

TRS Workgroup Meeting  
December 19, 2013

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

TAB 2 – Approval of November 20, 2013 Meeting Notes (Attachment 2)

TAB 3 – Final Recommendation on Qualifications for Mentors and Evaluators

- Updated with Nov 20 Workgroup Comments (Attachment 3)

TAB 4 – Discussion on Assessments

- TRS Facility and Child Assessments (Attachment 4)
- Workgroup Feedback (Attachment 5)
- Data from Other States (Attachment 6)

TAB 5 – Other TRS Workgroup Considerations

- Licensing Deficiencies
  - TRS Pre-screening Form (Attachment 7)
  - Deficiency Descriptions (Attachment 8)

*Link to minimum standards for licensed child care*

*centers* [http://www.dfps.state.tx.us/Child\\_Care/Child\\_Care\\_Standards\\_and\\_Regulations/default.asp](http://www.dfps.state.tx.us/Child_Care/Child_Care_Standards_and_Regulations/default.asp)

[http://www.dfps.state.tx.us/documents/Child\\_Care/Child\\_Care\\_Standards\\_and\\_Regulations/746\\_Centers.pdf](http://www.dfps.state.tx.us/documents/Child_Care/Child_Care_Standards_and_Regulations/746_Centers.pdf)

- Grandfathering – (Other State Data - Attachment 9)
  - National Accreditation, Military
  - Existing TRS Providers
  - Location changes (Current TRS Guidelines – Attachment 10)

TAB 6 – Discussion on Measure Template (Attachment 11)

TAB 7 – Subcommittee Reports: Work Scope, Work Plan, Parking Lot

Director & Staff Qualifications and Training – Elaine Zweig, Ph.D.  
Caregiver-Child Interactions – Mary Clare Munger, M.Ed.  
Curriculum/Physical and Social Activities – Dr. John Gasko  
Parent Involvement and Education – Pat Smith

TAB 8 – Next Meetings

Upcoming Agenda items;  
Assessors separate from Mentors/TA



### ***Members in Attendance***

Reagan Miller	- Texas Workforce Commission (TWC)
Michelle Adams	- Department of Family and Protective Services
Patricia Smith	- Little Dudes Learning Center
Sharon Davis	- North East Texas Workforce Solutions
Sul Ross	- Gulf Coast Workforce Solutions
Doug Watson	- Healy-Murphy Child Development Center
Sandra Solis	- Lower Rio Workforce Solutions
Mary Clare Munger	- Amarillo College Child Development Lab
Rebecca Latimer	- Just Kidding Around
Howard Morrison	- Texas Education Agency

### ***Members not in Attendance***

Dr. Elaine Zweig	- Collin County Community College
Dr. John Gasko	- Texas Early Learning Council, QRIS Subcommittee
Pattie Herbert	- Infants 123

### ***Additional Attendees***

#### **Texas Workforce Commission:**

Laurie Biscoe	- Deputy Director, Workforce Development Division
Patricia A. Gonzalez	- Director Workforce Policy
Phil Warner	- Child Care Policy and Program Supervisor
Regan Dobbs	- Child Care Policy and Program Analyst
Anjali Barnes	- Child Care Policy and Program Analyst
Kimberly Flores	- Child Care Policy and Program Analyst
Adela Esquivel	- Child Care Policy and Program Analyst
Kimberly Berry	- Governmental Relations
Shyam Popat	- Senator Zaffirini Staff

### ***Meeting Summary***

#### **Welcome, Roll-Call and Overview of the Agenda**

#### **Approval of November 7, 2013 Meeting Notes**

Doug Watson moved to approve the minutes as drafted; Michele Adams seconded the motion, and the minutes were approved with no objection.

#### **Final Review of Recommended Qualifications for Mentors and Evaluators**

- Minimum work experience – the workgroup confirms for consistency, to use the same language for Associate’s Degree for listing the related fields.



Doug clarified that the workgroup is stating four years of minimum classroom experience is required, in addition to education.

Michele raised a question if the requirement for a Bachelors plus four years of classroom experience was reasonable. She asked if the classroom experience could be broadened to other areas, or reduced to fewer years to avoid reducing the pool of candidates.

Rebecca reported it has been her experience for assessors to have education with no classroom experience make observations or suggestions without having knowledge about practical application.

Other thoughts:

Michele suggests making experience category a bit broader. The group indicated other areas would be acceptable, such as child care experience, Pre-k, headstart, and elementary (kindergarten-third grade). After further discussion, recognizing the value of a balance of education and experience in a relevant setting, the group also decided reducing the experience requirement to one year for candidates possessing a bachelor's degree.

### **Overview of Early Learning Council Recommendations**

Reagan led the workgroup through a point by point review of the Early Learning Council recommendations

#### QRIS Scope recommendations:

*Scope Recommendation #1: Begin with a QRIS system mandated for the child care sector.*

This is the current approach.

*Scope Recommendation #2: The QRIS should be a five tiered system.*

We do not have legislative authority currently for a 5-star system. A fifth star point system was suggested. The group determined that at this time, 4-stars are appropriate.

*Scope Recommendation #3: The QRIS should be under the auspices of the Texas Workforce Commission.*

This is currently the case.

*Scope Recommendation #4: The QRIS should be a decentralized system.*

This is the current structure.

*Scope Recommendation #5: The QRIS should serve as an expansion of Texas Rising Star.*

This is the current approach.

*Scope Recommendation #6: Funding for the QRIS should be provided.*

Funds specified in HB 376: 2% enhanced rates; technical assistance staff

*Scope Recommendation #7: A mechanism for private financing of the QRIS should be created.*

Currently, there is no mechanism for this type of financing.

#### Functionality Recommendations:

*Functionality Recommendation #1: Include "structural" and "process" quality measures in the QRIS.*

The workgroup reached consensus on this recommendation at the last meeting.

*Functionality Recommendation #2: Select reliable and valid process measures for all age groups and train staff on the tools.*



This is an aspect all subcommittees and subgroups are aiming to be mindful of in their work.

*Functionality Recommendation #3: Design and administer quality improvement efforts locally.*

This is current practice.

*Functionality Recommendation #4: Provide technical assistance in a two tiered fashion.*

This issue was discussed at the last workgroup meeting. The workgroup can take this into consideration moving forward. The Board representative commented that this strategy seems doable.

*Functionality Recommendation # 5: Incentivize success in the QRIS.*

Rate implementation as a result of HB 376 has been delayed to consider recommendations, and to allow time to implement changes. Rate increase will be effective September 2015.

The workgroup will continue the discussion of how to designate ratings for nationally accredited facilities, as well as military.

Technical Recommendations:

*Technical Recommendation #1: Employ a new or adapted data system to manage QRIS data, classroom progress, and other administrative needs.*

There is currently no funding available for such a system, though having a state-wide system to collect data would be advantageous. Perhaps a template could be created and distributed locally so data could be collected at the local level. The workgroup could recommend seeking future funding for a more advanced data collection system, state-wide.

*Technical Recommendation #2: Implement a year-round open enrollment system.*

This is already in place.

*Other discussion/consideration:*

How many classrooms should be observed? ELC recommendation is 33%.

Consider mandating at least one classroom in each age-range visited, or 50% of all classrooms, etc. or raising the percentage of observations with the star level. Some group members expressed concern that certain age groups would not be visited, therefore, they suggested 50% or one per age group (whichever is the minimum) discussion to continue.

Consider a cursory, short form visit for all classrooms, and then a longer, in-depth observation for a sample percentage of classrooms.

How does the assessor determine which classrooms to evaluate?

*Technical Recommendation #3: Provide technical assistance locally, through contracts with skilled organizations.*

There is no mandate for Boards to contract with nonprofits.

*Technical Recommendation #4: Develop procedures and policies to ensure accountability in the QRIS.*

There is some concern among the workgroup that 3 years between recertification is too long. Visits may not be consistent across the state. Issue of noncompliance with licensing raised and it is suggested licensing deficiencies should be tied to more frequent visits.



ELC recommends random visits.

Recommend changing policy to an established statewide frequency for consistency.

Systems Evaluation and Piloting Recommendations:

*Systems Evaluation and Piloting Recommendation #1: Conduct a pilot study. 1 – Conduct a pilot study*

HB 376 did not include pilot study.

*Systems Evaluation and Piloting Recommendation #2: Conduct a regional system evaluation every five years.*

HB 376 did not include funding for this level of analysis. A strategy for incorporating an outcome analysis for TRS will be part of the workgroup's recommendation.

Quality Criteria Recommendations:

*Quality Criteria Recommendation #1: Develop and implement a quality criteria selection process.*

*Quality Criteria Recommendation #2: Provide time and discussion in the development of quality criteria.*

Regarding both quality criteria recommendations, HB 376 provided a good legislative framework for broad participation, further enhanced by participation on subcommittees by additional stakeholders. Each subcommittee is charged with making recommendations to the workgroup.

QRIS Promotion Recommendations:

*QRIS Promotion Recommendation #1: Designate funding for communication and promotion.*

There is no funding in HB 376 for promotion activities; however, there is the option to utilize the TWC TRS website to distribute information and to serve as a resource.

*QRIS Promotion Recommendation #2: Engage providers locally on QRIS.*

It will be necessary to rely on local workforce Boards for this piece. It will be important not to oversell the resources available, and set a reasonable expectation for a manageable workload. It may be necessary to maintain a TRS waitlist for providers at some point.

*QRIS Promotion Recommendation #3: Utilize web-based communications.*

In the recommendations, the TRS website is an important key. It may be valuable to link to other resources as well to share other avenues for potentially waitlisted providers, such as DFPS, TEA, and the United Way.

Budget and Timeline Recommendations:

*Budget and Timeline Recommendation #1: Provide adequate funding.*

This item is on the list for further discussion.

*Budget and Timeline Recommendation #2: Follow a 5 year development and launch plan.*

The Early Learning Council's preferred assessment tool is CLASS. There is nothing in the ELC recommendation for birth to 15 months.

**Discussion on Assessments**

Ms. Miller reviewed the summary and chart regarding facility and child assessments. This document was designed for the workgroup to consider, have discussion, and provide input.



*Process for Application- Discussion Points:*

1. Should Applicants be required to attend an orientation (prior to entry into TRS)

Subcommittee 1 (Director/Staff Qualifications), has held discussions and determined either attending an orientation, or viewing a video, should be a requirement during application for directors. This would be entry point, prior to obtaining 2-star designation.

The Parent Involvement group have discussed and agree it would be helpful to have an orientation to inform providers about what they are signing up for. Other members indicate this would be a positive thing.

The workgroup is in favor of introducing the orientation component as a recommendation.

2. Should applicants be required to complete a TRS self-assessment tool as part of the application process?

Several members comment that this is a good and inexpensive option being discussed by various subcommittees. Additional questions regarding how often assessments and reassessments should be conducted will be explored on December 19, after additional information is compiled from Board's and distributed.

3. Should there be a maximum number of DFPS deficiencies that would preclude application for TRS?
4. Should certain licensing deficiencies preclude a provider from application for TRS?

*Process for Facility Assessment-Discussion Points:*

1. How often should programs be assessed/reassessed?
2. How often should programs be monitored (for TRS criteria and/or TRS required licensing requirements)?
3. Should the assessment/monitoring process include provider self-reports?
4. What procedures should be considered for self-reports?
5. How classrooms are assessed at each site?
6. What are norms for inter-rater reliability?
7. Should random visits be used as a part of the process?
8. Should penalties exist for programs not maintaining the star level?
9. How should the assessment tools be selected or approved?

For December 19 meeting, feedback from the members will help guide discussion, input is due December 6.

Within subcommittee discussions, what has been recommended related to assessments (child, teacher, or classroom)?



The child – caregiver subcommittee has looked at the various tools to identify good predictors of quality. They have not looked at individual measures to see which is better than the others at this point. Additionally, the subcommittee didn't discuss adopting a specific tool; rather, they are looking at individual measures within the individual tools and how they would fit in the level. The subcommittee is sensitive to copy right issues. Curriculum/Physical and Social Activities subcommittee has a similar approach.

Ms. Miller stated that cost is a concern, and she is glad to hear that there are tools available at no cost. TWC staff is available to assist with defining measures, if subcommittees need assistance.

Howard requested clarification if the aim is to create a master list, rather than one tool over another tool.

Ms. Miller stated that the goal is a cross-reference of how the tools measure and monitor, so the workgroup wouldn't be purchasing or electing one, but using as a resource to learn what they have to offer in the creation of TRS.

*Child assessments:*

TRS guidelines do not include this, nor do ELC recommendations; however, this issue was raised at the Public Comment meeting. The workgroup understands there are different costs associated, and a one-size all approach is not preferred. One proposal is to offer a menu of approved tools. The next question then becomes, what will be the Approval process?

A workgroup member asked what role TSR plays in this process. Will this overlap with TRS? They were recently awarded a grant- TEA is instructed to adopt multidomain assessment tools – measure kindergarten readiness.

Mr. Morrison (TEA) has reviewed provisions of the grant legislation. It does not define multidimensional assessment – TEA is working on this currently.

Mary Clare points out Head Start and NAEYC use child assessment extensively. These assessments demonstrate growth and how the teacher was intentional in achieving goals. She suggests having this as an emerging practice, for the highest tier, add as criteria in an unfunded 5<sup>th</sup>- star) or add this in that very top level. The system would give points for highly educated staff. (Use of portfolios, for CDAs)

**Subcommittee Reports: Work Scope, Work Plan, Parking Lot**

**Director & Staff Qualifications and Training – Elaine Zweig, Ph.D.**

Doug and Sandra provided the report, on behalf of Elaine.

The subcommittee has divided into four subgroups to accomplish the work, they are:



- Director Qualifications
- Staff Training
- Caregiver Qualifications
- Staff Orientation

***Director Qualifications:***

Recommendations include:

- Require minimum age of 21 years
- Require training course (Examples: Entry level – introductory course Part 1, Level 2 and 3 – Director Certification course Part 2, embed Taking Charge of Change in courses)

Other items discussed:

- Verification of most measures would be structural
- Stressed that lower levels would receive quality improvement and higher TRS levels would receive higher enhanced reimbursement rates.
- Stressed that they do not want to put the education level out of reach for most providers.

Outstanding Issues/Questions:

- Would current providers be grandfathered into the new system?  
We don't want to create a new certification system where most providers would not be eligible.  
This will be discussed at 12.19.13 meeting

***Staff training:***

Recommendations include:

- Limiting the number of self-study training hours (for homes); currently all 36 hours can be self-study.  
This should be reduced to 12 hours
- Specifying the training topics
- Specifying that caregivers are obtaining training hours in the age range of care they are providing.  
(Ex- Infant teachers are obtaining training hours in toddler areas. The group is interested in the work the curriculum group is doing.)

***Caregiver qualifications:***

Recommendations include:

- Raising the Staff's educational qualifications to 50% of the full time staff (from the current (30%)
- Amending Option B to include 12 semester hours "successfully" completed
- Amending number of years of experience working with children increase to 2 years (from 1 year)
- Providing clarity on how this Option D measures are met. (discussed improving/clarifying "supervision" related to Mentoring/coaching to require meeting to discuss lesson plan specified number of hours to increase accountability)



- Limiting the number of self-study training hours to 6 (for homes); currently all 36 hours can be self – study
- Adding in-person orientation hours
- Adding specific staff orientation subject areas

**Caregiver-Child Interactions – Mary Clare Munger, M.Ed.**

The subcommittee has divided into three subgroups to accomplish the work, they are:

- Systems
- Ratios/Group Size
- Child/Caregiver Interaction Measures

***Systems Group:***

Discussions included:

- Transitioning as many centers into 2-star as possible, while also making a distinction in this level: not just making them “good, licensed centers”.
- Making further distinction between 3-star and 4-star, additional meaning between each level.

***Ratios/Group size:***

Discussions included:

- Going forward and not backwards by making standards easier, or less stringent.
- Needing to define now how to go forward, specifically want to see improvement in infant and toddler.

***Child/Caregiver Interaction Measures:***

Discussions included:

- Reviewing and discussing the many instruments.
- Agreeing that the group likes ELC’s core competencies “beginner, intermediate, advanced”. and progression

**Curriculum/Physical and Social Activities – Dr. John Gasko**

Reagan provided the report on behalf of Dr. Gasko.

***Curriculum /Activities:***

This subgroup is revising multiple pieces of guidelines and looking at different requirements for age groups. Howards serving on the subgroup and shares the group is examining and adding from infant toddler guidelines domains to include written curriculum plan, physical, health , social, emotional, cognitive, language, etc.

***Indoor outdoor environment:***

Michele provided the report. The group is sticking to physical environment, arrangement, and equipment, rather than materials, etc.



***Health and Nutrition:***

Reagan provided an update. The group has completed proposed measures, as well as a template containing scores for either “structural” or “process” for each criteria. The subgroup is now working on defining how each process will be scored, 0-3. Reagan will share this template with the rest of the group, for consideration in their subcommittee work.

A question came up in the subgroup’s work of how to score ‘not met’ versus ‘not observed’ or ‘not applicable’. What if a center does not serve all age groups? Inter-rater reliability is needed across the state.

**Parent Involvement and Education – Pat Smith**

Pat Smith reports her subcommittee is having a meeting later this afternoon. They have not meet since the November 7<sup>th</sup> report. They have not yet broken into subgroups, but they may opt to divide their work this way.

Reagan reminds the workgroup the initial timeline goal was to have half of the subcommittee work and recommendations completed by the December 19<sup>th</sup> meeting. Reagan acknowledged the heavy workload and everyone’s busy schedules and offered TWC staff as a resource to assist with drafting work for subcommittees. Reagan states for the December 19 meeting, subcommittees should have written documents ready to present with as much filled in as possible.

The group confirms that the key is to recommend measures above licensing standards. Michele offers to review subcommittee documents to identify any duplication of measures that are already covered in licensing.

**Discussion on Next Meetings (Attachment 8)**

- **December 19** - TRS Workgroup Session (in person at **TEA** or via conference call)  
On the agenda:
  - Grandfathering and/or assessing National Accreditation and Military Operations
  - Child Care Licensing Impact on TRS
- **January 24** - TRS Workgroup Session (in person at TWC or via conference call)  
The meeting was extended to three hours.
- **March 6** - Public meeting, in person  
The meeting is scheduled for 12:30-4:30.

(Note: Subcommittee participants will be invited to attend the December 19<sup>th</sup> meeting).

Upcoming Agenda Items:  
Assessor separate from Mentors/TA

The meeting was adjourned at approximately 1:10 pm.

## **TRS Workgroup Recommended Qualifications for TRS Assessors and Mentors**

Note: Qualifications are presented for both assessors and mentors, without distinction between the roles.

### **Minimum Education:**

- Bachelor's Degree from an accredited four-year college or university in early childhood education, child development, special education, child psychology, educational psychology, elementary education, or family consumer science; or
- Bachelor's Degree from an accredited four-year college or university with at least 18 credit hours in child development, early childhood education, special education, child psychology, educational psychology, elementary education, or family consumer science with at least 12 credit hours in child development; or
- Associate degree in early childhood education, child development, special education, child psychology, educational psychology, elementary education, or family consumer science with two years' experience as a director in an early childhood program.

A Local Workforce Development Board (Board) may request the Texas Workforce Commission to waive the minimum education requirements if the Board can demonstrate that no applicants in the workforce area met the minimum education requirements.

### **Additional Minimum Work Experience:**

- One (1) year of full-time early childhood classroom experience in a child care, Early Head Start, Head Start, or pre-kindergarten through third (3<sup>rd</sup>) grade school program.
- Preferred Experience in training, mentoring or coaching in a child-focused program

### **Demonstrated Knowledge:**

- Knowledge of best practices in early childhood education.
- Demonstrate an understanding of early childhood evaluations, observations and assessments for both teachers and children.
- Knowledge of ITERS, ECERS-R, FCERS, TBRS, CLASS or other assessment tools

### **Other Preferred Knowledge**

- Knowledge and understanding of TRS certification guidelines and the minimum standards of Texas Childcare Licensing.
- Bilingual English and Spanish Speaker
- Ability to relate to individuals from culturally diverse backgrounds.
- Knowledge of Microsoft Word, Excel, Internet access, and be comfortable using e-mail and entering data on a PC tablet.
- Detail-oriented with strong oral and written communication
- Basic administrative skills, including recordkeeping and use of a computer for data management and professional communication.

### **Required Continuing Education and Professional Development:**

- Must participate in annual professional development and continuing education requirements consistent with child care licensing minimum training requirements for a center director.

# **DRAFT DISCUSSION POINTS: TRS Facility Assessments and Child Assessments**

## **TRS Facility Assessments**

TRS Facility Assessment: The process and tools for assessing a licensed or registered child care facility for TRS program certification using the TRS program criteria. This includes assessing caregiver-child interactions and assessments of caregiver/teacher instruction methods. It also includes a review of the facility's compliance with minimum licensing requirements for TRS assessment.

TRS Facility Monitoring: The process conducted between TRS assessment periods which may consist of one or both of the following; a review of compliance with the TRS requirements for minimum licensing deficiencies and/or a review of documentation requirements of TRS structural measures.

### **Process for Application - Points for Discussion:**

- Should applicants be required to attend an orientation or watch a video for a TRS overview?
- Should applicants be required to complete a TRS Self-Assessment tool as part of the application process?
- Should there be a maximum number of DFPS deficiencies that would preclude application for TRS? [note: scheduled for future discussion]
- Should certain licensing deficiencies preclude a provider from application for TRS? [note: scheduled for future discussion]

### **Process for Facility Assessment – Points for Discussion:**

The following points of discussion were taken from the Early Learning Council (ELC) Strategic Plan for a Statewide QRIS.

#### ELC Strategic Plan Points for Discussion:

- How often should programs be assessed/re-assessed?
- How often should programs be monitored (for TRS criteria and/or TRS required licensing requirements)?
- Should the assessment/monitoring process include provider self-reports?
- What procedures should be considered for self-reports?
- How many classrooms are assessed at each site?
- What are norms for inter-rater reliability?
- Should random visits be used as part of the process?
- Should penalties exist for programs not maintaining their star level?
- How should the assessment tools be selected or approved?

*ELC Strategic Plan Proposal: Texas QRIS should consider a portfolio of tools to assess its standards, relying on availability of current evidence to inform its selection of measures. Given available evidence and QRIS practice across the country, options might include the:*

- *ECERS*
- *CLASS*
- *TBRS (Teacher Behavior Rating Scale)*
- *PAS/BAS (Program Administrator Scale/Business Administration Scale), and*
- *Family Strengthening Checklist.*

## **Child Assessments**

Child Assessment: The process and tools used for the caregiver/teacher at a facility to assess a child's needs and progress toward stated outcomes for the child.

Current TRS guidelines do not include measures related to child assessments or measuring child outcomes. Also, the ELC Strategic Plan for a Statewide QRIS did not include proposals or recommendations related to child assessments or child outcomes.

However, several public comments at the October 9, 2013 TRS Workgroup meeting included the need to have child outcomes and child assessments as part of the TRS certification system. The comments focused on the need to have programs use child assessments in order to measure child progress toward desired outcomes. The comments also stated that child assessments are important to assist teachers in developing teaching strategies to assist in achieving improved child outcomes.

### **Child Assessments – Points for Discussion:**

- Should TRS certification include measures related to provider child assessments?
- If so, should TRS require the use of specific child assessment tools (i.e. a menu or portfolio of child assessment tools)?
- How should the assessment tools be selected or approved?
- How would the child assessment measures be integrated into the TRS structure?

**DRAFT DISCUSSION POINTS:  
TRS Facility Assessments and Child Assessments**

**TRS Facility Assessments**

**Process for Application - Points for Discussion:**

Should applicants be required to attend an orientation or watch a video for a TRS overview?	<p><i>[Member 1]</i> No.</p> <p><i>[Member 2]</i> Yes, this is the recommendation from the sub subcommittee for director qualifications.</p>
Should applicants be required to complete a TRS Self-Assessment tool as part of the application process?	<p><i>[Member 1]</i> Yes.</p> <p><i>[Member 2]</i> Yes, this would be helpful.</p> <p><i>[Member 4]</i> In the Austin area this is already a requirement.</p>
Should there be a maximum number of DFPS deficiencies that would preclude application for TRS? [note: scheduled for future discussion]	<p><i>[Member 1]</i> Only whether they are on corrective action or not.</p> <p><i>[Member 2]</i> Yes, especially those that are classified as high or medium high deficiencies. We need to consult with licensing about the number of high or medium high deficiencies are needed before action is taken against a center.</p> <p><i>[Member 4]</i> The Austin area already has this as criteria. Yes, depending on the type and severity of the DFPS deficiencies.</p>
Should certain licensing deficiencies preclude a provider from application for TRS? [note: scheduled for future discussion]	<p><i>[Member 1]</i> Only whether they are on corrective action or not.</p> <p><i>[Member 2]</i> Yes, especially if they are high or medium high.</p> <p><i>[Member 4]</i> Yes.</p>

**Process for Facility Assessment – Points for Discussion:**

How often should programs be assessed/re-assessed?	<p><i>[Member 1]</i> Annually.</p> <p><i>[Member 2]</i> Every 3 years.</p> <p><i>[Member 4]</i> Every three years with frequent monitoring.</p>
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<p>How often should programs be monitored (for TRS criteria and/or TRS required licensing requirements)?</p>	<p><i>[Member 1]</i> Semi-annually.</p> <p><i>[Member 2]</i> There needs to be an onsite visit every 3 years with yearly written self-monitoring reports in between. In cases where there has been a high or medium high deficiency there needs to be an onsite visit.</p> <p><i>[Member 4]</i> Twice annually</p>
<p>Should the assessment/monitoring process include provider self-reports?</p>	<p><i>[Member 1]</i> Yes</p> <p><i>[Member 2]</i> Yes, see above.</p> <p><i>[Member 4]</i> Yes, once annually, completed by each classroom teacher so that they fully understand the TRS expectations</p>
<p>What procedures should be considered for self-reports?</p>	<p><i>[Member 2]</i> Any reports of a high or medium high licensing deficiency needs to be self-reported to TRS.</p> <p><i>[Member 4]</i> ] Each classroom completes the self report, not one per age group.</p>
<p>How many classrooms are assessed at each site?</p>	<p><i>[Member 1]</i> Depends on size a facility and ages served. Each age range should be assessed.</p> <p><i>[Member 2]</i> 50% of each age group at the first visit. Reduced number at follow-up visits.</p> <p><i>[Member 4]</i> All classrooms.</p>
<p>What are norms for inter-rater reliability?</p>	<p><i>[Member 2]</i> No response to this.</p> <p><i>[Member 4]</i> We would like to have a couple of local experts take a look at inter-rater reliability.</p>
<p>Should random visits be used as part of the process?</p>	<p><i>[Member 1]</i> Yes, if possible.</p> <p><i>[Member 2]</i> Yes, for centers that have high or medium high deficiencies.</p> <p><i>[Member 4]</i> If your program is complying with TRS standards I don't think it matters</p>
<p>Should penalties exist for programs not maintaining their star level?</p>	<p><i>[Member 1]</i> No, if they are losing a rating that should be the penalty.</p> <p><i>[Member 2]</i> Yes, they should be reduced in levels after a probation period.</p> <p><i>[Member 4]</i> Yes, besides losing a star level what other penalty would there be?</p>

<p>How should the assessment tools be selected or approved?</p>	<p><i>[Member 1]</i> An approved list selected by TWC.</p> <p><i>[Member 2]</i> A committee.</p> <p><i>[Member 4]</i> Good question and worthy of more information and discussion.</p>
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## Child Assessments

### Child Assessments – Points for Discussion:

<p>Should TRS certification include measures related to provider child assessments?</p>	<p><i>[Member 1]</i> Yes and no. They should be implemented but the outcomes should not determine certification.</p> <p><i>[Member 2]</i> Yes.</p> <p><i>[Member 3]</i> Yes; provider child assessments are a great way to chart a child’s progress over time, provide feedback to a child’s parents, or help with classroom management and discipline. Child assessment also assist in developing curriculum and daily activities to evaluate the effectiveness of a program.</p> <p><i>[Member 4]</i> No, that is a standard of national accreditation at a much higher reimbursement rate</p>
<p>If so, should TRS require the use of specific child assessment tools (i.e. a menu or portfolio of child assessment tools)?</p>	<p><i>[Member 1]</i> The upper levels should assess from a menu of assessment tools.</p> <p><i>[Member 2]</i> Yes.</p> <p><i>[Member 3]</i> I think if we choose a specific/standardized assessment tool one advantage is that the results can be used to compare a child to developmental norms (a norm can be an average obtained on a sample of children used in developing the test) or to children similar circumstances. A disadvantage of a specific/standardized test is how to interpret the data obtained since results from such assessment must be considered in comparison to similar children. If we choose a specific child assessment tool we need to consider pros and cons and the demographic location of the daycare center.</p> <p><i>[Member 4]</i> No.</p>

<p>How should the assessment tools be selected or approved?</p>	<p><i>[Member 1]</i> An approved list selected by TWC.</p> <p><i>[Member 2]</i> Committee.</p> <p><i>[Member 3]</i> Do a survey among our CCS centers....and use their feedback to select an assessment tool.</p> <p><i>[Member 4]</i> We would recommend using the Ages &amp; Stages assessment tool. It is good basic tool with a good indicator of development milestones, and is not overwhelming for teachers to complete</p>
<p>How would the child assessment measures be integrated into the TRS structure?</p>	<p><i>[Member 1]</i> At the higher TRS levels they should be implemented.</p> <p><i>[Member 2]</i> I'm not sure.</p> <p><i>[Member 3]</i> I think we should make it criteria of its own and each star level should meet a number of measures</p> <p><i>[Member 4]</i> In our sub-committee we recommended that parent conferences twice a year be required for 4 star centers. Assessments could be reviewed with parents at the conferences.</p>

### Other State QRIS – Observational Tools and Frequency of Observational Assessment

State	Observational Tools	Frequency of Observational Assessment
Alabama	PAS, ITERS, ECERS	Once at each level
Arkansas	Environment Rating Scales (ERS) - ECERS-R, ITERS-R, FCCERS-R, SACERS, YPQA, PAS, BAS	3 years
California	ERS, CLASS, and PAS/BAS; PITC PARS to a lesser extent; ASQ and ASQ-SE	Every other year
Colorado	ERS	Biennial (typically)
Delaware	Environment Rating Scales (ITERS-R, ECERS-R, SACERS, FCCERS-R)	Every three years or more often if a program chooses to move up a Star level.
District of Columbia	ERS	Undefined
Georgia	ERS ( ITERS-R, ECERS –R, SACERS, FCCERS)	Every three years minimally --- can be more often to improve rating
Hawaii	ERS (ECERS-R, ITERS, FCCERS) CLASS (PreK, Toddler), PAS, BAS	Level 1 Requirement: ERS self-assessment conducted and submitted after participants complete ERS online training. 1 <sup>st</sup> round of formal assessments is conducted once programs seeking placement at a Level 2 submit a Level Advancement; NAEYC/NAFCC accredited programs seeking placement at a Level 3 or higher are assessed after CLASS and PAS/BAS online trainings are completed. 2 <sup>nd</sup> round of assessments may be conducted as early as 6 months after initial placement at a Level 2 or higher when a program requests a Level advancement. Alternately, one year after the initial round of assessments, a site can request a level maintenance status (instead of Level Advancement), which does not require assessments to be done
Idaho	Environment Rating Scales	Yearly
Kentucky	Yes, Harms, Cryer & Clifford ERS tools used	Required at each new and renewal rating; Frequency varies according to STAR level
Louisiana	Verification Visit is conducted on all centers applying for 2-5 stars to verify compliance with the requirements. Environment Rating Scales (ECERS/ITERS) are required for centers applying for 3-5 stars	At least every two years for 2 – 5 star applications if continued participation. There is also a rating review process conducted at the midpoint of the 2 year award period on a percentage of rated centers. Centers must conduct practice or self ERS assessments prior to submitting an application. Official Practice assessments are available to centers when they are not in the application process
Maine	No	N/A

### Other State QRIS – Observational Tools and Frequency of Observational Assessment

State	Observational Tools	Frequency of Observational Assessment
Maryland	Environment Rating Scales and Classroom Assessment Scoring System	Every 3 years and/or to attain a check level
Massachusetts	ERS, BAS/PAS, CLASS or ARNETT, Strengthening Families	2 years
Michigan	High Scope Program Quality Assessments	This is the assessment used to assess quality
Mississippi	ITERS-R, ECERS-R	annually
New Hampshire	No observational tools are required for the Licensed-Plus level. However, one of the optional requirements that programs can choose from is to complete a self-assessment of an environmental rating scale (ITERS, ECERS, FCERS or SACERS). The accreditation observation is used for the accredited level	Not required
New Jersey	ECERS, ITERS, CLASS	TBD
New Mexico	ERS, CLASS, PAS, Bas	At Verification Program Self-Assessment conducted bi-annually
New York	Environment Rating Scales are included in the rating; CLASS is being piloted as a professional development tool beginning in 2014	Currently once per year but anticipated to be once per rating cycle
North Dakota	Environment Rating Scale used at step 2. CLASS used at step 4	Every 3 years unless certain “triggers” require an observation sooner (high staff turnover, etc...)
Ohio	Ohio is creating a classroom observation tool which will assess classroom environments and staff/child interactions for programs seeking a three- to five- star ratings	Observation assessment at rating renewal verification visit
Oklahoma	Environment Rating Scales and On-going Monitoring by Licensing	ERS due every 3 years, Monitoring due by licensing at least Annual, with follow-up or partial visits as needed
Oregon	At 5 star level CLASS, ITERS, SACERS for 3 indicators	Every 3 years
Pennsylvania	Environment Rating Scales (ERS)	At STAR 3/4 Every Other Year – Centers/Groups/Family Child Care At STAR 2 for Family Child Care (one time upon entering level)
Rhode Island	Yes	Every three years unless needed to reach higher star
South Carolina	SC-developed tool for Levels B+/ B and C, ERS for Levels, A+ and A	Annually for Levels B+/B; every 3 years for Levels A+/A. Level C being implemented
Texas	Standards were developed by a State workgroup using research on the specific indicators of quality in the child care field	N/A

### Other State QRIS – Observational Tools and Frequency of Observational Assessment

State	Observational Tools	Frequency of Observational Assessment
Utah	Documents, inventories, diagrams, examples, policy/procedure, contracts, handbooks and photographs are submitted online and assessed by staff. Programs can also request a site visit. Outreach/TA is provided as needed/requested. We are considering implementing an instrument such as CLASS in the future.	Annually
Vermont	Program Observational tools: Environment Rating Scales, CLASS Child Observation tools (at 4 and 5 star level) Teaching Strategies Gold or (for School Age program), DESSA, SAYO	The formal program assessments stand for 3 years from date of the assessment but program can request an additional assessment within that time period in order to attain a higher star level Formal child observations to inform curriculum must occur twice a year
Virginia	Pre-K CLASS, Toddler CLASS, Infant & Toddler Environment Rating Scale, Early Childhood Environment Rating Scale, Family Child Care Environment Rating Scale	Every 2 years
Washington	<b>ERS; CLASS.</b> Evaluation team also conducts records review and staff/family interviews.	Facilities are rated once every three years
West Virginia	Yes	Annual
Wisconsin	Environment Rating Scales – ITERS-R, ECERS-R, FCCERS-R, SACERS	Yearly: Observation occurs in Technical Ratings for a 3 Star or 2 Star level without an ERS Formal Rating with Observation occurs for a 4 Star or 5 Star level with an ERS No ERS is performed for accredited programs at 4 and 5 Star levels

**TEXAS RISING STAR PROVIDER CERTIFICATION  
PRESCREENING FORM  
Licensed Child Care Centers**

Provider Name: \_\_\_\_\_  
Director Name: \_\_\_\_\_

Address: \_\_\_\_\_  
License #: \_\_\_\_\_

Initial Applicants	TRS-Certified Providers
1a. Applicant has DFPS licensing history for the 12-month period prior to the date of application? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of Application: _____ <b>Stop process if "No"</b>	1b. Provider has DFPS licensing history for the 12-month period prior to the date of the TRS recertification visit? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of TRS Recertification Visit: _____ Review the provider's 12-month DFPS licensing history.
2a. On Corrective or Adverse Action with DFPS? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Stop process if "Yes"</b>	2b. On Corrective or Adverse Action with DFPS? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Repeal TRS certification if "Yes"</b>
3a. Inspection Intervals noted by DFPS (Check applicable interval) <input type="checkbox"/> 12 mos. <input type="checkbox"/> 8 mos. <input type="checkbox"/> 4 mos. <b>Stop process if "4 mos."</b>	3b. Inspection Intervals noted by DFPS (Check applicable interval) <input type="checkbox"/> 12 mos. <input type="checkbox"/> 8 mos. <input type="checkbox"/> 4 mos. <b>Repeal TRS certification if "4 mos.," unless due to one of the following:</b> Loss of Qualified Director? <input type="checkbox"/> Yes <input type="checkbox"/> No (Hold harmless for up to 6 months) Loss of Qualified Staff? <input type="checkbox"/> Yes <input type="checkbox"/> No (Hold harmless for up to 6 months)
<b><u>NOTE: This section is under review based on input from licensing, including recognition that no appeal process exists for inspection frequency determinations.</u></b>	<b><u>NOTE: This section is under review based on input from licensing, including recognition that no appeal process exists for inspection frequency determinations.</u></b>
4a. <b>Stop process if the applicant has received any of the following DFPS citations:</b>	4b. <b>Place on an SIA for up to 6 months if the provider has received any of the following DFPS citations:</b>

- Check Yes or No**
- |  |                |   |
|--|----------------|---|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | 746.1201(4)    | Responsibilities of Employees and Caregivers  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | 746.1201(5)    | Responsibilities of Employees and Caregivers – Report Suspected Child Abuse, Neglect, or Exploitation                         |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | 746.2805       | Prohibited Punishments  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | 746.1309(e)(1) | Annual Training for Caregivers of Children Under 24 Months – Shaken Baby Syndrome   |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | 746.1309(a)    | Documented Annual Training – 24 Hours Required  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | 746.1311(a)    | Director Annual Training – 30 Hours Required  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | 746.1315(b)    | One Employee at Center And With Each Group of Children Away from Center Must Have Current CPR for Infants, Children, & Adults |

5a. Number of Deficiencies Review 12-month licensing history. <b>Stop process if initial applicant exceeds 9 total deficiencies or exceeds 4 deficiencies in the high-risk and medium high-risk standards listed below:</b>	5b. Number of Deficiencies Review 12-month licensing history. <b>Place on an SIA for up to 6 months if provider exceeds 9 total deficiencies or exceeds 4 deficiencies in the high-risk and medium high-risk standards listed below:</b>
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Check Applicable DFPS Citations:  Monitoring Inspection Citations  Assessment Citations  Self-Report Citations  Report Citations

Risk Levels	Max. Allowed	Cannot Exceed 4 Deficiencies in the Following High-Risk and Medium High-Risk Standards:	Number/Risk Level Cited By DFPS CCL Check if Applicable	Total Provider Deficiencies	
A. High	4 A+B	<ul style="list-style-type: none"> <li>746.1201(1), Responsibilities of Employees and Caregivers – Demonstrate Competency, Good Judgment, Self-control</li> </ul>	<b>Risk Level</b> <input type="checkbox"/> A, <input type="checkbox"/> B, <input type="checkbox"/> C, <input type="checkbox"/> D, <input type="checkbox"/> E Number Cited: _____	A+B	
B. Medium High			+	<b>Risk Level</b> <input type="checkbox"/> A, <input type="checkbox"/> B, <input type="checkbox"/> C, <input type="checkbox"/> D, <input type="checkbox"/> E Number Cited: _____	+
C. Medium	5 C+D+E	<ul style="list-style-type: none"> <li>746.1203(4), Responsibilities of Caregivers – Supervision of Children</li> <li>746.1203(5), Responsibilities of Caregivers – Children in Control</li> <li>745.661, Take Appropriate Action for a Criminal Conviction or a Finding, Must Remove Person from a Child Care Operation, and/or Requesting a Risk Evaluation</li> <li>745.625, Background Checks Requirement</li> </ul>	<b>Risk Level</b> <input type="checkbox"/> A, <input type="checkbox"/> B, <input type="checkbox"/> C, <input type="checkbox"/> D, <input type="checkbox"/> E Number Cited: _____	C+D+E	
D. Medium Low			=	<b>Risk Level</b> <input type="checkbox"/> A, <input type="checkbox"/> B, <input type="checkbox"/> C, <input type="checkbox"/> D, <input type="checkbox"/> E Number Cited: _____	=
E. Low			=	<b>Risk Level</b> <input type="checkbox"/> A, <input type="checkbox"/> B, <input type="checkbox"/> C, <input type="checkbox"/> D, <input type="checkbox"/> E Number Cited: _____	+
<b>Total</b>	<b>9</b>	<ul style="list-style-type: none"> <li>746.1003(1)–(6), Director Responsibilities</li> </ul>	<b>Total A/B Cited</b> _____	<b>Total</b> _____	

6. Is Applicant/Provider Eligible to Continue Certification Process?  Yes  No

Staff Signature

Date \_\_\_\_\_

**§746.1003 What are the director’s responsibilities while at the child-care center?**

*Subchapter D, Personnel  
Division 1, Child-Care Center Director  
September 2003*

Your child-care center director must ensure:

- High (1) The child-care center’s daily operation is administered in compliance with the minimum standards specified in this chapter;
- Medium (2) All employees comply with the minimum standards;
- High (3) All employees have assignments that match their skills, abilities, and training;
- High (4) All employees are supervised. Supervision includes, but is not limited to, knowing what the employees are doing and ensuring that they fulfill their assignments and responsibilities;
- High (5) Caregivers are not regularly scheduled for more than ten hours of direct child care during a 24-hour period; and
- High (6) Qualified substitutes are called as necessary to meet minimum standards.

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746.1201(1), Responsibilities of Employees and Caregivers – Demonstrate Competency, Good Judgment, Self-control

746.1201(4) Responsibilities of Employees and Caregivers

746.1201(5) Responsibilities of Employees and Caregivers – Report Suspected Child Abuse, Neglect, or Exploitation

**§746.1201 What general responsibilities do my child-care center employees have?**

*Subchapter D, Personnel  
Division 3, General Responsibilities for Child-Care Center Personnel  
December 2010*

All child-care center employees, including persons not counted in the child/caregiver ratio, must:

- High (1) Demonstrate competency, good judgment, and self-control in the presence of children and when performing assigned responsibilities;
- High (2) Relate to children with courtesy, respect, acceptance, and patience;
- Medium-High (3) Recognize and respect the uniqueness and potential of all children, their families, and their cultures;
- High (4) Ensure that no child is abused, neglected, or exploited while in the care of the center; and
- High (5) Report suspected abuse, neglect, and exploitation to DFPS as specified in the Texas Family Code, §261.101.

**§746.1203 What additional responsibilities do my caregivers counted in the child/caregiver ratio have?**

*Subchapter D, Personnel  
Division 3, General Responsibilities for Child-Care Center Personnel  
December 2010*

In addition to the responsibilities for employees specified in this division, caregivers counted in the child/caregiver ratio must:

- High (1) Know and comply with the minimum standards for child-care centers;
- High (2) Know which children they are responsible for;
- Medium-High (3) Know each child's name and have information showing each child's age;
- High (4) Supervise children at all times, as specified in §746.1205 of this title (relating to What does Licensing mean by "supervise children at all times"?);
- Medium-High (5) Ensure the children are not out of control;
- Medium-High (6) Be free from activities not directly involving the teaching, care, and supervision of children, such as:
  - Medium-High (A) Administrative and clerical functions that take the caregiver's attention away from the children;
  - Medium-High (B) Meal preparation, except when 12 or fewer children are in care; and
  - Medium-High (C) Janitorial duties, such as mopping, vacuuming, and cleaning restrooms. Sweeping up after an activity or mopping up spills may be necessary for the children's safety and are not considered janitorial duties;
  - Medium-High (D) Personal use of electronic devices, such as cell phones, MP3 players, and video games;
- Medium-High (7) Interact routinely with children in a positive manner;
- Medium-High (8) Foster developmentally appropriate independence in children through planned but flexible program activities;
- Medium-High (9) Foster a cooperative rather than a competitive atmosphere;
- Medium-Low (10) Show appreciation of children's efforts and accomplishments; and
- Medium-High (11) Ensure continuity of care for children by sharing with incoming caregivers information about each child's activities during the previous shift and any verbal or written instructions given by the parent.

**§746.1309 How many clock hours of annual training must be obtained by caregivers?**

*Subchapter D, Personnel  
Division 4, Professional Development  
March 2012*

- Medium-High (a) Each caregiver must obtain at least 24 clock hours of training each year relevant to the age of the children for whom the caregiver provides care. The 24 clock hours of annual training are exclusive of orientation, pre-service training requirements, CPR and first aid, transportation safety training, and high school child-care work-study classes.
- Medium (b) At least six clock hours of annual training must be in one or more of the following topics:
- (1) Child growth and development;
  - (2) Guidance and discipline;
  - (3) Age-appropriate curriculum; and
  - (4) Teacher-child interaction.
- Medium (c) At least one clock hour of annual training must focus on prevention, recognition, and reporting of child abuse and neglect, including:
- (1) Factors indicating a child is at risk for abuse or neglect;
  - (2) Warning signs indicating a child may be a victim of abuse or neglect;
  - (3) Internal procedures for reporting child abuse or neglect; and
  - (4) Community organizations that have training programs available to child-care center staff members, children, and parents.
- Low (d) The remaining clock hours of annual training must be in one or more of the following topics:
- (1) Care of children with special needs;
  - (2) Child health (for example, nutrition and activity);
  - (3) Safety;
  - (4) Risk management;
  - (5) Identification and care of ill children;
  - (6) Cultural diversity for children and families;
  - (7) Professional development (for example, effective communication with families, time and stress management);
  - (8) Preventing the spread of communicable diseases;
  - (9) Topics relevant to the particular age group the caregiver is assigned (for example, caregivers assigned to an infant or toddler group should receive training on biting and toilet training);
  - (10) Planning developmentally appropriate learning activities;
  - (11) Observation and assessment;

- (12) Attachment and responsive care giving; and
  - (13) Minimum standards and how they apply to the caregiver.
- Medium-High (e) If a caregiver provides care for children younger than 24 months of age, one hour of that caregiver's annual training must cover the following topics:
- (1) Recognizing and preventing shaken baby syndrome;
  - (2) Preventing sudden infant death syndrome; and
  - (3) Understanding early childhood brain development.
- Medium-High (f) A caregiver who transports a child whose chronological or developmental age is younger than nine years old must meet additional training requirements, as outlined in §746.1316 of this title (relating to What additional training must a person have in order to transport a child in care?).
- Medium Low (g) A caregiver may obtain no more than 50% of annual training through self-instructional training.

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746.1311(a) [Director Annual Training – 30 Hours Required](#)

**§746.1311 How many clock hours of training must my child-care center director obtain each year?**

*Subchapter D, Personnel  
Division 4, Professional Development  
March 2012*

- Medium-High (a) The child-care center director must obtain at least 30 clock hours of training each year relevant to the age of the children for whom the child-care center provides care. The 30 clock hours of annual training are exclusive of CPR and first aid, orientation, pre-service training requirements, and transportation safety.
- Medium (b) At least six clock hours of the annual training must be in one or more of the following topics:
- (1) Child growth and development;
  - (2) Guidance and discipline;
  - (3) Age-appropriate curriculum;
  - (4) Teacher-child interaction; and
  - (5) Serving children with special care needs.
- Medium (c) At least one clock hour of annual training must focus on prevention, recognition, and reporting of child abuse and neglect, including:
- (1) Factors indicating a child is at risk for abuse or neglect;
  - (2) Warning signs indicating a child may be a victim of abuse or neglect;
  - (3) Internal procedures for reporting child abuse or neglect; and
  - (4) Community organizations that have training programs available to child-care center staff members, children, and parents.

- Medium-High (d) A director with five or fewer years of experience as a designated director of a child-care center must also complete at least six clock hours of the annual training in management techniques, leadership, or staff supervision.
- Medium (e) A director with more than five years of experience as a designated director of a child-care center must complete at least three clock hours of the annual training in management techniques, leadership, or staff supervision.
- Medium-High (f) If the center provides care for children younger than 24 months of age, one hour of the annual training must cover the following topics:
- (1) Recognizing and preventing shaken baby syndrome;
  - (2) Preventing sudden infant death syndrome; and
  - (3) Understanding early childhood brain development.
- Low (g) The remainder of the 30 clock hours of annual training must be selected from the training topics specified in §746.1309(d) of this title (relating to How many clock hours of annual training must be obtained by caregivers?).
- Medium-High (h) If the center transports a child younger than nine years old, the director must complete two hours of annual training on transportation safety in addition to the other training requirements.
- Low (i) The director may obtain clock hours or CEUs from the same sources as caregivers, with the following exceptions:
- Low (j) Training hours may not be earned for presenting training to others, with the exception of up to two hours of training on transportation safety.
- Medium-Low (k) No more than 50% of annual training may be obtained through self-instructional training.

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746.1315(b) [One Employee at Center And With Each Group of Children Away from Center Must Have Current CPR for Infants, Children, & Adults](#)

### **§746.1315 Who must have first-aid and CPR training?**

*Subchapter D, Personnel  
Division 4, Professional Development  
March 2004*

- High (a) One caregiver per group of children must have current training in first aid with rescue breathing and choking. Pediatric first aid is preferred, but not required.
- Medium-High (b) One caregiver or employee per child-care center, and one caregiver or employee for each group of children away from the child-care center, must have current training in CPR for infants, children, and adults.
- Medium-High (c) CPR training and re-certification must adhere to the guidelines for cardiopulmonary resuscitation (CPR) for laypersons established by the American Heart Association, and consist of a curriculum that includes use of a CPR manikin and both written and hands-on skill-based instruction, practice, and testing.

Medium-High

(d) CPR and first-aid training must not be obtained through self-instructional training.

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746.2805

Prohibited Punishments

**§746.2805 What types of discipline and guidance or punishment are prohibited?**

*Subchapter L, Discipline and Guidance  
September 2003*

High There must be no harsh, cruel, or unusual treatment of any child. The following types of discipline and guidance are prohibited:

High (1) Corporal punishment or threats of corporal punishment;

High (2) Punishment associated with food, naps, or toilet training;

High (3) Pinching, shaking, or biting a child;

High (4) Hitting a child with a hand or instrument;

High (5) Putting anything in or on a child's mouth;

High (6) Humiliating, ridiculing, rejecting, or yelling at a child;

High (7) Subjecting a child to harsh, abusive, or profane language;

High (8) Placing a child in a locked or dark room, bathroom, or closet with the door closed; and

High (9) Requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age.

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745.625, Background Checks Requirement

**RULE §745.625 When must I submit a request for a background check?**

You must submit a request for a background check for all persons required to have a background check under §745.615 of this title (relating to On whom must I request background checks?):

- (1) At the time you submit your application for a permit to us;
- (2) At the time you hire someone;
- (3) At the time you contract with someone who requires a background check;
- (4) At the time a person applies to be a foster or adoptive parent;
- (5) At the time a non-client resident 14 years or older moves into your home or operation, or a non-client resident living in your home or operation becomes 14 years old;
- (6) At the time you become aware of anyone requiring a background check under §745.615 of this title; and
- (7) Every 24 months after each person's background check was first submitted.

**RULE §745.615 On whom must I request background checks?**

(a) You must request a name-based criminal history check and a DFPS central registry check for:

- (1) The director, owner, and operator of the operation;
- (2) Each person employed at the operation;
- (3) Each prospective employee at the operation;
- (4) Each current or prospective foster parent providing foster care through a child-placing agency;
- (5) Each prospective adoptive parent seeking to adopt through a child-placing agency;
- (6) Each person at least 14 years of age, other than a client in care, who:
  - (A) Is counted in child-to-caregiver ratios in accordance with the relevant minimum standards;
  - (B) Will reside in a prospective adoptive home if the adoption is through a child-placing agency;
  - (C) Has unsupervised access to children in care at the operation; or
  - (D) Resides in the operation;
- (7) Each person 14 years of age or older, other than a client in care, who will regularly or frequently be staying or working at an operation or prospective adoptive home while children are in care;
- (8) Applicants for a child-care administrator's license; and
- (9) Each substitute employee, unless you confirm that the organization providing the substitute employee has completed a background check for the person through DFPS within the last 24 months.

(b) In addition:

(1) Before placing a child for whom DFPS is the managing conservator with the agency or in the home, a child-placing agency, independent foster home, and independent foster group home that will accept the placement of children in the conservatorship of DFPS must request a fingerprint-based criminal history check request for:

(A) Any person who applies to be a foster or adoptive parent, including a person that has previously adopted a child unless the person is also verified as a foster or adoptive home;

(B) Any person acting as a caregiver for foster children in the foster home, including a substitute employee; and

(C) Any person 18 years of age or older living in the home of a foster or adoptive parent applicant.

(2) A child-care center, before or after-school program, or school-age program must request a fingerprint-based criminal history check for each person who is required to have a name-based background check under subsection (a) of this section unless the person only meets subsection (a)(7) of this section of the name-based check requirements.

(3) You must request a fingerprint-based criminal history check for each person whose name is submitted for a background check under subsection (a) of this section if:

(A) The person has lived in another state any time during the previous five years; or

(B) There is reason to suspect other criminal history exists in another state.

(c) In addition, child-placing agencies and independent foster homes that will accept the placement of children in the conservatorship of DFPS must request an out-of-state central registry check for a foster or adoptive parent applicant who has lived outside of the state any time during the previous five years preceding the person's application to become a foster or adoptive parent.

(d) You do not have to request a background check on a professional who is licensed or is required to have a background check to meet compliance with another governmental entity's requirements if:

- (1) You do not employ or contract with the professional;
- (2) The professional will only be present at the child-care operation in an official capacity; and
- (3) For day care operations, you obtain written parental consent before allowing the professional to have unsupervised access to a child in care.

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[745.661, Take Appropriate Action for a Criminal Conviction or a Finding, Must Remove Person from a Child Care Operation, and/or Requesting a Risk Evaluation](#)

**RULE §745.661      What must I do after Licensing notifies me that a person at my operation has one of these types of criminal convictions or Central Registry findings?**

You must take appropriate action, which may include immediately removing this person from your child-care operation while the children are in care, restricting the person's duties, and/or requesting a risk evaluation for this person. Your decision in this matter should be based upon the information provided to you, as specified in §745.659 of this title (relating to What will happen if a person at my child-care operation has a criminal conviction or a Central Registry finding?).

**RULE §745.659      What will happen if a person at my child-care operation has a criminal conviction or a Central Registry finding?**

We will notify the child-care operation in writing:

(1) Of any criminal conviction enumerated in the relevant chart listed under §745.651 of this title (relating to What types of criminal convictions may affect a person's ability to be present at an operation?), and any sustained Central Registry finding listed in §745.657 of this title relating to (What types of Central Registry findings may affect a person's ability to be present at an operation?), including:

(A) Whether this conviction or sustained finding permanently bars or temporarily bars this person from being present at an operation while children are in care, or whether you may request a risk evaluation for this person; and

(B) If this person is eligible for a risk evaluation, whether this person may be present at your child-care operation while children are in care pending the outcome of the risk evaluation.

(2) Of any Central Registry finding of child abuse or neglect that is not sustained, where we have determined the presence of the person at an operation poses an immediate threat or danger to the health or safety of children. The notification letter will inform you that this person has not at this time had any due process regarding this matter. However, if we determine that the person is an immediate threat or danger to the health or safety of children, you must immediately remove the person from contact with children. We will subsequently notify your operation of any future decisions regarding this matter including whether the person may have contact with children.

**Other States QRIS – Assessments for National Accreditation or Other Early Childhood Education Programs**

<b>State</b>	<b>Different Process to Assess Accredited Programs</b>	<b>Different Process to assess Head Start, or State Pre-K</b>
Alabama	No	No
Arkansas	Yes	Yes
California	No	No
Colorado	No	No
Delaware	An alternative pathway has been established for NAEYC accredited program. They come in as a Star 5 and complete an annual Quality Improvement Plan.	An alternative pathway has been established for Head Start and ECAP (state funded head start) programs. They come in as a Star 4 as long as they are in compliance with head start standards and can move up to a Star 5 with an ERS score of 5.0 or higher.
District of Columbia	Yes. Accredited programs are automatically at the Gold Star Level.	No
Georgia	No –but bonus points awarded	no
Hawaii	Accredited programs have the option to apply to enter the QRIS process and be assessed toward gaining a Level 3 or higher rating. These programs are not required to be assessed on the ERS tool during this first attempt at acquiring a Level 3 or higher. However, if any of the required assessment scores (CLASS, PAS), cut-scores, or evidences required to receive a Level 3 or higher are not met, the program will be rated a Level 2 and will be required to obtain a formal ERS assessment	No
Idaho	No	No
Kentucky	No, but accredited programs can potentially be awarded a higher STAR level since is it a requirement of the Level 4 STAR rating	No
Louisiana	No, the same process is used	No, the same process is used
Maine	No	No
Maryland	Accredited programs use the appropriate standards based upon type of facility (Center, Family, PreK, School Age Only)	Head Start uses Child Care Center Standards Separate Standards for Pre-K
Massachusetts	Yes may used accreditation documentation for NAEYC, NAF, COA to address some of the QRIS Standards	Yes, Head Start Programs may use Head Start status to address some of the QRIS Standards

**Other States QRIS – Assessments for National Accreditation or Other Early Childhood Education Programs**

State	Different Process to Assess Accredited Programs	Different Process to assess Head Start, or State Pre-K
Michigan	Currently the same process is in use	Currently the same process is in use
Mississippi	Same process for accredited programs	Same process for Head Start; no statewide PreK
New Hampshire	No different process is used to evaluate accredited programs. Holding accreditation status meets the requirement. For option 2 of Licensed-Plus, programs who are actively pursuing accreditation must meet licensing standards, show that at least one staff member has attended an Early Learning Guidelines workshop in the past 12 months, and document either: 1) request of an observation visit from NAFC or 2) participation in "Step Two: Becoming an Applicant for NAEYC Accreditation."	For option 1 of Licensed-Plus or Accreditation, no different process(es) are used to evaluate Head Start programs. For option 2 of Licensed-Plus, Head Start programs may meet licensing standards, show that at least one staff member has attended an Early Learning Guidelines workshop in the past 12 months, and document participation in the Head Start Review without a deficiency
New Jersey	Alternative pathways for different types of programs	Alternative pathways for different types of programs
New Mexico	Must maintain accreditation No	No
New York	Nationally accredited programs may go through an abbreviated process	No – although Head Start programs in full compliance with federal performance standards may go through an abbreviated process
North Dakota	Working on determining alternate pathways for accredited programs	Working on determining alternate pathways for Head Start and PreK
Ohio	No	No
Oklahoma	Same application process/similar criteria, are exempt from use of ERS	Same application process/similar criteria, use ECERS, ITERS-R, SACERS for program evaluation, but may use CLASS as well. Head Start Standards as considered the same as Accreditation
Oregon	We are currently in process of developing an articulated entry process for accredited programs	We are currently in process of developing an articulated entry process for Head Start programs
Pennsylvania	Streamlined set of standards based on cross walks of program standards to Keystone STARS standards	Streamlined set of standards based on cross walks of program standards to Keystone STARS and licensing standards
Rhode Island	Yes	No
South Carolina	NAEYC accredited programs enrolled in ABC in 2007 were grandfathered in at A+, and may remain at that level as long as they maintain accreditation. If it lapses, they must qualify through ERS assessment like other A+ centers. Other than those grandfathered in 2007, the state does not recognize accreditation as a proxy for QRIS assessment	No

**Other States QRIS – Assessments for National Accreditation or Other Early Childhood Education Programs**

State	Different Process to Assess Accredited Programs	Different Process to assess Head Start, or State Pre-K
Texas	Child care providers who are regulated by the military or who have attained national accreditations may be certified as a TRS Provider without going through the TRS Provider assessment process and are initially enrolled as a Four-Star or fully certified	The licensed center tool would be used for Head Start, if licensed. State Pre-K is regulated by the Texas Education Agency, therefore, not eligible for participation in TRS.
Utah	Accredited programs receive special recognition on our website but this does not affect their rating	N/A
Vermont	Yes, streamlined application for accredited programs	Yes, streamlined application for Head Start programs meeting specific standards
Virginia	No	No
Washington	No	<b><i>In development:</i></b> The Department of Early Learning is currently finalizing a reciprocity agreement for Head Start and State Pre-K (ECEAP) which will award credit for portions of the state quality standards based on meeting Head Start and ECEAP performance standards
West Virginia	Yes	No
Wisconsin	We accept the following accreditations as equivalent to 4 or 5 Stars in YoungStar: City of Madison Council on Accreditation (COA) National Accreditation Commission (NAC) National Association for the Education of Young Children (NAEYC) National Early Childhood Program Accreditation (NECPA) Other accreditations can apply to be accepted. They must crosswalk their standards with NAEYC and have an 80% match	Head Start - process is to give an automatic 5 Star to Head Start programs that have met Head Start Performance Standards and have fewer than 3 hours of wrap-around child care programming. If the Head Start is operating 3 or more hours of wrap-around child care then the program must go through the YoungStar rating process

## TRS Certified Facility Change of Location

TRS-Certified Facilities that change location must continue to meet the following TRS eligibility requirements on page 9 of the TRS Certification Guidelines:

Any child care provider that has a current agreement with a Local Workforce Development Board's (Board) child care contractor to serve Texas Workforce Commission (TWC)-subsidized children **and** that meets either of the following criteria, may apply for Texas Rising Star (TRS) Provider certification:

- ◆ Has the appropriate permanent license or registration from, and is in good standing with, the Texas Department of Family and Protective Services (DFPS); **or**
- ◆ Is regulated by the military.

Any provider that is on Adverse Action, Corrective Action or Monitoring Plan 1 status with DFPS due to non-compliance with the Child Care Licensing Minimum Standards is not eligible to apply for TRS Provider certification.

For facilities that change locations, TRS Certification Guidelines on page 16 states:

**NOTE:** When a TRS Provider moves to a new facility, the child care contractor may elect to do a complete TRS Provider assessment or to reassess that provider on selected TRS Provider criteria deemed appropriate. At a minimum, the child care contractor must assess that provider's continued compliance with the "Physical Environment" criterion, and must score the provider on the measures for both the indoor and the outdoor environments.

DRAFT SAMPLE  
HEALTH AND NUTRITION SUBCOMMITTEE MEASURES

Texas Rising Star Provider  
Certification Guidelines (TRS)  
Nutrition/Meal Time Criteria

			Score of 0	Score of 1	Score of 2	Score of 3	Score of N/A (null value)	Applicable to Homes
<b>0-12 Months</b>	Infants are held and talked to in reassuring tones to while bottle fed.	Process	Infants are observed while bottle fed. No infants were held or talked to during bottle feeding	Two or more Infants are observed while bottle fed. At least one infant was not held or talked to during bottle feeding.	Infants were held 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.	Facility does not serve this age group.	Yes
<b>0-17 Months</b>	Policies specify that, if a provider prepares formula, it is provided to the facility in factory-sealed containers prepared according to manufacturing instructions. All milk and formula served is discarded after 1 hr. if not consumed.	Met/Not Met	n/a	n/a	n/a	n/a	Facility does not serve this age group. Facility policy requires parents to bring prepared formula with bottles labeled with child's name and dated.	Yes
<b>18 months - 2 years</b>	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.	Process	Caregivers are not seated with children or meals are not served to children in small groupings.	Meals are served to children in small groupings, but caregivers are not seated with the children	Caregivers are seated with the children during meals. However, meals are not served in small groups.	Caregivers are seated with children and meals are served to children in small groups.	Facility does not serve this age group	Yes
	Provide sample menus of healthful lunches for parents whose children bring food from home. Parents are encouraged to provide meals with adequate nutritional value.	Met/Not Met	n/a	n/a	n/a	n/a	Facility does not serve this age group Facility does not allow parents to bring lunches/meals.	Yes
	Children are encouraged to help prepare and serve their own snacks, as developmentally appropriate.	Process	Opportunities exist for children assisting with snack preparation and service; however, there was no observable instances of children assisting in snack preparation or service.	Children are observed assisting the caregiver in preparing snacks; however, there were instances of unsupervised/or developmentally inappropriate food or snack preparation.		Children are observed assisting the caregiver(s) in snack preparation and/or are observed serving their own snacks (as developmentally appropriate).	Facility does not serve this age group.	Yes

DRAFT SAMPLE  
HEALTH AND NUTRITION SUBCOMMITTEE MEASURES

<b>3-5 year olds</b>	Meals are served family style, and share the same menu to the extent possible.	Process						
	Children are encouraged to serve themselves as their abilities permit (ex. set tables, put out napkins, scoop food using study serving spoons, pour milk from child sized pitchers).	Process						
<b>School Aged</b>	Snack times take into account school-ager's different eating schedule outside the program.	Process						
<b>All Ages</b>	Initial servings are small, drinks are offered with food, seconds are available; children are not hurried to finish eating; children are encouraged to engage in conversation during meal time; children are given the opportunity to feed themselves consistent with their developmental levels	Process						
	Children are offered food that represents a variety of ethnic backgrounds.	Met/Not Met	n/a	n/a	n/a	n/a		
	Caregivers model: friendly social behavior, appropriate dining etiquette.	Process						
	Include in written policies procedures to ensure the safety of food brought from home, including refrigeration or other means to maintain appropriate temperatures.	Met/Not Met	n/a	n/a	n/a	n/a		
	Program policies include liquids and food hotter than 110 degrees F are kept out of reach.	Met/Not Met	n/a	n/a	n/a	n/a		
	Staff do not offer children younger than 4 yrs certain foods: hot dogs, grapes, nuts, popcorn, raw peas, and hard pretzels, peanut butter, raw carrots or meat larger than can be swallowed whole. Staff cut into pieces based on child's age and chewing ability.	Process						

DRAFT SAMPLE  
HEALTH AND NUTRITION SUBCOMMITTEE MEASURES

	Programs have policies in place outlining strategies to educate children and their parents on nutrition.	Met/Not Met	n/a	n/a	n/a	n/a		
	Staff are educated on food allergies and they take precautions to ensure children are protected.	Met/Not Met	n/a	n/a	n/a	n/a		
	Programs provide parents with information about foods that may cause allergic reactions.	Met/Not Met	n/a	n/a	n/a	n/a		
	Menus should be high in nutrients, and low in fat, sugar and salt. (there was some question about how this would be measured, and if centers had the skills to do this without nutritionists on staff)	Met/Not Met	n/a	n/a	n/a	n/a		
	Program policies require that 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.	Met/Not Met	n/a	n/a	n/a	n/a		