

Texas Rising Star (TRS)
TRS Workgroup Meeting

April 24, 2014
1:00pm to 4:00pm

Agenda:

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

Approval of Meeting Notes

Tab 2 – February 20, 2014 (Attachment 2)

Tab 3 – February 26, 2014 (Attachment 3)

Tab 4 – Review of TRS Draft Measures Matrix with modifications based on Round 1 of Public Comment (Attachment 4)

Subcommittee Recommendations based on March 20 Public Comment

Tab 5- Parent Involvement and Education – Pat Smith (Attachment 5)

Tab 6 - Caregiver-Child Interactions – Mary Clare Munger (Attachment 6)

Tab 7 - Curriculum/Physical and Social Activities – LaShonda Brown (Attachment 7a,b,c)

Tab 8 - Director and Staff Qualifications – Elaine Zweig, Ph.D. (Attachment 8)



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)
Michelle Adams	- Department of Family and Protective Services
Sharon Davis	- North East Texas Workforce Solutions
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
Doug Watson	- Healy-Murphy Child Development Center

Members not in Attendance

Dr. Elaine Zweig	- Collin County Community College
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Additional Attendees

Laurie Biscoe	- Deputy Director, Workforce Development Division
Patricia A. Gonzalez	- Director Workforce Policy
Regan Dobbs	- 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
Jessica Crawford	- Adobe Connect Facilitator
Marisa Cervantes	- Workforce Solutions Middle Rio
Stephanie Carter	- Workforce Solutions - Southeast

Meeting Summary

Welcome, Roll-Call and Overview of the Agenda

Ms. Biscoe informed the work group that Reagan Miller will participate on call from the road and Laurie will moderate the discussion today.

She asked Mary Clare to continue with the second half of the presentation for Caregiver-Child Interactions committee. The first section was presented during the meeting on February 13, 2014.



Child-Caregiver Interactions Subcommittee Recommendations (continued from last meeting of 2/13/14)

Mary Clare led the presentation and asked April Crawford who is on this subcommittee to provide the overview of the measures.

Play-based Interaction and Guidance

LaShonda asked how the assessor will determine who to score if there are lead and assistant teachers in the classroom. April clarified that assessor would need to either identify and/or observe one target, or record episodes of several targets. At this time the subcommittee does not have a recommendation on a method for observations.

Pat expressed concern with recommendations having financial impact to centers, especially the ones with high ratios. She recommends a cost analysis comparison be conducted to determine impact of the revised measures. Pat also expressed an interest in having the centers test the new TRS measures before they are adopted and implemented.

Sul commented that centers need to have higher quality standards to reach a 4 star level; and does not recommend watering down measures because some may be harder to meet than others. The 4 star rating is for the absolute highest quality. He also expressed that the group does not want to set a bar that centers are not able to reach. Doug expressed that ratios would need to be analyzed as well.

Mary Clare stated that upon completion of all measure recommendations, further analysis can be made to ensure feasibility of measures. April indicated that recommendations can be adjusted, if needed, but believes that current recommendations can be implemented with adequate training.

LaShonda asked if HB376 allows for quality improvement. Reagan responded affirmatively.

Support for Children's Regulation

Members commented that there might be difficulty in observing both aspects (modeling and intentional activity) of Support for Children's regulation at the same time. April confirmed that these are some of the measures with the greatest training difficulty and added they can be modified to focus on one aspect or another.

Sul asked if these measures could be applied to elementary school children. April responded they could for the first two sections, school aged children are more able to regulate themselves. Sul indicated that clarity needs to be provided in determining if measures apply to school agers or not - without clear instructions that some measures do not apply, low scores could result if measures did not apply.

A N/A box will be added for measures, so that if the incident doesn't occur during the time period of observation, it will not impact scoring.

Curriculum/Physical and Social Activity Subcommittee Presentations



Health and Nutrition

Reagan walked the workgroup through the proposed measures for health and nutrition. The measures only address standards above and beyond those addressed by licensing. Since all kids are entitled to a safe place, not only TRS quality programs, the subgroup focused this section to reflect health and nutrition measures only. In reviewing the work of other subcommittees, Reagan believes the measures for infants can be enriched using language from the caregiver group.

Pat wanted clarification whether caregivers had to be seated the entire time while children are eating their meal. Reagan confirmed that the caregiver may be seated periodically, as the measure currently describes.

Sul inquired about why yogurt is specifically addressed. Reagan noted that item should fall under all ages, and explained that measure was based on input from a stakeholder from DSHS.

Mary Clare asked for consideration of an allowance for providers to provide milk or veggies to supplement meals brought by children; therefore, providing an opportunity for those children to experience a family style aspect to the meal.

In reference to the specific provisions regarding the food served at meals:

- Mary Clare offered that her center has their menu reviewed by a nutritionist every 6 months. She suggests perhaps hospitals or county extensions could partner to provide this service. Mary Clare said this would at least allow nutrition professionals to verify healthy menus, rather than have assessors check for a wide variety of healthy choices, as currently listed in the measures.
- Reagan explained there was a great deal of discussion around CACFP and the varying degree of resources centers had available.
- Pat asked if an item could be included for providers to supply all children with milk. She also asked if desserts included vanilla wafers or graham crackers.
- She inquired if breaded meats were acceptable if they were not fried.
- Doug has a concern about the measure requiring one fruit or veggie with every snack.

Curriculum/Activities

Howard presented the measures for the Curriculum/Activities subgroup. He explained that the group opted to use the Infant Toddler and PreK Guidelines as the basis for the measures.

Howard explained that item 1 was initially a structural measure, but the group determined that was too constrictive. The workgroup discussed the proposed scoring, which asks for evidence in percentages of domains, 25%, 50%, and 100%. Workgroup agreed to modify the measure to note specific skill domains by age group and score based on the level of evidence (low, moderate, or high) found in the curriculum. In addition, the workgroup discussed and agreed to modify measures or combine measures to reflect planned and implemented activities rather than having separate measures for each type of activity.



Mary Clare asked to add a structural measure for every provider to have a copy of infant toddler and preK guidelines on site. Mary Clare also encouraged that the STEM domain include all ages, not only 3-5 year old.

Under Quality Improvement Activities, Sul questioned if the first item is realistic for providers. The score for 3 required the director to meet with staff once a week. The group decided to change score 3 to three times a month. Pat pointed out this is not observable and providers will readily volunteer that they meet this requirement.

Mary Clare commented that the measure relating to “learning through hands-on manipulation of real objects” seems to measure teacher behavior, and she questioned if the aim was truly to measure the evidence that activities and equipment were available to kids in the classroom. She stated that teacher behavior is captured in childcare interactions; perhaps this measure should focus on the items in the room supporting activities.

Regarding the measure of the balance between indoor and outdoor activities, Pat noted that licensing requires 2 outdoor periods. LaShonda explained that this measure is intended to expand on this standard to demonstrate what activities children do outdoors. Mary Clare suggested adding indoor and outdoor play in the next item.

Sul requested that the compliance notes include that curriculum be attentive to dual language children, children with special needs, and that curriculum reflect diversity.

Mary Clare said programs with strong relationships with families are higher quality. She noted that there might be an opportunity to include in the instrument evidence that providers are sharing information about the curriculum with parents and children’s progress relative to the curriculum.

Director and Staff Qualifications Presentations

These will be presented at the February 26th meeting.

Notes on upcoming meetings:

- Laurie reminded the group to provide TWC staff with modifications to recommendations presented at the meeting on 2/13/14, shown in “track changes.” Those modifications will be reviewed during the meeting on February 26, 2014 from 1:00 -3:00 p.m.
- Due to the increasing work and tight turn-around, and the complication of spring break for both the work group and stakeholders who may wish to offer public comment, the Public Meeting has been moved to March 20. The workgroup will take public comment at this meeting but will not take action or adopt recommendations.
 - The workgroup will meet February 26 and March 6 to review and discuss modifications to subcommittee recommendations before posting draft recommendations for public review.
 - March 20 - Public meeting, in person

Laurie noted that there is interest in having a review completed of the entire package of TRS measures being recommended, and TWC is considering the options for such a review. Also, based on discussion during the meeting, the workgroup requested an item regarding possible marketing strategies for TRS be included for a future meeting.



The meeting was adjourned at approximately 4:15 pm.

DRAFT



Members in Attendance in Person

- Reagan Miller – Texas Workforce Commission (TWC)
- Patricia Smith – Little Dudes Learning Center
- Sul Ross – Gulf Coast Workforce Solutions

Members Participating in Call:

- Howard Morrison – Texas Education Agency
- LaShonda Brown – Texas Head Start State Collaboration Office, Texas Early Childhood Professional Development System
- Pattie Herbert – Infants 123
- Rebecca Latimer – Just Kidding Around
- Sharon Davis – North East Texas Workforce Solutions
- Sandra Solis – Lower Rio Workforce Solutions
- Mary Clare Munger – Amarillo College Child Development Lab
- Doug Watson – Healy-Murphy Child Development Center
- Dr. Elaine Zweig – Collin County Community College

Members not in Attendance

- Michelle Adams – Department of Family and Protective Services

Additional Attendees

- Kristina Gonzalez Guerra – Kristi-Lin's Academy (Provider)
- Graciela Gonzalez – Kristi-Lin's Academy (Provider)
- Laurie Biscoe – Deputy Director, Workforce Development Division
- Patricia A. Gonzalez – Director Workforce Policy
- 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
- Houston Hill – Adobe Connect Facilitar

Meeting Summary

Welcome, Roll-Call and Overview of the Agenda

Reagan Miller welcomed the group, took roll-call and proceeded with the next item on the agenda by asking Elaine Zweig to present draft recommendations on Director and Staff Qualifications.

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

1A. Director Qualifications and Training



Measure: FORMAL EDUCATION

The facility director possesses the educational experience to provide developmentally appropriate programs for the ages served, and the ability to support the caregiver staff in implementing the program goals and activities.

Group Discussion:

Reagan commented that the measures listed were structural measures and not process (scored measures are associated with process measures); Elaine responded that it is a met/not met for each star level.

LaShonda further clarified that the new grid will be assigning by star level so technically they were trying to move towards this process.

Sul had questions regarding the education criteria; Elaine clarified that (for example) score of 2, the measures are “or”, not both.

Pattie asked if this will include homes; Elaine responded that the criteria for homes is in the far right column. Pattie added that she agreed with criteria as the qualifications need to be higher for homes.

Measure: EXPERIENCE

The facility director possesses the experience to provide developmentally appropriate programs for the ages served including home based, center based and school age care.

Group Discussion:

Reagan commented that this is a significant change for homes; Elaine responded that she agreed and that there was a lot of discussion regarding this within the group.

Measure: CAREER LATTICE LEVEL

The director assesses their education, experience and ongoing education to determine their career lattice level.

Group Discussion:

Sul wanted clarification how this would be determined. Elaine responded by clarifying that the director would need to use the career lattice resource.

LaShonda clarified that the career lattice document was created by the ELC in order to recognize and allow for the fact that professionals are at different levels. The lattice creates different opportunities for those to come in based on the individual’s education, professional development and experience. If an individual comes in at a high level in one area and a low level at another, she would default to the lowest level.

Patricia inquired about how the fields are used in the lattice.



LaShonda stated that the fields were based on fields used by other professional organizations in other states. The areas: Human Development, Psychology, Sociology, Social Work, Education, Nursing, Public Health, Home Economics/Family and Consumer Science, Recreation, Human Ecology, Child and Family Studies, and Business.

Mary Clare asked about the process of the career lattice. LaShonda stated that the lattice is at the first stage, only collecting data. Hopefully, at stage 2, it will prepopulate based on data entered.

Sul added that assessors would need to get documentation to verify until the system can provide the information.

Reagan asked if any of the subcommittees have addressed requiring the use of Workforce Registry. There were no affirmative responses from the Workgroup; Sul commented that he thought it would be great for the state to use the Registry, as it would take some burden off the assessors.

1B. Caregiver Qualifications

Measure: Not counting the center director, at least 50% of full-time caregiver staff, but no less than one caregiver in a child care facility, must meet one of the following measures: (For centers having only 3 or fewer staff and at least one full time staff caregiver)

- A. Have a Child Development Associate (CDA) credential, a Certified Child Care Professional (CCP) credential, or other TWC-approved child development credential, or an associate or higher degree in child development or early childhood education or;
- B. Have successfully completed twelve semester hours in child development or early childhood education and two years of full time paid experience as a caregiver working with children in a licensed or registered facility
- C. Have two years full-time paid experience working with children as a caregiver in a licensed or registered child care facility while working toward a CDA or a CCP credential or;
- D. Have two years full-time paid experience working with children as a caregiver in a licensed or registered child care facility while under the supervision of a staff person who has either: a CDA/CCP or other TWC approved credential; or an associate or higher degree in child development; or a degree in early childhood education or a related field.

Group Discussion:

Doug suggested that the “no less than one caregiver” be removed as it is not clear; Reagan agreed.

Patricia asked for clarification regarding option D: “2 years working under someone under a CDA”. Sul stated that the criteria (as it is in the current TRS Guidelines) are hard to measure; he suggested that we may need to specify at the same center.



Laurie commented that the measure may need to be amended to specify that a caregiver would need 2 consecutive years (where they are currently employed) supervised with specified credentials.

Reagan added that this may be easier to capture under the Workforce Registry, once this information is available.

Mary Clare added that it may be hard to capture someone who has worked towards a CDA, at any time.

Reagan asked if we needed to clarify that they are presently working towards a CDA; Doug responded that it would be good to add “presently” working toward CDA in Option C.

Measure: In addition to the 50% requirement, providers must sign an assurance that they recognize the value of well-trained staff and will work to achieve a goal of having 75% of all caregivers meeting the TRS Provider criteria for staff qualifications.

Group Discussion:

Several members of the Workgroup felt that this criteria was hard to measure and not needed.

Elaine agreed with the suggestions and Reagan confirmed the group was in agreement to remove the measure.

Measure: Each primary caregiver:

A. Meets DFPS Minimum Child Care Licensing Standards

B. Has a minimum of one year of experience as a caregiver working with children unrelated to the caregiver in a licensed or registered facility; and has 36 clock hours of child care related training acquired during the previous year of operation or employment. Applicable only to primary caregiver's first-time assessment.

Group Discussion:

Reagan asked how this relates to the 3 year experience mentioned earlier in the grid; Elaine replied that this would apply if there is additional staff

For clarity, it was suggested to remove “Applicable only to primary caregiver's first-time assessment”.

1C. Orientation Qualifications

Measure: Before beginning child care duties all caregiver staff receives documented, in-person, interactive orientation with the director/administrator to improve knowledge of the child care operation, specific job responsibilities and needs of children.

Group Discussion:

Reagan asked how the scores of 1, 2 and 3 reflect above minimum standards.



Elaine responded by stating that Measures J-M- go above CCL Minimum Standards and clarified that Score of 2 and 3 are the same criteria. This is met/not met criteria – (You have CCL minimum standards only or CCL minimum standards plus the extra criteria.)

LaShonda stated that Measure M refers to lesson plan activities and that she sees this as more as activities in program; Elaine disagreed and said that she interpreted this as knowledge that caregivers need to have.

This topic was tabled for group discussion

1D. Caregiver Qualifications and Staff Training

Measure: The provider has a specific, individualized written training plan for each caregiver. The caregivers and director should develop the plan together.

Measure: The plan is based on the Child Development Associate (CDA) competencies or the Certified Childcare Professional (CCP) Ability areas, Texas Early Childhood Core Competencies for Practitioners and Administrators

Group Discussion:

It was suggested to combine measures (above) to read: “An individualized written training plan based on CDA competencies, CCP Abilities Areas, or Texas early Childhood Core Competencies for Practitioners and Administrators is observed in the caregiver’s staff file

LaShonda requested to add “formal education” to the measure.

Mary Clare suggested that the criteria reflect the need to show training progression (Beginning, intermediate, advanced skill sets) Training needs to match what the mentor has recommended.

LaShonda suggested adding beginner, intermediate, and advanced levels.

Doug commented that this leaves too much license to the assessor and added that sometimes caregivers are reluctant to go back to school. Additionally, training resources may be an issue for rural areas.

Mary Clare suggested that mentors be trained to ensure that caregivers are trained in new and different topics; Reagan responded that this can be added to the assessor /mentor training.

Measure: The individualized written training plan was approved by TRS assessor

Group Discussion:

It was suggested that this measure be removed.



Measure: DIRECTOR TRAINING

The director participates in ongoing professional development to stay abreast of new research, best practices and trends in early childhood. The individualized written training plan provides for a minimum of 36 clock hours of training, with a minimum of 6 clock hours in program administration, management and supervision.

Group Discussion:

Reagan suggested that this measure be moved to the Director Qualifications Section.

Additionally, it was suggested that all the home criteria be moved up in the section with criteria for centers.

Measure: TRS Orientation (attendance by the director or owner at orientation will act as the initial step or trigger) indicating that a provider is interested in becoming a TRS provider.

Group Discussion:

Lashonda asked if this measure needs to be marked as met/not met; Reagan responded in the affirmative.

Measure: TRS Director Certification Course

Group Discussion:

Reagan asked if this would be a standard course to take; Elaine stated that this was the case.

Pattie asked if this would be required for homes; Elaine responded that the group didn't address this.

Pattie suggested that the criteria should be added for homes; Elaine responded that she agreed that it should be added for homes.

Doug added that this piece is merely a suggestion that the group thought about issuing RFP to write the training but the group did not consider the components of the training.

Patricia asked if a director has an advanced degree would this criteria be waved; Reagan clarified that there is no money allocated towards this, so there might be a cost associated that would not be covered. Currently, Boards have the discretion to select a director training program

Doug added that this measure was included because the director is considered the gatekeeper of the program. There needs to be buy in at the director level to ensure that things are as they need to be in the program.

Reagan stated the TWC staff would research the costs of various programs in the state and again clarified that these criteria may be an issue due to the associated cost.

This topic was tabled for further discussion.



Measure: Caregiver Staff Training (0-5 years) 30 clock hours – specific to the age of children in their care

Measure: FULL TIME Caregiver Staff Training (6-12 years) 20 clock hours of training, with a total of 12 clock hours related to school-age development and curriculum.

Group Discussion:

Reagan asked if this would apply to all star levels; Elaine responded that this would apply to all star levels.

Patricia stated that she didn't think that any school age caregivers are considered full time; Elaine responded that some school district school age care programs consider their staff as full time.

Measure (RCCH and LCCH) Primary Caregiver has 36 hours of documented training, with a minimum of 12 clock hours of instructor -led training.

Measure (LCCH) If applicable, caregivers have 30 hours of documented training, with a minimum of 12 clock hours of instructor -led training.

Group Discussion:

It was suggested that clarification be added to specify staffing at homes.

RCCH (usually only one individual), LCCH (in some cases, there is additional staff)

Outstanding February 26 Agenda items:

Workgroup did not have time to review Attachment 3, Review of updated Draft Recommendations from February 13 meeting. Workgroup agreed that all group recommendations and the subsequent feedback will be reviewed at the March 6th meeting.

Discussion on Next Meetings

- **March 6** - Workgroup Meeting
The meeting is scheduled from 1:00-4:00.
- **March 20** - Public meeting, in person
The meeting is scheduled for 9:00 – 3:00.

The meeting was adjourned at approximately 3:10 pm.

TEXAS RISING STAR (TRS) WORKGROUP
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 APRIL 2014
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DRAFT FOR PUBLIC COMMENT

TEXAS RISING STAR (TRS) WORKGROUP – DRAFT RECOMMENDATIONS FOR PUBLIC COMMENT (MARCH 11, 2014)

Subcommittee 1: Director and Staff Qualifications and Training

Director Qualifications and Training

Structural Requirements (Must Be Met)

Age Group(s)	2-Star Requirement	3-Star Requirement	4-Star Requirement	Applicable to Licensed & Registered Homes
All Ages	<p>FORMAL EDUCATION</p> <p>No requirement for 2 star certification</p>	<p>The facility Director possesses the educational experience to provide developmentally appropriate program for the ages served, and the ability to support caregiver staff in implementing the program goals and activities.</p> <p>Valid Child Care Administrator's Credential, Child Development Certificate (CDA), or Child Care Professional (CCP) Credential</p> <p>OR</p> <p>9 college credit hours in ECE and 9 clock hours of training in business management</p>	<p>AA in ECE or closely related field with 12 college credits in ECE and 6 clock hours of training hours in business management</p> <p>OR</p> <p>At least a BA/BS with 12 hours college credit hours in ECE and 6 clock hours of training in business management</p> <p>Add note in Appendix – Besides ECE, include a list of related fields</p>	<p>Day Care Administrator Credential issued by a professional organization or educational institution approved by Child Care Licensing (without CCL waivers) OR 72 clock hours of training in child development 24 clock hours of training in business management (Licensed or Registered Family Homes only)</p> <p>(It is recommended the workforce board provide training for rural areas.)</p> <p>Must meet 2-Star Requirement</p>
All Ages	<p>EXPERIENCE</p> <p>The facility Director possesses the experience to provide developmentally appropriate program for the ages served including home based, center based and school age care</p> <p>1. Be at least 21 years old & 2 years of experience in early childhood</p>	<p>Be at least 21 years old & 3 years of experience in early childhood</p>	<p>Be at least 21 years old & 4 or more years of experience in early childhood</p>	<p>3 years of experience for Family Homes (Based on Minimum standards and</p>

TEXAS RISING STAR (TRS) WORKGROUP – DRAFT RECOMMENDATIONS FOR PUBLIC COMMENT (MARCH 11, 2014)

Age Group(s)	2-Star Requirement	3-Star Requirement	4-Star Requirement	Applicable to Licensed & Registered Homes
	Include DFPS definition for Director Experience			Education Must meet 2-Star Requirement
All Ages	<p>CAREER LATTICE LEVEL</p> <p>1. The director assesses their education, experience and ongoing education to determine their career lattice level. Provider determines their current career lattice level, identifies how they want to progress to a higher career lattice level.</p>	Must meet 2-Star Requirement	Level 6	Must meet 2-Star Requirement
All Ages	<p>DIRECTOR TRAINING</p> <p>The director participates in ongoing professional development to stay abreast of new research, best practices and trends in early childhood.</p> <p>1. An individualized written training plan that contains 36 clock hours of training on an annual basis (of the 36 hours, a minimum of 6 hours need to be in program administration, management and supervision) is observed in the director's staff file.</p>	Must meet 2-Star Requirement	Must meet 2-Star Requirement	See separate measures below
All Ages	<p>DIRECTOR TRAINING</p> <p>1* TRS Director Certification Course Part 1</p> <p>Similar to model of Taking Charge of Change - TCC Leadership Academy can count towards annual CCL training hour requirements</p> <p>*Based on availability</p>	<p>TRS Director Certification Course Part 2</p> <p>Similar to model of Taking Charge of Change - TCC Leadership Academy can count towards annual CCL training hour requirements</p>	Voluntarily participate in a Professional Learning Community that provides: Peer to Peer Support, Coaching and Mentoring for new TRS Directors	<p>Measures are the same for home-based and center-based care.</p> <p>Must meet 2-Star Requirement</p>
<p>Director Qualifications Notes: Grandfathering provisions under consideration.</p>				

TEXAS RISING STAR (TRS) WORKGROUP – DRAFT RECOMMENDATIONS FOR PUBLIC COMMENT (MARCH 11, 2014)

Subcommittee 1: Director and Staff Qualifications and Training

Caregiver Qualifications, Orientation and Training

Structural Requirements (Must Be Met)

Age Group(s)	2-Star Requirement	3-Star Requirement	4-Star Requirement	Applicable to Licensed & Registered Homes
All Ages	<p>CAREGIVER QUALIFICATIONS</p> <p>1. Not counting the center director, at least 30% of full-time caregiver staff must meet <u>one</u> of the following measures:* (For centers having only 3 or fewer staff and at least one full time staff caregiver)</p> <p>A. Have a Child Development Associate (CDA) credential, a Certified Child Care Professional (CCP) credential, or other TWC-approved child development credential, or an associate or higher degree in child development or early childhood education; or</p> <p>B. Have successfully completed twelve semester hours in child development or early childhood education and two years of full time paid experience as a caregiver working with children in a licensed or registered facility; or</p> <p>C. Have two years full-time paid experience working with children as a caregiver in a licensed or registered child care facility while presently working toward a CDA or a CCP credential; or</p> <p>D. Have two years full-time paid experience working at the current facility with children as a caregiver in a licensed or registered child care facility while under the supervision* of a staff person who has either: a CDA/CCP or other TWC approved credential; or an associate or higher degree in child development; or a degree in early childhood education or a related field.</p> <p>Provider meets the 30% qualified staff requirement</p>	Provider meets more than 30% but less than 75%	Provider meets 75% or better	Must meet 2-Star Requirement
All Ages	<p>CAREGIVER ORIENTATION</p> <p>1. Before beginning child care duties all caregiver staff receives documented, in-person, interactive orientation with the director/administrator to improve knowledge of the child care operation, specific job responsibilities and needs of children.</p> <p>Orientation documentation is dated on/prior to the date the caregiver starts working in the classroom and is observed in the caregiver's staff file by the TRS assessor and includes the following topics:</p> <p>A. Texas Rising Star (TRS) program and criteria</p> <p>B. Policies of the facility</p> <p>C. An overview of the developmental needs of assigned children</p> <p>D. The planned daily activities of the facility, which reflects the ethnic</p>	Must meet 2-Star Requirement	Must meet 2-Star Requirement	<p>Registered childcare home has no requirement</p> <p>Licensed child care home-any staff beyond the licensed holder</p> <p>All staff counted in the ratio</p> <p>Must meet 2-Star Requirement</p>

TEXAS RISING STAR (TRS) WORKGROUP – DRAFT RECOMMENDATIONS FOR PUBLIC COMMENT (MARCH 11, 2014)

Age Group(s)	2-Star Requirement	3-Star Requirement	4-Star Requirement	Applicable to Licensed & Registered Homes
	background, gender, abilities and makeup of families of the children, as well as the diversity of cultures represented in the community.			
All Ages	<p>CAREGIVER ORIENTATION</p> <p>2. Before beginning child care duties, all volunteers and substitute caregivers are provided orientation that defines the task to which they are assigned. Orientation documentation is observed in the caregiver's staff file by the TRS assessor. It is dated on/prior to the date the caregiver starts working in the classroom.</p>	Must meet 2-Star Requirement	Must meet 2-Star Requirement	<p>Measures are the same for home-based and center-based care.</p> <p>Must meet 2-Star Requirement</p>
All Ages	<p>CAREGIVER STAFF TRAINING</p> <p>1. The provider has a specific, individualized written training and/or formal education plan for each caregiver. The caregivers and director should develop the plan together.</p> <p>An individualized written training plan based on CDA competencies, CCP Abilities Areas, or Texas Early Childhood Core Competencies for Practitioners and Administrators is observed in the caregiver's staff file.</p>	Must meet 2-Star Requirement	Must meet 2-Star Requirement	<p>Measures are the same for home-based and center-based care.</p> <p>Must meet 2-Star Requirement</p>
All Ages	<p>CAREGIVER STAFF TRAINING</p> <p>TRS Orientation</p> <p>2.*Trigger to inform TWC interested in TRS*</p> <p>*Interested providers would watch an introductory orientation video (You tube, etc.) in order to understand the program criteria/requirements.</p> <p>Required (if not previously taken)</p>	Must meet 2-Star Requirement	Must meet 2-Star Requirement	<p>Measures are the same for home-based and center-based care.</p> <p>Must meet 2-Star Requirement</p>
For Programs serving 0-5 years	<p>CAREGIVER STAFF TRAINING</p> <p>1. The plan provides for a minimum of 30 clock hours of child care related training specific to the age of children in their care.</p>	Must meet 2-Star Requirement	Must meet 2-Star Requirement	<p>LCCH: Required RCCH: required</p> <p>Minimum Standard: The plan provides for a minimum of 24 clock hours of child care related training specific to the age of children in their care for all child care staff.</p> <p>Must meet 2-Star</p>

TEXAS RISING STAR (TRS) WORKGROUP – DRAFT RECOMMENDATIONS FOR PUBLIC COMMENT (MARCH 11, 2014)

Age Group(s)	2-Star Requirement	3-Star Requirement	4-Star Requirement	Applicable to Licensed & Registered Homes Requirement
6 – 12 years old (School-age Programs)	<p>FULL -TIME CAREGIVER STAFF TRAINING</p> <p>1. An individualized written training plan that contains 20 clock hours of training on an annual basis (of the 20 hours, a minimum of 12 hours need to be in school-age development and curriculum) was in the caregiver's staff file.</p>	Must meet 2-Star Requirement	Must meet 2-Star Requirement	NA
6 – 12 years old (School-age Programs)	<p>PART-TIME CAREGIVER STAFF TRAINING</p> <p>2. An individualized written training plan that contains 15 clock hours of training on an annual basis (of the 15 hours, a minimum of 10 hours need to be in school-age development and curriculum) was in the caregiver's staff file.</p>	Must meet 2-Star Requirement	Must meet 2-Star Requirement	NA
All Ages	<p>CAREGIVER STAFF TRAINING</p> <p>1. All child care staff participates in training according to the approved plan.</p> <p>The training certificates do align to the individualized written training plan.</p>	Must meet 2-Star Requirement	Must meet 2-Star Requirement	NA
All Ages	<p>CAREGIVER STAFF TRAINING</p> <p>2. The director ensures that all caregivers meeting minimum training requirements by either arranging or providing for designated training activities.</p> <p>Provider assists caregiver staff in meeting training criteria by arranging or providing training opportunities.</p>	Must meet 2-Star Requirement	Must meet 2-Star Requirement	NA
All Ages RCCH and LCCH facilities only	<p>CAREGIVER STAFF TRAINING</p> <p>1. Primary Caregiver has 36 hours of documented training, with a minimum of 12 clock hours of instructor -led training.</p>	Must meet 2-Star Requirement	Must meet 2-Star Requirement	
All Ages LCCH facilities only	<p>CAREGIVER STAFF TRAINING</p> <p>1. If applicable, caregivers have 30 hours of documented training, with a minimum of 12 clock hours of instructor -led training.</p>	Must meet 2-Star Requirement	Must meet 2-Star Requirement	

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Age Group(s)	2-Star Requirement	3-Star Requirement	4-Star Requirement	Applicable to Licensed & Registered Homes
All Ages For LCCH facilities only	<p>CAREGIVER QUALIFICATIONS</p> <p>2. Each primary caregiver:</p> <p>A. Meets DFPS Minimum Child Care Licensing Standards</p> <p>B. Has a minimum of one year of experience as a caregiver working with children unrelated to the caregiver in a licensed or registered facility; and has 36 clock hours of child care related training acquired during the previous year of operation or employment. Applicable only to primary caregiver.</p>	Must meet 2-Star Requirement	Must meet 2-Star Requirement	<p>Primary caregiver does meet the criteria - meets DFPS Minimum Child Care Licensing Standards and has 36 clock hours within the previous 12 months (and does not have more than 6 hours of self-study)</p> <p>Must meet 2-Star Requirement</p>

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Subcommittee 2: Caregiver-Child Interactions
Group Size: Age-Related Groups (non-mixed age groups)
Structural Requirements (Must Be Met)

Age Group(s)	2-Star Requirement	3-Star Requirement	4-Star Requirement	Applicable to Licensed & Registered Homes
0-12 months	Maximum Group Size = 10	Must meet 2-Star Requirement	Must meet 2-Star Requirement	Homes must meet minimum licensing standards for group size
13-17 months	Maximum Group Size = 12	Must meet 2-Star Requirement	Must meet 2-Star Requirement	
18-23 months	Maximum Group Size = 14	Must meet 2-Star Requirement	Must meet 2-Star Requirement	
24-35 months	Maximum Group Size = 14	Must meet 2-Star Requirement	Must meet 2-Star Requirement	
Age 3	Maximum Group Size: 18	Must meet 2-Star Requirement	Must meet 2-Star Requirement	
Age 4	Maximum Group Size: 21	Must meet 2-Star Requirement	Must meet 2-Star Requirement	
Age 5	Maximum Group Size: 25	Must meet 2-Star Requirement	Must meet 2-Star Requirement	
Age 6-8 years	Maximum Group Size: 25	Must meet 2-Star Requirement	Must meet 2-Star Requirement	
Age 9-12 years	Maximum Group Size: 30	Must meet 2-Star Requirement	Must meet 2-Star Requirement	

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Subcommittee 2: Caregiver-Child Interactions

Group Size: Mixed Age Groups

Structural Requirements (Must Be Met)

Age Group(s)	2-Star Requirement	3-Star Requirement	4-Star Requirement	Applicable to Licensed & Registered Homes
Age 0-17 months	Maximum Group Size = 10	Must meet 2-Star Requirement	Must meet 2-Star Requirement	Homes must meet minimum licensing standards for group size
Age 13-23 months	Maximum Group Size = 12	Must meet 2-Star Requirement	Must meet 2-Star Requirement	
Age 2-3 years	Maximum Group Size = 16	Must meet 2-Star Requirement	Must meet 2-Star Requirement	
Age 3-4 years	Maximum Group Size = 18	Must meet 2-Star Requirement	Must meet 2-Star Requirement	
Age 3-5 years	Maximum Group Size = 18	Must meet 2-Star Requirement	Must meet 2-Star Requirement	
Age 4-5 years	Maximum Group Size = 21	Must meet 2-Star Requirement	Must meet 2-Star Requirement	
Age 5-8 years	Maximum Group Size = 25	Must meet 2-Star Requirement	Must meet 2-Star Requirement	
Age 9-12 years	Maximum Group Size = 30	Must meet 2-Star Requirement	Must meet 2-Star Requirement	

TEXAS RISING STAR (TRS) WORKGROUP – DRAFT RECOMMENDATIONS FOR PUBLIC COMMENT (MARCH 11, 2014)

Subcommittee 2: Caregiver-Child Interactions

Staff Ratios

Process Measures – Points (0-3)

Age Group(s)	Score of 0	Score of 1	Score of 2	Score of 3	NA (Not Applicable)	Applicable to Licensed & Registered Homes
Age 0-11 months	1:5 Max group size = 10	No additional points	No additional points	1:4 Maximum group size = 8		
Age 12-17 months	1:5	No additional points	No additional points	1:4 Maximum group size = 10		
Age 18-23 months	1:9	1:7	1:6	1:4 Maximum group size = 12		
Age 2 years	1:11	1:9	1:8	1:6 Maximum group size = 12		
Age 3	1:15	1:12	1:11	1:9 Maximum group size = 18		
Age 4	1:18	1:14	1:12	1:10 Maximum group size = 20		
Age 5	1:22	1:16	1:13	1:10 Maximum group size = 20		
Age 6-8	1:26	1:19	1:16	1:12 Maximum group size = 24		
Age 9-13	1:26	1:19	1:16	1:12 Maximum group size = 24		

TEXAS RISING STAR (TRS) WORKGROUP – DRAFT RECOMMENDATIONS FOR PUBLIC COMMENT (MARCH 11, 2014)

Subcommittee 2: Caregiver-Child Interactions
 Warm and Responsive Style
 Process Measures – Points (0-3)

Age Group(s)	Measure	Score of 0	Score of 1	Score of 2	Score of 3	NA (Not Applicable)	Applicable to Licensed & Registered Homes
All ages	1.Provides physical and emotional security (creates a warm, safe, and nurturing environment.) <u>Key behaviors:</u> Refrains from using negative/harsh language, behaviors, and discipline; does not make critical or demeaning comments	Not Met	Moderately Low Quality- Behavior can be typically characterized as neutral with no evidence of harsh negative behaviors; some moderately negative behaviors may be present; positive behaviors are infrequent	Moderately High Quality- Caregiver uses a mix of neutral to positive behaviors with no negative behaviors	High Quality- Behavior is characterized as positive with no negative behaviors		Measures are the same for home-based and center-based care.
	2.Uses frequent positive non-verbal behaviors to increase feelings of acceptance <u>Key behaviors:</u> smiles, sits at child's level, allows child to sit near or with teacher, reassuring touch	Not Met	MLQ- Caregiver does not use negative non-verbal behaviors, never or infrequently displays positive non-verbal behavior	MHQ- Caregiver sometimes uses positive non-verbal behaviors but multiple missed opportunities are noted	HQ- Caregiver frequently uses positive non-verbal behaviors to increase acceptance or calm children		Measures are the same for home-based and center-based care.
	3.Has a patient, relaxed style that helps maintain calmness in the classroom <u>Key behaviors:</u> Uses a positive tone of voice, does not seem rushed, reacts calmly when conflicts arise or children need support	Not Met	MLQ- Caregiver behavior is mixed with periods some periods of rushed, overwhelmed, impatient behavior, children may not appear affected by this caregiver style	MHQ- Caregiver typically maintains calm demeanor, during periods of stress or conflict shows signs of stress or anxiety	HQ- Caregiver style is relaxed and calm, responds to children's signs of stress or rising tension among children in a calm manner		Measures are the same for home-based and center-based care.
	4.Notices and attends to children's needs and signals (i.e., very few missed signals) <u>Key behaviors:</u> Recognizes signs of stress in individual children listens to children's attempts at communication/expression; notices subtle signals from more shy or withdrawn children; responds to children's comments, questions, vocalizations	Not met	MLQ- Caregiver sometimes misses children's signals and needs though some instances of awareness and response are noted	MHQ- Caregiver generally attends to children's needs and signals though some missed signals are noted	HQ- Caregiver can be characterized as keenly aware of children's signals and needs; highly tuned-in to children		Measures are the same for home-based and center-based care.

TEXAS RISING STAR (TRS) WORKGROUP – DRAFT RECOMMENDATIONS FOR PUBLIC COMMENT (MARCH 11, 2014)

Age Group(s)	Measure	Score of 0	Score of 1	Score of 2	Score of 3	NA (Not Applicable)	Applicable to Licensed & Registered Homes
	<p>5. Responds promptly and sensitively to children's cognitive and affective signals (acknowledges and expands on children's attempts at communication, play, and expression of needs.) <u>Key behaviors:</u> Comforts child, celebrates accomplishments, values needs, shows acceptance of feelings, etc.; responds with language that is positive in content and tone</p>	Not Met	MLQ- Responses are generally neutral with no harsh negative behaviors, rare instances of sensitive responses may be noted	MHQ- Response style is typically warm and positive with no evidence of negative responses, and few missed opportunities	HQ- Response style is highly supportive with children typically receiving warm and sensitive responses to affective and cognitive signals		Measures are the same for home-based and center-based care.
	<p>6. Shows flexibility and an ability to adjust one's own behavior to meet the needs, interests, and abilities of individual/groups of children <u>Key behaviors:</u> Caregiver does not show preference/acceptance of some children and rejection/lack of acceptance of others; treats all children with fairness and respect; Seems to know which children respond well to humor, soft voices, etc, adjusts response style to match each child's personality and temperament</p>	Not Met	MLQ- Generally shows tolerance for individual children though one or more mild instances of rejection/failure to adjust were noted	MHQ- Caregiver consistently demonstrated fairness, acceptance, and ability to adjust though some opportunities for improvement were noted	HQ- Caregiver responds well to individual differences and needs among children; no instances of rejection or unfairness are noted		Measures are the same for home-based and center-based care.

TEXAS RISING STAR (TRS) WORKGROUP – DRAFT RECOMMENDATIONS FOR PUBLIC COMMENT (MARCH 11, 2014)

Subcommittee 2: Caregiver-Child Interactions
Language Facilitation and Support
 Process Measures – Points (0-3)

Age Group(s)	Measure	Score of 0	Score of 1	Score of 2	Score of 3	NA (Not Applicable)	Applicable to Licensed & Registered Homes
All age groups	1. Listens to children attentively and responds appropriately to their language, vocalizations, and non-verbal attempts at communication. <u>Key behaviors:</u> Notices and responds to individual children's gestures, vocalizations, comments, questions; listens patiently while children work to express themselves, offering support if needed	Not Met	MLQ- Caregiver sometimes misses children's attempts at communication, some missed opportunities or instances of neutral to positive response to language initiation are noted	MHQ- Caregiver generally responds positively to children's attempts at communication, very few missed opportunities to respond to children's attempts at communication have been noted	HQ- Caregiver behavior can be characterized as highly responsive to children's attempts at communication		Measures are the same for home-based and center-based care.
	2. Uses positive verbal responses and encouragement to provide reinforcement or acknowledge positive behavior/accomplishments <u>Key behaviors:</u> Good job, your drawing looks great, You can do it; Praises and encourages children's attempts at communication; Provides frequent descriptive praise to reinforce positive behavior, efforts, interests, and accomplishments, descriptive praise offers more detailed feedback about specific behaviors or ideas to be reinforced ("Wow, you write your name! versus "nice job")	Not Met	MLQ- Few instances of positive language to provide positive reinforcement or encouragement, praise/encouragement, delivery may seem flat or disinterested	MHQ- Several instances of language to provide positive reinforcement and encouragement, praise/encouragement is generally characterized as warm and supportive	HQ- Caregiver provides frequent positive verbal responses and encouragement that can be characterized as warm and supportive, when working with older children provides more descriptive praise and encouragement		Measures are the same for home-based and center-based care.
	3. Uses language to add meaning/expand on child(ren)s interests or agenda <u>Key behaviors:</u> Comments or asks questions using positive verbal content and tone of voice	Not Met	MLQ- Few neutral to positive instances of caregiver using language to build/expand on child(ren)'s interest or agenda	MHQ- Several positive instances of caregiver using language to build/expand on child(ren)'s interest or	HQ- Caregiver frequently uses positive language to build/expand on child(ren)'s interest or agenda,		Measures are the same for home-based and center-based care.

TEXAS RISING STAR (TRS) WORKGROUP – DRAFT RECOMMENDATIONS FOR PUBLIC COMMENT (MARCH 11, 2014)

Age Group(s)	Measure	Score of 0	Score of 1	Score of 2	Score of 3	NA (Not Applicable)	Applicable to Licensed & Registered Homes
	in connection with something the child is interested/engaged in or in response to something a child has said/vocalized, talk/explanation about the caregivers own interest/agenda is not considered in this item		have been noted	agenda have been noted			
	4. Communicates with children throughout the day (in whole group activities, small groups, mealtimes, outdoor play.) <u>Key behaviors:</u> Teacher/caregiver provides frequent language stimulation; Routinely talks to children and imitates sounds infants and toddlers make throughout the day	Not Met	MLQ- Caregiver uses language to provide directions or behavioral support/guidance as needed, several additional instances of language support noted across the observation period	MHQ- Caregiver provides frequent language stimulation across a variety of activities/contexts, some instances of low verbal engagement/withdrawal were noted	HQ- Caregiver provides frequent language stimulation throughout the day, very few instances of low verbal engagement were noted		Measures are the same for home-based and center-based care.
	5. Uses specific labels and descriptors throughout the day ("It's time to drink your bottle"versus "here, take this, hand me the blue marker in that cup, " versus "give me that (points to marker).") <u>Key behaviors:</u> Uses rich language when responding/interacting with children; talks to infants throughout care routines using specific language; narrating or thinking aloud about actions	Not Met	MLQ- Caregiver sometimes uses specific labels and descriptors but variety/breadth is limited, use of specific labels may be confined to a limited period(s) during the observation	MHQ- Caregiver uses a variety of labels and descriptors, use of specific labels and descriptors is not limited to one or two activities/contexts during the observation period	HQ- Caregiver uses a wide variety of labels and descriptors throughout the observation period		Measures are the same for home-based and center-based care.
	6. Provides children with frequent opportunities to talk with caregivers throughout the day (small group, whole group, outdoor play, mealtimes.) <u>Key behaviors:</u> Teacher/caregiver actively encourages children to communicate (i.e., teacher should	Not Met	MLQ- Some attempts at eliciting language were observed but attempts were confined to a limited period during the observation, caregiver may only encourage brief or limited	MHQ- Caregiver encourages language across a variety of settings/activities, some instances of encouraging children to use expanded language were observed	HQ- Caregiver encourages children to use language through the observation period, many instances of encouraging children to use expanded language		Measures are the same for home-based and center-based care.

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Age Group(s)	Measure	Score of 0	Score of 1	Score of 2	Score of 3	NA (Not Applicable)	Applicable to Licensed & Registered Homes
	not be doing all of the talking/vocalizing); uses a variety of questions (open/closed) to encourage critical or creative thought		language use		were observed		
	7. Allows children time to respond to questions before providing the answer or asking another question. <u>Key behaviors:</u> Gives children time to think and respond before moving on; speaks and interacts at a pace comfortable for individual children	Not Met	MLQ- Rushed/too brief wait time was sometimes observed, some instances of providing children time to respond to questions before providing the answer or asking another question were observed	MHQ- Typically provides children time to respond to questions before providing the answer or asking another question, very few instances of rushed/too brief wait time observed	HQ- Almost always provides children time to respond to questions before providing the answer or asking another question		Measures are the same for home-based and center-based care.
	8. Engages children in conversations (3-5 turns) about a variety of topics (their likes, dislikes, family, books, lessons.); or provides commentary and encourages back and forth vocalization/gestures with infants and toddlers <u>Key behaviors:</u> Initiates conversations about a child's own interests and uses open-ended questions (if age-appropriate) to elicit more elaborate responses; encourages infants to coo or babble back and forth with teacher	Not Met	MLQ- Only a few (3-4) instances of the caregiver engaging in conversation with individual children were noted	MHQ- Several (5-6) instances of conversation between the caregiver and an individual child were noted	HQ- Caregiver frequently (7+) engages in conversations with individual children		Measures are the same for home-based and center-based care.
	9. Expands on children's understanding or initiation by elaborating on what children say or draw attention to <u>Key behaviors:</u> Teacher's language is contingently responsive. child says: "I went to the zoo." Depending on level of	Not Met	MLQ- A few instances of following up children's initiations with more specific information or background knowledge were noted; some missed	MHQ- Several instances of following up children's initiations with more specific information or background knowledge were noted; a few missed opportunities	HQ- Caregiver typically follows up children's initiations with more specific information or background knowledge		Measures are the same for home-based and center-based care.

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Age Group(s)	Measure	Score of 0	Score of 1	Score of 2	Score of 3	NA (Not Applicable)	Applicable to Licensed & Registered Homes
	child, teacher asks, "Did you see an elephant or a lion?" or "Can you tell me about some of the animals you saw?"; provides infant or toddler with a label or description of something they have pointed to or attempted to talk about		opportunities were observed	may have been observed			
	10. Extends children's language and/or models for children how to express complete ideas or sentences (child gestures and says "ball" and adult says "you see the red ball.") Key behaviors: Recasting or restating what a child has said/indicating in a less fragmented/incomplete manner than the child expressed	Not Met	MLQ- A few instances of extending children's language or modeling communicating complete ideas/sentences were noted	MHQ- Several instances of extending children's language or modeling communicating complete ideas/sentences were noted	HQ- Caregiver frequently extends children's language or models communicating complete ideas/sentences		Measures are the same for home-based and center-based care.

TEXAS RISING STAR (TRS) WORKGROUP – DRAFT RECOMMENDATIONS FOR PUBLIC COMMENT (MARCH 11, 2014)

Subcommittee 2: Caregiver-Child Interactions
Play-based Interactions and Guidance
 Process Measures – Points (0-3)

Age Group(s)	Measure	Score of 0	Score of 1	Score of 2	Score of 3	NA (Not Applicable)	Applicable to Licensed & Registered Homes
All age groups	1. Supports a playful attitude on an ongoing basis by creating opportunities for children to make-believe, make choices, and adjust activities to their own interests <u>Key behaviors:</u> Engages children in playful activities throughout the day; Intentionally engages children in songs, books, games, etc.	Not Met	MLQ- Caregiver sometimes engages children in songs, books, pretend play, or games; these opportunities can be characterized as directive or highly constrained	MHQ- Caregiver sometimes engages children in songs, books, pretend play, or games; these opportunities typically allow children opportunities to be playful and make choices about how to engage	HQ- Caregiver frequently engages children in songs, books, pretend play, or games; these opportunities typically allow children opportunities to be playful and make choices about how to engage		Measures are the same for home-based and center-based care.
	2. Participates and expands on play initiated by children to reinforce language, ideas, and social development <u>Key behaviors:</u> Takes time to follow the agenda of individual children (e.g., joining child in the block center and building/talking about building; following an infant's gaze toward a toy and demonstrating how the toy works/talking about the toy while infant manipulates the object	Not Met	MLQ- Caregiver sometimes participates in play initiated by children though language support or expansion is minimal; caregiver may occasionally redirect child(ren) rather than building on their interest	MHQ- Caregiver sometimes participates in play initiated by children; some instances of good language support and expansion were noted; caregiver rarely redirects child(ren) rather than building on their interest	HQ- Caregiver frequently participates in play initiated by children; these interactions can be characterized as consisting of good language support and expansion; caregiver rarely redirects child(ren) rather than building on their interest		Measures are the same for home-based and center-based care.
	3. Provides guidance when children are working to complete a task/play rather than using overly directive strategies <u>Key behaviors:</u> Accepts a child's way of doing things versus requiring a child to do things the caregiver's way; Models problem-solving skills during play; Uses guidance strategies that help children solve their own problems rather than relying on overly	Not Met	MLQ- Caregiver is typically overly directive but a few instances of guidance that helps children complete a task in a manner that encourages problem solving/flexibility were noted	MHQ- Caregiver typically provides guidance while children are working to complete a task/play; a few instances of overly directive behavior while a child(ren) were working to complete a task/play may be noted	HQ- Caregiver typically provides guidance while children are working to complete a task/play rather than using overly directive strategies		Measures are the same for home-based and center-based care.

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Age Group(s)	Measure	Score of 0	Score of 1	Score of 2	Score of 3	NA (Not Applicable)	Applicable to Licensed & Registered Homes
	directive approaches (offers choices, encourages communication and problem-solving skills, models appropriate actions.)						

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TEXAS RISING STAR (TRS) WORKGROUP – DRAFT RECOMMENDATIONS FOR PUBLIC COMMENT (MARCH 11, 2014)

Subcommittee 2: Caregiver-Child Interactions
Support for Children's Regulation
 Process Measures – Points (0-3)

Age Group(s)	Measure	Score of 0	Score of 1	Score of 2	Score of 3	NA (Not Applicable)	Applicable to Licensed & Registered Homes
Toddler, Preschool, School age	1. Models and encourages emotional expression (encourages children to express feelings, labels feelings, thinks aloud to model their own feelings and reactions, makes connections between actions and emotional reactions.) <u>Key behaviors:</u> Uses specific and intentional strategies and activities to model and support emotional development (reads and discusses books about feelings, uses puppets and role play to increase understanding.)	Not Met	MLQ- A few instances of modeling and encouraging emotional expression were noted; 0 instances of engaging children in an intentional activity aimed at increasing emotional awareness or understanding	MHQ- A few instances of modeling and encouraging emotional expression were noted with at least 1 intentional activity aimed at increasing emotional awareness and understanding;	HQ- Several instances of modeling emotional expression were noted with at least 1 intentional activity aimed at increasing emotional awareness or understanding		Measures are the same for home-based and center-based care.
	2. Providing children with short explanations that help them understand why they feeling a certain way <u>Key behaviors:</u> Teacher says, "are you angry because he took your toy away?"; I know you are excited about this toy, but you need to let Mary have a turn too."	Not Met	MLQ- 1-2 instances of caregiver providing explanations to help child(ren) understand why they are feeling a certain way, explanations can be characterized as too lengthy, overly complex, or difficult for children to understand	MHQ- 1-2 instances of caregiver providing short explanations that are simple and clear enough for children to understand; may also have 1-2 instances of weaker explanations	HQ- Caregiver provides 3 or more short explanations that are simple and clear enough to help children understand how a child(ren) are feeling		Measures are the same for home-based and center-based care.
	3. Explains logical consequences for behaviors rather providing arbitrary consequences <u>Key behaviors:</u> Verbalizes for children logical consequences for behaviors	Not Met	MLQ- Sometimes explains consequences though consequences are typically illogical; rare instances of explaining logical consequences may have been noted	MHQ- Sometimes explains logical consequences for behavior; rare instances of explaining illogical consequences may have been noted	HQ- Frequently verbalizes logical consequences for behavior		Measures are the same for home-based and center-based care.

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Age Group(s)	Measure	Score of 0	Score of 1	Score of 2	Score of 3	NA (Not Applicable)	Applicable to Licensed & Registered Homes
	<p>4. Encourages self-regulation by consistently implementing program rules and routines (signals transitions, referring to the sequence and structure of the day, balancing structured and unstructured playing and learning opportunities.)</p> <p><u>Key behaviors:</u></p>	Not Met	<p>MLQ- Sometimes refers to or encourages child(ren) to follow rules and routines that help children learn to regulate their own behavior; 0-1 instances of implementing/referencing developmentally inappropriate rules or routines; no implementation/references to harsh rules or routines</p>	<p>MHQ- Sometimes refers to or encourages child(ren) to follow rules and routines that help children learn to regulate their own behavior; no instances of implementing or referencing developmentally inappropriate or harsh rules or routines</p>	<p>HQ- Frequently references or encourages child(ren) to follow rules and routines that help children learn to regulate their own behavior; no instances of implementing or referencing developmentally inappropriate or harsh rules or routines</p>		Measures are the same for home-based and center-based care.
	<p>5. Demonstrates flexibility and tolerance for minor mishaps and misbehaviors</p> <p><u>Key behaviors:</u> Wipes up messes without making a child feel bad; calmly ask a child to pick up a toy the child has thrown rather than criticizing; with very young children teacher use distraction to help child avoid a meltdown when frustrated or cannot get their way</p>	Not Met	<p>MLQ- 2 or more instances of intolerant response to minor mishaps/misbehaviors; no harsh negative responses to such behaviors</p>	<p>MHQ- 1 instance of intolerant response to minor mishaps/misbehaviors; no harsh negative responses to such behaviors</p>	<p>HQ- 0 instances of intolerant or harsh response to minor mishaps/misbehaviors</p>		Measures are the same for home-based and center-based care.
	<p>Recognizes rising tensions and helps children understand the logical consequences of their actions before problem behaviors occur</p> <p><u>Key behaviors:</u></p>	Not Met	<p>MLQ- Sometimes recognizes rising tensions in time to act but is typically unable to help children understand logical consequences of their actions before problem behaviors occur</p>	<p>MHQ- Sometimes recognizes rising tensions in time to act and is typically able to help children understand logical consequences of their actions before problem behaviors occur</p>	<p>HQ- Frequently recognizes rising tensions in time to act and is typically able to help children understand logical consequences of their actions before problem behaviors occur</p>		Measures are the same for home-based and center-based care.
	<p>Assists children when needed in their communications and interactions with peers (guides</p>	Not Met	<p>MLQ- Sometimes assists children in their communications and</p>	<p>MHQ- Sometimes assists children in their</p>	<p>HQ- Frequently assists children in their</p>		Measures are the same for home-based and center-

TEXAS RISING STAR (TRS) WORKGROUP – DRAFT RECOMMENDATIONS FOR PUBLIC COMMENT (MARCH 11, 2014)

Age Group(s)	Measure	Score of 0	Score of 1	Score of 2	Score of 3	NA (Not Applicable)	Applicable to Licensed & Registered Homes
	them as they resolve conflicts, speak respectfully to each other, initiate and expand on each other's play ideas.) <u>Key behaviors:</u>		interactions with peers; assistance is typically poor; no instances of assistance that encourages negative or hurtful behavior among peers	communications and interactions with peers; assistance is typically good; no instances of assistance that encourages negative or hurtful behavior among peers	communications and interactions with peers; assistance is typically good; no instances of assistance that encourages negative or hurtful behavior among peers		based care.
Preschool School-age	1. Encourages students in seeking support from, sharing their ideas with, and responding freely to the teacher.	Not Met	MLQ- The students sometimes seek support from the teacher but rarely share their ideas with or respond to questions from the teacher.	MHQ- The students sometimes seek support from, share their ideas with, and respond to questions from the teacher.	HQ- The students appear very comfortable seeking support from, sharing their ideas with, and responding freely to the teacher.		Measures are the same for home-based and center-based care.

DRAFT FOR PUBLIC COMMENT

TEXAS RISING STAR (TRS) WORKGROUP – DRAFT RECOMMENDATIONS FOR PUBLIC COMMENT (MARCH 11, 2014)

Subcommittee 3: Curriculum, Nutrition, and Indoor/Outdoor Environment

Curriculum

Process Measures – Points (0-3)

Age Group(s)	Measure	Score of 0	Score of 1	Score of 2	Score of 3	NA (Not Applicable)	Applicable to Licensed & Registered Homes
3-5 years	<p>CURRICULUM PLAN</p> <p>1. Curriculum plan includes a social and emotional development domain. <i>Key evidence:</i> activities are well described so that teachers/staff have step by step instructions on how to implement them including information on materials needed and strategies on engaging children’s interests and active involvement.</p>	Not Met	Curriculum has minimal attention to activities and teacher information that promote social and emotional skills (less than two activities per month that address this developmental area)	Curriculum has a moderate amount of activities/instructional strategies that address social/ emotional domain (at least one weekly activity and teacher strategy)	Curriculum has many activities/instructional strategies that address social/emotional domain (two or more activities that help build social and emotional skills and several teacher strategies each week.)		Measures are the same for home-based and center-based care.
3-5 years	<p>2. Curriculum plan includes a language and communication domain. <i>Key evidence:</i> activities are well described so that teachers/staff have step by step instructions on how to implement them including strategies (levels of questioning strategies) that help the teacher/staff encourage language from the children, and information on materials needed and how to use different materials and books to engage children’s interests and active involvement.</p>	Not Met	Curriculum has minimal attention to activities and teacher information that promote language and communication skills (less than two activities per month that address this developmental area)	Curriculum has a moderate amount of activities/instructional strategies that address language and communication domain (at least one weekly activity and teacher strategy)	Curriculum has many activities/instructional strategies that address language and communication domain (two or more activities that help build these skills and several teacher strategies that support their development each week.)		Measures are the same for home-based and center-based care.
3-5 years	<p>3. Curriculum plan includes an emergent literacy reading domain. <i>Key evidence:</i> Activities for phonological awareness, print knowledge, and letter sound relations are well described so that teachers/staff have step by step instructions on how to implement them, including</p>	Not Met	Curriculum has minimal attention to activities and teacher information that promote emergent literacy and early reading skills (less than two activities per month that address this developmental area)	Curriculum has a moderate amount of activities/instructional strategies that address emergent literacy and early reading skills (at least one weekly activity and teacher strategy)	Curriculum has many activities/instructional strategies that address emergent literacy and early reading skills (two or more activities that help build these skills and several teacher strategies that support		Measures are the same for home-based and center-based care.

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Age Group(s)	Measure	Score of 0	Score of 1	Score of 2	Score of 3	NA (Not Applicable)	Applicable to Licensed & Registered Homes
	information on materials needed and strategies for engaging children's interests and involvement				their development each week.)		
3-5 years	4. Curriculum plan includes an emergent literacy writing domain. <i>Key evidence:</i> Activities for book and print knowledge and opportunities for early writing, in line with each child's level of development in this area, are well described so that teachers/staff have step by step instructions on how to implement activities, including information on materials needed and strategies for engaging children's interests and involvement	Not Met	Curriculum has minimal attention to activities and teacher information that promote emergent literacy and writing skills (less than two activities per month that address this developmental area)	Curriculum has a moderate amount of activities/instructional strategies that address emergent literacy and writing skills (at least one weekly activity and teacher strategy)	Curriculum has many activities/instructional strategies that address emergent literacy and writing skills (two or more activities that help build these skills and several teacher strategies that support the development of these skills each week.)		Measures are the same for home-based and center-based care.
3-5 years	5. Curriculum plan includes a mathematics domain. <i>Key evidence:</i> Activities for mathematics, in line with each child's level of development in this area, are well described so that teachers/staff have step by step instructions on how to implement these activities including information on materials needed and strategies for engaging children's interests and involvement	Not Met	Curriculum has minimal attention to activities and teacher information that promote mathematics skills (less than two activities per month that address this developmental area)	Curriculum has a moderate amount of activities/instructional strategies that address mathematics skills (at least one weekly activity and teacher strategy)	Curriculum has many activities/instructional strategies that address mathematics skills (two or more activities that help build these skills and several teacher strategies that support their development each week.)		Measures are the same for home-based and center-based care.
3-5 years	6. Curriculum plan includes a science domain. <i>Key evidence:</i> Activities for science skill development in line with each child's level of development in this area are well	Not Met	Curriculum has minimal attention to activities and teacher information that promote science skills (less than two activities per month that address this developmental area)	Curriculum has a moderate amount of activities/instructional strategies that address science skills (at least one weekly activity and	Curriculum has many activities/instructional strategies that address science skills (two or more activities that help build these skills and		Measures are the same for home-based and center-based care.

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Age Group(s)	Measure	Score of 0	Score of 1	Score of 2	Score of 3	NA (Not Applicable)	Applicable to Licensed & Registered Homes
	described so that teachers/staff have step by step instructions on how to implement these activities including information on materials needed and strategies for engaging children's interests and involvement			teacher strategy)	several teacher strategies that support their development each week.)		
3-5 years	7. Curriculum plan includes a social studies domain. <i>Key evidence:</i> Activities for the development of social studies knowledge are well described so that teachers/staff have step by step instructions on how to implement these activities, including information on materials needed and strategies for engaging children's interests and involvement (questioning strategies, ways to explain the content)	Not Met	Curriculum has minimal attention to activities and teacher information that promote social studies skills (less than two activities per month that address this developmental area)	Curriculum has a moderate amount of activities/instructional strategies that address social studies skills (at least one weekly activity and teacher strategy)	Curriculum has many activities/instructional strategies that address social studies skills (two or more activities that help build these skills and several teacher strategies that support their development each week.)		Measures are the same for home-based and center-based care.
3-5 years	8. Curriculum plan includes a fine arts domain. <i>Key evidence:</i> Activities for the development of fine arts skills and knowledge are well described so that teachers/staff have step by step instructions on how to implement these activities, including information on materials needed and strategies for engaging children's interests and involvement	Not Met	Curriculum has minimal attention to activities and teacher information that promote fine arts skills (less than two activities per month that address this developmental area)	Curriculum has a moderate amount of activities/instructional strategies that address fine arts skills (at least one weekly activity and teacher strategy)	Curriculum has many activities/instructional strategies that address fine arts skills (two or more activities that help build these skills and several teacher strategies that support children's development of these skills each week.)		Measures are the same for home-based and center-based care.
3-5 years	9. Curriculum plan includes a physical activity and motor development domain. <i>Key evidence:</i> Activities appropriate for pre-school children that support	Not Met	Curriculum has minimal attention to activities and teacher information that promote physical development skills (less than two activities per month that address this developmental	Curriculum has a moderate amount of activities/instructional strategies that address physical development skills (at least one	Curriculum has many activities/instructional strategies that address physical development skills (two or more activities that help build		Measures are the same for home-based and center-based care.

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Age Group(s)	Measure	Score of 0	Score of 1	Score of 2	Score of 3	NA (Not Applicable)	Applicable to Licensed & Registered Homes
	teachers/staff to promote physical activity and motor development are well described with information on how to encourage involvement so that children can be successful.		area)	weekly activity and teacher strategy)	these skills and several teacher strategies that support children's development of these skills each week.)		
3-5 years	10. Curriculum plan includes a technology domain. <i>Key evidence:</i> Activities for the development of technology skills and knowledge are well described so that teachers/staff have step by step instructions on how to implement these activities including information on how to support children's use of different forms of technology and understand their use. Examples of appropriate technology and application may include vocabulary, letter recognition and math games on a computer or tablet, or exploration using a mouse.	Not Met	Curriculum has minimal attention to activities and teacher information that promote technology skills (less than two activities per month that address this developmental area)	Curriculum has a moderate amount of activities/instructional strategies that address technology skills (at least one weekly activity and teacher strategy)	Curriculum has many activities/instructional strategies that address technology skills (two or more activities that help build these skills and several teacher strategies that support the development of these skills each week.)		Measures are the same for home-based and center-based care.
0-3 years	1. Curriculum plan includes a physical activity and motor development domain <i>Key evidence:</i> Activities appropriate for both infants and toddlers that support teachers/staff to promote physical health and motor development are well described with information on how to encourage involvement including how to position infants and toddlers to be able to be successful.	Not Met	Curriculum has minimal attention to activities and teacher information that promote motor development (less than two activities per month that address this developmental area)	Curriculum has a moderate amount of activities/instructional strategies that address motor development (at least one weekly activity and teacher strategy)	Curriculum has many activities/instructional strategies that address motor development (two or more activities that help build these skills and several teacher strategies that support their development each week.)		Measures are the same for home-based and center-based care.

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Age Group(s)	Measure	Score of 0	Score of 1	Score of 2	Score of 3	NA (Not Applicable)	Applicable to Licensed & Registered Homes
0-3 years	2. Curriculum plan includes a social and emotional development domain. <i>Key Evidence:</i> Activities and teacher strategies appropriate for both infants and toddlers that support teachers/staff to promote social and emotional development are well described with information on how to encourage involvement including types of materials and books to use to be able to actively involve infants and toddlers.	Not Met	Curriculum has minimal attention to activities and teacher information that promote social and emotional skills (less than two activities per month that address this developmental area)	Curriculum has a moderate amount of activities/instructional strategies that address social and emotional skills (at least one weekly activity and teacher strategy)	Curriculum has many activities/instructional strategies that address social and emotional skills (two or more activities that help build these skills and several teacher strategies that support infants' and toddlers' development of these skills each week.)		Measures are the same for home-based and center-based care.
0-3 years	3. A curriculum plan includes a language and communication development domain. <i>Key Evidence:</i> Activities and teacher strategies appropriate for both infants and toddlers that support teachers/staff to promote language and communication development are well described with information including questioning techniques and ways to provide child friendly explanations to encourage involvement including types of materials and books to use to be able to actively involve infants and toddlers.	Not Met	Curriculum has minimal attention to activities and teacher information that promote language and communication skills (less than two activities per month that address this developmental area)	Curriculum has a moderate amount of activities/instructional strategies that promote language and communication skills (at least one weekly activity and teacher strategy)	Curriculum has many activities/instructional strategies that address language and communication skills (two or more activities that help build these skills and several teacher strategies that support their development each week.)		Measures are the same for home-based and center-based care.
0-3 years	4. A curriculum plan includes a cognitive development domain. <i>Key Evidence:</i> Key Evidence: Activities and teacher strategies appropriate for both infants and toddlers that support teachers/staff to promote cognitive development are well	Not Met	Curriculum has minimal attention to activities and teacher information that promote cognitive skills (less than two activities per month that address this developmental area)	Curriculum has a moderate amount of activities/instructional strategies that promote cognitive skills (at least one weekly activity and teacher strategy)	Curriculum has many activities/instructional strategies that address cognitive skills (two or more activities that help build these skills and several teacher strategies that support		Measures are the same for home-based and center-based care.

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Age Group(s)	Measure	Score of 0	Score of 1	Score of 2	Score of 3	NA (Not Applicable)	Applicable to Licensed & Registered Homes
	described with information on how to encourage involvement including types of materials (blocks and other manipulatives) to use to actively involve infants and toddlers.				their development each week.)		
All Ages	1. The curriculum plan includes consideration for students in a Bilingual/ESL program. <i>Key evidence:</i> Plan includes specific strategies for using child's home language to support the development of English language skills. This could include supports such as visual and gestural cues to promote learning.	Not Met	Curriculum has minimal attention to activities and teacher information that promote learning for children learning English as a second language (less than two teacher strategies per month that address this area)	Curriculum has a moderate amount of activities/instructional strategies that promote learning for children learning English as a second (at least two weekly teacher strategies	Curriculum has many activities/instructional strategies that address how to support learning for children learning English as a second language (two or more activities that help build these skills and several teacher strategies that support their development each week.)		Measures are the same for home-based and center-based care.
All Ages	2. The curriculum plan includes consideration for students with disabilities. <i>Key evidence:</i> plan includes specifications on how to make accommodations for children with disabilities. Accommodations should include, but not be limited to, those that support learning for children with visual, motoric, and/or auditory problems.	Not Met	Curriculum has minimal attention to activities and teacher information that promote learning for children with disabilities (less than two teacher strategies per month that address this area)	Curriculum has a moderate amount of activities/instructional strategies that promote learning for children with disabilities (at least two weekly teacher strategies	Curriculum has many activities/instructional strategies that address how to support learning for children with disabilities (two or more activities that help build these skills for children with special needs and several teacher strategies that support their development each week.)		Measures are the same for home-based and center-based care.
All Ages	3. The curriculum plan includes consideration for students from culturally diverse backgrounds. <i>Key evidence:</i> Activities and teacher strategies are included that address the many cultures of children's families that attend the	Not Met	Curriculum has minimal attention to activities and teacher information that promote learning for children from culturally diverse backgrounds (less than two teacher strategies per month that address this	Curriculum has a moderate amount of activities/instructional strategies that promote learning for children from culturally diverse backgrounds (at least	Curriculum has many activities/instructional strategies that address how to support learning for children from culturally diverse backgrounds (two or		Measures are the same for home-based and center-based care.

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Age Group(s)	Measure	Score of 0	Score of 1	Score of 2	Score of 3	NA (Not Applicable)	Applicable to Licensed & Registered Homes
	program (e.g., songs, customs, nursery rhymes, books, celebrations, foods)		area)	two weekly teacher strategies	more activities that help support development for these children and several teacher strategies that support their development each week.)		
All Ages	4. Curriculum plan includes a health and wellbeing domain. Key evidence: Activities appropriate for toddlers and pre-school children that support teachers/staff to promote health and wellbeing (personal safety and health, hygiene and health and nutrition and wellness) are well described with information on how to encourage involvement so that children can be successful.	Not Met	Curriculum has minimal attention to activities and teacher information that promote health and wellbeing skills (less than two activities per month in this developmental area)	Curriculum has a moderate amount of activities/instructional strategies that address health and wellbeing skills (at least one weekly activity and teacher strategy)	Curriculum has many activities/instructional strategies that address health and wellbeing skills (two or more activities that help build these skills and several teacher strategies that support children's development of these skills each week)		Measures are the same for home-based and center-based care.
All Ages	IMPLEMENTATION OF SKILLED DOMAINS 1. Planned daily activities are implemented to support physical activity and motor development <u>Key behaviors:</u> Activities and conversations with children include children being sensitively encouraged to learn age-appropriate activities that promote physical health and manipulate objects of various sizes and to move in ways that build a variety of developmentally appropriate gross motor skills across different classroom and outdoor experiences	Not Met	There is low evidence that the lesson plans are implemented to support physical health and motor development. Caregivers schedule two or three active playtimes for infants and children daily, indoors and/or outdoors, weather permitting, during an 8 hour day Evidence in curriculum that infants spend, while awake, less than one-half an hour in any confining equipment such as a crib, infant seat, swing, high chair or play pen Evidence in curriculum that	There is medium evidence that the lesson plans are implemented to support physical health and motor development Staff encourages every child to participate in and enjoy all activities regardless of their skills. Staff implements planned daily activities, both indoor and outdoor, in ways that allow for active engagement of children through a variety of	There is high evidence that the lesson plans are implemented to support physical health and motor development Children are led in two or more active games and/or movement activities daily by a caregiver or teacher Caregivers and teachers include movement and physical action in children's indoor play and learning activities. Staff provides materials and encouragement for		Measures are the same for home-based and center-based care.

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			<p>sedentary time is limited to less than 60 minutes at a time, except when sleeping</p> <p>Physical activity is not used or withheld from children as punishment.</p> <p>Caregivers and teachers wear clothing and shoes that allow for easy movement and encourage families to dress children for active play.</p>	<p>effective instructional strategies, activities, and materials</p> <p>Staff provide opportunity and encourages children to run, walk, climb, stack, balance, scribble, draw, and develop fine and large motor skills</p> <p>Children are encouraged to run where space is ample and safe outdoors.</p>	<p>pretend play individually and with other children</p> <p>Staff/curriculum demonstrates understanding that children may find different activities more vigorous. If children are greatly fatigued by an activity, staff re-directs them to a less intense activity or modifies the activity.</p> <p>Staff act as role models and exhibit positive behavior toward movement and physical activity to encourage children's interest in movement and physical activity.</p>		
All Ages	<p>2. Planned daily activities are implemented to support social and emotional development including trust and emotional security, self-awareness, self-regulation, and relationships with others.</p> <p><i>Key behaviors:</i> Activities and conversations with children include children being sensitively</p>	Not Met	There is low evidence that the planned daily activities support social and emotional development	There is medium evidence that the planned daily activities support social and emotional development	There is high evidence that the planned daily activities support social and emotional development		Measures are the same for home-based and center-based care.

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Age Group(s)	Measure	Score of 0	Score of 1	Score of 2	Score of 3	NA (Not Applicable)	Applicable to Licensed & Registered Homes
	encouraged to talk about feelings, listen to books about social and emotional behaviors and have conversations with their peers.						
All Ages	3. Planned daily activities are implemented to support language and communication development including listening and understanding, communication and speaking, emergent literacy. <u>Key behaviors:</u> Activities and conversations with children include children being sensitively encouraged to name objects and actions, explain how things work, make predictions, offer ideas to the teacher and to their peers, discuss what they see in books and think might happen next, etc. Materials are used in ways that actively engage children to talk and express their ideas.	Not Met	There is low evidence that the daily activities support language and communication development	There is medium evidence that the daily activities support language and communication development	There is high evidence that the daily activities support language and communication development		Measures are the same for home-based and center-based care.
All Ages	4. Planned daily activities are implemented to support cognitive development including exploration and discovery, problem solving, memory, imitation and make believe. <u>Key behaviors:</u> Activities and conversations with children include encouraging children to solve problems through hands-on experiences and conversations with the teacher and each other about predictions made, why certain solutions worked and others did not, and how their solutions might work for solving other problems. This should also	Not Met	There is low evidence that the activities support cognitive development	There is medium evidence that the activities support cognitive development	There is high evidence that the activities support cognitive development		Measures are the same for home-based and center-based care.

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	include opportunities for children to understand and experience a variety of scenarios through pretend play. Materials are used in ways that actively engage children to talk and express their ideas.						
All Ages	<p>5. Planned daily activities are implemented to support Science, Technology, Engineering, Math (STEM)-toddler and ages 3-5. <i>Key behaviors:</i> Activities, experiments and conversations with children include children being encouraged to solve problems through hands-on experiences and conversations with the teacher and each other about predictions made, why certain solutions worked and others did not, and how their solutions might work for solving other problems. Materials are used in ways that actively engage children to talk and express their ideas Ex. Using The Three Little Pigs story book to guide exercises, children count sides of shapes and numbers of sticks, experience different textures, build (engineer) structures, hypothesize about which material is strongest, etc. Materials such as rulers, magnets, ramps, and different temperatures can introduce vocabulary and STEM concepts. Children learn about senses, measurement, tools,</p>	Not Met.	There is low evidence that the daily activities are implemented to support Science, Technology, Engineering, Math (STEM)-ages 3-5	There is medium evidence that the daily activities are implemented to support Science, Technology, Engineering, Math (STEM)-ages 3-5	There is high evidence that the daily activities are implemented to support Science, Technology, Engineering, Math (STEM)-ages 3-5		Measures are the same for home-based and center-based care.

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Age Group(s)	Measure	Score of 0	Score of 1	Score of 2	Score of 3	NA (Not Applicable)	Applicable to Licensed & Registered Homes
	change, and “backyard” science.						
All Ages	<p>QUALITY IMPLEMENTATION OF ACTIVITIES ACROSS ALL SKILLED DOMAINS</p> <p>1. Center director/manager participates in planning with all staff on a regular basis to guide staff in their implementation of learning activities in their classrooms.</p> <p>In larger centers this could be the educational manager or coach.</p> <p><u>Key behaviors:</u> discuss quality of implementation based on observations made in the classroom. For example, discussing staff language support for children, making materials available for hands on activities, reading book, etc.</p>	Not Met	There is minimal evidence that the director/manager plan with all staff to better insure quality instruction and sensitive support for children in classrooms (this only occurs once a month and often does not include discussions with all staff)	There is moderate evidence that the director/manager plan with all staff to better insure quality instruction and sensitive support for children in classrooms (this occurs twice a month and sometimes does not include discussions with all staff)	There is strong evidence that the director/manager plan with all staff to better insure quality instruction and sensitive support for children in classrooms (this occurs about three times a month and usually includes discussions with all staff)		
All Ages	<p>2. Director ensures staff trainings are based on curriculum goals and targeted developmental benchmarks for ages of children served.</p> <p><u>Key Evidence:</u> Review of trainings that director offers to teachers/staff includes professional development that targets how to effectively support infants, toddlers and young children’s learning across all skill domains. Trainings should have evidence that they are based on up- to-date adult learning theory with active teacher/staff</p>	Not Met	Minimal evidence of training that links to curriculum goals and targeted developmental benchmarks (only once a year for some not all skill domains)	Moderate evidence of training that links to curriculum goals and targeted developmental benchmarks (twice a year for most skill domains)	Strong evidence of training that links to curriculum goals and targeted developmental benchmarks (three or more a year for all skill domains)		

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	involvement, including, but not limited to, role playing, discussions about why certain staff-child interactions and instructional strategies are effective, and practice in how to implement effective practices with children.						
All Ages	<p>3. Staff implements planned daily activities, both indoor and outdoor, in ways that allow for active engagement of children through a variety of effective instructional strategies, activities, and materials</p> <p><i>Key behaviors:</i> teacher/ child interactions that are sensitive and include rich language support, opportunities and teacher support for peer interactions, gross and fine motor development, hands-on activities, etc. using a range of materials (e.g., books, puzzles, blocks, etc. and physical activities to promote differentiated learning).</p>	Not Met	Minimal evidence of training that links to curriculum goals and targeted developmental benchmarks (only once a year for some not all skill domains)	Moderate evidence of learning activities that provide a balance for engaging learning experiences across indoor and outdoor settings.	<p>Staff provides ample learning activities with consistent rich language support that are sensitive to the child's interests, consistently providing a variety of engaging materials, with encouragement for children to manipulate them and play and talk with peers with experiences across indoor and outdoor settings.</p> <p>Activities are well planned, linked to State Early Learning Guidelines and a good balance of teacher – directed and child-directed learning.</p>		Measures are the same for home-based and center-based care.
All Ages	<p>4. Staff supports learning through encouraging hands-on manipulation of real objects (e.g., books, puzzles, toys, etc.).</p> <p><i>Key behaviors:</i> Provides guidance when children are working to complete a task/play rather than using overly directive</p>	Not Met	Staff is typically overly directive but a few instances of guidance that helps children complete a learning activity in a manner that encourages problem solving/flexibility were noted	Staff typically provides guidance while children are working to complete a learning activity; a few instances of overly directive behavior while a child(ren) were working to complete a	Staff typically provides guidance while children are working to complete a learning activity rather than using overly directive strategies; consistently supporting learning by encouraging		Measures are the same for home-based and center-based care.

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	<p>strategies; Accepts a child's way of doing things versus requiring a child to do things the caregiver's way; Models problem-solving skills during learning activities; Uses guidance strategies that help children solve their own problems rather than relying on overly directive approaches (offers choices, encourages communication and problem-solving skills, models appropriate actions.)</p>			<p>learning activity may be noted</p>	<p>children to explore materials and find solutions</p>		
<p>All Ages</p>	<p>5. The implementation of the daily schedule reflects a balance between instructional and gross motor activities during both indoor and outdoor activities. <i>Key Behaviors:</i> Activities, experiences, conversations promote learning across all domains in ways that provide opportunities for language, movement, a variety of manipulatives, and moderate and vigorous activity which is both structured (teacher-led) and unstructured, free play during indoor and outdoor settings</p>	<p>Not Met</p>	<p>Infants have supervised tummy time daily. Evidence in curriculum that infants spend, while awake, less than one-half an hour in any confining equipment such as a crib, infant seat, swing, high chair or play pen Preschoolers: At least 30-60 minutes of structured and unstructured physical activity is accumulated throughout every 8 hour day & 30- minutes total per 4 hour day</p>	<p>Infants have supervised tummy time daily at least 2-3x per day for short periods or as tolerated Daily planned physical activities for infants safely support developmental milestones (ie- head and neck support, rolling, floor sitting, kicking, crawling, reaching and grasping for objects Toddlers: At least 30-60 minutes of structured and unstructured physical activity is accumulated throughout every 8 hour day: 30-45 min total per 4 hour daily Type: both free-play and structured/teacher-led</p>	<p>Infants have supervised tummy time daily (3-5 min and gradually increased) at least 2-3x per day for short periods or as tolerated Daily planned physical activities for infants safely support developmental milestones (ie- head and neck support, rolling, floor sitting, kicking, crawling, reaching and grasping for objects Toddlers: At least 60-90 min of structured and unstructured physical activity is accumulated throughout every 8 hour day: 45- 60 min total per 4 hour day Type: Both 30 -60 min of free-play plus 30-60 min of</p>		

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Age Group(s)	Measure	Score of 0	Score of 1	Score of 2	Score of 3	NA (Not Applicable)	Applicable to Licensed & Registered Homes
				physical activities occur in the schedule Preschoolers: At least 60-90 minutes of structured and unstructured physical activity is accumulated throughout every 8 hour day: 30-45 minutes total per 4 hour day Type: both free-play and structured/teacher-led physical activities occur	structured/teacher led physical activity Preschoolers: At least 90-120 min of structured and unstructured physical activity is accumulated throughout every 8 hour day: 45- 60 min total per 4 hour day Type: 30-60 min of free-play, plus 30-60 min of structured/teacher led Note: Physical activity can occur in 10 minute intervals throughout the day.		
All Ages	6. Intentional instructional activities that are both teacher and child initiated are balanced throughout the planned daily activities. <i>Key behaviors:</i> Activities, play, and conversations should be initiated in balanced ways by both teachers/staff and children. There should be evidence that teachers/staff are attentive to children's suggestions and input about what they like to do and say but teacher/staff should also take responsibility for introducing engaging and challenging activities and experiences with support for all children's learning.	Not Met	There is some evidence of a balance of instructional activities being either directed by the teacher or child; however, may be many times when teacher is directing or lack of learning activities being implemented	There is moderate evidence of a balance of instructional activities being either directed by the teacher or child; however, there may be sometimes when the balance is not apparent	Instructional activities are consistently balanced between teacher directed and child initiated		Measures are the same for home-based and center-based care.
All Ages	7. Routine and transition times are used as opportunities for incidental learning.	Not Met	There is some evidence of routine and transition times being used for incidental	There is moderate evidence of routine and transition times being	Routine and transition times are consistently used as time for		Measures are the same for home-based

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Age Group(s)	Measure	Score of 0	Score of 1	Score of 2	Score of 3	NA (Not Applicable)	Applicable to Licensed & Registered Homes
	<i>Key behavior:</i> staff uses routines and transition time to reinforce concepts learned during curriculum activities. For example staff uses children lining up as a time to count, learn vocabulary such as “first” and “last”, and talks about behaviors that are appropriate and promotes self-regulation.		learning; however staff often misses the opportunity to make effective use of these times for learning	used for incidental learning; however staff may sometimes miss the opportunity to make effective use of these times for learning	incidental learning		and center-based care.
All Ages	8. Transition times are planned to avoid frequent disruption of children's activities and long waits between activities. <i>Key behaviors:</i> staff is organized, prepared materials and flow of activities so that children can move effortlessly without frequent disruptions or long waits	Not Met.	Staff shows some evidence of organization and preparation; however there are often disruptions and long waits between children's learning activities.	Staff shows moderate evidence of organization and preparation; however there are some disruptions and long waits between children's learning activities.	Staff is consistently well organized and prepared resulting in no disruptions and long waits between children's learning activities.		Measures are the same for home-based and center-based care.
All Ages	9. Repeated exposure of a new concept (e.g. vocabulary word) in different learning contexts (e.g. lunch, circle time, outdoors) across the day. <i>Key behaviors:</i> Staff uses a range of learning strategies and opportunities across the day to reinforce learning of a new concept (e.g. counting at circle time, lunch, lining up, counting books, math in a learning center)	Not Met.	There is some evidence that the staff is using repeated exposure of a new concept in different learning contexts; however there are many times throughout the day when learning opportunities are missed.	There is moderate evidence that the staff is using repeated exposure of a new concept in different learning contexts; however there are some times throughout the day when learning opportunities are missed.	There is consistent evidence that the staff is using repeated exposure of a new concept in different learning contexts.		Measures are the same for home-based and center-based care.
All Ages	10. Implemented learning activities are organized to build skills and knowledge progressively by moving the child from current developmental levels to the targeted developmental benchmarks <i>Key behaviors:</i> Staff	Not Met	There is some evidence that the staff implement the activities in ways that build on the child's current developmental level. There often may be times when staff support is minimal or inappropriate for children to learn because it is not aligned	There is moderate evidence that the staff implement the activities in ways that build on the child's current developmental level. There are few times when staff support is	There is strong evidence of the staff consistently implements the activities in ways that build on the child's current developmental level. Staff is observed to do this by asking children		Measures are the same for home-based and center-based care.

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Age Group(s)	Measure	Score of 0	Score of 1	Score of 2	Score of 3	NA (Not Applicable)	Applicable to Licensed & Registered Homes
	demonstrates the ability to help a child progress by providing support in terms of demonstrations, questioning, explanations that are in line with each child's current level of learning. For example when a learning task is too difficult for a child, staff adjusts the support provided so that the child can be successful in completing the task.		with the child's level of understanding.	minimal or inappropriate for children to learn because it is not aligned with the child's level of understanding.	questions they can respond to, providing problems or task (e.g. building a block structure) that the child can successfully solve with support.		

Compliance Notes: Curriculum Plan referenced in #1 can be thought of as a written document that outlines the goals and the intentional activities, experiences, and interactions that are planned to achieve child benchmarks as described in the Texas Infant, Toddler, 3 year-old, and Pre-K Guidelines and School age. The curriculum has to show evidence of a scope and sequence of experiences that move the child's learning forward to meet specified developmental benchmarks. This is in contrast to groups of isolated activities

*In addition to the written document, the materials necessary to implement the activities need to be present.

*Weekly lesson plans can reference teaching manuals or curriculum plan page numbers, rather than reproducing each activity in detail.

Curriculum utilized by providers can be characterized as follows:

1. Being associated with a TWC-based curriculum adopted list that is based on a rigorous selection process (higher rated providers would utilize curricula from this list); or
2. Curriculum that meets certain basic guidelines based on a TWC-approved curriculum self-assessment alignment tool (geared towards developing and lower star rated providers). Curricula with no real connection to developmental benchmarks across developmental skill domains.

Subcommittee 3: Curriculum, Nutrition, and Indoor/Outdoor Environment

Nutrition

Structural Requirements (Must Be Met)

Age Group(s)	2-Star Requirement	3-Star Requirement	4-Star Requirement	Applicable to Licensed & Registered Homes
All Ages, as appropriate	<ul style="list-style-type: none"> a) Include in written policies procedures to ensure the safety of food brought from home, including refrigeration or other means to maintain appropriate temperatures. b) Program policies include liquids and food hotter than 110 degrees F are kept out of reach. c) Programs have policies in place outlining strategies to educate children and their parents on nutrition. d) Staff are educated on food allergies and they take precautions to ensure children are protected. e) Programs provide parents with information about foods that may cause allergic reactions. f) Providers provide sample menus of healthful lunches for parents whose children bring food from home. Parents are encouraged to provide meals with adequate nutritional value. g) Program policies require that, if providers serve meals, prepared food that is brought into the program to be shared among children is commercially prepared OR prepared in a kitchen that is inspected by local health officials. h) Policies indicate that healthy snacks are available for school aged children as students arrive. i) Policies indicate that staff do not reward good behavior or clean plate with foods of any kind j) Policies indicate that, if providers serve meals, milk, fresh fruit and vegetables are available for children who bring lunches from home. 	Must meet 2-Star Requirement	Must meet 2-Star Requirement	Measures are the same for home-based and center-based care.

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Age Group(s)	2-Star Requirement	3-Star Requirement	4-Star Requirement	Applicable to Licensed & Registered Homes
All Ages, as appropriate	<p>k) With regard to menus, providers document that:</p> <ul style="list-style-type: none"> a) yogurt served is fat-free or low-fat, and plain or low in added sugar. b) only breast milk or formula is served to infants up to 12 months; only whole milk is served to children from 12 to 24 months; and 1% or fat free milk for children 24 months and older. An exception to this guideline can be made upon written instruction from a physician. c) Fresh, frozen, or dried fruits and/or vegetables are served daily d) whole grains are offered at least two times per day. e) Canned vegetables and beans are labeled "no salt" or "low salt" f) Canned fruit is only packed in water or natural juice (no heavy or light syrup) g) Dry ready to eat cereal is no more than 6 grams of sugar per serving h) no sugary drinks are served <p>Providers participating in CACFP will automatically be assumed to have met these standards.</p> <p>Providers that provide documentation that their menus have been reviewed/approved by a nutritionist with at least a Bachelor's degree will automatically be assumed to have met these standards. A nutritionist is defined as a 'registered dietitian nutritionist (RDN),' or a "dietetic technician, registered (DTR)"</p>	Must meet 2-Star Requirement	Must meet 2-Star Requirement	Measures are the same for home-based and center-based care.

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<p>0- 17 Months</p>	<ol style="list-style-type: none"> 1. Policies specify that, if a provider prepares formula, it is provided to the facility in factory-sealed containers prepared according to manufacturing instructions. If formula is prepared by the parent, the bottle must be properly labeled. All milk, breast milk, and formula served is discarded after 1 hr. if not consumed. 2. Infant feeding instructions include feeding method (breast milk or formula), backup supply of breast milk or formula, feeding pattern, and introduction of solid foods and beverages besides breast milk or formula (if appropriate). Note: Providers must use the TRS standardized infant feeding form, or a locally developed form containing, at a minimum, all elements present in the TRS standardized form. 3. Policies specify that, upon request, a compilation of breastfeeding education and support resources in the community is provided to parents. 	<p>Must meet 2-Star Requirement</p>	<p>Must meet 2-Star Requirement</p>	<p>Measures are the same for home-based and center-based care.</p>
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TEXAS RISING STAR (TRS) WORKGROUP – DRAFT RECOMMENDATIONS FOR PUBLIC COMMENT (MARCH 11, 2014)

Subcommittee 3: Curriculum, Nutrition, and Indoor/Outdoor Environment

Nutrition

Process Measures – Points (0-3)

Age Group(s)	Measure	Score of 0	Score of 1	Score of 2	Score of 3	NA (Not Applicable)	Applicable to Licensed & Registered Homes
All Ages	1. Items to Observe: -Initial servings are small -Drinks are offered with food -Seconds of healthy options are available -Children are not hurried to finish eating -Children are not viewing television during mealtime -Food is not used as a reward or punishment -Children are encouraged to engage in conversation during meal time -Children have the opportunity to feed themselves consistent with their developmental levels	No evidence	Minimal evidence	Moderate evidence	High/consistent evidence		Measures are the same for home-based and center-based care.
	2. Caregivers model friendly social behavior, and appropriate dining etiquette.	Caregivers only supervise and do not participate or interact at mealtime.	Caregivers offer instruction or correct behavior at mealtime.	Caregivers interact positively with children and model proper table etiquette.	Caregivers interact positively with children and model proper table etiquette.		Measures are the same for home-based and center-based care.
0-12 Months	1. Infants are held (if developmentally appropriate) and talked to in reassuring tones while bottle fed.	Infants are observed while bottle fed. No infants were held or talked to during bottle feeding		All infants needing to be held by caregivers were during bottle feeding. However, there was limited or no observable speech or reassuring tones	All infants observed being bottle fed were held and talked to in reassuring tones.	n/a	Measures are the same for home-based and center-based care.
0-17 Months	1. Caregivers feed infants on the infant's cue, such as the infant opening the mouth and making suckling noises or moving hands at	Infants are fed when they begin to cry or upon a strict feeding schedule only.	Caregivers often use pacifiers when they observe some infant feeding cues. In some instances they begin feeding infants. Feeding is not consistently discontinued	Caregivers are patient and responsive when observing infant cues, and when observing signs of satiety. Pacifiers are rarely used in place	As often as possible, the same caregiver works with the same infant and becomes familiar with his feeding cues. The caregivers		

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Age Group(s)	Measure	Score of 0	Score of 1	Score of 2	Score of 3	NA (Not Applicable)	Applicable to Licensed & Registered Homes
	<p>random, unless the parent and the child's physician give written instructions otherwise. The caregivers also stop feeding upon satiety. Caregivers observe satiation indicators such as the infant keeping the mouth closed, turning away from the bottle, and paying increased attention to surroundings.</p>		<p>when there are signs of satiety.</p>	<p>of feeding when cues are observed. Feeding is regularly discontinued when infants turn away from the bottle, have increased awareness of surroundings, begin to close the mouth, or say "no".</p>	<p>are patient, gentle, and responsive to cues and signs of satiety. Pacifiers are not used in place of feeding when cues are presented.</p>		
<p>18 Months – 2 Years</p>	<p>1. Meals are served to children seated in small groupings with their assigned caregivers when not helping with the meal service routine or providing necessary assistance to children.</p>	<p>Caregivers are not seated with children and meals are not served to children in small groupings.</p>	<p>Meals are served to children in small groups; caregivers join the children, but do not interact with the children or encourage the children to engage in conversation.</p>	<p>Meals are served to children in small groups; caregivers join the children, but do not interact with the children or encourage the children to engage in conversation.</p>	<p>Caregivers are seated with children, they engage and encourage them. Meals are served to children in small groups.</p>	<p>n/a</p>	<p>Measures are the same for home-based and center-based care.</p>
<p>3 to 5 Years</p>	<p>1. Meals are served family style, children are encouraged to serve themselves as their abilities permit (ex. set tables, put out napkins, scoop food using sturdy serving spoons, pour milk from child sized pitchers). Items to observe: -Meals are served family style -Children are encouraged to set tables, put out napkins, etc. -Children are encouraged to serve themselves as their abilities permit (ex. scoop food using study serving spoons, pour milk from child sized pitchers)</p>	<p>No evidence</p>	<p>Minimal evidence</p>	<p>Moderate evidence</p>	<p>High/consistent evidence</p>		<p>Measures are the same for home-based and center-based care.</p>

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Age Group(s)	Measure	Score of 0	Score of 1	Score of 2	Score of 3	NA (Not Applicable)	Applicable to Licensed & Registered Homes
	-An orderly process is in place for taking turns and varying tasks -Children are encouraged to sample a variety of food.						

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Subcommittee 3: Curriculum, Nutrition, and Indoor/Outdoor Environment

Indoor Learning Environment

Structural Requirements (Must Be Met)

Age Group(s)	2-Star Requirement	3-Star Requirement	4-Star Requirement	Applicable to Licensed & Registered Homes
All Ages	<ol style="list-style-type: none"> 1. Indoor environment is arranged to facilitate a distinct division of active and quiet spaces 2. Nap/rest space is conducive for children to relax, rest or sleep as appropriate for the ages and abilities of children 3. Indoor environment includes space where children can play protected from interference by other children, yet be supervised by the caregiver 4. Equipment/materials are clean and in good repair and no parts are missing. Providers supply a checklist of cleaning and maintenance tasks they use to ensure safe and sanitary environment for children. 5. Equipment/materials are readily available and adapted to allow for equal participation by all children. 	Must meet 2-Star Requirement	Must meet 2-Star Requirement	Measures are the same for home-based and center-based care.
0- 17 Months	<ol style="list-style-type: none"> 1. Indoor environment includes sufficient quantity of sleeping, diapering and feeding equipment to accommodate the number of children served 2. Indoor environment includes sufficient space to allow for different kinds of experiences such as tummy time, active play, quiet play, and messy play 3. Diapering areas include items that enhance cognitive and communication skills such as mobiles or colorful hanging objects 4. Indoor environment includes space and equipment where caregivers and mothers can sit comfortably and hold infants while feeding or breast feeding 	Must meet 2-Star Requirement	Must meet 2-Star Requirement	Measures are the same for home-based and center-based care.
School Age	<ol style="list-style-type: none"> 1. Indoor environment is arranged to include a quiet place with age appropriate tables, chairs and appropriate lighting to facilitate completion of homework. 			

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Indoor Learning Environment
Process Measures – Points (0-3)

Age Group(s)	Measure	Score of 0	Score of 1	Score of 2	Score of 3	NA (Not Applicable)	Applicable to Licensed & Registered Homes
All Ages	<p>1 Indoor environment is arranged to facilitate division of interest areas for play (as developmentally appropriate) and allow children to move easily from one area to another.</p> <p><u>Key elements:</u> Developmentally appropriate materials organized to facilitate independent use and provide choices for children to engage in activities based on interest centers such as: literacy/creative writing, dramatic play/theater, art, blocks/wood working, music/listening, sensory discovery/natural science, manipulative/table games/puzzles, cozy area with soft furnishings, and gross motor materials for preschool and school age children. Appropriate materials for infants may include soft blocks, rattles, push and pull toys and colorful mobiles for infants; and large cardboard blocks, cloth books, wooden puzzles, dramatic play items, and art supplies for toddlers</p>	No evidence of division of play space into interest areas or fewer than three areas are arranged.	At least three different kinds of interest areas with appropriate equipment/materials and sufficient space that allows for active, quiet, and messy play areas.	Developmentally appropriate equipment/materials arranged to facilitate play in 5 interest areas materials and sufficient space that allows for active, quiet, and messy play areas.	More than 5 interest areas arranged in the classroom which provide for different kinds of learning experiences. Developmentally appropriate equipment/materials are arranged for independent use. Interest centers are routinely changed to add variety.		Measures are the same for home-based and center-based care.
	2. Equipment/materials portray people in a manner that is non-stereotypical and culturally	Little or no racial or cultural diversity is visible in books, puzzles,	Books reflect diverse populations.	Books and all multimedia reflect diverse populations, in addition to	Books, multimedia, and all posted bulletin boards displayed in the center		Measures are the same for home-based and center-

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Age Group(s)	Measure	Score of 0	Score of 1	Score of 2	Score of 3	NA (Not Applicable)	Applicable to Licensed & Registered Homes
	sensitive. <u>Key indicators include:</u> Pictures of males and females used in the classroom; books, puzzles, puppets, dolls, dress up clothes, music, foods, and stories portray different cultures and ethnicity	dramatic play props, food, or music.		any posters or bulletin boards around the center.	reflect diverse populations, in addition to toys and games introduced through center activities.		based care.
	3. Developmentally appropriate visual materials are displayed at children's eye level	Print materials are not displayed at child's eye level and do not include realistic pictures or child created work	Colorful realistic pictures reflecting nature, people, and objects are displayed	Realistic pictures of children's family members, pets, and other familiar people and places are displayed along with work created by children	Children's work such as flat artwork, clay and carpentry is labelled with the child's name and displayed		Measures are the same for home-based and center-based care.
	4. Equipment/materials reflect children's interest, appear inviting to children, and are arranged so children know where to find things and may easily select and return items	Equipment/materials are not displayed on low open shelving within children's reach. Available materials do not spark children's interest in play; may result in behavior issues.	Shelving is open and available at a height accessible to children, but it is limited	Open shelving and crates are distributed throughout the classroom at an appropriate height for children; children are welcome to retrieve materials	Shelving, open baskets and totes are labeled with words and pictures of materials at an appropriate height for easy reach; children are encouraged to retrieve materials and place them back in their correct place.		Measures are the same for home-based and center-based care.
	5. Equipment/materials encourage hands on manipulation of real objects <u>Key elements may include:</u> plastic bowls, plastic cups, hats, scarves, dish towels, food boxes, scoops, measuring cups, mirrors, baskets, magnifying glasses, telephones, calculators, keyboards, etc.	No evidence of real objects accessible to children for play.	Minimal evidence of age appropriate real objects accessible in the classroom.	Moderate evidence of age appropriate real objects accessible in the classroom.	High/consistent evidence of age appropriate real objects accessible and evident in various interest areas in the classroom.		Measures are the same for home-based and center-based care.

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Age Group(s)	Measure	Score of 0	Score of 1	Score of 2	Score of 3	NA (Not Applicable)	Applicable to Licensed & Registered Homes
	6. Equipment/materials facilitate social interaction, music and movement, and experiencing the environment through all five senses	Lack of variety of materials; children lack interest in activities/play. Interaction among children is limited; behavior problems exist due to boredom	Children are allowed to move freely so natural groupings and interactions can occur. Variety of equipment and materials	Equipment/materials provide opportunities for children to work together or alone; provide a variety of experiences and are rotated to provide interest	High/consistent evidence that children are allowed to make choices to work and play in large and small groups or alone; variety of equipment/materials that allow children to experience the learning environment through all five senses.		Measures are the same for home-based and center-based care.

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Subcommittee 3: Curriculum, Nutrition, and Indoor/Outdoor Environment

Outdoor Learning Environment

Structural Requirements (Must Be Met)

Age Group(s)	2-Star Requirement	3-Star Requirement	4-Star Requirement	Applicable to Licensed & Registered Homes
All Ages	<ol style="list-style-type: none"> 1. Outdoor environment is arranged to extend indoor classroom activities outdoors 2. Outdoor environment includes partial shade such as: shadows cast by the building, manufactured shade structures, trees, pergolas, umbrellas, etc. 3. Outdoor environment, including natural and manufactured equipment, is arranged to permit supervision appropriate for all children in the group 4. Outdoor environment, including natural and manufactured equipment is arranged to facilitate division of active and quiet spaces 5. Outdoor environment includes at least two surfaces permitting different types of play and supports movement from one place to another 6. Outdoor environment includes open areas for running and games for children 3 years and older 7. Outdoor equipment/materials are clean and in good repair and adequate storage are available. Providers supply a checklist demonstrating their routine for ensuring equipment is in good repair 	Must meet 2-Star Requirement	Must meet 2-Star Requirement	Measures are the same for home-based and center-based care.

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Subcommittee 3: Curriculum, Nutrition, and Indoor/Outdoor Environment

Outdoor Learning Environment

Process Measures – Points (0-3)

Age Group(s)	Measure	Score of 0	Score of 1	Score of 2	Score of 3	NA (Not Applicable)	Applicable to Licensed & Registered Homes
All Ages	1. The outdoor environment provides children with the opportunity to care for living things and appreciate nature/beauty such as: Non-toxic trees, shrubs, or vines; topographic variations (such as mounds, terraces, slopes); a variety of ground surfaces (mulch, grass, pebbles); smooth rocks, wood or logs; non-poisonous flowering plants or garden plants and vegetables; birdfeeders, bird baths and birdhouses	0-2 natural elements present in the outdoor environment	At least 3 natural elements present in the outdoor environment	At least 5 natural elements present in the outdoor environment	More than 5 natural elements present in the outdoor environment		Measures are the same for home-based and center-based care.
	2. Outdoor, natural and manufactured equipment/materials, are developmentally appropriate, readily available and adapted to allow for participation of all children	Outdoor environment lacks variety and interest. Insufficient equipment/materials result in boredom; behavior challenges or injuries result from misuse of equipment	Some outdoor equipment/materials are available for all children to use without undue competition or long delays	A variety of outdoor equipment and materials are available for all children to use without undue competition or long delays	Many outdoor equipment and materials are readily accessible for all children to use without undue competition or long delays. Sufficient variety allows children to make choices. Equipment/materials are rotated to maintain children's interest		Measures are the same for home-based and center-based care.
	3. Outdoor environment and natural and manufactured equipment/materials motivate children to be physically active and engage in active play such as balancing, climbing, crawling, moving, pushing/pulling, riding, walking Key elements may include: balls, swings, balance beams, climbing structures, tumbling	Outdoor environment lacks variety and interest. Insufficient equipment/materials result in boredom, behavior challenges, and preventable injuries	Minimal stationary and portable equipment is available	Moderate evidence as demonstrated by availability of stationary and portable equipment and creative use of equipment/materials	High/consistent stationary and portable equipment is available including pathways/trails, portable and anchored playground equipment and layouts that stimulate all forms of active and creative play		Measures are the same for home-based and center-based care.

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Age Group(s)	Measure	Score of 0	Score of 1	Score of 2	Score of 3	NA (Not Applicable)	Applicable to Licensed & Registered Homes
	pads, tricycles or riding toys, marching music, jump ropes, space to skip, hop, and roll						
	4. Outdoor environment supports social emotional development including but not limited to areas that invite social gatherings, , tummy time, dramatic play, group games, music and movement, and spaces for quiet and calm activities Key elements may include: Natural additions such as boulders, tree stumps, sand area and benches, design elements such as stages, platforms, wind chimes, canopies, teepees, gazebos.	No natural design elements or interest areas. Outdoor environment does not support play in large and small groups or space for privacy	Minimal evidence of natural design elements and interest areas that support social emotional development	Moderate evidence of natural design elements and interest areas that support social emotional development	High/consistent evidence of natural design elements and interest areas that support social emotional development		Measures are the same for home-based and center-based care.
0-17 Months	5. Outdoor equipment/materials encourage infants to experience the environment through all five senses	Equipment and materials lack variety, are not age appropriate, limited to one or two of the five senses	Equipment may include strollers or buggy to facilitate exploring outdoors	Design elements and equipment include grassy areas for blankets, balls, pillows, blocks, infant swings	Design elements and equipment include foam blocks for climbing, tunnels for crawling and natural elements such as birdfeeders, bird baths and birdhouses for observation	n/a	Measures are the same for home-based and center-based care.

Subcommittee 4: Parent Education and Involvement

Parent Education

Structural Requirements (Must Be Met)

Age Group(s)	2-Star Requirement	3-Star Requirement	4-Star Requirement	Applicable to Licensed & Registered Homes
All Ages	<p>1. Parents are provided with written policies and procedures which includes:</p> <ul style="list-style-type: none"> - Program philosophy and goal - Drop off/pick up procedures - Parent conferences - Fee structure - Absences - Clothing guidelines - Inclement weather policy - Admission procedures - Separation procedures - Late payments and refund information - Curriculum goals - Nutrition standards used for menu planning - Physical activity and screen time policies - Family participation - Procedure in place to allow parents to update contact information at all times without staff assistance <p>Policies are reviewed annually and updated if necessary.</p> <p>2. The program has systems in place for communication between the facility and parents, which may include emailing or phone calls.</p> <p>3. A designated area is maintained where daily schedules, menus and other important notices are available to parents.</p>	Must meet 2-Star Requirement	Must meet 2-Star Requirement	Measures are the same for home-based and center-based care.

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Subcommittee 4: Parent Education and Involvement

Parent Education

Process Measures – Points (0-3)

Age Group(s)	Measure	Score of 0	Score of 1	Score of 2	Score of 3	NA (Not Applicable)	Applicable to Licensed & Registered Homes
All Ages	1. The provider has a written orientation that is conducted face to face with families.	Not met	<p>Parents are given a written orientation of the center/home which includes:</p> <p>Tour of the facility</p> <ul style="list-style-type: none"> - Introduction to teaching staff - Parent visit with the classroom teacher - Overview of parent handbook - Policy for arrival & late arrival <p>An explanation of Texas Rising Star Quality Certification is provided.</p> <p>Encourage parents to inform the center/provider of any elements related to their CCS enrollment that the provider may be of assistance.</p>	<p>Parents are given a written orientation of the center/provider which includes:</p> <ul style="list-style-type: none"> - Opportunity for an extended visit in the classroom by both parent and child for a period of time to allow both to be comfortable - An overview of family support resources and activities in the community - *Statement reflecting the role and influence of parents, which is signed and kept in file - A signed and dated copy of the orientation kept in the child's file 	<p>Parents are given a written orientation of the center/provider which includes:</p> <ul style="list-style-type: none"> - Expectations of the family - *Child development and developmental milestones - Parents are informed of the significance of consistent arrival time: <ul style="list-style-type: none"> -before educational portion of school readiness program begins -impact of disrupting learning of other children -importance of consistent routines for children added specifically to assist parents in their successful transition to kindergarten and beyond. - In order to facilitate better communication between the parent(s) and teacher and the parent and child it is best if parents are not distracted by use of 		Measures are the same for home-based and center-based care.

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Age Group(s)	Measure	Score of 0	Score of 1	Score of 2	Score of 3	NA (Not Applicable)	Applicable to Licensed & Registered Homes
					electronic devices while at the center/home. -A signed and dated copy of the orientation kept in the child's file and a copy is given to the family.		
All Ages	2. The center/home provides families with opportunities to better understand the child's growth and development.	Not met	Posting of parent education opportunities within the community.	*Written communication such as articles, handouts, newsletters, etc. are given out to parents a minimum of four times a year. **Parents are referred to other professionals and local community resources when needed.	A resource area with parent education materials is available. *Parent Education opportunities are included a minimum of twice annually and could be offered during center/home programs, such as holiday programs, open house, etc. A dated event program and the parent information provided are kept on file.		Measures are the same for home-based and center-based care.
Note: All information provided to parents must be research based. *Information and examples are available in the Parent Education Resource Index. **Resources: Early Childhood Intervention (ECI), local preschool programs for children with disabilities, pediatrician, and local agencies found through calling 211, therapy referral services.							

Subcommittee 4: Parent Education and Involvement

Parent Involvement

Structural Requirements (Must Be Met)

Age Group(s)	2-Star Requirement	3-Star Requirement	4-Star Requirement	Applicable to Licensed & Registered Homes
All Ages	<p>1. Director/Parent/Teacher Collaboration Regarding Challenging Behavior. The teacher and/or Director have casual conversations with parents to express concerns and discuss strategies in addressing challenging behaviors. Conversations are framed around school readiness, the objective of the program. Parents are kept informed as to their child's progress.</p> <p>The director and teachers should be able to provide evidence that they are working together with the parents about decisions regarding the child's successful experience, which may include written daily reports for children under 3 years and parent communication log.</p> <p>Frequent, casual communications with positive reflections about the child's day helps in building a trusting relationship with families.</p> <p>2. Provider has a written process for addressing challenging behaviors of children.</p> <p>3. The Director and/ or teacher maintain ongoing communication with the parent regarding challenging behavior either verbally or written.</p> <p>**If necessary parents are given information about community resources they may want to access.</p>	Must meet 2-Star Requirement	Must meet 2-Star Requirement	Measures are the same for home-based and center-based care.

Subcommittee 4: Parent Education and Involvement
Parent Involvement
Process Measures – Points (0-3)

Age Group(s)	Measure	Score of 0	Score of 1	Score of 2	Score of 3	NA (Not Applicable)	Applicable to Licensed & Registered Homes
All Ages	1. Parents have opportunities to influence the program.	Not met	Director seeks out parent suggestions either verbally or written and can provide evidence.	The center/home has an on-going process to receive and review suggestions and recommendations from the parents (e.g. suggestions box, parent meetings).	Parents are offered an annual written evaluation and/or survey. Suggestions and evaluation results are integrated into the program operation when applicable.		Measures are the same for home-based and center-based care.
All Ages	2. Parent Teacher conferences are held. Conferences can be held in person or by phone.	Not met	Parent Teacher conferences are available upon request. The perspective of the parent is invited and considered.	A scheduled conference is offered to parents to exchange information a minimum of one time per year. Children's progress and overall development are discussed. Documentation of the conference is made, dated, and signed by the parent and teacher, and a copy is kept in the child's file.	A scheduled conference is offered to parents to exchange information a minimum of 2 times a year, no less than 5 months apart. System in place to share information with parents on an ongoing basis: written daily reports for children under 3 years, communication log, written weekly reports, journal, etc. Information from teacher observations and written assessment is shared.		Measures are the same for home-based and center-based care.
All Ages	3. Parents are invited to participate in program related activities.	Not met	Parents are invited and encouraged to attend one event annually which may include birthdays, holidays, or other special occasion.	Parents are invited and encouraged to attend two events, special occasions or other program related activities annually.	Parents are invited and encouraged to attend 3 or more events, special occasions, parent meetings, support group or other program-		Measures are the same for home-based and center-based care.

TEXAS RISING STAR (TRS) WORKGROUP – DRAFT RECOMMENDATIONS FOR PUBLIC COMMENT (MARCH 11, 2014)

Age Group(s)	Measure	Score of 0	Score of 1	Score of 2	Score of 3	NA (Not Applicable)	Applicable to Licensed & Registered Homes
					related activities.		

DRAFT FOR PUBLIC COMMENT

Subcommittee 4 Parent Involvement & Education
SUMMARY OF COMMENTS AND PROPOSED RESPONSES
Texas Rising Star Workgroup
DRAFT RECOMMENDATIONS

Comment #	Date Rec'd	Commenter and Affiliation	Summary of Comments	Proposed Response
5.	3/21/14	Jennifer Vogel, San Marcos School Age Pregnant & Parenting Program	Recommends better guidelines for Parent teacher conferences. It would be clearer to indicate for a score of 3, two conferences are required per year.	TRS Subcommittee met on April 9, 2014 and considered this recommendation. However, the Subcommittee opted to make no change to this measure.
12.	3/25/14	Cari Browning DSHS [Oral & Written Testimony]	Recommends adding parents are provided written policies and procedures in relation to physical activity, screen time and nutrition standards and practices at the facility. Information on screen time, physical activity and nutrition information are an important parent education opportunity. These topics can be folded into an existing procedure and practices measure or a separate category for healthy environment.	TRS Subcommittee met on April 9, 2014 and considered this recommendation. The Subcommittee recommended adding nutrition standards used for menu planning, and physical activity and screen time to written policies and procedures provided to parents.
15.	3/27/14	Christina Thi – DSHS	Recommends including nutrition standards used for menu planning, physical activity and screen time policies to the written policies and procedures provided to parents.	TRS Subcommittee met on April 9, 2014 and considered this recommendation. The Subcommittee recommended adding nutrition standards used for menu planning, and physical activity and screen time to written policies and procedures provided to parents.
29.	3/28/14	Shannon Richter Rural Capital Board	<p>Suggests the tool needs to be reviewed holistically to ensure consistency, as some apparent conflicts appear to exist. For example, in the Parent Education and Involvement section outlines parents are invited to participate in events such as “family potluck.” However, this appears to be inconsistent with the requirement in the Nutrition section that, “program policies require that prepared food that is brought into the program to be shared among children is commercially prepared.” The expense of purchasing commercially prepared food is a barrier for low income families to participate in events such as potlucks.</p> <p>Another inconsistency is under Director/Parent/Teacher Collaboration which states the director and teachers should be able to provide evidence that they are working together with the parents about decisions regarding the child's successful experience, which may include written daily reports for children under 3 years and parent communication log as 2 Star requirement while the Parent Teacher conferences section states system in place to share information with parents on an ongoing basis: written daily reports for children under 3 years, communication log, written weekly reports, journal, etc. for a score of 3.</p>	<p>TRS Subcommittee met on April 9, 2014 and considered this recommendation. The Subcommittee recommended removing family potluck from the list of events that parents are invited and encouraged to attend.</p> <p>TRS Subcommittee met on April 9, 2014 and considered this recommendation. The Subcommittee recommended adding “Regarding Challenging Behaviors” to Director/Parent/Teacher Collaboration measure title to distinguish between types of communication.</p>

Subcommittee 4 Parent Involvement & Education
SUMMARY OF COMMENTS AND PROPOSED RESPONSES
Texas Rising Star Workgroup
DRAFT RECOMMENDATIONS

Comment #	Date Rec'd	Commenter and Affiliation	Summary of Comments	Proposed Response
34.	3/28/14	Sandy Anderson Rural Capital Board	Questioned if any of the items listed in Structural Requirements are in minimum licensing requirements. Suggested the Parent Education section should be reformatted to the 2 Star, 3 Star, and 4 Star approach.	TRS Subcommittee met on April 9, 2014 and considered this recommendation. However, the Subcommittee opted to make no change to this measure.
42.	3/31/14	Julie Talbert Heart of Texas Board	Recommend requiring either the posting or distribution of breastfeeding and nutrition information for parents. This could be as simple as providing websites or local resources.	TRS Subcommittee met on April 9, 2014 and considered this recommendation. However, the Subcommittee opted to make no change to this measure.

Subcommittee 2 Caregiver/Child Interactions
SUMMARY OF COMMENTS AND PROPOSED RESPONSES
Texas Rising Star Workgroup
DRAFT RECOMMENDATIONS

Comment #	Date Rec'd	Commenter and Affiliation	Summary of Comments	Proposed Response
1.	3/18/14	Michelle Wingate Creations Child Care Learning Center - Grandbury	TRS ratios are far too small in age groups 13 months and up. For example, DFPS allows a 1:26 ratio for school aged students while TRS is suggesting a maximum group size of 25, with two caregivers. Request that TRS guidelines for ratios are reviewed and increased to allow our facilities to provide care for a larger number of students and families.	The Group Size in recommendations are the current TRS requirements. Therefore, we recommend no change.
2.	3/18/14	Sharon Daniel Clayton Youth Enrichment Services! Ft. Worth	Recommends allowing the site directors at a school-age facility to count as the staff who meets the caregiver staff ratio because school-age site directors are not responsible for many of the administrative duties as a regular director.	The director cannot count in staff ratio because this person may be pulled into other tasks at any moment during working hours and not able to consistently supervise or manage children.
4.	3/22/14	Julie Raley Child Care Licensing Advisory Committee	Group sizes are lower than minimum licensing standards. Lower ratios would be great, but it is an area that providers state the reason for not being able to do TRS. If you lower the ratios, what is going be to the cost factor for the providers?	The Group Size in recommendations are the current TRS requirements. Therefore, we recommend no change.
5.	3/21/14	Jennifer Vogel, San Marcos School Age Pregnant & Parenting Program	Warm and Receptive Style and Language Facilitation and Support and Play Based interactions Support of Children Regulation: II-3 1. Provides physical and emotional security.... Under Score of 1 ... the last part is a double negative worded condition. The Score of 2 and 3 “High Quality Behavior is characterized as positive with no negative behaviors (I assume you mean the caregiver is no negative behaviors from the children? II-3 through II-13. The curriculum section- that is intense and poorly able to follow. A table of sorts or if this is coming from some other protocol such as ECERS, then just say that tool and use the already proven tool and not alter it. Lots of grammatical issues and inconsistent written process which also makes it difficult to follow. 11-7 Counting of the interactions- How long will the observer/accreditor observe? PreK class of 10 and 1 teacher, to get a score of 3 with 7+ conversations with individual child: 10 kids and each individual conversation averages 3 minutes. That is 30 minutes minimum with no	This will be modified during April’s review.

Subcommittee 2 Caregiver/Child Interactions
SUMMARY OF COMMENTS AND PROPOSED RESPONSES
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			instruction, follow-up, etc. Not to mention if the 7+ means 7+ for each individual child? What if the observer is present during an activity, say lunch and lunch is 30 minutes and there are some group directives how will 7+ be achieved?	
11.	3/25/14	Jessica Salinas Montessori Center [Oral & Written Testimony]	Add one category for 3-6 years mixed age group. This is the normal age range in a preschool Montessori classroom.	This will be covered in the curriculum section.
12.	3/25/14	Cari Browning DSHS [Oral & Written Testimony]	In section titled: "Play-Based Interactions" (II-9), add "physical activity" to the dialogue in the scoring measures. In section titled: "Support for Children's regulation", consider adding a measure related to providing children with opportunities for physical activity. This measure and/or scoring could relate to: <ul style="list-style-type: none"> • Not using physical activity or withdrawal of physical activity as a punishment • Modeling and encouraging physical activity as an appropriate outlet for self-regulation • Leading 30 min of physical activity daily to model the need and enjoyment 	This will be covered in the curriculum section.
16.	3/20/14	Megan Burke Texas AEYC [Oral Testimony]	<ul style="list-style-type: none"> • Group size and teacher qualifications can be both structural and process. • Ratios in 4-Star could use points system. 	The workgroup agreed to add process measures to give points for lower group size or ratios at the 3-star and 4-star level.
17.	3/20/14	Sarah Crockett Texas Association for Infant Mental Health [Oral Testimony]	<ul style="list-style-type: none"> • Consider an introduction explaining the differences between structural and process. • Have 1-Star rating with no rate increase, but they can strive for 2-Star level. • Have points system for lower group/ratios. • Consider having ages 0-3. 	The workgroup agreed to add process measures to give points for lower group size or ratios at the 3-star and 4-star level.
18.	3/20/14	Alison Bentley School Readiness Action Plan Leadership Team [Oral Testimony]	<ul style="list-style-type: none"> • Consider including staff/ratios as a quality predictor. • Consider small ratios at various star levels. • Make group size more stringent at 4-Star level. 	The workgroup agreed to add process measures to give points for lower group size or ratios at the 3-star and 4-star level.
20.	3/20/14	Lonnie Hutson Kids R Kids [Oral Testimony]	Recommend a point system to achieve a star level for staff ratios and group size.	The workgroup agreed to add process measures to give points for lower group size or ratios at the 3-star and 4-star level.

Subcommittee 2 Caregiver/Child Interactions
SUMMARY OF COMMENTS AND PROPOSED RESPONSES
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Comment #	Date Rec'd	Commenter and Affiliation	Summary of Comments	Proposed Response
23.	3/27/14	Kelley Fontenot North Central Texas Board	Lower the group size for 3 and 4-Star requirements as meeting minimum standards is not quality, it is basic level care. Also, reconsider adding child/staff ratios as this is a very important part of quality. A lower child/staff ratio should increase the caregiver child interactions in the classroom which hopefully, will increase the quality of care provided in those classrooms.	The workgroup agreed to add process measures to give points for lower group size or ratios at the 3-star and 4-star level.
24.	3/27/14	Brenda Cox South Plains Board	We like the 0-3 scale. It is a better tool to use when assessing facilities than the current met/not met standard.	
26.	3/28/14	Joyce Sneed Concho Valley Board	There are too many processes to be scored on caregiver-child interactions and curriculum, nutrition, and indoor/outdoor environment.	TRS Subcommittee met on April 10, 2014 and considered this recommendation. However, the Subcommittee opted to make no change to this measure.
29.	3/28/14	Shannon Richter Rural Capital Board	<p>Ratios need to be addressed and group sizes need to be reconsidered. Lower caregiver/child ratios are recommended by the American Public Health Association, the American Academy of Pediatrics and the National Association for the Education of Young Children. In addition, The Department of Family and Protective Services has stated that the health and safety of all children are not adequately protected by current ratio and group sizes.</p> <p>Lower ratios are critical not only to reduce diseases and injury, but in order to implement the higher quality of programming recommended by the Workgroup. I recommend following NAEYC standards for ratio and group sizes. This recommendation is consistent with NACCRA's recommendation for QRIS systems.</p> <p>Scoring on the sections on caregiver-child interactions may be very subjective and result in inconsistent assessment of provider star levels across the state of Texas, unless standardized training is done at a statewide level. Adoption of ITERS and ECERS will attenuate this issue. In addition, implementation instructions for this section, as well as the others, need to be drafted. For example, how long of an observation period must a TRS assessor conduct to determine assignment of the score. Details like this need to be finalized in order to be a consistent statewide application of the tool.</p>	The workgroup agreed to add process measures to give points for lower group size or ratios at the 3-star and 4-star level.
33.	3/28/14	Denise Dilliard Day Nursery of Abilene	Have many special needs children (autism). These children may be higher functioning and might only require behavioral therapy. Classrooms with 11-15 children are over stimulating for them so we are not able to service these children. We need lower ratios, and staff that have special education training. We need funding to help pay for these services.	TRS Subcommittee met on April 10, 2014 and considered this recommendation. However, the Subcommittee opted to make no

Subcommittee 2 Caregiver/Child Interactions
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Comment #	Date Rec'd	Commenter and Affiliation	Summary of Comments	Proposed Response
				change to this measure.
34.	3/28/14	Sandy Anderson Rural Capital Board	<p>What is the significance in the scoring differences? What are the reasons that the subcommittees are suggesting different scoring approaches?</p> <p>Subcommittee 1 and Subcommittee 2 Group Size and Subcommittee 4 have three sections – 2 Star, 3 Star, and 4 Star. This seems appropriate. But then the remainder of Subcommittee 2 and all of Subcommittee 3 have five scoring sections. The first two scores – zero and one – are irrelevant for assessing TRS status.</p> <p>Subcommittee 2 Caregiver –Child Interactions:</p> <ul style="list-style-type: none"> • Overall – this whole area needs to be reformatted for 2, 3 and 4 Star and reconsidered for what is needed for all age groups and then individual age groups • Group Size <ul style="list-style-type: none"> ○ What is the required ratio of teacher to children for the group size? • Warm and Responsive <ul style="list-style-type: none"> ○ The key behaviors are training items for the criteria and need to be separated from the assessment tool ○ 1. ‘Warm, safe and nurturing environment’ needs clarity or removed – it is not an observable measure as written • Language Facilitation and Support (this area has redundancy and in the spirit of being able to conduct an assessment within reasonable timeframes, items could be grouped) <ul style="list-style-type: none"> ○ 1 and 2 Seem to be part of Warm and Responsive ○ 3, 5, 9, 10 are similar and could be grouped ○ 4, 6, 8 are similar and could be grouped 	<p>TRS Subcommittee met on April 10, 2014 and considered this recommendation. However, the Subcommittee opted to make no change to this measure.</p> <p>The workgroup agreed to add process measures to give points for lower group size or ratios at the 3-star and 4-star level.</p> <p>TRS Subcommittee met on April 10, 2014 and considered this recommendation. However, the Subcommittee opted to make no change to this measure.</p> <p>TRS Subcommittee met on April 10, 2014 and considered this recommendation. However, the Subcommittee opted to make no change to this measure.</p>

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35.	3/28/14	Shannon Hendricks & John Breitfeller Educational First Steps	<p>There are no child/caregiver ratios. We believe that child/caregiver ratios are important, and in fact, may be more important than group sizes. Was this an oversight?</p> <p>In some cases, quantifications within the measurements do not seem in themselves sufficient to justify a meaningful difference in rating. For instance, in the eighth standard, the measurement for the MLQ rating is “few instances 3-4 of engaging in conversation...”, and the MHQ requires just one more instance of conversation. We believe that while the content defining most standards is sound, such small differences in achievement between, may not represent real quality differences and be difficult to fairly apply.</p>	The workgroup agreed to add process measures to give points for lower group size or ratios at the 3-star and 4-star level.
37.	3/28/14	Alison Bentley School Readiness Action Plan Leadership	<p>Recommend including caregiver-child ratios in the standards, with progressive smaller ratios required at the various TRS levels. Research shows that low ratios are one of the most consistent and strongest predictors of child care quality and children’s developmental outcomes. Low ratios are especially important for infants and toddlers. Child care licensing minimum standards related to ratios are not sufficient for higher levels of quality.</p> <p>Suggests the Workgroup consider making the group size requirements more stringent for the higher star ratings. Small group sizes are strong indicators of quality –especially positive caregiver /child interactions- and we believe that 4-star centers should be held to higher ratio and group size standards than basic licensing standards.</p>	The workgroup agreed to add process measures to give points for lower group size or ratios at the 3-star and 4-star level.
42.	3/31/14	Julie Talbert Heart of Texas Board	<p>The purpose of TRS has always been to move the child care industry toward higher levels of quality. The recommended group size of 6 for infants is supported by NAEYC, American Association of Pediatrics, PITC, and Zero to Three. We are all concerned about the impact of such a measure; however, our concern should focus primarily on the needs of infants and toddlers and the desire to “do no harm.” We know what infants and toddlers need. However, we struggle to provide it because it comes at a high cost. The cost is not as great as what we are paying and will continue to pay for ignoring consistent, research-based recommendations for how to truly support the developing brain and sense of self in the human infant. At the end of 18 months, all we can see is the child, that is, not the child that could have been. Trust the experts.</p>	The workgroup agreed to add process measures to give points for lower group size or ratios at the 3-star and 4-star level.

Subcommittee 3 Curriculum, Physical and Social Activities
SUMMARY OF COMMENTS AND PROPOSED RESPONSES
Texas Rising Star Workgroup
DRAFT RECOMMENDATIONS

Comment #	Date Rec'd	Commenter and Affiliation	Subcommittee – Sub-subcommittee	Summary of Comments	Proposed Response
3.	3/19/14	Carolyn Crawford Little Texans, Bertram	3. Curriculum (Nutrition)	Some centers do not have a local health official for their kitchens; therefore, they are only inspected by Daycare Licensing. Having parents contribute is ideal; however, some families do not have the financial resources to buy prepared food.	TRS Subcommittee met on April 16, 2014 and considered this recommendation. However, the Subcommittee opted to make no change to this measure.
5.	3/21/14	Jennifer Vogel, San Marcos School Age Pregnant & Parenting Program	3. Curriculum-Activities	<p>III-15 h and k.</p> <p>What if the parent brings the food weather on occasion or if at a site that does not provide food and parents provide all the food? This needs to include these type of cases.</p> <p>III-16 #1 “All milk and formula...” it should also include a component about when breast milk is supposed to be discarded #3- what is it that is wanted, a policy or a resource sheet ?</p> <p>III-17 #1 “seconds available” – should include of the healthy options</p> <p>III-18 #1 “.....scoop food using study serving spoons” should be sturdy</p> <p>However, the build of this description of family style is concerning. Children should participate in meal preparation, however, should they pass bowls of food around for children to cough and sneeze in- let’s ask you to be the person right after Johnny with the runny nose who has coughed to serve yourself a big helping of lunch?</p>	TRS Subcommittee met on April 16, 2014 and considered these recommendations. The Subcommittee determined to make changes to measures to: note (i) and (k) if providers serve meals; add breast milk to types of milk that is discarded after one hour; specify that seconds available are healthy options; and subcommittee will research further making a distinction between age groups and serving family-style because of concern shared about small children, four and younger, spreading germs.
10.	3/24/14	Alice Bufkin & Lauren Dimitry Texans Care for Children [Oral & Written Testimony]	3. Curriculum - Nutrition	Given the importance of nutrition in the early years, Care for Children supports the effort of the Workgroup to set basic nutrition guidelines as part of the two star requirements in the draft criteria of the Texas Rising Star Provider Certification Guidelines for curriculum. Although providers interested in obtaining a TRS star designation would not be subject to CACFP guidelines (unless they already participate in that program), we believe it is sensible to identify a handful of key recommendations from CACFP and other quality resources to improve nutrition in child care. Additional ideas and resources available for child	

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				<p>care providers can be found online through TDA, DSHS, WIC, SNAP, and through the American Dietetic Association, the Society for Nutrition Education, and others. Recommendation: Create Additional Incentives for 3- & 4-Star.</p> <p>We think there is an additional opportunity to improve nutrition by discouraging unhealthy items in order to obtain 3- and 4-star designations. For example, due to a growing body of evidence that sugary drinks negatively impact physical health, dental health, and weight status, current DFPS minimum standards already state that sugary drinks should be reserved for special occasions in child care. Award points to providers who have healthy drinks only or no sugary drinks policy and communicate this to parents. In addition to sugary drinks, other potential areas for consideration may include rewarding those child care providers who limit foods that are:</p> <ul style="list-style-type: none"> • Fried, including pre-fried, meats/meat alternatives • Highly processed • Highly salted • High in sugar <p>Breastfeeding Recommendations: Modify menu requirements so they are in keeping with best practices for infant feeding. The current 2-star requirement requires providers to document that milk served is whole milk for infants up to 12 months and 1% or fat free milk for all other children older than 1 year. However, the American Academy of Pediatrics recommends that whole cow's milk not be fed to infants during the first year of life. Breast milk or iron-fortified infant formula is recommended instead of cow's milk for a number of nutritional and medical reasons, including inadequate nutrition content in cow's milk, risk of microscopic gastrointestinal bleeding and blood loss, kidney stress, and potential allergic reactions. Additionally, skim milk and low-fat milk should not be fed to infants under the age of 2 because they contain insufficient nutrients and can place a strain on an infant's kidneys.</p>	<p>The workgroup agreed to include 'no sugary drinks' as a requirement at the 2-star level.</p> <p>The workgroup agreed to require: 0-12 months – only breast milk or formula 13-24 months – whole milk 2 years and over – 1% or fat free milk</p> <p>The subcommittee added that exceptions to this rule may be made upon written instruction from a</p>

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				<ul style="list-style-type: none"> • Provide a standardized feeding form in languages other than English, if necessary. The TRS Workgroup should develop a standardized feeding form to record infant feeding instructions, and ensure that providers offer this form in languages other than English, if necessary. • Provide breastfeeding education and support resources upon enrollment. Rather than providing breastfeeding education and support resources upon request, facilities should be encouraged to provide these materials at the time of enrollment and make them readily available for any parent trying to breastfeed. The Workgroup might consider developing basic criteria for what should be included in each resource packet. Every Ounce Counts, an initiative of Texas WIC, has a number of resources available on their website, including a directory of lactation support for certain parts of Texas (http:// www.breastmilkcounts.com/results.php). Not all areas in the state are represented in this directory, however, and some facilities might be required to make their own suggestions of local resources. • Reward providers who create a private space that is comfortable for breastfeeding moms with points. • Need to consider the cost to add a breast feeding room and have breast feeding on the menu. • Inform parents the rights to breast feed. • Limit unhealthy items. No sugary drinks. Sugary drinks can be for special events. Inform the parents if you are going to serve sugary drinks. • Review other states' examples. 	<p>physician. The subcommittee is reviewing standardized infant feeding forms. A provision has been incorporated into the structural measure that providers must use a TRS established standardized feeding form, or a locally developed form containing all elements included in the TRS form.</p>

Subcommittee 3 Curriculum, Physical and Social Activities
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					The workgroup agreed to include 'no sugary drinks' as a requirement at the 2-star level.
12.	3/25/14	Cari Browning DSHS [Oral & Written Testimony]	3. Curriculum, Nutrition, & Indoor/Outdoor	<ul style="list-style-type: none"> • At this stage of TRS revisions, there are no Physical activity and/or Screen time standards written into the TRS star system and there needs to be. • Suggest consideration of creating a stand-alone category for Physical Activity in the standards See the newly released document: Caring for Infants and Toddlers in Early Care and Education, a collection of 232 nationally recognized health and safety standards applicable to the infant and toddler population in early care and education settings which created a “Healthy Weight Category. • Include Let’s Move standards. • 	<p>The workgroup agreed to create a separate category for Physical Activity and Motor Development, noted in the curriculum section.</p> <p>The workgroup agreed to include points based on physical activity (depending on childrens’ age): 1 pt - 30 minutes a day 2 pts – 60 minutes a day 3 pts – up to a maximum of 120</p>

Subcommittee 3 Curriculum, Physical and Social Activities
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					minutes a day
15.	3/20/14	Christina Thi – DSHS [Oral & Written Testimony]	3. Curriculum, Nutrition, & Indoor/Outdoor	<ul style="list-style-type: none"> • Low income children are at higher risk for obesity. • A good menu will meet the CCAFP guidelines. • Praise for the additions of the nutrition measures. • Fish needs to be provided on the menu at least once a week. With regard to menus, providers document that: <p>Providers that provide a written nutrition plan reviewed/approved and facilitated by a registered dietitian (RD), dietetic technician, registered (DTR), or nutritionist with at least a bachelor’s degree in Nutrition will be given credit for this measure.</p>	<p>The workgroup agreed to require:</p> <p>0-12 months – only breast milk or formula</p> <p>13-24 months – whole milk</p> <p>2 years and over – 1% or fat free milk</p> <p>TRS Subcommittee met on April 16, 2014 and considered these recommendations. The subcommittee added that an exception to the above stated rule could be made upon written instruction from a physician. The subcommittee recommended no additional change to the menu measure. The subcommittee accepted the additional recommendation for nutritionist qualifications.</p>
22.	3/27/14	Margaret Stewart Child Care, Inc	3. Curriculum, Nutrition, & Indoor/Outdoor	Regarding the Nutrition requirement, the recommendation for 1% milk at age 12 months does not follow the current recommendation in Caring for Our Children or the Child and Adult Care Food Program. No salt or low salt canned vegetables and canned fruit packed in water or natural juice are not yet readily and economically available. Frozen fruit and vegetables should be considered as alternatives to fresh since they frequently contain even more nutrients than fresh.	<p>The workgroup agreed to require:</p> <p>0-12 months – only breast milk or formula</p> <p>13-24 months – whole milk</p> <p>2 years and over – 1% or fat free milk</p> <p>TRS Subcommittee met on April 16, 2014 and considered these recommendations. The subcommittee recommended incorporating frozen and dried fruits and vegetables as acceptable daily servings.</p>
23.	3/27/14	Kelley Fontenot North Central Texas Board	3. Curriculum, Nutrition, & Indoor/Outdoor	<p>III-15</p> <p>i) Add “healthy” snacks are available for school age children.....</p> <p>General Comment: Health and Safety</p> <p>It is a disservice to not include monitoring of hand washing and</p>	TRS Subcommittee met on April 16, 2014 and considered these recommendations. The subcommittee added “healthy” to the measure

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				diapering/toileting routines, for example, as a part of TRS. Other Early Childhood Scales like ITERS-R and ECERS-R have an entire section on Health and Safety, and if the goal is to promote best practices, then hand washing should be highlighted as a first step before an infant bottle is prepared. Hand washing is a minimum standard, but why not drive home the point that providers and children should be washing 100% of the time, because that is what quality looks like. The draft has several other minimum standards within the document. One such example is under Subcommittee 4: Parent Education and Involvement (A designated area that is maintained for daily schedules, menus, and other important notices for children.)	concerning providing snacks. The subcommittee opted not to alter other measures.
24.	3/27/14	Brenda Cox South Plains Board	3. Curriculum, Nutrition, & Indoor/Outdoor	Nutrition: <ul style="list-style-type: none"> • does Licensing permit Family Style dining? 	Yes
25.	3/28/14	Rita Morris Tarrant County Board	3. Curriculum, Nutrition, & Indoor/Outdoor	Child care facilities menus should not be so specific with grams, sodium, water and natural juices. Have documentation simple such as the provider is either participating in the CACFP and will automatically meet standards or provider menus have been approved by a nutritionist.	TRS Subcommittee met on April 16, 2014 and considered this recommendation. However, the Subcommittee opted to make no change to this measure.
26.	3/28/14	Joyce Sneed Concho Valley	3. Curriculum, Nutrition, & Indoor/Outdoor	There are way too many processes to be scored on curriculum, nutrition, and indoor/outdoor environment.	TRS Subcommittee met on April 16, 2014 and considered this recommendation. However, the Subcommittee opted to make no change to measures.
31.	3/28/14	Paula Hiatt Texas Breastfeeding Coalition	3. Curriculum, Nutrition, & Indoor/Outdoor	the TXBC recommends that Nutrition Requirements (at least at the 3- and 4-star levels) reflect the recommendations of Caring for Our Children, specifically as outlined in Preventing Childhood Obesity in Early Care and Education Programs: Selected Standards from Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs. These would include the following breastfeeding related indicators: <ul style="list-style-type: none"> • IA1 - Encourage and support breastfeeding and feeding of breast milk by making arrangements for mothers to feed their children 	The workgroup agreed to require: 0-12 months – only breast milk or formula 13-24 months – whole milk 2 years and over – 1% or fat free milk TRS Subcommittee met on April 16, 2014 and considered these recommendations. The subcommittee

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				<p>comfortably on-site.</p> <ul style="list-style-type: none"> • IA2 - Serve human milk or infant formula to at least age 12 months, not cow's milk, unless written exception is provided by primary care provider and parent/guardian. • IB1 - Feed infants on cue. • IB2 - Do not feed infants beyond satiety; AND, Allow infant to stop the feeding. • IC3 - Introduce breastfed infants gradually to iron-fortified foods no sooner than 4 months of age, but preferably around 6 months to complement the human milk. 	<p>added that an exception to the above stated rule could be made upon written instruction from a physician. The subcommittee also added a process measure for feeding infants on the infant's cue, and stopping feeding at satiety.</p>
32.	3/28/14	Naya Weber Tarrant County Breastfeeding Coalition	3. Curriculum, Nutrition, & Indoor/Outdoor	<p>the Tarrant County TXBC recommends that Nutrition Requirements (at least at the 3- and 4-star levels) reflect the recommendations of Caring for Our Children, specifically as outlined in Preventing Childhood Obesity in Early Care and Education Programs: Selected Standards from Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs. These would include the following breastfeeding related indicators:</p> <ul style="list-style-type: none"> • IA1 - Encourage and support breastfeeding and feeding of breast milk by making arrangements for mothers to feed their children comfortably on-site. • IA2 - Serve human milk or infant formula to at least age 12 months, not cow's milk, unless written exception is provided by primary care provider and parent/guardian. • IB1 - Feed infants on cue. • IB2 - Do not feed infants beyond satiety; AND, Allow infant to stop the feeding. • IC3 - Introduce breastfed infants gradually to iron-fortified foods no sooner than 4 months of age, but preferably around 6 months to complement the human milk. 	<p>The workgroup agreed to require: 0-12 months – only breast milk or formula 13-24 months – whole milk 2 years and over – 1% or fat free milk TRS Subcommittee met on April 16, 2014 and considered these recommendations. The subcommittee added that an exception to the above stated rule could be made upon written instruction from a physician. The subcommittee also added a process measure for feeding infants on the infant's cue, and stopping feeding at satiety.</p>

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34.	3/28/14	Sandy Anderson Rural Capital Board	3. Curriculum, Nutrition, & Indoor/Outdoor	Nutrition – what of the items mentioned to be in policy are required by minimum standards? If required there, remove from TRS? TRS Nutrition standards have no room for improvement – the provider either does it all or fails TRS. For example, Fresh fruits and vegetables are served daily. 2 star – once, 3 star – twice, 4 star – with each meal or snack	The subcommittee did not replicate minimum standards.
35.	3/28/14	Shannon Hendricks & John Breiffeller Educational First Steps	3. Curriculum, Nutrition, & Indoor/Outdoor	Nutrition component standards: The first standard applicable to all childcare centers states that the menu features food that represents a variety of ethnic backgrounds. What is of far greater importance to quality of care, and therefore should be stressed by the standard, is that children are served healthful meals, not whether ethnic foods are served.	TRS Subcommittee met on April 16, 2014 and considered this recommendation. The Subcommittee removed the measure related to featuring ethnically diverse menus.
39.	3/28/14	Julie Stagg DSHS	3. Curriculum, Nutrition, & Indoor/Outdoor	Please consider adding Nutrition structural and process measures related to responsive feeding such as policy measures recommended by the National Resource Center for Health and Safety in Child Care and Early Education (NRC) Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs: <ul style="list-style-type: none"> • IB1 Feeding infants on cue • IB2 Do not feed infants beyond satiety; AND, Allow infant to stop the feeding. • IB3 Hold infants while bottle feeding; AND, Position an infant for bottle feeding in the caregiver/teacher's arms or sitting up on the caregiver/teacher's lap [NOTE: this allows the infant to control the pace and flow of fluid and to self-regulate intake]. 	TRS Subcommittee met on April 16, 2014 and considered this recommendation. A policy measure was incorporated to include infant feeding on cue and stopping feeding at satiety.

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				<p>In addition, consider adding a 4 star breastfeeding support measure that is earned through the child care setting’s establishment of worksite policies that support nursing mothers when they return to work (as measured by designation as a Texas Mother-Friendly Worksite).</p> <p>Responsive feeding: The practice of responsive feeding is recommended by the Institute of Medicine (IOM) as an early childhood policy strategy for the prevention of obesity. In addition to supporting children to maintain a healthy weight, responsive feeding is demonstrated to support breastfeeding infants and their mothers and “encourage breastfeeding on demand” is one of the Ten Steps to Successful Breastfeeding. Breastfed newborns who are fed on schedules and are fed by a caregiver beyond satiety will begin to expect to be overfed, which can complicate the mother’s milk production and can become a barrier to continued breastfeeding.</p> <p>The California WIC’s Baby Behavior campaign (http://www.cdph.ca.gov/programs/wicworks/Pages/WICCaliforniaBabyBehaviorCampaign.aspx) is a practice-tested curriculum that has been used to train staff and participants in responsiveness to baby’s cues and is currently being adapted by WIC for use in Texas with a scheduled roll out this fiscal year.</p> <p>The NRC tool, Achieving a State of Healthy Weight Rating Scales: Supporting Obesity Prevention Language in Child Care Licensing Regulations, provides specific guidance for rating these and other child care policy measures related to prevention of obesity. It is available here: http://nrckids.org/default/assets/File/ASHW%20Rating%20Scales%20final.pdf</p> <p>Please consider developing 4 star measures equivalent to the NRC ranking of 4 (meaning the measure fully meets the described standard) for measures IB1, IB2, and IB3. Worksite policies that support nursing</p>	

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				<p>mothers:</p> <p>An employee lactation support policy such as required for Texas Mother-Friendly Worksite designation could be a natural 3- or 4-star extension of the 2-star Indoor Learning Environment recommendation and Texas Child Care licensing requirement to have “space and equipment where caregivers and mothers can sit comfortably and hold infants while feeding or breastfeeding”.</p> <p>The Texas Mother-Friendly Worksite (MFW) Program is a recognition program that DSHS developed in accordance with Texas Health and Safety Code 165. The statute directs DSHS to establish recommendations supporting the practice of worksite breastfeeding and to maintain a registry of businesses that have a written breastfeeding policy addressing the recommendations, including provision of: work schedule flexibility for expression of milk, accessible locations allowing privacy, access to clean running water, and access to hygienic storage alternatives for storing mother’s breast milk. The program provides sample policies, technical assistance, many practical tools and resources, and recognition for employers upon designation.</p>	
42.	3/31/14	Julie Talbert Heart of Texas Board	3. Curriculum, Nutrition, & Indoor/Outdoor	This does not line up with recommendations of APA – only breast milk or formula should be given to infants up to 12 months	The workgroup agreed to require: 0-12 months – only breast milk or formula 13-24 months – whole milk 2 years and over – 1% or fat free milk

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12.	3/25/14	Cari Browning DSHS [Oral & Written Testimony]	3. Curriculum, Nutrition, & Indoor/Outdoor	<ul style="list-style-type: none"> • Incorporating natural design elements in the Outdoor Learning Environment is great to see in the revised standards. • At this stage of TRS revisions, there are no Physical activity and/or Screen time standards written into the TRS star system and there needs to be. • Suggest consideration of creating a stand-alone category for Physical Activity in the standards See the newly released document: Caring for Infants and Toddlers in Early Care and Education, a collection of 232 nationally recognized health and safety standards applicable to the infant and toddler population in early care and education settings which created a “Healthy Weight Category. • Suggest the Subcommittee #3: The Curriculum Sub-subcommittee reconsider measures related to 1- “curriculum plan includes a physical health and motor development domain”. • Need requirements for physical activity to be included in the curriculum plan. • Need space for physical activity to provide any movement to exert energy. • Include Let’s Move standards. • Training for caregivers and parent education to include physical activity. • Consider 30 minutes to 120 minutes range for physical activity. • Create a stand-alone category for physical activity in the standards. Can follow the format in Caring for Our Children – healthy weight standards. • Incorporate natural design elements in the Outdoor Learning Environment. • Need physical activity and or screen time standards written into the TRS star system 	<p>The workgroup agreed to include points based on physical activity in a Physical Activity domain in the Curriculum section:</p> <p>1 pt - 30 minutes a day 2 pts – 60 minutes a day 3 pts – up to a maximum of 120 minutes a day</p>
23.	3/27/14	Kelley Fontenot North Central Texas	3. Curriculum, Nutrition, &	Page III-25 Outdoor Learning Environment 0-17 months (Score of 1) Why is it necessary for a facility to have a buggy or stroller to help a	TRS Subcommittee met on April 7, 2014 and considered this

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		Board	Indoor/Outdoor	child explore the outdoors?	recommendation. The subcommittee recommended removing the requirement and replacing it with a suggestion to incorporate buggies or strollers for outdoor exploration with infants, 0-17 months.
24.	3/27/14	Brenda Cox South Plains Board	3. Curriculum, Nutrition, & Indoor/Outdoor	<p>Outdoor Environments:</p> <ul style="list-style-type: none"> • most current providers have 2 different surfaces; very few have more than 3. (This would create a financial burden on most facilities) • trainings would need to be provided to achieve the type of lesson plans in the proposed changes • this type of planning would require extended scheduled time outside the classroom (most facilities do not have the staff or budget to allow that kind of time outside the classroom) • lesson plans that are this extensive would be very lengthy and staff would probably not refer to them • Incorporate materials in the classroom that all children can use (large knob puzzles/paint brushes, large print books, more textures, etc.) so that there are not as many items that are specifically for their special need and they do not feel singled out. Other children will not notice the adaptations made if they all use the same materials 	TRS Subcommittee met on April 7, 2014 and considered this recommendation. The subcommittee recommended changing (more than three) to (at least two) surfaces. Furthermore, the subcommittee added a structural measure to ensure, “Equipment/materials are readily available and adapted to allow for equal participation by all children”
26.	3/28/14	Joyce Sneed Concho Valley	3. Curriculum, Nutrition, & Indoor/Outdoor	There are way too many processes to be scored on curriculum, nutrition, and indoor/outdoor environment.	TRS Subcommittee met on April 7, 2014 and considered this recommendation. However, the Subcommittee opted to make no change to this measure.
30.	3/28/14	Kamile Adams	3. Curriculum, Nutrition, & Indoor/Outdoor	Playground assistance would be helpful.	TRS Subcommittee met on April 7, 2014 and considered this recommendation. However, the Subcommittee opted to make no change to this measure.

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34.	3/28/14	Sandy Anderson Rural Capital Board	3. Curriculum, Nutrition, & Indoor/Outdoor	The same comment as above for indoor environment – no allowance for 2 star, 3 star, 4 star? Structural Requirements are pass – fail?	TRS Subcommittee met on April 7, 2014 and considered this recommendation. However, the Subcommittee opted to make no change to this measure.
35.	3/28/14	Shannon Hendricks & John Breiffeller Educational First Steps	3. Curriculum, Nutrition, & Indoor/Outdoor	<p>Indoor Learning Environment Standards: The standard required that nap and rest-time space must be separate from active play areas. This standard needs to be clarified to specify that nap/rest time area can be located in the same classroom that has active play areas, but that such activities do not occur in those spaces during the nap/rest period. Due to space limitations at many quality child care centers, nap and resting times occur of necessity in the same space as the active play areas in the classroom. However, as long as resting children are not disturbed by other children's activities in that space, this should be allowed.</p> <p>Outdoor Learning Environment Standards: An objection is shared regarding the fifth standard listed in this subpart which provides that the "outdoor environment must include more than three surfaces permitting different types of play and support movement from one place to another." There is additional objection to the measures set out to assess compliance with this standard and the evaluation of the outdoor space at a child care center. Such standard and measurements are unfair and are not indicative of whether a child care center is a high quality experience. This standard with its interpretative measurement scoring system discriminates against childcare centers in resource constrained and urban neighborhoods. Outdoor play can be highly productive for children whether or not there are a variety of</p>	TRS Subcommittee met on April 7, 2014 and considered this recommendation. The subcommittee recommended removing (separate from active play) to the measure concerning nap and rest time space. Recommend rewording (more than three) to (at least two) surfaces.

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				surfaces in the outdoor space and whether or not natural and manufactured equipment structures are present. Moreover, if the working group believes that 3 exposures to nature are required, it should recognize that field trips to a park, arboretum, zoo etc. can also satisfy this need.	
36.	3/28/14	Allen Cooper National Wildlife Federation	3. Curriculum, Nutrition, & Indoor/Outdoor	<p>Strongly support the proposed revisions as they are consistent with research indicating that a rich outdoor learning environment which includes availability of shade, a mix of natural and manufactured play and exploration features, and the opportunity to appreciate and care for living things correlates with higher levels of physical activity and learning. Enter into the record supporting evidence, including the article “Childcare Outdoor Renovation as a Built Environment Health Promotion Strategy: Evaluating the Preventing Obesity by Design Intervention”, Cosco, et al, Am J Health Promote 2014;28[3s]:S27–S32 and the attached best practice indicators guide.</p> <p>One suggestion is offered to create an additional standard which follows best practice indicator #2 in the guide, “There is a looping, curving primary pathway for circulation and wheeled toy use.”</p>	TRS Subcommittee met on April 7, 2014 and considered this recommendation. However, the Subcommittee opted to make no change to this measure.
41.	3/28/14	Courtney Byrd-Williams University of Texas School of Public Health	3. Curriculum, Nutrition, & Indoor/Outdoor	<p>Recommended Daily, preschoolers need:</p> <ul style="list-style-type: none"> • At least 60 minutes of structured activity • At least 60 minutes and up to several hours of unstructured physical activity <p>* This can be done in small doses of 10 minutes throughout the day.</p> <p>Daily outdoor time in a safe setting supervised by an adult.</p> <p>Free space, developmentally appropriate toys and equipment to encourage children to be physically active: tricycles, yoga mats, balls, rocking boats, hopscotch, hoops, etc.</p> <p>It is important to encourage participation in physical activities that are</p>	The workgroup agreed to include points based on physical activity as a physical activity domain under Curriculum section: 1 pt - 30 minutes a day 2 pts – 60 minutes a day 3 pts – up to a maximum of 120 minutes a day

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				<p>appropriate for their age, that are fun, and that offer variety.</p> <p>Limit screen time to under one hour a day. Screen time should be supervised. Parent permission should be requested for children participating in any screen time.</p> <p>This includes:</p> <ul style="list-style-type: none"> • TV/DVD • Computer • Video games - Not Recommended <p>More than 60 minutes of sedentary activity at a time, except while sleeping.</p> <p>Physical activity that is not developmentally appropriate. Which includes but is not limited to:</p> <ul style="list-style-type: none"> • Riding a 2-wheel bike • Roller skating/blading • Elimination games <p>More than 1 hour of screen time</p>	

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3.	3/19/14	Carolyn Crawford Little Texans, Bertram	3. Curriculum	The curriculum requirements are clearly defined. A recommendation is offered that funding or suggestions of curriculums that would meet these requirements be provided. A lesson plan format would be a good tool to provide TRS providers.	TRS Subcommittee met on April 9, 2014 and considered this recommendation. However, the Subcommittee opted to make no change to measures.
4.	3/22/14	Julie Raley Child Care Licensing Advisory Committee	3. Curriculum- Activities	Where is the play base time in the program? Children learn through play. There seems to be a lot of education and not a lot of early children learning. TWC approve curriculum? This will need to be clear: There are so many out there. This has been a problem with the current tool.	TRS Subcommittee met on April 10, 2014 and considered this recommendation. The Subcommittee will address the play based time in the newly constructed “physical activity” domain. Regarding the remaining comments, the subcommittee opted to make no change to measures.
5.	3/21/14	Jennifer Vogel, San Marcos School Age Pregnant & Parenting Program	3. Curriculum- Activities	Over all too complicated. It would be a more valuable document in a more functional table format (such as a check off list of items needing to be included on the curriculum). Quality Implementation Really needs a tool to go with this to provide the documentation needed to prove this to the assessor.	TRS Subcommittee met on April 10, 2014 and considered this recommendation. However, the Subcommittee opted to make no change to measures.
9.	3/24/14	Andrea Brauer Texans Care for Children [Oral & Written Testimony]	3. Curriculum- Activities	Regarding the curriculum recommendations, several measures in the grid indicate the assessor must note whether the center shows minimal, moderate, or strong evidence of the activity. It also seems that these measures will be scored by assessor observation alone. Not knowing how long the assessor will have to observe, but knowing that a short period of time may not always give a clear picture of regular classroom activity, recommend clarifying the minimal, moderate, and strong evidence indicators by adding the use of documentation such as center written policy, staff training manuals, lesson plans and curriculum, newsletters, and interviews with teachers, and/or parents, to provide further evidence	TRS Subcommittee met on April 10, 2014 and considered this recommendation. However, the Subcommittee opted to make no change to measures.

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				<p>for a rating of 2, 3, or 4 stars.</p> <p>Brauer expressed the need to develop process standards for qualifications with assessor observations to be included in the documentation in the process.</p>	
11.	3/25/14	Jessica Salinas Montessori Center [Oral & Written Testimony]	3. Curriculum-Activities	Montessori albums belonging to the staff and/or Director should be accepted as complete curriculum plans for the domains of language and communication, emergent literacy, writing, math, science, social studies, and fine arts. For the domain of Technology, I'd like to suggest the draft be more specific about what kinds of technology it feels are appropriate for preschoolers.	TRS Subcommittee met on April 100, 2014 and considered this recommendation. The Subcommittee will provide examples within the referenced measure of age appropriate technology activities.
12.	3/25/14	Cari Browning DSHS [Oral & Written Testimony]	3. Curriculum, Nutrition, & Indoor/Outdoor	<ul style="list-style-type: none"> • Suggest consideration of creating a stand-alone category for Physical Activity in the standards See the newly released document: Caring for Infants and Toddlers in Early Care and Education, a collection of 232 nationally recognized health and safety standards applicable to the infant and toddler population in early care and education settings which created a “Healthy Weight Category. • Suggest the Subcommittee #3: The Curriculum Sub-subcommittee reconsider measures related to 1- “curriculum plan includes a physical health and motor development domain”. • Need requirements for physical activity to be included in the curriculum plan. • Include Let’s Move standards. • Training for caregivers and parent education to include physical activity. • Consider 30 minutes to120 minutes range for physical activity. • Create a stand-alone category for physical activity in the standards. Can follow the format in Caring for Our Children – healthy weight standards. • Incorporate natural design elements in the Outdoor Learning Environment. • Need physical activity and or screen time standards written into the 	<p>The subcommittee created a domain for physical activity and health and wellness.</p> <p>The workgroup agreed to include points based on physical activity: (the points will be based on a range that takes into account age groups)</p> <p>1 pt - 30 minutes a day 2 pts – 60 minutes a day 3 pts – up to a maximum of 120 minutes a day</p>

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				TRS star system	
23.	3/27/14	Kelley Fontenot North Central Texas Board	3. Curriculum, Nutrition, & Indoor/Outdoor	Please be more descriptive in what a Director or Assessor should be looking for regarding STEM activities for toddlers through age 5. This will be a new concept for most Child Care Facilities and direction will need to be provided to ensure this measure is met. Page III-14 Curriculum, Nutrition, and Indoor/Outdoor Environment 1. Please provide a list of TWC –based curriculum that have been adopted in the document.	TRS Subcommittee met on April 10, 2014 and considered this recommendation. The Subcommittee will provide a link to additional resources in the compliance notes for age appropriate STEM activities.
24.	3/27/14	Brenda Cox South Plains Board	3. Curriculum, Nutrition, & Indoor/Outdoor	<ul style="list-style-type: none"> • trainings would need to be provided to achieve the type of lesson plans in the proposed changes • this type of planning would require extended scheduled time outside the classroom (most facilities do not have the staff or budget to allow that kind of time outside the classroom) • lesson plans that are this extensive would be very lengthy and staff would probably not refer to them • lesson plans should be descriptive, include materials needed and key concepts (paint with yellow paint and cotton swabs on paper plates – creative expression, fine motor coordination, color recognition – name objects that are yellow –cognitive and language development), but not everything necessarily needs to be written each week – some components should just be a standard part of the environment (environment should include variety of diverse materials to represent various cultures and this does not need to be written on the lesson plans each week - same with science, language, etc) this puts too much in written form and the weekly lesson plan would be huge. It could also potentially single out a child if their particular culture is on the plans repeatedly - The same for children with disabilities – if there is a child in the classroom that requires special assistance, incorporate materials in the classroom that all children can use (large knob puzzles/paint brushes, large print books, more textures, etc) so that there are not as many items that are specifically for their special need and they do not feel singled out • other children will not notice the adaptations made if they all use the 	TRS Subcommittee met on April 10, 2014 and considered this recommendation. The Subcommittee opted to allow for curriculum to reference page numbers in manuals or other resources, rather than including detailed descriptions for routine activities.

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				<p>same materials</p> <ul style="list-style-type: none"> the classroom that requires special assistance, incorporate materials in the classroom that all children can use (large knob puzzles/paint brushes, large print books, more textures, etc) so that there are not as many items that are specifically for their special need and they do not feel singled out - other children will not notice the adaptations made if they all use the same materials 	
26.	3/28/14	Joyce Sneed Concho Valley	3. Curriculum, Nutrition, & Indoor/Outdoor	There are way too many processes to be scored on curriculum, nutrition, and indoor/outdoor environment.	TRS Subcommittee met on April 10, 2014 and considered this recommendation. However, the Subcommittee opted to make no change these measures.
34.	3/28/14	Sandy Anderson Rural Capital Board	3. Curriculum, Nutrition, & Indoor/Outdoor	<p>Suggests whole section be reformatted for 2 Star, 3 Star, and 4 Star and reconsidered for the ‘plan’ and then the ‘implementation’ of the plan and then ‘Quality Implementation of Activities Across All Skilled Domains’</p> <ul style="list-style-type: none"> What is the goal of this section? Is it, assess the plan – then assess the implementation of the plan – and then assess the director’s involvement in the development and oversight of the plan What are the TWC based curriculums? What are the TWC approved curriculum self-assessment tools? 	TRS Subcommittee met on April 10, 2014 and considered this recommendation. However, the Subcommittee opted to make no changes to measures.
41.	3/28/14	Courtney Byrd-Williams University of Texas School of Public Health	3. Curriculum, Nutrition, & Indoor/Outdoor	<p>Recommended Daily, preschoolers need:</p> <ul style="list-style-type: none"> At least 60 minutes of structured activity At least 60 minutes and up to several hours of unstructured physical activity <p>* This can be done in small doses of 10 minutes throughout the day.</p> <p>Daily outdoor time in a safe setting supervised by an adult.</p>	The workgroup agreed to include points based on physical activity: (range of time will allow for difference in age group) 1 pt - 30 minutes a day 2 pts – 60 minutes a day 3 pts – up to a maximum of 120 minutes a day

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				<p>Free space, developmentally appropriate toys and equipment to encourage children to be physically active: tricycles, yoga mats, balls, rocking boats, hopscotch, hoops, etc.</p> <p>It is important to encourage participation in physical activities that are appropriate for their age, that are fun, and that offer variety.</p> <p>Limit screen time to under one hour a day. Screen time should be supervised. Parent permission should be requested for children participating in any screen time.</p> <p>This includes:</p> <ul style="list-style-type: none"> • TV/DVD • Computer • Video games - Not Recommended <p>More than 60 minutes of sedentary activity at a time, except while sleeping.</p> <p>Physical activity that is not developmentally appropriate. Which includes but is not limited to:</p> <ul style="list-style-type: none"> • Riding a 2-wheel bike • Roller skating/blading • Elimination games <p>More than 1 hour of screen time</p>	

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2.	3/18/14	Sharon Daniel Clayton Youth Enrichment Services! Ft. Worth	<p>Recommends reviewing the proposed criteria for staff qualifications as this would be difficult for school-age programs to meet as most of these positions are part time and tend to be a revolving door since many of them are college students or have other jobs.</p> <p>Recommends allowing clock hours of training or CEUs to be substituted for college credit hours. Currently DFPS allows 50 clock hours or 5 CEUs to substitute for 3 college credit hours. This would be following the same criteria as DFPS.</p>	<p>TRS Subcommittee met on April 16, 2014; the subcommittee will consider adding Youth Worker Competencies and/or TxPost School- age Standards. The group will contact the Texas Afterschool Association for their input and will consider increasing training hours for school age caregivers as part of qualifications, as there are no specific credentials related to school-age care.</p>
3.	3/19/14	Carolyn Crawford Little Texans, Bertram	<p>Questions if for current TRS providers, will there be funding for directors to receive the education that would be required? Director's pay is low, the hours are long and the position is stressful. How are these directors going to find the time and money to meet these educational goals?</p> <p>Recommends in a rural area and the caregiver staff qualifications would be difficult to meet and would be a huge financial burden. In the past, I have paid for caregivers to get a CDA and they left shortly for other positions in private church preschools because they are able to pay more since they don't have the overhead that individual private centers do. It is a challenge getting staff to commit to a two year program in Early Childhood to make \$9-\$12 an hour when they could go into the medical field and with a 2 year degree make \$20 a hour. There is clearly an issue with pay in general in Early Childhood.</p> <p>Suggests further review on the staff orientation measure, it would be great to have all orientation done prior to staff being in a classroom but we don't always get a notice from the</p>	<p>TRS Subcommittee met on April 9, 2014 and considered this recommendation; they recommended moving Director Formal education 2 star (Formal education) to a 3 star requirement.</p> <p>TRS Subcommittee met on April 9, 2014 and considered this recommendation. They recommended removing the IHE requirement for CDA Coursework hours. The measure would be met as long as long as staff meets the national council's credential standards.</p> <p>TRS Subcommittee met on April 9, 2014 and opted to make no change</p>

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			<p>departing staff. Orientation sometimes is done ASAP but may not happen completely prior to having to use staff.</p> <p>Recommends different requirement for training for full and part time staff.</p>	<p>to this measure.</p> <p>TRS Subcommittee met on April 9, 2014 and opted to table this comment for further discussion</p>
4.	3/22/14	Julie Raley Child Care Licensing Advisory Committee	<p>Suggests further review on the director qualifications (formal education) proposed criteria because, as written, the requirements limit a quality program to a 2 Star just because a director does not have an AA or BA/BS. This will greatly impact current TRS providers across Texas. It is strongly recommended that the current requirements for all levels stay stated in the current tool. Meeting Child Care Standards to be a director. Otherwise Texas will have fewer TRS providers and fewer at 3 and 4 Star Levels. To limit a provider to lower star level based on the director's education when the site has a quality program would be wrong.</p> <p>Suggests further review on regarding the measure addressing CDA credentials. A CDA credential is a credential regardless where it comes from, not all providers have the convenience of a college in their areas. Additionally, it more expensive to a CDA through a college. It is strongly recommend that this be reworded to just state CDA.</p> <p>Asks if the Career Lattice Levels is something all providers in Texas can meet. What is the cost? They can do it now, are they going to later?</p>	<p>TRS Subcommittee met on April 9, 2014 and considered this recommendation; they recommended moving Director Formal education 2 star (Formal education) to a 3 star requirement.</p> <p>TRS Subcommittee met on April 9, 2014 and considered this recommendation. They recommended removing the IHE requirement for CDA coursework hours. The measure would be met as long as long as staff meets the national council's credential standards.</p> <p>TRS Subcommittee met on April 9, 2014 and considered this recommendation; they clarified that the Career Lattice is a voluntarily system, The group suggested amending the criteria to add a specific career lattice level for only 4 star only. For the lower star levels, the provider would need to identify</p>

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			<p>Asks for further details regarding the Director Training – TRS Director Certification Course – this was clearly a personal agenda item. If this is offered at no cost or will all directors be required to the course before site receives CCS funds. This should not be a 2-3-4 star level</p> <p>Recommends keeping the staff qualification at 30% of full-time staff- I would recommend that this stays the same as the current tool. Currently, many providers in our Board Area cannot meet this requirement. If it is an area that is impacting getting TRS provider currently, why would we increase it? We need to work on how to get the caregivers trained so the centers/homes can obtain TRS. Reason it is difficult to meet currently is because of staff turn-over. * Recommendation is to survey the providers.</p> <p>Asks for clarification on the measure *Trigger to inform TWC interested in TRS, not sure what this means?</p> <p>Please keep in mind that rural providers may not have the opportunity to obtain college courses.</p>	<p>where they are currently at and identify how they want to grow. Additionally, group suggested including career lattice information to the appendix.</p> <p>TRS Subcommittee met on April 9, 2014 and considered this recommendation; the Director Training is just a concept at this point.</p> <p>The TRS workgroup agreed to keep the 30% staff requirement at the 2-star level.</p> <p>TRS Subcommittee met on April 9, 2014 and considered this recommendation; and clarified that this would include a TRS introductory orientation video (You tube, etc.) for providers to understand the program. A provider would need signed and dated documentation that orientation did occur.</p> <p>TRS Subcommittee met on April 9, 2014 and considered this</p>

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				recommendation. They recommended to remove the IHE requirement for CDA Coursework hours. The measure would be met as long as long as staff meets the national council's credential standards.
5.	3/21/14	Jennifer Vogel, San Marcos School Age Pregnant & Parenting Program	<p>Recommends for the 3 Star Requirement (why not 2 star?): CDA from an IHE (institution of higher education)- would eliminate many rural programs such as even provided from Rural Texas Workforce Boards. Instead, suggests to eliminate the IHE part or Texas Workforce Commission develops a program with an IHE accessible and affordable CDA for all TRS providers.</p> <p>Recommends Caregiver Qualifications- eliminating the 12 semester college hours to say 12 hours for Caregiver Qualifications.</p> <p>Recommends for 4 Star requirement the ECE or closely related field- it should be a fairly broad field, ECE degrees are "relatively" new.</p> <p>Recommends to improve ECE in Texas, offer real and meaningful financial supports to educator ECE providers to the level Texas needs.</p>	<p>TRS Subcommittee met on April 9, 2014 and considered this recommendation. They recommended to remove the IHE requirement for CDA Coursework hours. The measure would be met as long as long as staff meets the national council's credential standards.</p> <p>TRS Subcommittee met on April 9, 2014 and opted to make no change to this measure.</p> <p>TRS Subcommittee met on April 9, 2014 and agreed to add a list of closely related fields in the compliance notes and/or appendix.</p> <p>TRS Subcommittee met on April 9, 2014 and discussed this comment and offered that there are financial supports (such as T.E.A.C.H.) that are currently offered in the state. TRS Subcommittee met on April 9, 2014 and agreed to add a list of</p>

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			<p>Suggests for both the director and the staff to expand what is acceptable as closely related fields and make the 12 hours not college credit.</p> <p>Suggests for Director Experience- the term “experience” needs to be defined.</p> <p>Suggests that the cost for the TCC Leadership training should be made affordable.</p>	<p>closely related fields in the compliance notes and/or appendix.</p> <p>TRS Subcommittee met on April 9, 2014 and agreed to add the DFPS definition for Director Experience to compliance notes and/or the appendix.</p> <p>TRS Subcommittee met on April 9, 2014 and considered this recommendation; the TCC Leadership training is just a concept at this point.</p>
6.	3/24/14	Cathy Hejl Taylor ISD CDC Coordinator	There are caregivers that have worked with children for many years, but do not have college hours or a CDA. I believe their experience at the job of caring for young children should be worth something also.	The workgroup agreed to keep the (current) 30% staff requirement at the 2-star level.
7.	3/24/14	Joan Altobelli Extend-A-Care for Kids [oral & Written Testimony]	<p>Suggests clarifying whether part-time or blended part and fulltime programs have the option of qualifying for the Texas Rising Star program.</p> <p>Suggests clarifying if part-time programs are eligible; if not eligible, consider developing a school aged qualification and other requirements to make the Texas Rising Star program inclusive of part-time, school aged programs.</p> <p>Regarding caregiver qualifications, at least 50-75% of the full-time caregiver staff must meet</p>	<p>TRS Subcommittee met on April 9, 2014 and discussed this comment; they felt that they needed further clarification from the commenter in order to respond to the comment. The program would need to meet the criteria listed.</p> <p>TRS Subcommittee met on April 9, 2014 and considered this recommendation; part time programs would not be disqualified.</p> <p>TRS Subcommittee met on April 9,</p>

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			<p>one of the following measures:*** By "full-time caregivers" does this disqualify all part-time programs? Recommends considering the fact that school aged children are in school all day and their childcare options are all part-time.</p> <p>Suggests further review of the Director Qualifications and Caregiver qualifications The draft language included in these sections may potentially exclude licensed programs for school-aged children from receiving Texas Rising Star recognition of quality, simply because of the part-time nature of the afterschool and out-of-school time staffing environment.</p> <p>Suggests further review of the Caregiver qualifications section, to have "two years full-time paid experience working with children as a caregiver in a licensed or registered childcare facility while presently working toward a CDA or CCP credential" would preclude most programs from hiring university students whose schedules allow them to work part-time in the afterschool environment. The college students' ability to return each semester for consecutive semesters is nearly impossible. If they are somehow able to return for 2-4 years, they will then graduate and most likely seek work in their major field of study and leave the part-time work world.</p> <p>Recommends developing a school aged qualification requirement that is more conducive to a quality afterschool or out-of-school time (summer) program hiring options.</p> <p>Recommends the reduced need for consistency over a two year period for school aged children who have already adapted to different teacher(s) for each grade level and may benefit from a variety of teaching staff during the school year for clustered content such as a different teacher during the school day for math/science, language arts, fine arts, physical education, etc. Consider how an afterschool program with consistency of most staff during one school year, can be an effective quality environment for school aged children, if developing qualifications for caregivers in school aged, part-time programs. Consider the difficulty of finding 220+ staff to serve 70+ locations for afterschool care, that have longevity with the childcare industry and with the organization and with the center location, if developing qualifications for caregivers in school aged, part-time programs.</p>	<p>2014 and considered this recommendation; part time programs would not be disqualified.</p> <p>TRS Subcommittee met on April 9, 2014 and felt that they needed further clarification from the commenter in order to respond to the comment.</p> <p>TRS Subcommittee met on April 9, 2014 and felt that they needed further clarification from the commenter in order to respond to the comment.</p> <p>TRS Subcommittee met on April 16, 2014 and opted to table this comment for further discussion</p> <p>TRS Subcommittee met on April 16, 2014 and opted to table this comment for further discussion</p>

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			<p>The draft language for training and post-secondary educational requirements may also potentially exclude licensed programs for school-aged children from receiving Texas Rising Star recognition of quality, simply because of the part-time nature of the afterschool and out-of-school time staffing and training environment.</p> <p>Recommends developing a school aged post-secondary educational training requirements for caregivers of children in afterschool or out- of-school time (summer) programs.</p> <p>Recommends the employee with director level credentials that would have the professional dilemma of remaining as a group leader in afterschool environment, when they could leave the position and be employed as a director in a full-time childcare environment at a higher level of pay and responsibility. Retention would be difficult at best for part-time afterschool environments.</p>	<p>TRS Subcommittee met on April 16, 2014 and opted to table this comment for further discussion</p> <p>TRS Subcommittee met on April 16, 2014 and opted to table this comment for further discussion</p> <p>TRS Subcommittee met on April 16, 2014 and opted to table this comment for further discussion</p>
9.	3/24/14	Andrea Brauer Texas Care for Children [Oral & Written Testimony]	<p>Recommends process measures be used for child care center staff orientation and training, and qualifications, as these are linked to higher quality.</p> <p>Minimum standards should not be sufficient for higher reimbursement in these areas. Research shows that higher education/training of the teacher generally equates to higher quality environments for children. I recommend that the Workgroup consider more stringent requirements for lead teachers, and directors, in order to achieve higher star ratings.</p>	<p>TRS Subcommittee met on April 9, 2014 and opted to make no change to this measure.</p> <p>TRS Subcommittee met on April 9, 2014 and opted to make no change to this measure. The subcommittee increased requirements as much as they thought were feasible.</p>
11.	3/25/14	Jessica Salinas Montessori Center [Oral & Written Testimony]	<p>Suggests for the 4-star requirement for Subcommittee 1: Director and Staff qualifications should include a second option: Director holds a Montessori credential from a MACTE-approved teacher education program, and a BA or BS degree. (that the 2-star requirement include the option for Directors of holding a Montessori Associate) credential.</p>	<p>TRS Subcommittee met on April 16, 2014 and opted to table this comment for further discussion</p>
12.	3/25/14	Cari Browning DSHS [Oral & Written Testimony]	<p>Suggests when developing training materials for TRS evaluators and providers that trainings related to outdoor learning environment, physical activity and screen time and nutrition are viable learning opportunities to meet TRS requirements.</p>	<p>TRS Subcommittee met on April 9, 2014 and concluded that Licensing already requires this; these topics are already listed among the annual</p>

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				training topics in minimum standards.
14.	3/20/14	Pat Carter Elgin ISD CDC [Oral Testimony]	<p>Spoke of rural perspective, needs of directors, and families on free-reduced lunch. Provide quality child care to everyone especially to low income. Would like to increase new standards, but this may deter participation. Providers are finding it difficult to participate due to funding. The new standards are not cost effective. Taught theory, but theory does not always work. New recommendations require training which costs money. Director's Training CDA with 6 hours which is just a 2 star. Rural community colleges do not have child development classes.</p> <p>75% CDA is a high number. Courses are not offered. Staff may get burned out and leave. Center pays for training, increase in pay, and may increase tuition. Need to raise standards, but see how it affects costs.</p>	<p>TRS Subcommittee met on April 9, 2014 and considered this recommendation; they recommended moving Director Formal education 2 star (Formal education) to a 3 star requirement. TRS Subcommittee met on April 9, 2014 and considered this recommendation. They recommended to remove the IHE requirement for CDA Coursework hours. The measure would be met as long as staff meets the national council's credential standards.</p> <p>The workgroup agreed to keep the (current) 30% staff requirement at the 2-star level.</p>
15.	3/27/14	Christina Thi – DSHS	<p>Recommends adding (page 1) that the credentials provide training that addresses all measures related to nutrition and physical activity, screen time, outdoor learning environment measures. If measures are not covered, identify additional trainings.</p>	<p>TRS Subcommittee met on April 9, 2014 and considered this recommendation; they opted to make no change to this measure. This is already covered under training criteria, can be counted towards coursework for CDA, CCP</p>
16.	3/20/14	Megan Burke Texas AEYC [Oral Testimony]	<p>Group size and teacher qualifications can be both structural and process.</p>	<p>TRS Subcommittee met on April 9, 2014 and considered this recommendation; opted to make no change to this measure.</p>

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			The tiered system of showing a progression of qualifications is good for directors, but should be extended to caregivers as well	TRS Subcommittee met on April 9, 2014 and considered this recommendation; they opted to make no change to this measure.
20.	3/20/14	Lonnie Hutson Kids R Kids [Oral Testimony]	Asks for the workgroup to consider the cost of the overall program in the requirements, as the program is voluntary. Suggests further review of the staff qualifications as requiring 75% if staff to have CDA, is too high of standard.	TRS Subcommittee met on April 9, 2014 and considered this recommendation; as mentioned previously, a few changes have been made to address this comment, such as moving Director Formal education 2 star (Formal education) to a 3 star requirement. The TRS workgroup agreed to keep the (current) 30% staff requirement at the 2-star level.
21.	3/20/14	Cynthia Pearson, Tammie Stevenson, Denise Dillard, Brenda Peak Day Nursery of Abilene [Oral Testimony]	Concerned that center directors will not meet the director qualifications educational requirements. Staff has 30+ years of experience with on job training, but do not have a CDA.	The TRS workgroup agreed to keep the (current) 30% staff requirement at the 2-star level.
22.	3/27/14	Margaret Stewart Child Care, Inc	Consider the consequence of the structural requirements for Director. As proposed, many current 4-Star centers will not even be able to meet the 2-Star requirement. Many centers, therefore, are looking at losing the 5% or more they currently receive above the already inadequate maximum daily rate, thereby further weakening them financially and giving them no incentive to try to meet any of the other requirements. Consider an alternative to college credits (I'm assuming required to be from known accredited institutions of higher learning?) which in many parts of the state could only be acquired by correspondence/on-line courses (which vary widely in cost and quality and too often become a game of finding the cheapest and/or easiest sources). Consider the immediate and ongoing costs, it seems of questionable value to require, for example, a well-experienced center director with 15 credit hours in ECE to have to go back and	The TRS workgroup agreed to keep the (current) 30% staff requirement at the 2-star level. TRS Subcommittee met on April 9, 2014 and considered this recommendation; they are moving Director Formal education 2 star (Formal education) to a 3 star requirement.

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			<p>get a CCP or CDA (which could require them to go back to direct work in a classroom) in order to meet the proposed 3-Star requirement. Other alternatives should be considered.</p> <p>Asks for the workgroup to consider some alternative(s) for center directors who are part of a multi-site operation and are directly supervised by someone who meets the highest requirements?</p> <p>Asks for the workgroup to consider financial burden that will be placed on facilities regarding the new director formal education measures. While professionalism in the field is certainly desirable, the realities must be addressed: until more money is made available to child care centers serving large numbers of Texas' most vulnerable children, and considering the lack of educational opportunities available in many parts of the state, investing in an AA degree to be a center director makes no economic sense when too many center directors with more than twenty years' experience make around \$20,000 a year and there is no money to pay them anymore. In many parts of the state individuals who meet the proposed requirements are simply not available. Our own community college discontinued its Child Development program many years ago because it was not financially feasible.</p>	<p>TRS Subcommittee met on April 9, 2014 and considered this recommendation. They recommended to remove the IHE requirement for CDA Coursework hours. The measure would be met as long as long as staff meets the national council's credential standards.</p> <p>TRS Subcommittee met on April 16, 2014 and considered this recommendation; they opted to make no change to this measure.</p> <p>TRS Subcommittee met on April 9, 2014 and considered this recommendation; they are moving Director Formal education 2 star (Formal education) to a 3 star requirement.</p> <p>TRS Subcommittee met on April 9, 2014 and considered this recommendation. They recommended to remove the IHE requirement for CDA Coursework hours. The measure would be met as long as long as staff meets the national council's credential standards.</p>
23.	3/27/14	Kelley Fontenot North Central Texas Board	Reconsider and allow any entity who provides CDA training to continue providing this training instead of only allowing Institutions of Higher Education to provide this training. In many rural areas there are no IHE and using other entities will be the only way for those caregivers to receive either their CDA or Day Care Administrator Credential.	TRS Subcommittee met on April 9, 2014 and considered this recommendation. They recommended to remove the IHE

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			<p>(Page I-1 – 3 Star Requirement for Director Qualifications and Training)</p> <p>Suggests the following regarding Caregiver Qualifications: Provide a list of other TWC approved child development credentials as part of the document.</p> <p>Differentiate whether you are referring to college hours or training hours to be clear, when using the term semester hours (Page I-3 – 2 Star Requirement – Caregiver Qualifications)</p> <p>Consider to require all staff to have 30 clock hours of training. Many times staff move from school age to 0-5 year old classrooms and this would make it much easier for assessors and CC directors to manage. (6-12 years old – (School Age Programs) Full Time Staff/Part Time Staff (Page I-5 – 2 Star Requirement – Caregiver Qualifications) Consider requiring staff to have a minimum of 30 clock hours of training annually, regardless of what type of facility they are in (All Ages RCCH)</p>	<p>requirement for CDA Coursework hours. The measure would be met as long as staff meets the national council's credential standards.</p> <p>TRS Subcommittee met on April 16, 2014 and considered this suggestion; the intention is that if new credentials are created in the future, they can be submitted to TWC for consideration. If accepted, a policy letter will be issued informing Boards of the additional recognized credentials.</p> <p>TRS Subcommittee met on April 16, 2014 and opted to table this comment for further discussion.</p> <p>TRS Subcommittee met on April 16, 2014 and opted to table this comment for further discussion, specifically training hours for school-age programs.</p>
24.	3/27/14	Brenda Cox South Plains Board	<p>Suggests the following regarding Director Qualifications: Consider that the majority of our child care directors who have</p> <ul style="list-style-type: none"> • a CDA do not have 6 college credit hours in business management. (Most directors do not make the income needed to attend formal college training – this would be a financial burden) (for 2 star Requirement) • Consider that it would be a financial burden for directors to require that a CDA has to be 	<p>TRS Subcommittee met on April 9, 2014 and considered this recommendation; they are moving Director Formal education 2 star (Formal education) to a 3 star requirement. TRS Subcommittee met on April 9,</p>

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			<p>from an IHE, (Most directors do not make the income needed to attend formal college training (We will have very few who will meet this requirement (3 Star Requirement</p> <p>As written , 2 of our current 24 TRS providers might possibly meet 4 star requirements and for the Licensed and Registered Homes Requirement, our only TRS home exceeds this qualification</p> <p>If these proposed changes take effect, we will lose at least 65% of our current TRS providers. They will not even meet the minimum 2 Star requirements.</p> <p>Staff Qualifications: Consider that most child care staff do not make the income needed to attend formal college training – this would be a financial burden. Child Care employers generally cannot pay the required salary to keep the staff that has received an AA or higher – they usually move on to a higher paying position elsewhere such as public school or Headstart)</p> <ul style="list-style-type: none"> • This is an immense jump from 30% to 50%. • 50-75% Providers will not likely be able to meet in this area • 75% or more would only apply to 2 facilities <p>If these proposed changes take effect, we will most likely lose at least 65% of our current TRS providers.</p>	<p>2014 and considered this recommendation. They recommended to remove the IHE requirement for CDA Coursework hours. The measure would be met as long as long as staff meets the national council's credential standards.</p> <p>The TRS workgroup agreed to keep the 30% staff requirement at the 2-star level.</p>
25.	3/28/14	Rita Morris Tarrant County Board	<p>Consider that obtaining a CDA from an Institute of Higher Learning only, does not give a director/caregiver the flexibility of choices. Some directors/caregivers do not feel comfortable in the setting of a community college or university. Tarrant County board feel as long as a director/caregiver is willing to achieve a CDA/ college courses they should be able to go to an agency that offer classes or hire a trained individual to come in and conducted these type of activities for directors and caregivers.</p>	<p>TRS Subcommittee met on April 9, 2014 and considered this recommendation. They recommended to remove the IHE requirement for CDA Coursework hours. The measure would be met as long as long as staff meets the national council's credential standards.</p>

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			<p>Consider that school age staff are usually part time and are often college students or staff that work for ISD's. This criteria would be very hard for an after school site to meet.</p> <p>Consider that a training plan should be a team effort of putting all training resources together and creating one training plan for the facility with a variety of trainings that fit all staff (full time/part time) needs. So many times in child care staff may have to care for different age groups during the day, therefore training should offer variety.</p>	<p>TRS Subcommittee met on April 16, 2014 and opted to table this comment for further discussion.</p> <p>TRS Subcommittee met on April 16, 2014, TRS Subcommittee met on April 16, 2014 and they opted to make no change to this measure.</p>
26.	3/28/14	Joyce Sneed Concho Valley Board	<p>Suggest that TWC provides training to boards, contractors, child care providers and caregivers on the career lattice concept</p> <p>Supports the fact that for the 2-star level, structural criteria for director and staff qualifications must be met to be scored at a 2-star=</p>	<p>TRS Subcommittee met on April 9, 2014 and considered this recommendation; they clarified that the Career Lattice is a voluntarily system, The group suggested amending the criteria to add a specific career lattice level for only 4 star only. For the lower star levels, the provider would need to identify where they are currently at and identify how they want to grow. Additionally, the group suggested including career lattice information to the appendix.</p>
27.	3/28/14	Brenda Peak Day Nursery of Abilene	<p>Suggests that it is unrealistic to expect care givers to rise to this level considering most of the staff we hire, have little or no formal education. Once we help them to get their CDA or higher degree they move on to public school. This field as it is cannot afford to pay degreed staff for each classroom. I believe that higher reimbursement rates for our CCS children would allow us to be more equipped to provide higher pay in order to keep staff after they get their CDA or Associate degree</p>	<p>TRS Subcommittee met on April 16, 2014 and considered this recommendation; they opted not to change the measure. The subcommittee values experience, but also values education as well.</p>
28.	3/28/14	Tammie Stevenson Day Nursery of Abilene	<p>Suggests that the draft puts too much emphasis on education without taking into consideration the importance of classroom experience. I think that as a Center Director with a CDA and 30 years in early child care makes me much more qualified than a director with an associate degree and 2 years experience.</p>	<p>TRS Subcommittee met on April 16, 2014 and considered this recommendation; they opted not to change the measure. The subcommittee values</p>

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				experience, but also values education as well.
29.	3/28/14	Shannon Richter Rural Capital Board	<p>Suggests that the staff qualifications and training requirements put rural providers at a distinct disadvantage. Many rural communities do not have local community colleges and would be forced to pay higher rates for college credits as well as have to spend more time and resources to travel further distances to access classes. Furthermore, not all community colleges offer early childhood education degrees, further limiting access.</p> <p>The requirement for directors to have a CDA issued from an Institution of Higher Education for three star providers is also an unfair hardship for rural providers. Since the Council for Professional Recognition, which issues CDA certificates, only requires 120 hours of training and considers all professional education equal, the requirement recommended by the workgroup is unwarranted. Many Boards coordinate CDA training for their providers in order to overcome barriers such as costs of training and travel, and staff time and a prohibition on being able to administer the training will increase costs as well as limit the number of staff who will access the training. The restriction that training hours be “college credits” or “semester hours” presents the same problem. In addition, the requirement for 4-Star providers that the director have a degree in early childhood education is also problematic. This degree is relatively new and not offered at many colleges so tenured directors may have a degree that is in a related field and there may be limited access for new directors to obtain this degree. The workgroup should consider broadening this requirement to include related fields.</p> <p>Suggests that in the Director Experience section for directors, experience in “early childhood” needs to be defined.</p> <p>Suggests that in the Director Training section, the requirement of a “TRS Director Certification</p>	<p>TRS Subcommittee met on April 9, 2014 and considered this recommendation. They recommended to remove the IHE requirement for CDA Coursework hours. The measure would be met as long as long as staff meets the national council’s credential standards.</p> <p>TRS Subcommittee met on April 9, 2014 and considered this recommendation. They recommended removing the IHE requirement for CDA Coursework hours. The measure would be met as long as long as staff meets the national council’s credential standards.</p> <p>TRS Subcommittee met on April 9, 2014 and agreed to add a list of closely related fields in the compliance notes and/or appendix.</p> <p>TRS Subcommittee met on April 9, 2014 and agreed to add the DFPS definition for Director Experience to compliance notes and/or the appendix.</p> <p>TRS Subcommittee met on April 9, 2014 and considered this</p>

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			<p>Course” for 2 and 3-star providers needs to be better defined. Additionally, if a specific training is required, it should be consistently available throughout the state and not present any procurement issues in the event that Workforce Boards decide to purchase this training for its TRS directors.</p> <p>Suggests that in the Caregiver Qualifications section, “TWC approved child care development credential” is more clearly defined.</p> <p>Clarify if additional funding will be available: On page I-1 in the row for Director Qualifications, Formal Education, the column titled Applicable to Licensed and Registered Homes includes a statement that, “workforce board must provide training for rural areas.” Please clarify if additional funding will be provided to Boards with rural areas, and, if not, how Boards are expected to fulfill an unfunded mandate.</p> <p>Suggests adding clarification regarding whether CPS and first aid may be included to meet the required number of hours.</p> <p>Consider placing increasing stringent restrictions on independent training that may count toward the required training hours at the 2, 3 and 4-star levels.</p>	<p>recommendation; the Director Training is just a concept at this point.</p> <p>TRS Subcommittee met on April 16, 2014 and considered this suggestion; the intention is that if new credentials are created in the future, they can be submitted to TWC for consideration. If accepted, a policy letter will be issued informing Boards of the additional recognized credentials.</p> <p>TRS Subcommittee met on April 9, 2014 and considered this recommendation; the workgroup agreed to modify the language to say "It is recommended that Boards provide training for rural areas."</p> <p>TRS Subcommittee met on April 16, 2014 and considered this recommendation; DFPS does not include CPS/First Aid, therefore, the hours cannot be counted.</p> <p>TRS Subcommittee met on April 16, 2014 and considered this recommendation; the subcommittee</p>

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				tabled this topic for further discussion.
30.	3/28/14	Kamile Adams	<p>Suggests that if the proper support is provided, there is no problem with the changes to the program. Childcare givers do not make a lot of money yet we have to deal with higher standards and more rules than elementary teachers.</p> <p>Suggests free training provided for some of the 30 hours required</p> <p>Suggests offering resources for CDA programs, volunteer programs for centers (like Head Start has), and supplies/equipment for children</p>	<p>TRS Subcommittee met on April 9, 2014 and discussed this comment and offered that there are financial supports (such as T.E.A.C.H.) that are currently offered in the state.</p> <p>Boards have the discretion, based on available funding, to offer supplies/equipment to providers.</p>
34.	3/28/14	Sandy Anderson Rural Capital Board	<p>I) Subcommittee 1: Director and Staff Qualifications and Training Formal Education: Need the equivalent in 2 Star Requirement for 'hours in ECE and business management as allowable in 3 Star Requirement and 4 Star Requirement</p> <p>What is the need for a CDA from an IHE when a CDA is a CDA?</p> <p>Modify the 9 college credit hours in ECE and 9 hours in business management to 3 credit hours of business management to be less than 4 Star requirements</p> <p>For Licensed and Registered Homes – the recommendation that the workforce board provide training for rural areas, what is the cost analysis to complete the 102 clock hours? How will this be funded? Does the same need not exist in metro areas?</p>	<p>TRS Subcommittee met on April 9, 2014 and considered this recommendation; they are moving Director Formal education 2 star (Formal education) to a 3 star requirement.</p> <p>TRS Subcommittee met on April 9, 2014 and considered this recommendation. They recommended removing the IHE requirement for CDA Coursework hours. The measure would be met as long as long as staff meets the national council's credential standards.</p> <p>TRS Subcommittee met on April 16, 2014 and opted not to change the measure.</p> <p>TRS Subcommittee met on April 9, 2014 and considered this recommendation; the workgroup agreed to modify the language to</p>

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			<p>What are the actual courses allowed in Early Childhood Education?</p> <p>Experience Is the 21 years old based upon years of experience and then counting backwards? Not based on any other factors?</p> <p>How is experience defined? What kind of experience is acceptable?</p> <p>Career Lattice Level What is 'appropriate' to ensure that the director assesses their education, experience and ongoing education to determine their career lattice level? What is meant by Level 3, Level 4, Level 6</p>	<p>say "It is recommended that Boards provide training for rural areas."</p> <p>TRS Subcommittee met on April 9, 2014 and agreed to add a list of closely related fields in the compliance notes and/or appendix. A comprehensive list of courses would not be feasible because course names vary by institution.</p> <p>TRS Subcommittee met on April 16, 2014 and felt that they needed further clarification from the commenter in order to respond to the comment.</p> <p>TRS Subcommittee met on April 9, 2014 and agreed to add the DFPS definition for Director Experience to compliance notes and/or the appendix.</p> <p>TRS Subcommittee met on April 9, 2014 and considered this recommendation; they clarified that the Career Lattice is a voluntarily system, The group suggested amending the criteria to add a specific career lattice level for only 4 star only. For the lower star levels,</p>

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			<p>Is the career lattice associated with staff development than Director?</p> <p>Director Training What is 1*TRS Director Certification Course Part 1? What are the other models that can count in Director Leadership?</p> <p>Caregiver Qualifications What are the other TWC approved child development credential? Who will and what are the criteria for a TWC approved child development credential?</p>	<p>the provider would need to identify where they are currently at and identify how they want to grow. Additionally, group suggested including career lattice information to the appendix. Further discussion may be needed to ensure how this measure will be considered to be met or not met.</p> <p>TRS Subcommittee met on April 16, 2014 and considered this comment; The Texas Early Childhood Career Lattice defines levels of knowledge and skill mastery for practitioners and administrators</p> <p>TRS Subcommittee met on April 9, 2014 and considered this recommendation; the Director Training is just a concept at this point.</p> <p>TRS Subcommittee met on April 16, 2014 and considered this suggestion; the intention is that if new credentials are created in the future, they can be submitted to TWC for consideration. If accepted, a policy letter will be issued informing Boards of the additional</p>

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			<p>What is the definition of 12 semester hours?</p> <p>Caregiver Orientation 1 Before beginning child care duties is defined as working in the classroom?</p> <p>Add daily activities must be age developmentally appropriate and reflect background, gender, etc....</p> <p>Caregiver Orientation 2 How is defines the task different than #1 that states specific job functions?</p> <p>Caregiver Staff Training How is this training and /or formal education plan different than a career lattice?</p>	<p>recognized credentials.</p> <p>TRS Subcommittee met on April 9, 2014 and agreed to add a list of closely related fields in the compliance notes and/or appendix. A comprehensive list of courses would not be feasible because course names vary by institution.</p> <p>TRS Subcommittee met on April 16, 2014 considered this suggestion; clarified that orientation would need to be completed before working in the classroom.</p> <p>TRS Subcommittee met on April 16, 2014 considered this suggestion; and opted to make no change to this measure.</p> <p>TRS Subcommittee met on April 16, 2014 considered this suggestion; and clarified that this measure addresses volunteer and substitute staff.</p> <p>TRS Subcommittee met on April 16, 2014 and considered this suggestion; training plan is how the staff intends to meet their annual</p>

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			<p>Caregiver Staff Training (For Programs Serving 0 -5 Years). What is 2. *Trigger to inform TWC interested in TRS?</p> <p>Full Time and Part Time Why are the clock hours of training for full time school and part time school age difference than 0 -5</p> <p>ii. Why are the clock hours for full time school different than the clock hours for part time school when it serves the same age child</p>	<p>training requirement. The career lattice addresses experience and education level, in addition to annual professional development.</p> <p>TRS Subcommittee met on April 9, 2014 and considered this recommendation; and clarified that this would include a TRS introductory orientation video (YouTube, etc.) for providers to understand the program. A provider would need signed and dated documentation that orientation did occur.</p> <p>TRS Subcommittee met on April 16, 2014 and opted to table this comment for further discussion</p>
35.	3/28/14	Shannon Hendricks & John Breiffeller Educational First Steps	<p>Suggests that requiring Directors to achieve an Associate's degree to support a 4-Star rating is unnecessary and will entail unintended negative consequences to children from impoverished neighborhoods.</p> <p>Suggests Center Directors should not be required to have an Associate's Degree to qualify a center for a 4-Star rating. Rather, the requirement should instead be directly related to effective knowledge of early childhood development and education. An Associate's degree in ECE or a related field is of course a helpful foundation in establishing such knowledge, but it is not the only way to acquire such knowledge. An experienced childcare director often has much greater practical knowledge than recently degreed peers and can more easily transfer that knowledge into building a superior classroom environment for the benefit of children. Just as important, however, are the unintended consequences of the proposed requirement: to require an Associate's degree will be a significant financial hardship for many childcare center directors, especially for those whose childcare centers serve families that receive CCMS subsidies and other working poor families. Thus, the requirement will place at economic risk certain quality</p>	<p>TRS Subcommittee met on April 16, 2014 and opted not to change the measure.</p> <p>TRS Subcommittee met on April 16, 2014 and considered this recommendation; they opted not to change the measure. The subcommittee values experience, but also values education as well.</p>

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			<p>centers in neighborhoods that desperately require their presence.</p> <p>Notes that for a 2-Star director a greater number of college credits in business management (6 hours) are required than what are required for a 3-Star director (3 hours). This makes no sense. It is questioned whether business management classes, which are undoubtedly of practical value for the survival of the business entity, should be required as an indicative measure of classroom quality. Likewise, such formal coursework is not the only way to establish and demonstrate sufficient knowledge of business operations. Childcare directors who have successfully operated for years, especially amid the challenge of doing so in the disadvantaged neighborhoods targeted by EFS, should not be required to return to college to take basic business management courses to support a specific rating when they have already demonstrated these skills in practical settings.</p> <p>Suggests the deletion of this requirement (Under the 3-Star criteria for Center Director education) that the CDA is from an Institute of Higher Education". The CDA credential is not issued by "an Institute of Higher Education", but only by the Council for Professional Recognition, a national non-profit organization, and has been administered successfully by programs that also do not meet the proposed definition.</p> <p>Also, as the CDA credential requires 120 hours of professional education in the early childhood field, the separate requirement of 15 hours of early childhood education is redundant and should also be deleted.</p>	<p>TRS Subcommittee met on April 9, 2014 and considered this recommendation; they are moving Director Formal education 2 star (Formal education) to a 3 star requirement.</p> <p>TRS Subcommittee met on April 9, 2014 and considered this recommendation; they recommended removing the IHE requirement for CDA Coursework hours. The measure would be met as long as staff meets the national council's credential standards.</p> <p>TRS Subcommittee met on April 9, 2014 and considered this recommendation; they removed the 15 hours of early childhood education from the measure.</p>

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37.	3/28/14	Alison Bentley School Readiness Action Plan Leadership	<p>Consider more stringent education requirements for teachers in 4-star centers as it is a strong predictor of positive caregiver-child interactions and children's developmental outcomes. We do not believe that a CDA is a high enough educational qualification for lead teachers in 4-star centers.</p> <p>Recommend to remove item 1D from the caregiver qualifications for 4-star centers. This item allows caregivers to have 2 years of paid experience while under the supervision of someone who meets the higher education requirement.</p>	<p>TRS Subcommittee met on April 16, 2014 and considered this recommendation; they opted not to change the measure.</p> <p>TRS Subcommittee met on April 16, 2014 and considered this recommendation; they opted not to change the measure.</p>
38.	3/28/14	Rebecca Latimer Just Kidding Around	Suggests that is impossible to require directors to have a degree. I have been doing childcare now for almost 23 years and do not have my degree. I have two other directors on site one has been in the field 12 years and the other 36. Neither of them have degrees either. So out of my whole director staff none would qualify. We (all the three) have our CDA plus many other things. I just feel it would really limit many good people if we make this a stipulation!	<p>TRS Subcommittee met on April 16, 2014 and considered this recommendation; they opted not to change the measure.</p> <p>The subcommittee values experience, but also values education as well.</p>
42.	3/31/14	Julie Talbert Heart of Texas Board	<p>Supports caregiver qualification. In the absence of data, I'm not sure what this will do to existing 4-Star providers. Teacher turnover has been estimated to be 30-40% making the 75% threshold difficult to achieve.</p> <p>Suggests to require 75% of lead teachers to meet caregiver qualification A for 4-star level, and 50-75% of assistant teachers to meet A-D.</p>	<p>TRS Subcommittee met on April 16, 2014 and considered this recommendation; they opted not to change the measure.</p>