

Texas Rising Star (TRS)
Work Session for Workgroup Members
November 7, 2013

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

TAB 2 - Approval of October 9, 2013 Meeting Notes (Attachment 2)

TAB 3 - Discussion/Recommendation on Qualifications for Mentors and Evaluators

- Proposal Based on Workgroup Input (Attachment 3)

TAB 4 - Workgroup Topics and Structure Review (Attachment 4, 5)

- Discussion: Can subsidy require TRS status? (Attachment 6, 6a)

TAB 5 - Methodology for Scoring and Rating Measures

- Proposal Based on ELC recommended model (Attachment 7)
- Assessments; Child, Facility, (Attachment 8)

TAB 6 - 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 7 Presentation; TRS Data, Rate Information and Board Survey Results

- TRS Data (Attachment 9)
- Rate Information (Attachment 10)
- Board Survey Results (Attachment 11a, 11b, 11c)

TAB 8 Discussion on Next Meetings

- Additional Workgroup meeting; possible date 11/22 (Attachment 12)
- Extend all workgroup meetings from 2 to 3 hours
- Which workgroup meetings should be public?

Upcoming Agenda items;
Child Care Licensing Impact on TRS



HB 376 Workgroup

Members in Attendance

Reagan Miller	- Texas Workforce Commission (TWC)
Michelle Adams	- Department of Family and Protective Services
Howard Morrison	- Texas Education Agency
Dr. John Gasko	- Texas Early Learning Council, QRIS Subcommittee
Dr. Elaine Zweig	- Collin County Community College
Doug Watson	- Healy-Murphy Child Development Center
Patricia Smith	- Little Dudes Learning Center
Sharon Davis	- North East Texas Workforce Solutions
Sul Ross	- Gulf Coast Workforce Solutions
Sandra Solis	- Lower Rio Workforce Solutions
Mary Clare Munger	- Amarillo College Child Development Lab

Members not in Attendance

Pattie Herbert	- Infants 123
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Additional Attendees

Texas Workforce Commission Staff:

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

Meeting Summary

Welcome, Roll Call of Workgroup and Overview of Agenda

Reagan Miller, the presiding officer provided a brief overview of the overall agenda and took roll of the workgroup. She also welcomed the assembled guests and thanked them for attending and for their interest in the important scope the workgroup has been tasked to investigate.

The members of the TRS Workgroup introduced themselves.

Ms. Miller announced that Ashley Boggs has resigned from the workgroup due to family obligations. Reagan says the workgroup respects and appreciates Ms. Boggs decision, and



the professional courtesy she demonstrated providing the notice promptly. The Workforce Commission will fill the position with a 3-star provider.

Ms. Miller read a note from workgroup member Pattie Herbert, expressing her regret she is unable to attend the first in-person meeting. She is traveling to Africa to help set up quality child care programs. Ms. Herbert expects to participate by phone conference.

Chairman Alcantar greeted the TRS workgroup and assembled guests and provided comments. He acknowledged the important charge before the workgroup. Chairman Alcantar thanked the workgroup for volunteering their time and expertise, understanding the compressed time-frame and tremendous work ahead. He appreciates that everyone is present because they care about quality and preparing children to read, write, understand math concepts, and be ready for emerging markets.

Ms. Miller invited introductions from the people in attendance at the meeting. Ms. Miller informed the group the TRS workgroup website was recently established. She also provided some context in terms of the numbers of children receiving child care in Texas, children in subsidized child care, and children in care that has a quality designation.

Ms. Miller provided an outline of each subcommittee. She assured interested parties there will be opportunities to provide input on subcommittee work. Ms. Miller discussed the future meeting schedule and informed the group that all meeting dates are posted.

The end goal is for subcommittees to provide their recommendations to the workgroup as a whole at the March 2014 meeting.

Public Comments

The following attendees provided the public comments summarized below:

Sarah Crockett, Texas Association for Infant Mental Health (TAIMH)

- recognized the excellent work of the Texas Early Learning Council (TELC). She said this set the foundation for additional work on TRS.
- stated that there must be clear requirements for assessors; currently each Board spends money differently. The state needs uniform, standards and processes. This is an opportunity for quality to be ensured, promoting best practices.
- expressed that assessors should possess backgrounds of expertise in child care, with a 4 year degree.
- requested to make social/emotional development a measure in assessments.
- stated that TAIMH health consultants and infant family specialist as worthy and qualified candidates to provide TA.
- Also she urged the group to consider core competencies for coaches and mentors. She brought copies of her comments to provide to the Workgroup



Christina Thi, Obesity Prevention Specialist, DSHS

- stated she would like to see a strengthening of nutritional standards and an alignment standards with CACFP and licensing.
- recommended breast feeding standards be incorporated.
- highlighted a necessity to emphasize physical activities and obesity prevention.
- requested to serve as a resource for nutrition.

Angelica Brandt, Headstart

- announced herself as a new manager for Head Start TA
- stated caregiver and child interactions are very important

Andrea Brauer - Texans Care for Children

- believes there needs to be a paradigm shift for TWC, not just slots and vouchers.
- commented the 2% set aside needs more oversight, particularly to ensure uniformity.
- stressed the importance of holding the Boards accountable.
- stated it is great to have minimum requirements and she is pleased to see the mentor and assessor requirements.
- commented a CDA is not an adequate qualification for a mentor/assessor.
- commented there must be oversight of Board's the hiring process for TRS assessors and mentors.
- urged the group to incorporate breast feeding best practices, storing milk and providing that information along with nutrition and fitness activities.
- requested positive behavioral modification to be included as a TRS criteria as well.
- expressed that steps need to be taken to ensure Boards are responsive to providers.
- need to increased rates up to the 75% level.

Follow-up response:

-Reagan responded that recently more flexibility was provided for those Boards who were paying the lowest reimbursement rates to increase rates based on the children in care performance targets established by the Legislature for the FY 2014-2015 biennium.

Lonnie Hutson - Kids are Kids

- operates a TSR program
- reminded the group that these programs are voluntary; therefore, recommendations need to be something that providers will accept
- emphasized that the goal is to increase the number of providers providing quality care to children.

Mr. Hutson summarized "Big Five" issues:

- professional development, must be relevant
- a mentoring program is critical to success.
- interaction between teacher and the child is key. CLASS is a great model.
- parent involvement is crucial. What is done in class will be undone without this piece.



- assessment is most important; there must be an assessment tool. Find a tool and make sure what you are doing works, from small centers to large centers.

Alison Bentley - School Readiness Austin

- favored including multiple measures of quality, such as staff ratios and interactions, and safety.
- urged the use of assessments over time for all ages.
- commented that mentoring needs to be separate from assessors

David Fincher - National Child Care Coalition

- urged the workgroup to incorporate assessments. Unless you measure, you will never know about your program. Providers must measure. It must be first and part of an ongoing process.
- commented that Head Start assessments are very good.
- expressed that educational degrees may not always be effective indicators of good caregivers. Teacher behavior is the most important element
- stated that training needs to be specific to the care setting

Follow-up questions/responses:

-Dr. Gasko asked Mr. Fincher for clarification as to what assessment tools are used to measure/implement.

-Mr. Fincher explained that his center uses them to change teaching techniques, and as an improvement tool.

-Ms. Miller requested clarification on whether a menu of tools or one is recommended by Mr. Fincher for standardization?

-Mr. Fincher was prepared to suggest three tools: Skills matching checklist (for smaller centers), Kaplan, TSR instrument for literacy, and Infant/toddler guidelines.

Debra Parker - 4-star Provider

- wants to see increased structure and uniformity of assessment timeframe and assessing providers across the state. Some are visited multiple times a year, some are not. She commented visits should occur at least once a year.
- stated that if there is going to be such drastic difference in monitoring it should be a regional certification, versus a state-wide certification.
- minimum standards must be upheld.
- number of DFPS violations need to be a factor.

Don Titcombe - CLI

- separate mentoring and assessments is an important issue, particularly when considering high stakes decisions such as setting reimbursement rates.
- commented that if the workgroup is going to select a menu of assessments, then the assessment tools need to be equal and cover similar areas

Jackie Taylor-TAEYC



- TAEYC has prepared a position paper that she brought with her and would like to share with more in-depth comments.
- supports having separate mentors and assessors, and suggests that Healthy Child Care Texas and Texas Texas Association of Infant Mental Health are both good resources for mentors.
- She highlighted the importance for a background in early childhood education or family studies for mentors and assessors.

Melanie Rubin-Child Care Group

- discussed age appropriate ratios and training.

Cari Browning- DSHS

Ms. Browning:

- observed that remaining physically active is crucial for ages 0 to 5. Activeness reduces risk of diabetes, heart disease, high blood pressure, increases brain function, and increases confidence.
- requested to make physical activity a quality indicator. She references NAEYC, NASP, Obesity Prevention, and says there are many trainings and resources for providers.

Allison Reis - TXPost

- requested the workgroup keep in mind that TRS criteria need to account for all age groups, including after school care

TRS Guidelines Overview

Phil Warner provided a presentation to overview and outlined the TRS guidelines. He then accepted questions.

Adjourned at Noon; Subcommittee meetings begin at 1pm.

Session After Subcommittee Meetings

Reagan asked the subcommittees to report out on their meetings.

Subcommittee 1 – Director/Staff Qualifications and Training, Chair Elaine Zweig

- Accredited facilities should not be granted automatic 4 –star status. Not all NAEYC facilities are equal.
- Director Qualifications – What does the top end look like?
 - Training for directors is critical because it sets the standard and benefits teachers as well
 - Subcommittee has discussed establishing program certification for directors



- Will consider standards that are different for each level of TRS certification – if there is no real distinction between the requirements for each certification level, the higher levels of certifications have more meaning
- Will consider training differentials and measures that focus on the caregiver's age group
 - 0-3 years
 - 3-5 years
 - 6-8 years
 - 9-12 years
- Collect core competencies (Head Start, Out of school)
- Subcommittee is interested in whether a requirement could be established that all subsidized care providers be required to be TRS certified.

Subcommittee 2 – Caregiver/Child Interactions, Chair Mary Clare Munger

Ms. Munger reported the subcommittee had questions including:

- Subcommittee will consider which indicators are most valid
- Need to learn more about group size and ratios.
- Need to include criteria specific to homes
- Need to start with TELC, perhaps learn more from that research. How closely does the subcommittee/workgroup wish to align with those recommendations? Is it our guiding framework?
- Subcommittee will aim to keep providers in mind in all future work, by keeping ambitious but incentivizing.
- Will research other state systems

Subcommittee 3- Curriculum, Physical and Social Environments, Chair Dr. John Gasko

Dr. Gasko reported that the subcommittee, realizing the large scope of work, broke down the work plan into smaller subgroups:

- Health and Nutrition
- Indoor and Outdoor Environments
- Curriculum

Dr. Gasko reported the subcommittee is embracing the free reign to work in an imaginative space. The subcommittee has requested the TRS Guidelines in a word format to make revisions. An important theme emerged in the meeting that may be a crosscutting theme: extending learning across different areas, “Bridging the 30 Million Words Gap.”

Also the Subcommittee discussed dissatisfaction with “met” “unmet” as a measure. The subcommittee plans to do a sweep of open source assessment tools available in the public domain, to provide options for menus of tools that could be used at no cost.

Finally, the subcommittee will consider each of these criteria in terms of the Star levels, in relation to rate differentials.



Subcommittee 4- Parental Involvement, Chair Pat Smith

Ms. Smith reported the subcommittee discussed a variety of possibilities including:

- the group renamed the subcommittee - Parent Involvement and Education
- Restricting provider list to quality providers only
- Using the TRS logo more prominently for marketing
- Group had a discussion about concerns with self-arranged care, what rating it could or should be designated
- Subcommittee discussed the cost associated with parent involvement activities (providing food and child care)
- Group mentioned restricting subsidies to only providers with a quality designation.

Reagan suggested the resource, Little Texans, Big Futures.

Next Meeting and Next Steps

Reagan asks the group if they would prefer an additional conference call before the next scheduled in person meeting on November 7, to discuss the assessment issue, and the workgroup agreed to schedule a call.

Reagan Miller and other members of the workgroup made brief closing remarks.

The meeting was adjourned at approximately 3:30.

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

Experience/Education Substitution: four years of early childhood classroom experience may substitute for a Bachelor's Degree.

Additional Minimum Work Experience:

- Four (4) years of full-time early childhood classroom experience

Preferred Education, and Experience:

- Master's Degree in related field;
- 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.

TRS Workgroup Structure and Topics

TRS Workgroup / Subcommittee	Current TRS Criteria / HB 376 Considerations
TRS Workgroup (Full)	
Eligibility	TRS Criteria: <i>I Licensing Compliance (Min. Licensing Requirements)</i> <i>-Consideration of number of licensing deficiencies (current pre-screening and re-certification checklist)</i> <i>- Grandfathering and/or assessing national accreditation and military operations</i> <i>- Transfer of eligibility for facilities that move</i>
Evaluator & Mentor Qualifications	TRS Criteria: Not Addressed HB 376 Considerations 2. Education & Experience for Mentors and Evaluators
Structure - Block, Points, Hybrid - Homes (Levels)	Current TRS - Points - Homes: Provisional and Full Certification <u>Structure Criteria and Process Criteria</u> <u>Adding a 5th Star (now, with no additional reimbursement or plan for a future 5th star)</u>
Long-Term Financing	TRS Not Addressed HB 376 Considerations <u>9. Long-Term Financing</u>
Child Assessments / Facility Assessments	TRS Criteria – Child Assessments Not Addressed TRS Provider Certification Process - including frequency of facility assessments, monitoring visits, use of the checklist/screening tool
<u>ELC QRIS/TRS Alignment</u>	<u>Build upon TRS criteria and framework for statewide QRIS</u>
Other	Assessors separate from Mentors/TA <u>Promote the use of training and mentoring as incentives above the reimbursement rates.</u>

TRS Workgroup / Subcommittee	Current TRS Criteria / HB 376 Considerations
TRS Subcommittees	
1. Director & Staff Qualifications and Training – Elaine Zweig (including whether use of Workforce Training Registry should be required)	TRS Criteria: II Director Qualifications III Caregiver Staff Qualifications IV Staff Orientation V Staff Training HB 376 Considerations 1. Professional Development and Training Standards 5. Training Hours for Providers
2. Caregiver-Child Interactions – Mary Clare Munger	TRS Criteria: VI Group Size VIII Caregiver-Child Interactions

TRS Workgroup / Subcommittee	Current TRS Criteria / HB 376 Considerations
TRS Subcommittees	
3. Curriculum/Physical and Social Activities - Dr. Gasko a. Health and Nutrition (Reagan Miller) b. Curriculum (Dr. Landry) c. Indoor/Outdoor Environments (Michele Adams)	TRS Criteria: VII Curriculum/Activities IX Indoor/Outdoor Environment X Health and Safety XI Nutrition and Meal Time HB 376 Considerations 3. Early Learning and School Readiness 6. Playground Standards
4. Parent Involvement / Parent Education – Pat Smith	TRS Criteria: XII Parent Involvement

HB 376 Considerations for All Subcommittees:

- 4. Guidelines for Infants and Toddlers
- 7. Best Practices/Performance Standards
 - a. Head Start (HS)
 - b. National Health and Safety (NHS)
 - c. National Association of the Education of Young Children (NAEYC)
 - d. National Association for Family Child Care (NAFCC)
 - e. U.S. Department of Defense (DoD)
 - f. School-Ready Certification Standards
- 8. Research on Infant and Toddler Brain Development

Texas Early Learning Council QRIS Recommendations

COMMENTS ON TRS AND QRIS

10/17/13

Sul Ross

The following comments pertain to TRS/QRIS alignment:

- 1) The TELC's recently released QRIS recommendations are comprehensive, are the result of extensive research and work, and represent a strong framework for quality ratings, informing families, and improving the quality of early care and education. My hope is that we would do more than just let this work inform us, but would strive to build the new TRS system on this foundation. This was the TELC's recommendation.
- 2) Although the State does not currently have the funds allocated to fully implement the QRIS recommendations, the funding we do have for TRS can at least serve as a beginning place.
- 3) As we develop the criteria for TRS star levels, we would be best served to design a system that works for the current TRS program but also would work for an expanded QRIS. I think it would be unwise to design a TRS system now that might not work as an expanded QRIS system in the future.
- 4) One problem with QRIS in most states is that the process assessments that are built into all tiers, while best in terms of predicting child outcomes, require a substantial financial investment per classroom and child care program. The result in many cases is that there is a relatively small percentage of child care programs in the system and no quality information on a large portion of the State's child care programs. The TELC recommendations address this issue by calling for structural indicators that can be self-reported with random validation for tiers 1 through 3 and then the more predictive (and expensive to administer) process indicators for tiers 4 and 5. This is a more cost effective methodology.
- 5) To align with the TELC QRIS recommendations, I propose that we emphasize structural indicators for TRS star levels 1 through 3 (higher reimbursement only associated with 2 and 3) and the process indicators for level 4. TELC recommends a fifth tier, which is not currently included in the TRS structure or the reimbursement rates established by HB376. We could address this either by adding a fifth TRS star with the same reimbursement rate as a four star or by stopping with 4 stars at this time and potentially adding a fifth star later.
- 6) Although the reimbursement rate structure in HB376 does not provide as significant rate differentials as the QRIS recommendations, we should not underestimate the incentives of consultation, training and resources. In our experience, these have been significant factors in the degree of participation in TRS over the years.
- 7) In the 13-county Gulf Coast region (Houston) we have an example of capturing structural indicators, which are incorporated into Collaborative for Children's QualiFind child care resource and referral system. We have structural indicator data on about 66% of the licensed centers and 33% of the licensed/registered homes in the region. To view this as an example, you can go to the collabforchildren.org website and look at QualiFind. Process assessments are used in our various intensive quality improvement projects, but are not captured at this time in QualiFind.

Question:

Can the state require that child care providers participate in the Texas Rising Star certification system in order to receive TWC subsidies?

Response:

There are both federal and state provisions that inform this issue.

Federal

The U.S. Department of Health and Human Services, Administration for Families and Children (ACF) administers the Child Care and Development Fund (CCDF), which allots funds to TWC as the Lead Agency for subsidized child care in Texas.

In January 2011, ACF issued guidance on this issue through the attached Program Instruction (PI). The summary of the PI is below:

This policy interpretation clarifies that the parental choice provisions included in CCDF regulations do not preclude a Lead Agency from establishing policies that require child care providers serving subsidized children to meet certain quality requirements, including those specified within a quality improvement system, provided that the Lead Agency does so in a manner consistent with the CCDF parental choice requirements. Lead Agencies have flexibility to establish requirements for child care providers that serve children receiving subsidies, which may be reflected as distinct levels or ratings within a quality improvement system. In establishing such policies, the Lead Agency must continue to allow parents to choose from a range of child care provider categories and types as outlined in regulation.

ACF reiterates the paramount importance of parent choice, requiring that the Lead Agency “must continue to allow parents to choose from a range of child care provider categories and types.” A Lead Agency’s establishment of requirements related to health and safety requirements and payment rates (45 CFR 98.40, 98.41 and 98.43) may not restrict parental choice by:

- expressly or effectively excluding any category of care (i.e., center-based, group home, family child care, and in-home care) or type of provider (i.e., non-profit providers, for-profit providers, sectarian providers, and relatives who provide care) within a category of care;
- have the effect of limiting parental choice from categories of care or types of providers; or
- exclude a significant number of providers in any category of care or type of provider.

Furthermore, in the PI, ACF expressly notes that “Lead Agencies will need to assess the availability of care across categories and types of care within a quality improvement system.” ACF notes that, although they will not make a determination about a policy’s level of restriction on parent choice, they will require data “broken out by sub-populations and localities” if they receive a complaint or program review raises a suggestion of actual impact.

The ACF guidance continues: “This includes assessing the availability of care for specific subgroups (e.g. infants, school-age children, families who need weekend or evening care) and within rural and underserved areas. Should a Lead Agency choose to implement a quality improvement system that does not include the full range of providers, the Lead Agency would need to have reasonable

exceptions to the policy to allow parents to choose a provider that is not eligible to participate in the quality improvement system (e.g. relative care).”

State

Within existing Texas statutes, it is clearly assumed that non-TRS providers will be allowed to participate in the subsidy system. Section 2308.3155 of the Government Code, added through HB 376, states that the TRS program is "a voluntary, quality-based child care rating system of child care providers participating in the commission's subsidized child care program." Section 2308.315 of the Government Code, recently amended through HB 376, states that reimbursement rates for TRS-certified providers "must be greater than the maximum rate established for a provider who is not a Texas Rising Star Program provider." This legislative language assumes a range of provider options for parents participating in the subsidy system, including the option to choose a non-TRS certified provider.

<h1 style="font-size: 48px; margin: 0;">ACF</h1> <p style="font-size: 18px; margin: 5px 0;">Administration for Children and Families</p>	U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES	
	1. Log No: CCDF-ACF-PIQ-2011-01	2. Issuance Date: 1/5/2011
	3. Originating Office: Office of Child Care	
	4. Key Words: Child Care and Development Fund (CCDF); Parental Choice; Quality Improvement Systems	

POLICY INTERPRETATION QUESTION (PIQ)

- To:** State, Territorial and Tribal Lead Agencies administering child care programs under the Child Care and Development Block Grant Act of 1990 (the CCDBG Act), as amended, and other interested parties.
- Subject:** A number of questions have arisen from Child Care Development Fund (CCDF) Lead Agencies concerning the establishment of policies that require child care providers serving children receiving subsidies to meet certain quality requirements, such as a specified rating level of a quality improvement system, and how those policies interact with CCDF parental choice requirements.
- References:** The CCDBG Act (42 U.S.C. § 9858 et seq.); Section 418 of the Social Security Act (42 U.S.C. § 618); 45 CFR Parts 98 and 99; 63 FR 39936-39998 (July 24, 1998); 57 FR 34352-34431 (Aug. 4, 1992)
- Purpose:** This policy interpretation clarifies that the parental choice provisions included in CCDF regulations do not preclude a Lead Agency from establishing policies that require child care providers serving subsidized children to meet certain quality requirements, including those specified within a quality improvement system, provided that the Lead Agency does so in a manner consistent with the CCDF parental choice requirements. Lead Agencies have flexibility to establish requirements for child care providers that serve children receiving subsidies, which may be reflected as distinct levels or ratings within a quality improvement system. In establishing such policies, the Lead Agency must continue to allow parents to choose from a range of child care provider categories and types as outlined in regulation.
- Background:** As of this writing, more than 23 States have established Quality Rating and Improvement Systems (QRIS) as a systemic strategy to assess, improve, and communicate the level of quality in early care and education programs. The Office of Child Care (OCC) has received questions from a number of Lead Agencies about the implementation of

these systems and administration of the child care subsidy program, specifically with regard to parental choice provisions in regulation.

A priority for OCC is to ensure that parents receiving subsidies have access to high quality child care arrangements across different types of providers that foster healthy development and learning for children. In order to be meaningful, the parental choice requirement should give parents high quality child care options. Quality improvement systems have been a mechanism by which Lead Agencies have sought to improve the quality of early care and education, and CCDF quality dollars are often used to support these systems. Lead Agencies are seeking to leverage their investments in quality improvement systems to increase the number of children from low-income families in high quality care settings, including those receiving subsidies. OCC provides technical assistance to facilitate and improve implementation of quality improvement systems and has established a Department-level high priority performance goal to expand these systems.¹ Our goal is to work with Lead Agencies to move these efforts toward a system that ensures all child care settings meet standards of high quality.

Guidance:

Parental Choice Regulatory Requirement –

CCDF regulations at 45 CFR § 98.30(e)(1) require that child care assistance provided through vouchers must permit parents to choose from a variety of child care categories, including center-based child care, group home child care, family child care, and in-home child care. Lead Agencies may impose limitations on in-home child care which is defined at 45 CFR § 98.2 as an individual who provides child care services in the child’s own home. The regulations at 45 CFR § 98.30(f) go on to state that regulatory requirements under §98.40, health and safety requirements under §98.41, and payment rates under §98.43 established by a Lead Agency may not restrict parental choice by: 1) expressly or effectively excluding any category of care (i.e., center-based, group home, family child care, and in-home care) or type of provider (i.e., non-profit providers, for-profit providers, sectarian providers, and relatives who provide care) within a category of care; 2) have the effect of limiting parental choice from categories of care or types of providers; or 3) exclude a significant number of providers in any category of care or type of provider.

Policy Guidance –

In general, CCDF Lead Agencies have flexibility to determine regulatory requirements for child care providers. Pursuant to 45 CFR § 98.40, Lead Agencies must have in place licensing requirements applicable to child care services within its jurisdiction. 45 CFR §

¹ Analytical Perspectives, Budget of the United States Government, Fiscal Year 2011, U.S. Department of Health and Human Services, Performance and Management

98.40(b)(1) specifically states that a Lead Agency is not prohibited from imposing more stringent standards and licensing or regulatory requirements on child care providers serving children receiving subsidies. Pursuant to 45 CFR § 98.41, Lead Agencies must also establish health and safety requirements applicable to child care providers that serve children receiving subsidies. A Lead Agency may incorporate licensing, health and safety requirements, and other quality standards for child care providers within its jurisdiction (including those that serve children receiving subsidies) into a quality improvement system. In fact, CCDF regulations at 45 CFR § 98.33 require Lead Agencies to collect and disseminate to parents and the general public consumer education information that will promote informed child care choices across a range of providers. To the extent that quality improvement systems assess and rate the quality of child care settings, these systems provide an important mechanism for meeting this requirement.

Parental choice provisions within CCDF regulations are intended to guarantee parents ability to choose from different categories of care (center, group, family, and in-home) and types of providers (non-profit, for-profit, sectarian, and relatives). However, the parental choice provisions do not require Lead Agencies to pay for child care that does not meet jurisdictional standards of high quality that support children's health, safety, and development. For many Lead Agencies that have established quality improvement systems, a rating level of 1 (or its equivalent) is often associated with minimum licensing and regulatory requirements for child care providers. CCDF regulations at 45 CFR § 98.40(b) specifically permit Lead Agencies to establish higher standards, above minimum licensing requirements, for providers serving children receiving subsidies. A Lead Agency may choose to incorporate those standards into a quality improvement system.

In order to establish such a policy, Lead Agencies must be mindful that parents receiving CCDF assistance must continue to be offered the full range of choice of categories and types of providers. Lead Agencies will need to assess the availability of care across categories and types of care within a quality improvement system. This includes assessing the availability of care for specific subgroups (e.g., infants, school-age children, families who need weekend or evening care) and within rural and underserved areas. Should a Lead Agency choose to implement a quality improvement system that does not include the full range of providers, the Lead Agency would need to have reasonable exceptions to the policy to allow parents to choose a provider that is not eligible to participate in the quality improvement system (e.g., relative care). As an example, a Lead Agency may implement a quality improvement system that incorporates only licensed center-based and family child care providers. In cases where a parent selects a center-based or family

child care provider, the State may require that the provider meet a specified level or rating within its quality improvement system. However, the policy must also allow parents to choose other categories and types of child care providers that may not be eligible to participate in the quality improvement system. This is particularly important for geographic areas where an adequate supply of child care is lacking or when a parent has scheduling, transportation, or other special circumstances that prevent the use of a preferred provider within the quality improvement system.

Lead Agencies also have the responsibility to ensure that other program elements, such as payment rate policies and administrative practices do not have the effect of limiting parent choice by excluding a significant number of high quality providers. Low payment rates can dissuade high quality providers from serving children receiving subsidies and payment practices that differ from private pay parents (e.g., not allowing for absence days, not reimbursing providers in a timely manner, and strict alignment between parent work hours and authorized hours of care) can prove burdensome, resulting in a lower number of high quality providers accessible to parents with low-income.

In reviewing State plans, OCC will make no determination that a particular policy or requirement violates the parental choice provisions of CCDF regulations unless such policy or requirement on its face significantly restricts or will clearly have the effect of restricting parental choice. However, if a complaint or program review provides evidence suggesting that the actual impact of implementation may be having the effect of limiting parental choice among categories of care or types of providers, or of excluding a significant number of providers in any category of care or of any type, OCC may require the Lead Agency to provide data, broken out by sub-populations and localities, to show that families receiving subsidies have access to a range of categories and types of care. (See 57 FR 34370-34372 (Aug. 4, 1992).)

Please direct inquiries to the Child Care Program Manager in the appropriate ACF Regional Office.

/s/

Shannon Rudisill
Director
Office of Child Care

Attachment: List of ACF Regional Child Care Program Managers

Office of Child Care Regional Program Managers

Region I	Shireen Riley HHS/ACF John F. Kennedy Federal Building 20th Floor, Suite 2025 15 New Sudbury Street Boston, MA 02203 Phone: (617) 565-1152 Fax: (617) 565-1578 E-mail: shireen.riley@acf.hhs.gov	Region VI	Gwendolyn Jones HHS/ACF 1301 Young Street Suite 914 Dallas, TX 75202 Phone: (214) 767-3849 Fax: (214) 767-8890 E-mail: gwendolyn.jones@acf.hhs.gov
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Region V	Kathleen Penak HHS/ACF 233 N. Michigan Ave. Suite 400 Chicago, IL 60601 Phone: (312) 353-3270 Fax: (312) 353-2629 E-mail: kathleen.penak@acf.hhs.gov	Region X	Paul Noski HHS/ACF Blanchard Plaza 2201 Sixth Avenue Room 300-MS 74 Seattle, WA 98121 Phone: (206) 615-2609 Fax: (206) 615-2574 E-mail: paul.noski@acf.hhs.gov

DRAFT Recommendations for the Hybrid Structure and Scoring Methodology Framework

Note on Terminology:

Current TRS Guidelines use "Criterion" to denote a specific topic area (e.g. Director Qualifications, Staff Training, etc.) and use "measure" to denote a quality indicator (e.g. "the provider has a written training plan," "caregivers use positive guidance techniques).

It is recommended that the TRS Workgroup retain the current terminology for "measure" to denote a particular quality indicator. It is also recommended that the TRS Workgroup adopt the term "Category" to define a group of measures under a particular topic area (e.g. Director and Staff Qualifications and Training, Parent Involvement and Education, etc.).

Background

The TRS Workgroup is primarily in favor of a Hybrid structure for TRS. In a traditional Hybrid system:

- the first levels are building blocks in which all measures must be met; while
- the higher levels are earned through a point system.

As expressed by a Workgroup member; "The structure should have start at a basic place that centers will want to participate, while also giving those at the highest levels a meaningful reason to participate and stay involved."

Additionally, the Early Learning Council (ELC) recommended that the Texas QRIS be organized in a two-tier fashion that focuses on

- structural measures at the initial levels; and
- process measures at the higher levels.

Structural measures can be documented and reported by providers (e.g. the existence of a lunch menu, a daily activity plan, caregiver credentials), while process measures should be assessed through on-site observations.

Finally, several members of the TRS Workgroup have expressed concerns about the current "Met/Not Met" methodology for scoring TRS measures. The concern is that the scoring methodology does not adequately allow for recognizing a provider's efforts to improve the quality of the program.

Recommendations

The TRS structure should adopt the framework established by the ELC and consist of structural measures at the 2-star level and process measures at the 3- and 4-star levels.

2-Star Measures and Scoring

The work of the subcommittees should focus on selecting the appropriate 2-star measures based on the following principles:

- To encourage greater participation in the TRS program, the 2-star structural measures should include elements that exceed licensing requirements, but are viewed by providers as achievable and easy to document.

- As stated by the ELC, the structural factors should be succinct, manageable, and linked to evidence that they support positive child outcomes. As such, the measures should be selected based on evidence of child outcomes, and should be scored using a 'Met/Not Met' methodology.
- In order to set the foundation for the TRS measures, as in a traditional "Hybrid" model, all the measures for the 2-star level must be met in order for the provider to be certified as a two-star and must continue to be met as the provider works to move up the star levels.

3-4-Star Measures and Scoring

The process measures selected for the higher levels should focus on the quality of instructional practices and interactions between adults and children. Additionally, the measures should be based on higher levels of quality for the delivery of caregiver training and professional development; as well as higher levels of quality parent involvement and education activities.

Each measure could be given range of 0- 3 points (e.g. "0 - not met/not observed," "1- fair," "2- good," "3-excellent"). Note: there is a difference between 'not meeting' and 'not observed' that may need to be addressed.

The total number of points the provider scores will determine the star level for each category (e.g. Director/Staff Qualifications and Training; Caregiver-Child Interactions; Curriculum and Activities; and Parent Involvement and Education).

However, each subcommittee may elect to require selected measures to achieve a minimum number of points in order to be certified at a particular star level.

Finally, in order to ensure that the provider meets a certain level of quality across all categories, the overall provider star level will be based on the category of the lowest star level achieved.

DRAFT Definitions
TRS Facility Assessments and Child Assessments

Definitions:

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.

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.

TRS Facility Assessment Considerations:

- Frequency of Assessments
- Level of Assessments:
 - Structural criteria review
 - Process assessment of at least 50% of the classrooms per age-group
- Caregiver-Child Interaction and Teacher Instruction Assessment Tools
 - Assessment tools to ensure inter-rater reliability
- Review of minimum licensing requirements:
 - annual review of DFPS monitoring visits and deficiencies

Child Assessment Considerations:

- Develop a list of allowed child assessment tools

**HB 376 Texas Rising Star Workgroup
Work Sessions**

Updated 11/7/2013

Date	Time	Hours	Type	Type	Objective
Monday, September 16, 2013	3:00 pm to 5:00 pm	2	Conf Call	Work Session	Initial Meeting
Wednesday, September 25, 2013	10:00 am to 12:00 pm	2	Conf Call	Work Session	~ Evaluator/Mentor Qualifications ~ TRS Structure ~ Determine Subcommittee Leads
Wednesday, October 09, 2013	9:00 am to 4:00 pm	All Day	In Person Austin TX	Public Meeting	~ Discuss general recommendations /First Priority Action Items ~ Opportunity for Public Comment ~ Breakout sessions for Subcommittees
Thursday, November 07, 2013	1:00 pm to 4:00 pm	3	In Person/ Conf Call	Work Session	Sub Committee Reports
Friday, November 22, 2013	1:00 pm to 4:00 pm	3	In Person/ Conf Call	Work Session	Sub Committee Reports
Thursday, December 19, 2013	1:00 pm to 4:00 pm	3	In Person/ Conf Call	Work Session	Sub Committee Reports
Thursday, February 20, 2014	1:00 pm to 4:00 pm	3	In Person/ Conf Call	Work Session	Sub Committee Reports
Thursday, March 06, 2014	9:00 am to 4:00 pm	All Day	In Person Austin TX	Public Meeting	~ Discuss draft recommendations ~ Opportunity for Public comment
Thursday, April 10, 2014	1:00 pm to 4:00 pm	3	In Person/ Conf Call	Work Session	Finalize recommendations
Thursday, April 17, 2014	1:00 pm to 4:00 pm	3	In Person/ Conf Call	Work Session	Agree on final recommendations

Updated 11/7/2013