

Texas Rising Star (TRS)
TRS Workgroup Meeting

May 8, 2014
1:00pm to 4:00pm

Location:
1117 Trinity Room 304BT
Austin, Texas 78778

Agenda:

Tab 1 – Welcome, Roll-Call and Overview of the Agenda (Attachment 1)

Approval of Meeting Notes

Tab 2 – March 20, 2014 (Attachment 2)

Tab 3 – April 24, 2014 (Attachment 3)

Review of Parking Lot Items

Tab 4 – Draft Facility Assessments (Attachment 4)

Tab 5 – Draft Child Assessments (Attachment 5)

Tab 6 – Draft Implementation Plan (Attachment 6)

Tab 7 – Draft Revisions to Director Qualifications (Attachment 7)

Tab 8 – Draft Minimum Licensing Requirements (Attachment 8)

Future Items for Discussion:

- Long Term Financing



Members in Attendance

- Reagan Miller – Texas Workforce Commission (TWC)
- Patricia Smith – Little Dudes Learning Center
- Sul Ross – Gulf Coast Workforce Solutions
- Mary Clare Munger – Amarillo College Child Development Lab
- Howard Morrison – Texas Education Agency
- Michelle Adams – Department of Family and Protective Services
- Sharon Davis – North East Texas Workforce Solutions
- Dr. Elaine Zweig – Collin County Community College
- Pattie Herbert – Infants 123
- LaShonda Brown – Texas Head Start State Collaboration Office, Texas Early Childhood Professional Development System
- Rebecca Latimer – Just Kidding Around
- Sandra Solis – Lower Rio Workforce Solutions

Members not in Attendance

- Doug Watson – Healy-Murphy Child Development Center

Additional TWC Attendees

- Laurie Biscoe – Deputy Director, Workforce Development Division (WDD)
- Patricia A. Gonzalez – Director WDD Technical Assistance and Child Care
- Phil Warner – Child Care Program Supervisor
- Regan Dobbs – Child Care Policy and Program Analyst
- Anjali Barnes – Child Care Policy and Program Analyst
- Kimberly Flores – Child Care Policy and Program Analyst
- Adela Esquivel – Child Care Policy and Program Analyst
- Sue Flores – Child Care Policy and Program Analyst
- Kimberly Berry – Governmental Relations
- Katherine Farrell – Attorney and Policy Advisor, Chairman Alcantar's Office

Meeting Summary

Welcome, Roll-Call and Overview of the Agenda

Reagan Miller greeted the audience and invited the workgroup members to introduce themselves.

After introductions, Ms. Miller explained what the general timeline for the TRS workgroup recommendations are and future opportunities for public comment on those recommendations.

Ms. Miller explained that this will be one of three opportunities for public comment on TRS guidelines. The TRS workgroup is accepting public comment on the draft recommendation during today's public meeting as well as via email at TRSWorkgroup376@twc.state.tx.us through March 28, 2014. The workgroup will take input from this public comment period and refine the recommendations for submission to the TWC in May.



TWC will then release a "Concept Paper" outlining the general concepts regarding the TRS criteria revisions. The Concept Paper is scheduled to be released during the summer. The public will have an opportunity to comment on the Concept Paper.

TWC will take the public input on the Concept Paper to prepare proposed rules regarding the TRS certification system. The proposed rules are scheduled to be available by September 2014. There will be an opportunity for public comment on the proposed rules.

The final TRS rules are expected by January 2015.

Ms. Miller proceeded to call attendees to provide public testimony as follows:

Public Testimony

Pat Carter – Elgin ISD Child Development Center

Ms. Carter spoke of rural perspective, needs of directors, and families on free/reduced lunch. She would like to be able to provide quality child care to everyone, especially to low income families.

The new recommendations require training which costs money. Ms. Carter is concerned about the Director qualification and training requirements for 2 star certification. Ms. Carter noted that rural community colleges do not have child development classes.

The requirement for 75% of staff to have at least a CDA is too high number, considering that courses may not be available locally. Ms. Carter noted that staff may get burned out and leave. We need to raise standards, but consideration needs to be given to how changes affects costs also.

Jessica Salinas – Montessori Advocacy

Ms. Salinas suggested accepting Montessori certificate for director's qualifications. The certificate is on a different track (AMI credentials). She suggested adding a 3-6 years mixed age group to the new standards. Ms. Salinas also suggested that the curriculum plan accept Montessori albums.

She wants the standards to be more specific regarding the types of technology used. She mentioned that Montessori does not teach preschoolers using technology. Ms. Salinas prefers sometimes, often, and always for scoring method.

Dr. Joan Altobelli– Extended-A-Care for Kids

Standards for special needs children at a center are unclear. Dr. Altobelli stated that the recommendations are not clear if part-time staff is excluded based on the director qualifications as proposed. She suggested considering training for part-time staff as well.

Dr. Altobelli stated that. she would like clarification on requirements for caregivers and programs for school-age children and stated that there should be separate criteria for school-age programs. School-age education requirements differ from other ages, she suggested that we need to develop TRS recommendations specific to school-age only.

Ms. Altobelli suggested that the new recommendations need to include provisions for college students as caregivers. She suggested that the workgroup consider one year of continuity of staff



with a child care provider, rather than two. She noted that it will be difficult to have 75% meet longevity for part-time staff.

Christina Thi – Department of State Health Services (DSHS)

Ms. Thi mentioned that low income children are at higher risk for obesity. She praised the additions for the nutrition measures. Ms. Thi stated that it is good that the menu meets the CCAFP guidelines. She would like to see fish to be on the menu at least once a week. In addition, she would like the measures to limit fried foods, fat, salt, bread, and desserts.

Ms. Thi commented that the workgroup should consider clarifying that children 0-12 months should not be given cow's milk; 2 years and older should be on reduced fat milk.

Megan Burke – Texas Association for the Education of Young Children

Ms. Burke commented on group size and teacher qualifications indicating that both can have structural and process measures. The tiered system of showing a progression of qualifications is good for directors, but should be extended to caregivers as well. Ms. Burke also stated that child-caregiver ratios for 4-Star providers can be on a points system and could be aligned with accreditation ratios.

Alice Bufkin and Lauren Dimitry – Texans Care for Children

Ms. Bufkin and Ms. Dimitry presented the need to consider adding a breast feeding room and evaluate the cost options for adding the room. They also stressed the importance of informing the parents of their right to breast feed. They suggested adding breast feeding to the nutrition menu measures and limit unhealthy items, and no sugary drinks. Sugary drinks can be for special events and providers should inform the parents if they are going to serve sugary drinks.

Sarah Crockett – Texas Association for Infant Mental Health

Ms. Crockett suggested adding an introduction explaining the differences between structural and process measures in the new TRS measures and recommendations. She suggested having 1-Star rating with no rate increase, but they can strive for 2-Star level. Ms. Crockett also suggested having an age group of 0-3 and point system for low group size and ratios.

Alison Bentley – School Readiness Action Plan Leadership Team

Ms. Bentley would like for the workgroup to consider including child to staff ratios as a quality indicator, with small ratios at the higher star levels. She also suggested making group size more stringent at 4-Star level. Ms. Bentley also recommended removing the option for staff to meet the minimum qualification though two years' experience working under the supervision of qualified staff.

Andrea Brauer – Texans Care for Children

Ms. Brauer stated there is a need to address child-to-caregiver ratios and to have process measures for ratios. She recommends reviewing best practices on ratios. Ms. Brauer suggested that documentation should be required to reflect the minimum, moderate, and strong evidence noted for curriculum measures. She also asked the workgroup to consider adding process measures to reflect higher qualifications for lead caregivers.

Cari Browning – DSHS



Ms. Browning suggested the need for requirements in physical activity to be included in the curriculum plan and space for physical activity to provide any movement that exerts energy. She suggested including "Let's Move" standards and training for caregivers and parent education in physical activity. For the amount of physical activity, Browning recommended the range of 30 to 120 minutes.

Ms. Browning suggested that the workgroup consider creating a stand-alone category for physical activity in the standards and following the format in "Caring for Our Children" healthy weight standards. She would like to incorporate natural design elements in the Outdoor Learning Environment. She sees a need for physical activity and screen time standards to be written into the TRS star system.

Alison Reis-Khanna – Texas Partnership for Out of School Time

Ms. Reis-Khanna has the same concerns as Dr. Altobelli regarding the need for standards for school-age programs. She would like to see the new standards include after-school programs. She will share school age qualifications. Reis-Khanna states that staff longevity is an issue in after-school care.

Lonnie Hutson – Kids R Kids

Mr. Hutson stated that the program is voluntary so there is a need to take into consideration the cost of compliance with requirements relative to the enhanced rates. For the staff qualifications, 75% of staff with a CDA is too high of standard. He recommends using a point system to achieve a star level and for staff ratios and group size for meeting higher standards.

Shannon Truesdale-Curry – Knowledge Universe

Ms. Truesdale-Curry stated that half of their KinderCare centers are TRS. She recommended the need for further incentives to provide quality child care and the need to implement the new standards uniformly across the state. She also suggested using a crosswalk with national accreditation standards in order to streamline the certification process for those providers who are accredited.

Cynthia Pearson, Tammie Stevenson, Denise Dilliard, and Brenda Peak-Day Nursery of Abilene

Ms. Pearson stated that they want their child care facility to be part of a system that provides quality child care services. She added that there is a lack of child care services for special needs children, and there needs to be adequate reimbursement rates to provide quality services

They want the Texas Workforce Commission (TWC) to provide a cost analysis for implementation of the workgroup recommendations and to pay for the quarterly staff training.

They expressed their concern about center directors that will not meet the director qualifications educational requirements because their staff has 30+ years of experience with on job training, but do not have a CDA.

They recommended parental involvement be mandatory and wants to see parent requirements similar to those in Head Start in order for centers to get the child care subsidy.



They also expressed concern that the public meeting notification was not disseminated by TWC in a timely manner.

Following public testimony the Workgroup reconvened to discuss public comments.

Draft Recommendations Document:

Pat Smith requested clarification that April Crawford, Children's Learning Institute, has been selected to conduct a comprehensive review of the standards. Reagan Miller confirmed. Pat stated someone on her subcommittee is a national validator and might provide a valuable perspective. This individual has volunteered to assist in reviewing the standards as well.

Mary Clare inquired about the creation of a draft recommendations cost analysis dummy to outline a plan. LaShonda mentioned that the Office of Child Care created a cost estimator tool and access to this tool might be possible by contacting that office.

Pattie stated that this tool would be beneficial to centers in determining feasibility of recommendations.

Director/staff qualifications:

On director/staff qualifications, the group agreed that number of college credit hours should not be modified.

The group agreed to separate experience and education from staff qualification as it was done with director qualifications. This would address Dr. Altobelli's concerns (one of the public speakers).

Ms. Miller indicated that if experience will be separated, a standard needs to be created as well as breaking out experience for school age separately.

Ms. Miller indicated that on caregiver qualifications, the word "or" needs to be added after letter "B", pages 1-3. Workgroup agreed. LaShonda mentioned that recommendation offers options, i.e., Under A, an Associate's degree can be obtained and under B, 12 hours or two years of experience are acceptable.

LaShonda also mentioned that public speakers would like professional experience to count and receive credit to meet recommended qualifications. Elaine indicated that credit needs to be obtained through college credit. LaShonda responded that an assessment tool or credit by examination could be implemented.

General consensus was reached that with extra efforts and scholarship availability awareness, minimum recommended requirements can be met and that current education standards need to be raised in order to ensure quality in child care services.

Ms. Miller proposed to change the percentage of caregiver staff with a CDA to 30% from the current recommendation of 50% and graduate the proportion of staff requirements for the higher TRS star levels. Group agreed indicating that this will bring a balance to centers.

Further discussion on director/staff qualifications is pending.



LaShonda stated the importance of a special needs inclusion specialist to provide caregivers with professional assistance to meet the child's special needs.

Mary Clare stressed the importance of state funding to adequately meet the needs of special education/needs children.

Use of technology:

Group indicated that licensing already limits the use of iPad playing time and that current recommendations only apply for children older than three years.

Physical activity:

Ms. Miller inquired about the number of minutes for physical activity. Group agreed to recommend for 4 star level centers, 60 minutes in the morning and 60 in the afternoon of movement, not necessarily physical activity. Group will also consider changing number of activities to number of movement minutes.

Nutrition:

Ms. Miller asked if we need to change recommendations to indicate breastfeeding and whole milk for younger children and 1% fat reduced milk for children older than two. Ms. Miller also asked if no sugary drinks are to be added to the recommendations and group responded affirmatively.

The group also discussed blending physical activity and nutrition, based on the suggestion made by Cari Browning from DSHS. The group is in favor of making this revision.

Staff Ratios:

The work group discussed staff ratios as a process measure to reward those facilities who achieve better ratios. Sul' noted that there are already 27 measures, so this would only be adding one more. Overall, the Workgroup is in favor of the idea (to include staff ratio as a process measure), and requested that Subcommittee 2 work out details.

Work Scope, Work Plan, Parking Lot

Ms. Miller spoke about the revised calendar. There will be four more Workgroup meetings to address the recommendation.

She requested that staff provide a summary of all comments to the Workgroup.

The meeting was adjourned at approximately 4:10 pm.



Members in Attendance

- Patricia Smith – Little Dudes Learning Center
- Sul Ross – Gulf Coast Workforce Solutions
- Howard Morrison – Texas Education Agency
- Reagan Miller – Texas Workforce Commission (TWC)
- Lana Estevilla – Department of Family and Protective Services
- Pattie Herbert – Infants 123
- Rebecca Latimer – Just Kidding Around
- Sandra Solis – Lower Rio Workforce Solutions
- Doug Watson – Healy-Murphy Child Development Center
- Dr. Elaine Zweig – Collin County Community College
- Mary Clare Munger – Amarillo College Child Development Lab

Members not in Attendance

- Sharon Davis – North East Texas Workforce Solutions
- LaShonda Brown – Texas Early Learning Council

Additional TWC Attendees

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- Anjali Barnes – Child Care Policy and Program Analyst
- Kimberly Berry – Governmental Relations

Meeting Summary

Welcome, Roll-Call and Overview of the Agenda

Ms. Biscoe announced that Dr. April Crawford, subcommittee member and Director of State Initiatives at the Children’s Learning Institute, offered to review the TRS measures for consistency. Dr. Crawford will provide feedback and in an effort to streamline the process agreed to submit her recommendations as public comment.

The Workgroup is scheduled to meet on May 15 to consider the second round of public comments, including with Dr. Crawford’s recommendations. Staff will send workgroup members Dr. Crawford’s comments immediately as they were submitted. Staff will develop a copy of the matrix with Dr. Crawford’s recommendations shown in track changes.

Approval of Meeting Notes

February 20, 2014 meeting notes were approved for posting without changes.



February 26, 2014 meeting notes were approved for posting without changes.

Review of TRS Draft Measures Matrix with modifications based on Round 1 of Public Comment

Parent Involvement and Education – Pat Smith

Pat Smith detailed draft recommendations and subcommittee's proposed responses to public comments.

Pat expressed interest in April's recommendations, specifically regarding parent teacher conferences and spacing of the conferences at least five months apart.

Pat discussed the Healthy Families Pledge (draft nutrition information pamphlet) that providers can use. Reagan inquired if providing nutrition standards in the parent involvement section was duplicative of a measure in the nutrition section.

Pat clarified the pamphlet would be optional. The Workgroup decided not to include these materials with the measures for public comment; however this type of information could serve as a resource. Once measures are approved by the Commission, resources could be designed to align with measures. At that time, it can be determined where these resources will be housed.

Reagan Miller noted that additional comparison between measures is needed to ensure that the physical activity and screen time information is not duplicated.

Pat suggested making technical changes such as changing "parents" to "families" in one instance and rearranging the order of text in another. Laurie requested that all changes be made by COB Friday.

The workgroup agreed with the changes to this section as discussed.

Caregiver-Child Interactions – Mary Clare Munger

Mary Clare Munger discussed draft recommendations and subcommittee's proposed responses to public comments.

The subcommittee decided to add a staff ratios chart as an additional process measure. Since age 0-11 months and 12-17 months already have small ratios no additional process points would be awarded. Discussion included how assessors would consider lower ratios to award points for this additional process measure.

The workgroup agreed with the changes to this section as discussed.

Curriculum/Physical and Social Activities – Howard Morrison



Howard Morrison noted that most comments were related to physical activities. In response, the subcommittee created a measure on activity and motor development. The measure outlines the amount of time for structured and unstructured physical activity.

In addition, the subcommittee added a measure that the curriculum plan includes a health and wellbeing domain. This new measure includes activities appropriate for toddlers and pre-school children for personal safety and health, hygiene, health nutrition and wellness. Sul suggested that the measures be clarified to ensure that “free play” is included in indoor and outdoor planned activities.

The workgroup requested more clarification on the menu items regarding serving healthy snacks and no sugary drinks.

The workgroup discussed a standardized infant feeding form; feeding infants on cue, and serving food family style. One member asked how to accomplish this when some centers have children bring their own meals.

Howard reviewed the minimal changes made to the Indoor/Outdoor measures, based on public comments received.

Director and Staff Qualifications – Elaine Zweig, Ph.D.

Regarding Formal Education, several members recommended that “clock hours” be changed to read “credit hours” under the 3 star and 4 star measures. Additionally, it was suggested to add “AAS” in ECE under the 4 star measure.

Rebecca Lattimer expressed her concern that that current 4 star providers would not be eligible to be certified as a 4-star provider under the proposed criteria, due to the new 4-star measure related to formal education that requires directors to have a degree. She stated that a current 4 Star provider under the same director (without a degree) would no longer be considered a quality provider.

Doug Watson shared that the subcommittee discussed this at length and shared his own experience of requiring his center director to go back and get a degree, despite her many years of experience.

Laurie asked Rebecca if she had an alternate option; Rebecca suggested that those directors with at least five years of experience should receive a waiver. Doug clarified that there was a note at the end of the Director Qualifications section that states that grandfathering provisions are under consideration.

Sul asked how other QRIS systems are addressing this issue. Howard added that this could be an issue in certain areas of the state, as far as limited options to obtain a degree.



The workgroup agreed to have staff research state QRIS examples on how they address formal education. The examples would then be submitted to the group for consideration.

Sul Ross wanted clarification of how an assessor would determine how the following measure would be met: "Provider determines their current career lattice level, identifies how they want to progress to a higher career lattice level." Elaine clarified that this is part of director's plan of how to achieve this measure. The assessor would see how they progress.

Mary Clare suggested that a form could be developed documenting that this measure is met. Laurie clarified that, if this measure is adopted, a form would be developed to document that this measure is met.

Sul wanted clarification on the Director Certification Course measure. It was clarified that if the training is not available, this measure will not be applicable.

The workgroup recommended that the measure: "Orientation: Trigger to inform TWC interested in TRS" be changed to "Complete TRS orientation, if available."

In regards to caregiver qualifications, the workgroup recommended that the 3 star requirement be changed to read: "Provider meets more than 50% but less than 75%."

Next Steps

Subcommittee Leads will send any changes to the measures by COB Friday, 4/25/14.

Draft Recommendations matrix will be posted for public comment by COB Monday 4/28/14.

TWC will notify all providers with an agreement in the TWIST system with a valid email of the public hearing scheduled for May 15, 2014, including a list to the measures matrix posted on the website on 4/28/14.

The agenda for the next meeting on May 1, will include a review of draft scoring methodology to determine TRS star level and other parking lot items.

The meeting was adjourned at approximately 4:00p.

Facility Assessments DISCUSSION POINTS

During the January 31st and May 1, 2014, TRS Workgroup meeting, the following was discussed and agreed upon:

Process For Application: The workgroup reached consensus on the application process for TRS certification which will require the provider to:

- attend an orientation or watch a video providing an overview of the
 - TRS application process,
 - TRS criteria, and
 - TRS assessment process; and
- complete a TRS Self-Assessment tool.

Process for Assessment of Facilities for Certification and Monitoring of TRS Facilities:

TRS Certification - The workgroup agreed that:

- 100% of classrooms will be assessed at the initial assessment and at each recertification; and
- all facilities will be assessed every 3-years for re-certification

TRS Monitoring – The workgroup has agreed:

- Staff will conduct one annual unannounced monitoring visit
- Staff will review and check incident reports during the onsite visits.
- Prior to an onsite visit, staff will review licensing monitoring report and the provider's annual self-assessment for the classroom
- that TRS-certified providers must:
 - submit a classroom self-assessment every time there is a change in staff ; and
 - complete a TRS screening form following each licensing visit and report the results to the Board.

The workgroup needs to determine the threshold for the change in staff. One option is to require for larger facilities, if both teachers in the classrooms are no longer with the facility, need to do more than annual visit.

The workgroup needs to establish a percentage of classrooms observed during the annual unannounced monitoring visits for every facility. One option is that during the annual visits, set a minimum for review of 50% of the classrooms, with at least one classroom for each age group.

Finally, the workgroup needs to establish the actions that must be taken for providers who are not meeting standards at the monitoring visits. One option is to require at least a 6 month, but no more than a 12 month Service Improvement Agreement in which the provider participates in required mentoring and technical assistance activities. The provider will then have a full assessment at the end of the SIA period.

Child Assessments DISCUSSION POINTS

The TRS Workgroup has discussed the use of child assessments as part of TRS standards at the following meetings:

November 20th

The workgroup understands there are different costs associated the use of child assessments, and a one-size all approach is not preferred. One proposal considered was to offer a menu of approved tools.

Head Start and NAEYC use child assessment extensively. These assessments demonstrate growth and how the teacher was intentional in achieving goals. One option discussed was using assessments for the highest tier, add as criteria in an unfunded 5th-star or add this in that very top level.

December 19th:

During the December 19, 2013 meeting, the workgroup agreed that *if* child assessments are included as a measure:

- it should only be at the 4-star level;
- the assessments must only be used by the provider to:
 - chart the child's progress over time as in the domain of learning,
 - provide feedback to the parents,
 - support positive child guidance and classroom management, and
 - evaluate and assist the effectiveness of professional development.

Considerations discussed regarding the use of a standardized tool included:

- child progress could be compared across the state;
- a menu of tools may be more realistic; however, who will make those selection decisions (e.g., TWC, workgroup recommendations);
- whether teachers should plan intentionally based on the needs of the children in their classroom rather than an assessment tool.

January 31st

The workgroup discussed whether providers could report to TWC the results of their assessments in order to demonstrate the effectiveness of the child care program.

However, the workgroup recognized that such reporting would require the establishment of standards or a common set of child assessment tools to be used.

A member suggested and the workgroup agreed for staff to conduct a survey of tools to determine whether assessments tools are currently being used and if so, which ones.

TRS Provider Survey:

In April, TWC emailed a survey to 881 TRS providers requesting information on child care assessment tools being used. The results of the survey are provided in Attachment 1. Two-hundred-seventy-three (273) —31%— of the providers responded to the survey. Of the 273

respondents, 87.2% (238) use some form of child assessments. Of the child assessment tools used, 40% use Ages and Stages. Some of the other assessments used are Brigance, Denver, Galileo, and Teaching Strategies/Gold.

Other States:

According to the Compendium Quality Rating and Improvement Systems and Evaluations:

Tables 4.19 (child care centers) and 4.20 (family child care programs) (Attachment 2) provide an overview of how child assessment indicators are included in QRIS. Eleven state's QRIS include indicators related to child assessment for child care centers, and eight state's QRIS include child assessment indicators for family child care programs.

For child care centers:

- Four states (California, LA County; Florida, Miami-Dade; Louisiana; and Ohio) include indicators related to the use of developmental screening tools.
- Three states (Minnesota, Ohio, and Pennsylvania) specify that results of assessments must be shared with parents.
- Only three states report having a review process for child assessment tools, while seven states report that they have approved assessment tools designated in the QRS.

For family child care programs,

- Three states (California, LA County; Florida, Palm-Beach; and Ohio) include an indicator related to the use of developmental screening tools.
- Four states (Colorado, Minnesota, Ohio, and Pennsylvania) specify that the results of assessments must be shared with parents.
- Two states report having a review process for child assessment tools, and four states report that they have approved assessment tools designated in the QRS.

Issues and Options:

Issue 1: Should the use of a child assessment tool be included in the TRS standards?

Option 1: No. There are multiple measures throughout the draft recommendations, particularly in child-caregiver interactions that involve caregiver assessments of a child's behavior and developmental level.

The draft measures currently provide opportunities for caregivers to assess a child's needs and take appropriate actions to respond to those needs.

Option 2: Yes. The TRS measures should include a formal process for caregivers to conduct child assessments in order to:

- chart the child's progress over time as in the domain of learning,
- provide feedback to the parents,
- support positive child guidance and classroom management, and

- evaluate and assist the effectiveness of professional development.

Option 3: Not at this time. However, this could be a consideration for future TRS revisions.

Issue 2: If 'yes,' how should the use of a child assessment be included?

Option 1: The use of child assessments could be a separate measure in all categories or selected categories. For example,

- Director and Staff Training could have a measure related to training on child assessments or to evaluate and assist the effectiveness of professional development;
- Child-Caregiver Interaction could have a measure related to the use of assessments to support positive child guidance and classroom management;
- Curriculum could have a measure related to the use of child assessments to chart the child's progress over time; and
- Parent Education and Involvement could have a measure related to providing feedback to parents on child assessments conducted.

The measures would be a process measure with points awarded for progressive degrees of the use of child assessments.

Option 2: The use of child assessments could be a separate category including standards associated with the selection, use, training, and communications regarding assessment results.

Issue 3: If child assessments are included in TRS, what assessment tools should be used and how should the tools be selected?

Option 1: Initially, the list of child assessments could consist of the most common assessments used as reported by TRS providers. These include:

- Ages and Stages
- C-PALLS +
- CIRCLE
- Brigance
- Denver
- Teaching Strategies/Gold
- Galileo
- Portage Guide
- Peabody Picture Vocabulary test and the Pre-Language Assessment Survey (Pre-LAS)
- Hawaii Early Learning Profile

The list could be expanded on a regular schedule (e.g., 3-5 years) using a standard review process developed by TWC.

Option 2: There should not be an established set of child assessment tools. The measure should be built around observing the use of child assessments and how the assessments are used to improve interactions, chart the progress of children, and provide feedback to parents.

Attachment 1

TRS PROVIDER SURVEY: CHILD ASSESSMENTS

1. Do you use a child assessment tool?

	answered question	273
	skipped question	7
	Response Percent	Response Count
Yes	87.2%	238
No	12.8%	35

2. Please indicate the tool(s) used. Please check all that apply.

	answered question	235
	skipped question	45
	Response Percent	Response Count
C-PALLS+ (used as part of the TSR! Grant Project)	17.9%	42
Wechsler Preschool and Primary	0.0%	0

2. Please indicate the tool(s) used. Please check all that apply.

Scale of Intelligence (WPPSI)		
Bayley Scales of Infant Development, electroencephalogram (EEG)	0.4%	1
Kaufman Assessment Battery (K-ABC)	0.4%	1
Battelle Developmental Inventory	0.0%	0
Peabody Picture Vocabulary test and the Pre-Language Assessment Survey (Pre-LAS)	2.6%	5
Curriculum Based Assessments (High Scope, Creative Curriculum)	31.5%	74
Ages and Stages Questionnaire	40.4%	95
Other (please describe): Show replies	40.4%	95

1.Dial 4 assessment from Pearson testing Co. 2.Texas School Ready program provides assessments for students 3 time a year 3. Individual academic report cards 2 times a year from CP Prep School

A Beka Book based

A checklist

Abeka program

An assessment developed by our Education dept at KinderCare

ASQ

Becky Bailey Frog Street

Brigance

Brigance DECA

Brigance Diagnostic inventory of early development II

Brigance Screening with Data Screening

Brigance

Can't find name on this developmental assessment but basically a check list

check lists

Checklists

Child Progress Portfolios based on Observational Assessment Data

CIRCLE

corporate office supplied assessment per classroom/age group

2. Please indicate the tool(s) used. Please check all that apply.

C-Pals for 4 year olds as part of the ISD and Preschool 1st Curriculum developmental assessments in all domains for birth to 4 year olds.
Created from Kids R Kids (2015 - Teaching Strategies Gold)
DAYC
Denver
Denver II
Denver II Screener eLAP & LAP 3 Assessment tools
Desired Results Developmental Profile
Developmental stages for Two Year Olds Developmental Stages for Three Year Olds & Developmental Stages for four Yea Olds Currently we are only assessing our Pre-K Classroom and Preschool upon parent request. We are working toward assessing in each of the above age groups beginning fall of 2015.
Devereux
devised by KinderCare for children not in the TSR project
DTKR , EPR, Tango
ELAP
For next fall, we will be using Galileo.
Frog Street Assessment tools
Galileo
Galileo
GOLD
Hawaii Early Learning Profile
Head Start CLASS (Interaction measurement)
HELP Assessment tool.
High-Scope for toddlers. In-house developed assessment combining High Scope and Texas Education Agency Guidelines for three through five
Humanics National Child Assessment Form
I am using tools from Austin Independent School District Performance Scale for Prekindergarten, TRS Assessment, Prime Times,
in house adaptaion of the american pediatriotics, caring for your baby an young child bith to age 5, the complete and authoritative guide
Innovations
ISD's assessments for school age children
Kaplan Early Learning Accomplishment Profile for 18 months - 35 months; Kaplan Learning Accomplishment Profile 3 for 3 - 5 years
Kidex - curriculum and assessment ages 6 wks to 4 Material provided by At Home Health Care's therapists Our on site LPC
KinderCare Provides Assessment tools for all our children
Language Assessment Profile (LAP-3)
LAP-3
LAP-3
Learning Accomplishment Profile
Made up our own
mClass from TSR
Montessori assessment tool
Month-by-Month Developmental Milestone Chart

2. Please indicate the tool(s) used. Please check all that apply.

One we created

Other (please describe):

other tools little texans early big futures developmentally appropriate guidelines early years, AVANCE parenting curriculum

our own

Our own based assessment

paper copy developmental assessment tool it is good and very helpful for all ages birth to 5 years

Parents As Teachers Developmental Guidelines and Texas School Ready Assessment Pathway, Team, Learn from the start

Pocet- Preschool Observation Checklist & Evaluation Tool

Portage Guide

Portage Guide

Portage Guide Assessment tool

Preschool first online assessment

Preschool Frist an online assessment tool

questions, but the tool was created by our educators at our corporate office

Similar to Head Start Readiness

Skills concept checklist for ages 2yrs to 5yrs. Pocet

Stellar, and our own company branded assesment to go with our curriculum. Jouney and

Learn from the Start

Teacher based assessments

teacher written goals/objectives - shared at parent conferences for pre-K. All others refer to Hawaii Early Learning Profile as needed

teachers makeup their own curriculum

Teaching Strategies Gold

Teaching Strategies GOLD; ELAP; LAP 3

Texas School Ready

Texas School Ready Assessment

The Early Foundations® Developmental Assessment for Preschool and the Early Foundations® Developmental Assessment for Prekindergarten list the early learning standards (skills and behaviors) focused on in each program. The standards are grouped within the following six developmental domains or content areas: Cognitive Development; Creative Expression; Executive Function; Language and Literacy Development; Physical Development and Wellness; and Social and Emotional Development.

We currently use Assessments made by our education department. Knowledge Universe (KinderCare)

We develope our own

We do not use any of these tools

we have created our own

We have several that we have pulled to use in our Pre-K area. I also have tools to use when there are concerns for a child that we can review with the child. If a parent requests a meeting, I will do a basic developmental tool to help with the discussions.

We use a very basic assessment that came with the Bible based curriculum we purchased.

The assessment relates directly to what was taught through the curriculum.

We use our Journey Assessment for Preschool age children which is curriculum based and

2. Please indicate the tool(s) used. Please check all that apply.

Milestone based for younger children under the age of 3.

We use our own Country Home assesment that our Curriculum writer has developed for us

We use our own developmental assessment

West Texas Opportunities Assessment created.

Comment:

May I make a comment about assessment tools? I worry that we are not being clear about the purpose of these tools and the ability of the average child care worker to use them. This list contains tools that are used for various purposes. I suggest that we start with a simple tool such as Ages and Stages (both the general and the social emotional). This is a tool that has validity and reliability ratings based on parents completing it. It will help us identify the children who need referral for further assessment. At the same time, we cannot assess children's needs and then not have the resources to meet those needs. And the reality is that we do not have a child care system that can meet those needs with the current level of training and compensation workers receive.

Any other kind of assessment or progress monitoring brings with it more difficulties. Most child care workers do not have enough information about typical development to use these tools accurately. The training necessary to prepare people to use these tools will be long, expensive, and typically disappear once we move on to the next topic of interest. With the high turnover rate in this field, in a few years, most centers won't have staff who know how to use these tools accurately or effectively. Additionally getting teachers to link the assessment results with their lesson planning is very difficult. They do not have the knowledge to know how to do that. HS and EHS struggle with this and they have a lot of training and mentoring resources.

This is an admirable goal, but not realistic. I hope we focus on identifying children who need additional professional resources, and making sure families have access to these professional resources in the community. But we can't cut back on training the basics. The reality of this industry is that we have to train the basics over and over again. We don't do that well enough now. We need mentors and compensation for improving performance. We do not need to test children and do nothing with the results.

I appreciate the committee's goal to improve education in the early years, but I do not believe testing children will achieve that goal. You are asking a lot of some of the lowest paid workers in the state.

Sincerely,
Pamela Wilder