



Revised
2015



Texas Rising Star



CHILD CARE PROVIDER CERTIFICATION GUIDELINES

A Quality Rating and Improvement System for Texas

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section 1

TEXAS RISING STAR PROGRAM
INFORMATION

chapter 1

INTRODUCTION TO TEXAS RISING STAR

The Texas Rising Star program is “a voluntary, quality-based child care rating system of child care providers participating in the Texas Workforce Commission’s subsidized child care program.” TRS Certification is available to Licensed Center and Licensed and Registered Child Care Home providers who meet the certification criteria. The TRS Provider certification system offers three levels of certification (Two-Star, Three-Star, and Four-Star) to encourage providers to attain progressively higher certification requirements leading to a Four-Star level.

WHAT IS A “TEXAS RISING STAR PROVIDER?”

A Texas Rising Star (TRS) provider is a child care provider that has an agreement to serve Texas Workforce Commission (TWC)-subsidized children and that voluntarily meets requirements that exceed the State’s Minimum Child Care Licensing (CCL) Standards.

THE TEXAS RISING STAR PROVIDER IN THE CHILD CARE DELIVERY SYSTEM

Across Texas, parents and families enroll their children into child care programs, including center-based and home-based programs. Numerous research studies have shown that at-risk children who attend higher quality child care programs are more prepared for school entry than children who do not attend quality child care programs.

Those providers that voluntarily achieve TRS provider certification, offering quality care that exceeds the State’s Minimum Child Care Licensing Standards for director and staff qualifications, caregiver-child interactions, age-appropriate curricula and activities, nutrition and indoor/outdoor activities, and parent involvement and education, are in a better position to contribute to the early development of children. As providers progress through the levels of TRS provider certification, they contribute progressively more to the development of the children they serve on a daily basis.

TEXAS RISING STAR: A QRIS FOR TEXAS

In recent years, many states have adopted quality rating and improvement systems (QRIS) to measure the quality of child care programs and provide professional development to help these programs improve the quality of care they offer to children and families. The National

Child Care Information and Technical Assistance Center defines QRIS as a “systematic approach to assess, improve, and communicate the level of quality in early and school-aged care and education programs.” Thirty-nine states currently implement some type of QRIS.

In September 2013, the Texas Early Learning Council (Council) released recommendations for the state to develop a statewide, cross-sector QRIS for Texas. One of the recommendations included Texas Rising Star as the basis for a QRIS in Texas.

HISTORICAL PERSPECTIVE

In the mid to late 1970’s there were federal standards for quality child care that were implemented across the nation. By the early 1980’s these standards were discontinued. A State workgroup was then formed to develop standards for child care providers. Using the earlier federal standards and research on the specific indicators of quality in the child care field, child care service control standards were developed. These standards were piloted from August 1985 through March 1986. A sampling of about 700 out of 1,200 facilities was assessed, and findings from this study formed the basis for the refinement and development of the TRS Provider Certification Criteria. These criteria were in use from June 1991 to October 2000.

The TRS Provider Guidelines were revised and issued in October 2000, incorporating the recommendations of a workgroup formed in 1999. The workgroup consisted of TWC, Board staff, child care contractors, and child care providers from across the state. In 2000, the revisions mainly updated the assessment and certification procedures. TWC updated the recertification and monitoring time frames for TRS providers on October 3, 2003. Additionally, TWC approved two accreditations that were included in the June 2008 update of the TRS Provider Guidelines. Finally, TWC approved updates to the TRS Provider Guidelines in July 2012 following changes to Child Care Licensing requirements for annual training hours.

TEXAS RISING STAR REVISION (2013-2015)

In 2013, TWC convened a workgroup dedicated to the revision of TRS. The workgroup was established by House Bill 376 (HB 376), enacted by the 83rd Texas Legislature. HB 376 created tiered reimbursements for child care providers who are certified TRS and serve subsidized children, providing higher reimbursement rates for providers who meet higher levels of distinction within TRS. The purpose of the TRS Workgroup was to recommend revisions to the TRS Program. The workgroup requested participation from various stakeholders and encouraged public comment.

Effective September 1, 2013, House Bill 376, 83rd Texas Legislature (Regular Session), amended Chapter 2308 of the Texas Government Code relating to the TRS program. As amended, Chapter 2308 required the Commission to:

- Create a TRS program review workgroup to recommend revisions to the TRS program;
- Propose rules that incorporate the TRS workgroup's recommended revisions;
- Establish graduated reimbursement rates for TRS providers;
- Require Local Workforce Development Boards (Boards) to use at least 2 percent of their annual allocations for quality child care initiatives; and
- Make funds available for Boards to hire TRS assessors and mentors to provide TRS program technical assistance to child care providers.

TRS PROGRAM REVIEW WORKGROUP

As required by Texas Government Code §2308.321, the TRS workgroup was appointed by the Agency's executive director and, as required, included representatives from the following:

- Texas Workforce Commission (one representative)
- Texas Department of Family and Protective Services (DFPS) (one representative)
- Texas Education Agency (one representative)
- Texas Early Learning Council (TELC) (one representative)
- TRS program providers (four representatives)
- Texas School Ready! (TSR!) Project participant (one representative)
- Boards (one representative)
- Board staff (three representatives)

The TRS workgroup invited stakeholders from around the state of Texas to participate in workgroup discussions and provide input into the proposed TRS program revisions. Stakeholders included individuals from the following entities:

- Boards
- Board child care contractors
- Child care providers
- Children's Learning Institute
- Texas Head Start State Collaboration Office
- Texans Care for Children
- Texas Association for the Education of Young Children
- Texas Association for Infant Mental Health
- Texas Licensed Child Care Association
- Texas Partnership for Out of School Time
- Texas Department of State Health Services

Pursuant to Texas Government Code §2308.321, the TRS workgroup was required to take the following into consideration when making recommendations:

- Professional development standards for child care directors and employees, including training and annual professional development requirements;
- Education and experience requirements for assessors and mentors;
- Early learning and school readiness standards;
- Guidelines for infants and toddlers in child care;
- Training hours for providers;
- Playground standards;
- Best practices guidelines based on standards adopted by nationally recognized organizations, including Head Start Program Performance Standards, National Health and Safety Performance Standards, National Association for the Education of Young Children program standards and accreditation criteria, National Association for Family Child Care standards, US Department of Defense standards, national accreditation standards, and *Texas School Ready!* certification standards;
- Research on infant and toddler brain development; and
- Strategies for long-term financing of the TRS program, including financing the payment of:
 1. Incentives to child care providers participating in the TRS program; and
 2. Grants and rewards to child care providers that achieve and maintain high levels of service.

The TRS workgroup also considered the work of the Texas Early Learning Council, specifically its:

- Texas Quality Rating and Improvement System recommendations;
- Infant, Toddler, and Three-Year-Old Early Learning Guidelines; and
- Texas Core Competencies for Early Childhood Practitioners and Administrators.

The TRS workgroup addressed the following topics:

- Minimum licensing requirements for TRS providers;
- Structure and scoring of TRS program standards;
- Minimum requirements for assessing and monitoring providers on the TRS program standards, including TRS providers that move or expand locations;
- Assessments and monitoring for nationally accredited facilities and facilities regulated by the US Military;
- Process for providers to request reconsiderations of their TRS program assessment; and
- Recommendations regarding long-term financing of the TRS program.

HB 376 required that the workgroup submit recommendations proposing changes to TRS by May 1, 2014, and rules that incorporate the proposed changes by September 1, 2014. The proposed changes to TRS were approved by TWC on January 27, 2015. The TRS Child Care

Certification Guidelines represent the work of the TRS workgroup as well as many early childhood stakeholders from across Texas.

SUMMARY OF THE TEXAS RISING STAR CERTIFICATION CRITERIA

Below is a summary of the new Texas Rising Star certification criteria. Detailed information regarding each category can be found in Section 2 of these certification guidelines. Based on the recommendations of the TRS workgroup, the 2015 TRS guidelines establish:

- “met” or “not met” measures required at the 2-star level; and
- points-based measures scored on a scale of 0–3 points that may lift a provider to the 3- and 4-star levels.

Each subcategory may contain only required measures, only points-based measures, or a combination of the two (see charts below).

Category 1: Director and Staff Qualifications and Training (see page 5.1 for full category)

Measures relating to the education, experience, and training of the staff, including directors and all caregivers.

| SUB-CATEGORY | REQUIRED (MET/NOT MET) | POINTS-BASED |
|---|------------------------|--------------|
| Director Qualifications and Training | X | X |
| Caregiver Qualifications, Orientation, and Training | X | |
| Caregiver Qualifications and Training | | X |

Category 2: Caregiver-Child Interactions (see page 6.1 for full category)

Measures relating to the group size, caregiver:child ratio, and quality of interactions between caregivers and children in the classroom.

| SUB-CATEGORY | REQUIRED (MET/NOT MET) | POINTS-BASED |
|--------------------------------------|------------------------|--------------|
| Group Size | X | |
| Staff Ratios | | X |
| Warm and Responsive Style | | X |
| Language Facilitation and Support | | X |
| Play-based Interactions and Guidance | | X |
| Support for Children's Regulation | | X |

Category 3: Curriculum (see page 7.1 for full category)

Measures relating to the lesson plans, curriculum, and instructional formats that caregivers use in the classroom.

| SUB-CATEGORY | REQUIRED (MET/NOT MET) | POINTS-BASED |
|---|------------------------|--------------|
| Lesson Plans and Curriculum | | X |
| Planning for Special Needs and Respecting Diversity | | X |
| Instructional Formats and Approaches to Learning | | X |

Category 4: Nutrition and Indoor/Outdoor Activities (see page 8.1 for full category)

Measures relating to the nutrition policies and practices, as well as the equipment, materials, and arrangement of the indoor and outdoor learning environment.

| SUB-CATEGORY | REQUIRED (MET/NOT MET) | POINTS-BASED |
|-------------------------------|------------------------|--------------|
| Nutrition | X | X |
| Indoor Learning Environments | X | X |
| Outdoor Learning Environments | | X |

Category 5: Parent Involvement and Education (see page 9.1 for full category)

Measures relating to the education and involvement of parents and families in the program.

| SUB-CATEGORY | REQUIRED (MET/NOT MET) | POINTS-BASED |
|--------------------|------------------------|--------------|
| Parent Education | X | X |
| Parent Involvement | X | X |

STAR LEVEL SCORING

The Texas Rising Star program includes three levels of quality designation—2-star, 3-star, and 4-star. Prior to 2015, Texas Rising Star used a metric of “met/not met” to determine star level ratings. Based on the recommendations of the TRS workgroup, the 2015 TRS guidelines establish:

- “met” or “not met” measures required at the 2-star level; and
- points-based measures scored on a scale of 0–3 points that may lift a provider to the 3- and 4-star levels.

If a provider meets all the required measures for the 2-star level, the score of the points-based measures will determine the star level for each category. Points-based measures are scored, and points awarded for them, through on-site assessments.

Each *category* of the certification criteria is given a star level rating based on the average score across all points-based measures in that category (see scoring on the following page). A provider’s overall star designation is based on the lowest star level achieved across the

five categories. The rationale for this scoring protocol is to ensure the provider meets higher quality standards across measures in all categories.

Example: If a provider scores at a 4-star level in two categories, a 3-star level in one category, and a 2-star level in two categories, the provider would be certified as a 2-star provider.

The score for a points-based measure in which multiple classrooms are assessed is based on the median score of the classrooms. The methodology for determining the star level of a category is based on the provider's average score across all measures of a category:

- 3-Star – average score is 1.80 to 2.39 (60–79.9 percent of total points)
- 4-Star – average score is 2.4 or greater than 2.4 (80 percent of total points)

Finally, if a **single classroom scores below the threshold for a 3-star level**, the provider cannot be certified as a 4-star provider.

ENHANCED REIMBURSEMENTS FOR STAR LEVEL RATING

Texas Government Code §2308.315 mandates that the minimum reimbursement rate for a TRS provider must be greater than the maximum rate established for a provider that is not TRS certified for the same category of care, i.e., at least:

- 5 percent higher for a provider with a 2-star rating;
- 7 percent higher for a provider with a 3-star rating; and
- 9 percent higher for a provider with a 4-star rating.

Further, to expand local flexibility, the Commission adds new §809.20(d) to allow Boards to establish a higher enhanced reimbursement rate for TRS providers than those provided in §809.20(c)(1) - (3), so long as a minimum 2 percentage point difference between each star level is maintained.

A SYSTEMS APPROACH TO IMPROVING THE QUALITY OF CHILD CARE

In the delivery of child care and development services, certifying providers that meet the TRS Provider Criteria, awarding quality improvement equipment and materials, and offering training for those in the early care and education field are all part of a systematic approach to addressing the quality of life for all young children in care outside their homes.

A continuum of quality child care may be described in the following manner:

- **Regulatory Requirements (Minimum CCL Standards):** Defines the minimum acceptable level of care.
- **Self-Assessment:** Enables an individual facility to evaluate its own progress in improving the quality of care.

- TRS Provider Certification: Provides measurable indicators of quality child care practices that exceed the state's Minimum Child Care Licensing Standards.

The continuum of quality child care represents a systematic progression in the quality of early childhood programs. Data about a provider's performance are collected in partnership by state agencies, the child care contractors, and child care providers. Measurable data include the structural dimension that can be counted such as director and caregiver qualifications and training, group sizes, a facility's physical space (indoor and outdoor), and a program's policies for nutrition, staff orientation, and parent education. Other data, such as child-staff ratios, activities, curricula, and caregiver-child interactions, must be collected by observation in individual programs. Based on the data collected, a provider's performance may be improved by training, technical assistance, and resource linkages; and the outcome is enhanced physical, emotional, social, and intellectual development of the children in care.

chapter 2

TEXAS RISING STAR CERTIFICATION PROCESS

ELIGIBLE PROVIDERS

As provided in Texas Government Code §2308.3155, the TRS program is a voluntary, quality-based child care rating system of child care providers participating in the Commission-subsidized child care program. Additionally, a child care provider is eligible to apply for TRS certification if the provider has a current agreement to serve Commission-subsidized children and the provider:

- (1) has a permanent (nonexpiring) license or registration from DFPS;
- (2) has at least 12 months of licensing history with DFPS; and is not on:
 - corrective action with a Board pursuant to Chapter 809, Supchapter F;
 - a “Notice of Freeze” with the Commission pursuant to Chapter 213 of the Texas Labor Code (Enforcement of Texas Unemployment Compensation Act) or Chapter 61 of the Texas Labor Code (Payment of Wages); or
 - corrective or adverse action with DFPS; or
- (3) is regulated by and in good standing with the US Military.

Additionally, TRS providers must demonstrate consistent compliance with minimum state licensing requirements. Department of Family and Protective Services (DFPS) is the child care licensing and regulatory agency for the state of Texas.

DFPS regulations establish minimum licensing requirements that all child care providers must follow. If a child care provider has repeated licensing deficiencies, DFPS may place the provider on corrective action. DFPS may initiate an adverse action to include a revocation or suspension of a license if:

- deficiencies are not corrected timely;
- there are repeat deficiencies; or
- there is an incident or single deficiency that poses an immediate risk to children.

The TRS program is a voluntary rating system for providers choosing to meet standards above minimum DFPS licensing standards. In order for a provider to meet and maintain TRS program standards, the provider must demonstrate consistent compliance with minimum DFPS licensing standards. Accordingly, as set forth in §809.131, providers placed on corrective or adverse action by DFPS are automatically found not to have demonstrated consistent compliance with minimum licensing standards and, therefore, are not eligible to

participate in the TRS program.

A child care facility is **not** eligible to apply for TRS certification if, during the most recent 12-month DFPS licensing history, the provider had:

- (1) any critical licensing deficiencies, as listed in the TRS guidelines (below);
- (2) five or more high or medium-high licensing deficiencies, as listed in the TRS guidelines (below); or
- (3) 10 or more total licensing deficiencies of any type.

CRITICAL DEFICIENCIES

Providers are not eligible to apply for TRS if any of the critical deficiencies listed below are cited during the most recent 12-month licensing period.

| CRITICAL DEFICIENCIES - CENTERS |
|--|
| 745.626 Background Checks Requirement – Providing Direct Care [HIGH] |
| 745.656 Individuals on the Texas Sex Offender Registry – Cannot Be Present at Facility [HIGH] |
| 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] |
| 746.201(9) Permit Holder Responsibilities – Complying with Child Care Licensing Law in Chapter 42, Human Resources Code [MEDIUM-HIGH] |
| 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] |
| 746.3805(a) Administering Medication – Authorization to Administer [HIGH] |
| 746.3805(b) Administering Medication – Authorization Expires on the First Anniversary of the Date the Authorization Was Provided [(2) HIGH; (1), (3) MEDIUM-HIGH] |

| CRITICAL DEFICIENCIES - HOMES |
|---|
| 745.626 Background Checks Requirement [HIGH] |
| 745.656 Individuals on the Texas Sex Offender Registry – Cannot Be Present at Facility [HIGH] |
| 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] |
| 747.207(5) Reporting of Suspected Abuse, Neglect, and Exploitation [HIGH] |
| 747.207(9) Primary Caregiver Responsibilities – Complying with child care licensing law in Chapter 42 Human Resources Code |
| 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] |

CRITICAL DEFICIENCIES - HOMES

747.3605(a) Administering Medication – How to Administer Medication [HIGH]

747.3605(b) Administering Medication [(2) HIGH; (1), (3) MEDIUM-HIGH]

CRITICAL DEFICIENCIES - SCHOOL-AGE PROGRAMS

745.626 Background Checks Requirement [HIGH]

745.656 Individuals on the Texas Sex Offender Registry – Cannot Be Present at Facility [HIGH]

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]

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]

744.2655(a) Administering Medication – How to Administer Medication [HIGH]

744.2655(b) Administering Medication [(2) HIGH; (1), (3) MEDIUM-HIGH]

HIGH/MEDIUM-HIGH DEFICIENCIES

Providers are not eligible to apply for TRS if the provider has five or more high or medium-high deficiencies listed below in the most recent 12-month licensing compliance history.

HIGH/MEDIUM-HIGH DEFICIENCIES - CENTERS

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]

746.1301(a)(2)(B) 24 Clock Hours of Preservice Training [LOW] (DFPS to reclassify as MEDIUM-HIGH)

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]

746.1309(a) Documented Annual Training – 24 Hours Required [MEDIUM-HIGH]

746.1309(e)(1) Annual Training for Caregivers of Children under 24 Months – Shaken Baby Syndrome [MEDIUM-HIGH]

HIGH/MEDIUM-HIGH DEFICIENCIES - HOMES

745.625, Background Checks Requirement [HIGH]

747.207 (1)-(9) Primary Caregivers Responsibilities [HIGH - (2),(5), (7)-(8); MEDIUM-HIGH – (1), (3),(4),(6)]

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]

HIGH/MEDIUM-HIGH DEFICIENCIES - HOMES

747.3501 Safety – Areas Free From Hazards [MEDIUM-HIGH]

HIGH/MEDIUM-HIGH DEFICIENCIES - AFTER-SCHOOL PROGRAMS

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]

744.1301 Employee Training Requirements (whole section) [LOW]

DEPARTMENT OF DEFENSE AND NATIONALLY ACCREDITED PROVIDERS

Providers operated and monitored by the Department of Defense (DoD) are required to meet high-quality standards. The DoD regularly monitors the quality of care provided to children of military parents. Therefore, providers operated and monitored by the DoD will be certified as 4-star TRS providers without the required on-site assessments by TRS.

The DoD requires home-based providers to be accredited by the National Association for Family Child Care (NAFCC) and strongly encourages DoD-operated centers to be accredited by the National Association for the Education of Young Children (NAEYC). Because these national accreditations are recognized by DoD as meeting high-quality standards, TRS guidelines stipulate that these providers receive *initial* 4-star designation. Additionally, this aligns with the Commission's commitment to support veterans and their families.

The former TRS guidelines also allowed providers with the following national accreditations to be initially certified as 4-star:

National Early Childhood Program Accreditation (NECPA)

National Accreditation Commission for Early Child Care and Education (NAC)

Association of Christian School International (ACSI)

National Afterschool Association (NAA) (currently the Council of Accreditation [COA])

These recognized accreditation entities will be asked to provide crosswalks of their standards in relation to the TRS standards to determine comparable TRS star levels. However, providers with these recognized accreditations will be initially certified at the 4-star level pending the determination of comparable TRS star levels based on the crosswalk. Nationally accredited facilities applying for TRS certification will be initially certified at the level determined by the crosswalk without requiring a facility assessment.

Nationally accredited providers wishing to participate in the TRS certification system (including NAEYC and NAFCC) will be required to complete the TRS application process required of all TRS applicants, including the completion of the TRS interest form, orientation, licensing screening form, and self-assessment (all available at www.TexasRisingStar.org). NAEYC- and NAFCC-accredited providers do not need to submit document checklists to support TRS required measures; providers holding all other accreditations must submit these checklists (see Step 4 in the application process below).

Nationally accredited providers will also be subject to the TRS requirements for DFPS minimum licensing standards and required to comply with the procedures for the annual TRS monitoring detailed in Chapter 3 of this manual. Military-operated facilities are not subject to or monitored by DFPS and, therefore, not subject to TRS monitoring of licensing standards.

TRS staff will verify a provider's national accreditation status annually.

Finally, if the accrediting organization has certified or recertified the facility through an on-site visit within the provider's three-year TRS assessment time frame, the provider is not required to have a full TRS Recertification Assessment at the end of its three-year TRS cycle. For a complete list of current TRS-recognized accreditations, see appendix 10.24 of these guidelines.

APPLICATION PROCESS

STEP 1: ORIENTATION

The Texas Rising Star Orientation can be found at www.TexasRisingStar.org. This orientation video includes an overview of the TRS program application process, an overview of the required and points-based measures on which a provider's quality designation is rated, and finally, an introduction to the on-site assessment process through which TRS certification is attained. The Child Care Rules (809.133[a]) require all prospective TRS providers to view this orientation prior to submitting their applications.

STEP 2: INTEREST FORM

After reviewing the orientation video, a provider is encouraged to complete the Texas Rising Star Interest Form, also available at www.TexasRisingStar.org. This form collects basic information about the provider (facility address, DFPS licensing number, etc.) and submits it to the provider's local workforce development Board. A provider can complete this interest form in order to inform the local Board of their interest in becoming a TRS certified provider.

STEP 3: SELF-ASSESSMENT TOOL

The purpose of the TRS self-assessment tools (Facility and Classroom) is to provide applicants with a guided review of their programs to determine if they are ready to proceed with the full TRS Initial Certification Assessment. The tools cover all TRS required and points-based quality measures on which the provider would be rated in the Initial Certification Assessment. A copy of the self-assessment tools can be found on the TRS website and on pages 10.17 and 10.31 of this certification manual. TWC Child Care Rules require applicants to complete the TRS self-assessments. The self-assessments must be submitted with the TRS application and accompanying documents (see Step 4 below).

STOP: Measures in the self-assessments that have a gray background are required for any TRS certification. If a provider knows they cannot meet a required measure, there is no need to continue with the application process. Providers are encouraged, however, to contact their local Boards, as technical assistance and other resources may be available to help providers meet these required measures.

A provider may find it is not quite ready to proceed with TRS certification after completing the self-assessment tool, or it may find that it would like some time to improve in certain areas that may increase its star level rating. In these cases, TRS encourages the program to contact their local Board and/or review helpful professional development and other resources found at www.TexasRisingStar.org.

STEP 4: APPLICATION, LICENSING SCREENING, AND DOCUMENT CHECKLISTS

Each provider must complete the TRS application (found on www.TexasRisingStar.org and on page 10.11 of this certification manual). Additionally, providers must complete the appropriate licensing screening form (see pages 10.12-10.14; also available on TRS website). Assessors will screen the provider for licensing deficiencies and corrective/adverse actions prior to the on-site assessment.

Finally, the provider must collect several documents that are used to verify required and points-based measures for the facility and staff. **These documents must be made available for review during the on-site assessment**, but they do not have to be submitted with the application. A detailed list of these documents is compiled in the TRS document checklists (found on the TRS website and on pages 10.15 and 10.16). Two checklists are provided: one refers to measures that are required for certification at the 2-star level. The second checklist refers to measures that are points-based. Providers are not required to meet all the point-based measures. **If the provider does not have the documentation on the checklist for a point-based measure, the assessor will not score that measure.**

Providers are asked to submit a completed copy of each checklist with their application as

an attestation that they will have the documents available on-site.

Note: NAEYC- and NAFCC-accredited providers must submit a TRS application, licensing screening form, and TRS self-assessment; they do not have to submit the document checklists.

STEP 5: SUBMISSION OF APPLICATION

Providers must submit the TRS application, self-assessment, licensing screening form, and document checklists to their local workforce development Board by the Board's preferred method. Information on local Board's submission procedures can be found at www.TexasRisingStar.org. After TRS staff receive the application package and confirm the provider's eligibility, they will contact the provider within 20 calendar days to schedule the on-site Initial Certification Assessment.

RECERTIFICATION PROCESS

Recertification must occur on or before the end of the three-year certification cycle. TRS providers undergoing the recertification process must complete steps 3–5 above, including the completion of the TRS self-assessment, application, licensing screening form, and document checklists. These materials must be submitted to the local Board no later than 3 months prior to the 3-year anniversary of certification. A full, on-site recertification assessment is then conducted.

CLI ENGAGE RESOURCES

The Texas Workforce Commission has partnered with the Children's Learning Institute at the University of Texas Health Science Center at Houston to provide a streamlined, technology-based program and technical assistance tracking system. The TRS tools are hosted on an online platform known as CLI Engage. TRS assessors will use this system to capture scores on all TRS measures after on-site assessments. TRS mentors will use the tool to generate technical assistance plans.

Additionally, CLI Engage hosts the professional development courses, child progress monitoring tools, and supplementary activities that are available to all Texas Rising Star providers. Providers can track completion of their teacher's professional development in language and literacy instruction; science, technology, and engineering instruction; classroom management; and more. Teachers will have access to over 300 supplemental lessons across several key learning domains. Finally—brief, playful child assessments provide real data to target instruction and monitor student progress over time.

Assessors will create records in CLI Engage for the provider’s teachers and classrooms using the data collected at the site assessment. In order to access these resources, providers must enroll in CLI Engage. Providers will be invited via email to enroll after the on-site assessment and star level designation. Providers must click the link in this email invitation from CLI Engage to login to the system. During the log-in process, providers will be required to sign in with a Google ID. (Providers who do not have a Google ID may create a new Google ID from the CLI Engage log-in screen.)

After logging in to CLI Engage, providers will be taken to their school summary page, where they will review the information about their programs. All information housed on CLI Engage will be used by TRS assessors and mentors to provide targeted technical assistance. Teachers at the program can be invited by providers (through email invitations) to log in and use professional development and child progress monitoring tools available on the CLI Engage platform. For more detailed information about CLI Engage, visit www.TexasRisingStar.org.

TRS SELF-ASSESSMENT

Why Do a Self-Assessment?

A self-assessment or self-evaluation is a way that child care providers can improve the quality of their services by reflecting upon their own comfort levels and expertise in areas known to enhance early childhood environments and experiences.

Tips for Self-Assessment

1. Read over the self-assessment tools (facility and classroom), the Facility Assessment Record Form, and the age-appropriate Classroom Assessment Record Form (downloadable at www.TexasRisingStar.org) completely before beginning. If you have staff, have them read all information too.
2. Go back and look at each measure and item individually. Start with one that is manageable and look for required (met/not met) items—these will be shaded gray.
3. Identify what you have ready for the assessment, what you need to complete before assessment, and what questions you need to ask Board staff in order to complete your work.
4. Determine what you would like to change about your program before having the TRS assessor come for the assessment.
5. Call the Board staff to discuss the results of your self-assessment, to ask questions, and to take the next step in the assessment process.

Samples of the Facility Self-Assessment and a Classroom Self-Assessment can be found in this certification manual in Section 3: Official Forms & Documents. The self-assessments are also downloadable at www.TexasRisingStar.org.

chapter 3

TYPES OF TRS PROGRAM ASSESSMENTS

Texas Rising Star conducts six types of on-site visits to assess and monitor ongoing quality of TRS providers.

INITIAL CERTIFICATION ASSESSMENT

The Initial Certification Assessment is a full, on-site assessment of all TRS measures. Required measures such as group size and written policies regarding nutrition and parent engagement are verified. Points-based measures involving teachers, such as caregiver-child interactions, are assessed in observation blocks (typically two hours per classroom).

TRS assessors will assess these classrooms using the Facility and age-appropriate Classroom Assessment Record Forms (available for review at www.TexasRisingStar.org) and the scores will be calculated to determine the overall star level designation. Scores are not calculated on-site; TRS assessors enter assessment ratings into the online TRS Assessment tool, which generates the final score. The online system then uses the scores to generate and refine technical assistance plans. See page 1.6 for more information about scoring.

ANNUAL UNANNOUNCED MONITORING VISIT

During the unannounced on-site visit TRS staff will observe 50% of the classrooms, including at least one classroom for each age group, plus any new classroom added since the previous visit. Priority for observations will be classrooms with turnover of a lead teacher. TRS staff will also complete the appropriate licensing screening form prior to the visit, and review and check incident reports while on-site.

TRS assessors will assess these classrooms using the full TRS assessment tool and the scores will be calculated; however, the results of the annual monitoring will not affect the provider's star level rating. Rather, the scores are used to generate and refine technical assistance plans, or, if deficiencies in TRS standards are found, are used in service improvement agreements. More information on technical assistance and service improvement agreements can be found on page 4.2.

Annual monitoring can also result in the observation of significant improvements in the provider's quality of care. TRS staff will work with the director to determine if a full

assessment to increase the star level is appropriate in these cases (see *Star Level Evaluation* below).

If, during the on-site visit, TRS staff discovers that a change in director was not reported immediately as required and the current director does not meet the providers' current star level, then the star level will be determined at the on-site visit using the current director's qualifications (see *Ongoing Responsibilities of the TRS Provider* on the following page).

RECERTIFICATION ASSESSMENT

The Recertification Assessment will occur no later than three years to the month of the previous full site assessment and certification. This assessment mirrors the Initial Certification Assessment in that 100% of classrooms are assessed, all required measures are verified, and all points-based measures are scored. The provider's star level designation prior to the Recertification Assessment does not affect the assessment result; providers may lose, gain, or maintain a star level rating and its respective reimbursement rate.

The provider is responsible for submitting to their local Board a TRS application, licensing screening form, and the self-assessments no later than 3 months before their 3-year anniversary (see Recertification Process on page 2.7).

STAR LEVEL EVALUATION

A provider may make significant improvements across TRS measures that could result in a higher star level designation upon reassessment. In these cases, the provider may request a Star Level Evaluation to determine the new star rating. Star Level Evaluations are conducted upon mutual agreement between the TRS provider and the local workforce development Board and can occur at any time. Like the Initial Certification Assessment and the Recertification Assessment, Star Level Evaluations are full, on-site assessments of all classrooms.

Because the Star Level Evaluation is a full site assessment, the three-year recertification cycle resets to the date of the Star Level Evaluation (i.e., the date of the Initial Certification Assessment is no longer used to determine the recertification date).

FACILITY EXPANSION OR SPLIT ASSESSMENT

Facility expansions are defined as a facility continuing to operate at an existing location with the existing classrooms and age groups served, while the owner/provider opens a new

facility within the same county to expand and add classrooms or age groups served. Facility expansions require a new director at either the existing or new facility.

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

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

A TRS provider that expands or splits its facility within the same county is treated as a new facility and requires a new permanent license in order to begin the TRS-certification process. Licensing history for the certification will be based on DFPS monitoring conducted while the facility was operating under the initial license.

FACILITY MOVE ASSESSMENT

Facility moves are defined as a facility closing and relocating to a new location within the same city, zip code, or county in which the provider is currently operating. A facility move does not alter the current composition of director or staff, but may involve an increase in capacity or age groups served.

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

A TRS provider that **changes ownership or moves locations** within the county or to a contiguous county and within the same city or zip code in which the provider is currently operating will retain its star level during the move and undergo a full TRS reassessment within the initial three-month period after the move. The provider's new TRS star level will be based on the results of the full reassessment.

ONGOING RESPONSIBILITIES OF THE TRS PROVIDER

In between assessments and annual monitoring visits, the TRS provider must remain in good standing with the DFPS (i.e. not be placed on Corrective or Adverse Action) and must report the results of each licensing visit to TRS staff through the completion of the

appropriate licensing screening forms (see pages 10.12–10.14).

TRS providers must also report to TRS staff immediately if there is:

- a change of director
- staff turnover that causes the TRS provider to fall below its current star level based on the provider's completion of the Staff Qualifications and Training section of the TRS self-assessment tool.

All other staff turnover should be reported to TRS staff during their annual monitoring visits.

REPORTED STAFF CHANGES

In the event of staff change, if the loss of a director or staff turnover causes the TRS provider to fall below the provider's current star level for the Director and Staff Qualifications and Training standard, TRS requires that:

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

UNREPORTED STAFF CHANGES

If a staff change was not reported immediately, a provider's star level will be redetermined at the annual monitoring visit using the qualifications of the facility's new director or staff.

RECONSIDERATION

Section §809.135 of the TWC Child Care Rules requires local Boards to ensure a process for reconsideration of facility assessment at the Board level. The TRS program is not subject to TWC's Integrated Complaints, Hearings, and Appeals rules (Chapter 823).

The reconsideration process may include scheduling a second assessment with the same assessor or a second visit with two assessors, or with a different assessor. The reconsideration may also involve a reassessment of a particular measure as requested by the provider. Further, local Boards can coordinate with other Board assessors for a second review of the provider. Additionally, in responding to the reconsideration request from the provider, the Board may make additional mentoring services available to the provider to assist the provider in meeting TRS standards.

Policies regarding the reconsideration process, time restrictions on requesting reconsideration, and the elements eligible for reconsideration may vary across local Boards.

chapter 4

TECHNICAL ASSISTANCE FOR CERTIFIED PROVIDERS

Texas Rising Star provides professional development resources and mentoring to sustain and improve the quality of early childhood environments at TRS certified centers. TRS certified providers may have access to three types of assistance: technical assistance (TA) plans, Service Improvement Agreements (SIAs), and probationary assistance. A summary of these three types can be found below in Figure 4.1.

FIGURE 4.1

| 1 TECHNICAL ASSISTANCE PLAN | 2 SERVICE IMPROVEMENT AGREEMENT (SIA) | 3 TRS PROBATION |
|---|--|---|
| <p>WHY? TA plans are initially generated from scores on TRS measures at the initial certification assessment to provide a roadmap for continued quality improvement</p> <p>HOW? Technical assistance is targeted toward TRS measures the mentor/provider feel will help the provider maintain or improve their star level rating</p> <p>HOW LONG? TA plans are voluntary, ongoing, and continually updated by mentor recommendations and provider goals</p> <p>RESULT? TA plans may result in a Star Level Evaluation Assessment, a full provider assessment that may be requested if the provider and mentor feel a new star level rating is earned.</p> | <p>WHY? SIAs go into effect if deficiencies are found in TRS measures at the annual monitoring visit. SIAs give providers an opportunity to correct TRS deficiencies before losing a star level or losing certification</p> <p>HOW? Technical assistance is targeted to the TRS deficiencies that led to the SIA</p> <p>HOW LONG? 6 months</p> <p>RESULT? If TRS deficiencies are not corrected at the end of the 6-month period, a full assessment will be conducted to determine new star level rating</p> <p>Note: The SIA and a technical assistance plan is mandatory. TRS resources for technical assistance are not mandatory but strongly encouraged; however, providers may choose to use external resources to correct TRS deficiencies.</p> | <p>WHY? TRS providers are placed on probation when 10-14 total DFPS licensing deficiencies are cited within a 12-month period</p> <p>HOW? Technical assistance is available to the TRS provider to address DFPS licensing deficiencies, but is not mandatory</p> <p>HOW LONG? 6 months</p> <p>RESULT? If the provider is recited for the same deficiencies while on probation, the provider loses a star level (2-star loses certification). Provider is eligible for reinstatement to former star level at the end of a 6-month period if deficiencies are not re-cited.</p> <p>Note: If any new deficiencies are cited while on probation, a second 6-month probationary period for that deficiency begins.</p> |

Please note that non-TRS certified providers may also access technical assistance resources to help them prepare for certification. See the following page for more information.

TECHNICAL ASSISTANCE PLAN

FOR TRS CERTIFIED PROVIDERS

Technical assistance (TA) plans are designed to assist providers in increasing the quality of their early childhood programming with the **goal of maintaining or increasing their TRS star level rating**. A TA plan contains improvement goals for a targeted number of TRS measures, as well as resources to help reach those improvement goals including professional development coursework and an on-site TRS mentor. Technical assistance plans for TRS providers are automatically generated after the first full assessment and can be further refined at annual visits and as the provider begins to work with the mentor. Participation in a TA plan is voluntary but encouraged.

The set of professional development resources available to TRS providers represents more than 100 hours of online learning, featuring extensive video-based demonstrations of effective instructional practices for responsive interaction, language and literacy, mathematics, and science. TA plans will assign TRS providers/teachers specific courses depending on their quality improvement needs.

Mentors will be assigned to work with directors and teachers in all TRS measures, both points-based and required. The amount of time a mentor can be on-site at the center will vary depending on the resources of each local workforce Board.

See page 10.26 for a sample Technical Assistance Plan.

FOR NON-TRS CERTIFIED PROVIDERS

Providers who are not yet eligible for TRS or who may not be ready to apply can still participate in technical assistance. Some professional development resources are available through the Texas Rising Star website (www.texasrisingstar.org). Additionally, some mentoring services may be provided prior to TRS certification, depending on local Board resources. Contact your local Board for more information.

SERVICE IMPROVEMENT AGREEMENT (SIA)

Texas Rising Star assessors conduct unannounced, annual monitoring visits to ensure TRS certified providers are in compliance with their current star level rating. If an assessor finds deficiencies in TRS measures during these visits, a Service Improvement Agreement (SIA) may go into effect. SIAs are 6-month mandatory agreements designed to assist the TRS providers in maintaining their current star level rating. Technical assistance through the SIA will focus on the TRS measures where deficiencies were found.

The TRS certified provider retains its star level rating while on the SIA. After the 6-month SIA, an assessment of the measures originally observed as deficient will be conducted. If deficiencies persist, a full assessment will be conducted to determine the new star level rating.

TRS PROBATION

A TRS certified provider will be put on TRS probation when 10 – 14 total DFPS licensing deficiencies are cited within a 12-month period (15 or more deficiencies results in a loss of TRS certification. See rule §809.132). During this probationary period, the provider may request technical assistance from TRS mentors to address the licensing issues, as appropriate.

If the TRS provider is recited for the same deficiencies while on probation, the provider will lose a star level (2-star loses certification). The provider is eligible for reinstatement to former star level at the end of a 6-month period if deficiencies are not re-cited. If any new deficiencies are cited while on probation, a second 6-month probationary period for that deficiency begins. If any new deficiencies are cited during this second probationary period, the provider will lose TRS certification. Providers losing TRS certification due to licensing deficiencies will not be eligible to reapply for certification sooner than 12 months following the loss of certification.

LOSING A STAR LEVEL AND LOSING TRS CERTIFICATION

There are a number of circumstances that can result in a TRS provider either losing a star level or losing TRS certification, as illustrated by Figures 4.2–4.4 on the following pages.

FIGURE 4.2 IMPACT OF DEFICIENCIES ON TRS STATUS

| | TRS Applicant | TRS-Certified Provider | | | | Duration |
|---|---------------|---------------------------|---------------------------|---------------------------|---------------------------|---|
| | | 2-Star Provider | 3-Star Provider | 4-Star Provider | | |
| DFPS Corrective or Adverse Action | Not Eligible | End TRS | End TRS | End TRS | End TRS | Eligible to reapply no sooner than 12 months from loss of certification |
| Board Corrective Action | Not Eligible | End TRS | End TRS | End TRS | End TRS | |
| TWC Notice of Freeze | Not Eligible | End TRS | End TRS | End TRS | End TRS | |
| 1.5 Total DFPS | Not Eligible | End TRS | End TRS | End TRS | End TRS | |
| Any Critical (TRS Guidelines) | Not Eligible | End TRS | 2-Star | 2-Star | 2-Star | 3-Star/4-Star – eligible to be reinstated at former level if deficiency is not recited by DFPS within 6 months. 2-Star – eligible to reapply no sooner than 12 months from loss of certification |
| 5 High to Medium High (TRS Guidelines) | Not Eligible | End TRS | 2-Star | 2-Star | 3-Star | |
| 10 – 14 Total DFPS Deficiencies | Not Eligible | Probation | Probation | Probation | Probation | 6 months |
| 1 st Probation with Re-Cite of Same DFPS Deficiency(ies) | | End TRS | 2-Star w/Probation | 3-Star w/Probation | 3-Star w/Probation | 3-Star/4-Star – eligible to be reinstated at former level if deficiency is not recited by DFPS within 6 months. 2-Star – eligible to reapply no sooner than 12 months from loss of certification |
| | | 2 nd Probation | 2 nd Probation | 2 nd Probation | 2 nd Probation | |
| 2 nd Probation with New DFPS Deficiencies (<15 total) | | End TRS | End TRS | End TRS | End TRS | Eligible to reapply no sooner than 12 months from loss of certification |

FIGURE 4.3

| LOSING A STAR LEVEL | |
|--|---|
| 3- and 4- Star providers will lose a star level under any of the following circumstances (see chart below for more information on 2-star providers). | |
| TRS DEFICIENCIES | DFPS DEFICIENCIES |
| <p>Service Improvement Agreements go into effect for 6 months if deficiencies are found in TRS measures at the annual monitoring visit.</p> <p>If TRS deficiencies are not corrected at the end of the 6-month period, a full assessment will be conducted, which may result in losing a star level.</p> | <p>Texas Rising Star has identified a subset of DFPS licensing measures, found in Chapter 2 of these TRS Certification Guidelines, that must be met in order to be in good standing with the TRS program. Providers will lose a star level if they are cited for five or more high-medium DFPS deficiencies on this list. Providers who are cited for a deficiency listed as <i>critical</i> will be reduced to a 2-star status, regardless of star level.</p> <p>Additionally, TRS providers are placed on probation when 10-14 total (any classification level) DFPS licensing deficiencies are cited within a 12-month period. The total number of deficiencies here is not limited to those listed in the TRS Certification Guidelines.</p> <p>If a provider is recited for the same deficiencies while on probation, the provider loses a star level (2-star loses certification).</p> |

To review the list of critical and high/medium-high DFPS deficiencies, refer to page 2.2.

FIGURE 4.4

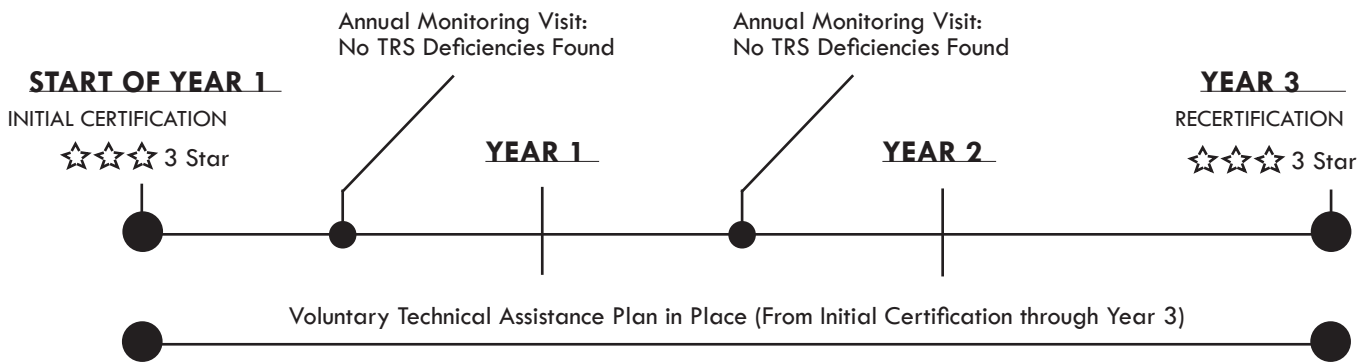
| LOSING TRS CERTIFICATION | |
|--|--|
| If any ONE of the following circumstances occurs, a provider will lose TRS certification. | |
| 2-STAR PROVIDERS | 3- and 4-STAR PROVIDERS |
| <ol style="list-style-type: none"> 1. Citation for any DFPS licensing deficiency listed in the TRS Certification Guidelines and classified as critical 2. Citation for five or more high or medium-high deficiencies listed in the TRS Certification Guidelines 3. 15 total deficiencies cited 4. DFPS places on Corrective/Adverse Action 5. Placed on a “Notice of Freeze” by the Commission 6. Board placed on Corrective Action for violations of TWC or Board subsidy policies. | <ol style="list-style-type: none"> 1. 15 total DFPS licensing deficiencies cited 2. New deficiencies cited within a second consecutive probation period 3. TRS Probation for more than 12 consecutive months 4. DFPS places on Corrective/Adverse Action 5. Placed on a “Notice of Freeze” by the Commission 6. Board placed on Corrective Action for violations of TWC or Board subsidy policies. <p>Note: Any DFPS licensing deficiency listed in the TRS Certification Guidelines and classified as critical will result in reduction to a 2-star rating.</p> |

SAMPLE TRS CERTIFIED PROVIDER TIMELINES

The following diagrams illustrate how a TRS provider’s star rating, technical assistance status, and assessment/annual monitoring schedule may fluctuate depending on the provider’s current quality of care.

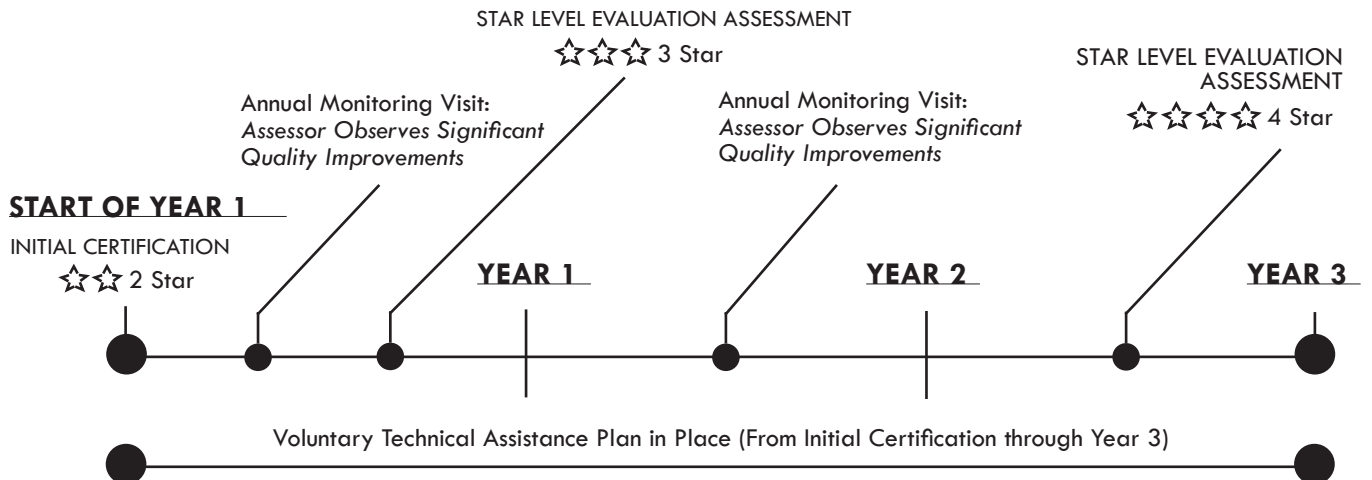
STANDARD TIMELINE

TRS Providers begin a 3-year cycle that includes the initial certification assessment (full site assessment), two annual monitoring visits (50% assessments), and a recertification assessment (full site assessment).



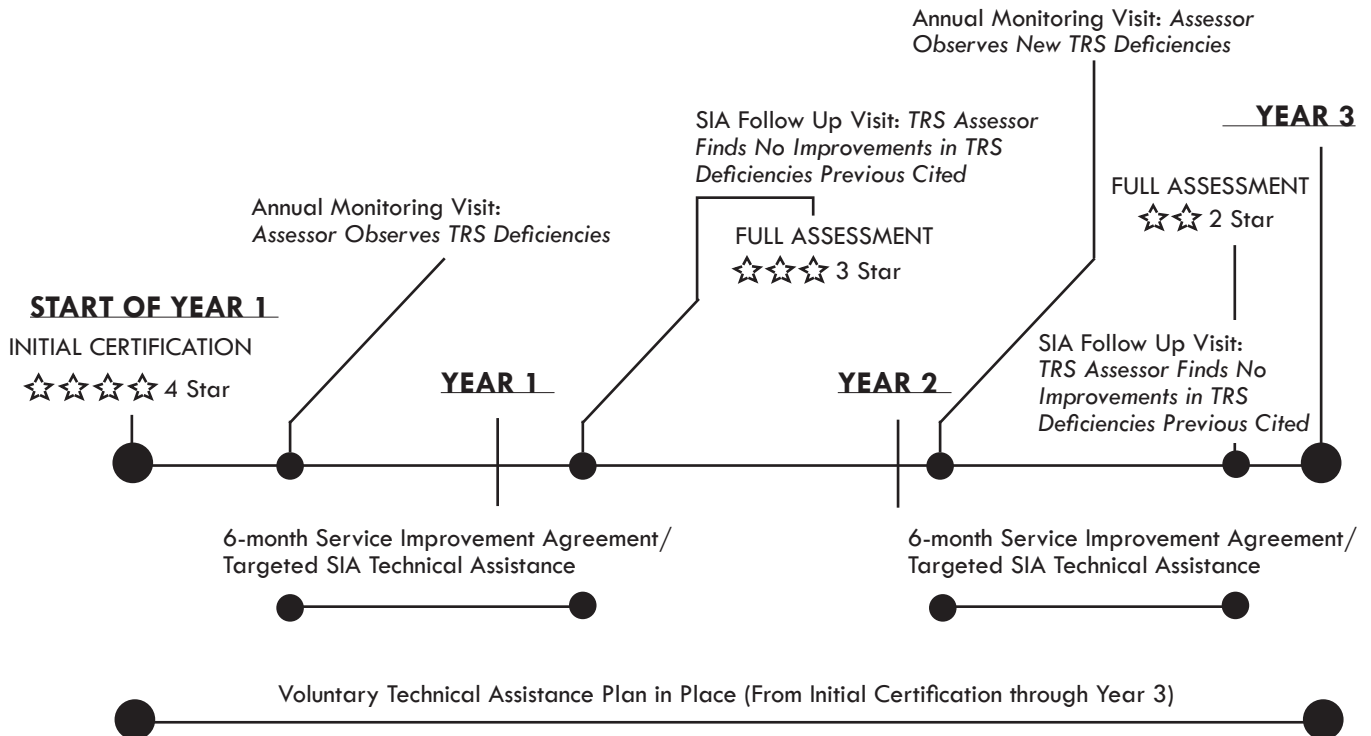
IMPROVING QUALITY

TRS Providers who significantly improve the quality of their programs can request star level evaluation assessments, a full site assessment that may result in a star level increase. The 3-year recertification cycle resets to the date that the full Star Level Evaluation assessment is conducted. Star level increases can also result from a 3-year recertification assessment.



DECLINING QUALITY

TRS Providers who are found to have TRS deficiencies are placed on Service Improvement Agreements (SIAs). TRS deficiencies result when the provider's score on TRS measures are significantly lower at their annual monitoring visits than they were at their initial certification or other full site assessments. The 6-month SIA will involve technical assistance that targets the specific TRS deficiencies cited. If the provider does not correct the deficiencies at the end of the SIA, a full site assessment will be conducted, which may lead to a decreased star level rating. The 3-year recertification cycle resets to the date that the full assessment is conducted.



section 2

TEXAS RISING STAR MEASURES

chapter 5

CATEGORY 1: DIRECTOR AND STAFF QUALIFICATIONS AND TRAINING

It is now well recognized that teachers and caregivers (i.e., caregivers) are a guiding influence on children's development on a day-to-day and moment-by-moment basis (Bowman, Donovan & Burns, 2001; Shonkoff & Phillips, 2000). This understanding—that caregivers can have a profound impact on young children's developmental outcomes—has been a driver of major shifts in education policy over the past decade (Pianta, Barnett, Burchinal, & Thornburg, 2009; Shonkoff & Phillips, 2000). The focus on caregiving quality—across child care and preschool settings and across preschool and K-12 classrooms—emphasizes experiences which are consistent, stimulating, and nurturing to young children.

The standards that seek to define quality child care and quality classrooms reflect high expectations for those charged with the day-to-day caregiving in those environments. It is expected that caregivers are able to think broadly to support children's social, emotional, cognitive/academic, and physical wellbeing (Bowman, et al., 2001; see also U.S. Department of Health and Human Services, 2012). Yet caregivers must also attune to children's individual diversity of cultures, languages, and developmental differences. This vision of quality caregiving has enhanced the demands for professionalism by those working in various caregiving settings and has linked the concept of a caregiver to the broader idea of educator (Bogard, Traylor, & Takanishi, 2008).

These high expectations of quality caregiving are grounded in an effort to put children and their needs first (Bowman, et al., 2001). Research points to the clear economic and social benefits that occur when children receive coherent and consistent high quality experiences across settings and across the ages (Reynolds & Temple, 2008). Yet, as the vision of quality experiences for children becomes more entrenched, it is critical that there are mechanisms in place to ensure clarity of expectations and systems of support for caregivers and teachers.

Attracting, retaining, and supporting a system of caregivers is considered by many a necessary first step on the pathway to high quality care (Bueno, Darling-Hammond, & Gonzales, 2010). Although there is generally agreement on the importance of highly qualified caregivers for children, there is less consistency in what it means to be highly qualified. However, across research and leading policy positions, there are a few clear principles related to caregiver training and preparation that are important to consider. These include three key ideas: 1) education and experience are related to high-quality caregiving;

2) ongoing professional development is supportive of high quality caregiving; 3) a high quality work environment—defined by evidence of well-developed workplace policies and practices, leadership support, and intentionally directed staff education—is critical to a stable and high quality system of caregivers. (Bueno et al., 2010; Howes, Hamre, & Pianta, 2012; Whitebrook & Ryan, 2001). These principles underlie the Texas Rising Star (TRS) measures for the category: Director and Staff Qualifications and Training. We will consider each of these principles in turn.

EDUCATION AND EXPERIENCE RELATE TO QUALITY CAREGIVING

Education, or caregiver’s formal educational attainment, as well as experience, or related professional experiences caring for and/or teaching children, work together to build caregiver knowledge and skills. Caregivers who are knowledgeable about children’s development and who have training on the tools and methods of educating young children are more effective in supporting young children’s outcomes (Burchinal, Cryer, Clifford, & Howes, 2002). Knowledgeable and trained caregivers are more likely to support children’s explorations, model and scaffold children’s thinking during learning experiences, and are able to respond to children in ways that shape and direct their contributions. These aspects of high quality caregiving are not seen consistently in the classroom (Locasale-Crouch, et al., 2007) and yet are among the most important aspects of an effective early childhood program (NICHD ECCRN, 2002). The question is—what type of educational credentials are necessary to suggest a caregiver will be knowledgeable and skilled? This question is one of the most debated topics in child care and early education.

Although formal education plays a role in preparing a person for high quality care giving, it is not clear that all caregivers need a Bachelor’s degree to be considered qualified (Early, et al., 2007). It is also not clear that all caregivers with a Bachelor’s degree are qualified to provide high quality care (Pianta, et al., 2005; Tout, Zaslow, & Berry, 2006). Research suggests that a Bachelor’s degree is largely linked to better child outcomes when that degree has prepared the caregiver for the day-to-day of the job (NICHD ECCRN, 2002; Pianta, et al., 2005). Yet, in many cases, a person’s degree is too removed from the specific demands of the classroom, was not tailored to provide an understanding of development specific to the age-range being served, and/or failed to support the caregiver in understanding aspects of diversity in the children being served (e.g., dual language learners; special needs; Cochran-Smith & Zeichner, 2005; Roskos, Rosemary, & Varner, 2006). Further, some studies suggest that when a caregiver has an Associate’s degree or credential (e.g., CDA) within early childhood development and/or education, there may be few differences in quality of care from someone with a Bachelor’s degree (Tout et al., 2006). For these reasons, a recent policy position by the National Institute for Early Education Research (NIEER) questions whether a Bachelor’s degree, in and of itself, is sufficient evidence that a person is qualified

to support children’s learning and development in a structured setting (Whitebrook et al., 2011). Understanding the content and quality of education, rather than simply the presence of educational attainment, is seen as a more relevant approach to understanding caregiver qualifications.

Recent thinking points to the value of looking at the specific specialized content obtained through education initiatives, pairing education with hands on-experience and ensuring a system of ongoing education and support is in place. (Whitebrook, Gomby, Bellm, & Sakai, 2009). This approach provides a more fine-grained look at what specific knowledge and skills a caregiver has or is obtaining that is relevant to the job. When caregiver educational requirements emphasize the importance of specialized knowledge, rather than simply speak to general educational attainment, there is an increased focus on consistency among caregiver pedagogy, practice, and quality (Roskos et al., 2006).

There are a number of consistent recommendations regarding the specific and specialized content that is important in preparing caregivers and teachers of young children. Understanding broad child development theories and knowledge of applied practices grounded in such theories is critically important (Bowman, et al., 2001). Research suggests teachers or caregivers do not always feel prepared for the realities of the settings in which they work. The combination of theory and pedagogy is needed to support caregiver’s application of knowledge and reflection on their practice (Roskos et al., 2006; Whitebrook, et al., 2009).

A second important area of knowledge for quality caregiving is domain-specific knowledge related to math, language and literacy (Roskos et al., 2006). Standards of quality child care and classroom settings emphasize the importance of caregivers being able to weave content-specific and academic learning into developmentally appropriate experiences (NAEYC, 2009). Curricula which seek to provide structures for such experiences are often misused or underused by teachers, particularly those who lack a background in the subject (Pianta et al., 2005). Caregivers and teachers need a solid background in domain-specific subjects, particularly around children’s developmental progressions in those areas, paired with an understanding of assessment and curricula, in order to adequately support children’s learning and achievement in those areas (Dickinson & Caswell, 2007).

RELEVANCE TO THE TEXAS RISING STAR GUIDELINES

The Texas Rising Star measures reflect the latest thinking around educational requirements and caregiver qualifications. Importantly, the point-based measures of TRS recognize the importance of caregiver formal education, but acknowledge the viability of multiple pathways toward becoming a qualified caregiver, whether that be a B.A., A.A, CDA, or a combination of some higher-education coursework and experience. This flexibility—around specific educational attainment—is paired with an emphasis on caregivers having

specialized knowledge. Although there is no mandated set of courses caregivers complete, the TRS points directly to the importance of coursework in early education and child development, as well as related fields, and requires evidence that the educational experience of caregivers includes some of this important content. The TRS requirements and points-based measures also speak to the importance of ongoing professional support and a workplace context in which there is support and leadership for ongoing learning. These other two aspects of education and caregiver qualification will be discussed in subsequent sections.

DIRECTOR AND STAFF QUALIFICATIONS AND TRAINING (required)

| AGE | MEASURE | MET/NOT MET |
|--|--|--|
| All facility types | <p>S-DQT-01</p> <p>DIRECTOR EDUCATION: CAREER LATTICE LEVEL</p> <p>The director assesses their education, experience and ongoing education to determine their career lattice level. Provider determines their current career lattice level, identifies how they want to progress to a higher career lattice level.</p> | <input type="checkbox"/> MET <input type="checkbox"/> NOT MET |
| All facility types except school-age only programs | <p>S-DQT-02</p> <p>DIRECTOR TRAINING</p> <p>* TRS Director Certification Course Similar to model of Taking Charge of Change - TCC Leadership Academy can count towards annual CCL training hour requirements *Based on availability</p> | <input type="checkbox"/> MET <input type="checkbox"/> NOT MET <input type="checkbox"/> N/A |
| School-age programs only | <p>S-DQT-03</p> <p>DIRECTOR TRAINING</p> <p>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> | <input type="checkbox"/> MET <input type="checkbox"/> NOT MET |
| All facility types except school-age only programs | <p>S-DQT-04</p> <p>DIRECTOR RESPONSIBILITIES</p> <p>Ensure all caregiver staff have a formal training plan.</p> | <input type="checkbox"/> MET <input type="checkbox"/> NOT MET |

DIRECTOR AND STAFF QUALIFICATIONS AND TRAINING (points-based)

| CENTER-BASED PROVIDERS FORMAL EDUCATION SCORING (points-based) | | | |
|---|---|---|--|
| <i>All Ages Except School-Age Only Programs</i> | | | |
| SCORE OF 0 | SCORE OF 1 | SCORE OF 2 | SCORE OF 3 |
| <input type="checkbox"/> None | <input type="checkbox"/> Valid child care administrator's credential, or <input type="checkbox"/> 5 to 9 years as a director in a TRS or currently recognized nationally accredited provider | <input type="checkbox"/> Valid Child Development Credential(CDA), or Child Care Professional (CCP) Credential with 6 college credit hours in business management; or <input type="checkbox"/> 9 college credit hours in ECE and 9 credit hours in business management; or <input type="checkbox"/> 60 college credit hours with 9 college credit hours in child development and 6 college credit hours in business management; or <input type="checkbox"/> A child care administrator's certificate from a community college with at least 15 college credit hours in child development and 3 college credit hours in business management; or <input type="checkbox"/> 10 to 14 years as a director in a TRS or currently recognized nationally accredited provider | <input type="checkbox"/> AA/AAS in ECE or closely related field with 12 college credits in ECE and 6 credit hours in business management, or <input type="checkbox"/> At least a BA/BS with 12 hours college credit hours in ECE and 6 credit hours in business management, or <input type="checkbox"/> 15 or more years as a director in a TRS or currently recognized nationally accredited provider |

| LCCH AND RCCH PROVIDERS FORMAL EDUCATION SCORING (points-based) | | | |
|--|---|---|---|
| <i>All Ages Except School-Age Only Programs</i> | | | |
| SCORE OF 0 | SCORE OF 1 | SCORE OF 2 | SCORE OF 3 |
| <input type="checkbox"/> None | <input type="checkbox"/> Valid child care administrator's credential; or <input type="checkbox"/> 5 to 9 years as a director in a TRS or currently recognized nationally accredited provider | <input type="checkbox"/> Valid Child Development Credential(CDA), or Child Care Professional (CCP) Credential with 3 college credit hours in business management; or <input type="checkbox"/> 9 college credit hours in ECE and 9 credit hours in business management; or <input type="checkbox"/> 60 college credit hours with 6 college credit hours in child development and 3 college credit hours in business management; or <input type="checkbox"/> A child care administrator's certificate from a community college with at least 15 college credit hours in child development and 3 college credit hours in business management, or <input type="checkbox"/> 72 clock hours of training in child development and 30 clock hours in business management <input type="checkbox"/> 10 to 14 years as a director in a TRS or TRS-recognized nationally accredited provider | <input type="checkbox"/> AA/AAS in ECE or closely related field with 6 college credits in ECE and 3 credit hours in business management; or <input type="checkbox"/> At least a BA/BS with 12 hours college credit hours in ECE and 3 credit hours in business management; or <input type="checkbox"/> 15 or more years as a director in a TRS or currently recognized nationally accredited provider |

DIRECTOR EXPERIENCE (All Facilities Except School-Age Only Programs)

| SCORE OF 0 | SCORE OF 1 | SCORE OF 2 | SCORE OF 3 |
|-------------------------------|--|--|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Be at least 21 years old and 2 years of experience in early childhood | <input type="checkbox"/> Be at least 21 years old and 3 years of experience in early childhood | <input type="checkbox"/> Be at least 21 years old and 4 or more years of experience in early childhood |

DIRECTOR TRAINING (All Ages Except School-Age Only Programs)

| SCORE OF 0 | SCORE OF 1 | SCORE OF 2 | SCORE OF 3 |
|-------------------------------|---|--|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Of the 36 hours, a minimum of 6 hours is in program administration, management and supervision | <input type="checkbox"/> Of the 36 hours, a minimum of 6 hours is in program administration and 3 hours is in Infant/Toddler or Pre-K guidelines | <input type="checkbox"/> Of the 36 hours, a minimum of 6 hours is in program administration and 6 hours is in Infant/Toddler or Pre-K guidelines |

FORMAL EDUCATION SCORING (6-12 Year Olds, School-Age Only Programs)

| SCORE OF 0 | SCORE OF 1 | SCORE OF 2 | SCORE OF 3 |
|-------------------------------|--|---|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Valid Child Care Administrator's Credential | <input type="checkbox"/> 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 <input type="checkbox"/> Valid CDA or CCP credential with six college credit hours in management; or <input type="checkbox"/> Nine college credit hours in child development and nine college credit hours in management; or <input type="checkbox"/> Sixty college credit hours with nine college credit hours in ECE or a related field and 6 hours in management | <input type="checkbox"/> AA/AAS in ECE or closely related field with 6 credit hours in business management; or <input type="checkbox"/> At least a BA/BS in a closely related field and 6 credit hours in business management |

DIRECTOR EXPERIENCE (6-12 Year Olds, School-Age Only Programs)

| SCORE OF 0 | SCORE OF 1 | SCORE OF 2 | SCORE OF 3 |
|-------------------------------|---|--|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Be at least 21 years old and have 1 year of experience in afterschool child care | <input type="checkbox"/> Be at least 21 years old and have 2 years of experience in afterschool child care | <input type="checkbox"/> Be at least 21 years old and have 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 licensed child-care facility, registered child-care home, kindergarten 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.

Reference: 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

CAREGIVER QUALIFICATIONS, ORIENTATION, AND TRAINING (required)

| AGE | MEASURE | MET/NOT MET |
|--------------------------------|---|--|
| All facility types except RCCH | <p>S-COTQ-01</p> <p>CAREGIVER ORIENTATION, 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 B. Policies of the facility C. An overview of the developmental needs/expectations of children in the assigned age group 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> | <input type="checkbox"/> MET <input type="checkbox"/> NOT MET |
| All facilities | <p>S-COTQ-02</p> <p>CAREGIVER ORIENTATION, 2 Before beginning child care duties, all volunteers and substitute caregivers are provided orientation that defines the task to which they are assigned. 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> | <input type="checkbox"/> MET <input type="checkbox"/> NOT MET <input type="checkbox"/> N/A |

| AGE | MEASURE | MET/NOT MET |
|---|---|--|
| All facilities | S-COTQ-06 CAREGIVER STAFF TRAINING All child care staff participates in training according to the approved plan. The training certificates do align to the individualized written training plan. | <input type="checkbox"/> MET <input type="checkbox"/> NOT MET |
| Center-based Programs Serving 0-5 years | S-COTQ-03 CAREGIVER STAFF TRAINING The plan provides for a minimum of 30 clock hours of child care related training specific to the age of children in their care. | <input type="checkbox"/> MET <input type="checkbox"/> NOT MET |
| SCHOOL-AGE PROGRAMS | 6 – 12 years (School-Age Only) S-COTQ-04 FULL -TIME CAREGIVER STAFF TRAINING 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. | <input type="checkbox"/> MET <input type="checkbox"/> NOT MET |
| | 6 – 12 Years Old (School-Age Only) S-COTQ-05 PART-TIME CAREGIVER STAFF TRAINING 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. | <input type="checkbox"/> MET <input type="checkbox"/> NOT MET |
| HOME-BASED PROGRAMS | RCCH and LCCH Facilities Only S-COTQ-07 CAREGIVER STAFF TRAINING Primary Caregiver has 36 hours of documented training, with a minimum of 12 clock hours of instructor -led training. | <input type="checkbox"/> MET <input type="checkbox"/> NOT MET |
| | LCCH Facilities Only S-COTQ-08 CAREGIVER STAFF TRAINING 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). | <input type="checkbox"/> MET <input type="checkbox"/> NOT MET <input type="checkbox"/> N/A |

CAREGIVER QUALIFICATIONS AND TRAINING (points-based)

| AGE | MEASURE | SCORING |
|--|--|--|
| Center-based facilities except school-age only | <p>P-CQT-02 CAREGIVER QUALIFICATIONS Not counting the center director, full-time caregiver staff must meet one 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> | <p>Scoring: # of caregivers who meet one of the qualifications, divided by total number of caregivers, x 100 = % of staff.</p> <p><input type="checkbox"/> 0=Provider meets less than 30% of staff</p> <p><input type="checkbox"/> 1= Provider meets 30% of staff</p> <p><input type="checkbox"/> 2= Provider meets more than 50% but less than 75% of staff</p> <p><input type="checkbox"/> 3= Provider meets 75% or better of staff</p> |
| | <p>P-CQT-03 CAREGIVER STAFF TRAINING Caregiver training topics are aligned with core competencies</p> | <p>Scoring: # of training topics aligned with core competencies, divided by total number of training topics, x 100 = % of training aligned.</p> <p><input type="checkbox"/> 0= Less than 50% of the training is aligned with core competencies</p> <p><input type="checkbox"/> 1= 50% of the training topics aligned with core competencies</p> <p><input type="checkbox"/> 2= 65% of the training topics aligned with core competencies</p> <p><input type="checkbox"/> 3= 80% of the training topics aligned with core competencies</p> |
| School-age Only Programs | <p>P-CQT-01 CAREGIVER QUALIFICATIONS Not counting the center director, all caregiver staff must meet one 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> | <p>Scoring: # of caregivers who meet one of the qualifications, divided by total number of caregivers, x 100 = % of staff.</p> <p><input type="checkbox"/> 0=Provider meets <30% of staff</p> <p><input type="checkbox"/> 1= Provider meets 30% of staff</p> <p><input type="checkbox"/> 2= Provider meets more than 50% but less than 75% of staff</p> <p><input type="checkbox"/> 3= Provider meets 75% or better of staff</p> |

ONGOING PROFESSIONAL DEVELOPMENT

Professional development (PD) can refer to in-house training or externally-provided training that occurs within the context of caregivers' professional environments (i.e., work environment, professional conference, etc.). Professional development can refer to a single event (e.g., a day of in-service support) or ongoing training (i.e., semester-long coaching program); however, it is distinguished from the broadly organized and more systematic formal educational experiences that teachers and caregivers may have in pursuit of a degree. Effective professional development is a means of providing those in the field contextualized and immediately applicable knowledge, ongoing support and mentorship, and/or feedback with individualized support (Bowman, et al., 2001; Epstein, 1993). Studies have found that when programs support well-designed professional development experiences for staff, the impact on quality caregiving can be as great, or greater, than formal education (Epstein, 1999). Professional development should be seen as a system of program infrastructure that, when combined with caregiver qualifications, powerfully predict the level of quality caregiving (Raikes et al., 2006).

The way that professional development is structured and organized is a critical factor in determining its impact on the quality of care giving. Historically, very little time or resources have been dedicated to ongoing professional development within early childhood settings and caregiving settings, as opposed to elementary schools (Bowman, 2001). Single session professional development events, with little to no follow-up or application, are often the norm and yet consistently show no relation to improving quality of caregiving or teaching (Dickinson & Brady, 2006).

Recent research points to a number of models or approaches to professional development that have been shown to be effective. Although the specific approaches differ, and should differ depending upon the skills or knowledge being acquired, there are some shared characteristics to consider. First is that the professional development is ongoing and coherent over time. Professional development is most effective when it results in an extended cycle of learning, observing, doing, refining, and doing again, as often occurs within coaching or mentorship models (Powell & Diamond, 2011; Wasik & Hindman, 2011). Access to resources, such as video- or web-related resources that allow participants to see and reflect upon real-world examples in a consistent and ongoing way is also supportive of learning and change (Downer, Pianta, Fan, Hamre, Mashburn, & Justice, 2011; Henry & Pianta, 2012). This type of ongoing support allows caregivers to deeply process new information (Downer, Jamil, Maier, & Pianta, 2012). When professional development opportunities involve learning over time, with components of reflection and practice, caregivers are able to synthesize new ideas and skills. This synthesis establishes

new behaviors so they become automatic in the day-to-day of the classroom or caregiving environment. Professional development that is extended over time recognizes that real change and learning takes time.

A second characteristic of effective professional development is its focus on both behavior and knowledge (Neuman & Cunningham, 2009; Zaslow, Tout, Halle, Whittaker, & Lavelle, 2010). Some of the more promising professional development has combined the implementation of curricular tools with coaching and teaching. The use of evidence-based curricular tools can support caregivers and teachers in providing specific, developmentally-powerful experiences to children. However, the extent to which teachers can utilize those tools effectively—meaning with intensity and blended with broader high quality caregiving behavior—varies (Justice & McGinty, 2012; Pianta et al., 2005). When professional development helps caregivers learn a specific technique for a specific group of children (e.g., shared reading with preschoolers), change can be significant and sometimes rapid (Justice & McGinty, 2012; Zaslow et al., 2010).

RELEVANCE TO THE TEXAS RISING STAR GUIDELINES

The Texas Rising Star measures emphasize the importance of ongoing, guided, and multi-format professional development. Each caregiver is to have a clear plan for professional development and this is used to guide the individual's specific activities. Although the guidelines do not demand that the hours of professional development are organized in a particular way (e.g., distributed over time versus within a workshop), the guidelines do suggest a balance of in-house vs. externally-provided professional support, as well as a balance of in-person vs. independent or off-line experiences. The TRS guidelines also emphasize the importance of focusing PD activities to be specific to the ages or needs of the children being served. In this way, the TRS guidelines create a flexible structure for professional development and yet mandate a level of intentionality and focus that is consistent with the research literature. The guidelines also mandate that programs set aside a fairly significant amount of time toward professional development. The specific number of hours demanded for both caregivers and directors reflects the understanding that professional development is a powerful and necessary tool to maintain quality caregiving. In fact, the TRS guidelines' emphasis on director qualifications and ongoing training supports the idea that mentorship support and mentorship culture is important to the quality of the caregivers. The importance of leadership and organizational culture to quality caregiving is discussed in the next section.

SUPPORTIVE WORK ENVIRONMENTS SUPPORT A QUALITY WORKFORCE

The organizational environment in which caregivers are expected to work is essential to retaining and developing a high quality workforce. Indeed, turnover is one of the most detrimental forces on quality caregiving (Whitebrook, & Sakai, 2010) because it jeopardizes

the relationship children have formed with caregivers and impedes efforts, such as PD efforts, designed to cumulatively build quality caregiving skills in staff. Caregiving staff show a turnover rate four times that of K-12 classroom teachers (Bueno, et al., 2010) and center directors show a similarly high level of instability (Phillips & Howes, 1991). Although low wages and other job opportunities are often seen as the primary reasons for turnover in child care and child welfare professionals, job satisfaction and aspects of the work environment are important factors in the decisions of those who stay (Dickinson & Perry, 2002; Manlove & Guzell, 1997; Strolin, McCarthy, & Caringi, 2006).

A strong leader is one of the defining characteristics of a supportive and satisfactory work environment. Two of the most discussed aspects of leadership include supportive mentorship and administrative supervision (Ingersoll & Strong, 2011; Kagan & Hallmark, 2001; Phillips & Howes, 1991; Strolin et al., 2006). The mentorship that a leader provides creates an important bridge for caregivers between their specific day-to-day tasks and the broader goals of the child care experience (Ingersoll & Strong, 2011; Kagan & Hallmark, 2001). A leader who builds mentorship into the work environment connects staff to the mission of high quality caregiving through workplace activities and structures. For example, studies of workplace satisfaction note that teachers and caregivers in a supportive work environment feel there is a director who is observing and supporting their professional growth and performance and actively discusses this with them (Torquati, Raikes, & Huddleston-Casas, 2007). Mentorship within an organization also goes beyond the role of the director. For new caregivers, a type of workplace induction—often by more experienced colleagues—is seen as a particularly important practice to establishing a broad culture of mentorship or support (Ingersoll & Strong, 2011; Whitebrook et al., 2009). In fact, as caregivers have access to systems of technical and emotional support, the organizational structure appears to buffer many of the challenges of the job (Strolin et al., 2006; Vu, Jeon, & Howes, 2008).

Administrative supervision differs from mentorship but also appears to be an important aspect of a high quality and supportive work environment. Administrative supervision creates a managed work environment where issues of work overload, scheduling, and day-to-day needs, such as needs for materials or completion of paperwork, are actively addressed. In a well managed work environment, there are regular practices for orienting and socializing new staff (Strolin et al., 2006), as well as clear practices around budgeting, staffing, hiring, and planning (Kagan & Hallmark, 2001). Underlying a managed work environment is an administrator who is able to view the caregiving system as a business and manages the organizational tasks related to that business with expertise (Kagan & Hallmark, 2001).

RELEVANCE TO THE TEXAS RISING STAR GUIDELINES

The Texas Rising Star measures emphasize rigorous director qualifications and place value

on having an overall highly qualified staff. Requirements that directors are highly qualified caregivers as well as have some background in administration and management is consistent with the type of leadership that is seen as important to a high quality work environment. The recognition that all staff within a program may not be highly qualified acknowledges the reality of the available caregiving workforce. However, the value placed on having high percentages of qualified staff recognizes the latest thinking about workplace quality and the role that colleagues may play in creating a supportive and learning-oriented environment. Further, the specificity around caregiver orientation, as well as training, suggests the value of professional workplace practices, as well as points toward the value of professional induction and potential establishment of mentorship relationships.

CONCLUSION

This brief introduction to the TRS Guidelines for Director and Staff Qualifications and Training sought to highlight the leading thinking around this topic from research and policy. This introduction sought to link this thinking and research to specific measures and requirements developed.

chapter 6

CATEGORY 2: CAREGIVER-CHILD INTERACTIONS

One of the most important aspects of high-quality caregiving is in the nature of the moment by moment interactions that an adult has with a child (Hamre, et al., 2013; Howes, et al., 2008; Mashburn, et al., 2008; McCartney, Dearing, Taylor, & Bub, 2007). Children learn to navigate the world around them and navigate their own internal world of thoughts and feelings with the guidance and modeling of adults in their everyday environments. For this reason, the predominant measures of caregiving quality now emphasize the importance of observing caregivers and children together to understand the nature of their interactions (Hamre et al., 2013). There are specific ways that caregiver behaviors can promote positive interactions and positive growth in children. These include a warm, responsive and supportive style, support for language and learning, support for children's behavior and organization, and support for children's play and autonomy (Bodrova & Leong, 2013; Bredekamp, 2004; Dickinson & Porche, 2011; Hamre et al., 2013; Rimm-Kaufman & Wanless, 2013). These dimensions of caregiving reflect processes that occur between adults and children on a moment-by moment basis. The extent to which these aspects of high quality behaviors are evident and consistent—across activities, times of the day, and children—define a high quality environment. The extent to which these behaviors are absent because of missed opportunities or are replaced by more negative behaviors (e.g., controlling vs. responsive style; reactive behavior management vs. proactive support) define more mid-range to lower quality environments (Pianta, La Paro, Hamre, 2007).

There are also many aspects of the caregiving environment that have an indirect influence on children. These are often called structural aspects of caregiving quality because they tend to be requirements about the physical space of the caregiving environment, requirements about teacher qualifications, or requirements about child-adult ratios and class size (Mashburn, et al., 2008; NICHD, 2002). Research suggests that these structural aspects of caregiving quality are important largely because they help foster high quality processes or interactions between adults and children, as just described. In other words, these structural requirements appear to be necessary, but not sufficient, to ensure a high quality environment. For example, research shows that even within state-funded preschool programs, where there are clear structural requirements in place, there is wide variety in the quality of interactions between children and adults (Locasale-Crouch et al., 2007).

Taken together, it seems that the most comprehensive approach to defining a high quality environment for young children is to provide both structural requirements and an emphasis on high quality adult-child interactions. The Texas Rising star guidelines have both structural requirements—in the form of class size and adult-child ratios—as well as process measures that reflect well accepted dimensions of high quality caregiver-child interactions. The

structural requirements related to group size and adult-child ratios are used as parameters of high quality caregiving environments and are present across state programs, Head Start, and private programs (Barnett, Carolan, Squires & Clark Brown, 2013). While there is limited research that links group size and staff ratios to better child outcomes, researchers and policymakers estimate that these requirements moderate process indicators such as caregiver-child interactions by providing the teacher with a more manageable number of children. For example, a teacher who is responsible for fewer children is more likely to respond warmly, scaffold learning, and have meaningful conversations on a more frequent basis with each individual child.

The measures for group size and staff ratios are listed below. The remainder of this section will expand upon the rationale and importance of measures including: Warm and Responsive Style; Language Facilitation and Support; Play-Based Interactions and Guidance; Support for Children’s Regulation.

GROUP SIZE (required)

| AGE-RELATED GROUPS (NON-MIXED) | | MIXED AGE GROUPS | |
|---------------------------------|--------------------|------------------|--------------------|
| AGE GROUP | MAXIMUM GROUP SIZE | AGE GROUP | MAXIMUM GROUP SIZE |
| 0-11 mo | 10 | 0-17 mo | 10 |
| 12-17 mo | 12 | 13-23 mo | 12 |
| 18-23 mo | 14 | 2-3 years | 16 |
| 24-35 mo | 14 | 3-4 years | 18 |
| 3 years | 18 | 3-5 years | 18 |
| 4 years | 21 | 4-5 years | 21 |
| 5 years | 25 | 5-8 years | 25 |
| 6-8 years | 25 | 9-12 years | 30 |
| 9-12 years | 30 | | |

Note: The above group sizes apply to center and school-based care only. Licensed and Registered Child care Homes must meet minimum licensing standards for group size.

STAFF RATIO (points-based)

| AGE GROUP | SCORE 0 | SCORE 1 | SCORE 2 | SCORE 3 |
|-----------|-------------|----------------------|---------|---------|
| 0-11 mo | 2:10 | No additional points | 2:9 | 1:4 |
| 12-17 mo | 1:5 or 2:13 | No additional points | 2:9 | 1:4 |

| AGE GROUP | SCORE 0 | SCORE 1 | SCORE 2 | SCORE 3 |
|------------|---------|---------|---------|---------|
| 18-23 mo | 1:9 | 1:7 | 1:6 | 1:4 |
| 2 years | 1:11 | 1:9 | 1:8 | 1:6 |
| 3 years | 1:15 | 1:12 | 1:11 | 1:9 |
| 4 years | 1:18 | 1:14 | 1:12 | 1:10 |
| 5 years | 1:22 | 1:16 | 1:13 | 1:10 |
| 6-8 years | 1:26 | 1:19 | 1:16 | 1:12 |
| 9-13 years | 1:26 | 1:19 | 1:16 | 1:12 |

Note: The above staff ratio measures do not apply to Licensed and Registered Homes.

WARM AND RESPONSIVE STYLE

Warm and sensitive caregiving is seen as one of the most important aspects of a pro-social and high quality caregiving environment (Hamre & Pianta, 2001; Howes, 2000; Mashburn et al., 2008). Warm and sensitive caregiving helps support the building of strong relationships between the teacher and children and this, in turn, creates a safe environment for children to explore and learn (Birch & Ladd, 1997; Pianta, Hamre, & Stuhlman, 2003). Sensitive caregiving and a strong relationship are seen to promote young children’s ability to function socially in a classroom—promoting cooperation, peer relations, adaptability, and engagement. A warm and sensitive classroom environment is also seen as a protective factor towards adverse outcomes, such as problem behaviors (Howes, 2000; Rimm-Kaufman, La Paro, Pianta, & Downer, 2005). Further, a warm and sensitive classroom environment is seen as conducive to learning and has positive relations to children’s math and reading outcomes (Hamre & Pianta, 2005). When young children have early experiences marked by warm and sensitive caregiving, research shows evidence of positive benefits years into the future (Howes, 2000; Hamre & Pianta, 2001). The lasting influence of positive early caregiving experiences speaks to the power of both early childhood, as well as the importance of sensitive caregiving, specifically. Through even a single, nurturing classroom experience, young children seem to learn patterns of positively relating to teachers, the classrooms, and peers in a way that they can carry with them through varied other classroom and school experiences (Hamre & Pianta, 2001). Let’s consider an example of what warm and sensitive caregiving may look like within an early childhood classroom:

A teacher is smiling at the children who are on the rug. She is sitting in a chair low to the floor and children are spread out around her. Some children are sitting with their legs criss-cross, a few are sitting on their side with their elbows propping them up. One child leans against a cabinet. All children appear generally attentive and the teacher does not comment on the varied sitting styles. A number of children are quite close to her and a few are touching her knee or leg. One of the children closest to her is leaning against her. Smiling

warmly at the group, she holds up two fingers in a signal for everyone to get quiet. Fairly quickly the majority of the children do the same signal and, as each child quiets down, she compliments each by name. She lightly touches the shoulder of one girl who was having trouble getting quiet and, as she settles, the teacher starts off the circle time with a little chant all the children know. Some children do the little gestures with the chant, some don't and some don't even say all the words, but are following along. The teacher makes eye contact around the room, smiling and accepting the different ways the children participate. She lets the children know she has a new book to share. She introduces the book and notices the excited look between a few children and notices that one child sitting at the back is making a pout. She says in a light tone, "Well, I see some are excited and some may be a little disappointed by today's book!" She smiles at the girl who was pouting and sings to the class, "In some ways we are different. But in so many ways, we are the same" (a familiar jingle for the class from a popular children's show). She says, "I bet we can each find at least one thing that we like in this book as we listen." The song makes the girl smile and the teacher continues to introduce the book to the class.

In this very brief look at a classroom, it is evident that this teacher has a very warm and sensitive caregiving quality. This teacher shows a true enjoyment of the children in her classroom and there are multiple non-verbal signs of closeness and acceptance (eye contact, shared proximity/physical closeness, shared smiles). She shows support for individual styles of participation (allows children to sit as they are most comfortable, accepts varied ways of participating during the chant). She shows patience with the children as they work to settle down (using signals and routines, but not moving toward negativity or demands/threats). She is attuned to varied signals from the children and acknowledges these signals with sensitivity and humor. Although she couldn't 'fix' the young girl's disappointment in the book choice, she was able to respond in a way that was attuned to her state. The use of the song was a judgment the teacher made to help move the child towards a more positive feeling, which would, in turn, allow her to be more willing to engage in the book reading.

What research finds, however, is that many classrooms do not display high levels of warm and sensitive caregiving. Although most classrooms are not overly controlling or harsh environments, research shows that the most common pattern is for moderate levels of warm and sensitive caregiving (Locasale-Crouch et al., 2007; Phillips, Gormley, & Lowenstein, 2009; Pianta, Belsky, Houts, & Morrison, 2007). In such mid-range classrooms, we can imagine shifts to the scenario painted above that are meaningful to young children.

A teacher is smiling at the children who are on the rug. She asks all the children to sit upright and criss cross. It takes some time to get all the children in this position as a few of the 'wiggly' children are resistant. She asks the children who are leaning against her to sit up and she puts some physical distance between her and these children by moving into a chair. This correction—to the sitting of certain children—takes time and, as this is happening other children begin talking. To gain everyone's attention, she holds up two fingers—a signal that she uses to try to calm the classroom. The children are distracted and not all are responsive immediately to her gesture, so she offers a warning in a somewhat impatient tone (but not overly harsh) that they will not have time for the book if they can't settle down. One child tries to explain that he wants to lean against the cabinet as he likes to sit that way but

she cuts him off before he finishes speaking and says in a sing-song voice that she is asking everyone to show they are ready by sitting up and not talking. She does not make eye contact with the little boy who was speaking up. She seeks to facilitate the 'getting ready' process by putting her focus on the children who are not yet listening, calling out their names and says "we are waiting..." . When everyone is settled, she begins the morning circle chant. Her tone is upbeat and she smiles at the children as she starts the chant, but the smile is not shared by all the children and does not feel entirely genuine. During the chant she scans the room to ensure all are fully participating and gives a 'look and head shake' at children who are not doing the gestures to indicate that she expects their cooperation. She gestures for the little boy (who had wanted to sit against the cabinet) to sit back up as he is wiggling/starting to lay down. After the chant she says, "Hmm... I think we can do better. Not everyone was with us. Let's try again and let's all do the hand gestures." The children are compliant but are not necessarily all demonstrating enjoyment during the chant re-do. After the morning chant, she lets the children know she has a new book. She introduces the book and notices the excited look between a few children and notices that one child sitting at the back is making a pout. She says, "I really like the enthusiasm of Jonah and Tobias" and gives them a big smile. Let's see if we can all try to be positive. Julia, let's not pout. I am sure you will be able to find something you like in this book, don't you think?"

In this scenario, the teacher is more controlling and less accepting of the varied perspectives and needs of the children in the classroom. This teacher does offer smiles and praise, but these tend to be for compliance and for children who fit her conception of what is 'right', rather than being a true gesture of warmth and acceptance for individuals in the classroom. There are low levels of disrespect for children, shown by publicly correcting a child for her feelings and cutting off another child when he was speaking. It is easy to imagine that, once-in-a-while, this type of interaction would occur in a classroom of young children. However, if this is the normal or prevalent pattern of interaction between the teacher and children, the differences are meaningful. This type of controlling and demanding style could also lead to a somewhat negative pattern throughout the morning circle activity. For example, it is likely that children who were 'called out' may become less cooperative or engaged and require ongoing correction; high demands for compliance could mean the teacher may become increasingly impatient or harsh if children cannot meet these demands. This teacher's approach shows an emphasis on moving children, quickly, towards the 'right' behaviors, at a cost of being highly supportive of their self-regard and self-confidence and individual needs.

This type of mid-level sensitivity and warmth—when the teacher is not harsh or mean but lacks sensitivity to individual needs and developmental tendencies—is quite common (Pianta et al., 2007). Unfortunately, in classrooms serving children in poverty, it is more likely to find patterns of interaction that are actually much harsher and controlling than that painted above (Locasale-Crouch, 2007; Pianta et al., 2005). In such classrooms, teachers would rarely compliment children, few smiles are noted, and correction and harsh or disrespectful tones would be prevalent. Unfortunately children in poverty often experience the same type of controlling and harsh environments at home (Hart & Risely, 1995) and also may have tendencies towards more problem behaviors or social difficulties (Brooks-Gunn

& Duncan, 1997). Research suggests the importance of warm and sensitive caregiving, particularly for populations who are at-risk demographically and/or developmentally, and, yet, these are the children least likely to experience such caregiving. Recent intervention studies point to the potential of enhancing warm and sensitive interactions in the classroom through teacher training and coaching (Bierman, Nix, Greenberg, Blair, & Domitrovich, 2008; Domitrovich et al., 2008; Jennings & Greenberg, 2009). Collectively the evidence suggests that it is not easy to provide consistently warm and supportive care to young children and that building such classrooms begins with supporting teachers and ensuring they have the skills, knowledge, and working conditions to meet the challenge.

RELEVANCE TO THE TEXAS RISING STAR GUIDELINES

The Texas Rising Star guidelines emphasize the value of warm and supportive interactions between teachers and children and define critical behaviors that comprise such interactions. The key behaviors that mark warm and sensitive caregiving within the TRS measures are the same as were highlighted in the scenarios and research review just presented. The TRS measures emphasize the importance of a warm and safe environment (seen in the scenario by positive tones, lack of harsh tones), use of non-verbal behaviors for acceptance (seen in the scenario by physical proximity, touch, shared smiles), a patient relaxed style (seen in the scenario with patience with settling down routines), awareness of children's signals (seen in the scenario by awareness of reactions to book and willingness to engage children), prompt response to affective signals (seen in the scenario through her attempt to lightly support young girl's disappointment with a song/hopeful message), and flexibility in attitude (seen in the scenario by tolerance for children's movement, tolerance for varied levels of participation). The TRS scoring allots higher scores in these areas when warm and sensitive caregiving is seen consistently and is not tempered by more negative behaviors, such as the presence of harshness, anxious caregiving, impatience, or lack of awareness of children's needs.

WARM AND RESPONSIVE STYLE ASSESSMENT MEASURES

| AGE | MEASURE | SCORE 0 | SCORE 1 | SCORE 2 | SCORE 3 |
|----------|---|---|---|--|---|
| All ages | <p>P-WRS-01 Provides physical and emotional security (<i>creates a warm, safe, and nurturing environment.</i>)</p> <p>KEY BEHAVIORS: Refrains from using negative/harsh language, behaviors, and discipline; does not make critical or demeaning comments</p> | Caregiver exhibits 1 or more harsh negative behaviors | 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 | Caregiver uses a mix of neutral to positive behaviors with no negative behaviors. | Behavior is characterized as positive with no negative behaviors |
| | <p>P-WRS-02 Uses frequent positive nonverbal behaviors to increase feelings of acceptance</p> <p>KEY BEHAVIORS: smiles, sits at child's level, allows child to sit near or with teacher, reassuring touch</p> | Harsh negative non-verbal behavior is observed (physical threat, rough touch/repositioning, gestures) | Caregiver does not use negative non-verbal behaviors, never or infrequently displays positive non-verbal behavior | Caregiver sometimes uses positive non-verbal behaviors but multiple missed opportunities are noted | Caregiver frequently uses positive non-verbal behaviors to increase acceptance or calm children |
| | <p>P-WRS-03 Has a patient, relaxed style that helps maintain calmness in the classroom</p> <p>KEY BEHAVIORS: Uses a positive tone of voice, does not seem rushed, reacts calmly when conflicts arise or children need support</p> | Caregiver behavior is characterized as rushed, overwhelmed, or impatient, which may be contributing to anxiety or stress in the classroom | Caregiver behavior is mixed with periods of rushed, overwhelmed, impatient behavior, children may not appear affected by this caregiver style | Caregiver typically maintains calm demeanor, but during periods of stress or conflict shows signs of stress or anxiety | Caregiver style is relaxed and calm, responds to children's signs of stress or rising tension among children in a calm manner |
| | <p>P-WRS-04 Notices and attends to children's needs and signals (<i>i.e., very few missed signals</i>)</p> <p>KEY BEHAVIORS: Recognizes signs of stress in individual children and listens to children's attempts at communication/expression; notices subtle signals from more shy or withdrawn children; responds to children's comments, questions, vocalizations</p> | Caregiver frequently ignores or is unaware of the signals and needs of children | Caregiver sometimes misses children's signals and needs though some instances of awareness and response are noted | Caregiver generally attends to children's needs and signals though some missed signals are noted | Caregiver can be characterized as keenly aware of children's signals and needs; highly tuned-in to children |

| AGE | MEASURE | SCORE 0 | SCORE 1 | SCORE 2 | SCORE 3 |
|----------|--|--|---|--|---|
| All ages | <p>P-WRS-05</p> <p>Responds promptly and sensitively to children’s cognitive and affective signals (<i>acknowledges and expands on children’s attempts at communication, play, and expression of needs.</i>)</p> <p>KEY BEHAVIORS: Comforts child, celebrates accomplishments, values needs, shows acceptance of feelings, etc.; responds with language that is positive in content and tone</p> | Caregiver 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 | Caregiver responses are generally neutral with no harsh negative behaviors, rare instances of sensitive responses may be noted | Response style is typically warm and positive with no evidence of negative responses | Response style is highly supportive with children typically receiving warm and sensitive responses to affective and cognitive signals |
| | <p>P-WRS-06</p> <p>Shows flexibility and an ability to adjust one’s own behavior to meet the needs, interests, and abilities of individual/groups of children</p> <p>KEY BEHAVIORS: 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> | Caregiver 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 | Caregiver generally shows tolerance for individual children though one or more mild instances of rejection/failure to adjust were noted | Caregiver consistently demonstrated fairness, acceptance, and ability to adjust though some opportunities for improvement were noted | Caregiver responds well to individual differences and needs among children; no instances of rejection or unfairness are noted |

LANGUAGE FACILITATION AND SUPPORT

Children are hard-wired to pay attention to adult language and mirror the language they hear (Hoff, 2006). The language of children’s everyday environment has an incredible influence on their development (Huttenlocher, Waterfall, Vasilyeva, Veva, & Hedges, 2010; Justice, McGinty, Zucker, Cabell, & Piasta, 2013). In fact, young children are so sensitive to differences in the language of their everyday environment that major gaps in vocabulary and language processing are evident by 18 months of age, when comparing children from homes that tend to provide high language support versus those that tend to provide low levels of language support (Fernald, Marchman, & Weisleder, 2013). By preschool, these differences have cascaded into major differences across language milestones and by school entry, children from language-rich environments know thousands or more words, when compared to children from less language-rich environments (Hart & Risley, 2003; Hoff, 2013). Notably, these early differences in development can have major, lifelong, impacts across children’s

academic and social trajectories (Shonkoff & Phillips, 2000).

To accelerate children's language development, research finds that it is critical for early childhood classrooms to provide intentional and frequent opportunities for language support and stimulation (Dickinson & Porche, 2011; Lonigan & Shanahan (NELP), 2009; Wasik, Bond, & Hindman, 2006). In language-rich classrooms, talk becomes the primary tool to help children navigate socially and cognitively. Facilitated conversation during social activities—such as lunch or play—can be a means of providing children labels for things in their everyday environment and help children learn social routines of conversation. Opportunities for extended conversations during learning circles or shared book time expose children to complex language forms and vocabulary that are not present in everyday conversation (Lonigan & Whitehurst, 1998; Wasik & Bond, 2001). Such opportunities also help teach children the ways of using language for complex thinking and complex academic-like tasks. Indeed, capacity for such academic language use is one of the most distinguishing features in the language skills of advantaged versus disadvantaged students, or those students entering school ready to learn versus those who are not (Neuman, 2009). In a high support classroom, language is used intentionally to build children's concepts, routines, and self-esteem. Let's consider a snapshot of a small group activity:

The teacher is sitting at a table with a small group to help facilitate a hands-on art activity. The activity involves creating a picture from a book that they just read. The teacher begins by having the children help her remember key facts from the book, as a way to spark their ideas and reinforce vocabulary from the book during the art activity that follows up on a book they just read. This is an excerpt of the conversation that is occurring during that activity.

Teacher (holding up the book): We read this book earlier today. Who remembers it? (Children say yes, nod, and raise hands).

Casey: There are purple, and blue, and yellow days!

Teacher: Oh yes, Casey remembers—you must have really enjoyed this book! The book was called My Many Colored Days (by Dr. Seuss). In it we learned that we can have lots of different moods and feelings on different days. Let's see (turning to the purple page). Reading: "On a purple day, I am sad." I see a dinosaur here walking alone. Does anyone remember what he does?

Casey: He groans, and drags his tail.

George: He is hanging his head and walking away.

Teacher: Oh yes! He groans and drags his tail as a way of showing he feels down or sad. George, you noticed his body language. He must feel very sad and slow to hang his head like that. Has anyone ever felt like that?

Lots of children: Yes! (And many act like a dinosaur walking sad and slow).

Casey: Yesterday, I couldn't have my favorite dress on because it was dirty. And I felt sad and

slow and purple! (Giggling).

Teacher: Oh yes, I remember that morning. Casey came in and told me she couldn't wear her favorite dress.

Tim: I am purple and slow when my sister won't play with me.

Elias: Purple and slow now! (Giggling).

Teacher: We all feel purple sometimes, don't we? We also feel lots of other colors too! In fact, sometimes our purple day lasts all day and sometimes, poof, something changes and we are at another color. (Turning to another page). What do you see on this page? Multiple children shout out various colors.

Teacher: Wow! You are all so observant today! The book says that after any day or any mood "I go back to being me." And I am lots of different colors! We can go from slow and purple to – Pink! And Happy! Elias said he was purple and slow but then he laughed and—poof. What did you become Elias?

Elias: Pink!

Teacher: How did you become pink?

Elias: Because I laughed (giggling).

Teacher: I had a pink day the other day when I got a card from my best friend in the mail. I felt pink inside when I read her words.

Jennifer: We went ice skating and I was pink!

Teacher: Oh wow! Did you go ice skating last weekend with your whole family? How was that?!

Jennifer: Yes, we went ice skating down at the park downtown and I went, and Drew, and Lilly and grandma and grandpa!

Teacher: Oh wow- your whole family went ice skating last weekend at the park downtown! That's sounds fun!

Jennifer: And we all went on the ice, but my mom couldn't skate very well and we got a bucket so we didn't fall and went around the ice.

Teacher: A bucket for balance! That's ingenious—so smart! I can picture you and your mom using a bucket to help you keep your balance when you went around the ice rink! That does sound like a pink day!

Jennifer: And it was a pink day because I had a pink coat on too!

Tamara: Me too, I have a pink coat too! (Girls giggle together)

Teacher (smiling and flipping through the book): There are so many types of days. Look—the

bright blue days—or a buzzy yellow day—(she is going slow, pausing between page turns and looking up to see if children have something to share...)

George: A busy yellow day like a busy bee.

Teacher: Oh yes. George, why is a yellow day like a busy bee?

George: Bees are yellow and they buzz around busy!

Teacher: Yes, bees are yellow and they are often quite busy gathering pollen to make into honey. George, what is a time you remember being yellow and busy?

George: I was a busy bee when I did my painting. I was painting and painting and painting.

Teacher: I remember your painting. It had all the colors on it, like a rainbow. Or like a many colored day!

George: Yes, I made a rainbow painting like when a rainbow comes out after it rains!

Teacher: Yes, when it rains and the sun comes out we sometimes get to see the many colors of the light around us in a rainbow.

Teacher: Well, we get to do another painting today. We will use these finger paints to make our own many colored day. You can choose one color or choose many colors. Think of a day that you want to share and think of how you felt that day. Choose a color that matches how you felt on that day. After we do our paintings we can tell each other what they are about.

Teacher walks around as children paint and comments on what she sees.

Teacher: Elias, I like the bright pink you are choosing to draw flowers. They look like bright pink daisy flowers with all the petals.

In this small group activity, the teacher is supporting children with varied levels of language. By having something physical that serves as a visual reminder of their conversation, she helps scaffold their listening/attention, as well as provides a prompt to their expressive language. Overall, the teachers' responsive conversational style allows the dialogue within the activity to be something jointly created by the teacher and children. This responsive conversational style is most evident by the fact that she almost never provides a short or single word response to children. In fact, even her praise is lengthy and descriptive (e.g., when complimenting George's picture she provides a rich description of it as being "like a rainbow"). Consistently, this teacher builds upon what children say to encourage multiple rounds of conversation. To build upon children's contributions within the discussion, the teacher repeats their ideas with a more sophisticated sentence structure/vocabulary (e.g., Oh wow—your whole family went ice skating last weekend at the park downtown), adds ideas and information (Yes, bees are yellow and they are often quite busy gathering pollen to make into honey), or follows what they say with a leading question (George, what is a time you remember being yellow and busy?).

When asking questions, the teacher balances yes/no questions with more open-ended questions, often in a sequence, which is a helpful approach for first getting children to participate and then expanding upon answers they provide. The teacher not only draws out children's contributions through repetitions and extensions, but she also offers children complex language models and vocabulary. For example, the teacher intentionally infuses complex vocabulary into the conversation (e.g., balance, rink, ingenious). This type of intentional and contextualized vocabulary exposure is one of the most important ways young children come to know so many words so quickly (Marulis & Neuman, 2010). Further, the teacher is focusing the conversation very intentionally around events that are not in the 'here and now'. So, even though she is using the book as a physical prompt for their discussion, she guides most of the talk toward children's experiences in the past and towards the cognitively complex idea of metaphor (i.e., colors stand for feelings). The kind of talk that occurs when discussing the past, future, or abstract ideas is quite different than language used to navigate everyday routines (e.g., meals, clean-up, routines) and is an important type of language model for young children (Benson, 2009; Tabors, Snow, & Dickinson, 2001).

The conversational approach the teacher took in the example above was one of repeat, extend, and/or expand and these behaviors are hallmark indicators of an environment with high language support (Dickinson & Porche, 2011). Unfortunately, the type of language-rich experiences illustrated in the example are quite uncommon within early childhood classrooms. Notably, even when teachers are using language-focused activities or curricula (such as shared reading or a language lesson from a curricula), the quality of the conversations within those activities tend to be quite low (Justice, Mashburn, Hamre, & Pianta, 2008; Piasta et al., 2012). Conversations tend to be one-way (teacher-directed), short, and lacking in cognitive complexity (Cabell, Justice, McGinty, DeCoster, & Forston, 2014; Massey, 2004). Language for feedback tends to be perfunctory and evaluative, rather than expansive and descriptive, and teachers rarely expand upon what children say. The difference in the conversation in such low support classrooms, as opposed to the high support scenario described earlier, is quite notable.

The teacher has the children at their desks and is introducing an activity that they will do around a book they just read.

Teacher: (holding up the book): We read this book earlier today—it was called My Many Colored Days. In a minute we are going to each paint our own colored day with whatever color, or colors, you would like.

Teacher: Let's take a look back through the book to remember some of the colors and days.

Teacher: Blue (turning pages of the book to remind them of what they read/allow them to see the pictures), bright red, low down brown, buzzy yellow . . .

Teacher: Let's share the color you are feeling today. Jonah, what color do you feel like?

Jonah: Red.

Teacher: Elias, what color do you feel like?

Elias: Purple

Teacher: Jennifer, what about you?

Jennifer: Pink

Teacher: Great—we can all feel different colors. We can't all share so put down your hands, but you will get to show me the color soon when you paint.

Teacher: OK, so everyone can grab a paper plate and I will come around with the paints. You can let me know what color or colors you want. I will put some finger paints on your plate and you can use this to make your many colored days. Ms. Magnum is also here to help. Teacher (after handing out paints and getting materials, walks around, says to various students). Great job! I like that! Hmm (for a child mixing together a lot of colors).

What is clearly evident in this scenario is that language is a functional tool to facilitate a language/literacy activity (i.e., craft around a shared book reading), but language development, itself, is not supported through the conversational interchanges within the activity. Unfortunately, it is the conversation around the activity, not the activity itself, that is the most important to children's development. Yet, in this low-support environment, extended conversation is not promoted and, in fact, may be viewed as a distraction from the real activity (doing an art activity related to a book reading). The questions that are asked are closed-ended (i.e., require one-word answers) and repetitive. Absent is a link between the talk around the activity and the higher level ideas that the art activity is supposed to promote (i.e., the idea of feelings as colors and emotions being variable/changeable). It is also evident that in this environment, children's contributions are limited. Children provide one-word answers to questions about their favorite color and there is nothing to suggest they are in the habit of offering more extended contributions. There is a lack of specific and rich vocabulary and feedback is seen to be mostly evaluative (hmmm; well), rather than descriptive.

What is striking in most classroom environments with low levels of language support are the missed opportunities. As seen in the low-support example, the teacher made attempts to elicit language, but these attempts feel short in many of the nuanced aspects of language facilitation promoted by research. Creating a language-rich classroom requires understanding of children's language development; yet, research shows that caregivers are often not trained in children's language development or in the ways they might promote such development (Dickinson & Brady, 2006; Piasta et al., 2012). Increasingly, research points to the very subtle shifts that teachers need to make to enhance the quality of their

language support to children. With respect to the low support example, if the teacher had asked even one or two of the children to describe why they selected the color they did when asked, that would reflect an important difference. It would reflect an attempt to provide children an open-ended question, or a question that children cannot answer in one word, and provides opportunity for more extended talk. It would also reflect an additional conversational turn. If the teacher had provided a description of a time she felt “like a certain color,” she would be modeling the complex language used to talk in the abstract and would provide a prompt that may elicit other children to share in the same way. The type of feedback or structure of the activity could also have been shifted to be more conducive to language support. For example, the teacher may have gone around and asked children to describe what they were painting and the feelings they are showing with their colors. She may have even written some of what they said down for a group discussion after the activity. These sorts of shifts still do not reflect the rich, deep conversations we might see in classrooms with high levels of language support, but they would reflect important improvements. In fact, research suggests that even small differences in quality for language and literacy support can have important impacts on children (Burchinal et al., 2010).

RELEVANCE TO THE TEXAS RISING STAR GUIDELINES

The Texas Rising Star measures for Language Facilitation and Support highlight the value of a highly responsive conversational style and intentional language modeling. The indicators emphasize the value of consistent and intentional use of language facilitation strategies for lengthy conversations. The particular language facilitation behaviors promoted within TRS are consistent with those discussed in the literature and illustrated in the examples above. These include positive language (seen in the positive and descriptive comment the teacher made about George’s painting as a rainbow), expansion of the children’s ideas (seen in the information she added about busy bees), communication throughout the day, attentive listening with clear responses to acknowledge contributions (seen in approach to the story about ice skating and throughout group discussion), use of questions to elicit talk (seen in initial questions about feelings and colors; questions about being “pink”), and intentional expansion of what children say (e.g., seen when she rephrases sentences with more detail or more sophisticated sentence structure, as with the idea of the family ice skating at the ice rink). The TRS indicators for this measure also emphasize the value of language models, as seen by the use of specific labels/sophisticated vocabulary (seen in the teacher’s infusion of vocabulary) and extensions to what children say or to the topic being discussed (seen in her commentary about feelings being changeable across a day or many days). Importantly, the TRS scoring approach emphasizes the idea that language support needs to be infused throughout the day, not just occurring in isolated instances. Within TRS, higher scores are provided when the use of language modeling and language facilitation occur often and consistently, rather than sporadically.

LANGUAGE FACILITATION AND SUPPORT ASSESSMENT MEASURES

| AGE | MEASURE | SCORE 0 | SCORE 1 | SCORE 2 | SCORE 3 |
|----------|--|---|--|---|---|
| All ages | <p>P-LFS-01</p> <p>Listens to children attentively and responds appropriately to their language, vocalizations, and non-verbal attempts at communication.</p> <p>KEY BEHAVIORS: Notices and responds to individual children's gestures, vocalizations, comments, questions; listens patiently while children work to express themselves, offering support if needed</p> | Caregiver frequently ignores or is unaware of children's attempts at verbal and non-verbal communication, or caregiver exhibits one or more instances of harsh negative behavior in response to attempts at communication | Caregiver sometimes misses children's attempts at communication, some missed opportunities or instances of neutral to positive response to language initiation are noted | 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 | Caregiver behavior can be characterized as highly responsive to children's attempts at communication |
| | <p>P-LFS-02</p> <p>Uses positive verbal responses and encouragement to provide reinforcement or acknowledge positive behavior/ accomplishments</p> <p>KEY BEHAVIORS: 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")</p> | There is an absence of positive language to provide positive reinforcement or encouragement | There are few instances of positive language to provide positive reinforcement or encouragement, praise/encouragement delivery may seem flat or disinterested | There are several instances of language to provide positive reinforcement and encouragement, praise/encouragement is generally characterized as warm and supportive | 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 |
| | <p>P-LFS-03</p> <p>Uses language to add meaning/ expand on child(ren)'s interests or agenda</p> <p>KEY BEHAVIORS: Comments or asks questions using positive 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</p> | Caregiver does not use language to expand or build on a child's interest or agenda, when language is used to expand/build is of very poor quality | Few neutral to positive instances of caregiver using language to build/expand on child(ren)'s interest or agenda have been noted | Several positive instances of caregiver using language to build/expand on child(ren)'s interest or agenda have been noted | Caregiver frequently uses positive language to build/expand on child(ren)'s interest or agenda. |

| AGE | MEASURE | SCORE 0 | SCORE 1 | SCORE 2 | SCORE 3 |
|----------|---|---|---|--|---|
| All ages | P-LFS-04 Communicates with children throughout the day (<i>in whole group activities, small groups, mealtimes, outdoor play.</i>) KEY BEHAVIORS: Teacher/caregiver provides frequent language stimulation; Routinely talks to children and imitates sounds infants and toddlers make throughout the day | Caregiver rarely provides language stimulation, communication may be limited to providing required directions or discipline | Caregiver uses language to provide directions or behavioral support/guidance as needed, several additional instances of language support noted across the observation period | Caregiver provides frequent language stimulation across a variety of activities/ contexts, some instances of low verbal engagement/ withdrawal were noted | Caregiver provides frequent language stimulation throughout the day, very few instances of low verbal engagement were noted |
| | P-LFS-05 Uses specific labels and descriptors throughout the day (<i>"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]"</i>) KEY BEHAVIORS: Uses rich language when responding/ interacting with children; talks to infants throughout care routines using specific language; narrating or thinking aloud about actions | Caregiver rarely uses specific labels and/or descriptors | Caregiver sometimes uses specific labels and/or descriptors but variety/breadth is limited, use of specific labels may be confined to a limited period(s) during the observation | Caregiver uses a variety of labels and/ or descriptors, use of specific labels and descriptors is not limited to one or two activities/ contexts during the observation period | Caregiver uses a wide variety of labels and/ or descriptors throughout the observation period |
| | P-LFS-06 Provides children with frequent opportunities to talk with caregivers throughout the day (<i>small group, whole group, outdoor play, mealtimes.</i>) KEY BEHAVIORS: Teacher/caregiver actively encourages children to communicate (i.e., teacher should not be doing all of the talking/vocalizing); uses a variety of questions (open/closed) to encourage critical or creative thought | Caregiver rarely encourages children to communicate with the caregiver | 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 language use | Caregiver encourages language across a variety of settings/ activities, some instances of encouraging children to use expanded language were observed | Caregiver encourages children to use language through the observation period, many instances of encouraging children to use expanded language were observed |
| | P-LFS-07 Allows children time to respond to questions before providing the answer or asking another question. KEY BEHAVIORS: Gives children time to think and respond before moving on; speaks and interacts at a pace comfortable for individual children | Caregiver rarely provides children adequate time to respond to questions before providing the answer or asking another question | 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 | Caregiver 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 | Caregiver almost always provides children time to respond to questions before providing the answer or asking another question |

| AGE | MEASURE | SCORE 0 | SCORE 1 | SCORE 2 | SCORE 3 |
|----------|---|--|---|---|--|
| All ages | P-LFS-08 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 KEY BEHAVIORS: 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 | Caregiver rarely or never engages individual children in conversation | Only a few (3-4) instances of the caregiver engaging in conversation with individual children were noted | Several (5-6) instances of conversation between the caregiver and an individual child were noted | Caregiver frequently (7+) engages in conversations with individual children |
| | P-LFS-09 Expands on children's understanding or initiation by elaborating on what children say or draw attention to KEY BEHAVIORS: Teacher's language is contingently responsive. child says; "I went to the zoo." Depending on level of child, teacher adds, "Did you see 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 | Caregiver rarely or never follows up children's initiations with more specific information or background knowledge | A few instances of following up children's initiations with more specific information or background knowledge were noted; some missed opportunities were observed | 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 | Caregiver typically follows up children's initiations with more specific information or background knowledge |
| | P-LFS-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 | Rarely or never extends children's language or models communicating complete ideas/sentences | A few instances of extending children's language or modeling communicating complete ideas/sentences were noted | Several instances of extending children's language or modeling communicating complete ideas/sentences were noted | Caregiver frequently extends children's language or models communicating complete ideas/sentences |

PLAY-BASED INTERACTIONS AND GUIDANCE

Children's play, particularly children's pretend play, is a quintessential activity of childhood that is seen as important to children's language, social, cognitive, and emotional development (Brendekamp 2004; Lilliard, et al., 2012; Pelligrini, 2009). Through play, young children engage in role play and scenarios, problem solve, act out social ideas and relationships, and are able to practice and apply skills in a fun and joyful way (Frederickson,

2001). Play is seen as an important means of supporting symbolic development; as children play and allow objects or people to take on pretend roles, they are learning to allow one thing to stand for another (Vygotsky, 1978). This symbolic understanding is of central importance to children’s language and literacy development and there are clear benefits of play to these areas (Roskos & Neuman, 1998; See Lilliard et al., 2012 for a review). As young children engage in the talk of play—whether to jointly problem solve a puzzle, establish and enact a scenario or story re-tell, or discuss rules of a game—they are stretching and expanding language skills in important and unique ways. Beyond language benefits, play also appears to be an activity that supports young children in developing regulatory abilities, such as inhibition and impulse control and capacity for sustained and directed attention (Diamond, Barnett, Thomas, & Munro, 2007; Hirsh-Pasek, Golinkoff, Berk, & Singer, 2009). This type of relationship makes sense as children must navigate complex rules and/or social situations during play; importantly these regulatory skills have a direct relationship to children’s school readiness and academic outcomes (McClelland et al., 2007).

What research finds is that some of the positive benefits of play can be enhanced when adults are present and supportive but not overly controlling (Bodrova & Leong; see <http://prek.spps.org/uploads/importanceofplayful.pdf>). Adults can be particularly supportive during pretend play when enhancing the maturity and length of play scenarios. For example, the extent to which young children use generic objects for specific scenarios (e.g., empty plates, pretending it has food; swaths of fabric, pretending it is a cape/gown/ etc.), the extent to which pretend play involves multiple roles and people, and the extent to which there are rules to the play or scenario (e.g., stay in character; some children are the doctors and others the patients) are all signs of mature play. Also flexibility within the rules (e.g., first they are doctors of people, now they are doctors of pets) is also a sign of mature play. These aspects of play—degree of pretend, rules, flexibility, and inclusion/multiple roles—require significant language and the capacity to extend and continue each other’s ideas. These can be difficult areas for young children and reflect areas in which adults can play a supportive role (Bodrova & Leong, 2012).

High Quality Scenario

Three young children are playing pet salon/pet wash. The teacher has joined these three children, sitting on a low chair within the play area, but is initially sitting back and watching as they plan for the game. One young girl is gathering things—a bucket, a brush from the baby toys—and is looking around. The teacher asks if she can help her find anything and the young girl says she needs to gather shampoo. The teacher knows there is no shampoo prop, but turns the question to the group. “Hmm... what could we use for the shampoo bottle?” A little boy comes back with a wooden ketchup and mustard prop from the kitchen and says “Here, these are bottles!” The young girl is considering this as an option and the teacher says “Oh! Strawberry shampoo and lemon conditioner. Won’t our pets love that?” The other little boy pretends to smell the bottles, saying “Mmmm.” And the little girl takes the bottles, accepting these as part of the props. The little boy finds a stuffed animal and the little girl says, “I will be the one washing the pets and you bring in your dog.” The little boy has not gathered a dog but has gathered a stuffed monkey and they begin to argue about whether

or not this is allowed. Although not directly interfering in their discussion, the teacher says, “Well, I bet monkeys have to get washed too sometimes. I wonder where monkeys in the zoo go to be washed.” The little girl says “Oh yes! We can be washing pets at the zoo!” The little boy says, “I can be at the zoo too!” The teacher, supporting their ideas and adding vocabulary to the conversation, says “Wonderful—are you both zoo keepers?” The children answer yes and Tamara (the young girl) assigns them roles. She will be working at the pet care station and George is in charge of bringing the pets to her.

Teacher: George, what kind of monkey is that?

George: It’s a grey monkey like the ones we read about.

Teacher: Oh! Is it a Rhesus monkey like we saw in the animal book? I wonder what trouble that smart little monkey may get into at the pet salon!”

The children continue to play, acting out a scene where George brings the monkey in and asks for him to be washed. And the little girl engages in a washing scene while George watches. To facilitate some additional talk, the teacher asks if she can pretend she is a visitor to the zoo. She asks, “How did that monkey get so dirty?” George says he was eating bananas and the banana got all over the monkey’s face. Tamara joins and says that she notices banana everywhere—even in the monkey’s ear! The teacher asks, “Do monkeys like to get their ears washed? I hope he doesn’t run away like the monkey in the book we read!” At this point, the children do not answer her, but talk to each other about an idea to pretend the monkey has run away because it doesn’t like getting its ear washed. The little boy ‘hides’ a monkey under the table and he and the little girl engage in a pretend scenario where they are searching for the monkey. The teacher asks, “How are we going to find her?”...

In this scenario, the teacher was a presence in the activity but was not directing the play. She builds off the ideas of the children and maintains a playful attitude that allows the children to expand the humor and fun of the scenario. For example, when the children were considering how to find a shampoo bottle, she models the use of imagination in play but does not direct them into specific roles or responses. Similarly, she does not interfere with the children’s discussions, or negotiations, about George’s choice of a monkey as a pet. Rather, she offers the children the model of how to respond in a flexible way and gives them the freedom to consider this guidance. Throughout the play scenario, she takes a language-rich approach to supporting their play and this approach simultaneously supports language development and scaffolds the maturity of the play. For example, when she restates the children’s roles as “zookeepers,” the teacher is providing a sophisticated vocabulary word (that they are likely to use/repeat during their play) and this label also creates definition to the children’s roles within the adapted play scenario (adapted from pet salon to zookeepers). Similarly, her use of open-ended questions supports the children’s language-use within the activity and also guides them to extend/expand the pretend scenario (Dickinson & Tabors, 2002).

It can be difficult to balance involvement versus directiveness within pretend play. Often teachers are in the role of play manager within open-ended play scenarios and/or are

providing more directive help to play with objects (Kontos, 1999). Within this type of managerial role, talk during play can also be highly literal and directive, with an emphasis on praise, directions, or redirection of behavior (Massey, 2004). For example, it is easy to imagine shifts to the scenario just described, in which the teacher's presence is more intrusive and/or managerial.

Mid-Range Scenario

Three young children are playing pet salon/pet wash. The teacher has joined these three children, sitting on a low chair within the play area, but is initially sitting back and watching as they plan for the game. One young girl is gathering things—a bucket, a brush from the baby toys—and is looking around. The teacher asks what she needs and when the little girl says, shampoo, the teacher says, “I know where an empty spray bottle is” and finds that prop for her. The little boy finds a stuffed animal and the little girl says, “I will be the one washing the pets and you bring in your dog.” The little boy has not gathered a dog but has gathered a stuffed monkey and they begin to argue about whether or not this is allowed. The teacher attempts to facilitate this argument by directing the children toward an easy solution, “George, the pet salon would not allow a monkey. Let’s choose something different. What about this dog? Here is a leash. What do you think?” The little boy takes the dog and the little girl tells George to pretend to bring the dog into the salon. Again, the teacher steps back to watch. The little boy brings the pet into the “salon” and answers the girl’s questions about the dog’s name, and whether he wants lemon or strawberry flavored shampoo (his answers are primarily one-word answers). The little girl engages in a washing scene while George watches. The teacher participates by directing the little girl to comb the dog after washing it and says, “Don’t forget to dry him. That dog sure is wet!” She asks George, “Is your dog clean now?” and George nods. Tamara says, with a flourish, that she is done and George says, “thank you” and pretends to leave. The little girl tells the teacher it is now her turn to bring in a pet. The teacher acts out the same scenario as George, bringing in an animal and answering questions about the animal’s name and what shampoo to use. After this, Tamara tries to get George to bring in another animal. George says he doesn’t want to and walks away. The teacher tells Tamara she can keep playing pet salon but she has to check on some other children.

In this scenario, the teacher is seeking to join the play; however, her primary contributions are to redirect and manage the children's behavior within the play scenario. Her role as manager reduces the opportunity for children to engage in problem solving and discussion within the play experience and, thus, reduces the potential benefit of play to these areas of development. Her more directive style does not offer children the language modeling that might occur if she was more focused on building on children's play. For example, rather than describing what Tamara might have been doing when washing George's dog (thus infusing language modeling and reinforcement to her play), her guidance seeks to direct what Tamara does within the scenario. Although the teacher is clearly attempting to extend the children's play with the directions she provides, her contribution is aimed at showing and solving for children, rather than guiding and supporting with children. This can be seen in her emphasis on the accuracy or completeness of the pretend scenario. The teacher seems to feel her role is to help children “get it right,” rather than help children build autonomy, language, and problem solving skills as they navigate the act of pretending.

RELEVANCE TO THE TEXAS RISING STAR GUIDELINES

The TRS measures for Play-based Interaction and Guidance recognize the developmental value of play to children’s regulatory, emotional, and language development. The behaviors emphasized within this measure point adults toward being active facilitators of children’s developmental attempts at play and seek to discourage overly controlling or managerial involvement in play activities. The key indicators within TRS are similar to those illustrated within the example and include support to a playful attitude (i.e., modeling and promoting play, seen by the teacher joining play and having clear time in the day for play), participating and expanding on play (seen by the teacher modeling sophisticated aspects of play, such as pretending about objects, flexibility in twists and turns of the play scenario, engaging multiple roles within the play scenario), and use of guidance rather than directive strategies to encourage play (seen by the teacher letting children make decisions and offering suggestions on how to problem solve, but not directing the children to a solution). Higher scores are given for teachers that value play, offer language modeling and support during play, emphasize children’s own autonomy and social development through play, and guide rather than direct when engaging with children.

PLAY-BASED INTERACTIONS AND GUIDANCE ASSESSMENT MEASURES

| AGE | MEASURE | SCORE 0 | SCORE 1 | SCORE 2 | SCORE 3 |
|----------|--|---|---|--|---|
| All ages | <p>P-PBIG-01</p> <p>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</p> <p>KEY BEHAVIORS: Engages children in playful activities throughout the day; Intentionally engages children in songs, books, games, etc.</p> | 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 | Caregiver sometimes engages children in songs, books, pretend play, or games; these opportunities can be characterized as directive or highly constrained | Caregiver sometimes engages children in songs, books, pretend play, or games; these activities typically allow children opportunities to be playful and make choices about how to engage | Caregiver frequently engages children in songs, books, pretend play, or games; these activities typically allow children opportunities to be playful and make choices about how to engage |
| | <p>P-PBIG-02</p> <p>Participates and expands on play initiated by children to reinforce language, ideas, and social development</p> <p>KEY BEHAVIORS: 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</p> | Caregiver rarely builds on play initiated by the child(ren); caregiver frequently redirects child(ren) rather than building on their agenda/interest | 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 | 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 | 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 |

| AGE | MEASURE | SCORE 0 | SCORE 1 | SCORE 2 | SCORE 3 |
|----------|--|--|---|---|---|
| All ages | <p>P-PBIG-03 Provides guidance when children are working to complete a task/play rather than using overly directive strategies</p> <p>KEY BEHAVIORS: 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 rather than relying on overly directive approaches (offers choices, encourages communication and problem-solving skills, models appropriate actions.)</p> | Caregiver is typically overly directive when children are working to complete a task; caregiver does not model, demonstrate, or discuss possible solutions/ approaches | 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 | 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 | Caregiver typically provides guidance while children are working to complete a task/ play rather than using overly directive strategies |

SUPPORT FOR CHILDREN'S REGULATION

Young children's capacity to manage their feelings and impulses, sustain attention toward a task, cooperate with the classroom or activity rules and with peers, and organize behavior toward the completion of goals are all aspects of their self-regulation (Diamond, 2006; Ponitz, et al., 2008; Ponitz et al., 2009). For young children to navigate the learning demands of the classroom, they are often drawing upon aspects of their self-regulatory skills (Blair & Razza, 2007). For example, when a teacher seeks to transition children from one activity to the next, children must inhibit preferences to keep working in order to cooperate with these rules. When children are given time to navigate center-time, they must direct their attention and focus their activities in a goal-oriented way. If children are introduced to a new activity, they must focus on the directions and, possibly, manage emotions they may have about trying something new. Thus, it is no surprise that children's self-regulatory skills are linked to learning in math, language, and literacy (Duncan, et al., 2007; McClelland, et al., 2007; Ponitz et al., 2009). Aspects of children's self-regulation have also been linked to their ability to navigate the classroom environment socially. Research finds links between children's regulatory abilities and their peer relations, social problem solving, capacity for sharing and ability to be empathetic (Bierman et al., 2008; Fantuzzo et al., 2004). The link between regulatory abilities and social functioning also makes sense. Positive social interactions require children to suspend their own perspective in order to understand another's (i.e., impulse control, an important aspect of self-regulation) and also demand that children, at times, manage difficult emotions, such as feeling disappointed, frustrated, or confused.

Research finds that caregiving or classroom environments can have an important influence on children's regulatory abilities. Although children's self-regulation evolves in part from aspects of their temperament and genetic predispositions, research finds children's everyday

environments can have an important influence on how children engage their regulatory system and the extent to which they develop positive regulatory capacities (Rimm-Kaufman & Wanless, 2012). The extent to which children's environments allow them to successfully practice regulatory skills—within games, routines, structured activities and play—and support children's increasingly independent use of these skills are important aspects of a high quality caregiving environment (Bodrova & Leong, 2012). Classrooms that organize children's behavior through routines foster independence and autonomy and help children apply their regulatory skills towards successful outcomes (Cameron, Connor, & Morrison, 2005). Routines also create predictable approaches to work and predictable transitions and these aspects of routines may help children regulate, emotionally, within the day-to-day of classroom activities (e.g., minimize feelings of being overwhelmed or unsure; minimize feelings of frustration or surprise at times of transition). An important mechanism by which adults support children's regulation is through the language they use around problem solving (Bodrova & Leong, 2012). When adults consciously model language that reflects a strategy for approaching a problem and/or use language to specify feelings related to a situation, children begin to have 'scripts' for approaching similar problems or situations. Over time, children's exposure to this type of regulated and supportive dialogue may become internalized and thus becomes an aspect of children's regulatory development (Rimm-Kaufman, Curby, Grimm, Nathanson, & Brock, 2009). Beyond routines and aspects of caregiver language, aspects of warm and sensitive caregiving are also critical to children's regulation (Rimm Kaufman & Wanless, 2012). In fact, many of the behaviors discussed previously in relation to warm and sensitive caregiving are not only supportive of children's social development, but are also supportive of children's regulatory development. Let's return to the scenario presented initially, around warm and sensitive caregiving, and consider the interaction from a different lens. Rather than focus on the ways that the teacher established a positive and warm climate, we will focus on strategies that support children's regulation.

A teacher is smiling at the children who are on the rug. She is sitting in a chair low to the floor and children are spread out around her. Some children are sitting with their legs crisscross, a few are sitting on their sides with their elbows propping them up. One child leans against a cabinet. All children appear generally attentive and the teacher does not comment on the varied sitting styles. A number of children are quite close to her and a few are touching her knee or leg. One of the children closest to her is leaning against her. Smiling warmly at the group, she holds up two fingers in a signal for everyone to get quiet. Fairly quickly the majority of the children do the same signal and, as each child quiets down, she compliments each by name. She lightly touches the shoulder of one girl who was having trouble getting quiet and, as she settles, the teacher starts off the circle time with a little chant all the children know. Some children do the little gestures with the chant, some don't and some don't even say all the words, but are following along. The teacher makes eye contact around the room, smiling and accepting the different ways the children participate. She lets the children know she has a new book to share. She introduces the book and notices the excited look among a few children and notices that one child sitting at the back is making a pout. She says in a light tone, "Well, I see some are excited and some may be a little disappointed by today's book!" She smiles at the girl who was pouting and sings to the class:

“In some ways we are different. But in so many ways, we are the same.” (A familiar jingle for the class from a popular children’s show). She says, “I bet we can each find at least one thing that we like in this book as we listen.” The song makes the girl smile and the teacher continues to introduce the book to the class.

In this scene, the teacher has a clearly established routine for gathering and organizing attention towards the circle time activity and this is seen by how responsive children are to her signal for gathering (i.e., holding up two fingers). The teacher’s chant provides additional evidence of a routine that is in place to engage the children’s attention. The chant, as opposed to verbal directions about paying attention, reflect a positive and proactive approach to supporting children’s behavior regulation. The chant has the desired effect on children’s behavior (i.e., teaches them to orient to the teacher for circle time), but it does so by capitalizing on children’s natural tendency to orient to a fun song or chant, rather than by introducing a directive or demand (which often has a more negative impact on young children). The teacher is also very tolerant as children work to settle-in toward the circle time activity; this can be seen by her patience with the young girl who needed an extra cue (i.e., touch on the shoulder) and is also seen in her tolerance of the children who are not yet fully participating in the chant and its gestures. She relies on her warm connection to these children—demonstrated by her smiles and eye contact and physical touch—to engage them more fully, but she does not demand that they comply at this particular instance. This response not only reflects a warm and sensitive style, but reflects an understanding that participation and cooperation, particularly in a large group setting, require many aspects of regulation to come together (i.e., sustained attention, memory, ability to ignore other distractions). Her tolerance likely reflects, in part, an understanding that engagement and participation are developmental processes and are not to be viewed from the lens of ‘children’s compliance.’ Similarly, her tolerance for children sitting in various positions (e.g., some crisscross, some leaning on their elbow) not only reflects a child-centered attitude, but also reflects the teacher’s support for children’s own autonomy and self-management. She allows children the opportunity to experiment with movement and body position as a support to their attention; for some children this type of movement is an important strategy for sustaining attention in a difficult situation, such as a large-group shared book reading. Finally, the teacher models various strategies for helping children regulate difficult emotions. She labels the young girl’s ‘feeling of frustration’ as related to the shared reading, and this provides both a label and quick explanation for the young child about her initial negative feeling.

Research suggests that children’s regulatory abilities are among the most valued by teachers (Rimm-Kaufman, Pianta, & Cox, 2000). And yet, half the kindergarten teachers surveyed in a large-scale national survey stated that a majority of the children in the classroom do not have the regulatory abilities needed to benefit from instruction (Rimm Kaufman, et al., 2000). Increasingly, young children are being expelled from preschool for poorly regulated behavior (Gilliam, 2005) and these early childhood programs are failing to have a significant

impact on young children’s regulatory development (Bodrova & Leong, 2012, see also Skibbe, et al., 2011). In the typical classroom, the support for children’s regulation is often less supportive and more demanding, as illustrated in this example.

Low-Mid Scenario

A teacher is smiling at the children who are on the rug. She asks all the children to sit upright and criss cross. It takes some time to get all the children in this position as a few of the ‘wiggly’ children are resistant. She asks the children who are leaning against her to sit up and she puts some physical distance between her and these children by moving into a chair. This correction—to the sitting of certain children—takes time and, as this is happening other children to begin talking. To gain everyone’s attention, she holds up two fingers- a signal that she uses to try to calm the classroom. The children are distracted and not all are responsive immediately to her gesture so she offers a warning in a somewhat impatient tone (but not overly harsh) that they will not have time for the book if they can’t settle down. One child tries to explain that he wants to lean against the cabinet as he likes to sit that way but she cuts him off before he finishes speaking and says in a sing-song voice that she is asking everyone to show they are ready by sitting up and not talking. She does not make eye contact with the little boy who was speaking up. She seeks to facilitate the ‘getting ready’ process by putting her focus on the children who are not yet listening, calling out their names, and saying “we are waiting...” When everyone is settled, she begins the morning circle chant. Her tone is upbeat and she smiles at the children as she starts the chant, but the smile is not shared by all the children and does not feel entirely genuine. During the chant she scans the room to ensure all are fully participating and gives a ‘look and head shake’ at children who are not doing the gestures to indicate that she expects their cooperation. She gestures for the little boy (who had wanted to sit against the cabinet) to sit back up as he is wiggling/starting to lay down. After the chant, she says, “Hmm... I think we can do better. Not everyone was with us. Let’s try again and let’s all do the hand gestures.” The children are compliant but are not necessarily all demonstrating enjoyment during the chant re-do. After the morning chant, she lets the children know she has a new book. She introduces the book and notices the excited look between a few children and notices that one child sitting at the back is making a pout. She says, “I really like the enthusiasm of Jonah and Tobias” and gives them a big smile. Let’s see if we can all try to be positive. Julia, let’s not pout. I am sure you will be able to find something you like in this book, don’t you think?”

In this scenario, routines are much less established and support to children’s autonomy is not as evident. There are fewer instances of proactive behavior management and techniques used to support and engage children’s attention are largely absent. Rather, attention is constantly redirected with more negative comments about misbehavior or punitive threats (low-grade threats; we won’t have time to read this book). Such an approach escalates, rather than diffuses, rising tensions or challenges. Further, the teacher’s own regulation — and capacity for flexibility and tolerance of mishaps—is less evident. She demands specific compliance to the structure of the activity and this, actually, provides children with less support to their regulatory development than an approach that placed more value on their independence and decision-making (Rimm-Kaufman & Wanless, 2012; Cameron et al., 2005). The teacher seeks to create a positive environment by having children all ‘feel’ positive; yet, this approach fails to provide children guidance in managing their feelings. In

fact, minimal evidence is seen of language designed to help children understand, label, and process their emotional states.

The techniques that define high levels of support to children’s regulatory behavior are subtle and challenging, particularly when there is a lack of knowledge about children’s self-regulatory development and an ability to assess these capacities within the classroom (Bodrova & Leong, 2012). Structured curricula designed to help teachers in their support to children’s regulation have been seen to be effective (Diamond, Barnett, Thomas, & Monro, 2007) and are continuing to evolve.

RELEVANCE TO THE TEXAS RISING STAR GUIDELINES

The TRS framework promotes key behaviors seen as important to young children’s regulatory development, including modeling emotional expression and interpreting emotions, using logical consequences, consistently implementing rules and routines, demonstrating flexibility, deescalating rising tensions, and supporting communication. Exemplars of these same aspects of support were highlighted in the scenarios and these are consistent with the research discussed.

SUPPORT FOR CHILDREN’S REGULATION ASSESSMENT MEASURES

| AGE | MEASURE | SCORE 0 | SCORE 1 | SCORE 2 | SCORE 3 |
|------------------------------------|---|--|---|--|---|
| Toddler, preschool, and school age | P-SCR-01 | | | | |
| | <p>Models and encourages emotional expression (<i>encourages children to express feelings, labels feelings, thinks aloud to model their own feelings and reactions, makes connections between actions and emotional reactions.</i>)</p> <p>KEY BEHAVIORS: 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.)</p> | Caregiver rarely models and encourages emotional expression; 0 instances of engaging children in intentional activities aimed at increasing emotional awareness or understanding | 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 | A few instances of modeling and encouraging emotional expression were noted with at least 1 intentional activity aimed at increasing emotional awareness or understanding; | Several instances of modeling emotional expression were noted with at least 1 intentional activity aimed at increasing emotional awareness or understanding |

| AGE | MEASURE | SCORE 0 | SCORE 1 | SCORE 2 | SCORE 3 |
|------------------------------------|---|--|--|---|---|
| Toddler, preschool, and school age | <p>P-SCR-02 <i>Providing children with short explanations that help them understand why they are feeling a certain way</i></p> <p>KEY BEHAVIORS: 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."</p> | 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 | 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 | 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 | Caregiver provides 3 or more short explanations that are simple and clear enough to help children understand how a child(ren) are feeling |
| | <p>P-SCR-03 Explains logical consequences for behaviors rather than providing arbitrary consequences</p> <p>KEY BEHAVIORS: Verbalizes for children logical consequences for behaviors</p> | Caregiver rarely verbalizes consequences; these consequences are typically illogical; Verbalizes 1 or more punitive or harsh consequences for behavior | Caregiver sometimes explains consequences though consequences are typically illogical; rare instances of explaining logical consequences may have been noted | Caregiver sometimes explains logical consequences for behavior; rare instances of explaining illogical consequences may have been noted | Caregiver frequently verbalizes logical consequences for behavior |
| | <p>P-SCR-04 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).</p> | Caregiver 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 | Caregiver sometimes refers to or encourages child(ren) to follow rules and routines that help children learn to regulate their own behavior; 1 instance of implementing/ referencing developmentally inappropriate rules or routines; no implementation/ references to harsh rules or routines | Caregiver 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 | Caregiver 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 |

| AGE | MEASURE | SCORE 0 | SCORE 1 | SCORE 2 | SCORE 3 |
|------------------------------------|--|--|---|---|--|
| Toddler, preschool, and school age | <p>P-SCR-05</p> <p>Demonstrates flexibility and tolerance for minor mishaps and misbehaviors</p> <p>KEY BEHAVIORS: 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</p> | There were 3 or more instances of intolerant response to minor mishaps/misbehaviors; 1 or more harsh negative responses to such behaviors | There were 2 or more instances of intolerant response to minor mishaps/misbehaviors; no harsh negative responses to such behaviors | There were 1 instance of intolerant response to minor mishaps/misbehaviors; no harsh negative responses to such behaviors | There were 0 instances of intolerant or harsh response to minor mishaps/misbehaviors |
| | <p>P-SCR-06</p> <p>Recognizes rising tensions and helps children understand the logical consequences of their actions before problem behaviors occur</p> | Caregiver typically fails to recognize rising tension and is unable to help children understand logical consequences of their actions before problem behaviors occur | Caregiver sometimes recognizes rising tensions in time to act but is typically unable to help children understand logical consequences of their actions before problem behaviors occur | Caregiver sometimes recognizes rising tensions in time to act and is typically able to help children understand logical consequences of their actions before problem behaviors occur | Caregiver frequently recognizes rising tensions in time to act and is typically able to help children understand logical consequences of their actions before problem behaviors occur |
| | <p>P-SCR-07</p> <p>Assists children when needed in their communications and interactions with peers</p> <p>KEY BEHAVIORS: Guides them as they resolve conflicts, speak respectfully to each other, initiate and expand on each other's play ideas.</p> | Caregiver 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 | Caregiver 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 | Caregiver 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 | Caregiver 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 |
| Preschool and school age | <p>P-SCR-08</p> <p>Supports students efforts to ask questions, offer ideas, and openly discuss with the teacher.</p> | Students do not ask for help or offer a comment to the teacher. | Sometimes the students ask for help from the teacher but seldom do students ask a question or offer a comment to the teacher. | Sometimes student ask for assistance and offer comments and ideas to teacher. | Students will ask for assistance and offer comments to the teacher in a friendly responsive exchange. |

CONCLUSION

This chapter offered a perspective on the importance of caregiver-child interactions to children's development, as well as offered practical, illustrative examples of various levels of quality caregiving processes. These descriptions and examples are not meant to be used as a coding guideline or coding manual for Texas Rising Star, but do offer context to the specific measures within the area of Caregiver-Child Interactions. Although we created scenarios to illustrate various dimensions of high quality caregiving, in the majority of the high-quality scenarios, teachers were doing a combination of high quality behaviors (e.g., in the high quality language facilitation scenario, the teacher was also offering many high quality supports to regulation; the scenario illustrating warm and sensitive caregiving also demonstrated aspects of high quality language and support to regulation). This emphasizes the point that quality caregiving typically reflects an intermingling of high quality behaviors that support multiple aspects of children's development at one time. However, research finds that it can be very useful to observe these complex interactions between caregivers and children with a very specific, behaviorally-oriented lens and with the intent of considering how these specific behaviors may relate to specific behaviors in children or in child outcomes. In fact, this specificity has been shown to be critical in actually changing teacher's behaviors with children (Dickinson). Thus, the observational processes demonstrated throughout this chapter also illustrate a potentially useful format for guiding professional development in this area. By teasing apart the complexities of caregiving into particular and specific behaviors, it is possible for teachers to better understand the mechanisms of influence they have for supporting children and to begin to consider their actions with a more intentional lens.

chapter 7

CATEGORY 3: CURRICULUM

On the surface, the activities of many preschool classrooms can appear quite similar—with children engaging in art, play, physical movement, books, blocks, and other toys and games. Yet, the extent to which these activities are instructional—that is, organized and managed, intentionally, to promote critical areas of development—is a distinguishing feature between high and low quality programs. Organizing instruction for clear developmental impact is not an easy task. For example, research shows that a key aspect of impactful instruction is that it follows a progressive approach when introducing young children to new skills and activities. A progressive approach supports children’s learning as it mirrors the natural trajectories of children’s development (Clements & Sarama, 2012; Clements, Sarama, Spitler, Lange & Wolfe, 2011). Research support for this idea has been seen within mathematics (Clements & Sarama, 2012), as well as in language/literacy (Piastra & Wagner, 2010).

Organizing instruction in a progressive way, in which the developmental impact is maximized, requires intentionality. Decisions must be made regarding what to teach (i.e., what are the most fundamental skills linked to later learning), what order to teach these skills, how to pace learning within and across skills, how to structure activities to ensure the ‘right’ level of difficulty (Bodrova & Leong, 2006; Middleton & Spanias, 1999), and how to assess and measure progress (i.e., for this age, what is an acceptable benchmark; what reflects meaningful growth?). In a high quality classroom, a progressive, developmentally-oriented approach would be seen across key outcome areas—from language, literacy, math, and science to art, physical movement, and social and emotional development (Note: this is an exemplary list of skills based on common early learning standards, not a specific or comprehensive list). It would be difficult, if not impossible, for any one person to have the necessary depth of understanding of development to guide such nuanced decisions across such a broad spectrum of developmental outcomes. Indeed, research across the fields of literacy, math, science, and language all speak to the challenge of providing teachers sufficient training in children’s development (Clements & Sarama, 2009; Dickinson & Brady, 2006; Garbett, 2003; Roskos, Rosemary, & Varner, 2006; Tu, 2006). Thus, curriculum—at least a research-based and validated curriculum—provides teachers a structural tool that is increasingly seen as necessary for creating an intentional and developmentally-oriented structure to classroom instruction.

Notably, curriculum by itself does not reflect the quality of instruction that is occurring in the classroom. It is the use of the curriculum and how teachers respond to children, moment-by-moment, within the activities and experiences of the curricula, that reflects quality instruction. In fact, research finds that the way teachers use curricular materials can

differ significantly and these differences matter to children’s outcomes (Domitrovich, Gest, Jones, Gill, & DeRopusie, 2010; Hamre, et al., 2010; McGinty, Breit-Smith, Fan, Justice, & Kaderavek, 2011; Tu, 2006). Notably, however, appropriate usage of curricula often require significant support (Kinzie, Whittaker, Kilday, Williford, 2012; Pence, Justice, Wiggins, 2008). Understanding how often curricular tools are employed and how well the tools are used (i.e., quantity and quality of curricula usage) are consistently seen as the most critical areas to consider when examining the role curriculum plays within the classroom environment.

LINKS TO TEXAS RISING STAR

The TRS measures related to curricula all emphasize the process of using and implementing curricula to support children’s development. This focus—on curriculum as a living aspect of the classroom rather than as a structural consideration (i.e., is there a curriculum ‘on the books’)—is important and consistent with research. There are three key dimensions considered within TRS:

1. How central are the use of curricular materials to daily instruction (i.e., Lesson Plans and Curriculum);
2. How well curricula are used to support all children’s learning (i.e., Planning for Special Needs and Respecting Diversity); and
3. How well instructional strategies—used within curricular tools—are flexible to accommodate a range of learning styles (i.e., Instructional Formats and Approaches to Learning).

Also embedded within the TRS measures is the notion that curricular materials must be aligned to specific developmental areas. This is seen in TRS by the emphasis on curricular tools across all major developmental areas and on the distinction between key developmental areas for children 0-2 versus 3-5. The progression—from general cognitive development in 0-2, to more fine-grained aspects of cognitive and academic learning in 3-5 (e.g., Emergent Literacy, Science, Social Studies, etc.) points to the way that the TRS expectations around curricula evolve to be consistent with children’s own development. The shifts in developmental areas of focus, from 0-2 to 3-5, reflect the growing breadth, depth, and specificity of knowledge children are gaining across this period of time (Shonkoff & Phillips, 2000).

LESSON PLANS AND CURRICULUM

The importance placed on early childhood curricular programs has increased substantially in the past ten years. The availability of evidence-based curricular tools is one clear indicator of this point. For example, the WhatWorks Clearinghouse currently posts intervention

reports for 77 early childhood practices and programs, with over 40 of these being commercially available curricula. The idea, that curriculum is a tool for promoting the quality of preschool programming, is one that has received significant federal investment. For example, in 2002, the federal government awarded 12 grants to study 14 preschool curricula, an investment of upwards of \$20 million (Albro, 2013). The monetary investment that has been made is paralleled by the focus on curricula within the policies of many state-run early childhood programs. A report out of the National Institute for Early Education Research (NIEER) found that 18 out of the 38 states with funded preschool programs had selected and endorsed a specific list of approved, comprehensive curricula (Barnette et al., 2009). In this way, curriculum has become a critical indicator of quality preschool programming for many states.

The research evidence on early childhood curricula, however, is more mixed. Some studies find significant and positive benefits of curricula on young children’s learning, while other studies find few or no positive results (What Works Clearinghouse Intervention Reports; PCER, 2008; Shanahan & Lonigan, 2010). Yet, reviews that have examined characteristics of effective preschool programs consistently point toward the presence of curricula as a common element (Burns, Donovan, & Bowman, 2000). The difference between curricula having impact, versus having no impact, may lie in the way the curricula plays out within the day-to-day of the classroom. For example, one of the largest federally-funded projects on curricula, the Preschool Curriculum Evaluation Research (PCER) project, examined the impact of 14 different curricula on children’s learning. For all but one of the curricula examined, the benefits to children’s skills were non-existent or quite minimal (i.e., a single, isolated skill). Interestingly, however, the research teams found that most of the curricula were not used as often nor in the manner that was intended. Indeed, average ratings of fidelity typically fell in the “low” to “medium” range (1-2 points out of 4) for most programs. Collectively, findings seem to reiterate an important idea—that the impact of curricula is linked to its usage (Durlak & DuPre, 2008; Hamre, et al., 2010; McGinty, et al., 2011; Odom, et al., 2010).

The idea that a curriculum will impact children when it is used frequently and consistently makes sense when we look to key ideas about how children learn. For sustained learning to occur, children must build from the information they have, must acquire strategies and approaches to learning, and must acquire discrete skills that serve their growing understanding of specific ‘big ideas’ (e.g., learning letters to understand the idea of print and reading; learning counting while also gaining understanding of how numbers stand for quantity; Burns, Donovan, & Bowman, 2000). This type of synthesis and integration can take time and requires repetition—not rote repetition but meaningful exposures to an idea and skill across context and time (Willingham, 2006).

LINKS TO TEXAS RISING STAR

The Texas Rising Star measures around Lesson Plans and Curriculum emphasize the importance of using curricular tools in the classroom. The key indicators within this measure emphasize the need for having a curricular tool—or a set of tools—that work to address the range of children’s development outcomes seen as most important to later school readiness and success. Within these indicators, higher ratings are achieved when there is evidence that the curricular lesson plans are a central focus of instruction on a daily basis. The approach to measuring curriculum and lesson plans reflect what the research emphasizes as important to the selection and use of a strong curricula. That is, the indicators and higher lever ratings within indicators point, collectively, to the importance of comprehensive curricula (or set of curricular tools) as well as the need for these tools to be central in guiding the daily experiences of the children.

LESSON PLANS AND CURRICULUM ASSESSMENT MEASURES

| AGE | MEASURE | KEY EVIDENCE | SCORE 0 | SCORE 1 | SCORE 2 | SCORE 3 |
|----------------------|---|--|--|---------------------------------------|---------------------------------------|--------------------------------|
| Infants and Toddlers | P-LPC-01 <i>Health and Well-being Domain</i> | Activities to promote health and well-being (personal safety and health, hygiene, health nutrition and wellness) are well described with information on how to encourage involvement so that children can be successful. | <input type="checkbox"/> < 3 per month | <input type="checkbox"/> 1-2 per week | <input type="checkbox"/> 3-4 per week | <input type="checkbox"/> daily |
| | P-LPC-02 <i>Social and Emotional Development</i> | 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 and toddlers. | <input type="checkbox"/> < 3 per month | <input type="checkbox"/> 1-2 per week | <input type="checkbox"/> 3-4 per week | <input type="checkbox"/> daily |
| | P-LPC-03 <i>Language and Communication Development</i> | 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. | <input type="checkbox"/> < 3 per month | <input type="checkbox"/> 1-2 per week | <input type="checkbox"/> 3-4 per week | <input type="checkbox"/> daily |
| | P-LPC-04 <i>Cognitive Development</i> | 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. | <input type="checkbox"/> < 3 per month | <input type="checkbox"/> 1-2 per week | <input type="checkbox"/> 3-4 per week | <input type="checkbox"/> daily |

| AGE | MEASURE | KEY EVIDENCE | SCORE 0 | SCORE 1 | SCORE 2 | SCORE 3 |
|-----------|--|--|--|--|---------------------------------------|-------------------------------------|
| Preschool | P-LPC-05 <i>Social and Emotional</i> | 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. | <input type="checkbox"/> < 2 per month | <input type="checkbox"/> > 2 per month | <input type="checkbox"/> 1 per week | <input type="checkbox"/> 2 per week |
| | P-LPC-06 <i>Language and Communication</i> | 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. | <input type="checkbox"/> < 3 per month | <input type="checkbox"/> 1-2 per week | <input type="checkbox"/> 3-4 per week | <input type="checkbox"/> daily |
| | P-LPC-07 <i>Emergent Literacy – Reading</i> | Activities for phonological awareness, print knowledge, and letter sound relations engaging children's interests and involvement | <input type="checkbox"/> < 3 per month | <input type="checkbox"/> 1-2 per week | <input type="checkbox"/> 3-4 per week | <input type="checkbox"/> daily |
| | P-LPC-08 <i>Emergent Literacy- Writing</i> | 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 | <input type="checkbox"/> < 3 per month | <input type="checkbox"/> 1-2 per week | <input type="checkbox"/> 3-4 per week | <input type="checkbox"/> daily |
| | P-LPC-09 <i>Mathematics</i> | Activities for mathematics, in line with each child's level of development in this area, engaging children's interests and involvement | <input type="checkbox"/> < 3 per month | <input type="checkbox"/> 1-2 per week | <input type="checkbox"/> 3-4 per week | <input type="checkbox"/> daily |
| | P-LPC-10 <i>Science</i> | Activities for science skill development in line with each child's level of development in this area, engaging children's interests and involvement | <input type="checkbox"/> < 2 per month | <input type="checkbox"/> 2-3 per month | <input type="checkbox"/> 1 per week | <input type="checkbox"/> 2 per week |
| | P-LPC-11 <i>Social Studies</i> | Activities for the development of social studies knowledge about people, their environment, various cultures, community building, and citizenship. | <input type="checkbox"/> < 2 per month | <input type="checkbox"/> 2-3 per month | <input type="checkbox"/> 1 per week | <input type="checkbox"/> 2 per week |
| | P-LPC-12 <i>Fine Arts</i> | Activities for the development of fine arts skills that include art, music and/or dramatic expression for engaging children's interests and involvement | <input type="checkbox"/> < 2 per month | <input type="checkbox"/> 2-3 per month | <input type="checkbox"/> 1 per week | <input type="checkbox"/> 2 per week |

| AGE | MEASURE | KEY EVIDENCE | SCORE 0 | SCORE 1 | SCORE 2 | SCORE 3 |
|-----------|---|--|--|--|-------------------------------------|-------------------------------------|
| Preschool | P-LPC-13 <i>Health and Well-being Domain</i> | Activities to promote health and well-being (personal safety and health, hygiene, nutrition, and wellness) are well described with information on how to encourage involvement so that children can be successful. | <input type="checkbox"/> < 2 per month | <input type="checkbox"/> 2-3 per month | <input type="checkbox"/> 1 per week | <input type="checkbox"/> 2 per week |
| | P-LPC-14 <i>Technology</i> | 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 | <input type="checkbox"/> < 2 per month | <input type="checkbox"/> 2-3 per month | <input type="checkbox"/> 1 per week | <input type="checkbox"/> 2 per week |

| AGE | MEASURE & KEY EVIDENCE | SCORE 0 | SCORE 1 | SCORE 2 | SCORE 3 |
|---------|---|---|---|--|--|
| Infants | P-LPC-15 <i>Physical Activity and Motor Development (infants)</i> Activities appropriate for infants that support teachers and staff to promote physical health, activity, and motor development for engaging children's interests and involvement. | <input type="checkbox"/> < 2 activities scheduled per month | <input type="checkbox"/> Infants have supervised tummy time daily. Evidence in curriculum that infants spend, while awake, less than 30 minutes an hour in any confining equipment such as a crib, infant seat, swing, high chair or play pen | <input type="checkbox"/> Infants have supervised tummy time daily at least 2-3 times per day for short periods or as tolerated 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 | <input type="checkbox"/> Infants have supervised tummy time daily (3-5 min and gradually increased) at least 2-3 times per day for short periods or as tolerated 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-LPC-15 <i>Physical Activity and Motor Development, continued (toddlers).</i> Note: Physical activity can occur in 10 minute intervals throughout the day. | <input type="checkbox"/> < 2 activities scheduled per month | <input type="checkbox"/> A total of at least 15-30 minutes of physical activity (structured or unstructured) is scheduled every 8 hour day (15 minutes total per 4 hour day). Activities are balanced between indoor and outdoor areas; however across a week a number of days may be unbalanced. | <input type="checkbox"/> A total of at least 30-60 minutes of physical activity is scheduled every 8 hour day (30-45 minutes total per 4 hour day). Both free play and structured /teacher-led physical activities occur. | <input type="checkbox"/> A total of at least 60-90 minutes of physical activity is scheduled every 8 hour day (45-60 minutes total per 4 hour day). At least 30 min of this activity is free play and at least 30 minutes is structured / teacher-led. |
| | P-LPC-15 <i>Physical Activity and Motor Development, continued (preschool/school-age)</i> Note: Physical activity can occur in 10 minute intervals throughout the day. | <input type="checkbox"/> < 2 activities scheduled per month | <input type="checkbox"/> A total of at least 30-60 minutes of physical activity (structured or unstructured) is scheduled every 8 hour day (30 minutes total per 4 hour day). Activities are balanced between indoor and outdoor areas; however across a week a number of days may be unbalanced. | <input type="checkbox"/> A total of at least 60-90 minutes of physical activity is scheduled every 8 hour day (30-45 minutes total per 4 hour day). Both free play and structured /teacher-led physical activities occur. Activities are balanced between indoor and outdoor activities the majority of the week. | <input type="checkbox"/> A total of at least 90-120 minutes of physical activity is scheduled every 8 hour day (45-60 minutes total per 4 hour day). At least 30 min of this activity is free play and at least 30 minutes is structured / teacher-led. Implementation of the daily schedule consistently reflects a balance of indoor/ outdoor activities. |

PLANNING FOR SPECIAL NEEDS AND RESPECTING DIVERSITY

Today's early childhood care and classroom settings reflect a diverse community of learners from various cultural and linguistic backgrounds and with varied special learning needs (NAYEC, position, 2009). The sheer volume of 3-5 year old children now served by some type of full-day school setting has increased from 32% in 1980 to 58% in 2010 (NCES, 2010). With this volume has also come an increase in diversity. Estimates from a national sampling of children entering kindergarten in 1999 suggest that approximately 42% of children were of a racial or cultural minority; projections suggest that this will increase to over half of children between 2020 and 2030 (Espinosa, 2005). Today, the fastest growing minority population in the U.S. are people of Hispanic descent, with an increase of approximately 58% between 1990-2000 (Census Bureau, 2001).

Mirroring this growth in diversity of the general population is the racial and cultural make-up of children in the PreK-12 school system. Estimates suggest approximately 9.1% of all students in the public school system are labeled as English Language Learners and these percentages are higher in certain geographic regions and urban areas (NCES, 2014). More telling is the fact that a large percentage of all ELL students (44%) are concentrated in the early grades (PreK-3) and that the largest group of ELL students are Hispanic (Laosa & Ainsworth, 2007). In addition to increased cultural, racial, and linguistic diversity in the early childhood classroom, a joint position statement released in 2009 by the DEC of the Council for Exceptional Children and the NAEYC (2009) emphasize the importance of early childhood inclusion for children with disabilities. This perspective has changed the expectations for the early childhood classroom and has emphasized the importance of organizing instructional experiences to be available and accessible to a wide range of children.

For both groups of children—English Language Learners and children with disabilities or special learning needs—the potential for preschool to serve as an important scaffold to development is not yet fully realized. Children of Hispanic descent who are 3-5 years of age are less likely to attend preschool when compared to their same-age peers. Unfortunately, Hispanic children with multiple risk factors—such as having mothers with low levels of education and low levels of family income—are among the fewest in attendance (Laosa & Ainsworth, 2007). Similarly, only about one third of preschool-aged children eligible for special education services spend time in an inclusive setting as their primary placement (Odom, Buysse, Soukakou, 2011). The message from this research is that access to preschool programming is an important component of supporting these diverse populations. However, research also points to the importance of ensuring that access to preschool actually reflects access to high quality programs that are prepared to meet the diverse range of needs of children (Odom, 2004; Odom, Buysse, Soukakou, 2011).

Although model preschool programs appear to have a significant benefit on both ELL and students with disabilities (Laosa & Ainsworth, 2007; Justice, Logan, Lin, & Kaderavek, 2014), there continue to be significant gaps in school readiness (and persistent gaps through schooling) for diverse populations. Early learning environments that seek to offset this disparity must integrate scaffolds and accommodations into their daily instructional experiences (Odom et al., 2011; Espinosa, 2005). A key idea for children from varied cultural and linguistic backgrounds is that of a culturally sensitive curriculum (Espinosa, 2005). Research points to the importance of having and incorporating the language and culture of families into instructional experiences, allowing for adaptations within instructional interactions (e.g., wait time, explicit cues), and supporting peer interactions within small groups (Espinosa, 2005). Notably, many of these same strategies—including modeling and support to participation, inclusion of peers in learning, and explicit cues and supports during instructional interactions—are also seen as beneficial to a variety of children with special learning needs.

LINKS TO TEXAS RISING STAR

The Texas Rising Star measures on Planning for Special Needs and Respecting Diversity recognize the range of children who are now being served within early childhood classrooms and programs. TRS places the idea of diversity at the center of curricular planning, reflecting the mindset of inclusion and cultural sensitivity that research and policy emphasize as necessary to actualizing the promise of preschool for all children. TRS seeks to see evidence of planning for and accommodating children with special needs—particularly high incidence disabilities, children from varied cultural backgrounds, and children who are learning English as a second language. Further, TRS is structured to ensure that planning for each of these aspects of diversity are present consistently across all instructional and curricular activities. This idea—of embedded accommodations to the mainstream curricular activities—is important and reflects leading thinking on how to create preschool learning environments that offer the most promise to all children (Buysse; Boat, Boat, Dinnebeil, & Bae).

PLANNING FOR SPECIAL NEEDS AND RESPECTING DIVERSITY ASSESSMENT MEASURES

(points-based)

| AGE | MEASURE | KEY EVIDENCE | SCORE 0 | SCORE 1 | SCORE 2 | SCORE 3 |
|----------|---|---|---|--|---|---|
| All ages | P-PSNRD-01 <i>Consideration for children in a Bilingual/ESL program.</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. | <input type="checkbox"/> < 2 strategies or activities per month | <input type="checkbox"/> 2-3 strategies/activities per month <input type="checkbox"/> N/A | <input type="checkbox"/> 1 strategy/activity per week | <input type="checkbox"/> 2 strategies/activities per week |
| | P-PSNRD-02 <i>Consideration for students with disabilities</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. | <input type="checkbox"/> < 2 strategies or activities per month | <input type="checkbox"/> 2-3 strategies/activities per month <input type="checkbox"/> N/A | <input type="checkbox"/> 1 strategy/activity per week | <input type="checkbox"/> 2 strategies/activities per week |
| | P-PSNRD-03 <i>Consideration for students from culturally diverse backgrounds</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, celebrations, foods) | <input type="checkbox"/> < 2 strategies or activities per month | <input type="checkbox"/> 2-3 strategies/activities per month <input type="checkbox"/> N/A | <input type="checkbox"/> 1 strategy/activity per week | <input type="checkbox"/> 2 strategies/activities per week |

INSTRUCTIONAL FORMATS AND APPROACHES TO LEARNING

The use of curricula is not as simple as selecting a single program, or set of programs, and assuming the work of planning and organizing instruction is taken care of. The way that classrooms balance instruction across activity settings and formats, balance the nature of teacher-child interactions within instructional experiences, and balance the diversity of curricular tools and materials used is critical to establishing a flexible learning environment. Young children engage in information in very different ways and may have quite different strengths and weaknesses in how they show what they know and what they are learning (CAST, 2010). Young children will differ in how well they can express themselves verbally, how well they can focus attention toward a task or maintain engagement, and the manner and ease with which they take in new ideas or concepts.

These differences in the processes of learning have little to do with a child's capacity for learning from curricula. As a result, research, as well as state-level and federal-level legislation, increasingly point to the need of having curricula and lesson plans which were designed from the start to reflect variations in children's needs, skills, and interests in

flexible ways. When curricula or lesson plans are designed to be flexible, they do not alter the key content. Rather, flexible curricula and lesson plans weave in options for children throughout the process of learning (King-Sears, 2009). This type of flexible design ensures that curricula or lesson plans are not, inadvertently, introducing “roadblocks” to learning in ways that would unevenly disadvantage certain types of learners or certain children (Rose & Meyer, 2006; Spencer, 2011). An important research-based framework for considering flexible curricular use is that of Universal Design for Learning (see CAST, 2010). This framework speaks to three key ways that children may differ in their engagement with curricula and instruction. The first is that they may differ in the way they represent information. This means that children may take in information differently. Although the typical way a classroom might present information is verbally (e.g., teacher instructions or teacher-led lecture), flexible use of curricula means adding in choices. For example, verbal instructions or presentations can be paired with visual supports or manipulatives; another option would be to weave in technology-based modalities to reinforce information (e.g., videos, interactive websites, etc.; Spencer, 2011). The second dimension of UDL is expression. Children, particularly children with disabilities or those who are English Language Learners, may need to demonstrate what they know and understand in nontraditional ways. Even children without specific challenges in oral expression may prefer to draw, write, or create as a means of integrating and synthesizing during learning. Finally, children may differ in the type of learning experiences that motivate or engage them. Balancing, for example, the extent to which instruction is teacher-directed versus child-directed may have important impacts on children’s comfort and empowerment with the learning process and, thus, may influence their learning outcomes (Connor, Morrison, & Slominski, 2006).

LINKS TO TEXAS RISING STAR

The TRS measures on Instructional Learning Formats emphasize the importance of ensuring that learning extends across the day through formal and informal settings (e.g., during transitions as well as during more structured activities) and involves opportunities that balances the various learning styles and needs of the classroom. TRS emphasizes, for example, the importance of hands-on activities being paired with more traditional, language-based learning activities (e.g. stories, discussions) and the value of integrating props and manipulatives into daily activities. This perspective is a direct reflection of the idea that children may use and need these types of concrete scaffolds for many different reasons—as a support to their comprehension, as a means of expressing themselves, or as a means of enhancing their attention to the task. Similarly, TRS discusses the value of balancing child initiated activities with teacher-directed activities, reflecting the research that suggests the importance of a flexible learning environment to children’s development. The perspective, embedded throughout the TRS measures on high quality instructional learning formats, is that effective use of curricula involves teacher practices that make curricula accessible to a variety of children, with a variety of needs.

INSTRUCTIONAL FORMATS AND APPROACHES TO LEARNING ASSESSMENT MEASURES

(points-based)

| AGE | MEASURE & KEY EVIDENCE | SCORE 0 | SCORE 1 | SCORE 2 | SCORE 3 |
|----------|---|-------------------------------|---|--|---|
| All ages | <p>P-IFAL-01</p> <p>Staff supports learning through encouraging hands-on manipulation of real objects (e.g., books, puzzles, toys, etc.).</p> <p>Staff encourages exploration and experimentation of props, manipulatives, objects connected to learning goals and encourages and provides guidance and support while children work with materials rather than taking objects away and completing a task for a child</p> | <input type="checkbox"/> None | <input type="checkbox"/> There is some evidence of exploration and experimentation of props, manipulatives, objects connected to learning goals; with some evidence of teacher encouragement and guidance. | <input type="checkbox"/> There is moderate evidence of exploration and experimentation of props, manipulatives, objects connected to learning goals; with moderate evidence of teacher encouragement and guidance. | <input type="checkbox"/> 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. |
| | <p>P-IFAL-02</p> <p>Intentional instructional activities that are both teacher and child initiated are balanced throughout the planned daily activities</p> <p>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> | <input type="checkbox"/> None | <input type="checkbox"/> 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 | <input type="checkbox"/> 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 | <input type="checkbox"/> Instructional activities are consistently balanced between teacher directed and child initiated |
| | <p>P-IFAL-03</p> <p>Routine and transition times are used as opportunities for incidental learning.</p> <p>Staff uses routines and transition time to reinforce 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 selfregulation.</p> | <input type="checkbox"/> None | <input type="checkbox"/> There is some evidence of routine and transition times being used for incidental learning; however staff often misses the opportunity to make effective use of these times for learning | <input type="checkbox"/> There is moderate evidence of routine and transition times being used for incidental learning; however staff may sometimes miss the opportunity to make effective use of these times for learning | <input type="checkbox"/> Routine and transition times are consistently used as time for incidental learning |

| AGE | MEASURE & KEY EVIDENCE | SCORE 0 | SCORE 1 | SCORE 2 | SCORE 3 |
|----------|---|-------------------------------|---|--|---|
| All ages | <p>P-IFAL-04</p> <p>Transition times are planned to avoid frequent disruption of children's activities and long waits between activities</p> <p>Staff is organized, prepared materials and flow of activities so that children can move effortlessly without frequent disruptions or long waits</p> | <input type="checkbox"/> None | <input type="checkbox"/> Staff shows some evidence of organization and preparation; however there are often disruptions and long waits between children's learning activities. | <input type="checkbox"/> Staff shows moderate evidence of organization and preparation; however there are some disruptions and long waits between children's learning activities. | <input type="checkbox"/> Staff is consistently well organized and prepared resulting in no disruptions and long waits between children's learning activities. |
| | <p>P-IFAL-05</p> <p>Repeated exposure of a new concept (e.g. vocabulary word) in different learning contexts (e.g. lunch, circle time, outdoors) across the day.</p> <p>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)</p> | <input type="checkbox"/> None | <input type="checkbox"/> 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. | <input type="checkbox"/> 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. | <input type="checkbox"/> There is consistent evidence that the staff is using repeated exposure of a new concept in different learning contexts. |
| | <p>P-IFAL-06</p> <p>Implemented learning activities are organized to build skills and knowledge progressively by moving the child from current developmental levels to the targeted developmental benchmarks</p> <p>Staff demonstrates the ability to help a child progress by providing support in terms of 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.</p> | <input type="checkbox"/> None | <input type="checkbox"/> 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. | <input type="checkbox"/> 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 with the child's level of understanding. | <input type="checkbox"/> There is strong evidence 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. 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).

CONCLUSION

The TRS measures related to Curriculum cover a broad set of ideas related to children's learning and development. Within TRS—and within this chapter—the concepts of curriculum, diverse learners, and diverse learning formats were discussed as individual topics. However, within a classroom environment, these are ideas that need to be integrated together within lesson planning and instruction. To illustrate how these key ideas related to curriculum work together, see the section below on bringing together the TRS guidelines.

BRINGING TOGETHER THE TRS GUIDELINES FOR CURRICULUM INTO CLASSROOM PLANNING

A formal and comprehensive curriculum can help teachers be intentional in their instruction across the days and weeks of school and across developmental areas. A curriculum helps teachers ensure their support to children's learning is progressive, in that skills are building upon each other and supports are slowly faded to give children increasing independence. However, a formalized curriculum may not be possible in all cases or, in some cases, there is a strong curricular framework in place that the teachers and program feel is working well for the children. In these cases, or even in the case of having adopted a formalized curriculum, it is important to ensure that curricular materials are used in ways that intentionally support children across key developmental areas. An important bridge between curricular materials and intentional teaching are lesson plans.

We provide a series of example lesson plans in this section. This series helps illustrate key shifts that may occur within lesson planning to enhance intentional teaching in the classroom. Specifically we will reflect upon:

1. A lesson plan emphasizing what will occur (Example A);
2. A lesson plan that shows what will occur and how it links to children's development (Example B, enhanced intentionality); and
3. A lesson plan that reflects high quality use of curricular materials by showing what will occur, how it links to children's development, and how individual needs will be accommodated within these activities (Example C, high quality lesson planning).

Please note that these lesson plans are exemplars only and do not reflect a mandated format for lesson planning, nor do they necessarily reflect, comprehensively, what is involved in full classroom lesson planning (e.g., it may be that weekly and daily lesson plans are seen as important within a particular Pre-K Center or program). For example, in Example B, we begin to show how activities link to developmental areas. It may be, however, that a program would prefer that these links are specifically tied to standards of learning for an age

group. Further, the level of detail across these lesson plans provide a snapshot of the type of thinking that needs to occur within a lesson plan. However, it may be that the level of detail in the latter lesson plans would be best represented within a daily lesson plan; or it may be that the specific notes on individualization and differentiation would be broader within a weekly lesson plan and more detailed with a daily lesson plan or activity plan.

Also in this section, we focus on preschool lesson plans; however, the format and thinking behind high quality lesson plans applies to any age group. In other words, for all ages, high quality lesson plans involve a focus on what will occur, show how these activities support all key developmental areas, and show means of adapting to children's needs. The only difference across ages would be in the content of themes, design of activities (they should be tailored to the specific age group), and the range of developmental outcomes being addressed (they should match guidance within TRS for developmental areas specific to various age groups).

Example A.

In the first example (EXAMPLE A), the teacher has an established theme ("All About Me") that reflects intentionality about what content she is wanting to support for children within this week. She also demonstrates coherence to the theme across various activities planned for the week. This teacher has given thought toward being intentional around various group formats (group, small group, individual/center time) and has clearly established routines that guide the classroom (e.g., snack and transition, morning circle, etc.). Although this teacher is clearly doing a lot to support children's development in a variety of areas (e.g., language, music, literacy and books), her plan does not clearly reflect a high degree of intentionality around children's development. Although we can assume that, for example, the music and movement activity will support fine arts (music) and gross motor (movement), what exactly will the teacher be doing to foster specific developmental skills and/or learning standards? For example, does the teacher plan on making the song during this activity a rhyming one (thus also supporting literacy?). Will the teacher actively engage children in clapping to the beat during the song, thus fostering specific accomplishments related rhythm and music? Will the focus be on vocabulary within the song? It is not clear. Thought toward how the teacher will foster specific developmental outcomes within the various activities and settings is lacking in this lesson plan. Even though it is clear that a lot will happen during this week to support children, small tweaks to the lesson plan can greatly enhance its intentionality, serving as a guide to the teacher throughout the week.

Example B.

In the second example (EXAMPLE B), the teacher reflects a more intentional and developmentally-guided approach to lesson planning. All the added information/ideas are written in blue. Let's reflect on some of the key changes between this example and example A. An important change within this lesson plan (as opposed to Example A) is the way the

teacher links activities to specific developmental skills. Although this teacher does not link to specific standards within these developmental areas, this would be another alternative that could help track how lessons address specific learning standards.

As you can see, in many cases, a single activity supports multiple developmental areas at once. In fact, planning intentionally around developmental domains helped this teacher realize the way she could make the most of many of her normal routines. A good example of this can be seen within the calendar review activity. This is a routine that has been in place in this classroom for a long time. However, as the teacher began considering what she likes to do during this calendar time, she realized that she is often supporting children's number sense (calendar day), language (vocabulary around months, days, weather), as well as print knowledge (e.g., children often discussed letters within the calendar activity and within the sentence she writes about the day.). By linking this activity to these developmental areas, the teacher has established a more intentional focus on the developmental purpose of this calendar routine. With this intentional focus, she can also begin to consider how this routine can evolve across the year to continue to build skills within these three areas (language, number sense, print knowledge). A similar tweak is seen within the lesson planning around the dramatic play. As the teacher considered what occurs within this play center, she realized it was a venue to support literacy and fine arts/play as the children enjoy using props related to writing and literacy. Recognizing this and building this intentionality into the center allowed the teacher to be more focused and creative in thinking of how to incorporate literacy within the play center.

Another important shift within this lesson plan (Example B) is specificity. During the morning greeting, the teacher always knew she was focused on building children's social communication and social emotional skill development. However, by working to connect this activity to very specific skills within these developmental areas, she realized that she was currently most focused on children's success with eye contact and friendly tone during the greeting. A greeting can be hard for children and there are many different skills that could be a focus. Through planning, this teacher has given thought to the specific communication and social emotional skills she wants to support. Finally, this lesson plan reflects a more comprehensive approach to supporting development. In the previous lesson plan (Example A), it seemed like a lot was happening to support children, and it was! However, there was not a check against all the developmental areas that the teacher needed to support during the week. As such, there was a lack of emphasis on fine arts (only the song was geared toward this skill) and a lack of math and science. The checklist (as can be seen at the bottom of the page for Example B) places developmental outcomes at the front and center of lesson planning and this helps ensure a comprehensive focus. As a result, you see that the teacher has tweaked one of the small group activities (All about Me Book) to include a self-portrait (fine arts) and to include a page about My Size (that links to a math and science center about weighing themselves and other objects and comparing/predicting heavy/light). This type of tweak came about because the teacher took time to reflect upon her week's activities

and consider what developmental areas were getting support and what areas still needed more attention.

Example C.

In this example, the lesson plan includes an intentional focus on diverse learners. What is important to note is that the teacher is seeking to make the curricular activities and lessons accessible to various learners, rather than involving the children in different or distinct activities. In a few cases, she has added some additional supports in the form of a special small group or center, but this added support does not subtract from the children's participation in the planned classroom activities. The approach this teacher has taken is to focus on the concepts of differentiation as described within a Universal Design for Learning perspective (UDL; see <http://www.udlcenter.org/>). In this way, she considers differences in children's capacity for comprehension (and different styles or needs around comprehending information), differences in children's capacity for expression (and different styles or factors that may influence expression), and differences in children's capacity for maintaining attention and engagement. Differences in these areas—comprehension, expression, or attention—can arise for developmental reasons (i.e., for children with language- or attention-related disabilities) or for other reasons (e.g., children who are learning English as a second language). Strategies designed to support ELL students or children with disabilities are, generally, organized to support these aspects of children's functioning within the classroom and, thus, this broad UDL framework creates an approach for this teacher to consider the wide variety of her classroom's specific needs.

In the examples provided, the teacher is incorporating strategies that are most typically seen as supportive for ELL students and for children with language-based difficulties. Within the circle time activity, the teacher incorporates added support to children's expression by using standing peer pairs and models. Using peers in this way is a powerful means of supporting children's language. When a child with strong oral expressive skill is paired with a child who needs support with oral expression, the strength of one peer can be leveraged as a model for the child who needs more support. When the peer pairing is a standing one—the same two peers are paired for a week or more—the challenge of peer discussion becomes less daunting. The children are comfortable with each other and also begin to learn each other, which facilitates the ease and enjoyment of the activity and minimizes some of the social and communicative demands that may hinder participation by children just learning English or children with significant language difficulties. Important to this type of peer pairing are clear expectations around turn taking. The teacher has established a structured sharing routine, in which she gives children prompts for who should go first, when to change turns, how to wait expectantly and supportively for the other person, etc. This type of structured sharing routine allows peers to support one another and minimizes some of the decision-making and management that must occur within a social exchange, such as this greeting activity. Finally, the teacher provides a prompt for how to “get started”

in expressing a compliment. This support minimizes some of the language processing demands of the task, while still leaving open the opportunity for the child to focus on saying something unique/expressing him or herself. A sentence starter, such as the one offered here, also provides a model/scaffold to help the child speak in complete and more complex sentences. These scaffolds to children's oral expression help children focus on skills that are really important to this task, such as drawing upon the right vocabulary needed to pay a compliment and expressing a specific idea to a peer. These strategies—sentence starters, peer pairs, and structured sharing routines—are ones that she uses in other activities as well, such as during small group time. The family tree activity and snack and are important approaches to providing differentiated support to children's expression.

This teacher is also giving significant attention to children's comprehension by emphasizing vocabulary, including vocabulary words that may not typically be flagged for explicit support or instruction (e.g., words like fast/slow; clap, wave, point). Added support to vocabulary learning through the use of paired gestures, vocabulary-related props, and practice with vocabulary before an activity (like before the song, before the book) is very important to children learning English as a second language (ELL), as well as to children who have more difficulty with language for developmental reasons. The focus on vocabulary works to ensure that vocabulary difficulties don't work as a barrier to children's participation in activities (e.g., song, book). The multi-sensory approach to vocabulary also supports comprehension. For example, by providing vocabulary props during shared reading and having children use these props to act out word meanings or aspects of the story related to the target vocabulary, the teacher provides an important scaffold to vocabulary and comprehension. Her focus on vocabulary and gestures and visuals reflect key ways that she is providing differentiated support to children's comprehension. Finally, many of the strategies just discussed reflect important scaffolds to children's attention, as children who are supported in their capacity to comprehend an activity and actively express themselves during an activity are more likely to pay attention. However, the teacher also makes an active effort to provide leadership opportunities and home language connections for her children who are ELL (e.g., allow them to teach home language words during the Family Tree; use home language within their book of "All About Me."). These are important, specific strategies she is using to support the language and engagement of her ELL learners.

The examples provided within this third lesson plan (Example C) do not reflect every possible differentiation that may occur within a lesson. Rather they reflect decisions this teacher has made on the types of differentiated support that her children and classroom may need. The example also shows how lesson planning integrates activities, developmental goals, and differentiation and, thus, serves to illustrate the importance of these three aspects of lesson planning: content, instructional focus on learning outcomes, and differentiation.

EXAMPLE A: WEEKLY LESSON PLAN

WEEK: _____ September – week 1 CLASS: _____ PreK THEME: _____ All About Me

MORNING MEETING/CIRCLE

Greeting and a Compliment. Have children greet each other in pairs and share a compliment.

Music and Movement: “See What I can Do” song (to the tune of If you are Happy and You Know It).
 “Oh I can read up high; Oh I can reach down low; I can clap real fast and I can clap real slow. I can do so many things. I can twirl around. That’s What I can Do! (taken from preschoolxpress.com)

Calendar Today is Monday

Family Tree. Continue having children share the pictures/family tree they made last week. Choose three names from the hat to determine who can share.

SMALL GROUP- MWF

Create All About Me Book (Create pages: What I want to Be, What I like About Me..., What I like to eat)

LEARNING CENTERS*

Dramatic Play: Jobs for Me dress up materials.

Technology Center: Vocabulary Game on the computer; Story Time listening Center

*Note- these do not list all centers but those with specific weekly changes. Children cycle between these and free choice centers. These involve teacher/aid support

SMALL GROUP- T/TH

Shared interactive Book Reading

Book “What I like About Me” (Nolan & Sakamoto)

Book: “The Family Book” (Parr)

SNACK/TRANSITION

Building healthy snacks. Rotate children in groups of 4 each day to help prep and serve the snack and be able to share with the class ideas about what is healthy about today’s snack.

OUTSIDE/PLAYGROUND

- Offer nature walk to small groups throughout the week
- Offer rotating schedule for weeding

EXAMPLE B: LINKING TO DEVELOPMENTAL OUTCOMES

WEEK: _____ CLASS: _____ PreK _____ THEME: All About Me

| | | |
|---|---|--|
| <p>MORNING MEETING/CIRCLE</p> <p>Greeting and a Compliment. Practice a 'good greeting' to the neighbor (eye contact, saying hello or good morning! "friendly voice"). Help children define the idea of a compliment, give examples, find a 'neighbor' on the rug to compliment. SEM, LANG- expression</p> <p>Music and Movement: "See What I can Do" song (to the tune of If you are Happy and You Know It). "Oh I can read up high; Oh I can reach down low; I can clap real fast and I can clap real slow. I can do so many things. I can twirl around. That's What I can Do! (taken from preschoolxpress.com) Other Vocabulary: Point, March, Reach, Wave; ART, MOTOR, LANG-voc.</p> <p>Calendar Print Awareness/Print Referencing during this (e.g., Today is Monday. Monday starts with the /m/ sound- the letter M. Who has a letter M in their name. Can you find the letter here?); LIT- print and sound</p> <p>Family Tree: Continue having children share the pictures/family tree they made last week. Choose three names from the hat to determine who can share. Encourage children to share 2-3 details, expand upon what they say to model complete sentences and include family relation vocabulary discussed last week. LANG- vocab and oral expression</p> | <p>SMALL GROUP- MWF</p> <p>Create All About Me Book (Cut and staple pages How I am growing (report from Science corner on weighing self), What I want to Be, I am proud of..., Self Portrait). As children make pages, discuss print concepts. Encourage them to write or pretend write a message per page or take dictation). LIT, LANG; M&S (links to weight station center), SEM (feeling proud), ART (self-portrait)</p> | <p>SMALL GROUP- T/TH</p> <p>Shared interactive Book Reading. "What I like About Me" (Nolan & Sakamoto); "The Family Book" (Parr). Discuss title and text directionality during reading; balance of literal/inferential questions during and after; predicting before from title LANG-vocab/discussion/comp, LIT- print awareness</p> |
| | <p>LEARNING CENTERS*</p> <p>Dramatic Play: Jobs for Me dress up materials and literacy props (dr. prescription pad, map with red dots for fire station, note pad for restaurant, cash register, menu, sign for store, labels for store, etc.). ART, LIT</p> <p>Technology Center: Vocabulary Game on the computer; Story Time listening Center; LANG, TECH</p> <p>Math and Science Corner. Weigh things- heavier or lighter than you? Weigh each child and fill out sheet (with children) on their weight. Let them select 2-3 objects and make a guess if lighter or heavier and weigh on the scale. M&S</p> <p><small>*Note- these do not list all centers but those with specific weekly changes. Children cycle between these and free choice centers. These involve teacher/aid support</small></p> | <p>SNACK/TRANSITION</p> <p>Building healthy snacks. Rotate children in groups of 4 each day to help prep and serve the snack and be able to share with the class ideas about what is healthy about today's snack. Health and Wellness</p> |
| <p>OUTSIDE/PLAYGROUND Offer nature walk to small groups throughout the week; Offer rotating schedule for weeding; Health and Wellness and Gross Motor</p> | | |

Did I Plan For: Social Emotional (SEM), Language and Communication (LANG), Emergent Literacy (LIT), Math, Science (M&S), Social Studies (SS), Technology (TECH), Fine Arts (ART), Gross Motor (MOTOR), Health and Well Being (H&WB)

EXAMPLE C: SUPPORTING ALL CHILDREN'S DEVELOPMENT

WEEK: _____ CLASS: _____ PreK _____ THEME: All About Me _____

MORNING MEETING/CIRCLE

Greeting and a Compliment.. Practice a 'good greeting' to the neighbor (eye contact, saying hello or good morning! "friendly voice"). Help children define the idea of a compliment, give examples, **SEM, LANG-expression; Peer Pairs to allow peer to model, Guided Sharing Routine to ensure all get a turn and sufficient time, Explicitly teach sentence starter: "John, I like your..." as a scaffold**

Music and Movement: "See What I can Do" song (to the tune of If you are Happy and You Know It). "Oh I can read up high; Oh I can reach down low; etc.)Other Vocabulary: Point, March, Reach, Wave;) **ART, MOTOR, LANG-voc. Gesture support for words like high/low; fast/slow; Review vocab before song with gestures; Start song slow and speed up across verses.**

Calendar Print Awareness/Print Referencing during this (e.g., Today is Monday. Monday starts with the /m/ sound- the letter M. Who has a letter M in their name. Can you find the letter here?); **LIT- print and sound; Use multisensory cues to support letter kx; Have children write letter in the air, trace letter on rug.**

Family Tree: Continue having children share the pictures/family tree they made last week. Choose three names from the hat to determine who can share. Encourage children to share 2-3 details, expand upon what they say to model complete sentences and include family relation vocabulary discussed last week. **LANG-vocab and oral expression; Have children teach the class family terms in home language; sentence starter "My family enjoys..."**

SMALL GROUP- MWF

Create All About Me Book (Cut and staple pages How I am growing (report from Science corner on weighing self), What I want to Be, I am proud of..., Self Portrait). As children make pages, discuss print concepts. Encourage them to write or pretend write a message per page or take dictation). **LIT, LANG; M&S** (links to weight station center), **SEM** (feeling proud), **ART** (self-portrait) **Integrate home language as possible and add English**

LEARNING CENTERS*

Dramatic Play: Jobs for Me dress up materials and literacy props (dir. prescription pad, map with red dots for fire station, note pad for restaurant, cash register, menu, sign for store, labels for store, etc.). **ART, LIT**

Technology Center: Vocabulary Game on the computer; Story Time listening Center- Spanish and English; **LANG, TECH**

LANGUAGE SUPPORT CENTER: Focus on vocabulary for the music and movement activity to ensure words are known/children can participate; repeat reads of the books from small group; sometimes specialists support this. Math and Science Corner. Weigh things- heavier or lighter than you? Weigh each child and fill out sheet (with children) on their weight. Let them select 2-3 objects and make a guess if lighter or heavier and weigh on the scale. **M&S**

*Note- these do not list all centers but those with specific weekly changes. Children cycle between these and free choice centers. These involve teacher/aid support.

SMALL GROUP- T/TH

Shared interactive Book Reading. "What I like About Me" (Nolan & Sakamoto); "The Family Book" (Parr). Discuss title and text directionality during reading; balance of literal/inferential questions during and after; predicting before from title **LANG-vocab/discussion/comp, LIT- print awareness; Emphasize tier 1 and Tier 2 words (basic and more advanced), provide props for vocab and for acting out key story ideas. Repeat reads.**

SNACK/TRANSITION

Building healthy snacks. what is healthy about today's snack. **Health and Wellness;**

Sentence Starter "We chose these healthy things... because....."

OUTSIDE/PLAYGROUND Offer nature walk to small groups throughout the week; Offer rotating schedule for weeding; **Health and Wellness and Gross Motor**

DIVERSE LEARNERS. For Expression- Peer Models, Sentence Frames, Guided Sharing Routines, Home Language integration; For Comprehension: Home Language use, props, added vocabulary support, Small Groups; For Attention/Engagement: Use Home Language, Practice Routines, Use Explicit instruction. Add specific props to support comprehension in shared reading (e.g., give children' pictures of key vocabulary from the book and ask them to listen for the word/hold up prop when they hear word). Do a picture walk of the book, explain book vocabulary and support language. Adapted Greeting: Pair children and provide scaffolded guidance on peer modeling and turn taking to support processing time (strategy for ELL and children with expressive difficulties), Involve Spanish support/ELL teacher in the small group of making books. Support children using home language within the book and add English.

Rotate children in groups of 4 each day to help prep and serve the snack and be able to share with the class ideas about healthy snacks.

Did I Plan For: Social Emotional (SEM), Language and Communication (LANG), Emergent Literacy (LIT), Math, Science (M&S), Social Studies (SS), Technology (TECH), Fine Arts (ART), Gross Motor (MOTOR), Health and Well Being (H&WB)

chapter 8

CATEGORY 4: NUTRITION AND INDOOR/ OUTDOOR ENVIRONMENT

Environmental factors affect children's development and obesity risk during their early years, when eating, physical activity and sleep habits are developing. These habits continue to influence obesity, health, and well-being throughout life. Recently, the Institute of Medicine (IOM) issued policy recommendations to prevent obesity in infancy and early childhood by encouraging a healthy early environment in settings outside the home (Institute of Medicine, 2011). These included:

- Increase physical activity in young children
- Decrease sedentary behavior in young children
- Help adults increase physical activity and decrease sedentary behavior in young children
- Promote the consumption of a variety of nutritious foods, and encourage and support breastfeeding during infancy
- Create a healthy eating environment that is responsive to children's hunger and fullness cues
- Help adults increase children's healthy eating
- Promote age-appropriate sleep durations among young children

Obesity occurs over time. Young children with excess weight may not be able to move well, hindering their normal levels of growth. Children between the ages of 2 and 5 who are overweight have a higher risk of later obesity than children who are at normal weight sizes (Freeman et al., 2005; Goodell et al, 2009).

Children learn lifestyles from adults. Responsive caregiving is an effective tool that encourages children's social, emotional, cognitive, and physical growth, health, and development (Black, Aboud, 2011; Eshel, 2006). Learning what foods to offer each age group of children in care is very important. For example, offering a 3 month old baby breast milk or formula is more appropriate than offering pureed foods (AAP, 2005). Children develop food and flavor preferences based on the foods they are exposed to when they are young (Birch, 1999). These preferences will influence food choices throughout life. Many young children can regulate their food intake; for example, infants will turn away when full. At times a caregiver's approach to feeding practices can either promote or interfere with children's ability to learn to regulate their food intake. Often caregiver's control the food consumption including what is offered and the amount. Many times caregivers will

encourage children to eat everything on their plates instead of allowing children to stop when they are full. This habit forces children to eat larger quantities (Fisher, 2007) and reduce their responsiveness to hunger and fullness signals (Birch, 1987). One way to help children learn about food choices is to sit with children and eat the same foods; many child care centers call this “family – style”. Caregivers can model positive food choices, practice taking turns, passing foods and serving themselves. When new foods are introduced caregivers can encourage children to try healthy foods (Addessi, 2005). Considering all this information caregivers feeding practices can play an important role in helping children learn healthy habits around nutrition.

A well planned environment promotes and enhances children’s development through learning and playing activities. It builds schedules, routines and procedures to move children throughout the day from activities and settings. How the environment is developed directly influences children’s understanding of cognitive, social, emotional, language and physical skills (Early Head Start National Resource Center, 2010). Enriching early childhood environments are important to the development of children because young children’s brain connections are developing rapidly in the first few years. Having intriguing, fun materials and experiences for children will provide them with tools for this development (National Scientific Council, 2007). Another reason for providing an enriching environment is the amount of time children spend in care, for example a baby who starts child care at 6 months will spend as much as 12, 000 hours in care away from parents (Greenman, 2005a).

The physical environment includes both indoor and outdoor spaces that influence the way children feel, act and behave. Both spaces include the materials and activities that caregivers provide for the children to grow and develop. The physical environment is a result of caregivers carefully planning and arranging the materials in the space so that children can access activities independently. It should be well organized, clean, comfortable, and personable with a large variety of materials/manipulatives/toys for cognitive, social, emotional, and physical development (Catron & Allen, 2007). Include spaces where children can play with friends or alone without interference of by other children.

NUTRITION

The Texas Rising Star structural requirements for Nutrition emphasize that programs have written policies that include food temperature control, healthy snacks menus (i.e., milk, fruit, vegetables, etc.), allergy information with protocols to ensure children are protected, and that food served to children is commercially prepared or that kitchens follow local health inspections. Home providers follow similar practices with written policies for food storage, education, allergies, and sample menus. Menu planning is necessary to ensure

that children are provided a variety of food as recommended by the Dietary Guidelines for Americans guidelines established by the USDA (CACFP Menu planning Guide, 2011). The TRS process measures also highlights that caregivers offer drinks with food, seconds available upon request, and that food is not used as a reward. Children should feed themselves, when appropriate, and not hurried to finish meals. To maintain a healthy daily fluid intake, drinks should be offered during meal time (CDC, 2012). They should also have the opportunities to sit with friends and caregivers to engage in conversations during meal time. During this time, caregivers should model dining etiquette while encouraging children to try new food items. Infants are fed when infants' signal unless a physician or parent has provided written instruction to feed at other times. The TRS measures also indicate that caregivers observe satiation indicators for babies. The TRS, scoring approach emphasizes that measures are observed often or sometimes rather than rarely. Clarification has been provided specifying bottle feeding and pacifiers.

NUTRITION (required)

| AGE | MEASURE | MET/NOT MET |
|--------------------------|--|--|
| All Ages, As Appropriate | S-N-01 PROGRAM PRACTICES Written policies include the following: a) liquids and food hotter than 110 degrees F are kept out of reach. b) Staff are educated on food allergies and they take precautions to ensure children are protected. 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 . d) that healthy snacks (as listed by the Texas Department of Agriculture) are available for school aged children as students arrive . e) that staff do not reward good behavior or clean plate with foods of any kind f) that, on days that providers serve meals, milk, fresh fruit and vegetables are available for children who bring lunches from home. | <input type="checkbox"/> MET <input type="checkbox"/> NOT MET |
| | S-N-02 HOME LUNCH PRACTICES a) Include in written policies/procedures to ensure the safety of food brought from home , including refrigeration or other means to maintain appropriate temperatures. b) Programs have policies in place outlining strategies to educate children and their parents on nutrition. c) Programs provide parents with information about foods that may cause allergic reactions. 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. | <input type="checkbox"/> MET <input type="checkbox"/> NOT MET |

| AGE | MEASURE | MET/NOT MET |
|--------------------------|---|--|
| All Ages, As Appropriate | S-N-03 MENU PLANNING The provider documents one of the following options: A. 12 months of menus that have been reviewed and approved by: A1. a dietitian licensed by the Texas State Board of Examiners of Dietitians (http://www.dshs.state.tx.us/dietitian/dt_roster.shtm) A2. a certified child care health consultant (healthy child care Texas); 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 processed items; and foods that meet 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 Child and Adult Care Food Program (CACFP). | <input type="checkbox"/> MET <input type="checkbox"/> NOT MET |
| | 0-17 Months S-N-04 BREASTFEEDING EDUCATION Policies specify that, upon request, a compilation of breastfeeding education and support resources in the community is provided to parents. | <input type="checkbox"/> MET <input type="checkbox"/> NOT MET |

NUTRITION (points-based)

| AGE | MEASURE | SCORE 0 | SCORE 1 | SCORE 2 | SCORE 3 |
|-------------------|--|-----------------------------------|---|---|---|
| All Ages | P-N-01 Items to Observe: Yes/No Indicators -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 | <input type="checkbox"/> 0 points | <input type="checkbox"/> 1-2 items observed | <input type="checkbox"/> 3-5 items observed | <input type="checkbox"/> 6-7 items observed |
| Toddler and Older | P-N-02 Caregivers model appropriate dining etiquette. | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Often |

| AGE | MEASURE | SCORE 0 | SCORE 1 | SCORE 2 | SCORE 3 |
|---------------------|---|--|---|--|---|
| 0-12 Months | P-N-03 Infants are held (if developmentally appropriate) and talked to in reassuring tones while bottle fed. | <input type="checkbox"/> 0 = No evidence | <input type="checkbox"/> 1 = Infants were held during feeding but no positive speech directed at the infant was observed; score 0 if negative speech or handling was observed | <input type="checkbox"/> 2 = 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 | <input type="checkbox"/> 3 = All infants observed being bottle fed were held and talked to in reassuring tones. |
| 0-17 Months | P-N-04 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 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 | <input type="checkbox"/> 0 = No evidence | <input type="checkbox"/> 1 = 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. | <input type="checkbox"/> 2 = 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 regularly discontinued when infants turn away from the bottle, have increased awareness of surroundings, begin to close the mouth, or say "no". | <input type="checkbox"/> 3 = 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 signs of satiety. Pacifiers are not used in place of feeding when cues are presented. |
| 18 Months and Older | P-N-05 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. | <input type="checkbox"/> 0 = No evidence | <input type="checkbox"/> 1 = 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. | <input type="checkbox"/> 2 = Meals are served to children in small groups; caregivers join the children, and interact with the children or encourage the children to engage in conversation. | <input type="checkbox"/> 3 = Caregivers are seated with children, they engage and encourage them. Meals are served to children in small groups. |
| 3 to 5 Years | P-N-06 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. | <input type="checkbox"/> No evidence | <input type="checkbox"/> Minimal evidence | <input type="checkbox"/> Moderate evidence | <input type="checkbox"/> High/consistent evidence |

INDOOR LEARNING ENVIRONMENTS

The physical environment for young children will vary slightly depending on age. The structural requirements include space to facilitate active and quiet learning, nap/resting time, child initiated play under adult supervision, materials that are clean and in good repair, and all materials are available and accessible to all children. Classrooms with literacy rich focus include accessible books, meaningful print on the walls, and materials that encourage print and drawing (Bennett-Armistead, V.; Duke, N. & Moses, A. 2005). Infant classrooms have equipment for diapering, resting and feeding. Many rooms designate a 'clean area' for babies to be on the floor for 'tummy' time to explore toys, to look at, listen, feel, chew, pull, roll, and shake the things around them (Vance & Boals, 1989). Diapering areas include items that enhance cognitive and communication skills. These items include hanging mobiles or colorful objects. Include an area for caregivers and mothers to sit and hold infants while feeding (Zero to Three, 2015).

As infants begin to move around and become toddlers, the classroom will need eating, napping, diapering, toileting and playing areas. Play now becomes very important. Since toddlers are on the move they need lots of space to explore, experiment, and discover things around them. Caregivers plan center activities that include materials and opportunities to pretend and act out books and events that children have experienced, build with blocks, read books, work puzzles, use manipulatives and science tools, soft furnishings, balls, toys that push and pull for gross motor and draw with a variety of materials in an art area. Toddlers will need many opportunities to play and practice with these materials daily (Bodrova & Leong, 2003). Center materials need to be accessible and well organized for all children so that they spend time playing not trying to figure out where the materials are located.

Preschool classrooms will no longer need a diapering area. However, toileting is still a concern for some preschoolers. Classrooms with easy access to toileting facilities help foster autonomy. Learning centers contain materials and activities that are intentional, with connections to a theme and/or specific learning goals. These themes/learning goals change throughout the year. Preschoolers are becoming more and more independent and can make choices about their learning. They also like to play in cozy, nook like spaces. Room arrangement is important for preschoolers. Caregivers will need to provide several activities in each center so that children have choices while playing. Space should be arranged so that there are work areas for whole and small groups, eating, and napping. Since young children learn through play and repeated exposure to activities, caregivers should provide opportunities throughout the day and again throughout year to readdress stories, books, games and materials (Bennett-Armistead, V.; Duke, N. & Moses, A. 2005).

REQUIREMENTS: INDOOR LEARNING ENVIRONMENT

Well planned and organized indoor learning environments are arranged in a way that helps provide guidance and direction for both children and caregivers. Centers are planned and have a purpose. Noisy and quiet centers are in separate areas in the room. Nap/rest space is conducive for children to relax, rest or sleep. Routines are established so children can play with other children or independently. Materials and equipment are clean, in good condition and accessible (Landry, S. H. , 2005). Infants have space available for tummy time, active play, quiet play and messy play. Feeding areas for babies should include comfortable chairs to hold infants while feeding or breast feeding. Diapering areas have pictures or items to encourage conversations and build cognitive skills. Materials are appropriate and encourage stimulating opportunities for learning. These include soft blocks, rattles, push and pull toys, colorful mobiles. Toddler classrooms are roomy and inviting with large cardboard/foam blocks, cloth/board books, wooden puzzles, dramatic play items, and creative supplies for art. Preschoolers are becoming more independent and will enjoy activities in centers such as dramatic play, blocks/wood working, sensory/discovery, music, manipulatives, puzzles, books, writing, and art. School Age areas are arranged to include a quiet place with tables, chairs and lighting to facilitate completion of homework.

POINTS-BASED MEASURES: INDOOR LEARNING ENVIRONMENT

The arrangement of the classroom effects how children learn and play together. Room setup is the physical layout of the classroom. Setting up a classroom environment requires a lot of thought and strategic planning to provide a safe place for children to explore and learn (Birch & Ladd, 1997; Pianta, Hamre, &Stuhlman, 2003). The overall design plays a significant role in the level of interaction and engagement for learning as well as providing support for children’s social and emotional development and cognitive learning (Howes, 2000; Rimm-Kaufman, La Paro, Pianta, & Downer, 2005).

Classrooms should include space for centers as well as space for whole group and small group settings. Pictures around the room portray people in non-stereotypical manners and culturally sensitive. Posted learning materials, child –created and caregiver -created materials are posted at eye level so that the information is relevant to the children. Materials/manipulatives are inviting, realistic when possible to provide opportunities for social interactions and stimulating to encourage exploring all five senses (Bodrova & Leong, 2003). The role of print is highly important and plays a critical part in children’s literacy development. Print rich classrooms include opportunities for children of all ages to engage in activities that include hearing text read to them, writing materials to draw and/or write about stories and ideas, and having books available for children to read on their own (Duke, Moses, Subedi, Billman, & Zhang, 2005). Materials and manipulatives are clean, labeled and neatly arranged in open baskets on low shelves.

Walking into classroom Toddler 123, children and parents are immediately greeted by the teacher with a warm smile and outreached arms for a morning hug. All children are encouraged to welcome other friends with a smile and 'hello'. As children hug parents' good-bye, the teacher encourages them to choose between two of the seven learning areas, book library and blocks. While children are engaged in play at centers, diapering occurs for those children who need changing. At 7:45a, breakfast arrives, the teacher starts a cleanup chant and the children put toys in baskets or near the baskets, then gather near the sink to wash hands and find seats around low tables and chairs. The teacher serves children food on sectioned plates so that food is appealing. She describes the items on their plates and asks children to tell her how items taste. As children eat with forks and/or spoons, the teacher sits at the table and talks about the food they are eating and asks simple questions. "Wow, today you are eating eggs toast and sausages. Yummy! Connor, how do you like the eggs? Are they tasty? Yes, those are really yummy eggs. Karen, would you like more eggs?" Karen responds "yes", while nodding her head. The teacher serves more eggs. As the children continue to eat, the teacher continues to ask questions and offer support to children who are struggling to use utensils. As she helps a child hold a spoon, she talks about what she is doing. "Ogden, let's try to hold your spoon with the handle and scoop your eggs into the spoon." Ogden utters "spoo". The teacher responds, "Yes, spoon. You are using a spoon to scoop your eggs." As children finish with breakfast the teacher assists with hand washing and diapering. The children are roaming in an area of the room designed for large group play. There are three standing play structures with buttons that push, knobs that turn, mirrors that show reflections, and bells that ring. There is a short treehouse climbing structure with a slide. Glancing around the room, the children have access to several play areas with toddler size materials. Pictures are posted on the walls of people and places in the community. A bulletin board area has pictures of all the children's families and each picture is labeled with names. A small carpet is positioned in one corner with a shelf that holds big blocks. Beside that area is a dramatic play area with a low three cubbie box shelf in the boxes are soft, cloth animal masks, a variety of hats, and a box of other props. Across the room is a cozy library low book shelf with 12 to 15 mostly, board books, a toddler size couch and two very toddler size stuffed animals. A low shelf near the window has a basket of magnifying glasses, sound tubes, a container with sand and funnels, connecting links, and a basket with a variety of textured, cloth squares. After the teacher finishes diapering, she takes a book from the library and sits on the carpet. The children toddle over and sit by the teacher. She starts reading, showing pictures and talking about the animals on each page. Jevon brings the animal masks to the teacher. She starts using the masks to make animal sounds and the child each want to wear one. As she puts the masks on the children, she makes the animal sounds. Some children move near the teacher and make animal sounds other children toddle over to and stay playing with toys from the shelves. The teacher keeps singing a song with animal sounds with some children. Then she tells the children that it's time to play in learning areas and to growl over to an area to play. The children continue to play with center toys. The teacher checks in with the children in centers and encourages those who are around her activities to play then she starts diapering.

In this scenario, the caregiver has established routines and procedures with the children that help to keep the children engaged and moving through the morning at a comfortable pace. The children are able to move freely around the room playing with materials and on play structures without negative directions given by the caregiver. In centers, materials are at child's eye level so that they can find activities that will engage their interest and there are enough items for children to have choices about how they spend their time. The caregiver

is checking in with all the children throughout the morning. She uses songs and animal sounds to engage the children for a short period of time. She makes connections between the book she is reading, animal masks and the sounds animals make. The classroom is friendly and organized for both the teacher and the children.

What research finds, however, is that many classrooms are not organized or provide materials for easy access. Often caregivers are controlling all activities that children engage in during the day. In mid-range classrooms, teachers may be starting to arrange their space so that children can more easily access materials. Often caregivers will designate 3 or 4 learning areas and think about having several activities for the children to possibly have a slight choice. Caregivers may even group together loud areas and quiet areas. Materials and equipment will be mostly, age appropriate, clean and in good condition on low, open shelving. Nap/rest, diapering and feeding areas will be well defined; however, the areas may lack cognitive activities. Some materials and equipment, around 1 – 4, will portray people in a non-stereotypical and culturally sensitive way. Some caregiver- and child- created materials will be displayed at children’s eye level. These will include, but not limited to, colorful realistic pictures of nature, people and objects, family members, familiar places and people and child artwork, labeled with child’s name.

Mid-Level Scenario

Walking into classroom Toddler 124, children and parents are greeted with a smile and a wave from the teacher. Some children smile or say ‘hi’. As children hug parents’ good-bye, the teacher encourages the children to play with a few toys from a box in the middle of the floor. While children are engaged in play with the toys, diapering occurs for those children who need changing. At 7:45a, breakfast arrives and the children are asked to sit down at low tables and chairs. The teacher calls each child over to wash hands. Once the children have washed their hands the teacher serves children food on sectioned plates. As children eat with forks and/or spoons, the teacher sits at the table. She asks children a few questions about how their food tastes but doesn’t wait to hear answers that children give. “Today you are eating eggs and sausages. Eggs are really good for you.” The teacher serves more eggs. As the children continue to eat, the teacher continues to ask a few questions and offer support to children who are struggling to use utensils. She does help children who are struggling with their forks. As children finish with breakfast the teacher starts diapering. The children start roaming in an area of the room designed for large group play. The teacher glances over and tells the children to only play on the treehouse with a slide structure. There are also three other standing play structures with buttons that push, knobs that turn, mirrors that show reflections, and bells that ring. Glancing around the room, the children have access to a few play areas with some toddler size materials. One wall has pictures of some of the children’s families. A small carpet is positioned in one corner with a shelf that holds about 10 big blocks. Beside that area is a dramatic play area with a high shelving unit on one of the shelves are 2 soft, cloth animal masks and a few other play props. Across the room is a library with a low book shelf with 5 to 8 board and paperback books, a toddler size couch. After the teacher finishes diapering, she takes a book from the library and sits on the carpet. The children toddle over and sit by the teacher. She starts reading, showing pictures and talking about the animals on each page. Jevon brings the animal masks to the teacher. She tells him to put the mask in the box for later. Some children start to wiggle and the children

tells everyone to sit still. After she finishes reading the book, she tells the children where to go play so that there are two or three children in centers. The children continue to play with center toys. The teacher starts changing diapers. While changing diapers, the teacher glances around the room. She says, "Good boy" to the child she is changing. When finished with one child, she goes and picks up another child to change.

In this scenario, the caregiver is more directive and controlling over how and when the children play. The caregiver seemed more interested in diapering and eating. Although she did read a book, she read it without asking questions or providing interesting ways for the children to relate to the story. When children didn't follow directions, the caregiver reminded them to do what was right instead of providing more explanation and direction about how to play with them materials and each other. There a few activities and materials for the children to select for learning time. However, not all children had something that they choose. There wasn't evidence to support availability of real objects. Equipment/materials provided some opportunities for children to work alone or together however, there was no evidence to support that materials were rotated or correlated to current learning objectives.

Low-level Scenario

Walking into classroom Toddler 125, children and parents are greeted by the caregiver with "hello". Some children are sitting around a table eating breakfast. As children hug parents' good-bye, the caregiver tells children to go to the table. She asked the group if anyone wants more eggs. One child utters, "uh, uh". The caregiver serves this child a small portion of eggs, and then moves away. Once all children have finished eating, the teacher hands each child a cloth wipe and tells them to wash their hands. As children finish with wiping hands the teacher starts diapering. Children are told to sit still until it's their turn to be changed. As each child is changed, the teacher tells that child to go "play". The children start roaming in an area of the room designed for large group play. The teacher glances over and tells the children to "play nice". Glancing around the room, the children have access to a few play areas with some toddler size materials and a play structure in the middle of the room. Two large posters of dogs are hanging on the walls. A small carpet is positioned in one corner with a shelf that holds about 10 big blocks. Beside that area is a dramatic play area with a box. In the box are 2 soft, cloth animal masks and a few other play props. Across the room is a library book shelf with 5 board and paperback books. After the teacher finishes diapering, she takes a book from the library and sits on the carpet. She tells the children to stop playing and come to sit around her. She starts reading, showing pictures and talking about the animals on each page. Jevon starts to stand, she tells him to sit down crisscross. After a few seconds Jevon sits and the teacher continues reading. Some children start to wiggle and the caregiver tells everyone to sit still. After she finishes reading the book, she tells the children where to go play, The children go to the play structures. The caregiver plays music very loudly. The children continue to play, sometimes pushing each other. The caregiver starts changing diapers. While changing diapers, the teacher glances around the room. She tells the children to play nice with each other. She has to use a loud voice so children can hear her over the music. She finishes changing the child. When finished with one child, she goes and picks up another child to change. As she walks over to the changing table she tells everyone, "Hurry, play. I'm almost finished changing diapers."

In this scenario, the room environment has limited opportunities for children to experience a variety of materials/equipment. The play space has a few play areas with few realistic pictures around the room. Children are directed where to go and what to do. Little direction is given for play, resulting in possible misbehavior situations. Interaction among children and lack of available materials causes children to become bored.

LINKS TO TEXAS RISING STAR

The Texas Rising Star guidelines highlight the importance of designing an indoor environment that will promote positive caregiver-child interactions and cognitive development for children. The key behaviors that mark a well-planned indoor environment include distinct division of active and quiet spaces, rest/nap space that is conducive for children to relax, rest or sleep, space to play protected from other children interference, and clean materials/equipment. Diapering areas, when necessary include items that enhance communication and cognitive development. School age indoor environments also include areas for homework completion. The TRS emphasizes the importance of developmentally appropriate materials organized to facilitate independent use and provide choices for children to engage in activities based on interest learning centers, such as: literacy/creative writing, dramatic play/theater, art, blocks/wood working, music/listening, sensory discover/natural science, manipulative/table games/ puzzles, cozy area with soft furnishings, and gross motor materials for preschool and school age children. For infants materials may include: soft blocks, rattles, push and pull toys and colorful mobiles. For toddlers material include: large cardboard blocks, cloth books, wooden puzzles, dramatic play items and art supplies. People are portrayed in non-stereotypical and culturally diverse pictures, puppets, dolls, food, clothes, and stories. TRS supports posting realistic pictures of families, pets, familiar places and work created by children, arranging materials/equipment so that children can easily access, facilitating social interactions and providing experiences through all five senses. The TRS scoring allots higher scores in these areas when the environment provides a variety of opportunities and experiences for children to explore materials/equipment in fun and accessible ways that limit boredom and behavior issues.

INDOOR LEARNING ENVIRONMENT (required)

| AGE | MEASURE | MET/NOT MET | |
|----------|----------|--|----------------------------------|
| All Ages | S-ILE-01 | 1. Indoor environment is arranged to facilitate a distinct division of active and quiet spaces | <input type="checkbox"/> MET |
| | | 2. Nap/rest space is conducive for children to relax, rest or sleep as appropriate for the ages and abilities of children | <input type="checkbox"/> NOT MET |
| | | 3. Indoor environment includes space where children can play protected from interference by other children, yet be supervised by the caregiver | |
| | | 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 a safe and sanitary environment for children. | |
| | | 5. Equipment/materials are readily available and adapted to allow for equal participation by all children . | |

| AGE | MEASURE | MET/NOT MET |
|-------------|---|--|
| 0-17 Months | S-ILE-02 1. Indoor environment includes sufficient quantity of sleeping, diapering and feeding equipment to accommodate the number of children served 2. Indoor environment includes sufficient space to allow for different kinds of experiences such as tummy time, active play, quiet play, and messy play 3. Diapering areas include items that enhance cognitive and communication skills such as mobiles or colorful hanging objects 4. Indoor environment includes space and equipment where caregivers and mothers can sit comfortably and hold infants while feeding or breast feeding | <input type="checkbox"/> MET <input type="checkbox"/> NOT MET |
| School Age | S-ILE-03 Indoor environment is arranged to include a quiet place with age appropriate tables, chairs and appropriate lighting to facilitate completion of homework. | <input type="checkbox"/> MET <input type="checkbox"/> NOT MET |

INDOOR LEARNING ENVIRONMENT (points-based)

| AGE | MEASURE | SCORE 0 | SCORE 1 | SCORE 2 | SCORE 3 |
|----------|---|--|--|--|--|
| All Ages | P-ILE-01 <i>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</i> | <input type="checkbox"/> No evidence of division of play space into interest areas or fewer than three areas are arranged. | <input type="checkbox"/> At least three different kinds of interest areas with appropriate equipment/materials and sufficient space that allows for active, quiet, and messy play areas. | <input type="checkbox"/> 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. | <input type="checkbox"/> 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-ILE-02 <i>Equipment/materials portray people in a manner that is nonstereotypical and culturally sensitive</i> | <input type="checkbox"/> No artifacts/key indicators visible | <input type="checkbox"/> 1-2 types artifacts/key indicators visible | <input type="checkbox"/> 3-4 types artifacts/key indicators visible | <input type="checkbox"/> 5 types artifacts/key indicators visible |

| AGE | MEASURE | SCORE 0 | SCORE 1 | SCORE 2 | SCORE 3 |
|----------|---|---|--|---|--|
| All Ages | P-IIE-03 <i>Developmentally appropriate visual caregiver - and children - created materials are displayed at children's eye level</i> | <input type="checkbox"/> Print materials are not displayed at child's eye level and do not include realistic pictures or child created work | <input type="checkbox"/> Colorful realistic pictures reflecting nature, people, and objects are displayed | <input type="checkbox"/> Realistic pictures of children's family members, pets, and other familiar people and places are displayed along with work created by children or Children's work such as flat artwork, clay and carpentry is labelled with the child's name and displayed. | <input type="checkbox"/> Children's work such as flat artwork, clay and carpentry is labelled with the child's name and displayed; and Realistic pictures of children's family members, pets, and other familiar people and places are displayed along with work created by children |
| | P-IIE-04 <i>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</i> | <input type="checkbox"/> 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. | <input type="checkbox"/> Shelving is open and available at a height accessible to children, but it is limited | <input type="checkbox"/> Open shelving and crates are distributed throughout the classroom at an appropriate height for children; children are welcome to retrieve materials | <input type="checkbox"/> 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. |
| | P-IIE-05 <i>Equipment/materials encourage hands on manipulation of real objects</i> | <input type="checkbox"/> No evidence of real objects accessible to children for play. | <input type="checkbox"/> Minimal evidence of age appropriate real objects accessible in the classroom. | <input type="checkbox"/> Moderate evidence of age appropriate real objects accessible in the classroom. | <input type="checkbox"/> High/consistent evidence of age appropriate real objects accessible and evident in various interest areas in the classroom. |
| | P-IIE-06 <i>Equipment/materials facilitate social interaction and experiencing the environment through all five senses</i> | <input type="checkbox"/> Lack of variety of materials; children lack interest in activities/play. Interaction among children is limited; behavior problems exist due to boredom | <input type="checkbox"/> Children are allowed to move freely so natural groupings and interactions can occur. Variety of equipment and materials | <input type="checkbox"/> Equipment/materials provide opportunities for children to work together or alone; provide a variety of experiences and are rotated to provide interest | <input type="checkbox"/> 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. |

OUTDOOR LEARNING ENVIRONMENTS

Just as caregivers plan stimulating indoor classroom environment, time and thoughtfulness should be put into planning for outdoor environments. Outdoor play allows for children to explore the world around them, increase their knowledge of living things and space to

run and play games. Children who play outdoors develop cognitive and social/emotional skills. While outdoors children use more of their senses to explore and experience their surroundings. Children can also be loud, messy, and silly while expending lots of energy that is usually not acceptable indoors (Pica, 2000). Learning from the indoors can often extend into outdoor time. Themes from the classroom can be used with activities and games that children play outdoors.

Outdoor environments should include living things such as non-toxic trees, flowers, plants, vines and vegetables. Providing habitats like birdhouses and feeders will help children understand and appreciate living things. Young children use all their senses to learn about their world. Outdoor environment has many different opportunities for children to see, hear, smell, feel and taste. Research has shown that young children should have daily opportunities to be active outdoors. Young children are more active outdoors than indoors (Brown, 2009; Klesges, 1990; Sallis, 1993). Play structures and activities that allow children to run, jump, climb, crawl, balance, hop, roll and skip help support growing bodies and provide opportunities to burn calories. Infants having tummy time and exploration time outdoors will increase their understanding of sun, wind, plants and space (Metcalf, J. & Clark, 2000). Space outdoors should be inviting so that children want to be active and not sedentary (Institute of Medicine, 2011). Activities with portable playground toys such as balls or wheeled toys significantly increases children's physical activity (Brown, 2009; Cardon, 2008); Dowda, 2009). Outdoor spaces with natural grass, trees, shrubbery and dirt encourage children to play and interact with nature (Boldemann, 2006).

High-level Scenario

Toddlers at Friendly Child Care are playing outside. Glancing around, you see a playground with lots of space for running, hopping, skipping, and rolling on the grass. Along the perimeter of the space is a soft-paved, curvy path that branches in two different directions toward the middle of the playground. Along the path are low traffic signs, stop and yield. In the corner of the play area is a parking lot with two tricycles and two domed push cars. In the middle of the play area is a large, canopy-covered climbing structure with a slide surrounded by mulch. Children are riding around the pathway stopping at the stop sign and then moving on. To the right of the stop sign is a low birdfeeder hanging from an extended hook connected to the fence. Some children are climbing on the play structure laughing and singing songs from earlier learning. Along the fence is a low planting box with carrots, tomatoes, beans, and flowers. In one corner of the garden area is a bird bath filled with water. Kendie is leaning over to smell a flower and saying, Pretty, flur.

Teacher (walks over): What a pretty flower, it smells sweet. Kendie do you remember something that is in our room that smells sweet?

Kendie (stops and looks toward the playground door): hand bubbles.

Teacher: Yes, you are right. When we wash our hands, the soap smells like this flower. Great thinking. Do you want to water the flowers? (Child nods head).

Teacher: Okay, where's the watering can?

Kendie runs over to the water hose. Teacher turns on the water, fills the can, and hands it to Kendie.

Kendie (walks to the flowers and sprinkles the water while singing): Grow, grow big flower.

The teacher turns toward the sand box under the canopy. In the box are a variety of digging tools, buckets, a sifter. Marquee and Sonjah are digging with shovels and filling a bucket together. Sonjah says, This is a castle.

Teacher: How are you going to make that a castle?

Sonjah: Dump it.

Teacher: Oh, you and Marquee are going to dump the bucket so that the sand can come out.

Sonjah: It be together.

Teacher: Yes, when you dump the bucket the sand will be packed together so that it sticks and makes a castle.

The children start packing and adding sand in a bucket. Once the bucket is filled they dump it upside down. The teacher says, Wow, that's a really big castle. What else are you doing with the castle?" The children look at each other. The teacher continues the conversation.

Teacher: Do you think you'll need doors and windows? How will you add doors and windows?

Marquee: Like this (draws lines to make a door on one side.)

Teacher: Great job adding a door.

Marquee (piling sand beside the castle): This a house.

Teacher: Oh, you are adding a house beside the castle. Who lives in the house?

Marquee: Me.

Teacher: Who lives with you?

Marquee: Grandma.

Teacher: Grandma and you are living in the house together?

Marquee: I live in the castle too.

Teacher: So you have two places to live?

Marquee: Uh-huh.

Teacher: Well, that will be fun. You can visit Grandma and play in the big castle.

Marquee: Fun.

The teacher looks around the playground and notices that some children have gathered under the slide. She goes over to learn that they are watching a caterpillar crawl under the mulch.

In this scenario, children are playing in an outdoor environment that includes opportunities to enjoy the sounds, smells, and touch of living things and appreciate the beauty of nature such as non-toxic flowers. Plants are growing along the perimeter providing opportunities to care and appreciate. Birdfeeders are present so that children can observe birds and learn how birds take care of themselves. A large play structure is surrounded by mulch and soft pathways provide a variety of exposure to different outdoor materials. Children are motivated to climb, swing, crawl, and balance while interacting with one another in a way and exciting way.

Low-level Scenario

Toddlers at Friendly Child Care are playing outside. Glancing around the playground, there is a little space for running, hopping, and skipping. Most of the playground is sparsely covered with grass. There is a child-sized log cabin playhouse near the back of the fence. Beside the cabin is a play box with sand. Growing inside the play box are several dandelions. Also in the box are a shovel and two plastic shoe boxes. Across from the cabin is one domed push car and a partly deflated ball. Beside the door to the center is a water hose. Several children are wandering around the playground looking at the ground or pulling grass. Two children are inside the play cabin looking out the window. Another child is pulling the dandelions and blowing the seeds. The teacher is standing by the center door telling the children to stop running. When a child wants a drink of water she pours a cup and hands it to the child.

In this scenario, the contrast in quality is evident by the lack of opportunities provided for the children to engage in living/natural elements in the outdoor environment. Some outdoor equipment is available however; it is limited in size and variation of activities that can be play. This lack of variation will result in bored children who then will demonstrate challenging behaviors because of long wait times or undue competition for the limited materials provided. This environment does not support play or social emotional development.

LINKS TO THE TEXAS RISING STAR GUIDELINES

The Texas Rising Star guidelines provide an emphasis on outdoor learning environments that are linked to and reinforce indoor learning. Environments that provide a variety of natural elements such as non-toxic trees, shrubs, or vines, ground coverings, smooth rocks, mulch, sand, grass, pebbles, wood or logs, garden plants, birdfeeders, birdbaths, and birdhouses promote opportunities for children to interact and learn to care for living

things. Materials/equipment is accessible for all children to use without undue competition or long wait times. Having a variety allows for children to make choices and supports social emotional development. Outdoor environments should provide opportunities for infants to experience using all five senses.

OUTDOOR LEARNING ENVIRONMENT (points-based)

| AGE | MEASURE | KEY EVIDENCE | SCORE 0 | SCORE 1 | SCORE 2 | SCORE 3 |
|----------|----------|--|--|--|---|--|
| All ages | P-OLE-01 | <i>Outdoor environment and activities are linked to and reinforce indoor learning (never, sometimes, rarely, often).</i> | Never | Rarely | Sometimes | Often |
| | P-OLE-02 | <i>The outdoor environment provides children with the opportunity to care for living things and appreciate nature/beauty</i> 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 |
| | P-OLE-03 | <i>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</i> 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 |
| | P-OLE-04 | <i>Natural outdoor environment supports social emotional development including but not limited to areas that invite social gatherings, tummy time, dramatic play, group games, music and movement, and spaces for quiet and calm activities</i> Natural additions such as boulders, tree stumps, sand area and benches, design elements such as stages, platforms, wind chimes, canopies, teepees, gazebos | No natural design elements or interest areas. Outdoor environment does not support play in large and small groups or space for privacy | Minimal evidence of natural design elements and interest areas that support social emotional development | Moderate evidence of natural design elements and interest areas that support social emotional development | High/consistent evidence of natural design elements and interest areas that support social emotional development |

| AGE | MEASURE | KEY EVIDENCE | SCORE 0 | SCORE 1 | SCORE 2 | SCORE 3 |
|-------------|--|--------------|---|---|--|--|
| 0-17 months | P-OLE-05 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 |

CONCLUSION

This chapter offered a perspective on the importance of providing nutrition, indoor and outdoor environments that encourage learning opportunities for children to develop physically, cognitively, and socially as well as offered practical, illustrative examples of various levels of quality caregiving processes. These descriptions and examples are not meant to be used as a coding guideline or coding manual for the Texas Rising Star, but do offer context to the specific measures within the area of Nutrition, Indoor and Outdoor Environments. Enriching environments that encourage a variety of play opportunities for children will influence how children feel, act, and behave. Poorly designed environments or limited materials can cause children to become bored, frustrated and often disruptive.

chapter 9

CATEGORY 5: PARENT EDUCATION AND INVOLVEMENT

Historically, parent involvement has implied a relatively superficial engagement of parents in classrooms and classroom-based activities (e.g., presence at a special event, chaperoning field trips) (Henrich, 2013). Although this type of parent-initiated involvement does foster positive relationships between families and schools, its impact is limited when compared to more comprehensive approaches to parent involvement or engagement (Epstein, 2001; Fantuzzo, McWayne, Perry, & Childs, 2004; Weiss, Bouffard, Bridglall, & Gordon, 2009). Indeed, when parent involvement focuses primarily on limited participation in school activities in traditional, school-led ways (e.g., classroom volunteering), there are often tensions in terms of sensitivity to family schedules, resources, and capacities, and these can lead to biases within home-school relationships. This is particularly true in groups that may not share the same mainstream views as the school or teacher regarding their role in children's education or schooling (Souto-Manning & Swick, 2006). Indeed, these traditional, and more limited, models of parent involvement have tended to disenfranchise groups of parents with varied ethnic or language backgrounds, as well as fail to integrate family strengths with school strengths in support of children (Souto-Manning & Swick, 2006; Wong & Hughes, 2006).

More recent models of parent involvement have emphasized a deeper partnership between parents and schools (Weiss et al., 2009). Parents, like teachers, have a significant influence on children's cognitive, academic, social/behavioral, and wellness outcomes (Bronfenbrenner & Morris, 2006; Shonkoff & Phillips, 2000). In fact, the idea—that parents and teachers are joint stewards of children's developmental outcomes—is supported by research showing a strong parallel between high quality parenting behaviors and high quality teaching behaviors (Smith, Robbins, Stagman, & Mahur, 2013). For example, behaviors like shared reading, cognitive stimulation, rich language and conversation, and warmth and responsiveness are all seen as markers of high quality parenting (e.g., Burns, Donovan, & Bowman, 2000; Landry et al., 2012; Ramani & Siegler, 2008; Senechal, Pagan, Lever, & Ouellette, 2008). Likewise, these very same behaviors are seen as being at the center of high quality teaching behaviors (e.g., Hamre, Hatfield, Pianta, & Jamil, 2014). Models of parent partnership recognize this joint influence and seek to actively integrate family strengths and school strengths into a coherent base of support for children. Such comprehensive parent partnership models are now seen as the most powerful, and culturally sensitive, approaches to involving parents in their children's schooling and development (Epstein & Sheldon, 2006; Halgunseth, Peterson, Stark, & Moodie, 2009; Henrich, 2013).

Such partnership-oriented approaches are also consistent with developmental theories that point to child outcomes as the function of various everyday environments (e.g., home, school) and the ways those environments interact together (Bronfenbrenner & Morris 2006). Although the home environment and school environment do not need to be replicas of each other, the more alignment there is in routines and expectations for children between home and school, the more environments can be mutually reinforcing and supportive (Weiss, et al., 2009). As such, children have a clear framework for successful and positive interactions with adults, peers, and within learning activities, across settings. Further, it is important to note that alignment between home and school does not always mean that parents are aligning to the school or early education program. Rather, within a strong home-school partnership, alignment occurs in both directions so that early childhood programs work to bring in family strengths and culture to the classroom, as well as support parents in building capacity for high quality parent behaviors in the home. (Souto-Manning & Swick, 2006; Weiss, et al., 2009).

Across these more comprehensive models of parent involvement, there are a number of recommendations for how early childhood programs or centers can foster true parent partnership. Key practices related to building parent partnership include the establishment of shared expectations and open communication, involvement of families and support to families in relation to children's learning and development, and establishment of parents as joint partners in decisions and/or around problem-solving (Halgunseth, et al., 2009). In the remainder of this chapter, we will focus on how the activities of early childhood programs can be structured to successfully establish these dimensions of parent partnership and how these principles are reflected within the Texas Rising Star measures and requirements.

LINKS TO TEXAS RISING STAR

The Texas Rising Star measures related to Parent Education and Involvement reflect many aspects of a partnership-oriented approach to parent engagement. Collectively, these measures establish a framework for thinking broadly about how to involve parents at various levels of engagement. For example, the requirements related to Parent Education emphasize the importance of sharing policies and procedures of the early childhood program or center with parents. However, TRS recognizes that this is just an initial step toward establishing shared expectations and practices between home and school/early education centers. Thus, the points-based measures related to Parent Education reflect the broader concepts of joint communication, parent capacity-building, and family supports, which are critical pieces of parent involvement within a partnership framework. By combining measures in this way, TRS points to the importance of having a system of parent partnership that acknowledges the value of more traditional and fundamental aspects of parent involvement (e.g., sharing policies, procedures, and structures), while also pointing toward the importance of more comprehensive and partnership-oriented activities.

PARENT EDUCATION AND INVOLVEMENT

BUILDING SHARED EXPECTATIONS AND FAMILY CAPACITY

The way that early childhood programs manage their parent outreach and education efforts can have a significant influence on establishing the home and school environments as a joint base of support. For example, ensuring that parents are connected to the school through a variety of formal and informal mechanisms—such as participation in parent-teacher conferences, school meetings, newsletters, and emails—can be a means of setting shared expectations for children’s learning (Harvard Family Research Project [HFRP], 2006; Marcon, 1999; McWayne, Hampton, Fantuzzo, Cohen, & Sekino, 2004). Basic communication, such as sharing of policies and procedures, can be quite important for ensuring that families who are more economically disadvantaged or who do not share the dominant social culture have a sense of access to the school (Weiss, et al., 2009). Beyond providing parents this sense of school access, however, it is also important that programs and centers actively cultivate the expectation that information can (and should) flow in both directions. In this way parents are encouraged to help shape the conversation, and not simply sit as recipients of the program’s or school’s perspective (Smith et al., 2013). Again, a center’s or program’s culture of communication is an important mechanisms for establishing shared expectations and shared responsibility for children’s learning.

Successful parent outreach and education efforts do not just seek to engage parents at school or share information about school, but seek to involve them in schooling. Thus, an important way for early childhood programs to reach out and support parent involvement is through their active support for high quality parenting at home (Fantuzzo et al., 2004; Smith et al., 2013). Yet, research finds that efforts to demand more of parents—in terms of having them implement reading programs or academic interventions, for example—tend to fall short for those children most in need (e.g., low income; English Language Learners; Smith et al., 2013). For example, a research study reviewing the influence of home-based, shared-book reading interventions on young children find weaker impacts for children from lower-income families, as compared to effects on children from more advantaged homes (Mol, Bus, DeJong, & Smeets, 2008). In many cases, barriers to participation within such interventions rest within the broader context of family poverty or family stressors (Weiss, et al., 2009). From the lens of parent partnership, these realities suggest a role for early childhood programs and centers in fostering parents’ capacity to be involved in children’s learning and school success, rather than simply demanding or requiring such involvement. When early childhood programs or centers make an effort to educate parents on best practices related to children’s learning and development, they must do so in ways that establish a trusting relationship with parents, reflect sensitivity to the parents’ capacities and culture, and address the stressors and challenges that may be barriers to parent participation in education efforts (Smith et al., 2013). A number of highly successful parent

education efforts aimed at high-risk populations have demonstrated positive impacts on parents' support for children's learning as well as children's learning outcomes when they take these ideas into consideration (e.g., Bridges, Cohen, & Fuller, 2012.; Mendez, 2010; Sheridan, Knoche, Edwards, Bovaird & Kupzyk, 2011; Starkey & Klein, 2000). What appears important within and across these initiatives is the extent to which they did not simply focus on what to tell parents, but gave considerable thought on how to help parents connect to the information in meaningful ways.

One key dimension of successful parent education efforts is that it addresses potential barriers to parent participation, such as transportation to education events, childcare during the event, involvement of multiple family members (e.g., not just the mother), and ongoing coordination or connection about the schedule. These barriers tend to be unequally distributed and are more entrenched within families with fewer resources; therefore, failure to address such barriers tends to perpetuate the cycle of unequal access to school involvement and unequal support to children's learning. On the other hand, when such barriers are actively addressed, parent involvement and outreach efforts can have a fairly high degree of success. For example, within one successful model of parent education, the program had an established parent liaison (i.e., someone to reach out each week to parents and problem solve any issues that would preclude participation; Starkey & Klein, 2011). With this support, participation rates (within a high-risk sample) were quite high (fewer than 1.5 missed sessions out of 8 sessions, on average, as reported in Smith et al., 2013).

A second dimension of many successful parent education efforts is that children in the family were actively involved in the initiative. This may take different forms. For example, sometimes, family education initiatives are extended into the home. Thus early education centers or programs actually initiate home visiting programs and work with parents in the home on specific skills or strategies. Sometimes this approach is taken within school or center-based programs, but these occur at a convenient time for whole family to participate (e.g., Saturday classes) and are designed for parents to work with their children under the coaching or guidance of a trusted teacher. Both these approaches give parents access to the type of coaching support seen as critical to adult learning. Further, by involving children within education initiatives, parents do not have to make a trade-off between participation in an education opportunity and spending time with the family. This reflects a sensitivity to the limited time and capacity within many families, particularly those families that lack abundant resources or flexibility in their schedules (Weiss et al., 2009).

Another dimension of many successful parent education initiatives is that they reflect sensitivity to family diversity. This can be seen in various ways. For example, it is important for programs serving diverse families to be sure to use culturally relevant materials and examples (e.g., video models that involve various ethnicities), as well as give thought to the match between the language and ethnicity of the teacher and that of the families. When possible, translation of materials into multiple languages is also an important way

to recognize and acknowledge the needs of families being served (Halgunseth et al., 2009). Sensitivity to broader family needs can also be seen in efforts that include incentives for participation. These incentives typically reflect awareness to the needs of families and seek to establish a sense of caring and concern for the family as a whole. The types of incentives that are often seen include food during the education event, take-away materials or 'kits' to support families in using ideas and strategies presented, as well as referrals and connections to needed resources, as part of the education initiative.

LINKS TO TEXAS RISING STAR

TRS measures reflect critical features of communication and education highlighted within the research. For example, the TRS requirement on Parent Education points to the importance of establishing a clear mechanism of communication between the program and parents. High quality parent communication is defined in TRS by practices which encourage parents to share information related to their child or family, the establishment of ongoing channels of communication between parents and teachers (e.g., regular notes sent home on children's progress), and the creation of formal mechanism for parents to offer feedback (e.g., surveys). TRS also emphasizes the importance of valuing parent perspectives and actively reflecting these within the program policies and procedures. Collectively, these aspects of TRS emphasizes the importance of two-way communication channels (e.g., parents to teachers, teachers to parents) and multiple routes of communication for parents. In this way, TRS works to formalize important communication mechanisms that are important to reaching parents and establishing shared expectations and shared responsibility for children's learning.

In addition to the value the TRS places on open and shared communication, the TRS points-based measures (on Education and Involvement) point to the value of sharing information on children's development and establishing the expectation that parents play a role in children's development. For example, TRS defines a high quality orientation as one which involves speaking to parents about developmental milestones and making a formalized statement about the family's role in learning. Similarly, the measures related to parent involvement indicate that high quality parent conferences are seen to center around children's learning, work, and progress, and note that all of this information should not be new at the conference time but has been shared throughout the day and weeks of school on an ongoing basis. Collectively, these aspects of TRS help establish the expectation that parents are partners within their children's learning—an idea that research-based models of parent involvement tend to emphasize (HFRP, 2006).

The research on parent involvement places a strong emphasis on creating frequent and well-designed opportunities for parent learning through early education centers and programs. The TRS measure on Parent Involvement also points to these types of high quality parent education practices. Although TRS does not mandate any specific format for parent

education initiatives, the points-based measures that define high quality parent education suggest the importance of education initiatives which are sensitive to diverse family needs. This is a critical concept within the research on parent education. For example, the TRS measure on education shows that high quality parent education efforts work to schedule around families (e.g., holidays/weekends/home-based), make multiple types of resources available to parents through parent ‘centers’ (within the Parent Education measure), and seek to meet family needs by connecting parents to resources within the community. Further, TRS suggests that high quality education initiatives will be offered frequently and that centers will find ways to encourage parents to participate in at least three of these events. As such, TRS reflects the research-based and partnership-oriented perspective on parent education—which points to the importance of early education centers and programs taking an active role in building alignment and capacity within families for the improved learning outcomes of children.

BUILDING PARENTS AS JOINT DECISION-MAKERS AND PROBLEM SOLVERS

Joint decision-making and problem solving between schools and parents is another important dimension of a partnership-oriented model of parent involvement. Early childhood programs or centers need to establish routines that allow parents to advocate for their children’s needs and also need to be involved in addressing issues that arise, preferably before issues have escalated into more serious problems (Halgunseth, et al., 2006). The concept of advocacy has been emphasized within parent involvement models for children with special needs or learning needs. Indeed, research finds that parent involvement tends to be heightened when a child has a difficulty or a disability, even among parents that tend not to be highly active (Tang, Dearing, & Weiss, 2012). One area in particular around which parents need to be involved in joint problem solving and decision-making is child behavior problems. This is a particularly critical area in which to ensure strong parent involvement because problem behaviors tend to be one of the primary causes for adverse outcomes in preschool, such as preschool expulsion. Preschool expulsion rates within preschool are growing rapidly with national data suggesting 6.7 expulsions per 1000 preschoolers (within state-funded programs; Gilliam, 2008) and this rate is three times the national average of expulsions in K-12. Preschool expulsion is seen as a missed opportunity, as research suggests that preschools can effectively work with children and families to minimize or end negative behavior cycles (McCabe & Frede, 2007). Although much of the research on addressing expulsion rates has focused on teacher training and classroom curricula, the role of parents is an obvious and central one when considering the importance of creating positive, and reinforcing systems of support for these children across their everyday environments (Bronfenbrenner & Morris, 2006).

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The research around parents as joint decision-makers and joint problem solvers is reflected

within the TRS guidance for managing problem-behaviors or challenging behaviors or children. As the research suggests the basis to effective joint problem solving is a strong parent-school relationship, as well as a prevention-oriented approach to addressing children's needs and difficulties. TRS has specific structural requirements that mandate a problem-solving approach to children's problem behavior and requires that parents are actively involved within the conversation. Further, points-based requirements around parent communication and parent involvement in school-based trainings, as well as TRS measures advocating for the value of connecting families to needed resources, suggest a more wholistic and 'wrap-around' approach to supporting families who have children with challenging behaviors.

CONCLUSION

The TRS structural requirements and process measures around Parent Education and Involvement reflect a system in which early childhood education programs or centers take a lead role in establishing the practices and norms that research suggests are critical to forming partnerships with families. Although the TRS guidelines do not point towards specific models or programs that must be implemented, they do point programs and centers towards key ideas that reflect much of the known research on family involvement. This research paper sought to add some additional context to those guidelines to support high quality implementation of the TRS guidelines in this area.

PARENT EDUCATION ASSESSMENT MEASURES (required)

| AGE | MEASURE | MET/NOT MET |
|--------------------|--|--|
| All facility types | <p>S-PE-01</p> <p>Parents are provided with written policies and procedures which include:</p> <ul style="list-style-type: none"> - Program philosophy and goal - Curriculum goals - Admission procedures - Family participation - Drop off/pick up procedures - Parent conferences - Fee structure - Late payments and refund information - Absences - Clothing guidelines - Inclement weather policy - Separation procedures - Nutrition standards used for menu planning - Physical activity and screen time policies - Procedure in place to allow parents to update contact information at all times without staff assistance <p>Policies are reviewed annually and updated if necessary.</p> | <input type="checkbox"/> MET <input type="checkbox"/> NOT MET |
| | <p>S-PE-02</p> <p>The program has systems in place for communication between the facility and parents, which may include emailing or phone calls.</p> | <input type="checkbox"/> MET <input type="checkbox"/> NOT MET |
| | <p>S-PE-03</p> <p>A designated area is maintained where daily activity schedules, menus and other important notices are available to parents.</p> | <input type="checkbox"/> MET <input type="checkbox"/> NOT MET |

PARENT EDUCATION ASSESSMENT MEASURES (points-based)

| AGE | MEASURE | SCORING |
|--------------------|---|---|
| All facility types | <p>P-PE-01 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> <ul style="list-style-type: none"> <input type="checkbox"/> Tour of the facility <input type="checkbox"/> Introduction to teaching staff <input type="checkbox"/> Parent visit with the classroom teacher <input type="checkbox"/> Overview of parent handbook <input type="checkbox"/> Policy for arrival & late arrival <input type="checkbox"/> Opportunity for an extended visit in the classroom by both parent and child for a period of time to allow both to be comfortable <input type="checkbox"/> An explanation of Texas Rising Star Quality Certification is provided. <input type="checkbox"/> Encourage parents to inform the center/provider of any elements related to their CCS enrollment that the provider may be of assistance. <input type="checkbox"/> An overview of family support resources and activities in the community* <input type="checkbox"/> Child development and developmental milestones provided. <p>Expectations of the family:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Parents are informed of the significance of consistent arrival time: <ul style="list-style-type: none"> -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. <input type="checkbox"/> 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. <input type="checkbox"/> Statement reflecting the role and influence of families. | <p>___ out of 13 items present in orientation.</p> <p>Score: _____</p> <p>0=Fewer than 50% (0-6 met) of the elements are included in the orientation.</p> <p>1= 50% (at least 7 met) of the elements are included in the orientation</p> <p>2= 65% (at least 9 met) of the elements are included in the orientation</p> <p>3= 85% (at least 11 met) of the elements are included in the orientation</p> |
| | <p>P-PE-02 The provider provides families with opportunities to better understand the child's growth and development.</p> <p>Note: All information provided to parents must be research based. *Resources: Early Childhood Intervention (ECI), local preschool programs for children with disabilities, pediatrician, and local agencies found through calling 211, therapy referral services.</p> | <p>Score: _____</p> <p>0= Not met</p> <p>1= Posting of parent resources within the community.</p> <p>2= 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. Parents are referred to other professionals and local community resources when needed.</p> <p>3= Score of 2, plus: A resource area with parent education materials is available. Parent Education opportunities are documented and offered at least annually and could be offered during program events, such as holiday programs, open house, etc.</p> |

PARENT INVOLVEMENT ASSESSMENT MEASURES (required)

| AGE | MEASURE | MET/NOT MET |
|--------------------|---|--|
| All facility types | S-PI-02 Director/Parent/Teacher Collaboration Regarding Challenging Behavior. 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. | <input type="checkbox"/> MET <input type="checkbox"/> NOT MET |
| | S-PI-03 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. | <input type="checkbox"/> MET <input type="checkbox"/> NOT MET |
| | S-PI-04 Introduction to community resources available to the parent/family. | <input type="checkbox"/> MET <input type="checkbox"/> NOT MET |

PARENT INVOLVEMENT ASSESSMENT MEASURES (points-based)

| AGE | MEASURE | SCORE 0 | SCORE 1 | SCORE 2 | SCORE 3 |
|--------------------|--|----------------------------------|--|--|---|
| All facility types | P-PI-01 <i>Parents have structured opportunities to provide input that may influence the program.</i> | <input type="checkbox"/> Not met | <input type="checkbox"/> Director seeks out parent suggestions either verbally or written and can provide evidence. | <input type="checkbox"/> The center/home has an on-going process to receive and review suggestions and recommendations from the parents (e.g. suggestions box, parent meetings). | <input type="checkbox"/> Parents are offered an annual written evaluation and/or survey. Suggestions and evaluation results are integrated into the program operation when applicable. |
| | P-PI-02 <i>Parent/teacher conferences are held. Conferences can be held in person or by phone.</i> | <input type="checkbox"/> Not met | <input type="checkbox"/> Parent Teacher conferences are available upon parent request. | <input type="checkbox"/> 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. | <input type="checkbox"/> 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. |
| | P-PI-03 <i>Parents are invited to participate in program related activities.</i> | <input type="checkbox"/> Not met | <input type="checkbox"/> Parents are invited and encouraged to attend one event annually which may include birthdays, holidays, or other special occasion. | <input type="checkbox"/> Parents are invited and encouraged to attend two events, special occasions or other program related activities annually. | <input type="checkbox"/> Parents are invited and encouraged to attend 3 or more events, special occasions, parent meetings, support group or other program-related activities. |

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section 3

OFFICIAL DOCUMENTS & FORMS

CHAPTER 809 OF THE TEXAS ADMINISTRATIVE CODE

CHAPTER 809. CHILD CARE SERVICES

SUBCHAPTER G. TEXAS RISING STAR PROGRAM

§809.130. Short Title and Purpose.

- (a) The rules contained in this subchapter may be cited as the TRS Program rules.
- (b) The purpose of the TRS Program rules is to interpret and implement Texas Government Code §2308.3155(b) requiring the Commission to establish rules to administer the TRS program, including guidelines for rating a child care provider for TRS certification.
- (c) The TRS Program rules identify the organizational structure and categories of, and the scoring factors that shall be included in, the TRS guidelines.
- (d) The TRS guidelines for rating a child care provider shall:
 - (1) describe measures for the TRS program that contain, at a minimum, measures for child care providers regarding:
 - (A) director and staff qualifications and training;
 - (B) caregiver-child interactions;
 - (C) curriculum;
 - (D) nutrition and indoor and outdoor activities; and
 - (E) parent involvement and education;
 - (2) specify measures that:
 - (A) must be met in order for a provider to be certified at each star level; and
 - (B) are observed and have points awarded through on-site assessments; and
 - (3) specify the scoring methodology and scoring thresholds for each star level.

(e) The TRS guidelines:

(1) shall be adopted by the Commission subject to the requirements of the Texas Open Meetings Act; and

(2) may be amended by the Commission, provided that the amendments are adopted subject to the requirements of the Texas Open Meetings Act.

§809.131. Eligibility for the TRS Program.

(a) A child care provider is eligible to apply for the TRS program if the provider has a current agreement to serve Commission-subsidized children and:

(1) has a permanent (nonexpiring) license or registration from DFPS;

(2) has at least 12 months of licensing history with DFPS, and is not on:

(A) corrective action with a Board pursuant to Subchapter F of this chapter;

(B) a “Notice of Freeze” with the Commission pursuant to Chapter 213 of the Texas Labor Code (Enforcement of the Texas Unemployment Compensation Act) or Chapter 61 of the Texas Labor Code (Payment of Wages); or

(C) corrective or adverse action with DFPS; or

(3) is regulated by and in good standing with the US Military.

(b) A child care facility is not eligible to apply for the TRS program if, during the most recent 12-month DFPS licensing history, the provider had:

(1) any of the critical licensing deficiencies listed in the TRS guidelines;

(2) five or more of the high or medium-high licensing deficiencies listed in the TRS guidelines; or

(3) 10 or more total licensing deficiencies of any type.

§809.132. Impact of Certain Deficiencies on TRS Certification.

(a) A TRS provider shall lose TRS certification if the provider:

(1) is placed on corrective action with a Board pursuant to Subchapter F of this chapter;

- (2) is under a “Notice of Freeze” with the Commission pursuant to Chapter 213 of the Texas Labor Code (Enforcement of the Texas Unemployment Compensation Act) or Chapter 61 of the Texas Labor Code (Payment of Wages);
 - (3) is placed on corrective or adverse action by DFPS; or
 - (4) had 15 or more total licensing deficiencies of any type during the most recent 12-month licensing history.
- (b) TRS providers with any of the critical licensing deficiencies listed in the TRS guidelines during the most recent 12-month DFPS licensing history shall have the following consequences:
- (1) reduction of a 4-Star Program Provider or 3-Star Program Provider to a 2-Star Program Provider; or
 - (2) a 2-Star Program Provider shall lose certification.
- (c) TRS providers with five or more of the high or medium-high deficiencies listed in the TRS guidelines during the most recent 12-month DFPS licensing history shall lose a star level with a 2-Star Program Provider losing certification.
- (d) TRS providers with 10 to 14 total licensing deficiencies of any type during the most recent 12-month DFPS licensing history shall be placed on a six-month TRS program probationary period. Further:
- (1) TRS providers on a six-month probationary period that are re-cited by DFPS within the probationary period for any of the same deficiencies shall lose a star level with a 2-Star Program Provider losing certification;
 - (2) if any new deficiencies--not to exceed 14 total deficiencies--are cited by DFPS during the first probationary period, a second six-month probationary period shall be established effective upon the date of final DFPS determination of the deficiencies; and
 - (3) if any new deficiencies--not to exceed 14 total deficiencies--are cited by DFPS during the second six-month probationary period, a provider shall lose TRS certification.
- (e) Providers losing a star level due to licensing deficiencies shall be reinstated at the former star level if the deficiency is not re-cited by DFPS within the next six months.
- (f) Providers losing TRS certification shall not be eligible to reapply for certification sooner than 12 months following the loss of the certification.

§809.133. Application and Assessments for the TRS Program.

(a) TRS program applicants must complete:

(1) an orientation on the TRS guidelines, including an overview of the:

(A) TRS program application process;

(B) TRS program measures; and

(C) TRS program assessment process; and

(2) a TRS program self-assessment tool.

(b) Boards shall ensure that:

(1) written acknowledgment of receipt of the application and self-assessment is sent to the provider;

(2) within 20 days of receipt of the application, the provider is sent an estimated time frame for scheduling the initial assessment;

(3) an assessment is conducted for any provider that meets the eligibility requirements in §809.131 and requests to participate in the TRS program; and

(4) TRS certification is granted for any provider that is assessed and verified as meeting the TRS provider certification criteria set forth in the TRS guidelines.

(c) Boards shall ensure that TRS assessments are conducted as follows:

(1) On-site assessment of 100 percent of the provider classrooms at the initial assessment for TRS certification and at each scheduled recertification; and

(2) Recertification of all TRS providers every three years.

(d) Boards shall ensure that certified TRS providers are monitored on an annual basis and the monitoring includes:

(1) at least one unannounced on-site visit; and

(2) a review of the provider's licensing compliance as described in new §809.132.

(e) Boards shall ensure compliance with the process and procedures in the TRS guidelines for conducting assessments of nationally accredited child care facilities and child care facilities regulated by the US Military.

(f) Boards shall ensure compliance with the process and procedures in the TRS guidelines for conducting assessments of certified TRS providers that have a change of ownership, move, or expand locations.

§809.134. Minimum Qualifications for TRS Assessors and Mentors.

(a) Boards shall ensure that TRS assessors and mentors meet the minimum education requirements as follows:

- (1) Bachelor's degree from an accredited four-year college or university in early childhood education, child development, special education, child psychology, educational psychology, elementary education, or family consumer science;
- (2) Bachelor's degree from an accredited four-year college or university with at least 18 credit hours in early childhood education, child development, special education, child psychology, educational psychology, elementary education, or family consumer science with at least 12 credit hours in child development; or
- (3) Associate's degree in early childhood education, child development, special education, child psychology, educational psychology, elementary education, or family consumer science with two years of experience as a director in an early childhood program, with preference given to experience with a provider that is accredited or TRS certified.

(b) The Commission may grant a waiver of no more than two years of the minimum education requirements in subsection (a) if a Board can demonstrate that no applicants in its local workforce development area meet the minimum education requirements.

(c) Boards shall ensure that TRS assessors and mentors meet the minimum work experience requirements of one year of full-time early childhood classroom experience in a child care, Early Head Start, Head Start, or prekindergarten through third-grade school program.

(d) Boards shall ensure that if an individual performs the duties of both an assessor and a mentor, the individual providing TRS mentoring services to a provider does not act as the assessor of that same provider when determining TRS certification.

(e) Boards shall ensure that TRS assessors and mentors are required to complete annual professional development and continuing education consistent with child care licensing minimum training requirements for a center director.

(f) Boards shall ensure that TRS assessors and mentors meet the background check requirement consistent with 40 TAC, Chapter 745.

(g) Boards shall ensure that TRS assessors and mentors demonstrate:

(1) knowledge of best practices in early childhood education; and

(2) understanding of early childhood evaluations, observations, and assessment tools for both teachers and children.

§809.135. TRS Process for Reconsideration.

Boards shall ensure a process for reconsideration of facility assessment at the Board level for the TRS program. The TRS program is not subject to Chapter 823 of this title, the Integrated Complaints, Hearings, and Appeals rules.

TEXAS RISING STAR ASSESSMENT TRACKING FORM

Name of the Facility:

Date of the initial Interest Form submission for Texas Rising Star
Provider Certification:

Date of eligibility determined:

Assessment **assessor**:

Date:

Assessment **mentor**:

Date:

Date application, self-assessment, and documentation received:

Documentation of required items: All items received Documents missing

List missing items:

Date of DFPS Minimum Standard screening:

Is applicant/provider eligible to continue certification process? Yes No

Date applicant/provider notified of eligibility:

Provider is ready for program assessment? Yes No

Date on-site assessment scheduled:

Date on-site assessment visit:

Assessment Result: Not certified 2-Star Certification 3-Star Certification 4-Star Certification

Date certification given to provider:

Staff Name (Print):

STAFF SIGNATURE:

Date:

Supervisor Name (Print):

SUPERVISOR SIGNATURE:

Date:

TEXAS RISING STAR TECHNICAL ASSISTANCE AGREEMENT

Contracted Provider Name:

Site Address:

License Number:

Phone:

I have been given a copy of the Technical Assistance Plan for my facility/classroom. I understand that my participation in the Technical Assistance Plan is voluntary. However, I understand that my participation may assist our facility in attaining certification or pursuing a higher star level rating.

PROVIDER ACCEPTS PARTICIPATION IN TA PLAN

PROVIDER DECLINES PARTICIPATION IN TA PLAN

Provider Staff Name (Print):

PROVIDER STAFF SIGNATURE:

Date:

TRS Staff Name (Print):

TRS STAFF SIGNATURE:

Date:

TEXAS RISING STAR PROBATION AGREEMENT

(DFPS Licensing Deficiencies)

TRS Provider Name: _____

Site Address: _____

License Number: _____

Phone: _____

On _____ [date], the TRS Provider indicated above was found to be in DFPS non-compliance with:

| DFPS LICENSING | RESULTS | ELIGIBILITY REINSTATEMENT |
|---|--|--|
| <input type="checkbox"/> Any critical deficiency | <ul style="list-style-type: none"> • Reduced to a 2-star • Loss of TRS Certification (2-star providers) | <ul style="list-style-type: none"> • Eligible to be reinstated at former level if deficiency is not recited by DFPS within 6 months • Eligible to reapply no sooner than 12 months following loss of TRS certification |
| <input type="checkbox"/> Five or more high-medium deficiencies | <ul style="list-style-type: none"> • Loss of star level • Loss of TRS Certification (2-star providers) | <ul style="list-style-type: none"> • Eligible to be reinstated at former level if deficiency is not recited by DFPS within 6 months • Eligible to reapply no sooner than 12 months following loss of TRS certification |
| <input type="checkbox"/> 10 to 14 total deficiencies of any type | <ul style="list-style-type: none"> • Placed on 6-month probation • Loss of star level (re-cited for same deficiencies within 6-month probation) • Placed on second 6-month probation (new deficiencies cited) | Eligible to be reinstated at former level if deficiency is not recited by DFPS within 6 months |
| <input type="checkbox"/> 15 or more total deficiencies of any type OR Probation exceeds 12 consecutive months | Loss of TRS Certification | Eligible to reapply no sooner than 12 months following loss of TRS certification |
| <input type="checkbox"/> Placed on DFPS Adverse or Correction Action | Loss of TRS Certification | Eligible to reapply no sooner than 12 months following loss of TRS certification |

I understand in order to continue participation in TRS, I must meet the requirements of the eligibility reinstatement applicable to my DFPS licensing deficiency.

Provider Signature: _____

Date: _____

TRS Staff Signature: _____

Date: _____

PROBATION REVIEW (end of 6-month probationary period)

| | |
|--|--|
| <input type="checkbox"/> Reinstated | ACTION: Provider was not recited or received new DFPS deficiencies. |
| <input type="checkbox"/> Probation continued | ACTION: Provider received new deficiencies during probation (not to exceed 14); a new 6-month probation is established. |
| <input type="checkbox"/> Lose certification | ACTION: Provider received 15 or more total deficiencies (any type) OR was on probation for more than 12 consecutive months; Provider lost TRS certification. |
| <input type="checkbox"/> Lose certification | ACTION: Placed on DFPS Adverse or Correction Action; Provider lost TRS certification. |

Provider Signature: _____

Date: _____

TRS Staff Signature: _____

Date: _____

TEXAS RISING STAR SERVICE IMPROVEMENT AGREEMENT

(TRS Deficiencies)

TRS Provider Name: _____

Site Address: _____

License Number: _____ Phone: _____

On _____ [date], the TRS Provider indicated above was found to be in non-compliance with TRS measures; an SIA go into place _____ [date]. The non-compliance must be corrected on or before _____ [date] (no later than 6 months from the effective date).

| MEASURES OF NON-COMPLIANCE | CORRECTIVE ACTIONS |
|----------------------------|--------------------|
| | |
| | |
| | |
| | |
| | |
| | |

I understand in order to continue participation in TRS at my current star level, I must complete a mandatory TRS Service Improvement Agreement. I also understand that if I fail to correct these TRS deficiencies, my facility may be subject to a full site assessment to determine the appropriate star level rating.

Provider Signature: _____ Date: _____

TRS Staff Signature: _____ Date: _____

| SERVICE IMPROVEMENT AGREEMENT REVIEW (end of 6-month SIA period) | |
|--|---|
| <input type="checkbox"/> Plan was completed | ACTION: Provider corrected TRS deficiencies within 6-month timeframe. |
| <input type="checkbox"/> Plan was not completed | ACTION: Provider did not correct TRS deficiencies; provider will be subject to a full assessment. |

Provider Signature: _____ Date: _____

TRS Staff Signature: _____ Date: _____

APPLICATION FOR TEXAS RISING STAR PROVIDER CERTIFICATION

Texas Rising Star (TRS) Provider certification is voluntary and recognizes enrolled child care providers who exceed minimum licensing standards and who meet certain additional criteria. All child care providers that have agreements with a Board's child care contractor are eligible to apply for assessment and certification.

Initial Application Recertification Application

TRS Provider Name: _____ DFPS Licensing #: _____

Site Address: _____

Facility Phone: _____ Contact Phone: _____

Owner: _____

Director: _____

| TYPE OF FACILITY | TYPE OF NATIONAL ACCREDITATION (if applicable) |
|--|---|
| <input type="checkbox"/> Licensed Center (all ages) | <input type="checkbox"/> National Association for the Education of Young Children (NAEYC) |
| <input type="checkbox"/> Licensed Child Care Home | <input type="checkbox"/> Association of Christian Schools International (ACSI) |
| <input type="checkbox"/> Registered Child Care Home | <input type="checkbox"/> National Early Childhood Program Accreditation (NECPA) |
| <input type="checkbox"/> Licensed Center (school-age only) | <input type="checkbox"/> National Association of Family Child Care (NAFCC) |
| | <input type="checkbox"/> Commission on Accreditation - National AfterSchool Association |
| | <input type="checkbox"/> National Accreditation Commission for Early Child Care and Education Program (NAC) |

REGULATING ENTITY (check one):

State of Texas (DFPS)

U.S. Military

The Texas Rising Star (TRS) Certification Guidelines contain prerequisites that must be met in order for a child care provider to be assessed (see the Facility Self-Assessment, Classroom Self-Assessment, and Document Checklists). The contracted child care provider's signature below is assurance that these requirements are fully met and the assessment/certification process may be initiated. (Nationally accredited child care providers or child care providers regulated by the U.S military do not undergo an Initial Certification Assessment; however, they must submit the TRS Application, TRS Self-Assessment, and the Licensing Screening Form).

A child care provider is eligible to apply for the TRS program if the provider has a current agreement to serve Commission-subsidized children and:

- (1) has a permanent (nonexpiring) license or registration from DFPS;
- (2) has at least 12 months of licensing history with DFPS; and is not on:
 - corrective action with a Board pursuant to Subchapter F of chapter 809 of the Texas Administrative Code;
 - a "Notice of Freeze" with the Commission pursuant to Chapter 213 of the Texas Labor Code (Enforcement of Texas Unemployment Compensation Act) or Chapter 61 of the Texas Labor Code (Payment of Wages); or
 - corrective or adverse action with DFPS
- (3) is regulated by and in good standing with the US Military.
- (4) viewed the TRS provider orientation video.

A child care provider is also subject to DFPS Licensing Requirements as outlined in the TRS Certification Guidelines and the Licensing Screening forms. The provider must complete the Licensing Screening form as an attestation of eligibility.

By signing below, I attest that I understand and meet the eligibility and application requirements listed above.

DFPS License Number: _____

Name/Title of person authorized to contract for facility: _____

Signature: _____ Date: _____

LICENSING SCREENING FORM - LICENSED CHILD CARE CENTERS

Provider Name: _____
 Director Name: _____

Address: _____
 License #: _____

| Initial Applicants (Sections 1a-5) | TRS Monitoring / Recertification (Sections 1b-5) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|---|---------------------------|---|--|-------------|--|--|--|---|--|--------------|----------------------------------|--|--|--|---|-------------|---|--|-------------|--|--|-------------|---|--|---------|---|--|---------|--|--|---------|---|
| <p>1a. Applicant has DFPS licensing history for the 12-month period prior to the date of application? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of Application: _____ Stop process if "No"</p> | <p>1b. Provider has DFPS licensing history for the 12-month period prior to the date of the TRS recertification visit? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of TRS Recertification Visit: _____ Review the provider's 12-month DFPS licensing history.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>2a. On Corrective or Adverse Action with DFPS? <input type="checkbox"/> Yes <input type="checkbox"/> No On Corrective Action with Board? <input type="checkbox"/> Yes <input type="checkbox"/> No On Notice of Freeze with TWC? <input type="checkbox"/> Yes <input type="checkbox"/> No Stop process if "Yes" if any</p> | <p>2b. On Corrective or Adverse Action with DFPS? <input type="checkbox"/> Yes <input type="checkbox"/> No On Corrective Action with Board? <input type="checkbox"/> Yes <input type="checkbox"/> No On Notice of Freeze with TWC? <input type="checkbox"/> Yes <input type="checkbox"/> No Repeat TRS certification if "Yes" if any</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>3a. Stop process if the applicant has received any of the following DFPS Deficiencies listed below.</p> | <p>3b. Provider is reduced to 2-Star certification if the certified provider has any of the DFPS Deficiencies listed below (2-Star lose TRS certification).</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>CRITICAL DEFICIENCIES: Check Yes or No</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 10%;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td style="width: 15%;">746.201 (9)</td> <td>Permit Holder Responsibilities – Complying with Child Care Licensing Law in Chapter 42 Human Resources Code</td> </tr> <tr> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>746.1201(4)</td> <td>Responsibilities of Employees and Caregivers</td> </tr> <tr> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>746.1201(5)</td> <td>Responsibilities of Employees and Caregivers – Report Suspected Child Abuse, Neglect, or Exploitation</td> </tr> <tr> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>746.2805</td> <td>Prohibited Punishments</td> </tr> <tr> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>746.1311(a)</td> <td>Director Annual Training – 30 Hours Required</td> </tr> <tr> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>746.1315(b)</td> <td>One Employee at Center and With Each Group of Children Away from Center Must Have Current CPR for Infants, Children, & Adults</td> </tr> <tr> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>746.3805(a)</td> <td>Administering Medication – Authorization to Administer</td> </tr> <tr> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>746.3805(b)</td> <td>Administering Medication – Authorization Expires on the First Anniversary of the Date the Authorization is Provided</td> </tr> <tr> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>745.626</td> <td>Background Checks Requirement – Providing Direct Care</td> </tr> <tr> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>745.656</td> <td>Individuals on the Texas Sex Offender Registry – Cannot Be Present at Facility</td> </tr> <tr> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>745.661</td> <td>Take Appropriate Action for Criminal Conviction or a Finding, Must Remove a Person from a Child Care Operation, and/or Requesting Risk Evaluation</td> </tr> </table> | | <input type="checkbox"/> Yes <input type="checkbox"/> No | 746.201 (9) | Permit Holder Responsibilities – Complying with Child Care Licensing Law in Chapter 42 Human Resources Code | <input type="checkbox"/> Yes <input type="checkbox"/> No | 746.1201(4) | Responsibilities of Employees and Caregivers | <input type="checkbox"/> Yes <input type="checkbox"/> No | 746.1201(5) | Responsibilities of Employees and Caregivers – Report Suspected Child Abuse, Neglect, or Exploitation | <input type="checkbox"/> Yes <input type="checkbox"/> No | 746.2805 | Prohibited Punishments | <input type="checkbox"/> Yes <input type="checkbox"/> No | 746.1311(a) | Director Annual Training – 30 Hours Required | <input type="checkbox"/> Yes <input type="checkbox"/> No | 746.1315(b) | One Employee at Center and With Each Group of Children Away from Center Must Have Current CPR for Infants, Children, & Adults | <input type="checkbox"/> Yes <input type="checkbox"/> No | 746.3805(a) | Administering Medication – Authorization to Administer | <input type="checkbox"/> Yes <input type="checkbox"/> No | 746.3805(b) | Administering Medication – Authorization Expires on the First Anniversary of the Date the Authorization is Provided | <input type="checkbox"/> Yes <input type="checkbox"/> No | 745.626 | Background Checks Requirement – Providing Direct Care | <input type="checkbox"/> Yes <input type="checkbox"/> No | 745.656 | Individuals on the Texas Sex Offender Registry – Cannot Be Present at Facility | <input type="checkbox"/> Yes <input type="checkbox"/> No | 745.661 | Take Appropriate Action for Criminal Conviction or a Finding, Must Remove a Person from a Child Care Operation, and/or Requesting Risk Evaluation |
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| <input type="checkbox"/> Yes <input type="checkbox"/> No | 746.1201(4) | Responsibilities of Employees and Caregivers | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | 746.1201(5) | Responsibilities of Employees and Caregivers – Report Suspected Child Abuse, Neglect, or Exploitation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | 746.2805 | Prohibited Punishments | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | 746.1311(a) | Director Annual Training – 30 Hours Required | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <input type="checkbox"/> Yes <input type="checkbox"/> No | 746.3805(a) | Administering Medication – Authorization to Administer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | 746.3805(b) | Administering Medication – Authorization Expires on the First Anniversary of the Date the Authorization is Provided | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | 745.626 | Background Checks Requirement – Providing Direct Care | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | 745.656 | Individuals on the Texas Sex Offender Registry – Cannot Be Present at Facility | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | 745.661 | Take Appropriate Action for Criminal Conviction or a Finding, Must Remove a Person from a Child Care Operation, and/or Requesting Risk Evaluation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>4a1. Number of High and Medium-High Risk Deficiencies – Review 12-month licensing history. Stop process if applicant was cited for five or more deficiencies in High and Medium-High Risk standards listed below</p> | <p>4b1. Number of High and Medium-High Risk Deficiencies – Review 12-month licensing history. Provider who was cited for five or more High and Medium-High deficiencies loses a star level (2-Star lose TRS certification).</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>HIGH AND MEDIUM-HIGH RISK DEFICIENCIES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 15%;">746.1003(1), (3)-(6)</td> <td>Director Responsibilities</td> </tr> <tr> <td>746.1201(1)</td> <td>Responsibilities of Employees and Caregivers – Demonstrate Competency, Good Judgment, Self-Control</td> </tr> <tr> <td>746.1203(4)</td> <td>Responsibilities of Caregivers – Supervision of Children</td> </tr> <tr> <td>746.1203(5)</td> <td>Responsibilities of Caregivers – Children in Control</td> </tr> <tr> <td>746.1301(a)(2)(B)</td> <td>24 Clock Hours of Pre-Service Training</td> </tr> <tr> <td>746.1305 (b)</td> <td>Pre-Service Training Requirement</td> </tr> <tr> <td>746.1309(a)</td> <td>Documented Annual Training – 24 Hours Required</td> </tr> <tr> <td>746.1309(e)(1)</td> <td>Annual Training for Caregivers of Children Under 24 Months – Shaken Baby Syndrome</td> </tr> <tr> <td>745.625</td> <td>Background Checks Requirement</td> </tr> </table> | | 746.1003(1), (3)-(6) | Director Responsibilities | 746.1201(1) | Responsibilities of Employees and Caregivers – Demonstrate Competency, Good Judgment, Self-Control | 746.1203(4) | Responsibilities of Caregivers – Supervision of Children | 746.1203(5) | Responsibilities of Caregivers – Children in Control | 746.1301(a)(2)(B) | 24 Clock Hours of Pre-Service Training | 746.1305 (b) | Pre-Service Training Requirement | 746.1309(a) | Documented Annual Training – 24 Hours Required | 746.1309(e)(1) | Annual Training for Caregivers of Children Under 24 Months – Shaken Baby Syndrome | 745.625 | Background Checks Requirement | | | | | | | | | | | | | | | |
| 746.1003(1), (3)-(6) | Director Responsibilities | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 746.1201(1) | Responsibilities of Employees and Caregivers – Demonstrate Competency, Good Judgment, Self-Control | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 746.1203(4) | Responsibilities of Caregivers – Supervision of Children | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 746.1203(5) | Responsibilities of Caregivers – Children in Control | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 746.1301(a)(2)(B) | 24 Clock Hours of Pre-Service Training | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 746.1305 (b) | Pre-Service Training Requirement | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 746.1309(a) | Documented Annual Training – 24 Hours Required | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 746.1309(e)(1) | Annual Training for Caregivers of Children Under 24 Months – Shaken Baby Syndrome | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 745.625 | Background Checks Requirement | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Total number of High Risk and Medium High-Risk Deficiencies: _____</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>4a2. Number of Deficiencies – Review 12-month licensing history. Stop process if initial applicant has 10 or more total DFPS deficiencies (any deficiency).</p> | <p>4b2. Number of Deficiencies – Review 12-month licensing history. Provider who has 10 to 14 total DFPS deficiencies (any deficiency) is placed on a 6-month Probation. If recited for same deficiencies within 6 months, the provider loses a star level. If new deficiencies during Probation do not exceed 14, a new 6-month Probation is established.</p> <p>4b3. Provider who receives 15 total deficiencies (any deficiency) or is on TRS Probation for more than 12 consecutive months, provider loses their certification.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Total number of Deficiencies: _____</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

5. Is Applicant/Provider Eligible to Continue Certification Process? Yes No

Staff Signature _____ Date _____

LICENSING SCREENING FORM - AFTER-SCHOOL PROGRAMS

Provider Name: _____
 Director Name: _____

Address: _____
 License #: _____

| Initial Applicants (Sections 1a-5) | TRS Monitoring / Recertification (Sections 1b-5) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|---|---------------------------|---|--|-------------|---|--|---|--|--|----------|-------------------------------|--|-------------|---|--|-------------|---|--|-------------|---|--|-------------|---|--|-------------|--------------------------|--|---------|-------------------------------|--|---------|--|--|---------|---|
| <p>1a. Applicant has DFPS licensing history for the 12-month period prior to the date of application? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of Application: _____ Stop process if "No"</p> | <p>1b. Provider has DFPS licensing history for the 12-month period prior to the date of the TRS recertification visit? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of TRS Recertification Visit: _____ Review the provider's 12-month DFPS licensing history.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>2a. On Corrective or Adverse Action with DFPS? <input type="checkbox"/> Yes <input type="checkbox"/> No On Corrective Action with Board? <input type="checkbox"/> Yes <input type="checkbox"/> No On Notice of Freeze with TWC? <input type="checkbox"/> Yes <input type="checkbox"/> No Stop process if "Yes" to any</p> | <p>2b. On Corrective or Adverse Action with DFPS? <input type="checkbox"/> Yes <input type="checkbox"/> No On Corrective Action with Board? <input type="checkbox"/> Yes <input type="checkbox"/> No On Notice of Freeze with TWC? <input type="checkbox"/> Yes <input type="checkbox"/> No Repeal TRS certification if "Yes" to any</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>3a. Stop process if the applicant has received any of the following DFPS Deficiencies listed below.</p> | <p>3b. Provider is reduced to 2-Star certification if the certified provider has any of the DFPS Deficiencies listed below (2-Star lose TRS certification).</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>CRITICAL DEFICIENCIES: Check Yes or No</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 15%;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td style="width: 15%;">744.201 (9)</td> <td>Permit Holder Responsibilities – Complying with Child Care Licensing Law in Chapter 45 Human Resources Code</td> </tr> <tr> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>744.1201(4)</td> <td>Responsibilities of Employees and Caregivers – Ensure No Child Abused, Neglected or Exploited</td> </tr> <tr> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>744.1201(5)</td> <td>Responsibilities of Employees and Caregivers – Report No Child Abused, Neglected, or Exploited</td> </tr> <tr> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>744.2105</td> <td>Prohibited Punishments</td> </tr> <tr> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>744.1301(3)</td> <td>Caregiver/Site Director Annual Training-15 Hours Required</td> </tr> <tr> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>744.1301(4)</td> <td>Director Annual Training- 20 Hours Required</td> </tr> <tr> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>744.1315(b)</td> <td>One Caregiver or Employee per Operation, and One Caregiver or Employee for Each Group of Children Away from Operation Must Have Current CPR</td> </tr> <tr> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>744.2655(a)</td> <td>Administering Medication – How to Administer Medication</td> </tr> <tr> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>744.2655(b)</td> <td>Administering Medication</td> </tr> <tr> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>745.626</td> <td>Background Checks Requirement</td> </tr> <tr> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>745.656</td> <td>Individuals on the Texas Sex Offender Registry – Cannot Be Present at Facility</td> </tr> <tr> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>745.661</td> <td>Take Appropriate Action for Criminal Conviction or a Finding, Must Remove a Person from a Child Care Operation, and/or Requesting Risk Evaluation</td> </tr> </table> | | <input type="checkbox"/> Yes <input type="checkbox"/> No | 744.201 (9) | Permit Holder Responsibilities – Complying with Child Care Licensing Law in Chapter 45 Human Resources Code | <input type="checkbox"/> Yes <input type="checkbox"/> No | 744.1201(4) | Responsibilities of Employees and Caregivers – Ensure No Child Abused, Neglected or Exploited | <input type="checkbox"/> Yes <input type="checkbox"/> No | 744.1201(5) | Responsibilities of Employees and Caregivers – Report No Child Abused, Neglected, or Exploited | <input type="checkbox"/> Yes <input type="checkbox"/> No | 744.2105 | Prohibited Punishments | <input type="checkbox"/> Yes <input type="checkbox"/> No | 744.1301(3) | Caregiver/Site Director Annual Training-15 Hours Required | <input type="checkbox"/> Yes <input type="checkbox"/> No | 744.1301(4) | Director Annual Training- 20 Hours Required | <input type="checkbox"/> Yes <input type="checkbox"/> No | 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 CPR | <input type="checkbox"/> Yes <input type="checkbox"/> No | 744.2655(a) | Administering Medication – How to Administer Medication | <input type="checkbox"/> Yes <input type="checkbox"/> No | 744.2655(b) | Administering Medication | <input type="checkbox"/> Yes <input type="checkbox"/> No | 745.626 | Background Checks Requirement | <input type="checkbox"/> Yes <input type="checkbox"/> No | 745.656 | Individuals on the Texas Sex Offender Registry – Cannot Be Present at Facility | <input type="checkbox"/> Yes <input type="checkbox"/> No | 745.661 | Take Appropriate Action for Criminal Conviction or a Finding, Must Remove a Person from a Child Care Operation, and/or Requesting Risk Evaluation |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | 744.201 (9) | Permit Holder Responsibilities – Complying with Child Care Licensing Law in Chapter 45 Human Resources Code | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | 744.1201(4) | Responsibilities of Employees and Caregivers – Ensure No Child Abused, Neglected or Exploited | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | 744.1201(5) | Responsibilities of Employees and Caregivers – Report No Child Abused, Neglected, or Exploited | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | 744.2105 | Prohibited Punishments | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | 744.1301(3) | Caregiver/Site Director Annual Training-15 Hours Required | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | 744.1301(4) | Director Annual Training- 20 Hours Required | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | 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 CPR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | 744.2655(a) | Administering Medication – How to Administer Medication | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | 744.2655(b) | Administering Medication | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | 745.626 | Background Checks Requirement | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | 745.656 | Individuals on the Texas Sex Offender Registry – Cannot Be Present at Facility | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | 745.661 | Take Appropriate Action for Criminal Conviction or a Finding, Must Remove a Person from a Child Care Operation, and/or Requesting Risk Evaluation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>4a1. Number of High and Medium-High Risk Deficiencies – Review 12-month licensing history. Stop process if applicant was cited for five or more deficiencies in High and Medium- High Risk standards listed below</p> | <p>4b1. Number of High and Medium-High Risk Deficiencies – Review 12-month licensing history. Provider who was cited for five or more High and Medium-High Risk deficiencies loses a star level (2-Star lose TRS certification).</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>HIGH AND MEDIUM-HIGH RISK DEFICIENCIES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 15%;">744.1005(a)(1)-(6)</td> <td style="width: 15%;">Director Responsibilities</td> </tr> <tr> <td>744.1201(1)</td> <td>Responsibilities of Employees and Caregivers – Demonstrate Competency, Good Judgment, Self-Control</td> </tr> <tr> <td>744.1203(4)</td> <td>Responsibilities of Caregivers – Supervision of Children</td> </tr> <tr> <td>744.1203(5)</td> <td>Additional Responsibilities of Caregivers – Children in Control</td> </tr> <tr> <td>744.1301</td> <td>Employee Training Requirements</td> </tr> <tr> <td>745.625</td> <td>Background Checks Requirement</td> </tr> </table> | | 744.1005(a)(1)-(6) | Director Responsibilities | 744.1201(1) | Responsibilities of Employees and Caregivers – Demonstrate Competency, Good Judgment, Self-Control | 744.1203(4) | Responsibilities of Caregivers – Supervision of Children | 744.1203(5) | Additional Responsibilities of Caregivers – Children in Control | 744.1301 | Employee Training Requirements | 745.625 | Background Checks Requirement | | | | | | | | | | | | | | | | | | | | | | | | |
| 744.1005(a)(1)-(6) | Director Responsibilities | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 744.1201(1) | Responsibilities of Employees and Caregivers – Demonstrate Competency, Good Judgment, Self-Control | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 744.1203(4) | Responsibilities of Caregivers – Supervision of Children | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 744.1203(5) | Additional Responsibilities of Caregivers – Children in Control | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 744.1301 | Employee Training Requirements | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 745.625 | Background Checks Requirement | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Total number of High Risk and Medium High-Risk Deficiencies: _____</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>4a2. Number of Deficiencies – Review 12-month licensing history. Stop process if initial applicant has 10 or more total DFPS deficiencies (any deficiency).</p> | <p>4b2. Number of Deficiencies – Review 12-month licensing history. Provider who has 10 to 14 total deficiencies (any deficiency) is placed on a 6-month Probation. If recited for same deficiencies within 6 months, the provider loses a star level. If new deficiencies during Probation do not exceed 14, a new 6-month Probation is established.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>4b3. Provider who receives 15 total deficiencies (any deficiency) or is on TRS Probation for more than 12 consecutive months, provider loses their certification.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Total number of Deficiencies: _____</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

5. Is Applicant/Provider Eligible to Continue Certification Process? Yes No

Staff Signature _____ Date _____

LICENSING SCREENING FORM - LICENSED CHILD CARE HOMES/ REGISTERED HOMES

Provider Name: _____
Director Name: _____

Address: _____
License #: _____

| Initial Applicants (Sections 1a-5) | TRS Monitoring / Recertification (Sections 1b-5) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|-------------------------------------|---|---|----------------|--|--|---|--|--|----------|----------------------------------|--|-------------------------------|---|--|-------------|--|--|-------------|---|--|-------------|---|--|-------------|--------------------------|--|---------|-------------------------------|--|---------|--|--|---------|---|
| <p>1a. Applicant has DFPS licensing history for the 12-month period prior to the date of application? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of Application: _____ Stop process if "No"</p> <p>2a. On Corrective or Adverse Action with DFPS? <input type="checkbox"/> Yes <input type="checkbox"/> No On Corrective Action with Board? <input type="checkbox"/> Yes <input type="checkbox"/> No On Notice of Freeze with TWC? <input type="checkbox"/> Yes <input type="checkbox"/> No Stop process if "Yes" to any</p> <p>3a. Stop process if the applicant has received any of the following DFPS Deficiencies listed below.</p> | <p>1b. Provider has DFPS licensing history for the 12-month period prior to the date of the TRS recertification visit? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of TRS Recertification Visit: _____ Review the provider's 12-month DFPS licensing history.</p> <p>2b. On Corrective or Adverse Action with DFPS? <input type="checkbox"/> Yes <input type="checkbox"/> No On Corrective Action with Board? <input type="checkbox"/> Yes <input type="checkbox"/> No On Notice of Freeze with TWC? <input type="checkbox"/> Yes <input type="checkbox"/> No Repeal TRS certification if "Yes" to any</p> <p>3b. Provider is reduced to 2-Star certification if the certified provider has any of the DFPS Deficiencies listed below (2-Star lose TRS certification).</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>CRITICAL DEFICIENCIES: Check Yes or No</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 10%;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td style="width: 15%;">747.207 (9)</td> <td>Primary Caregiver Responsibilities – Complying with Child Care Licensing Law in Chapter 42 Human Resources Code</td> </tr> <tr> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>747.1501(a)(3)</td> <td>Responsibility of Caregivers</td> </tr> <tr> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>747.207(5)</td> <td>Reporting of Suspected Abuse, Neglect and Exploitation</td> </tr> <tr> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>747.2705</td> <td>Prohibited Punishments</td> </tr> <tr> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>747.1303(2)</td> <td>Documented Director Annual Training – 30 Hours Required</td> </tr> <tr> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>747.1313(a)</td> <td>First Aid and CPR Training – Primary and Substitute Caregivers</td> </tr> <tr> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>747.1303(3)</td> <td>Training Requirements for Primary Caregiver – CPR and First Aid</td> </tr> <tr> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>747.3605(a)</td> <td>Administering Medication – How to Administer Medication</td> </tr> <tr> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>747.3605(b)</td> <td>Administering Medication</td> </tr> <tr> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>745.626</td> <td>Background Checks Requirement</td> </tr> <tr> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>745.656</td> <td>Individuals on the Texas Sex Offender Registry – Cannot Be Present at Facility</td> </tr> <tr> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>745.661</td> <td>Take Appropriate Action for Criminal Conviction or a Finding, Must Remove a Person from a Child Care Operation, and/or Requesting Risk Evaluation</td> </tr> </table> | | <input type="checkbox"/> Yes <input type="checkbox"/> No | 747.207 (9) | Primary Caregiver Responsibilities – Complying with Child Care Licensing Law in Chapter 42 Human Resources Code | <input type="checkbox"/> Yes <input type="checkbox"/> No | 747.1501(a)(3) | Responsibility of Caregivers | <input type="checkbox"/> Yes <input type="checkbox"/> No | 747.207(5) | Reporting of Suspected Abuse, Neglect and Exploitation | <input type="checkbox"/> Yes <input type="checkbox"/> No | 747.2705 | Prohibited Punishments | <input type="checkbox"/> Yes <input type="checkbox"/> No | 747.1303(2) | Documented Director Annual Training – 30 Hours Required | <input type="checkbox"/> Yes <input type="checkbox"/> No | 747.1313(a) | First Aid and CPR Training – Primary and Substitute Caregivers | <input type="checkbox"/> Yes <input type="checkbox"/> No | 747.1303(3) | Training Requirements for Primary Caregiver – CPR and First Aid | <input type="checkbox"/> Yes <input type="checkbox"/> No | 747.3605(a) | Administering Medication – How to Administer Medication | <input type="checkbox"/> Yes <input type="checkbox"/> No | 747.3605(b) | Administering Medication | <input type="checkbox"/> Yes <input type="checkbox"/> No | 745.626 | Background Checks Requirement | <input type="checkbox"/> Yes <input type="checkbox"/> No | 745.656 | Individuals on the Texas Sex Offender Registry – Cannot Be Present at Facility | <input type="checkbox"/> Yes <input type="checkbox"/> No | 745.661 | Take Appropriate Action for Criminal Conviction or a Finding, Must Remove a Person from a Child Care Operation, and/or Requesting Risk Evaluation |
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| <input type="checkbox"/> Yes <input type="checkbox"/> No | 747.1501(a)(3) | Responsibility of Caregivers | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | 747.207(5) | Reporting of Suspected Abuse, Neglect and Exploitation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | 747.2705 | Prohibited Punishments | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | 747.1303(2) | Documented Director Annual Training – 30 Hours Required | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | 747.1313(a) | First Aid and CPR Training – Primary and Substitute Caregivers | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | 747.1303(3) | Training Requirements for Primary Caregiver – CPR and First Aid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | 747.3605(a) | Administering Medication – How to Administer Medication | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | 747.3605(b) | Administering Medication | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | 745.626 | Background Checks Requirement | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | 745.656 | Individuals on the Texas Sex Offender Registry – Cannot Be Present at Facility | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | 745.661 | Take Appropriate Action for Criminal Conviction or a Finding, Must Remove a Person from a Child Care Operation, and/or Requesting Risk Evaluation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>4a1. Number of High and Medium-High Risk Deficiencies – Review 12-month licensing history. Stop process if applicant was cited for five or more deficiencies in High and Medium- High Risk standards listed below</p> | <p>4b1. Number of High and Medium-High Risk Deficiencies – Review 12-month licensing history. Provider who was cited for five or more High and Medium-High deficiencies loses a star level (2-Star lose TRS certification).</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>HIGH AND MEDIUM-HIGH RISK DEFICIENCIES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 10%;">747.207 (1)-(9)</td> <td style="width: 15%;">Primary Caregivers Responsibilities</td> </tr> <tr> <td>747.1501(c)(1)</td> <td>Responsibilities of Employees and Caregivers –Competency, Good Judgment, Self-Control</td> </tr> <tr> <td>747.1501(c)(4)</td> <td>Responsibilities of Caregivers – Supervision of Children</td> </tr> <tr> <td>747.1501(c)(5)</td> <td>Additional Responsibilities of Caregivers – Children in Control</td> </tr> <tr> <td>747.1307(e)</td> <td>Annual Training for Caregivers of Children Under 24 Months</td> </tr> <tr> <td>747.3501</td> <td>Safety – Areas Free From Hazards</td> </tr> <tr> <td>745.625</td> <td>Background Checks Requirement</td> </tr> </table> <p>----- Total number of High Risk and Medium High-Risk Deficiencies: _____</p> | | 747.207 (1)-(9) | Primary Caregivers Responsibilities | 747.1501(c)(1) | Responsibilities of Employees and Caregivers –Competency, Good Judgment, Self-Control | 747.1501(c)(4) | Responsibilities of Caregivers – Supervision of Children | 747.1501(c)(5) | Additional Responsibilities of Caregivers – Children in Control | 747.1307(e) | Annual Training for Caregivers of Children Under 24 Months | 747.3501 | Safety – Areas Free From Hazards | 745.625 | Background Checks Requirement | | | | | | | | | | | | | | | | | | | | | | |
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| 747.3501 | Safety – Areas Free From Hazards | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <p>Total number of Deficiencies: _____</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

5. Is Applicant/Provider Eligible to Continue Certification Process? Yes No

Staff Signature _____

Date _____

CHECKLIST: DOCUMENTS FOR REQUIRED MEASURES

Please make documentation available for review on-site for each of the following items:

CATEGORY 1 – DIRECTOR AND STAFF QUALIFICATIONS AND TRAINING

All Facilities

- Career Lattice Level (submitted with Self-Assessment) (S-DQT-01)
- Volunteer and Substitute Caregiver Orientation (S-COTQ-02)
- Annual Caregiver Training Plans with Certificates (S-DQT-04; S-COTQ-03-07)

All Facilities (except RCCH)

- Caregiver Orientation (S-COTQ-01)

School-Age Only Programs

- Director Training Plan with Certificates (S-DQT-03)

CATEGORY 4 – NUTRITION AND INDOOR/OUTDOOR LEARNING ENVIRONMENT

All Facilities - Nutrition

- Program Nutrition Practices (S-N-01)
- Home Lunch Practices (S-N-02)
- Menu Planning (S-N-03)
- Breastfeeding Resources Available (S-N-04)

All Facilities - Indoor/Outdoor Learning Environment

- Checklist of Cleaning and Maintenance (found in Classroom Self-Assessment) (S-ILE-01)

CATEGORY 5 – PARENT EDUCATION AND INVOLVEMENT

All Facilities

- Written Policies and Procedures for Parent Education (S-PE-01)
- Written Policy/Process for Addressing Challenging Behaviors (S-PI-02)
- Community Resources (S-PI-04)

CHECKLIST: DOCUMENTS FOR POINT-BASED MEASURES

Please make documentation available for review on-site for each of the following items you would like to have contribute to the scoring of points-based measures:

CATEGORY 1 – DIRECTOR AND STAFF QUALIFICATIONS

All Facilities: Director Formal Education and Training Worksheet

- Diploma for Highest Education Attained
- Early Childhood Credentials
- College Coursework Transcripts
- Certificates for Clock Hours
- Work Experience – Resume

All Facilities: Caregiver Education and Training Worksheet

- Diploma for Highest Education Attained
- Early Childhood Credentials
- College Coursework Transcripts
- Certificates for Clock Hours
- Work Experience – Resume

CATEGORY 3 – CURRICULUM

All Facilities

- Lesson Plans and Curriculum

CATEGORY 5 – PARENT EDUCATION AND INVOLVEMENT

All Facilities

- Parent Orientation (P-PE-01)



Facility Self-Assessment Tool

(all facilities)

Instructions: Please fill in the form at the bottom of this page. Complete the self-assessment on the following pages if you are the director or owner of a center- or home-based provider. Items on a gray background indicate measures that are required (must be “met”) to be certified Texas Rising Star at the 2-star level. Each item indicates if it is relevant for all facilities, center-based care, Licensed Child Care Homes (LCCH), Registered Child Care Homes (RCCH), or school-age only programs (skip items not relevant your provider type). Rate honestly; the results of the self-assessment do not affect the outcome of the TRS certification process.



This icon indicates when documentation must be **available for review** during an on-site assessment. Use the Document Checklist provided to collect all necessary documents. Unless otherwise indicated, these documents do **not** need to be submitted with the self-assessment.




The Facility Self-Assessment and all Classroom Self-Assessments must be submitted with the TRS application.

Provider: _____

Date: _____

DFPS Licensing #: _____








DIRECTOR QUALIFICATIONS AND TRAINING (required)

| AGE | MEASURE | MET/NOT MET |
|--|---|--|
| All facility types | <p>S-DQT-01</p> <p>DIRECTOR EDUCATION: CAREER LATTICE LEVEL</p> <p>The director assesses their education, experience and ongoing education to determine their career lattice level. Provider determines their current career lattice level, identifies how they want to progress to a higher career lattice level.</p> <p>Please review the career lattice level to answer the following questions. The career lattice can be found at TexasRisingStar.org/CareerLattice.</p> <p>a. My career lattice level is:</p> <p>b. I would like to progress to the following career lattice level:</p> <p>c. Please describe how you will reach this career lattice level:</p> <p> Career Lattice Level (submit with Self-Assessment)</p> | |
| All facility types except school-age only programs | <p>S-DQT-02</p> <p>DIRECTOR TRAINING</p> <p>* TRS Director Certification Course Similar to model of Taking Charge of Change - TCC Leadership Academy can count towards annual CCL training hour requirements *Based on availability</p> <p>Note: The TRS Director Certification Course is currently in development. Please mark N/A for this item until the course becomes available.</p> | <input type="checkbox"/> MET <input type="checkbox"/> NOT MET <input type="checkbox"/> N/A |
| School-age programs only | <p>S-DQT-03</p> <p>DIRECTOR TRAINING</p> <p>Certificates contain 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) in the director's staff file.</p> <p> Director Training Plan with Certificates</p> | <input type="checkbox"/> MET <input type="checkbox"/> NOT MET <input type="checkbox"/> N/A |
| All facility types except school-age only programs | <p>S-DQT-04</p> <p>DIRECTOR RESPONSIBILITIES</p> <p>Ensure all caregiver staff have a formal training plan.</p> <p> Annual Caregiver Training Plans with Certificates</p> | <input type="checkbox"/> MET <input type="checkbox"/> NOT MET <input type="checkbox"/> N/A |

Category 1: Director and Staff Qualifications and Training

DIRECTOR AND STAFF QUALIFICATIONS AND TRAINING

Instructions: Use the worksheet below (Part 1) to gather information for scoring Parts 2-7. Parts 2 - 5 apply to all ages except school-age only programs. Parts 6 and 7 apply to school-age only programs. See definitions on page 10.21.

| Part 1: Director Qualifications and Training FORMAL EDUCATION WORKSHEET (ALL AGES) | |
|--|--|
| Highest Education Level Achieved  <input type="checkbox"/> High School/GED <input type="checkbox"/> Associate's degree <input type="checkbox"/> Bachelor's degree <input type="checkbox"/> Master's degree <input type="checkbox"/> Doctorate | Age <input type="checkbox"/> Under 21 <input type="checkbox"/> Over 21 |
| Early Childhood Credentials  <input type="checkbox"/> Valid Child Development Associate (CDA) Credential <input type="checkbox"/> Valid Child Care Professional (CCP) Credential <input type="checkbox"/> Valid Child Care Administrator's Credential | Years of experience in ECE programs _____  Years of experience in school-age programs _____  Years of experience as a director in TRS or for a TRS-recognized nationally accredited provider _____ |
| College Coursework  _____ Number of credit hours in early childhood education _____ Number of credit hours in early childhood education _____ Number of credit hours in business management |  |
| Clock hours  _____ Number of clock hours in business management _____ Number of clock hours Infant, Toddler, and Three Year Old Early Learning Guidelines _____ Number of clock hours in Texas Pre-Kindergarten Guidelines | |

Note: When assessing clock hours, use the hire date, and calculate total for the calendar year prior to the current calendar year.

Part 2: CENTER-BASED PROVIDERS FORMAL EDUCATION SCORING (points-based) All Ages Except School-Age Only Programs

| | SCORE OF 0 | SCORE OF 1 | SCORE OF 2 | SCORE OF 3 |
|-----------|-------------------------------|---|---|--|
| P-DEQT-01 | <input type="checkbox"/> None | <input type="checkbox"/> Valid child care administrator's credential; or <input type="checkbox"/> 5 to 9 years as a director in a TRS or currently recognized nationally accredited provider | <input type="checkbox"/> Valid Child Development Credential(CDA), or Child Care Professional (CCP) Credential with 6 college credit hours in business management; or <input type="checkbox"/> 9 college credit hours in ECE and 9 credit hours in business management; or <input type="checkbox"/> 60 college credit hours with 9 college credit hours in child development and 6 college credit hours in business management; or <input type="checkbox"/> A child care administrator's certificate from a community college with at least 15 college credit hours in child development and 3 college credit hours in business management, or <input type="checkbox"/> 10 to 14 years as a director in a TRS or TRS-recognized nationally accredited provider | <input type="checkbox"/> AA/AAS in ECE or closely related field with 12 college credits in ECE and 6 credit hours in business management; or <input type="checkbox"/> At least a BA/BS with 12 hours college credit hours in ECE and 6 credit hours in business management; or <input type="checkbox"/> 15 or more years as a director in a TRS or currently recognized nationally accredited provider |

DIRECTOR AND STAFF QUALIFICATIONS AND TRAINING

Part 3: LCCH AND RCCH PROVIDERS FORMAL EDUCATION SCORING (points-based) All Ages Except School-Age Only Programs

| | SCORE OF 0 | SCORE OF 1 | SCORE OF 2 | SCORE OF 3 |
|-----------|-------------------------------|---|---|---|
| P-DEQT-02 | <input type="checkbox"/> None | <input type="checkbox"/> Valid child care administrator's credential; or <input type="checkbox"/> 5 to 9 years as a director in a TRS or currently recognized nationally accredited provider | <input type="checkbox"/> Valid Child Development Credential(CDA), or Child Care Professional (CCP) Credential with 3 college credit hours in business management; or <input type="checkbox"/> 9 college credit hours in ECE and 9 credit hours in business management; or <input type="checkbox"/> 60 college credit hours with 6 college credit hours in child development and 3 college credit hours in business management; or <input type="checkbox"/> A child care administrator's certificate from a community college with at least 15 college credit hours in child development and 3 college credit hours in business management, or <input type="checkbox"/> 72 clock hours of training in child development and 30 clock hours in business management <input type="checkbox"/> 10 to 14 years as a director in a TRS or TRS-recognized nationally accredited provider | <input type="checkbox"/> AA/AAS in ECE or closely related field with 6 college credits in ECE and 3 credit hours in business management; or <input type="checkbox"/> At least a BA/BS with 12 hours college credit hours in ECE and 3 credit hours in business management; or <input type="checkbox"/> 15 or more years as a director in a TRS or currently recognized nationally accredited provider |

Part 4: DIRECTOR EXPERIENCE (All Facilities Except School-Age Only Programs)

| | SCORE OF 0 | SCORE OF 1 | SCORE OF 2 | SCORE OF 3 |
|--------------|-------------------------------|--|--|--|
| P-DEQT-04a-b | <input type="checkbox"/> None | <input type="checkbox"/> Be at least 21 years old and 2 years of experience in early childhood | <input type="checkbox"/> Be at least 21 years old and 3 years of experience in early childhood | <input type="checkbox"/> Be at least 21 years old and 4 or more years of experience in early childhood |

Part 5: DIRECTOR TRAINING CERTIFICATES (All Facilities Except School-Age Only Programs)

| | SCORE OF 0 | SCORE OF 1 | SCORE OF 2 | SCORE OF 3 |
|-----------|-------------------------------|---|--|--|
| P-DEQT-06 | <input type="checkbox"/> None | <input type="checkbox"/> Of the 36 hours, a minimum of 6 hours is in program administration, management and supervision | <input type="checkbox"/> Of the 36 hours, a minimum of 6 hours is in program administration and 3 hours is in Infant/Toddler or Pre-K guidelines | <input type="checkbox"/> Of the 36 hours, a minimum of 6 hours is in program administration and 6 hours is in Infant/Toddler or Pre-K guidelines |

Part 6: SCHOOL-AGE ONLY PROGRAMS FORMAL EDUCATION SCORING

SCORE OF 0

SCORE OF 1

SCORE OF 2

SCORE OF 3

P-DEQT-03

None

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

AA/AAS in ECE or closely related field with 6 credit hours in business management; or

Valid CDA or CCP credential with six college credit hours in management; or

At least a BA/BS in a closely related field and 6 credit hours in business management

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

Part 7: SCHOOL-AGE ONLY PROGRAMS DIRECTOR EXPERIENCE

SCORE OF 0

SCORE OF 1

SCORE OF 2

SCORE OF 3

P-DEQT-05a-b

None

Be at least 21 years old and have 1 year of experience in afterschool child care

Be at least 21 years old and have 2 years of experience in afterschool child care

Be at least 21 years old and have 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 licensed child-care facility, registered child-care home, kindergarten 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.

Reference: 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

CAREGIVER QUALIFICATIONS, ORIENTATION, AND TRAINING (required)







| AGE | MEASURE | MET/NOT MET |
|---|--|--|
| All facility types except RCCH | <p>S-COTQ-01</p> <p>CAREGIVER ORIENTATION, 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> <ul style="list-style-type: none"> A. Texas Rising Star (TRS) program and criteria B. Policies of the facility C. An overview of the developmental needs/expectations of children in the assigned age group 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> Caregiver Orientation</p> | <input type="checkbox"/> MET <input type="checkbox"/> NOT MET <input type="checkbox"/> N/A |
| All facilities | <p>S-COTQ-02</p> <p>CAREGIVER ORIENTATION, 2 Before beginning child care duties, all volunteers and substitute caregivers are provided orientation that defines the task to which they are assigned. 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> <p> Volunteer and Substitute Caregiver Orientation</p> | <input type="checkbox"/> MET <input type="checkbox"/> NOT MET <input type="checkbox"/> N/A |
| Center-based programs serving 0-5 years | <p>S-COTQ-03</p> <p>CAREGIVER STAFF TRAINING The plan provides for a minimum of 30 clock hours of child care related training specific to the age of children in their care.</p> <p> Annual Caregiver Training Plans with Certificates</p> | <input type="checkbox"/> MET <input type="checkbox"/> NOT MET <input type="checkbox"/> N/A |
| School-age Only Programs | <p>S-COTQ-04</p> <p>FULL -TIME CAREGIVER STAFF TRAINING 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.</p> <p> Annual Caregiver Training Plans with Certificates</p> | <input type="checkbox"/> MET <input type="checkbox"/> NOT MET <input type="checkbox"/> N/A |







CAREGIVER QUALIFICATIONS, ORIENTATION, AND TRAINING (required)

| AGE | MEASURE | MET/NOT MET |
|-------------------------------|--|---|
| School-age Only Programs | <p data-bbox="217 338 245 474">S-COTQ-05</p> <p data-bbox="272 338 1235 447">PART-TIME CAREGIVER STAFF TRAINING 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.</p> <p data-bbox="272 527 997 579"> Annual Caregiver Training Plans with Certificates</p> | <p data-bbox="1328 338 1414 369"><input type="checkbox"/> MET</p> <p data-bbox="1328 390 1468 422"><input type="checkbox"/> NOT MET</p> <p data-bbox="1328 443 1414 474"><input type="checkbox"/> N/A</p> |
| All facilities | <p data-bbox="217 667 245 804">S-COTQ-06</p> <p data-bbox="272 667 1062 751">CAREGIVER STAFF TRAINING All child care staff participates in training according to the approved plan. The training certificates do align to the individualized written training plan.</p> <p data-bbox="272 793 997 846"> Annual Caregiver Training Plans with Certificates</p> | <p data-bbox="1328 667 1414 699"><input type="checkbox"/> MET</p> <p data-bbox="1328 720 1468 751"><input type="checkbox"/> NOT MET</p> |
| RCCH and LCCH Facilities Only | <p data-bbox="217 947 245 1083">S-COTQ-07</p> <p data-bbox="272 947 1252 1031">CAREGIVER STAFF TRAINING Primary Caregiver has 36 hours of documented training, with a minimum of 12 clock hours of instructor -led training.</p> <p data-bbox="272 1052 997 1104"> Annual Caregiver Training Plans with Certificates</p> | <p data-bbox="1328 947 1414 978"><input type="checkbox"/> MET</p> <p data-bbox="1328 999 1468 1031"><input type="checkbox"/> NOT MET</p> <p data-bbox="1328 1052 1414 1083"><input type="checkbox"/> N/A</p> |
| LCCH Facilities Only | <p data-bbox="217 1234 245 1371">S-COTQ-08</p> <p data-bbox="272 1234 1240 1318">CAREGIVER STAFF TRAINING 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).</p> <p data-bbox="272 1346 363 1377">NOTES</p> | <p data-bbox="1328 1234 1414 1266"><input type="checkbox"/> MET</p> <p data-bbox="1328 1287 1468 1318"><input type="checkbox"/> NOT MET</p> <p data-bbox="1328 1339 1414 1371"><input type="checkbox"/> N/A</p> |

CAREGIVER QUALIFICATIONS, ORIENTATION, AND TRAINING (point-based)

Complete one worksheet for each caregiver. For additional worksheets, make copies or download at www.TexasRisingStar.org.

| Part 1: CAREGIVER QUALIFICATIONS AND TRAINING WORKSHEET | |
|---|--|
| Caregiver Name: _____ | |
| Highest Education Level Achieved  <input type="checkbox"/> High School/GED <input type="checkbox"/> Associate's degree <input type="checkbox"/> Bachelor's degree <input type="checkbox"/> Master's degree <input type="checkbox"/> Doctorate | Age <input type="checkbox"/> Under 21 <input type="checkbox"/> Over 21 Completion of orientation <input type="checkbox"/>  |
| Early Childhood Credentials  <input type="checkbox"/> Valid Child Development Associate (CDA) Credential <input type="checkbox"/> Valid Child Care Professional (CCP) Credential <input type="checkbox"/> Valid Child Care Administrator's Credential | Years of experience ____  |
| College Coursework  ____ Number of credit hours in early childhood education ____ Number of credit hours in early childhood education ____ Number of credit hours in business management | Note: When assessing clock hours, use the hire date, and calculate total for the calendar year prior to the current calendar year. |
| Clock hours  ____ Number of clock hours in business management ____ Number of clock hours in child care related training ____ Number of clock hours Infant, Toddler, and Three Year Old Early Learning Guidelines ____ Number of clock hours in Texas Pre-Kindergarten Guidelines | |





| Part 1: CAREGIVER QUALIFICATIONS AND TRAINING WORKSHEET | |
|---|--|
| Caregiver Name: _____ | |
| Highest Education Level Achieved  <input type="checkbox"/> High School/GED <input type="checkbox"/> Associate's degree <input type="checkbox"/> Bachelor's degree <input type="checkbox"/> Master's degree <input type="checkbox"/> Doctorate | Age <input type="checkbox"/> Under 21 <input type="checkbox"/> Over 21 Completion of orientation <input type="checkbox"/>  |
| Early Childhood Credentials  <input type="checkbox"/> Valid Child Development Associate (CDA) Credential <input type="checkbox"/> Valid Child Care Professional (CCP) Credential <input type="checkbox"/> Valid Child Care Administrator's Credential | Years of experience ____  |
| College Coursework  ____ Number of credit hours in early childhood education ____ Number of credit hours in early childhood education ____ Number of credit hours in business management | Note: When assessing clock hours, use the hire date, and calculate total for the calendar year prior to the current calendar year. |
| Clock hours  ____ Number of clock hours in business management ____ Number of clock hours in child care related training ____ Number of clock hours Infant, Toddler, and Three Year Old Early Learning Guidelines ____ Number of clock hours in Texas Pre-Kindergarten Guidelines | |

CAREGIVER QUALIFICATIONS AND TRAINING (points-based)

| AGE | MEASURE | SCORING |
|--|---|--|
| All facilities except school-age only programs | <p>P-CQT-01 CAREGIVER QUALIFICATIONS Not counting the center director, full-time caregiver staff must meet one 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 B. Have a Certified Child Care Professional (CCP) credential, OR 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 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 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 F. Have a Bachelor’s or Associate’s degree in early childhood development or related field.</p> | <p>Scoring: # of caregivers who meet one of the qualifications, divided by total number of caregivers, x 100 = % of staff.</p> <p><input type="checkbox"/> 0=Provider meets less than 30% of staff <input type="checkbox"/> 1= Provider meets 30% of staff <input type="checkbox"/> 2= Provider meets more than 50% but less than 75% of staff <input type="checkbox"/> 3= Provider meets 75% or better of staff</p> |
| | <p>P-CQT-03 CAREGIVER STAFF TRAINING Caregiver training topics are aligned with core competencies</p> | <p>Scoring: # of training topics aligned with core competencies, divided by total number of training topics, x 100 = % of training aligned.</p> <p><input type="checkbox"/> 0= Less than 50% of the training is aligned with core competencies <input type="checkbox"/> 1= 50% of the training topics aligned with core competencies <input type="checkbox"/> 2= 65% of the training topics aligned with core competencies <input type="checkbox"/> 3= 80% of the training topics aligned with core competencies</p> |
| School-age Only Programs | <p>P-CQT-02 CAREGIVER QUALIFICATIONS Not counting the center director, all caregiver staff must meet one 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 B. Have successfully completed twelve college credit hours at an accredited university; or C. Have two years paid experience in a school-age program; or D. Have two years paid experience working with children in a licensed program; or 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 F. Have a Bachelor’s or Associate’s degree in early childhood development or related field.</p> | <p>Scoring: # of caregivers who meet one of the qualifications, divided by total number of caregivers, x 100 = % of staff.</p> <p><input type="checkbox"/> 0=Provider meets <30% of staff <input type="checkbox"/> 1= Provider meets 30% of staff <input type="checkbox"/> 2= Provider meets more than 50% but less than 75% of staff <input type="checkbox"/> 3= Provider meets 75% or better of staff</p> |


Category 4: Nutrition and Indoor/Outdoor Environment

NUTRITION (required measures)

| AGE | MEASURE | MET/NOT MET |
|--------------------------|--|--|
| All ages, as appropriate | <p>S-N-01</p> <p>PROGRAM PRACTICES</p> <p>Written policies include the following:</p> <p>a) liquids and food hotter than 110 degrees F are kept out of reach.</p> <p>b) Staff are educated on food allergies and they take precautions to ensure children are protected.</p> <p>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.</p> <p>d) that healthy snacks (as listed by the Texas Department of Agriculture) are available for school aged children as students arrive.</p> <p>e) that staff do not reward good behavior or clean plate with foods of any kind</p> <p>f) that, on days that providers serve meals, milk, fresh fruit and vegetables are available for children who bring lunches from home.</p> <p> Program Nutrition Practices</p> | <input type="checkbox"/> MET <input type="checkbox"/> NOT MET |
| | <p>S-N-02</p> <p>HOME LUNCH PRACTICES</p> <p>a) Include in written policies/procedures to ensure the safety of food brought from home, including refrigeration or other means to maintain appropriate temperatures.</p> <p>b) Programs have policies in place outlining strategies to educate children and their parents on nutrition.</p> <p>c) Programs provide parents with information about foods that may cause allergic reactions.</p> <p>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.</p> <p> Home Lunch Practices</p> | <input type="checkbox"/> MET <input type="checkbox"/> NOT MET |
| | <p>S-N-03</p> <p>MENU PLANNING</p> <p>The provider documents one of the following options:</p> <p>A. 12 months of menus that have been reviewed and approved by:</p> <p>A1. a dietitian licensed by the Texas State Board of Examiners of Dietitians (http://www.dshs.state.tx.us/dietitian/dt_roster.shtm)</p> <p>A2.a certified child care health consultant (healthy child care Texas); OR</p> <p>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</p> <p>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 processed items; and foods that meet the Dietary Guidelines for Americans guidelines established by the USDA. Sample menus must be provided. OR</p> <p>C. The Provider is participating in and in good standing with Child and Adult Care Food Program (CACFP).</p> <p> Menu Planning</p> | <input type="checkbox"/> MET <input type="checkbox"/> NOT MET |
| Infants | <p>S-N-04</p> <p>BREASTFEEDING EDUCATION</p> <p>Policies specify that, upon request, a compilation of breastfeeding education and support resources in the community is provided to parents.</p> <p> Breastfeeding Resources Available</p> | <input type="checkbox"/> MET <input type="checkbox"/> NOT MET |


Category 5: Parent Education and Involvement

PARENT EDUCATION (required)

| AGE | MEASURE | MET/NOT MET |
|--------------------|--|--|
| All facility types | <p>S-PE-01</p> <p>Parents are provided with written policies and procedures which include:</p> <ul style="list-style-type: none"> - Program philosophy and goal - Curriculum goals - Admission procedures - Family participation - Drop off/pick up procedures - Parent conferences - Fee structure - Late payments and refund information - Absences - Clothing guidelines - Inclement weather policy - Separation procedures - Nutrition standards used for menu planning - Physical activity and screen time policies - Procedure in place to allow parents to update contact information at all times without staff assistance <p>Policies are reviewed annually and updated if necessary.</p> <p> Parent Orientation</p> | <input type="checkbox"/> MET <input type="checkbox"/> NOT MET |
| | <p>S-PE-02</p> <p>The program has systems in place for communication between the facility and parents, which may include emailing or phone calls.</p> <p>Please describe these systems below:</p> | |
| | <p>S-PE-03</p> <p>A designated area is maintained where daily activity schedules, menus and other important notices are available to parents.</p> | <input type="checkbox"/> MET <input type="checkbox"/> NOT MET |

Category 5: Parent Education and Involvement

PARENT EDUCATION (points-based)



| AGE | MEASURE | SCORING |
|--------------------|---|--|
| All facility types | <p>P-PE-01</p> <p>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> <ul style="list-style-type: none"> <input type="checkbox"/> Tour of the facility <input type="checkbox"/> Introduction to teaching staff <input type="checkbox"/> Parent visit with the classroom teacher <input type="checkbox"/> Overview of parent handbook <input type="checkbox"/> Policy for arrival & late arrival <input type="checkbox"/> Opportunity for an extended visit in the classroom by both parent and child for a period of time to allow both to be comfortable <input type="checkbox"/> An explanation of Texas Rising Star Quality Certification is provided. <input type="checkbox"/> Encourage parents to inform the center/provider of any elements related to their CCS enrollment that the provider may be of assistance. <input type="checkbox"/> An overview of family support resources and activities in the community* <input type="checkbox"/> Child development and developmental milestones provided. <p>Expectations of the family:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Parents are informed of the significance of consistent arrival time: <ul style="list-style-type: none"> -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. <input type="checkbox"/> 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. <input type="checkbox"/> Statement reflecting the role and influence of families. <p> Parent Orientation</p> | <p>___ out of 13 items present in orientation.</p> <p>Score: _____</p> <p>0=Fewer than 50% (0-6 met) of the elements are included in the orientation.</p> <p>1= 50% (at least 7 met) of the elements are included in the orientation</p> <p>2= 65% (at least 9 met) of the elements are included in the orientation</p> <p>3= 85% (at least 11 met) of the elements are included in the orientation</p> |
| | <p>P-PE-02</p> <p>The provider provides families with opportunities to better understand the child's growth and development.</p> <p>Please describe these opportunities below:</p> | |

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

*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 (required)

| AGE | MEASURE | MET/NOT MET |
|--------------------|--|--|
| All facility types | <p>S-PI-02</p> <p>Director/Parent/Teacher Collaboration Regarding Challenging Behavior.</p> <p>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> Written Policy/Process for Addressing Challenging Behaviors</p> | <input type="checkbox"/> MET <input type="checkbox"/> NOT MET |
| | <p>S-PI-03</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>Please describe process for working with parents:</p> | <input type="checkbox"/> MET <input type="checkbox"/> NOT MET |
| | <p>S-PI-04</p> <p>Introduction to community resources available to the parent/family.</p> <p> Community Resources</p> | <input type="checkbox"/> MET <input type="checkbox"/> NOT MET |

Category 5: Parent Education and Involvement

PARENT INVOLVEMENT (points-based)

| AGE | MEASURE | SCORE 0 | SCORE 1 | SCORE 2 | SCORE 3 | |
|--------------------|---|--|--|---|--|---|
| All facility types | P-PI-01 | Parents have structured opportunities to provide input that may influence the program. | <input type="checkbox"/> Not met | <input type="checkbox"/> Director seeks out parent suggestions either verbally or written and can provide evidence. | <input type="checkbox"/> The center/home has an on-going process to receive and review suggestions and recommendations from the parents (e.g. suggestions box, parent meetings). | <input type="checkbox"/> Parents are offered an annual written evaluation and/or survey. Suggestions and evaluation results are integrated into the program operation when applicable. |
| | | NOTES _____ | | | | |
| | P-PI-02 | Parent/teacher conferences are held. Conferences can be held in person or by phone. | <input type="checkbox"/> Not met | <input type="checkbox"/> Parent Teacher conferences are available upon parent request. | <input type="checkbox"/> 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. | <input type="checkbox"/> 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. |
| | NOTES _____ | | | | | |
| P-PI-03 | Parents are invited to participate in program related activities. | <input type="checkbox"/> Not met | <input type="checkbox"/> Parents are invited and encouraged to attend one event annually which may include birthdays, holidays, or other special occasion. | <input type="checkbox"/> Parents are invited and encouraged to attend two events, special occasions or other program related activities annually. | <input type="checkbox"/> Parents are invited and encouraged to attend 3 or more events, special occasions, parent meetings, support group or other program-related activities. | |
| | NOTES _____ | | | | | |



Classroom Self-Assessment Tool (all ages)

Instructions: Please fill in the form at the bottom of this page. Complete the self-assessment on the following pages if you are the lead teacher or sole caregiver in your classroom or home. Use the charts provided to score on the group size and staff ratio items. The remaining items ask you to rate yourself and your classroom using a scale of never, rarely, sometimes, and often. The far left column indicates the relevant age groups for each item (skip items not relevant to the age group of your classroom). Rate honestly; the results of the self-assessment do not affect the outcome of the TRS certification process.



This icon indicates when documentation must be **available for review** during an on-site assessment. Use the Document Checklist provided to collect all necessary documents. Unless otherwise indicated, these documents do **not** need to be submitted with the self-assessment.

Provider: _____

Date: _____

DFPS Licensing #: _____

Teacher Name: _____

Classroom Age Group: _____

Category 2: Caregiver-Child Interactions

GROUP SIZE: AGE RELATED GROUPS (non-mixed ages)

| AGE GROUP | MAXIMUM GROUP SIZE | GROUP SIZE | MET / NOT MET |
|------------|--------------------|------------|---------------|
| 0-11 mo | 10 | | |
| 12-17 mo | 12 | | |
| 18-23 mo | 14 | | |
| 24-35 mo | 14 | | |
| 3 years | 18 | | |
| 4 years | 21 | | |
| 5 years | 25 | | |
| 6-8 years | 25 | | |
| 9-12 years | 30 | | |

Note: The above group sizes apply to center and school-based care only. Licensed and Registered Childcare Homes must meet minimum licensing standards for group size.

GROUP SIZE: MIXED-AGE GROUPS

| AGE GROUP | MAXIMUM GROUP SIZE | GROUP SIZE | MET / NOT MET |
|------------|--------------------|------------|---------------|
| 0-17 mo | 10 | | |
| 13-23 mo | 12 | | |
| 2-3 years | 16 | | |
| 3-4 years | 18 | | |
| 3-5 years | 18 | | |
| 4-5 years | 21 | | |
| 5-8 years | 25 | | |
| 9-12 years | 30 | | |

Note: The above group sizes apply to center and school-based care only. Licensed and Registered Childcare Homes must meet minimum licensing standards for group size.

STAFF RATIOS (points-based)

| AGE GROUP | NUMBER OF CAREGIVERS | NUMBER OF CHILDREN | SCORE |
|------------|----------------------|--------------------|-------|
| 0-11 mo | | | |
| 12-17 mo | | | |
| 18-23 mo | | | |
| 2 years | | | |
| 3 years | | | |
| 4 years | | | |
| 5 years | | | |
| 6-8 years | | | |
| 9-13 years | | | |

SCORING GUIDELINES

| AGE GROUP | SCORE: 0 | SCORE: 1 | SCORE: 2 | SCORE: 3 |
|------------|-------------|-----------------------------|----------|----------|
| 0-11 mo | 2:10 | <i>No additional points</i> | 2:9 | 1:4 |
| 12-17 mo | 1:5 or 2:13 | <i>No additional points</i> | 2:9 | 1:4 |
| 18-23 mo | 1:9 | 1:7 | 1:6 | 1:4 |
| 2 years | 1:11 | 1:9 | 1:8 | 1:6 |
| 3 years | 1:15 | 1:12 | 1:11 | 1:9 |
| 4 years | 1:18 | 1:14 | 1:12 | 1:10 |
| 5 years | 1:22 | 1:16 | 1:13 | 1:10 |
| 6-8 years | 1:26 | 1:19 | 1:16 | 1:12 |
| 9-13 years | 1:26 | 1:19 | 1:16 | 1:12 |

Note: The above staff ratio measures do not apply to Licensed and Registered Homes.

Category 2: Caregiver-Child Interactions
WARM AND RESPONSIVE STYLE

| AGE | MEASURE | NEVER | RARELY | SOMETIMES | OFTEN |
|----------|---|-------|--------|-----------|-------|
| All ages | P-WRS-01 <i>Provides physical and emotional security (creates a warm, safe, and nurturing environment.)</i> | | | | |
| | P-WRS-02 <i>Uses frequent positive nonverbal behaviors to increase feelings of acceptance</i> | | | | |
| | P-WRS-03 <i>Has a patient, relaxed style that helps maintain calmness in the classroom</i> | | | | |
| | P-WRS-04 <i>Notices and attends to children’s needs and signals (i.e., very few missed signals)</i> | | | | |
| | P-WRS-05 <i>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.)</i> | | | | |
| | P-WRS-06 <i>Shows flexibility and an ability to adjust one’s own behavior to meet the needs, interests, and abilities of individual/groups of children</i> | | | | |

Category 2: Caregiver-Child Interactions

LANGUAGE FACILITATION AND SUPPORT

| AGE | MEASURE | NEVER | RARELY | SOMETIMES | OFTEN |
|----------|----------|---|--------|-----------|-------|
| All ages | P-LFS-01 | Listens to children attentively and responds appropriately to their language, vocalizations, and non-verbal attempts at communication. | | | |
| | P-LFS-02 | Uses positive verbal responses and encouragement to provide reinforcement or acknowledge positive behavior/ accomplishments | | | |
| | P-LFS-03 | Uses language to add meaning/expand on child(ren)'s interests or agenda | | | |
| | P-LFS-04 | Communicates with children throughout the day (in whole group activities, small groups, mealtimes, outdoor play.) | | | |
| | P-LFS-05 | 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]") | | | |
| | P-LFS-06 | Provides children with frequent opportunities to talk with caregivers throughout the day (small group, whole group, outdoor play, mealtimes. | | | |
| | P-LFS-07 | Allows children time to respond to questions before providing the answer or asking another question. | | | |
| | P-LFS-08 | 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 | | | |
| | P-LFS-09 | Expands on children's understanding or initiation by elaborating on what children say or draw attention to | | | |
| | P-LFS-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.") | | | |

Category 2: Caregiver-Child Interactions

PLAY-BASED INTERACTIONS AND GUIDANCE

| AGE | MEASURE | NEVER | RARELY | SOMETIMES | OFTEN |
|----------|---|-------|--------|-----------|-------|
| All ages | P-PBIG-01 Supports a playful attitude on an ongoing basis by creating opportunities for children to makebelieve , make choices, and adjust activities to their own interests | | | | |
| | P-PBIG-02 Participates and expands on play initiated by children to reinforce language, ideas, and social development | | | | |
| | P-PBIG-03 Provides guidance when children are working to complete a task/play rather than using overly directive strategies | | | | |

Category 2: Caregiver-Child Interactions
SUPPORT FOR CHILDREN’S REGULATION

| AGE | MEASURE | NEVER | RARELY | SOMETIMES | OFTEN |
|------------------------------------|--|-------|--------|-----------|-------|
| Toddler, Preschool, and School Age | P-SCR-01 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.) | | | | |
| | P-SCR-02 Providing children with short explanations that help them understand why they are feeling a certain way | | | | |
| | P-SCR-03 Explains logical consequences for behaviors rather providing arbitrary consequences | | | | |
| | P-SCR-04 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). | | | | |
| | P-SCR-05 Demonstrates flexibility and tolerance for minor mishaps and misbehaviors | | | | |
| | P-SCR-06 Recognizes rising tensions and helps children understand the logical consequences of their actions before problem behaviors occur <input type="checkbox"/> N/A | | | | |
| | P-SCR-07 Assists children when needed in their communications and interactions with peers <input type="checkbox"/> N/A | | | | |
| Preschool and School Age | P-SCR-08 Supports students efforts to ask questions, offer ideas, and openly discuss with the teacher. | | | | |

Category 3: Curriculum

LESSON PLANS AND CURRICULUM

Compliance Notes: The Curriculum Plan 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.

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.



Lesson plans and curriculum must be made available for review during an on-site assessment.

| AGE | MEASURE | KEY EVIDENCE | NEVER | RARELY | SOMETIMES | OFTEN | |
|----------------------|----------|---|--|--------|-----------|-------|--|
| Infants and Toddlers | P-LPC-01 | <i>Health and Well-being Domain</i> | Activities to promote health and well-being (personal safety and health, hygiene, health nutrition and wellness) are well described with information on how to encourage involvement so that children can be successful. | | | | |
| | P-LPC-02 | <i>Social and Emotional Development</i> | 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 and toddlers. | | | | |
| | P-LPC-03 | <i>Language and Communication Development</i> | 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. | | | | |
| | P-LPC-04 | <i>Cognitive Development</i> | 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. | | | | |

LESSON PLANS AND CURRICULUM

| AGE | MEASURE | KEY EVIDENCE | NEVER | RARELY | SOMETIMES | OFTEN | |
|-----------|----------|-------------------------------------|--|--------|-----------|-------|--|
| Preschool | P-LPC-05 | <i>Social and Emotional</i> | 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. | | | | |
| | P-LPC-06 | <i>Language and Communication</i> | 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. | | | | |
| | P-LPC-07 | <i>Emergent Literacy – Reading</i> | Activities for phonological awareness, print knowledge, and letter sound relations engaging children’s interests and involvement | | | | |
| | P-LPC-08 | <i>Emergent Literacy- Writing</i> | 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 | | | | |
| | P-LPC-09 | <i>Mathematics</i> | Activities for mathematics, in line with each child’s level of development in this area, engaging children’s interests and involvement | | | | |
| | P-LPC-10 | <i>Science</i> | Activities for science skill development in line with each child’s level of development in this area, engaging children’s interests and involvement | | | | |
| | P-LPC-11 | <i>Social Studies</i> | Activities for the development of social studies knowledge about people, their environment, various cultures, community building, and citizenship. | | | | |
| | P-LPC-12 | <i>Fine Arts</i> | Activities for the development of fine arts skills that include art, music and/or dramatic expression for engaging children’s interests and involvement | | | | |
| | P-LPC-13 | <i>Health and Well-being Domain</i> | Activities to promote health and well-being (personal safety and health, hygiene, nutrition, and wellness) are well described with information on how to encourage involvement so that children can be successful. | | | | |

LESSON PLANS AND CURRICULUM

| AGE | MEASURE | KEY EVIDENCE | NEVER | RARELY | SOMETIMES | OFTEN |
|-----------|--|--|-------|--------|-----------|-------|
| Preschool | P-LPC-14 <i>Technology</i> | 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 | | | | |
| All ages | P-LPC-15 <i>Physical Activity and Motor Development</i> | Activities appropriate for infants, toddlers, preschool, and school-age children that support teachers and staff to promote physical health, activity, and motor development for engaging children’s interests and involvement. | | | | |

Category 3: Curriculum

PLANNING FOR SPECIAL NEEDS & RESPECTING DIVERSITY

The curriculum/lesson plan includes consideration for differences in children’s language, special needs, and culture.

| AGE | MEASURE | KEY EVIDENCE | NEVER | RARELY | SOMETIMES | OFTEN |
|----------|---|---|-------|--------|-----------|-------|
| All ages | P-PSNRD-01 <i>Consideration for children in a Bilingual/ESL program.</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. <input type="checkbox"/> N/A | | | | |
| | P-PSNRD-02 <i>Consideration for students with disabilities</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. <input type="checkbox"/> N/A | | | | |
| | P-PSNRD-03 <i>Consideration for students from culturally diverse backgrounds</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, celebrations, foods) <input type="checkbox"/> N/A | | | | |

INSTRUCTIONAL FORMATS AND APPROACHES TO LEARNING

| AGE | MEASURE | NEVER | RARELY | SOMETIMES | OFTEN |
|----------|--|-------|--------|-----------|-------|
| All Ages | P-IFAL-01 <i>Staff supports learning through encouraging hands-on manipulation of real objects (e.g., books, puzzles, toys, etc.)</i> | | | | |
| | P-IFAL-02 Intentional instructional activities that are both teacher and child initiated are balanced throughout the planned daily activities | | | | |
| | P-IFAL-03 Routine and transition times are used as opportunities for incidental learning. | | | | |
| | P-IFAL-04 Transition times are planned to avoid frequent disruption of children’s activities and long waits between activities | | | | |
| | P-IFAL-05 Repeated exposure of a new concept (e.g. vocabulary word) in different learning contexts (e.g. lunch, circle time, outdoors) across the day. | | | | |
| | P-IFAL-06 <i>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> | | | | |


Category 4: Nutrition and Indoor/Outdoor Environment

NUTRITION (points-based measures)

| AGE | MEASURE | NEVER | RARELY | SOMETIMES | OFTEN |
|-----------------------|---|-------|--------|-----------|-------|
| All Ages | P-N-01 Items to Observe: Yes/No Indicators -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 | | | | |
| Toddler and Older | P-N-02 Caregivers model appropriate dining etiquette. | | | | |
| Infants (0-12 Months) | P-N-03 Infants are held (if developmentally appropriate) and talked to in reassuring tones while bottle fed. | | | | |
| Infants (0-17 Months) | P-N-04 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 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 | | | | |
| Toddler and Older | P-N-05 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. | | | | |
| Preschool | P-N-05 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. | | | | |

Category 4: Nutrition and Indoor/Outdoor Environment

INDOOR LEARNING ENVIRONMENT (required measures)

| AGE | MEASURE | NOTES | MET/NOT MET |
|------------|--|---|--|
| All ages | <p>S-ILE-01</p> <ol style="list-style-type: none"> Indoor environment is arranged to facilitate a distinct division of active and quiet spaces Nap/rest space is conducive for children to relax, rest or sleep as appropriate for the ages and abilities of children Indoor environment includes space where children can play protected from interference by other children, yet be supervised by the caregiver 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 a safe and sanitary environment for children. Equipment/materials are readily available and adapted to allow for equal participation by all children. |  <p>Checklist of Cleaning and Maintenance</p> | <input type="checkbox"/> MET <input type="checkbox"/> NOT MET |
| Infants | <p>S-ILE-02</p> <ol style="list-style-type: none"> Indoor environment includes sufficient quantity of sleeping, diapering and feeding equipment to accommodate the number of children served Indoor environment includes sufficient space to allow for different kinds of experiences such as tummy time, active play, quiet play, and messy play Diapering areas include items that enhance cognitive and communication skills such as mobiles or colorful hanging objects Indoor environment includes space and equipment where caregivers and mothers can sit comfortably and hold infants while feeding or breast feeding | | <input type="checkbox"/> MET <input type="checkbox"/> NOT MET |
| School Age | <p>S-ILE-03</p> <p>Indoor environment is arranged to include a quiet place with age appropriate tables, chairs and appropriate lighting to facilitate completion of homework.</p> | | <input type="checkbox"/> MET <input type="checkbox"/> NOT MET |

Category 4: Nutrition and Indoor/Outdoor Environment

INDOOR LEARNING ENVIRONMENT (points-based)

| AGE | MEASURE | NEVER | RARELY | SOMETIMES | OFTEN |
|----------|---|-------|--------|-----------|-------|
| All ages | P-ILE-01 <i>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</i> | | | | |
| | P-ILE-02 <i>Equipment/ materials portray people in a manner that is nonstereotypical and culturally sensitive</i> | | | | |
| | P-ILE-03 <i>Developmentally appropriate visual caregiver- and children-created materials are displayed at children's eye level</i> | | | | |
| | P-ILE-04 <i>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</i> | | | | |
| | P-ILE-05 <i>Equipment/materials encourage hands on manipulation of real objects</i> | | | | |
| | P-ILE-06 <i>Equipment/materials facilitate social interaction and experiencing the environment through all five sense</i> | | | | |

Category 4: Nutrition and Indoor/Outdoor Environment

OUTDOOR LEARNING ENVIRONMENT (points-based)

Note: The outdoor learning items below are not meant to measure what the facility offers, but rather how each classroom (based on its age group) utilizes the outdoor space.

| AGE | MEASURE | NEVER | RARELY | SOMETIMES | OFTEN |
|----------|--|-------|--------|-----------|-------|
| All ages | P-OLE-01 <i>Outdoor environment and activities are linked to and reinforce indoor learning.</i> | | | | |
| | P-OLE-02 <i>The outdoor environment provides children with the opportunity to care for living things and appreciate nature/beauty</i> | | | | |
| | P-OLE-03 <i>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</i> | | | | |
| | P-OLE-04 <i>Natural outdoor environment supports social emotional development including but not limited to areas that invite social gatherings, tummy time, dramatic play, group games, music and movement, and spaces for quiet and calm activities</i> | | | | |
| Infants | P-OLE-05 <i>Outdoor equipment/materials encourage infants to experience the environment through all five senses</i> | | | | |

GLOSSARY OF TERMS

| TERM | DEFINITION |
|--------------------------------------|---|
| Accessible | Materials and supplies that are used by the children are located so that the children can get to them with minimum all adult assistance. |
| Activities | Planned procedures that are designed to stimulate the learning process through an environment that promotes growth and learning through hands-on experience; may be grouped into categories such as age, recreation, education, creativity, indoor/outdoor, quiet/active, individual/small group/large group, teacher/child initiated and routine activity. |
| Activity space (indoor and outdoor) | A space with materials and/or equipment where a child can work or play. |
| Affective development | Pertains to the emergence of the emotional capacity to experience, recognize, and express a range of emotions and to adequately respond to emotional cues in others. |
| Assessment Record Form | The forms used by TRS staff to assess a provider's facility and program to determine the level at which a provider may be certified. |
| Assurances | Prerequisites that must be met by a provider before the assessment process can begin. |
| Caregiver | A person whose duties include the supervision, guidance, and protection of a child in a child care setting. In the TRS guidelines, this person also meets the requirements of child care licensing. |
| Caregiver-child Interactions | What happens between children and caregivers, including caregiver's expressions of respect for and affection towards children; caregivers speaking to children in a friendly, positive, courteous manner; caregivers treating children with respect and consideration regardless of ethnicity, religion or culture; caregivers encouraging cooperation and other positive social behavior among children. |
| Caregiver conversation with children | Caregiver availability and responsiveness to children, encouraging children to share experiences, ideas and feelings with other children and adults, by asking open-ended questions: caregivers listen to children with attention and respect. |
| Child Development | The social and emotional, linguistic, cognitive, perceptual, and motor changes and growth that occur between birth and the end of adolescence. Individuals develop at different rates and in a variety of ways, but usually in a predictable sequence. |
| Circle time | Circle time refers to any early childhood activity in which a small or large group of children are asked to come together for an activity, such as read aloud, songs, or other learning. |
| Cloth books | This is a type of book printed on fabric. These books are designed for infants and young children because they stimulate their sense of touch and cannot be ripped. |
| Cognitive development | Children's cognitive development is a broad term that includes the ability to focus attention, process information, understand concepts, remember, perceive and compare objects or ideas, and figure out how to solve problems. |
| Community Resource | Services available to people in a geographic area that improve the quality of life. |

| | |
|--------------------------------------|--|
| Cues | Different expressions, cries, noises, hand movements, and gestures, and body postures infants and toddlers use to communicate. |
| Culture | Behaviors, beliefs, ideas, and values that are characteristic of a particular social, ethnic, or age group. |
| Curriculum | A blueprint for planning and implementing an early childhood program. It addresses all aspects of child development and of building partnerships with families. |
| Daily activities | A written agenda or list of the daily activities (both those led by the caregiver and those selected by the child) and the times they will be performed. Caregivers allow for flexibility and the needs of individual children when developing the activities. The schedule of activities should be posted in a place where both children and parents can see it. |
| Developmental domains | A term that refers to the specific aspects of growth and change. Major domains of development include social and emotional, physical, language and cognitive. |
| Developmentally Appropriate | A term describing a set of principles and guidelines for best practice in the care and education of young children from birth through age eight. It is grounded both in the research on how young children develop and learn and in what is known about education effectiveness. The principles and guidelines outline practice that promotes young children's optimal learning and development. |
| Developmentally Appropriate Practice | Teaching young children in ways that meet children where they are, as individuals and as a group, and help each child reach challenging and achievable goals that contribute to his or her ongoing development and learning. |
| Diapering Area Items | Items that stimulate a child's cognitive development, such as bright moving mobiles or mirrors hung over the diapering table, or communication skills, such as a music box or tape player with children's songs; to be accompanied by soothing conversation from the caregiver discussing the items, singing with the music or otherwise drawing the child's attention to the items. |
| Directors | Professionals who are responsible for planning, managing, implementing, and evaluating early childhood programs. |
| Diversity | Inclusion of people with differences that are based on race, religion, culture, or socioeconomic status. |
| Diversity of family styles | The variety of family styles represented by the children in care in a specific facility. |
| Dramatic play | A type of play in which one or more children act out roles, feelings and situations, often using props and manipulatives to represent real-life objects and situations. |
| Dual Language Learner | Children who are still learning and developing strong language skills in their native language in addition to learning how to speak, read and write in English. |
| Early care and education | The profession in which all early childhood educators, staff, and colleagues work. |
| Emergent literacy activities | Literacy includes the ability to read and write. These terms refer to pre-reading or beginning reading, as well as pre-writing or beginning writing activities, such as learning to identify letters and sounds, or scribbling on paper to imitate writing. |
| Environment/setting | The environment or setting refers to materials and organization of the classroom or home that are designed to provide appropriate opportunities for stimulation and learning. |

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| Equipment and materials | Includes but is not limited to, books, art materials, music materials, manipulative materials, blocks and block accessories, dramatic play materials, homemaking materials and dolls, science materials, climbing equipment, outdoor sand and water supplies and materials. |
| Equipment and materials rotation | Replacement of equipment and materials in an interest area with similar but different materials as children show lessening interest, or as planned activities change. Rotation of equipment stimulates children's interest, prevents boredom and encourages children's exploration. Materials can be rotated from storage or between rooms. |
| Evaluates | To determine the significance or worth through careful appraisal or study. |
| Evidence-Based Practice | Approaches and techniques supported by research findings and/or demonstrated to be effective through examination of and reflection on current and past practices. |
| Eye-hand coordination | The coordinated control of eye movements with hand movements is a skill called eye-hand coordination (or hand-eye coordination). In a simple form, an infant uses eye-hand coordination to learn to grasp objects. A more advanced form of eye-hand coordination is stacking blocks. Many everyday tasks require eye-hand coordination as the child learns to process visual information and coordinate this with hand or body movements. |
| Fine motor | Fine motor skills refer to smaller muscles used for small movements, such as grabbing or pinching something with your thumb and forefinger. The fingers, toes, lips, wrist, and tongue include fine motor muscles. |
| Five senses | The five senses refer to methods of perception: hearing, sight, taste, touch, and smell. |
| Full-time paid experience | Employment for a minimum of 30 hours per week or 6 hours per day; or the number of hours specified as full-time by the employer's personnel policy. |
| Gross motor | Gross motor skills refer to larger muscles used for bigger movements, such as sitting, crawling, rolling, walking, running, and jumping. The arms, legs, torso, and feet include gross motor muscles. |
| Group | The number of children assigned to a caregiver or team of caregivers, including designated caregivers, occupying an individual classroom or well-defined physical space within a larger room; maybe be age determined or multi-age. |
| Group, "School-age programs in large areas" | A group of school-age children (ages 6-12) in a large program area such as a gymnasium or cafeteria can be all children assigned to a specific primary/designated caregiver, who knows at all times the whereabouts of each child in that group. This group is required to maintain its identity during free choice activities when children are in interest or learning centers. |
| Hands-on manipulation of real objects | Children work and play with real items as opposed to toy replicas for example, real telephones, real calculators, regular household plastic measuring cups and spoons. |
| Home language | The language (or combination of languages) most commonly used by family members in the home. Young bilingual children are still learning their home/native/heritage language, as well as the language of the classroom and are sometimes referred to as dual language learners. |
| IDEA | The Individuals with Disabilities Education Act (IDEA) is a law ensuring services to children with disabilities throughout the nation. It governs how states and public agencies provide early intervention, special education, and related services to more than 6.5 million eligible infants, toddlers, and young children with disabilities. |
| Impulse control | Impulse control is learning to control behaviors by restraining or limiting the actions associated with intense emotions. Examples include stopping a behavior when asked to stop, or waiting for one's turn even when very eager. |

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| Incidental learning | Unplanned learning experiences that occur when children are engaged in play. For instance: while painting, a child discovers that mixing two colors together will create a new color. |
| Individualized Education Program (IEP) | An IEP defines the individualized objectives of a child older than age three who has been found with a disability, as defined by federal regulations in IDEA. |
| Individualized Family Service Plan (IFSP) | An IFSP is a plan for special services for young children, from birth to three years of age, with developmental delays. Once a child turns three, an IEP is put into place. |
| Infant | A child from birth through 17 months in age. |
| Infant, "Bottle-fed" | Babies who are receiving nutrition through formula or milk feedings. Caregivers are expected to hold all bottle-fed infants. Bottles must never be propped while the baby is lying in the crib. Caregivers see this as a time of learning and nurturing for the infant. |
| Interest area | A method used to arrange a classroom into areas for specific activities, with each area arranged so that limits are set and areas can easily be distinguished by the child(ren); each area contains the necessary equipment and materials to allow a child to pursue the activity at his own speed, free from conflicting activities of other children. |
| Lesson plans | Written plans of activities for groups of children: usually divided by subject areas such as music, language enrichment, science, motor skills, self-choice play, etc. |
| Manipulatives | Activities or tasks that encourage small muscle development and eye-hand coordination, including working puzzles, stringing beads, playing with clay, zippering, buttoning, etc. |
| Model | When adults model a behavior, they directly show a child how to do something. Allowing a child to watch as an adult models how to use a toy correctly, how to use appropriate words with a peer, or any other skill can help the child be better prepared to practice the activity with support from the caregiver or on his or her own. |
| Natural space/ environments | Settings or activities that are typical for a child's same age peers who have no disabilities or developmental delays. The place or event in which a child would likely engage if he/she did not have a disability or delay. |
| Nonstereotypical | Particular cultural, ethnic or religious group members are not characterized as having the same qualities, behaviors, appearances or beliefs based upon others predetermined opinions or beliefs concerning that group. |
| Non-verbal communication | Ways of communicating a message without speaking. Messages can be communicated with touch, gestures, body language, facial expressions, and eye contact. |
| Observation | Formal and informal processes designed to pay attention to and learn about a child's, adult's, or program's development and progress. |
| On-site assessment | Evaluation of the child care facility using the Texas Rising Star (TRS) Provider Certification Criteria. |
| Orientation | Information provided through a formal plan that offers regular opportunities for caregiving and supervisory staff to participate in a variety of training events. |
| Open-ended questions | Open-ended questions are questions that have more than one correct answer OR that the adult does not know the answer to (a genuine question). |
| Outdoor interest areas | Areas on the playground set aside for specific activities. |

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| Parent | Any significant adult—such as a parent, grandparent, guardian, or foster parent—who has primary responsibility for a child and with whom that child has a relationship. |
| Peer | A peer refers to a child who is similar in age, background, or other abilities. |
| Permanent license | A document issued by DFPS that is valid for the life of the facility so long as all standards continue to be met. |
| Phonological Awareness | The ability to hear sounds that make up words in spoken language. This includes recognizing words that rhyme, deciding whether words begin or end with the same sounds, understanding that sounds can be manipulated to create new words, and separating words into their individual sounds. the ability to hear sounds that make up words in spoken language. This includes recognizing words that rhyme, deciding whether words begin or end with the same sounds, understanding that sounds can be manipulated to create new words, and separating words into their individual sounds. |
| Play | Spontaneous behavior that includes a variety of individual and cooperative activities and games, such as physical play, object play, dramatic play, constructive play, or games with rules. Play facilitates learning and serves important physical, mental, emotional, and social functions for humans and many other species. |
| Play Space | A given area identified for a specific activity to be carried out by a child or children. |
| Positive social interactions | A positive social interaction occurs when peers (children) interact in a friendly way that feels successful for both/all children involved. Positive social interactions are important for ensuring social and emotional development. Children can be taught to initiate positive social interactions such as: getting a friend's attention, sharing an object or toy, asking a peer to share an object, giving a compliment or saying something nice to a peer, or suggesting an idea for play. |
| Preschool age | A child from 36 months through 71 months. |
| Primary caregiver | The caregiver who has the chief or major responsibility for the group of children. |
| Professional development | The process of seeking training and education to increase skills and abilities related to a specific profession. |
| Progress reports | Formal written descriptions of a child's development, growth, or advancement; may include rating scales, check lists, or narratives. |
| Provisional license | A document issued by DFPS to a facility whose plans meet licensing requirements but is not currently in operation, is not licensed for the location stated in the application, or is changing ownership. A provisional license is usually for six months duration. |
| Redirection | Redirection is a strategy used to help a child attend to the task at hand or avoid negative behaviors by suggesting a positive choice. Instead of disciplining or punishing a young child, a redirection is usually the most effective way to ensure positive behaviors occur. |
| Regulate feelings or emotions | Learning to regulate emotions allows children to experience an intense feeling or emotion and have the ability to think and process before acting on it. There are many ways we cope with different types of intense feelings, such as denying, restraining, limiting, or inhibiting negative emotions. Regulation also includes intensifying or building on positive emotions in socially appropriate ways. Emotion regulation is a complex process that includes: (a) the internal experience of a feeling, (b) experiencing emotion-related physiological changes (for example, heart rate increase, sweating), (c) learning the names of feelings, and (d) actions and facial expressions related to an emotion. |
| Research-Based practice | Approaches and techniques supported by research findings and/or demonstrated to be effective through examination of, and reflection on, current and past practices. |

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| Responsive interaction | Set of strategies adults can use to get a child to open up and use language. |
| Scaffolding | Providing the appropriate amount of assistance to enable each child to perform at a skill level just beyond what the child can do on his or her own, then gradually reducing the support as the child begins to master the skill, and setting the stage for the next challenge. |
| Screening | Includes activities to identify children who may need further evaluation, with particular emphasis on identifying developmental delays or abilities/disabilities. |
| Self-assessment | A provider's assessment of her own facility and program, using the Texas Rising Star Provider assessment tool. |
| Self soothe | Self-soothing strategies are things children can do for themselves to return to a calm state when they are upset or need to rest. Skills a young child may use to soothe themselves include thumb sucking, deep breathing, slowing down and counting, and getting some space or fresh air. |
| Self-care skills | Tooth brushing, hand washing, bathing, dressing, toileting, and feeding are examples of self-care skills. Toddlers and preschoolers need help to learn self-care skills. |
| Self esteem | The judgment a child makes of himself/herself that indicates whether or not he/she feels capable, successful, accepted and worthy of respect. |
| Sequencing | Understanding that a task or set of objects has a step-by-step order, and being able to complete the task in the correct order. For example, a child learns that to wash her hands, she first turns on the water, then gets soap on her hands, then rubs her hands together, etc. Sequencing objects may mean putting cups or blocks in a row from smallest to largest. |
| Social and Emotional Development | A domain of child development that includes learning about, recognizing, and managing emotions; developing care and concern for others; establishing positive relationships; making responsible decisions; and handling challenging situations constructively and ethically. This involves the development of skills that allow children to calm themselves when angry, make friends, resolve conflicts respectfully, and make safe, ethical choices. |
| State Early Learning Guidelines | Texas early learning guidelines include the Texas Infant, Toddler, and Three-Year-Old Early Learning Guidelines and the Texas Pre-Kindergarten Guidelines. |
| Supervision | To oversee or direct; including awareness of and responsibility for the ongoing activities of individual children and/or group of children. |
| Symbolic or pretend play | Symbolic or pretend play refers to a type of dramatic play that occurs when children begin to substitute one object for another. Around 2 years of age, children begin using objects in symbolic play, such as a block as a telephone. They may also use dolls and animals to create a sequence of pretend acts. |
| Toddler | A child from 18 through 35 months in age. |
| Trainers | Professionals who are responsible for the development and presentation of trainings. |
| Transitions | A transition refers to a change from one activity or location to another. Transitions can be difficult for infants and toddlers. Adults can offer support and explanation during difficult transitions, such as saying good-bye to parents or leaving the playground to go inside. Singing songs, rhymes, or playing simple games can make classroom transitions more smooth and efficient. |
| Typical Development | Typical (or healthy) development describes the physical, mental, and social development of a child who is acquiring or achieving skills according to the expected time frame. |

CURRENT LIST OF TRS-RECOGNIZED NATIONAL ACCREDITATIONS

1. National Association for the Education of Young Children (NAEYC)
2. National Early Childhood Program Accreditation
3. National Accreditation Commission for Early Child Care and Education Program
4. Association of Christian Schools International
5. National Association of Family Child Care (NAFCC)
6. Commission on Accreditation–National AfterSchool Association

Note: This list is subject to change. For the most current listing, please visit www.TexasRisingStar.org.