1 CHAPTER 809. CHILD CARE SERVICES

- 2 ADOPTED RULES WITH PREAMBLE TO BE SUBMITTED TO THE TEXAS
- 3 REGISTER. THIS DOCUMENT WILL HAVE NO SUBSTANTIVE CHANGES BUT IS
- 4 SUBJECT TO FORMATTING CHANGES AS REQUIRED BY THE TEXAS REGISTER.
- 5 The Texas Workforce Commission (TWC) adopts amendments to the following sections of
- 6 Chapter 809, relating to Child Care Services, without changes, as published in the February 21,
- 7 2020, issue of the *Texas Register* (45 TexReg 1194):
- 8 Subchapter B. General Management, §809.15 and §809.20
- 9 Subchapter D. Parent Rights and Responsibilities, §809.71
- Subchapter E. Requirements to Provide Child Care, §§809.91, 809.93, and 809.94
- Subchapter G. Texas Rising Star Program, §809.132
- 12 PART I. PURPOSE, BACKGROUND, AND AUTHORITY
- 13 PART II. EXPLANATION OF INDIVIDUAL PROVISIONS

14 PART I. PURPOSE, BACKGROUND, AND AUTHORITY

- 15 Senate Bill (SB) 781, 86th Texas Legislature, Regular Session (2019), amended §42.071 of the
- Human Resources Code to discontinue evaluation as a corrective action for the Texas Health and
- 17 Human Services Commission's (HHSC) Child Care Licensing (CCL) staff to impose on a
- 18 licensed child care facility or family home. Effective September 1, 2019, CCL will either
- 19 recommend a voluntary plan of action or place a facility on probation as corrective action when
- 20 needed.
- 21 The amendments to TWC Chapter 809 Child Care Services rules remove references to
- evaluation as a corrective action to align with Chapter 42 of the Human Resources Code as
- amended by SB 781.
- 24 Additionally, House Bill (HB) 5, 85th Texas Legislature, Regular Session (2017), reorganized
- 25 several functions within the HHSC umbrella. Included in this reorganization was the transfer of
- 26 CCL from the Texas Department of Family and Protective Services (DFPS) to HHSC. These rule
- amendments change references throughout Chapter 809 to reflect the transfer of CCL from
- 28 DFPS to HHSC.
- 29 Finally, §658E(c)(4) of the Child Care and Development Block Grant Act (2014) and 45 Code of
- Federal Regulations (CFR) §98.45 require state Child Care and Development Fund (CCDF) lead
- 31 agencies to conduct a market rate survey (MRS) of child care rates and to use market rate data to
- 32 set direct care reimbursement rates. States must ensure equal access to child care services for
- children participating in child care subsidies by setting direct care reimbursement rates that are
- 34 sufficient to provide comparable services to those received by families that do not receive
- 35 assistance.
- 36 As the CCDF lead agency for Texas, TWC conducts an annual MRS to analyze and summarize
- 37 child care market rate data for the state and for the 28 Local Workforce Development Boards
- 38 (Boards). Section 809.20, Maximum Provider Reimbursement Rates, authorizes Boards to set FR-Ch.809 CC Eval Status and Rates (6.16.20) Notebook.docx (Notebook 6.16.20)

- 1 reimbursement rates for their local workforce development areas (workforce areas) based on
- 2 local factors, including the MRS, and to ensure that the rates provide equal access to child care.
- 3 The US Department of Health and Human Services Office of Inspector General (OIG) recently
- 4 released a report--States' Payment Rates Under the Child Care and Development Fund Program
- 5 Could Limit Access to Child Care Providers--in which OIG found that many states were not
- 6 setting their child care reimbursement rates at a level sufficient to ensure that eligible children
- 7 have equal access to child care services that are comparable to services available to children
- 8 whose parents are not eligible to receive child care assistance. OIG recommended that Office of
- 9 Child Care (OCC) evaluate whether states are ensuring equal access for families in the CCDF
- program, as required by statute.
- OCC concurred with OIG's recommendation and prioritized review of equal access requirements
- in its review of CCDF State Plans. Based on the review, OCC placed 33 states on Corrective
- Action Plans (CAPs) for not achieving equal access requirements, with 21 of those based
- specifically on inadequate rates.
- OCC notified states at the 2019 State and Territories Administrators Meeting that CAPs were
- implemented for states whose rates were at or below the 25th percentile of the market rate, as
- determined by a statistically valid MRS. OCC also notified states that it would be reevaluating
- 18 the 25th percentile "floor" on an ongoing basis, and states can expect OCC to raise the floor over
- 19 time to improve equal access to child care services.
- 20 Based on OCC's actions to place states on CAPs for equal access if they fail to meet a minimum
- 21 floor for their rates, on September 24, 2019, TWC's three-member Commission (Commission)
- 22 took action to ensure that Boards' maximum reimbursement rates are set at a level adequate to
- ensure equal access as set forth in the CCDF regulations at 45 CFR §98.45 Equal Access.
- 24 Specifically, the Commission directed staff to develop guidance--subsequently issued through
- Workforce Development Letter 23-19, issued on October 15, 2019, and titled "Child Care
- 26 Provider Maximum Reimbursement Rate Increases"--requiring Boards to set their maximum
- 27 reimbursement rate at or above the 30th percentile of the 2019 MRS, in compliance with
- 28 §809.20(a), which requires that rates provide equal access to child care.
- 29 Section 809.20 authorizes Boards to establish maximum provider reimbursement rates and to
- and ensure that the rates provide equal access to child care. To further support the federal
- 31 requirement of equal access, §809.20 is amended to require Boards to establish maximum
- reimbursement rates at or above a level established by the Commission.

33 PART II. EXPLANATION OF INDIVIDUAL PROVISIONS

- 34 (Note: Minor editorial changes are made that do not change the meaning of the rules and,
- 35 therefore, are not discussed in the Explanation of Individual Provisions.)

36 SUBCHAPTER B. GENERAL MANAGEMENT

37 TWC adopts the following amendments to Subchapter B:

38 **§809.15. Promoting Consumer Education**

FR-Ch.809 CC Eval Status and Rates (6.16.20) Notebook.docx (Notebook 6.16.20)

- 1 Section 809.15 is amended to change "DFPS" to "CCL" to reflect the transfer of CCL from
- 2 DFPS to HHSC.
- 3 §809.20. Maximum Provider Reimbursement Rates
- 4 Section 809.20(a) is amended to require Boards to establish maximum reimbursement rates for
- 5 child care subsidies at or above a level established by the Commission. The purpose of the rule
- 6 amendment is to ensure that Boards' maximum reimbursement rates are set at a level adequate to
- 7 enable equal access to subsidized child care services as set forth in the CCDF regulations at 45
- 8 CFR §98.45 Equal Access.
- 9 Section 809.20 is also amended to change "DFPS" to "CCL" to reflect the transfer of CCL from
- 10 DFPS to HHSC.

11 SUBCHAPTER D. PARENT RIGHTS AND RESPONSIBILITIES

12 TWC adopts the following amendments to Subchapter D:

- 13 **§809.71. Parent Rights**
- 14 Section 809.71 is amended to change "DFPS" to "CCL" to reflect the transfer of CCL from
- 15 DFPS to HHSC.
- 16 SUBCHAPTER E. REQUIREMENTS TO PROVIDE CHILD CARE
- 17 TWC adopts the following amendments to Subchapter E:
- 18 **§809.91. Minimum Requirements for Providers**
- Section 809.91 is amended to change "DFPS" to "CCL" to reflect the transfer of CCL from
- 20 DFPS to HHSC.
- 21 §809.93. Provider Reimbursement
- 22 Section 809.93 is amended to change "DFPS" to "CCL" to reflect the transfer of CCL from
- 23 DFPS to HHSC.
- 24 §809.94. Providers Placed on Corrective or Adverse Action by the Texas Department of
- **Family and Protective Services**
- Section 809.94 is amended to remove references to evaluation as a corrective action to align with
- 27 Chapter 42 of the Human Resources Code as amended by SB 781. Specifically, §809.94(a),
- 28 regarding providers placed on evaluation by CCL, is removed and subsequent subsections are
- 29 relettered accordingly.
- 30 Section 809.94 is also amended to change "DFPS" to "CCL" to reflect the transfer of CCL from
- 31 DFPS to HHSC.
- 32 SUBCHAPTER G. TEXAS RISING STAR PROGRAM
- 33 TWC adopts the following amendments to Subchapter G:
- 34 §809.132. Impact of Certain Deficiencies on TRS Certification
- 35 Section 809.132 is amended to change "DFPS" to "CCL" to reflect the transfer of CCL from
- 36 DFPS to HHSC.

- 1 No comments were received.
- 2 TWC hereby certifies that the adoption has been reviewed by legal counsel and found to be
- 3 within TWC's legal authority to adopt.
- 4 The rules are adopted under Texas Labor Code §301.0015 and §302.002(d), which provide TWC
- 5 with the authority to adopt, amend, or repeal such rules as it deems necessary for the effective
- 6 administration of TWC services and activities.
- 7 The adopted rules affect Texas Labor Code, Title 4, particularly Chapters 301 and 302, as well as
- 8 Texas Government Code, Chapter 2308.

9

1				CHAPTER 809. CHILD CARE SERVICES	
2 3	SUBCHAPT	TER B.	GEN	IERAL MANAGEMENT	
5 §809.15. Promoting Consumer Education.					
6 7 8 9	(a)		oard sł matio	nall promote informed child care choices by providing consumer education to:	
9 10 11		(1)	parer	nts who are eligible for child care services;	
12 13		(2)	parei	nts who are placed on a Board's waiting list;	
13 14 15		(3)	parer	nts who are no longer eligible for child care services; and	
16 17		(4)	appli	cants who are not eligible for child care services.	
18 19	(b)			ner education information, including consumer education information arough a Board's website, shall contain, at a minimum:	
20 21 22		(1)		mation about the Texas Information and Referral Network/2-1-1 Texas 1 Texas) information and referral system;	
21 22 23 24 25 26		(2)		vebsite and telephone number of <u>CCL</u> <u>DFPS</u> , so parents may obtain health safety requirements including information on:	
27 28			(A)	the prevention and control of infectious diseases (including immunizations);	
29 30			(B)	building and physical premises safety;	
31 32 33 34			(C)	minimum health and safety training appropriate to the provider setting; and	
35 36			(D)	the regulatory compliance history of child care providers;	
37 38 39		(3)		scription of the full range of eligible child care providers set forth in .91; and	
40 41 42		(4)		scription of programs available in the workforce area relating to school ness and quality rating systems, including:	
43 44 45			(A)	Texas Rising Star (TRS) Provider criteria, pursuant to Texas Government Code §2308.315; and	

1 2			(B)	integrated school readiness models, pursuant to Texas Education Code §29.160;
3				
4		(5)		of child care providers that meet quality indicators, pursuant to Texas
5			Gove	ernment Code §2308.3171;
6		(()		4:
7		(6)		mation on existing resources and services available in the workforce area
8 9				onducting developmental screenings and providing referrals to services
9 10			of:	appropriate for children eligible for child care services, including the use
11			01.	
12			(A)	the Early and Periodic Screening, Diagnosis, and Treatment program
13			(A)	under 42 <u>USCU.S.C.</u> 1396 et seq.; and
14				under 42 <u>050</u> 0.5.0. 1570 ct seq., and
15			(B)	developmental screening services available under Part B and Part C of
16			(D)	the Individuals with Disabilities Education Act (20 USCU.S.C. 1419,
17				1431 et seq.; and
18				1131 00 304., und
19		(7)	a linl	k to the Agency's designated child care consumer education website.
20		(,)		
21	(c)	A Bo	oard sl	hall cooperate with the Texas Health and Human Services Commission
	()			
22			SC) to	provide 2-1-1 Texas with information, as determined by HHSC, for
22 23		(HHS		provide 2-1-1 Texas with information, as determined by HHSC, for n the statewide information and referral network.
22 23 24		(HHS		•
23 24 25	§809.2	(HHS inclu	sion i	•
23 24 25 26		(HHS) inclu 0. Ma	sion i	m Provider Reimbursement Rates.
23 24 25 26 27	§809.2 (a)	(HHS inclu 0. Ma Base	sion in eximu d on 1	m Provider Reimbursement Rates. ocal factors, including a market rate survey provided by the Commission,
23 24 25 26 27 28		(HHS inclu 0. Ma Base a Boa	sion in aximu d on lard sh	m Provider Reimbursement Rates. ocal factors, including a market rate survey provided by the Commission, all establish maximum reimbursement rates for child care subsidies at or
23 24 25 26 27 28 29		HHS inclu 0. Ma Base a Boa above	sion in aximud on lard sheen a level	m Provider Reimbursement Rates. ocal factors, including a market rate survey provided by the Commission, all establish maximum reimbursement rates for child care subsidies at or vel established by the Commission to ensure that the rates provide equal
23 24 25 26 27 28 29		HHS inclu 0. Ma Base a Box abov acces	aximud on lard shee a leves to c	m Provider Reimbursement Rates. ocal factors, including a market rate survey provided by the Commission, all establish maximum reimbursement rates for child care subsidies at or vel established by the Commission to ensure that the rates provide equal hild care in the local market and in a manner consistent with state and
23 24 25 26 27 28 29 30		HHS inclu 0. Ma Base a Boa above access feder	d on lard she a lever state of cral state	m Provider Reimbursement Rates. ocal factors, including a market rate survey provided by the Commission, all establish maximum reimbursement rates for child care subsidies at or vel established by the Commission to ensure that the rates provide equal hild care in the local market and in a manner consistent with state and tutes and regulations governing child care. At a minimum, Boards shall
23 24 25 26 27 28 29 30 31		HHS inclu 0. Ma Base a Boa abov acces feder estab	aximud on lard she a lever state that state the control of the con	m Provider Reimbursement Rates. ocal factors, including a market rate survey provided by the Commission, all establish maximum reimbursement rates for child care subsidies at or vel established by the Commission to ensure that the rates provide equal hild care in the local market and in a manner consistent with state and tutes and regulations governing child care. At a minimum, Boards shall embursement rates for full-day and part-day units of service, as described
23 24 25 26 27 28 29 30 31 32 33		HHS inclu 0. Ma Base a Boa abov acces feder estab	d on lard she a level state that the control of the	m Provider Reimbursement Rates. ocal factors, including a market rate survey provided by the Commission, all establish maximum reimbursement rates for child care subsidies at or vel established by the Commission to ensure that the rates provide equal hild care in the local market and in a manner consistent with state and tutes and regulations governing child care. At a minimum, Boards shall
23 24 25 26 27 28 29 30 31 32 33		HHS inclu 0. Ma Base a Boa abov acces feder estab in §8	d on lard she a level state that the control of the	m Provider Reimbursement Rates. ocal factors, including a market rate survey provided by the Commission, all establish maximum reimbursement rates for child care subsidies at or vel established by the Commission to ensure that the rates provide equal hild care in the local market and in a manner consistent with state and tutes and regulations governing child care. At a minimum, Boards shall eimbursement rates for full-day and part-day units of service, as described (f), for the following:
23 24 25 26 27 28 29 30 31 32 33 34		HHS inclu 0. Ma Base a Boa abov acces feder estab	d on lard she a level state that the control of the	m Provider Reimbursement Rates. ocal factors, including a market rate survey provided by the Commission, all establish maximum reimbursement rates for child care subsidies at or vel established by the Commission to ensure that the rates provide equal hild care in the local market and in a manner consistent with state and tutes and regulations governing child care. At a minimum, Boards shall embursement rates for full-day and part-day units of service, as described
23 24 25 26 27 28 29 30 31 32 33 34 35		HHS inclu 0. Ma Base a Boa abov acces feder estab in §8	d on lard she a lever state of the control of the c	m Provider Reimbursement Rates. ocal factors, including a market rate survey provided by the Commission, all establish maximum reimbursement rates for child care subsidies at or vel established by the Commission to ensure that the rates provide equal hild care in the local market and in a manner consistent with state and tutes and regulations governing child care. At a minimum, Boards shall eimbursement rates for full-day and part-day units of service, as described (f), for the following: ider types:
23 24 25 26 27 28 29 30 31 32 33 34 35 36 37		HHS inclu 0. Ma Base a Boa abov acces feder estab in §8	d on lard she a level state that the control of the	m Provider Reimbursement Rates. ocal factors, including a market rate survey provided by the Commission, all establish maximum reimbursement rates for child care subsidies at or vel established by the Commission to ensure that the rates provide equal hild care in the local market and in a manner consistent with state and tutes and regulations governing child care. At a minimum, Boards shall eimbursement rates for full-day and part-day units of service, as described (f), for the following: ider types: Licensed child care centers, including before- or after-school programs
23 24 25 26 27 28 29 30 31 32 33 34 35 36 37		HHS inclu 0. Ma Base a Boa abov acces feder estab in §8	d on lard she a lever state of the control of the c	m Provider Reimbursement Rates. ocal factors, including a market rate survey provided by the Commission, all establish maximum reimbursement rates for child care subsidies at or vel established by the Commission to ensure that the rates provide equal hild care in the local market and in a manner consistent with state and tutes and regulations governing child care. At a minimum, Boards shall eimbursement rates for full-day and part-day units of service, as described (f), for the following: ider types:
23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38		HHS inclu 0. Ma Base a Boa abov acces feder estab in §8	d on lard shee a lever state state lish records. Prov	m Provider Reimbursement Rates. ocal factors, including a market rate survey provided by the Commission, all establish maximum reimbursement rates for child care subsidies at or vel established by the Commission to ensure that the rates provide equal hild care in the local market and in a manner consistent with state and tutes and regulations governing child care. At a minimum, Boards shall eimbursement rates for full-day and part-day units of service, as described (f), for the following: Licensed child care centers, including before- or after-school programs and school-age programs, as defined by CCL.dbfps ;
23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40		HHS inclu 0. Ma Base a Boa abov acces feder estab in §8	d on lard she a lever state of the control of the c	m Provider Reimbursement Rates. ocal factors, including a market rate survey provided by the Commission, all establish maximum reimbursement rates for child care subsidies at or vel established by the Commission to ensure that the rates provide equal hild care in the local market and in a manner consistent with state and tutes and regulations governing child care. At a minimum, Boards shall eimbursement rates for full-day and part-day units of service, as described (f), for the following: ider types: Licensed child care centers, including before- or after-school programs
23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40		HHS inclu 0. Ma Base a Boa abov acces feder estab in §8	d on lard shee a lever set to consider the constant of the con	m Provider Reimbursement Rates. ocal factors, including a market rate survey provided by the Commission, all establish maximum reimbursement rates for child care subsidies at or vel established by the Commission to ensure that the rates provide equal hild care in the local market and in a manner consistent with state and tutes and regulations governing child care. At a minimum, Boards shall embursement rates for full-day and part-day units of service, as described (f), for the following: ider types: Licensed child care centers, including before- or after-school programs and school-age programs, as defined by CCLDFPS; Licensed child care homes as defined by CCLDFPS;
23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41		HHS inclu 0. Ma Base a Boa abov acces feder estab in §8	d on lard shee a lever state state lish records. Prov	m Provider Reimbursement Rates. ocal factors, including a market rate survey provided by the Commission, all establish maximum reimbursement rates for child care subsidies at or vel established by the Commission to ensure that the rates provide equal hild care in the local market and in a manner consistent with state and tutes and regulations governing child care. At a minimum, Boards shall eimbursement rates for full-day and part-day units of service, as described (f), for the following: Licensed child care centers, including before- or after-school programs and school-age programs, as defined by CCL.dbfps ;
23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43		HHS inclu 0. Ma Base a Boa abov acces feder estab in §8	d on lard shee a lever state of the control of the	m Provider Reimbursement Rates. ocal factors, including a market rate survey provided by the Commission, all establish maximum reimbursement rates for child care subsidies at or vel established by the Commission to ensure that the rates provide equal hild care in the local market and in a manner consistent with state and tutes and regulations governing child care. At a minimum, Boards shall eimbursement rates for full-day and part-day units of service, as described (f), for the following: ider types: Licensed child care centers, including before- or after-school programs and school-age programs, as defined by CCLDFPS; Licensed child care homes as defined by CCLDFPS;
23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41		HHS inclu 0. Ma Base a Boa abov acces feder estab in §8	d on lard shee a lever set to consider the constant of the con	m Provider Reimbursement Rates. ocal factors, including a market rate survey provided by the Commission, all establish maximum reimbursement rates for child care subsidies at or vel established by the Commission to ensure that the rates provide equal hild care in the local market and in a manner consistent with state and tutes and regulations governing child care. At a minimum, Boards shall embursement rates for full-day and part-day units of service, as described (f), for the following: ider types: Licensed child care centers, including before- or after-school programs and school-age programs, as defined by CCLDFPS; Licensed child care homes as defined by CCLDFPS;

- (A) Infants age 0 to 17 months;
- (B) Toddlers age 18 to 35 months;
- (C) Preschool age children from 36 to 71 months; and
- (D) School-age children 72 months and overolder.
- (b) A Board shall establish enhanced reimbursement rates:
 - (1) for all age groups at TRS provider facilities; and
 - (2) only for preschool-age children at child care providers that participate in integrated school readiness models pursuant to Texas Education Code §29.160.
- (c) The minimum enhanced reimbursement rates established under subsection (b) of this section shall be greater than the maximum rate established for providers not meeting the requirements of subsection (b) of this section for the same category of care up to, but not to exceed, the provider's published rate. The maximum rate must be at least:
 - (1) 5 percent greater for a:
 - (A) 2-Star Program Provider; or
 - (B) child care provider meeting the requirements of subsection (b)(2) of this section;
 - (2) 7 percent greater for a 3-Star Program Provider; and
 - (3) 9 percent greater for a 4-Star Program Provider.
- (d) Boards may establish a higher enhanced reimbursement rate than those specified in subsection (c) of this section for TRS providers, as long as there is a minimum 2 percentage point difference between each star level.
- (e) A Board or its child care contractor shall ensure that providers that are reimbursed for additional staff or equipment needed to assist in the care of a child with disabilities are paid a rate up to 190 percent of the provider's reimbursement rate for a child of that same age. The higher rate shall take into consideration the estimated cost of the additional staff or equipment needed by a child with disabilities. The Board shall ensure that a professional, who is familiar with assessing the needs of children with disabilities, certifies the need for the higher reimbursement rate described in this subsection.

1 2 3 4	long rate,	Board shall determine whether to reimburse providers that offer transportation as as the combined total of the provider's published rate, plus the transportation is subject to the maximum reimbursement rate established in subsection (a) of section.
5 6 7 8	——SUBCHAPTE	CR D. PARENT RIGHTS AND RESPONSIBILITIES
9 10	§809.71. Pa	rent Rights.
11 12 13		shall ensure that the Board's child care contractor informs the parent in writing parent has the right to:
14 15 16	(1)	choose the type of child care provider that best suits their needs and to be informed of all child care options available to them as included in the consumer education information described in §809.15;
17 18 19 20	(2)	visit available child care providers before making their choice of a child care option;
21 22 23 24	(3)	receive assistance in choosing initial or additional child care referrals including information about the Board's policies regarding transferring children from one provider to another;
25 26 27 28	(4)	be informed of the Commission rules and Board policies related to providers charging parents the difference between the Board's reimbursement and the provider's published rate as described in §809.92(c) - (d);
29 30	(5)	be represented when applying for child care services;
31 32 33 34	(6)	be notified of their eligibility to receive child care services within 20 calendar days from the day the Board's child care contractor receives all necessary documentation required to initially determine eligibility for child care;
35 36 37	(7)	receive child care services regardless of race, color, national origin, age, sex, disability, political beliefs, or religion;
38 39 40	(8)	have the Board and the Board's child care contractor treat information used to determine eligibility for child care services as confidential;
41 42 43	(9)	receive written notification at least 15 calendar days before termination of child care services;
44 45	(10)	reject an offer of child care services or voluntarily withdraw their child from child care, unless the child is in protective services;

1			
2		(11)	be informed of the possible consequences of rejecting or ending the child care
3			that is offered;
4			
5		(12)	be informed of the eligibility documentation and reporting requirements
6			described in §809.72 and §809.73;
7			
8		(13)	be informed of the parent appeal rights described in §809.74;
9			
10		(14)	be informed of required background and criminal history checks for relative
11			child care providers through the listing process with <u>CCL</u> DFPS, as described
12			in §809.91(e), before the parent or guardian selects the relative child care
13			provider;
14			
15		(15)	receive written notification pursuant to §809.78(d) of the possible termination
16			of child care services for excessive absences, as described in §809.78(a)(1);
17			and
18			
19		(16)	receive written notification of possible termination of child care services for
20			failure to pay the parent share of cost, pursuant to §809.19(d).
21			
22	—SUBCHA	PTER	E. REQUIREMENTS TO PROVIDE CHILD CARE
23			
24	§809.9 1	l. Mi	nimum Requirements for Providers.
25			
26	(a)	A Bo	pard shall ensure that child care subsidies are paid only to:
27			
28		(1)	regulated child care providers as described in §809.2;
29			
30		(2)	relative child care providers as described in §809.2, subject to the requirements
31			in subsection (e) of this section; or
32			
33		(3)	at the Board's option, child care providers licensed in a neighboring state,
34			subject to the following requirements:
35			
36			(A) Boards shall ensure that the Board's child care contractor reviews the
37			licensing status of the out-of-state provider every month, at a minimum,
38			to confirm the provider is meeting the minimum licensing standards of
39			the state;
40			
41			(B) Boards shall ensure that the out-of-state provider meets the requirements
42			of the neighboring state to serve CCDF-subsidized children; and
43			
44			(C) The provider shall agree to comply with the requirements of this chapter
15			1 11 D 1 1'' 1 D 1 1'11 4 4 1 1
45			and all Board policies and Board child care contractor procedures.
46			and all Board policies and Board child care contractor procedures.

	(1)	Except for foster parents authorized by DFPS pursuant to \$809.49, licensed child care centers, including before- or after-school programs and school-age programs, in which the parent or his or her spouse, including the child's parent or stepparent, is the director or assistant director, or has an ownership interest; or
	(2)	Licensed, registered, or listed child care homes where the parent also works during the hours his or her child is in care.
§809.93	3. Pro	ovider Reimbursement.
(a)	A Bo	pard shall ensure that reimbursement for child care is paid only to the provider.
(b)	A Board or its child care contractor shall reimburse a regulated provider based on child's monthly enrollment authorization, excluding periods of suspension at the concurrence of the parent as described in §809.51(d).	
(c)		pard shall ensure that a relative child care provider is not reimbursed for days on h the child is absent.
(d)	perm Care	lative child care provider shall not be reimbursed for more children than litted by the CCLDFPS minimum regulatory standards for Registered Child Homes. A Board may permit more children to be cared for by a relative child provider on a case-by-case basis as determined by the Board.
(e)		pard shall not reimburse providers that are debarred from other state or federal rams unless and until the debarment is removed.
(f)	autor	ss otherwise determined by the Board and approved by the Commission for mated reporting purposes, the monthly enrollment authorization described in ection (b) of this section is based on the unit of service authorized, as follows:
	(1)	A full-day unit of service is 6 to 12 hours of care provided within a 24-hour period; and
	(2)	A part-day unit of service is fewer than 6 hours of care provided within a 24-hour period.
(g)		ard or its child care contractor shall ensure that providers are not paid for ing spaces open.
(h)	A Bo	pard or the Board's child care contractor shall not pay providers:
	(1)	less, when a child enrolled full time occasionally attends for a part day; or
	(2)	more when a child enrolled part time occasionally attends for a full day

- (i) The Board or its child care contractor shall not reimburse a provider retroactively for new Board maximum reimbursement rates or new provider published rates.
- (j) A Board or its child care contractor shall ensure that the parent's travel time to and from the child care facility and the parent's work, school, or job training site is included in determining whether to authorize reimbursement for full-day or part-day care under subsection (f) of this section.

§809.94. Providers Placed on Corrective or Adverse Action by the Texas Department of Family and Protective Services.

- (a) For a provider placed on evaluation corrective action (evaluation status) by DFPS, Boards shall ensure that:
 - (1) parents with children enrolled in Commission-funded child care are notified in writing of the provider's evaluation status no later than five business days after receiving notification from the Agency of DFPS' decision to place the provider on evaluation status; and
 - (2) parents choosing to enroll children in Commission-funded child care with the provider are notified in writing of the provider's evaluation status prior to enrolling the children with the provider.
- (a)(b) For a provider placed on probation corrective action (probationary status) by CCLDFPS, Boards shall ensure that:
 - (1) parents with children in Commission-funded child care are notified in writing of the provider's probationary status no later than five business days after receiving notification from the Agency of <u>CCL'sDFPS'</u> decision to place the provider on probationary status; and
 - (2) no new referrals are made to the provider while on probationary status.
- (b)(e) A parent receiving notification of a provider's evaluation or probationary status with <u>CCLDFPS</u> pursuant to subsections (a) and (b) of this section may transfer the child to another eligible provider without being subject to the Board transfer policies described in §809.71(3) if the parent requests the transfer within 14 calendar days of receiving such notification.
- (c)(d) For a provider placed on evaluation or probationary status by <u>CCLDFPS</u>, Boards shall ensure that the provider is not reimbursed at the Boards' enhanced reimbursement rates described in §809.20 while on evaluation or probationary status.
- (d)(e) For a provider against whom <u>CCLDFPS</u> is taking adverse action, Boards shall ensure that:

1 2 2		(1)	parents with children enrolled in Commission-funded child care are notified no
3 4 5			later than two business days after receiving notification from the Agency that CCLDFPS intends to take adverse action against the provider;
6 7 8 9		(2)	children enrolled in Commission-funded child care with the provider are transferred to another eligible provider no later than five business days after receiving notification from the Agency that CCLDFPS intends to take adverse action against the provider; and
10 11 12		(3)	no new referrals for Commission-funded child care are made to the provider while CCLDFPS is taking adverse action.
13 14	(e)(f) Fo	or adverse actions in which <u>CCLDFPS</u> has determined that the provider poses an
15	<u>(c)</u> (ediate risk to the health or safety of children and cannot operate pending appeal
16			e adverse action, but for which there is a valid court order that overturns
17			's DFPS' determination and allows the provider to operate pending
18			inistrative review or appeal, Boards shall take action consistent with subsection
19			of this section.
20		,	
21	—SUBCHA	PTER	G. TEXAS RISING STAR PROGRAM
22			
23	§809.1 .	32. In	spact of Certain Deficiencies on TRS Certification.
24			
25	(a)	ATI	RS provider shall lose TRS certification if the provider:
26		(1)	is aloned an assessing sating with a Doord assessant to Culoch atom E of this
27 28		(1)	is placed on corrective action with a Board pursuant to Subchapter F of this
29			chapter;
30		(2)	is under a "Notice of Freeze" with the Commission pursuant to Chapter 213 of
31		(2)	the Texas Labor Code (Enforcement of the Texas Unemployment
32			Compensation Act) or Chapter 61 of the Texas Labor Code (Payment of
33			Wages);
34			, ages),
35		(3)	is placed on corrective or adverse action by CCL; or
36		(0)	is princed on control of any close monor of c c 2, cr
37 38		(4)	had 15 or more total licensing deficiencies of any type during the most recent 12-month licensing history.
39	4.	TDC	'1 '4 C4 '4' 11' ' 1 C' ' 1' 4 TDC
40	(b)		providers with any of the critical licensing deficiencies listed in the TRS
41		_	elines during the most recent 12-month CCL licensing history shall have the
42		10110	wing consequences:
43 44		(1)	reduction of one-star level, so a 4-Star Program Provider is reduced to a 3-Star
45		(1)	Program Provider, a 3-Star Program Provider is reduced to a 3-Star Program
46			Provider; or

- (2) a 2-Star Program Provider loses certification.
- (c) TRS providers with five or more of the high or medium-high deficiencies listed in the TRS guidelines during the most recent 12-month CCL licensing history shall lose a star level with a 2-Star Program Provider losing certification.
- (d) TRS providers with 10 to 14 total licensing deficiencies of any type during the most recent 12-month CCL licensing history shall be placed on a six-month TRS program probationary period. Further:
 - (1) TRS providers on a six-month probationary period that are re-cited by CCL within the probationary period for any of the same deficiencies shall lose a star level with a 2-Star Program Provider losing certification;
 - (2) if any new deficiencies--not to exceed 14 total deficiencies--are cited by CCL during the first probationary period, a second six-month probationary period shall be established effective upon the date of final <u>CCLDFPS</u> determination of the deficiencies; and
 - (3) if any new deficiencies--not to exceed 14 total deficiencies--are cited by CCL during the second six-month probationary period, a provider shall lose TRS certification.
- (e) Providers losing a star level due to licensing deficiencies shall be reinstated at the former star level if no citations described in §809.132(b) (d) occur within the sixmonth reduction time frame.
- (f) Providers losing TRS certification shall be eligible to reapply for certification after six months following the loss of the certification, as long as no current deficiencies are re-cited and no additional licensing deficiencies are cited during the disqualification period.