



Members in Attendance in Person

- 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

Members in Attendance by Phone

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

Members not in Attendance

- Howard Morrison – Texas Education Agency

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
- Sue Flores – Child Care Policy and Program Analyst
- Kimberly Berry – Governmental Relations
- Katherine Farrell – Chairman Alcantar Staff
- Isabel Casas – Senator Zaffirini Staff

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.

Approval of October 9, 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.



The approved October 9 meeting notes will be posted on the TWC HB376 TRS Workgroup website.

Discussion/Recommendation on Qualifications for Mentors and Evaluators

Reagan Miller briefly reviewed the "DRAFT Recommended Qualifications for TRS Assessors and Mentors" and asked for feedback.

Agreed to revisions included:

- adding Family and Consumer Sciences under Bachelor's Degree;
- replacing "major work" with 18 credit hours in the general education requirement;
- remove preference for Master's degree; and
- adding specific related fields (special education, child psychology, educational psychology or elementary education) under Bachelor's Degree.

Discussion:

There may be issues finding qualified staff in rural areas. Waivers should be granted for areas that can't find individuals who meet the minimum requirements.

If compensation is in line with the qualifications, there will may not be an issue with finding qualified individuals.

Sul Ross moved to present the recommendations to the Commission as drafted; Patricia Smith seconded the motion. All agreed.

Workgroup Topics and Structure

Ms. Miller reviewed the "TRS Workgroup Structure and Topics"; the following items will be discussed during future meetings:

- Considering the maximum number of licensing deficiencies a facility can have and be eligible or remain eligible for TRS certification (current pre-screening and re-certification)
- Grandfathering and/or assessing national accreditation and military operations
- Transferring of eligibility for facilities that move
- Adding a 5th Star Level
- Promoting the use of training and mentoring as incentives above the reimbursement rates
- Considering Long term financing
- Building on TRS criteria and framework for statewide QRIS
- Considering Structural/Process Criteria

Ms. Miller asked Mr. Ross to review the items for consideration that he submitted to the workgroup.

Discussion/Questions:



Ms. Miller asked the subcommittee leads if they were considering the ELC Recommendations. Some groups are considering the recommendations and others are not. Ms. Miller requested that individuals contact her to request a hard copy of the ELC recommendations, if they did not have one. The ELC Recommendations are also posted on the TWC website.

There will not be enough funding to include all ELC Recommendations; however, if additional funding becomes available, we will have recommendations to present to the Commission.

Ms. Miller suggested that the workgroup may need to review each of the recommendations at the next meeting.

Additionally, the need for training resources and consultation services was stressed. This was not addressed in the ELC Recommendations. Training and consultation can be addressed at a future meeting.

Structure/Process:

The ELC recommendations included structural processes for lower levels, process higher levels.

A Hybrid model is preferred by the workgroup, lower levels - block /higher levels - point structure. Additionally, the group agreed that:

- Structural: (practice of confirming compliance by providing copies of documents/policies in place) would be part of the lower TRS levels
- Process: (practice of confirming compliance through on-site observation) would be part of the higher TRS levels.

The meaning of measure and criteria were defined as:

- Measures – are the listing of items for compliance
- Criteria – is how we score compliance

Mentoring:

Will everyone be assigned a mentor?

Several workgroup members indicated that everyone should have a mentor.

However, if structural indicators are used, 2 star facilities may not need an observation.

Facilities would need to provide proof (documentation) of structural indicators they comply with.

Would mentoring be needed?

Mentoring is costly. Self-attestation based on structural indicators is less expensive. A random sample (example: 10% of providers) could be pulled to perform monitoring.



Orientation is needed for providers interested in obtaining TRS status. The assessor or mentor could provide an initial overview of the program. When a facility is accepted into TRS, mentoring services could be contracted out. This could assist in the development of a growth plan and the next steps. An orientation could be provided on-line along with other resources. All facilities should be visited at least once a year.

Methodology for Scoring and Rating Measures:

Assigning star levels to homes:

Currently, homes are not star level based. Phil Warner provided information regarding current home-based certification. Currently, homes are assigned one of two certification levels: provisionally and fully certified. Some Boards give two ratings to homes – 3 and 4 stars.

A workgroup member commented that most states include star levels for home based facilities; however, some of the criteria might be exactly the same. It was suggested that TRS should have star levels in homes. Workgroup members agreed that home based centers should also be assigned a star level to align the certification process to center based facilities. Consistency is needed for parents to readily identify TRS status throughout all provider types.

Ms. Miller suggested that scoring might be split based on TRS Certification level, such as for:

- 2 star level – (Met/not met based on documents submitted)
- 3 and 4 star level (Point system based on on-site observation)

Should other scoring methods be considered, such as:

- Point ranges
- Met, partially met, not met

Mr. Warner discussed the current scoring range:

- current TRS scoring is considered on a met/not met basis; and
- points are attributed to met/not met (points are associated accordingly)

Ms. Miller added that there would have to be a scale to assess the range of compliance (example: Range of 0 – 4 points).

A workgroup member commented that this would provide a better idea of where improvement is needed.

Ms. Miller clarified that structure based would be for the 2-star level star only and that point based methods would be applied to the higher TRS star levels.



There would have to be a clear definition of what we expect for the point system. There should be items that must be met. A group member agreed, as it is important, especially in home based care and supervision practices.

Inter-rater reliability is a must.

Funding:

A group member asked if TWC was beholden to the rate increase percentages stated in the bill. Ms. Miller responded that the bill outlined how TRS enhanced rates would be calculated; however, the group can make recommendations for the future.

Ms. Miller will send a summary this discussion for the subcommittees to use as a guide in their recommendations.

If a provided wanted mentoring services, could they pay for them?

A group member was going to check with Capital Area Board, to see what the costs associated with mentoring are. Potentially, you could allow centers in more affluent areas to pay for mentoring services.

Assessments:

Need to clarify if we were going to address facility or child assessments. Additionally the level of assessment needs to be addressed, the group will consider:

- Child – caregiver interaction
- Child assessments
- Child Care Licensing

Will the group recommend a list of allowable assessments? Does the group want to establish a new subcommittee to consider assessment recommendations? Are assessment and monitoring the same thing? Would monitoring for structural components (licensing compliance) require an onsite visit, or be completed online?

A workgroup member commented that this subject crosses workgroups and suggested that the workgroup discuss this issue as a whole.

Ms. Miller asked if the workgroup should be given time to consider recommendations.

A workgroup member suggested that this issue could be handled like the mentor/assessor qualifications and then discuss.

Another workgroup member added that this is a complex topic and that we will need to also pull some information for us to consider and provide feedback on. A separate conference call should be arranged to discuss assessments in more detail.

Discussion: Can subsidy require TRS status?

Laurie Biscoe discussed the response citing both Federal and State guidance.



Federal perspective- States can require participation in quality program, if there is wide range of child care options.

State Statute- It does assume that there are TRS and Non TRS providers, as the TRS program is voluntary.

Discussion/Questions:

Self-arranged care (relative care) should not be an option for families.

Ms. Miller stated that Federal law allows relative care, however, there have been restrictions put in place in Texas, to limit those cases to those that truly need this arrangement.

Currently, care provided by relatives is less than 3 percent.

Certification needs to be more attractive for all providers to increase participation.

When centers apply for TRS, is there a requirement to have a certain percentage of children participating in CCDF?

Ms. Miller responded that there is not a requirement to have a certain percentage of children participating in CCDF. It was suggested that the group want to focus on those that are serving more CCDF children. Several workgroup members commented that it would be difficult to require a certain percentage of CCDF children, as children come in and out of care.

Subcommittee Reports: Work Scope, Work Plan, Parking Lot

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

The group has broken off into subgroups:

- Director Qualifications;
- Caregiver Qualifications;
- Staff Orientation; and
- Training

During the last conference call, the group discussed:

- Director Qualifications (concluded that this includes formal education, career lattice, career development, experience and professional development)
- Minimum criteria that each level should have (outlined what credentials, specified college credits courses and suggested that the career lattice be added to the criteria)
- Annual training (of which 30 hours of training should be required for directors)
- TRS Introductory course (required for those applying for TRS certification)

A group member suggested that TRS Introductory course could be on-line. Another group member asked if this would include homes. Dr. Zweig stated that the intent is to include homes.



Will there be funding for professional development – quality improvement support? Is there reimbursement for formal education?

It was suggested providers could qualify for more dollars at the lower star levels. Lower performing facilities would need more quality dollars to get where they need to be. The higher levels could be covered under enhanced rates. Ms. Miller clarified that the 2 percent quality funding would not cover all formal education costs.

A workgroup member commented that if we are not going to provide mentoring services, some facilities may never be certified or get to higher level.

Another member added that home providers have fewer resources available to them or may not know how to access them.

Dr. Zweig will send out a chart with recommendations. She briefly discussed the MSA (Marketable Skills Award – worth 9 hours) that her college offers. CCL does look at that for a means to become director certified.

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

The group has broken off into subgroups:

- Ratio/group size;
- Child/caregiver interaction; and
- Block/point set-up

During the last conference call, the group discussed:

- Defining the level that we are providing quality for children
- Addressing the challenge of where to start and need to ensure that people are encouraged to participate
- Stressing measures be backed by science, evidence, reliability

Curriculum/Physical and Social Activities – Dr. John Gasko

The group has broken off into subgroups:

- Curriculum;
- Health/Nutrition; and
- Indoor/Outdoor Environments

Curriculum (Dr. Gasko):

During the last conference call, the group discussed:

- Aligned measures I/T and Pre-K Guidelines
- Suggested revisions to Activities (specifically, have providers be more intentional in curriculum planning)
- Recommended three point rating system (points can be differential relating to curriculum practices)



- Recommended requiring the same curriculum for home care (however, we need to be mindful of the differences between centers and homes)
- Assigning new curriculum measure for (0-5 years) and (6 years plus)

Health/Nutrition (Reagan Miller):

During the last conference call, the group discussed:

- Recommended removing health and safety as it is currently aligned to current CCL minimum standards
- Looked at other accreditation standards
 1. DSHS-look at exercise/general well-being of children.
 2. Nemours Best Practices – information on grant.

Next steps: Deciding the structural and process procedures

What are other groups considering? (Cross-over)

Is curriculum covering nutritional practices, physical activity, breast feeding, providing breastfeeding information to families?

A group member commented that they didn't believe that addressing breast feeding is a need in home care. Another group member clarified that it is required (through CCL) that facilities provide a place for breast feeding.

Indoor/Outdoor Environments (Michele Adams):

During the last conference call, the group discussed:

- Criteria (wanted to know what should be covered as they do not want to overlap the efforts of other groups)
- Accreditation Standards (reviewed NAEYC and a document from Capital Area that provides further clarification as to what to look for during assessment.)

Parent Involvement and Education – Pat Smith

During the last conference call, the group discussed:

- Discussed adding a measure for parent orientation.
- Recommended parent involvement - complaint procedure, conflict resolution and providing an annual parent survey. (How is this information taken into consideration?)
- Adding measure to make education material available to the parents
- Refining measure to provide clarity-(Example Methods of communication for parents, what is required)
- Discussed adding an explanation to parents what school readiness is, what schools expect when children start school (the purpose, how the facility will support the child – to ensure school readiness)

Presentation; TRS Data, Rate Information and Board Survey Results



Mr. Warner provided an overview of spreadsheet provided to the workgroup that included number of providers by Board area with active agreements as of October 2012. There were no providers certified at the 2 star level. He also provided a brief overview of the Market Rate Survey, conducted late 2012. The survey considers rates for all providers, not just subsidized providers.

A work group member commented that it would be interesting to look at market versus facility costs.

Mr. Warner continued to provide an overview of the Board Survey Results, which included:

- frequency of re-certifications;
- frequency of compliance reviews;
- entity conducting certifications/re-certifications; and
- technical assistance/mentoring

Some Boards are conducting re-certifications on a more frequent basis.

Mr. Warner also discussed the responses to provider barriers and understood by the local boards. These included:

1. Director/Staff Qualifications - difficult to attain
2. Lose certification due to staff turnover
3. Cost to attain credentials

Future Workgroup meetings:

- The suggested November 22 meeting time will not work for all members; instead a meeting was scheduled for November 20 from 11am-1pm
- A full workgroup meeting has been added in January
- All meetings will be extended to 3 hours, except for the Meeting on November 20
- Which workgroup meetings should be public?
Potentially, the January meeting could be open to the subcommittee participants. (Either in person or participation by phone)
Discuss at the next meeting which meeting(s) could be open to the general public and how public testimony will be collected.

Upcoming Agenda items

Child Care Licensing Impact on TRS
Assessments

The meeting was adjourned at approximately 4:05 pm.