

# **Child Care Regulation Provider Portal Manual**

**Health and Human Services –  
Child Care Regulation**



**TEXAS**  
Health and Human  
Services

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# Child Care Regulation Provider Portal

## Overview

The Child Care Regulation Provider Portal works with systems used by HHS (Health & Human Services) Child Care Regulation (CCR) staff. The provider portal allows individuals interested in becoming a child care provider and active child care providers to complete a variety of tasks including, but not limited to:

- Submit an online eApplication (child day care home-based applicants only)
- Submit permit renewal requests
- View and pay online fees
- Submit background checks and update employment status
- Submit waiver/variance requests
- Update information related to their operation
- Update controlling persons and governing body assignments

This manual provides instructions regarding the provider portal features and functions.

## Provider Portal Access

### Account Registration

Prior to logging into the provider portal for the first time, users must register for an account. Follow the steps below to create an account:

1. Navigate to the **Child Care Regulation Provider Log In** page:  
<https://childcare.hhs.texas.gov/Provider/AccountLogin>
2. Click *Create an Account*.
3. Select a response to the question: "Do you have a Child Care Regulation Operation Number?".

**CCR Provider Registration**

Do you have a Child Care Regulation Operation Number? (required)

What is an Operation Number? +

How do I find My Operation Number? +

4. If you selected 'Yes' indicating you **do** have a Child Care Regulation Operation Number, proceed to [Yes, I do have a CCR Operation Number](#).
5. If you selected 'No' indicating you **do not** have a Child Care Regulation Operation Number, skip to [No, I do NOT have a CCR Operation Number](#) for information on next steps.

## Yes, I do have a CCR Operation Number

6. Enter your assigned CCR operation (aka permit) number in the *Operation Number* field and click *Continue*.

**CCR Provider Registration**

Do you have a Child Care Regulation Operation Number? (required)

Operation Number (required)

What is an Operation Number? +

How do I find My Operation Number? +

## Name and Contact

7. Enter the *most recent* permit issuance date for your operation in the *Date Permit Issued* field or skip if your permit has not been issued yet.
8. Enter the name of the primary account holder in the *First Name* and *Last Name* fields.

9. Enter the information you provided to CCR on your application in the corresponding fields:
- a. Operation's Phone Number
  - b. Operation's Contact Email
  - c. Operations Mailing Zip Code

**Name and Contact**

Date Permit Issued

mm/dd/yyyy

Not applicable for applicants

First Name (required)

Last Name (required)

Operation's Phone Number (required)

Operation's Contact Email (required)

Operation's Mailing Zip Code (required)

XXXXX-XXXX

Back Continue

10. Click *Continue* and proceed to [Account Confirmation](#).

## No, I do NOT have a Operation Number

11. Select a response to the question: "Have you already submitted an application?"

**CCR Provider Registration**

Do you have a Child Care Regulation Operation Number? (required)

Yes No

Have you already submitted an application? (required)

Yes No

What is an Operation Number?

How do I find My Operation Number?

Back Continue

12. If you select 'Yes' indicating you have submitted a paper application to CCR, you must not proceed. You must update your response to the first question to 'Yes' and enter your assigned operation number to successfully link the account to your operation.

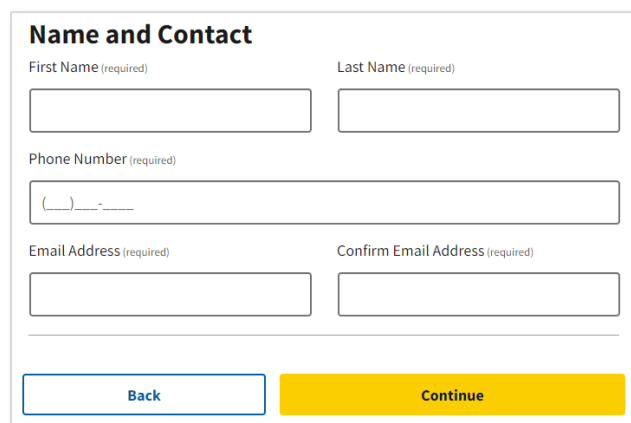
NOTE: If you have not received or do not know your operation number, contact your assigned CCR representative.

13. If you select 'No' indicating you have not submitted an application and are applying to become a home-based child day care provider, click *Continue* to proceed to the next step.

NOTE: For all other provider types, visit the [Application Information and Resources | Texas Health and Human Services](#) page for information on submitting a paper application.

## Name and Contact

14. Enter your *First Name*, *Last Name* and *Phone Number* in the corresponding fields.
15. Enter the email address you would like to CCR to contact you at in the *Email Address* and *Confirm Email Address* fields.
16. Click *Continue* to proceed to the next step.

A screenshot of a web form titled "Name and Contact". The form contains several input fields: "First Name (required)" and "Last Name (required)" are side-by-side at the top; "Phone Number (required)" is below them with a placeholder "( ) - - -"; "Email Address (required)" and "Confirm Email Address (required)" are side-by-side at the bottom. At the very bottom are two buttons: a blue "Back" button and a yellow "Continue" button.

## Physical Address

17. Enter the *Physical Address* of the operation.
18. Select *Validate Physical Address* and complete steps to validate the address. See [Appendix A – Address Validation](#) for more information.
19. Click *Continue* to proceed to the next step.

**Physical Address**

*Before continuing, please click the Validate Physical Address button below to check the address entered.*

Address Line 1 (required) Address Line 2

No P.O. Box or PMB

City (required) State (required)

Select State

Zip Code (required) County

Select County

[Validate Physical Address](#)

[Back](#) [Continue](#)

## Mailing Address

20. Enter the *Mailing Address* of the operation.
21. Select *Validate Mailing Address* and complete steps to validate the address. See [Appendix A – Address Validation](#) for more information.
22. Click *Continue* to proceed to [Account Confirmation](#).

**Mailing Address**

*Before continuing, please click the Validate Physical Address button below to check the address entered.*

☐ Same as Physical Address

Address Line 1 (required) Address Line 2

No P.O. Box or PMB

City (required) State (required)

Select State

Zip Code (required) County

Select County

[Validate Mailing Address](#)

[Back](#) [Continue](#)

## Account Confirmation

23. Enter a username between 6-15 characters and containing only letters or numbers using only lower-case letters into the *User ID* field.
24. Enter a unique password in the *Password* and *Confirm Password* fields.
25. Click *Create Account* to submit the registration request.



**Account Login**

**Please Note:**

- Your User ID and Password must be at least six (6), and no more than fifteen (15), characters.
- Password must contain only letters or numbers.
- Both User ID and Password are case-sensitive.

User ID (required)

Password (required)

Confirm Password (required)

[Back](#) [Create Account](#)

26. After successfully creating an account, a confirmation email is sent to the email address provided during registration.

NOTE: Add the email address "CLASSPROJECT@hhs.texas.gov" to your approved email contact list. If you created an account but did not receive the confirmation email, check your spam, or junk mail folder. If you are still unable to locate the email, see [Appendix B – Reporting Issues](#) for information on how to obtain for assistance.

27. Click the hyperlink in the email to confirm account registration and log in to your account. See [Account Login](#) for more information on logging in to your account.

## Account Login

After completing the account registration process, use the steps outlined below to log in to your Child Care Regulation Provider Portal account.

1. Navigate to the **Child Care Provider Portal Log In** page:  
<https://childcare.hhs.texas.gov/Provider/AccountLogin>
2. Enter your *User ID* and *Password* in the provided fields and click *Log In*.

NOTE: If you enter an incorrect user ID and Password combination too many times your account will be locked, and you must contact the [HHS IT Help Desk](#) to unlock your account.

If the registration has not been completed and your account was not confirmed, you will receive an error message indicating you must complete the registration process first. You must click the link in the registration confirmation email sent to the email address provided before reattempting to log in.

3. Once you successfully log in, you will be directed to the [My Dashboard](#) page.

## Forgot User ID and Password

If you forgot the User ID or Password for your account, use the *Forgot User ID* or *Forgot Password* function on the **Child Care Regulation Provider Portal Log In** page to have your User ID and/or a temporary password sent to the email address on file for the account.

Once you receive the email with your login information you will use this information to log into your account.

The *User ID* and *Password* are case sensitive. It is recommended to copy the User ID and temporary Password from the email and paste the information into the designated fields.

NOTE: Only the account manager can change the User ID and/or Password for additional user accounts. Account users not designated as account

managers can use the *Forgot User ID* function to request their User ID, but must contact their account manager to have the account password changed.

### Log In

Please enter your details to access the Child Care Regulation provider center.

User ID (required)

Forgot User ID?

Password (required)

Forgot Password?

Log in

Trouble logging in? [Visit the Website Help page.](#)

## Account Permissions

The functions available to users are based on operation type and account type of the individual logged into the account. Actions available to an account user are a subset of the actions available to the account manager. See the chart below for an overview of the functionality available for each user.

OPERATION TYPE												
ACTIONS	CPA	CPA (Branch)	GRO	LCCC (CCP)	LCCC (TSP)	SAP	BAP	LCCH	RCCH	LH	SEBCC	BGC Only
Compliance History	B	B	B	B	B	B	B	B	B	B	B	
Manage Agency Homes	B	B										
Background Checks	B <sup>1</sup>	B <sup>1</sup>	B <sup>1</sup>	B <sup>1</sup>	B <sup>1</sup>	B <sup>1</sup>	B <sup>1</sup>	B <sup>1</sup>	B <sup>1</sup>	B <sup>1</sup>	B <sup>1</sup>	B <sup>1</sup>
Background Checks	B <sup>1</sup>	B <sup>1</sup>	B <sup>1</sup>	B <sup>1</sup>	B <sup>1</sup>	B <sup>1</sup>	B <sup>1</sup>	B <sup>1</sup>	B <sup>1</sup>	B <sup>1</sup>	B <sup>1</sup>	B <sup>1</sup>
Waiver/Variance	B	B	B	B	B	B	B	B	B			
Emergency Behavior Intervention	B	B	B									
Operation Details	A	A	A	A	A	A	A	A	A	A	A	A
Controlling Person	A <sup>1</sup>	A <sup>1</sup>	A <sup>1</sup>	A <sup>1</sup>		A <sup>1</sup>	A <sup>1</sup>	A <sup>1</sup>	A <sup>1</sup>	A <sup>1</sup>		
Operation Details	A	A	A	A	A	A	A	A	A	A	A	A
Governing Body	A	A	A	A	A	A	A				A	
Permit Renewal	A <sup>1</sup>		A <sup>1</sup>	A <sup>1</sup>		A <sup>1</sup>	A <sup>1</sup>	A <sup>1</sup>	A <sup>1</sup>			
Staffing Changes				A <sup>1</sup>								
Unpaid Invoices	B <sup>1</sup>		B <sup>1</sup>	B <sup>1</sup>	B <sup>1</sup>	B <sup>1</sup>	B <sup>1</sup>	B <sup>1</sup>	B <sup>1</sup>	B <sup>1</sup>	B <sup>1</sup>	B <sup>1</sup>
Parent Notification History	A <sup>1</sup>	A <sup>1</sup>	A <sup>1</sup>	A <sup>1</sup>		A <sup>1</sup>	A <sup>1</sup>	A <sup>1</sup>	A <sup>1</sup>			
Liability Insurance	A <sup>1</sup>		A <sup>1</sup>	A <sup>1</sup>		A <sup>1</sup>	A <sup>1</sup>	A <sup>1</sup>	A <sup>1</sup>	A <sup>1</sup>		

### Legend

A - Account Manager ONLY

B - Both Account Manager *and* User

<sup>1</sup> - Available while in applicant stage

# Provider Portal Functions

The functions available in the Child Care Regulation Provider Portal are listed below. Click on the hyperlinks below to navigate to the section in the manual describing each module in detail.

- [My Dashboard](#)
- [Permit Renewal](#)
- [Unpaid Invoices](#)
- [Background Checks](#)
- [Manage Agency Homes](#)
- [Waiver/Variance](#)
- [Emergency Behavior Intervention](#)
- [Liability Insurance](#)
- [Parent Notification History](#)
- [Operation Details](#)
- [Controlling Persons](#)
- [Governing Body](#)
- [Staffing Changes](#)
- [Compliance History](#)
- [Account Management](#)

Functions displayed on the main page vary based on operation type and account type of the user. See the [Account Permissions](#) section for more information.

## My Dashboard

When a user first logs into their provider portal account, they will see the **My Dashboard** page.

The **My Dashboard** page contains a left-hand navigation menu with links to each of the various functions as well as general information about the operation and several key functions applicable to all operation types:

- To Do List
- Recent Activities
- CCR Contacts
- Quick Actions

## To Do List

The *To Do List* is section on the **My Dashboard** page displays a list of action items the operation must complete. Each message contains a due date and a description of the action required.

Clicking on the message text takes the user to the appropriate page to complete the required action. A summary of the To Do List messages is outlined below:

To Do Message	Triggered When	Action Required
Renew Background Check for {Person Name} as {Role}	Thirty days prior to a person's background check renewal date	Submit a renewal background check or navigate to the Background Checks page and inactivate the individual
Confirm Employment Ineligibility Notification for {Person Name}, {Year of Birth}	Person is ineligible to be present at the operation based on their background check results	Review the notification and confirm receipt to inactivate the individual in the role listed
Validate Employee List	Thirty days prior to the due date to validate the employee list for an operation	Validate the employee list
Submit Permit Renewal Application	Sixty days prior to the permit renewal due date	Submit the permit renewal application
Submit Late Permit Renewal Application	After the permit renewal due date has passed	Submit the late permit renewal application
Permit Renewal Application {Application #} was Rejected. Submit a new Permit Renewal Application.	Permit renewal is rejected	Submit a new permit renewal application
{Invoice Fee Type} is due for invoice {invoice number}	Thirty days prior to the invoice due date	Pay the invoice
Annual Fee is due. Pay in full to avoid auto-suspension of the permit.	Thirty days prior to the invoice due date	Pay the invoice
Insufficient funds received for invoice %s	Online payment is rejected as insufficient	Pay the invoice
Submit Total Number of Employees Who Left the Operation in {year}	January 1st of each year	Report the number of employees who left employment for the year specified

To Do Message	Triggered When	Action Required
Annual Liability Insurance Verification Due	Thirty days prior to insurance verification due date	Verify liability insurance
Parent Notification Required	Deficiency requires parent notification	Update the pending notification

## Recent Activities

The *Recent Activities* section contains a list of activities completed in the provider portal linked to the operation within the last seven days and displays the date the action was taken and the user who took the action, if available. Activities in the *Recent Activities* section are limited to:

- Background check submissions
- Controlling Person submissions
- Permit Renewal submissions
- Governing Body submissions
- Waiver/Variance Submissions
- Agency Home submissions (CPAs Only)

## CCR Contacts

The *CCR Contacts* section displays the name and contact information of the CCR Monitoring Representative and CBCU Representative currently assigned to the operation.

## Quick Actions

The *Quick Actions* section contains direct links to frequently used functions in the Provider Portal tailored to each operation type.

Possible options in this section include:

- [New Background Check](#) – Submit a new background check request
- [New Controlling Person](#) – Submit a new controlling person
- [New Emergency Behavior Intervention](#) – Submit a new EBI report
- [Submit Waiver/Variance](#) – Submit a new Waiver/Variance request

- [New Agency Home](#) – Submit a new Initial Agency Home Report
- [Child Care Regulation Forms](#) – Access a list of CCR Forms posted online

## Permit Renewal

The **Permit Renewal** module allows an account administrator to enter and submit an application to renew the operation's permit when it is due for renewal.

Permit renewals are only required for the following operation types:

- Registered Child Care Homes
- Licensed Child Care Homes
- Licensed Child Care Centers
- School-Age Programs
- Before and After-School Programs
- Child Placing Agencies
- General Residential Operations

Permit Renewal requirements **DO NOT APPLY** to:

- Listed Family Homes
- Temporary Shelter Programs
- Small Employer-Based Child Care Operations

The fields on the **Permit Renewal** page are only enabled when an operation is due for permit renewal. This page presents the current *Renewal #*, *Renewal Due Date*, and *Status*. The application is divided into six sections for all operation types except Registered Child Care Homes, which only has five sections.

Permit renewals submissions are transferred to the HHS system and reviewed by CCR staff. Once a decision has been made, it will be reflected on the **Permit Renewal** page in your provider portal account.

To access the **Permit Renewals** module, click on the **Permit Renewals** link from the left-hand navigation menu when logged into your user account.



# Submit a Permit Renewal Application

To submit a permit renewal application, follow the steps outlined below:

1. On the **My Dashboard** Page, click the *Permit Renewal* link from the left-hand navigation menu or click the Permit Renewal message from the To Do List.
2. On the **Permit Renewal** page, click *Review & Confirm* in each section to review and update the information, if needed.

The screenshot shows the 'Permit Renewal' page. At the top, there's a 'Current Renewal' section with a 'Pending Submission' status. Below this, a message states: 'Your permit renewal is due in [blank] days, please begin the renewal process.' There are fields for 'Renewal Anniversary Date' and 'Renewal #'. A yellow warning banner follows, stating: 'Details related to certain sections might have changed since the renewal was last saved. Please review each section prior to submitting.' Below the banner, a note explains: 'The following categories must be accurate and up to date when submitting your permit for renewal. Each step in the renewal process will provide an overview of the categories, but are unable to be edited in the renewal process. If you need to update information during your renewal process, any previously made selections will be saved.' The 'Operation Details' section is marked 'Incomplete' and contains a text area for 'Verify the operation's mailing address, contact information, hours, and days of operation.' Below this is a 'Review & Confirm' button. The 'Controlling Person Details' section is also marked 'Incomplete' and contains a text area for 'Verify the existing controlling persons and ensure all controlling persons are up to date.' Below this is another 'Review & Confirm' button.

**NOTE:** If your operation is not due for Permit Renewal, only the *Current Renewal* section will display.

3. Once a section has been reviewed and updated, select the checkbox to confirm accuracy of the information and click *Validate* to mark the section as complete.
4. Once all sections are validated and displayed as 'Completed', click *Submit Permit Renewal* to continue to the **Permit Renewal Submission** page.

**Waiver Details**

Verify all waiver details are active and don't require any additional actions.

[Review & Confirm](#)

**Background Check Details**

Verify the list of employees have been validated and all background checks have been submitted for required persons.

[Review & Confirm](#)

**Submit Permit Renewal**

5. Review the statement presented in the *Additional Requirements* box.
6. Review and select the checkbox confirming you have read and agree with the statements, then click *Submit Permit Renewal* button again to complete your submission.

**Additional Requirements**

Upon receiving this application to renew your operation's permit, Child Care Regulation (CCR) staff will evaluate whether your operation meets the renewal requirements outlined in:

- Texas Human Resources Code 42.050 or 42.052; and
- Application administration rules in 26 Texas Administrative Code Chapter 745, Subchapter D

☒ I have read and understand the statement above.  
(required)

[Back](#) **Submit Permit Renewal**

## Unpaid Invoices

The **Unpaid Invoices** module displays information for any CCR invoices created for the operation that have not been paid and enables users to pay invoices online by check or credit card through Texas.gov.

To access the **Unpaid Invoices** module, click on the **Unpaid Invoices** link from the left-hand navigation menu when logged into your user account.

## Pay an Invoice

To submit an online payment for an unpaid invoice, follow the steps outlined below:

1. On the **My Dashboard** Page, click the *Unpaid Invoices* link from the left-hand navigation menu or click the message from the To Do List indicating payment is due on an invoice.
2. Select one or multiple invoices to pay.

**Unpaid Invoices**

Training CPA Operation  
Child Placing Agency

Search/filter for an invoice by invoice number or type and select invoices using the checkbox. Once checked, payment options will appear. Select a payment type from the dropdown and the invoice amount will be shown. Proceed to pay with the external link to Texas.gov at the end of the payment window.

Payment Notice: +

**Invoices**

Search by Invoice Number or Invoice Type Search Filter

☒ **Administrative Penalty\*** \$ 100.00

Invoice Number	S2924017918111P
Invoice Date	01/29/2024
Invoice Amount	\$ 100.00
Invoice Status	Not Paid
Recent Action Date	N/A
Amount Paid	\$ 0.00

3. Select the appropriate payment method: Credit Card or E-Check.
4. Select *Pay Now at Texas.gov* to be directed to the Texas.gov site to enter and complete your payment.

**Payment Options**

Payment Type (required)

E-Check

Credit Card

\$ 100.00

Texas.gov Price

\$ 100.00

Pay Now at Texas.gov

## Background Checks

The **Background Checks** (BGC) module allows users to complete a variety of tasks, including:

- Submit a Background Check request
- View a history of background checks submitted
- View inactive individuals who are no longer affiliated with the operation

- Validate the operation's employee list and employee roles

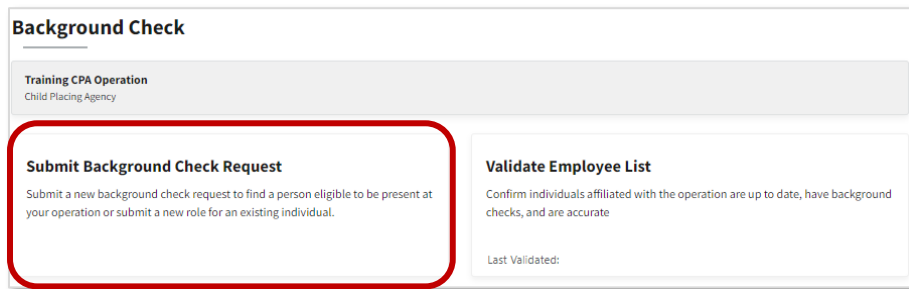
To access the **Background Checks** module, click on the **Background Checks** link from the left-hand navigation menu when logged into your user account.

## Submit a Background Check

To submit an initial or renewal background check, follow the steps outlined below:

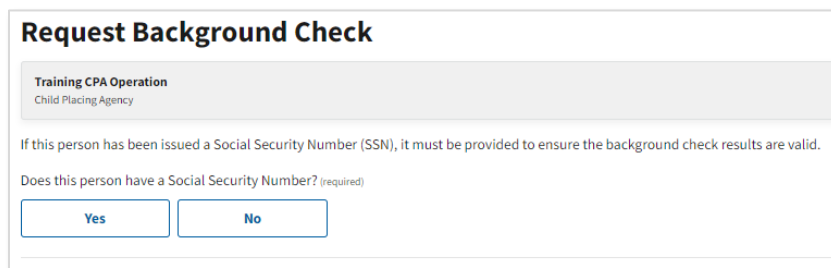
### Background Check Request

1. On the **My Dashboard** page, click the *Background Checks* link from the left-hand navigation menu or click the message from the *To Do List* indicating a renewal background check is due.
2. On the **Background Check** page, click *Submit Background Check Request* to initiate a new background check request.



The screenshot shows the 'Background Check' page for a 'Training CPA Operation' (Child Placing Agency). It features two main sections: 'Submit Background Check Request' and 'Validate Employee List'. The 'Submit Background Check Request' section is highlighted with a red rectangular box. It contains the text: 'Submit a new background check request to find a person eligible to be present at your operation or submit a new role for an existing individual.' The 'Validate Employee List' section contains the text: 'Confirm individuals affiliated with the operation are up to date, have background checks, and are accurate' and a 'Last Validated:' field.

3. Select a response to the question: "Does the person have a Social Security Number?".



The screenshot shows the 'Request Background Check' form for a 'Training CPA Operation' (Child Placing Agency). It includes a note: 'If this person has been issued a Social Security Number (SSN), it must be provided to ensure the background check results are valid.' Below this is the question: 'Does this person have a Social Security Number? (required)'. There are two buttons: 'Yes' and 'No'.

NOTE: If the person has a Social Security Number (SSN), it **must** be provided. Failure to provide a person's SSN is considered providing false information and could disqualify the person from employment.

4. If 'No' was selected indicating the person does NOT have an SSN, click *Continue* and proceed to [Person Details](#).
5. If 'Yes' was selected indicating the person does have an SSN, additional fields will display.
6. Enter the person's SSN in the *SSN* and *Confirm SSN* fields.
7. Enter the person's *Date of Birth* and *Gender*

**Request Background Check**

Training CPA Operation 1791813-16631  
Child Placing Agency | regulatory\_classprojectent@hhsc.state.tx.us

If this person has been issued a Social Security Number (SSN), it must be provided to ensure the background check results are valid.

Does this person have a Social Security Number? (required)

☒ Yes ☐ No

Social Security Number (required)

Confirm Social Security Number (required)

Date of Birth (required)

Confirm Date of Birth (required)

Gender (required)

☐ Male ☐ Female

Note: Entries will not be saved on this step unless you click "Continue".

[Back](#) [Continue](#)

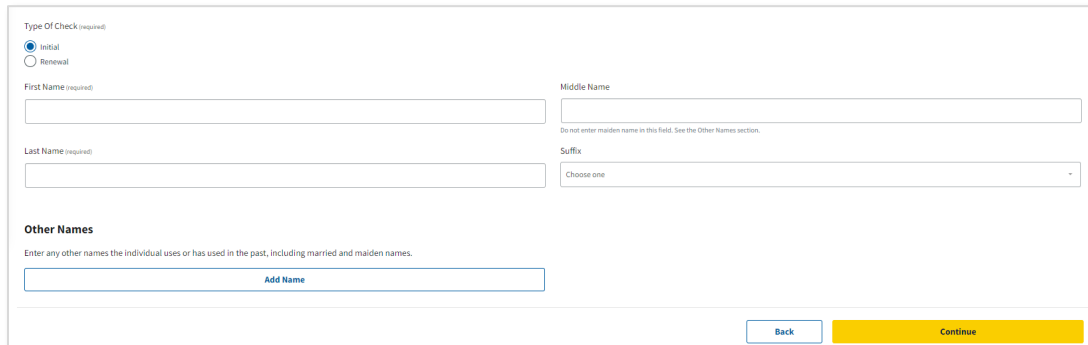
NOTE: Please verify the information entered against the person's identification documents. If the *SSN*, *Date of Birth* and *Gender* provided do not match the information on file with CCR for the person, review the person's identification documents and correct the information entered, if needed. If the information entered is correct, contact your CBCU representative for further assistance.

8. Click *Continue* to proceed to the next step.

## Person Details

9. Verify the *Type of Check* submitted and update as needed. Select
10. *Initial* for an initial background check request, or
11. *Renewal* for a renewal background check request.
12. Enter the person's current name in the *First Name*, *Middle Name*, *Last Name*, and *Name Suffix* fields.
13. Enter any other names the person uses or has used in the past, such as maiden or married names, in the *Other Names* section by selecting *Add Name*.

NOTE: Failure to provide known alternate names is considered providing false information related to the background check and could disqualify the person from employment.



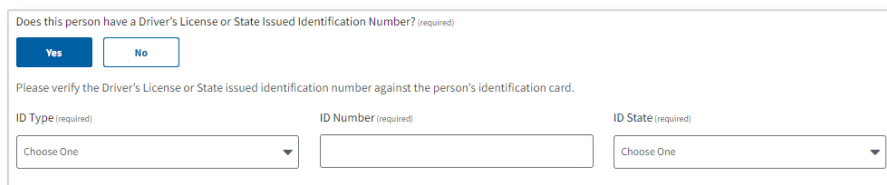
This form is titled "Type Of Check (required)" and has two radio buttons: "Initial" (selected) and "Renewal". Below this are four text input fields: "First Name (required)", "Middle Name" (with a note: "Do not enter maiden name in this field. See the Other Names section."), "Last Name (required)", and "Suffix" (with a "Choose one" dropdown). There is also an "Other Names" section with a text input field and an "Add Name" button. At the bottom right are "Back" and "Continue" buttons.

## Identification Details

14. Verify the person's SSN, if entered.

NOTE: If the SSN displayed for the person is inaccurate, return to the Background Check Home Page and restart the background check submittal process.

15. Select a response to the question "Does this person have a Driver's License or State Issued Identification number?".
16. If 'Yes' is selected, select the type of ID from the *ID Type* dropdown, enter the *ID Number*, and select the state the ID was issued from the *ID State* dropdown.



This form is titled "Does this person have a Driver's License or State Issued Identification Number? (required)". It has two buttons: "Yes" (selected) and "No". Below this is a text input field for "Please verify the Driver's License or State issued identification number against the person's identification card." There are three dropdown menus: "ID Type (required)" (with "Choose One" selected), "ID Number (required)" (text input), and "ID State (required)" (with "Choose One" selected).

17. If 'No' is selected to both questions indicating the person does not have an SSN or Driver's License/State Issued Id, enter an Alternate Identification for the person by selecting one of the available options in the *Alternate ID Type* dropdown and entering the *Alternate ID #*.

Does this person have a Driver's License or State Issued Identification Number? (required)

Please verify the alternate identification number against the person's identification card.

Alternate ID Type (required) Alternate ID # (required)

Choose One

NOTE: If the person does not have an identification option requested, contact your CBCU representative for further assistance.

## Demographic Details

18. Enter the person's *Date of Birth* in the designated fields and select the person's *Gender*, if not previously entered.
19. Select the person's *Ethnicity* and *Race*.

## Address Details

20. Enter the person's current address in the *Location Address* fields.
21. Select *Validate Location Address* and complete steps to validate the address. See [Appendix A – Address Validation](#) for more information.
22. If the person previously lived in other cities in Texas, enter all city names in the *Other Cities of Residence in Texas* field.
23. Select a response to the question "Has the person lived in another state in the US in the Last 5 Years."
24. If "No" is selected, click *Continue* and proceed to [Contact Information](#).  
NOTE: Failure to provide all other states of residency in the last 5 years is considered providing false information related to the background check and could disqualify the person from employment.
25. If 'Yes' is selected, add each US state the person has lived in the last five years by clicking *Add State* and selecting the applicable state or territory from the list.

**Location Address**  
Enter the person's complete address (i.e. apt/suite/other).

Street Address (required)	Apt/Suite/Other
<input type="text"/>	<input type="text"/>
City (required)	State (required)
<input type="text"/>	Texas ▼
Zip Code (required)	County
XXXXX-XXXX <input type="text"/>	Select County ▼

[Validate Location Address](#)

**Other Cities of Residence**  
Other Cities of Residence in Texas

Has the person lived in another state in the US in the last 5 years? (required)

## Contact Information

26. Select a response to the question for, "Does this person have an email address?".

27. Enter the person's phone number.

28. If 'Yes' is selected indicating the person does have an email address, enter the email address for the person in the designated field.

NOTE: Do **NOT** enter the email address of the operation. It will be deleted and could result in processing delays.

29. Select the person's preferred contact method to be used when scheduling a fingerprinting appointment and communicate with the fingerprinting vendor.

Does the person have an email address? (required)

Phone Number (required)

Email (required)

Please enter the person's email address. Do NOT enter the operation's email address.  
Providing an email address will allow notification requiring action from this person to be received quickly.

Person's contact method (required)

The contact method selected will be used to schedule a fingerprinting appointment and by the fingerprinting vendor to contact the person if there is a change to their appointment or if issues occur with the payment method

☐ Phone  
☐ Email



## Role Details

30. Select the person's role from the *Person's Role at the Operation* dropdown.

NOTE: Role options are specific to the applicable roles for each type of operation.

31. Enter additional details about the person's *Job Duties/Title* (Contracted Service Provider, Staff/Employee, Frequent/Regular Visitor, Volunteer roles ONLY).
32. Select the person's *Relationship to Children* being placed in the home at the time of the background check. (CPA's Foster/Adoptive roles ONLY).
33. Select a response for the question "Will this person be supervised by a caregiver who is counted in Child Caregiver ratio?".
34. Select all applicable checkboxes for the question "What age(s) of children will this person be caring for?".

Person's Role at the Operation (required)

Owner/Permit Holder

Select the most appropriate role for this person

Will this person be supervised by a caregiver who is counted in the child-caregiver ratio? (required)

The supervising caregiver should be an employee of your operation or a caregiver in a foster and/or adoptive home who is otherwise able to have an unsupervised access to children in your care, and who is not restricted from supervising others.

Yes No

What age(s) of children will this person be caring for? (required)

Select all that apply

☒ 0 - 17 months

☒ 18 months - 2 years

☐ 3 years - 4 years

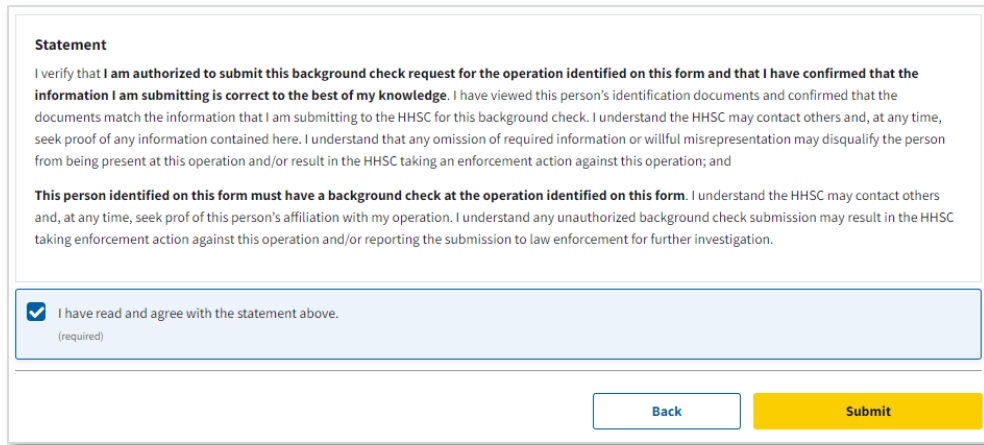
35. Click *Continue* to view the **Background Check Request Confirmation** page and submit the request.

## Confirmation

36. After completing the background checks steps, verify the information entered on the **Confirmation** page is complete and accurate.

NOTE: Click *Update* in a specific section to make edits to the information entered on a particular step. Progress through the steps again to return the confirmation page.

37. Review and select the checkbox confirming you have read and agree with the statements, then click the *Submit* button to complete submission.



**Statement**

I verify that I am authorized to submit this background check request for the operation identified on this form and that I have confirmed that the information I am submitting is correct to the best of my knowledge. I have viewed this person's identification documents and confirmed that the documents match the information that I am submitting to the HHSC for this background check. I understand the HHSC may contact others and, at any time, seek proof of any information contained here. I understand that any omission of required information or willful misrepresentation may disqualify the person from being present at this operation and/or result in the HHSC taking an enforcement action against this operation; and

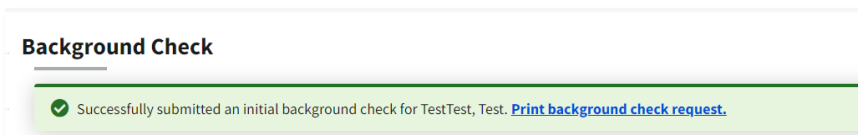
**This person identified on this form must have a background check at the operation identified on this form.** I understand the HHSC may contact others and, at any time, seek proof of this person's affiliation with my operation. I understand any unauthorized background check submission may result in the HHSC taking enforcement action against this operation and/or reporting the submission to law enforcement for further investigation.

☒ I have read and agree with the statement above.  
(required)

[Back](#) [Submit](#)

38. Once the background check has been submitted, a confirmation message displays on the **Background Check** page.

39. Click the *Print background check request* link to print a summary of the information entered with the request.



**Background Check**

✓ Successfully submitted an initial background check for TestTest, Test. [Print background check request.](#)

## View Background Check History

The *Background Check History* section on the **Background Check** (BGC) page allows a user to view details for BGCs submitted by the operation and take appropriate actions for each person to:

- Inactivate an individual that is no longer associated with the operation;
- Inactivate an individual BGC if a person is no longer associated in a particular role; or
- Initiate a renewal BGC.

The section displays a list of individuals with BGCs submitted for the operation that are currently in *Pending* or *Active* status. The list also contains individuals that were updated to *Inactive* status within the last 12 months.

Summary information about the person's BGC submission history at the operation is displayed in the *Background Check History* list for each individual as outlined below:

- Name: name of the person
- Date of Birth: DOB of the person
- Last Submitted: date the person's last BGC was submitted
- Conditions: Indicates whether there are any conditions to the person's employment. If conditions = 'Yes', click on the persons name to view the conditions placed.
- Ineligible: Indicates if the person is Ineligible to be present at the operation
- Status Date: date the *Status* was determined
- Status: current status of the individual's association with the operation
- Actions: initiate a request to inactive an individual at the operation or in a particular role (Only applicable to individuals in Pending or Active status)

### Background Check

Training CPA Operation

Child Placing Agency

#### Submit Background Check Request

Submit a new background check request to find a person eligible to be present at your operation or submit a new role for an existing individual.

#### Validate Employee List

Confirm individuals affiliated with the operation are up to date, have background checks, and are accurate

Last Validated:

### Background Check History

Name	Date of Birth	Last Submitted	Conditions	Ineligible	Status Date	Status	Actions
TestTest, Test	08/01/1981	02/09/2024					
Check, Background	01/01/1980	01/30/2024	No	Yes	01/30/2024	Pending	<input type="button" value="Inactivate"/>

Click on the individual's name to view additional information about the BGCs submitted for the person, including:

- Role: Role the BGC was submitted for
- Eligibility: Status of the person's eligibility to be present in the role displayed
- Eligibility Start Date: Date the eligibility status displayed started
- Eligibility End Date: Date the eligibility status ended
- Date Submitted: Date the BGC was submitted
- Conditions: Details of any conditions that may exist

Background Check Role Eligibility

TestTest, Test

Owner/Permit Holder

Pending Processing

Eligibility Start Date	Date Submitted
-	02/09/2024
Eligibility End Date	Conditions
-	-
Job Duties/Title	Supervised by a caregiver who is counted in the child-caregiver ratio
-	Y
	Ages of Children
	0 - 17 Months, 18 Months - 2 Years

Inactivate Role

Renew

## Inactivate a Person or Role

To inactivate a person that is no longer associated with the operation or is no longer working in a specified role submitted with a background check, follow the steps outlined below:

1. On the **My Dashboard** page, click the *Background Checks* link from the left-hand navigation menu.
2. Locate the person to inactivate by reviewing the *Background Check History* list or using the search and filter feature on the page.
3. Click on the *Inactivate* button in the *Actions* column of the person.

Name	Date of Birth	Last Submitted	Conditions	Ineligible	Status Date	Status	Actions
TestTest, Test	08/01/1981	02/09/2024					
Check, Background	01/01/1980	01/30/2024	No	Yes	01/30/2024	Pending	<b>Inactivate</b>

4. Select the role(s) the person should be inactivated for.
5. Click the *Inactivate* button.

**Inactivate Check, Background**

Please select the person's associated roles that you would like to inactivate. If all roles are selected, the person's employment status will be inactivated. You will not be able to undo this action once submitted.

☒ Select all roles

☒ Adoptive parent

**Inactivate**

NOTE: If the person is inactivated for all roles, the *Status* of the person is updated to *Inactive* and the *Status Date* and *Eligibility End Date* for all applicable background checks are set to the current date.

If specific roles were inactivated, the *Eligibility End Date* is set to the current date for only the background checks submitted for the roles inactivated.

## Employee List Validation

To remain federally compliant, CCR must maintain an accurate account of an individual's employment in child care. Each operation is notified by email and on the [To Do List](#) 30 days prior to when the employee list must be validated. Validation of the employee list can be completed at any time; however, listed, licensed, and registered child care homes must complete the validation process at least once every year and all other operation types must complete the validation process at least once every quarter.

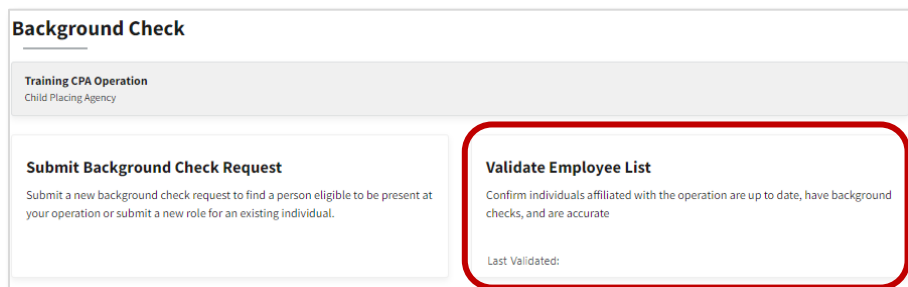
The date the last validation was completed is displayed in the *Validate Employee List* section on the Background Check page as *Last Validated*.

NOTE: The employee list validation must be up to date for an operation to renew their Permit. See the [Permit Renewal](#) section for more information on the permit renewal process.

## Validate Employee List

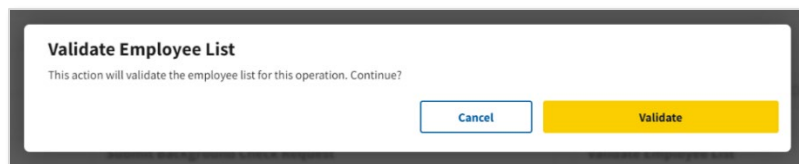
To validate the employee list, follow the steps outlined below:

1. On the **My Dashboard** page, click the *Background Checks* link from the left-hand navigation menu.
2. Review and update the list of people in the *Background Check History* by:
  - a. Ensuring background checks have been submitted for all individuals affiliated with the operation, and
  - b. [Inactivating](#) individuals who are no longer associated with the operation.
3. After making sure that all persons in the **Background Check History** list have the correct statuses displayed, click on the *Validate Employee List* button.



The screenshot shows a web interface titled "Background Check". Below the title, it says "Training CPA Operation" and "Child Placing Agency". There are two main sections: "Submit Background Check Request" on the left and "Validate Employee List" on the right. The "Validate Employee List" section is highlighted with a red border. It contains the text "Confirm individuals affiliated with the operation are up to date, have background checks, and are accurate" and a "Last Validated:" label.

4. Click the *Validate* button to complete the validation and update the *Last Validated* date to the current date.



The screenshot shows a confirmation dialog box titled "Validate Employee List". It contains the text "This action will validate the employee list for this operation. Continue?". At the bottom, there are two buttons: "Cancel" and "Validate".

## Manage Agency Homes

The **Manage Agency Homes** module provides Child Placing Agency (CPA) users the ability to complete actions for their agency homes:

- [Submit Initial Reports \(Form 2953\)](#) for new agency homes
- [Submit Change Requests](#) for active agency homes

- [Search Closed Foster Home Database](#) for information on previously verified and closed homes
- View a list of active agency homes associated with the operation and a history of agency home requests submitted

To access the **Manage Agency Homes** module, click on the **Manage Agency Homes** link from the left-hand navigation menu when logged into your user account.

## Submit Initial Report (Form 2953)

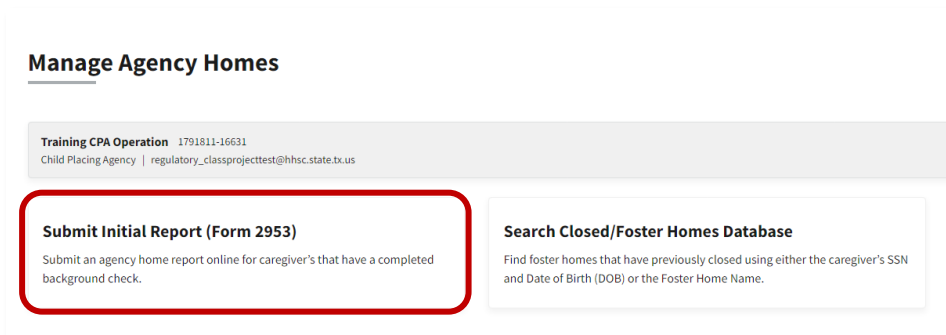
The **Submit Initial Report (Form 2953)** workflow allows CPAs to submit initial home verification information or to report beginning to work with a home to provide relative or fictive kin care.

Prior to submitting an initial agency home report online, any caregivers that will be associated with the home must have a current background check completed at the operation.

Once submitted, CCR staff receive a notification to review the home and add it to the HHS system. If issues are identified, the request will be rejected, and an error code will be shown on the *Request History* tab of the **Manage Agency Homes** page.

To submit an initial report for an agency home, follow the steps outlined below:

1. On the **My Dashboard** page, click the *Manage Agency Homes* link from the left-hand navigation menu.
2. On the **Manage Agency Homes** page, click *Submit Initial Report (Form 2953)* to open the **Submit Initial Report** page.



**Manage Agency Homes**

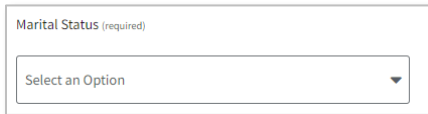
Training CPA Operation 1791811-16631  
Child Placing Agency | regulatory\_classprojecttest@hhs.state.tx.us

**Submit Initial Report (Form 2953)**  
Submit an agency home report online for caregiver's that have a completed background check.

**Search Closed/Foster Homes Database**  
Find foster homes that have previously closed using either the caregiver's SSN and Date of Birth (DOB) or the Foster Home Name.

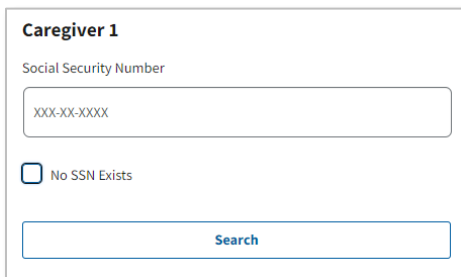
## Caregiver Details

3. On the **Caregiver Details** page, select the appropriate option from the *Marital Status* drop-down menu for the foster parent(s).

A screenshot of a web form element labeled "Marital Status (required)". It features a dropdown menu with the text "Select an Option" and a downward-pointing arrow.

NOTE: Social Security Number (SSN) and Caregiver info for both individuals are required if you select *Married Couple* or *Unmarried Couple*.

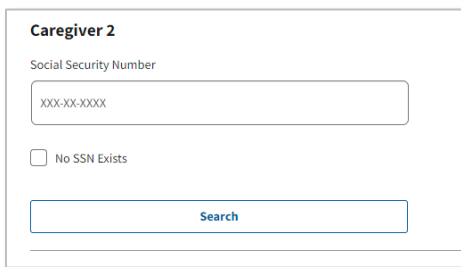
4. Enter the SSN of the person in the *Caregiver 1* section or select the 'No SSN' checkbox if the person does not have an SSN and click the *Search* button.

A screenshot of the "Caregiver 1" section of a form. It includes a label "Social Security Number" above a text input field containing the placeholder "XXX-XX-XXXX". Below the input field is a checkbox labeled "No SSN Exists". At the bottom is a blue "Search" button.

5. On the **Search Results** page, select the radio button next to the individual's name and click the *Confirm* button.

NOTE: If the information displayed for the individual is not accurate, a new background check may be needed. Contact your CBCU representative for guidance on next steps.

6. If there is a second caregiver, complete the same steps to add the person to the *Caregiver 2* section.

A screenshot of the "Caregiver 2" section of a form. It includes a label "Social Security Number" above a text input field containing the placeholder "XXX-XX-XXXX". Below the input field is a checkbox labeled "No SSN Exists". At the bottom is a blue "Search" button.

7. Verify that the information in the *Caregiver Details* section matches the individual(s) from your search results.
8. Click *Continue* to move to the next step.



## Address and Contact

9. Observe the following fields pre-populated based on the information entered in the previous step:

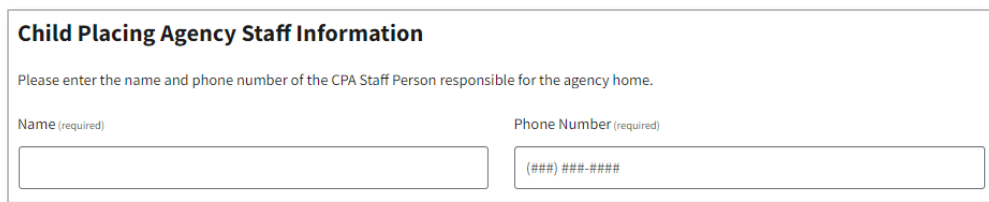
- Agency Home Name
- Location Address
- Mailing Address
- Phone number

NOTE: The address and phone number are based on the information for the individual added as Caregiver 1; the agency home name combines the names of Caregiver 1 and Caregiver 2, if applicable.

10. Enter directions to the operation in the *Directions to Operation* field, if applicable.

11. Verify and update the *Mailing Address* of the home, if needed. If a new address is entered, it must be validated. See [Appendix A – Address Validation](#) for more information.

12. Enter the name and phone number of the CPA Staff Person responsible for this Agency Home in the *Child Placing Agency Staff Information* section.



**Child Placing Agency Staff Information**

Please enter the name and phone number of the CPA Staff Person responsible for the agency home.

Name (required) Phone Number (required)

(###) ###-####

13. Select a response to the question: “Has this home ever been an agency home for another Child Placing Agency?”.

14. If ‘Yes’ is selected, enter the CPA names and dates of affiliation in the text box provided.

15. Click the *Continue* button to move to the next step.

## CPS Contractors

16. Select a response to the question: “Is this home going to contract with Child Protective Services?”.

NOTE: If the home is going to seek placements for children is the care of the Department of Family and Protective Services (DFPS), you must select 'Yes'.

17. If 'Yes' is selected, select the appropriate relationship to children being placed in the home: Relative, Fictive Kin, or Unrelated.

18. If Relative or Fictive Kin is selected, enter a date in the *Date Verification Process Started* field.

The screenshot shows a web form with the following elements:

- A question: "Is this home going to contract with Child Protective Services? (required)" with two buttons: "Yes" (highlighted in blue) and "No".
- A section titled "Foster parent's relationship to children being placed (required)" with a note: "Please note, clicking on Relative or Fictive Kin will disable all options in the Operation Services section."
- Four radio button options:
  - ☐ Relative: A person and a child in DFPS conservatorship are related by blood or adoption (consanguinity) or marriage (affinity). This term excludes the child's legal, birth, or adoptive parent(s).
  - ☐ Fictive Kin: A person and a child in DFPS conservatorship (or the child's family) have a longstanding and significant relationship with each other. This term excludes the child's legal, birth, or adoptive parent(s). Examples include a godparent or someone considered to be an aunt or uncle, even though the person is not related to the child.
  - ☐ Unrelated: The relationship of a person and a child in DFPS conservatorship does not meet the criteria of "relative" or "fictive kin". This term excludes the child's legal, birth, or adoptive parent(s).
  - ☐ Home in FH Applicant Status
- A section titled "Date Verification Process Started" with a text input field containing "mm/dd/yyyy" and a calendar icon.

NOTE: Homes listed as providing *Relative* or *Fictive Kin* care **must** be reported to HHS when the CPA begins working with the family. The system automatically selects the *Home in FH Applicant Status* check box and disables the fields on the **Agency Home Information** and **Operation Services** pages. A [Change Request](#) must be submitted when the home becomes verified or decides to not complete the verification process.

19. Click the *Continue* button to move to the next step.

## Agency Home Information

20. Enter applicable information in the following fields:

- Initial Verification Date
- Agency Home Type
- Agency Home Care Type
- Total Capacity

- e. Foster Care Capacity
- f. Gender
- g. Age Range

Initial Verification Date (required)  
mm/dd/yyyy

**Agency Home Demographics**

Agency Home Type  
☐ Foster Family Home (is or fewer)  
☐ Adoptive Home

Agency Home Care Type (required)  
☐ Care Provided by Foster Parents in Own Home  
☐ Care Provided by Child Placing Agency Employees

**Capacity**

Total Capacity (required) Foster Care Capacity (required)

Gender (required)  
☐ Male  
☐ Female

Age Range  
 From (required) To (required)

Back Continue

21. Click the *Continue* button to move to the next step.

## Operation Services

22. Enter applicable information in the following fields:

- a. Treatment Services Provided
- b. Special Services
- c. Child Care Services
- d. CPS Contractors Services (Section is disabled if the home is not going to contract with CPS)

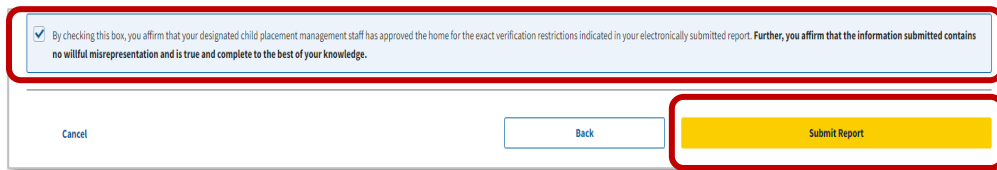
23. Click the *Continue* button to move to the next step.

## Confirm Initial Report

24. Review a summary of the request on the **Confirm Initial Report** page.

NOTE: If any information needs to be changed click the *Back* button and correct the information. Once updates have been made, click the *Continue* button again to progress through the steps and return to the *Confirm Initial Report* page.

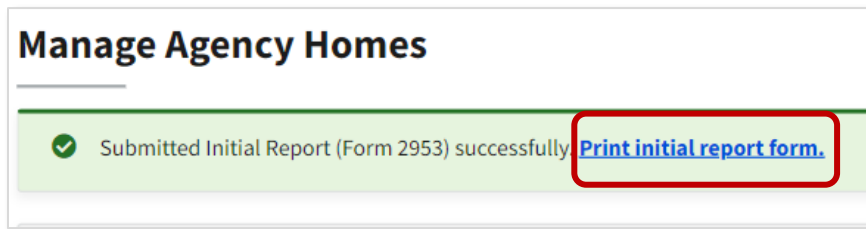
25. Review and select the checkbox confirming you have read and agree with the statements, then click the *Submit Report* button to complete submission.



NOTE: If you click the *Cancel* button any information you have entered will NOT be saved.

26. Once the report has been submitted, a confirmation message displays on the **Manage Agency Homes** page and the submission is added to the *Request History* list.

27. Click the *Print initial report form* link to print a summary of the information entered with the request.



## Submit Change Request

The **Submit Change Request** page allows any Child Placing Agency (CPA) user with an account to submit a change to an agency home.

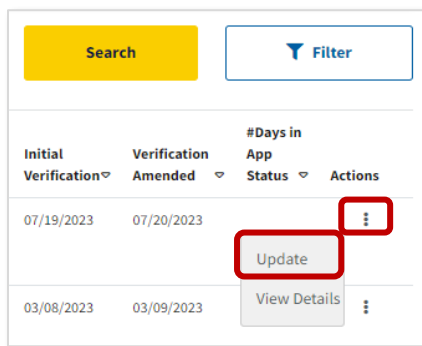
CPAs submit a change request to:

- Update an Relative/Fictive Kin foster home (relative/fictive kin) in *Applicant* status to verify the home or indicate if the the verification process was not completed;
- Close a home that has relinquished its verification; or
- Submit other changes to the home such as: location/mailling address, capacity, etc.

Status of change requests can be viewed on *Request History* tab on othe **Manage Agency Homes** page.

To submit a change request for an agency home, follow the steps outlined below:

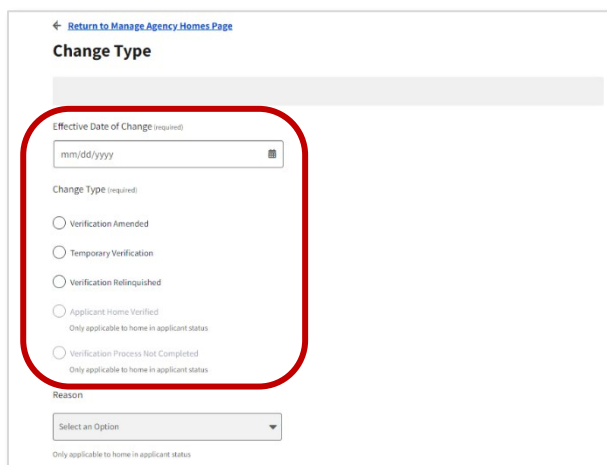
1. On the **My Dashboard** page, click the *Manage Agency Homes* link from the left-hand navigation menu.
2. On the **Manage Agency Homes** page, scroll to view the list of active agency homes linked to the operation in the *Agency Homes* list.
3. Locate the agency home the change is required for by reviewing the agency home list or using the search and filter feature on the page.
4. Clicking the three dots under the *Actions* column for the home and select *Update* to open the **Submit Change Request** page.



Search		Filter	
Initial Verification	Verification Amended	#Days in App Status	Actions
07/19/2023	07/20/2023		<div><div>⋮</div><div>Update</div></div>
03/08/2023	03/09/2023		<div><div>View Details</div><div>⋮</div></div>

## Change Type

5. Enter the *Effective Date of Change* and select the type of change requested from the *Change Type* section.



← [Return to Manage Agency Homes Page](#)

### Change Type

Effective Date of Change (required)

mm/dd/yyyy

Change Type (required)

☐ Verification Amended

☐ Temporary Verification

☐ Verification Relinquished

☐ Applicant Home Verified  
Only applicable to home in applicant status

☐ Verification Process Not Completed  
Only applicable to home in applicant status

Reason

Select an Option

Only applicable to home in applicant status

NOTE: The options enabled in the *Change Type* menu are dependent on the verification status of the home.

6. If *Verification Process Not Completed* is selected to indicate a Relative or Fictive Kin home in *Applicant* status will not be verified, select a *Reason* from the dropdown menu and click *Continue* to proceed to [Confirm Change Request](#).
7. Click the *Continue* button to move to the next step.

### **Caregiver Details**

8. Confirm the *Caregiver Details* or make updates as needed.
9. Once the appropriate changes have been made, or if no changes are needed, click the *Continue* button to move to the next step.

### **Address and Contact**

10. Make appropriate changes as needed to the:
  - a. *Location Address*: Residential address of the home
  - b. *Mailing Address*: Mailing address of the home
  - c. *Contact Information*: Contact telephone Number for the home
  - d. *Child Placing Agency Staff Information*: Name and Phone Number of CPA Staff Person responsible for this Agency Home
11. Once the appropriate changes have been made, or if no changes are needed, click the *Continue* button to move to the next step.

### **CPS Contractors**

12. Review and update, if needed, the response to the question "Is this home going to contract with Child Protective Services?".
13. If 'Yes' is selected, make appropriate changes as needed to the relationship of the foster parent's to children that could be placed in the home.
14. Once the appropriate changes have been made, or if no changes are needed, click the *Continue* button to move to the next step.

### **Agency Home Information**

15. Make appropriate changes as needed to the fields on the page to indicate:

- a. *New Branch Number*: Enter a different branch number in this field to move the home to a different branch at the same CPA or enter the number zero to move the agency home to the CPA main.
  - b. *Transfer Date*: If the home is being moved to a different branch, enter the date the home is being transferred.
  - c. *Inactive Date*: Enter the date the home is going on inactive status or remove the date if the home is returning to active status.
16. If Verification Relinquished was selected from the Change Type menu:
- a. Select the appropriate *Reasons for Relinquishment*; and
  - b. Select either 'Yes' or 'No' to indicate if home is being closed with an investigation pending
17. Enter or update information in the following mandatory fields:
- a. Initial Verification Date
  - b. Agency Home Type
  - c. Agency Home Care Type
  - d. Total Capacity
  - e. Foster Care Capacity
  - f. Gender
  - g. Age Range
18. Once the appropriate changes have been made, or if no changes are needed, click the *Continue* button to move to the next step.

## **Operation Services**

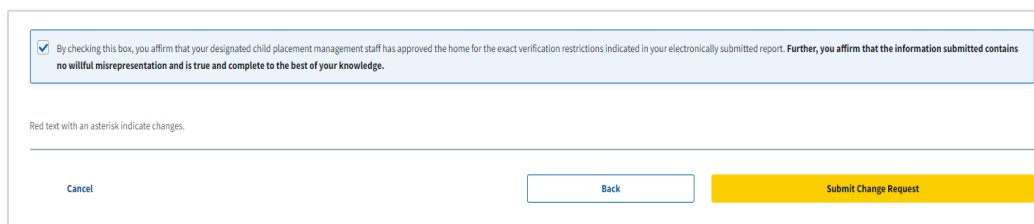
19. Select from the options in the following fields to indicate any services the home will provide, if applicable:
- a. Treatment Services Provided
  - b. Special Services
  - c. Child Care Services
  - d. CPS Contractors Services (Section is disabled if the home is not going to contract with CPS)
20. Once the appropriate changes have been made, or if no changes are needed, click the Continue button to move to the next step.

## Confirm Change Request

21. Review a summary of the changes requested on the **Confirm Change Request** page.

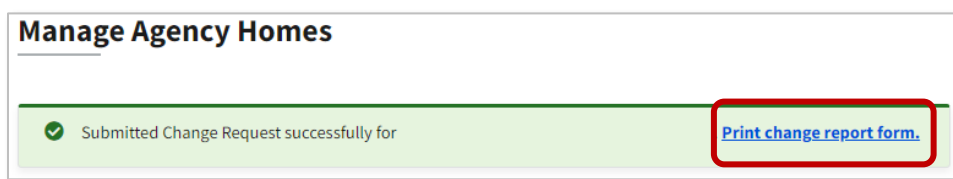
NOTE: If any information needs to be changed, click the *Update* button on the particular section to correct the information before submitting.

22. Review and select the checkbox confirming you have read and agree with the statements, then click the *Submit Change Request* button to complete submission.

A screenshot of a web form titled "Confirm Change Request". At the top, there is a blue-bordered box containing a checked checkbox and the text: "By checking this box, you affirm that your designated child placement management staff has approved the home for the exact verification restrictions indicated in your electronically submitted report. Further, you affirm that the information submitted contains no willful misrepresentation and is true and complete to the best of your knowledge." Below this box, there is a line of text: "Red text with an asterisk indicate changes." At the bottom of the form, there are three buttons: a blue "Cancel" button, a blue "Back" button, and a yellow "Submit Change Request" button.

NOTE: If you click the *Cancel* button, you are returned to the **Manage Agency Homes** page and any information you have entered will NOT be saved.

23. Once the report has been submitted, a confirmation message displays on the **Manage Agency Homes** page and the submission is added to the *Request History* list.
24. Click the *Print change report form* link to print a summary of the information entered with the request.

A screenshot of the "Manage Agency Homes" page. At the top, the title "Manage Agency Homes" is displayed. Below the title, there is a green banner with a checkmark icon and the text: "Submitted Change Request successfully for". To the right of this banner, there is a blue link labeled "Print change report form." which is highlighted with a red rectangular box.

## Search Closed Foster Homes

The **Search Closed Foster Homes** page enables Child Placing Agency (CPA) users to search for foster homes that have previously closed using either the caregiver's SSN and Date of Birth (DOB) or the Foster Home Name.

To search the closed foster homes database, follow the steps outlined below:



1. On the **My Dashboard** page, click the *Manage Agency Homes* link from the left-hand navigation menu.
2. On the **Manage Agency Homes** page, click *Search Closed Foster Homes Database* to open the **Search Closed Foster Homes** page.

**Manage Agency Homes**

Training CPA Operation  
Child Placing Agency

**Submit Initial Report (Form 2953)**  
Submit an agency home report online for caregiver's that have a completed background check.

**Search Closed/Foster Homes Database**  
Find foster homes that have previously closed using either the caregiver's SSN and Date of Birth (DOB) or the Foster Home Name.

Disclaimer

Please enter search parameters to view closed foster homes.

3. Either the *SSN* and *DOB* of the caregiver in the appropriate fields on the *By Social Security Number* tab or click the *By Foster Home Name* tab to enter the name of the home.

**Search Closed Foster Homes**

By Social Security Number By Foster Home Name

Social Security Number date of birth

Search

Disclaimer

Please enter search parameters to view closed foster homes.

4. Click the *Search* button.
5. View the search results matching the search criteria.  
NOTE: If you search by SSN and DOB only one result will be returned. If you search by name more results will be returned.
6. Click on the *Foster Parent Name* link to view the **Closed Foster Home Details** page with information on the current status of the home and the prior CPAs the home was verified under.

## Waiver/Variance

The **Waiver/Variance** module allows certain users to create and submit waiver/variance requests online. These requests are automatically transmitted to Child Care Regulation overnight.

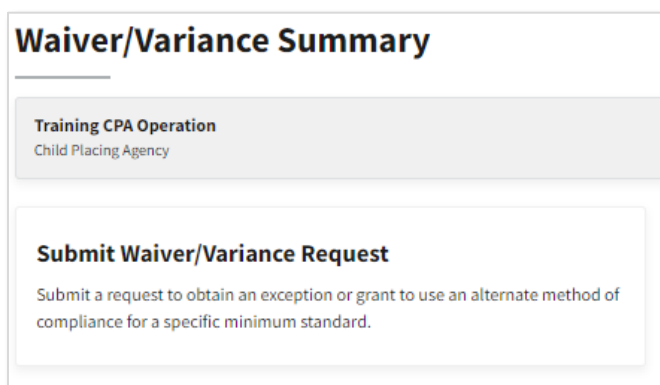
Users can also view a history of waiver/variance requests submitted for the operation, including the status of the requests and any conditions for approval. If a waiver/variance request is rejected, a brief explanation is provided to indicate the reason for the rejection.

To access the **Waiver/Variance** module, click on the **Waiver/Variance** link from the left-hand navigation menu when logged into your user account.

## Submit Waiver/Variance Request

To submit a request for a waiver or variance, follow the steps outlined below:

1. On the **My Dashboard** page, click the *Waiver/Variance* link from the left-hand navigation menu.
2. On the **Waiver/Variance** page, click *Submit Waiver/Variance Request* to initiate a new request for a waiver or variance.



### Minimum Standard Number

3. Click the *Search for Minimum Standard Number Request* button. The **Search Standard/Rule** window will popup.

**Minimum Standard Number**

**Training CPA Operation**  
Child Placing Agency

Waiver/Variance requests submitted are considered authorized by the governing body representative listed below.

**Governing Body Representative**

Name	Phone Number
-	-
Address	
-	

Search and select a minimum standard/rule number that you are requesting a waiver/variance for: (required)

**Search for Minimum Standard/Rule Number Request**

Note: A separate request form must be completed for each operation and minimum standard number.

4. Select a value from the *Section* drop-down menu and/or enter a *Keyword* in the field provided and click the *Search* button.

**Search Standard/Rule** Close X

Section

Select a value  Search by Keyword  **Search**

Please search a keyword or select a section to view results.

**Reset** **Continue**

5. Once the standard you are requesting a waiver/variance is located, select the radio button for the standard row and click the *Continue* button.

**Search Standard/Rule** Close X

Section

Training and Professional Development  Search by Keyword  **Search**

Select	Standard/Rule	Weight	Descriptions
<input type="radio"/>	749.4122(2)(b)(i)	Medium High	Annual Training-Child placement staff with less than 1 yr exp must complete 20 hrs yr after initial, 1 hr is specific to trauma informed care
<input type="radio"/>	749.4151(a)(1)	Medium	Pre-Service Training-caregivers must complete 8 hrs pre-service training prior to person solely caring for child in care
<input type="radio"/>	749.4151(a)(2)	Medium High	Pre-Service Training-caregiver must complete 16 hrs of EBI, 1/2 prior to solely caring for child and all within 90 days
<input type="radio"/>	749.4151(a)(3)	Medium High	Pre-Service Training-caregivers must complete 5 hrs regarding complex trauma experienced by trafficking victims, 2 prior to solely caring for child
<input type="radio"/>	749.4151(a)(4)	Medium	Pre-Service Training-administrative and professional staff must complete 8 hrs EBI within 90 days of beginning job duties

5 Showing rows 1 to 5 of 235

**Reset** **Continue**

6. Click the *Save and Continue* button on the **Minimum Standard Number** page to proceed to the next step.

749.3831(a)

Weight  
Medium

Description  
Assessment services-Review & approve in writing that program can provide/obtain the assessment services the child needs at intake

Remove

Note: Changes will not be saved on this step unless you click "Save and Continue" or "Save and Exit".

Save and Exit      Back      Save and Continue

NOTE: To save your work as a draft, click the *Save and Exit* button. To continue working on the draft later, click Continue Draft for that Waiver/Variance Request on the Waiver/Variance Summary page.

To return to a previous step, click the *Back* button. Clicking the Back button will NOT save any information you entered since the last time the page was saved.

### Agency Home (CPAs ONLY)

7. Select a response to the question: "Is this request related to an Agency Home or an Agency Home applicant?".
8. If 'Yes' is selected indicating the request does relate to an Agency Foster Family or Agency Foster Group Home, click the *Search* button to search for the applicable home.
9. Once the home is located, select the radio button for the home and click the *Continue* button.

**Agency Home**

Training CPA Operation  
Child Placing Agency

Is this request related to an Agency Home or an Agency Home applicant? (required)

☒ Yes      ☐ No

If request relates to an Agency Foster Family or Agency Home applicant, search and select the home.

Search

10. Enter information in the *Number of Children in Care* and the *Ages* of children in the home in the applicable text boxes.

Number of Children in Care (required)	Ages
<input type="text"/>	<input type="text"/>
Numeric numbers only or age range ex: 1-5	

11. If the home will be caring for children in DFPS care, select the children's relationship to the foster parent: Relative, Fictive Kin, and/or Unrelated.
12. Click the *Save and Continue* button to proceed to the next step.

CPS Contractors Only

More about relationship types

+

How are these children related to foster parent?

Check all that apply

☐ Relative
 ☐ Fictive Kin
 ☐ Unrelated

Note: Changes will not be saved on this step unless you click "Save and Continue" or "Save and Exit".

Save and Exit

Back

Save and Continue

## Request Details

13. Enter a date in the "Until when do you need the waiver or variance?" date field.
14. Enter responses for the remaining questions.
15. Select the delivery method(s) for any additional supporting documentation that will be provided by using the checkboxes provided.

If **additional supporting documentation** is being provided with this request (photos, legal documents, etc), please select delivery method(s).

IMPORTANT: Please include your Operation Name and Number on all supporting documentation.

Delivery Method

☐ Fax
 ☐ Email
 ☐ Hand Delivered
 ☐ Mail

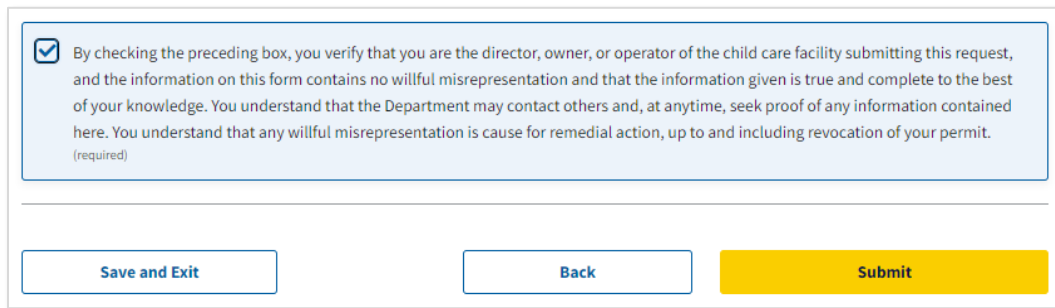
16. Click the *Save and Continue* button to proceed to the next step.

## Summary Review

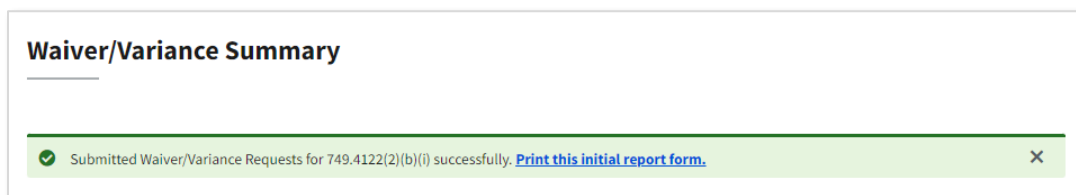
17. Review a summary of the information to be submitted on the **Summary Review** page.

NOTE: Click *Update* in a specific section to make edits to the information entered on a particular step. Progress through the steps again to return the confirmation page.

18. Review and select the checkbox confirming you have read and agree with the statements, then click the *Submit* button to complete the submission.

A screenshot of a web form. At the top, there is a blue-bordered box containing a checked checkbox and a paragraph of text: "By checking the preceding box, you verify that you are the director, owner, or operator of the child care facility submitting this request, and the information on this form contains no willful misrepresentation and that the information given is true and complete to the best of your knowledge. You understand that the Department may contact others and, at anytime, seek proof of any information contained here. You understand that any willful misrepresentation is cause for remedial action, up to and including revocation of your permit. (required)". Below this box, there are three buttons: "Save and Exit" (blue), "Back" (blue), and "Submit" (yellow).

19. Once the report has been submitted, a confirmation message displays on the **Waiver and Variance Request** page and the submission is added to the *Waiver/Variance Requests* list.
20. Click the "Print initial report form" link to print a summary of the information entered with the request.

A screenshot of a web page titled "Waiver/Variance Summary". Below the title, there is a green banner with a checkmark icon and the text: "Submitted Waiver/Variance Requests for 749.4122(2)(b)(i) successfully. [Print this initial report form.](#)". A close button (X) is in the top right corner of the banner.

## Update Waiver/Variance Request

To update a request in *Draft* status or close out an *Granted* waiver/variance as no longer needed, follow the steps outlined below:

1. On the **My Dashboard** page, click the *Waiver/Variance* link from the left-hand navigation menu.
2. One the **Waiver/Variance** page, locate the request by reviewing the *Waiver/Variance Requests* list or using the search and filter feature on the page.

3. To continue working on a request in *Draft* status, click the *Continue Draft* link on the request tile.

The screenshot shows a request tile for ID 749.4122(2)(b)(i) in Draft status. The tile contains a brief description, agency home, weight, original receive date, effective date, expiration date, status, admin review status, and conditions. The 'Continue Draft' link is highlighted with a red box.

749.4122(2)(b)(i)	
Draft	
Brief Description Annual Training: Child placement staff with less than 1 yr exp must complete 20 hrs yr after initial, 1 hr is specific to trauma informed care	
Agency Home -	
Weight Medium High	Original Receive Date 02/15/2024
Effective Date -	Expiration Date -
Status Draft	Admin Review Status -
Conditions -	Result -
<a href="#">Continue Draft</a> <a href="#">Delete Draft</a>	

4. To delete a request in *Draft* status, click the *Delete Draft* link on the request tile.

The screenshot shows the same request tile as above, but the 'Delete Draft' link is highlighted with a red box.

749.4122(2)(b)(i)	
Draft	
Brief Description Annual Training: Child placement staff with less than 1 yr exp must complete 20 hrs yr after initial, 1 hr is specific to trauma informed care	
Agency Home -	
Weight Medium High	Original Receive Date 02/15/2024
Effective Date -	Expiration Date -
Status Draft	Admin Review Status -
Conditions -	Result -
<a href="#">Continue Draft</a> <a href="#">Delete Draft</a>	

5. To update or close out an active waiver/variance as no longer needed, click the *No Longer Needed* link on the request tile.

749.3027(a)(2)
Granted

Brief Description  
Bedrooms-Child may share a bedroom with an adult caregiver if the child is under three years old

Agency Home

Weight  
Medium

Original Receive Date  
11/08/2023

Effective Date  
11/23/2023

Expiration Date  
05/08/2024

Status  
Granted

Admin Review Status  
-

Conditions  
Y

Result  
-

View Details
No Longer Needed

## View Waiver/Variance History

To view a summary of waiver/variance requests submitted, follow the steps outlined below:

1. On the **My Dashboard** page, click the *Waiver/Variance* link from the left-hand navigation menu.
2. One the **Waiver/Variance** page, locate the request by reviewing the *Waiver/Variance Requests* list or using the search and filter feature on the page.
3. Click *View Details* on the request to review a summary of the Waiver/Variance. Information provided in the summary includes:
  - **Standard/Rule:** Displays the standard or rule to which the waiver/variance request pertains. The number is a link that can be clicked on to access further information for the request or to continue working on a draft.
  - **Brief Description:** A summary of the standard or rule.
  - **Agency Home (CPA Only):** If a waiver/variance request is for a specific Agency Home, the name of that Agency Home will appear in this column.
  - **Original Receive Date:** The date the waiver/variance request was originally saved as a draft or submitted.
  - **Effective Date and Expiration Date:** The date range that the waiver/variance request is/was in effect.
  - **Status:** Displays the status of the waiver/variance request.



- **Administrative Review Status:** This column will display the status of the administrative review.
- **Conditions:** Will contain a Y (yes) or N (no) if there are any conditions attached to the waiver/variance.
- **Result:** This column displays the determination made by Child Care Regulation when ending the Waiver/Variance.

## Emergency Behavior Intervention

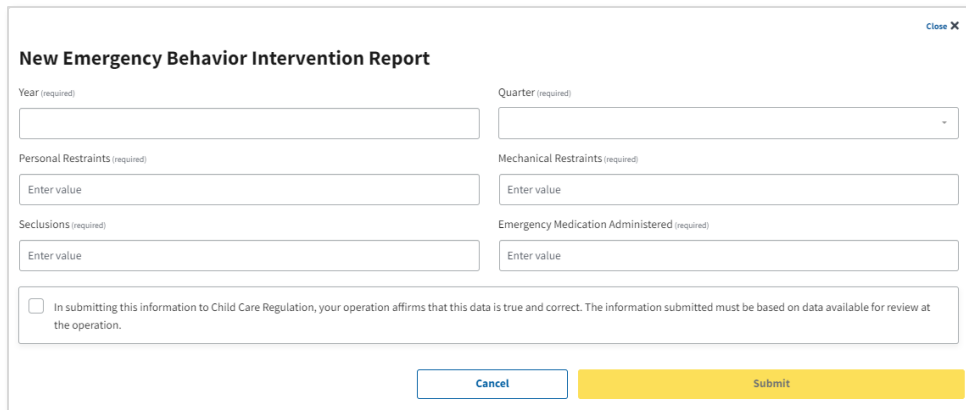
The **Emergency Behavior Intervention** module allows a CPA or GRO to submit the quarterly emergency behavioral intervention (EBI) report and view a history of emergency behavioral intervention submissions.

To access the **Emergency Behavior Intervention** module, click on the **Emergency Behavior Interviewn** link from the left-hand navigation menu when logged into your user account.

## Report Emergency Behavior Intervention

To submit a new EBI report or update a report previously submitted, follow the steps outlined below:

1. On the **My Dashboard** page, click the *Emergency Behavioral Intervention* link from the left-hand navigation menu.
2. On the **Emergency Behavior Intervention** page, click *Report Emergency Behavior Intervention* to initiate a new EBI entry.
3. Enter the *Year* that applies to the information being reported.
4. Select which *Quarter* of the year the information is being reported from the drop-down menu.
5. Enter the number to report in the *Personal Restraints* field. If no restraints were performed in the time period being reported, enter 0.
6. Repeat this process for *Mechanical Restraints*, *Seclusions*, and *Emergency Medication Administered*.
7. Check the check box to indicate you agree with the affirmation statements and click the *Submit* button.



**New Emergency Behavior Intervention Report**

Year (required)

Quarter (required)

Personal Restraints (required)

Mechanical Restraints (required)

Seclusions (required)

Emergency Medication Administered (required)

☐ In submitting this information to Child Care Regulation, your operation affirms that this data is true and correct. The information submitted must be based on data available for review at the operation.

[Cancel](#) [Submit](#)

- View the report submitted and all prior submissions listed by year and quarter on the **Emergency Behavior Intervention** page.

Year	Quarter	Personal Restraints	Mechanical Restraints	Seclusions	Emergency Medication Administered
2022	Q1	0	0	0	0
2022	Q2	0	0	0	0
2022	Q3	0	0	0	0
2022	Q4	0	0	0	0
2021	Q1	0	0	0	0
2021	Q2	0	0	0	0
2021	Q3	0	0	0	0
2021	Q4	0	0	0	0
2020	Q1	0	0	0	0
2020	Q2	0	0	0	0

10 Showing rows 1 to 10 of 64

## Liability Insurance

The **Liability Insurance** module allows users to view, update, and verify your operation's liability insurance information.

To access the **Liability Insurance** module, click on the **Liability Insurance** link from the left-hand navigation menu when logged into your user account.

## Add Liability Insurance

To add a new liability insurance record, follow the steps outlined below:

- On the **My Dashboard** page, click the *Liability Insurance* link from the left-hand navigation menu.
- On the **Liability Insurance** page, select *Add Insurance Details*.

## Liability Insurance

**Training CPA Operation**  
 Child Placing Agency

**Current Insurance**  
 Annual Verification Due Date:

Add Insurance Details

3. Select a response to the question: "Does your operation have liability insurance that meets the requirements?".

## Add Insurance Details

**Training CPA Operation**  
 Child Placing Agency

**Liability Insurance Requirement**  
 Coverage in the amount of \$300,000 for each occurrence of negligence and covers injury to a child while the child is on your premises or in your care.

Does your operation have liability insurance that meets the requirements? (required)

4. If 'Yes' is selected indicating your operation has the liability insurance described at the top of the page, enter the requested information:
  - a. Insurance Company
  - b. Policy Number
  - c. Policy Start Date
  - d. Policy Coverage Expiration Date

## Add Insurance Details

**Training GRO Operation**  
 General Residential Operation

**Liability Insurance Requirement**  
 Coverage in the amount of \$300,000 for each occurrence of negligence and covers injury to a child while the child is on your premises or in your care.

Does your operation have liability insurance that meets the requirements? (required)

Insurance Company (required)

Policy Number (required)

Policy Start Date (required)

Policy Coverage Expiration Date (required)

5. If 'No' is selected indicating your operation does NOT have the liability insurance described at the top of the page, enter the requested information:
  - a. Reason for Lack of Liability Insurance
  - b. Policy Available Date - If the reason for lack of liability insurance is 'the limitation of the current policy has been exhausted,' enter the next policy availability date. You may leave the field blank if this date is not known.
  - c. Explanation

**Add Insurance Details**

Training GRO Operation  
General Residential Operator

**Liability Insurance Requirement**  
Coverage in the amount of \$300,000 for each occurrence of negligence and covers injury to a child while the child is on your premises or in your care.

Does your operation have liability insurance that meets the requirements? (required)

The operation does not have liability insurance as required by section HRC §42.049 or §42.0495 of the Human Resource Code for one of the following reason:  
Choose a reason and provide an explanation. If the reason for lack of liability insurance is that the limitation of the current policy has been exhausted, enter the next policy availability date.

Reason for Lack of Liability Insurance (required) Policy Available Date

Select mm/dd/yyyy

Explanation (required)

1000/1000 character

☐ I understand that Texas law requires my operation to provide written notification to the parent/guardian of each child in my operation's care if it does not maintain liability insurance coverage. (HRC 42.049(c) or HRC 42.0495(c)). Moreover, CCR may impose an administrative penalty if my operation does not notify parents/guardians within the timeframe provided in minimum standards. (HRC 42.078(e-1)(4)).  
(required)

6. Review and select the checkbox confirming you have read and agree with the statements, then click the *Save* button to complete the submission.
7. After saving, the new liability insurance submission details are shown in the *Current Insurance* section on the *Liability Insurance* page.

**Liability Insurance**

✓ Successfully added insurance details.

**Training GRO Operation**  
General Residential Operation

**Current Insurance**  
Annual Verification Due Date: 01/29/2025

[Add Insurance Details](#)

Liability Insurance	
Policy Number 12345	Submission Date 02/15/2024
Policy Start Date 01/01/2024	Policy Expiration Date 01/01/2025

[Update](#)

## Update Liability Insurance

To update liability insurance details, follow the steps outlined below:

1. On the **My Dashboard** page, click the *Liability Insurance* link from the left-hand navigation menu.
2. On the **Liability Insurance** page, select *Update* on the *Current Insurance* record requiring updates.

test

Policy Number 1234567890	Submission Date 09/13/2023
Policy Start Date 09/13/2023	Policy Expiration Date 09/13/2024

[Update](#)

3. Update information as needed in the fields provided:
  - a. Insurance Company
  - b. Policy Number
  - c. Policy Start Date
  - d. Policy Coverage Expiration Date
4. Select a response to the question: "Is this insurance policy still active?".
5. If 'No' is selected indicating the policy is no longer active, enter the requested information:
  - a. Reason for Lack of Liability Insurance

- b. Policy Available Date - If the reason for lack of liability insurance is 'the limitation of the current policy has been exhausted,' enter the next policy availability date. You may leave the field blank if this date is not known.
  - c. Explanation
6. Review and select the checkbox confirming you have read and agree with the statements, then click the *Save* button to complete submission.

**Update Insurance Details**

Training CPA Operation  
Child Placing Agency

**Liability Insurance Requirement**  
Coverage in the amount of \$300,000 for each occurrence of negligence and covers injury to a child while the child is on your premises or in your care.

Insurance Company (required)  
Insurance Test

Policy Number (required)  
11111111111111

Policy Start Date (required)  
02/07/2024

Policy Coverage Expiration Date (required)  
02/07/2025

Is this insurance policy still active? (required)

## Verify Liability Insurance

Thirty (30) days before the annual insurance verification is due, a message will display in the To Do List message will display indicating verification is due.

To complete the annual verification of liability insurance, follow the steps outlined below:

1. On the **My Dashboard** Page, click the *Liability Insurance* link from the left-hand navigation menu or click the message from the To Do List.
2. On the **Liability Insurance** page, click *Verify Insurance*.

3. If your operation has the liability insurance described at the top of the page, select **"Verify Insurance"**:
  - a. Complete the **Verify Insurance** section
  - b. Click *Save* to save the page
4. Review and select the checkbox confirming you have read and agree with the statement, then click the *Submit Verification* button to complete submission.

NOTE: If the current insurance information is not accurate, return to the **Liability Insurance** page and [Add Liability Insurance](#) or [Update Liability Insurance](#) before verifying.

## Parent Notification History

The **Parent Notification History** module allows providers can view all current and previous parent notifications. If an operation has a pending notification, then the Notification Status column will display Pending Notification. The provider can go to the Action column and select the icon.

Beginning July 13, 2020, a new page, Parent Notification History became available in the Child Care Regulation Provider Portal. This new page is to meet statutory requirements from the Senate Bill 568 passed by the 86th Legislature.

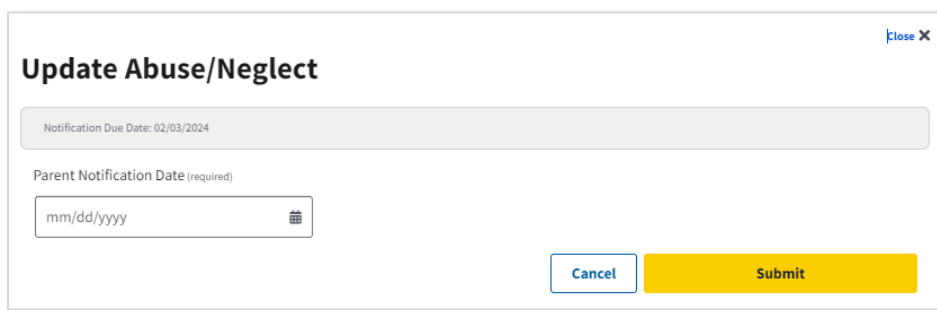
Licensed operations and registered child care homes are required to notify the parents/guardians of all children enrolled if they are cited for a safe sleeping or abuse/neglect/exploitation minimum standard deficiency.

To access the **Parent Notification History** module, click on the **Parent Notification History** link from the left-hand navigation menu when logged into your user account.

## Submit Parent Notification

To submit a record of a parent notification completed a citation received for a safe sleeping or abuse/neglect/exploitation minimum standard deficiency, follow the steps outlined below:

1. On the **My Dashboard** Page, click the *Parent Notification* link from the left-hand navigation menu or click the message from the To Do List.
2. Click *Update* for the standard listed with the status of *Pending Notification*.
3. Enter the date the notification was completed in the *Parent Notification Date* field and click *Submit*.

A screenshot of a web form titled "Update Abuse/Neglect" with a "Close X" button in the top right corner. The form contains a grey box with the text "Notification Due Date: 02/03/2024". Below this is a label "Parent Notification Date (required)" and a date input field with a calendar icon and the placeholder text "mm/dd/yyyy". At the bottom right are two buttons: a blue "Cancel" button and a yellow "Submit" button.

After the notification date is entered and submitted, the notification status is updated to *Completed* and the message in the To Do List is removed.

## Operation Details

The **Operation Details** module allows account managers to update the operation's e-mail addresses, hours of operation, days of operation, and account manager information.

To access the **Operation Details** module, click on the **Operation Details** link from the left-hand navigation menu when logged into your user account.

## Update Operation Details

To update the contact information, mailing address or operation information for the operation, follow the steps outlined below:

1. On the **My Dashboard** page, click the *Operation Details* link from the left-hand navigation menu.
2. Click *Update* in the applicable section an update is needed.



**Operation Details**

Training CPA Operation  
Child Placing Agency

Contact Email Address and Public Email Address

**Contact Information**

Contact Email Address Public Email Address  
- -

Website Address Business Phone  
- (123) 456-7890

[Update](#)

**Mailing Address**

Address Line 1 Address Line 2  
1 Main St. -

City State  
Texas

Zip County  
Travis

[Update](#)

**Operation Information**

Hours of Operation  
08:00 AM to 05:00 PM

Days of Operation  
Mon, Tue, Wed, Thu, Fri

[Update](#)

3. To update the contact information for the operation click on the *Update* link in the *Contact Information* section.
4. Enter a new email address, website address, or phone number, and click *Save*.

**Update Contact Information** [Close X](#)

Contact Email Address (required) Public Email Address  
regulatory\_classprojectest@hhsc.state.tx.us

Website Address Business Phone (required)  
(123) 456-7890

[Save](#)

5. To update the Mailing Address for the operation, click on the *Update* link in the *Mailing Address* section.

**Update Mailing Address** Close X

Address Line 1 (required)  
1 Main St.

Address Line 2

City (required)  
Austin

State (required)  
Texas

Zip (required)  
78751

County  
TRAVIS

[Validate Location Address](#)

**Save**

6. Select *Validate Mailing Address* and complete steps to validate the address and click *Save*. See [Appendix A – Address Validation](#) for more information.
7. To update the *Hours of Operation* or *Days of Operation*, click on the *Update* link in the *Operation Information* section.
8. Select the hours from the dropdown menus in the Hours of Operatoin section or check the appropriate box/boxes in the *Days of Operation* section and select *Save*.

**Update Operation Information**

**Hours of Operation**

Open Time

Hour Minute AM

Close Time

Hour Minute PM

**Days of Operation**

☐ Week Days

☐ Monday

☐ Tuesday

☐ Wednesday

☐ Thursday

☐ Friday

☐ Weekends

☐ Saturday

☐ Sunday

**Save**

## Controlling Persons

The **Controlling Persons** module allows the account manager to:

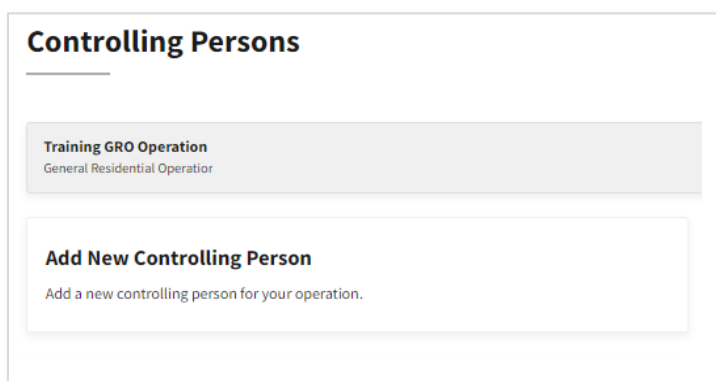
- Add a new Controlling Person,
- Update an existing Controlling Person, and
- View a history of Controlling Persons who were submitted within the last two years.

To access the **Controlling Persons** module, click on the **Controlling Persons** link from the left-hand navigation menu when logged into your user account.

## Add New Controlling Person

To add a new controlling person, follow the steps outlined below:

1. On the **My Dashboard** page, click the *Controlling Persons* link from the left-hand navigation menu.
2. On the **Controlling Persons** page, click *Add New Controlling Person* to initiate a new controlling person entry.



### Controlling Person Information

3. Enter the name currently used by this person in the name fields provided.
4. Enter applicable information about the individual in the following fields:
  - a. Primary Phone
  - b. Date of Birth
  - c. Driver's License State
  - d. Driver's License Number

e. Social Security Number

5. Enter any other names the person uses or has used in the past, such as maiden or married names, in the *Other Names* section by selecting *Add Name*.
6. Select the appropriate choice from the *Title, Position, or Relationship* dropdown menu.

NOTE: Some options are only applicable to certain operation types:

- Administrator – Refers to the Licensed Child Care or Licensed Child Placing Administrators Center at a GRO or CPA
  - Director – Refers to the Director of a child care center or home only
  - Primary Caregiver of a Child Care Home, Spouse of Primary Caregiver, and Adult Living in Child Care Home – Applicable to licensed, registered, or listed child care homes only
7. Enter the *Effective Date of the Position* the person began the role of a controlling person.

**Controlling Person Information**

First Name (required)

Middle Name

Last Name (required)

Suffix

Primary Phone (required)

Date of Birth (required)

Driver's License State

Driver's License Number

Social Security Number

Confirm Social Security Number

**Other Names**

Other names have used or have been known by (maiden, married, etc.):

[Add Name](#)

**Position**

Title, Position, or Relationship (required)

Effective Date of Position (required)

8. Click the *Continue* button to proceed to the next step.

## Mailing Address

9. Enter the mailing address where the person receives personal mail.

NOTE: The address should not match the operation's address, unless you are a provider of a licensed, registered, or listed family home and the controlling person lives at the home.

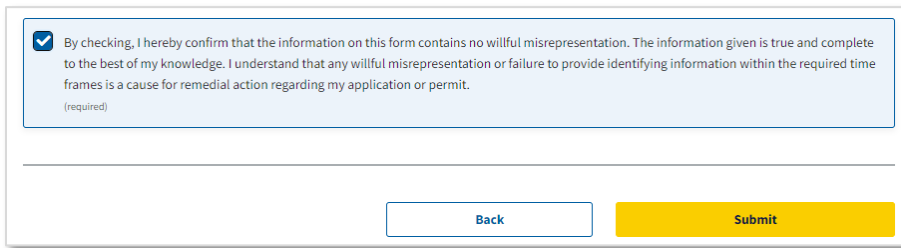
10. Select *Validate Mailing Address* and complete steps to validate the address. See [Appendix A – Address Validation](#) for more information.

## Summary Review

11. Review a summary of the information to be submitted on the **Summary Review** page.

NOTE: Click *Update* in a specific section to make edits to the information entered on a particular step. Progress through the steps again to return the confirmation page.

12. Review and select the checkbox confirming you have read and agree with the statements, then click the *Submit* button to complete the submission.



The screenshot shows a confirmation box with a checked checkbox and the following text: "By checking, I hereby confirm that the information on this form contains no willful misrepresentation. The information given is true and complete to the best of my knowledge. I understand that any willful misrepresentation or failure to provide identifying information within the required time frames is a cause for remedial action regarding my application or permit." Below this text is the word "(required)". At the bottom of the form are two buttons: "Back" and "Submit".

## Update Controlling Person

To update an existing controlling person, follow the steps outlined below:

1. On the **My Dashboard** page, click the *Controlling Persons* link from the left-hand navigation menu.
2. On the **Controlling Persons** page, scroll to view the list of active controlling persons at the operation in the *Current List*.
3. Locate the person the change is required for by reviewing the list or using the search and filter feature on the page.
4. Clicking the three dots under the *Actions* column for the person and select *Update* to initiate updating the controlling person entry.

Name	Effective Date of Position	Role	Branch	Actions
	06/27/2023	Owner	1	
	01/02/2023	Administrator	1	Update Remove
	01/02/2023	Administrator	1	

5. Click *Continue* after making your updates.
6. Check the box for the Confirmation Statement then click the *Submit* button.

## Remove Controlling Person

To remove an existing controlling person, follow the steps outlined below:

1. On the **My Dashboard** page, click the *Controlling Persons* link from the left-hand navigation menu.
2. On the **Controlling Persons** page, scroll to view the list of active controlling persons at the operation in the *Current List*.
3. Locate the person to be removed by reviewing the list or using the search and filter feature on the page.
4. Clicking the three dots under the *Actions* column for the person and select *Remove*.

Name	Effective Date of Position	Role	Branch	Actions
	06/27/2023	Owner	1	
	01/02/2023	Administrator	1	Update Remove
	01/02/2023	Administrator	1	

5. Enter the *Effective End Date* of the person as a controlling person in the pop-up window and click *Submit*.

**Remove Controlling Person** Close X

If the person is no longer in a controlling person role, enter the date the person removed to be a controlling person.

Effective End Date (required)

mm/dd/yyyy

Cancel Submit

## Governing Body

The **Governing Body** module allows an account manager to submit changes to the governing body or director/administrator for the operation online as an alternative to completing and sending in the Governing Body/Director Designation form to CCR. Submitted information is transmitted to the HHS system overnight.

To access the **Governing Body** module, click on the **Governing Body** link from the left-hand navigation menu when logged into your user account.

## Update Governing Body

To update one or more of the governing body roles for the operation, follow the steps outlined below:

1. On the **My Dashboard** page, click the *Governing Body* link from the left-hand navigation menu.
2. On the **Governing Body/Administrator Designation** page, click *Update* for the applicable role requiring updates.

**Governing Body/Administrator Designation**

Training CPA Operation  
Child Placing Agency

**Purpose and Procedure**

**Purpose**  
This form is an optional online form to assist your operation in reporting changes to designate or update the:  
 • person appointed by the governing body of your operation that is not a sole proprietorship to act for the governing body in a specified capacity;  
 • designated representative or designee assigned by the governing body to speak for or act on its behalf;  
 • administrator or executive director of a residential care operation; or  
 • director of a day care operation.

**Procedure**  
The governing body or designee completes and submits to Child Care Regulation each time there are changes to the operations appointed representatives.

**Governing Body**      **Update History**

**Governing Body or Organization/Association CEO/Chair**

Name	Date Submitted
Ceo Name	01/29/2024
Address	Primary Phone
2001 Main St	(123) 444-4222
Austin, TX 78734-2634	

**Update** **View Details**

**Designee**

Name	Date Submitted
Designee Name	01/30/2024
Address	Primary Phone
2001 Main St	(123) 222-1221
Austin, TX 78734-2634	

**Update** **View Details**

**Administrator** **Vacant**

Name	Date Submitted
-	01/29/2024

3. Enter the *Effective Date* of the change.
4. Enter or update the requested information for the specific role being updated.
5. Enter or update the *Mailing Address* of the person, if needed. If a new address is entered, it must be validated. See [Appendix A – Address Validation](#) for more information.
6. If updating the Administrator, complete the following steps:
  - a. Enter the administrator’s license number in the *ALS Number* field and click *Search*.
  - b. Review the individual’s information displayed in the pop-up window and click *Confirm* if the individual listed shown is correct.
  - c. Select which branches the administrator should be applied to, if applicable.
7. Review and select the checkbox confirming you have read and agree with the statements, then click the *Update* button to complete the submission.



☒ By checking the preceding box, you verify that you are the director, owner, or operator of the child care operation submitting this request, and the information on this form contains no willful misrepresentation and that the information given is true and complete to the best of your knowledge. You understand that the HHSC may contact others and, at anytime, seek proof of any information contained here. You understand that any willful misrepresentation or failure to provide information within the required time limit is cause for remedial action, up to and including revocation of your permit.  
(required)

Cancel

Update

## Staffing Changes

On Dec.15, 2020, Child Care Regulation adopted a new rule, Section 746.303(b). This rule requires:

- Licensed child care centers to annually report to CCR the number of employees who left employment the previous year by Jan. 15 of each year.
- Providers use their online provider account to complete the reporting.

The **Staffing Changes** module allows licensed child care centers to submit the number of employees who left employment in each year permitted since 2020.

Staffing changes for the previous year can only be submitted beginning on January 1<sup>st</sup> of each calendar year. Updates for the previous year can be submitted until January 15<sup>th</sup>.

To access the **Staffing Changes** module, click on the **Staffing Changes** link from the left-hand navigation menu when logged into your user account.

## Submit Staffing Changes

To submit the annual report of the number of employees who left employment in the prior year, follow the steps outlined below:

1. On the **My Dashboard** page, click the *Staffing Changes* link from the left-hand navigation menu.
2. On the **Staffing Changes** page, select the year to report from the *Year* dropdown.
3. Enter the number of employees who left employment in the *Number of Employees* field.
4. NOTE: When entering the number of employees who left employment, consider:

- Employees includes all full-time, part-time, and seasonal child-care center staff, including caregivers, kitchen staff, office staff, maintenance staff, assistant director, director, and owner.
  - The total must include all employees who left employment, regardless of the reason the employee is no longer employed.
  - The total should not include persons who you submitted background checks for, but did not hire as employees.
  - If no employees left employment in the calendar year, enter 0 (zero).
5. Review and select the checkbox confirming you have read and agree with the statements, then click the *Submit* button to complete the submission.

The screenshot shows a web form titled "Report the Number of Employees Who Left Employment". It contains two input fields: "Year (required)" with a dropdown menu showing "2023", and "Number of Employees (required)" with a text box containing "0". Below these fields is a blue-bordered box containing a checked checkbox and the text "I affirm the data I am submitting for this operation is true and correct." with "(required)" underneath. At the bottom left of the form is a yellow "Submit" button.

## Compliance History

Certain operation types with an online account can access information about the number of reports and/or inspections conducted at the operation and access the operation's history of compliance with the minimum standards.

To access the operation's **Compliance History** for the previous five years, click on the **Compliance History** link from the left-hand navigation menu when logged into your user account.

See the [Search Texas Child Care User Guide](#) for more information on how to review compliance history.

## Account Management

On the **Account Management** module, a person designated as the operation as the account manager may update or change the following account information:

- Account Manager
- User ID
- Password
- Add/update additional users (Up to 4 max)

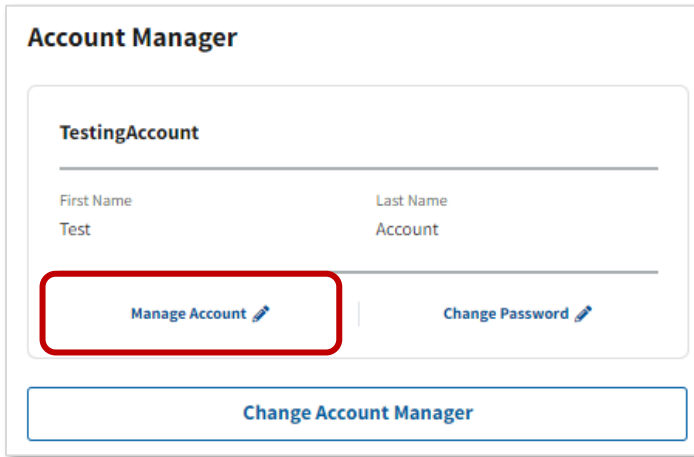
To access the **Account Management** module, click on the **Account Management** link from the left-hand navigation menu when logged into your user account.

## Update Account Manager Information

### Update Account Manager Name and/or User ID

To update the account manager name or the user ID, follow the steps outlined below:

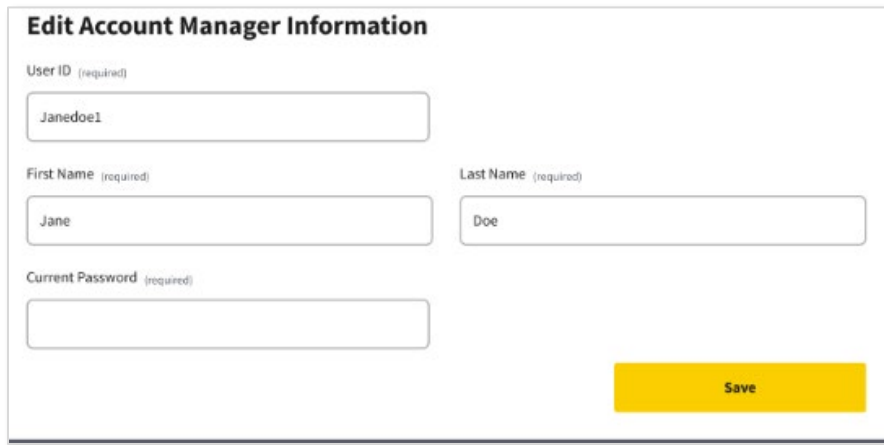
1. On the **My Dashboard** page, click the *Account Management* link from the left-hand navigation menu.
2. On the **Account Management** page, select *Manage Account* from the *Account Manager* section.



The screenshot shows the 'Account Manager' section of a web application. At the top, it says 'Account Manager'. Below that, there's a box containing the text 'TestingAccount'. Underneath, there are two columns: 'First Name' with the value 'Test' and 'Last Name' with the value 'Account'. Below these fields, there are two buttons: 'Manage Account' (with a pencil icon) and 'Change Password' (with a pencil icon). The 'Manage Account' button is highlighted with a red rectangular box. At the bottom of the section, there is a button labeled 'Change Account Manager'.

3. Edit the *First Name* and *Last Name* of the account manager, if required.
4. Enter a new username between 6-15 characters and containing only letters or numbers using only lower-case letters into the *User ID* field, if required.

5. Enter the current password for the account in the *Current Password* field and click the *Save* button.



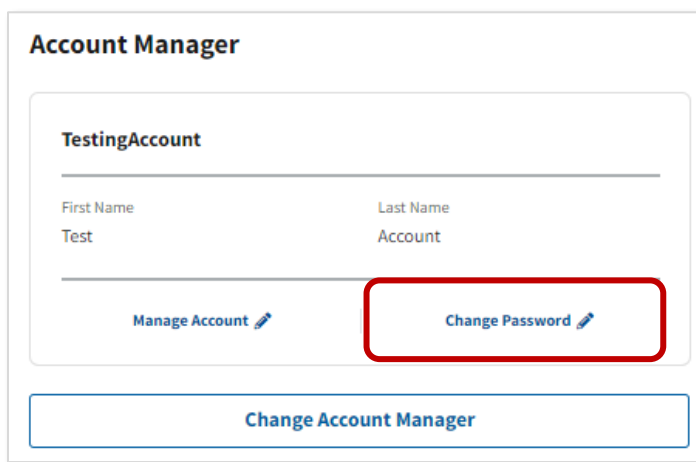
The screenshot shows a web form titled "Edit Account Manager Information". It contains three input fields: "User ID (required)" with the value "Janedoe1", "First Name (required)" with the value "Jane", and "Last Name (required)" with the value "Doe". Below these is a "Current Password (required)" field which is empty. A yellow "Save" button is located at the bottom right of the form.

NOTE: If a new user ID is entered, you will be automatically logged out after saving and must log in again using the new login information.

## Update Account Manager Password

To update the password for the account manager account, follow the steps outlined below:

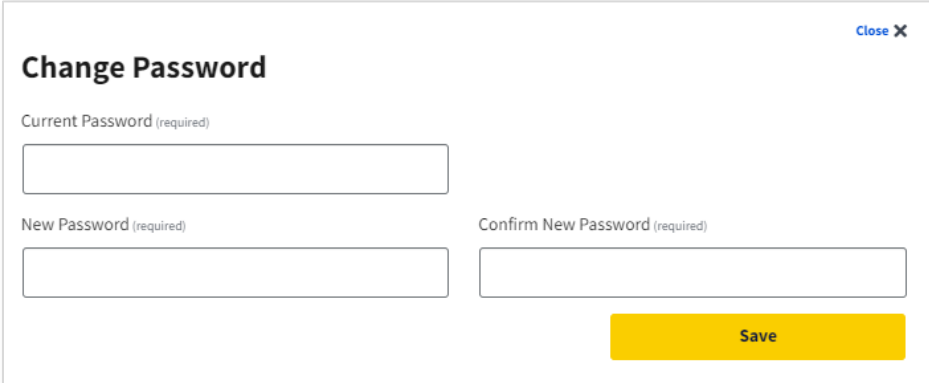
1. On the **My Dashboard** page, click the *Account Management* link from the left-hand navigation menu.
2. On the **Account Management** page, select *Change Password* from the *Account Manager* section.



The screenshot shows the "Account Manager" section of a web application. It displays the account name "TestingAccount" and a table with two columns: "First Name" (containing "Test") and "Last Name" (containing "Account"). Below the table are two buttons: "Manage Account" with a pencil icon and "Change Password" with a pencil icon. The "Change Password" button is highlighted with a red rectangular border. At the bottom of the section is a button labeled "Change Account Manager".

3. Enter the current password for the account in the *Current Password* field.

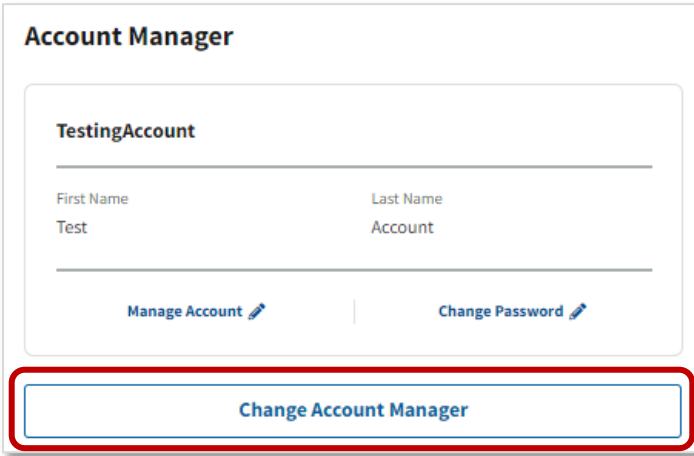
4. Enter the new password in the *New Password* and *Confirm New Password* fields and click the *Save* button.

A screenshot of a 'Change Password' form. At the top right is a 'Close X' link. The title 'Change Password' is at the top left. Below it are three input fields: 'Current Password (required)', 'New Password (required)', and 'Confirm New Password (required)'. A yellow 'Save' button is at the bottom right.

## Change Account Manager

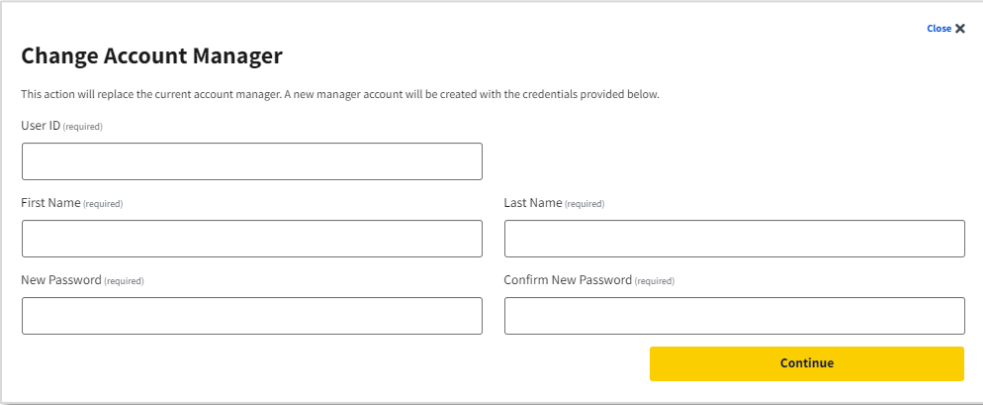
To change the account manager, follow the steps outlined below:

1. On the **My Dashboard** page, click the *Account Management* link from the left-hand navigation menu.
2. On the **Account Management** page, click the *Change Account Manager* button from the *Account Manager* section.

A screenshot of the 'Account Manager' section. It shows a card for 'TestingAccount' with fields for 'First Name' (Test) and 'Last Name' (Account). Below the card are two buttons: 'Manage Account' and 'Change Password'. At the bottom, a 'Change Account Manager' button is highlighted with a red border.

3. Enter the new *User ID* for the account in the pop-up window.
4. Enter the *First Name* and *Last Name* of the new account manager.
5. Enter the current password for the account in the *Current Password* field.

6. Enter the new password in the *New Password* and *Confirm New Password* fields and click the *Continue* button.

A screenshot of a web form titled "Change Account Manager". At the top right is a "Close X" link. Below the title is a note: "This action will replace the current account manager. A new manager account will be created with the credentials provided below." The form contains five input fields: "User ID (required)" (a single line), "First Name (required)" (a single line), "Last Name (required)" (a single line), "New Password (required)" (a single line), and "Confirm New Password (required)" (a single line). A yellow "Continue" button is located at the bottom right of the form.

7. A confirmation email is sent to the contact email address on file for the operation to confirm the change.
8. Click the hyperlink in the email to confirm account manager change and log in to the account with the new user ID and password. See [Account Login](#) for more information.

## Add/Update Additional Users

Account managers can added up to four additional users to the main operation account. Actions available to an additional user is a subset of the actions available to the account manager. See the [Account Permissions](#) section for more information.

Within the *Additional User(s)* section, the account manager can add, delete, and update additional user accounts.

An operation may only have a maximum of four additional users at any time in addition to the main account manager account. If the four-user maximum is reached, an existing additional user account must be deleted before adding a new account.

### Add Additional User

To add an additional user account for the operation, follow the steps outlined below:

1. On the **My Dashboard** page, click the *Account Management* link from the left-hand navigation menu.

2. On the **Account Management** page, select *Add New User* from the *Additional User(s)* section.
3. Enter the new *User ID* for the account in the pop-up window.
4. NOTE: A person's User ID and Password must be a minimum of 6 characters long.
5. Enter the *First Name* and *Last Name* of the user.
6. Enter the password for the account in the *New Password* and *Confirm New Password* fields and click the *Save* button.

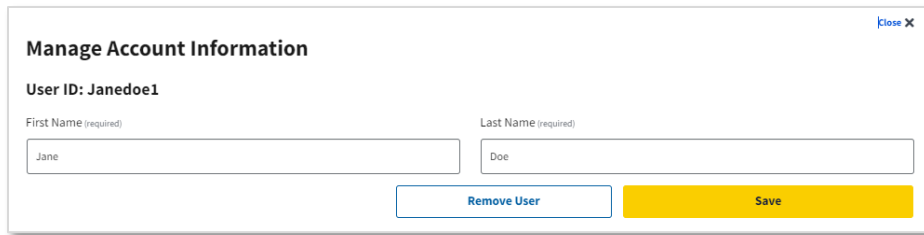
The screenshot shows a modal window titled "Add User" with a "Close X" button in the top right corner. Inside the window, there are four text input fields arranged in two rows. The first row contains "User ID (required)" and "Last Name (required)". The second row contains "First Name (required)" and "Confirm New Password (required)". Below these fields is a yellow button labeled "Save".

After adding an additional user, you will be returned to the **Account Management** page and the additional user added will be listed in the *Additional User(s)* section.

## Update Additional User Account

To update the name or change the password of an additional user account, follow the steps outlined below:

1. On the **My Dashboard** page, click the *Account Management* link from the left-hand navigation menu.
2. On the **Account Management** page, locate the user who you would like to update in the *Additional User(s)* section.
3. Click *Manage Account* to update the name of the account user.
4. Edit the *First Name* and *Last Name* of the account user in the pop-up window and click the *Save* button.



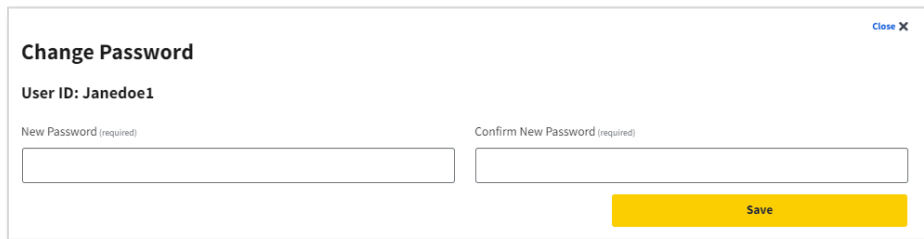
**Manage Account Information** Close X

User ID: Janedoe1

First Name (required)  Last Name (required)

[Remove User](#) [Save](#)

5. Click *Change Password* to update the name of the account user.



**Change Password** Close X

User ID: Janedoe1

New Password (required)  Confirm New Password (required)

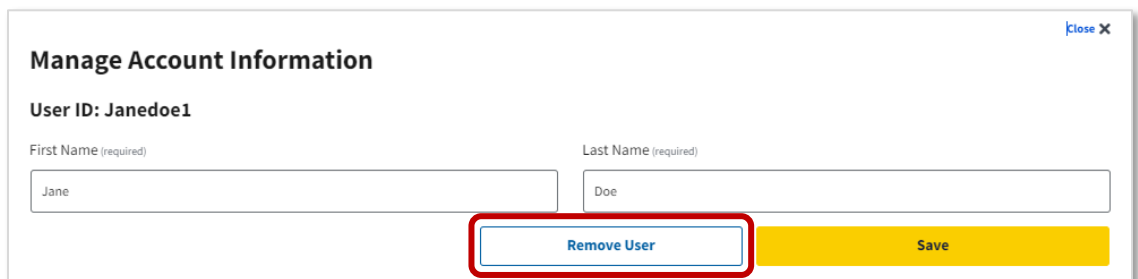
[Save](#)

After updating the additional user name and/or changing the account password, you will be returned to the **Account Management** page and the updates to the additional user account will be displayed in the *Additional User(s)* section.

## Delete a User

To delete an additional user account, follow the steps outlined below:

1. On the **My Dashboard** page, click the *Account Management* link from the left-hand navigation menu.
2. On the **Account Management** page, locate the user who you would like to delete in the *Additional User(s)* section and click *Manage Account*.
3. Click the *Remove User* button in the pop-up window to delete the additional user account.



**Manage Account Information** Close X

User ID: Janedoe1

First Name (required)  Last Name (required)

[Remove User](#) [Save](#)



# Appendix

## Appendix A – Address Validation

After entering an address and clicking the applicable *Validate Address* button, complete the following steps to validate the address:

1. Select the appropriate option on the *Address Validation* pop-up window.
2. If you select the option *Use the validated address*, click *Continue* to save the address as *Validated*.
3. If you select the option *Correct the address you entered* and click *Continue*, you will need to correct the address and complete the address validation process again.

**Address Validation**

❗ Sorry we could not validate your address through USPS due to the following reason:  
Street address could not be found.

Click an option below and click the continue to proceed:

☒ **Correct the address you entered**

☐ **Use the address you entered**  
1 Main St, Austin Texas - 78751

Continue

4. If you select the option *Use the address that you entered*, enter a response in the *Reason for using non-validated address* field and click *Continue* to save the address as *Not Validated*.

**Address Validation**

⚠️ Sorry we could not validate your address through USPS due to the following reason:  
Street address could not be found.

Click an option below and click the continue to proceed:

☐ Correct the address you entered

☒ Use the address you entered  
1 Main St, Austin Texas - 78751

You have chosen to use an address that could not be validated by USPS. If the address you provided is correct, please provide the reason below. If this address is not correct, select "Correct the address you entered" and click "Continue" to go back and change the address.

Reason for using non-validated address: (required)

Test Address

You have 488 characters remaining.

**Continue**

## Appendix B – Reporting Issues

If you experience technical issues with your Child Care Regulation Provider Portal account, contact the HHS IT Help Desk at 855-435-7181 for assistance.

The Help Desk hours are 7 a.m. to 7 p.m. CST, Monday–Friday.

# Glossary

Term	Definition
<b>Child Care Regulation (CCR)</b>	The division within HHSC that regulates child day care and residential Child Care operations and other Child Care activities, and the licensing of Child Care administrators and Child Placing agency administrators.
<b>Child Placing Agency (CPA)</b>	A person, including an organization, other than the parents of a child who plans for the placement of or places a child in a Child Care operation or adoptive home. A CPA is a licensed residential Child Care operation that may verify and regulate its own homes subject to HHSC minimum standards. See Texas Human Resources Code §42.002(12), and 40 TAC §§745.21(8) and 745.37.
<b>Controlling Person</b>	A controlling person is a person who, either alone or in connection with others, can directly or indirectly influence or direct the management, expenditures, or policies of an operation.
<b>Day Care Center</b>	Before September 1, 2003, this was a child day-care operation licensed to provide care for 13 or more children, birth through 13 years. A day-care center is now licensed as a Child Care center and must follow Minimum Standards for Child Care Centers (Chapter 746 External Link Title 40, TAC). Some of the minimum standards in Chapter 746 grandfather certain requirements for day-care centers licensed before September 1, 2003. See Texas Human Resources Code §42.002(1) and 40 TAC §745.37.
<b>Director</b>	The adult designated to have the daily on-site responsibility for the operation of the licensed Child Care center, including maintaining compliance with the minimum standards and licensing laws. See 40 TAC §746.1001.
<b>Emergency Behavior Intervention</b>	Interventions used in an emergency situation, including personal restraints, mechanical restraints, emergency medication, and seclusion.
<b>Independent Foster Family Home (IFFH)</b>	A licensed operation that provides residential child care for six or fewer children up to the age of 18 years. An independent foster family home is not affiliated with a CPA, but is monitored and regulated directly by the HHSC Child Care Regulation Division. See CPA foster family home for a home verified (monitored and regulated) by a Child Placing agency (CPA). See 40 TAC §745.37.
<b>Independent Foster Group Home (IFGH)</b>	A licensed operation that provides residential care for seven to 12 children up to 18 years old. An independent foster group home is not affiliated with a CPA, but is monitored and regulated directly by the HHSC Child Care Regulation Division. See CPA foster group home for a

	home verified (monitored and regulated) by a Child Placing agency (CPA). See 40 TAC §745.37.
<b>General Residential Operation</b>	A Child Care facility that provides care for more than 12 children for 24 hours a day, including facilities known as children's homes, halfway houses, residential treatment centers, emergency shelters, and therapeutic camps. See Texas Human Resources Code §42.002(4).
<b>Governing Body</b>	The entity with ultimate authority and responsibility for the operation. See 40 TAC §745.21(20).
<b>Licensed Child Care Home (LCCH)</b>	A child day-care operation that is licensed. The primary caregiver provides care in the caregiver's own residence for children from birth through 13 years. The total number of children in care varies with the ages of the children, but the total number of children in care at any given time, including the children related to the caregiver, must not exceed 12. Before September 1, 2003, a licensed Child Care home was licensed as a group day-care home. See 40 TAC §747.111.
<b>Listed Family Home (LFH)</b>	A child day care operation that receives a listing permit. The caregiver is at least 18 years old and provides care for compensation in the caregiver's own home, for three or fewer children unrelated to the caregiver, birth through 13 years. Care is provided for at least four hours a day, three or more days a week, and for more than three consecutive weeks. The total number of children in care, including children related to the caregiver, may not exceed 12. See Texas Human Resources Code §42.052(c) and 40 TAC §745.37.
<b>Operating Hours</b>	The days and hours that an operation is open and offering child care.
<b>Operation</b>	A person or entity offering a program that may be subject to regulation by Licensing. An operation includes the building and grounds where the program is offered, any person involved in providing the program, and any equipment used in providing the program. An operation includes a Child Care facility, Child Placing agency, or listed family home. See 40 TAC §745.21(27).
<b>Registered Child Care Home (RCCH)</b>	A registered child day-care operation known as a registered family home before September 1, 2003. The registered primary caregiver provides care in the caregiver's own residence for not more than six children from birth through 13 years 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. The term does not include a home that provides care exclusively for any number of children who are related to the caregiver. A registered home must follow Chapter 747External Link, Minimum Standards for Child Care Homes. Some minimum standard rules in Chapter 747 grandfather certain requirements for homes registered before

	September 1, 2003. See Texas Human Resources Code §§42.002(9) and 42.052(d) and 40 TAC §§745.37 and 747.109.
<b>Residential Child Care</b>	The care, custody, supervision, assessment, training, education, or treatment of an unrelated child or children up to the age of 18 years for 24 hours a day that occurs in a place other than the child's own home. Residential child care also includes Child Placing agencies. See 40 TAC §745.35.
<b>Variance</b>	An alternate method of compliance requested by a Child Care facility or Child Placing agency that allows them to comply with a specific minimum standard in a way that meets the intent of the standard but is different from the usual compliance, if the health, safety, and well-being of the children is protected. See Texas Human Resources Code §42.048(c).
<b>Waiver</b>	An exception granted by Licensing is when a Child Care facility or Child Placing agency requests that it not be required to comply with a specific minimum standard. The waiver is granted if Licensing determines that the economic impact of compliance is great enough to make compliance impractical and the possibility of risk is not significantly increased. See Texas Human Resources Code §42.042(j).