

**TEXAS RISING STAR PROGRAM GUIDELINES  
DISCUSSION PAPER**

**Background**

House Bill (HB) 376, enacted by the 83rd Texas Legislature, Regular Session (2013), added Government Code §2308.3155(b) requiring the Texas Workforce Commission (TWC) to establish rules to administer the Texas Rising Star (TRS) program and develop guidelines for rating a child care provider for TRS certification. HB 376 further required that TWC establish a TRS workgroup to propose revisions to the existing TRS guidelines. The workgroup was appointed by TWC’s executive director and, as required, included representatives from the following:

- TWC (one representative)
- Texas Department of Family and Protective Services (DFPS) (one representative)
- Texas Education Agency (one representative)
- Texas Early Learning Council (one representative)
- TRS-certified providers (four representatives)
- Texas School Ready! (TSR!) project participant (one representative)
- Local Workforce Development Boards (Boards) (one representative)
- Board staff (three representatives)

This discussion paper provides a description of the recommended complete contents of the TRS program guidelines, which will set forth procedures to assist in TRS certification application, assessment, and monitoring processes. To provide context for the relationship of these proposed guidelines to TWC’s proposed Chapter 809 Child Care Services rules relating to the TRS Program, rule language also has been included. The recommendations in this discussion paper are based on the recommendations of the TRS workgroup and provide additional information to supplement the TRS Program rules regarding the following:

- TRS Program Application, Assessments, and Monitoring
- Nationally Accredited Facility Assessment and Monitoring
- TRS Providers That Move or Expand
- TRS Minimum Licensing Requirements
- TRS Star Level Scoring
- TRS Measures

**Recommendation:**

To ensure transparency in the development of the new TRS guidelines, staff recommends posting this discussion paper on TWC’s website and notifying stakeholders in order to provide an opportunity for public comment on the content of the TRS guidelines. Following a public comment period, staff will review and bring forward recommendations for final Commission consideration and adoption. The issues and recommendations included in this discussion paper, as well as the Child Care Services rule provisions, as finally adopted, will be used for the development of comprehensive TRS guidelines.

**Issue 1: TRS Program Application, Assessments, and Monitoring**

Based upon the recommendations of the TRS workgroup, the proposed TRS Program rules establish the following threshold requirements for TRS applications, assessments, and monitoring:

The application process for TRS certification requires a provider to:

- attend an orientation providing an overview of the:

- 1       ➤ TRS program application process;
- 2       ➤ TRS program measures; and
- 3       ➤ TRS program assessment process; and
- 4       • complete a TRS program self-assessment tool.

5  
6 TWC’s proposed TRS Program rules require the following for assessment of facilities for certification:

- 7       • On-site assessment of 100 percent of the provider classrooms at the initial assessment for TRS
- 8       certification and at each scheduled recertification; and
- 9       • Recertification of all TRS providers every three years.

10  
11 The proposed TRS Program rules for monitoring of TRS-certified facilities require, annually:

- 12       • at least one unannounced on-site visit; and
- 13       • a review of the provider's licensing compliance.

14  
15 The TRS workgroup also provided recommendations relating to specific details of the annual TRS

16 monitoring process.

17  
18 **Recommendations**

19 Staff recommends that, based on the TRS workgroup recommendations, the TRS guidelines include the

20 following procedures for conducting annual monitoring of TRS-certified providers:

- 21       • TRS-certified providers must:
  - 22       ➤ submit the DFPS monitoring report to the TRS assessor (the TRS assessor must not take action
  - 23       until the final report is posted by DFPS);
  - 24       ➤ complete a TRS screening form (as described in Issue 4) following each licensing visit and report
  - 25       the results to local TRS staff;
  - 26       ➤ report immediately to TRS staff:
    - 27       ▪ a change of director; and
    - 28       ▪ staff turnover that causes the TRS provider to fall below its current star level based on the
    - 29       provider’s completion of the Staff Qualifications and Training section of the TRS program
    - 30       self-assessment tool; and
    - 31       ➤ report other staff turnover during the annual unannounced monitoring visit.
- 32  
33       • During the unannounced on-site monitoring visit, TRS staff will:
  - 34       ➤ observe 50 percent of the classrooms with:
    - 35       ▪ at least one classroom for each age group; and
    - 36       ▪ priority for observations given to classrooms with turnover of a lead teacher; and
    - 37       ➤ review and check incident reports.
- 38  
39       • TRS staff will work with the director of a TRS-certified provider to determine if a full assessment to
- 40       increase the provider’s star level is appropriate as part of annual monitoring.

41  
42 *Reported Staff Changes*

43 Staff recommends that in the event of staff change, if the loss of a director or staff turnover causes the

44 TRS provider to fall below the provider’s current star level for the Director and Staff Qualifications and

45 Training standard, the TRS guidelines require the following:

- 46       • Provider will retain its current star level for no more than six months; and
- 47       • Provider staff qualifications will be reassessed by TRS staff at or before the end of the six-month
- 48       period to determine appropriate star level or loss of TRS certification.

1 *Unreported Staff Changes*  
2 Staff recommends that if a staff change was not reported immediately, a provider's star level be  
3 redetermined at the annual unannounced on-site visit using the qualifications of the facility's new director  
4 or staff.

5  
6 *Other TRS Standards Deficiencies*  
7 Staff recommends that if TRS staff discovers deficiencies in other TRS standards, the provider be placed  
8 on a Service Improvement Agreement (SIA) for no more than six months. The provider will participate in  
9 required mentoring and technical assistance activities, followed by assessment at the end of the SIA  
10 period, of the area of the deficiency or deficiencies.

11  
12 **Issue 2: Nationally Accredited Facility Assessment and Monitoring**

13  
14 The proposed TRS Program rules require the TRS guidelines to set forth the process for assessing  
15 nationally accredited facilities.

16  
17 Current TRS guidelines allow child care providers that are regulated by the military or that have attained a  
18 TWC-recognized accreditation to be certified initially as a Four-Star (i.e., fully certified) Provider.  
19 Additionally, the provider is not required to complete the TRS provider assessment process.  
20 TWC-recognized accreditation entities include:

- 21 • National Association for the Education of Young Children
- 22 • National Early Childhood Program Accreditation
- 23 • National Accreditation Commission for Early Child Care and Education Program
- 24 • Association of Christian Schools International
- 25 • National Association of Family Child Care
- 26 • Commission on Accreditation–National AfterSchool Association

27  
28 **Recommendation**

29 Staff recommends the following requirements, based on the recommendations of the TRS workgroup, be  
30 included in the TRS guidelines regarding the assessment of nationally accredited facilities:

- 31 • Recognized accreditation entities will be asked to provide crosswalks of their standards in relation to  
32 the TRS standards to determine comparable TRS star levels.
- 33 • Nationally accredited facilities applying for TRS certification will be initially certified at the level  
34 determined by the crosswalk without requiring a facility assessment.
- 35 • Nationally accredited providers wishing to participate in the TRS certification system will be required  
36 to complete the TRS application process required of all TRS applicants, per TRS Program rules,  
37 including the following:
  - 38 ➤ Attend an orientation or watch a video providing an overview of the:
    - 39 ▪ TRS application process;
    - 40 ▪ TRS criteria; and
    - 41 ▪ TRS assessment process; and
  - 42 ➤ complete a TRS program self-assessment tool.
- 43 • Nationally accredited providers will also be subject to TRS minimum licensing standards and required  
44 to comply with the procedures for the annual TRS monitoring of minimum licensing standards  
45 required of all TRS-certified facilities—with the exception of military-operated facilities, which are  
46 not subject to or monitored by DFPS and, therefore, not subject to TRS monitoring of licensing  
47 standards.
- 48 • A nationally accredited provider's national accreditation status must be verified annually.

1  
2 Regarding TRS reassessments of nationally accredited providers, if the accrediting organization has  
3 certified or recertified the facility through an on-site visit within the provider’s three-year TRS assessment  
4 time frame, the provider is not required to have a full TRS reassessment.  
5

### 6 **Issue 3: TRS Providers That Move or Expand**

7  
8 The proposed TRS Program rules require the TRS guidelines to set forth the process for assessing TRS  
9 providers that move or expand locations.  
10

#### 11 *Facility Moves*

12 As recommended by the TRS workgroup, facility moves are defined as a facility closing and relocating to  
13 a new location within the county in which the provider is currently operating. A facility move does not  
14 alter the current composition of director or staff, but may involve an increase in capacity or age groups  
15 served.  
16

17 When a facility moves locations, it must initiate a new DFPS facility application and obtain a new license  
18 number from DFPS. A facility does not carry its 12-month licensing history with it to the new location.  
19

20 As part of the application process, DFPS staff:

- 21 • visits the facility to do a fire inspection and inspects the physical plant standards;
- 22 • issues a new licensing number; and
- 23 • issues a non-expiring license after six months.  
24

#### 25 *Facility Expansions and Splits*

26 Facility expansions are defined as a facility continuing to operate at an existing location with the existing  
27 classrooms and age groups served, while the owner/provider opens a new facility within the same county  
28 to expand and add classrooms or age groups served. Facility expansions require a new director at either  
29 the existing or new facility.  
30

31 Facility splits are defined as a facility continuing to operate at an existing location and the owner/provider  
32 opening a new facility within the county and moving a subset of the staff and the children served to the  
33 new facility.  
34

35 Both facility expansions and facility splits involve establishing a new director at either the existing or new  
36 location. A facility split also involves a modification of the current classroom structure and staffing.  
37 For licensing purposes, DFPS considers both facility expansions and facility splits to be new facilities.  
38

### 39 **Recommendations**

40 Based on the TRS workgroup recommendations, staff recommends the following:

- 41 • A TRS provider that moves locations within the county in which the provider is currently operating  
42 will:
  - 43 ➤ retain its star level during the move; and
  - 44 ➤ undergo a full TRS reassessment within the initial three-month period after the move. The  
45 provider’s new TRS star level will be based on the results of the full reassessment.  
46
- 47 • A TRS provider that expands or splits its facility within the same county is treated as a new facility  
48 and requires a new permanent license in order to begin the TRS-certification process. Licensing

1 history for the certification will be based on DFPS monitoring conducted while the facility was  
2 operating under the initial license.  
3  
4

#### 5 **Issue 4: TRS Minimum Licensing Requirements**

6  
7 Currently, WD Letter 08-14, issued April 10, 2014, and entitled “Texas Rising Star Provider  
8 Certification—*Update*,” prescribes that screening forms be used to determine whether providers are  
9 eligible for new TRS certification or can remain TRS-certified based on the last 12 months of licensing  
10 monitoring reports. There are separate screening forms for Licensed Child Care Centers, Licensed Child  
11 Care Homes, Registered Child Care Homes, and School-Age Programs.  
12

13 The provisions of the screening forms were addressed by the TRS workgroup, which worked closely with  
14 DFPS to identify recommendations regarding:

- 15 • critical licensing deficiencies that would preclude a provider from participating in the TRS program;  
16 and
- 17 • maximum number of high or medium-high risk licensing deficiencies that would preclude a provider  
18 from participating in the TRS program.  
19

20 Determination of TRS eligibility and recertification, currently addressed only in WD Letter 08-14, is now  
21 also addressed in the proposed TRS Program rules.  
22

#### 23 *TRS Initial Applicants*

24 Proposed TRS Program rules state that a child care facility is not eligible to apply for TRS certification if,  
25 during the most recent 12-month DFPS licensing history, the provider had:

- 26 • any of the critical licensing deficiencies listed in the TRS guidelines;
- 27 • five or more of the high or medium-high licensing deficiencies listed in the TRS guidelines; or
- 28 • 10 or more total licensing deficiencies of any type.  
29

#### 30 *TRS Providers*

31 Proposed TRS Program rules mandate that a TRS provider lose TRS certification if the provider:

- 32 • is placed on corrective or adverse action by DFPS; or
- 33 • has 15 or more total licensing deficiencies of any type during its most recent 12-month licensing  
34 history.  
35

36 Proposed TRS Program rules also require that a TRS provider cited for any critical licensing deficiency be  
37 reduced to a 2-star level, with a 2-Star Program Provider losing TRS certification, a TRS provider cited  
38 for five or more high or medium-high deficiencies lose a star level, with a 2-Star Program Provider losing  
39 TRS certification.  
40

41 The proposed TRS Program rules require the TRS guidelines to contain the list of:

- 42 • critical licensing deficiencies; and
- 43 • high and medium-high licensing deficiencies.  
44

#### 45 **Recommendation**

46 Based on the recommendations of the TRS workgroup, staff recommends using the critical and high and  
47 medium-high DFPS-identified deficiencies listed in the following tables.  
48

TABLE 1  
CRITICAL DEFICIENCIES

Critical deficiencies in the 12-month licensing compliance history apply as follows:

- Initial applicants—not eligible for TRS certification
- Current TRS providers—reduced to 2-star level, with 2-Star Program Providers losing TRS certification

Changes to the list as it currently appears in WD Letter 08-14 are indicated as **[New]**.

**CENTERS**

Critical Deficiencies
<b>[NEW] 745.626 Background Checks Requirement – Providing Direct Care [HIGH]</b>
<b>[NEW] 745.656 Individuals on the Texas Sex Offender Registry – Cannot Be Present at Facility [HIGH]</b>
<b>[NEW] 745.661 Take Appropriate Action for Criminal Conviction or a Finding, Must Remove a Person from a Child Care Operation, and/or Requesting a Risk Evaluation [HIGH]</b>
<b>[NEW] 746.201(9) Permit Holder Responsibilities – Complying with Child Care Licensing Law in Chapter 42, Human Resources Code [MEDIUM HIGH]</b>
746.1201(4) Responsibilities of Employees and Caregivers – Ensure No Child is Abused, Neglected, or Exploited [HIGH]
746.1201(5) Responsibilities of Employees and Caregivers – Report Suspected Child Abuse, Neglect, or Exploitation [HIGH]
746.1311(a) Director Annual Training – 30 Hours Required [MEDIUM-HIGH]
746.1315(b) One Employee at Center and with Each Group of Children Away from Center Must Have Current CPR for Infants, Children, & Adults [MEDIUM-HIGH]
746.2805 Prohibited Punishments [HIGH]
<b>[NEW] 746.3805(a) Administering Medication – Authorization to Administer [ HIGH]</b>
<b>[NEW] 746.3805(b) Administering Medication – Authorization Expires on the First Anniversary of the Date the Authorization Was Provided [(2) HIGH; (1), (3) MEDIUM-HIGH]</b>

**HOMES**

Critical Deficiencies
<b>[NEW] 745.626 Background Checks Requirement [HIGH]</b>
<b>[NEW] 745.656 Individuals on the Texas Sex Offender Registry – Cannot Be Present at Facility [HIGH]</b>
<b>[NEW] 745.661 Take Appropriate Action for a Criminal Conviction or a Finding – Must Remove Person from Child Care Operation, and/or Requesting a Risk Evaluation [HIGH]</b>
747.207(5) Reporting of Suspected Abuse, Neglect, and Exploitation [HIGH]
<b>[New] 747.207(9) Primary Caregiver Responsibilities – Complying with child care licensing law in Chapter 42 Human Resources Code</b>
747.1303(2) Documented Director Annual Training – 30 Hours Required [MEDIUM-HIGH]
747.1303(3) Training Requirements for Primary Caregiver – CPR and First Aid [HIGH]
747.1313(a) First Aid and CPR Training – Primary and Substitute Caregivers [HIGH]
747.1501(a)(3) Responsibility of Caregivers [HIGH]
747.2705 Prohibited Punishments [HIGH]
<b>[NEW] 747.3605(a) Administering Medication – How to Administer Medication [HIGH]</b>
<b>[NEW] 747.3605(b) Administering Medication [(2) HIGH; (1), (3) MEDIUM-HIGH]</b>

**SCHOOL-AGE PROGRAMS**

Critical Deficiencies
<b>[NEW] 745.626 Background Checks Requirement [HIGH]</b>

[NEW] 745.656 Individuals on the Texas Sex Offender Registry – Cannot Be Present at Facility [HIGH]
[NEW] 745.661 Take Appropriate Action for Criminal Conviction or a Finding, Must Remove a Person from a Child Care Operation, and/or Requesting a Risk Evaluation [HIGH]
[NEW] 744.201(9) Permit Holder Responsibilities – Complying with Child Care Licensing Law in Chapter 45, Human Resources Code [MEDIUM HIGH]
744.1201(4) Responsibilities of Employees and Caregivers – Ensure No Child Abused, Neglected, or Exploited [HIGH]
744.1201(5) Responsibilities of Employees and Caregivers – Report No Child Abused, Neglected, or Exploited [HIGH]
744.1301(3) Caregiver/Site Director Annual Training – 15 Hours Required [LOW]
744.1301(4) Director Annual Training – 20 Hours Required [LOW]
744.1315(b) One Caregiver or Employee per Operation, and One Caregiver or Employee for Each Group of Children Away From Operation, Must Have Current Training in CPR [MEDIUM HIGH]
744.2105 Prohibited Punishment [HIGH]
[NEW] 744.2655(a) Administering Medication – How to Administer Medication [HIGH]
[NEW] 744.2655(b) Administering Medication [(2) HIGH; (1), (3) MEDIUM-HIGH]

TABLE 2  
HIGH/MEDIUM-HIGH DEFICIENCIES

If five or more high or medium-high deficiencies in the 12-month licensing compliance history apply as follows:

- Initial applicants—not eligible for TRS certification
- Current TRS providers—lose a star level, with 2-Star Program Providers losing TRS certification

Changes to the list as it currently appears in WD Letter 08-14 are indicated as [New].

### Centers

High/Medium-High Deficiencies
745.625 Background Checks Requirement – Submitting Requests [HIGH]
746.1003 Director Responsibilities [HIGH – (1), (3)-(6); MEDIUM – (2)]
746.1201(1) Responsibilities of Employees and Caregivers – Demonstrate Competency, Good Judgment, Self – Control [HIGH]
[NEW] 746.1301(a)(2)(B) 24 Clock Hours of Preservice Training [LOW] (DFPS to reclassify as MEDIUM-HIGH)
[NEW] 746.1305 Preservice Training Requirement (whole section) [(a) MEDIUM, (b) MEDIUM-HIGH]
746.1203(4) Responsibilities of Caregivers – Supervision of Children [HIGH]
746.1203(5) Responsibilities of Caregivers – Children in Control [MEDIUM-HIGH]
[NEW] 746.1309(a) Documented Annual Training – 24 Hours Required [MEDIUM-HIGH]
[NEW] 746.1309(e)(1) Annual Training for Caregivers of Children under 24 Months – Shaken Baby Syndrome [MEDIUM-HIGH]

### Homes

High/Medium-High Deficiencies
745.625, Background Checks Requirement [HIGH]
747.207 [NEW] (1)-(9) Primary Caregivers Responsibilities [HIGH - (2),(5), (7)-(8); MEDIUM-HIGH – (1), (3),(4),(6)]
[New] 747.1307(e) Annual Training for Caregivers of Children under 24 Months [MEDIUM HIGH]
747.1501 (c)(1) Responsibilities of Employees and Caregivers – Competency, Good Judgment, Self-Control [HIGH]
747.1501(c)(4) Responsibilities of Caregivers – Supervision of Children [HIGH]
747.1501(c)(5) Additional Responsibilities of Caregivers – Children in Control [HIGH]
747.3501 Safety – Areas Free From Hazards [MEDIUM-HIGH]

### After-School Programs

<b>High/Medium-High Deficiencies</b>
745.625 Background Checks Requirement [HIGH]
744.1005(a)(1)-(6) Director Responsibilities [MEDIUM-HIGH]
744.1201(1) Responsibilities of Employees and Caregivers – Demonstrate Competency, Good Judgment, Self-Control [HIGH]
744.1203(4) Responsibilities of Caregivers – Supervision of Children [HIGH]
744.1203(5) Additional Responsibilities of Caregivers – Children in Control [MEDIUM-HIGH]
[NEW] 744.1301 Employee Training Requirements (whole section) [LOW]

1

2 **Issue 5: TRS Star Level Scoring**

3

4 The proposed TRS Program rules require the TRS guidelines to set forth measures for child care  
5 providers in the following categories:

- 6 • Director and staff qualifications and training
- 7 • Caregiver-child interactions
- 8 • Curriculum
- 9 • Nutrition and indoor and outdoor activities
- 10 • Parent involvement and education

11

12 The proposed TRS Program rules also require the TRS guide to identify the scoring factors to be included  
13 in the TRS guidelines.

14

15 The TRS guidelines for rating a child care facility will:

- 16 • set forth requirements for provider certification at each star level; and
- 17 • specify the scoring methodology and scoring thresholds for each star level.

18

19 **Recommendations**

20 Based on the recommendations of the TRS workgroup, staff recommends that for each category, the TRS  
21 guidelines establish:

- 22 • structural “met” or “not met” measures at the 2-star level; and
- 23 • observable process measures scored on a scale of 0–3 points at the 3- and 4-star levels.

24

25 Based on the recommendations of the TRS workgroup, staff also recommends that, to ensure a provider  
26 meets a certain level of quality across all categories, the overall provider star level be based on the  
27 category of the lowest star level achieved:

- 28 • If a provider scores at a 4-star level in two categories, a 3-star level in one category, and a 2-star level  
29 in two categories, the provider would be certified as a 2-Star Program Provider.
- 30 • If a provider meets all the structural measures for the 2-star level, the score of the process measures  
31 will determine the star level for each category. Process measures are scored, and points awarded for  
32 them, through on-site assessments.

33

34 Based on the recommendations of the TRS workgroup, staff also recommends that:

- 35 • the score for a process measure in which multiple classrooms are assessed would be based on the  
36 median score of the classrooms; and
- 37 • the methodology for determining the star level of a category be based on the provider’s average score  
38 across all measures of a category:
  - 39 ➤ 3-Star – average score is 1.80 to 2.39 (60–79.9 percent of total points)
  - 40 ➤ 4-Star – average score is greater than 2.4 (80 percent of total points)

1  
2 Finally, staff recommends that if a single classroom scores below the threshold for a 3-star level, the  
3 provider cannot be certified as a 4-star provider.  
4

5 **Issue 6: TRS Measures**

6  
7 The proposed TRS Program rules identify the organizational structure and categories to be included in the  
8 TRS guidelines.

9  
10 The TRS guidelines for rating a child care provider will describe measures for the TRS program that  
11 contain, at a minimum, measures for child care providers based on the following criteria:

- 12 1. Director/Staff Qualifications and Training
- 13 2. Caregiver-Child Interactions
- 14 3. Curriculum
- 15 4. Nutrition and Indoor/Outdoor Activities
- 16 5. Parent Involvement and Education

17  
18 **Recommendation**

19 Based on the recommendations of the TRS workgroup, staff recommends the following TRS measures:  
20

TEXAS RISING STAR (TRS) STAFF – FINAL TRS MEASURES RECOMMENDATIONS

Category 1: Director and Staff Qualifications and Training

Director Qualifications and Training

Structural Requirements (Must Be Met)

Age Group(s)	2-Star Requirement	3-Star Requirement	4-Star Requirement	Applicable to Licensed & Registered Homes
All Ages	<p><b>DIRECTOR EDUCATION:</b>  <b>CAREER LATTICE LEVEL</b>                      1. The director assesses their education, experience and ongoing education to determine their career lattice level.</p> <p>Provider determines their current career lattice level, identifies how they want to progress to a higher career lattice level.</p>	Must meet 2-Star Requirement	Must meet 2-Star Requirement	Must meet 2-Star Requirement
All Ages (except school-age only programs)	<p><b>DIRECTOR TRAINING</b>                      2. * TRS Director Certification Course</p> <p>Similar to model of Taking Charge of Change - TCC Leadership Academy can count towards annual CCL training hour requirements</p> <p>*Based on availability</p>	Must meet 2-Star Requirement	Must meet 2-Star Requirement	Must meet 2-Star Requirement
All Ages (except school-age only programs)	<p>3. <u><b>DIRECTOR RESPONSIBILITIES:</b></u>                      Ensure all caregiver staff have a formal training plan</p>	Must meet 2-Star Requirement	Must meet 2-Star Requirement	Must meet 2-Star Requirement
School-Age Programs Only	<p><b>DIRECTOR TRAINING</b>                      1. An individualized written training plan that contains 24 clock hours of training on an annual basis (of the 24 hours, a minimum of 6 hours need to be in program administration, management and supervision) is observed in the director's staff file.</p>	Must meet 2-Star Requirement	Must meet 2-Star Requirement	Must meet 2-Star Requirement

TEXAS RISING STAR (TRS) STAFF – FINAL TRS MEASURES RECOMMENDATIONS

**Category 1: Director and Staff Qualifications and Training**  
**Director Qualifications and Training**  
**Process Measures (Points 0-3)**

Age Group(s)	Measure	Score of 0	Score of 1	Score of 2	Score of 3	NA (Not Applicable)	Applicable to Licensed & Registered Homes
All Ages (except school-age only programs)	1. FORMAL EDUCATION	Not met	Valid Child Care Administrator's Credential	Valid Child Development Certificate (CDA), or Child Care Professional (CCP) Credential with 6 college credit hours in Business Management OR 9 college credit hours in ECE and 9 credit hours in business management OR sixty college credit hours with nine college credit hours in child development and six college credit hours in business management. OR 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.	AAVAAS in ECE or closely related field with 12 college credits in ECE and 6 credit hours in business management  OR At least a BA/BS with 12 hours college credit hours in ECE and 6 credit hours in business management		Day (Child)Care Administrator Credential issued by a professional organization or educational institution approved by Child Care Licensing (without CCL waivers) OR 72 clock hours of training in child development 24 clock hours of training in business management (Licensed or Registered Family Homes only)
	2. DIRECTOR EXPERIENCE	Not met	Be at least 21 years old & 2 years of experience in early childhood.	Be at least 21 years old & 3 years of experience in early childhood	Be at least 21 years old & 4 or more years of experience in early childhood		

TEXAS RISING STAR (TRS) STAFF – FINAL TRS MEASURES RECOMMENDATIONS

	3. DIRECTOR TRAINING An individualized written training plan that contains 36 clock hours of training on an annual basis	Not met	Of the 36 hours, a minimum of 6 hours is in program administration, management and supervision	of the 36 hours a minimum of 6 hours is in program administration; and 3 hours is in Infant/Toddler or Prek guidelines	of the 36 hours a minimum of 6 hours in program administration; and 6 hours in Infant/Toddler or Prek guidelines		
6 – 12 years old (School-Age Only Programs)	1. FORMAL EDUCATION	Not met	Valid Child Care Administrator's Credential	Valid Child Care Administrator's Credential certificate from a community college with at least 15 college credit hours in ECE or related field and three college credit hours in management. OR Valid CDA or CCP credential with six college credit hours in management OR Nine college credit hours in child development and nine college credit hours in management. OR Sixty college credit hours with nine college credit hours in ECE or a related field and 6 hours in management.	AAVAAS in ECE or a closely related field with 6 credit hours in business management OR At least a BA/BS in a closely related field and 6 credit hours in business management		
6 – 12 years old (School-Age Only Programs)	2. DIRECTOR EXPERIENCE	Not met	Be at least 21 years old & 1 years of experience in afterschool child care.	Be at least 21 years old & 2 years of experience in afterschool child care.	Be at least 21 years old & 3 or more years of experience in afterschool child care.		

Definitions:

1. Director Experience:  
The following types of experience may be counted as experience in a licensed child-care center:

- (1) Experience as a director, assistant director, or as a caregiver working directly with children, obtained in any DFPS licensed child-care center, whether paid or unpaid;
- (2) Experience as a director, assistant director, or caregiver working directly with children, whether paid or unpaid, in a DFPS licensed day-care center, group day-care home, kindergarten

## TEXAS RISING STAR (TRS) STAFF – FINAL TRS MEASURES RECOMMENDATIONS

or nursery school, schools: grades kindergarten and above, drop-in care center, or in a DFPS alternatively accredited program; and  
(3) Experience as a director, assistant director, or caregiver working directly with children in a licensed or certified child-care center in another state or country.

The following types of experience may be counted as experience in a licensed or registered child-care home:

- (1) Experience as a primary caregiver or assistant caregiver working directly with children, whether paid or unpaid, in a DFPS licensed or registered child-care home;
- (2) Experience as a director, assistant director, or caregiver working directly with children, whether paid or unpaid in a DFPS licensed group day-care home; or
- (3) Experience as a primary caregiver of a DFPS registered family home.

DFPS Child Care Licensing Minimum Standard §746.1021

### 2. Related Fields:

Related fields of Coursework:

Related Field coursework areas include: early childhood education, child growth and development, psychology, sociology, classroom management, child psychology, health and safety of children, elementary education related to pre-kindergarten through third grade

Reference: TDFPS Child Licensing Minimum Standard §746.1027

### 3. Management Coursework:

Management coursework areas include: administration of a child-care facility, recreational leadership, accounting, goal and objective setting, performance planning and evaluation, management techniques, risk management and other administrative, management, or supervisory-related courses. Courses in office machines or computer training are not recognized as management

Reference: TDFPS Child Licensing Minimum Standard §746.1029

TEXAS RISING STAR (TRS) STAFF – FINAL TRS MEASURES RECOMMENDATIONS

Category 1: Director and Staff Qualifications and Training

Caregiver Qualifications, Orientation and Training

Structural Requirements (Must Be Met)

Age Group(s)	2-Star Requirement	3-Star Requirement	4-Star Requirement	Applicable to Licensed & Registered Homes
All Ages	<p>CAREGIVER ORIENTATION</p> <p>1. Before beginning child care duties all caregiver staff 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.</p> <p>Orientation documentation is dated on/prior to the date the caregiver starts working in the classroom and is observed in the caregiver's staff file by the TRS assessor and includes the following topics:</p> <p>A. Texas Rising Star (TRS) program and criteria</p> <p>B. Policies of the facility</p> <p>C. An overview of the developmental needs/expectations of children in the assigned age group</p> <p>D. The planned daily activities of the facility, which reflects the ethnic background, gender, abilities and makeup of families of the children, as well as the diversity of cultures represented in the community.</p>	Must meet 2-Star Requirement	Must meet 2-Star Requirement	<p>Registered childcare home has no requirement</p> <p>Licensed child care home-any staff beyond the licensed holder</p> <p>All staff counted in the ratio</p> <p>Must meet 2-Star Requirement</p>
All Ages	<p>CAREGIVER ORIENTATION</p> <p>2. Before beginning child care duties, all volunteers and substitute caregivers are provided orientation that defines the task to which they are assigned.</p> <p>Orientation documentation is observed in the caregiver's staff file by the TRS assessor. It is dated on/prior to the date the caregiver starts working in the classroom.</p>	Must meet 2-Star Requirement	Must meet 2-Star Requirement	<p>Measures are the same for home-based and center-based care.</p> <p>Must meet 2-Star Requirement</p>

TEXAS RISING STAR (TRS) STAFF – FINAL TRS MEASURES RECOMMENDATIONS

For Programs serving 0-5 years	CAREGIVER STAFF TRAINING 1. The plan provides for a minimum of 30 clock hours of child care related training specific to the age of children in their care.	Must meet 2-Star Requirement	Must meet 2-Star Requirement	LCCH: Required RCCH: required  Minimum Standard: The plan provides for a minimum of 24 clock hours of child care related training specific to the age of children in their care for all child care staff.  Must meet 2-Star Requirement
6 – 12 years old (School-age Only Programs)	FULL -TIME CAREGIVER STAFF TRAINING 2. An individualized written training plan that contains 20 clock hours of training on an annual basis (of the 20 hours, a minimum of 12 hours need to be in school-age development and curriculum) was in the caregiver's staff file.	Must meet 2-Star Requirement	Must meet 2-Star Requirement	NA
6 – 12 years old (School-age Only Programs)	PART-TIME CAREGIVER STAFF TRAINING 3. An individualized written training plan that contains 15 clock hours of training on an annual basis (of the 15 hours, a minimum of 10 hours need to be in school-age development and curriculum) was in the caregiver's staff file.	Must meet 2-Star Requirement	Must meet 2-Star Requirement	NA
All Ages	CAREGIVER STAFF TRAINING 4. All child care staff participates in training according to the approved plan.  The training certificates do align to the individualized written training plan.	Must meet 2-Star Requirement	Must meet 2-Star Requirement	
All Ages RCCH and LCCH facilities only	CAREGIVER STAFF TRAINING 1. Primary Caregiver has 36 hours of documented training, with a minimum of 12 clock hours of instructor -led training.	Must meet 2-Star Requirement	Must meet 2-Star Requirement	
All Ages LCCH facilities only	CAREGIVER STAFF TRAINING 1. If applicable, caregivers have 30 hours of documented training, with a minimum of 12 clock hours of instructor -led training (not including director-led training).	Must meet 2-Star Requirement	Must meet 2-Star Requirement	

TEXAS RISING STAR (TRS) STAFF – FINAL TRS MEASURES RECOMMENDATIONS

All Ages For LCCH facilities only	<p>CAREGIVER QUALIFICATIONS</p> <p>2. Each primary caregiver:</p> <p>A. Meets DFPS Minimum Child Care Licensing Standards</p> <p>B. Has a minimum of one year of experience as a caregiver working with children unrelated to the caregiver in a licensed or registered facility; and has 36 clock hours of child care related training acquired during the previous year of operation or employment. Applicable only to primary caregiver.</p>	Must meet 2-Star Requirement	Must meet 2-Star Requirement	<p>Primary caregiver does meet the criteria - meets DFPS Minimum Child Care Licensing Standards and has 36 clock hours within the previous 12 months (and does not have more than 6 hours of self-study)</p> <p>Must meet 2-Star Requirement</p>
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TEXAS RISING STAR (TRS) STAFF – FINAL TRS MEASURES RECOMMENDATIONS

Category 1: Director and Staff Qualifications and Training  
Caregiver Qualifications and Training

Process Measures (Points 0-3)Age Group(s)	Measure	Score of 0	Score of 1	Score of 2	Score of 3	NA (Not Applicable)	Applicable to Licensed & Registered Homes
All Ages (except school-age only programs)	<p>CAREGIVER QUALIFICATIONS</p> <p>1. Not counting the center director, full-time caregiver staff must meet <u>one</u> of the following measures:* (For centers having only 3 or fewer staff and at least one full time staff caregiver)</p> <p>A. Have a Child Development Associate (CDA) credential, or</p> <p>B. Have a Certified Child Care Professional (CCP) credential, or</p> <p>C. Have successfully completed twelve college credit 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; or</p> <p>D. Have two years full-time paid experience working with children as a caregiver in a licensed or registered child care facility while presently working toward a CDA or a CCP credential; or;</p> <p>E. Have successfully completed 192 training clock hours within the last 5 years 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. Or</p> <p>F. Have a Bachelor's or Associate's degree in early childhood development or related field.</p>		Provider meets 30% of staff	Provider meets more than 50% but less than 75% of staff	Provider meets 75% or better of staff		

TEXAS RISING STAR (TRS) STAFF – FINAL TRS MEASURES RECOMMENDATIONS

	CAREGIVER STAFF TRAINING 2. Caregiver training topics are aligned with core competencies	Less than 50% of the training is aligned with core competencies	50% of the training topics aligned with core competencies	65% of the training topics aligned with core competencies	80% of the training topics aligned with core competencies		
6 – 12 years old (School-age Only Programs)	<p>CAREGIVER QUALIFICATIONS</p> <p>1. Not counting the center director, all caregiver staff must meet <u>one</u> of the following measures:</p> <p>A. Have a Child Development Associate (CDA) credential, or (CCP) credential, or working toward a CDA/CCP credential or AA in a related field; or</p> <p>B. Have successfully completed twelve college credit hours at an accredited university; or</p> <p>C. Have two years paid experience in a school-age program; or</p> <p>D. Have two years paid experience working with children in a licensed program; or</p> <p>E. Have successfully completed 192 training clock hours within the last 5 years 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. Or</p> <p>F. Have a Bachelor's or Associate's degree in early childhood development or related field.</p>		Provider meets 30% of staff	Provider meets more than 50% but less than 75% of staff	Provider meets 75% or better of staff		

**Category 2: Caregiver-Child Interactions**  
**Group Size: Age-Related Groups (non-mixed age groups)**  
**Structural Requirements (Must Be Met)**

Age Group(s)	2-Star Requirement	3-Star Requirement	4-Star Requirement	Applicable to Licensed & Registered Homes
0-12 months	Maximum Group Size = 10	Must meet 2-Star Requirement	Must meet 2-Star Requirement	Homes must meet minimum licensing standards for group size
13-17 months	Maximum Group Size = 12	Must meet 2-Star Requirement	Must meet 2-Star Requirement	
18-23 months	Maximum Group Size = 14	Must meet 2-Star Requirement	Must meet 2-Star Requirement	
24-35 months	Maximum Group Size = 14	Must meet 2-Star Requirement	Must meet 2-Star Requirement	
Age 3	Maximum Group Size: 18	Must meet 2-Star Requirement	Must meet 2-Star Requirement	
Age 4	Maximum Group Size: 21	Must meet 2-Star Requirement	Must meet 2-Star Requirement	
Age 5	Maximum Group Size: 25	Must meet 2-Star Requirement	Must meet 2-Star Requirement	
Age 6-8 years	Maximum Group Size: 25	Must meet 2-Star Requirement	Must meet 2-Star Requirement	
Age 9-12 years	Maximum Group Size: 30	Must meet 2-Star Requirement	Must meet 2-Star Requirement	

**Category 2: Caregiver-Child Interactions**  
**Group Size: Mixed Age Groups**  
**Structural Requirements (Must Be Met)**

Age Group(s)	2-Star Requirement	3-Star Requirement	4-Star Requirement	Applicable to Licensed & Registered Homes
Age 0-17 months	Maximum Group Size = 10	Must meet 2-Star Requirement	Must meet 2-Star Requirement	Homes must meet minimum licensing standards for group size
Age 13-23 months	Maximum Group Size = 12	Must meet 2-Star Requirement	Must meet 2-Star Requirement	
Age 2-3 years	Maximum Group Size = 16	Must meet 2-Star Requirement	Must meet 2-Star Requirement	
Age 3-4 years	Maximum Group Size = 18	Must meet 2-Star Requirement	Must meet 2-Star Requirement	
Age 3-5 years	Maximum Group Size = 18	Must meet 2-Star Requirement	Must meet 2-Star Requirement	
Age 4-5 years	Maximum Group Size = 21	Must meet 2-Star Requirement	Must meet 2-Star Requirement	
Age 5-8 years	Maximum Group Size = 25	Must meet 2-Star Requirement	Must meet 2-Star Requirement	
Age 9-12 years	Maximum Group Size = 30	Must meet 2-Star Requirement	Must meet 2-Star Requirement	

**Subcommittee 2: Caregiver-Child Interactions**  
**Staff Ratios**  
**Process Measures – Points (0-3)**

Age Group(s)	Score of 0	Score of 1	Score of 2	Score of 3	NA (Not Applicable)	Applicable to Licensed & Registered Homes
Age 0-11 months	2:10	No additional points	No additional points	1:4		
Age 12-17 months	1:5 or 2:13	No additional points	No additional points	1:4		
Age 18-23 months	1:9	1:7	1:6	1:4		
Age 2 years	1:11	1:9	1:8	1:6		
Age 3	1:15	1:12	1:11	1:9		
Age 4	1:18	1:14	1:12	1:10		
Age 5	1:22	1:16	1:13	1:10		
Age 6-8	1:26	1:19	1:16	1:12		
Age 9-13	1:26	1:19	1:16	1:12		

**Category 2: Caregiver-Child Interactions**  
**Warm and Responsive Style**  
**Process Measures – Points (0-3)**

Age Group(s)	Measure	Score of 0	Score of 1	Score of 2	Score of 3	NA (Not Applicable)	Applicable to Licensed & Registered Homes
All ages	1. Provides physical and emotional security (creates a warm, safe, and nurturing environment.) <u>Key behaviors:</u> Refrains from using negative/harsh language, behaviors, and discipline; does not make critical or demeaning comments	Low quality- Score 0 if caregiver exhibits 1 or more harsh negative behaviors	Moderately Low Quality- Behavior can be typically characterized as neutral with no evidence of harsh negative behaviors; some moderately negative behaviors may be present; positive behaviors are infrequent	Moderately High Quality- Caregiver uses a mix of neutral to positive behaviors with no negative behaviors	High Quality- Behavior is characterized as positive with no negative behaviors		Measures are the same for home-based and center-based care.
	2. Uses frequent positive non-verbal behaviors to increase feelings of acceptance <u>Key behaviors:</u> smiles, sits at child's level, allows child to sit near or with teacher, reassuring touch	Score 0 if harsh negative non-verbal behavior is observed (physical threat, rough touch/repositioning, gestures)	MLQ- Caregiver does not use negative non-verbal behaviors, never or infrequently displays positive non-verbal behavior	MHQ- Caregiver sometimes uses positive non-verbal behaviors but multiple missed opportunities are noted	HQ- Caregiver frequently uses positive non-verbal behaviors to increase acceptance or calm children		Measures are the same for home-based and center-based care.
	3. Has a patient, relaxed style that helps maintain calmness in the classroom <u>Key behaviors:</u> Uses a positive tone of voice, does not seem rushed, reacts calmly when conflicts arise or children need support	Caregiver behavior is characterized as rushed, overwhelmed, or impatient which may be contributing to anxiety or stress in the classroom	MLQ- Caregiver behavior is mixed with periods some periods of rushed, overwhelmed, impatient behavior, children may not appear affected by this caregiver style	MHQ- Caregiver typically maintains calm demeanor, during periods of stress or conflict shows signs of stress or anxiety	HQ- Caregiver style is relaxed and calm, responds to children's signs of stress or rising tension among children in a calm manner		Measures are the same for home-based and center-based care.
	4. Notices and attends to children's needs and signals (i.e., very few missed signals) <u>Key behaviors:</u> Recognizes signs of stress in individual children listens to children's attempts at communication/expression; notices subtle signals from more shy or withdrawn children; responds to children's comments, questions, vocalizations	Caregiver frequently ignores or is unaware of the signals and needs of children	MLQ- Caregiver sometimes misses children's signals and needs though some instances of awareness and response are noted	MHQ- Caregiver generally attends to children's needs and signals though some missed signals are noted	HQ- Caregiver can be characterized as keenly aware of children's signals and needs; highly tuned-in to children		Measures are the same for home-based and center-based care.

Age Group(s)	Measure	Score of 0	Score of 1	Score of 2	Score of 3	NA (Not Applicable)	Applicable to Licensed & Registered Homes
	<p>5. Responds promptly and sensitively to children's cognitive and affective signals (acknowledges and expands on children's attempts at communication, play, and expression of needs.) <u>Key behaviors:</u> Comforts child, celebrates accomplishments, values needs, shows acceptance of feelings, etc.; responds with language that is positive in content and tone</p>	<p>Responds negatively to children's cognitive or affective signals, one or more instances of negative language or non-verbal behavior in response to a child(ren), responses typically characterized as cold or flat</p>	<p>MLQ- Responses are generally neutral with no harsh negative behaviors, rare instances of sensitive responses may be noted</p>	<p>MHQ- Response style is typically warm and positive with no evidence of negative responses, and few missed opportunities</p>	<p>HQ- Response style is highly supportive with children typically receiving warm and sensitive responses to affective and cognitive signals</p>		<p>Measures are the same for home-based and center-based care.</p>
	<p>6. Shows flexibility and an ability to adjust one's own behavior to meet the needs, interests, and abilities of individual/groups of children <u>Key behaviors:</u> Caregiver does not show preference/acceptance of some children and rejection/lack of acceptance of others; treats all children with fairness and respect; Seems to know which children respond well to humor, soft voices, etc., adjusts response style to match each child's personality and temperament</p>	<p>Shows little tolerance for individual differences, caregiver exhibits one or more behaviors that show strong rejection of a particular child(ren) or an inability to adjust to child(ren) needs</p>	<p>MLQ- Generally shows tolerance for individual children though one or more mild instances of rejection/failure to adjust were noted</p>	<p>MHQ- Caregiver consistently demonstrated fairness, acceptance, and ability to adjust though some opportunities for improvement were noted</p>	<p>HQ- Caregiver responds well to individual differences and needs among children; no instances of rejection or unfairness are noted</p>		<p>Measures are the same for home-based and center-based care.</p>

**Category 2: Caregiver-Child Interactions**  
**Language Facilitation and Support**  
**Process Measures – Points (0-3)**

Age Group(s)	Measure	Score of 0	Score of 1	Score of 2	Score of 3	NA (Not Applicable)	Applicable to Licensed & Registered Homes
All age groups	1. Listens to children attentively and responds appropriately to their language, vocalizations, and non-verbal attempts at communication. <u>Key behaviors:</u> Notices and responds to individual children's gestures, vocalizations, comments, questions; listens patiently while children work to express themselves, offering support if needed	LQ Caregiver frequently ignores or is unaware of children's attempts at verbal and non-verbal communication, caregiver exhibits one or more instances of harsh negative behavior in response to attempts at communication	MLQ- Caregiver sometimes misses children's attempts at communication, some missed opportunities or instances of neutral to positive response to language initiation are noted	MHQ- Caregiver generally responds positively to children's attempts at communication, very few missed opportunities to respond to children's attempts at communication have been noted	HQ- Caregiver behavior can be characterized as highly responsive to children's attempts at communication		Measures are the same for home-based and center-based care.
	2. Uses positive verbal responses and encouragement to provide reinforcement or acknowledge positive behavior/accomplishments <u>Key behaviors:</u> Good job, your drawing looks great, You can do it; Praises and encourages children's attempts at communication; Provides frequent descriptive praise to reinforce positive behavior, efforts, interests, and accomplishments, descriptive praise offers more detailed feedback about specific behaviors or ideas to be reinforced ("Wow, you write your name! versus "nice job")	LQ Absence of positive language to provide positive reinforcement or encouragement	MLQ- Few instances of positive language to provide positive reinforcement or encouragement, praise/encouragement, delivery may seem flat or disinterested	MHQ- Several instances of language to provide positive reinforcement and encouragement, praise/encouragement is generally characterized as warm and supportive	HQ- Caregiver provides frequent positive verbal responses and encouragement that can be characterized as warm and supportive, when working with older children provides more descriptive praise and encouragement		Measures are the same for home-based and center-based care.
	3. Uses language to add meaning/expand on child(ren)s interests or agenda <u>Key behaviors:</u> Comments or asks questions using positive	LQ- Caregiver does use language to expand or build on a child(ren)'s	MLQ- Few neutral to positive instances of caregiver using language to build/expand on child(ren)'s interest or agenda	MHQ- Several positive instances of caregiver using language to build/expand on	HQ- Caregiver frequently uses positive language to build/expand on child(ren)'s interest or		Measures are the same for home-based and center-based care.

Age Group(s)	Measure	Score of 0	Score of 1	Score of 2	Score of 3	NA (Not Applicable)	Applicable to Licensed & Registered Homes
	verbal content and tone of voice in connection with something the child is interested/engaged in or in response to something a child has said/vocalized, talk/explanation about the caregivers own interest/agenda is not considered in this item	interest or agenda, when language is used to expand/build it is of very poor quality	have been noted	child(ren)'s interest or agenda have been noted	agenda,		
	4. Communicates with children throughout the day (in whole group activities, small groups, mealtimes, outdoor play.) <u>Key behaviors:</u> Teacher/caregiver provides frequent language stimulation; Routinely talks to children and imitates sounds infants and toddlers make throughout the day	LQ- Caregiver rarely provides language stimulation, communication may be limited to providing required directions or discipline	MLQ- Caregiver uses language to provide directions or behavioral support/guidance as needed, several additional instances of language support noted across the observation period	MHQ- Caregiver provides frequent language stimulation across a variety of activities/contexts, some instances of low verbal engagement/withdrawal were noted	HQ- Caregiver provides frequent language stimulation throughout the day, very few instances of low verbal engagement were noted		Measures are the same for home-based and center-based care.
	5. Uses specific labels and descriptors throughout the day ("It's time to drink your bottle" versus "here, take this, hand me the blue marker in that cup," versus "give me that (points to marker).") <u>Key behaviors:</u> Uses rich language when responding/interacting with children; talks to infants throughout care routines using specific language; narrating or thinking aloud about actions	LQ- Caregiver rarely uses specific labels and descriptors	MLQ- Caregiver sometimes uses specific labels and descriptors but variety/breadth is limited, use of specific labels may be confined to a limited period(s) during the observation	MHQ- Caregiver uses a variety of labels and descriptors, use of specific labels and descriptors is not limited to one or two activities/contexts during the observation period	HQ- Caregiver uses a wide variety of labels and descriptors throughout the observation period		Measures are the same for home-based and center-based care.
	6. Provides children with frequent opportunities to talk with caregivers throughout the day (small group, whole group, outdoor play, mealtimes.) <u>Key behaviors:</u> Teacher/caregiver actively encourages children to communicate (i.e., teacher should	LQ- Rarely encourages children to communicate with the caregiver	MLQ- Some attempts at eliciting language were observed but attempts were confined to a limited period during the observation, caregiver may only encourage brief or limited	MHQ- Caregiver encourages language across a variety of settings/activities, some instances of encouraging children to use expanded language were observed	HQ- Caregiver encourages children to use language through the observation period, many instances of encouraging children to use expanded language		Measures are the same for home-based and center-based care.

Age Group(s)	Measure	Score of 0	Score of 1	Score of 2	Score of 3	NA (Not Applicable)	Applicable to Licensed & Registered Homes
	not be doing all of the talking/vocalizing); uses a variety of questions (open/closed) to encourage critical or creative thought		language use		were observed		
	7. Allows children time to respond to questions before providing the answer or asking another question. <u>Key behaviors:</u> Gives children time to think and respond before moving on; speaks and interacts at a pace comfortable for individual children	LQ- Rarely provides children adequate time to respond to questions before providing the answer or asking another question	MLQ- Rushed/too brief wait time was sometimes observed, some instances of providing children time to respond to questions before providing the answer or asking another question were observed	MHQ- Typically provides children time to respond to questions before providing the answer or asking another question, very few instances of rushed/too brief wait time observed	HQ- Almost always provides children time to respond to questions before providing the answer or asking another question		Measures are the same for home-based and center-based care.
	8. Engages children in conversations (3-5 turns) about a variety of topics (their likes, dislikes, family, books, lessons.); or provides commentary and encourages back and forth vocalization/gestures with infants and toddlers <u>Key behaviors:</u> Initiates conversations about a child's own interests and uses open-ended questions (if age-appropriate) to elicit more elaborate responses; encourages infants to coo or babble back and forth with teacher	LQ- Caregiver rarely or never engages individual children in conversation	MLQ- Only a few (3-4) instances of the caregiver engaging in conversation with individual children were noted	MHQ- Several (5-6) instances of conversation between the caregiver and an individual child were noted	HQ- Caregiver frequently (7+) engages in conversations with individual children		Measures are the same for home-based and center-based care.
	9. Expands on children's understanding or initiation by elaborating on what children say or draw attention to <u>Key behaviors:</u> Teacher's language is contingently responsive. child says; "I went to the zoo." Depending on level of child, teacher adds, "Did you see	LQ- Caregiver rarely or never engages individual children in conversation	MLQ- A few instances of following up children's initiations with more specific information or background knowledge were noted; some missed opportunities were observed	MHQ- Several instances of following up children's initiations with more specific information or background knowledge were noted; a few missed opportunities may have been observed	HQ- Caregiver typically follows up children's initiations with more specific information or background knowledge		Measures are the same for home-based and center-based care.

Age Group(s)	Measure	Score of 0	Score of 1	Score of 2	Score of 3	NA (Not Applicable)	Applicable to Licensed & Registered Homes
	an elephant or a lion?" or "Can you tell me about some of the animals you saw?"; provides infant or toddler with a label or description of something they have pointed to or attempted to talk about						
	10. Extends children's language and/or models for children how to express complete ideas or sentences (child gestures and says "ball" and adult says "you see the red ball.") Key behaviors: Recasting or restating what a child has said/indicating in a less fragmented/incomplete manner than the child expressed	LQ- Rarely or never extends children's language or models communicating complete ideas/sentences	MLQ- A few instances of extending children's language or modeling communicating complete ideas/sentences were noted	MHQ- Several instances of extending children's language or modeling communicating complete ideas/sentences were noted	HQ- Caregiver frequently extends children's language or models communicating complete ideas/sentences		Measures are the same for home-based and center-based care.

**Category 2: Caregiver-Child Interactions**  
**Play-based Interactions and Guidance**  
**Process Measures – Points (0-3)**

Age Group(s)	Measure	Score of 0	Score of 1	Score of 2	Score of 3	NA (Not Applicable)	Applicable to Licensed & Registered Homes
All age groups	1. Supports a playful attitude on an ongoing basis by creating opportunities for children to make-believe, make choices, and adjust activities to their own interests <u>Key behaviors:</u> Engages children in playful activities throughout the day; Intentionally engages children in songs, books, games, etc.	LQ- Caregiver rarely engages children in activities involving songs, books, pretend play, or games; 1 or more instances of caregiver feedback that demeans children's attempts at these types of play	MLQ- Caregiver sometimes engages children in songs, books, pretend play, or games; these opportunities can be characterized as directive or highly constrained	MHQ- Caregiver sometimes engages children in songs, books, pretend play, or games; these opportunities typically allow children opportunities to be playful and make choices about how to engage	HQ- Caregiver frequently engages children in songs, books, pretend play, or games; these opportunities typically allow children opportunities to be playful and make choices about how to engage		Measures are the same for home-based and center-based care.
	2. Participates and expands on play initiated by children to reinforce language, ideas, and social development <u>Key behaviors:</u> Takes time to follow the agenda of individual children (e.g., joining child in the block center and building/talking about building; following an infant's gaze toward a toy and demonstrating how the toy works/talking about the toy while infant manipulates the object	LQ- Caregiver rarely builds on play initiated by the child(ren); caregiver frequently redirects child(ren) rather than building on their agenda/interest	MLQ- Caregiver sometimes participates in play initiated by children though language support or expansion is minimal; caregiver may occasionally redirect child(ren) rather than building on their interest	MHQ- Caregiver sometimes participates in play initiated by children; some instances of good language support and expansion were noted; caregiver rarely redirects child(ren) rather than building on their interest	HQ- Caregiver frequently participates in play initiated by children; these interactions can be characterized as consisting of good language support and expansion; caregiver rarely redirects child(ren) rather than building on their interest		Measures are the same for home-based and center-based care.
	3. Provides guidance when children are working to complete a task/play rather than using overly directive strategies <u>Key behaviors:</u> Accepts a child's way of doing things versus requiring a child to do things the caregiver's way; Models problem-solving skills during play; Uses guidance strategies that help children solve their own problems	LQ- Caregiver is typically overly directive when children are working to complete a task; caregiver does not model, demonstrate, or discuss possible	MLQ- Caregiver is typically overly directive but a few instances of guidance that helps children complete a task in a manner that encourages problem solving/flexibility were noted	MHQ- Caregiver typically provides guidance while children are working to complete a task/play; a few instances of overly directive behavior while a child(ren) were working to complete a task/play may be noted	HQ- Caregiver typically provides guidance while children are working to complete a task/play rather than using overly directive strategies		Measures are the same for home-based and center-based care.

Age Group(s)	Measure	Score of 0	Score of 1	Score of 2	Score of 3	NA (Not Applicable)	Applicable to Licensed & Registered Homes
	rather than relying on overly directive approaches (offers choices, encourages communication and problem-solving skills, models appropriate actions.)	solutions/approaches					

**Category 2: Caregiver-Child Interactions**  
**Support for Children's Regulation**  
**Process Measures – Points (0-3)**

Age Group(s)	Measure	Score of 0	Score of 1	Score of 2	Score of 3	NA (Not Applicable)	Applicable to Licensed & Registered Homes
Toddler, Preschool, School age	1. Models and encourages emotional expression (encourages children to express feelings, labels feelings, thinks aloud to model their own feelings and reactions, makes connections between actions and emotional reactions.) <u>Key behaviors:</u> Uses specific and intentional strategies and activities to model and support emotional development (reads and discusses books about feelings, uses puppets and role play to increase understanding.)	LQ- Rarely models and encourages emotional expression; 0 instances of engaging children in intentional activities aimed at increasing emotional awareness or understanding	MLQ- A few instances of modeling and encouraging emotional expression were noted; 0 instances of engaging children in an intentional activity aimed at increasing emotional awareness or understanding	MHQ- A few instances of modeling and encouraging emotional expression were noted with at least 1 intentional activity aimed at increasing emotional awareness and understanding;	HQ- Several instances of modeling emotional expression were noted with at least 1 intentional activity aimed at increasing emotional awareness or understanding		Measures are the same for home-based and center-based care.
	2. Providing children with short explanations that help them understand why they are feeling a certain way <u>Key behaviors:</u> Teacher says, "Are you angry because he took your toy away?" I know you are excited about this toy, but you need to let Mary have a turn too."	LQ- Caregiver never provided children short explanations to help them understand why they were feeling a certain way; 1 or more instances of caregiver providing negative reinforcement or feedback when children were attempting to express emotions	MLQ- 1-2 instances of caregiver providing explanations to help child(ren) understand why they are feeling a certain way, explanations can be characterized as too lengthy, overly complex, or difficult for children to understand	MHQ- 1-2 instances of caregiver providing short explanations that are simple and clear enough for children to understand; may also have 1-2 instances of weaker explanations	HQ- Caregiver provides 3 or more short explanations that are simple and clear enough to help children understand how a child(ren) are feeling		Measures are the same for home-based and center-based care.
	3. Explains logical consequences for behaviors rather providing arbitrary consequences <u>Key behaviors:</u> Verbalizes for children logical consequences for	LQ- Rarely verbalizes consequences; these consequences are	MLQ- Sometimes explains consequences though consequences are typically	MHQ- Sometimes explains logical consequences for behavior; rare instances of explaining illogical	HQ- Frequently verbalizes logical consequences for behavior		Measures are the same for home-based and center-based care.

Age Group(s)	Measure	Score of 0	Score of 1	Score of 2	Score of 3	NA (Not Applicable)	Applicable to Licensed & Registered Homes
	behaviors	typically illogical; Verbalizes 1 or more punitive or harsh consequences for behavior	illogical; rare instances of explaining logical consequences may have been noted	consequences may have been noted			
	4. Encourages self-regulation by consistently implementing program rules and routines (signals transitions, referring to the sequence and structure of the day, balancing structured and unstructured playing and learning opportunities.)	LQ- Rarely refers to or encourages child(ren) to follow rules and routines that help children learn to regulate their own behavior; 2 or more instances of referencing/implementing harsh or developmentally inappropriate rules and routines	MLQ- Sometimes refers to or encourages child(ren) to follow rules and routines that help children learn to regulate their own behavior; 0-1 instances of implementing/referencing developmentally inappropriate rules or routines; no implementation/references to harsh rules or routines	MHQ- Sometimes refers to or encourages child(ren) to follow rules and routines that help children learn to regulate their own behavior; no instances of implementing or referencing developmentally inappropriate or harsh rules or routines	HQ- Frequently references or encourages child(ren) to follow rules and routines that help children learn to regulate their own behavior; no instances of implementing or referencing developmentally inappropriate or harsh rules or routines		Measures are the same for home-based and center-based care.
	5. Demonstrates flexibility and tolerance for minor mishaps and misbehaviors <u>Key behaviors:</u> Wipes up messes without making a child feel bad; calmly ask a child to pick up a toy the child has thrown rather than criticizing; with very young children teacher use distraction to help child avoid a meltdown when frustrated or cannot get their way	LQ- 3 or more instances of intolerant response to minor mishaps/misbehaviors; 1 or more harsh negative responses to such behaviors	MLQ- 2 or more instances of intolerant response to minor mishaps/misbehaviors; no harsh negative responses to such behaviors	MHQ- 1 instance of intolerant response to minor mishaps/misbehaviors; no harsh negative responses to such behaviors	HQ- 0 instances of intolerant or harsh response to minor mishaps/misbehaviors		Measures are the same for home-based and center-based care.
	Recognizes rising tensions and helps children understand the logical consequences of their actions before problem behaviors occur	LQ- Typically fails to recognize rising tension and is unable to help children	MLQ- Sometimes recognizes rising tensions in time to act but is typically unable to help children understand logical	MHQ- Sometimes recognizes rising tensions in time to act and is typically able to help children	HQ- Frequently recognizes rising tensions in time to act and is typically able to help children		Measures are the same for home-based and center-based care.

Age Group(s)	Measure	Score of 0	Score of 1	Score of 2	Score of 3	NA (Not Applicable)	Applicable to Licensed & Registered Homes
		understand logical consequences of their actions before problem behaviors occur	consequences of their actions before problem behaviors occur	understand logical consequences of their actions before problem behaviors occur	understand logical consequences of their actions before problem behaviors occur		
	Assists children when needed in their communications and interactions with peers (guides them as they resolve conflicts, speak respectfully to each other, initiate and expand on each other's play ideas.)	LQ- Rarely assists children in their communications and interactions with peers; 1 or more instances of assistance in peer interactions that encourages negative or hurtful behavior among peers	MLQ- Sometimes assists children in their communications and interactions with peers; assistance is typically poor; no instances of assistance that encourages negative or hurtful behavior among peers	MHQ- Sometimes assists children in their communications and interactions with peers; assistance is typically good; no instances of assistance that encourages negative or hurtful behavior among peers	HQ- Frequently assists children in their communications and interactions with peers; assistance is typically good; no instances of assistance that encourages negative or hurtful behavior among peers		Measures are the same for home-based and center-based care.
Preschool School-age	1. Teacher supports students efforts to ask questions, offer ideas, and openly discuss with the teacher.	Not Met	MLQ- Sometimes the students ask for help from the teacher but seldom do students ask a question or offer a comment to the teacher.	MHQ- Sometimes student ask for assistance and offer comments and ideas to teacher.	HQ- Often the students will ask for assistance and offer comments to the teacher in a friendly responsive exchange.		Measures are the same for home-based and center-based care.

**Category 3: Curriculum  
Lesson Plans and Curriculum  
Process Measures – Points (0-3)**

Age Group(s)	Measure	Score of 0	Score of 1	Score of 2	Score of 3	NA (Not Applicable)	Applicable to Licensed & Registered Homes
	For each of the following domains the curriculum/lesson plan includes activities linked to curriculum. Note: If weekly rather than monthly lesson plans are used collect the four most recent lessons plans for review; in order to give credit, page references or other notation connecting activities to curriculum or supplemental resources must be referenced	Curriculum/ lesson plan does not consistently include planned instructional activities that address this developmental area	Curriculum/lesson plan has moderate attention to planned instructional activities that address this developmental area	Curriculum/ lesson plan has moderate attention to planned instructional activities that address this developmental area	Curriculum/ lesson plan has considerable attention to planned instructional activities that address this developmental area		Measures are the same for home-based and center-based care.
0-2 years	1 Physical Activity and Motor Development Key evidence: Activities appropriate for both infants and toddlers that support teachers/staff to promote physical health and motor development are well described with information on how to encourage involvement including how to position infants and toddlers to be able to be successful.	< 3 per month	1-2 per week	3-4 per week	daily		
	2 Social and Emotional Development Key Evidence: Activities and teacher strategies appropriate for both infants and toddlers that support teachers/staff to promote social and emotional development are well described with information on how to encourage involvement including types of materials and books to use to be able to actively involve infants	< 3 per month	1-2 per week	3-4 per week	daily		

Age Group(s)	Measure	Score of 0	Score of 1	Score of 2	Score of 3	NA (Not Applicable)	Applicable to Licensed & Registered Homes
	and toddlers.						
	3 Language and Communication Development Key Evidence: Activities and teacher strategies appropriate for both infants and toddlers that support teachers/staff to promote language and communication development are well described with information including questioning techniques and ways to provide child friendly explanations to encourage involvement including types of materials and books to use to be able to actively involve infants and toddlers.	< 3 per month	1-2 per week	3-4 per week	daily		
	4 Cognitive Development Key Evidence: Activities and teacher strategies appropriate for both infants and toddlers that support teachers/staff to promote cognitive development are well described with information on how to encourage involvement including types of materials (blocks and other manipulatives) to use to actively involve infants and toddlers.	< 3 per month	1-2 per week	3-4 per week	daily		
3-5 years	1 Social and Emotional Key Evidence: Planned daily activities are implemented to support social and emotional development including trust and emotional security, self-awareness, self-regulation, and relationships with others, engaging children's interests and active involvement.	< 2 per month	> 2 per month	1 per week	2 per week		

Age Group(s)	Measure	Score of 0	Score of 1	Score of 2	Score of 3	NA (Not Applicable)	Applicable to Licensed & Registered Homes
3-5 years	2 Language and Communication Key evidence: Planned daily activities are implemented to support language and communication development including listening and understanding, communication and speaking to engage children's interests and active involvement.	< 3 per month	1-2 per week	3-4 per week	Daily		
	3 Emergent Literacy – Reading Key evidence: Activities for phonological awareness, print knowledge, and letter sound relations engaging children's interests and involvement	< 3 per month	1-2 per week	3-4 per week	Daily		
	4 Emergent Literacy- Writing Key evidence: Activities for book and print knowledge and opportunities for early writing, in line with each child's level of engaging children's interests and involvement	< 3 per month	1-2 per week	3-4 per week	Daily		
	5 Mathematics Key evidence: Activities for mathematics, in line with each child's level of development in this area, engaging children's interests and involvement	< 3 per month	1-2 per week	3-4 per week	Daily		
	6 Science Key evidence: Activities for science skill development in line with each child's level of development in this area, engaging children's interests and involvement	<2 per month	2-3 per month	1 per week	2 per week		
3-5 years	7 Social Studies Key evidence: Activities for the development of social studies	<2 per month	2-3 per month	1 per week	2 per week		

Age Group(s)	Measure	Score of 0	Score of 1	Score of 2	Score of 3	NA (Not Applicable)	Applicable to Licensed & Registered Homes
	knowledge about people, their environment, various cultures, community building, and citizenship.						
	8 Fine Arts Key evidence: Activities for the development of fine arts skills that include art, music and/or dramatic expression for engaging children's interests and involvement	<2 per month	2-3 per month	1 per week	2 per week		
	9 Physical Activity and Motor Development Key evidence: Activities appropriate for pre-school children that support teachers/staff to promote physical health activity and motor development for engaging children's interests and involvement.	<2 per month	2-3 per month	1 per week	2 per week		
	10 Technology Key evidence: Activities for the development of technology skills and knowledge are well described to support children's use and understanding of different forms of technology. Examples of appropriate technology may include vocabulary, letter recognition, and math games on a computer or tablet, or exploration using a mouse.	<2 per month	2-3 per month	1 per week	2 per week		
All Ages	1 Health and Wellbeing Domain Key evidence: Activities to promote health and wellbeing (personal safety and health, hygiene, health nutrition and wellness) are well described with information on how to encourage	<2 per month	<b>Infants</b> have supervised tummy time daily.  Evidence in curriculum that infants spend, while awake, less than one-half an hour in any confining equipment such as a	<b>Infants</b> have supervised tummy time daily at least 2-3x per day for short periods or as tolerated  Daily planned physical	<b>Infants</b> have supervised tummy time daily (3-5 min and gradually increased) at least 2-3x per day for short periods or as tolerated		Measures are the same for home-based and center-based care.

Age Group(s)	Measure	Score of 0	Score of 1	Score of 2	Score of 3	NA (Not Applicable)	Applicable to Licensed & Registered Homes
	involvement so that children can be successful.		<p>crib, infant seat, swing, high chair or play pen</p> <p><b>Toddlers:</b> At least 15-30 minutes of structured and unstructured, free play, physical activity is accumulated throughout every 8 hour day &amp; 30- minutes total per 4 hour day of a balance between indoor and outdoor activities; however across a week a number of days may be unbalanced</p> <p><b>Preschoolers/School-Age:</b> At least 30-60 minutes of structured and unstructured, free play, physical activity is accumulated throughout every 8 hour day &amp; 30- minutes total per 4 hour day of a balance between indoor and outdoor activities; however across a week a number of days may be unbalanced</p>	<p>activities for infants safely support developmental milestones (i.e.- head and neck support, rolling, floor sitting, kicking, crawling, reaching and grasping for objects</p> <p><b>Toddlers:</b> At least 30-60 minutes of structured and unstructured, free play, physical activity is accumulated throughout every 8 hour day: 30-45 minutes total per 4 hour daily <b>Type:</b> both free-play and structured/teacher-led physical activities occur in the schedule</p> <p><b>Preschoolers/School-age:</b> At least 60-90 minutes of structured and unstructured, free play, physical activity is accumulated throughout every 8 hour day: 30-45 minutes total per 4 hour day <b>Type:</b> both free-play and structured/teacher-led physical activities occur</p> <p>There is moderate of a balance between indoor and outdoor activities; the majority of the week is balanced</p>	<p>Daily planned physical activities for infants safely support developmental milestones (i.e.- head and neck support, rolling, floor sitting, kicking, crawling, reaching and grasping for objects</p> <p><b>Toddlers:</b> At least 60-90 minutes of structured and unstructured, free play, physical activity is accumulated throughout every 8 hour day: 45- 60 minutes total per 4 hour day <b>Type:</b> Both 30 -60 min of free-play plus 30-60 min of structured/teacher led physical activity</p> <p><b>Preschoolers/School-age:</b> At least 90-120 min of structured and unstructured, free play, physical activity is accumulated throughout every 8 hour day: 45- 60 min total per 4 hour day <b>Type:</b> 30-60 min of free-play, plus 30-60 min of structured/teacher led</p> <p>Note: Physical activity can occur in 10 minute intervals throughout the day.</p> <p>Implementation of the daily schedule</p>		

Age Group(s)	Measure	Score of 0	Score of 1	Score of 2	Score of 3	NA (Not Applicable)	Applicable to Licensed & Registered Homes
					consistently reflects a balance of indoor and outdoor activities.		

**Category 3: Curriculum**  
**Planning for Special Needs and Respecting Diversity**  
**Process Measures – Points (0-3)**

Age Group(s)	Measure	Score of 0	Score of 1	Score of 2	Score of 3	NA (Not Applicable)	Applicable to Licensed & Registered Homes
	The curriculum/lesson plan includes consideration for differences in children's language, special needs, and culture.	Curriculum/ lesson plan does not consistently include planned instructional activities that address this developmental area	Curriculum/lesson plan has moderate attention to planned instructional activities that address this developmental area	Curriculum/ lesson plan has moderate attention to planned instructional activities that address this developmental area	Curriculum/ lesson plan has considerable attention to planned instructional activities that address this developmental area		Measures are the same for home-based and center-based care.
All Ages	1 Consideration for children in a Bilingual/ESL program. <i>Key evidence:</i> Plan includes specific strategies for using child's home language to support the development of English language skills. This could include supports such as visual and gestural cues to promote learning.	< 2 strategies or activities per month	2-3 strategies/activities per month	1 strategy/activity per week	2 strategies/activities per week		Measures are the same for home-based and center-based care.
All Ages	2 Consideration for students with disabilities. <i>Key evidence:</i> plan includes specifications on how to make accommodations for children with disabilities. Accommodations should include, but not be limited to, those that support learning for children with visual, motoric, and/or auditory problems.	< 2 strategies or activities per month	2-3 strategies/activities per month	1 strategy/activity per week	2 strategies/activities per week		Measures are the same for home-based and center-based care.
All Ages	3 Consideration for students from culturally diverse backgrounds. <i>Key evidence:</i> Activities and teacher strategies are included that address the many cultures of children's families that attend the program (e.g., songs, customs, nursery rhymes, books,	< 2 strategies or activities per month	2-3 strategies/activities per month	1 strategy/activity per week	2 strategies/activities per week		Measures are the same for home-based and center-based care.

Age Group(s)	Measure	Score of 0	Score of 1	Score of 2	Score of 3	NA (Not Applicable)	Applicable to Licensed & Registered Homes
	celebrations, foods)						

**Category 3: Curriculum**  
**Instructional Formats and Approaches to Learning**  
**Process Measures – Points (0-3)**

Age Group(s)	Measure	Score of 0	Score of 1	Score of 2	Score of 3	NA (Not Applicable)	Applicable to Licensed & Registered Homes
	<p>1. Staff supports learning through encouraging hands-on manipulation of real objects (e.g., books, puzzles, toys, etc.).  <u>Key behaviors:</u> encourages exploration and experimentation of props, manipulatives, objects connected to learning goals and encourages; provides guidance and support while children work with materials rather than taking objects away and completing a task for a child</p>	Not Met	There is some evidence of exploration and experimentation of props, manipulatives, objects connected to learning goals; with some evidence of teacher encouragement and guidance.	There is moderate evidence of exploration and experimentation of props, manipulatives, objects connected to learning goals; with moderate evidence of teacher encouragement and guidance.	There is routine and consistent evidence of opportunities and teacher encouragement to explore and experiment with props, manipulatives, objects connected to learning goals available throughout the day.		Measures are the same for home-based and center-based care.
All Ages	<p>2. Intentional instructional activities that are both teacher and child initiated are balanced throughout the planned daily activities.  <u>Key behaviors:</u> Activities, play, and conversations should be initiated in balanced ways by both teachers/staff and children. There should be evidence that teachers/staff are attentive to children's suggestions and input about what they like to do and say but teacher/staff should also take responsibility for introducing engaging and challenging activities and experiences with support for all children's learning.</p>	Not Met	There is some evidence of a balance of instructional activities being either directed by the teacher or child; however, may be many times when teacher is directing or lack of learning activities being implemented	There is moderate evidence of a balance of instructional activities being either directed by the teacher or child; however, there may be sometimes when the balance is not apparent	Instructional activities are consistently balanced between teacher directed and child initiated		Measures are the same for home-based and center-based care.
	<p>3. Routine and transition times are used as opportunities for incidental learning.  <u>Key behavior:</u> staff uses routines and transition time to reinforce</p>	Not Met	There is some evidence of routine and transition times being used for incidental learning; however staff often misses the opportunity to make	There is moderate evidence of routine and transition times being used for incidental learning; however staff	Routine and transition times are consistently used as time for incidental learning		Measures are the same for home-based and center-based care.

Age Group(s)	Measure	Score of 0	Score of 1	Score of 2	Score of 3	NA (Not Applicable)	Applicable to Licensed & Registered Homes
	concepts learned during curriculum activities. For example staff uses children lining up as a time to count, learn vocabulary such as "first" and "last", and talks about behaviors that are appropriate and promotes self-regulation.		effective use of these times for learning	may sometimes miss the opportunity to make effective use of these times for learning			
	4. Transition times are planned to avoid frequent disruption of children's activities and long waits between activities. <i>Key behaviors:</i> staff is organized, prepared materials and flow of activities so that children can move effortlessly without frequent disruptions or long waits	Not Met.	Staff shows some evidence of organization and preparation; however there are often disruptions and long waits between children's learning activities.	Staff shows moderate evidence of organization and preparation; however there are some disruptions and long waits between children's learning activities.	Staff is consistently well organized and prepared resulting in no disruptions and long waits between children's learning activities.		Measures are the same for home-based and center-based care.
	5. Repeated exposure of a new concept (e.g. vocabulary word) in different learning contexts (e.g. lunch, circle time, outdoors) across the day. <i>Key behaviors:</i> Staff uses a range of learning strategies and opportunities across the day to reinforce learning of a new concept (e.g. counting at circle time, lunch, lining up, counting books, math in a learning center)	Not Met.	There is some evidence that the staff is using repeated exposure of a new concept in different learning contexts; however there are many times throughout the day when learning opportunities are missed.	There is moderate evidence that the staff is using repeated exposure of a new concept in different learning contexts; however there are some times throughout the day when learning opportunities are missed.	There is consistent evidence that the staff is using repeated exposure of a new concept in different learning contexts.		Measures are the same for home-based and center-based care.
	6. Implemented learning activities are organized to build skills and knowledge progressively by moving the child from current developmental levels to the targeted developmental benchmarks <i>Key behaviors:</i> Staff demonstrates the ability to help a child progress by providing support in terms of	Not Met	There is some evidence that the staff implement the activities in ways that build on the child's current developmental level. There often may be times when staff support is minimal or inappropriate for children to learn because it is not aligned with the child's level of understanding.	There is moderate evidence that the staff implement the activities in ways that build on the child's current developmental level. There are few times when staff support is minimal or inappropriate for children to learn because it is not aligned	There is strong evidence of the staff consistently implements the activities in ways that build on the child's current developmental level. Staff is observed to do this by asking children questions they can respond to, providing problems or task (e.g.		Measures are the same for home-based and center-based care.

Age Group(s)	Measure	Score of 0	Score of 1	Score of 2	Score of 3	NA (Not Applicable)	Applicable to Licensed & Registered Homes
	demonstrations, questioning, explanations that are in line with each child's current level of learning. For example when a learning task is too difficult for a child, staff adjusts the support provided so that the child can be successful in completing the task.			with the child's level of understanding.	building a block structure) that the child can successfully solve with support.		

Compliance Notes: Curriculum Plan referenced in #1 can be thought of as a written document that outlines the goals and the intentional activities, experiences, and interactions that are planned to achieve child benchmarks as described in the Texas Infant, Toddler, 3 year-old Early Learning Guidelines, and Pre-K Guidelines and School age. The curriculum has to show evidence of a scope and sequence of experiences that move the child's learning forward to meet specified developmental benchmarks. This is in contrast to groups of isolated activities

\*In addition to the written document, the materials necessary to implement the activities need to be present.

\*Weekly lesson plans can reference teaching manuals or curriculum plan page numbers, rather than reproducing each activity in detail (see III-1 note).

**Category 4: Nutrition, and Indoor/Outdoor Environment**

**Nutrition**

**Structural Requirements (Must Be Met)**

Age Group(s)	2-Star Requirement	3-Star Requirement	4-Star Requirement	Applicable to Licensed & Registered Homes
All Ages, as appropriate	<p>1. Program Practices. Written policies include the following –</p> <ul style="list-style-type: none"> <li>a) liquids and food hotter than 110 degrees F are kept out of reach.</li> <li>b) Staff are educated on food allergies and they take precautions to ensure children are protected.</li> <li>c) on days that providers serve meals, prepared food that is brought into the program to be shared among children is commercially prepared OR prepared in a kitchen that is inspected by local health officials.</li> <li>d) that healthy snacks (as listed by the Texas Department of Agriculture) are available for school aged children as students arrive.</li> <li>e) that staff do not reward good behavior or clean plate with foods of any kind</li> <li>f) that, on days that providers serve meals, milk, fresh fruit and vegetables are available for children who bring lunches from home.</li> </ul> <p>2. Home Lunch Practices</p> <ul style="list-style-type: none"> <li>a) Include in written policies procedures to ensure the safety of food brought from home, including refrigeration or other means to maintain appropriate temperatures.</li> <li>b) Programs have policies in place outlining strategies to educate children and their parents on nutrition.</li> <li>c) Programs provide parents with information about foods that may cause allergic reactions.</li> <li>d) Providers provide sample menus of healthful lunches for parents whose children bring food from home. Parents are encouraged to provide meals with adequate nutritional value.</li> </ul>	Must meet 2-Star Requirement	Must meet 2-Star Requirement	Measures are the same for home-based and center-based care.

Age Group(s)	2-Star Requirement	3-Star Requirement	4-Star Requirement	Applicable to Licensed & Registered Homes
All Ages, as appropriate	<p>3. Menu Planning: The provider documents one of the following options:</p> <p>A. 12 months of menus that have been reviewed/approved by:</p> <p>A1. a dietitian licensed by the Texas State Board of Examiners of Dietitians(<a href="http://www.dshs.state.tx.us/dietitian/dt_roster.shtml">http://www.dshs.state.tx.us/dietitian/dt_roster.shtml</a>), OR A2.a certified child care health consultant (healthy child care Texas); OR A3. an individual with a Bachelor’s or graduate degree with major in human nutrition, food and nutrition, nutrition education, dietetics, or food systems OR B. provider menu policies are structured to provide children with a variety of foods with different colors and textures to include whole grains, fresh fruits and vegetables; less process items; and meets the Dietary Guidelines for Americans guidelines established by the USDA. Sample menus must be provided. OR C. The Provider is participating in and in good standing with CACFP.</p>	Must meet 2-Star Requirement	Must meet 2-Star Requirement	Measures are the same for home-based and center-based care.
0- 17 Months	1. Policies specify that, upon request, a compilation of breastfeeding education and support resources in the community is provided to parents.	Must meet 2-Star Requirement	Must meet 2-Star Requirement	Measures are the same for home-based and center-based care.

Category 4: Nutrition, and Indoor/Outdoor Environment

Nutrition

Process Measures – Points (0-3)

Age Group(s)	Measure	Score of 0	Score of 1	Score of 2	Score of 3	NA (Not Applicable)	Applicable to Licensed & Registered Homes
All Ages	1. Items to Observe: Yes/No Indicators; total possible score = 7 -Drinks are offered with food -Seconds of healthy options are available -Children are not hurried to finish eating -Children are not viewing television during mealtime -Food is not used as a reward or punishment-Children are encouraged to engage in conversation during meal time -Children have the opportunity to feed themselves consistent with their developmental levels	0 points	1-2 items observed	3-5 items observed	6-7 items observed		Measures are the same for home-based and center-based care.
Toddler and older	1. Caregivers model appropriate dining etiquette.	Never	Rarely	Sometimes	Often		Measures are the same for home-based and center-based care.
0-12 Months	1. Infants are held (if developmentally appropriate) and talked to in reassuring tones while bottle fed.	No evidence	Infants were held during feeding but no positive speech directed at the infant was observed; score 0 if negative speech or handling was observed	All infants needing to be held by caregivers were during bottle feeding. However, there was limited speech or reassuring tones observed; no negative speech or tone used	All infants observed being bottle fed were held and talked to in reassuring tones.	n/a	Measures are the same for home-based and center-based care.
0-17 Months	1. Caregivers feed infants on the infant's cue, such as the infant opening the mouth and making suckling noises or moving hands at random, unless the parent and the child's physician give written instructions otherwise. The	No evidence	Caregivers often use pacifiers when they observe some infant feeding cues. In some instances they begin feeding infants. Feeding is not consistently discontinued when there are signs of satiety.	Caregivers are patient and responsive when observing infant cues, and when observing signs of satiety. Pacifiers are rarely used in place of feeding when cues are observed. Feeding is	As often as possible, the same caregiver works with the same infant and becomes familiar with his feeding cues. The caregivers are patient, gentle, and responsive to cues and		

Age Group(s)	Measure	Score of 0	Score of 1	Score of 2	Score of 3	NA (Not Applicable)	Applicable to Licensed & Registered Homes
	caregivers also stop feeding upon satiety. Caregivers observe satiation indicators such as the infant keeping the mouth closed, turning away from the bottle, and paying increased attention to surroundings.			regularly discontinued when infants turn away from the bottle, have increased awareness of surroundings, begin to close the mouth, or say "no".	signs of satiety. Pacifiers are not used in place of feeding when cues are presented.		
18 Months – and older	1. Meals are served to children seated in small groupings with their assigned caregivers when not helping with the meal service routine or providing necessary assistance to children. Children are encouraged to sample a variety of food of different colors and textures.	No evidence	Meals are served to children in small groups; caregivers join the children, but do not interact with the children or encourage the children to engage in conversation.	Meals are served to children in small groups; caregivers join the children, and interact with the children <u>or</u> encourage the children to engage in conversation.	Caregivers are seated with children, they engage <u>and</u> encourage them. Meals are served to children in small groups.		Measures are the same for home-based and center-based care.
3 to 5 Years	1. Meals are served family style; all children may assist with mealtime activities, with staff supervision. Children are encouraged to serve themselves as their abilities permit (ex. set tables, put out napkins, scoop food using sturdy serving spoons, pour milk from child sized pitchers). Items to observe: -Meals are served family style -Children are encouraged to set tables, put out napkins, clean place mats etc. -Children are encouraged to serve themselves as their abilities permit ex. scoop food using sturdy serving spoons, pour milk from child sized pitchers -An orderly process is in place for taking turns and varying tasks.	No evidence	Minimal evidence	Moderate evidence	High/consistent evidence		Measures are the same for home-based and center-based care.

**Category 4: Nutrition, and Indoor/Outdoor Environment**  
**Indoor Learning Environment**  
**Structural Requirements (Must Be Met)**

Age Group(s)	2-Star Requirement	3-Star Requirement	4-Star Requirement	Applicable to Licensed & Registered Homes
All Ages	<ol style="list-style-type: none"> <li>1. Indoor environment is arranged to facilitate a distinct division of active and quiet spaces</li> <li>2. Nap/rest space is conducive for children to relax, rest or sleep as appropriate for the ages and abilities of children</li> <li>3. Indoor environment includes space where children can play protected from interference by other children, yet be supervised by the caregiver</li> <li>4. Equipment/materials are clean and in good repair and no parts are missing. Providers supply a checklist of cleaning and maintenance tasks they use to ensure safe and sanitary environment for children.</li> <li>5. Equipment/materials are readily available and adapted to allow for equal participation by all children.</li> </ol>	Must meet 2-Star Requirement	Must meet 2-Star Requirement	Measures are the same for home-based and center-based care.
0- 17 Months	<ol style="list-style-type: none"> <li>1. Indoor environment includes sufficient quantity of sleeping, diapering and feeding equipment to accommodate the number of children served</li> <li>2. Indoor environment includes sufficient space to allow for different kinds of experiences such as tummy time, active play, quiet play, and messy play</li> <li>3. Diapering areas include items that enhance cognitive and communication skills such as mobiles or colorful hanging objects</li> <li>4. Indoor environment includes space and equipment where caregivers and mothers can sit comfortably and hold infants while feeding or breast feeding</li> </ol>	Must meet 2-Star Requirement	Must meet 2-Star Requirement	Measures are the same for home-based and center-based care.
School Age	<ol style="list-style-type: none"> <li>1. Indoor environment is arranged to include a quiet place with age appropriate tables, chairs and appropriate lighting to facilitate completion of homework.</li> </ol>			

**Category 4: Nutrition, and Indoor/Outdoor Environment**  
**Indoor Learning Environment**  
**Process Measures – Points (0-3)**

Age Group(s)	Measure	Score of 0	Score of 1	Score of 2	Score of 3	NA (Not Applicable)	Applicable to Licensed & Registered Homes
All Ages	<p>1 Indoor environment is arranged to facilitate division of interest areas for play (as developmentally appropriate) and allow children to move easily from one area to another. For infants, a variety of stimulating opportunities for learning that may change throughout the day.</p> <p><u>Key elements:</u> Developmentally appropriate materials organized to facilitate independent use and provide choices for children to engage in activities based on interest centers such as: literacy/creative writing, dramatic play/theater, art, blocks/wood working, music/listening, sensory discovery/natural science, manipulative/table games/puzzles, cozy area with soft furnishings, and gross motor materials for preschool and school age children. Appropriate materials for infants may include soft blocks, rattles, push and pull toys and colorful mobiles for infants; and large cardboard blocks, cloth books, wooden puzzles, dramatic play items, and art supplies for toddlers.</p>	<p>0-12 Months: No opportunities for change of learning environment</p> <p>Above 12 months - No evidence of division of play space into interest areas or fewer than three areas are arranged.</p>	<p>0-12 Months: Opportunities change at least once a day</p> <p>Above 12 months - At least three different kinds of interest areas with appropriate equipment/materials and sufficient space that allows for active, quiet, and messy play areas.</p>	<p>0-12 Months: Opportunities change twice a day</p> <p>Above 12 months - Developmentally appropriate equipment/materials arranged to facilitate play in 4 interest areas materials and sufficient space that allows for active, quiet, and messy play areas.</p>	<p>0-12 Months: Opportunities change three or more times a day</p> <p>Above 12 months - At least 7 interest areas arranged in the classroom which provide for different kinds of learning experiences. Developmentally appropriate equipment/materials are arranged for independent use. Interest centers are routinely changed to add variety.</p>		Measures are the same for home-based and center-based care.

Age Group(s)	Measure	Score of 0	Score of 1	Score of 2	Score of 3	NA (Not Applicable)	Applicable to Licensed & Registered Homes
	<p>2. Equipment/materials portray people in a manner that is non-stereotypical and culturally sensitive.</p> <p><u>Key indicators include:</u> Pictures of males and females used in the classroom; books, puzzles, puppets, dolls, dress up clothes, music, foods, and stories portray different cultures and ethnicity</p>	No artifacts/key indicators visible	1-2 types artifacts/key indicators visible	3-4 types artifacts/key indicators visible	5 types artifacts/key indicators visible		Measures are the same for home-based and center-based care.
	3. Developmentally appropriate visual caregiver- and children-created materials are displayed at children's eye level	Print materials are not displayed at child's eye level and do not include realistic pictures or child created work	Colorful realistic pictures reflecting nature, people, and objects are displayed	Realistic pictures of children's family members, pets, and other familiar people and places are displayed along with work created by children <b>or</b> Children's work such as flat artwork, clay and carpentry is labelled with the child's name and displayed.	Children's work such as flat artwork, clay and carpentry is labelled with the child's name and displayed; <b>and</b> Realistic pictures of children's family members, pets, and other familiar people and places are displayed along with work created by children		Measures are the same for home-based and center-based care.
	4. Equipment/materials reflect children's interest, appear inviting to children, and are arranged so children know where to find things and may easily select and return items	Equipment/materials are not displayed on low open shelving within children's reach. Available materials do not spark children's interest in play; may result in behavior issues.	Shelving is open and available at a height accessible to children, but it is limited	Open shelving and crates are distributed throughout the classroom at an appropriate height for children; children are welcome to retrieve materials	Shelving, open baskets and totes are labeled with words and pictures of materials at an appropriate height for easy reach; children are encouraged to retrieve materials and place them back in their correct place.		Measures are the same for home-based and center-based care.
	5. Equipment/materials encourage hands on manipulation of real objects Key elements may include: plastic bowls, plastic cups, hats, scarves, dish towels, food boxes,	No evidence of real objects accessible to children for play.	Minimal evidence of age appropriate real objects accessible in the classroom.	Moderate evidence of age appropriate real objects accessible in the classroom.	High/consistent evidence of age appropriate real objects accessible and evident in various interest areas in the classroom.		Measures are the same for home-based and center-based care.

Age Group(s)	Measure	Score of 0	Score of 1	Score of 2	Score of 3	NA (Not Applicable)	Applicable to Licensed & Registered Homes
	scoops, measuring cups, mirrors, baskets, magnifying glasses, telephones, calculators, keyboards, etc.						
	6. Equipment/materials facilitate social interaction and experiencing the environment through all five senses	Lack of variety of materials; children lack interest in activities/play. Interaction among children is limited; behavior problems exist due to boredom	Children are allowed to move freely so natural groupings and interactions can occur. Variety of equipment and materials	Equipment/materials provide opportunities for children to work together or alone; provide a variety of experiences and are rotated to provide interest	High/consistent evidence that children are allowed to make choices to work and play in large and small groups or alone; variety of equipment/materials that allow children to experience the learning environment through all five senses.		Measures are the same for home-based and center-based care.

**Category 4: Nutrition, and Indoor/Outdoor Environment**  
**Outdoor Learning Environment**  
**Process Measures – Points (0-3)**

Age Group(s)	Measure	Score of 0	Score of 1	Score of 2	Score of 3	NA (Not Applicable)	Applicable to Licensed & Registered Homes
All Ages	1. Outdoor environment and activities are linked to and reinforce indoor learning.	Never	Rarely	Sometimes	Often		
All Ages	2. The outdoor environment provides children with the opportunity to care for living things and appreciate nature/beauty such as: Non-toxic trees, shrubs, or vines; topographic variations (such as mounds, terraces, slopes); a variety of ground surfaces (mulch, grass, pebbles); smooth rocks, wood or logs; non-poisonous flowering plants or garden plants and vegetables; birdfeeders, bird baths and birdhouses	0-2 natural elements present in the outdoor environment	At least 3 living/natural elements present in the outdoor environment	At least 5 living/natural elements present in the outdoor environment	More than 5 living/natural elements present in the outdoor environment		Measures are the same for home-based and center-based care.
	3. Outdoor environment and natural and manufactured equipment/materials, provides partial shade, motivates children to be physically active and engage in active play such as balancing, climbing, crawling, moving, pushing/pulling, riding, walking, and running Key elements may include: balls, swings, balance beams, climbing structures, tumbling pads, tricycles or riding toys, marching music, jump ropes, space to skip, hop, and roll	Outdoor environment lacks variety and interest. Insufficient equipment/materials result in boredom; behavior challenges or injuries result from misuse of equipment	Some outdoor equipment/materials are available for all children to use without undue competition or long delays	A variety of outdoor equipment and materials are available for all children to use without undue competition or long delays	Many outdoor equipment and materials are readily accessible for all children to use without undue competition or long delays. Sufficient variety allows children to make choices. Equipment/materials are rotated to maintain children's interest		Measures are the same for home-based and center-based care.
	4. Natural outdoor environment supports social emotional development including but not limited to areas that invite social	No natural design elements or interest areas. Outdoor environment does not	Minimal evidence of natural design elements and interest areas that support social emotional	Moderate evidence of natural design elements and interest areas that support social emotional	High/consistent evidence of natural design elements and interest areas that support social		Measures are the same for home-based and center-based care.

Age Group(s)	Measure	Score of 0	Score of 1	Score of 2	Score of 3	NA (Not Applicable)	Applicable to Licensed & Registered Homes
	gatherings, , tummy time, dramatic play, group games, music and movement, and spaces for quiet and calm activities Key elements may include: Natural additions such as boulders, tree stumps, sand area and benches, design elements such as stages, platforms, wind chimes, canopies, teepees, gazebos.	support play in large and small groups or space for privacy	development	development	emotional development		
0-17 Months	1. Outdoor equipment/materials encourage infants to experience the environment through all five senses	Equipment and materials lack variety, are not age appropriate, limited to one or two of the five senses	Equipment may include strollers or buggy to facilitate exploring outdoors	Design elements and equipment include grassy areas for blankets, balls, pillows, blocks, infant swings	Design elements and equipment include foam blocks for climbing, tunnels for crawling and natural elements such as birdfeeders, bird baths and birdhouses for observation		Measures are the same for home-based and center-based care.

**Category 5: Parent Education and Involvement**

Parent Education

**Structural Requirements (Must Be Met)**

Age Group(s)	2-Star Requirement	3-Star Requirement	4-Star Requirement	Applicable to Licensed & Registered Homes
All Ages	<p>1. Parents are provided with written policies and procedures which includes:</p> <ul style="list-style-type: none"> <li>- Program philosophy and goal</li> <li>- Curriculum goals</li> <li>- Admission procedures</li> <li>- Family participation</li> <li>- Drop off/pick up procedures</li> <li>- Parent conferences</li> <li>- Fee structure</li> <li>- Late payments and refund information</li> <li>- Absences</li> <li>- Clothing guidelines</li> <li>- Inclement weather policy</li> <li>- Separation procedures</li> <li>- Nutrition standards used for menu planning</li> <li>- Physical activity and screen time policies</li> <li>- Procedure in place to allow parents to update contact information at all times without staff assistance</li> </ul> <p>Policies are reviewed annually and updated if necessary.</p> <p>2. The program has systems in place for communication between the facility and parents, which may include emailing or phone calls.</p> <p>3. A designated area is maintained where daily schedules, menus and other important notices are available to parents.</p>	Must meet 2-Star Requirement	Must meet 2-Star Requirement	Measures are the same for home-based and center-based care.

**Category 5: Parent Education and Involvement**  
**Parent Education**  
**Process Measures – Points (0-3)**

Age Group(s)	Measure	Score of 0	Score of 1	Score of 2	Score of 3	NA (Not Applicable)	Applicable to Licensed & Registered Homes
All Ages	<p>1. The provider conducts an orientation to the family at enrollment. A signed and dated copy of the content of the orientation is kept in the child's file. The orientation includes:</p> <ol style="list-style-type: none"> <li>1. Tour of the facility</li> <li>2. Introduction to teaching staff</li> <li>3. Parent visit with the classroom teacher</li> <li>4. Overview of parent handbook</li> <li>5. Policy for arrival &amp; late arrival</li> <li>6. Opportunity for an extended visit in the classroom by both parent and child for a period of time to allow both to be comfortable</li> <li>7. An explanation of Texas Rising Star Quality Certification is provided.</li> <li>8. Encourage parents to inform the center/provider of any elements related to their CCS enrollment that the provider may be of assistance.</li> <li>9. An overview of family support resources and activities in the community</li> <li>10. Child development and developmental milestones provided.</li> </ol> <p>Expectations of the family:</p>	Fewer than 50% (0-6 met) of the elements are included in the orientation.	50% (at least 7 met) of the elements are included in the orientation	65% (at least 9 met) of the elements are included in the orientation	85% (at least 11 met) of the elements are included in the orientation  -		Measures are the same for home-based and center-based care.

Age Group(s)	Measure	Score of 0	Score of 1	Score of 2	Score of 3	NA (Not Applicable)	Applicable to Licensed & Registered Homes
	<p>11. Parents are informed of the significance of consistent arrival time:            -before educational portion of school readiness program begins            -impact of disrupting learning of other children            -importance of consistent routines in preparing children for the transition to kindergarten.</p> <p>12. Statement about limiting technology use on site to improve communication between staff, children, and families (e.g., refrain from cell phone use). In order to facilitate better communication between the parent(s) and teacher and the parent and child it is best if parents are not distracted by use of electronic devices while at the center/home.</p> <p>13. Statement reflecting the role and influence of families.</p>						
All Ages	2. The provider provides families with opportunities to better understand the child's growth and development.	Not met	Posting of parent resources within the community.	<p>Score of 1, plus:            *Written communication such as articles, handouts, newsletters, etc. are given out to parents a minimum of four times a year quarterly.</p> <p>**Parents are referred to other professionals and local community resources when needed.</p>	<p>Score of 2, plus:            A resource area with parent education materials is available.</p> <p>*Parent Education opportunities are documented and included a minimum of annually and could be offered during center/home programs, such as holiday programs, open house, etc.</p>		Measures are the same for home-based and center-based care.

Age Group(s)	Measure	Score of 0	Score of 1	Score of 2	Score of 3	NA (Not Applicable)	Applicable to Licensed & Registered Homes
					A dated event program and the parent information provided are kept on file.		

Note: All information provided to parents must be research based.

\*Information and examples are available in the Parent Education Resource Index.

\*\*Resources: Early Childhood Intervention (ECI), local preschool programs for children with disabilities, pediatrician, and local agencies found through calling 211, therapy referral services.

Category 5: Parent Education and Involvement  
Parent Involvement  
 Structural Requirements (Must Be Met)

Age Group(s)	2-Star Requirement	3-Star Requirement	4-Star Requirement	Applicable to Licensed & Registered Homes
All Ages	<p>1. Director/Parent/Teacher Collaboration Regarding Challenging Behavior.</p> <p>2. Provider has a written policy/process for addressing challenging behaviors of children. The policy/process includes teacher and/or Director have ongoing conversations with parents to express concerns and discuss strategies in addressing challenging behaviors. Conversations are framed around school readiness, the objective of the program. Parents are kept informed as to their child's progress.</p> <p>The director and teachers should be able to provide evidence that they are working together with the parents about decisions regarding the child's successful experience, which may include written daily reports for children under 3 years and parent communication log.</p> <p>Introduction to community resources available to the parent/family.</p>	Must meet 2-Star Requirement	Must meet 2-Star Requirement	Measures are the same for home-based and center-based care.

**Category 5: Parent Education and Involvement**

**Parent Involvement**

**Process Measures – Points (0-3)**

Age Group(s)	Measure	Score of 0	Score of 1	Score of 2	Score of 3	NA (Not Applicable)	Applicable to Licensed & Registered Homes
All Ages	1. Parents have structured opportunities to provide input that may influence the program.	Not met	Director seeks out parent suggestions either verbally or written and can provide evidence.	The center/home has an on-going process to receive and review suggestions and recommendations from the parents (e.g. suggestions box, parent meetings).	Parents are offered an annual written evaluation and/or survey.  Suggestions and evaluation results are integrated into the program operation when applicable.		Measures are the same for home-based and center-based care.
All Ages	2. Parent Teacher conferences are held.  Conferences can be held in person or by phone.	Not met	Parent Teacher conferences are available upon parent request.	A scheduled conference is offered to parents to exchange information a minimum of one time per year.  Children's progress and overall development are discussed.  Documentation of the conference is made, dated, and signed by the parent and teacher, and a copy is kept in the child's file.	A scheduled conference is offered to parents to exchange information a minimum of 2 times a year, no less than 5 months apart.  System in place to share information with parents on an ongoing basis: written daily reports for children under 3 years, communication log, written weekly reports, journal, etc.  Information from teacher observations and written assessment is shared.		Measures are the same for home-based and center-based care.
All Ages	3. Parents are invited to participate in program related activities.	Not met	Parents are invited and encouraged to attend one event annually which may include birthdays, holidays, or other special occasion.	Parents are invited and encouraged to attend two events, special occasions or other program related activities annually.	Parents are invited and encouraged to attend 3 or more events, special occasions, parent meetings, support group or other program-related activities.		Measures are the same for home-based and center-based care.