



GRO T3C Annual Reports

T3C PMO Office



Annual Reports 101: What You Really Need To Know



THE ANNUAL REPORT IS DUE ANNUALLY DURING THE MONTH IN WHICH THE PROVIDER'S FIRST ACTIVE FULL CREDENTIAL WAS AWARDED.



THE ANNUAL REPORT IS COMPLETED IN ADOBE PDF FORMAT.



IF ADOBE READER IS NOT INSTALLED, DOWNLOAD IT HERE:

[HTTPS://GET.ADOBE.COM/READER/](https://get.adobe.com/reader/)



Annual Report Workbook Overview

Each Service Package has its own PDF workbook. Complete only the workbook(s) for the service package(s) in which your agency/operation held an Active Full Credential during the reporting period.

Service Package Tabs

Instructions

T3C Annual Report Workbook

Purpose
This report is intended to capture operational capacity, utilization, and outcome information for each Service Package provided during the reporting period.

Instructions
This report is organized by one Service Package on each tab.

Complete only the tabs for service packages that the General Residential Operation (GRO) held an Active Full Credential for during the reporting period. The reporting period begins on the first day of the month when the provider received its first Active Full Credential (or when the previous Annual Report was due) and ends on the last day of the month before the current Annual Report is due.

Each Service Package tab includes:

- Section specific instructions that identify the information required for each section and how it should be reported.
- Blue fillable fields for entering information or selecting a response from a drop down menu where provided.
- Red outlined fields that identify required information and must be completed before submission.

"Not Tracked" is an option in some reporting fields. Entering it indicates the Provider did not track the requested information during the current reporting period. Due to T3C's iterative development, reporting requirements and options may be revised in future reporting periods. The T3C System Blueprint should be used to identify all applicable tracking requirements.

"N/A" is an option in some reporting fields only during the Provider's first annual reporting period.

IMPORTANT-Adobe PDF Requirements (Required reporting documents are provided as Adobe PDF Forms.)

Before completing this report:

1. Download all required PDF forms.
2. Save the forms to your computer.
3. Open the saved report using Adobe Acrobat Reader. (Adobe Acrobat Reader is available free of charge from Adobe.) Do not complete the form within your Internet browser, as some features may not function correctly.
4. Enter information only in the light blue shaded reporting fields throughout the report.
5. Fields outlined in red are required and must be completed before the report can be submitted.
6. Save your work to your computer periodically while completing the report.

Review each applicable tab and complete all required information. Once all applicable tabs for the Provider's Active Full Credential Service Packages are complete, attach the report to an email and send it to DFPST3CAnnualReports@dfps.texas.gov.

Provider Details

Legal Name of GRO

DBA Name (if applicable)

GRO Permit/License Number

T3C Active Full Credential Expiration Date



Annual Report Workbook Overview

- Review the instructions on the first page before completing the workbook.
- Light blue fields identify where information may be added.
- Red outlines identify **required** fields that must be completed before the report can be submitted.

Complete only the tabs for service packages that the General Residential Operation (GRO) held an Active Full Credential for during the reporting period. The reporting period begins on the first day of the month when the provider received its first Active Full Credential (or when the previous Annual Report was due) and ends on the last day of the month before the current Annual Report is due.

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Provider Details

Legal Name of GRO	
DBA Name (if applicable)	
GRO Permit/License Number	
T3C Active Full Credential Expiration Date	
GRO Primary Contact for T3C Annual Report	
Report Prepared by/Contributors	

Light Blue fields

Required field



Completing Reporting Fields

- Data Entry Fields**

Enter the requested information directly into the applicable field

- Yes/No Selections**

Some fields require a Yes or No selection, from a drop-down menu.

- Multiple Choice Selections**

Select the applicable response from the drop-down menu.

2. Staffing Ratios , Caseload (Key Positions) and Evidence Informed Treatment Model
This section collects information on staffing ratios and caseloads for key positions supporting this Service Package during the reporting period. Complete the tables below to report current staffing levels, workload distribution and Evidence Informed Treatment Model.

2.1 Staffing Snapshot for Tier I: Emergency Emotional Support & Assessment Center Services (as of the last day of the month prior to month that Annual Report is due)

Role/Position	Total Number of Positions <i>Instruction: In the cell below, enter the total number of positions for this category during the reporting period.</i>	Number of Vacant Positions <i>Instruction: In the cell below, enter the number of vacant positions for this category during the reporting period.</i>	Providers Ratios/Coverage Goal (if applicable) <i>Instruction: In the cell below, enter the provider ratios or coverage goal for this position during the reporting period.</i>	Position holds Multiple Roles: <i>Instruction: In the cell below select Yes or No to indicate whether this position holds multiple roles for each category.</i>	Number of Multiple Roles held <i>Instruction: In the cell below, select the maximum number of T3C roles held by a single individual filling this position during the reporting period.</i>
Licensed Child Care Administrator					
T3C Program Director				Yes	
T3C Treatment Director				No	
T3C Case Manager					

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Licensed Child Care Administrator					
T3C Program Director					
T3C Treatment Director					
T3C Case Manager					
Direct Deliver Caregivers					
Staff (Including Direct Delivery Caregiver) Recruitment and Retention					



Completing Notes and Data Source Fields

1.3 Service Requirement Tracking		
Metric/Measure	Value for Current Reporting Period	Notes/Drivers
	Instruction: For each row select "Yes" if your organization currently tracks this information and can report the associated data. Select "No" if your organization does not currently track this information.	Instruction: If "No" is selected briefly describe any barriers or challenges that prevent tracking this information.
Do you provide care to youth and young adults age 14 and over?		
If you provide care to youth and young adults age 14 and over do you track progress/participation in transitional support services and experiential learning opportunities?		

Notes:

Notes sections are included throughout the forms and contain instructions specific to each section. Review the instructions carefully to determine what required or optional information should be entered.

2.1 Aftercare Model and Practice					
Metric/Measure	Value for Current Reporting Period	Value for Prior Reporting Period	Method/Definition	Data Source (system and report name)	Notes/drivers
	Instruction: For each row enter the calculated value for the current reporting period.	Instruction: For each row enter value, or if this is Provider's first Annual Report, enter N/A.	Instruction: Review the methodology and definition for each row and report the value using the row specific definition shown in this column.	Instruction: For each row enter the data source for the reported value, including the system and report name. If the measure is not tracked enter "Not Tracked".	Instruction: If applicable, for each row enter additional information to support reporting.
T3C Discharges from this Service Package during this reporting period that require Aftercare			Count of children discharged from this Service Package that required Aftercare during the reporting period.		

Data Source:

When a Data Source is requested, identify where your organization maintains the Provider specific data being reported. Include the system used to track the data and the name of the report used to obtain the requested information.



Completing Multi-Part Reporting Fields

- Review each row carefully, as multiple types of information may be requested within the same row.
- Complete each applicable field across each row, including any additional information requested.
- Reference the instructions within a table for the specific information required.

Metric/Measure	Total for Current Reporting Period	By source DFPS/SSCC	Value for Prior Reporting Period	Definition/Inclusion rules	Data Source (system and report name)
	Instruction: For each row enter the total value for the current reporting period. If not tracked during the reporting period, enter "Not Tracked."	Instruction: For each row enter the total for current reporting period by referral source. Enter the number from DFPS and the number from SSCC. The DFPS and SSCC numbers should equal the total reported in total for current reporting period. Enter "0" if there were no referrals from a referral source during the reporting period. For example if the total for the current reporting period is 20 break it out by referral source like the following. DFPS Total: 5 SSCC Total: 15	Instruction: For each row enter value, or if this is Provider's first Annual Report, Enter "N/A".	Instruction: Review the definition for each row and report the value using the row-specific definition shown in this column.	Instruction: For each row enter the data source for the reported value, including the system and report name. If the measure is not tracked enter "Not Tracked".
T3C Children Placed in this Service Package		DFPS Total: SSCC Total:		Count of all child in this Service Package at any point during reporting period.	
T3C Referrals Declined by Reason for Declining	Capacity unavailable in Recommended Service Package: Insufficient Capacity for Sibling Group: Unable to meet child's needs: Recommended Service Package not offered: Child does not meet admission Criteria-Child Characteristics: 	Capacity unavailable in Recommended Service Package: Example: 20 DFPS/10 SSCC in the light blue box below Insufficient Capacity for Sibling Group: Example: 20 DFPS/10 SSCC in the light blue box below Unable to meet child's needs: Example: 20 DFPS/10 SSCC in the light blue box below Recommended Service Package not offered: Example: 20 DFPS/10 SSCC in the light blue box below Child does not meet admission Criteria-Child Characteristics: Example: 20 DFPS/10 SSCC in the light blue box below 		For each reason listed, enter the total number in the corresponding light blue box to indicate how many T3C referrals for this Service Package were declined for that reason during the current reporting period.	

Multiple fields may relate to the same metric.



- [illegible]



Tier II Overview

SERVICE PACKAGE	Tier II: Human Trafficking Victim/Survivor Services to Support Stabilization
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Use the light blue-shaded fields for entry. All form fields outlined in red are required. Reference the column for instructions on response.

Enter the expiration date of the Provider's current Accreditation, for one of the following accrediting bodies: •The Commission on Accreditation of Rehabilitation Facilities (CARF); •The Joint Commission on Accreditation of Healthcare Organizations (JCAHO); or •The Council on Accreditation (COA).	
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Number of children/youth served by this Service Package during the reporting period Instruction: Enter the total number of children/youth served by this Service Package during the reporting period.	
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	Response	Notes
Did you maintain a census of 16 or fewer children/youth residing on the premises at any time when a child was receiving a Tier II Selected Service Package? Instruction: Select Yes or No. If Yes, provide the highest census and additional context in Notes.		

	Response	Notes
Do you have a process to track and assess the effectiveness of your Enhanced Child Safety/Monitoring Plan, including any additional identified personnel, equipment, and/or technology used to support child safety? Instruction: Select Yes or No. If No, provide additional context in Notes.		

Before Completing Tier II reporting sections, have the following information available:

- Accreditation information, including accreditation type and expiration date.
- Census information for the applicable Service Package, during the reporting period.



Completing Tier II Reporting

- Review each row carefully, as multiple types of information may be requested within the same row.
- Complete each applicable field across each row, including any additional information requested.
- Reference the instruction within a table for the specific information required.

	Value for Current Reporting Period	Value for Prior Reporting Period	Method/Definition	Data Source (system and report name)	Notes/Drivers
Metric/Measure	Instruction: For each row enter the calculated value for the current reporting period.	Instruction: For each row enter a value, or if this is Provider's first Annual Report, Enter "N/A".	Instruction: Review the methodology and definition for each row and report the value using the row-specific definition shown in this column.	Instruction: For each row enter the data source for the reported value, including the system and report name. If the measure is not tracked enter "Not Tracked".	Instruction: If applicable, for each row enter additional information to support reporting.
Child Service Package changes by time frame	Service Package change occurred within 6 consecutive or non-consecutive months for children 12 and under: Exceeded six month time frame prior to Service Package change: Service Package change occurred within 12 consecutive or 18 non-consecutive months for youth 13 and over: Exceeded 12 consecutive or 18 non-consecutive months for youth 13 and over: Placement discharge occurred within 12 consecutive or 18 non-consecutive months for youth 13 and over: Exceeded time frame: (Placement discharge did not occur within 12 consecutive or 18 non-consecutive months for youth 13 and over.)		For each item listed, enter the total number of children in this Service Package whose service package change occurred during the reporting period in the corresponding light blue box, based on the applicable timeframe and age category. Count each child/youth only once. Do not include children/youth who remained in the Service Package without a service package change during the reporting period. If no children/youth meet the criteria for a row, enter 0.		



Annual Report Location

Annual Reports are available on the DFPS T3C Webpage on the [Annual Credential Report](#) page and are also included on the “What’s New” page.

Annual Credential Report

DFPS Home > Texas Child Centered Care > This Page



GENERAL INFORMATION

- [What's New](#)
- [About T3C](#)
- [How Does T3C Work?](#)
- [Goals of the T3C System](#)
- [T3C Terminology](#)

During the Active Full Credential period, the provider must submit an annual T3C System Credential Report to DFPS to ensure model fidelity between Re-credentialing periods. This report will be data-based and provide details on the organization's operation of the various Service Package(s) and Add-On Service(s) to include reports on workforce, staff/caregiver turnover, staff/caregiver tenure, admission and discharge rates, average length of stay, outcome, and other data. Providers must use the Annual Report template provided by DFPS. DFPS will issue a broadcast announcing the release of the Annual Report template, as well as information on upcoming webinars and instructions.

The Annual Report is due each year, during the month in which the Provider's first Active Full Credential award was issued. For example, if the Active Full Credential for the CPA's Foster Family Home Service Packages were awarded in the month of January 2025, then the Annual Report will always be due in January of each calendar year. The provider will not be required to include data for Service Packages and Add-On Services that, at the start of the expiration month, are still in the Inactive Full Credential, or an Inactive or Active Interim Credential.

- [CPA Annual Report](#) 
- [GRO Annual Report](#) 



Report Submission



Once complete save your Annual Report with your Legal Name and Permit Number ex. SampleProvider_762234



Submit your completed Annual Report to the DFPS T3C Annual Reports mailbox: DFPST3CAnnualReports@dfps.texas.gov



Questions or Assistance



FOR QUESTIONS OR ASSISTANCE WITH THE
ANNUAL REPORT, CONTACT:
[DFPST3CANNUALREPORTS@DFPS.TEXAS.G](mailto:DFPST3CANNUALREPORTS@DFPS.TEXAS.GOV)
[OV](mailto:DFPST3CANNUALREPORTS@DFPS.TEXAS.GOV)



PLEASE ALLOW UP TO **48 BUSINESS HOURS**
FOR A RESPONSE.



Thank You



Thank you for attending. We look forward to working with you throughout the Annual Report Process.