

TRS Workgroup Conference Call #1 Notes

Thursday, August 15, 2019

11:30 AM – 1:15 PM

Screening Form and CCL Deficiencies Discussion

Workgroup reviewed the items for consideration posed by the regional focus groups for changes to current CCL standards within the TRS Screening forms

Centers:

- 746.1203 (4): responsibilities of caregiver- supervision
 - Concerns about moving it to critical because it is considered a "catch-all" and not all citations are for critical issues.
 - It can also cause us to lose TRS providers.
 - Consensus is to keep 746.1203 (4) the same – noted as a High/Medium High.
- 746.1203 (5): Responsibilities of caregiver
 - Often gets cited because kids behave differently when a visitor comes in to the classroom and/or because a classroom's developmentally appropriate 'controlled chaos' can be perceived as out of control by a CCL rep.
 - Consensus to remove 746.1203 (5) from the screening form
- 746.1311(a): director training; 744.1309 (a) caregiver and site director training
 - Training hours are important, but if they have not received the hours it can be fix very quickly.
 - Consensus to move 746.1311(a) from Critical to High/Medium High.
- 746.3805(a) & (b) - administering medication
 - Discussed the suggestion to combine or move to HMM
 - consensus to leave 746.3805(a) & (b) as critical
- 746.1315 First Aid/CPR
 - Consensus to remain a critical.

Homes:

- 744.1203: Responsibilities of caregiver
 - Consensus is to keep 744.1203 the same – noted as a High/Medium High.
- 744.1309 (a) caregiver and site director training
 - Training hours are important, but if they have not received the hours that can be fixed very quickly.
 - Consensus to move 744.1309 (a) from Critical to High/Medium High.
- 744.1311 (a) director annual training
 - Training hours are important, but if they have not received the hours that can be fixed very quickly.
 - Consensus to move 744.1311 (a) from Critical to High/Medium High
- 744.2655 (a) administering medication and 744.2655 (b) administering medication
 - Discussed the suggestion to combine or move to HMM
 - consensus to leave 744.2655 (a) & (b) as critical

School Age Programs:

- 747.1309(a) Director Annual Training
 - Training hours are important, but if they have not received the hours that can be fixed very quickly.
 - Consensus to move 747.1309 (a) from Critical to High/Medium High.
- 747.3605(a) Administering Medication & 747.3605(b) Administering Medication
 - Discussed the suggestion to combine or move to HMM
 - consensus to leave 747.3605 (a) & (b) as critical

- 747.1501 (c) (4) Responsibilities of Caregiver – Supervision
 - Concerns about moving it to critical because it is considered a "catch-all" and not all citations are for critical issues.
 - It can also cause us to lose TRS providers.
 - Consensus is to keep 747.1501(c) the same – noted as a High/Medium High.

Background Checks:

- Discussed the suggestion for modification: allowance of proof of paperwork to be considered before penalty which resulted in a lack of consensus
- Workgroup suggested looking at a process for helping providers be successful by preventing or remediating deficiencies for background checks
- Workgroup would like more data on the new background check frequency of deficiency citations and ideas for supports to give providers.

Additions to screening form

- Workgroup agrees that no additional deficiencies should be added to the screening form

Appeal process for TRS Screening form consequences

- TRS relies on CCL because they are the authority on the minimum standards.
- CCL has an appeal process for their citations. If provider is in appeals process, the deficiency should not be posted to the website, therefore no action within TRS would be taken.
- Reagan will request meeting with CCL to discuss.

Deficiency terminology

- Workgroup discussed TRS changing the term "deficiency" and the category names – “Critical and High/Medium-High”
- TWC staff will review language and bring suggestions back to the Workgroup for discussion

CATEGORY 4: Nutrition

Workgroup reviewed the items for consideration specific to Nutrition measures. Members were provided additional resources created by TWC at the request of the workgroup meeting, held July 23rd. These resources included a CACFP/TRS crosswalk and summary overview of QRIS nutrition measures within the other states.

- Workgroup should consider Nutrition standards from states that exceed CACFP requirements, such as New York obesity prevention program and Colorado standards for earning points if the provider has a contract with family support staff, mental health consultants, healthy child care consultants.
- There were concerns about removing measures just because they mimic licensing as CCL does not look at each standard during every visit. Additionally, if you are on CACFP, you are monitored every 3 years. The question arose of should TRS be reviewing these things more frequently?
- Workgroup member mentioned that with the new changes in CCL per the new bill will permit some providers to request a waiver. Workgroup discussed that maybe TRS can add a requirement that providers cannot have a waiver for CACFP or they must meet the requirements of S-N-03 (such as having a dietician or consultant review menus).
- Strengthening TRS Implementation study results showed that these measures didn't show much, if any differentiation in the TRS assessment results.
- Discussion about how TRS is not intended to monitor compliance with other programs. Our responsibility is to enhance quality.
- No consensus was decided on any of the considerations posed for Nutrition measures and follow up items were requested.