

SUMMARY OF PUBLIC COMMENTS
Texas Rising Star Workgroup
DRAFT RECOMMENDATIONS

Subcommittee 1 Director & Staff Qualifications and Training

Summary of Comments

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.

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.

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?

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.

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 departing staff. Orientation sometimes is done ASAP but may not happen completely prior to having to use staff.

Recommends different requirement for training for full and part time staff.

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.

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.

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?

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

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.

Asks for clarification on the measure *Trigger to inform TWC interested in TRS, not sure what this means?

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Please keep in mind that rural providers may not have the opportunity to obtain college courses.

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.

Recommends Caregiver Qualifications- eliminating the 12 semester college hours to say 12 hours for Caregiver Qualifications.

Recommends for 4 Star requirement the ECE or closely related field- it should be a fairly broad field, ECE degrees are “relatively” new.

Recommends to improve ECE in Texas, offer real and meaningful financial supports to educator ECE providers to the level Texas needs.

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.

Suggests for Director Experience- the term “experience” needs to be defined.

Suggests that the cost for the TCC Leadership training should be made affordable.

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.

Suggests clarifying whether part-time or blended part and fulltime programs have the option of qualifying for the Texas Rising Star program.

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.

Regarding caregiver qualifications, at least 50-75% of the full-time caregiver staff must meet 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.

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.

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.

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Recommends developing a school aged qualification requirement that is more conducive to a quality afterschool or out-of-school time (summer) program hiring options.

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.

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.

Recommends developing a school aged post-secondary educational training requirements for caregivers of children in afterschool or out- of-school time (summer) programs.

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.

Recommends process measures be used for child care center staff orientation and training, and qualifications, as these are linked to higher quality.

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.

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.

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.

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.

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.

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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.

- Group size and teacher qualifications can be both structural and process.
- The tiered system of showing a progression of qualifications is good for directors, but should be extended to caregivers as well

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.

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.

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 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.

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?

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.

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. (Page I-1 – 3 Star Requirement for Director Qualifications and Training)

Suggests the following regarding Caregiver Qualifications:

- Provide a list of other TWC approved child development credentials as part of the document.
- 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)

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- 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)

Suggests the following regarding Director Qualifications:
 Consider that the majority of our child care directors who have

- 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 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

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

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.

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)

- 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

If these proposed changes take effect, we will most likely lose at least 65% of our current TRS providers.

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.

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.

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.

Suggest that TWC provides training to boards, contractors, child care providers and caregivers on the career lattice concept

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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=

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

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.

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.

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.

Suggests that in the Director Experience section for directors, experience in “early childhood” needs to be defined.

Suggests that in the Director Training section, the requirement of a “TRS Director Certification 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.

Suggests that in the Caregiver Qualifications section, “TWC approved child care development credential” is more clearly defined.

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.

Suggests adding clarification regarding whether CPS and first aid may be included to meet the required number of hours.

Consider placing increasing stringent restrictions on independent training that may count toward the required training hours at the 2, 3 and 4-star levels.

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.

Suggests free training provided for some of the 30 hours required

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Suggests offering resources for CDA programs, volunteer programs for centers (like Head Start has), and supplies/equipment for children

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
- what is the need for a CDA from an IHE when a CDA is a CDA?
- 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
- 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?
- What are the actual courses allowed in Early Childhood Education?

Experience

- Is the 21 years old based upon years of experience and then counting backwards? Not based on any other factors?
- How is experience defined? What kind of experience is acceptable?

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
- Is the career lattice associated with staff development than Director?

Director Training

- What is 1*TRS Director Certification Course Part 1?
- What are the other models that can count in Director Leadership?

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?
- What is the definition of 12 semester hours?

Caregiver Orientation 1

- Before beginning child care duties is defined as working in the classroom?
- Add daily activities must be age developmentally appropriate and reflect background, gender, etc....

Caregiver Orientation 2

- How is defines the task different than #1 that states specific job functions?

Caregiver Staff Training

- How is this training and /or formal education plan different than a career lattice?
- Caregiver Staff Training (For Programs Serving 0 -5 Years).
- What is 2. *Trigger to inform TWC interested in TRS?

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
- 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

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

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impoverished neighborhoods.

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 centers in neighborhoods that desperately require their presence.

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.

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.

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.

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.

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.

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!

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.

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.

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Subcommittee 2 Caregiver/Child Interactions
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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.

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.

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 to be the cost factor for the providers?

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 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?

Add one category for 3-6 years mixed age group.

This is the normal age range in a preschool Montessori classroom.

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:

- 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
- Group size and teacher qualifications can be both structural and process.
- Ratios in 4-Star could use points system.
- 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.

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- Consider having ages 0-3.
- Consider including staff/ratios as a quality predictor.
- Consider small ratios at various star levels.
- Make group size more stringent at 4-Star level.

Recommend a point system to achieve a star level for staff ratios and group size.

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.

We like the 0-3 scale. It is a better tool to use when assessing facilities than the current met/not met standard.

There are too many processes to be scored on caregiver-child interactions and curriculum, nutrition, and indoor/outdoor environment.

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.

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.

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.

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.

What is the significance in the scoring differences? What are the reasons that the subcommittees are suggesting different scoring approaches?

Subcommittee 1 and Subcommittee 2 Group Size and Subcommittee 4 have three sections – 2 Star, 3 Star, 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.

Subcommittee 2 Caregiver –Child Interactions:

- 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
 - What is the required ratio of teacher to children for the group size?
- Warm and Responsive
 - The key behaviors are training items for the criteria and need to be separated from the assessment tool

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- 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)
 - 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

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?

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.

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.

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.

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.

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Subcommittee 3 Curriculum, Physical and Social Activities - CURRICULUM Summary of Comments
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.
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. 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.
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 for a rating of 2, 3, or 4 stars.
Brauer expressed the need to develop process standards for qualifications with assessor observations to be included in the documentation in the process.
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.
<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 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
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

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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.

- 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 same materials
- 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

There are way too many processes to be scored on curriculum, nutrition, and indoor/outdoor environment.

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’

- 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?

Recommended

Daily, preschoolers need:

- At least 60 minutes of structured activity
- At least 60 minutes and up to several hours of unstructured physical activity

* This can be done in small doses of 10 minutes throughout the day.

Daily outdoor time in a safe setting supervised by an adult.

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Free space, developmentally appropriate toys and equipment to encourage children to be physically active: tricycles, yoga mats, balls, rocking boats, hopscotch, hoops, etc.

It is important to encourage participation in physical activities that are appropriate for their age, that are fun, and that offer variety.

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.

This includes:

- TV/DVD
- Computer
- Video games - Not Recommended

More than 60 minutes of sedentary activity at a time, except while sleeping.

Physical activity that is not developmentally appropriate. Which includes but is not limited to:

- Riding a 2-wheel bike
- Roller skating/blading
- Elimination games

More than 1 hour of screen time

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Subcommittee 3 Curriculum, Physical and Social Activities – INDOOR/OUTDOOR ENVIRONMENT

Summary of Comments

- 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

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 child explore the outdoors?

Outdoor Environments:

- most current providers have 2 different surfaces, very few have more than 3. (This would create a financial burden on most facilities)
-

There are way too many processes to be scored on curriculum, nutrition, and indoor/outdoor environment.

Playground assistance would be helpful.

The same comment as above for indoor environment – no allowance for 2 star, 3 star, 4 star? Structural Requirements are pass – fail?

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Summary of Comments

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.

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 surfaces in the outdoor space and whether or not natural and manufactured equipment structures are present. Moreover, if the working group believes that 3 exposure to nature is required, it should recognize that field trips to a park, arboretum, zoo etc. can also satisfy this need.

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 Promot 2014;28[3s]:S27–S32 and the attached best practice indicators guide.

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."

Recommended

Daily, preschoolers need:

- At least 60 minutes of structured activity
- At least 60 minutes and up to several hours of unstructured physical activity

* This can be done in small doses of 10 minutes throughout the day.

Daily outdoor time in a safe setting supervised by an adult.

Free space, developmentally appropriate toys and equipment to encourage children to be physically active: tricycles, yoga mats, balls, rocking boats, hopscotch, hoops, etc.

It is important to encourage participation in physical activities that are appropriate for their age, that are fun, and that offer variety.

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.

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This includes:

- TV/DVD
- Computer
- Video games - Not Recommended

More than 60 minutes of sedentary activity at a time, except while sleeping.

Physical activity that is not developmentally appropriate. Which includes but is not limited to:

- Riding a 2-wheel bike
- Roller skating/blading
- Elimination games

More than 1 hour of screen time

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Subcommittee 3 Curriculum, Physical and Social Activities - NUTRITION

Summary of Comments

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.

III-15 h and k.

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.

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 ?

III-17 #1 “seconds available” – should include of the healthy options

III-18 #1 “.....scoop food using study serving spoons” should be sturdy

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?

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 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.

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:

- Fried, including pre-fried, meats/meat alternatives
- Highly processed
- Highly salted
- High in sugar

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.

- 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

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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](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.

- 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.
-

- 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:
- Providers participating in CACFP will automatically be assumed to have met these standards.

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.

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.

III-15

i) Add "healthy" snacks are available for school age children.....

General Comment: Health and Safety

It is a disservice to not include monitoring of hand washing and 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

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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.)

Nutrition:

- does Licensing permit Family Style dining?

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.

There are way too many processes to be scored on curriculum, nutrition, and indoor/outdoor environment.

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:

- 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.

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:

- IA1 - Encourage and support breastfeeding and feeding of breast milk by making arrangements for mothers to feed their children comfortably on-site.
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- 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.

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Summary of Comments

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

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.

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:

- 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].

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).

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.

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Summary of Comments

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.

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>

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 mothers:

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".

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.

This does not line up with recommendations of APA – only breast milk or formula should be given to infants up to 12 months

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Subcommittee 4 Parent Involvement & Education

Summary of Comments

<p>Recommends better guidelines for Parent teacher conferences. It would be clearer to indicate for a score of 3, two conferences are required per year.</p>
<p>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.</p>
<p>Recommends including nutrition standards used for menu planning, physical activity and screen time policies to the written policies and procedures provided to parents.</p>
<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>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.</p>
<p>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.</p>