criminal History Check or Fingerprint-Based National Criminal History Check must be completed prior to the background check subject is allowed to be in a provisional status. The conditions on the background check subject's presence when in a provisional status are listed below:

- (1) The individual must never be left in charge of the operation.
- (2) The individual must never be left alone with a child or group of children in the care of or enrolled in the operation, including during transportation.
- (3) The individual may only be supervised by a person with no conditions regarding his or

her presence at the operation.

(4) The individual must never be allowed to transport children in the care of or enrolled in the operation during hours of operation.

(5) The individual must never be responsible for financial transactions at the operation.

(6) The individual must never be allowed to administer medication to children in the care of the operation, except for in a medical emergency to prevent the death or serious bodily injury of a child.

(7) The individual must never be allowed to supervise caregivers, volunteers, or employees who have access to children.

A background check subject will remain in provisional status until all background check types have an eligibility status. The circumstances in which a background check subject will be in a provisional status are listed below:

(1) While the subject's out-of-state criminal history check or out-of-state child abuse or neglect registry check is pending, if applicable, and CBCU has not received information that renders the subject ineligible to be present at an operation

(2) Pending the outcome of a risk evaluation for an eligible criminal conviction, child abuse and neglect finding, or crime for which the subject has been arrested or charged

(3) For an approved risk evaluation

(4) For a minimum standard violation that is relevant to a condition or restriction already placed on a subject's presence at an operation

[d. Describe the procedure for providers to request background checks for staff members that resided in another state within the previous 5 years.](#)

All background check types are submitted the same way, and there is not a separate process for providers or the state agency to submit background check requests. Most regulated providers are required to use the online CCR account to submit and manage background checks. The system is designed to determine which background check types are required based on the following:

- Operation type
- Role of background check subject
- Supervised or unsupervised with children
- If the subject has lived in another US state or territory in the past five years

If the background check data that is submitted indicates that the background check subject has lived in another state or territory in the past five years, the system will require

those out-of-state background checks. Different processes are required to obtain results for the background checks from other states and territories. Every state and territory has a different process to request and receive its background check results and the background check subject, the provider, or CBCU will initiate the request, depending on the requirements of the state or territory.

e. Describe the procedure to ensure each staff member completes all components of the background check process at least once during each 5-year period. If your state enrolls child care staff members in the FBI Rap Back Program or a state-based rap back program, please include that in this description. Note: An FBI Rap Back program only covers the FBI Fingerprint component of the background check. If child care staff members are enrolled in a state-based rap back, please indicate which background check components are covered by this service.

The online account system notifies a provider when a background check is due for the five-year (or two-year) renewal by:

- 1) sending an email notification, and
- 2) displaying a message on the message board in the online account, explaining that the background check subject is due for a renewal check within the next 30 days.

Any individual who has fingerprints processed for his or her criminal history check is enrolled in the national Rap Back service, which will provide new arrest history in Texas and other states and territories, as long as the arresting agency reports that history to the FBI and the Texas Department of Public Safety (DPS) (depending on the state of arrest). All fingerprints processed on or after June 1, 2015, are enrolled in the national Rap Back service. Any background check subject whose last set of fingerprints was submitted before June 1, 2015, cannot be enrolled in the national Rap Back service and will be required to submit new fingerprints at the time of the subject's next background check renewal in order to be enrolled in the national Rap Back service. For individuals whose fingerprints cannot be read, and a name-based search is completed, they are not enrolled in the national Rap Back service and will require new fingerprints every five years.

f. Describe the procedure to ensure providers who are separated from employment for more than 180 consecutive days receive a full background check.

If a background check subject is separated from employment for more than 180

consecutive days, the national Rap Back enrollment is eliminated. As long as the enrollment can be renewed, the individual will not need to submit new fingerprints. All other background check types will be processed as normal to complete a full background check.

g. Provide the website link that contains instructions on how child care providers should initiate background check requests for a prospective employee (98.43(g)).

<https://hhs.texas.gov/doing-business-hhs/provider-portals/protective-services-providers/child-care-licensing/child-care-licensing-account-registration-login>

5.5.3 Procedures for a Lead Agency to Respond to and Complete a Background Check.

Once a request has been initiated, the state shall carry out the request of a child care provider for a criminal background check as expeditiously as possible, but not to exceed 45 days after the date on which such request was submitted. The Lead Agency shall make the determination whether the prospective staff member is eligible for employment in a child care program (98.43(e)(1)). Lead Agencies must ensure the privacy of background checks by providing the results of the criminal background check to the requestor or identified recipient in a statement that indicates whether a child care staff member (including a prospective child care staff member or a family child care household member over the age of 18) is eligible or ineligible for employment, without revealing any documentation of criminal history or disqualifying crimes or other related information regarding the individual. In the following questions, describe the Lead Agency's procedures for conducting background checks. These responses should include:

- The name of the agency that conducts the investigation; include multiple names if multiple agencies are involved in different background check components
- How the Lead Agency is informed of the results of each background check component
- Who makes the determinations regarding the staff member's eligibility? Note: Disqualification decisions should align to the response provided in 5.5.7.
- How the Lead Agency ensures that a background check request is carried out as quickly as possible and not more than 45 days after a request is submitted.

a. Describe the procedures for conducting In-State Background Check requests and making a determination of eligibility.

HHSC/CCR's CBCU reviews and analyzes background check results, which are provided by the following agencies: the Texas Department of Family and Protective Services (DFPS) (for Texas abuse and/or neglect history) and DPS (for Texas name-based and fingerprint-based Texas and national criminal history).

Texas Central Registry Check: The Background Check (BGC) system communicates with the Texas abuse and/or neglect system to determine if the BGC subject has any possible match to abuse and/or neglect history within Texas. If there is a possible match, those results are provided to CBCU and are manually reviewed to determine whether the history pertains to the subject.

Texas Name-Based Check: The BGC system communicates with the DPS system to determine whether the BGC subject has any possible match to Texas criminal history. If there is a possible match, the results are provided to CBCU for manual review to determine whether the history pertains to the subject.

Fingerprint-based criminal history check: The BGC subject submits fingerprints through DPS's fingerprint contractor. If the individual has criminal history confirmed by a fingerprint record, those results are provided to CBCU for manual review.

Texas sex offender: This result will be included within the Texas name-based check or the fingerprint-based check.

Out-of-State Abuse/Neglect and Out-of-State Criminal History Check: Each state and territory has a different process to request and receive results. Depending on a state's process, the results are provided to CBCU for manual review.

Out-of-State Sex Offender Check: CBCU checks the individual state or territory sex offender search website to determine whether the background check subject is a registered sex offender within that state or territory. The results of the search are manually entered into the BGC system.

National Sex Offender Registry: The BGC system communicates with the NCIC

database to determine whether the BGC subject has any possible match to a registered sex offender. If there is a possible match, the results are provided to CBCU for manual review to determine whether the history pertains to the subject.

CBCU uses specifications in the Texas Administrative Code (TAC) and Licensing Policy and Procedures Handbook to determine if a person's abuse and/or neglect and criminal history results require further action. CBCU staff members will review the individual's history and compare to TAC minimum standards to determine whether the results are considered violations.

b. [If the procedure is different for National Background checks, including the name-based NCIC NSOR check and FBI fingerprint check, please describe here.](#)

The process to review these background check types is the same as above.

c. [Describe the procedures for conducting Interstate Background Check requests and making a determination of eligibility. \(Note this response should detail how a state conducts an interstate check for a provider who currently lives in their state or territory but has lived in another state\(s\) within the previous five years\).](#)

DPS is the state criminal history repository.

d. [Describe the procedure the Lead Agency has in place to make an eligibility determination in the event not all the components of the background check are completed within the required 45-day timeframe.](#)

HHSC makes an eligibility determination of *ineligible* when the fingerprint-based criminal history results obtained through the Texas Department of Public Safety and/or the Texas Central Registry (child abuse/neglect) check could not be completed within 45 days.

HHSC makes an eligibility determination of *provisionally eligible with conditions* when: the fingerprint-based criminal history results and the Texas Central Registry results are received within 45 days and do not bar the subject from being eligible ; and additional components, such as out-of-state abuse or neglect or out-of-state criminal history cannot be completed within 45 days.

e. [Describe procedures for conducting a check when the state of residence is different than the state in which the staff member works.](#)

If the subject of a background check works at a child care operation in Texas but lives in

another state, 26 Texas Administrative Code §§ [745.613\(a\)\(2\)\(b\)](#), [745.611](#), and [745.623](#) require the subject to complete a fingerprint-based out-of-state criminal history check in addition to the fingerprint-based criminal history check submitted through the Texas Department of Public Safety's approved fingerprint vendor. The subject must also complete all other types of checks that are applicable to individuals who have lived out-of-state anytime in the last five years.

If an individual's background check indicates a required background check from other states or territories is necessary, that information is provided up front:

<https://hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/provider-portal/protective-services/ccl/out-of-state-background-check-resource-guide.pdf>

<https://hhs.texas.gov/doing-business-hhs/provider-portals/protective-services-providers/child-care-licensing/child-care-licensing-background-checks/background-check-faqs/general-licensing>

5.5.4 State designation as a "Compact State" and participation in the National Fingerprint File program.

a. "Compact States" are states that have ratified the National Crime Prevention and Privacy Compact Act of 1998 in order to facilitate electronic information sharing for noncriminal justice purposes (such as employment) among the Federal Government and states. More information can be found here: <https://www.fbi.gov/services/cjis/compact-council>. The Compact allows signatory states to disseminate its criminal history record information to other states for noncriminal justice purposes in accordance with the laws of the receiving state. For the most up-to-date Compact States and Territories map visit: <https://www.fbi.gov/services/cjis/compact-council/maps>. Is your state or territory a Compact State?

No

Yes

b. The National Fingerprint File (NFF) is a database of fingerprints, or other unique personal identification information relating to an arrested or charged individual, which is maintained by the FBI to provide positive fingerprint identification of record subjects. Only a state or territory that has ratified the Compact (a Compact State) may join the NFF program. An FBI fingerprint check satisfies the requirement to perform an interstate

check of another state's criminal history record repository if the responding state (where the child care staff member has resided within the past 5 years) participates in the NFF program. It is unnecessary to conduct both the FBI fingerprint check and the search of an NFF state's criminal history record repository (refer to CCDF-ACF-PIQ-2017-01). For the most up-to-date NFF Participation map visit: <https://www.fbi.gov/services/cjis/compact-council/maps>. Is your state or territory an NFF State?

No

Yes

5.5.5 Procedures for a Lead Agency to Respond to Interstate Background Checks:

a. Interstate Criminal History Registry Check Procedures

Provide a description of how the state or territory responds to interstate criminal history check requests from another state and whether there are any laws or policies that prevent the state from releasing certain criminal history information to an out-of-state entity for civil purpose (i.e., for purposes of determining employment eligibility).

DPS is the state criminal history repository.

b. Interstate Sex Offender Registry Check Procedures

Provide a description of how the state or territory responds to interstate sex offender history check requests from another state and whether there are any laws or policies that prevent the state from releasing certain sex offender information to an out-of-state entity for civil purpose (i.e., for purposes of determining employment eligibility).

DPS is the state's repository for sex offender history information.

c. Interstate Child Abuse and Neglect Registry Check Procedures

Provide a description of how the state or territory responds to interstate child abuse and neglect history check requests from another state and whether there are any laws or policies that prevent the state from releasing certain child abuse and neglect information to an out-of-state entity for civil purpose (i.e., for purposes of determining employment eligibility).

DFPS is the state's repository for child abuse and/or neglect history information.

5.5.6 Consumer Education Website Links to Interstate Background Check Processes

Lead Agencies must have requirements, policies, and procedures in place to respond as expeditiously as possible to other States', Territories' and Tribes' requests for background checks in order to meet the 45-day timeframe (98.43(a)(1)(iii)). In addition, Lead Agencies are required to include on their consumer education website the process by which another Lead Agency may submit a background check request, along with all of the other background check policies and procedures (98.43 (g)).

State and Territory Lead Agencies are required to designate one page of their existing Consumer Education Website as a landing page for all interstate background check related processes and procedures pertaining to their own state. The purpose of having a dedicated interstate background check web page on the Lead Agency Consumer Education Website is to help state and territories implement the interstate background check requirements of the CCDBG Act (CCDF Consumer Education Website and Reports of Serious Injuries and Death (OMB #0970-0473)).

Check to certify that the required elements are included on the Lead Agency's consumer education website for each interstate background check component, and provide the direct URL/website link.

Note: The links provided below should be a part of your consumer education website identified in 2.3.11.

a. Interstate Criminal Background Check:

- i. Agency Name
- ii. Address
- iii. Phone Number
- iv. Email

- v. FAX
- vi. Website
- vii. Instructions ((e.g. Does a portal/system account need to be created to make a request? What types of identification are needed? What types of payment is accepted? How can a provider appeal the results? How will forms will be accepted and FAQs?))
- viii. Forms
- ix. Fees
- x. Is the state a National Fingerprint File (NFF) state?
- xi. Is the state a National Crime Prevention and Privacy Compact State?
- xii. Direct URL/website link to where this information is posted.

Enter direct URL/website link:

<https://hhs.texas.gov/doing-business-hhs/provider-portals/protective-services-providers/child-care-licensing/child-care-licensing-background-checks/background-check-faqs/general-licensing>

<https://hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/provider-portal/protective-services/ccl/out-of-state-background-check-resource-guide.pdf>

<https://hhs.texas.gov/doing-business-hhs/provider-portals/protective-services-providers/child-care-licensing/child-care-licensing-background-checks/centralized-background-check-unit>

b. Interstate Sex Offender Registry (SOR) Check:

- i. Agency Name
- ii. Address
- iii. Phone Number
- iv. Email
- v. FAX

- vi. Website
- vii. Instructions ((e.g. Does a portal/system account need to be created to make a request? What types of identification are needed? What types of payment is accepted? How can a provider appeal the results? How will forms will be accepted and FAQs?))
- viii Forms
- ix. Fees
- Direct URL/website link to where this information is posted.

Enter direct URL/website link:

<https://hhs.texas.gov/doing-business-hhs/provider-portals/protective-services-providers/child-care-licensing/child-care-licensing-background-checks/background-check-faqs/general-licensing>

<https://hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/provider-portal/protective-services/ccl/out-of-state-background-check-resource-guide.pdf>

<https://hhs.texas.gov/doing-business-hhs/provider-portals/protective-services-providers/child-care-licensing/child-care-licensing-background-checks/centralized-background-check-unit>

c. Interstate Child Abuse and Neglect (CAN) Registry Check:

- i. Agency Name
- ii. Is the CAN check conducted through a County Administered Registry or Centralized Registry?
- iii. Address
- iv. Phone Number
- v. Email
- vi. FAX
- vii. Website
- viii. Instructions ((e.g. Does a portal/system account need to be created to make a request? What types of identification is needed? What types of payment

is accepted? How can a provider appeal the results? How will forms will be accepted and FAQs?)

- ix. Forms
- x. Fees
- xi. Description of information that may be included in a response to a CAN registry check (including substantiated instances of child abuse and neglect accompanied by the State's definition of "substantiated" instances of child abuse and neglect.
- xii. Direct URL/website link to where this information is posted.

Enter direct URL/website link:

https://www.dfps.state.tx.us/Background_Checks/FAQ/faq_abuse_registry.asp

5.5.7 Child care staff members cannot be employed by a child care provider receiving CCDF subsidy funds if they refuse a background check, make materially false statements in connection with the background check, or are registered or required to be registered on the state or National Sex Offender Registry (98.43 (c)(1)(i-iii)). Potential staff members also cannot be employed by a provider receiving CCDF funds if they have been convicted of: a felony consisting of murder, child abuse or neglect, crimes against children, spousal abuse, crimes involving rape or sexual assault, kidnapping, arson, physical assault or battery, or - subject to an individual review (at the state/territory's option) - a drug-related offense committed during the preceding 5 years; a violent misdemeanor committed as an adult against a child, including the following crimes - child abuse, child endangerment, or sexual assault; or a misdemeanor involving child pornography (98.43(c)(1)(iv-v)).

a. Does the state/territory disqualify child care staff members based on their conviction for any other crimes not specifically listed in 98.43(c)(i)?

- No
- Yes.

If yes, describe other disqualifying crimes and provide the citation:

26 TAC [§745.661](#): Smuggling of Persons; Trafficking of Persons; Invasive Visual Recording; Deadly Conduct; Terroristic Threat; Aiding Suicide; Tampering with a Consumer Product; Harassment by Persons in Certain Correctional Facilities;

Harassment of a Public Servant; Violation of Protective Order; Robbery; Aggravated Robbery; Obstruction or Retaliation; Stalking; Prostitution (time-related); Aggravated Promotion/Online Promotion of Prostitution; Obscenity; Failure to Report

- [Licensed or Certified Child Care Operations: Criminal History Requirements \(PDF\)](#)
- [Registered Child Care Homes and Listed Family Homes: Criminal History Requirements \(PDF\)](#)

b. Describe how the Lead Agency notifies the applicant about their eligibility to work in a child care program. This description should detail how the Lead Agency ensures the privacy of background checks. Note: The Lead Agency may not publicly release the results of individual background checks. (98.43(e)(2)(iii)).

HHSC notifies the applicant of eligibility or ineligibility by encrypted email or, if preferred by applicant, by First Class U.S. Mail. Letters indicating eligibility status of applicants do not contain personally identifiable information (PII). Child Care Regulation only provides background check results directly to the individual to further ensure the confidentiality of the information.

c. Describe whether the state/territory has a review process for individuals disqualified due to a felony drug offense to determine if that individual is still eligible for employment (98.43 (e)(2-4)).

Texas has a process to appeal the accuracy or completeness of the national and/or Texas criminal background check results. Individuals are asked to provide copies of court documents for any criminal history that does not have complete disposition information in the criminal history database report. Additionally, if the individual intends to challenge the accuracy of the results, the individual is advised to provide copies of history searches completed at the local court clerk and is also advised of the process to resolve criminal history errors through the Texas Department of Public Safety and the FBI.

Texas has a review process called a risk evaluation for individuals with disqualifying results that do not reflect a history of severe violent behavior, such as a drug offense within the last 10 years. As part of the risk evaluation, child care staff members are asked to provide a personal statement explaining the context of their disqualifying history, explaining what has changed since the history occurred to prevent similar offenses or

abuse/neglect investigations from occurring again in the future.

5.5.8 Appeals Processes for Background Checks

States and territories shall provide for a process by which a child care program staff member (including a prospective child care staff member) may appeal the results of a background check to challenge the accuracy or completeness of the information contained in a staff member's background report. The state or territory shall ensure that:

-- The child care staff member is provided with information related to each disqualifying crime in a report, along with information/notice on the opportunity to appeal

-- A child care staff member will receive clear instructions about how to complete the appeals process for each background check component if the child care staff member wishes to challenge the accuracy or completeness of the information contained in such member's background report

-- If the staff member files an appeal, the state or territory will attempt to verify the accuracy of the information challenged by the child care staff member, including making an effort to locate any missing disposition information related to the disqualifying crime

-- The appeals process is completed in a timely manner for any appealing child care staff member

-- Each child care staff member shall receive written notice of the decision. In the case of a negative determination, the decision should indicate 1) the state's efforts to verify the accuracy of information challenged by the child care staff member, 2) any additional appeals rights available to the child care staff member, and 3) information on how the individual can correct the federal or state records at issue in the case. (98.43(e)(3))

-- The Lead Agency must work with other agencies that are in charge of background check information and results (such as the Child Welfare office and the State Identification Bureau), to ensure the appeals process is conducted in accordance with the Act.

a. What is the procedure for each applicant to appeal or challenge the accuracy or completeness of the information contained in the background check report? If there are different appeal process procedures for each component of the check, please provide

that in this description, including information on which state agency is responsible for handling each type of appeal. Note: The FBI Fingerprint Check, State Criminal Fingerprint, and NCIC NSOR checks are usually conducted by a state's Identification Bureau and may have different appeal processes than agencies that conduct the state CAN and state SOR checks.

Texas has a process to appeal the accuracy or completeness of the national and/or Texas criminal background check, as well as NCIC NSOR results. Individuals are asked to provide copies of court documents for any criminal history that does not have complete disposition information in the criminal history database report. Additionally, if the individual intends to challenge the accuracy of the results, the individual is advised to provide copies of history searches completed at the local court clerk and is also advised of the process to resolve criminal history errors through TDPS and the FBI. Individuals are also offered an opportunity to contest unsustained Texas abuse/neglect findings through the Texas State Office of Administrating Hearings when such a finding is found in the Texas Department of Family and Protective Services' abuse/neglect registry.

b. If the appeals process is different for interstate checks, what is the procedure for each applicant to appeal or challenge the accuracy or completeness of the information contained in the background report for interstate checks?

Texas has a process to appeal the accuracy or completeness of interstate check results. Individuals are asked to provide copies of court documents for any criminal history that does not have complete disposition information in the criminal history database report. Additionally, if the individual intends to challenge the accuracy of the results, the individual is advised to provide copies of history searches completed at the local court clerk.

c. Interstate Child Abuse and Neglect (CAN) Registry Check:

Texas has a process to appeal the accuracy or completeness of interstate CAN registry check results. Individuals are asked to provide copies of official documents for any CAN history that does not have complete disposition information in the CAN Registry Check results received from another state. Additionally, if the individual intends to challenge the accuracy of the results, the individual is advised to provide copies of any records from the agency which maintains the out-of-state CAN registry which would dispute the accuracy of records relied upon by Texas in the determination of ineligibility of the applicant.

5.6 Exemptions for Relative Providers

States and territories have the option to exempt relatives (defined in CCDF regulations as grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles (98.42(c)) from certain health and safety requirements. Note: This exception applies if the individual cares only for relative children.

Check and describe where applicable the policies that the Lead Agency has regarding exemptions for eligible relative providers for the following health and safety requirements. The description should include the health and safety requirements relatives are exempt from, if applicable, as well as which of the federally defined relatives the exemption applies to.

5.6.1 Licensing Requirements (as described in Section 5.1)

- a. Relative providers are exempt from all licensing requirements.
- b. Relative providers are exempt from a portion of licensing requirements.

Describe:

Relative-only listed family homes must complete and meet the listed family home requirements for a listing, including submitting and clearing background checks. They are exempt from obtaining liability insurance and complying with minimum standards.

- c. Relative providers must fully comply with all licensing requirements.

5.6.2 Health and Safety Standards (as described in Section 5.2 and 5.3)

- a. Relative providers are exempt from all health and safety standard requirements
- b. Relative providers are exempt from a portion of health and safety standard requirements.

Describe:

- c. Relative providers must fully comply with all health and safety standard requirements.

5.6.3 Health and Safety Training (as described in Section 5.3)

- a. Relative providers are exempt from all health and safety training requirements.
- b. Relative providers are exempt from a portion of all health and safety training requirements.

Describe:

Relative-only listed family homes are required to complete safe-sleep training as part of their application.

- c. Relative providers must fully comply with all health and safety training requirements.

5.6.4 Monitoring and Enforcement (as described in Section 5.4)

- a. Relative providers are exempt from all monitoring and enforcement requirements.
- b. Relative providers are exempt from a portion of monitoring and enforcement requirements.

Describe:

Child Care Regulation (CCR) is developing new standards for listed family home providers in Fiscal Year 2021 (FY'21). However, relative-only listed family homes will be exempt from those standards. Beginning in the spring of 2021, relative-only listed family home providers will not be required to comply with the new minimum standards promulgated for listed family homes. As such, relative-only providers will not be investigated for violation of these minimum standards. Relative-only listed family home providers will continue to be investigated by the Texas Department of Family and Protective Services (DFPS) for allegations related to abuse, neglect, or exploitation of children in care.

- c. Relative providers must fully comply with all monitoring and enforcement requirements.

5.6.5 Background Checks (as described in Section 5.5)

- a. Relative providers are exempt from all background check requirements.
- b. Relative providers are exempt from a portion of background check requirements. If checked, identify the background check components that relatives must complete:
 - i. Criminal registry or repository using fingerprints in the current state of residency
 - ii. Sex offender registry or repository in the current state of residency
 - iii. Child abuse and neglect registry and database check in the current state of residency
 - iv. FBI fingerprint check
 - v. National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) name based search.
 - vi. Criminal registry or repository in any other state where the individual has resided in the past five years.
 - vii. Sex offender registry or repository in any other state where the individual has resided in the past five years.
 - viii. Child abuse and neglect registry or data base in any other state where the individual has resided in the past five years.
- c. Relative providers must fully comply with all background check requirements.

This section covers the state or territory framework for training, professional development, and post-secondary education (98.44(a)); provides a description of strategies used to strengthen the business practices of child care providers (98.16(z)); and addresses early learning and developmental guidelines.

Lead Agencies are required to reserve and use a portion of their Child Care and Development Fund program expenditures for activities designed to improve the quality of child care services and to increase parental options for and access to high-quality child care (98.53). This section addresses the quality improvement activities implemented by the Lead Agency related to the

support of the child care workforce and the development and implementation of early learning and developmental guidelines. It asks Lead Agencies to describe the measurable indicators of progress used to evaluate state/territory progress in improving the quality of child care services. (98.53 (f)) in either of these two areas.

States and territories are required to describe their framework for training, professional development, and post-secondary education for caregivers, teachers, and directors, including those working in school-age care (98.44(a)). This framework is part of a broader systematic approach building on health and safety training (as described in section 5) within a state/territory. States and territories must incorporate their knowledge and application of health and safety standards, early learning guidelines, responses to challenging behavior, and the engagement of families. States and territories are required to establish a progression of professional development opportunities to improve the knowledge and skills of CCDF providers (658E(c)(2)(G)). To the extent practicable, professional development should be appropriate to work with a population of children of different ages, English-language learners, children with disabilities, and Native Americans (98.44(b)(2)(iv)). Training and professional development is one of the options that states and territories have for investing their CCDF quality funds (658G(b)(1)).

6.1 Professional Development Framework

6.1.1 Each state or territory must describe their professional development framework for training, professional development, and post-secondary education for caregivers, teachers and directors in programs that serve children of all ages. This framework should be developed in consultation with the State Advisory Council on Early Childhood Education and Care or similar coordinating body. The framework should include these components: (1) professional standards and competencies, (2) career pathways, (3) advisory structures, (4) articulation, (5) workforce information, and (6) financing (98.44(a)(3)). Flexibility is provided on the strategies, breadth, and depth with which states and territories will develop and implement their framework.

a) Describe how the state/territory's framework for training and professional development addresses the following required elements:

i. State/territory professional standards and competencies. Describe:

The Texas Early Childhood Professional Development System (TECPDS) provides a framework for training and professional development in the state. The four components

of TECPDS are as follows:

- Core Competencies
- Texas Trainer Registry (TTR)
- Texas Workforce Registry (TWR)
- Early Childhood Career Lattice

The [Texas Core Competencies for Early Childhood Practitioners and Administrators](#)

define observable skills that, when achieved, demonstrate competency in the concepts, practices, and knowledge that early childhood practitioners and administrators must have in order to effectively facilitate children's growth and development.

Core competencies for practitioners are the following:

- Child growth and development
- Responsive interactions and guidance
- Learning environments, planning framework, curriculum, and standards
- Supporting skills development
- Observation and assessment
- Diversity and dual-language learners
- Families and community relationships
- Health, safety, and nutrition professionalism and ethics

Levels of practice:

- Beginning practitioners support early learning and development through adherence to program and regulatory policies.
- Intermediate practitioners support early learning and development with increasing independence and effectiveness.
- Advanced practitioners support early learning and development through leadership in the development of program policy and practice and through their ability to enhance the knowledge and skills of others in the profession.

Core competencies for administrators are the following:

- Establishing and maintaining an effective organization
- Business and operations management
- Human resources leadership and development
- Maintaining a healthy and safe environment
- Implementing developmentally appropriate curriculum and environment
- Instituting family and community-centered programming

Levels of practice:

- Beginning administrators lead and support the program by adhering to laws governed by the state and program policies.
- Intermediate administrators lead and support the program with increasing independence and effectiveness.
- Advanced administrators lead and support the program by providing strong leadership and high-quality program components that promote the well-being of

children and families.

- Texas Core Competencies for Practitioners and Administrators Training is available at <https://cliengage.org/public/tools/online-learning/core-competencies-training/>. These online training modules were designed for use by early childhood professionals to improve the quality of care and education that young children receive. The content and structure of the competencies are a framework for assessing knowledge and skills, guiding training and professional development opportunities, and monitoring progress.

ii. Career pathways. Describe:

The Early Childhood Career Lattice is a tool within the [Texas Early Childhood Professional Development System](#) (TECPDS) that allows early childhood professionals to relate training hours, education, work experience, and other factors to a position on the career lattice. Based on the level of education, annual training, and experience that practitioners and administrators have achieved, they are designated as beginner, intermediate, or advanced.

On [June 29, 2021](#), TWC's three-member Commission authorized up to \$3 million in awards through competitive procurement to support the expansion of early childhood education registered apprenticeship programs. TWC recognizes registered apprenticeship programs as a strategy to foster sustainable career pathways that increase the availability of qualified care and education professionals. This program is one step toward TWC's goal to increase early childhood educators' effectiveness, increase their marketable value, increase the number of educators' in the field particularly in rural areas, improve child outcomes, and build the early childhood education workforce.

iii. Advisory structure. Describe:

In addition to the Texas Early Learning Council (TELC), Texas also has a TECPDS Advisory Council. Members include representatives from CLI, TWC, TEA, THSSCO, CCR, and TAEYC. The purpose of the TECPDS Advisory Council is to support early childhood professionals by providing them with resources and tools to help meet their professional development needs. TECPDS defines professional development as any opportunity that enhances the knowledge and skills of those working with young children, including training, education, and employment.

The Texas Workforce Commission (TWC) is exploring opportunities to continue to improve TECPDS services and solicit feedback from stakeholders.

iv. Articulation. Describe:

In 2015, the Texas Early Learning Council (TELC) worked with MCCM Associates to develop and publish the Higher Education Articulation Agreements Toolkit, which was updated in 2017. The project met the following objectives:

- Collect and review data on articulation agreements
- Analyze data and develop recommendations on articulation agreements
- Create a higher education articulation agreement toolkit for communities

The tool kit is available at <https://www.childrenslearninginstitute.org/media/154229/texas-ece-degree-articulation-toolkit-updated-october-2017.pdf>.

In addition to the statewide initiatives described above, many Boards have formed partnerships with local community colleges to implement articulation agreements to move training participants from the CDA credential into associate's and bachelor's degree programs.

v. Workforce information. Describe:

Texas Early Childhood Professional Development System (TECPDS):

TWR is a web-based application that early childhood professionals may use to store and access their education and employment history, as well as the professional development hours that they have completed. Professionals with an account on TWR may also access the new Find My Career Lattice tool on TECPDS. As of January 2021, 40,254 practitioners had registered in TWR. Beginning in 2021, all Texas Rising Star programs will be required to join TWR.

TTR is a statewide system that approves early childhood trainers and their trainings. Trainers listed on TTR have undergone an approval process defined by qualifications that include early childhood expertise and experience, as well as knowledge of adult learning theories and principles. The training approval process is linked to core competencies, principles of adult learning, and other standards, such as early learning guidelines. As of January 2021, 767 trainers had registered in TTR.

Additionally, in 2020 TWC began to require new statewide grantees providing CCDF-funded professional development activities to utilize TECPDS. This data collection will

help TWC, Boards, and the grantees to better understand the reach and impact of these activities.

vi. Financing. Describe:

TECPDS is currently jointly financed with funds from TWC, TEA, THSSCO, and additional smaller partners such as the Texas Association for the Education of Young Children's (TAEYC). In 2019-2020, TWC also directed \$800,000 to CLI for statewide training and implementation activities to bring all Board areas and all Texas Rising Star programs on to TWR.

Additionally, TWC uses CCDF quality funds for a variety of professional development activities that align with statewide system goals. For example, TWC provides funds to support the Texas Association for the Education of Young Children's (TAEYC) Teacher Education and Compensation Helps (T.E.A.C.H.) program, which offers financial assistance to help child care providers and caregivers earn a CDA Credential™ or enroll in college credit courses to obtain an associate's or bachelor's degree. It also includes the Early Childhood Educator Apprenticeship (ECEA) scholarship. This model will support ECEAs with on-the-job training, tuition, or course fees. The program assists educators in achieving progressive educational and career advancement by helping them attain stackable credentials in early childhood development and education. Additionally, the program assists early learning programs in retaining well-qualified staff and meeting Texas Rising Star staff qualifications.

Each year local Boards must use at least 2 percent of their annual CCDF allocation for quality activities, and many fund professional development professional development opportunities that leverage the state's framework through grants, contracts, and direct services.

Additionally, TWC partners with the Texas Education Agency (TEA) and other stakeholders in leveraging statewide resources to achieve professional development system goals. Boards have the option to partner with local independent school districts, regional education service centers, community colleges, and universities to jointly design professional development programs for practitioners.

On June __, 2021, Governor Abbott signed House Bill 619 which requires TWC to create

a strategic plan to improve the quality of the workforce for child care. The plan will be updated every three years and must include recommendations for:

- Local Workforce Development Boards (Boards) to improve and support the child care workforce
- compensation increases and staff retention
- eliminating pay disparity
- opportunities for paid professional development and education, including apprenticeships
- increasing the use of the Texas Early Care Professional Development System (TECPDS)
- higher education institutes to increase articulation agreements with school districts and charter schools and assist child care workers with training and education and
- best practices from Boards and other programs designed to support the child care workforce
- improving the infant and toddler child care workforce
- a timeline with benchmarks for implementation by TWC and the Boards

TWC will convene a workgroup to assist in the development of the strategic plan. This workgroup will include child care providers, community stakeholders, and child care workers.

Additionally, TWC to consider the following information from a representative sample of child care providers when creating the plan:

- the race, ethnicity, gender and education level of child care workers as well as the ages of the children they work with
- data regarding compensation for child care workers, broken down by race, ethnicity, gender, and education level

b) The following are optional elements, or elements that should be implemented to the extent practicable, in the training and professional development framework.

- i. Continuing education unit trainings and credit-bearing professional development to the extent practicable

Describe:

Approximately 20 Boards offer scholarships to providers and caregivers to assist them in receiving CDA Credentials or completing early education courses. Boards also deliver CDA training modules directly to caregivers and directors.

- ii. Engagement of training and professional development providers, including higher education, in aligning training and educational opportunities with the state/territory's framework

Describe:

Boards are encouraged to work with local education and training providers to align professional development opportunities with Texas' framework. Additionally, TTR requires that trainers demonstrate how their offerings align to the core competencies for practitioners and/or administrators.

iii. Other

Describe:

6.1.2 Describe how the state/territory developed its professional development framework in consultation with the State Advisory Council on Early Childhood Education and Care (if applicable) or similar coordinating body if there is no SAC that addresses the professional development, training, and education of child care providers and staff.

The Texas Core Competencies for Early Childhood Practitioners and Administrators were developed in 2011 and revised in 2013 through a collaboration between the Texas Early Learning Council (TELC) and the Texas Head Start State Collaboration Office, both housed at CLI at the University of Texas Health Science Center.

TWC and Child Care Regulation participated in the development of the Core Competencies through TELC.

The Core Competencies are available through the TECPDS web site at <https://tecpds.org/wp/resources/texas-core-competencies/>.

6.1.3 Describe how the framework improves the quality, diversity, stability, and retention of caregivers, teachers, and directors (98.44(a)(7)).

Financial Assistance to Attain Credentials and Post-Secondary Degrees:

The Professional Development Scholarship Program for Early Childhood Educators, currently provided by the T.E.A.C.H. scholarship program, is designed to improve the quality

of child care programs in Texas. Early childhood educators receive valuable education and training in early childhood development and education. The program helps educators achieve progressive educational and career advancement by attaining stackable credentials. Additionally, the program helps early learning programs retain well-qualified staff and meet Texas Rising Star staff qualifications.

Many Boards also provide scholarships to providers and caregivers to assist them in earning CDA Credentials or completing early education courses. Boards also deliver CDA training modules directly to caregivers and directors.

Financial Incentives Linked to Educational Attainment and Retention:

Participants in the Professional Development Scholarship Program for Early Childhood Educators receive a onetime bonus or a wage increase if they remain employed with their program for a minimum number of months that is tied to the educational level they attained.

Some Boards also provide bonuses and stipends to providers and caregivers who attain CDAs or complete early education courses. Additionally, Workforce Solutions of Capital Area operates a WAGE\$ program – the Jeanette Watson Wage Supplement Project with funding from the City of Austin, Travis County, and the Capital Area Workforce Board.

6.2 Training and Professional Development Requirements

The Lead Agency must describe how its established health and safety requirements for pre-service or orientation training and ongoing professional development requirements--as described in Section 5 for caregivers, teachers, and directors in CCDF programs--align, to the extent practicable, with the state/territory professional development framework. These requirements must be designed to enable child care providers to promote the social, emotional, physical, and cognitive development of children and to improve the knowledge and skills of the child care workforce. Such requirements shall be applicable to child care providers caring for children receiving CCDF funds across the entire age span, from birth through age 12 (658E(c)(2)(G)). Ongoing training and professional development should be accessible and appropriate to the setting and age of the children served (98.44(b)(2)).

6.2.1 Describe how the state/territory incorporates into training and professional development opportunities:

-- the knowledge and application of its early learning and developmental guidelines (where applicable);

-- its health and safety standards (as described in section 5);

-- and social-emotional/behavioral and mental health intervention models for young children, which can include positive behavior intervention and support models that reduce the likelihood of suspension and expulsion of children (as described in Section 2 of the Pre-Print) (98.44(b)).

The Health and Safety Core Competency (Health, Safety, and Nutrition—Area 8 of the [Texas Core Competencies](#)) addresses core knowledge and skills necessary to ensure children’s safety, promote sound health practices, recognize and respond to child abuse and neglect, and provide nutritious meals and snacks. This area includes knowledge on a broad array of prevention, preparedness, and implementation of health and safety practices.

The Social/Emotional Development Core Competency (Responsive Interactions and Guidance—Area 2 of the [Texas Core Competencies](#)) addresses core knowledge and skills necessary to promote positive interactions and use developmentally appropriate guidance techniques in accordance with children’s ages and developmental levels.

Registered trainers are required to submit trainings to the Texas Early Childhood Professional Development System (TECPDS) for review and approval to ensure that core competencies are being addressed.

TWC also released a policy statement demonstrating its commitment to providing support and resources to child care and early education settings to ultimately reduce suspensions and expulsions. TWC also participated in a workgroup of early childhood stakeholders and created the Texas Early Childhood Suspension and Expulsion Matrix (TECSEM), a crosswalk and overview of federal and state agency policies and efforts related to suspension and expulsion.

TWC partnered with the Texas Health and Human Services Commission (HHSC) and the Texas A&M Extension program, [AgriLife](#), to create free and/or low-cost online training for

child care providers to support children with challenging behaviors. Additionally, TWC awarded a grant to Greenspace Learning in 2020 to develop and delivery professional development related to Addressing Challenging Behaviors in early care and education settings.

Given the current and anticipated impacts of the COVID-19 pandemic, TWC is exploring opportunities to address mental health for early childhood educators and children in care.

6.2.2 Describe how the state/territory's training and professional development are accessible to providers supported through Indian tribes or tribal organizations receiving CCDF funds (as applicable) (98.44(b)(2)(vi)).

The Early Learning Guidelines, Professional Development Core Competencies, and the TECPDS Trainer and Workforce Registries, as well as the Texas Education Agency (TEA) training on the prekindergarten guidelines, are available online to tribes and tribal organizations. TWC includes tribes in all professional development outreach activities through the GovDelivery email delivery system. The three Board areas with tribal organizations coordinate directly to communicate about relevant and appropriate activities including professional development activities.

6.2.3 States/territories are required to facilitate participation of child care providers with limited English proficiency and disabilities in the subsidy system (98.16 (dd)). Describe how the state/territory will recruit and facilitate the participation of providers in the subsidy system:

a) with limited English proficiency

Outreach (conferences, trainings, and professional development) is available as necessary to providers for whom English is not their first language. TWC requires Boards to provide translation and interpretation services to workforce customers. TWC and the Boards also provide informational materials to providers in Spanish and Vietnamese. Critical documents

that are not available in Spanish include a Babel notice to inform customers how to access translation services. Boards with high concentrations of Spanish speakers also regularly provide Spanish-language options for providers who primarily speak Spanish.

b) who have disabilities

TWC's Technical Assistance Bulletin 287, issued January 17, 2018, and titled "Training, Assistive Technology, and Accessibility," provides Boards with guidance on serving individuals with disabilities. The guidance includes information about assistive technologies, people-first language, and technical assistance resources. All resources that TWC provides online undergo an extensive review to ensure that they are accessible for individuals who are visually impaired.

6.2.4 Describe how the state/territory's training and professional development requirements are appropriate, to the extent practicable, for child care providers who care for children receiving child care subsidies, including children of different age groups (such as specialized credentials for providers who care for infants and/or school-age children); English-language learners; children with developmental delays and disabilities; and Native Americans, including Indians as defined in Section 4 of the Indian Self-Determination and Education Assistance Act (including Alaska Natives) and Native Hawaiians (98.44(b)(2)(iv)).

The infant/toddler and prekindergarten guidelines address special needs, English language learners, and cultural diversity.

The infant/toddler guidelines define and discuss inclusive practices, including why it is important and ways to learn and assist with inclusive practices. The guidelines also offer resources for teachers and early learning programs. The infant/toddler guidelines address culturally appropriate practices. These include communicating with families to understand home life and traditions, recognizing children's home language, and honoring diversity and awareness as a concept and core value of society.

The pre-K guidelines address English language learners' diverse needs, including recommendations for instruction and strategies for success. The guidelines also address issues regarding children with disabilities, how those children can be fully integrated into

school and life, and what opportunities those children need to be successful. The guidelines discuss preparation and examples of strategies to implement in a classroom.

The [Texas Core Competencies](#) reference diversity, dual-language learners, and family and community relationships.

Core Competency Area 6, Diversity and Dual Language Learners, addresses the following core concepts:

- Children's cultural identity is developed within the family and community setting.
- Programs should work to maintain a child's cognitive, linguistic, and emotional connection to the home culture and language.
- Children have the ability to learn more than one language at the same time.
- Children's language and literacy skills in their home language will transfer and support learning of a second language.

Core competency Area 7, Family and Community Relationships, addresses the following core concepts:

- Families are the primary influence on a child's development.
- Family context and situations vary greatly in terms of living arrangements, goals and values, ethnicity, and culture.
- Programs and practitioners are better able to support children's development when they provide experiences and set expectations that are aligned with those of the family.
- Practitioners communicate frequently and positively with parents to ensure that parents are informed about their children's needs and interests while in care, collaborate and problem-solve when children are met with challenges, follow up on parent requests and joint decisions, and provide resources and referrals to appropriate aids and services.
- Early childhood programs and practitioners must be responsive to the unique contexts and situations created by interdependencies between family systems, social institutions, and communities.
- Forming collaborative partnerships with community organizations, childhood advocates, businesses, and families increases the capacity of the program.

Child Care Regulation (CCR) minimum standards for caregivers provide the option of obtaining remaining training hours in cultural diversity for children and families and care of children with special needs.

For caregivers providing care for children under 24 months of age, one hour of caregivers' annual training must cover the following topics:

- Recognizing and preventing shaken baby syndrome and abusive head trauma
- Understanding and using safe sleep practices and preventing sudden infant death syndrome (SIDS)

- Understanding early childhood brain development

TWC is funding an Infant/Toddler Specialist Network through CLI, as discussed in Section 7.4.

6.2.5 The Lead Agency must provide training and technical assistance (TA) to providers and appropriate Lead Agency (or designated entity) staff on identifying and serving children and families experiencing homelessness (658E(c)(3)(B)(i)).

- a. Describe the state/territory's training and TA efforts for providers in identifying and serving homeless children and their families (relates to question 3.2.2).

TWC developed guidance in 2018 that helps Boards identify and serve families and individuals experiencing homelessness. Boards use the information to inform assistance and training offered to providers.

- b. Describe the state/territory's training and TA efforts for Lead Agency (or designated entity) staff in identifying and serving children and their families experiencing homelessness (connects to question 3.3.6).

TWC developed guidance in 2018 that helps Boards identify and serve families and individuals experiencing homelessness. TWC continues to offer guidance as needed.

6.2.6 Lead Agencies must develop and implement strategies to strengthen the business practices of child care providers to expand the supply and to improve the quality of child care services (98.16 (z)). Describe the state/territory's strategies to strengthen provider's business practices, which can include training and/or TA efforts.

- a. Describe the strategies that the state/territory is developing and implementing for strengthening child care providers' business practices.

In 2019, TWC awarded Collaborative for Children \$3 million to develop and administer child care business training. The trainings focus on business practices tailored to the needs of child care administrators. Objectives address business management, financial

stability, personnel management, increased recruitment and retention of staff, communication, and family and community engagement. Trainings also incorporate information on Texas Rising Star and opportunities to become a recognized quality provider. All trainings are available in English and Spanish. Online trainings are available statewide, and additional child care business forums are available regionally.

In 2020, TWC joined the Early Childhood Education Business Collaboratory project, led by First Children's Finance, and developed a statewide workgroup with representation from the child care industry, a child care business training vendor, and CCR. This group will release recommendations in 2021 for additional child care business supports that may be needed.

TWC has also been sharing business supports to child care programs during the COVID-19 pandemic to help them access federal financial resources, such as the Paycheck Protection Program. TWC continues to explore opportunities to support child care businesses, particularly those related to the pandemic's ongoing impacts on such businesses.

b. Check the topics addressed in the state/territory's strategies for strengthening child care providers's business practices. Check all that apply.

- i. Fiscal management
- ii. Budgeting
- iii. Recordkeeping
- iv. Hiring, developing, and retaining qualified staff
- v. Risk management
- vi. Community relationships
- vii. Marketing and public relations
- viii. Parent-provider communications, including who delivers the training, education, and/or technical assistance
- ix. Other

Describe:

6.3 Supporting Training and Professional Development of the Child Care Workforce with CCDF Quality Funds

Lead Agencies can invest CCDF quality funds in the training, professional development, and post-secondary education of the child care workforce as part of a progression of professional development activities, such as those included at 98.44 of the CCDF Rule, and those included in the activities to improve the quality of child care also addressed in Section 7 (98.53(a)(1)).

6.3.1 Training and professional development of the child care workforce.

a. In the table below, describe which content is included in training and professional development activities and how an entity is funded to address this topic. Then identify which types of providers are included in these activities. Check all that apply.

i. Promoting the social, emotional, physical, and cognitive development of children, including those efforts related to nutrition and physical activity, using scientifically based, developmentally appropriate, and age-appropriate strategies (98.53 (a)(1)(i)(A)).

Describe the content and funding:

Texas A&M AgriLife Extension Service offers free online training courses to early childhood caregivers. The two-hour courses were developed with CCDF funds in conjunction with the Texas Health and Human Services Commission's (HHSC) Child Care Licensing division. The courses cover a variety of child care topics, including promoting children's development across multiple domains. The training is available at Texas A&M AgriLife Extension Service's Child Growth and Development web page at <https://agrilifelearn.tamu.edu/catalog?pagename=Child-Growth-and-Development>. Additionally, CLI Engage, a comprehensive professional development and child progress monitoring platform, provides professional development content, child progress monitoring tools, and classroom observation tools. A partnership among the Texas Workforce Commission (TWC), the Childhood Learning Institute (CLI), and the Texas Education Agency (TEA) allows these online tools and resources to be available at no cost to all Texas public school early childhood teachers, TRS providers, and Head Start programs.

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

ii. Implementing behavior management strategies, including positive behavior interventions and support models that promote positive social-emotional development and the mental health of young children and that reduce challenging behaviors, including a reduction in expulsions of preschool-age children from birth to age five for such behaviors. (See also section 2.4.5.) (98.53(a)(1)(iii)).

Describe the content and funding:

Preventing Suspension and Expulsion/Addressing Challenging Behaviors

This initiative funds professional development that focuses on identifying, preventing, and addressing challenging behaviors. The professional development activities align with evidence-based models that promote young children's positive emotional and social development and provide teachers with strategies to reduce challenging behaviors. These 18-month grants are expected to be effective September 2020.

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

iii. Engaging parents and families in culturally and linguistically appropriate ways to expand their knowledge, skills, and capacity to become meaningful partners in supporting their children's positive development. (98.53(a)(1)(iv)).

Describe the content and funding:

Boards evaluate the needs of families in their communities and engage with them accordingly. Examples of such engagement activities include hosting "parent cafés" and providing training specifically for parents in the community who are receiving child care services. These activities may be funded with CCDF quality funds or through local partnerships.

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

iv. Implementing developmentally appropriate, culturally and linguistically responsive instruction, and evidence-based curricula, and designing learning environments that are aligned with state/territory early learning and developmental standards (98.15 (a)(9)).

Describe the content and funding:

The CLI Engage platform provides resources for professional development, child progress monitoring, and classroom observation. These resources help providers implement developmentally appropriate, evidence-based curricula and design learning environments that align with early learning guidelines.

The Staff Retention (Director/Owner Leadership Skills) initiative funds collaborative efforts to implement evidence-based strategies that improve retention of child care staff by developing professional supports such as:

- programs that focus on providing adaptive leadership skills training to create supportive work environments and improve staff retention;
- initiatives that help early educators access local referral and Professional Learning Communities (PLCs) to provide ongoing resources for educators; and
- initiatives that promote reflective pedagogical supervision, coaching, and other development opportunities.

Providing this training will increase director and owner capacity and provide tools and resources. The 12-month grant is expected to be effective February 2021.

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

v. Providing onsite or accessible comprehensive services for children and developing community partnerships that promote families' access to services that support their children's learning and development.

Describe the content and funding:

N/A

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

vi. Using data to guide program evaluation to ensure continuous improvement 98.53(a)(1)(ii).

Describe the content and funding:

The revised Texas Rising Star Guidelines now require programs to participate in a Continuous Quality Improvement Plan (CQIP).

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based

- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

vii. Caring for children of families in geographic areas with significant concentrations of poverty and unemployment.

Describe the content and funding:

N/A

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

viii. Caring for and supporting the development of children with disabilities and developmental delays 98.53 (a)(1)(i)(B).

Describe the content and funding:

Training is available online through Texas A&M AgriLife Extension Service's Including Children with Special Needs web page at

<https://agrilifelearn.tamu.edu/catalog?pagename=Including-Children-with-Special-Needs>

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

ix. Supporting the positive development of school-age children (98.53(a)(1)(iii)).

Describe the content and funding:

N/A

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

x. Other

Describe:

N/A

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

b. Check how the state/territory connects child care providers with available federal and state/territory financial aid or other resources to pursue post-secondary education relevant for the early childhood and school-age workforce and then identify which providers are eligible for this activity. Check all that apply.

- i. Coaches, mentors, consultants, or other specialists available to support access to post-secondary training, including financial aid and academic counseling.

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)
- ii. Statewide or territory-wide, coordinated, and easily accessible clearinghouse (i.e., an online calendar, a listing of opportunities) of relevant post-secondary education opportunities.
 - Licensed center-based
 - License exempt center-based
 - Licensed family child care home
 - License- exempt family child care home
 - In-home care (care in the child's own home)
- iii. Financial awards such as scholarships, grants, loans, or reimbursement for expenses and/or training, from the state/territory to complete post-secondary education.
 - Licensed center-based
 - License exempt center-based
 - Licensed family child care home
 - License- exempt family child care home
 - In-home care (care in the child's own home)
- iv. Other.
 - Licensed center-based
 - License exempt center-based
 - Licensed family child care home
 - License- exempt family child care home
 - In-home care (care in the child's own home)

Describe:

6.3.2 Describe the measurable indicators of progress relevant to subsection 6.3 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

Each month, TWC [tracks the number and percentage](#) of the following for each level of Texas Rising Star:

- Subsidized providers participating in Texas Rising Star;
- Subsidized children in Texas Rising Star–certified provider care;
- Texas Rising Star providers as a share of regulated providers; and
- Texas Rising Star providers by provider type (for example, center-based, registered home, and licensed home)

This and other data can be found at the Child Care by the Numbers web page, launched in 2021, at

https://www.twc.texas.gov/childcarenumbers/Texas_Statewide_System_monthly.html.

Additionally, each quarter, TWC monitors Boards' CCDF quality expenditures and the progress made toward improving the quality of child care programs, including monitoring the following measures:

- Providers receiving financial supports (one-time or ongoing grants or stipends)
- Provider staff receiving scholarships, bonuses, or wage supplements
- Providers receiving financial or mentoring support to achieve national accreditation

Measure: Subsidized providers participating in Texas Rising Star

In Fiscal Year 2018 (FY'18): 1,558

In FY'19: 1,884

In FY'20: 1,949

Measure: Subsidized children who receive care at Texas Rising Star–certified providers

In FY'17: 30,074

In FY'18: 30,830

In FY'19: 41,178

In FY'20: 48,724

Measure: Total child care capacity among Texas Rising Star–certified providers

In FY'18: 166,162

In FY'19: 201,593

In FY'20: 227,075

TWC has awarded funds through a competitive procurement process to provide professional development scholarships at the postsecondary level, with the Texas Association for the Education of Young Children (TXAEYC) Teacher Education And Compensation Helps (T.E.A.C.H.) program consistently being selected. The T.E.A.C.H. program provides

scholarships to child care professionals who want to obtain a Child Development Associate (CDA) certificate or a Certified Childcare Professional credential. TXAEYC also uses the funds to provide scholarships to child care professionals to pursue courses that lead to an associate's degree in early childhood education. In 2020, TWC expanded the effort to include funding for bachelor's degrees and apprenticeships.

Professional development scholarships help educators achieve progressive educational and career advancement by attaining stackable credentials. Additionally, the scholarship program helps eligible early learning programs retain well-qualified staff and meet Texas Rising Star staff qualifications.

From Board Contract Year 2016 (BCY'16) through BCY'20, TXAEYC was instrumental in advancing child care professional development, awarding 755 CDA assessment fee scholarships and 316 associate's degree scholarships. Additionally, the wages of recipients who attained a CDA or associate's degree increased by an average of 6–9 percent in FY'20.

Additionally, TWC will consider collecting data related to the following:

- The number of child care professionals who participate in T.E.A.C.H.
- The number of child care professionals who participate in a Board's scholarship program
- The number of child care professionals who earn their CDA or degree through T.E.A.C.H. or a Board's scholarship program
- The number of child care professionals who defer or drop out of T.E.A.C.H. and Boards' scholarship programs
- The type and number of professional development trainings funded by Boards and TWC
- The number of trainings that may count toward a CDA certificate or early childhood degree

In addition to the measures described above, TWC monitors financial aid provided to providers:

Measure: The number of provider staff members receiving scholarships, bonuses, or wage supplements

In FY'18: 3,574

In FY'19: 3,577

In FY'20: 4,500

The number of provider facilities receiving financial support

Onetime grants, awards, bonuses

FY'18: 1,021

FY'19: 1,573

FY'20: 2,168

Ongoing or periodic quality stipends

FY'18: 137

FY'19: 204

FY'20: 325

Each Board determines the appropriate mix of provider financial aid and other quality activities that will best meet the needs of the local workforce development area each year. The provision of financial aid to provider staff and provider facilities in FY'20 compared to that of FY'18 represents an average increase of 92 percent in overall support. Scholarships, wage supplements, bonuses, and other types of support increased by 26 percent over the same period, and support for provider facilities increased by an average of 124 percent.

6.4 Early Learning and Developmental Guidelines

6.4.1 States and territories are required to develop, maintain, or implement early learning and developmental guidelines that are appropriate for children in a forward progression from birth to kindergarten entry (i.e., birth-to-three, three-to-five, birth-to-five), describing what children should know and be able to do and covering the essential domains of early childhood development. These early learning and developmental guidelines are to be used statewide and territory-wide by child care providers and in the development and implementation of training and professional development (658E(c)(2)(T)). The required essential domains for these guidelines are cognition, including language arts and mathematics; social, emotional, and physical development; and approaches toward learning (98.15(a)(9)). At the option of the state/territory, early learning and developmental guidelines for out-of-school time may be developed. Note: States and territories may use the quality set-aside, discussed in section 7, to improve on the development or implementation of early learning and developmental guidelines.

a. Describe how the state/territory's early learning and developmental guidelines address the following requirements:

i. Are research-based.

In collaboration with the Texas Early Learning Council (TELC), stakeholders from the state developed the Texas Infant, Toddler, and Three-Year-Old Early Learning Guidelines ([Little Texans, Big Futures](#)), which outline expectations about what children should know and be able to do across learning domains during specific age ranges. The guidelines also outline steps that caregivers may take to support healthy development. Training that correlates to the guidelines is available through Engage, the Children's Learning Institute's (CLI) web-based platform.

Additionally, the Texas Education Agency (TEA), the state lead education agency, established a 13-member review committee consisting of classroom teachers and administrators from early childhood programs in public schools, higher education faculty, and early learning experts from across the state to participate in the revision of the Texas Prekindergarten Guidelines (pre-K guidelines).

The revised pre-K guidelines are aligned with the Kindergarten Texas Essential Knowledge and Skills (TEKS)-sequenced to follow child development-and provide teaching strategies for each of the guidelines. The pre-K guidelines offer educators the information and support necessary to prepare all children for success in kindergarten.

ii. Developmentally appropriate.

As described above, the revised pre-K guidelines are aligned with the TEKS-sequenced to follow child development-and provide teaching strategies for each of the guidelines. The new guidelines offer educators the information and support necessary to prepare all children for success in kindergarten.

iii. Culturally and linguistically appropriate.

The pre-K guidelines must be used to support learning for children who are English language learners (ELLs), including children receiving instruction in their home language. Under Texas Education Code [§28.005](#), the state's policy is to ensure the mastery of English by all students, specifically in situations in which bilingual instruction is necessary to ensure students' reasonable proficiency in the English language and ability to achieve academic success. The 19 Texas Administrative Code (TAC) [Chapter 89](#) , Adaptions for Special Populations, further emphasizes the goal of bilingual education programs to enable ELLs to become competent in understanding,

speaking, reading, and writing the English language by developing literacy and academic skills in the primary language and in English.

[iv. Aligned with kindergarten entry.](#)

As described above, the revised pre-K guidelines are aligned with the TEKS-sequenced to follow child development-and provide teaching strategies for each of the guidelines. The guidelines offer educators the information and support necessary to prepare all children for success in kindergarten.

[v. Appropriate for all children from birth to kindergarten entry.](#)

Little Texans, Big Futures guidelines were created for children ages birth through three years, and the pre-K guidelines were created for children ages four to five.

[vi. Implemented in consultation with the educational agency and the State Advisory Council or similar coordinating body.](#)

TEA is responsible for Texas' pre-K guidelines. TEA worked with the Texas Workforce Commission (TWC) and a variety of advisory groups and agencies, including the Texas Early Learning Council, to develop and maintain the guidelines.

[b. Describe how the required domains are included in the state/territory's early learning and developmental guidelines. Responses for "other" are optional.](#)

[i. Cognition, including language arts and mathematics.](#)

The pre-K guidelines include:

- Language and Communication domain: Listening Comprehension skills, Speaking (conversation) skills, Speech Production skills, Vocabulary skills, Sentences and Structure skills
- Emergent Literacy: Reading domain: Motivation to Read skills, Phonological Awareness skills, Alphabet Knowledge skills, Comprehension of Text Read-Aloud skills, Print Concepts
- Emergent Literacy Writing domain: Motivation to Write skills, Writing as a Process, Conventions in Writing
- Mathematics domain: Counting skills, Adding To/Taking Away skills, Geometry and Spatial Senses skills, Measurement skills, Classification and Patterns skills
- Science domain: Physical Science skills, Life Sciences skills, Earth and Space Science skills
- Social Studies domain: People, Past and Present skills; Economics skills; Geography skills; Citizenship skills

ii. Social development.

The pre-K guidelines include:

- Social-emotional development domain: Self-Concept skills, Self-Regulation skills, Relationships with Others, Social Awareness skills

iii. Emotional development.

The pre-K guidelines include:

- Social-emotional development domain: Self-Concept skills, Self-Regulation skills, Relationships with Others, Social Awareness skills

iv. Physical development.

The pre-K guidelines include:

- Physical Development domain: Gross Motor Development skills, Fine Motor Development skills, Personal Safety and Health skills

v. Approaches toward learning.

The pre-K guidelines include:

- The Learning Environment: Physical Arrangements, Activities, and Social Relationships

vi. Describe how other optional domains are included, if any:

The pre-K guidelines also include:

- Fine Arts domain: Art skills, Music skills, Dramatic Expression skills
- Technology Applications domain: Technology and Devices skills

c. Describe how the state/territory's early learning and developmental guidelines are updated and include the date first issued and/or the frequency of updates.

Little Texans, Big Futures guidelines were published in 2013. CLI reviews the infant and toddler guidelines on an ongoing basis through research and projects that support quality infant and toddler care. Additionally, the state interagency team for early education and child care has the opportunity to make recommendations to TWC and CLI regarding revisions.

The pre-K guidelines were first released in 2008, and a major revision was published in 2015. TEA monitors the relevance of these guidelines and works with stakeholders to make revisions as appropriate.

Participants in the 2022-2024 CCDF State Plan Stakeholder Survey, including providers (34 percent), parents (38 percent), advocates (25 percent), and Boards (25 percent), listed updating the Infant and Toddler Early Toddler Early Learning Guidelines to reflect the latest research and resources as one of their top three priorities. TWC is exploring opportunities to update these guidelines to reflect current evidence and best practices.

d. If applicable, discuss the state process for the adoption, implementation, and continued improvement of state out-of-school time standards.

The Texas Partnership for Out of School Texas Rising Star includes quality measures specific to school-age/out-of-school time programs. Additionally, the Texas Partnership for Out of School Time (TXPOST) maintains the Texas Standards of High Quality Afterschool, Summer and Expanded Learning Programs.

e. Provide the Web link to the state/territory's early learning and developmental guidelines and if available, the school-age guidelines.

Infant, Toddler, and Three-Year-Old Early Learning Guidelines (Little Texans, Big Futures)

<http://www.littletexans.org/>

Texas Pre-Kindergarten Guidelines

https://tea.texas.gov/sites/default/files/PKG_Final_2015_navigation.pdf

6.4.2 CCDF funds cannot be used to develop or implement an assessment for children that:

- Will be the primary or sole basis to determine a child care provider ineligible to participate in the CCDF,
- Will be used as the primary or sole basis to provide a reward or sanction for an individual provider,
- Will be used as the primary or sole method for assessing program effectiveness,

-- Will be used to deny children eligibility to participate in the CCDF (658E(c)(2)(T)(ii)(I); 98.15(a)(2)).

Describe how the state/territory's early learning and developmental guidelines are used.

The Core Competencies for early childhood practitioners were designed in alignment with the state early learning guidelines (Little Texans, Big Futures and Texas Prekindergarten Guidelines) to ensure a strong connection between goals for practitioners and what children need to know, understand, and be able to do.

CLI hosts online trainings that support developing and implementing curriculum and learning activities based on the early learning guidelines and the related core competencies for practitioners.

Providers are made aware of the online training through outreach activities conducted by CLI, including conferences such as the annual Texas Early Childhood Learning Summit and the Texas School Ready! Summer Institute. Local Workforce Development Boards (Boards) also promote the online training through technical assistance and mentoring services to providers, including providers working to become Texas Rising Star certified.

Additionally, Texas Rising Star curriculum guidelines and caregiver interaction measures are linked to the early learning guidelines. Board mentors provide technical assistance and guidance to providers on Texas Rising Star measures related to the early learning guidelines.

TWC has also competitively procured TAEYC in partnership with Teaching Strategies to provide training to early childhood caregivers on assessment tools related to the development and learning of children from ages birth to five years, data collection and reporting, and leveraging assessment data to inform classroom teaching. The goal is to help caregivers use data to develop instruction based on a child's individual needs.

6.4.3 If quality funds are used to develop, maintain, or implement early learning and development guidelines, describe the measurable indicators that will be used to evaluate the state/territory's progress in improving the quality of child care programs and

services and the data on the extent to which the state/territory has met these measures (98.53(f)(3)).

The Texas Rising Star program requires all early learning program directors to obtain training in the guidelines that are applicable to the ages of the children they serve.

7 Support Continuous Quality Improvement

Lead Agencies are required to use a portion of their CCDF program expenditures for activities designed to improve the quality of child care services and to increase parental options for and access to high-quality child care (98.53). The quality activities should be aligned with a statewide or territory-wide assessment of the state's or territory's need to carry out such services and care. States and territories are required to report on these quality improvement investments through CCDF in three ways:

1. In the CCDF Plan, the ACF 118, states and territories will describe the types of activities supported by quality investments over the 3-year period (658G(b); 98.16(j)).
2. In the annual expenditure report, the ACF-696, ACF will collect data on how much CCDF funding is spent on quality activities. This report will be used to determine compliance with the required quality and infant and toddler spending requirements (658G(d)(1); 98.53(f)).
3. For each year of the Plan period, states and territories will submit a Quality Progress Report, the ACF 218, that will include a description of activities funded by quality expenditures and the measures used by the state/territory to evaluate its progress in improving the quality of child care programs and services within the state/territory (658G(d); 98.53(f)).

States and territories must fund efforts in at least one of the following 10 activities:

- Supporting the training and professional development of the child care workforce (Addressed in Section 6)
- Improving on the development or implementation of early learning and developmental guidelines (Addressed in Section 6)
- Developing, implementing, or enhancing a tiered quality rating and improvement system or

other systems of quality improvement for child care providers and services

- Improving the supply and quality of child care programs and services for infants and toddlers
- Establishing or expanding a statewide system of child care resource and referral services
- Supporting compliance with state/territory requirements for licensing, inspection, monitoring, training, and health and safety (as described in section 5)
- Evaluating the quality of child care programs in the state/territory, including evaluating how programs positively impact children
- Supporting providers in the voluntary pursuit of accreditation
- Supporting the development or adoption of high-quality program standards related to health, mental health, nutrition, physical activity, and physical development
- Performing other activities to improve the quality of child care services, as long as outcome measures relating to improved provider preparedness, child safety, child well-being, or kindergarten entry are possible.

Throughout this Plan, states and territories will describe the types of quality improvement activities where CCDF investments are being made, including but not limited to, quality set-aside funds, and will describe the measurable indicators of progress used to evaluate state/territory progress in improving the quality of child care services for each expenditure (98.53(f)). These activities can benefit infants and toddlers through school-age populations, and all categories of care. It is important that while Lead Agencies have the flexibility to define "high quality" and develop strategies and standards to support their definition, Lead Agencies should consider how that definition and those strategies for different provider types reflect and acknowledge their unique differences and how quality varies in different settings, including family child care and small care settings as well as child care centers.

This section covers the quality activities needs assessment, quality improvement activities, and indicators of progress for each of the activities undertaken in the state or territory.

7.1 Quality Activities Needs Assessment for Child Care Services

7.1.1 Lead Agencies must invest in quality activities based on an assessment of the state/territory's needs to carry out those activities. Lead Agencies have the flexibility to design an assessment of their quality activities that best meet their needs, including how often they do the assessment. Describe your state/territory assessment process, including the frequency of assessment (658G(a)(1); 98.53(a)).

State statute (Government Code, [§2308.3155](#)) requires TWC rules include a regular review of the Texas Rising Star program standards and TWC child care rule [§809.130\(e\)](#) requires that the regular review occur every four years. In 2020 TWC completed its first four-year review of the Texas Rising Star program.

TWC has the following goals for high-quality, subsidized child care in Texas:

- Improve child care services by assisting child care providers in achieving quality standards such as Texas Rising Star certification and national accreditation
- Increase access to quality child care for families by increasing the number of Texas Rising Star–certified and nationally-accredited facilities
- Improve the quality of teacher-child interactions and learning environments by increasing professional development opportunities for child care and prekindergarten teachers who work in early childhood education

Each month, TWC tracks the number and percent of the following for each level of Texas Rising Star:

- Subsidized providers participating in Texas Rising Star
- Subsidized children in Texas Rising Star–certified provider care
- Texas Rising Star providers as a share of regulated providers
- Texas Rising Star providers by provider type (center-based, registered home, and licensed home)

This and other data can be found at the [Child Care by the Numbers](#) web page, which launched in 2021.

TWC regularly assesses the quality activities that are currently available and seeks feedback from child care programs to understand their needs related to quality activities. TWC works

with Workforce Development Boards (Boards) to understand the needs they seek to address through quality activities.

The Texas Early Learning Council (TELC), described in Section 1.3.1, conducted a statewide birth–five needs assessment in 2019 and developed a statewide birth–five strategic plan based on the results. The needs assessment identified many areas for quality improvement that align with CCDF-funded quality improvement areas, including developing and implementing strategies to:

- increase the number of subsidy providers participating in Texas Rising Star;
- increase outreach and awareness of professional development and educational supports for early childhood professionals; and
- supporting relationship-building and partnership development across early learning programs.

As discussed in Section 1.3.1, TWC conducted a statewide survey and stakeholder focus groups. TWC’s 2022–2024 CCDF State Plan Stakeholder Survey was available via Survey Monkey from December 1, 2020, to January 7, 2021. The survey, available in English and Spanish, was posted to the TWC website and widely distributed to child care providers, parents, Boards, advocacy groups, community organizations, and state agencies. TWC received 3,237 responses from the following:

- 1,562 child care providers
- 1,374 parents
- 83 child care advocacy groups or community organizations
- 72 Board staff members
- 13 state agency staff members
- 50 other early childhood programs
- 10 industry partners
- 73 other respondents

7.1.2 Describe the findings of the assessment and if any overarching goals for quality improvement were identified. If applicable, include a direct URL/website link for any available evaluation or research related to the findings.

TWC provides quality improvement activities in accordance with CCDF regulations, which give states broad flexibility to design and deliver quality improvement activities that best meet identified needs and help providers meet the revised guidelines.

TWC recently completed a four-year review of the Texas Rising Star program, which resulted in numerous revisions. Beginning in May 2019, TWC convened a workgroup to review the Texas Rising Star guidelines and recommend revisions. The workgroup included:

- early learning program directors from around the state;
- early childhood advocacy organization representatives;
- professional development providers;
- Board staff; and
- representatives from:
 - TWC;
 - the Texas Education Agency;
 - the Texas Health and Human Services Commission Child Care Regulation (CCR) department; and
 - the Children's Learning Institute.

Over an eight-month period, the workgroup met regularly to review the Texas Rising Star guidelines in detail and to engage in a collaborative effort to improve the guidelines' standards. TWC commissioned [Strengthening Texas Rising Star Implementation Study](#), which provided valuable data and research during the review process. On January 21, 2020, TWC's three-member Commission (Commission) approved the publication of the workgroup's recommendations for public comment.

During February 2020, TWC partnered with Boards to host seven public stakeholder meetings across the state. Throughout the review process, TWC also provided the public with a [website](#) to view materials related to the review and a dedicated email address to offer input. The revisions consider the recommendations of the workgroup as well as stakeholder input received during public meetings or provided to TWC in writing.

On January 5, 2021 the Commission approved the following revisions and [rule changes](#):

- Adding a requirement for programs applying for Texas Rising Star certification to agree to participate in the Texas Workforce Registry (TWR) and to encourage their staff to participate as well. For all programs, adopting and maintaining use of TWR will be included in ongoing technical assistance and Continuous Quality Improvement Plans (CQIPs).
- Creating a "Pre-Star" provider definition and a requirement that all regulated subsidy providers be designated as Pre-Star. Providers with Pre-Star designations are outside of the statutorily defined Texas Rising Star quality-based rating system and will not receive an enhanced reimbursement rate. Pre-Star designations are based upon a child care program's demonstration that they do not have significant licensing findings, as defined in the Screening Criteria for Subsidized Child Care in Section 5.4.1 of this plan.
- Developing a framework for CQIPs and requiring certified programs to engage in a

formal CQIP process. Early childhood programs and their mentors will use CQIPs to identify areas for program and staff improvement. The Texas Rising Star CQIP framework will provide targeted technical assistance and customized coaching to set specific improvement goals and monitor progress.

- Requiring assessors to take the Texas Rising Star Assessment Training course, to obtain certification, and to pass quarterly reliability checks.
- Adopting more robust training requirements for mentors by requiring the Texas Rising Star Assessment Training course and participation in competency-based professional development designed to improve coaching practices. Increasing the number of programs that attain and retain higher levels of quality will require strong mentoring support, and successful implementation of a CQIP framework will depend on skillful coaching from Texas Rising Star mentors.
- Reorganizing Texas Rising Star measures under the following four categories: (1) Director and Staff Qualifications and Training, (2) Teacher-Child Interactions, (3) Program Administration, and (4) Indoor/Outdoor Environments.
- Adjusting the relative weight of each category in recognition of the categories that are most closely correlated with child outcomes. The teacher-child interactions category will be assigned a weight of 40 percent, with the remaining three categories weighted at 20 percent each.
- Revising the structure for considering licensing deficiencies for both new Texas Rising Star applicants and existing certified programs. The revised structure will continue to provide a high level of accountability for the most critical licensing issues but will allow opportunities for providers to correct issues that are less correlated with the quality of care that children receive.

Strengthening Texas Rising Star Implementation Study (Executive Summary):

<https://www.twc.texas.gov/files/partners/executive-summary-cli-twc.pdf>

Approved Chapter 809 Rules, Effective January 25, 2021:

<https://www.twc.texas.gov/files/partners/fr-ch809-hb680-trs-transfers-adopted-1-5-21-twc.pdf>

Classroom Assessment Scoring System (CLASS) Tool

In addition to Texas Rising Star, there are other nationally available tools which also measure teacher-child interactions. The U.S. Department of Health and Human Services uses the Classroom Assessment Scoring System (CLASS) observational tool within their Head Start programs. CLASS includes three domains or categories of teacher-child interactions that support children's learning and development: Emotional Support, Classroom Organization, and Instructional Support.

As of FY 2020, eight Boards reported using CLASS or plans to begin CLASS for

assessments in prekindergarten partnerships and quality improvement initiatives. On June 8, 2021, [TWC authorized](#) Boards to recognize CLASS-scored teacher-child interactions towards the Texas Rising Star Category 2 scoring as follows:

<u>CLASS Scoring</u>	<u>Texas Rising Star Score for Category 2</u>
LOW – score of 1-2	LOW – score of 0-1
MID – score of 3-5	MID – score of 2
HIGH – score of 6-7	HIGH – score of 3

Statewide Consolidation of Texas Rising Star Assessors

On June __, 2021, Governor Abbott signed House Bill 1792 which requires TWC to competitively procure a single entity to oversee a statewide roster of qualified assessor staff to evaluate child-care providers participating in the Texas Rising Star Program during the initial certification process and at any time during the provider’s participation in the program. Transferring the responsibility of assessing from the 28 Boards to a single entity will provide consistent hiring practices, inter-rater reliability and fidelity in program certification ratings of the Texas Rising Star Certification Guidelines and equitable caseload distribution. TWC will initiate the procurement process in the summer of 2021, with a new statewide entity expected to take over Texas Rising Star assessment functions beginning in the fall of 2022.

The [Texas Early Learning Strategic Plan](#) offers a framework for public and private action to achieve the state’s vision that all Texas children are ready for school and ready to learn by 2025. TWC will work with TELC to make progress towards these goals, described below.

Goal 1: Early childhood programs in Texas are aligned to ensure children are ready to learn by kindergarten.

- Strategy 1.1: Increase use of developmentally appropriate screening and assessments to monitor children’s development and adapt programs to meet children’s needs.
- Strategy 1.2: Promote the use of the Texas Early Learning Guidelines and the Texas Prekindergarten Guidelines to inform assessment and instruction.
- Strategy 1.3: Utilize formative and summative data to support children’s development and learning.

Goal 2: All families have access to a variety of high-quality programs and the information needed to discern which programs are the best fit for their child.

- Strategy 2.1: Assess local needs, including rural community needs, and promote and support activities that improve access in local communities.

- Strategy 2.2: Improve the quality of programs through evidence-informed practices and approaches.
- Strategy 2.3: Incentivize quality improvement to increase the number of high-quality programs, supports, and services in Texas available to families.
- Strategy 2.4: Increase children's access to high-quality programs, supports, and services across the early childhood system.
- Strategy 2.5: Identify/create a centralized point or points of access for families and providers to retrieve information about the early childhood system including available programs, supports, and services.
- Strategy 2.6: Incorporate families' needs into planning, administrative, and programmatic operations.

Goal 3: Families are equipped with knowledge and tools they need to be their child's primary caregiver.

- Strategy 3.1: Educate and connect parents and families about what constitutes high-quality early learning, supports and services that are available, and how they can access existing programs and services.
- Strategy 3.2: Incorporate families' needs into planning, administrative, and programmatic operations.
- Strategy 3.3: Increase families' understanding of the needs of their family and child and the programs, services, and supports available to meet them.
- Strategy 3.4: Increase families' access to high-quality programs, supports, and services.
- Strategy 3.5: Identify/create a centralized point or points of access for families to retrieve information about the early childhood system including available programs, supports, and services.
- Strategy 3.6: Provide parent and family education opportunities to support positive family-child interactions.
- Strategy 3.7: Increase families' understanding of early brain development and strategies they can implement to support optimal development.

Goal 4: Early childhood professionals are well-qualified and have access to the supports and training needed to improve kindergarten readiness and the resources to ensure they have a successful career serving children.

- Strategy 4.1: Provide high-quality professional development opportunities across the early childhood workforce.
- Strategy 4.2: Promote participation in state and national professional associations to elevate the field.
- Strategy 4.3: Update the Texas Core Competencies for Early Childhood Professionals and the associated career lattice.
- Strategy 4.4: Create a centralized point or points of access for providers to retrieve information about the early childhood system including available programs, supports, and services.
- Strategy 4.5: Increase the number of early childhood professionals with an account through the workforce registry through the Texas Early Childhood Professional

Development System.

Goal 5: Each community has a plan for a well-organized system of early childhood services.

- Strategy 5.1: Engage in intentional planning at the community level, informed by local needs and stakeholder input.
- Strategy 5.2: Develop and disseminate resources that support the implementation of service delivery models that leverage existing resources and meet community needs, especially in rural communities.
- Strategy 5.3: Develop effective procedures for effective transitions between programs.
- Strategy 5.4: Invest in structural and operational support for local systems coordination.
- Strategy 5.5: Establish articulation pathways between CDA, associate degree, and bachelor degree programs offered by high schools, community colleges, and colleges and universities.
- Strategy 5.6: Support programs in braiding and blending funding streams to maximize resources to increase kindergarten readiness.

Goal 6: Texas has strong coordination across its early childhood system and the underlying data system to support a high degree of coordination and collaboration.

- Strategy 6.1: Align administrative processes across state agencies that affect early childhood programs.
- Strategy 6.2: Establish processes and procedures for effective cross-agency coordination that includes strategies for reducing duplicative efforts and efficiently utilizing resources.
- Strategy 6.3: Assess and promote opportunities for leveraging existing funding streams, identifying new funding sources, and streamlining funding when possible.
- Strategy 6.4: Increase understanding of quality across program settings and implications for partnership opportunities.
- Strategy 6.5: Leverage HB 680 to build the foundation for an early childhood integrated data system.
- Strategy 6.6: Strengthen data sharing across agencies to better inform state-level policy and program improvement.
- Strategy 6.7: Support communities and stakeholders in utilizing data provided through existing data platforms to inform quality improvement and systems planning at the local level.

Through the [2022–2024 CCDF State Plan Stakeholder Survey results](#), parents and early childhood programs across the state expressed their interest in TWC’s policies regarding:

- Parent’s share of cost
- Texas Rising Star
- Pre-k partnerships
- Infant and Toddler Early Learning Guidelines
- Child Care Resource & Referral
- Shared Services Alliances
- Rural Child Care

- Texas Core Competencies

TWC will use this information to assist in developing policies, updating guidelines, and investing CCDF funds.

7.2 Use of Quality Funds

7.2.1 Check the quality improvement activities in which the state/territory is investing

- a. Supporting the training and professional development of the child care workforce as discussed in 6.2 (Related Section: 6.3). Check all that apply.
 - i CCDF funds
 - ii. State general fundsOther funds. Describe:

- b. Developing, maintaining, or implementing early learning and developmental guidelines (Related Section: 6.4). Check all that apply.
 - i CCDF funds
 - ii. State general fundsOther funds. Describe:

- c. Developing, implementing, or enhancing a tiered quality rating and improvement system (Related Section: 7.3). Check all that apply.
 - i CCDF funds
 - ii. State general fundsOther funds. Describe:

- d. Improving the supply and quality of child care services for infants and toddlers (Related Section: 7.4). Check all that apply.
 - i CCDF funds
 - ii. State general funds

Other funds. Describe:

- e. Establishing or expanding a statewide system of CCR&R services, as discussed in 1.7 (Related Section: 7.5). Check all that apply.

i CCDF funds

ii. State general funds

Other funds. Describe:

- f. Facilitating Compliance with State Standards (Related Section: 7.6). Check all that apply.

i CCDF funds

ii. State general funds

Other funds. Describe:

- g. Evaluating and assessing the quality and effectiveness of child care services within the state/territory (Related Section: 7.7). Check all that apply.

i CCDF funds

ii. State general funds

Other funds. Describe:

- h. Accreditation Support (Related Section: 7.8). Check all that apply.

i CCDF funds

ii. State general funds

Other funds. Describe:

- i. Supporting state/territory or local efforts to develop high-quality program standards relating to health, mental health, nutrition, physical activity, and physical development (Related Section: 7.9). Check all that apply.

i CCDF funds

ii. State general funds

Other funds. Describe:

- j. Other activities determined by the state/territory to improve the quality of child care services and which measurement of outcomes related to improved provider preparedness, child safety, child well-being, or kindergarten entry is possible (Related

Section: 7.10). Check all that apply

i CCDF funds

ii. State general funds

Other funds. Describe:

7.3 Quality Rating and Improvement System (QRIS) or Another System of Quality Improvement

Lead Agencies may respond in this section based on other systems of quality improvement, even if not called a QRIS, as long as the other quality improvement system contains the elements of a QRIS. QRIS refers to a systematic framework for evaluating, improving and communicating the level of quality in early childhood programs and contains five key elements:

1. Program standards
2. Supports to programs to improve quality
3. Financial incentives and supports
4. Quality assurance and monitoring
5. Outreach and consumer education

7.3.1 Does your state/territory have a quality rating and improvement system or other system of quality improvement?

a. No, the state/territory has no plans for QRIS development. If no, skip to 7.4.1.

b. No, but the state/territory is in the QRIS development phase. If no, skip to 7.4.1.

c. Yes, the state/territory has a QRIS operating statewide or territory-wide.

Describe how the QRIS is administered (e.g., statewide or locally or through CCR&R entities) and any partners, and provide a link, if available.

The Texas Rising Star program is Texas' Quality Rating and Improvement System (QRIS). Texas Rising Star is a voluntary, quality-based rating system of providers participating in TWC's subsidized child care program. Texas Rising Star certification is available to licensed centers and licensed and registered home child care providers that meet the certification criteria. The Texas Rising Star certification system offers three levels of certification, 2-Star, 3-Star, and 4-Star, to encourage providers to attain progressively higher certification requirements leading to the 4-Star level.

TWC establishes the rules and guidelines for the Texas Rising Star program and provides funding to Boards to hire Texas Rising Star mentors and assessors and administer the program. Texas Rising Star mentors provide technical assistance and mentoring services to child care providers that want to become Texas Rising Star certified or achieve higher Texas Rising Star certification levels.

Texas Government Code §2308.315 requires the minimum reimbursement rate for a Texas Rising Star-certified program to be greater than the maximum rate established for a program that is not Texas Rising Star certified for the same category of care. Specifically, 2-Star rates must be at least 5 percent higher, 3-Star rates must be at least 7 percent higher, and 4-Star rates must be at least 9 percent higher.

In accordance with TWCC Chapter 809 Child Care Services rule [§809.20\(a\)](#), TWC's three-member Commission (Commission) may require Boards to establish maximum reimbursement rates at or above a level established by the Commission. TWC has published each of the Board's maximum reimbursement rates as of October 1, 2021. The Commission requires Boards to set their Texas Rising Star maximum reimbursement rates at or above the following levels:

- For infants, benchmarking to the 85th percentile as follows:

<https://qualitycompendium.org/view-state-profiles>.



d. Yes, the state/territory has a QRIS initiative operating as a pilot-test in a few localities or only a few levels but does not have a fully operating initiative on a statewide or territory-wide basis.

Provide a link, if available. N/A

- e. Yes, the state/territory has another system of quality improvement.

Describe the other system of quality improvement and provide a link, if available.

N/A

7.3.2 Indicate how providers participate in the state or territory QRIS or another system of quality improvement.

- a. Are providers required to participate in the QRIS or another system of quality improvement? Check all that apply if response differs for different categories of care.

Participation is voluntary

Participation is partially mandatory. For example, participation is mandatory for providers serving children receiving a subsidy, participation is mandatory for all licensed providers or participation is mandatory for programs serving children birth to age 5 receiving a subsidy. If checked, describe the relationship between QRIS participation and subsidy (e.g., minimum rating required, reimbursed at higher rates for achieving higher ratings, participation at any level).

On June 18, 2021, the Governor Abbott signed House Bill 2607, effective September 1, 2021, which requires all subsidy providers to participate in Texas Rising Star. TWC will amend Texas Rising Star rules to include an entry level rating for child care providers who meet the minimum screening and eligibility requirements for Texas Rising Star and a maximum length of time a provider may participate at the entry level rating. Providers designated at this entry level rating are not eligible for increased reimbursement rates.

TWC will develop a process to allow a child care provider to request a waiver to extend the maximum length of time a provider may participate at the entry level rating, not to exceed 36 months.

Participation is required for all providers.

- b. Which types of settings or distinctive approaches to early childhood education and care participate in the state/territory QRIS or another system of quality improvement? Check all that apply.

- i. Licensed child care centers
- ii. Licensed family child care homes
- iii. License-exempt providers
- iv. Early Head Start programs
- v. Head Start programs
- vi. State Prekindergarten or preschool programs
- vii. Local district-supported Prekindergarten programs
- viii. Programs serving infants and toddlers
- ix. Programs serving school-age children
- x. Faith-based settings
- xi. Tribally operated programs
- xii. Other

Describe:

Department of Defense-operated child care facilities and licensed Early Head Start or Head Start programs that offer wraparound child care services

c. Describe how the Lead Agency's QRIS, or other system for improving quality, considers how quality may look different in the different types of provider settings which participate in the QRIS or other system of quality improvement. For instance, does the system of quality improvement consider what quality looks like in a family child care home with mixed-age groups vs. child care centers with separate age groups? Or are standards related to quality environments flexible enough to define quality in home-based environments, as well as child care center environments?

Texas Rising Star includes measures that are specifically designed to consider the infrastructure, staff compilation, and environments of a center-based program, registered or licensed home, and a program that only provides after-school care. The Facility Assessment Record Form identifies these three types of programs and outlines what measures and scoring criteria is reviewed to determine the level of quality being provided.

7.3.3 Identify how the state or territory supports and assesses the quality of child care providers.

The Lead Agency may invest in the development, implementation, or enhancement of a tiered quality rating and improvement system for child care providers and services or another system of quality improvement. Note: If a Lead Agency decides to invest CCDF quality dollars in a QRIS, that agency can use the funding to assist in meeting consumer education requirements (98.33).

Do the state/territory's quality improvement standards align with or have reciprocity with any of the following standards?

- No
- Yes. If yes, check the type of alignment, if any, between the state/territory's quality standards and other standards. Check all that apply.
 - a. Programs that meet state/territory PreK standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, there is a reciprocal agreement between PreK programs and the quality improvement system) .
 - b. Programs that meet federal Head Start Program Performance Standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, there is a reciprocal agreement between Head Start programs and the quality improvement system).
 - c. Programs that meet national accreditation standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, an alternative pathway exists to meeting the standards).
 - d. Programs that meet all or part of state/territory school-age quality standards.
 - e. Other.

Describe:

N/A

7.3.4 Do the state/territory's quality standards build on its licensing requirements and other regulatory requirements?

- No
- Yes. If yes, check any links between the state/territory's quality standards and licensing requirements
 - a. Requires that a provider meet basic licensing requirements to qualify for the base level of the QRIS.
 - b. Embeds licensing into the QRIS
 - c. State/territory license is a "rated" license
 - d. Other.

Describe:

Texas Rising Star certification is built upon minimum licensing standards. To be eligible for Texas Rising Star certification, a provider must not be on corrective or adverse action with CCR. Additionally, a provider is not eligible to apply for Texas Rising Star certification if, during the most recent 12-month licensing history, the provider:

- was cited for any specified CCR minimum standard in Section 3 of the initial screening form;
- has 15 or more total CCR high or medium-high weighted licensing deficiencies; or
- was cited for specified CCR minimum standards regarding weapons and ammunition.

On January 5, 2021, the Commission approved amendments to TWC's Child Care Services rules to add a Pre-Star designation ([§809.2 \(18\)](#)) and a requirement that all subsidy providers meet the Pre-Star requirements ([§809.91 \(a\)\(1\)](#)).

Additionally, TWC has identified several licensing standards that, if violated, will result in an immediate star level drop or the loss of Texas Rising Star Certification

7.3.5 Does the state/territory provide financial incentives and other supports designed to expand the full diversity of child care options and help child care providers improve the quality of services that are provided through the QRIS or another system of quality

improvement.

No

Yes. If yes, check all that apply

a. If yes, indicate in the table below which categories of care receive this support.

i. One-time grants, awards, or bonuses

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

ii. Ongoing or periodic quality stipends

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

iii. Higher subsidy payments

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

iv. Training or technical assistance related to QRIS

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

v. Coaching/mentoring

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

vi. Scholarships, bonuses, or increased compensation for degrees/certificates

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

vii. Materials and supplies

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

viii. Priority access for other grants or programs

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

ix. Tax credits for providers

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

x. Tax credits for parents

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

xi. Payment of fees (e.g. licensing, accreditation)

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

b. Other:

Some of the items above are offered by Boards at their discretion. Additionally, Boards may provide locally designed financial incentives and support to expand the diversity of child care options and improve the quality of child care services available in their workforce area.

On [June 29, 2021](#), TWC's three-member Commission authorized distributing CRRSA funds to Boards, to provide targeted support to incent increased and ongoing participating in Texas Rising Star, as follows:

- **Targeted recruitment and outreach activities to expand the number of providers participating in Texas Rising Star**, with specified goals for the number of new Texas Rising Star-certified programs to be certified. Funds may be used to assist providers in addressing the requirements to become Texas Rising Star certified. Boards are encouraged to outreach all subsidy providers who do not currently participate in Texas Rising Star and conducting a facilitated self-assessment to determine if they can be certified.
- **Incentives for newly certified providers and current providers who reach and sustain higher levels of quality**. Consideration of enhanced incentives for providers in rural areas, for home-based providers, or for providers offering care during nontraditional hours. Consideration of enhanced incentives for providers who have lower teacher/child ratios. Incentives may include offering providers curriculum, professional development, classroom materials, outdoor environment improvements, or one-time bonus payments, which providers may choose how to use on the aforementioned items or other program support, as well as for staff bonuses to incent and support staff retention.
- **Targeted coaching and resources to assist providers in strengthening their**

business practices. This may include strategies for providers regarding improvements to their enrollment efficiency, which can reduce their operational costs. Boards are encouraged to consider how to assist providers who may be facing challenges in obtaining or retaining their Texas Rising Star certification by addressing the issues and underlying concerns that cause the provider to obtain a licensing deficiency. Boards are encouraged to employ targeted strategies for providers pursuing TRS certification, and support strategies, based on a provider's initial self-assessment or pre-assessment, which allow those providers to address their individualized needs.

- **Targeted strategies to assist Texas Rising Star Providers to succeed in meeting the goals of their individualized Continuous Quality Improvement Plans (CQIP),** which could include training and resources on inclusive care, providing child care during nontraditional hours, improving program design to address the needs of English language learners, measuring and improving teacher/child interactions or child progress monitoring.

Boards may implement other strategies with approval from TWC's Child Care and Early Learning (CC&EL) Division.

7.3.6 Describe the measurable indicators of progress relevant to subsection 7.3 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

As described in Section 7.1.1, TWC [tracks the number and percentage](#) of:

- subsidized providers participating in Texas Rising Star;
- subsidized children in Texas Rising Star–certified provider care;
- Texas Rising Star providers as a share of regulated providers; and
- Texas Rising Star providers by provider type (center-based, registered home, and licensed home).

Child Care by the Numbers:
https://www.twc.texas.gov/childcarenumbers/Texas_Statewide_System_monthly.html

Additionally, TWC tracks the number of:

- providers receiving financial supports (onetime or ongoing grants/stipends);
- provider staff receiving scholarships, bonuses, or wage supplements; and
- providers receiving financial or mentoring support to achieve national accreditation.

Data for these measures as of September 2020:

Measure: Number of providers receiving financial support (onetime grants/stipends)

In FY 2018: 1,021

In FY 2019: 1,573

In FY 2020: 2,168

Measure: Number of providers receiving financial support (ongoing or periodic grants/stipends)

In FY 2018: 137

In FY 2019: 204

In FY 2020: 325

Measure: Number of provider staff members receiving scholarships, bonuses, or wage supplements

In FY 2018: 3,574

In FY 2019: 3,577

In FY 2020: 4,500

Measure: Number of providers receiving financial or mentoring support to achieve national accreditation

In FY 2018: 118

In FY 2019: 135

In FY 2020: 74

Beginning in 2021, Texas Rising Star also requires providers to participate in a Continuous Quality Improvement Plan (CQIP) that is jointly developed and managed by a provider and their mentor. To support the CQI framework, TWC has directed funding for CLI to add features to the Engage system to collect data on each provider's quality improvement goals, strategies, and progress. Providers will be able to set intentional, achievable goals at the program level and optionally at the individual practitioner level.

TWC will continue to explore opportunities to improve the way the agency and Boards measure the impacts of quality improvement initiatives.

7.4 Improving the Supply and Quality of Child Care Programs and Services for Infants and Toddlers

Lead Agencies are required to spend 3 percent of their total CCDF expenditures on activities to improve the supply and quality of their infant and toddler care. This is in addition to the general quality set-aside requirement.

Lead Agencies are encouraged to use the required needs assessment to systematically review and improve the overall quality of care that infants and toddlers receive, the systems in place or needed to support and enhance the quality of infant and toddler providers, the capacity of the infant and toddler workforce to meet the unique needs of very young children, and the methods in place to increase the proportion of infants and toddlers in higher quality care, including any partnerships or coordination with Early Head Start and IDEA Part C programs.

7.4.1 Identify and describe the activities that are being implemented by the state/territory to improve the supply (see also section 4) and quality of child care programs and services for infants and toddlers and check which of the activities are available to each provider type.

- a. Establishing or expanding high-quality community- or neighborhood-based family and child development centers. These centers can serve as resources to child care providers to improve the quality of early childhood services for infants and toddlers from low- income families and to improve eligible child care providers' capacity to offer high-quality, age-appropriate care to infants and toddlers from low-income families.

Describe:

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

- b. Establishing or expanding the operation of community-based, neighborhood-based, or provider networks comprised of home-based providers, or small centers focused on expanding the supply of infant and toddler care.

Describe:

Family Child Care Network From March 2020 through September 2021, TWC awarded grants to two local collaborative efforts (Avance-Travis County and United Way-Denton County) to develop the Family Child Care Networks, which are designed to provide training, specialized services, and technical assistance to address the needs of family home-based caregivers, thereby increasing the availability and quality of family child care.

- Licensed center-based
 - License exempt center-based
 - Licensed family child care home
 - License- exempt family child care home
 - In-home care (care in the child's own home)
- c. Providing training and professional development to enhance child care providers' ability to provide developmentally appropriate services for infants and toddlers.

Describe:

TWC previously provided funding for Texas A&M AgriLife's infant and toddler online courses. Child care providers continually access the online training, which covers a variety of topics such as child development, developmentally appropriate learning environments, and social-emotional development. Additionally, Boards provide infant- and toddler-specific professional development opportunities at the local level for child care providers.

- Licensed center-based
 - License exempt center-based
 - Licensed family child care home
 - License- exempt family child care home
 - In-home care (care in the child's own home)
- d. Providing coaching, mentoring, and/or technical assistance on this age group's unique needs from statewide or territory-wide networks of qualified infant/toddler specialists.

Describe:

Infant Toddler Specialist Network TWC awarded the University of Texas Health Science Center at Houston a grant of \$3 million to establish a statewide Infant Toddler Specialist Network beginning in March 2020. This network provides teachers and professionals who work with infants and toddlers as well as administrators of infant and toddler programs with professional development, technical support, and opportunities to participate in professional learning communities. This enhances the quality of care provided to infants and toddlers across the state, in addition to elevating the skills and competencies of infant and toddler teachers and professionals who participate.

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

7.4 Improving the Supply and Quality of Child Care Programs and Services for Infants and Toddlers

Lead Agencies are required to spend 3 percent of their total CCDF expenditures on activities to improve the supply and quality of their infant and toddler care. This is in addition to the general quality set-aside requirement.

Lead Agencies are encouraged to use the required needs assessment to systematically review and improve the overall quality of care that infants and toddlers receive, the systems in place or needed to support and enhance the quality of infant and toddler providers, the capacity of the infant and toddler workforce to meet the unique needs of very young children, and the methods in place to increase the proportion of infants and toddlers in higher quality care, including any partnerships or coordination with Early Head Start and IDEA Part C programs.

7.4.1 Identify and describe the activities that are being implemented by the state/territory to improve the supply (see also section 4) and quality of child care programs and services for infants and toddlers and check which of the activities are available to each provider type.

- e. Coordinating with early intervention specialists who provide services for infants and toddlers with disabilities under Part C of the Individuals with Disabilities Education Act (20 U.S.C. 1431 et seq.).

Describe:

HHSC's ECI program has developed training specific to providers to educate them on Child Find activities and working with their local ECI providers to jointly serve children. TWC will continue to partner with ECI to explore further opportunities for coordination.

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

- f. Developing infant and toddler components within the state/territory's QRIS, including classroom inventories and assessments.

Describe:

Texas Rising Star measures include specific infant and toddler requirements in the following categories:

- Program administration-addresses breastfeeding education and feeding practices.
- Indoor learning environment-addresses developmentally appropriate materials and space for play and movement.
- Outdoor learning environment-addresses outdoor equipment and materials that encourage infants to experience the environment

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

- g. Developing infant and toddler components within the state/territory's child care licensing regulations.

Describe:

Child Care Regulation Minimum Standards have infant and toddler components, including basic care requirements, room arrangements, furniture and equipment, crib safety, sleep safety, prohibited equipment, activities for children, feeding and mealtime, naptime, and daily reports to families.

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

- h. Developing infant and toddler components within the early learning and developmental guidelines.

Describe:

Texas' early learning guidelines include specific infant and toddler guidelines: [Little Texans. Big Futures.](#)

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

7.4 Improving the Supply and Quality of Child Care Programs and Services for Infants and Toddlers

Lead Agencies are required to spend 3 percent of their total CCDF expenditures on activities to improve the supply and quality of their infant and toddler care. This is in addition to the general quality set-aside requirement.

Lead Agencies are encouraged to use the required needs assessment to systematically review and improve the overall quality of care that infants and toddlers receive, the systems in place or

needed to support and enhance the quality of infant and toddler providers, the capacity of the infant and toddler workforce to meet the unique needs of very young children, and the methods in place to increase the proportion of infants and toddlers in higher quality care, including any partnerships or coordination with Early Head Start and IDEA Part C programs.

7.4.1 Identify and describe the activities that are being implemented by the state/territory to improve the supply (see also section 4) and quality of child care programs and services for infants and toddlers and check which of the activities are available to each provider type.

- i. Improving the ability of parents to access transparent and easy-to-understand consumer information about high-quality infant and toddler care that includes information on infant and toddler language, social-emotional, and both early literacy and numeracy cognitive development.

Describe:

Parents may access the infant and toddler guidelines (Little Texans. Big Futures), as well as information about quality infant and toddler care, via www.texaschildcaresolutions.org.

TWC is working with a team of other agencies to develop a website for parents to find information and a variety of services for their young children, including information from www.texaschildcaresolutions.org

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)
- j. Carrying out other activities determined by the state/territory to improve the quality of infant and toddler care provided within the state/territory and for which there is evidence that the activities will lead to improved infant and toddler health and safety, cognitive and physical development, and/or well-being.

Describe:

- Licensed center-based

- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)
- k. Coordinating with child care health consultants.

Describe:

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)
- l. Coordinating with mental health consultants.

Describe:

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)
- m. Establishing systems to collect real time data on available (vacant) slots in ECE settings, by age of child, quality level, and location of program.

Describe:

TWC funded the [Texas Child Care Availability Portal](#) - a tool that connects parents to open child care slots by allowing providers to voluntarily indicate their vacant seats and enrollment by age group. This portal provides an easily navigable map powered by Google Maps, with which many users are already familiar. Each child care provider profile also links directly to the provider's state inspection and reports page, operated by CCR. The portal has also supports collection of data on how many children are receiving child care in Texas. As of March 19, 2021, 3,379 providers were reporting a total of 63,535 vacant slots. The portal had logged 59,195 searches.

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)
- n. Other.

Describe:

On May 18, 2021, Governor Abbott signed Senate Bill 1555 which requires TWC to develop strategies to address increased infant and toddler costs for Texas Rising Star 3- and 4-star providers due to the lower ratios for those children. TWC is in the process of developing strategies and will update this Plan upon implementation

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

7.4.2 Describe the measurable indicators of progress relevant to subsection 7.4 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services for infants and toddlers within the state/territory and the data on the extent to which the state or territory has met these measures.

Number of participants in the Family Child Care Network:

As of 1/2021: 63

Number of participants in the Infant Toddler Specialist Network:

As of 12/2020: 213

Number of infant/toddler specialists:

As of 12/2020: 46

Number of infant slots provided:

In 2019: 1764

In 2020: 128

Number of toddler slots provided:

In 2019: 2,673

In 2020: 159

Number of subsidized infants in Texas Rising Star programs vs. non–Texas Rising Star programs

In 2019: 4,196 infants in Texas Rising Star care and 8,722 infants in non–Texas Rising Star care

In 2020: 4,361 infants in Texas Rising Star care and 6,732 infants in non–Texas Rising Star care

Number of subsidized toddlers in Texas Rising Star programs vs. non–Texas Rising Star programs

In 2019: 8,222 toddlers in Texas Rising Star care and 16,282 toddlers in non–Texas Rising Star care

In 2020: 9,591 toddlers in Texas Rising Star care and 14,477 toddlers in non–Texas Rising Star care

7.5 Child Care Resource and Referral

A Lead Agency may expend funds to establish, expand, or maintain a statewide system of child care resource and referral services (98.53(a)(5)). It can be coordinated, to the extent determined appropriate by the Lead Agency, by a statewide public or private non-profit, community-based, or regionally based lead child care resource and referral organization (658E(c)(3)(B)(iii)). This effort may include activities done by local or regional child care and resource referral agencies, as discussed in section 1.7.

7.5.1 What are the services provided by the local or regional child care and resource and referral agencies?

The Texas Workforce Commission (TWC) does not fund Child Care Resource & Referral (CCR&R) entities. However, TWC's 28 Local Workforce Development Boards and their

child care contractors provide some of the same services that CCR&Rs provide. All Boards provide consumer education and enrollment assistance for child care services. All Boards also work to expand the supply of and quality of child care, through their oversight of the Texas Rising Star certification program. Some Boards, but not all, analyze supply and demand data for child care services.

Three Local Workforce Development Boards (Borderplex, Dallas, and Gulf Coast) child care contractors are a part of the Texas Association of CCR&R. <http://www.taccrra.net/>

TWC will explore opportunities for improving the provision of resource and referral information through our existing infrastructure, working in partnership with our 28 Local Boards.

7.5.2 Describe the measurable indicators of progress relevant to subsection 7.5 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

TWC does not provide funding directly to CCR&R entities; therefore, TWC does not have measures for this activity.

7.6 Facilitating Compliance With State Standards

7.6.1 What activities does your state/territory fund with CCDF quality funds to facilitate child care providers' compliance with state/territory health and safety requirements? These requirements may be related to inspections, monitoring, training, compliance with health and safety standards, and with state/territory licensing standards as outlined in Section 5.

Describe:

7.6.1 What activities does your state/territory fund with CCDF quality funds to facilitate child care providers' compliance with state/territory health and safety requirements? These requirements may be related to inspections, monitoring, training, compliance with health and safety standards, and with state/territory licensing standards as outlined in Section 5.

Describe:

The Texas legislature annually appropriates and directs TWC to transfer approximately \$28 million in CCDF funds to the Texas Health and Human Services Commission to supplement Child Care Regulation's (CCR) duties of licensing and monitoring child care facilities, and to support health and safety training for child care facilities.

Many Boards also spend a portion of their quality funds on health and safety trainings, such as CPR training, defibrillator training, security systems training, and others.

7.6.2 Does the state/territory provide financial assistance to support child care providers in complying with minimum health and safety requirements?

- No
- Yes. If yes, which types of providers can access this financial assistance?
 - Licensed CCDF providers
 - Licensed non-CCDF providers
 - License-exempt CCDF providers
 - Other

Describe:

7.6.3 Describe the measurable indicators of progress relevant to subsection 7.6 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the

state or territory has met these measures.

Measure: Number of applications and investigation inspections, monitoring, and follow-up

FY 2015: 40,625

FY 2016: 38,924

FY 2017: 38,814

FY 2018: 30,975

FY 2019: 30,055

Measure: Number of voluntary plans of action put into effect

FY 2015: 308

FY 2016: 232

FY 2017: 192

FY 2018: 179

FY 2019: 190

Measure: Number of corrective actions put into effect

FY 2015: 155

FY 2016: 112

FY 2017: 87

FY 2018: 71

FY 2019: 76

Measure: Number of illegal operations identified

FY 2015: 3,540

FY 2016: 3,120

FY 2017: 3,023

FY 2018: 2,379

Measure: Number of illegal operations investigations resolved

FY 2015: 3,395

FY 2016: 3,068

FY 2017: 2,481

FY 2018: 1,606

FY 2019: 1,401

Measure: Number of instances of technical assistance offered by minimum standard for non-compliance violations

FY 2015: 31,464

FY 2016: 28,239

FY 2017: 27,470

FY 2018: 18,614

FY 2019: 22,058

7.7 Evaluating and Assessing the Quality and Effectiveness of Child Care Programs and Services

7.7.1 Does the state/territory measure the quality and effectiveness of child care programs and services in both child care centers and family child care homes?

No

Yes.

If yes, describe any tools used to measure child, family, teacher, classroom, or provider improvements, and how the state/territory evaluates how those tools positively impact children.

TWC Chapter 809 Child Care Services rules require staff to review and update the Texas Rising Star guidelines every four years at a minimum. As part of this review, TWC analyzes data from Texas Rising Star facilities and classroom assessments and monitoring. TWC uses this information to evaluate the Texas Rising Star measures and to assess:

- Texas Rising Star assessor inter-rater reliability;
- measures with a high or low compliance rate; and
- when feasible, other data points that may indicate a correlation between Texas Rising Star measures and other outcomes, such as caregiver turnover, child continuity of care, and parent employment outcomes.

TWC contracted for the Strengthening Texas Rising Star Implementation study in order to evaluate and identify opportunities to strengthen the Texas Rising Star program. The Texas Rising Star four-year review was completed in 2019. Based on

the findings of the study and the recommendations of the stakeholder workgroup, TWC revised the measures and categories within the assessment tools and added further requirements, including participation in a Continuous Quality Improvement Plan (CQIP). Implementation is expected to begin in April 2021. Contents and progress of programs' CQIPs will be evaluated to understand provider needs, strengths, and trends.

Additionally, TWC partnered with the Children's Learning Institute (CLI) to provide training sessions designed specifically for Texas Rising Star staff assessors and mentors, including a certification program for Texas Rising Star staff assessors and mentors and a micro-credential program for Texas Rising Star mentors.

Effectiveness of the Child Care Program

Texas Labor Code [§302.0043](#) requires TWC to evaluate the child care program's effectiveness in helping parents who receive subsidized child care maintain employment. TWC is required to submit a report to the Texas legislature every odd-numbered year providing the following information.

Parent Employment and Wage Outcomes

Section 302.0043(a) directs TWC to compile and report the following five-year trends-statewide and by local workforce development area (workforce area)-regarding the wage and employment status of each parent receiving TWC-funded child care:

- If the parent receives both Temporary Assistance for Needy Families (TANF) and subsidized child care, whether the parent:
 - finds employment; and
 - maintains the employment after one year.
- If the parent receives only subsidized child care, whether the parent:
 - maintains the employment; and
 - experiences a change in earnings after one year of employment.
- If the parent leaves the child care program:
 - the parent's reason for leaving the program; and
 - whether the parent returns to TANF or becomes a TANF recipient for the first time.

Improving Quality: Professional Development and Program Coordination

Section 302.0043 also requires TWC to measure the effectiveness of its child care program in:

- improving the training of child care professionals;
- facilitating collaboration with Early Head Start (EHS) or Head Start (HS), the Texas Education Agency (TEA), the Texas Department of Family Protective Services (DFPS), and the Texas Health and Human Services Commission

(HHSC);

- coordinating with TEA to assign Public Education Information Management System (PEIMS) numbers to children younger than age six who are enrolled in the program;
- coordinating with TEA, school districts, and open-enrollment charter schools on any prekindergarten (pre-K) quality improvement efforts;
- increasing coordination between providers participating in the program, school districts, and open-enrollment charter schools;
- facilitating child care provider enrollment in the Texas Rising Star program and helping providers obtain the highest rating level; and
- developing and implementing rates and payments, as determined by Local Workforce Development Boards (Boards), to:
 - allow providers to deliver high-quality child care; and
 - ensure that TWC meets performance measures established by the legislature for the average number of children served per day by the program.

Texas Rising Star Program

Section 302.0043 also requires TWC to report on the following data regarding the Texas Rising Star program:

- The total number of child care providers that are participating in the Texas Rising Star program in each workforce area and the number of 2-Star-, 3-Star-, and 4-Star-rated child care providers in the workforce area
- The number of child care providers participating in the Texas Rising Star program in each workforce area as a percentage of the total number of both subsidized child care providers and all child care providers in the workforce area
- The number of 2-Star-, 3-Star-, and 4-Star-rated child care providers in the workforce area as a percentage of the total number of both subsidized child care providers and all child care providers in the workforce area
- The total number of children participating in subsidized child care with Texas Rising Star providers in each workforce area and the number of children participating in subsidized child care with 2-Star-, 3-Star-, and 4-Star-rated child care providers in the workforce area
- The number of children participating in subsidized child care with Texas Rising Star providers in each workforce area as a percentage of the total number of children participating in subsidized child care in the workforce area
- The number of children participating in subsidized child care with 2-Star-, 3-Star-, and 4-Star-rated child care providers in the workforce area as a percentage of the total number of children participating in subsidized child care in the workforce area

Stakeholder Input

Section [302.00435](#) requires TWC to summarize input obtained from TEA, school districts, open-enrollment charter schools, subsidized child care providers, relevant businesses, and the public on the child care program and any recommendations for

legislation or regulation, including regulatory recommendations for governmental bodies other than TWC.

The most recent report is available at <https://www.twc.texas.gov/students/child-care-program-evaluation-effectiveness>.

Other Data Analysis Systems

Texas Ready Communities, Ready Schools, and Ready Students

Texas Ready Communities, Ready Schools, and Ready Students (TXR3) is an analytic tool that uses data from TEA's Early Childhood Data System (ECDS), the Texas Rising Star program, and professional development data from the TEA- and TWC-supported Engage platform at the Children's Learning Institute (CLI) at the University of Texas Health Science Center at Houston. Based on user selections, TXR3 generates custom reports and graphics to visualize the combined data to provide insight regarding communities, schools, and students.

Public Education Information Management System

In 2020, TWC worked with TEA to begin assigning all children in the child care subsidy program a PEIMS unique identifier number that the child will carry into the public school system. TEA and TWC will develop a plan for analyzing and sharing information that will become available through this new longitudinal data.

Classroom Assessments of Quality

TWC funds Texas School Ready, which is a free teacher coaching and assessment tool provided by CLI. It is available to all child care providers in the subsidy program and to other early learning programs.

Boards also have the option of using their quality funds to provide classroom coaching and assessment services. For example, the following six Boards fund the CLASS training and assessment tool: Tarrant County, Dallas County, North Central Texas, Southeast Texas, North Texas, and Lower Rio Grande Valley.

Contracted Slots

Section [302.0461](#) allows Boards to contract with child care providers for a specified number of slots to be reserved for children participating in child care subsidies. To

qualify for a contract with Boards for reserved slots, providers must meet the following criteria:

- Be a Texas Rising Star 3- or 4-Star provider
- Meet one of the following:
 - Be located in a child care "desert" or area determined to be underserved
 - Have a pre-K partnership
 - Have an EHS or HS partnership
 - Increase the number of places reserved for high-quality infant and toddler care
 - Satisfy a requirement for the Board's strategic plan

The statute also requires Boards that opt to use contracted slots to submit reports every twelve months evaluating the contract's effect on:

- the financial stability of the child care provider participating in the contract;
- the availability of high-quality child care options for participants in TWC's subsidized child care program in the workforce area;
- the number of high-quality child care providers in any part of the workforce area with a high concentration of families that need child care; and
- the percentage of children participating in TWC's subsidized child care program at each Texas Rising Star program provider in the workforce area.

To measure providers' financial stability, Boards must report the following for each age group at each contracted provider upon initiating the contract and every twelve months thereafter:

- Number of classrooms
- Strategy or priority area supported (child care desert, underserved area, pre-K partnerships, EHS or HS partnership, infant and toddler slots, or Board priority)
- Number of slots contracted
- Total number of children enrolled
- Vacancy rate
- Cost per child
- Percentage of tuition collected

To measure the effect of contracted slots on the availability of high-quality child care options in the workforce area, Boards must report the following for each strategy or priority area used upon initiating the contract and every twelve months thereafter:

- Number of 3- or 4-Star providers supporting the strategy
- Percentage of 3- or 4-Star providers supporting the strategy
- Number of slots at 3- or 4-Star providers supporting the strategy

To measure Texas Rising Star providers in any part of the workforce area with a high concentration of families that need child care, Boards must report the following for each identified region upon initiating the contract and every twelve months thereafter:

- Number of 3- or 4-Star providers in the region
- Percentage of 3- or 4-Star providers in the region

- Number of slots at 3- or 4-Star providers in the region

7.7.2 Describe the measurable indicators of progress relevant to subsection 7.7 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services in child care centers and family child care homes within the state/territory and the data on the extent to which the state or territory has met these measures.

Effectiveness of Child Care Report

Section 7.7.1 describes the measures related to the Effectiveness of Child Care report. The most recent report is available at <https://www.twc.texas.gov/students/child-care-program-evaluation-effectiveness>.

Boards also have their own measurements. The following are examples from some Board workforce areas:

- Increase CLASS scores (Evaluating Quality)
- Increase star levels (Tiered Quality Rating & Improvement System (QRIS))
- Increase infant and toddler slots (Infant and Toddler Quality Initiatives)
- Increase CLASS scores for infant and toddler classrooms (Infant and Toddler Quality Initiatives)

7.8 Accreditation Support

7.8.1 Does the state/territory support child care providers in the voluntary pursuit of accreditation by a national accrediting body with demonstrated, valid, and reliable program standards of high quality?

- a. Yes, the state/territory has supports operating statewide or territory-wide for both child care centers and family child care homes. Is accreditation available for programs serving infants, toddlers, preschoolers and school-age children?

Describe the support efforts for all types of accreditation that the state/territory provides to child care centers and family child care homes to achieve accreditation

- b. Yes, the state/territory has supports operating statewide or territory-wide for child care centers only. Describe the support efforts for all types of accreditation that the state/territory provides to child care centers.

Describe:

- c. Yes, the state/territory has supports operating statewide or territory-wide for family child care homes only. Describe the support efforts for all types of accreditation that the state/territory provides to family child care

Describe:

- d. Yes, the state/territory has supports operating as a pilot-test or in a few localities but not statewide or territory-wide

- i. Focused on child care centers

Describe:

Boards may offer services that help child care centers attain or maintain national accreditation.

- ii. Focused on family child care homes

Describe:

Boards may offer services that help home-based providers attain or maintain national accreditation.

- e. No, but the state/territory is in the in the development phase of supporting accreditation.

- i. Focused on child care centers

Describe:

- ii. Focused on family child care homes

Describe:

- f. No, the state/territory has no plans for supporting accreditation.

7.8.2 Describe the measurable indicators of progress relevant to subsection 7.8 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

Boards report quarterly to TWC the number of providers that received services to help them attain or maintain national accreditation. The following represents the statewide total of those numbers for each of the past three years:

2018: 118 providers

2019: 135 providers

2020: 74 providers

7.9 Program Standards

7.9.1 Describe how the state/territory supports state/territory or local efforts to develop or adopt high-quality program standards, including standards for:

a. Infants and toddlers

Texas has high-quality standards specific to infants and toddlers. TWC and Boards provide training that specifically aligns with the early learning guidelines, and Texas Rising Star standards include elements to align curriculum with these standards.

Texas Rising Star Four-Year Review

TWC completes a review of the Texas Rising Star program every four years, as required by state law. TWC began this comprehensive review in May 2019 and recently completed it, with revised guidelines effective January 25, 2021. Stakeholders are a critical component of this review.

TWC convened a workgroup to review the Texas Rising Star guidelines and recommend revisions. Over an eight-month period, the workgroup met regularly to review the Texas Rising Star guidelines in detail and to engage in a collaborative effort to improve the guidelines' standards. The TWC-commissioned [Strengthening Texas Rising Star](#)

[Implementation Study](#) conducted by the Children's Learning Institute (CLI) at the University of Texas Health Science Center, Houston, provided valuable data and research during the review process. CLI's findings and the workgroup's proposed revisions are available on the Texas Rising Star Workgroup web page at <https://twc.texas.gov/partners/texas-rising-star-workgroup>.

TWC will continue to hold focus groups and stakeholder engagement meetings to understand child care providers' needs related to quality activities. TWC will also work with Boards to understand the needs they are addressing through their quality-improvement activities.

b. Preschoolers

Texas has high-quality standards specific to preschool. TWC and Boards provide training that specifically aligns with the pre-kindergarten guidelines, and Texas Rising Star standards include elements to align curriculum with these standards.

Texas Rising Star Four-Year Review

TWC completes a review of the Texas Rising Star program every four years, as required by state law. TWC began this comprehensive review in May 2019 and recently completed it, with revised guidelines effective January 25, 2021. Stakeholders are a critical component of this review.

TWC convened a workgroup to review the Texas Rising Star guidelines and recommend revisions. Over an eight-month period, the workgroup met regularly to review the Texas Rising Star guidelines in detail and to engage in a collaborative effort to improve the guidelines' standards. The TWC-commissioned [Strengthening Texas Rising Star Implementation Study](#) conducted by the Children's Learning Institute (CLI) at the University of Texas Health Science Center, Houston, provided valuable data and research during the review process. CLI's findings and the workgroup's proposed revisions are available on the Texas Rising Star Workgroup web page at <https://twc.texas.gov/partners/texas-rising-star-workgroup>.

TWC will continue to hold focus groups and stakeholder engagement meetings to understand child care providers' needs related to quality activities. TWC will also work with Boards to understand the needs they are addressing through their quality-improvement activities.

c. and/or School-age children.

Texas has high-quality standards specific to school-age child care programs.

Texas Rising Star Four-Year Review

TWC completes a review of the Texas Rising Star program every four years, as required by state law. TWC began this comprehensive review in May 2019 and recently completed it, with revised guidelines effective January 25, 2021. Stakeholders are a critical component of this review.

TWC convened a workgroup to review the Texas Rising Star guidelines and recommend revisions. Over an eight-month period, the workgroup met regularly to review the Texas Rising Star guidelines in detail and to engage in a collaborative effort to improve the guidelines' standards. The TWC-commissioned [Strengthening Texas Rising Star Implementation Study](#) conducted by the Children's Learning Institute (CLI) at the University of Texas Health Science Center, Houston, provided valuable data and research during the review process. CLI's findings and the workgroup's proposed revisions are available on the Texas Rising Star Workgroup web page at <https://twc.texas.gov/partners/texas-rising-star-workgroup>.

TWC will continue to hold focus groups and stakeholder engagement meetings to understand child care providers' needs related to quality activities. TWC will also work with Boards to understand the needs they are addressing through their quality-improvement activities.

7.9.2 Describe the measurable indicators of progress relevant to subsection 7.9 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

Child Care by the Numbers

TWC released [Child Care by the Numbers](#), an overview of subsidized child care data since October 2014. The 86th Texas Legislature directed TWC to publish annual information on providers participating in Texas Rising Star as well as the number of

children enrolled in Texas Rising Star programs. Child Care by the Numbers not only provides annual data but will also include quarterly updates for the most recent year and provide information at the state level and for each of the 28 Boards.

Continuous Quality-Improvement Plans

TWC is implementing continuous quality-improvement plans in 2021 and will internally evaluate that data to understand child care programs' strengths, needs, and trends related to Texas Rising Star standards. This will inform Texas Rising Star standards as well as TWC's investments and guidance related to quality-improvement supports, including funding and training.

7.10 Other Quality Improvement Activities

7.10.1 List and describe any other activities that the state/territory provides to improve the quality of child care services for infants and toddlers, preschool-aged, and school-aged children, which may include consumer and provider education activities; and also describe the measurable indicators of progress for each activity relevant to this use of funds that the state/territory will use to evaluate its progress in improving provider preparedness, child safety, child well-being, or kindergarten entry, and the data on the extent to which the state or territory has met these measures. Describe:

N/A

8 Ensure Grantee Program Integrity and Accountability

Program integrity and accountability activities are integral to the effective administration of the CCDF program. Lead Agencies are required to describe in their Plan effective internal controls that ensure integrity and accountability while maintaining the continuity of services (98.16(cc)). These accountability measures should address reducing fraud, waste, and abuse, including program violations and administrative errors.

This section includes topics on internal controls to ensure integrity and accountability and processes in place to investigate and recover fraudulent payments and to impose sanctions on clients or providers in response to fraud. Respondents should consider how fiscal controls, program integrity and accountability apply to:

-- Memorandums of understanding within the Lead Agency's various divisions that administer or carry out the various aspects of CCDF

-- MOU's, grants, or contracts to other state agencies that administer or carry out various aspects of CCDF

-- Grants or contracts to other organizations that administer or carry out various aspects of CCDF such as professional development and family engagement activities

-- Internal processes for conducting child care provider subsidy

8.1 Internal Controls and Accountability Measures To Help Ensure Program Integrity

8.1.1 Lead Agencies must ensure the integrity of the use of funds through sound fiscal management and must ensure that financial practices are in place (98.68 (a)(1)). Describe the processes in place for the Lead Agency to ensure sound fiscal management practices for all expenditures of CCDF funds. Check all that apply:

- a. Verifying and processing billing records to ensure timely payments to providers

Describe:

Local Workforce Development Boards (Boards) and Board contractors confirm the receipt of child care services through an automated system. Through the automated system, Boards and Board contractors then verify the payment amounts, generate payment proofs, and process the payments on a regular schedule.

- b. Fiscal oversight of grants and contracts

Describe:

TWC's Finance department (Finance) oversees the allocation of CCDF funds to Boards. Finance determines the allocation amount for each local workforce

development area (workforce area) and provides an automated cash draw system to allow Boards to access allotted funds as needed and to report expenditures. The system does not allow Boards to spend more than the amount allocated or budgeted. Finance also provides the resources necessary for completing the Administration for Children and Families ACF-696 Financial Report.

The same cash draw system is also utilized by statewide initiative subrecipients. Grant managers on the Statewide Initiatives team oversee these grants in partnership with CC&EL program staff, monitoring grant activities and expenditures and meeting monthly to jointly review.

For contracts, contract managers monitor performance in partnership with CC&EL program staff and verify contract deliverables are met prior to authorizing invoice payment.

c. Tracking systems to ensure reasonable and allowable costs

Describe:

TWC's Enterprise Contracting and Procurement System is used by staff to track all statewide initiative grants and contracts .

d. Other

Describe:

8.1.2 Check and describe the processes that the Lead Agency will use to identify risk in their CCDF program. Check all that apply:

a. Conduct a risk assessment of policies and procedures

Describe:

TWC requires each Board to submit child care policies to TWC upon request; and submit individual plans for monitoring child care contractors.

TWC's Office of Internal Audit (OAI) conducts an annual risk assessment and develops an audit plan for the agency. OAI staff have full, free, and unrestricted

access to all agency functions, records, property, and personnel including for the CCDF program. Additionally, TWC's Risk and Security Management (RSM) team coordinates with the CC&EL division to complete an annual risk assessment that focuses on continuity of operations, data privacy, and security.

b. Establish checks and balances to ensure program integrity

Describe:

TWC's Regulatory Integrity Division Office of Investigations and Subrecipient Monitoring (SRM) department monitor all Board child care operations and use risk assessment and fraud detection tools to determine specific areas of Board operations that may require additional scrutiny.

OIA periodically reviews state level child care operations and related state level activities. Additionally, CCDF program activities are subject to audit by the State Auditor's Office.

c. Use supervisory reviews to ensure accuracy in eligibility determination

Describe:

Boards and Board contractors use case reviews and other quality assurance measures to ensure accuracy in eligibility determinations.

d. Other

Describe:

8.1.3 States and territories are required to describe effective internal controls that are in place to ensure program integrity and accountability (98.68(a)), including processes to train child care providers and staff of the Lead Agency and other agencies engaged in the administration of CCDF about program requirements and integrity.

a. Check and describe how the state/territory ensures that all providers for children receiving CCDF funds are informed and trained regarding CCDF requirements and integrity (98.68(a)(3)). Check all that apply.

i. Issue policy change notices.

Describe:

TWC issues Workforce Development (WD) Letters that explain and describe policy changes.

ii. Issue policy manual.

Describe:

TWC provides the Child Care Services Guide, which is revised regularly to align with policy changes.

iii. Provide orientations.

Describe:

iv. Provide training.

Describe:

TWC provides Boards and Board contractors with training through on-site instruction, webinars, desk aids, TA Bulletins, conferences, and regional training sessions. TWC's Child Care Technical Assistance department provides regular visits to consult with Boards on program requirements and policy implementation.

v. Monitor and assess policy implementation on an ongoing basis.

Describe:

Boards and Board contractors conduct regular staff monitoring to ensure compliance with child care policies and procedures, and SRM annually monitors Boards to ensure that the funds are spent in accordance with applicable federal and state statutes, regulations, and rules.

vi. Meet regularly regarding the implementation of policies.

Describe:

Boards invite TWC to present and participate in their quarterly Child Care Network and Quality Assurance Network meetings.

vii. Other.

Describe:

TWC grant and contract managers, in partnership with CC&EL program staff, conduct project kick-off meetings and orientation training for statewide initiative vendors and subrecipients.

b. Check and describe how the Lead Agency ensures that all its staff members and any staff members in other agencies who administer the CCDF program through MOUs, grants and contracts are informed and trained regarding program requirements and integrity (98.68 (a)(3)). Check all that apply:

- i. Issue policy change notices.

Describe:

TWC's revisions to WD Letter policy guidance and TA Bulletins are sent to providers that subscribe to TWC's GovDelivery system.

- ii. Train on policy change notices.

Describe:

TWC provides Boards and Board contractors with training through on-site instruction, webinars, desk aids, Technical Assistance (TA) Bulletins, conferences, and regional training sessions.

- iii. Issue policy manuals.

Describe:

TWC's revisions to the Child Care Services Guide are sent to all Local Workforce Development Boards.

- iv. Train on policy manual.

Describe:

TWC provides Boards and Board contractors with training through on-site instruction, webinars, desk aids, TA Bulletins, conferences, and regional training sessions. TWC's Child Care Technical Assistance department provides regular visits to consult with Boards on program requirements and policy implementation.

- v. Monitor and assess policy implementation on an ongoing basis.

Describe:

Boards and Board contractors conduct provider monitoring to ensure compliance with child care policies and procedures, and SRM annually monitors Boards and their local providers to ensure that the funds are spent in accordance with applicable federal and state statutes, regulations, and rules.

- vi. Meet regularly regarding the implementation of policies.

Describe:

Boards invite TWC to present and participate in their quarterly Child Care Network and Quality Assurance Network meetings.

- vii. Other.

Describe:

8.1.4 Describe the processes in place to regularly evaluate Lead Agency internal control activities (98.68 (a)(4)). Describe:

TWC's Office of Internal Audit annually conducts performance audits and non-audit services as well as follow-up reviews.

The Office of Internal Audit allocates its resources in a manner that is consistent with TWC's mission and goals. To support TWC's mission, audit coverage is considered across the agency. The audit plan is designed to provide coverage of key business processes over a reasonable period of time, depending on staff capacity.

The following key factors were considered to assess risk and develop the audit plan:

- Commission and management interest
- Program and information technology changes or concerns
- Critical nature of the business function to the mission of the agency
- Strength of internal controls
- Changes in management and succession planning
- Staff turnover and retirement
- Prior audit coverage
- Potential for fraud, waste, or abuse to occur

8.1.5 Lead Agencies conduct a wide variety of activities to fight fraud and ensure program integrity. Lead Agencies are required to have processes in place to identify fraud and other program violations to ensure program integrity. Program violations can include both intentional and unintentional client and/or provider violations, as defined by the Lead Agency. These violations and errors, identified through the error-rate review process, may result in payment or nonpayment (administrative) errors and may or may not be the result of fraud, based on the Lead Agency definition. Check and describe any activities that the Lead Agency conducts to ensure program integrity.

a. Check and describe all activities that the Lead Agency conducts, including the results of these activities, to **identify and prevent fraud or intentional program violations**. Include in the description how each activity assists in the identification and prevention of fraud and intentional program violations.

- i. Share/match data from other programs (e.g., TANF program, Child and Adult Care Food Program, Food and Nutrition Service (FNS), Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration, Public Assistance Reporting Information System (PARIS)).

Describe the activities and the results of these activities:

As described below, TWC matches child care program data with data from the state's Unemployment Insurance program and state wage records.

Results: Reports are sent to each of the 28 Board areas who then research each case and reach out to the client to inquire about the report and work to resolve the issue. These activities have increased accountability and integrity by ensuring CCDF is only expended on eligible families.

- ii. Run system reports that flag errors (include types).

Describe the activities and the results of these activities:

TWC's TA Bulletin 276, issued December 22, 2016, and titled "Child Care Fraud Detection Report Tools- *Update*," provides Boards with information on child care fraud detection reports. TWC provides these reports through SRM and The Workforce Information System of Texas (TWIST) to help Boards detect potential

fraud.

Results: These reports have helped Texas identify and investigate potential fraud and fraud detection activities have also led to the substantiation of fraud. From October 1, 2019, to the end of State Fiscal Year 2020 (August 31, 2020), Texas' 28 Boards opened 377 cases for fact-finding and closed 251. Of the 251 cases closed, \$226,580 in overpayments were established.

Child Care and Unemployment Insurance Early Warning Report

Purpose and Discussion: The Child Care and Unemployment Insurance Early Warning Report is a tool to assist Boards in the oversight of CCDF funds. SRM sends this report to Boards twice a month, normally on the first and third Wednesdays of each month. The report seeks to identify and assess customers who may have experienced a non-temporary change in work activities because they filed an unemployment insurance (UI) claim advising TWC that they are not working. The objective is to prevent child care overpayments by identifying customers before their three-month job search period expires.

Customers identified in the report are not necessarily ineligible for services. Potential child care eligibility issues are resolved by verifying customers' employment or training status using current local procedures. This also provides an opportunity for child care contractors to verify that customers have reported their UI benefits income for child care eligibility.

Results: Boards connect unemployed parents with other Workforce services. These activities help parents re-engage in work or education so they can continue their eligibility for subsidized child care beyond the three months of continued care. Identifying and assisting parents who become unemployed helps to ensure that limited funds are used to serve only eligible families and to promote their self-sufficiency.

Methodology: The Child Care and Unemployment Insurance Early Warning Report identifies active child care customers whose eligibility is based on their employment but who have recently filed for UI benefits and reported to TWC that they are unemployed or have had a reduction in work hours.

Child Care Income Report

Purpose and Discussion: The Child Care Income Report is a tool to assist Boards in the oversight of CCDF funds. SRM sends this report to Boards quarterly. The report seeks to identify and assess customers who are potentially ineligible due to parental/custodial changes or underreporting of income. A customer identified in the report is not necessarily ineligible for services; the issue of eligibility can be established only after a thorough review of the customer's case file and can involve contacting the customer for further information.

Results: Boards review the report and contact clients to review their reported income to identify if family income exceeds 85% SMI. If family income has increased over 85% of SMI while allowing for temporary and irregular fluctuations, the client's child care is ended. These activities ensure that child care subsidies are only paid for eligible children.

Methodology: The Child Care Income Report excludes from consideration customers funded through Child Protective Services, foster care, or the Workforce Innovation and Opportunities Act (WIOA) dislocated worker program-funding sources that are not subject to federal income eligibility limits. The methodology for generating the report is to compare all currently available income sources for the parent/custodian of a child care recipient to the 85 percent of state median income (SMI) level, using the known family size identified in TWIST. Currently available income sources for generating the report include UI wage records, UI benefit payments, and TANF payments.

TWIST Web Reports

Child Care Cases/Clients with the Same Social Security Number (SSN) Report

The Child Care Cases with the Same SSN Report lists parent/guardian duplicated SSNs that have a payment in more than one workforce area in the same service month. The Child Care Clients with the Same SSN Report lists children's duplicated SSNs that have a payment in more than one workforce area in the same service month. Note: An SSN is not required but may be voluntarily provided by the parent.

Results: Boards review the reports and contact clients to determine if the social

security number provided is correct. Boards will take action to resolve and correct data entry errors and may initiate fact-finding for potential fraud if appropriate. These activities help ensure child care subsidies are only paid for eligible children and also increases integrity of program data.

iii. Review enrollment documents and attendance or billing records

Describe the activities and the results of these activities:

Boards ensure that attendance is reviewed with each billing cycle. Additionally, Boards ensure that staff members conduct quality assurance reviews of enrollment documents and billing records. Records are also reviewed by Boards' independent audit providers and SRM staff.

Results: If local or independent monitoring activities discover any issues, Boards investigate and resolve the issues by reaching out to the client or completing additional reviews based on identified issues. This may involve a fraud investigation. Additionally, when SRM staff complete monitoring activities, findings are relayed to the Board for further training and any identified improper payments are recovered by TWC. These activities help ensure child care subsidies are only paid for eligible children and that payments are accurate, and also increases integrity of program data.

iv. Conduct supervisory staff reviews or quality assurance reviews.

Describe the activities and the results of these activities:

Boards ensure that Board or contractor staff conducts quality assurance reviews before eligibility determination, in response to risks identified through reports or other means and as random spot checks.

Results: If issues are discovered, Board's review with staff and resolve issues through internal processes or by contacting the client for additional information before eligibility can be determined. These activities help ensure child care subsidies are only paid for eligible children and that payments are accurate.

v. Audit provider records.

Describe the activities and the results of these activities:

- vi. Train staff on policy and/or audits.

Describe the activities and the results of these activities:

TWC provides training and technical assistance on program policies. Additionally, Boards ensure that Board and contractor staff receive training locally and/or participate in TWC training and technical assistance. TWC and the Boards also participate in a statewide Quality Assurance Network that meets quarterly to receive training, share best practices, and learn about quality assurance issues.

Results: Training and technical assistance activities help to increase accountability at the local level which in turn increases the integrity of the child care program by preventing staff errors, ensuring that funds are only expended upon eligible children and that payment amounts are accurate.

- vii. Other

Describe the activities and the results of these activities:

8.1.5 Lead Agencies conduct a wide variety of activities to fight fraud and ensure program integrity. Lead Agencies are required to have processes in place to identify fraud and other program violations to ensure program integrity. Program violations can include both intentional and unintentional client and/or provider violations, as defined by the Lead Agency. These violations and errors, identified through the error-rate review process, may result in payment or nonpayment (administrative) errors and may or may not be the result of fraud, based on the Lead Agency definition. Check and describe any activities that the Lead Agency conducts to ensure program integrity.

b) Check and describe all activities the Lead Agency conducts to identify unintentional program violations. Include in the description how each activity assists in the identification and prevention of unintentional program violations. Include a description of the results of such activity.

- i. Share/match data from other programs (e.g., TANF program, CACFP, FNS, Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration (PARIS)).

Describe the activities and the results of these activities:

As described in section 8.1.5.a, TWC matches child care program data with data

from the state's Unemployment Insurance program and state wage records.

- ii. Run system reports that flag errors (include types).

Describe the activities and the results of these activities:

- iii. Review enrollment documents and attendance or billing records

Describe the activities and the results of these activities:

Boards ensure that attendance is reviewed with each billing cycle. Additionally, Boards ensure that staff conducts quality assurance reviews of enrollment documents and billing records. Records are also reviewed by Boards' independent audit providers and SRM staff.

Results: If local or independent monitoring activities uncover any issues, Boards investigate and resolve the issues by reaching out to the client or completing additional reviews based on identified issues. This may involve a fraud investigation. Additionally, when SRM staff complete monitoring activities, findings are relayed to the Board for further training and any identified improper payments are recovered by TWC. Findings are also provided to TWC's Child Care Technical Assistance team to inform supports provided to Boards. These activities help ensure child care subsidies are only expended upon eligible children and that subsidy payments are accurate.

- iv. Conduct supervisory staff reviews or quality assurance reviews.

Describe the activities and the results of these activities:

Boards ensure that Board or contractor staff conduct quality assurance reviews before eligibility determination, in response to risks identified through reports or other means and as random spot checks.

Results: If issues are discovered, Boards review with staff and resolve issues through internal processes or by contacting the client for additional information before eligibility can be determined. These activities help ensure child care subsidies are only expended upon eligible children and that subsidy payments are accurate.

v. Audit provider records.

Describe the activities and the results of these activities:

TWC's SRM department audits the records of providers that received Child Care Relief Funds funded with federal COVID relief funds (CRRSA/ARPA). SRM developed a risk model and sample of providers to audit. These audit activities began in August 2021 when funds were first disbursed and will continue in into the 2022-2024 plan period as funds continue to be disbursed.

vi. Train staff on policy and/or audits.

Describe the activities and the results of these activities:

vii. Other

Describe the activities and the results of these activities:

8.1.5 Lead Agencies conduct a wide variety of activities to fight fraud and ensure program integrity. Lead Agencies are required to have processes in place to identify fraud and other program violations to ensure program integrity. Program violations can include both intentional and unintentional client and/or provider violations, as defined by the Lead Agency. These violations and errors, identified through the error-rate review process, may result in payment or nonpayment (administrative) errors and may or may not be the result of fraud, based on the Lead Agency definition. Check and describe any activities that the Lead Agency conducts to ensure program integrity.

c) Check and describe all activities the Lead Agency conducts to identify and prevent agency errors. Include in the description how each activity assists in the identification and prevention of agency errors.

i. Share/match data from other programs (e.g., TANF program, CACFP, FNS, Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration (PARIS)).

Describe the activities and the results of these activities:

As described in section 8.1.5.a, TWC matches child care program data with data from the state's Unemployment Insurance program and state wage records.

ii. Run system reports that flag errors (include types).

Describe the activities and the results of these activities:

iii. Review enrollment documents and attendance or billing records

Describe the activities and the results of these activities:

Boards ensure that billing records are reviewed with each billing cycle. Additionally, Boards ensure that staff conducts quality assurance reviews of enrollment documents and billing records. Records are also reviewed by Boards' independent audit providers and SRM staff.

Results: If local or independent monitoring activities uncover any issues, Boards investigate and resolve the issues by reaching out to the client or completing additional reviews. This may involve a fraud investigation. Additionally, when SRM staff complete monitoring activities, findings are relayed to the Board for further training and any identified improper payments are recovered by TWC. Findings are also provided to TWC's Child Care Technical Assistance team to inform supports provided to Boards. These activities help ensure child care subsidies are only expended upon eligible children and that subsidy payments are accurate.

iv. Conduct supervisory staff reviews or quality assurance reviews.

Describe the activities and the results of these activities:

Boards ensure that Board or contractor staff conducts quality assurance reviews before eligibility determination, in response to risks identified through reports or other means and as random spot checks.

Results: If issues are discovered, Boards review with staff and resolve issues through internal processes or by contacting the client for additional information before eligibility can be determined. These activities help ensure child care subsidies are only expended upon eligible children and that subsidy payments are accurate.

v. Audit provider records.

Describe the activities and the results of these activities:

vi. Train staff on policy and/or audits.

Describe the activities and the results of these activities:

vii. Other

Describe the activities and the results of these activities:

For the CRRSA/ARPA-funded Child Care Relief Funds, TWC has established processes to verify provider data from applicants against CCR data to ensure that data changes are validated and that they are accurately propagated across systems.

8.1.6 The Lead Agency is required to identify and recover misspent funds as a result of fraud, and it has the option to recover any misspent funds as a result of errors.

a. Identify what agency is responsible for pursuing fraud and overpayments (e.g. State Office of the Inspector General, State Attorney).

TWC's Regulatory Integrity Division (Office of Investigations and Subrecipient Monitoring)

8.1.6 The Lead Agency is required to identify and recover misspent funds as a result of fraud, and it has the option to recover any misspent funds as a result of errors.

b. Check and describe all activities, including the results of such activity, that the Lead Agency uses to investigate and recover improper payments due to fraud. Include in the description how each activity assists in the investigation and recovery of improper payment due to fraud or intentional program violations. Activities can include, but are not limited to, the following:

- i. Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount

Describe the activities and the results of these activities:

- ii. Coordinate with and refer to the other state/territory agencies (e.g., state/territory collection agency, law enforcement agency).

Describe the activities and the results of these activities:

TWC's Office of Investigations coordinates with local law enforcement agencies and refers substantiated cases of fraud for prosecution.

Results: From October 1, 2019, to the end of State Fiscal Year 2020 (August 31,

2020), Texas' 28 Boards opened 377 cases for fact-finding and closed 251. Of the 251 cases closed, \$226,580 in overpayments were established.

[iii. Recover through repayment plans.](#)

[Describe the activities and the results of these activities:](#)

TWC and Board staff use the Program Integrity Reporting and Tracking System (PIRTS) to manage repayment plans due to fraud.

Results: These activities help track fraud investigations at the local level and recover any improper payments which increases the accountability and integrity in the child care program.

From October 1, 2019, to the end of State Fiscal Year 2020 (August 31, 2020), Texas' 28 Boards opened 377 cases for fact-finding and closed 251. Of the 251 cases closed, \$226,580 in overpayments were established.

[iv. Reduce payments in subsequent months.](#)

[Describe the activities and the results of these activities:](#)

[v. Recover through state/territory tax intercepts.](#)

[Describe the activities and the results of these activities:](#)

[vi. Recover through other means.](#)

[Describe the activities and the results of these activities:](#)

[vii. Establish a unit to investigate and collect improper payments and describe the composition of the unit below.](#)

[Describe the activities and the results of these activities:](#)

TWC's Office of Investigations investigates and prosecutes potential fraud and assists the Boards with fact-finding efforts. Specific guidance on reporting and fact-finding fraud is addressed in WD Letter 21-16, Change 2, issued October 10, 2019, and titled "Requirements for Reporting and Fact-Finding for Suspected Fraud, Waste, Theft, Program Abuse Cases, and Recovery of Improper Payments-Update." Additionally, TWC's Office of Investigations has developed a Fact-Finder's Desk Aid to provide Boards with a framework for determining fraud. From October 1, 2019, to the end of

State Fiscal Year 2020 (August 31, 2020), Texas' 28 Boards opened 377 cases for fact-finding and closed 251. Of the 251 cases closed, \$226,580 in overpayments were established.

In addition to investigating fraud related to subsidies for direct care, TWC's Office of Investigation also has responsibility for investigating and prosecuting potential fraud that arises from CRRSA/ARPA-funded Child Care Relief Funding payments to providers. CCRF payments began to go out to providers in August 2021, and no investigations had been opened as of submission of this plan.

viii. Other

Describe the activities and the results of these activities:

8.1.6 The Lead Agency is required to identify and recover misspent funds as a result of fraud, and it has the option to recover any misspent funds as a result of errors.

c. Check and describe any activities that the Lead Agency will use to investigate and recover improper payments due to unintentional program violations. Include in the description how each activity assists in the investigation and recovery of improper payments due to unintentional program violations. Include a description of the results of such activity. Activities can include, but are not limited to, the following:

- i. N/A. the Lead Agency does not recover misspent funds due to unintentional program violations.
- ii. Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount

Describe the activities and the results of these activities:

- iii. Coordinate with and refer to the other state/territory agencies (e.g., state/territory collection agency, law enforcement agency).

Describe the activities and the results of these activities:

- iv. Recover through repayment plans.

Describe the activities and the results of these activities:

TWC and Board staff use the PIRTS to manage repayment plans due to unintentional program violations.

Results: As described in Section 8.1.6.b.iii, from October 1, 2019, to the end of State Fiscal Year 2020 (August 31, 2020), Texas' 28 Boards opened 377 cases for fact-finding and closed 251. Of the 251 cases closed, \$226,580 in overpayments were established.

v. Reduce payments in subsequent months.

Describe the activities and the results of these activities:

TWIST allows boards to correct some errors related to unintentional program violations within the system and automatically adjusts future reimbursement payments accordingly.

vi. Recover through state/territory tax intercepts.

Describe the activities and the results of these activities:

vii. Recover through other means.

Describe the activities and the results of these activities:

viii. Establish a unit to investigate and collect improper payments and describe the composition of the unit below.

Describe the activities and the results of these activities:

TWC's Regulatory Integrity Division includes an Office of Investigations (OI) which investigates potential fraud, assists Boards with fact-finding efforts and repayment collection for improper payments and works with external law enforcement agencies to prosecute substantiated fraud cases. OI also provided technical assistance and training to Boards on investigative and collection processes.

Results: As described in Section 8.1.6.b.iii, from October 1, 2019, to the end of State Fiscal Year 2020 (August 31, 2020), Texas' 28 Boards opened 377 cases for fact-finding and closed 251. Of the 251 cases closed, \$226,580 in overpayments were established.

ix. Other

Describe the activities and the results of these activities:

8.1.6 The Lead Agency is required to identify and recover misspent funds as a result of fraud, and it has the option to recover any misspent funds as a result of errors.

d. Check and describe all activities that the Lead Agency will use to investigate and recover improper payments due to agency errors. Include in the description how each activity assists in the investigation and recovery of improper payments due to administrative errors. Include a description of the results of such activity.

- i. N/A. the Lead Agency does not recover misspent funds due to agency errors.
- ii. Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount

Describe the activities and the results of these activities:

- iii. Coordinate with and refer to the other state/territory agencies (e.g., state/territory collection agency, law enforcement agency).

Describe the activities and the results of these activities:

- iv. Recover through repayment plans.

Describe the activities and the results of these activities:

TWC and Board staff use PIRTS to manage repayment plans due to administrative error.

Results: As described in Section 8.1.6.b.iii, from October 1, 2019, to the end of State Fiscal Year 2020 (August 31, 2020), Texas' 28 Boards opened 377 cases for fact-finding and closed 251. Of the 251 cases closed, \$226,580 in overpayments were established.

- v. Reduce payments in subsequent months.

Describe the activities and the results of these activities:

TWIST allows boards to correct some administrative errors within the system and automatically adjusts future reimbursement payments accordingly.

vi. Recover through state/territory tax intercepts.

Describe the activities and the results of these activities:

vii. Recover through other means.

Describe the activities and the results of these activities:

viii. Establish a unit to investigate and collect improper payments and describe the composition of the unit below.

Describe the activities and the results of these activities:

As described in Section 8.1.6.c.vii, TWC's Office of Investigations assists Boards with fact-finding efforts and repayment collection for improper payments.

ix. Other

Describe the activities and the results of these activities:

8.1.7 What type of sanction will the Lead Agency place on clients and providers to help reduce improper payments due to program violations? Check and describe all that apply:

a. Disqualify the client. If checked, describe this process, including a description of the appeal process for clients who are disqualified.

Describe the activities and the results of these activities:

TWC Chapter 809 Child Care Services rule [§809.113\(b\)\(2\)](#) requires Boards to prohibit future eligibility for subsidized child care if a parent owes repayments due to a fraud determination (provided that the prohibition does not result in a Choices or SNAP E&T participant becoming ineligible for child care).

A parent may request an appeal pursuant to TWC [Chapter 823](#) Integrated Complaints, Hearings, and Appeals rules. [Chapter 823](#) requires that parents request an appeal within 14 calendar days of the adverse action. Boards must provide an opportunity for informal resolution of a complaint or appeal. If no final informal resolution is reached, Boards must provide an opportunity for a hearing to resolve an appeal or complaint. If the adverse action is upheld, the parent may request an appeal to TWC Appeals.

Results: These activities help ensure child care subsidies are only expended on eligible children and increases program integrity by increasing recoupment of improper payments.

- b. Disqualify the provider. If checked, describe this process, including a description of the appeal process for providers who are disqualified.

Describe the activities and the results of these activities:

TWC Chapter 809 Child Care Services rule [§809.113\(a\)\(5\)](#) allows Boards to prohibit future eligibility for subsidized child care if a provider is found to have committed fraud. A provider may request an appeal pursuant to TWC's [Chapter 823](#), Integrated Complaints, Hearings, and Appeals rules. [Chapter 823](#) requires that providers request an appeal within 14 calendar days of the adverse action. Boards must provide an opportunity for informal resolution of a complaint or appeal. If no final informal resolution is reached, Boards must provide an opportunity for a hearing to resolve an appeal or complaint. If the adverse action is upheld, the provider may request an appeal to TWC Appeals.

Results: These activities help ensure that child care subsidies are only paid to eligible providers for allowable services and increases program integrity by increasing recoupment of improper payments.

- c. Prosecute criminally.

Describe the activities and the results of these activities:

As described in Section 8.1.6.b.ii, TWC's Office of Investigations investigates potential fraud and refers substantiated cases for prosecution by law enforcement and during the timeframe of October 1, 2019, to the end of State Fiscal Year 2020 (August 31, 2020) no cases were referred for prosecution.

- d. Other.

Describe the activities and the results of these activities:

Appendix A: MRS, Alternative Methodology and Narrow Cost Analysis Waiver Request Form

Lead Agencies may apply for a temporary waiver for the Market Rate Survey or ACF pre-approved alternative methodology and/or the narrow cost analysis in. These waivers will be considered "extraordinary circumstance waivers" to provide relief from the timeline for completing the MRS or ACF pre-approved alternative methodology and the narrow cost analysis during the COVID-19 pandemic. These waivers are limited to a one-year period.

Approval of these waiver requests is subject to and contingent on OCC review and approval of responses in Section 4, questions 4.2.1 and 4.2.5.

To submit a Market Rate Survey (MRS) or ACF pre-approved alternative methodology or a Narrow Cost Analysis waiver, complete the form below.

Check and describe each provision for which the Lead Agency is requesting a time-limited waiver extension.

Appendix A.2: The Narrow Cost Analysis (See related question 4.2.5.)

1. Describe the provision (Narrow Cost Analysis) from which the state/territory seeks relief. Include the reason why in these extraordinary circumstances, the Lead Agency is seeking relief from this provision.

TWC completes the MRS annually and contracts with the Texas Institute for Child & Family Wellbeing in partnership with the Ray Marshall Center for the Study of Human Resources to conduct this survey. The current survey format does not include information as outlined in §98.45(f)(ii) on the estimate cost of care (narrow cost analysis).

TWC funded a statewide cost study over 2020-2021. This study has collected and

analyzed the data required for a narrow cost analysis. However, the study also took place during the midst of COVID-19. TWC is in the process of completing the narrow cost analysis and plans to publish in Fiscal Year 2022. TWC seeks a waiver of the narrow cost analysis to provide more time to analyze the results of the study and seek stakeholder input.

2. Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children.

A waiver of this provision will provide time for TWC to conduct and review additional study data and to analyze of the child care market in Texas, to improve rate-setting methodology and enable improvements to the delivery of child care services.

3. Certify and describe how the health, safety, and well-being of children served through assistance received through CCDF will not be compromised as a result of the waiver.

The MRS provides TWC with data on child care provider rates in Texas annually, which allows TWC to raise provider reimbursement rates timely to align with market increases. This waiver will have no effect on the health, safety, and well-being of children served.