



Members in Attendance

- Patricia Smith – Little Dudes Learning Center
- Sul Ross – Gulf Coast Workforce Solutions
- Howard Morrison – Texas Education Agency
- Reagan Miller – Texas Workforce Commission (TWC)
- Lana Estevilla – Department of Family and Protective Services
- Pattie Herbert – Infants 123
- Sandra Solis – Lower Rio Workforce Solutions
- Doug Watson – Healy-Murphy Child Development Center
- Dr. Elaine Zweig – Collin County Community College
- Sharon Davis – North East Texas Workforce Solutions
- LaShonda Brown – Texas Early Learning Council
- Mary Clare Munger – Amarillo College Child Development Lab

Members not in Attendance

- Rebecca Latimer – Just Kidding Around

Additional TWC Attendees

- Laurie Biscoe – Deputy Director, Workforce Development Division (WDD)
- Patricia A. Gonzalez – Director WDD Technical Assistance and Child Care
- Phil Warner – Child Care Program Supervisor
- Regan Dobbs – Child Care Policy and Program Analyst
- Kimberly Flores – Child Care Policy and Program Analyst
- Adela Esquivel – Child Care Policy and Program Analyst
- Sue Flores – Child Care Policy and Program Analyst
- Anjali Barnes – Child Care Policy and Program Analyst

Meeting Summary

Welcome, Roll-Call and Overview of the Agenda

Approval of Meeting Notes

March 20, 2014 meeting notes were approved for posting with one minor change, to reflect LaShonda Brown as the representative of the Texas Early Learning Council.

April 24, 2014 meeting notes were approved for posting without changes.

Facility Assessment

During previous meetings the workgroup has discussed how to conduct facility assessments. Reagan walked through the attachment.

Providers wishing to enter TRS will be required to complete an orientation (which could be a video). Also, the provider will be required to complete a self-assessment tool initially which will be provided to the assessor.



For certification and recertification every 3 years, 100% of classrooms will be assessed. For annual monitoring, one unannounced visit per year, staff will review licensing reports and monitor the staff qualifications thresholds (30%-50%-75%). Providers must report immediately if there is a change in Director.

There was discussion about self-reporting staff turnover. The discussion began with defining a “significant change in staff.” Mary Clare brought up the perspective that, for schools, teachers are responsible for a class for a school year, child care is different. She would like strong programs to assign teachers to a room for a year, rather than a day to day basis. Mary Clare said she is speaking of the quality and consistency of the teacher’s interaction with the children. TRS could front-load this expectation in the orientation.

Doug asked if staff turn-over would include existing staff moving classes and he provided the example of infant class enrollment going down in the summer, so staff moves classrooms. Pattie asked about models where the teachers move up with the age group and class they are working in each year, so they stay with the same children for multiple years. Reagan clarified that the discussion is related to staff leaving the center.

Doug added that when he hires staff they do not often have a CDA. It is a condition upon their hire that they will work to earn the credential. LaShonda agreed. Mary Clare observed that more and more people will be entering work with some college. She provided the example of co-enrolled credits earned in high school.

Mary Clare commented that the original concern was that at an annual monitoring, a center would receive a rating based on a staff that was not a true reflection of the staff composition one year later. Will providers be asked to track this quarterly, every time there is a turn-over (which may be very frequently) or every time the facility falls below the threshold of 30%-50%-75%?

The workgroup reached consensus to continue with the current practice, which is to make this part of the annual monitoring.

The group then discussed the concept of classrooms self-reporting and situations where a complete turnover of teachers may occur. Mary Clare suggested using the caregiver interaction measures as a self-assessment tool for classrooms. LaShonda recommended a streamlined version. Doug stated he recognizes the value, but economically the workgroup has incorporated several new layers for facilities to add, such as lesson plans, ratios, staff meetings, and he wondered if this might get push back.

Reagan asked if, for example, a classroom had 100% turnover, but the center used existing staff to fill the vacancies, would that provide more consistency? Mary Clare said in the case of small centers where everyone knows the children and is familiar with all classrooms to an extent; however, in large centers, the benefit would be less to minimal. It would not be a 4 Star quality procedure. The workgroup noted that staff turnover has not been addressed as a quality measure. Doug commented that staff consistency often is a reflection of the director and the center. Mary Clare said this would be a good emerging practice item to demonstrate continuity of care. The item would be measured in terms of a school year, September to May. Some turnover could be a 3 star. LaShonda



preferred phrasing the measure in terms of staff continuity rather than staff turnover, since the aim is to measure the care being provided.

Sul reminded the group that some providers may feel that their staff will be more educated and more qualified, due to new education and training requirements, which may make them more likely to leave and seek other employment.

Reagan reminded the group it is late in the process to add a measure. Considering this as an emerging practice, this is something the workgroup would like the mentors to observe and gather data on for a year. They can also observe continuity of staff when developing growth plans with facilities.

The workgroup then determined that at the annual monitoring, unannounced visit, at least 50% of classrooms, and a minimum of one classroom in each age range, will be observed. Sul suggested adding that a priority will be made for observing new lead teachers in their classrooms, and the group agreed to add this provision.

Sul also wanted to ensure that, rather than conducting a full assessment after a facility completed a SIA, the monitoring only reviewed the issues related to the deficiencies. This change was noted.

LaShonda recommended referring to the initial self-assessment as the TRS Program assessment. Mary Clare recommended making a self-assessment available for classrooms. She gave an example of large centers perhaps providing it to training specialists. Doug suggested making this another emerging practice, because he felt like the workgroup may get push back if it were required for classrooms to do an assessment. Pattie admitted it would feel overwhelming if she were just entering TRS.

Reagan said the tool an assessor uses would look similar to a self-assessment tool. She suggested the tool be made available to facilities to share with teachers to use at their option for their guidance. The tool would not need to be completed and turned in. The workgroup agreed.

Child Assessments

Mary Clare suggested that the workgroup approaches child assessments as an emerging practice the aim could be to develop a list of good assessments, in unison, working together and moving forward, collect data to identify assessment tools. Reagan said TWC began collecting data through and can continue working on gathering data. This is the workgroup's recommendation.

Minimum Licensing Requirements

Phil explained that a subcommittee, comprised of members of the workgroup and TWC staff, held two conference calls to consider the following points:

- What should the maximum number of deficiencies be for initial certification and for providers who are already certified to be placed on a Service Improvement Agreement (SIA)?
- Should there be a set number of deficiencies that would cause a certified provider to lose certification?



- Should there be added penalties for being placed on SIA, such as losing a star level?
- Should any of the deficiencies listed in Sections 3 and 4 of the screening form be removed or amended or any deficiencies be added that are not currently listed?

The subcommittee determined exceeding nine deficiencies, having one critical deficiency, or exceeding four medium to high deficiencies, would prevent a facility from entering TRS.

For current TRS providers, exceeding nine deficiencies would cause the facility to lose a star level (for 6 months), and would trigger a SIA. The same would occur for exceeding four medium to high deficiencies or one critical deficiency.

The subcommittee agreed on nine deficiencies and the maximum, because DFPS shared that 11 was the average, per year. During the meeting Reagan received a request from a stakeholder to learn if that number varied by facility size. Lana said she could gather data by capacity and will provide three samples of capacity sizes.

Reagan asked the group how long a facility should remain on a SIA. Lana explained, for context, DFPS typically gives facilities two weeks to comply, depending on the deficiencies. The group agreed that the SIA should be no more than 6 months.

Phil walked through Attachment 2 item by item. This is the critical “one and done” list. Lana said if one of these critical deficiencies is cited, it is probably indicative of a pattern of problems occurring.

Phil walked through Attachment 3. The licensing subcommittee recommended that a provider exceeding 4 deficiencies on this list is not eligible to apply for TRS and TRS providers would be placed on an SIA. A group member suggested that in Section 3 the form needs to clarify that these are deficiencies that have been cited within the last 12 months.

After reviewing Attachment 3 as well, medium to high deficiencies, Doug noted that perhaps training items could go to medium to high risk, and staff with criminal history and sex-offender background would move to critical deficiency list, Attachment 2. (745.656 and 745.661).

Regarding child supervision, 746.1203, Doug provided some examples from San Antonio. Lana clarified that there are degrees, and more severe examples will most likely also yield a neglect citation. Neglect and abuse would fall under Attachment 2, so the group is comfortable leaving 745.1203 on medium-high risk.

The workgroup agreed to move pre-service, which Lana said will be reclassified as medium-high risk by DFPS, along with annual training and shaken baby training to Attachment 3.

The group decided that:

- a 3-4-Star provider with any deficiency on Attachment 2 will be moved to a 2-star; and a 2-star provider will lose TRS certification



- a 3-4-Star provider that exceeds 4 deficiencies in Attachment 3 will lose a star level and a 2-star provider will lose TRS certification
- a TRS provider with more than 9 total deficiencies will lose a star level and a 2-star provider will lose TRS certification.
- a TRS provider with more than 14 total deficiencies lose TRS certification.

For all deficiencies that cause facilities to lose a star-level, the facility will have to sit out for a minimum of 6 months. The six months begin upon receipt of the final report from DFPS. TWC will redraft the discussion paper with edits discussed and bring it back to the workgroup for review and approval.

Director/Staff Qualifications, Final Recommendations

A meeting was held May 7 to review recommendations. The subgroup added the additional options to the 3 star director formal education requirements to align 3 star requirements with licensing requirements.

The following 3 star measures were added (as an “or” option):

- Sixty college credit hours with six college credit hours in child development and three college credit hours in business management.
- A child care administrator’s certificate from a community college with at least 15 college credit hours in child development and three college credit hours in business management.

Regarding the grandfather provision, if a director has a CDA credential and three years of experience, they will have two years from the effective date of the TRS Rule to obtain the required education.

Under Caregiver qualification, Option E was added:

- Have successfully completed 192 training clock hours in child development, early childhood education or related field and two years of full time paid experience as a caregiver working with children in a licensed or registered facility over a five year period.

Pat asked if the 192 hours of training needed to be specified. LaShonda said perhaps this could be detailed in a footnote that training should be in line with CDA, CCP or Texas Early Childhood Core Competencies.

The meeting was adjourned at approximately 4:30p.