This document includes the data collected from the eight regional focus groups, Texas Rising Star staff phone calls and the emails received via the TRS4yearReview@twc.state.tx.us mailbox in regards to the considerations provided for the review.  This document was provided to the Texas Rising Star Workgroup members (Workgroup) as reference for discussion on items to consider for the review.  The first column is the item noted for consideration. The second and third columns are the questions and suggestions that were collected from the previously mentioned sources. The last column contains the Workgroup’s input based upon each meeting (in-person or virtual), as denoted by the date displayed. This document is a working document and will be updated as needed following each Workgroup meeting.

# Table 1: Current Screening Form Considerations

| **For Consideration** | **Questions from Regional Focus Groups** | **Suggestions to Modify from Regional Focus Groups** | **Workgroup Input** |
| --- | --- | --- | --- |
| 746.1203 (4) Responsibilities of Caregiver - supervision | For All: The group agreed that supervision is highly important and should be considered as critical.Reduce the number of accidents (injuries) children would be involved in; Holds the teacher accountable for the actions of children at all times | Move from High/Medium-High to Critical | August 15, 2019* Concerns about moving it to critical because it is considered a "catch-all" and not all citations are for critical issues.
* It can also cause us to lose TRS providers.
* **Consensus is to keep 746.1203 (4) the same – noted as a High/Medium High.**
 |
| 746.1203 (5) Responsibilities of Caregiver - In control | 1. If you have problems here this can be indicative of a staff training issue. Staff training is important.2. If your classroom isn’t in control, are you providing quality? | Remove from the Screening form | August 15, 2019* Often gets cited because kids behave differently when a visitor comes in to the classroom and/or because a classroom’s developmentally appropriate ‘controlled chaos’ can be perceived as out of control by a CCL rep.
* **Consensus to remove 746.1203 (5) from the screening form**
 |
| 746.1311(a) – Director Annual Training – 30 Hours Required | 1. Why is it considered a critical?2. Can hours be carried over between years; if we get a high number of hours one year, can those be considered the next (ex. Participating in Taking Charge of Change one year)" | Move from Critical to High/Medium-High | August 15, 2019* Training hours are important, but if they have not received the hours it can be fix very quickly.
* **Consensus to move 746.1311(a) from Critical to High/Medium High.**
 |
| 746.38055(a) Administering Medication & 746.3805(b) Administering Medication | Does not affect star level as quickly if in High/Medium-High section | Combine into one 744.2655; therefore encompasses (a) through (d) or move to High/Medium-High | August 15, 2019* Discussed the suggestion to combine or move to H/MH
* **Consensus to leave 746.3805(a) & (b) as critical**
 |
| 746.1315 First Aid & CPR | Could providers have a 30-day grace period? | Move from Critical to High/Medium-High | August 15, 2019**Consensus to remain a critical.**  |
| 744.1203 Responsibilities of Caregiver |  | Move from High/Medium-High to Critical | August 15, 2019**Consensus is to keep 744.1203 as a High/ Medium High** |
| 744.1309(a) Caregiver/Site Director Training |  | Move from Critical to High/Medium-High | August 15, 2019* Training hours are important, but if they have not received the hours that can be fixed very quickly.
* **Consensus to move 744.1309 (a) from Critical to High/Medium High**
 |
| 744.1311 (a)Director Annual Training |  | Move from Critical to High/Medium-High | August 15, 2019* Training hours are important, but if they have not received the hours that can be fixed very quickly.
* **Consensus to move 744.1311 (a) from Critical to High/Medium High**
 |
| 744.2655(a) Administering Medication & 744.2655(b) Administering Medication |  | Combine into one 744.2655; therefore encompasses (a) through (d) | August 15, 2019* Discussed the suggestion to combine or move to HMH
* **Consensus to leave 744.2655 (a) & (b) as critical**
 |
| 747.1309(a) Director Annual Training | Why is this Medium, but LCC are Medium-High? Perhaps because they don’t have as much flexibility to get to training? | Move from Critical to High/Medium-High | August 15, 2019* Training hours are important, but if they have not received the hours that can be fixed very quickly.
* **Consensus to move 747.1309 (a) from Critical to High/Medium High**
 |
| 747.3605(a) Administering Medication & 747.3605(b) Administering Medication |  | Combine into one 747.3605; therefore encompasses (a) through (d) | August 15, 2019* Discussed the suggestion to combine or move to HMH
* **Consensus to leave 747.3605 (a) & (b) as critical**
 |
| 747.1501 (c) (4) Responsibilities of Caregiver - Supervision |  | Move from High/Medium-High to Critical | August 15, 2019* Concerns about moving it to critical because it is considered a "catch-all" and not all citations are for critical issues.
* It can also cause us to lose TRS providers.
* **Consensus is to keep 747.1501(c) as a High/Medium High**
 |
| 745.621 – Background Checks Requirement – Submitting Requests |  | Have an allowance for proof of paperwork to be considered meeting compliance for TRS (corrected on-site) | August 15, 2019* Discussed the suggestion for modification of the allowance of proof of paperwork to be considered before penalty which resulted in a lack of consensus
* Suggested looking at a process for helping providers be successful by preventing or remediating deficiencies for background checks
* Wants more data on the new background check frequency of deficiency citations and ideas for supports to give providers

October 29, 2019* Workgroup discussed the concerns for this specific citation and the impact it has on programs.
* CCL noted that the new requirements/data portal has only been operating since January 2019.
* Concern is when it’s a “one-off” citation for a program vs. a continual issue; however, Workgroup agrees initial background checks are necessary and critical to health/safety.
* Workgroup will continue to review this consideration.
 |
| 745.641 – Background Checks Requirement – Providing Direct Care | If there is documentation that the center complied with the background check requirement, could this be reviewed by TRS and not be penalized as a critical deficiency? | Have an allowance for proof of paperwork to be considered meeting compliance for TRS (corrected on-site) | August 15, 2019* Discussed the suggestion for modification of the allowance of proof of paperwork to be considered before penalty which resulted in a lack of consensus
* Suggested looking at a process for helping providers be successful by preventing or remediating deficiencies for background checks
* Wants more data on the new background check frequency of deficiency citations and ideas for supports to give providers

October 29, 2019* Workgroup discussed the concerns for this specific citation and the impact it has on programs.
* CCL noted that the new requirements/data portal has only been operating since January 2019 but has already noticed a decline in the renewal citations.
* Concern is when it’s a “one-off” citation for a program vs. a continual issue; however, Workgroup agrees background checks are necessary and critical to health/safety.
* Workgroup will continue to review this consideration. Potential changes may be delayed for consideration when CCL background checks and TRS rule changes have been in place longer.
 |

# Table 2: Additions to Screening Form Considerations

| **For Consideration** | **Benefits (Regional Focus Group)** | **Suggestions to Modify from Regional Focus Groups** | **Workgroup Input** |
| --- | --- | --- | --- |
| 746.3701 Safety Area - Free from Hazards | Important enough to be added to the high/medium-high list for licensed centers, registered homes and licensed homes. | Add to High/Medium list | August 15, 2019* Workgroup agrees that no additional deficiencies should be added to the screening form
 |
| 746.1201(3) Caregivers should know the children they are responsible for | Caregivers should know how many children they have at all times | Add to Critical | August 15, 2019* Workgroup agrees that no additional deficiencies should be added to the screening form
 |
| 746.1203Responsibilities of Caregivers |  | Add to Critical (there are 11 sub-standards within this standard) | August 15, 2019* Workgroup agrees that no additional deficiencies should be added to the screening form
 |
| 746.305Required reporting to CCL |  | Add to Critical (there are 7 sub-standards within this standard) | August 15, 2019* Workgroup agrees that no additional deficiencies should be added to the screening form
 |
| 746.3407 Healthy Environment | Group felt that “Maintenance of Building, Grounds and Equipment” should be included in the high/medium-high deficiencies category, as safety is important, and as this is one of CCL’s top 10 deficiencies cited. | Add to High/Medium list | August 15, 2019* Workgroup agrees that no additional deficiencies should be added to the screening form
 |
| 747.3701 Safety Area - Free from Hazards | Important enough to be added to the high/medium-high list for licensed centers, registered homes and licensed homes. | Add to High/Medium list | August 15, 2019* Workgroup agrees that no additional deficiencies should be added to the screening form
 |
| 745.635. Criminal Convictions  |  | Add to critical | August 15, 2019* Workgroup agrees that no additional deficiencies should be added to the screening form
 |
| 745.641 Able to be at facility | Clarifies the category of employee for whom background check needed | Add to critical (for new staff only) | August 15, 2019* Workgroup agrees that no additional deficiencies should be added to the screening form
 |

# Table 3: National Accreditation Considerations

| **For Consideration** | **Questions from Regional Focus Groups** | **Suggestions to Modify from Regional Focus Groups** | **Workgroup Input** |
| --- | --- | --- | --- |
| Allow Early Head Start / Head Start facilities to be recognized in the same manner as DoD facilities are | 1. How would critical deficiencies apply when they are tied to minimum standards/licensing? (some are, and some are not CCL)2. Would this change be individualized centers or across the state?3. Would this proposed change affect child care business? 4. How often are they monitored by the Federal regulators? | Most of the groups felt that HS/EHS programs should go through some assessment (whether it was a full or modified) to become TRSExample: Monitor with the same frequency as TRS requires for other certified providersAssess on categories 2 & 4 – same as recommended for nationally accredited programs | July 23, 2019**Consensus was to allow Head Start to be recognized but must complete initial assessment to determine star level**December 2, 2019**Workgroup agreed on revised Guidelines regarding this proposed allowance.** |
| Nationally accredited facilities receive a modified initial assessment (categories 2 and 4) to determine star level | 1. What level will NAEYC centers come into the program for reimbursement rates and star level rates? Come in as just a provider, at 2-star level, or is it dependent upon how recent the accreditation occurred?2. Would they be eligible to increase their star level? | Most agreed that since these providers already are reviewed for these categories at an annual monitoring and recertification visit, this would be feasibleComments:* Would like the accreditation requirements of National Lutheran School Accreditation (NLSA) be accepted as appropriate for TRS if possible.
* Consideration given to TRS assessment on 2, 3 and 4; and consideration given to timeframe when accreditation was initially received.
* Nationally Accredited facilities should have a complete assessment, not just categories 2 and 4
* A NAEYC accredited director said, “the more you are assessed, the higher your quality.
 | July 23, 2019**Consensus was to require nationally accredited programs to complete initial assessment to determine star level**December 2, 2019**Workgroup agreed on revised Guidelines regarding this proposed allowance.** |

# Table 4a: Category 1 – Director and Caregiver Qualifications

| **For Consideration** | **Questions from Regional Focus Groups** | **Suggestions to Modify from Regional Focus Groups** | **Workgroup Input** |
| --- | --- | --- | --- |
| **S-DQT-02: Director Certification Course**Remove and integrate into a proposed CQI model | 1. What is a CQI model?2. Would directors still be able to have a lifetime certificate?3. How does this impact the director’s annual training hours’ requirement? 4. Would the hours count only upon the initial receipt of the Director’s Certificate?5. If a director has a bachelor’s or master’s degree, would he/she be required to obtain the Directors Certificate?6. Are Directors participating in any specific training? Do all Boards offer TCC? 7. Should the state come up with a standard training curriculum? | All agreed that this measure can be removed.Some additional suggestions included:* Move to points based to influence scoring
* Reinstate TRS orientation for Directors.
* Provide online training modules for directors.
* Allow change. Boards should have local flexibility to fund specific director training like TCC.
 | July 23, 2019Workgroup will review this consideration again later.October 29, 2019* Workgroup discussed this measure and the programs TWC noted as qualifying.
* Workgroup will continue to review this consideration.

November 18, 2019* Measure was recommended for removal and placed within Continuous Quality Improvement Plans (CQIP) for the early learning program director.
* The Workgroup suggested that until TWC provides the certification course there is no reason to keep this measure, therefore placing it within the CQIP makes sense.
* **The Workgroup agreed to remove this measure from Texas Rising Star and place within the CQIP**
 |
| **S-DQT-04: Director Responsibilities**Reword measure to be specific to Director having a training plan and getting minimal 36 hours (this would mimic similar measures for School Age/Homes) | 1. Can food Management training be counted as hours?2. Isn't this already automatically implied for Directors? | Most agreed to reword this measure so that it mimics the School-Age and Home measures specific to directors/owners training hours.Recommend a suggested course of action for directors. Additional Comments: Proposed change imposes accountability which is beneficial for maintaining quality.  | July 23, 2019Workgroup will review this consideration again later.October 29, 2019**Workgroup agreed to revise this measure to focus on Center Director Training requirements, to include the topic/hour requirements from P-DEQT-06.**November 18, 2019**Workgroup agreed to the proposed modified measure as written.** |
| **P-DEQT-01/02/03: Director Qualifications****(centers/homes/school age)** |  | The workgroup requested to review the current qualifying indicators for each facility type director. | January 6, 2020* Workgroup discussed the current qualifying indicators for director qualifications (centers, homes and school age).
* Workgroup expressed the desire to move the field to a higher level of education qualifications and a concern of a non-expiring certificate overriding the determined TRS indicators.
* **Workgroup agreed to change the “non-expiring certificate” scoring indicator from 3 points to 2 points.**
* **Workgroup also agreed to match this change to all facility types, updating the indicators for centers, homes and school age directors.**
 |
| **P-DEQT-04: Part 4 Director Experience**Remove this measure |  | Most groups want to retain this measure but recommended alternate ways to ease the burden of paperwork/assessor review:* Facilitate through Workforce Registry
* Use a system such as the trainer registry to keep track of education and experience
 | July 23, 2019Workgroup will review this consideration again later.October 29, 2019* Workgroup discussed revising the scoring thresholds but dd not reach consensus.
* Workgroup will continue to review this consideration.

November 18, 2019**Workgroup agreed to revising the scoring to have higher thresholds for years of experience.** |
| **P-DEQT-05: Part 7 Director Experience**Remove this measure | 1. Should there be a points-based system for years of experience in school aged programs?
2. How would we capture the data?
 | Most groups want to retain this measure but recommended alternate ways to ease the burden of paperwork/assessor review:* Facilitate through Workforce Registry
* Use a system such as the trainer registry to keep track of education and experience

Suggestion to modify: increase the number of years of experience so that it is the same as Centers requirement. | July 23, 2019Workgroup will review this consideration again later.October 29, 2019* Workgroup discussed revising the scoring thresholds but dd not reach consensus.
* Workgroup will continue to review this consideration.

November 18, 2019**Workgroup agreed to revising the scoring to have higher thresholds for years of experience.** |
| **P-DEQT-06: Part 5 Director Training**Amend scoring so that a score of 0 = has 36 hours; then leave scoring for 1, 2, 3 as is |  | Suggestion is to clarify the type of hours the 36 hours pertain to. | July 23, 2019Workgroup will review this consideration again later.October 29, 2019**Workgroup agreed to combine this measure with S-DQT-04, requiring Center Directors to receive specific topics/hours of training.** |
| **S-COTQ-01: Staff Orientation****S-COTQ-02: Volunteer/Sub Orientation**Combine S-COTQ-02 measure with S-COTQ-01 to be inclusive of any staff that is counted in ratio |  | Proposed measure: *Before beginning child care duties all staff (to include volunteers or substitutes, if applicable) receives documented, in-person, interactive orientation with the director/administrator to improve knowledge of the child care operation, specific job responsibilities and needs of children.* | November 18, 2019**Workgroup agreed to the combination of the two measures as written.** |
| **S-COTQ-03: Staff Training Plans**Combine this measure with S-COTQ-06 as both relate to having a training plan and being completed | 1. Is proposed change applicable to all ages and facilities?2. Can Food Handler and CPR / First Aid training be included as allowable hours? | All groups agreed that this measure can be consolidated with S-COTQ-06. Some additional comments provided were:* Workforce Registry will help this.
* Review various approaches to training achievement (should more weight be placed to in-person v. online training). CCL only recognizes certain programs.
* Really just want to measure outputs to children.
* Modify the wording because the plan might not align with the actual trainings completed.

Plans should be specific to age group | July 23, 2019Workgroup will review this consideration again later.October 29, 2019**Workgroup agreed to combine S-COTQ-03 with S-COTQ-06 to include having a training plan and obtaining the 30 required hours.**November 18, 2019**Workgroup agreed to the proposed modified measure as written.** |
| **P-CTQ-01 and 02: Staff Qualifications** |  | The workgroup requested to review the current qualifying indicators. | January 6, 2020* Workgroup discussed the current qualifying indicators for staff qualifications (centers and school age).
* Workgroup expressed the desire to move the field to a higher level of education qualifications.
* **Consensus was to recommend developing a long-range plan and statewide goals for moving more educators to higher levels of education.**
 |
| **P-CQT-03: Staff Training alignment**Remove this measure |  | Most agree to remove this measure. Some other comments/suggestions:* Facilitate through the WF Registry
* Modify scoring with different percentages
 | July 23, 2019Workgroup will review this consideration again later.October 29, 2019* Workgroup discussed this consideration and the role the WF Registry may play in alleviating the burden of scoring this for assessors.
* Workgroup will continue to review this consideration.

November 18, 2019* All of the early learning program staff will be required to place education, experience and training information into the Workforce Registry (WFR), which will validate training hours and alignment to Core Competencies.
* **Workgroup agreed to remove this measure from Texas Rising Star.**
 |

# Table 4b: Category 2 – Caregiver/ Child Interactions

| **For Consideration** | **Questions from Regional Focus Groups** | **Suggestions to Modify from Regional Focus Groups** | **Workgroup Input** |
| --- | --- | --- | --- |
| **P-GSSR-01: Group Size/Ratio**Remove as a scored measure; retain for data collection and gather observed attendance instead of enrollment | 1. Is there a correlation between group size / ratio and child outcomes?2. Should we keep it – need to keep in mind the financial considerations for lower ratios for providers who want to become / advance TRS. Benefits to teacher morale and emotional state (lower ratios = less stress) | Most groups agreed to change scoring to be based on attendance vs enrollmentMost were fine retaining as a scored measure | July 23, 2019* Additional discussion is needed about whether this should be removed, as recommended by CLI.
* Some workgroup members believe this sends an important message, and also helps create better classroom environments for teachers.
* Workgroup will review this consideration again later.

October 24, 2019* **Workgroup agreed to change the methodology for this measure to observed attendance.**
* Workgroup will continue to review the consideration of changing group sizes, specific to 2-years and older.

December 2, 2019* Workgroup discussed common ranges of group sizes for varying accrediting bodies.
* Workgroup will continue to review the consideration of changing group sizes.

December 13, 2019**Workgroup agreed to split the current measure into 2 separate measures; 1 for group size and 1 for ratios. Both measures will be points-based**. |
| **All Quantitative Measures:** Change to consistency-based scoring to reflect how consistent interactions are throughout observation as defined by CLI | 1. If this measure moves away from counting instances that occur during an observation, how will a provider get a score of 3 on the assessment tool? 2. Should this move to a pass/fail?3. The number of opportunities varies depending upon the tenor of the room; how to define consistent (the number isn’t relevant; how many times did they have to do this? Should it be based on a percentage?)? | All groups agreed to change scoring to be based on consistency and not instances. | July 23, 2019**Consensus from the workgroup was to change the methodology of scoring from counting instances to observing consistency as defined by CLI’s study.** |

# Table 4c: Category 3: Lesson Plans

| **For Consideration** | **Questions from Regional Focus Groups** | **Suggestions to Modify from Regional Focus Groups** | **Workgroup Input** |
| --- | --- | --- | --- |
| **LPC-02 through LPC-15**Amend these measures to only consist of a few measures that area focused on: * curriculum used for all age groups served and alignment of curriculum to guidelines
* lesson plans cover multiple learning domains
* planning time/ supports provided to staff for curriculum planning,
* child assessments are conducted and used for curriculum planning
 | 1. Are infants included?2. Is it measuring school readiness?3. Will there be a specific amount of time for lesson planning required? 4. Is naptime considered planning time? 5. Would the planning time be required for all teachers or just “leads”?6. Will we be required to use a specific child assessment tool? 7. Can assessments be formal or informal and how are they to be documented?8. What ages will be required for child assessments? 9. How are child assessments going to be evaluated? 10. How do we verify the implementation of lesson plans? | Most groups agreed to rework these measures to be focused on the denoted topics instead of counting activities.Additionally, many were concerned with what that measure would specifically say/how it would be scored, which led to many split votes and questions/concerns.Some Suggestions provided:* Continue to be specific to each age group and points based
* Include observing what is happening not just planned
* No objectives required, just activities available
* Do not count frequency
* Provide assessment tool trainings to providers
* There was much discussion about lesson plans and required learning domains. It was recommended that the learning domains be removed and replaced by a broader lesson plan format that allows for planned activities to count for more than one learning domain.
* Ensure measures are not subjective with clear intent and explanations
* Define planning time and supports.
 | August 15, 2019* Workgroup wanted more information and mock examples of these considerations before making a decision.
* Workgroup will review this consideration again later.

November 18, 2019* Workgroup previously discussed removing the specific lesson plan measures, LPC-02 through 15, as they are cumbersome to score and did not provide valid data from the CLI study, specifically for infants and toddlers. The current scoring methodology includes reviewing 4-weeks of lesson plans and counting activities planned.
* The proposed changes are to focus on curriculum and lesson planning in a more holistic, all-encompassing approach to add measures specific to curriculum, lesson planning supports, child assessments, and child assessment policy.
* The proposed measures were reviewed by the Workgroup and with minor revisions and additional clarification provided within the Technical Scoring Manual (TSM), the **Workgroup agreed to the proposed measures and removing LPC-02 through 15.**
 |
| **School Age lesson planning**Measures for lesson planning would now be applicable to School Age (modified to fit age group and schedule) | 1. Is it throughout the year or only during the summer? 2. How many activities can a provider conduct if school age children arrive as late as 5PM? Homework cannot be considered an activity.3. What would be expected of these children after a full day of school. | Most groups agreed to have lesson planning measures specific to school age classrooms; agreeing that the various ages served and time within the provider is considered.Additional comments:The lesson plan could include outdoor learning /exploration, etc. Need to have a plan, but it doesn’t have to be traditional literacy / education. It needs to be developmentally appropriate to the age and timeframe (social-emotional, conflict resolution, life skills).School age activities should not only be physical but should require measures that reflect free choice and social time. Stay away from academic domains. Consider a measure specific to full-time school aged care (those who attend during school holidays or during the summer) vs. those who attend after school. | August 15, 2019* Workgroup wanted more information before making a decision.
* Workgroup will review this consideration again later.

*(based on the LPC-02 through LPC-15 recommendation no additional school age curriculum measures will be added that are not already included within the proposed measures)* |
| **P-SNRD-01: Bilingual Learners****P-SNRD-02: Differing Abilities****P-SNRD-03: Cultural Diversity**Change these measures to be a structural measure within program procedures that define how accommodations are determined and provided by the program | How would Assessors observe that this happens in the classroom? | Most agreed to rephrase these measures to be focused on the procedures that the program has in place to work with families regarding any accommodations that may be needed.Recommended to be placed within Category 5.Suggestions to modify:* Have documentation for specific accommodations being provided (like an IFSP) where the teacher signs off
* Provide guidelines on how to demonstrate compliance
* Rather than met/ not met; continue to keep as a scored measure but merge to one measure focused on – responsive style and recognizing diversity of the classroom.
* Keep P-SNRD-02 and remove others

Proposed measure: *Program supports families and children who may need additional accommodations, to include home language, special needs/differing abilities and cultural backgrounds.* | August 15, 2019* Workgroup wanted more information before making a decision.
* Workgroup will review this consideration again later.

November 18, 2019**Workgroup agreed to add the revised cumulative proposed measure to Category 5**.  |
| **P-IFAL-02: Intentional Instructional (child directed/teacher-led)**Rephrase to observe caregiver’s attempts of engagement of children in activities instead of focus on planned activities; as defined by CLI: some, moderate, and consistent |  | All agreed to rephrase this measure to focus more on the observed caregiver's attempts instead of planned activities.Suggestion to modify: retain the child-led/teacher-led balance portion of the measure as its own | August 15, 2019* Workgroup wanted more information before making a decision.
* Workgroup will review this consideration again later.

December 2, 2019**The Workgroup agreed to split this measure into 2 specific measures.** |
| **P-IFAL-03: Routine and Transition times (incidental learning)**Change to consistency-based scoring to reflect how consistent incidental learning within transitions are throughout the observation as defined by CLI |  | All agreed to change how this measure is scored to focus on consistency throughout observation period and not instances. | August 15, 2019* Workgroup wanted more information before making a decision.
* Workgroup will review this consideration again later.

December 13, 2019**Workgroup agreed to change scoring to be based on consistency.** |
| **P-IFAL-06: Scaffolding of learning**Combine with P-PBIG-03 as it mimics intent |  | Most agreed that this measure could be combined with P-PBIG-03 to be a more robust observation of scaffolding | August 15, 2019* Workgroup wanted more information before making a decision.
* Workgroup will review this consideration again later.

December 13, 2019**Workgroup agreed to combine this measure with P-PBIG-03 written as proposed.** |

# Table 4d: Category 4 – Nutrition and Indoor/Outdoor Environment

| **For Consideration** | **Questions from Regional Focus Groups** | **Suggestions to Modify from Regional Focus Groups** | **Workgroup Input** |
| --- | --- | --- | --- |
| **All Nutrition measures** **(S-N-01 – S-N-04; P-N-01 – P-N-06)**Possibly move measures as applicable to categories 2, 3 or 5; Category 4 would be only Environment |  | All groups agreed to move measures that are retained to other categories as applicableOne suggestion was offered: S-N-01 – move to Category 2 | August 15, 2019* Workgroup wanted more information before making a decision.
* Workgroup will review this consideration again later.

November 18, 2019* **Workgroup agreed to move S-N-01, S-N-02, S-N-03 and S-N-04 to Category 5.**
* Workgroup will review the consideration of placement for measures P-N-01 through -06 later.

December 2, 2019* **Workgroup agreed to remove P-N-01, as it is duplicative of CCL.**
* Workgroup requested to see the remaining measures placed within Category 2 before confirming their placement as either stand alone measures or guidance within current measures.

December 13, 2019* **Workgroup agreed to remove P-N-01, P-N-02, P-N-03, P-N-04 and P-N-05. Additional clarification and examples will be added to the Technical Scoring Manual to support scoring these observations within the interaction measures.**
* Workgroup agreed to make P-N-06 a new SCR measure within Category 2; and will review the proposed verbiage later.

December 17, 2019* Workgroup discussed a few options for P-N-06.
* **Consensus was to change scoring to focus on consistency of observing self-help skills in the classrooms over varying contexts.**
 |
| **S-N-01: Program Practices**Remove as it mimics CCL | TRS Staff feedback: Providers are uncertain of (a) | Most agree to remove; one suggested to move to Category 2 | August 15, 2019* Workgroup wanted more information before making a decision.
* Workgroup will review this consideration again later.

November 18, 2019**Workgroup agreed to summarize the measure and move it to S-PE-01.** |
| **S-N-02: Home Lunch Practices**Remove as it mimics CCL |  | Almost all agreed to remove | August 15, 2019* Workgroup wanted more information before making a decision.
* Workgroup will review this consideration again later.

November 18, 2019**Workgroup agreed to summarize the measure and move it to S-PE-01.** |
| **S-N-03: Menu Planning**Meet annually with an outside, certified individual, such as a Child Health Consultant, to review policy/ procedures that may benefit program’s overall nutrition, health and safety standards | 1. Who will supply the funding for the Child Health Consultant position? / How are programs going to cover this additional cost? / Will the CCHC be provided by TRS?2. What about programs on a food program that already have to meet those requirements?3. What about programs that only provide snacks?4. What type of guidelines would be implemented?5. How do you contact a Child Health Consultant? | Was split between groupsSuggestions:* Wait for state legislation to be implemented that will require CCL to meet CACFP guidelines.
* Only providers that provide meals be required to do this.
* Suggest that programs on CACFP would not be required to do this. If not, then meeting with CCHC would be appropriate.
* Continue to include the other options
* Certify TRS staff as CCHC
 | August 15, 2019* Workgroup wanted more information before making a decision.
* Workgroup will review this consideration again later.

November 18, 2019* Recommended to be removed as Child Care Licensing will begin requiring early learning programs to meet CACFP requirements for meal planning/service therefore this measure as currently written is duplicative.
* **Workgroup agreed to remove the measure.**
 |
| **S-N-03b: Health and Nutrition Practices**Add a new point-based measure to TRS, that focuses on demonstration of nutrition and health practices. |  | Proposed Measure: *Provider demonstrates health and nutrition policies, for children and parents, that are structured to ensure the program supports the whole child’s development.* | November 18, 2019* Workgroup discussed the different evidence examples and suggested gathering some examples resources from HHSC and other agencies to provide to early learning programs.
* **Workgroup agreed to add this measure as written to TRS.**
 |
| **S-N-04: Breastfeeding Practices**Remove; streamlined within the proposed S-N-03 | 1. Is this really a child care provider responsibility?2. Wouldn’t the parents be getting the information from their doctor? | Most agreed to removing this measure or streamlining it with the revised S-N-03.; two recommended - Remove but do not streamline/merge with S-N-03.Ensure the wording is clear if streamlined | August 15, 2019* Workgroup wanted more information before making a decision.
* Workgroup will review this consideration again later.

November 18, 2019* Recommended to remove and placed within the new measure S-N-03b, which will be added to Category 5.
* **Workgroup agreed to remove the measure from Texas Rising Star, placing breastfeeding resources within another measure.**
 |
| **P-ILE-06: Equipment/ Materials Facilitate Interaction**Reword and move to Category 3: IFAL section or Category 2: PBIG section | 1. What if the observation takes place when an Assessor is observing outside? The environment is easier to assess than the interactions.2. What will the reworded Measure mean? It is difficult to know which way to vote since we don’t fully know what the change will be. | Most agreed with rewording and placing in Category 2; 1 suggested Category 3 example feedback: Agree that this is more about interaction and belongs with play-based interaction in Category 2. | December 13, 2019**Workgroup agreed to revise this measure to focus on facilitating social interactions and placing it within PBIG sub-category as a new measure.** |
| **S-ILE-01: Classroom Environment**Remove as it mimics CCL | 1. What does “conducive” mean?2. What does “clean and in good repair” mean? Is a checklist necessary, or can this just be observed?3. Does CCL look at this?4. What if there is not a separate room available? Can centers create an intentional separate space in the classroom? | Instead of removing, this needs to be updated to be more quality-related items – more emphasis on quality environments. Enhance it. | December 13, 2019**Workgroup agreed to remove this measure.** |
| **S-ILE-02: Infant Environment**Remove 1 & 2 as it mimics CCLReword 4 to include employees who breastfeed and the allowance for breastfeeding in a separate space | How can assessors monitor workplace breastfeeding for their employees? | Most agreed to remove 1 and 2 from this measure, but not rewording 4 to include employeesDefine what separate is.Other Suggestions: * Remove 1; keep 2 but could put in a different place.
* Instead of including “employees” in 4; just change wording to “individuals” to cover mothers, caregivers, employees.
* Remove the recommendation for separate space. Too difficult to accommodate.
 | December 13, 2019Workgroup discussed and agreed to removing the indicators within the measure that duplicate licensing. Additional proposed verbiage of the remaining indicator (diaper changing cognitive materials) was requested for the Workgroup to review at a later date.December 17, 2019* The Workgroup was provided options to address this remaining indicator focused on environment versus interaction needs.
* **Consensus was for removing the environment measure and placing guidance within interaction measures.**
 |
| **S-ILE-03: School-Age Environment**Remove as it mimics CCL |  |  | December 13, 2019**Workgroup agreed to remove this measure.** |
| **P-OLE-04: Supports Social/Emotional Development**Merge with P-OLE-01 to streamline the intent of children having alternate places of play and learning | 1. If merged together, are you measuring how lessons and activities are extended to the outdoor environment or are you measuring if the outdoor environment fosters social development?2. What is an interest area? | This could be reworded to include more STEM/STEAM activities.Leave the two measures separate or remove P-OLE-01 and leave P-OLE-04.Suggest the term “natural” be removed. | December 13, 2019**Workgroup agreed to merge this measure with P-OLE-01 written as proposed.** |

# Table 4e: Category 5 – Parent Education and Involvement

| **For Consideration** | **Questions from Regional Focus Groups** | **Suggestions to Modify from Regional Focus Groups** | **Workgroup Input** |
| --- | --- | --- | --- |
| **S-PE-02: Parent Communication**Remove; mimics CCL |  | All groups agreed to removeOne offered a suggestion to retain but reword (phrasing was not provided) | December 2, 2019**The Workgroup agreed to remove this measure.** |
| **Program Administration policies and procedures (stakeholder feedback)****Proposed New Measure****P-PM-01**Program offers staff formal compensatory supports to encourage staff retention.Score of 0: no additional supports offeredScore of 1: 1 additional support is offeredScore of 2: 2 additional supports are offeredScore of 3: 3 or more additional supports are offered | What is considered a support?Supports include, but not limited to: - Having a written wage/salary scale when hiring and/or internal career lattice - Providing benefits (Medical, Dental, Supplemental, 401K, EAP and/or Life insurance)  - Paid planning time – separate time to plan and prep for the day without caring for children - Paid time off (holiday, sick, and/or personal) - Educational Assistance (professional development outside of the required training hours, stipends, and/or scholarships; this could include participation in the T.E.A.C.H. program | Additional points for wage/pay scale, paid planning, and benefits provided. | December 2, 2019* Workgroup discussed adding this measure to Category 5 under the new subcategory Program Management.
* **The Workgroup agreed to add this measure.**
 |

# Table 5: Texas Rising Star Processes

| **For Consideration** | **Questions from Regional Focus Groups** | **Suggestions to Modify from Regional Focus Groups** | **Workgroup Input** |
| --- | --- | --- | --- |
| Allow a 2-week window to be scheduled with provider | 1. Is the director required to be present?2. Does this change apply to the annual unannounced TRS visit? | Allow flexibility between provider and assessor to offer: * A specified number of "blocked dates"
* Multiple 2-week windows to select
* Reschedule due to staffing concerns

Keep Initial Assessments as scheduled to alleviate nerves/stress | July 23, 2019* 2-week window gives best idea of what is going on in the center vs provider putting on a show - this is a push forward to quality
* **Consensus was to have 2-week window for scheduling on-site initial assessment, rather than providing the specific date**
 |
| Have specific categories weighted higher than others |  | Most agree to have at least Category 2 weighted heavier than others and include Category 3Yes, child actions (categories 2,3 and 4) should rate higher than ensuring your paperwork is done (such as in categories 1 & 5). | July 23, 2019* Concern because the Teacher qualifications are very important based on NAEYC research and they directly impact child outcomes
* Caregiver, environment, then structural experiences correlate to child outcomes, in that order, all are important, but weighted differently (CLI)
* CLI will show the actual correlations in the final report.
* No consensus reached
* Workgroup will review this consideration again later.

December 13, 2019* Workgroup discussed different options for category weighting and changes to scoring methodology.
* Additional options will be reviewed at a later date.

December 17, 2019* Workgroup reviewed various options for revising how the categories are weighted in determining overall star level.
* **Workgroup agreed to have the categories weighted as follows:**
	+ **Category 1, 3 and 4 equate to 20% each (60% total)**
	+ **Category 2 equate to 40%**
 |
| Change "structural 2-star assessment" to require a full assessment |  | Most agree to have all programs receive a full assessment to provide a baseline for data and CQI plans• Give a time frame that those who do structural only would have to then be fully assessed (recommended 1-year max) like a probationary period• Create an additional ‘level’ for these providers | July 23, 2019* Suggested to create an additional level, 1 star
* This is a quality program, don't want to see a lowering of standards. 2-star should be meaningful and have the full assessment
* The structural assessment was to help people with onboarding and let them receive higher reimbursement rates and use that to improve quality
* Review data to see how long it took for programs to move from 2-star to higher level
* Utilization of CQI plan to tailor to program
* No consensus reached
* Workgroup will review this consideration again later.

October 10, 2019* Workgroup discussed this consideration again and requested current data for programs utilizing the structural assessment option.
* No consensus was reached.
* Workgroup will review this consideration again later.

December 13, 2019**Workgroup agreed to remove the option for a Structural Assessment.** |
| No reporting staff changes prior to visit resulting in staff changes being scored at time of visit.  | 1. How will not reporting a change in staff impact the enhanced provider reimbursement rate? 2. Are we setting providers up to potentially have reimbursement money to a Board in the event they lose a star level?3. Will providers who do not report a change in director be placed on an SIA upon discovery (if they are not qualified)? | Still require director level changes to be reported.Most agree that turnover rates are high in child care and therefore this is a never-ending process that doesn’t have significant benefits or effect on the TRS processes | July 23, 2019**Consensus was to no longer require programs to notify TRS staff prior to the visit of changes in staffing.** |
| Continuous Quality Improvement Plans (CQIP) | 1. If measures are removed and placed within CQIP how does program be held accountable?
2. Does this decrease the importance of the measure/topic?
3. What will the CQIP look like?
4. Does it replace the Technical Assistance Plan?
5. What would be included in the CQIP?
 |  | August 29, 2019* Workgroup discussed the CQIP framework and how it might look within TRS.
* Examples from other states were provided for visual reference.
* Concerns were discussed about content, accountability, mentor caseload, and value of topics placed within but not score in TRS.
* Workgroup agreed CQIP would be required but seeks a mock version for review.
* The Workgroup will continue to review this consideration.
* *Note: CLI and TWC will work together to create a mock version of a CQIP to provide to the Workgroup.*

December 17, 2019Workgroup reviewed a mock CQIP document and reviewed the online data entry within Engage for creating one. |
| Screening Form Process for Initial TRS Applicants | 1. Too punitive; focuses on negative and not positives.
2. Could be a “one-off” occurrence and not consistent issue.
 |  | October 10, 2019* Workgroup discussed concerns for those initial program applicants.
* Consensus to review previous 6-month CCL history instead of 12-month for application.

October 29, 2019* Workgroup was provided National QRIS information regarding CCL within QRIS and discussed the concerns and issues programs have in Texas.
* No additional considerations were proposed to the workgroup at this time. Therefore, no additional changes will be made.

December 2, 2019* Workgroup reviewed the proposed changes visually on the screening forms for each program type.
* The Workgroup continued discussion on the screening process and did not reach consensus on the timeframe for review of CCL history.
* The Workgroup will continue to review this consideration.

December 17, 2019**Workgroup agreed to leave the initial screening process as is. No changes will be made at this time.** |
| Screening Form Process for Current TRS Programs | 1. Too punitive; focuses on negative and not positives.
2. Could be a “one-off” occurrence and not consistent issue.
 |  | October 10, 2019* Workgroup discussed concerns for initial applicants and based on the decision to review 6-months of CCL history, this changes the requirement for current TRS programs.
* To keep consistency in CCL history review, all screening forms will review the most recent 6-months of history.

October 29, 2019* Workgroup was provided National QRIS information regarding CCL within QRIS and discussed the concerns and issues programs have in Texas.
* No additional considerations were proposed by the workgroup.
* Revisions may be considered at a later date once Jan 2019 CCL and TRS changes are better understood.

December 2, 2019* Workgroup reviewed the proposed changes visually on the screening forms for each program type.
* The Workgroup continued discussion on the screening process and did not reach consensus on the timeframe for review of CCL history.
* The Workgroup will continue to review this consideration.

January 6, 2020* Workgroup reviewed two options for impact of Level 1 and Level 2 occurrences. There was no change to the impacts for total deficiencies.
* **Workgroup agreed to recommend placing programs on a 6-month probation for a first occurrence; then if additional occurrences happened within the 6-month timeframe a 2nd consecutive probation with a star level reduction would be implemented.**
* Additionally, the Workgroup discussed limiting the number of probations a program could incur within their 3-year certification timeframe.
* **Workgroup agreed to recommend that a program could not receive more than 4 total probations within their 3-year certification timeframe.**
 |

# Table 6: Additional Considerations

| **For Consideration** | **Benefits (Regional Focus Groups)** | **Suggestions to Modify from Regional Focus Groups** | **Workgroup Input** |
| --- | --- | --- | --- |
| Rebranding TRS program |  | Change scoring system from 2/3/4 to Gold/Silver/Bronze or color coding – something to make it clearer what is upper/middle/lower tiersChange current 4-star rating to a more recognizable / easily understandable rating designator. | July 23, 2019* Workgroup asked how other states do this, and if the national BUILD initiative has suggestions
* Workgroup wondered about making all Early Learning Programs with Agreements a 1-Star
* No consensus was reached.

October 10, 2019* Workgroup discussed allowing 1-Star level for those programs with subsidy contracts and the challenges/concerns that might pose.
* Consensus is for programs enrolled in the subsidy program remain as currently denoted. No use of 1-Star for CCS early learning programs at this time.
* *Note this item may be reconsidered in future revisions of Texas Rising Star.*

December 13, 2019**Workgroup agreed to recommend adding a 1-star level for programs currently participating in the child care subsidy program that meet the minimum screening criteria for Texas Rising Star, with no enhanced reimbursement rate.** |
| Use of Quality Funds | Feel mentoring has the greatest impact on quality and moving them up star levels | More quality dollars to hiring mentors and or assessors rather than other initiatives | December 13, 2019**Workgroup agreed to recommend additional supports and investments for mentors and assessors, to include publishing an onboarding process and offering professional development on coaching and leadership development in early childhood settings as well as considering centralization of the Texas Rising Star assessment function to support strong inter-rater reliability and fidelity of program ratings.** |
| TRS Training Supports | Understanding that mentors can’t do it all (but would prefer the training not be web-based, as they feel teachers don’t really learn very well that way) | Providers want more training via the Boards on TRS topic areas (ITELGs, etc.) | October 29, 2019* Workgroup discussed assessor staffing and reliability.
* Concerns that there is not consistency across state for TRS scoring.
* Requests that TRS staff and CCL Reps be cross trained.
* **Workgroup agreed that assessors and mentors need standardized processes (onboarding/reliability).**
* *Note: TWC will provide training to TRS staff over revised Guidelines and standardized onboarding (mentoring) and reliability (assessing) processes/ procedures.*
 |
| Additional Provider Support | Appreciative of the extra holidays, as they are very beneficial for use as staff training days or extra time off for staff | TRS providers receive additional paid holidays based on TRS star level (one extra holiday for a 2 Star provider, two holidays for a 3 Star provider, three holidays for a 4 Star provider) and are encouraged to use that day for in-service training | *This discussion topic has local Board flexibility and was determined not applicable at this time.* |
| Reimbursement Rates | Would cover costs above and beyond what it costs to operate that could be used to improve quality | Allowing TRS reimbursement rates to be paid above the provider’s published rate | July 23, 2019**Consensus was to allow Boards to pay the maximum daily rate for all TRS providers, even if the provider’s published daily rate is lower (this will require a rule change)**October 29, 2019* TWC provided Workgroup with an update to this Policy Concept that went before Commissioners on 10/29/19. Was not approved as is.
* TWC will present again in November 2019.
 |
| TRS Mentoring | Mentor could benefit from extra support, direction, guidance and consistency among all Mentors. | TRS Mentoring Support | October 10, 2019* Workgroup discussed the onboarding process for programs interested in TRS.
* **Consensus is to create a standardized onboarding process to include more support and additional local resources available to the early learning program**.
 |
| Terminology Change |  | Use different words than “critical” and “high medium-high” deficiencies to avoid confusion with how CCL defines the deficiencies. TRS shouldn’t use term “deficiencies.” | July 23, 2019* Workgroup agreed on the following terminology changes:

“Early Learning Programs” (rather than child care providers)“Recognition” rather than a “rating”“Teacher” rather than “Caregiver”August 15, 2019* Workgroup wanted more time to consider “Critical”, “deficiency” and High/Medium-High” terminology.
* Workgroup will review this consideration again later.

December 2, 2019**Workgroup agreed to change the following terminology:*** **Critical to Level 1**
* **High/Medium-High to Level 2**
* Deficiency to Violation
* **Provider to Early Learning Program/ Facility/ Program as applicable**

December 17, 2019**Workgroup agreed to modify the following terms, after additional discussion:*** **Caregiver to “early childhood educator”, “educator”, “teacher” or “staff” as applicable.**
* **Deficiency will remain and not be changed.**
* **Recognition and rating will both be used as applicable.**
 |
| Statewide WF Registry required for TRS |  | TRS use TECPDS to minimize the frequency of sites receiving these deficiencies from CCL | July 23, 2019* Consensus is to require TRS programs to utilize the WF Registry, but no discussion on implementation was decided.
* Workgroup wanted more information about potential concerns and considerations for processes.

October 10, 2019* **Consensus is that WF Registry is a requirement for participation within Texas Rising Star and will be part of the initial application process.**
* For current TRS programs, TWC, in coordination with Boards, will set a grace period for compliance.
* A messaging plan will be created to ensure messaging of the WF Registry addresses early learning programs’ concerns and the benefits for participating.
 |
| Appeals process for Screening Issues |  | Would like the opportunity to appeal CCL Deficiency that results in a loss of certification/ impact prior to it being finalized. | August 15, 2019Workgroup wanted clarification of CCL appeal process.Workgroup will review this consideration again later.January 6, 2020**With the recommendation from the Workgroup regarding changes to impact for current programs, initial occurrences will place a program on probation instead of having an immediate financial impact.** |