

# LICENSING SCREENING FORM - LICENSED CHILD CARE CENTERS

Provider Name: \_\_\_\_\_  
 Director Name: \_\_\_\_\_

Address: \_\_\_\_\_  
 License #: \_\_\_\_\_

Initial Applicants (Sections 1a–5)	TRS Monitoring / Recertification (Sections 1b–5)																																	
<p><b>1a.</b> Applicant has DFPS licensing history for the 12-month period prior to the date of application? <input type="checkbox"/> Yes <input type="checkbox"/> No                      Date of Application: _____  <b>Stop process if “No”</b></p>	<p><b>1b.</b> Provider has DFPS licensing history for the 12-month period prior to the date of the TRS recertification visit? <input type="checkbox"/> Yes <input type="checkbox"/> No                      Date of TRS Recertification Visit: _____                      Review the provider’s 12-month DFPS licensing history.</p>																																	
<p><b>2a.</b> On Corrective or Adverse Action with DFPS? <input type="checkbox"/> Yes <input type="checkbox"/> No                      On Corrective Action with Board? <input type="checkbox"/> Yes <input type="checkbox"/> No                      On Notice of Freeze with TWC? <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>Stop process if “Yes” if any</b></p>	<p><b>2b.</b> On Corrective or Adverse Action with DFPS? <input type="checkbox"/> Yes <input type="checkbox"/> No                      On Corrective Action with Board? <input type="checkbox"/> Yes <input type="checkbox"/> No                      On Notice of Freeze with TWC? <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>Repeat TRS certification if “Yes” if any</b></p>																																	
<p><b>3a. Stop process if the applicant has received any of the following DFPS Deficiencies listed below.</b></p>	<p><b>3b. Provider is reduced to 2-Star certification if the certified provider has any of the DFPS Deficiencies listed below (2-Star lose TRS certification).</b></p>																																	
<p><b>CRITICAL DEFICIENCIES:</b>                      Check Yes or No</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 10%;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td style="width: 15%;">746.201 (9)</td> <td>Permit Holder Responsibilities – Complying with Child Care Licensing Law in Chapter 42 Human Resources Code</td> </tr> <tr> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>746.1201(4)</td> <td>Responsibilities of Employees and Caregivers</td> </tr> <tr> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>746.1201(5)</td> <td>Responsibilities of Employees and Caregivers – Report Suspected Child Abuse, Neglect, or Exploitation</td> </tr> <tr> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>746.2805</td> <td>Prohibited Punishments</td> </tr> <tr> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>746.1311(a)</td> <td>Director Annual Training – 30 Hours Required</td> </tr> <tr> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>746.1315(b)</td> <td>One Employee at Center and With Each Group of Children Away from Center Must Have Current CPR for Infants, Children, &amp; Adults</td> </tr> <tr> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>746.3805(a)</td> <td>Administering Medication – Authorization to Administer</td> </tr> <tr> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>746.3805(b)</td> <td>Administering Medication – Authorization Expires on the First Anniversary of the Date the Authorization is Provided</td> </tr> <tr> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>745.626</td> <td>Background Checks Requirement – Providing Direct Care</td> </tr> <tr> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>745.656</td> <td>Individuals on the Texas Sex Offender Registry – Cannot Be Present at Facility</td> </tr> <tr> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>745.661</td> <td>Take Appropriate Action for Criminal Conviction or a Finding, Must Remove a Person from a Child Care Operation, and/or Requesting Risk Evaluation</td> </tr> </table>		<input type="checkbox"/> Yes <input type="checkbox"/> No	746.201 (9)	Permit Holder Responsibilities – Complying with Child Care Licensing Law in Chapter 42 Human Resources Code	<input type="checkbox"/> Yes <input type="checkbox"/> No	746.1201(4)	Responsibilities of Employees and Caregivers	<input type="checkbox"/> Yes <input type="checkbox"/> No	746.1201(5)	Responsibilities of Employees and Caregivers – Report Suspected Child Abuse, Neglect, or Exploitation	<input type="checkbox"/> Yes <input type="checkbox"/> No	746.2805	Prohibited Punishments	<input type="checkbox"/> Yes <input type="checkbox"/> No	746.1311(a)	Director Annual Training – 30 Hours Required	<input type="checkbox"/> Yes <input type="checkbox"/> No	746.1315(b)	One Employee at Center and With Each Group of Children Away from Center Must Have Current CPR for Infants, Children, & Adults	<input type="checkbox"/> Yes <input type="checkbox"/> No	746.3805(a)	Administering Medication – Authorization to Administer	<input type="checkbox"/> Yes <input type="checkbox"/> No	746.3805(b)	Administering Medication – Authorization Expires on the First Anniversary of the Date the Authorization is Provided	<input type="checkbox"/> Yes <input type="checkbox"/> No	745.626	Background Checks Requirement – Providing Direct Care	<input type="checkbox"/> Yes <input type="checkbox"/> No	745.656	Individuals on the Texas Sex Offender Registry – Cannot Be Present at Facility	<input type="checkbox"/> Yes <input type="checkbox"/> No	745.661	Take Appropriate Action for Criminal Conviction or a Finding, Must Remove a Person from a Child Care Operation, and/or Requesting Risk Evaluation
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<p><b>4a1.</b> Number of High and Medium-High Risk Deficiencies – Review 12-month licensing history.  <b>Stop process if applicant was cited for five or more deficiencies in High and Medium-High Risk standards listed below</b></p>	<p><b>4b1.</b> Number of High and Medium-High Risk Deficiencies – Review 12-month licensing history.  <b>Provider who was cited for five or more High and Medium-High deficiencies loses a star level (2-Star lose TRS certification).</b></p>																																	
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<p><b>4a2.</b> Number of Deficiencies – Review 12-month licensing history.  <b>Stop process if initial applicant has 10 or more total DFPS deficiencies (any deficiency).</b></p>	<p><b>4b2.</b> Number of Deficiencies – Review 12-month licensing history.  <b>Provider who has 10 to 14 total DFPS deficiencies (any deficiency) is placed on a 6-month Probation. If recited for same deficiencies within 6 months, the provider loses a star level. If new deficiencies during Probation do not exceed 14, a new 6-month Probation is established.</b></p> <p><b>4b3.</b> Provider who receives 15 total deficiencies (any deficiency) or is on TRS Probation for more than 12 consecutive months, provider loses their certification.</p>																																	
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**5. Is Applicant/Provider Eligible to Continue Certification Process?**  Yes  No

Staff Signature \_\_\_\_\_ Date \_\_\_\_\_