

**TDFPS Licensing
Inspections/Investigations**



Hidalgo County Head Start Program
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Date: April 11, 2025

To: Policy Council and Hidalgo County Commissioner's Court

From: Nereyda Cantu

Through: Irma Pena

Subject: Addition to Compliance Procedures Manual

In our ongoing efforts to ensure the highest quality of care and compliance within Hidalgo County Head Start Program, the Compliance Department has revised the Compliance Policies and Procedures Manual and are proposing an important addition to include in the evaluation process for our Campus Directors.

All Head Start and Early Head Start Campus Directors hold ultimate responsibility for the daily operation of their campus, as they are the designated license holder recognized by the Texas Health and Human Services: Child Care Regulations (THHS CCR). Consequently, all identified deficiencies from THHS CCR Inspection Reports will be addressed promptly and effectively with the Campus Director based on the severity (or weight) of the deficiency. This will ensure compliance, protects the safety and well-being of students and staff, and maintains facility licensure in good standing. All identified issues will be documented and resolved in a systematic manner and preventive measures will be implemented to avoid recurrences.

By aligning the Campus Director's performance with regulatory compliance, we reinforce a culture of responsibility and continuous improvement. Campus Directors will be expected to address any deficiencies promptly, implement corrective actions, and ensure that findings are not repeated.

System/Service Area: Compliance Department		Subject: Texas Health and Human Services: Child Care Regulation Inspection/Investigation	
Related Regulation(s):			
Related Forms:		Related Reports:	
PC Approval:		PC Revision:	
Governing Board Approval:		Governing Board Revision:	

Purpose: All Head Start and Early Head Start Campus Directors hold ultimate responsibility for the daily operation of their campus, as they are the designated license holder recognized by the Texas Health and Human Services: Child Care Regulations (THHS CCR). Consequently, all identified deficiencies from THHS CCR Inspection Reports will be addressed promptly and effectively with the Campus Director based on the severity (or weight) of the deficiency. This will ensure compliance, protects the safety and well-being of students and staff, and maintains facility licensure in good standing. All identified issues will be documented and resolved in a systematic manner and preventive measures will be implemented to avoid recurrences.

Person(s)

Responsible: Immediate Supervisors
Compliance Director

Definitions: Source: *THHS Minimum Standards for Child-Care Centers pgs. 6-8*

Licensing Inspection:

Various aspects of regulated operations are evaluated for compliance with the minimum standards, rules, and law during regular inspections. The emphasis on these inspections is to prevent risk to children in care. The frequency of inspections will fluctuate depending on the type of permit and the operation's history of compliance with the minimum standards, rules, and law.

Deficiency:

A deficiency is any failure to comply with a minimum standard, rule in Texas Administrative Code Chapter 745, law, specific term of the permit, or specific condition of probation or suspension.

Weight:

The THHS Minimum Standards for Child-Care Centers and rules are weighed based on a common understanding of the risk to children presented if the standard or rule is violated. The weights are high, medium-high, medium, medium-low, and low. The assigned weights do not change based on the scope or severity of an actual deficiency. Scope and severity are assessed by Child Care Regulation (CCR) staff, documented, and considered in conjunction with the weight when making CCR decisions.

Investigation:

When a report alleges a violation of THHS Minimum Standards for Child-Care Centers, rule, or law, CCR must investigate the report, notify the Campus Director of the investigation, and provide a written report to the Campus Director and the HCHSP Compliance Department of the investigation results within prescribed time frames.

When a report alleges abuse, neglect, or exploitation, the Department of Family and Protective Services must investigate the report, notify the Campus Director of the investigation, and provide a written report to the Campus Director and the HCHSP Compliance Department of the investigation results within prescribed time frames.

Procedure: This procedure outlines the HCHSP standardized process for addressing deficiencies identified by THHS CCR inspectors and/or HCHSP administrators during campus visits, audits, reviews and investigations. Timely and effective corrections of these deficiencies are critical to maintain compliance with THHS Minimum Standards for Child-Care Centers, Head Start Performance Standards and other Head Start policies and procedures to ensure the safety, quality and integrity of the services we provide.

Notification & Documentation

Upon receipt of the Licensing Inspection Report or notice of deficiencies:

- The HCHSP **Assistant Program Director for Operations or Compliance Director** will review the Licensing Inspection Report and identify each deficiency by its pre-determined assigned weight (high, medium-high, medium, medium-low, low) as per CCR.

- The Compliance Director will meet with the Campus Director’s immediate supervisor to determine corrective action and implementation timeline based on weight of deficiency.
- The Compliance Director will archive the Licensing Report in the designated campus e-file.

Investigation(s)

If an investigation is initiated by the THHS CCR inspector due to an allegation from an outside source, the corrective action will be determined by the HCHSP Assistant Program Director for Operations and the Compliance Director or designee based on the weight of the potential deficiency and the availability of relevant documentation at the time of the initial report.

The Head Start and Early Head Start Campus Director are responsible for the daily operation of the campus, as they are the designated license holder recognized by the THHS CCR. The director’s license is issued by the THHS CCR under their name signifying professional accountability for ensuring the campus operates in full compliance. Therefore, the Campus Director will be subject to the following corrective actions based on weight of deficiency.

Type of Corrective Action Plan (CAP) and Response Timeline Based on Weight of Deficiency

Deficiency Weight	Corrective Action Plan (CAP)	Implementation Timeline	Monitoring Required
High	Disciplinary Action Notice and Improvement Plan within 24 hours	90 days	Documentation every 30 business days and unannounced visits until resolved
Medium-High	Disciplinary Action Notice and Improvement Plan within 2 business days	60 days	Documentation every 30 business days and unannounced visits until resolved
Medium	Disciplinary Action Notice within 3 business days	N/A	Unannounced visits until resolved
Medium-Low	Conference Notes within 3 business days	N/A	Unannounced visits until resolved
Low	Conference Notes within 5 business days	N/A	Unannounced visits until resolved

Improvement Plan (60 or 90 days)

- Each Improvement Plan must include:
 - THHS Minimum Standard found non-compliant
 - Description of the deficiency
 - Immediate steps taken to mitigate the issue
 - Long-term corrective actions to prevent recurrence
 - Person(s) responsible for implementation
 - Person(s) responsible for monitoring
 - Timelines for documenting each step

Implementation & Follow-Up

- Immediate supervisor and designated staff will oversee the completion of all improvement plans.
- Improvement plans will be monitored and documented every 30 business days by immediate supervisor or designee.
- Documentation of the outcome of the improvement plan will be submitted to the Compliance Director every 30 business days until its completion.
- A follow-up internal inspection will be conducted by the Compliance Director within 15 days of completion for all **medium-high to high** deficiencies.

Staff Training & Communication

- Staff involved in the area of deficiency will receive:
 - Targeted re-training within 7 days for **medium, medium-high and high** deficiencies.
 - Sign-in sheets are required, and training certificates will be provided.
- Ongoing reminders and updates will be provided to staff on an ongoing basis by the Compliance Department and/or other relevant departments.

Escalation Procedure

If a deficiency is not resolved by the assigned CAP deadline:

- The issue will escalate to the **HSHSP Executive Team** for further evaluation and corrective actions to include recommendation for possible separation of employment.
- Final resolution will be determined by the HCHSP Executive Director.

Continuous Quality Improvement (CQI)

- All deficiencies will be analyzed quarterly for trends.
- Policies and training programs will be updated accordingly.