



Technical Scoring Manual

Note: This Technical Scoring Manual for the Texas Rising Star program is considered a living document that will be adjusted as needed. The most current version of the manual can be found at www.TexasRisingStar.org, under the TWC Staff Tab.

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GENERAL OVERVIEW OF TEXAS RISING STAR PROGRAM ASSESSMENT

What will be assessed?

Texas Rising Star measures are intended to capture the quality of care provided by participating early care and education programs across the following 5 categories:

- Category 1: Director and Caregiver Qualifications and Training
- Category 2: Caregiver-Child Interactions
- Category 3: Curriculum
- Category 4: Nutrition and Indoor/Outdoor Environments
- Category 5: Parent Education and Involvement

These categories are comprised of measures associated with facility or caregiver-level characteristics. Facility quality is scored based on document and on-site reviews of the director's and caregiver's qualifications and training, nutrition policies, children's indoor and outdoor environment, and the policies in place to educate and involve parents. Assessors also directly capture the quality of caregiving children experience through observation of primary caregivers interacting with children during the on-site assessment visit. During these observations, assessors focus on the quality of interactions and instruction across all age groups, review lesson plans and curriculum implementation across a variety of routines and scheduled activities and evaluate the extent to which the classroom environment supports early learning and development.

How will the program be assessed?

The TRS assessment consists of 2 types of measures:

REQUIRED MEASURES

- Met/not-met measures
- Each must be met to receive a 2-star score
- Many of the required measures will be confirmed by reviewing documents (see Document Checklists in Certification Guidelines)
- Other required measures are verified on-site

POINTS-BASED MEASURES

- Points-based measures are not required, but determine star levels above 2-star (i.e., these items are first averaged within category by caregiver; a median score across classrooms is then taken for each category; final program star level is equal to lowest category value; with one exception: Effective 9.1.15- TRS scoring methodology was modified to allow a provider that achieved 4-star scores in four of the five categories but a 2-star score in one category to be certified as a 3-star TRS provider.)
- Scored using a scale of 0-3
- 0-3 scoring criteria vary based on measure content [i.e., score may represent level of *effectiveness* (e.g. caregiver-child interactions), *comprehensiveness* (e.g., parent engagement programs), *frequency* (e.g. planned physical activity), or *amount* (e.g., number of interest areas)]

Many of the separate measures and subcategories will be scored simultaneously throughout the classroom assessment.

PROGRAM ASSESSMENT PROTOCOL

The following sections detail the assessment protocol for the TRS system. Adherence to the assessment protocol is tightly linked with the reliability and validity of the individual measures, and in turn the star levels produced by the system.

The required “met/not met” measures should be assessed first to determine if the provider meets the TRS 2-Star designation. Classroom assessments for points-based measures should not be conducted until the provider meets all the required measures. It is important to review all the required measures to provide input to the provider regarding all the required measures that need to be corrected. The assessor should plan to observe a typical day for the provider.

TRS SCREENING FORM

TRS assessors are required to conduct a Screening form for each TRS provider prior to any assessment or monitoring visit, and quarterly (every 3 months). Quarterly screenings do not require a site visit. However, an assessor may schedule the quarterly review to coincide with an annual monitoring. Any action to be taken will be from point of discovery and any rate changes will take effect the following month.

Note: If the minimum standard on the form states only the number, with no letter or number in parentheses, it encompasses the entire standard. For example, a provider is cited for 746.626(a). On the Screening form 746.626 is listed as a critical. 746.626(a) is counted as a critical. As a best practice, an assessor should save the CCL deficiency screen, either electronically or in hard copy. Also, as a best practice, the assessor should share the results of the Screening form with the site’s mentor (if applicable) so that the mentor may offer technical assistance to the site if needed.

Please see page 4.4 of the TRS Guidelines for the “Impact of Deficiencies on TRS Status” for information on how consequences of deficiencies are applied. If a loss of star level occurs due to a screening consequence, the assessor will place an event into the Event Log on Engage under “Star Level Change”. Additionally, when the provider regains their star level after the reduction timeframe another event log is placed under “Star Level Change.” TWIST should be updated accordingly to reflect these changes as well.

DOCUMENT REVIEW PROTOCOL

Document review should happen outside the classroom observation periods (i.e., stay focused on caregiver behaviors and classroom features during the scheduled observations). Local flexibility exists to request the documentation prior to the assessment date.

Note that the assessor will review the following documents:

- Director’s folder to review the director’s level of formal education, experience, and training plan with training certificates
- All of the Caregiver, Volunteers, and Substitute folders to review the program’s orientation policies, staff training plans with training certificates, and qualifications
- A month’s worth of lesson plans from all of the classrooms that will be assessed
- Program’s Policies (including nutrition, parent involvement and orientation)
- Parent records of receiving a family orientation
- Parent education resources that the program provides
- Program’s parent teacher conference practices

Documentation retention procedures for scoring as well as TRS certification is up to LWDB flexibility, with best practice being 3 years. Please refer to the Assessor protocol for additional information (TRS Provider Guidelines, Section 5).

INDOOR/OUTDOOR ENVIRONMENT REVIEW

For each classroom that is assessed, the assessor will need to make time to evaluate the indoor environment. Measures are focused on room arrangement, quality and variety of materials, and whether equipment or materials facilitate social interaction.

The assessor will also review the outdoor environment for all age groups that the program serves. The assessor will consider whether the outdoor provides for an opportunity for children to interact and care for nature, a variety of outdoor equipment for the children to use, and areas to build social development.

Some aspects of the indoor and outdoor review of the environment can occur during the classroom assessment as the assessor follows the caregiver(s) around the classroom or outdoor areas. If needed, the indoor and outdoor environment review can occur before or after the classroom assessment.

CLASSROOM ASSESSMENT PROTOCOL

***Please also see the Assessor and Mentor Protocols in the TRS Guidelines*

Classroom Assessment Overview

During any **assessment**, the assessors will complete a 1.5-hour maximum caregiver observation for each classroom in the program. Observations may take the form of a 1-hour core observation, after which all scores that do not require observation in another activity/setting should be scored. Assessors may return later during the program assessment period to complete measures that required observation during a period of the day not observed during the 1-hour core observation (e.g., mealtime). These “clean-up” assessments should not exceed 30 minutes in order to maintain the 1.5-hour observation period. During the clean-up observation, the assessor may document a behavior closely associated with a specific item already scored based on the core assessment (e.g., documented two conversations during mealtime; observed negative tone with a demeaning message during outdoor time). If this occurs, update the score for the specific measure associated with the behavior. Final scores for observational measures should be assigned as close as possible to the conclusion of the core and clean-up observation periods to support data integrity.

Scoring clarification: The one-hour core observation may be segmented, “broken up” into smaller time frames as needed (example: 3 20-minute observations). How the observation is “broken up” is left to the discretion of the assessor, utilizing the program’s schedule. The last half-hour of the 1.5 hours referenced is optional and may be used to follow up on any areas missed by the assessor. It can also be “broken up” if there is a circumstance where the group is being led by someone other than the assigned primary caregiver(s) (ex: Spanish or music class).

If multiple groups eat lunch together, those groups can be assessed on lunch practices at the same time.

There are certain situations when the assessor will need to end the classroom assessment and inform the director that the assessment will be rescheduled for a later time. It is to Board discretion when the visit will be rescheduled. Examples of those situations requiring the visit to be rescheduled include, but are not limited to:

- A majority of regularly scheduled staff are not present
- A majority of the classrooms are out on field trips
- Inclement weather prevents completion of the outdoor environment portion of the assessment

Assessment Recommendations:

Once the assessor is assigned a child care facility, he/she should request a copy of its calendar and daily schedule for each classroom in the facility *before* the assessment. The daily schedule will indicate when the children are engaged in the required areas of the cognitive readiness block, meal/snack time, and outdoor time needed to complete the TRS measures. The calendar will help the assessor avoid days when field trips and other special events may occur that would disrupt the classroom assessment. The daily schedule and school calendar will also help the assessor plan the annual unannounced visit appropriately.

When planning any assessment, contact the director to schedule the assessment and confirm that the daily schedules have not changed.

When scheduling the classroom assessment, prioritize the toddler and preschool classroom assessments to begin during the morning cognitive readiness block. The school age classroom assessment should begin in the afternoon when the school age program begins. Infant classroom assessments can be done anytime during the day.

Assessment Record Form Overview

To complete a program assessment, the assessor will need to complete a Facility Assessment Record Form for the facility and a Classroom Assessment Record Form for each class that is observed.

- The Facility Assessment Record Form includes all measures that apply to the whole program or facility.
- The Classroom Assessment Record Form includes all measures that apply to an individual class.

The assessment record forms list each measure number, the measure, and the scoring criteria. For Category 2, use the “Category 2: Caregiver-Child Interactions: Sample Key Behaviors” handout to help focus on key teaching behaviors (this can be found under the “TRS Tools” tab of the Texas Rising Star website). Note, however, that these key behaviors are not an exhaustive list.

The assessment record forms will be used during classroom assessment to write down notes for what was observed during the review of the facility’s documents, indoor and outdoor environments, and classroom observation. **These notes will provide evidence for each measure’s final score.**

Because there are age-specific items in the Texas Rising Star matrix, there is a separate classroom assessment record form for infant, toddler, preschool, and school age classes.

- Infant: 0-17 Months
- Toddler: 18-35 Months
- Preschool: 3-5 Years
- School Age: 6-12 Years

Note: Child care licensing standards in Child Care Minimum Standards at §746.1605 must be maintained for mixed age classrooms. Per licensing standards, if the youngest child in the group is younger than 18 months, the oldest child in the group must not be more than 18 months older than the youngest child. Refer to Minimum Child Care Licensing Standards for other exceptions.

Clarification note: Classroom group is determined by the specified age of the classroom, therefore classrooms that operate as an “after-school classroom” but have pre-school aged children would typically be deemed a preschool classroom. If that classroom is operating as a school age room, in which the care provided is based on the children receiving instructional time elsewhere (much like a school age child would from their elementary school), the room can be scored as a school age room. When scoring this in Engage, the assessor will need to assign the classroom type as school age, but when scoring group size/ratio enter the actual specified age of the group. Please see the TRS Guidance Board for supporting information and documents.

If observing a licensed or registered home, use the “All Ages” Classroom Assessment Record Form. However, only complete measures that are relevant to the children in the class. For example, if the home does not have infants, then leave the infant measures blank.

Note that some measures are also specific to licensed centers-all ages (birth to 12 years), licensed centers-school age only, or licensed and registered homes. In determining the difference, find what CCL Minimum Standards the site operates under – ex: if a site operates under Chapter 744 of CCL Minimum Standards, there are designated as a school-age only program.

NOTE: Boards may develop their own observation forms; however, the content of those forms must reflect the content in the Facility and Classroom Assessment Record Forms.

CONDUCTING THE CLASSROOM OBSERVATION

Classroom level scores are based on the observations of the primary caregivers in each classroom. Primary caregivers are caregivers who are in the classroom the majority of the time and have regular, consistent contact with the children. Observing interactions from all primary caregivers will give a more accurate depiction of the climate of the classroom and the experiences of the child. Longevity is not necessarily a factor in this determination. Consider all verbal and non-verbal behaviors of the primary caregivers that are directed toward one or more children in the classroom. Score based on the primary caregivers' attempts to support and engage children, not on a child's responses to caregiver behavior (i.e., caregiver is scored based on quality of stimulation/input). For example, if a caregiver asks a child a question to encourage the child to communicate, the caregiver will receive credit for attempting to elicit language even if the child does not respond.

The classroom assessment should focus on the primary caregivers; however, if there is another adult in the classroom, and that caregiver/adult exhibits inappropriate behaviors or interactions, then that behavior/interaction should be noted, and actions taken depending on the severity of the inappropriate behavior. For additional information, refer for the section entitled "Terminating the Program Assessment Visit."

Note: "Another adult" would be defined as someone not considered a primary caregiver (ex: parent volunteer). If inappropriate behavior is observed, the assessor should note it and use their professional judgement as to when the director should be notified.

Scoring clarification: If a substitute or floater is taking the place of the typical primary caregiver for the day, that substitute or floater would be observed as the primary caregiver.

Pre-observation Script for the Classroom Assessment

Before beginning the classroom observation, it is helpful to let caregivers know what to expect during the observation period (e.g., how long the observation will be, when they will receive feedback).

After introductions between the caregiver and assessor, share the following information:

- I'm going to be taking a lot notes today, so I can accurately complete the assessment.
- I will try to stay out of the way, but I need to be close enough to you and the children to hear what is being said.
- I will not be able to interact much with you or the children while I'm observing, but you will have an opportunity to receive feedback and ask questions once the program assessment is complete.

Observational Best Practices

The assessor should:

- Avoid inadvertently coaching caregivers through his/her interactions with children (e.g., assessor sits down with a child that is painting and says, "Wow, what are you painting today?" which could influence the caregiver to sit with another child and start a conversation about their work)
- Base the caregiver's scores only on what **is seen and heard** from the caregivers. Avoid being subjective—do not make inferences about a caregiver's meaning or intentions. Also, do not adjust notes or scores based on child behavior that may make an interaction feel easy or challenging. For example, if a caregiver responds negatively to a child that is having a difficult time regulating their behavior, then the caregiver's negative behavior should carry the same weight as if it occurred with a child that was successfully regulating behavior.
- Not stretch scores—accurate data drives quality improvement plans (i.e., sometimes there simply is not evidence to support a measure and this absence must be reflected to preserve the integrity of the scoring system and ensure the provider receives the needed technical assistance)

- Take the scoring tool for the age group of the classroom, a clipboard, and a few pens with him/her to the assessment. Consider taking a legal pad as well to the classroom assessment. Use the legal pad to write teaching behaviors observed then transfer to the scoring tool until the measures become more familiar.
- Use the entire observation period as the basis for scores; taking good notes throughout the observation will help ensure final scores reflect the entire observation period rather than a subset of behaviors that left the biggest impression or occurred early or late in the observation period
- Position him/herself close enough to hear the interactions between the caregivers and the children and to see the materials that they are using. Remember to stay far enough away, however, to not disturb the teaching.
- Score each item independently based on evidence (i.e., caregivers can be highly skilled in some behaviors and very weak in others and the assessor should allow the scores to reflect these differences across measures)
- Take good notes and be prepared to justify the scores given; where scores are not linked with specific or discreet events it can be helpful to write down why the score on that measure was not higher or lower (this information will also support mentors working with the caregivers/provider). The notes taken are the only record of the “evidence” used to assign scores.
- Record the scores for each measure immediately after completing each classroom assessment. Review the notes and choose the score that best meets the criteria for that item. Remember that the final score needs to reflect the caregivers’ teaching behavior throughout the entire observation period.
- Enter the scoring into Engage after any visit. Data entry should occur within 10 business days of the visit; if not sooner, dependent on the date as some visits may have rates that will go into effect.

TERMINATING THE PROGRAM ASSESSMENT VISIT

There are certain situations when the assessor will need to end the classroom assessment and inform the director that the assessment will be rescheduled for a later time. It is to Board discretion when the visit will be rescheduled. Note: The following situations are not all-inclusive. However, the following intentionally exclude instances where a provider does not meet a structural measure. This is addressed on page 5.16 of the Assessor Protocol in the TRS Guidelines.

Major situations will require *termination of the program assessment*. Examples of these major situations include caregiver behavior that could cause immediate risk for harm or abuse to a child.

Child care licensing standards require that employees and caregivers must:

- ensure that no child is abused neglected or exploited;
- ensure supervision of each child and intervene to ensure child safety; and
- ensure that no harsh, cruel or unusual treatment of any child.

Examples of major situations could include, but are not limited to, prohibited punishments and lack of supervision, etc.

If any violations of these behaviors are observed during a site visit or if TRS staff observes that the classroom is not meeting CCL standards for group size and/or staff ratios, then TRS staff should adhere to the following protocol:

- Inform the provider that the incident will need to be reported;
- Contact his/her supervisor (best practice) to determine the appropriate actions, including contacting Child Care Licensing; and
- Report incident to Child Care Licensing, depending on the severity of the incident

However, an assessor or mentor should use their professional judgement. Things to consider: Is the ratio discrepancy an immediate danger to the children? Is this discrepancy a consistent pattern for the room? This should be well-documented.

Note on observing potential licensing standard deficiencies: Child Care Licensing has the responsibility to determine if a caregiver or provider is not in compliance with child care licensing standards. The TRS standards identify the critical and high/medium-high risk CCL standards that providers must meet to be eligible for TRS

certification or that have consequences for TRS certified providers. If, during the assessment or monitoring visit, the assessor observes potential licensing violations that may not cause immediate risk for harm or abuse to a child as described above, these observations should be noted and discussed with the director during the visit.

Should a provider fail to meet structural measures during an on-site initial assessment, the following action should be taken: The assessor will inform the Director of the structural measures noted as not met. The Director has the opportunity to rectify and/or submit documentation by the end of the day. If the measure(s) continue to be scored not met, the assessor will stop the assessment and explain that it can be re-scheduled for any time in the future. During the interim, the mentor can provide more guidance to the facility. (Note: the provider does not need to wait 6 months to have the visit rescheduled.) Best practice would be to have some time (1-4 weeks) for a mentor to work again with the provider before attempting a second assessment visit.

PROCEDURE FOR STAFF CHANGE

If a provider reports a staff/director change, they will be given a 6-month grace period in which their star level is not affected by the change. That 6-month grace period gives them the opportunity to ensure the change does not negatively impact their star level. The 6-month grace period begins from the date the director or caregiver is no longer there.

If the annual monitoring visit happens to take place within those 6 months, the assessor would not issue a SIA for Category 1 due to these changes (only for any other categories that resulted in a lower overall star level.) The new staff's information would be reviewed and scored at the end of the 6 months. If the review results in a lower star level for Category 1, thus a lower star level overall, the provider would then be certified at that star level at that time.

Please see the How-To-Guide “Unannounced Monitoring Visit Protocol” on the CLI Engage website for more information.

Note: Staff changes to be reviewed would include primary caregivers only.

CATEGORY RE-ASSESSMENT

If a provider requests a **category reassessment**, it must be requested within 3 months of the provider's last full assessment. The assessor will assess only the lowest categories (up to 2) as requested by the provider. If staff or director changes have occurred since the full assessment, Category 1 will also be re-evaluated. In order to ensure accuracy, the assessor should review any director or primary caregiver changes to determine whether the change will affect the site's current star level. That will not count as one of the two allowable categories. A provider should be notified prior to the category re-assessment that Category 1 will be reviewed if there has been any change in director or staff since the last full assessment.

The assessment recommendations for the annual visit and category reassessment are the same as those for initial or recertification visits stated above.

If new classrooms have been added since the last full assessment, the assessor will take this opportunity to assess the new classrooms for all applicable measures in all categories.

NOTE: If a structural measure is not met during a category re-assessment, the provider will lose TRS certification and must wait six months from loss of certification to re-apply.

Please see page 3.2 of the TRS Guidelines for more information regarding Category Re-assessments.

UNANNOUNCED MONITORING VISITS

An **annual unannounced monitoring visit** is an observational visit conducted to ensure a provider is continuing the quality level of care at which they were certified and ascertain if there are areas the provider needs technical assistance or the aid of a mentor to maintain or improve their quality of care. For the annual unannounced visit, assessors will observe 50% of the classrooms across each age group for Categories 2, 3 and 4. If there is only one classroom for an age group, then the assessor will complete the classroom assessment on that classroom. Priority is given to new classrooms, classrooms that have experienced caregiver turnover, and/or classrooms that have not previously been assessed either during the full site assessment or during the annual monitoring visit, for whatever reason (e.g. there was no enrollment at the most recent on-site visit). Dependent on the total number of classrooms and age groups served this may put the total observed over 50%. The assessor will also review staff training files for those caregivers that were not observed in their classroom. Any new staff files should be reviewed as well, for training plan, orientation, etc. This is to help the provider remain in compliance with training during their three-year TRS cycle. The assessor should ask the director if there have been any program/policy changes relating to Categories 1 and 5. Only the measures pertaining to changes are completed in the Facility Record Form. If the director indicates changes to category 1 and/or 5, the assessor can score those items to deem whether a star level evaluation may be beneficial. If there have been no changes since the previous assessment, N/A can be marked for category 5 and the “Retain Star Level” feature used. Refer to the TRS How-to-Guide: Unannounced Monitoring Visit Protocol in Engage for more information on inputting a monitoring visit.

If the classroom observation can be conducted accurately in under an hour, that is allowable. It is still also allowable to use the full hour, if needed, to ensure accurate observation and scoring. **The optional half hour for “clean-up” is also still allowable.** The utilization of one hour of observation is left to the discretion of the assessor. If an assessor has not observed everything needed, the whole hour should be used. **Any monitoring visits that result in an SIA should be based on an hour-long classroom observation.** This is applicable to both accredited and non-accredited TRS sites.

For mixed-age group homes, TRS staff will utilize the “All Ages Classroom Assessment Record Form” and observe at least one hour with the option of 30 additional minutes, scoring all measures that are applicable to the ages served. If the home has more than one group of children, TRS staff will observe each group for one-hour with the option of 30 additional minutes, utilizing the applicable Classroom Assessment Record Form according to the ages of the children in that group.

For nationally accredited sites, TRS staff will observe 50% of the classrooms, including at least one classroom for each age group. Dependent on the total number of classrooms and age groups served this may put the total observed over 50%. However, assessors only review all observable measures in Categories 2 and 4.

Observable refers to items and instances seen in the classroom, versus reviewable, which are measures that require documentation.

Should a provider refuse an Annual Unannounced Monitoring Visit, the assessor will remind the provider in writing, that an unannounced annual monitoring visit is a requirement of TRS and will occur within the next 4-6 weeks, citing the Guidelines and Child Care Rule §809.133 (d)(1). In this correspondence, inform the provider that failure to comply when the assessor arrives will result in an immediate loss of TRS certification and the provider will be required to wait six months to re-apply.

SERVICE IMPROVEMENT AGREEMENTS

Per the TRS guidelines (p 4.2): “If an assessor finds deficiencies in TRS categories during these visits, a Service Improvement Agreement (SIA) may go into effect. SIAs are six-month mandatory agreements designed to assist TRS providers in maintaining their current star level rating. TRS deficiencies found during a monitoring that would result in a lower star level during an assessment require an SIA. The TRS-certified provider retains its star level rating while on the SIA. After the six-month SIA, an assessment of the categories originally observed as deficient is conducted. If deficiencies persist, a new star level will be determined, based on the observations at the end of the SIA.”

Therefore, upon completion of an unannounced monitoring, the assessor will input scores into CLI Engage. If those scores show a drop-in star level for any category that then results in a drop of overall star level, that category(s) will be placed on a SIA for at least 6 months, to begin on the day that the provider is notified of the monitoring assessment results. The assessor will complete the SIA form (guidelines page 5.15) and the provider will sign. (Note: Refusal to sign does not change the implementation of the SIA.) The assessor will denote in Engage on the Event Log the initiation of SIA (specific to dates and category(s) covered.)

During those 6 months, the provider is to be offered access to mentoring services. The provider may refuse mentoring services, however should be made aware that the SIA will still be in place with a SIA assessment scheduled at its completion. **Within 30 days after the end date of the SIA**, the assessor will complete an assessment for the category(s) listed on the SIA. The assessor will observe all classrooms for the applicable categories. This assessment is scheduled and inputted on Engage as a Category Reassessment at this time (with the non-assessed category's star levels being retained.) An Event Log should be added to document this visit.

If those categories score at the originally assessed star level, the SIA ends, and the provider remains at their verified star level. An Event Log is added to Engage to document the completion of the SIA.

If those categories continue to score lower than originally assessed, the provider is given the new calculated star level. An Event Log is added to Engage to document the completion of the SIA and the change in star level will be effective for the first of the next month.

If during a SIA assessment, a provider fails to meet a structural measure within the category being assessed, the provider loses their TRS certification. (see Child Rule 809.132(f) for timeline for returning to TRS.)

Best practice is to input the events into TWIST as well, especially if an SIA results in a lower star level or loss of certification.

Note: If the provider does not meet a structural measure at the time of a monitoring visit it will render all categories below 2-star. Therefore, first input all items as met into Engage to see initial category score and overall score when determining if an SIA is warranted; then input the not met measure(s). Those categories that truly are below 2-star would be placed on the SIA along with any category that scored lower than originally assessed.

SIA assessment visits can receive reconsideration requests but do not meet the requirements for a category reassessment request.

Example: Provider is monitored 5/16/17; notified 5/21/17 of results; SIA is 5/21/17 – 11/21/17 and the SIA assessment is completed before 12/21/17. SIA is for Category 3. Category 3 is the only category assessed for all classrooms.

If a provider is closed for a prolonged period of time (e.g. summer closure) during their SIA timeframe the full 6 months of technical assistance support is to be given to the provider before conducting the SIA assessment. Example: Provider is placed on SIA from 4/2018 through 9/2018 but is closed for 2 months in the summer. The SIA is extended the 2 months the provider was closed therefore changing the time frame to 4/1/2018 through 11/2018. Special situations like this are to be noted on the Event Log.

Nationally Accredited Providers

National accreditation allows a provider to become *initially* certified as a 4-star TRS provider. Accredited sites must still adhere to all TRS standards. Therefore, accredited sites are NOT excluded from SIAs or their possible consequences. If TRS deficiencies are found in Categories 2 and/or 4 during an annual monitoring that would lower the site's overall star level at a certification visit, the site would be subject to a SIA. During these 6 months, the provider would receive mentoring services. At the end of the 6 months, the assessor would follow the same process as he/she would for a non-accredited site and adjust the site's star level if applicable. A nationally accredited site could drop in star level if the TRS deficiencies are not corrected.

If an accredited site wishes to regain their 4-star status after dropping a star level due to the SIA Category Reassessment, they will need to request a Star Level Evaluation, and undergo a modified assessment of only categories 2 and 4. The mentor should ensure that the provider understands all the TRS measure requirements for these 2 categories. For a Star Level Evaluation, an accredited provider would follow the same process that they would follow for a recertification, as outlined in the TRS Guidelines on page 2.6 and in the TRS Recertification FAQ document. As a Star Level Evaluation in this situation is considered a full assessment, it would reset the provider's 3-year TRS cycle. Accredited providers should be made aware of this process when a SIA is issued. If during a SIA assessment, an accredited provider fails to meet a structural measure within the category being assessed, the provider loses their TRS certification. (see Child Rule 809.132(f) for timeline for returning to TRS.)

PROBATION

A provider that has been placed on probation for having 10-14 deficiencies must finish out the 6-month probation (and not be placed on an additional probation) in order to be eligible for a Star Level Evaluation, Category Reassessment, and/or gain in national accreditation. The provider may request a Star Level Evaluation or Category Reassessment during that 6-month timeframe, however, the assessment cannot be conducted until the conclusion of the probationary period.

A provider that has been placed on probation and is found to need a second probation before the first one has ended will begin the second probation time frame after the first one has ended.

CHANGES IN PROVIDER STATUS

When a provider has any change in status (i.e. move, expansion, split, ownership, or type) the Board shall ensure that the provider maintains a permanent license, as required to be eligible for Texas Rising Star, when following the procedures outlined in the TRS Guidelines on pages 3.2 and 3.3. Should the provider receive an initial license during any of these status changes, the loss of certification will begin at the receipt of initial license and the provider may re-apply once a permanent license has been issued.

If a TRS nationally accredited provider experiences a lapse in their national accreditation, the provider will retain its current star level and undergo a full TRS assessment within the initial three-month period after the date of the loss of accreditation. The provider's new TRS star level will be based on the results of the full assessment and they will be required to adhere to all TRS requirements.

RECERTIFICATION

Recertification must occur on or before the end of the three-year TRS certification cycle. All required paperwork must be submitted to the Board at least 3 months before the end of certification. All providers must receive written notification of the upcoming recertification (reassessment) visit, including what is due, when it is due and consequences for failure to comply.

Nationally Accredited Providers who have received a visit from their accrediting body within the TRS certification cycle are not required to have a reassessment and are noted at the current star level (pending screening form compliance) in the Engage Event Log as an "auto assign" event type.

Nationally Accredited Providers who have not received a visit from the accrediting body will undergo a modified reassessment. The provider will be reassessed for Categories 2 and 4 only (all applicable measures, including the Facility Assessment Record Form).

For additional information about the recertification process, see the FAQ document in the appendix.

STRUCTURAL ASSESSMENT

Providers may choose to initially attain TRS certification via a structural assessment. The assessor would only observe and score the facility and classroom applicable structural measures for the provider to ascertain a base 2-star certification. When inputting this assessment into Engage the assessor must enter an Event Log under General Status denoting this type of initial assessment. Additionally, the assessor may score any points-based measures, as applicable, with any paperwork or observations made when conducting the structural review and observation. Any points-based measures not reviewed or observed will be denoted with a score of 0. The assessor must visit the provider to conduct this assessment as structural measures in Category 4 require observation by the assessor.

The provider should be made aware that they will be required to follow TRS protocol for unannounced annual monitoring visits and a full recertification visit. This includes being observed for all applicable classroom and facility points-based measures that may not have been reviewed and observed at the initial structural assessment.

EVENT LOG DOCUMENTATION

There are numerous times that an Event Log item will need to be documented into Engage. Please ensure that all applicable data boxes are complete, including comments and uploading documentation to support the event. Below is a quick reference guide as to what should be entered and under what type of event. Please see the Engage User Guide for more information.

Reconsideration: This type of event is specific to a reconsideration request and/or determination.

TRS probation: This type of event is specific to a provider being placed on or removed from TRS probation for too many CCL deficiencies.

TA update: This type of event is specific to TA provided by a mentor for any type of TRS visit/assistance.

Star Level Change: This type of event may occur when a provider has any change in star level that is not national accreditation, such as but not limited to; screening form consequence, regain star level from consequence, SIA and/or Category Reassessment star level determined, etc.

General Update: This type of event may occur at any time within the provider's certification, such as but not limited to; communication with provider that needs documentation, change in director or contact, structural assessment provided, etc.

Status Update: This type of event may occur at any time within the providers' certification but is specific to the status of the provider's TRS certification, which may include but not limited to; SIA issuance, SIA completion, request for Category Reassessment or Star Level Evaluation, etc.

Auto Assign: This type of event is specific to those providers who have earned national accreditation. This event is placed upon initial national accreditation and at recertification. Any changes to star level based on screening form should be done as directed within "Star Level Change" type.

CATEGORY 1: DIRECTOR AND CAREGIVER QUALIFICATIONS

Overview: Director and caregiver qualification scores are intended to capture the education, experience, and ongoing professional development of those that directly influence caregiving in various capacities.

The three key ideas of Director and Caregiver training include the following:

1. Specific knowledge and experience
2. Ongoing professional development
3. A supportive work environment with well-developed policies and practices.

Skip the measure if it does not apply to facility that is being observed. The left side of the Facility Assessment Record form indicates which types of facilities apply to the measure.

Note: Child care licensing requires facilities to designate a director. Facilities are also allowed to designate another individual to act as the director in the director's absence. There may be programs that refer to these individuals as 'assistant directors' or 'co-directors'; however, only one individual is listed on the license as the designated director. The TRS measures for directors apply to the individual listed on the license as the director. The director is part of "caregiving staff" when assessing orientation, training plans and training topics covered.

Note: Throughout this category use the following definitions:

Education:

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: Child Licensing Minimum Standard §746.1027

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: Child Licensing Minimum Standard §746.1029

Education received outside of the U.S.:

Education received outside of the U.S. can be counted for any child care staff. However, the staff member must provide supporting information such as a copy of the diploma or transcript or letter from the school to indicate that the education is equivalent to a program in the United States. The staff member must ensure that documents written in a foreign language must be translated into English. Reference Child Care Licensing Minimum Standard §746.1045

The "**Valid Child Care Professional (CCP) Credential or Valid Child Care Administrator's Credential**" are both additional credentials that a Director might obtain through other entities across the country. These credentials are typically expiring, certifying a director for only 1-2 years and requiring the director to reapply at each certification time frame.

Experience:**Definitions:**

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 CCL 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 CCL licensed day-care center, group day-care home, kindergarten or nursery school, schools: grades kindergarten and above, drop-in care center, or in a CCL 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 CCL 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 CCL licensed group day-care home; or
- (3) Experience as a primary caregiver of a CCL registered family home. (Child Care Licensing Minimum Standard §746.1021)

Note: The individual is responsible for providing verifiable documentation of past experience. This could include work history with contact information and letters of reference. The Texas Workforce Registry may also be used to verify the documentation provided by the individual.

Clock Hours:

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

Example:

- Hire date: March 1, 2017
- Assessment date: June 1, 2018
- Calculate total for prior year, from March 1, 2017 to March 1, 2018

School-age program:

A child care provider that serves ONLY school-age children and is governed under Child Care Licensing Minimum Standards Chapter 744.

Caregiving Staff:

Any staff that supervises children at any time. This may include, but not limited to: Director, administrative staff, cooks, transportation staff, floaters, lead and assistant teachers, volunteers and substitutes.

S-DQT-02 Director Training

Facility type: All facility types except school-age only programs

TRS Director Certification Course (Based on availability)

Scoring criteria: Met/Not Met

N/A Allowed: Yes

Note: The intent of the TRS Director Certification Course is that the director has participated in a program that encompasses various aspects of leadership in the child care field, including Texas Rising Star. Examples of approved programs are: Taking Charge of Change, AIM4Excellence and the Administration and Business program via the collaboration with TWC and CCEI/Frog Street. N/A may be marked if the Director has not

participated in one of the mentioned programs, however the Director should be encouraged to participate in a local or online certification course.

S-DQT-03 Director Training

Facility type: **School age programs ONLY**

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 file. Scoring criteria: Met/Not met

N/A Allowed: Yes, if the director is new (employed at the current site less than one year) and has no training certificates to review or provider is an initial applicant.

Scoring clarification: Director Training Plan and certificates must be observed. Any combination of program administration, management and/or supervision training hours would suffice if at least 6 were obtained within the requested training year.

The following items should be included on the training plan:

- Statement that the caregiver needs to receive 24 hours of training (for TRS 2-star certification)
- Training Topics
- Caregiver signature
- The training topics on the training plan need to be applicable to the age of children in the caregiver's care.

S-DQT-04 Director Responsibilities

Facility type: All facility types except school-age only programs

Ensure all caregiver staff has a written training plan.

Scoring criteria: Met/Not met

N/A Allowed: No *See scoring note

Scoring clarification: Annual Caregiver Training Plan and certificates must be observed.

Scoring note: If a caregiver has been employed at the site for less than 90 days, a written training plan is not yet required. In that case, do not include that caregiver in scoring for training plans.

The following items should be included on the training plan:

- Statement that the caregiver needs to receive 30 hours of training (for TRS 2-star certification)
- Training Topics
- Caregiver signature
- The training topics on the training plan need to be applicable to the age of children in the caregiver's care.

P-DEQT-01

Part 1- Director Qualifications and Training Formal Education Worksheet

This worksheet is beneficial in capturing the Director’s educational credentials. It is also beneficial in the scoring for Part 1-4. Using this worksheet is optional. The assessor or mentor could also use the Staff Education Worksheet in the Appendix instead.

The worksheet is part of the Facility Assessment Record Form

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	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 ____
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	
College Coursework	____ 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 (P-DEQT-01) - Center based providers Formal Education Scoring

Facility type: Center-Based providers only

Scoring Criteria: Points-based

N/A Allowed: No

Key factors of scoring: Educational documentation must be observed (i.e. transcripts, diplomas, certificates etc.) OR a non-expiring director’s certificate with the CCL minimum standard documented on it, showing how the director qualifies. If the director has the non-expiring certificate, they would score a 3. The assessor should defer to the Director’s Certificate (when it is an expiring one) to note how CCL determined Director education/qualifications (per CCL minimum standards.) If the assessor has a question as to which TRS scoring the certificate matches, he/she can submit a copy of it for review to the TRS Workgroup email.

Scoring clarification: Check all that apply but the highest prevails on the score sheet.

P-DEQT-02

Part 3 (P-DEQT-02) LCCH and RCCH Providers Formal Education Scoring

Facility type: LCCH and RCCH ONLY programs

Scoring Criteria: Points-based

N/A Allowed: No

Key factors of scoring: Educational documentation must be observed (i.e. transcripts, diplomas, certificates etc.) OR a non-expiring director's certificate with the CCL minimum standard documented on it, showing how the director qualifies. If the director has the non-expiring certificate, they would score a 3.

Scoring clarification: Check all that apply but the highest prevails on the score sheet. Clock hours are in reference to the number of training hours received within annual training year.

P-DEQT-04

Part 4 (P-DEQT-04) Director Experience

Facility type: All Facilities except school age only programs

Scoring Criteria: Points-based

N/A Allowed: No

Scoring clarification: Use information observed and documented on Director Qualifications and use one of the Education worksheets to score this measure. Resumes and applications can be used to document Director Experience.

P-DEQT-06

Part 5 (P-DEQT-06) Director Training Certificates

Facility type: Center Based only

Scoring Criteria: Points-based

N/A Allowed: Yes, if the director is new (employed at the current site less than one year) and has no training certificates to review or provider is an initial applicant.

Key factors of scoring: All certificates must list participant's name, date of training, trainer's name and how they meet the requirements of being a valid Early Childhood Professional trainer, and the number of hours awarded for the training. To receive credit for I/TELG and/or Pre-K Guidelines training, a director must obtain training within the current or previous year. Additionally, self-instructional training, outside of CLI Engage's online training course, cannot be counted for the I/T ELGS and Pre-K Guidelines trainings. As the measure states that the hours are in ITELGS *or* PreK Guidelines, those hours can be split.

Ex: 3 hours in the I/TELGs and 3 hours in the PreK Guidelines, for a total of 6 hours, would score a 3.

Any combination of program administration, management and/or supervision training hours would suffice if at least 6 were obtained within the requested training year. When viewing the rest of the 36 hours, verify that it meets the self-instructional number limit and that a variety of topics trained have been received.

P-DEQT-03

Part 6 (P-DEQT-03) Formal Education Scoring

Facility type: School age only programs

Scoring Criteria: Points-based

N/A Allowed: No

Scoring recommendation: Use information observed and documented on Director Qualifications one of the Education Worksheets to score this measure. Resumes and applications can be used to document Director Experience.

P-DEQT-05

Part 7 (P-DEQT-05) Director Experience

Facility type: School-age only programs

Scoring Criteria: Points-based

N/A Allowed: No

Scoring recommendation: Use information observed and documented on Director Qualifications and one of the Education Worksheets to score this measure. Resumes and applications can be used to document Director Experience.

CAREGIVER QUALIFICATIONS, ORIENTATION, AND TRAINING

S-COTQ-01 Caregiver Orientation 1

Facility type: All facility types except RCCH

Before beginning duties, ALL caregiver staff receives documented, in-person, interactive orientation with the director/administrator to improve knowledge of the childcare operation, specific job responsibilities and needs of children.

Scoring criteria: Met/Not Met

N/A Allowed: No

Scoring clarifications: Orientation must be dated prior to, or on the date the caregiver starts working in the classroom and is observed in the staff's files. If the site is new to TRS, the orientations may be signed and dated prior to the assessment date. A best practice is for the program to go through a TRS orientation with a mentor to understand what TRS is, the expectations and the procedures for becoming TRS.

As a best practice, mentors should ensure that providers have a system in place to continue TRS orientations after the initial certification. Additional supporting evidence could be requested from the provider (i.e. employee handbook, new employee paperwork, training packets, etc.) to assist in documenting what content is delivered during Orientation, however the provider should be made aware in advance of the possibility that additional supporting evidence may be requested.

S-COTQ-02 Caregiver Orientation 2, Volunteers and Substitutes

Facility type: All facilities except RCCH

Before beginning duties, ALL volunteer and substitute staff receive documented, in-person, interactive orientation with the director/administrator to improve knowledge of the childcare operation, specific job responsibilities and needs of children.

Scoring criteria: Met/Not met

N/A Allowed: Yes, if there are no volunteers or substitutes

Scoring clarifications: Orientation must be dated prior to, or on the date the caregiver starts working in the classroom and is observed in the staff's files. If the site is new to TRS, the orientations may be signed and dated prior to the assessment date.

S-COTQ-03 Caregiver Staff Training

Facility type: Center based programs serving 0-5 years

Annual caregiver plan provides a minimum of 30 clock hours of child care related training specific to the age of the children in their care.

The following items should be included on the training plan:

- Statement that the caregiver needs to receive 30 hours of training (for TRS 2-star certification)
- Training Topics
- Caregiver signature
- The training topics on the training plan need to be applicable to the age of children in the caregiver's care.

Scoring criteria: Met/Not met

N/A Allowed: No, see scoring note

Scoring note: If a caregiver has been employed at the site for less than 90 days, a written training plan is not yet required. In that case, do not include that caregiver in scoring for training plans.

Note: A 3-hour college course is equivalent to 50 clock hours. It must be documented that the course was completed with a final grade given to be counted. CPR/First Aid training, as well as programmatic training for the Child Care Food Program does not count towards the 30 required hours. Additionally, CDA training hours can be counted once a certificate of completion of those hours is provided. To determine whether the hours would fall into a previous year or a current year of training hours, note the date the course was completed, or credit earned.

If a caregiver has been employed at the site for less than 90 days, a written training plan is not yet required. In that case, do not include that caregiver in scoring for training plans.

Note taking recommendation:

If the Director can furnish a roster of all staff and the age for which each caregiver provides care, this will help in determining whether the caregivers' training plans reflect appropriate age-specific training hours. Caregivers currently on or previously on any extended medical leave should have documentation by the director in their training file to note beginning and end dates of leave. The assessor can ask the director if the caregiver's date of hire has been amended due to this leave and review training hours accordingly.

Scoring clarifications: The intent is to ensure that the clock hours are for training applicable to the age of the children in the caregiver's care (Reference Child Care Licensing 746.1309(a).) The training certificates and documentation do not need to specify the age applicable to the training. However, to be included in the clock hours, the assessor should determine whether or not the topic covered by the training is applicable to the age of the children in care.

S-COTQ-04 Full-time Caregiving Staff

Facility type: School-age only

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) is in the caregiver's file.

Scoring criteria: Met/Not met

N/A Allowed: No, see scoring note

Scoring clarification: Annual Caregiver Training Plan and certificates must be observed.

Scoring note: If a caregiver has been employed at the site for less than 90 days, a written training plan is not yet required. In that case, do not include that caregiver in scoring for training plans.

S-COTQ-05 Part-time Caregiving Staff Training

Facility type: School-age only

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) is in the caregivers file.

Scoring criteria: Met/Not met

N/A Allowed: No, see scoring note

Scoring clarification: Annual Caregiver Training Plan and certificates must be observed.

Scoring note: If a caregiver has been employed at the site for less than 90 days, a written training plan is not yet required. In that case, do not include that caregiver in scoring for training plans.

S-COTQ-06 Caregiver Staff Training

Facility type: All facilities except School-age only programs

All caregiver staff participates in age specific training according to the training plan and the training certificates align with the training plan.

Scoring criteria: Met/Not met

N/A Allowed: Yes, only if *all* of the staff are new (employed less than one year at the current site) and the training plans do not reflect specific planned trainings OR if the site is new to TRS, caregivers' previous year would be considered N/A, as the 30 hours was not previously a requirement for that site. Any new staff (employed at the site less than 90 days) is not required to be scored in this measure.

Scoring Clarification:

A provider would meet the training requirement when the assessor confirms that the caregiver either:

- meets the training from the previous anniversary year; or
- meets the training requirement for the current year before the anniversary date *(Please see the example below)

Example - Caregiver date of hire: July 1, 2012

July 1, 2014 -July 1, 2015 Assessor reviews caregiver's file, finds documentation that the caregiver has completed 26 hours of training, which does not meet the requirement specified in the training measure.

July 1, 2015-July 1, 2016 Assessor reviews caregiver files on August 17, 2015 and finds documentation that caregiver has received 30 hours of training (for example, from July 1, 2015- August 17, 2015) for current anniversary year. The caregiver would now meet the training measure.

If a staff member is new, previous training hours cannot be counted. The assessor would ensure that the staff member has a training plan, and can count current hours, if any exist.

Note: It is not required to count training hours from the caregiver's date of hire. If the program has devised a system in which all caregivers are on the same training schedule (ex: a site closed for summer has a training year from August through May), that is an acceptable way to count hours. They still must provide evidence that all caregivers are receiving 30 hours of training annually.

For center-based providers, Child Care Licensing limits the self-instructional hours to no more than 80% of the required training hours (CCL Minimum Standard 746.1309(h). Child care staff is required by Child Care Licensing to obtain 24 hours of training annually. TRS allows only 50% of the required CCL annual training hours, therefore only 12 of the 24 hours can be self-instructional. The TRS Guidelines require 30 hours of annual training and do not specify, for child care centers, how the additional 6 hours (to equal 30) is obtained. Therefore, up to 18 of the 30 hours can be self-instructional, with the remaining 12 hours in instructor-led training.

Per CCL Minimum Standard 746.1325 What is self-instructional and instructor-led training?

(a) Self-instructional training is designed to be used by one individual working alone and at their own pace to complete the lessons or modules. Lessons or modules commonly include questions with clear right and wrong answers. Examples include, but are not limited to, self-paced web-based training, written materials, or a combination of video or web-based and written materials.

(b) Instructor-led training is characterized by the communication and interaction that takes place between the learner and the instructor and must include an opportunity for the learner to interact with the instructor to obtain information beyond the scope of the training materials. The instructor must be able to communicate with the learner in a timely and organized fashion, including but not limited to the instructor answering questions, providing feedback on skills practice, providing guidance or information on additional resources, and proactively contacting learners. Examples include, but are not limited to, classroom training, web-based on-line facilitated learning, video-conferencing, or other group learning experiences.

Note: A 3-hour college course in early childhood education, or related fields, counts as 50 hours of clock hours. However, caregivers must still meet required trainings for CCL:

At least one clock hour of annual training must focus on prevention, recognition, and reporting of child abuse and neglect;

The remaining clock hours of annual training must be in one or more of the following topics: Care of children with special needs; Child health (for example, nutrition and activity); Safety; Risk management; Identification and care of ill children; Cultural diversity for children and families; Professional development (for example, effective communication with families, time and stress management); Preventing the spread of communicable diseases; Topics relevant to the particular age group the caregiver is assigned (for example, caregivers assigned to an infant or toddler group should receive training on biting and toilet training); Planning developmentally appropriate learning activities; Observation and assessment; Attachment and responsive care giving; and Minimum standards and how they apply to the caregiver.

If a caregiver provides care for children younger than 24 months of age, one hour of that caregiver's annual training must cover the following topics: Recognizing and preventing shaken baby syndrome; Preventing sudden infant death syndrome; and Understanding early childhood brain development.

College courses can count towards these required hours, if applicable, once they have been completed. See the related coursework definition for courses that can be counted.

TWC confirmed with CCL that "borrowing hours" is not an allowable practice. If CCL finds a staff member to be deficient in training hours, the facility will be cited. To show compliance and/or correction of the deficiency, the staff member must "make up" those hours. Therefore, this practice is allowable only as a correction to a citation, not as a common/standard practice.

S-COTQ-07 Caregiver Staff Training

Facility type: RCCH and LCCH Facilities only

Primary Caregiver Staff has 36 hours of documented training, with a minimum of 12 clock hours of instructor led training.

Scoring criteria: Met/Not met

N/A Allowed: Yes, if the provider is an initial applicant.

Scoring note: If a caregiver has been employed at the site for less than 90 days, a written training plan is not yet required. In that case, do not include that caregiver in scoring for training plans.

Scoring clarification: Annual Caregiver Training Plan and certificates must be observed.

S-COTQ-08 Caregiver Staff Training

Facility type: RCCH and LCCH facilities only

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).

Scoring criteria: Met/Not met/NA

N/A Allowed: Yes, if the provider is an initial applicant or has no additional caregiving staff. See scoring note







Scoring note: Score N/A only if LCCH does not have other caregiving staff in addition to the Primary Caregiver. TRS staff can ask the home provider what date is considered their date of hire and use that for reviewing training hours. If a caregiver has been employed at the site for less than 90 days, a written training plan is not yet required. In that case, do not include that caregiver in scoring for training plans.

Scoring clarification: Annual Caregiver Training Plan and certificates must be observed.

Caregiver Qualifications and Training (points-based)

This worksheet is beneficial in capturing the Caregiver Qualifications and Training for each caregiver. It is also beneficial in the scoring for Part 1. Please fill out in its entirety and verify information with the Director and Caregiver. The assessor or mentor could also use the Staff Education Worksheet in the Appendix instead.

The worksheet is part of the Facility Assessment Record Form.

Part 1: CAREGIVER QUALIFICATIONS AND TRAINING WORKSHEET	
Caregiver Name:	Date of Hire:
 Highest Education Level Achieved <ul style="list-style-type: none"> <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 <input type="checkbox"/> Working towards Associate's or Bachelor's 	<input type="checkbox"/> Completion of orientation  _____ Years of experience 
 Early Childhood Credentials <ul style="list-style-type: none"> <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 <input type="checkbox"/> Working towards Child Development Associate (CDA) 	
 College Coursework <ul style="list-style-type: none"> _____ 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 <ul style="list-style-type: none"> _____ 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 	

P-CQT-01 Caregiver Qualifications

Facility type: Center-Based Only

Not counting the center director, full-time caregiver staff must meet one of the following measures A – G.

Scoring criteria: Points-based

N/A Allowed: No

Formula for scoring: # of caregivers who meet one of the qualifications (outlined in measure), divided by total number of caregivers, multiplied by 100 = % of staff.

For example: 10 staff, 5 staff meet qualifications, $5/10=.5 \times 100=50\%$; Therefore, score would be 1.

Note for Option C: If a class schedule or syllabi for classes for the current semester is in their staff folder, this would meet the documentation requirement for this measure.

Note for Option E: if this option is used, the assessor will need to verify from the certificates that the 150 training hours were completed within the last 5 years and that the caregiver meets the two-year experience described in Option E. The hours can be obtained at any child care location, it does not need to be the site the caregiver is currently employed, however, the training certificates from the last 5 consecutive years must be reviewed.

Note for Options C, D, E, G: can be documented by reviewing the caregiver's application and/or resume. Experience is defined as working directly with children in a licensed or registered child care facility.

Full time staff is defined as 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. If a provider has no full-time staff, the assessor should look at primary caregiver's qualifications for each group of children. The director is not scored within this measure even if they are a primary caregiver.

P-CQT-03 Caregiver Staff Training

Facility type: All facilities except Homes

Caregiver training topics are aligned with the core competencies.

Scoring criteria: Points-based

N/A Allowed: No

Resources: Copy of the Core Competencies found at:

<http://earlylearningtexas.org/media/19198/texascorecompetencies-pract-admin.pdf>

Formula for scoring: # of training topics aligned with the core competencies, divided by total number of training topics, multiplied by 100 = % of trainings aligned.

For example:

- 13 topics aligned
- 20 total topics
- $13/20=0.65 \times 100 = 65\%$
- Therefore, score would be 2.

For initial assessments review the current training certificates for applicable staff. If a caregiver does not have any training in their current year, they are not counted for that measure. For a provider already in TRS, review previous year training certificates for applicable staff.

Note: School age only program refers to a child care provider operating under CCL Minimum Standards Chapter 744.

P-CQT-02 Caregiver Qualifications

Facility type: School age only programs

Not counting the center director, all caregiver staff must meet one of the following measures A – F.

Scoring criteria: Points-based

N/A Allowed: No

Formula for scoring: # of caregivers who meet one of the qualifications outlined in the measure divided by the total number of caregivers, multiplied by 100 = % of staff.

For example:

- 3 caregivers meet qualifications
- 5 caregivers total
- $3/5=0.6 \times 100=60\%$
- Therefore, score would be 2.

Note for Option B: For caregivers who are working towards an associate's or bachelor's degree, if a class schedule or syllabi for classes for the current semester in their staff folder, this would meet the documentation requirement for this measure.

Note for Option E: if this option is used, the assessor will need to verify from the certificates that the 150 training hours were completed within the last 5 years. These hours can be obtained from a different center/location of work if they are applicable to child development/care.

Note: School age only program refers to a child care provider operating under CCL Minimum Standards Chapter 744.

CATEGORY 2: CAREGIVER-CHILD INTERACTIONS

Research shows the quality of caregiver-child interactions is the most important influence on child outcomes within early care and education settings. Category 2 measures are intended to capture important aspects of quality caregiving that support the development of social and emotional, cognitive, and language skills. Measures include both structural (e.g., group size, ratio) and process (e.g., responsiveness, language facilitation) features of care.

- Warm & Responsive Caregiving
- Language Facilitation & Support
- Play-based Interactions & Guidance
- Support for Children’s Regulation

Note: Scoring considerations should be given when the observation involves a classroom including children with special needs.

Scoring Note: When a measure or score uses the words rarely, few, sometimes, or frequently, the following quantities should be observed (unless otherwise noted in the measure or scoring):

- Rarely: 0-1 instances
- Few: 2-3 instances
- Several: 4-5 instances
- Frequently: 6 or more instances

An instance is defined as a single occurrence of an action or shift in focus of an action (this could be physically in an activity and/or verbally in an interaction with a child or group of children.) The assessor should look at the measure being scored, and the observation made to determine how an instance would be observed.

GROUP SIZE AND STAFF RATIOS

Facility type: Center-based and School Age Only programs

Age Group: All Ages

Scoring criteria: Points-based

N/A Allowed: Yes, only for home-based providers.

Note: For licensed and registered homes, ratios should follow Child Care Licensing Minimum Standard requirements.

Group Size: General Information

Determining Group Size

Group size is determined by the largest possible number of children that could be in the classroom on any given day. Determine this by how many children are enrolled in the classroom.

Note: The size of the group is determined by the specified age of the children in the group. (See below for how to determine the specified age of the children) If it is necessary to mix groups in a wider age range than categories listed, and the youngest child in the group is younger than 18 months, the oldest child in the group must not be more than 18 months older than the youngest child. Refer to Minimum Child Care Licensing Standards for other exceptions.

§746.1603 How do I determine the specified age of the children in each group?

Identify the specified age of the children in each group using this formula:

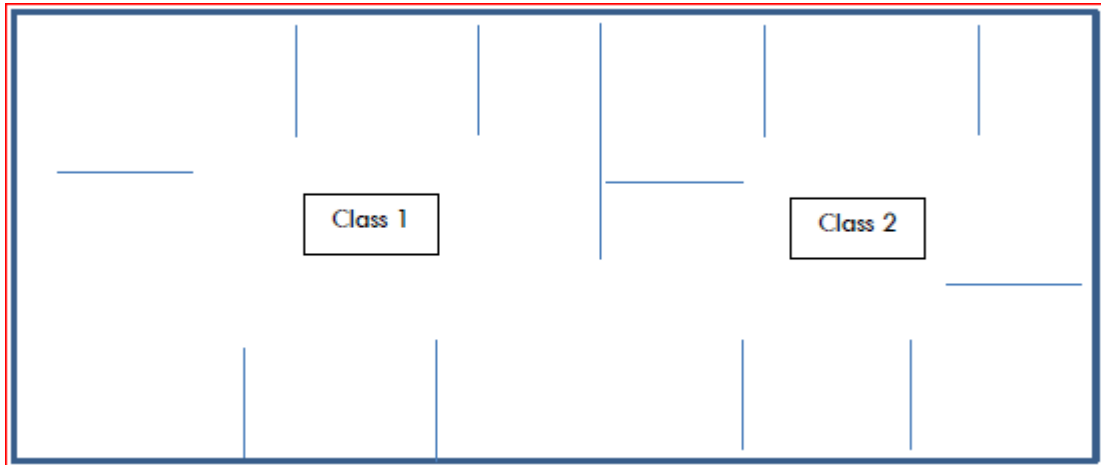
- List all of the children in the group in order of their ages from youngest to oldest. Children younger than 24 months should be listed by their age in months. Children two years and older are listed by their age in years.
- Determine the total number of children in the group and divide this number by 2. If the result is not a whole number but is .5, such as 6.5, round up to the next number, which is 7. This will be the core number of the group.
- Begin counting at the first or youngest child on your list and count down the list from youngest to oldest, until you reach the core number. The age of this child is the specified age of the children in this group.

Note: For the purposes of TRS, chronological, not developmental, age is used for determining the age of the child.

When conducting an assessment, the assessor may come across unique situations in particular classrooms.

Examples include:

- Child care has no enrollment
 - This classroom should not be scored at the initial assessment. If the classroom later has normal enrollment, the classroom would be treated as a new classroom for the annual monitoring visit (i.e., priority is given to observing this classroom).
- Montessori programs who have a philosophy of having a large group size for their 3-5 years group.
- Multiple groups share the same space can be considered separate group if they operate under separate daily schedules.
 - If each group has a different assigned caregiver, then each group will be considered its own class based on the assigned caregiver. There may be multiple assigned caregivers to multiple groups in a shared space. In these cases, each group is determined by its assigned caregiver.



Group Size: Assessment Recommendation

To score this measure, ask the caregiver how many children are enrolled in the class. This will be more accurate than observing how many children are in the class that day. Children may be absent on the day of the assessment.

Group Size:

- Facility Types: Licensed Centers only
- Scoring Criteria: Points-based

	SCORE 1			SCORE 2			SCORE 3		
	Max Group	Ratio	Min. Caregivers	Max Group	Ratio	Min Caregivers	Max Group	Ratio	Min Caregivers
0-11 months	n/a	n/a	n/a	9	9:2	2	8	4:1	2
12-17 months	n/a	n/a	n/a	12	6:1	2	12	4:1	3
18-23 months	16	8:1	2	18	6:1	3	15	5:1	3
2 years	20	10:1	2	21	7:1	3	18	6:1	3
3 years	24	12:1	2	27	9:1	3	24	8:1	3
4 years	32	16:1	2	26	13:1	2	27	9:1	3
5 years	32	16:1	2	33	11:1	3	30	10:1	3
6-8 years	34	17:1	2	32	16:1	2	33	11:1	3
9-13 years	34	17:1	2	32	16:1	2	33	11:1	3

Attendance can vary on a day to day basis. Quality should be measured based on the greatest number of children that might be in that room on any given day (enrollment). The ratio and group size are not based on future enrollment (capacity). The group size/ratio is based on the current enrollment and the number of caregivers based on enrollment.

Note: for scoring, the assessor only needs to note the number of children enrolled and the number of caregivers for that number of children. Those numbers are entered in to CLI Engage and Engage calculates the score.

Examples:

In a classroom of 4-year-olds where there are 11 children with 1 caregiver the ratio is 11:1 and yields a score is 2 because group size = 3, ratio = 2, score = 2.

In a classroom of 4-year-olds where there are 22 children with 2 caregiver the ratio is 11:1 and yields a score is 2 because group size = 3, ratio = 2, score = 2.

In a classroom of 4-year-olds where there are 32 children with 3 caregiver the ratio is 11:1 and yields a score is 1 because group size = 1, ratio = 2, score = 1.

In a classroom of 4-year-olds where there are 33 children with 3 caregiver the ratio is 11:1 and yields a score is 0 because group size = 0, ratio = 2, score = 0.

For Reference:

CCL Minimum Standards

Division 2, Classroom Ratios and Group Sizes for Centers Licensed to Care for 13 or More Children

§746.1601 How many children may one caregiver supervise?

The classroom ratio is the number of children one caregiver may supervise and is shown in the following chart.

The classroom ratio is based on the specified age of the children in the group, unless otherwise stated in this subchapter:

If the specified age of the children in the group is...	Then the maximum number of children one caregiver may supervise is...
0 – 11 months	4
12 – 17 months	5
18 – 23 months	9
2 years	11
3 years	15
4 years	18
5 years	22
6-8 years	26
9-13 years	26

§746.1609 What is the maximum group size?

The maximum group size and the number of children two or more caregivers may supervise when 13 or more children are in care is specified in the following chart and is based on the specified age of the children in the group:

If the specified age of the children in the group is...	Then the maximum group size and number of children two or more caregivers may supervise is...
0 – 11 months	10
12 – 17 months	13
18 – 23 months	18
2 years	22
3 years	30
4 years	35
5 years	35
6-8 years	35
9 – 13 years	35

Staff Ratios

- Facility Types: Licensed Centers only
- Scoring Criteria: Points-based

Staff ratio is a points-based measure. For each age group, the assessor will use the table above to determine what the final score should be for that particular age group. Note that the criteria for each score are above the state licensing requirements.

Note: For Staff Ratios this is determined by the specified age of the children in the group. (See Group Size for how to determine the specified age of the children in the group.) If it is necessary to mix groups in a wider age range than categories listed, and the youngest child in the group is younger than 18 months, the oldest child in the group must not be more than 18 months older than the youngest child. Refer to Minimum Child Care Licensing Standards for other exceptions.

The group size/ratio is based on the current enrollment and the number of caregivers based on enrollment.

Note: For licensed and registered homes, ratios should follow Child Care Licensing Minimum Standard requirements.

Combined Age Groups

Providers may sometimes place school age children in the preschool classroom due to lack of space or enrollment. In these instances, if the school age group follows the same schedule as the preschool group they are joining, then the school age group does not need to be included in the assessment as a separate group. The assessor would only enter and score as one classroom. However, as there are school age children enrolled, the assessor should assess any structural measures specific to school age children (S-ILE-03). * The group size/ratio would include these children.

*It is allowable for the assessor to assess the school age children as a separate group. If the provider opens a separate room that will remain open during the school year, the assessor would give this room priority during the next monitoring visit.

For Registered and Licensed Homes, caregivers may combine age groups. In these instances, the assessor should use the “All Ages Classroom Assessment Record Form” and only complete the measures that are relevant to the children in the home. Only one observation of interactions and learning environments is needed. The provider should include age appropriate activities and materials for all children in care.

WARM AND RESPONSIVE STYLE

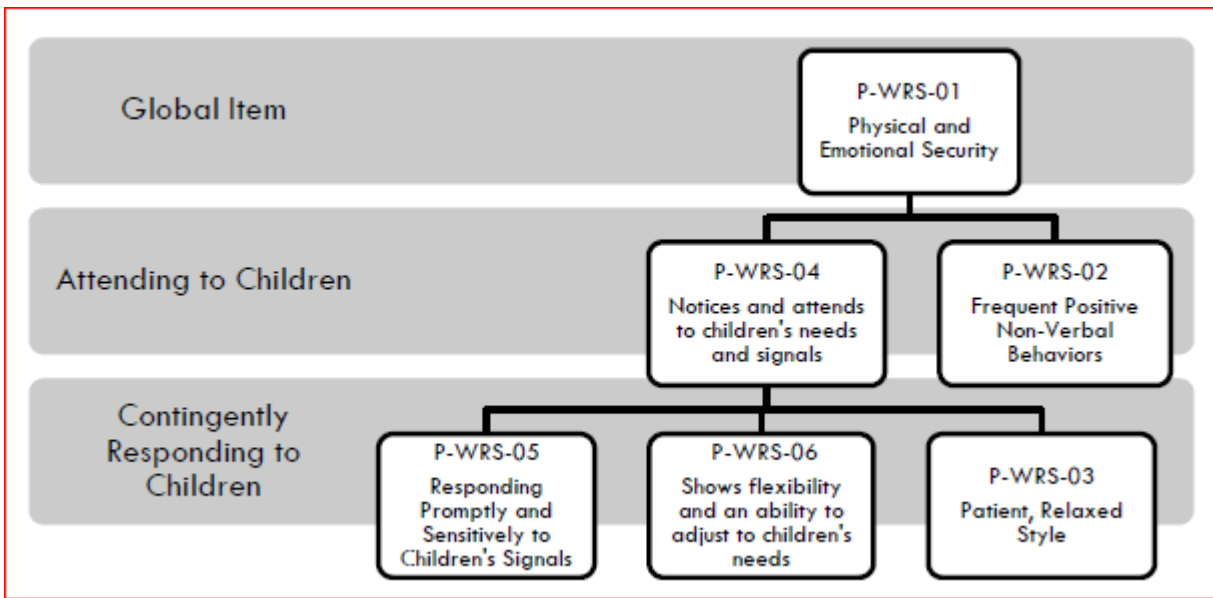
The Warm and Responsive Style subcategory measures all relate to key elements of a caregiver’s typical interaction style. These six measures target teaching behaviors that caregivers can use across the day to build a warm and safe environment, attend to children’s needs, and contingently respond to children. A warm and responsive style supports children’s social, emotional, cognitive/academic, and physical well-being (Bowman, et al., 2001; see also U.S. Department of Health and Human Services, 2012), and contributes to positive effects seen years into the future (32, 25).

Subcategory Notes:

- All process, points-based measures;
- Applicable to Facility Types: Licensed Centers, licensed & registered homes;
- Applicable to all ages.

While each measure targets a distinct aspect of warm and responsive behavior there is some overlap across measures—reflecting the more global nature of the construct. The diagram below illustrates how items relate.

Warm and Responsive Style



P-WRS-01: Creates a warm, safe, and nurturing environment

Facility type: All facilities

Age Group: All Ages

Scoring criteria: Points-based

N/A Allowed: No

Caregivers should create a warm, safe, and nurturing environment in order to help the children feel safe in the classroom.

Key Behaviors: Refrains from using negative language, behaviors, and discipline; does not make critical or demeaning comments

This item focuses on whether the caregiver’s behavior was typically positive, neutral, or negative. It does not address the physical environment. For example, the assessor will not consider whether an infant caregiver uses swings, bouncers, exersaucers, and other devices that may restrict children’s movement for this measure. Instead, the assessor will focus on how often the caregiver interacts with children while using those devices and whether the interaction is typically negative, neutral, or positive. How often the infants are in confining equipment will affect measure P-LPC-15: Physical Activity and Motor Development in Category 3: Curriculum.

General, non-exhaustive guidance regarding the presence of negative, neutral, and positive behaviors:

Negative Behaviors

Negative behaviors occur when the caregiver’s tone may be loud, abrupt, sarcastic, negative, critical, or exasperated. It can also occur when the caregiver displays negative affect like frowning or rolling their eyes at a child.

Negative behavior occurs when a caregiver has a negative message that is condescending, demeaning, punitive, or contains explicit or offensive words. Negative behavior also occurs when the caregiver uses rough touch or physical control or is highly restrictive. In some cases, even a single negative behavior may warrant assigning a score of 0.

Consideration of how the behaviors above influence scores is independent of the assessor’s responsibility to report unsafe conditions or abuse.

Neutral behaviors

Caregiver communication with a flat or disinterested tone, that lacks negative words/meaning, is considered neutral. Low levels of caregiver engagement, absent negative behaviors, tend to be characterized as neutral. Neutral behaviors/styles are sometimes perfunctory and/or fail to move an interaction forward.

Positive behaviors

Caregivers demonstrate positive behaviors when they have a positive tone that is warm, genuine, and connected to what the children are communicate/engaged in. Caregiver’s communications often move interactions forward and/or promote engagement among children or an individual child.

*Take into consideration different communication styles needed for children with special needs. Example: a child may need the caregiver to speak loudly in order to hear and focus on the interaction.

Scoring Criteria:

Score of 0	Score of 1	Score of 2	Score of 3
	Caregiver exhibits 0 negative behaviors	0 negative behaviors	0 negative behaviors
Caregiver exhibits 1 or more negative behaviors	Typically, neutral behaviors, some moderately negative behaviors may be present, and infrequent positive behaviors	Mix of neutral to positive behaviors	Typically, positive behaviors

When determining the score, first consider how often the caregiver used negative behaviors. Note that a caregiver can only receive a score of 2 or 3 if the caregiver does not use any negative behaviors. Then consider whether the typical style of the caregiver can be characterized as typically neutral or positive in his/her interactions with children.

Examples:

Score of 0

- Caregiver is trying to have the children sit in whole group time to begin a book read. When a child is not sitting correctly, she says “You never follow the rules. Can you listen for once?”

Score of 1

- When the children struggle to answer a question, the caregiver rolls her eyes at the children.
- Caregiver is typically neutral throughout the observation. Her tone is generally flat, and she seems disconnected from the children. However, the caregiver shows infrequent positive behaviors. There are a few times when she smiles at children and seems genuinely interested in what they say.

Score of 2

- Caregiver has a mix of neutral and positive behaviors. Caregiver is at times disconnected from the children and responds to the children in a neutral tone. However, caregiver is also at times connected to children and responds positively to children.

Score of 3

- Caregiver is typically warm and uses positive communication with children throughout the classroom assessment.

Note taking Recommendation:

When taking notes, divide the note section so that any negative, neutral, and positive teaching behaviors can be noted.

Negative	Neutral	Positive

P-WRS-01 can be considered a global measure because creating physical and emotional security is made up of a constellation of behaviors. Therefore, if are running out of space, consider taking more specific notes in the other Warm and Responsive subscales (P-WRS-02, P-WRS-03, P-WRS-04, P-WRS-05, P-WRS-06). Then view the notes and assign scores in the other subscales/measures before determining the final score for P-WRS-01.

P-WRS-O2: Uses frequent positive non-verbal behaviors to increase feelings of acceptance

Facility type: All facilities

Age Group: All Ages

Scoring criteria: Points-based

N/A Allowed: No

Key Behaviors: Smiles, sits at child's level, allows child to sit near or with caregiver, reassuring touch

Positive non-verbal behaviors support children's sense of acceptance while negative non-verbal behaviors often signal rejection. This item reflects how often the caregiver uses negative and positive non-verbal behaviors when interacting with the children, and how often the caregiver misses opportunities to use positive non-verbal behaviors.

Definitions:

Non-verbal behaviors refer to the caregiver's facial expressions, body movements, and gestures.

Positive non-verbal behaviors to look for include making eye contact, smiling, using affectionate/reassuring touch, and allowing children to move closer to the caregiver.

Negative behaviors:

For example, a caregiver may frown, scowl, or show physical expressions of impatience such as a sigh or rolling of eyes towards a child. Some negative non-verbal behaviors are more explicit. Examples of explicit negative non-verbal behaviors are physical threat, negative gestures, or rough touch/repositioning such as abrupt grabbing and moving of children, pulling a child to stand by their arm, or roughly pushing children along in line.

An example of positive repositioning: caregiver placing their hands gently on child's arms to stop their body and calm them.

An example of rough repositioning: caregiver abruptly moves a child from a center and sits them down hard on a chair.

Consideration of how the behaviors above influence scores is independent of the assessor's responsibility to report unsafe conditions or abuse.

Scoring Criteria:

Score of 0	Score of 1	Score of 2	Score of 3
Caregiver rarely uses positive non-verbal behavior.	Caregiver does not use negative non-verbal behaviors	Caregiver uses several positive non-verbal behaviors, but multiple missed opportunities are observed	Caregiver frequently uses positive non-verbal behaviors
Negative non-verbal behavior is observed	Caregiver uses a few positive non-verbal behavior behaviors		

Caregivers should use positive non-verbal behaviors throughout the classroom assessment.

- Rarely - Caregiver does not use positive nonverbal behaviors, 0-1 instances are observed

- Few - Caregiver inconsistently uses positive nonverbal behaviors when interacting with the children, 2-3 instances are observed
- Several - Caregiver often uses positive non-verbal behaviors, 4-5 instances are observed
- Frequently - Caregiver consistently uses positive non-verbal behaviors when interacting with children, 6 or more instances are observed

When determining the score, consider first whether the caregiver uses any negative non-verbal behavior. Note that caregiver is an automatic 0 if negative non-verbal behavior is observed.

If the caregiver has no negative non-verbal behaviors, then distinguish between a score of 1, 2, and 3 by considering how frequently the caregiver uses non-verbal positive behaviors.

Examples:

Score of 0

- Caregiver is lining up the children to go to recess. One child is out of line. Caregiver roughly grabs the child's arm and abruptly pulls the child back into the line.

Score of 1

- Caregiver does not use negative non-verbal behaviors. However, the caregiver only gets on the children's level and smiles at the children a few times during the observation period.

Score of 2

- Caregiver only smiles at the children throughout the assessment. He/she misses many opportunities to use affectionate, reassuring touch with the children. Caregiver is inconsistent with using positive non-verbal behaviors. At times he/she will get on the children's eye level, smile, and use reassuring touch, but there are a lot of times where he/she does not use any non-verbal teaching behaviors.

Score of 3

- Caregiver often uses positive non-verbal behaviors by smiling at the children, getting on their eye-level, and using reassuring touch.
- No negative non-verbal behaviors observed.

Note taking Recommendation:

Negative	Positive	Missed Opportunities

P-WRS-03: Has a patient, relaxed style that helps maintain calmness in the classroom.

Facility type: All facilities

Age Group: All Ages

Scoring criteria: Points-based

N/A Allowed: No

Key Behaviors: Uses a positive tone of voice, does not seem rushed, reacts calmly when conflicts arise, or children need support

This measure focuses on the caregiver’s typical or general style in the classroom. Consider how often caregiver had a patient, relaxed style, and how the caregiver reacts when conflicts arise, or children need support.

Definitions:

Rushed, overwhelmed, or impatient style: Caregiver uses a negative tone of voice, is hurried, or reacts negatively to children’s signs of stress or rising tension.

Relaxed and calm style: Caregiver uses positive tone of voice, does not rush, is relaxed and patient when interacting with children, and responds calmly when children show signs of stress or rising tension.

Note: this item can be scored with or without evidence of rising tensions. A caregiver’s style will contribute to the climate of the classroom.

Scoring criteria:

Score of 0	Score of 1	Score of 2	Score of 3
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	Caregiver typically maintains calm demeanor, 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
	Children may not appear affected by this caregiver style		

Examples:

Score of 0: Caregiver typically rushes the activities and does not give the children adequate time to answer questions on their own. When two children fight and tear a book, he/she yells, “You tore the book? Leave all the books alone! No one is going to play with the books right now!” When children fight over toys, he/she tells them to share or to find another center.

Score of 1: Caregiver is relaxed and patient when participating in activities with the children in free play/center time. However, he/she rushes the activities during whole group time. Caregiver may shush children when they make comments during a read aloud.

Score of 2: Caregiver is typically relaxed and patient in the classroom. However, the caregiver shows signs of stress when a child spills milk on the table. He/she rushes over and says, “Oh no! Why did you spill your milk?” He/she cleans up the spilled milk, and then tells the child, “It is okay. It was just an accident.”

Score of 3: Caregiver is typically relaxed and patient throughout the classroom assessment. If children show signs of stress or rising tensions are observed, the caregiver responds patiently to support a return to a calmer state.

Note taking recommendation:

Rushed/Overwhelmed/ Impatient	Patient, relaxed	Signs of Stress	Calm Manner

P-WRS-04: Notices and attends to children’s needs and signals (i.e., very few missed signals)

Facility type: All facilities

Age Group: All Ages

Scoring criteria: Points-based

N/A Allowed: No

Key Behaviors: Recognizes signs of stress in individual children, listens to children’s attempts at communication/expression; notices subtle signals from more shy or withdrawn children; responds to children’s comments, questions, vocalizations

Caregivers should notice and attend to children’s non-verbal and verbal needs and signals. This item measures how often the caregiver recognizes and responds to children’s signals. These needs could also be from over-stimulation; with the caregiver noticing that a child has become overstimulated attending to that need.

Definitions

Attending to children’s needs: Children are not initiating an interaction with the caregiver. However, the caregiver initiates an interaction with the children to support the children’s interests or need.

Examples of a caregiver attending to children’s needs when there is an absence of a clear attempt by child to communicate with caregiver:

- A toddler may be playing with blocks and begins to show signs of frustration when the block tower falls over. The caregiver notices the child’s frustration and comforts the child.
- Two school-age children may be talking to each other when one mentions that they are hungry. The caregiver who is passing by could then offer the children a snack or let them know how soon snacks will be served.

Attending to children’s signals directed toward caregiver: Children are initiating an interaction with the caregiver through verbal or non-verbal signals, and the caregiver verbally or non-verbally responds to these signals.

Examples of child signals that may be attempts to initiate interaction with caregiver:

Affective:

- Smiling
- Laughing
- Whining, fussing or crying

Non-verbal:

- Showing or holding an object up to a caregiver to signal interest/need
- Pointing to an object of interest/need
- Giving an object to a caregiver to signal need for support or affection/interest
- Gestures such as “give me” or arms up for “hold me”
- Dramatic pushing away of objects
- Signs of frustration or stress such as flopping, throwing object, pushing others

Verbal:

- Coos, vocalizations, babbling, word approximations, sound effects, or any real word utterances regardless of length or sophistication

Examples of a Caregiver Attending to Children’s Signals:

- Response to non-verbal signal—A caregiver is trying to help an infant shake a rattle by holding the infants hand and shaking the rattle with them. The infant pulls his/her hand away. The caregiver responds by allowing the infant to shake the rattle on his own.
- A preschooler may say, “Look at what I drew.” The caregiver could then respond by saying, “How pretty!”

Scoring Criteria:

Score of 0	Score of 1	Score of 2	Score of 3
Caregiver is rarely aware of the signals and needs of the children; 0-1 instances of awareness and response are observed	Caregiver is observed being aware of few children’s signals and needs; 2-3 instances of awareness and response are observed	Caregiver is observed being aware of several children’s signals and needs; 4-5 instances of awareness and response are observed	Caregiver is frequently aware of signals and needs; 6 or more instances of awareness and response are observed

To determine the score, consider how often the caregiver attends to children’s needs and signals and how much the caregiver misses the children’s signals. The more the caregiver notices children’s signals, the higher the score will be. The more the caregiver misses or is unaware of signals, the lower the score will be. Keep in mind that caregivers miss signals for a variety of reasons (e.g., disinterested, overwhelmed, deeply focused on something else, or distracted), and that the goal is to reflect the caregiver’s typical style. It is also important to note that sometimes a caregiver will be poor at recognizing signals (e.g., not tuned in to what children are interested in) but may still exhibit other positive caregiving behaviors such as using specific and positive language or introducing/engaging children in playful activities.

Example:

Score of 0: Caregiver is not involved with the children throughout the classroom assessment and is typically silent. Children play with the toys in the classroom on their own with rare instances of checking in and/or responding to the needs of the children.

Score of 1: Caregiver is not involved consistently with the children throughout the classroom assessment and there are periods of silence. Children play with the toys in the classroom on their own with only a few instances of checking in and/or responding to the needs of the children.

Score of 2: Caregiver is involved with the children throughout the classroom assessment and has brief moments of silence. There are several instances where the caregiver is responding to the needs of the children.

Score of 3: Caregiver is involved with the children throughout the classroom assessment. There are frequent instances where the caregiver is responding to the needs of the children.

Note taking Recommendation:

Missed Signals	Noticed Signals

P-WRS-05: 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.)

Facility type: All facilities

Age Group: All Ages

Scoring criteria: Points-based

N/A Allowed: No

Key Behaviors: Caregiver comforts child, celebrates accomplishments, values need, shows acceptance of feelings, etc.; responds with language that is positive in content and tone

Responding promptly and sensitively to children’s cognitive and affective signals is a more advanced skill than P-WRS-04. Rather than just noticing and acknowledging/attending to children’s signals, this measure focuses on the quality of the caregiver’s response (i.e., responses are characterized as warm and sensitive and encourage continued/expanded exploration or interaction).

Scoring Criteria:

Score of 0	Score of 1	Score of 2	Score of 3
<p>Responds negatively to children’s cognitive or affective signals or One or more instances of negative language or non-verbal behavior in response to a child(ren)</p>	<p>Responses are generally neutral with no negative behaviors.</p>	<p>Response style is typically warm and positive with no evidence of negative responses.</p>	<p>Response style is highly supportive. Children typically receive warm and sensitive responses to affective and cognitive signals</p>
<p>Responses are typically characterized as cold or flat.</p>	<p>Rare instances of sensitive responses may be noted</p>		

When scoring this measure, consider first whether the caregiver responded negatively to children’s cognitive or affective signals. If there was no negative behavior, consider how often the caregiver sensitively responded to children’s signals.

Example:

Score of 0: Caregiver responds negatively or with no affect. Caregiver may use sarcasm or dry tone with child(ren). Child is upset, and caregiver says “Stop crying. You’re fine.”

Score of 1: Caregiver responses are neutral and of flat affect. Child is upset, and caregiver says, “It’s ok, just get another one.”

Score of 2: Caregivers responses are typically warm and positive with few instances of neutral responses. Child is upset, and caregivers says “Are you ok? What happened?”

Score of 3: Caregivers responses are supportive to the emotional and physical needs of the child. Child is upset, and caregivers says “Oh no, I see you’re sad. What can I do to help you feel better?”

Note taking Recommendation:

Negative Response	Neutral Response	Warm and Positive Response

P-WRS-06: Adjusts one’s own behavior to meet the needs, interests, and abilities of individual/groups of children

Facility type: All facilities

Age Group: All Ages

Scoring criteria: Points-based

N/A Allowed: No

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.

This item measures how often a caregiver is able to adjust his/her style to meet children’s individual differences (e.g., a caregiver may talk softly to a shy/quiet child but may joke with a child who is more boisterous).

It also measures how many instances of rejection or unfairness are observed. Caregivers sometimes, intentionally or unintentionally, show signs of rejection to a particular child(ren). Caregiver bias can be linked to challenging behaviors, demographic characteristics, or even developmentally appropriate behavior a caregiver personally finds undesirable. Drawing undue, inconsistent, or unfair attention to a child’s behavior can lead to feelings of rejection. Consider the following example:

Two children spill water out of the sand and water table. The caregiver goes over to the children, and says to one, “Sarah, you always make a mess. You need to go to another center.”

Caregivers can also positively single out children as well by giving one child extra attention, praise, or opportunities beyond what is given to the other children. For example, the caregiver could ask questions to a specific child every time someone is wrong because they “always know the answer.” However, this does not pertain to jobs such as a “special helper” or “star of the class.”

Definition of terms:

Strong rejection: Caregiver is demeaning, critical, or highly restrictive of a particular child while other children experience acceptance for similar behaviors.

Mild rejection: Caregiver notices the child’s signal but ignores the child or redirects the child to a new activity without offering an opportunity for sustained interaction with the caregiver.

Responds well: Caregiver builds feelings of acceptance by adapting their interaction style to meet the needs of individual children. For example, an infant caregiver may have an infant who loves to give hugs. The caregiver may often hug this child. However, another infant may not like to be hugged. Rather than hugging this infant, the caregiver may smile and get on the child’s eye level when checking in on the infant.

Scoring Criteria:

Score of 0	Score of 1	Score of 2	Score of 3
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	Generally, shows tolerance for individual children	Caregiver consistently demonstrates fairness, acceptance, and ability to adjust	Caregiver responds well to individual differences and needs among children
	One or more mild instances of rejection/failure to adjust	A few opportunities for improvement were noted	No instances of rejection or unfairness are noted

Example:

Score of 0: Caregiver consistently rejects child’s needs or is unfair in addressing the needs of the children in the classroom. Caregiver consistently rejects child’s request to play in blocks saying, “the center is closed”, but accepts another child’s request, allowing them to play in blocks. Caregiver never adjusts behavior or guidance to meet the child’s needs.

Score of 1: Caregiver may display mild rejection to a child’s needs during observation. Child takes toy into another center to play. Caregiver says, “Baby dolls stay in home center.”

Score of 2: Caregiver is tolerant to a child’s needs during observation, but still may display some mild rejection. Caregiver sits on floor with children, when one crawls into her lap. Caregiver picks up child to place back on the floor and says, “We’re all going to sit on the floor.”

Score of 3: Caregiver responds to individual needs of all children. Caregiver may get low to talk with one child, stand close to aide another, offer limited support for another to complete a task and provide hand over hand support to assist another. Child takes toy into another center to play. Caregiver says, “I see you want to have baby dolls in the Science center perhaps we should add dolls to our science center.”

Note taking recommendation:

Does Not Adjust Behavior	Adjusts Behavior	Rejects Child	Accepts Child

LANGUAGE FACILITATION AND SUPPORT

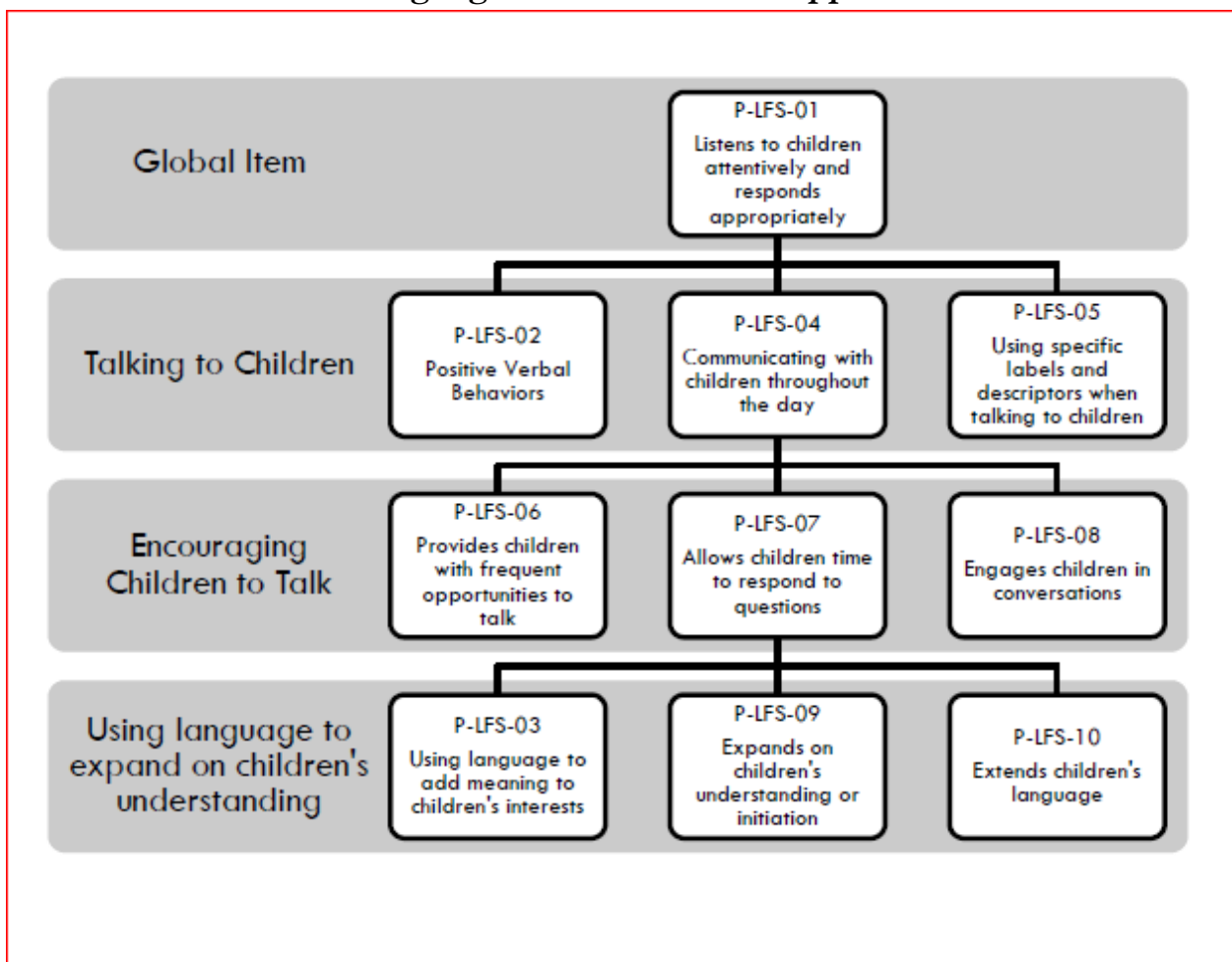
Support for children’s language development is a key feature of quality in early care and education settings. Frequent language stimulation is expected of caregivers regardless of the age and verbal ability of children in care. These measures focus on how the caregiver globally supports children’s language, models language when talking to children, encourages children to talk, and uses language to expand children's understandings.

Subcategory Notes:

- Points-based, process features of care
- Applicable to childcares and licensed & registered homes
- Applicable to all ages.

Each of these measures focuses on a distinct aspect of language facilitation and support however there is some overlap across items. The diagram below illustrates how these items are distinct and relate.

Language Facilitation and Support



P-LFS-01: Listens to children attentively and responds appropriately to their language, vocalizations, and non-verbal attempts at communication.

Facility type: All facilities

Age Group: All Ages

Scoring criteria: Points-based

N/A Allowed: No

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.

Children use words, vocalizations, and gestures to attempt to communicate with the caregiver. Infants and younger toddlers typically use gestures and vocalizations to attempt to communicate with the caregiver. Older toddlers, preschoolers, and school age will typically use words/approximations when attempting to communicate.

For this measure consider all gestures that can “take the place of a word” as attempts at communication. For example, a child may point to a toy they want or signal “give me that” by clenching and unclenching their hand.

Vocalizations are attempts to communicate that do not approximate or sound like a real word. For example, an infant may coo (e.g., “Ah!” or “Ba”) and a toddler may babble (e.g., “Ba-ba-ba-ba”) to communicate with a caregiver.

This item measures how often the caregiver notices and responds positively to children’s attempts to communicate with the caregiver. Note that the caregiver does not need to expand on (e.g., add detail or meaning, engage in extended conversation) the children’s attempts at communication to receive credit for this item. The caregiver just needs to notice and respond positively (e.g., warm and sensitive) to the children’s attempt at communication.

Scoring Criteria:

Score of 0	Score of 1	Score of 2	Score of 3
Caregiver is observed rarely responding to children’s attempts at verbal and non- verbal communication, 0-1 instances listening and responding observed	Caregiver is observed on few occasions responding positively to children’s attempts at communication, 2-3 instances of listening and responding observed	Caregiver is observed on several occasions responding positively to children’s attempts at communication, 4-5 instances of listening and responding observed	Caregiver frequently responds to children’s attempts at communication, 6 or more instances of listening and responding observed

First determine how often the caregiver missed or responded to children’s attempts at communication. The amount of verbal communication children exhibit will impact caregiver scores. If children only attempt to communicate a few times during the observation period, those few instances will carry considerable weight in the final caregiver score (i.e., if caregiver fails to respond positively to the few opportunities presented, the score will be low). Conversely, if children frequently attempt communication, the final score is not as heavily impacted by particular instances of caregiver behavior (e.g., a few weak/neutral responses will not bring down a score when caregiver almost always responds positively). Then consider whether the caregiver responded to the children’s attempts at communication in negative, neutral, or positive ways.

Negative:

- Negative behavior: Caregiver ends the interaction and has a critical, negative tone.
- Negative Tone: Loud, abrupt, sarcastic or exasperated
- Negative Interaction: Caregiver ends the interaction. For example, caregiver responds to interaction by saying, “Sh.”

Neutral:

- Neutral Tone: Caregiver lacks negativity but may seem flat, disinterested, or disconnected from the child with whom they are communicating.
- Neutral Interaction: Caregiver stalls the interaction. For example, caregiver says, “Good job” or “Sit down.”

Positive:

- Positive Tone: Caregiver is warm, genuine, and seems connected to the child or children with whom he/she is communicating.
- Positive Interaction: Moves the interaction forward or promotes continued interaction/engagement among children or an individual child.

Scoring Note:

Children are giving a signal when they attempt to communicate with the caregiver. Therefore, also consider P-LFS-01 when scoring P-WRS-05: Responds promptly and sensitively to children’s cognitive and affective signals. However, note that not all instances of P-WRS-05 will apply to P-LFS-01. P-WRS-05 includes how the children respond to all signals the children give. P-LFS-01 just focuses on children’s verbal attempts at communication.

P-LFS-02: Uses positive verbal responses and encouragement to provide reinforcement or acknowledge positive behavior/accomplishments

Facility type: All facilities

Age Group: All Ages

Scoring criteria: Points-based

N/A Allowed: No

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”).

This item measures both the quantity of positive verbal responses and encouragement and how positive and supportive the reinforcement or encouragement was.

Positive verbal responses and encouragement give general feedback. A few examples are “Good job,” “That’s pretty,” and “You can do it!”

Scoring Criteria:

Score of 0	Score of 1	Score of 2	Score of 3
Absence of positive language to provide positive reinforcement or encouragement, 0- 1 instances observed	Few instances of positive language to provide positive reinforcement or encouragement.	Several instances of positive language to provide positive reinforcement and encouragement.	Caregiver provides frequent positive verbal responses and encouragement
	Praise/encouragement, delivery may seem flat or disinterested, 2- 3 instances observed	Praise/encouragement is generally characterized as warm and supportive, 4- 5 instances observed	Praise/encouragement is generally characterized as warm and supportive, 6 or more instances observed

First consider how much positive verbal responses and encouragement the caregiver provided throughout the assessment. Then consider how positive the praise is generally characterized as flat or disinterested, or warm and supportive.

P-LFS-03: Uses language to add meaning/expand on child(ren)s interests or agenda

Facility type: All facilities

Age Group: All Ages

Scoring criteria: Points-based

N/A Allowed: No

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 caregiver’s own interest/agenda is not considered in this item

This measure focuses on how often the caregiver uses language to build or expand upon the children’s interests or agenda. A child’s attention and interest can be determined by observing the child’s affective signal, noting what the child’s visual or physical attention is focused on, or based on what a child has said.

Scoring Criteria:

Score of 0	Score of 1	Score of 2	Score of 3
Caregiver rarely uses language to build on child(ren)’s interest or agenda, 0-1 instances observed	Caregiver is observed on few occasions using language to build on child(ren)’s interest or agenda, 2-3 instances observed	Caregiver is observed on several occasions using language to build on child(ren)’s interest or agenda, 4-5 instances observe	Caregiver frequently uses positive language to build/expand on child(ren)’s interest or agenda, 6 or more instances observed

Score of 0: Caregiver rarely uses language to build on child(ren)’s interest or agenda, 0-1 instances observed

Score of 1: Caregiver is observed on few occasions using language to build on child(ren)’s interest or agenda, 2- 3 instances observed

Score of 2: Caregiver is observed on several occasions using language to build on child(ren)'s interest or agenda, 4-5 instances observed

Score of 3: Caregiver frequently uses language to build on child(ren)'s interest or agenda, 6 or more instances observed

Consider how often the caregiver uses positive language to expand on children's interest or agenda to determine the final score. A key distinction for this item is expands on **child** interest or agenda (i.e., not the caregiver's interest/agenda). This item requires the assessor to have noticed what a child was actively engaged in **before** the caregiver initiated interaction/support with a child. Pay attention to what a child is focused on (i.e., what is child looking at or touching) at the moment just before a caregiver speaks or non-verbally initiates with a child. If caregiver talks about (e.g., "what is that?" or "it's a monkey") or non-verbally (e.g., demonstrates a toy or claps hands) initiates on topic with what the child was interested in, score the behavior under this measure. If the caregiver is redirecting children's attention to a new interest or according to caregiver agenda do not score the language support under this measure.

This item also emphasizes the use of language that **expands** on child interest (e.g., child is playing with a ball and caregiver says, "Wow, you like that red ball. Do you want to see how far you can roll it?") Do not consider instances in which a caregiver provides brief acknowledgements or praise linked to a child's active interest (e.g., child is playing with a ball and caregiver says, "Oh wow, I see that").

Scoring Note:

Caregivers who build on children's interest and agenda with language are also noting the children's needs and signals. Therefore, consider the evidence for P-LFS-03 in P-WRS-04: Notices and attends to children's needs. Note that not all P-WRS-04 evidence will fit in P-LFS-03. P-WRS-04 considers how the caregiver responds to children's needs and signals. P-LFS-03 instead focuses on the language that the caregiver uses to positively respond to children's interests and agenda.

P-LFS-04: Communicates with children throughout the day (in whole group activities, small groups, mealtimes, outdoor play.)

Facility type: All facilities

Age Group: All Ages

Scoring criteria: Points-based

N/A Allowed: No

Key Behaviors: Caregiver provides frequent language stimulation; routinely talks to children and imitates sounds infants and toddlers make throughout the day

This measure focuses on how much the caregiver talks to children throughout the observation period (e.g., during diapering, feeding, outdoor play, group activities, center time). While all caregivers are likely to have brief periods of low verbal engagement (e.g., momentary distraction, allowing children time to explore or talk amongst themselves), caregivers are generally expected to talk with children across a broad range of activities and daily routines. This item also captures the extent to which caregiver communication is generally restricted to addressing behavioral challenges, classroom management, and basic directions versus being aimed at stimulation that supports learning and child engagement.

Scoring Criteria:

Score of 0	Score of 1	Score of 2	Score of 3
Caregiver is rarely observed providing language stimulation; frequent instances of low verbal engagement/withdrawal observed	Caregiver is observed a few times offering language stimulation; Several instances of low verbal engagement/withdrawal observed	Caregiver is observed several times offering language stimulation; Few instances of low verbal engagement/withdrawal observed	Caregiver is frequently observed providing language stimulation; Rare instances of low verbal engagement/withdrawal

To determine the final score, consider the number of times that the caregiver communicates with children throughout the day:

- Rarely: 0-1 instances
- Few: 2-3 instances
- Several: 4-5 instances
- Frequently: 6 or more instances

***P-LFS-05: Uses descriptive language during the observation period.
(Specific labels and descriptors such as...)***

Facility type: All facilities

Age Group: All Ages

Scoring criteria: Points-based

N/A Allowed: No

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

Rich language includes a variety of labels (i.e., specific nouns and verbs), descriptors (e.g., red, soft, bright), and questions (e.g., balancing closed and open-ended) to expand children’s vocabulary and provide links between concepts that help build understanding.

An activity is a song, game, or playful activity that the caregiver does with the children.

Context refers to a specific activity setting or time within the daily schedule. For example, whole group, small groups, mealtimes, and outdoor time, diapering, feeding.

Scoring Criteria:

Score of 0	Score of 1	Score of 2	Score of 3
Caregiver rarely uses specific labels and descriptors	Caregiver uses a few specific labels and descriptors, but variety/breadth is limited	Caregiver uses several varieties of labels and descriptors	Caregiver frequently uses a wide variety of labels and descriptors throughout the observation period
		Use of specific labels and descriptors is not limited to one or two contexts during the observation period	

First consider the variety and breadth of the labels that a caregiver uses throughout the classroom assessment.

- Limited variety/breadth: Caregiver repeats the same labels and descriptors throughout the classroom assessment. For example, the caregiver may use only the following labels: ball, blocks, doll, and cup when talking with the children throughout the day.
- Variety/breadth across observation period: Caregiver uses a broad range of labels and/or descriptors across a variety of activities. For example, the caregiver may describe the weather outside, label plants in the classroom and the flower shop items in dramatic play, label and describe what the children are eating for lunch, what plants need to eat, and the pictures in a book during story time.

To determine the final score, consider the number of times that the caregiver uses descriptive language during the observation period.

- Rarely: 0-1 instances
- Few: 2-3 instances
- Several: 4-5 instances
- Frequently: 6 or more instances

P-LFS-06: Provides children with frequent opportunities to talk with caregivers during the observation period (small group, whole group, outdoor play, mealtimes.)

Facility type: All facilities

Age Group: All Ages

Scoring criteria: Points-based

N/A Allowed: No

Key Behaviors: Caregiver actively encourages children to communicate (i.e., caregiver should not be doing all of the talking/vocalizing); uses a variety of questions (open/closed) to encourage critical or creative thought.

The key distinctions for this measure are its focus on caregiver attempts to elicit/draw out communication from children (e.g., asking questions, initiating conversations/vocalizations) across a variety of activities/routines. Keep in mind that a caregiver may be very skilled at labeling and describing throughout the day but may fail to ask questions and encourage children to talk.

Scoring Criteria:

Score of 0	Score of 1	Score of 2	Score of 3
Caregiver rarely encourages children to communicate, 0-1 instances observed	Caregiver encourages children to communicate; 2-3 instances observed	Caregiver encourages children to communicate several times; 4-5 instances observed	Caregiver frequently encourages children to use language throughout the observation period; 6 or more instances observed

First consider the number of settings or activities, and frequency within setting or activities that encouraged the children to communicate with the caregiver.

Also consider how well the caregiver encouraged expanded (i.e., more extended/elaborate utterances) language use by asking a variety of questions and encouraging critical or creative thought.

- Score of 0: Caregiver rarely encourages children to communicate throughout the observation period, 0-1 instances observed
- Score of 1: Caregiver provides few attempts to elicit language throughout the observation period 2-3 instances observed
- Score of 2: Caregiver is observed on several occasions encouraging language across a variety of setting/activities throughout the observation period, 4-5 instances observed
- Score of 3: Caregiver frequently encourages children to use language throughout the observation period, 6 or more instances

P-LFS-07: Allows children time to respond to questions before providing the answer or asking another question.

Facility type: All facilities

Age Group: All Ages

Scoring criteria: Points-based

N/A Allowed: No

Key Behaviors: Gives children time to think and respond before moving on; speaks and interacts at a pace comfortable for individual children

Caregivers often ask questions and immediately answer their own question or move on to another question or topic without giving children time to think and respond. This item captures the extent to which caregivers slow down and allow children time to attempt a verbal response. While some children need more or less wait time, look for caregivers to typically wait three or more seconds for children to respond when scoring this measure. When it is evident that a child is working on a response, note if the caregiver listens attentively/waits patiently or rushes the child/moves on too soon.

Scoring Criteria:

Score of 0	Score of 1	Score of 2	Score of 3
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, few 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 several times; very few instances of rushed/too brief wait time observed	Caregiver frequently provides children time to respond to questions before providing the answer or asking another question

Note that the amount of questions a caregiver asks will influence the weight each question has on the final score. For example, if a caregiver only asks 4 questions, and for 2 of these does not give children adequate time, the score will be lower than that of a caregiver not providing adequate wait time for 2 out of 15 questions. Also, consider that some caregivers have a style of stating their thoughts in the form of questions even when they are not trying to elicit language, and these periods of questioning generally lack wait time (e.g., caregiver is looking at a rattle with an infant and says, “oh, do you hear that?” <1” pause; “is it loud?” <1”; “you like that.”).

To determine the final score, consider the number of times that the caregiver allows children time to respond to questions before providing the answer or asking another question:

- Rarely: 0-1 instances
- Few: 2-3 instances
- Several: 4-5 instances
- Frequently: 6 or more instances

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

Facility type: All facilities

Age Group: All Ages

Scoring criteria: Points-based

N/A Allowed: No

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 caregiver

This item focuses on how many conversations the caregiver engaged in/attempted with individual children during the classroom assessment.

Conversation – a verbal interaction between a caregiver and an individual child that lasts for at least 3-5 turns, with one person taking at least 3 turns.

Example:

Caregiver has three turns:

(1st Turn) Caregiver: “What did you draw?” Child: “My dog.”

(2nd Turn) Caregiver: “Is that what your dog looks like?” Child: “Yes.”

(3rd Turn) Caregiver: “He is pretty!”

Child has three turns:

(1st Turn) Child: “Look what I drew!” Caregiver: “Wow, that’s pretty! Tell me about your picture.”

(2nd Turn) Child: “It’s my dog.” Caregiver: “Oh, what kind of dog is it?”

(3rd Turn) Child: “A lab.”

Children vary considerably in their language ability and willingness/interest to engage in conversation. Score this item based on caregiver attempts to encourage conversation, not based on if the attempts were successful. In other words, if a caregiver makes 3 attempts, each with adequate wait time, and a child still does not verbally respond, the episode still received credit under this measure. For example:

(1st Turn) Caregiver:” What did you draw?” pause Child: no-response

(2nd Turn) Caregiver: “Is that what your dog looks like?” pause Child: no-response

(3rd Turn) Caregiver: “He is pretty!” 3” pause Child: no-response

Scoring Criteria:

Score of 0	Score of 1	Score of 2	Score of 3
Caregiver rarely or never engages individual children in conversation, 0-1 instances observed	A few instances of the caregiver engaging in conversation with individual children, 2-3 instances observed	Several instances of caregiver engaging in conversation with individual children; 4-5 instances observed	If caregiver frequently engages in conversations with individual children, 6 or more instances observed

Scoring Notes:

This item does not consider who began the conversation. The child or caregiver can begin the conversation as long as one of them gets three turns to talk.

Conversations may look different across the different age groups. Infants’ and toddlers’ vocalizations and gestures will count toward the conversation.

P-LFS-09: Expands on children’s understanding or initiation by elaborating on what children say or draw attention to

Facility type: All facilities

Age Group: All Ages

Scoring criteria: Points-based

N/A Allowed: No

Key Behaviors: Caregiver’s language is contingently responsive. Child says; “I went to the zoo.” Depending on level of child, caregiver 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.

This item specifically focuses on how often the caregiver expands on children’s initiations (e.g., verbal/gesture attempts to gain caregivers attention). Child initiations are moments when a child has a comment, question, or idea that is not part of the caregiver’s current agenda. This occurs when children are engaged in exploratory play/centers and attempt to draw-in a caregiver using language, or when a child changes the direction of a caregiver’s play/agenda using language and the caregiver follows.

However, to receive credit for this measure, the caregiver must do more than acknowledge the child’s initiation (e.g. do not consider for this measure if the caregiver just says, “Ok” or “good job.”) The caregiver must instead deepen or expand on the child’s initiate to receive credit for this item by providing more specific information (e.g., specific label/descriptor with infant) or building background knowledge (e.g., defining, explaining, linking with preschoolers and older children).

Example

During a read aloud on flowers, a child calls out that her grandma grows flowers.

Non-examples:

- Caregiver ignores the comment and keeps reading.
- Caregiver nods and says ok but keeps reading or asks a question about the story.

Examples:

- Caregiver asks the child if her grandma grows the flowers in a garden.
- Caregiver asks the child if she knows what kinds of flowers her grandmother grows.

Scoring Criteria

Score of 0	Score of 1	Score of 2	Score of 3
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	Several instances of following up children’s initiations with more specific information or background knowledge were noted	Caregiver frequently follows up children’s initiations with more specific information or background knowledge
	Some missed opportunities were observed	A few missed opportunities may have been observed	

To determine the final score, consider whether the caregiver expanded on children’s understanding or initiations.

- Rarely: 0-1 instances
- Few: 2-3 instances

- Several: 4-5 instances
- Frequent: 6 or more instances

Scoring Note:

Remember that infants and toddlers can initiate communication with the caregiver through vocalizations and gestures. For this measure, consider if the caregiver expands on these types of child initiations when determining the final score.

Example:

Toddler holds his hand out for a ball, and then the caregiver says, “Do you want the ball? Here, let me roll it to you.”

Item Relations:

P-LFS-09 is a great example of how the warm and responsive style measures overlap with the language facilitation and support measures. The caregiver must notice children’s initiations by recognizing their verbal signals for older children and non-verbal signals for younger children. What differentiates P-LFS-09 is that it is solely based on the language that the caregiver uses to expand on the children’s initiations.

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.”)

Facility type: All facilities

Age Group: All Ages

Scoring criteria: Points-based

N/A Allowed: No

Key Behaviors: Recasting or restating what a child has said/indicating in a less fragmented/incomplete manner than the child expressed

This item measures how frequently the caregiver takes advantage of moments to extend the children’s partial comments or requests into full sentences.

Note that the caregiver must do more than correct a mispronounced word. The caregiver must turn the child’s fragmented comment or grammatically incorrect sentence into a grammatically correct sentence.

Child holds up a toy to the caregiver and says “Tethoscope.”

Non-example:

Caregiver says “Stethoscope.”

Example:

Caregiver says, “Are you playing with the stethoscope?”

For infants and young toddlers, consider how the caregiver extends their verbal attempts at communication.

Example: Infant reaches for the ball and says “Ba.” Caregiver says, “You want your ball?”

Scoring Criteria:

Score of 0	Score of 1	Score of 2	Score of 3
Caregiver 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

To determine the final score, consider the number of times that the caregiver extended children's language or modeled communicating in a complete idea or sentence.

- Rarely: 0-1 instances
- Few: 2-3 instances
- Several: 4-5 instances
- Frequent: 6 or more instances

PLAY-BASED INTERACTIONS AND GUIDANCE

The “Play-Based Interactions and Guidance” subcategory focuses on how the caregiver uses children’s play to develop children’s regulatory, emotional, and language development. Each measure focuses on a distinct behavior; however, there can be overlap between some of the items.

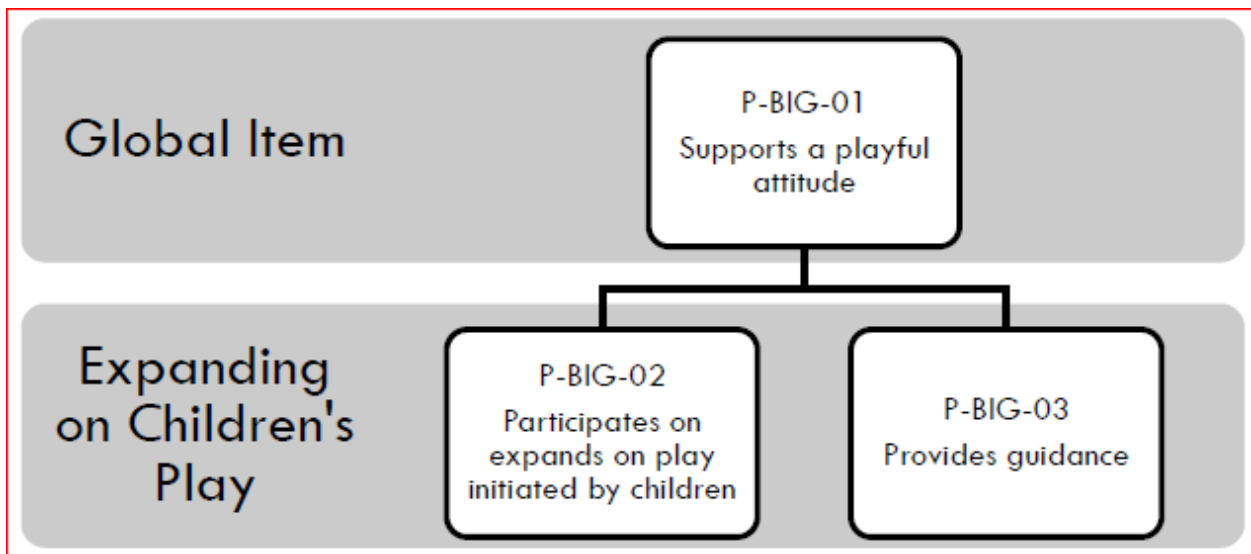
Below is a diagram showing one way the measures can relate to one another. Note that the diagram organizes the measures into how the caregiver supports children’s play. The measures focus on the how the caregiver:

- Globally supports children’s play and make-believe
- Expands on children's play

All 3 measures are also:

- Points-based measures,
- Applicable to childcares and licensed & registered homes, and
- Applicable to all ages.

Play-based Interactions and Guidance



P-PBIG-01: 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

Facility type: All facilities

Age Group: All Ages

Scoring criteria: Points-based

N/A Allowed: No

Key behaviors: Engages children in playful activities throughout the day; intentionally engages children in songs, books, games, etc.

This item measures how caregivers support a playful attitude in the classroom and considers both the frequency of opportunities for children to engage in songs, books, pretend play or games. This item also measures whether

the caregiver allows children to be playful and make choices about how to play or if the caregiver heavily directs the play.

Definitions:

For this measure, games refer to a playful approach. A playful approach does not require traditional game rules or a winner. For example, a caregiver can encourage children to pull items out of a mystery box to guess the new theme. This is a playful approach because the children get to guess the theme, rather than the caregiver simply telling the children the theme. Note that traditional games like Simon Says or Bingo games will count for this measure as well.

Scoring Criteria:

Score of 0	Score of 1	Score of 2	Score of 3
Caregiver does not engage 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 engages children in at least 1 song, book, pretend play, or game; these opportunities are caregiver-directed	Caregiver engages children in at least 2 songs, books, pretend play, or games; these opportunities are typically child-directed	Caregiver engages children in at least 3 songs, books, pretend play, or games; these opportunities are typically child-directed

Scoring Notes:

When scoring this item, first consider how often the caregiver engages children in songs, books, pretend play, or games.

Also note if the caregiver is engaging the children and is enthusiastic in her play-based interactions.

Also consider whether the caregiver demeans children's attempts at play, is directive or highly constrained, or allows children to be playful.

- A caregiver who demeans children's attempts at these types of play will criticize the child's way of doing the activity.
- A caregiver who is directive or highly constrained will direct the play by telling the children exactly what to do.
- Caregivers who give children choices about how to engage will follow and expand on the children's lead in playing the activity.

P-PBIG-02: Participates and expands on play initiated by children to reinforce language, ideas, and social development

Facility type: All facilities

Age Group: All Ages

Scoring criteria: Points-based

N/A Allowed: No

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

Note that **this item focuses on play that is initiated by children**, and that activities that the caregiver introduces will not be considered for this item.

Agenda refers to a person’s interest and/or goal/objective. This item measures whether the caregiver can maintain the child’s interest rather than redirecting the child’s interest to the caregiver’s agenda.

Keep in mind the measure emphasizes caregiver **participation** in play (e.g., joins in to play a role in pretend play, sings, and plays peek-a-boo).

Scoring Criteria:

Score of 0	Score of 1	Score of 2	Score of 3
Caregiver does not build on play initiated by the child(ren)	Caregiver participates in at least 1 play initiated by children though language support or expansion is minimal	Caregiver participates in at least 2 play-initiated by children and some instances of good language support and expansion were noted	Caregiver participates in at least 3 play-initiated by children; frequent good language support and expansion
Caregiver frequently redirects child(ren) rather than building on their agenda/interest	Caregiver may redirect child(ren) a few times rather than building on their interest	Caregiver rarely redirects child(ren) rather than building on their interest	Caregiver rarely redirects child(ren) rather than building on their interest

Scoring Clarifications:

Consider three components when scoring this item. First consider how often the caregiver participates in play initiated by children.

If the caregiver did participate in play initiated by children, then consider the quality of the language support and expansion.

- Minimal language support or expansion: Caregiver mostly acknowledges children’s comments.
- Some instances of good language support and expansion: Caregiver uses rich language and questions to expand on the children’s play for about half of the children’s initiations.
- Good language support: Caregiver uses rich language and questions to expand on the children’s play for the majority of the children’s initiations.

Also consider how often the caregiver redirects children rather than building on their agenda/interest.

P-PBIG-03: Provides guidance when children are working to complete a task/play rather than using overly directive strategies

Facility type: All facilities

Age Group: All Ages

Scoring criteria: Points-based

N/A Allowed: No

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.)

The measure focuses on how the caregiver provides guidance or overly directs children when they are completing a task.

Directive strategies – Caregiver gives the children instructions on how to solve the problem or directs how the children should complete the activity. Directive strategies are not negative, but there should generally be balance between highly structured/directive and less structured learning and play opportunities. Keep in mind that even highly directive language may include other positive elements that are considered under other measures (e.g., caregiver says, “make a building,” “it should be really tall,” “I’m using the widest blocks at the base of the building”; caregiver would receive positive credit for participating in play and using specific labels and descriptors).

Guiding strategies – Caregiver provides prompts, hints, or clues to encourage the child to problem solve a solution themselves and allows children to try out their ideas.

Example:

A child is not sure where to put a cow puzzle piece back in the puzzle.

Overly Directive example

Caregiver says, “The cow goes here” while pointing to the puzzle.

Guiding example

Caregiver says, “You’re holding a cow. Do you see a cow that looks like the one you are holding on the board?”

Scoring Criteria:

Score of 0	Score of 1	Score of 2	Score of 3
Caregiver is frequently overly directive	Caregiver is overly directive in several instances	Caregiver is overly directive in a few instances	Caregiver is rarely overly directive
Caregiver does not model, demonstrate, or discuss possible solutions/approaches	Caregiver provides few instances of guidance that helps children complete a task in a manner that encourages problem solving/flexibility are observed	Caregiver provides several instances of guidance while children are working to complete a task/play	Caregiver frequently provides guidance while children are working to complete a task/play rather than using overly directive strategies

To determine the final score, consider the number of times that the caregiver provides overly directive guidance when children are working to complete a task.

- Rarely: 0-1 instances
- Few: 2-3 instances
- Several: 4-5 instances
- Frequent: 6 or more instances

Note taking Recommendation:

On the scoring form, consider drawing a line in the middle of the note taking field. Write instances of directive behavior on one side, and guidance on the other.

SUPPORT FOR CHILDREN’S REGULATION

While many measures in the other three caregiver child interactions subcategories consider behaviors that can support the development of self-regulation the items in this subcategory isolate important practices that directly address these skills.

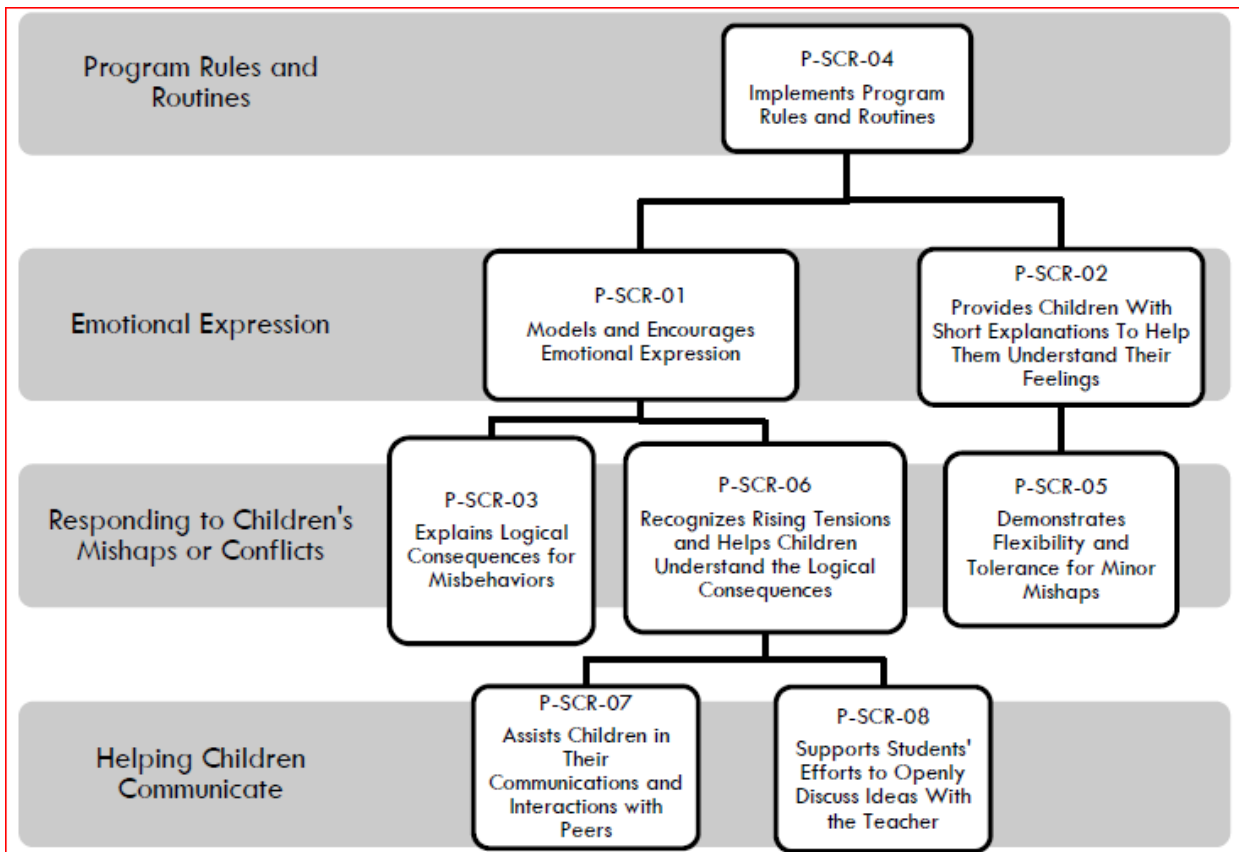
Subcategory Notes:

- Points-based measures
- Applicable to childcares and licensed & registered homes
- Do not apply to infants

Below is a diagram showing how the measures may sometimes relate to one another. Note that the diagram organizes the measures into the types of techniques that caregivers use to support children’s regulation. The techniques are how the caregiver:

- Encourages children to follow program rules and routines,
- Builds children’s emotional expression,
- Responds to Children's Mishaps or Conflicts, and
- Helps Children Communicate Needs

Support for Children’s Regulation



P-SCR-01: Models or 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.)

Facility type: All facilities

Age Group: Toddler, Preschool and School age classrooms

Scoring criteria: Points-based

N/A Allowed: No

Note: the quantifiers for this measure differ from the rest of Category 2

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.)

Helping children make connections between their actions and emotional reactions is one way to help support children’s regulation. This item specifically focuses on how often the caregiver helps label children’s feelings as well as how many intentional activities the caregiver engages children in to help build their emotional awareness or understanding.

Scoring Criteria:

Score of 0	Score of 1	Score of 2	Score of 3
Caregiver rarely models or encourages emotional expression	A few instances of modeling or encouraging emotional expression were noted	A few instances of modeling or encouraging emotional expression were noted	Several instances of modeling emotional expression were noted
0 instances of engaging children in intentional activities aimed at increasing emotional awareness or understanding	0 instances of engaging children in an intentional activity aimed at increasing emotional awareness or understanding	At least 1 intentional activity aimed at increasing emotional awareness or understanding	At least 1 intentional activity aimed at increasing emotional awareness or understanding

For a caregiver to receive credit for modeling or encouraging emotional expression, the caregiver must label or encourage children to label feelings. It may be easier to note instances when the caregiver models and explains why a child is sad or upset. Keep an ear out for the caregiver to label positive emotions as well.

Child claps their hands after finishing a puzzle.

Non-example:

Are you clapping because you finished the puzzle? Great job!

Example:

Are you clapping because you are proud that you finished the puzzle? Great job!

When scoring this item, also consider the number of intentional activities that the caregiver engages children in to build their emotional awareness or understanding. Note that a caregiver will not score above a 1 if the assessor does not observe an emotional awareness or understanding activity during the classroom assessment. The assessor may use the current lesson plan to see if an activity was/is planned for the day of the observation that the assessor may not be able to observe.

Activity is defined as a specific action that involves the direct the experience/participation of a child. Intentional activity is defined as one that has a purpose or goal. Intentional activities can be planned or spontaneous (teachable moments.) Planned activity is defined as one that has been arranged and prepared prior to instruction time.

P-SCR-02: Providing children with short explanations that help them understand why they are feeling a certain way

Facility type: All facilities

Age Group: Toddler, Preschool and School age classrooms

Scoring criteria: Points-based

N/A Allowed: No

Key behaviors: Caregiver 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.”

Definitions:

Negative reinforcement: Caregiver negatively addresses a child’s emotion. For example, a child begins crying when another child takes their toy. Caregiver says, “Stop crying. We don’t cry about toys in this class.”

Lengthy, overly complex, or difficult explanation: The connection between the emotion and reason for the emotion is not age-appropriate.

Simple and clear explanation: The connection between the emotion and reason for the emotion is age-appropriate.

Scoring Criteria:

Score of 0	Score of 1	Score of 2	Score of 3
Caregiver never provided children short explanations to help them understand why they were feeling a certain way	1-2 instances of caregiver providing explanations to help child(ren) understand why they are feeling a certain way	1-2 instances of caregiver providing short explanations that are simple and clear enough for children to understand	Caregiver provides 3 or more short explanations that are simple and clear enough to help children understand how a child(ren) are feeling
1 or more instances of caregiver providing negative reinforcement or feedback when children were attempting to express emotions	Explanations can be characterized as too lengthy, overly complex, or difficult for children to understand	May also have 1-2 instances of weaker explanations	

First consider, whether there were any instances where the caregiver responded negatively to children who were attempting to express emotions. If there were, the score will be a 0.

If there are no negative responses to children’s emotions, then consider how often the caregiver gave short, clear explanations and lengthy, overly complex, or difficult explanations.

P-SCR-03: Explains logical consequences for behaviors rather than providing arbitrary consequences

Facility type: All facilities

Age Group: Toddler, Preschool and School age classrooms

Scoring criteria: Points-based

N/A Allowed: No

Key behaviors: Verbalizes for children logical consequences for behaviors

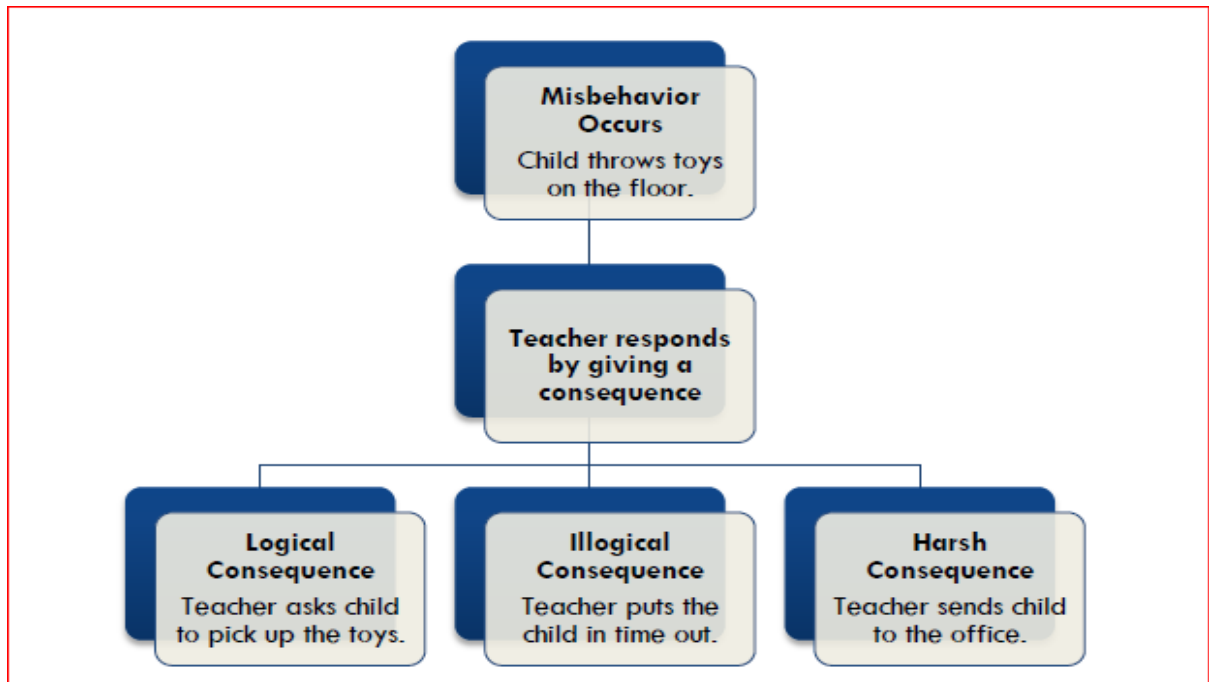
This item measures how often the caregiver offers consequences that are logical, illogical, or harsh when misbehavior has occurred.

Logical consequences are a behavioral management/disciplinary strategy in which the caregiver imposes a consequence closely related (e.g., temporally and in spirit) to a specific misbehavior(s). In an effort to support better behavioral choices caregivers may articulate/remind children of consequences before problems arise. For example, if a child has been throwing rocks at others on the playground slide this week, the caregiver may remind this child just before going outside that if she throws rocks at the slide today she will need to leave the playground.

Illogical consequences are not directly related to the misbehavior that occurred, but they are not necessarily negative. For example, sending a child to a brief time out for taking a toy away from another child is not logically connected to the toy or sharing.

Harsh consequences are negative/punishments and are not directly related to the misbehavior that occurred.

Example:



Scoring Criteria:

Score of 0	Score of 1	Score of 2	Score of 3
Caregiver rarely verbalizes consequences for behavior and these consequences are typically illogical	Caregiver explains consequences for behavior on a few occasions though those consequences are typically illogical	Caregiver explains logical consequences for behavior on several occasions	Caregiver frequently verbalizes logical consequences for behavior
Verbalizes 1 or more punitive or harsh consequences for behavior	Rare instances of explaining logical consequences observed	Rare instances of explaining illogical consequences observed	

When scoring this measure, first consider how often the caregiver verbalizes consequences. Remember to note both reactive and proactive references to logical and illogical consequences.

Then consider whether the caregiver used a punitive or harsh consequence. If the caregiver did use a punitive or harsh consequence, then the score is a 0. Note a caregiver can also Score a 0 if he/she rarely verbalizes consequences. Scores of 1 and 2 indicate inconsistency and a mixture of logical and illogical consequences, while a score of 3 indicates only logical consequences were observed.

To determine the final score, consider the number of times that the caregiver verbalizes/explains logical consequences for behavior.

- Rarely: 0-1 instances
- Few: 2-3 instances
- Several: 4-5 instances
- Frequent: 6 or more instances

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.)

Facility type: All facilities

Age Group: Toddler, Preschool and School age classrooms

Scoring criteria: Points-based

N/A Allowed: No

This measure focuses on the following:

- The frequency in which the caregiver typically encourages children to follow rules and routines
- The number of developmentally inappropriate rules or routines that were present during the classroom assessment
- The number of harsh or developmentally inappropriate rules and routines.

Appropriate rules and routines: Age appropriate for the children to follow. For example, preschool children may use a center management system to choose the centers they want to explore in an organized fashion.

Developmentally inappropriate rules or routines: Rules and routines that are not age appropriate for the children. For example, a toddler caregiver may have a 30-minute whole group time and an expectation that children must be seated the entire time.

Harsh rules and routines: For example, children are not allowed to talk in a preschool classroom, and instead must do all of their work independently/quietly.

Scoring Criteria:

Score of 0	Score of 1	Score of 2	Score of 3
Caregiver does not refer to or encourage child(ren) to follow rules and routines that help children learn to regulate their own behavior	Caregiver refers to or encourages child(ren) to follow rules and routines that help children learn to regulate their own behavior at least 1 times	Caregiver refers to or encourages child(ren) to follow rules and routines that help children learn to regulate their own behavior at least 2 times	Caregiver references or encourages child(ren) to follow rules and routines that help children learn to regulate their own behavior at least 3 times
2 or more instances of referencing/implementing harsh or developmentally inappropriate rules and routines	0-1 instances of implementing/referencing developmentally inappropriate rules or routines; no implementation/references to harsh rules or routines	No instances of implementing or referencing developmentally inappropriate or harsh rules or routines	No instances of implementing or referencing developmentally inappropriate or harsh rules or routines

First consider how often the caregiver refers to or encourages the children to follow the rules and routines.

Then consider whether the caregiver imposed/referenced any harsh or developmentally inappropriate rules and routines. If the caregiver did use harsh or developmentally inappropriate rules and routines, then count the number of times the caregiver did so to distinguish between a Score of 0 and 1.

Note: A caregiver can also score a 0 if she/he does not refer to or encourage children to follow rules and routines and can score that 0 despite the absence of referencing developmentally inappropriate or harsh rules or routines.

P-SCR-05: Demonstrates flexibility and tolerance for minor mishaps and misbehaviors

Facility type: All facilities

Age Group: Toddler, Preschool and School age classrooms

Scoring criteria: Points-based

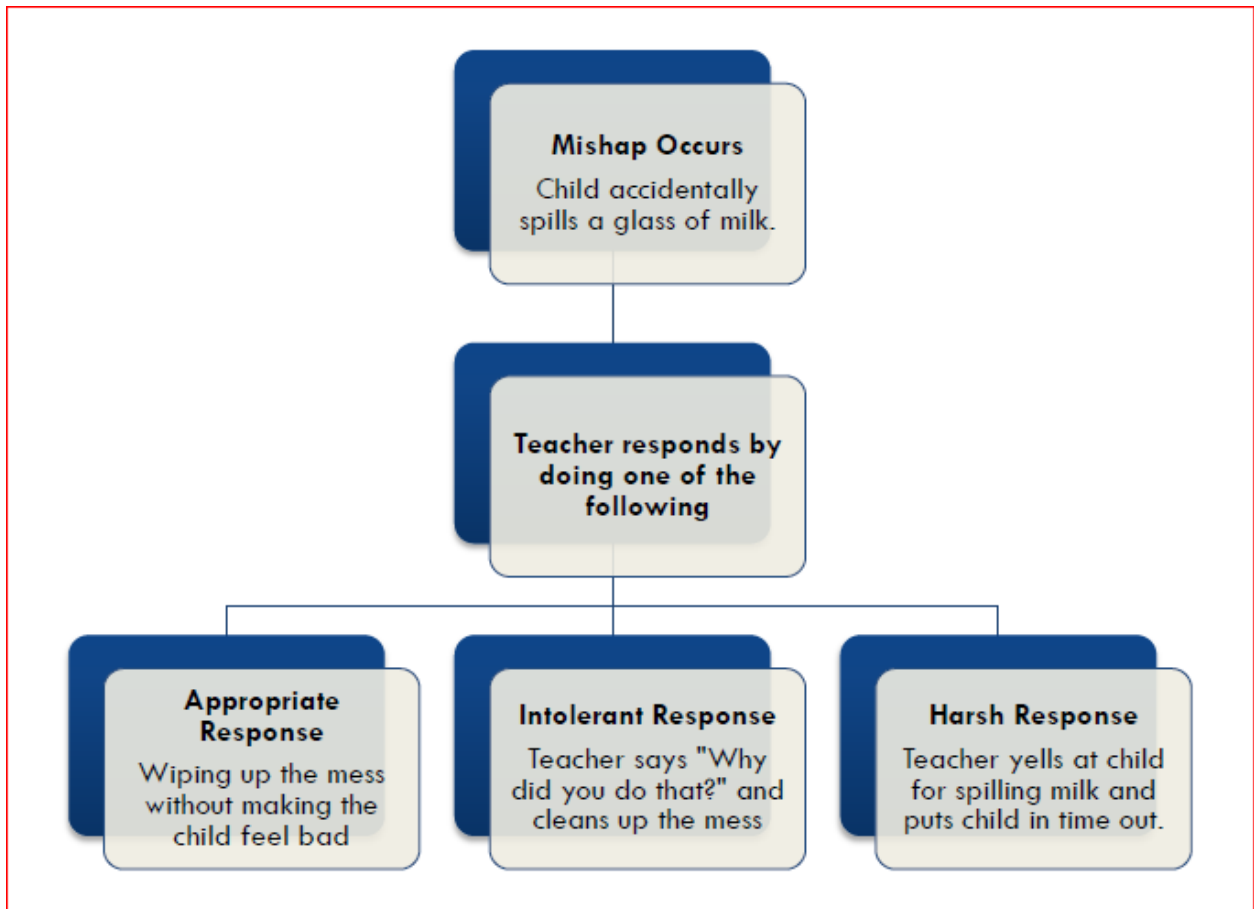
N/A Allowed: No

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 caregiver uses distraction to help child avoid a meltdown when frustrated or cannot get their way

This measure captures the absence of intolerant and/harsh negative responses to mishaps and minor misbehaviors.

When scoring this item, also consider the caregiver’s response to developmentally expected mishaps that caregivers sometimes overreact to (e.g., wetting clothes, dropping a bowl of cereal, accidentally stepping on a friend’s hand).

Minor mishaps and misbehaviors are unexpected events to a routine (the routine of a child’s personality, the routine of the classroom, the routine of an activity, etc.), that may disrupt progress; depending on how the matter is dealt with.



Scoring Criteria:

Score of 0	Score of 1	Score of 2	Score of 3
3 or more instances of intolerant response to minor mishaps/ misbehaviors	2 or more instances of intolerant response to minor mishaps/ misbehaviors	1 instance of intolerant response to minor mishaps/ misbehaviors	0 instances of intolerant or harsh response to minor mishaps/ misbehaviors
1 or more negative responses to such behaviors	No negative responses to such behaviors	No negative responses to such behaviors	

P-SCR-06: Recognizes rising tensions and helps children understand the logical consequences of their actions before problem behaviors occur

Facility type: All facilities

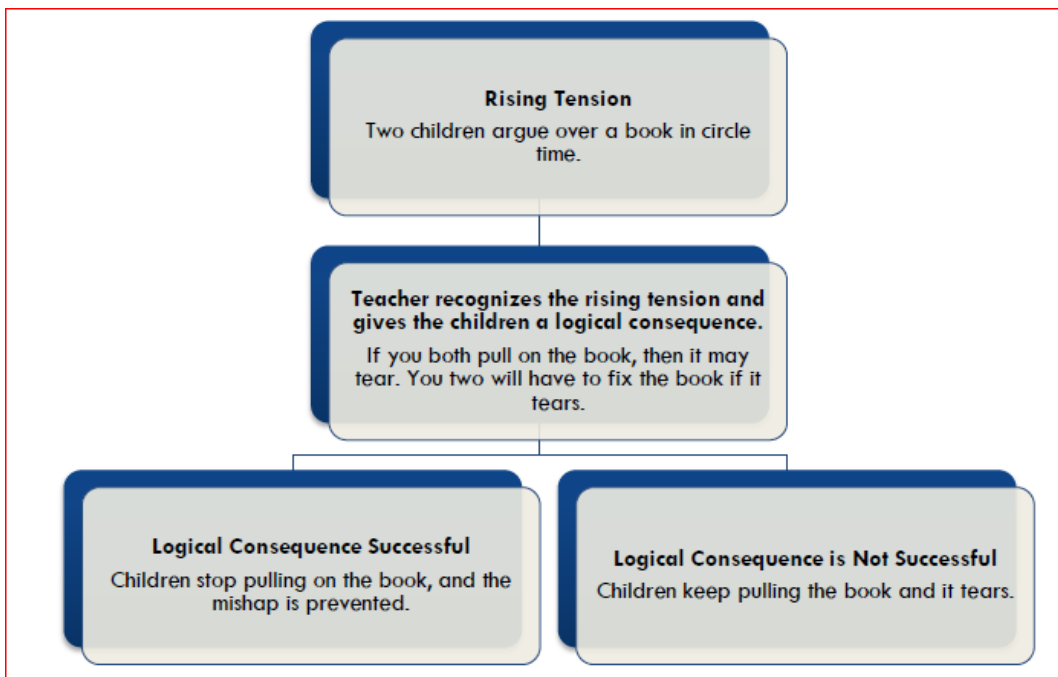
Age Group: Toddler, Preschool and School age classrooms

Scoring criteria: Points-based

N/A Allowed: No

This measure focuses on how well the caregiver is able to prevent problem behaviors before they occur. To accomplish this, the caregiver must first recognize rising tensions in the classroom and then provide child(ren) the logical consequence before the misbehavior occurs. Whether giving the logical consequence before the misbehavior occurs is successful or not in preventing the misbehavior is also a factor in this measure.

Rising Tension: Consider rising tension a misbehavior that is about to happen. It can also reference conflict between two children or between the caregiver and the child that is escalating. Tension can refer to an individual child whose frustration is building or is becoming upset (e.g., a child is pouting because she does not want to read the book).



Scoring Criteria:

Score of 0	Score of 1	Score of 2	Score of 3
Caregiver rarely recognizes rising tensions in time to act	Caregiver recognizes rising tensions in time to act	Caregiver recognizes rising tensions in time to act	Frequently recognizes rising tensions in time to act; or no instances of rising tensions, or no instances of rising tensions
Unable to help children understand the logical consequences of their actions before problem behaviors occur	Typically unable to help children understand logical consequences of their actions before problem behaviors occur	Typically able to help children understand logical consequences of their actions before problem behaviors occur	Frequently able to help children understand logical consequences of their actions before problem behaviors occur

First consider how often the caregiver gives children a logical consequence before the misbehavior occurs. Giving this logical consequence ahead of time will indicate that the caregiver is noticing children’s rising tensions.

Then consider whether the caregiver’s logical consequence prevented the misbehavior from occurring.

- Unable to help: For the majority of the time, the children still escalate and engage in the behavior that the caregiver was trying to prevent.
- Typically Unable: For the majority of the time, the children still escalate and engage in the behavior that the caregiver was trying to prevent.
- Typically Able: For the majority of the time, the children do not escalate and engage in the behavior that the caregiver was trying to prevent.

P-SCR-07: Assists children in their communications and interactions with peers (guides them as they resolve conflicts, speak respectfully to each other, initiate and expand on each other’s play ideas.)

Facility type: All facilities

Age Group: Toddler, Preschool and School age classrooms

Scoring criteria: Points-based

N/A Allowed: Yes if, assistance in communications and interactions with peers is not necessary.

This measure focuses on how often the caregiver assists children in their communications and interactions with peers, the quality of that assistance and whether the caregiver encourages negative peer interactions among peers.

Encouraging negative or hurtful behavior among peers refers to caregivers who encourage children to use a negative tone or message with their peers.

Typically poor support: caregiver heavily directs the interactions.

Typically good support: Caregiver uses supportive language to help the children communicate with each other.

Scoring Criteria:

Score of 0	Score of 1	Score of 2	Score of 3
Caregiver rarely assists children in their communications and interactions with peers	Caregiver assists children in their communications and interactions with peers	Caregiver assists children in their communications and interactions with peers several times	Caregiver frequently assists children in their communications and interactions with peers
	Assistance is frequently poor	Assistance is frequently good	Assistance is frequently good
1 or more instances of assistance in peer interactions that encourages negative or hurtful behavior among peers	No instances of assistance that encourages negative or hurtful behavior among peers	No instances of assistance that encourages negative or hurtful behavior among peers	No instances of assistance that encourages negative or hurtful behavior among peers

First consider how often the caregiver assists children in their communications with their peers.

Caregivers who encourage negative or hurtful behavior among peers will automatically score a 0.

To determine whether the assistance is typically poor or good, consider whether the caregiver directs the interactions or uses supportive language to help the children communicate with each other.

CATEGORY 3: CURRICULUM

Curriculums offer a scope and sequence of activities and learning objectives that help children meet specific developmental benchmarks. The curriculum 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.

The TRS measures regarding "Lesson Plans and Curriculum" do not require a particular curriculum to be used and do not require a direct link to a curriculum. However, the use of a standard curriculum or linkages to a curriculum is considered a best practice and would assist the caregivers in developing lesson plans that follow a scope and sequence of activities and learning objectives that help children meet specific developmental benchmarks.

Lesson plans are the tools that caregivers use to plan which activities will help children meet the specified developmental benchmarks. The lesson plan should therefore, include learning objectives linked to an early learning domain. Objectives can most easily be described as the "why" an activity is being done; describing what the child is expected to learn from the activity. Objectives should be valid and developmentally appropriate. These may come directly from curriculum used by the caregiver or based upon the early learning guidelines. Objectives that do not demonstrate these aspects can be counted but noted for additional technical assistance by a TRS mentor. The TRS measures regarding "Lesson Plans and Curriculum" are designed to demonstrate that the classroom activities are intentionally linked to an early learning domain.

Protocol for Scoring Lesson Plans

The "Lesson Plans and Curriculum" and "Planning for Special Needs and Respecting Diversity" subcategories will be scored based on a review of the lesson plans that cover the past month, therefore the lesson plans submitted are to be consecutive and the most current. The assessor will need to request these lesson plans from the caregiver. Note that the lesson plans can be requested and reviewed ahead of time.

Lesson plans come in different formats. For example, some lesson plans cover a month, some are biweekly, and some are weekly. The format of the lesson plan does not matter as long as only the past consecutive four weeks are being reviewed.

Before scoring the individual measures, first determine whether the four weeks of lesson plans includes learning objectives. To be considered as part of the domain frequency, each activity must have a learning objective.

Additionally, credit may only be given for one activity per measure. (I.e., if the same book is listed 3 times in a week for Literacy-Reading, it will only be counted once.) However, if a different objective is listed for a repeated activity, it can be used again for scoring.

Caregivers can, but are not required to, code their lesson plans. Coding refers to the caregiver delineating which learning domain the activity falls under, either with a "code" within the activity description or with subject headings on a lesson plan.

Example:

Monday	Activity: Read <u>I'm Gonna Like Me</u> Objective: Children learn text and word association (Emergent Literacy-Reading) OR (ELR)
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Activities may be "double-coded". One activity can be counted for multiple measures. Note that for the activity to count under multiple measures, each code must have its own objective.

Example:

Monday	Activity: Read <u>I'm Gonna Like Me</u> Objective: Children learn text and word association (Emergent Literacy-Reading) or (ELR) and Children learn about self-esteem (Social-Emotional) or (SE)
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If the provider/caregiver chooses to code their activities, they would be responsible for the way they code their activities. By coding the activities and referring to the curriculum-based measures they should be aware of domain frequencies by scoring level. The assessor will then score the lesson plan based on the caregiver's codes.

If the lesson plan does not have learning objectives, then Score a 0 for all the measures in the "Lesson Plans and Curriculum".

If the lesson plan meets the above two criteria, then score each measure according to the scoring criteria for that measure.

The Lesson Plans and Curriculum and Planning for Special Needs and Respecting Diversity subcategories will be scored based on the content of the lesson plans rather than the format of the lesson plan. Therefore, accept any format of the lesson plan that the caregiver presents, whether it is a standardized lesson plan template from the curriculum, a monthly calendar that lists activities, or other form of lesson plan. Make sure to score the last four weeks' worth of lesson plans however.

Do not score the Lesson Plans and Curriculum and Planning for Special Needs and Respecting Diversity subcategories during the 1-1.5-hour classroom assessment. The document review should occur outside the classroom assessment. Note that the assessor will only score these measures based on the classroom that is being assessed.

Sample lesson plans can be found in the Appendix of this manual.

Note Taking Recommendations:

Divide each note section to reflect four columns: Week 1, Week 2, Week 3, and Week 4. Tally the number of activities listed per week that supports the indicated domain. If the lesson plans are formatted bi-weekly or monthly the same note taking recommendation can be used. Taking the total number of activities for that time frame, divide by the number of weeks accounted. See examples below.

Scoring Note: Although Lesson Plans are not required for School Age classrooms per TRS, best practice would be for the School Age classroom to also plan activities for the children while in their care, therefore they should follow the same guidelines as the other classrooms do for TRS. This would include stating activities, objectives and denoting the domain it falls under, but again, it is not required for any scoring for TRS.

For classrooms that transition from a specified age group to another within the certification year (example: age of 2 years to 3 years) should transition their lesson plans to the applicable curriculum domains as the specified age changes.

Example:

MEASURE	KEY EVIDENCE	SCORE 0	SCORE 1	SCORE 2	SCORE 3
P-IJC-02 <i>Social and Emotional Development</i>	Activities and caregiver strategies appropriate for both infants and toddlers that support caregivers / 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
		<i>Week 1</i>	<i>Week 2</i>	<i>Week 3</i>	<i>Week 4</i>

OR:

<i>Weeks 1 & 2</i>	<i>Weeks 3 & 4</i>

OR:

<i>Monthly</i>

For weekly lesson plans no average is taken, simply denote how many are being done each week and score accordingly, taking the lowest number.

<i>Week 1</i>	<i>Week 2</i>	<i>Week 3</i>	<i>Week 4</i>
3	2	3	4

This equates to 2 per week, since all weeks had at most 2 activities.

For bi-weekly lesson plans take the total for each bi-week and divide by 2. Use the lowest number (no rounding) and score accordingly.

<i>Weeks 1 & 2</i>	<i>Weeks 3 & 4</i>
5	6

This equates to $(5/2)$ 2.5 activities for bi-week 1 and $(6/2)$ 3 activities for bi-week 2; at most 2 activities per week. There is no rounding when factoring in activities per week, because if sorted out: week 1 = 2, week 2 = 3, week 3 = 3, and week 4 = 3 \rightarrow 2 activities per week.

For monthly lesson plans take the total activities and divide by 4. Use the lowest number (no rounding) and score accordingly.

<i>Monthly</i>
18

This equates to $(18/4)$ 4.5 activities per week; therefore, at most 4 activities per week. There is no rounding when factoring in activities per week, because if sorted out: week 1 = 4, week 2 = 5, week 3 = 4, and week 4 = 5 \rightarrow 4 activities per week.

P-LPC-02: Social and Emotional Development

Only give credit for listed activities with a corresponding learning objective that engage children in activities that:

- Are appropriate for both infants and toddlers that support caregivers in promoting 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: Language and Communication Development

Only give credit for listed activities with a corresponding learning objective that engage children in activities that:

- Are appropriate for both infants and toddlers that support caregivers in promoting language and communication development.
- Are well described with information on how to include 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: Cognitive Development

Only give credit for listed activities with a corresponding learning objective that engage children in activities that:

- Are appropriate for both infants and toddlers and support caregivers 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.

AGE GROUP: 3-5 YEARS

P-LPC-05: Social and Emotional

Only give credit for planned daily activities with a corresponding learning objective that are implemented that:

- Support social and emotional development including trust and emotional security, self-awareness, self-regulation, and relationships with others
- Engage children's interests and active involvement.
- Are in line with each child's level of development in this area

P-LPC-06: Language and Communication

Only give credit for planned daily activities with a corresponding learning objective that are implemented that:

- Support language and communication development including listening and understanding, communication and speaking
- Engage children's interests and active involvement.
- Are in line with each child's level of development in this area

P-LPC-07: Emergent Literacy – Reading

Only give credit for planned daily activities with a corresponding learning objective that are implemented that:

- Support phonological awareness, print knowledge, and letter sound relations activities.
- Engage children's interests and active involvement.
- Are in line with each child's level of development in this area

P-LPC-08: Emergent Literacy- Writing

Only give credit for planned daily activities with a corresponding learning objective that are implemented that:

- Support involvement in book and print knowledge and opportunities for early writing activities
- Engage children's interests and active involvement.
- Are in line with each child's level of development in this area

P-LPC-09: Mathematics

Only give credit for planned daily activities with a corresponding learning objective that are implemented that:

- Support mathematics activities
- Are in line with each child's level of development in this area
- Engage children's interests and involvement.

P-LPC-10: Science

Only give credit for planned daily activities with a corresponding learning objective that are implemented that:

- Support science skill development activities
- Engage children's interests and involvement
- Are in line with each child's level of development in this area.

P-LPC-11: Social Studies

Only give credit for planned daily activities with a corresponding learning objective that are implemented that:

- Support the development of social studies knowledge about people, their environment, various cultures, community building, and citizenship.
- Engage children's interests and involvement
- Are in line with each child's level of development in this area.

P-LPC-12: Fine Arts

Only give credit for planned daily activities with a corresponding learning objective that are implemented that:

- Support the development of fine arts skills that include art, music and/or dramatic expression.
- Engage children's interest and involvement
- Are in line with each child's level of development in this area.

P-LPC-14: Technology

Only give credit for planned daily activities with a corresponding learning objective that are implemented that:

- Support the development of technology skills and knowledge are well described to support children's use and understanding of different forms of technology.
- Engage children's interest and involvement
- Are in line with each child's level of development in this area.

Examples of appropriate technology may include vocabulary, letter recognition, and math games on a computer or tablet, or exploration using a mouse. NAEYC's position statement on technology (2012) offers the following definition of technology:

Technology tools encompasses a broad range of digital devices such as computers, tablets, multi-touch screens, interactive whiteboards, mobile devices, cameras, DVD and music players, audio recorders, electronic toys, games, e-book readers, and older analog devices still being used such as tape recorders, VCRs, VHS tapes, record and cassette players, light tables, projectors, and microscopes.

N/A Allowed: Yes, IF the provider has clearly stated in their parent handbook that the use of technology goes against center philosophy. The assessor must see this in the handbook that has been given to families.

Scoring note: For the intent of the measure, the technological elements should be functioning and manipulated by the children.

P-LPC-15: Physical Activity and Motor Development

For this item, review the number of activities that support caregivers to promote physical health, activity, and motor development for engaging children’s interests and involvement. Although this item applies to all ages, the criterion for each age group is listed below. The daily schedule may also provide information to help with scoring decisions.

Infants

When reviewing lesson plans/schedules for infants, consider the following:

- How many supervised tummy times occur during the day and for how long?
- How often does the lesson plan/schedule have planned activities for infants that safely support developmental milestones?
- Whether the lesson plan/schedule indicates that infants spend less than one-half an hour in any confining equipment

Scoring Clarifications:

Infant developmental milestones include head and neck support, rolling, floor sitting, kicking, crawling, reaching and grasping for objects.

Confining equipment can include a crib, infant seat, swing, high chair or play pen.

Toddlers

When reviewing lesson plans/schedules for toddlers, consider for the following:

- How many overall minutes of structured and unstructured, free play, and physical activity is marked each day?
- How many minutes are free-play and structured/caregiver led physical activity?
- Whether the implementation of the lesson plan/daily schedule reflects a balance of indoor and outdoor activities.

Preschoolers/School-Age:

When reviewing lesson plans/schedules for preschoolers/school-age, look for the following:

- How many overall minutes of structured and unstructured, free play, and physical activity is marked each day?
- How many minutes are free-play and structured/caregiver led physical activity?
- Whether the implementation of the lesson plan/daily schedule reflects a balance of indoor and outdoor activities.

Scoring Clarifications: Physical activity does not need to be observed. It can be reflected on the lesson plan and/or daily schedule. A balance of indoor and outdoor does not need to be daily. Indoor gross motor play can also take the place of outdoor play when weather does not permit outdoor play.

Scoring note: A part day program or After School program/classrooms, despite how short of time the children are within the program (less than 4 hours), would still be considered “part time” and would need to follow the ‘per 4-hour day’ notations. There would need to be a balance of teacher directed planned time as well to score higher than a 1, but it is not required. Physical activity can occur in 10-minute intervals throughout the day. Therefore, for a classroom to score a 3 there would need to be at least 45-60 minutes scheduled physical activity (not specifically outdoor play), some of the activity is free play and some is structured/caregiver- led and the daily schedule consistently reflects a balance of indoor/outdoor activities.

Observed Caregiver led versus Child led examples, but not limited to:

- Caregiver starts a game of tag on the playground (teacher directed)

- Children choose activities from a rolling cart with balls, hoops, chalk, jump ropes, games (child directed)
- Caregiver places a puzzle on the table and encourages children to help (teacher directed)
- Children can move freely from center to center choosing any materials on the shelf to engage in (child directed)

PLANNING FOR SPECIAL NEEDS AND RESPECTING DIVERSITY

Lesson plans should include consideration for differences in children’s language, special needs, and culture. Bilingual/disabled children’s Individual Educational Plans or accommodations must be on file in the children’s folders and centers must ensure that children receive the care recommended by health-care professionals or qualified professionals affiliated with the local school district or early childhood intervention program. Strategies must integrate all children with or without special needs care. Note that these items will only apply if the measure is applicable to the class. If the measure does not apply, then mark the measure Not Applicable.

These measures apply to all ages. They also apply to all to child care and home-based and center-based care.

Note: Objectives are not needed for any strategies in this section.

P-PSNRD-01: Consideration for children in a Bilingual program.

This item measures how many specific strategies are planned during the week/month to use the children’s home language to support the development of English language skills. This could include supports such as visual and gestural cues to promote learning.

Score this measure only if there are bilingual children in the class. If there are bilingual children, then this measure will be scored based on the number of written strategies on the lesson plan that give specific accommodations for bilingual children.

Examples:

- A Spanish speaking child in an English language of instruction class.
- An English-speaking child in a Spanish language of instruction class.

Mark N/A if there are no bilingual children in the class.

P-PSNRD-02: Consideration for children with disabilities.

This item measures how many specific strategies are planned during the week/month to include 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.

Score this measure only if there are children with disabilities in the class. To confirm the presence of a child with a disability in a classroom, the assessor should ask the director, if there are any children with a diagnosis. If there are children with disabilities, then this measure will be scored based on the number of written strategies on the lesson plan that give specific accommodations for children with disabilities.

Examples:

- Large knob puzzles are provided for building fine motor skills.
- Push toys are provided for building gross motor skills.
- Sign Language for thematic words to aide in building communication skills.

Mark N/A if there are no children with disabilities in the class, or if child with disabilities requires no accommodations.

Note: The intent for this measure is not to list child’s name with modifications on the lesson plan. The caregiver either include modifications to activities for the child(ren) without the name or have a separate sheet of modifications to accompany the lesson plan without the child(ren)’s names.

P-PSNRD-03: Consideration for children from culturally diverse backgrounds.

This item measures how many specific strategies are planned during the week/month to include specifications that address the many cultures of children's families that attend the program (e.g., songs, customs, nursery rhymes, books, celebrations, foods).

Score this measure only if the class has children from diverse backgrounds. If there are children from diverse backgrounds, then this measure will be scored based on the number of written strategies on the lesson plan that give specific strategies to include specifications that address the many cultures of children's families.

Examples:

- Spanish words of the week
- Songs in Vietnamese
- Books written in German

Mark N/A if there are no children from culturally diverse backgrounds.

INSTRUCTIONAL FORMATS AND APPROACHES TO LEARNING

Unlike the previous subcategories, the Instructional Formats and Approaches to Learning measure will be based on the classroom observation, daily schedule, **and** lesson plans. These measures assess how the caregiver implements instruction throughout the day. Remember the classroom observation may not include all the components of an instructional day; thus, the need to refer to the daily schedule and/or lesson plans.

Note that all of these items apply to all age groups and home-based and center-based care.

P-IFAL-02: Intentional instructional activities that are both caregiver and child initiated are balanced throughout the planned daily activities.

Facility type: All facilities

Age Group: All Ages

Scoring criteria: Points-based

N/A Allowed: No

Key behaviors: Activities, play, and conversations should be initiated in balanced ways by both caregivers and children. There should be evidence that caregivers are attentive to children’s suggestions and input about what they like to do and say but caregiver should also take responsibility for introducing engaging and challenging activities and experiences with support for all children’s learning.

The intentional activities should be balanced throughout the day to include caregiver and child-initiated activities. This item measures how well balanced those activities are throughout the classroom assessment. The activities may be observed or recorded on the lesson plans or designated on a daily schedule. Child initiated activities are typically observed. A caregiver who has planned a specific activity with materials and learning outcomes on the lesson plan is being intentional.

Scoring Criteria:

Score of 0	Score of 1	Score of 2	Score of 3
No evidence	There is some evidence of a balance of instructional activities being either directed by the caregiver or child; however, may be many times when caregiver is directing, or lack of learning activities being implemented	There is moderate evidence of a balance of instructional activities being either directed by the caregiver or child; however, there may be sometimes when the balance is not apparent	Instructional activities are consistently balanced between caregiver directed and child initiated

Scoring Clarifications:

Caregiver initiated activities are activities that the caregiver leads and directs. The caregiver often has a learning objective in mind when engaging children in these activities. Child initiated activities are activities that children chose to play with on their own. For this item consider whether the activities during the classroom observation were more caregiver initiated and directed or child led. TRS staff can also review lesson plans and daily schedules to assist in scoring.

Note: For school age classrooms, the daily schedule would be reviewed along with classroom observation, as lesson plans are not required for this age group.

Note taking Recommendation:

Draw a T-chart labeled caregiver initiated and child initiated mark each incident with a tally to help keep up with interactions.

P-IFAL-03: Routine and transition times are used as opportunities for incidental learning.

Facility type: All facilities

Age Group: All Ages

Scoring criteria: Points-based

N/A Allowed: No

Routines and transition times occur throughout the day. This item measures how often the caregiver takes advantage of the routines and transitions as opportunities for incidental learning.

Scoring Criteria:

Score of 0	Score of 1	Score of 2	Score of 3
No evidence	There is some (at least 1) evidence of routine and transition times being used for incidental learning; however, caregiver often misses the opportunity to make effective use of these times for learning.	There is moderate (at least 2) evidence of routine and transition times being used for incidental learning; however, caregiver may sometimes miss the opportunity to make effective use of these times for learning.	Routine and transition times are consistently (at least 3) used as time for incidental learning.

Scoring Clarifications:

Incidental learning refers to learning that occurs in a setting/context that is not traditionally considered an instructional time. Incidental learning might be observed during transitions. In addition, routine and transition times are typically considered a setting where learning did not originally occur. Incidental learning is typically not a lengthy routine.

For this item, consider how consistently the caregiver added instruction to these rules and routines. Note that this item can be scored without being referenced on the lesson plan.

Examples: Clean up song when transitioning from free center play to wash hands for lunch; handwashing song; walking like dinosaurs down the hall to go outside, etc.

Note taking Recommendation:

Tally number of incidences where incidental learning occurs to help score frequency. Jot a word that describes what happened, i.e., clean up song, handwashing song, dino walk in hallway, etc. If detailed transitions are noted on the lesson plan (i.e., a description of learning during routine or transition), then this may be counted toward scoring.

P-IFAL-04: Transition times are planned to avoid frequent disruption of children's activities and long waits between activities.

Facility type: All facilities

Age Group: All Ages

Scoring criteria: Points-based

N/A Allowed: No

Planned transitions times help avoid disruptions in activities that may occur when there is a long wait. This item measures the quality of the transition times by considering how organized and prepared the caregiver is to begin activities and whether there are long waits between children's activities. Note that this item can be scored without being referenced on the lesson plan.

Scoring Criteria:

Score of 0	Score of 1	Score of 2	Score of 3
No evidence	Caregiver shows some evidence of organization and preparation; however, there are frequent disruptions and long waits between children's learning activities.	Caregiver shows moderate evidence of organization and preparation; however, there are a few disruptions and long waits between children's learning activities.	Caregiver is consistently well organized and prepared resulting in rare disruptions and long waits between children's learning activities.

Scoring Clarifications:

To help determine the quality of the transition times, consider the following:

- Were the materials ready for each activity or did the children wait for the caregiver to prepare the activity?
- How smooth were the transitions for children between activities?

Examples:

- Caregiver sings song as they walk down the hall to outdoors.
- Caregiver prepped the art project prior to the activity. Children were not made to wait while she retrieved materials.

Note: Special consideration in scoring should be given to classrooms with children with special needs enrolled.

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.

Facility type: All facilities

Age Group: All Ages

Scoring criteria: Points-based

N/A Allowed: No

This item focuses on how often new concepts are integrated throughout the day in different learning contexts.

Scoring Criteria:

Score of 0	Score of 1	Score of 2	Score of 3
No evidence	There is some evidence that the staff is using repeated exposure of a new concept in different learning contexts; however, there are many times throughout the day when learning opportunities are missed.	There is moderate evidence that the staff is using repeated exposure of a new concept in different learning contexts; however, there are sometimes throughout the day when learning opportunities are missed.	There is consistent evidence that the staff is using repeated exposure of a new concept in different learning contexts.

Scoring Clarifications:

Learning contexts refer to parts of the children’s daily schedule. For example, lunch, circle time, outdoors, etc. are all learning contexts.

During the classroom assessment, note any concepts that the caregiver begins to repeat throughout the observation period. It may be difficult to see if the caregiver repeats new concepts throughout the day during a classroom assessment. Use the lesson plan to see whether the caregiver plans to repeat a concept later that day. The assessor can only consider activities that are for that day. Do not give the caregiver credit for planning to repeat an activity the next day. It is necessary to observe the current lesson plan in order to ensure that the concept for that day is being accurately observed.

Note taking Recommendations:

Caregivers who follow a theme (e.g., community helpers, animals, letter of the week) will often repeat these concepts throughout the day. Write down the theme elements when this occurs and see how well the caregiver follows up on these concepts in other contexts. This could be observed through but not limited to, conversations, materials in the classrooms, activities not written on the lesson plan, transitions and outdoor play.

If the caregiver does not follow a theme, write down the context and center topics and activities that the caregiver covers. This will help see if there is a repeating concept and/or skill.

Note: For school age classrooms, the daily schedule would be reviewed along with classroom observation, as lesson plans are not required for this age group. The assessor/mentor should look at the materials available to the children (inside and out), the conversations between caregiver and children, as well as the activities the caregiver may intentionally have for the children to see if repetition of a new concept is being done throughout the day, not necessarily the week, though this concept could be taught over the week, much like a theme is taught. This concept can be for any learning/developmental domain.

P-IFAL-06: Implemented learning activities are organized to progressively build skills and knowledge by moving the child from current developmental levels to the targeted developmental benchmarks.

Facility type: All facilities

Age Group: All Ages

Scoring criteria: Points-based

N/A Allowed: No

This measure focuses on how often the caregiver implements activities that help build on the children’s developmental level and on how consistent the caregiver is in scaffolding children’s learning.

Downward scaffolding occurs when a caregiver simplifies an activity to help a child who is struggling complete the task or activity. Caregivers can downward scaffold by giving a clue (e.g. give a cloze prompt) or simplifying the question (is a watermelon sweet or sour?).

Upward scaffolding occurs when a caregiver challenges a child who has already grasped the concept or repeated the task or activity. Caregivers can upward scaffold by asking children a question that expands their idea (e.g., How did you know that was the right answer? What do you think it is going to do now?).

Scoring Criteria:

Score of 0	Score of 1	Score of 2	Score of 3
No evidence	There is some evidence that the staff implement the activities in ways that build on the child’s current developmental level. There often may be times when staff support is minimal or inappropriate for children to learn because it is not aligned with the child’s level of understanding.	There is moderate evidence that the staff implement the activities in ways that build on the child’s current developmental level. There are few times when staff support is minimal or inappropriate for children to learn because it is not aligned with the child’s level of understanding.	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 tasks (e.g. building a block structure) that the child can successfully solve with support

Scoring Clarification:

To determine the score, view the lesson plan to see if the caregiver implemented activities are part of a curriculum. If they are part of a curriculum, then the caregiver is implementing activities that help build on the children’s development levels. The assessor can also ask the caregiver, “How do you choose the activities that you will do with the children in the classroom?” If the caregiver’s answer indicates that she is choosing activities to help them reach developmental benchmarks, then credit can be given for those activities.

Also consider how consistently the caregiver is able to adjust the activity to meet the needs of the children through downward and upward scaffolding when determining the final score.

Note taking Recommendation:

When taking notes, it may be good to make three columns in the note section. Mark missed scaffolding opportunities in one column, downward scaffolds in the middle, and upward scaffolds on the right.

Note: For school age classrooms, the daily schedule would be reviewed along with classroom observation, as lesson plans are not required for this age group.

CATEGORY 4: NUTRITION, AND INDOOR/OUTDOOR ENVIRONMENT

Category 4 assesses the nutrition practices of the facility, the indoor environment of the classroom, and the outdoor environment of the facility. 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 healthy early environment in settings outside the home (Institute of Medicine, 2011).

These include:

- 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 adult increase children’s healthy eating
- Promote age-appropriate sleep durations among young children

Scoring Protocol:

Measures that require document or policy review should be reviewed outside the classroom assessment.

Measures that are based on how the caregiver implements mealtime and outdoor time and on how the classroom is arranged can be rated during the classroom observation.

Scoring Note: When a measure or score uses the words rarely, few, sometimes, or frequently, the following quantities should be observed:

- Rarely: 0-1 instances
- Few: 2-3 instances
- Several: 4-5 instances
- Frequently: 6 or more instances

NUTRITION

Required Measures

All of these requirements will be based on the documents or policies that the facility follows. This means that these items must be rated outside the classroom observation.

S-N-01: Program Practices

Facility type: All Facilities

Age Group: All Ages

To mark met, the written policies must include ALL of the following:

- a) Liquids and food hotter than 110 degrees F are kept out of reach.
- b) All 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) Healthy snacks (as listed by the Texas Department of Agriculture) are available for school aged children as children arrive.
- e) That, on days that providers serve meals, milk, fresh fruit and vegetables are available for children who bring lunches from home.

Scoring criteria: Met/Not Met

N/A Allowed: No, see scoring note.

Scoring Clarification: Healthy snacks (as listed by the Texas Department of Agriculture) can be found at: <http://www.squaremeals.org/Programs/NationalSchoolLunchProgram/SmartSnacks.aspx>

Meal/snacks vary by age group.

Scoring note: If a provider does not permit food from home, (e) is not required. The provider can document in the parent handbook that they do not allow food from home, unless special dietary needs exist, or it is for special occasions (i.e. birthday celebrations).

This documentation can be in the parent handbook, staff handbook, online, posted, etc.

However, if the provider does not provide any food, items (c), (d) and (e) can be deemed not applicable.

Note: Special consideration should be made for children with special needs. Some children, as part of their need, may have food used as a reward. Written documentation of this should be noted for each child that it applies to.

S-N-02: Home Lunch Practices

Facility type: All Facilities except school-age only programs

Age Group: All Ages

Scoring criteria: Met/Not Met

N/A Allowed: Yes, see note:

If the facility had a written policy that prohibits food from being brought into the facility from home, then this measure may be marked as “N/A” for that facility. If the provider has such a policy, and the assessor observes that food is brought into the facility, then the measure should be scored as “Not Met.”

To mark met, the *written policies* must include ALL of the following:

- 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.

S-N-03: Menu Planning

Facility type: All Facilities

Age Group: All Ages

Scoring criteria: Met/Not Met

To mark met, the written policies must meet ONE of the following:

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),

OR A2. A certified child care health consultant (healthy child care Texas);

OR A3. An individual with a bachelor’s or graduate degree with major in human nutrition, food and nutrition, nutrition education, dietetics, or food systems

OR

B. Provider menu policies are structured to provide children with a variety of foods with different colors and textures to include whole grains, fresh fruits and vegetables; less process items; and meets the Dietary Guidelines for Americans guidelines established by the USDA. <https://fnic.nal.usda.gov/dietary-guidance/dietary-guidelines>

Note that sample menus must be provided.

OR

C. The Provider is participating in and in good standing with CACFP.

N/A Allowed: Yes, if the provider specifically states that no food is provided by the facility and all foods available to children are brought from home.

Scoring Notes: Sample evidence for A) could be a signed letter from individual (with applicable copy of credentials) certifying menus and current “employment” with program. Sample evidence for C) could be a letter stating compliance from CACFP, a recent CACFP monitoring report showing compliance, and/or a valid

CACFP certificate. There is no need to reapprove menus during Annual Monitoring visits if the provider continues to use the same menus without amendment.

S-N-04: Breastfeeding Education and Resources

Facility type: All Facilities, as applicable (those who service Infants)

Age Group: 0 - 17 Months

Scoring criteria: Met/Not Met

Mark met if the policies specify that, upon request, a compilation of breastfeeding education and support resources in the community is provided to parents.

These resources may be given through multiple avenues, including, but not limited to, paper handouts or pamphlets, websites and social media.

N/A Allowed: Yes, if the provider does not care for and/or is not licensed for the Infant age group.

Points-based Measures

All of the points-based measures will be based on how the caregiver implements mealtime. These items can be scored during the classroom observation time.

P-N-01: Items to Observe

Facility Type: All Facilities

Age Group: All Ages, as appropriate

This item looks at specific behaviors of meal time. Each of these behaviors will count as a point. Check each item that is observed during the classroom assessment. The number of behaviors observed (or points reached) will determine the final score.

The items to observe are:

- 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
- Children are encouraged to engage in conversation during meal time
- Children have the opportunity to feed themselves consistent with their developmental levels

Scoring Criteria: Points-based

N/A Allowed: No, see scoring note

Scoring note: For providers that have meals catered/contracted out, and for providers that do not provide any food at all, the item “Seconds of healthy options are available” may be scored as N/A. For “seconds of healthy options are available” to be counted, the provider can provide a healthy supplemental item, if needed, to meet the needs of the children. For providers on the Child Care Food Program, Provider should look at portion control to ensure that each child is receiving what is required. CACFP should allow for additional servings to be covered, however this may not actually serve all children seconds. Provider can provide a healthy supplemental item if needed to meet the needs of the children.

Scoring Clarification: Meal-time includes “snack” time. “Drinks are offered with foods” indicates that children are given the option to have a beverage; drinks are available – this could be on the table, pitchers on a counter, drink in cup given directly to children, etc. This is not an exhaustive list of examples. “Available” indicates that, if a child requested a second helping of a healthy option, that child would receive a second helping.

Note: Special consideration should be made for children with special needs. Some children, as part of their need, may have food used as a reward. Written documentation of this should be noted for each child that this applies to.

P-N-02: Caregivers Model Dining Etiquette

Facility Type: All Facilities

Age Group: Toddler and Older

This item measures how often the caregiver models etiquette during meal time or snack time.

Scoring Criteria: Points-based

N/A Allowed: No

Dining etiquette may include, but not limited to, how to eat with silverware (as developmentally appropriate), taking small bites to prevent having too much food in your mouth, chewing food with your mouth closed, using “manner words” (please, thank you, etc.), encouraging use of napkins, and talking before or after you are done chewing and swallowing food.

Caregivers can model positive food choices, practice taking turns, passing foods and serving themselves. Modeling can include either verbal or physical demonstration from the caregiver.

It is not appropriate to simply ask the school-age children if the caregiver is modeling appropriate behavior.

P-N-03: Infants - Infants are held (if developmentally appropriate) and talked to in reassuring tones while bottle fed.

Facility Type: All Facilities

Age Group: 0-12 Months

Caregivers who are bottle feeding babies should talk to the children in positive, reassuring tones. This item measures whether the caregiver held the baby while bottle feeding, how often the caregiver talked to the infant while feeding them, and whether the caregiver was reassuring when talking with the infant.

Scoring Criteria: Points-based

N/A Allowed: Yes, see scoring note

Scoring note: If all of the infants in the classroom receive the majority of their nutrition from solid foods, N/A would be allowed. The assessor should verify this through interview of the caregiver or via the individual feeding instructions for the children. Note: If an infant is using a sippy cup, this measure would not apply to them.

Scoring Clarification:

When scoring this item, first consider whether the caregiver holds the infant when it is developmentally appropriate. An infant is a child from birth through 17 months in age. “Bottle-fed” infants are 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 crib. Caregivers should see this as a time of learning and nurturing the infant. If the caregiver did not hold the baby when it was developmentally appropriate, then the score is 0.

If the caregiver did hold the infant when it was developmentally appropriate or talked to infants who were bottle feeding on their own, then consider whether the caregiver used any negative speech or rough handling with the infants.

- Score a 0 if the caregiver used negative speech or rough handling was observed.

If the caregiver was not negative when feeding the infant, then consider how much positive speech and reassuring tones the caregiver used when talking to the infant.

- Score a 1 if some infants were held during feeding, but no positive speech directed at the infant was observed.
- Score a 2 if all infants were held and the caregiver used limited speech or reassuring tones were observed.
- Score a 3 if all infants were held and the caregiver consistently uses positive speech and reassuring tones when speaking to the infants.

Scoring Note: In the instance when a caregiver needs to feed multiple infants at the same time: Caregiver should hold at least one infant and place other infants feeding nearby so that caregiver can engage with all feeding infants. Guidance to the caregiver would be to ensure that during the day each bottle-fed baby is held at least once during a feeding; thus, rotating who is being held. Assessor can mark this as caregiver holding all infants as long as there is no other option for the other child to not be held (i.e. another caregiver in the room, providing some finger food snacks while they wait for bottle, etc.)

P-N-04: Infants - Caregivers Feed on Infants' Cue

Facility Type: All Facilities

Age Group: 0-12 months

Recognizing when an infant is hungry before feeding the baby and knowing when the infant is done eating is important. This item specifically focuses on whether the caregiver typically recognizes when infants cue that they are hungry or full. It also considers how the caregiver responds to those cues.

Scoring Criteria: Points-based

N/A Allowed: No

Scoring Clarifications:

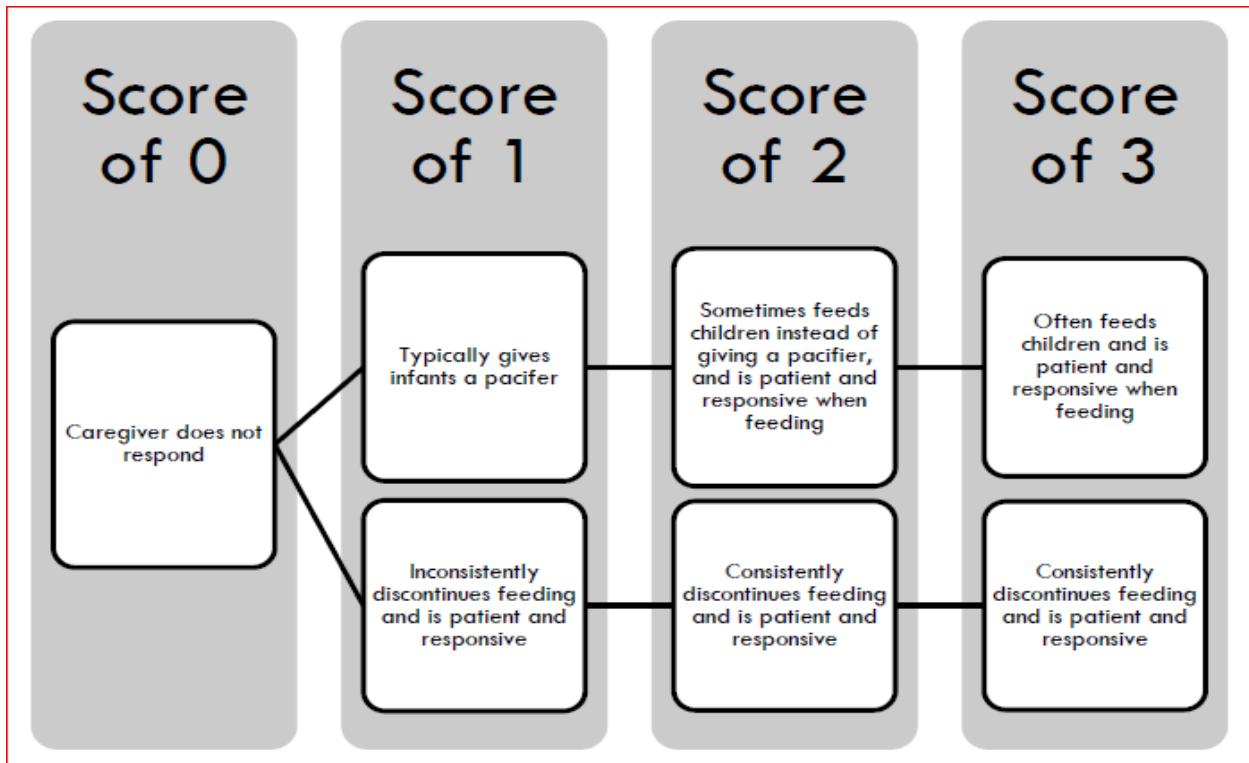
Infants can cue hunger by opening the mouth and making suckling noises or moving hands at random.

Infants cue that they are satiated by keeping the mouth closed, turning away from the bottle, paying more attention to surrounds than the bottle, or says “no.”

When scoring this item, first consider whether the caregiver typically recognizes that infants are hungry. If the parent and the child’s physician give written instructions, score the item based on whether the caregiver follows the instructions.

Score a 0 if the caregiver does not typically recognize the infants’ cues of hunger or satiety, or if the caregiver does not follow the written instructions.

Determine whether the score is a 1, 2, or 3 based on how the caregiver typically responds to infant’s cues.



Note that it will be easier for caregivers to recognize an infant’s cues, if the same caregiver works with the same infant as often as possible to become familiar with how the infant cues for hunger and satiety.

Note: Pacifiers may be used as soothers only when the caregiver cannot immediately feed the infant (I.e., feeding or diapering another child), however they should acknowledge that the infant is hungry and will be fed as soon as possible.

In certain situations where breastfeeding or breast milk are the only options for an infant, consideration by the assessor should be given, when feeding the infant is beyond the control of the caregiver.

P-N-05: Meals are served to children seated with their assigned caregivers when not helping with the meal service routine or providing necessary assistance to children.

Facility Type: All Facilities

Age Group: 18 Months – and older

Score this measure based on how many of the following behaviors the caregiver follows during meal time and on whether children are encouraged to sample a variety of foods of different colors and textures.

Items to observe:

- Serve children meals in their assigned groups (class eats as a group).
- Caregivers join the children and interact with the children or encourage the children to engage in conversation.
- Caregivers sit with children and encourage the children to engage in conversation.

Scoring Criteria: Points-based

N/A Allowed: No

Scoring clarification:

In order to score 3 points, the caregiver must sit with the children and engage in conversation. It is allowed for a caregiver to get up to tend to meal time needs (food prep, serving, cleaning, meal assistance, etc.) during this time and still score a 3. Assessor should look at the intent of the caregiver and the circumstances that may be happening (if the caregiver had to leave the table, did she return promptly or if snack is a center did she attempt to join the majority of the children?) The assessor should be watching the majority of meal/snack time to ensure the most accurate scoring can be given. If the caregiver never sits but is nearby or barely sits but engages with the children a score of 2 is given.

“Caregiver sits with the children” – the caregiver is seated at a table or between tables in order to facilitate conversation

“Caregiver joins the children” – the caregiver remains in close proximity to the children, however does not sit down at the table (Ex: standing to one side of the table)

P-N-06: Children may assist with mealtime activities, with staff supervision. Children are encouraged to serve themselves as their abilities permit....

Facility Type: All Facilities

Age Group: 3 to 5 Years. School-age 5-year-olds are not included in this measure.

Meals are served family style; children may assist with mealtime activities, with caregiver 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:

- 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)
- Credit may be given if one type of self-service is observed (ex: children are served plates already made, however they pour their own milk)
- An orderly process is in place for taking turns and varying tasks.
- Observable: meal time tasks (setting the table, self-serving, etc.) are routine

Scoring Criteria: Points-based

N/A Allowed: No

Scoring Notes: During the observation, the assessor should be looking to see that there is a routine (orderly) process for taking turns and varying tasks. This could mean there are designated “lunch helpers” each day/week/month. This could be 1 child or multiple children at a time. It could also be that the caregiver allows for multiple children to perform different tasks, and those children are varied daily, per the caregiver’s choosing. Thus, that orderly process is counted separately from setting the table. Children passing around supplies and setting their own places would count as an orderly process and setting their table space.

If children bring food from home, self-service would be defined as getting and opening their lunchbox, and at least attempting to open containers independently. The provider may also offer pitchers of water for the children to self-pour.

Scoring Clarification:

- Minimal – 1 item observed
- Moderate – 2 items observed
- High – 3 items observed

INDOOR LEARNING ENVIRONMENT

The physical environment includes both indoor and outdoor spaces that influence the way children feel, act and behave. The physical environment for young children will vary slightly depending on age.

Carefully planned spaces intentionally include all of the materials and activities that children need to grow and develop.

Required Measures All of these requirements will be based on the classroom observation as well as additional documents that apply to each criterion.

S-ILE-01: Indoor environment/arrangement (see full measure below)

Facility Type: All Facilities

Age Group: All ages, as appropriate

To mark met, ALL items must be observed:

- a.) Indoor environment is arranged to facilitate a distinct division of active and quiet spaces
- b.) Nap/rest space is conducive for children to relax, rest or sleep as appropriate for the ages and abilities of children
- c.) Indoor environment includes space where children can play protected from interference by other children, yet be supervised by the caregiver
- d.) Equipment/materials are clean and in good repair. Providers supply a checklist of cleaning and maintenance tasks they use to ensure a safe and sanitary environment for children
- e.) Equipment/materials are readily available and adapted to allow for equal participation by all children

Scoring Criteria: Met/Not Met

N/A Allowed: No

Scoring clarification:

- (a) Examples of quiet centers include, but are not limited to, library, literacy/creative writing, and listening. Examples of active centers include, but are not limited to blocks, music, and dramatic play. A provider may deem which centers are active versus quiet; however, the assessor should use their professional judgement when observing these instances. School age programs must also provide a quiet area for children.
“Distinct division” – an easily perceived separation of active and quiet centers
Ex: library is as far away from the active centers as space permits

Note: The intent of observing active versus quiet spaces is to focus on the intentional activities/materials provided, not the intensity of engagement of the children.

- (d) Providers may create their own checklist to use or may use the checklist provided by CCL. The intent is to ensure that the provider has procedures in place for maintaining a safe environment for the children.

S-ILE-02: Infant indoor environment/arrangement (see full measure below)

Facility Type: All Facilities

Age Group: 0-17 months

Scoring Criteria: Met/Not Met

N/A Allowed: No.

For 0-17 months, to mark met, ALL items must be observed:

- a.) Indoor environment includes sufficient quantity of sleeping, diapering, and feeding equipment to accommodate the number of children served
- b.) Indoor environment includes sufficient space to allow for different kinds of experiences such as tummy time, active play, quiet play, and messy play
- c.) Diapering areas include items that enhance cognitive and communication skills
- d.) Indoor environment includes space and equipment where caregivers and mothers can sit comfortably and hold infants while feeding or breast feeding

Scoring clarification:

c.) Items that enhance cognitive and communication skills could include, but are not limited to: mobiles, mirrors, colorful pictures, a basket of toys for diaper changing time, etc. The intent of the cognitive enhancement items is to provide alternative cognitive stimulation for an infant that may be over or under-stimulated by caregiver interactions.

d.) The intent of “equipment” is a chair where a person could comfortably sit to feed an infant. It is up to the provider if the classroom offers more than that.

The phrase “sit comfortably” means:

- o The chair is of a size to not cause strain or discomfort to the adult sitting in it (for example: most adults cannot sit comfortably in a toddler size chair and feed an infant for the length of time that may be needed without becoming uncomfortable)
- o That while sitting in the chair, the person can hold the infant in a manner that allows feeding and interactions to be calm, comfortable for both, and nurturing
- o That while sitting in the chair, the person is not made to feel they are impeding the care and supervision of other children

The intent of this measure is for the classroom.

Scoring note:

- d.) CCL requires a comfortable space for a mother to breastfeed either in the center OR in the classroom. The TRS measure requires the space to be in the classroom.

S-ILE-03: School Age indoor environment/arrangement *(see full measure below)*

Facility Type: All Facilities

Age Group: School Age

Scoring Criteria: Met/Not Met

Indoor environment is arranged to include a quiet place with age appropriate tables, chairs, and appropriate lighting to facilitate completion of homework.

This item is specifically for school age. Age appropriate furniture is relevant for other age groups and it is represented in other items.

N/A Allowed: No

Points-based Measures These items can be rated during the classroom observation time.

P-ILE-01: Facilitate Division of Interest Areas

Facility Type: All Facilities

Age Group: All ages, as appropriate

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.

Key Elements: Developmentally appropriate materials organized to facilitate independent use and provide choices for children to engage in activities based on interest centers such as:

- Literacy/creative writing,
- Dramatic play/theater,
- Art, blocks/wood working,
- Music/listening,
- Sensory discovery/natural science,
- Manipulative/table games/puzzles,
- Cozy area with soft furnishings,
- Gross motor materials for preschool and school age children

Appropriate materials for infants include:

- Soft blocks,
- Rattles,
- Push and pull toys,
- Colorful mobiles,
- Large cardboard blocks,
- Cloth books,
- Wooden puzzles,
- Dramatic play items,
- Art supplies (for toddlers)

Scoring Criteria: Points-based

N/A Allowed: No

Scoring Notes:

Score a 0 for 0-12 months if there are no opportunities for change of learning environment

Score a 0 for above 12 months if there is no division of play spaces into interest areas OR there are fewer than three areas arranged

- Score a 1 for 0-12 months if opportunities change once a day

Score a 1 for above 12 months if there are at least 3 different kinds of interest areas with appropriate equipment/materials AND there is sufficient space that allow for active, quiet, and messy play areas.

- Score a 2 for 0-12 months if opportunities change twice a day

Score a 2 for above 12 months if developmentally appropriate equipment/materials are arranged to facilitate play in 4 interest areas materials and sufficient space that allows for active, quiet, and messy play areas

- Score a 3 for 0-12 months if opportunities change 3 or more times a day

Score a 3 for above 12 months if there are at least 5 interest areas arranged in the classroom which provide different kinds of learning experience. Developmentally appropriate equipment/materials are arranged for independent use. Interest areas are routinely changed to add variety.

Scoring Clarification:

The assessor should make note of possible opportunities for change in activity or environment. For example, this could be scored by observing different bins or buckets of items (manipulatives, balls, books, dolls) or various equipment - such as but not limited to: floor mats, waterfall climbers, floor gyms, etc. This could also include physically moving the infant to different interest areas or bringing items to the infant.

Interest areas may be combined, but counted separately, if they are well-defined. Example: Math/Science center – one shelf on the shelving unit is math, another is science

Rotated play spaces can be counted if the children have access to them on a daily basis. If the schedule doesn't show a consistent, daily use of these environments, only score the environment the children utilize the majority of the day. If the schedule denotes that these areas of play are used daily and consistently then they are to be incorporated into all the ILE measures for that classroom.

A best practice for assessors is to look at all learning materials provided to the children (at their reach) in all learning areas to ensure all items that could be counted are noted.

P-ILE-02: Non-Stereotypical & Culturally Sensitive

Facility Type: All Facilities

Age Group: All ages, as appropriate

Equipment/materials portray people in a manner that is non-stereotypical and culturally sensitive.

Key Indicators include, but not limited to:

- visual postings (photos or posters)
 - literature (books, magazines, newspapers, advertisements, menus, etc.)
 - puzzles
 - puppets
 - dolls
 - dress up clothes
 - music
 - foods (play or real)
 - labeling (items, centers, etc.)
- all of which portray different cultures, life roles, abilities and disabilities, and/or ethnicities.

Scoring Criteria: Points-based

N/A Allowed: No

Scoring Notes:

Score a 0 if no artifacts/key indicators are visible

Score a 1 if 1-2 types of artifacts/key indicators are visible

Score a 2 if 3-4 types of artifacts/key indicators are visible

Score a 3 if 5 or more types of artifacts/key indicators are visible

Scoring Clarification:

Each type of artifact counts as one item. Ex. 5 family photos = 1 item. 2 dresses = 1 item

P-ILE-03: Materials Displayed at Eye-Level

Facility Type: All Facilities

Age Group: All ages, as appropriate

Developmentally appropriate caregiver and/or children created materials are displayed at eye level.

Scoring Criteria: Points-based

N/A Allowed: No

Scoring Notes:

- Score a 0 if print materials are not displayed at child's eye level AND if they do not include realistic pictures or child created work.
- Score a 1 if colorful realistic pictures reflecting nature, people, and objects are displayed but not at the children's eye level.
- Score a 2 if realistic pictures of children's family members, pets, or other familiar people and places or arts or crafts created by the children are displayed at the children's eye level along with work created by children.
- Score a 3 if realistic pictures of children's family members, pets, or other familiar people and places **and** arts or crafts created by the children are displayed at the children's eye level.

Scoring Clarification: Multiple postings, which can include but not limited to, children's art, children's work, learning posters, photos of real people, places and/or things, and family and/or classroom photos, should be observed rather than just one posting.

P-ILE-04: Equipment/Materials Arrangement

Facility Type: All Facilities

Age Group: All ages, as appropriate

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

Scoring Criteria: Points-based

N/A Allowed: No

Scoring Notes:

- Score a 0 if Equipment/materials are not displayed on low open shelving within children's reach OR Available materials do not spark children's interest in play which may result in behavioral issues OR Materials are not available.
- Score a 1 if shelving is open and available at a height accessible to children, but materials are limited.
- Score a 2 if open shelving /containers are distributed throughout the classroom at an appropriate height for children. All shelves/containers are labeled. Children are welcome to retrieve materials.
- Score a 3 if all interest areas and shelving/containers are labeled with words AND pictures of materials at an appropriate height for easy reach that encourages children to retrieve materials and place them back in their correct place.

Scoring clarification: Baskets do not have to be open only. Clear containers are acceptable. The forward slash for “shelving/containers” indicates “or”.

Score of 2 indicates labeling is either with words OR pictures, while a score of 3 indicates labeling is both words AND pictures.

P-ILE-05: Equipment/Materials Encourage Hands-On Manipulation of Real Objects

Facility Type: All Facilities

Age Group: All Ages, as appropriate

Equipment/materials encourage hands on manipulation of real objects. Real objects are familiar things that are true to life as opposed to toy replicas. Non- examples would be objects that are fictional or imaginative i.e. tools/food with faces (Handy Manny tools, veggies tales)

Key elements may include: full size plastic dishes, hats, scarves, dish towels, food boxes, scoops, measuring cups, mirrors, baskets, magnifying glasses, telephones, calculators, keyboards, etc.*

Scoring Criteria: Points-based

N/A Allowed: No

Scoring Clarification:

Minimal (1-2), Moderate (3-4), High (5 or more). For a score of 3, there should be “High/consistent evidence of age appropriate real objects accessible and evident in various interest areas in the classroom.” Items noted should span over multiple centers/areas of play.

Scoring Note:

Thematic examples may include: Children are learning about winter. In the dramatic play center there are hats, scarves, gloves/mittens, and sweaters. In the science center is an ice melting experiment. In the sensory table is crushed ice (“snow”) and small shovels. In the blocks center are milk gallon jugs to make an “igloo”. A small group activity for art included rock salt painting. In the manipulatives, there are snow boots for lacing. In the library are magazines and catalogs with winter stories, and selling winter clothes, respectively.

**See Appendix for more examples of real items.*

P-ILE-06: Equipment/Materials Facilitate Interaction

Facility Type: All Facilities

Age Group: All Ages, as appropriate

Equipment/materials facilitate social interaction and experiencing the environment

Scoring Criteria: Points-based

Score 0 if:

- there is a lack of variety of materials
- Children lack interest in activities/play
- Interaction among children is limited

Score 1 if:

- Children are allowed to move freely to natural groupings and interactions can occur.
- There is a variety of equipment and materials.

Score 2 if:

- equipment/materials provide opportunities for children to work together or alone
- materials/equipment provide a variety of experiences and are rotated to provide interest

Score 3 if:

- there is high/consistent evidence that children are allowed to make choices to work and play in large and small groups
- Variety of equipment/materials that allow children to experience the learning environment

N/A Allowed: No

Scoring Clarification:

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.

Note: Assessor may ask the caregiver if materials are rotated and how often that occurs.

OUTDOOR LEARNING ENVIRONMENT

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. Learning from the indoors can often extend into outdoor time. Themes from the classroom can be used with the activities and games that children play outdoors.

When assessing playgrounds, one assessment per playground should be completed. Rotated play spaces can be counted if the children have access to them on a daily basis. If the schedule doesn't show a consistent, daily use of these environments, only score the environment the children utilize daily. If the schedule denotes that these areas of play are used daily and consistently then they are to be incorporated into all the OLE measures for that classroom.

P-OLE-01: Activities Linked to Indoor Learning

Facility Type: All Facilities

Age Group: All Ages, as appropriate

Outdoor environment and activities are linked to and reinforce indoor learning

Scoring Criteria: Points-based

N/A Allowed: No

Scoring Clarification:

Activities do not have to be theme-related. Links can also be topical and/or skill-related.

Score 0 if no evidence is observed

Score 1 if 1 activity is observed

Score 2 if 2 activities are observed

Score 3 if 3 or more activities are observed

Examples: dramatic play, blocks, books, manipulatives, science/sensory, music, art, etc. Activities could also be caregiver-led or other group activities such as games.

Scoring note: The assessor is looking at what is provided or made accessible to the children (materials and/or teacher led activities), not if the children actually engaged in it.

P-OLE-02: Natural Environment

Facility Type: All Facilities

Age Group: All Ages, as appropriate

The outdoor environment provides children with the opportunity to care for living things and appreciate nature/beauty. Outdoor spaces with natural grass, trees, shrubbery and dirt encourage children to play and interact with nature.

Scoring Criteria: Points-based

N/A Allowed: No

Examples:

- Non-toxic trees, shrubs, or vines
- Topographic variations (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

Scoring Clarification:

Score 0 if no evidence of natural elements are present in the outdoor environment

Score 1 if 1-2 living/natural elements are present in the outdoor environment

Score 2 if 3-4 living/natural elements are present in the outdoor environment

Score 3 if 5 or more living/natural elements are present in the outdoor environment.

The intent of the measure is to ensure that children have tangible access to living things within their outdoor play area. This could include, but are not limited to, opportunities to “care for them” like watering the trees, pulling weeds in a garden, or growing flowers/plants/food in containers or opportunities to interact with them like sand in a sand box or rocks/logs for climbing.

This item can also be scored using a garden that the children visit regularly. Outdoor environment is defined as the play area approved by CCL for outdoor play. This does not include items that hang over, fall into or surround the area of play.

P-OLE-03: Equipment/Materials Encourage Activity

Facility Type: All Facilities

Age Group: All Ages, as appropriate

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. Space outdoors should be inviting so children want to be active not sedentary.

Key elements may include:

- balls,
- swings,
- balance beams,
- climbing structures,
- tumbling pads,
- tricycles or riding toys
- marching music,
- jump rope,
- space to skip, hop, and roll

Scoring Criteria: Points-based

N/A Allowed: No

Scoring Clarification:

Score 0 if:

- Some outdoor equipment/materials are available, however outdoor environment lacks variety and interest
- Equipment/materials are not age appropriate

Score 1 if some outdoor equipment/materials are available for all children to use without undue competition or long delays

Score 2 if a variety of outdoor equipment and materials are available for all children to use without undue competition

Score 3 if 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.

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 material provided. The environment should support play and social emotional development. Class size and age group must be taken into account when considering whether or not there are sufficient materials. Ex. 1 ball, 1 tricycle, and 1 slide would be sufficient in a class where there are 3 preschoolers but would not be sufficient in a class with 15 preschoolers.

P-OLE-04: Supports Social/Emotional Development Age Group: All Ages, as appropriate

Facility Type: All Facilities

Age Group: All Ages, as appropriate

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

Key Elements may include:

- Natural additions such as boulders tree stumps
- Sand area and benches
- Design elements such as stages, platforms, wind chimes, canopies, teepees, gazebos

Scoring Criteria: Points-based

Score 0 if there are no natural design elements or interest areas. OR if the outdoor environment does not support play in large and small groups OR if there is no space for privacy

Score 1 if there is 1 natural design element and interest area that supports social emotional development

Score 2 if there are 2 natural design elements and interest areas that support social emotional development

Score 3 if there are 3 natural design elements and interest areas that support social emotional development

N/A Allowed: No

Scoring Clarification:

Outdoor interest areas are areas on the playground set aside for specific activities. Social and Emotional development is 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. Does not have to be defined “centers”.

A provider that shares a space can utilize an outdoor cart that is brought out by caregivers with various materials for the children to use – the cart should be brought out on a daily basis.

P-OLE-05: Outdoor Equipment/Materials Encourage Infants to Experience the Environment

Facility Type: All Facilities

Age Group: 0-17 months

Outdoor equipment/materials encourage infants to experience the environment

Scoring Criteria: Points-based

Score 0 if equipment and materials lack variety, are not age appropriate,

Score 1 if equipment may include strollers or buggy to facilitate exploring outdoors

Score 2 if design elements and equipment include areas for blankets, balls, pillows, blocks, infant swings

Score 3 if design elements and equipment include climbing, crawling and natural elements for observation

N/A Allowed: No

Examples: foam blocks for climbing, tunnels for crawling, vinyl mats for crawling

Scoring note: One score does not build on another. A site could have an area for infants without having strollers or a buggy. If infants do not go outside a playground is still assigned to the classroom in CLI Engage and all measures will score a 0. P-OLE-01 through P-OLE-04 are scored a 0, if only buggy/stroller rides occur.

Design Elements is the use of items, space, textures, and other components in the environment. Equipment is anything kept, furnished, and/or provided for a specific purpose, in this case outdoor play. The intent is for the assessor to look at the area of play infants are provided with and the items they have access to. If all the assessor sees is a blanket and book or ball, then the score is 0 as it lacks variety. To score a 2 there needs to be more than one area of play for the infants. This could look like a blanket for books, a place for balls and a swing.

If the Infant classroom does not go outside as scheduled the assessor should make an additional attempt to observe outdoor play (either on the same day or another unannounced day that week.) If the classroom still does not follow the schedule (and weather is not an issue) they would receive a score of ‘0’ for all outdoor environment measures. As an additional best practice, the assessor could ask the director about the situation and if the infant schedule has changed, or if there is some circumstance that is preventing them from going outside that day.

CATEGORY 5: PARENT EDUCATION AND INVOLVEMENT

Parent education and involvement are two critical components in the establishment of successful home-school relations. Providing parents with various opportunities to actively participate in the Early Childhood program sets the foundation for strong Parent Involvement.

PARENT EDUCATION

The Parent Education measures determine whether an established, clear mechanism of communication exists between the program and parents. This mechanism of communication establishes shared expectations and shared responsibility for children's learning.

S-PE-01: Written Policies and Procedures

Facility type: All Facilities

Parents are provided with written policies and procedures which include:

- Program philosophy and goal
- Curriculum goals
- Family participation
- Drop off/pick up procedures
- Parent conferences
- Fee Structure
- Late payments and refund information
- Absences
- Clothing guidelines
- Inclement weather policy
- Separation procedures (if there was an event that the center could no longer provide care for a child).
- Physical activity
- Screen time policies
- Procedure in place to allow parents to update contact information at all times without staff assistance

This measure relates to the Parent Handbook and the information that should be included in the handbook.

Definitions:

Separation procedure: Provider policy for termination of care for a child – for example, the policy could include what constitutes the termination, what are the steps leading up to, how much notice will the provider give the family, etc. Additional information, such as a parent withdrawing their child from the program, is allowable.

Screen time procedure: Provider's policy on children's screen time (TV, tablets, computers, electronic devices, etc.) – for example, provider does not allow screen time, provider limits screen time to certain ages, provider limits the amount of screen time, etc.

Inclement weather policy: Provider's procedures for bad weather (snow/ice, tornadoes, hurricanes, etc.) – for example, the site follows closures based on an ISD, the site will call parents to not come in, the site will call parents to come pick up, etc.

Procedure for updating information: this means that the parent can update without having to ask for a staff person to get a form, write it down, etc. This could be done via email, voicemail, website database, etc. Staff

would still be involved on the other side to ensure the changes were effective; however, parents can initiate that change.

Scoring Criteria: Met/Not Met

N/A Allowed: No

Scoring clarification:

The handbook should include the information listed above but this list not exhaustive. There may be items in addition to those listed above that a center may include in their individual programs that are specific to the type of care that the center provides.

S-PE-02: Communication between facility and parents

Facility type: All Facilities

The program has a system in place for communication between the facility and parents.

Examples: emailing system, phone tree, master list of contact information for each child, phone log of communication with parents

Scoring Criteria: Met/Not Met

N/A Allowed: No

Scoring Clarification:

This measure scores that there is an established system for communicating with parents. It is not scoring the method the caregiver uses.

P-PE-01: Parent Orientation

Facility type: All Facilities

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 provides families with:

1. Opportunity to tour the facility
2. Introduction to staff
3. Parent visit with the classroom caregiver
4. Overview of the parent handbook
5. Policy for arrival and late arrival
6. Opportunity for an extended visit in the classroom by both parent and child for a period of time to allow both to be comfortable
7. An explanation of Texas Rising Star Quality Certification is provided.
8. Encourage parents to inform the center/provider of any elements related to their CCS enrollment that the provider may be of assistance.
9. An overview of family support resources and activities in the community.
10. Child development and developmental milestones provided.

Expectations of the family

11. Parents are informed of the significance of consistent arrival time:
 - a. before educational portion of school readiness program begins
 - b. impact of disrupting learning of other children
 - c. important of consistent routines in preparing children for the transition to kindergarten

12. Statement about limiting technology use on site to improve communication between staff, children and families (e.g. refrain from cell phone use). In order to facilitate better communication between the parent(s) and caregiver(s) and the parent and child it is best if parents are not distracted by use of electronic devices while at the center/home.

13. Statement reflecting the role and influence of families.

Scoring Criteria: Points-Based

N/A Allowed: No

Note taking Recommendation:

Assessor can ask to see a sample of the orientation along with 3 to 4 signed parent acknowledgements of orientation.

Scoring Notes:

Scoring is based on the number of elements included in orientation.

During the initial on-site assessment of this measure, the provider should be asked to provide enrollment forms that were processed from the date the provider submitted the TRS application and self-assessment forms.

ALL the sample orientation forms in the file must be SIGNED by the parent to be scored above a “0” (zero) on this measure.

If there were no new enrollments from the date of the TRS Application, the provider will need to have available the enrollment form with, all elements, for prospective families.

*See example template in Appendix.

P-PE-02: Parent Resources on Growth and Development

Facility type: All Facilities

The provider provides families with opportunities to better understand the child’s growth and development.

Examples: Articles, Newsletters, Handouts, Program events

Scoring Criteria: Points-Based

N/A Allowed: No

Scoring Clarification:

Each score requires that the previous score requirement is met plus additional requirement. Score of 2 and 3 have time occurrence associated with them. For a score of 2, written communication must be distributed quarterly, and parents are referred to other professionals and local community resources when needed. For a score of 3, opportunities are documented and offered annually and a resource area with parent education materials is available. The intent of the measure is to ensure that parents are being provided with a variety of resources and opportunities (physical and/or online) that assist them in learning more about the growth and development of their child(ren).

PARENT INVOLVEMENT

Parents are joint decision-makers and joint problem solvers for managing problem-behaviors or challenging behaviors of children. These measures focus on whether the facilities mandate a problem-solving approach to children's problem behavior and require that parents are actively involved within the conversation.

S-PI-02: Director/Parent/Caregiver Collaboration Regarding Challenging Behaviors

Facility type: All Facilities

The provider has a written policy/process for addressing challenging behaviors of children. The policy/process includes caregivers 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.

Scoring Criteria: Met/Not Met

N/A Allowed: No

Scoring Clarifications:

The provider must provide a sample of the policy or the document outlining the process. There is no requirement for the assessor to follow up on the implementation of the policy. The purpose of this measure is to ensure that there is a policy (plan) in place should a collaboration with the parent be needed to address a challenging behavior.

For example, the policy could include what steps the caregiver takes (documentation, how many incidents, etc.), if a meeting is to take place and who is involved), if an action plan is generated and who is involved in creating and implementing it, etc.

S-PI-03: Parent Communication

Facility type: All Facilities

The Director and caregivers should be able to provide evidence that they are working together with the parents about decisions regarding the child's experience, which may include written reports for children and parent communication log.

Scoring Criteria: Met/Not Met

N/A Allowed: No

Note taking recommendation:

Assessor can ask Director to describe the process for working with parents and document their response. A sample of the process or documentation will also be beneficial to scoring this measure.

Examples: Written reports, Parent Communication Log, etc.

S-PI-04: Community Resources

Facility type: All Facilities

Information about community resources is available to the parent/family.

Scoring Criteria: Met/Not Met

N/A Allowed: No

Focus of measure: The focus of this measure is to ensure that community resources are available and accessible to parents. Information must be accurate, up to date, and from a credible source.

Example: Resource Library, Room, or Area where parents can pick up pertinent information. "Available" can be hard copy, website or social media resources. This could also take the form of periodic classes/trainings or articles given to parents. Parents could be invited to a lunch or dinner, to discuss nutrition and well-being. Speakers can be brought in to give information about resources for inexpensive or free family activities in the community.

P-PI-01: Parent Feedback

Facility type: All Facilities

Parents have structured opportunities to provide input that may influence the program.

N/A Allowed: No

Scoring Criteria: Points-Based

Score of 0	Score of 1	Score of 2	Score of 3
Not met	Director seeks out parent suggestions either verbally or in written form and can provide evidence	of the center/home has an ongoing process to receive and review suggestions/recommendations from parents	Parents are offered an annual written evaluation and/or survey. Suggestions and evaluation results are integrated into the program operation when applicable.

Examples: (not all inclusive) Surveys, Comment box, Parent Meetings

Scoring clarification:

Evidence must be provided, to document the opportunity for every parent to complete on an annual basis.

P-PI-02: Parent/Caregiver Conferences

Facility type: All Facilities

Parent/Caregiver conferences are held. Conferences can be in person or by phone.

N/A Allowed: No

Scoring Criteria: Points-based

Score of 0	Score of 1	Score of 2	Score of 3
Not met	Parent/caregiver conferences are available upon parent request	A scheduled conference is offered to parents to exchange information a minimum of one time per year.	A scheduled conference is offered to parents to exchange information a minimum of 2 times a year.
		Children’s progress and overall development are discussed	System in place to share information with parents on an ongoing basis
		Conference is documented, dated and signed by the caregiver and parent and kept in the child’s file	Information from caregiver observations and written assessments are shared

Scoring Clarification:

Documentation must be provided. This measure only assesses that there is a policy for parent conferences – that the opportunity exists for a parent to have a conference. It does not measure whether the parent took the opportunity.

For a score of 2, if conferences did occur, documentation of the conference is made.

P-PI-03: Parent Involvement in Program Activities

Facility type: All Facilities

Parents are invited to participate in program related activities.

Scoring Criteria: Points-Based

Score of 0	Score of 1	Score of 2	Score of 3
Not met	Parents are invited and encouraged to attend one event	Parents are invited and encouraged to attend two events	Parents are invited and encouraged to attend three or more events

N/A Allowed: No

Scoring Clarification:

Note the occurrence specifications outlined in each score. Documentation must be provided. This measure only assesses that parents are invited, not if they actually participate. This can be documented by, but not limited to, flyers, newsletters, emails, social media, etc. This could be, but not limited to, newsletters with announcement/invitations about an event, a flyer, an email invite, a hard copy invite, photos of events, etc. Dates of events should be noted and within the current year.

Appendix

Examples of Real Items

Sample Parent Orientation Form

Staff Education Worksheet

Curriculum Considerations

Sample Lesson Plans

Monitoring Observable Measures

Resetting Certification Cycles

Process Charts

Recertification Frequently Asked Questions (FAQ)

Examples of Real Items

Dramatic Play

Kitchen Items

Aprons
Bags (grocery)
Bowls (plastic, mixing)
Cloths (table, dish)
Colander / Sifter
Containers (storage, empty food/beverage)
Cups (plastic/ drinking or measuring)
Dustpan / Mop / Broom (child-sized)
Food Boxes / Containers
Paper (aluminum, waxed, butcher, shelf)
Mats (table)
Milk carton / Juice containers
Mitts (oven)
Pots / Pans (baking) with lids
Pitchers
Silverware/ Utensils (plastic/cooking and eating)
Sponges
Trays (ice cube)

Small Appliances (cordless)

Answering machine
Curling iron
Hair Dryer
Iron (light weight)
Toaster

Communication Devices

Cell phones / Telephones (cordless)
Pagers

Baby Items

Bibs
Blankets
Bottles (powder, drinking)
Diapers
Containers (empty wipe, food)

Carrying Cases

Baskets
Brief cases
Purses
Suit cases

Other Household Items

Bags (gift)
Bottles (pump, squeeze)
Boxes (jewelry, cardboard, plastic)
Cameras
Clocks
Containers (beauty products, deodorant)
Dish Towels / Pot Holders / Oven Mitts
Flashlights / Lamps
Flowers / Vases
Framed Photos
Keys
Mirrors
Phone books
Yarn

Other

Cash register
Make-up (empty compacts)
Washcloths / Towels
Restaurant items (menus, wrappings, containers)
Fly Swatter
Ribbon
Mirrors (handheld or standing)
Newspaper
Receipt Pads / Clip boards / Recipe Cards

Office Supplies

Stapler / Hole Punch / Tape
Clipboards
Calculator
Computer Keyboards / Monitor / Mouse
Pens / Pencils / Paper

Dress-up Items (male and female)

Boots / Shoes / Socks
Costumes
Gloves / Scarves / Mittens
Hats
Jewelry / Watches
Pants / Shirts / Dresses / Vests / Jacket
Ties

Manipulatives

Baskets (tomato, berry)
Beans
Calculators
Cash register
Cereal (round)
Clocks

Clothespins
Computer keyboards
Craft sticks
Film canisters
Items used for counting, stringing/weaving,
connecting

Gold tees
Hair curlers
Jewelry boxes
Paperclips
Pasta
Spools (tape, thread)

String
Styrofoam
Thread
Typewriter
Watches
Yarn

Music

Beans
Bottles
CD/tape/record player
Coffee cans
Headphones
Marbles
Pans (baking)

Plates (paper)
Rice
Scarves
Spoons (large/wooden, metal)
Streamers
Wind chimes
Windssocks

Blocks/Construction

Aprons
Bolts/ Screws / Nails / Nuts
Boxes (diaper wipe, shoe, appliance)
Craft sticks / Straws
Glue (wood)

Measuring instruments
Safety glasses
Sandpaper
Tools (pliers, hammer, screw driver, etc.)
Wood

Stories/Language

Teacher/Child made books
Snapshots
Magazines
Newspaper
Boards

Collage of the children and their families
Book of the Week
Word wall
Cut-outs from food labels and other
packaging items posted as a collage

Outdoors

Gardening tools
Spray bottles
Watering cans
Jars for bug catching
Nets
Boxes
Stepping Stones

River Rocks
Logs/ Tree Stumps
Pinwheels
Pots/Pans Music
Tubes/Pipes
Funnels

Discovery/Science/Sensory

Animals
Aquarium
Bags (Ziploc)
Baking (powder)
Balance
Beans / Corn (dried) / Rice
Bird seed
Boards (texture)
Bottles (sensory)
Boxes (shoe)
Broom (child-sized)
Cage / Containers (clear)
Clocks / Thermometer
Coal
Coffee cans / filters / grounds
Compass
Cornmeal / Cornstarch
Cups (measuring) / Scoopers
Droppers (eye, medicine, turkey)
Dustpan (child-sized)
Egg cartons
Fabric / Fur / Wool / Yarn
Feathers / Leaves
Felt
Flour / Salt / Sugar
Flower pots
Flowers (live) / Seeds
Food coloring
Funnels / Sifters
Gardening tools
Goggles / Gloves

Hour glass / Timer
Ice
Jars (smelly)
Jell-O
Locks and keys
Magnets
Magnifying glasses / Telescope
Mirrors / Prisms
Magazines
Oatmeal
Oil
Pictures (live animals)
Pine cones
Plants (live)
Potting soil / Sand
Rain gauge / Watering Can
Rocks (gravel) / Shells / Wood (bark)
Rubber bands
Rulers (yard stick)
Sand paper
Scales
Scouring pads / Sponges
Screen wire
Slinky
Soap (liquid, bar, powder)
Spoons (measuring)
Starch (dry, liquid)
Sun dial
Tape (measuring, sticky)
Tubes (cardboard, rubber)
Turkey Baster / Pipettes

Art

Painting utensils

Apples
Balls (golf)
Baskets (tomato, berry)
Bell Peppers (green, red)
Bottles (spray, squeeze)
Brushes
Combs
Corn cobs
Cotton swabs
Cups
Droppers (eye, medical)
Feathers
Film Canisters
Fly swatters
Funnels
Ice cubes

Kitchen utensils
Lids (jar)
Marbles
Pine needles (long)
Popsicle sticks
Rollers (paint, hair)
Sponges
Spools
Vehicles

Collage materials

Buttons
Fabric
Feathers
Lace
Magazines
Newspaper

Pasta
Pine needles (short, long)
Popsicle sticks
Stamps
Yarn

Paper

Bags
Butcher
Calendars
Cards (greeting, index)
Coffee filters
Crepe
Foil
Newspaper
Pads
Plates
Wall
Waxed
Wrapping

Cardboard

Boxes (shoe, appliance)
Pizza
Tubes

Other

Blocks
Broom (child-sized)
Clothesline
Clothespins
Cookie cutters
Dustpan (child-sized)
Egg cartons
Hole puncher
Ink pads
Pans (baking)
Puzzle pieces (old)
Scissors
Sneaker soles
Stapler

Real Items Especially for Infants (0-17 months)

It is developmentally appropriate and our responsibility as an educator to allow infants to explore various materials by using their five senses, especially their mouth. All of the items below can be used by an infant to achieve developmental milestones with appropriate supervision. Nonetheless, do not limit the learning process by only using these items... think creatively.

Sight

Aquarium (pets, nature items)
Bottles (oil, corn syrup, oil and water, dollars)
Bowls (small, large)
Flashlights
Laminated Books (snapshots, magazines, newspaper)
Magnifying glasses
Mats (floor, table)
Mirrors
Plates
Posted Pictures (snapshots, magazines, newspaper)
Streamers
Wind socks

Smell

Smelly jars

Sound

Bottles (rice, beans, marbles, birdseed, cornmeal, coins)
CD/tape/record player
Plastic bowls (large plastic spoons)
Wind chimes

Taste

Cooked pasta
Ice
Jell-O
Pudding
Whip Cream

Touch

Blankets/Fabric/Wool
Bottles (spray, squeeze)
Cameras/Telephones
Cooked pasta
Feathers
Hats
Ice/Water (warm or cold)
Jell-O
Lids (baby food jars)
Plastic Containers (storage, food, beverage, beauty products)
Sandpaper
Scarves/Streamers
Ties
Texture Boards
Discovery Shoe Boxes

Sample Parent Orientation

Name of facility: _____

Name of parent/guardian: _____

I have received information on the following:

- Introduction to the staff
- Parent visit with the classroom caregiver
- Overview of the parent handbook
- Policy for arrival and late arrival
- Opportunity for an extended visit in the classroom by both myself and my child for a period of time to allow us both to be comfortable
- An explanation of the Texas Rising Star Program
- Encouragement to share elements of my CCS enrollment so that the provider may assist, if applicable
- Family support resources and activities in the community
- Child development and developmental milestones
- Expectations of families
- The significance of consistent arrival time, including:
 - before the educational portion of the school begins
 - impact of disrupting other children's' learning
 - the importance of consistent routines in preparing children for the transition to Kindergarten
- Statement about limiting technology use on site to improve communication between staff, children and families
- Statement reflecting the role and influence of families

I acknowledge receipt of the above information.

Parent signature

Date

Director signature

Date

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Texas Rising Star Lesson Plan Checklist

Questions to Ask While Scoring a Classroom's Lesson Plans	YES	NO	Scoring Protocol
			Are there 4 consecutive, most current weeks or month of lesson plans? If Yes, proceed. If No, STOP.
			Are learning objectives included for each activity? If Yes, proceed. If No, only score the activities with objectives denoted (as lined out below.) If none of the activities have objectives STOP → ALL measures score 0.
			Are separate activities listed and/or coded for each domain (E.g.: Social/Emotional, Language/Communication, Fine art)? If Yes, count each activity as it is coded. If No, assessor will read objective and determine best domain to code under.
			Do any activities repeat throughout the 4 weeks/month? If Yes, do they have the same objectives? If Yes, then the activity can only be counted once during the 4 weeks/month time frame. If No, then the activity can be counted again within the applicable domain. If No, proceed.
			Do any activities have more than one objective? If Yes, the activity may count in multiple domains (E.g. If 2 objectives are listed, the activity may count once for each objective listed within the applicable domain; same for 3, 4, 5 objectives.) If No, proceed.
	YES	NO	Scoring Protocol
			Are specific strategies included on the lesson plan during the week/month to use the children's home language to support the development of English language skills? If Yes, count the number of different strategies used within the 4 weeks/month and score accordingly. If No, the score is a 0. <i>Mark N/A if there are no bilingual children in the class.</i>
			Are specific strategies included on the lesson plan during the week/month to include specifications on how to make accommodations for children with disabilities? If Yes, count the number of different strategies used within the 4 weeks/month and score accordingly. If No, the score is a 0. <i>Mark N/A if there are no children with disabilities in the class.</i>
		Are specific strategies included on the lesson plan during the week/month to include specifications that address the many cultures of children's families that attend the program? If Yes, count the number of different strategies used within the 4 weeks/month and score accordingly. If No, the score is a 0. <i>Mark N/A if this does not apply to the class.</i>	

Best Practices

Check for developmentally appropriate activities.

If you are noticing that the activities do not fit the age group/development level of the classroom, discuss with the mentor and/or director as part of technical assistance after the assessment. You may continue to score.

For Infant Classrooms

It is not required that an assessor review each individual child's lesson plans. For example, in an infant classroom that cares for 0-12-month-olds, an assessor would review the individualized plans for a younger infant (e.g., 3 months) and an older infant (e.g., 10 months).

Color code the TRS Curriculum domain areas on their lesson plan and include a key to code.

Example: All social/emotional activities are color coded green, Math is color coded yellow and Fine Arts is color coded pink to clearly show frequency.

Label the TRS Curriculum domain within the subject areas of their lesson plan.

Review the objective and match to the TRS domain applicable. Use the ITELGs and Pre-K Guidelines to assist as needed.

Example: Show and Tell (Learning Objective: To have children share and speak about an item they brought from home.) The activity can be marked as Social/Emotional to count for domain.

Count activities within the time frames given.

If you are provided with weekly lesson plans – count the activities as they happened in that week.

If bi-weekly, count the activities then divide by 2 (no rounding) Example: Weeks 1 and 2 = 7 activities; $7/2 = 3.5 \rightarrow 3$ activities per week.

If monthly, count the activities then divide by 4 (no rounding) Example: Month = 16 activities; $16/4 = 4$ activities per week.

For Mentors working with Caregivers:

- Lesson plans should denote the age group being taught, caregiver(s) name(s), date range and theme if applicable.
- Objectives can be listed different ways to count in scoring. The following examples are not an exhaustive list:
 - 1) Overall objectives for the classroom with any activities listed marked with which objective it matches (example: Latch puzzles Obj. #1)
 - 2) Overall objectives for the specific domain (such as Language/Communication, Gross Motor, Cognitive, Fine Arts, etc.) and applicable activities are listed under that domain
 - 3) Overall for the specific learning time (such as Group time, Circle Time, Outdoor Play, Small Groups, etc.) and applicable activities are listed under that learning time
 - 4) Activity specific – activity is listed with its own objective under learning time or domain headers
- Curriculum or resources used to create lesson plans should be denoted but is not required. This can assist not only the assessor, but the caregiver, substitutes and parents as applicable.
- Caregivers should plan their lessons to meet the needs and schedule of the classroom. Therefore, there is no required format for lesson plans.
- Pre-coding of activities to match the TRS domains is helpful for the caregiver to understand why/where their planning falls in relation to TRS domains. This is also helpful for the assessor but not required.

Sample Lesson Plans

Class: <u>Ladybugs</u>		Week of: <u>July 25-29</u>			
Child's Name: <u>David O.</u>		Child's Age: <u>8 months</u>			
	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Language	Inflatable Animals Offer the toy beyond their reach <i>Learning obj: Encourage David to reach for the toy (L/C)</i>	Scarf play Peek-a-boo <i>Learning obj: Provide an opportunity to introduce new words, sounds (L/C)</i>	Play Patty Cake <i>Learning obj: Provide an opportunity to introduce new words, sounds, signs (L/C)</i>	Scarf play Peek-a-boo	Telephone Pretend to talk on the telephone with David and his other classmates <i>Learning obj: Create an opportunity for children to interact with each other (S/E)</i>
Fine Motor Development (Manipulatives Floor Time)	Let's go grocery shopping! Place plastic fruits and vegetables in plastic grocery basket <i>Learning obj: Create an opportunity for children to interact with each other (S/E)</i>	Music Provide shakers and drums to shake and hit <i>Learning obj: Encourage David to make sounds and encourage his effort to make music (C)</i>	Music Provide shakers and drums to shake and hit	Yarn Balls Roll the ball on child's arms and legs, name body parts as they are touched. Encourage them to move the ball. <i>Learning obj: Identify arms and legs (L/C)</i>	Treasure Basket Provide basket with items with various textures and items that make noise <i>Learning obj: Explore items that make different noises and that have different textures (C)</i>
Gross Motor Development	Roll the Ball <i>Learning obj: Encourage David to grab and roll the ball (C)</i>	Crawling Obstacle Course Add large cardboard boxes to crawl through and masking tape lines to follow in gross motor area <i>Learning obj: Provide a variety. opportunities to encourage gross large muscle development (C)</i>	Roll the Ball	Crawling Obstacle Course	Roll the Ball
Sensory	Suction Cup Toys Place the suction cup toy on a highchair and encourage David to hit the toy, watch it move and listen to the sound it makes. <i>Learning objective: Experience and recognized that items make different sounds and move in different ways. (C)</i>	Sensory Bottles	Sensory Board Collect items with different textures <i>Learning objective: Experience and recognize that items have different textures (C)</i>	Sensory Bottles Fill empty water bottles with different items, beans, rice, yarn, colored water and oil to experience different sounds <i>Learning objective: Experience and recognize that items make different sounds (C)</i>	Suction Cup Toys
Songs: Itsy Bitsy Spider, London Bridge, Wheels on the Bus			Books: Goodnight Moon Margaret by Wise Brown, Ten Little Ladybugs by Melanie Gerth, Who Said Moo by Harriet Ziefert		
TRS Domains: Language/Communication (LC), Social/Emotional (S/E) and Cognitive (C)					

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Circle Time	Read: Curious George Goes to the Beach – H.A. Rey Obj: Create an awareness of pictures and print (L/C) Group Discussion: Have you ever been to the beach? Obj.: Practice answering questions (S/E)	Read: Splish Splash by Nicola Smee Obj: Develop receptive language (L/C) Group Discussion: Do you like to swim? Obj.: Practice answering questions (S/E)	Read: Scaredy Squirrel at the Beach by Melanie Watt Obj: Create an awareness of pictures and print (L/C) Group Discussion: What scares you? Obj.: Notice and name feelings (S/E)	Read: Wave by Suzy Lee Obj: Develop receptive language (L/C) Group Activity: Move like the water Obj.: Explore different ways we can move our bodies	Group Activity: Make ice cream Obj.: Practice following directions; learn to take turns
Physical Development/ Outdoor Play	Car wash Obj: Create an opportunity for children to interact with each other; practice taking turns	Treasure hunt in sandbox Obj: Create an opportunity for children to interact with each other; practice taking turns	Sidewalk chalk art Obj.: Enhance hand/eye coordination	Through the Tunnel Obj.: Practice following directions; learn to take turns (S/E)	Follow the Leader Obj.: Practice following directions; learn to take turns (L/C)
Creative Expression	AM: Finger painting Obj.: Discover what happens when different colors of paint are mixed together (C) PM: Song- You Are My Sunshine	AM: Lemonade Art Obj.: Enhance fine motor skills (C) PM: Song- Twinkle, Twinkle Little Star, I'm a Little Teapot	AM: Shaving Cream Obj.: Enhance fine motor skills PM: Song- If You're Happy and You Know it	AM: Shaving Cream Obj.: Enhance fine motor skills PM: Song- London Bridge	AM: Paint the Class Boat Obj.: Practice following directions; learn to take turns (S/E) PM: Song- You Are My Sunshine
Sensory/ Science	Sensory Table: Wave bottles Obj.: Recognize and help describe what we see/experience	Sensory Table: Sand/Sand Toys Obj.: Recognize and help describe what we see/experience	Sensory Table: Sand/Sand Toys Obj.: Recognize and help describe what we see/experience (C)	Sensory Table: Sea Shell Sorting Obj.: Sort shells by small and large (C)	Sensory Table: Sink or Float Obj.: Explore the similarities/differences with the items that sink/float (C)
Dramatic Play: Add sunglasses, summer hats, flip flops, cameras, sea shells, scarves, suitcases, purses, baskets, windsock			ASL: Learn (to sign) Hello		
Manipulatives/Blocks: Add boats, baskets, spools of thread and yarn			Multicultural Activities: Good Night Beach (multicultural book); Spanish word: Hello		
TRS Domains: Language Communication (L/C), Cognitive Development (C), Social Emotional (S/E)					

	Monday	Tuesday	Wednesday	Thursday	Friday
Large Group	<p>Activity: Group discussion: What are community helpers? (Identify community helpers)</p> <p>Objective: Children discuss the roles and responsibilities of family, school, and community helpers (LC)</p>	<p>Activity: Fireman visit</p> <p>Objective: Children sit and listen to stories and/or participates in large group activities for up to 1-15 minutes (LC)</p>	<p>Activity: Group discussion: Review yesterday's visit – what does a fireman do, what does he wear, etc.</p> <p>Objective: Children respond to situations in ways that demonstrate they understand what has been said. (LC)</p>	<p>Activity: Group discussion of favorite community helper charts – why are they your favorite?</p> <p>Objective: Children are able to use language for different purpose (SE)</p>	<p>Activity: Free discussion about community helpers</p> <p>Objective: Children show competence in initiating social interactions. (SE)</p>
Story time	<p>Activity: <u>Jobs People Do</u></p> <p>Objective: Children interact with books by describing what is seen/read in the book (ELR)</p>	<p>Activity: <u>When I Grow Up</u></p> <p>Objective: Children provide appropriate information for various situations (ELR)</p>	<p>Activity: <u>Jobs People Do Up</u></p> <p>Objective: Children engage in pre-reading and reading-related activities (ELR)</p>	<p>Activity: <u>When I Grow Up</u></p> <p>Objective: Children ask and answer age-appropriate questions about the book – What do you want to be when you grow up? (ELR)</p>	<p>Activity: <u>Jobs People Do</u></p> <p>Objective: Children show understanding of many words and steady increase in vocabulary (ELR)</p>
Small Groups	<p>Activity: Dictate to teacher: "If I was a community helper, I would be..."</p> <p>Objective: Children verbally share ideas and/or tell stories associated with marks on paper. (ELW)</p>	<p>Activity: Free Journal</p> <p>Objective: Child engages in free drawing and writing activities (ELW)</p>	<p>Activity: Chart: My favorite community helper (child writes name next to picture)</p> <p>Objective: Children write own name in whatever manner they are able (ELW)</p>	<p>Activity: Free journal</p> <p>Objective: Child engages in free drawing and writing activities (ELW)</p>	<p>Activity: Show and Tell writing</p> <p>Objective: Children share and celebrate class-made and individual written products (ELW)</p>
Science/Sensory	<p>Activity: Sensory table: "fire" (tissue paper) and community people</p> <p>Objective: Children observe, investigate, describe, and discuss properties and characteristics of objects (texture of tissue paper) (S)</p>	<p>Activity: Slides with bacteria</p> <p>Objective: Children observe, investigate, describe, and discuss the relationship of organisms to their environment (S)</p>	<p>Activity: Sensory table: "fire" (tissue paper) and community people</p> <p>Objective: Children observe, investigate, describe, and discuss properties and characteristics of objects (texture of tissue paper) (S)</p>	<p>Activity: Slides with bacteria</p> <p>Objective: Children observe, investigate, describe, and discuss the relationship of organisms to their environment (S)</p>	<p>Activity: Sensory table: "fire" (tissue paper) and community people</p> <p>Objective: Children observe, investigate, describe, and discuss properties and characteristics of objects (texture of tissue paper) (S)</p>

Math	<p>Activity: Sensory table: "fire" (tissue paper) and community people</p> <p>Objective: Children understand that weights of objects can vary and be compared (tissue paper versus community people) (M)</p>	<p>Activity: Community helper hat sorting</p> <p>Objective: Children sort objects that are the same and different (M)</p>	<p>Activity: Community Helper patterns</p> <p>Objective: Children recognize and create patterns (M)</p>	<p>Activity: Community helper vehicle count</p> <p>Objective: Children count up to 10 items and demonstrate that the last count indicates how many items were counted (M)</p>	<p>Activity: Playdough fun</p> <p>Objective: Child creates shapes. (M)</p>
Creative Expression/ Music/Songs	<p>Activity: Art: create your favorite community helper</p> <p>Objective: Children use a variety of art materials and activities for sensory experience and exploration (FA)</p>	<p>Activity:</p> <p>Objective:</p>	<p>Activity: "The Wheels on the Bus"</p> <p>Objective: Children participate in classroom music activities including, singing, playing musical instruments, and moving to the rhythms – repetition of songs and finger plays (FA)</p>	<p>Activity:</p> <p>Objective:</p>	<p>Activity: Dance party!</p> <p>Objective: Children respond to different musical styles through movement and play – various props and opportunities for musical exploration (FA)</p>
Outdoor/Gross Motor	<p>Activity: Free play</p> <p>Objective: Children demonstrate coordination and balance in isolation (PAMD)</p>	<p>Activity: "Follow the community helper" (Follow the leader)</p> <p>Objective: Children coordinate sequence of movements to perform tasks (PAMD)</p>	<p>Activity: Free play</p> <p>Objective: Children demonstrate coordination and balance in isolation (PAMD)</p>	<p>Activity: Construction site with tools</p> <p>Objective: Children show increasing control of tasks that require hand-eye coordination (PAMD)</p>	<p>Activity: Free play</p> <p>Objective: Children demonstrate coordination and balance in isolation (PAMD)</p>

TRS Measures

Social-Emotional (SE)

Language and Communication (LC)

Emergent Literacy – Reading (ELR)

Emergent Literacy – Writing (ELW)

Mathematics (M)

Science (S)

Social Studies (SS)

Fine Arts (FA)

Technology (T)

Physical Activity and Motor Development (PAMD)

Monitoring- Observable Measures (Non-accredited facilities)

TEXAS RISING STAR REQUIRED MEASURES

Category 4:

S-ILE-01: Indoor Environment

1. Indoor environment is arranged to facilitate a distinct division of active and quiet spaces.
2. Nap/rest space is conducive for children to relax, rest, or sleep as appropriate for the ages and abilities of children.
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. 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.

S-ILE-02: Indoor Environment (Infant and Toddlers)

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.
4. Indoor environment includes space and equipment where caregivers and mothers can sit comfortably and hold infants while feeding or breastfeeding.

S-ILE-03:

(School-age)

Indoor environment is arranged to include a quiet place with age-appropriate tables, chairs, and appropriate lighting to facilitate completion of homework.

TEXAS RISING STAR POINT-BASED MEASURES

Category 2: Caregiver-Child Interactions

GROUP SIZE/RATIOS

	SCORE 1			SCORE 2			SCORE 3		
	Max Group	Ratio	Min. Caregivers	Max Group	Ratio	Min Caregivers	Max Group	Ratio	Min Caregivers
0-11 months	n/a	n/a	n/a	9	9:2	2	8	4:1	2
12-17 months	n/a	n/a	n/a	12	6:1	2	12	4:1	3
18-23 months	16	8:1	2	18	6:1	3	15	5:1	3
2 years	20	10:1	2	21	7:1	3	18	6:1	3
3 years	24	12:1	2	27	9:1	3	24	8:1	3
4 years	32	16:1	2	26	13:1	2	27	9:1	3
5 years	32	16:1	2	33	11:1	3	30	10:1	3
6-8 years	34	17:1	2	32	16:1	2	33	11:1	3
9-13 years	34	17:1	2	32	16:1	2	33	11:1	3

WARM AND RESPONSIVE STYLE ASSESSMENT MEASURES

Applies to All Ages

P-WRS-01

Creates a warm, safe, and nurturing environment
P-WRS-02 Uses frequent positive nonverbal behaviors to increase feelings of acceptance
P-WRS-03 Has a patient, relaxed style that helps maintain calmness in the classroom
P-WRS-04 Notices and attends to children's needs and signals (i.e., very few missed signals)
P-WRS-05 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)
P-WRS-06 Ability to adjust one's own behavior to meet the needs, interests, and abilities of individual/groups of children
LANGUAGE FACILITATION AND SUPPORT ASSESSMENT MEASURES Applies to All Ages
P-LFS-01 Listens to children attentively and responds appropriately to their language, vocalizations, and nonverbal 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 descriptive language (specific labels such as "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 (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/gesture 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.")
PLAY-BASED INTERACTIONS AND GUIDANCE ASSESSMENT MEASURES Applies to All Ages
P-PBIG-01 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-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
SUPPORT FOR CHILDREN'S REGULATION ASSESSMENT MEASURES Applies to Toddler, Preschool, and School-Age

P-SCR-01	Models or encourages emotional expression (encourages children to express feelings, labels own feelings, thinks aloud to model his or her 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 than 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
P-SCR-07	Assists children in their communications and interactions with peers
Category 3: Curriculum	
Lesson Plans and Curriculum	
Applies to Infants and Toddlers	
P-LPC-02	Social and Emotional Development
P-LPC-03	Language and Communication Development
P-LPC-04	Cognitive Development
Applies to Infants Only	
P-LPC-15	Physical Activity and Motor Development
Applies to Toddlers Only	
P-LPC-15	Physical Activity and Motor Development
Applies to Preschoolers Only	
P-LPC-05	Social and Emotional
P-LPC-06	Language and Communication
P-LPC-07	Emergent Literacy – Reading
P-LPC-08	Emergent Literacy – Writing
P-LPC-09	Mathematics
P-LPC-10	Science
P-LPC-11	Social Studies
P-LPC-12	Fine Arts
P-LPC-14	Technology
Applies to Preschoolers/School-Age	
P-LPC-15	Physical Activity and Motor Development
Planning for Special Needs and Respecting Diversity Assessment Measures	
Applies to All Ages	
P-PSNRD-01	Consideration for children in a Bilingual program
P-PSNRD-02	Consideration for children with disabilities
P-PSNRD-03	Consideration for children from culturally diverse backgrounds
Instructional Formats and Approaches to Learning	
Applies to All Ages	
P-IFAL-02	Intentional instructional activities that are both caregiver 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 Implemented learning activities are organized to progressively build skills and knowledge by moving the child from current developmental levels to the targeted developmental benchmarks
Category 4: Nutrition & Indoor/Outdoor
Nutrition
Applies to 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 Children are encouraged to engage in conversation during mealtime Children have the opportunity to feed themselves consistent with their developmental levels
Applies to Infants (0–12 months)
P-N-03 Infants are held (if developmentally appropriate) and talked to in reassuring tones while bottle-fed.
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.
Applies to Toddlers and Older (18 months and older)
P-N-02 Caregivers model appropriate dining etiquette.
P-N-05 Meals are served to children seated 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.
Applies to Preschoolers (3 to 5 years)
P-N-06 All children assist with mealtime activities, with staff supervision. Children are encouraged to serve themselves as their abilities permit (e.g., set tables, put out napkins, scoop food using sturdy serving spoons, pour milk from child-sized pitchers). Items to observe: Children are encouraged to set tables, put out napkins, clean place mats, etc. Children are encouraged to serve themselves as their abilities permit (e.g., scoop food using sturdy serving spoons, pour milk from child-sized pitchers) An orderly process is in place for taking turns and varying tasks
Indoor Learning Environment
Applies to All Ages
P-ILE-01 Indoor environment is arranged to facilitate division of interest areas for play (as developmentally appropriate) and allow children to move easily from one area to another, for infants, a variety of stimulating opportunities for learning that may change throughout the day.
P-ILE-02 Equipment/materials portray people in a manner that is non-stereotypical and culturally sensitive.

P-ILE-03	Developmentally appropriate visual caregiver- and children- created materials are displayed at children's eye level.
P-ILE-04	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.
P-ILE-05	Equipment/materials encourage hands-on manipulation of real objects.
P-ILE-06	Equipment/materials facilitate social interaction and experiencing the environment.
Outdoor Learning Environment	
Applies to All Ages	
P-OLE-01	Outdoor environment and activities are linked to and reinforce indoor learning.
P-OLE-02	The outdoor environment provides children with the opportunity to care for living things and appreciate nature/beauty.
P-OLE-03	Outdoor environment and natural and manufactured equipment/materials provide partial shade and motivate children to be physically active and engage in active play such as balancing, climbing, crawling, moving, pushing/pulling, riding, walking, and running.
P-OLE-04	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.
Applies to Infants (0–17 months)	
P-OLE-05	Outdoor equipment/materials encourage infants to experience the environment.

Monitoring- Observable Measures (Accredited facilities)

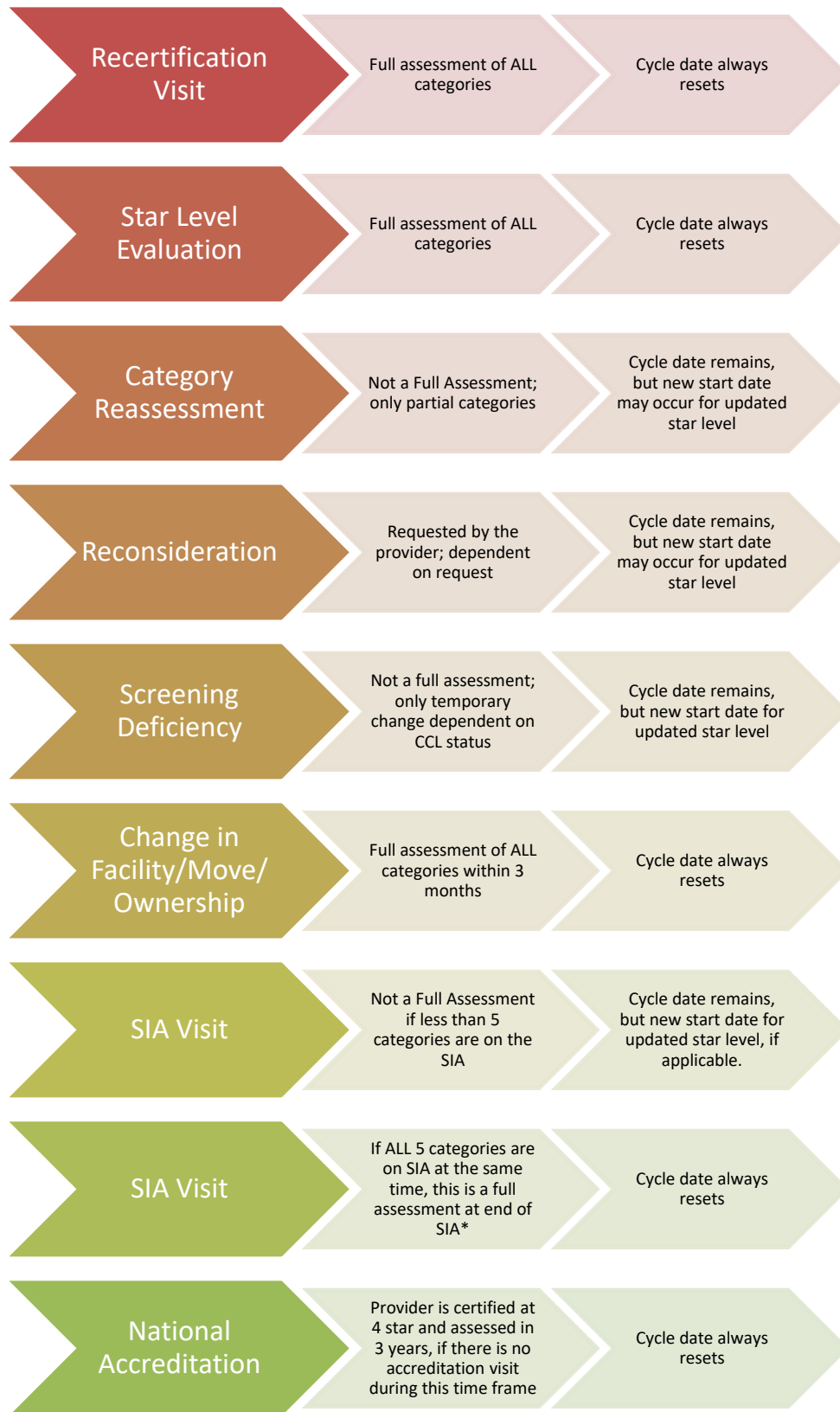
TEXAS RISING STAR REQUIRED MEASURES									
Category 4:									
S-ILE-01: Indoor Environment									
<ol style="list-style-type: none"> Indoor environment is arranged to facilitate a distinct division of active and quiet spaces. Nap/rest space is conducive for children to relax, rest, or sleep as 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. 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. 									
S-ILE-02: Indoor Environment (Infant and Toddlers)									
<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. Indoor environment includes space and equipment where caregivers and mothers can sit comfortably and hold infants while feeding or breastfeeding. 									
S-ILE-03:									
(School-age)									
Indoor environment is arranged to include a quiet place with age-appropriate tables, chairs, and appropriate lighting to facilitate completion of homework.									
TEXAS RISING STAR POINT-BASED MEASURES									
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Applies to Preschoolers (3 to 5 years)
P-N-06

<p>All children assist with mealtime activities, with staff supervision. Children are encouraged to serve themselves as their abilities permit (e.g., set tables, put out napkins, scoop food using sturdy serving spoons, pour milk from child-sized pitchers).</p> <p>Items to observe:</p> <p>Children are encouraged to set tables, put out napkins, clean place mats, etc.</p> <p>Children are encouraged to serve themselves as their abilities permit (e.g., scoop food using sturdy serving spoons, pour milk from child-sized pitchers)</p> <p>An orderly process is in place for taking turns and varying tasks</p>
<p>Indoor Learning Environment</p> <p>Applies to All Ages</p>
<p>P-ILE-01</p> <p>Indoor environment is arranged to facilitate division of interest areas for play (as developmentally appropriate) and allow children to move easily from one area to another, for infants, a variety of stimulating opportunities for learning that may change throughout the day.</p>
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<p>Applies to Infants (0–17 months)</p>
<p>P-OLE-05</p> <p>Outdoor equipment/materials encourage infants to experience the environment.</p>

Resetting Certification Cycles



Star Level Evaluation: This is a full assessment of all categories. TWIST is amended to show the new start date and cycle will end 3 years from this date. This will occur even if there is no change in star level from previous star level. *Example: Original Certification was 08/09/2015 TWIST line would read 09/2015 – 08/2018; Star Level Evaluation completed 04/09/2016; TWIST line would read 05/2016 – 04/2019.*

Category Reassessment: This is a partial assessment as only 2 (possibly 3) categories are assessed. The cycle date will remain, but a new start date will occur in TWIST. This will occur even if there is no change in star level from previous star level. *Example: Original Certification was 08/09/2015 TWIST line would read 09/2015 – 08/2018; Category Reassessment completed 12/12/2015; TWIST line would read 01/2016 – 08/2018.*

Reconsideration: This is a request made by the provider because they did not feel the assessment was scored accurately. The request timeframe and process are set by the Local Board. Due to the nature of reconsideration there are some variables that may need to be taken into consideration when deeming if a full or partial assessment will be done. If there is a change in star level, the cycle date would remain, but a new start date will occur in TWIST (if applicable.)

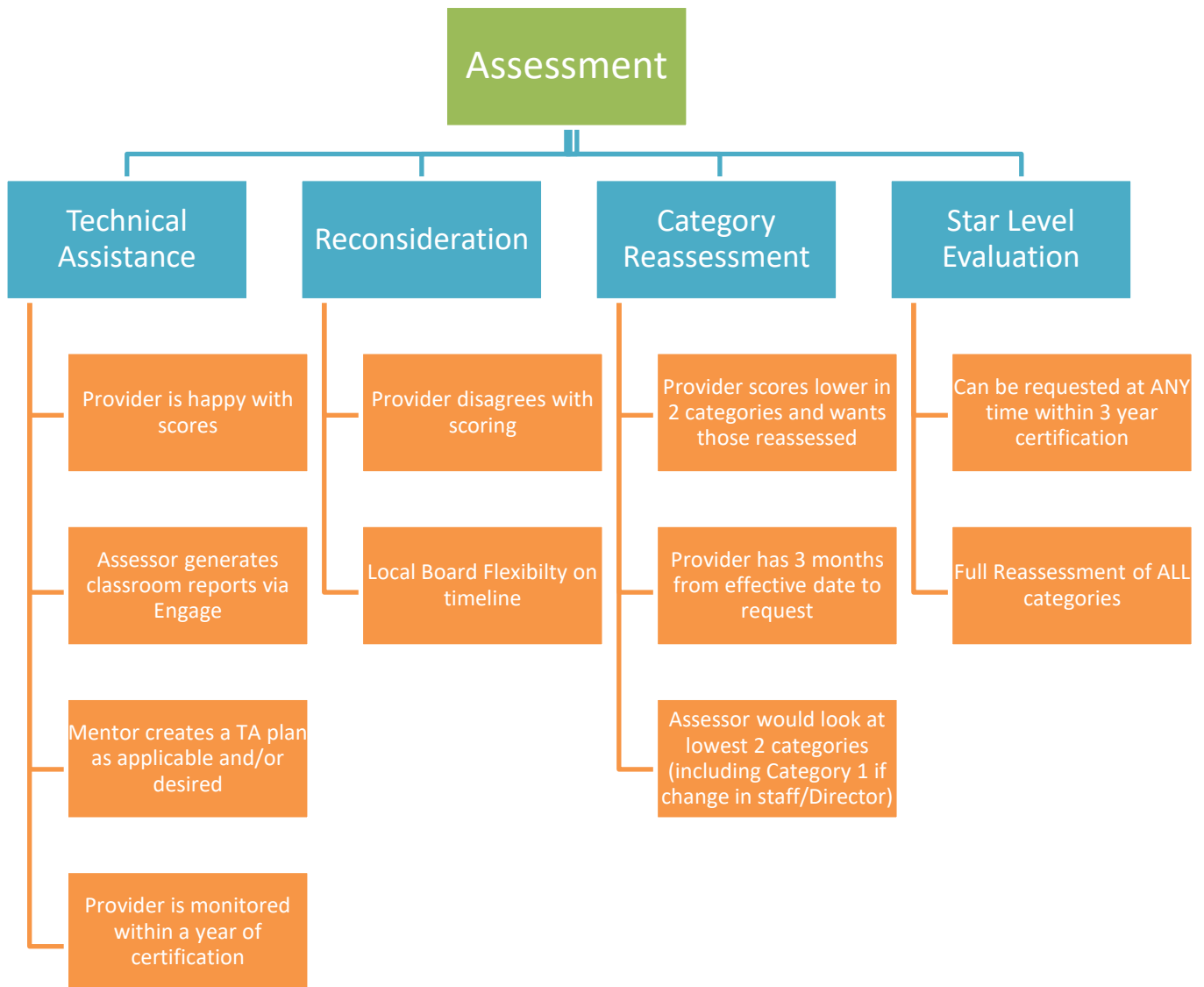
Screening Deficiency: This is a not an assessment of any categories, but a drop in star level (or rise) due to CCL deficiencies a provider receives. The cycle date will remain, but a new start date will occur in TWIST. The same will happen when the 6-month “sit out” is over and the star level is returned (if provider meets screening requirements.) *Example: Original Certification was 08/09/2015 TWIST line would read 09/2015 – 08/2018; Screening form completed 12/12/2015; TWIST line would read 01/2016 – 08/2018.*

Change in Facility Type/Change in Ownership/Facility Move: This is a full assessment of all categories. TWIST is amended to show new start date and cycle will end 3 years from this date. This will occur even if there is no change in star level from previous star level. *Example: Original Certification was 08/09/2015 TWIST line would read 09/2015 – 08/2018; Reassessment completed 12/09/2015; TWIST line would read 01/2016 – 12/2018.*

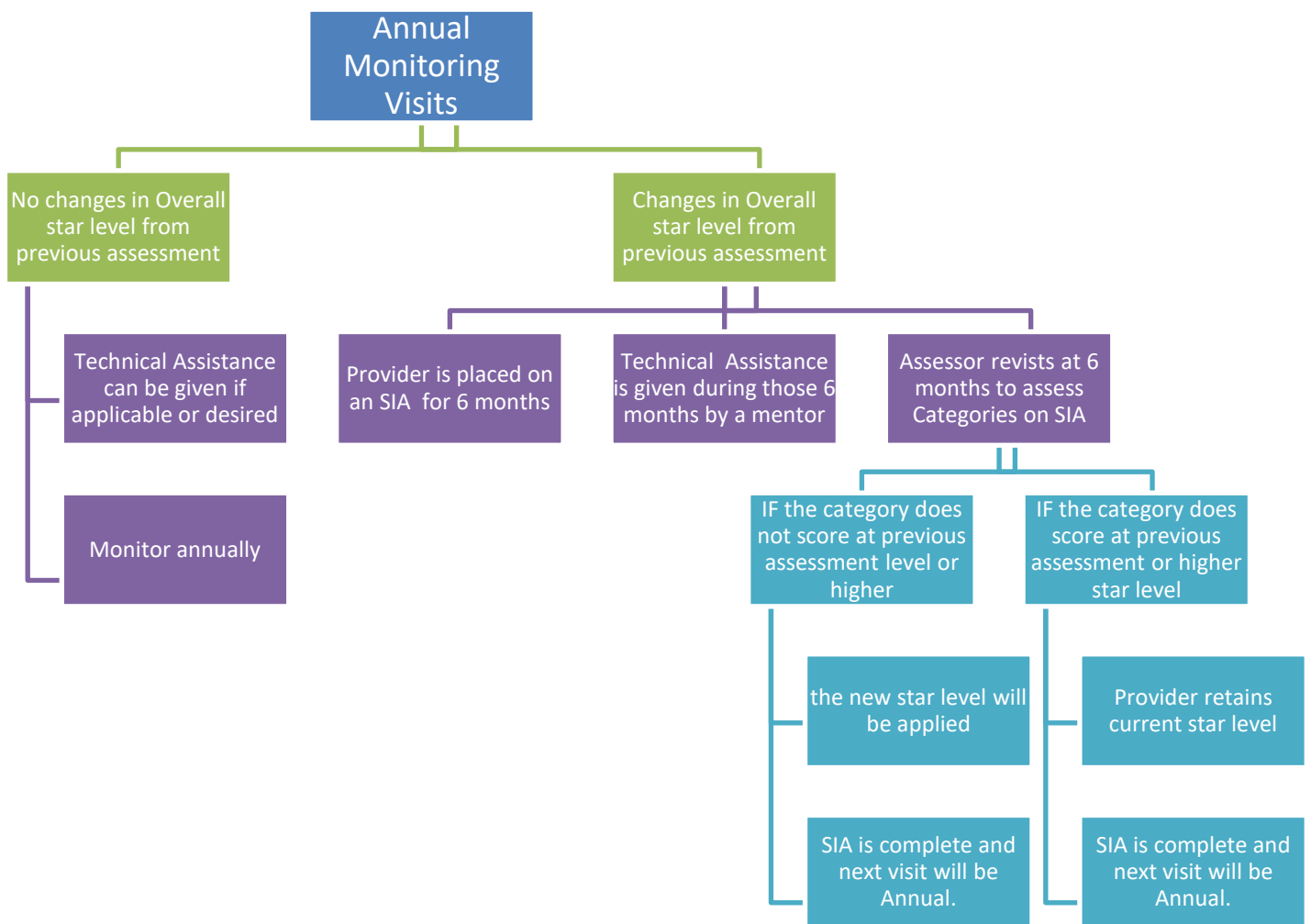
SIA Visit: Typically, an SIA is given for 1-2 categories, but it is possible that ALL 5 categories could be on an SIA at the same time. If less than 5 categories are on the SIA at the end of 6 months a partial assessment is done, therefore the cycle date will remain, but a new start date will occur in TWIST. If ALL 5 categories are on a SIA at the same time at the end of 6 months a full assessment is done (*dependent on Board process), therefore TWIST is amended to show new start date and cycle will end 3 years from this date. This will occur even if there is no change in star level from previous star level. *Example for partial: Original Certification was 08/09/2015 TWIST line would read 09/2015 – 08/2018; SIA completed 03/09/2016; TWIST line would read 04/2016 – 08/2018. Example for full: original Certification was 08/09/2015 TWIST line would read 09/2015 – 08/2018; SIA completed 03/09/2016; TWIST line would read 04/2016 – 03/2019.*

National Accreditation: This is not an assessment of any categories, but a potential gain in star level. Provider is given 4-star status (then screening form applied as applicable) and will be assessed in 3 years, if the provider has not received an accreditation visit by its accrediting body. Due to the rigorous process of being nationally accredited, the cycle is reset. *Example: Original Certification was 08/09/2015 TWIST 2-star line would read 09/2015 – 08/2018; National Accreditation achieved 6/15/2017 TWIST 4-star line reads 07/2017 – 06/2020; National Accreditation TWIST line would match accreditation certificate ex: 06/2017 – 06/2022*

Process Chart – Post Assessment Options



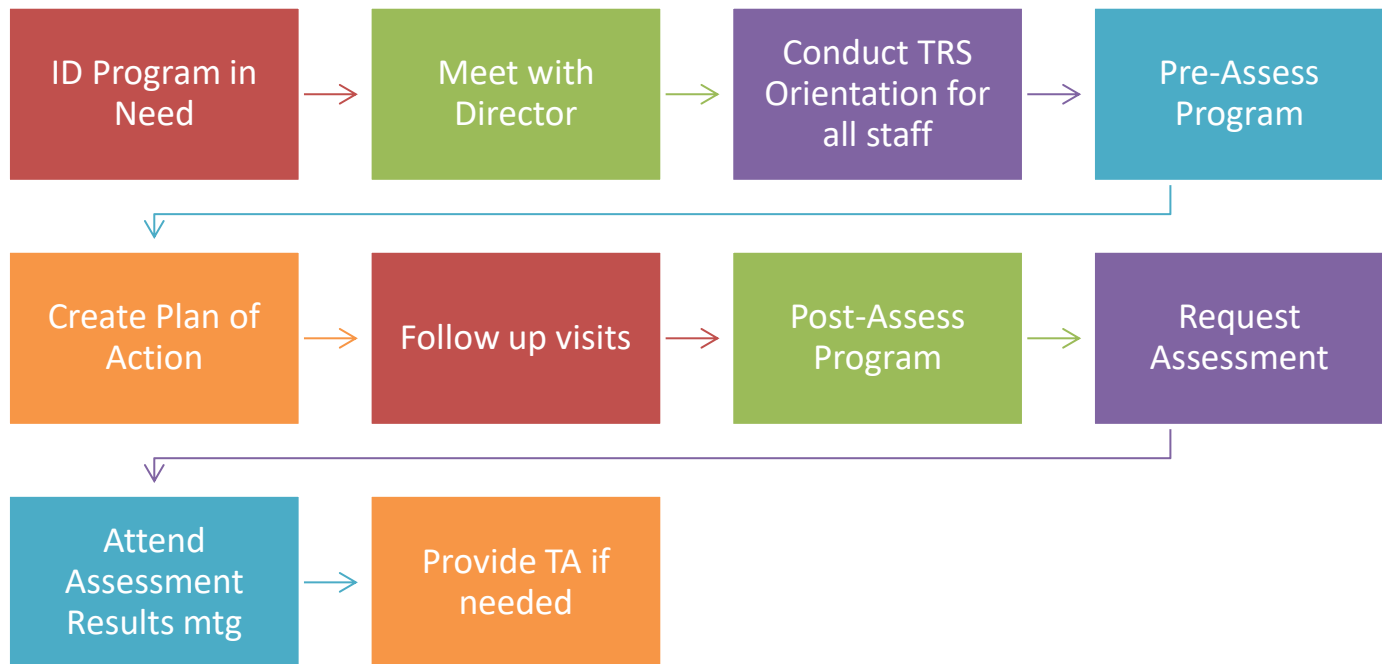
Reminder: Each Assessment that occurs is to be entered into Engage separately, except for a Reconsideration. This can be adjusted in the assessment being reconsidered, but a note should be placed into the Event Log (and/or TWIST.)



Reminders:

- SIAs begin upon the date of notification to the provider and end in 6 months (no earlier/later.) A SIA Assessment visit is completed within 30 days of the end date and is assessed for the entire category(s) in the SIA for all classrooms within the program.
- N/A the categories not listed on the SIA and retain the score for those categories. A note is placed on the Event Log in Engage at the start and completion of an SIA.

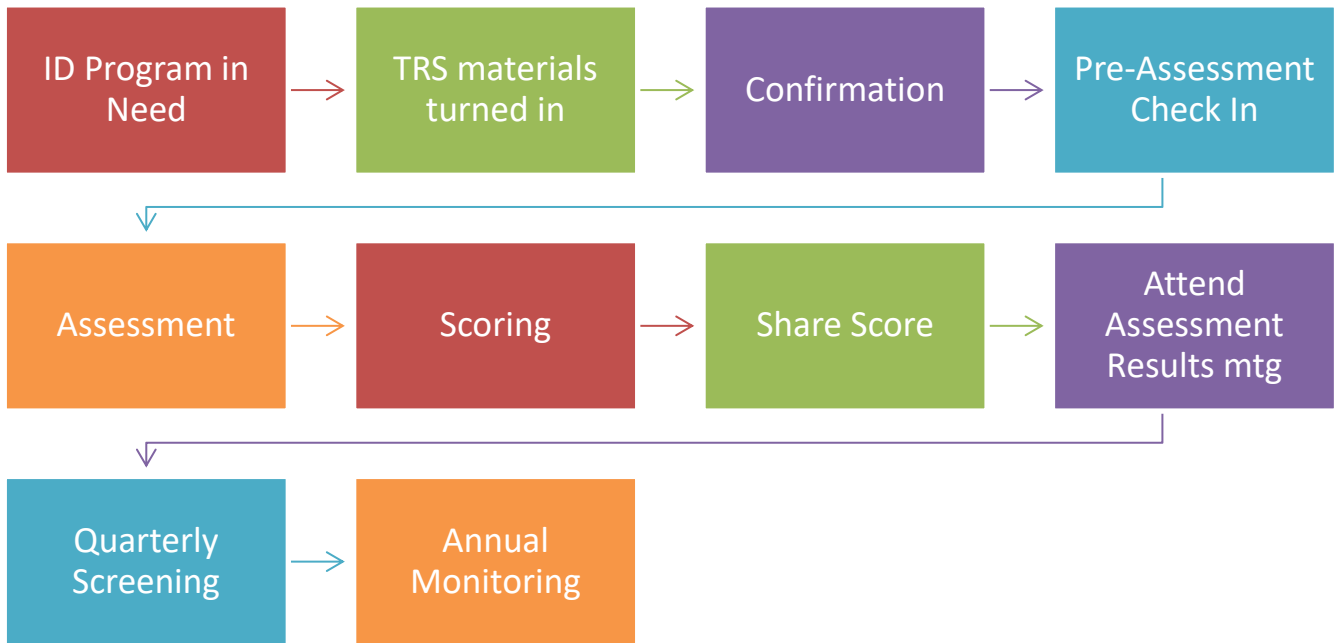
Mentor Process



Best Practices:

- Complete the Assessment Needs form, as well as the TRS Technical Assistance Plan form, to help create the best plan for how to assist the provider in reaching their goal.
- Conduct an Orientation for the Director as well as the staff, to assist with 'buy-in' and overall understanding of the TRS criterion.
- Conduct a Pre- and Post Mock Assessment using the Assessment Record Forms before the actual assessment is conducted.
- Create an agreement with the provider of the expectations for working with the TRS Mentor. This can include the expectations of both the provider and the mentor assigned to them.
- Attend the Assessment Results Meeting with the Assessor to assist in explaining scores and offering Technical Assistance, as applicable.

Assessor Process



Best Practices:

- Request for Structural and Paperwork items to be turned in prior to Assessment Visit to ensure provider is meeting Structural requirements.
- Request Daily Schedules prior to the visit to aide in planning the Assessment visit. Assessor should plan the day so that the classroom observations are during instructional time and meal time. Assessor will want to ensure that the outdoor environment can be observed as well.
- Score the assessment within 24 hours of the visit, if possible, and input into Engage within 10 business days. Place objective notes in the comments sections. Take note of when the assessment is complete and when the effective date would be to ensure timely TWIST effective dates.
- Talk with the Mentor prior to the Assessment Results Meeting to discuss any questions and concerns.
- Ensure that the provider is informed of all the options and next steps that will occur (quarterly screenings, annual monitoring visits, SIAs, and Star Level Evaluations or Category Assessments, as applicable.)

2018 TRS Recertification Webinar Questions

Questions grouped by topic

Schedules and Timelines

Question:

How soon can we begin re-certifying Providers once paperwork is received?

Response: Once paperwork is received from the provider, and is reviewed as complete, the visit can be scheduled/conducted.

Question:

What if they submit the required documentation after the due date but before the TRS end date?

Response: The intent of the documented notification and reminders is to ensure that providers are timely with their submittal and assistance can be given to help providers retain their TRS certification. Should this situation occur, please submit details to the TRSWorkgroup376 email for guidance.

Question:

For this year for providers who submit their recertification paperwork timely, can we skip their annual unannounced monitoring since they will be re-assessed before their TRS end date?

Response: Yes, the Recertification visit will take the place of an unannounced annual monitoring visit.

Question:

A 3-Star provider is fulfilling an SIA due to calculating as a 2-Star. Recertification occurs, and they score a 4 Star. Are they still required to fulfill the remainder of the SIA or does the recertification override it?

Response: The provider should not be on a SIA during a recertification visit. Per the TRS Guidelines, SIAs are implemented following an annual monitoring visit and their timeframe is 6 months. Therefore, a SIA assessment would be conducted at least 3 months prior to a recertification visit. This provider would receive the SIA assessment as well as a recertification visit. Please email the TRS Workgroup with specific information if this is not the situation.

Question:

For those centers who have the original certification date of 9/2015, if we do the recertification assessment in June 2018, the dates of the recertification will go back to 9/2018 or the month conducted?

Response: The provider would receive the new star level with a new effective date (date recertification was conducted.)

Question:

To clarify; we can't force providers to be recertified earlier than the month prior to their TRS anniversary date? Or is it acceptable to require providers to be assessed in the month that they were initially assessed back in 2015?

Response: TWC recommends that the Boards use the 2015 assessment dates as a guide for scheduling 2018 assessments. Recertification visits are scheduled so the provider must agree to the visit date, however these dates should be offered based on the assessor's schedule and TRS timelines. Therefore, the Board may request that a recertification visit be conducted earlier than their 9/2018 end date in accordance with provider agreeance.

Question:

For providers who were assessed under new TRS guidelines from April – July 2015 (all effective September 2015) but chose to not have their TRS Recertification assessment until August 2018 and scheduling does not allow them to all occur within that month, will their TRS status lapse? Or is TWC considering grandfathering them in until they are assessed?

Response: The Board area and/or assessor(s) should look at the number of providers needing recertification visits to ensure that all can be completed by 9/1/2018. There will be no grandfathering of providers. It is up to the Board/Assessor(s) to ensure that all 2018 rectifications are done timely. If a Board needs additional guidance in reference to recertification visits, please email the TRS Workgroup.

Non-Accredited Providers

Question:

What if due to scheduling the recertification visit occurred a month or two before the initial TRS End Date? Ex: TRS end date is 08/2018 and provider submits documentation by 04/2018; the Recertification assessment occurs 06/2018 and results in a lower TRS star level than they initially had. Do they keep their higher Star Level until 08/2018 or do they receive their new star level eff. 07/2018?

Response: The provider would receive the new star level at the new effective date (date recertification was conducted.)

Question:

For centers who chose to have paperwork only assessments, is the same done at recertification?

Response: Recertification visits are full, onsite assessments. This option is not allowed for recertification. Please see Section 3: Types of Texas Rising Star Program Assessments, page 3.1, in the TRS Guidelines for more information.

Question:

If a recertification visit occurs and there is a not met (that is not corrected before the end of the day) and the Provider loses certification, what is the period of loss? Is it the full year?

Response: When TRS certification is revoked, the provider will need to wait 6 months to reapply. The provider will then apply as an initial applicant and must meet the screening form criteria for an initial applicant.

Question:

If a center was assessed in May 2015 and they were not certified until Sept 2015 [per instructions,] do we need to reassess them by May 2018 because that's when they were actually seen, or Aug 2018 when they became certified per instructions.

Response: There is local flexibility in scheduling for providers. It may be to the Board area's benefit to follow the dates of assessment in 2015 to ensure all providers needing recertification are assessed by 9/1/2018. As long as the provider is assessed prior to 9/1/2018 and the provider agrees to the assessment date, it can be done at any time. Please note that this may change their annual monitoring date. The provider would receive the new star level at the new effective date (date recertification was conducted.)

Accredited Providers

Review the scenarios below to see how a nationally accredited provider is recertified for 2018 and which of the following question/answer sets apply to that scenario.

- *Scenario 1: Provider has received their reaccreditation visit and results by their national accrediting body prior to 2018 (between 9/2015 and 12/2017). This provider will have no assessment conducted.*
- *Scenario 2: Provider will receive a reaccreditation visit by their national accrediting body in 2018 (may or may not receive those results prior to 9/1/2018). This provider can have their assessment waived pending national accreditation results, if received by 9/1/18 (or 12/1/18 with extension.)*
- *Scenario 3: Provider will not receive a reaccreditation visit by their national accrediting body in 2018 (national accreditation ends after 01/2019). This provider will be assessed for Categories 2 and 4 in all classrooms.*

Question:

If a nationally accredited center decides to not recertify for TRS because they have not had a visit from their national accrediting entity within the 3-year TRS cycle and they do not want to have a full TRS assessment. Can they come back in to TRS as a 4-Star if they apply for TRS in the future?

Response: If a provider voluntarily withdraws from TRS, they will have to reapply as an initial applicant.

Question: (Scenario 1)

How do we verify that an Accredited Provider has had an onsite visit of their center within the 3-year TRS certification? Does it differ for each accrediting agency? (For example: When NAEYC recertifies a center, an onsite visit must occur but unsure if other accrediting entities require an on-site visit for re-accreditation.)

Response: All accrediting bodies conduct an on-site assessment for reaccreditation. The Board/Assessor will need to verify that reaccreditation has been awarded or is in process. Dependent on where the provider is in the process of reaccreditation the Board/Assessor may need verification of that step (which could be submittal of reaccreditation paperwork, site visit window of dates given, site visit occurred and/or results pending) to know which scenario is the correct course of action.

Question: (Scenario 1)

We contacted NAYEC to find out how to determine if a Provider has had an onsite assessment, they are unable to provide that info to anyone other than the contact listed (they have accreditations for 5 years.) Although we can see when they received accreditation, are unable to see when/if at the 4-year mark they have had onsite. What do we do?

Response: All accrediting bodies conduct an onsite assessment for reaccreditation. Therefore, if you note that a provider received reaccreditation in 2016, you can determine that a visit was conducted between 9/2015 and 9/2018. This provider would be exempt from a TRS recertification visit. It is imperative that the Board area/Assessor be in contact with the provider to understand where they are in the reaccreditation process, as the provider is the only one who can request information from their national accrediting body.

Question: (Scenario 1)

For accredited centers are we only verifying the accreditation visit, not their accreditation results?

Response: The Board/Assessor will need to verify that reaccreditation has been awarded, therefore the results. However, dependent on where the provider is in the process of reaccreditation the Board/Assessor may need verification of that step (which could be submittal of reaccreditation paperwork, site visit window of dates given, site visit occurred and/or results pending) to know if suspending the visit is the correct course of action.

Question: (Scenario 2)

If a TRS provider has an accreditation that will not expire the same month but within the same year of the TRS recertification, will the recertification only include category 2 and 4?

Response: If the visit is received prior to 9/2018 (12/1/18 with "extension") the provider does not receive a recertification visit. If not, a full assessment (all classrooms, all categories) is required by 12/1/18.

Question: (Scenario 2)

If between September 1 and your visit on December 1, you receive accreditation judgment from the accrediting body, do we still have to conduct an assessment by December 1?

Response: The scheduled TRS recertification visit would be canceled if the provider received their reaccreditation status from their national accrediting body between the extension date and prior to the recertification visit date.

Question: (Scenario 2)

If a center who is a 4-star TRS provider and is due for their recertification by July 1, 2018 has just been assessed for National Accreditation and waiting to hear the results will they need to be assessed for recertification? If they get the accreditation, then their dates would be reset?

Response: If the results of the accreditation visit have not been received prior to the recertification by date, the provider will be given a 90-day extension to allow for time for the results to come back. If the provider does become accredited prior to the recertification by date, no assessment is needed. The provider's TRS cycle dates will reset, and that new cycle, as well as the National Accreditation line should be entered in TWIST. Comments in TWIST and the Engage Event Log should reflect this occurrence.

Question: (Scenario 2)

We have some nationally accredited providers who are up for TRS Recertification this year but are also scheduled to be observed by their national accreditation entity. We know that these providers must at least still submit their Recertification documents at least 90 days in advance of their TRS end date. However, what shall we do about those who are going to be visited by their entity but may not receive their results from them before their TRS end date?

Response: If by September 1, 2018 there has been no results obtained from the accrediting body visit, the provider is given a 90-day extension and must receive a full assessment (all classrooms, all categories) by December 1, 2018. If you are concerned about a specific provider’s timeline, please submit an email to the TRS Workgroup for review.

Question: (Scenario 2)

For Nationally Accredited programs that are going to have a visit in 2018, is there an Assessment Visit conducted? If so, what type of assessment would that be?

Response: No assessment is conducted if the provider can show proof that a reaccreditation visit will happen and results given by 9/1/2018. If this is not the situation for that provider, they can be given a 90-day extension but must receive a full assessment (all classrooms, all categories) by December 1, 2018. This visit would be inputted as a Recertification in Engage.

Question: (Scenario 3)

Will lesson plans need to be reviewed/assessed? We are hearing Providers concerned that TRS and their accrediting agencies differ specifically on the lesson plans, and are reluctant to have to implement 2 separate lesson plans for staff, as they are unsure how to combine all expectations.

Response: Nationally Accredited providers will only be assessed over categories 2 and 4; lesson plans will not be reviewed.

Question: (Scenario 3)

Is there any way that providers who are NAEYC but have not had an on-site visit from NAEYC within the 3-year TRS cycle be waived from the on-site/full-assessment for TRS?

Response: No, only providers who received their accreditation visit prior to 9/2018 (12/1/18 with “extension”) will be waived. If the provider has not received their reaccreditation visit and it’s not expected within the 2018 time frame, the provider will need to undergo a modified TRS assessment. As the Nationally Accredited Providers are only monitored for Categories 2 and 4, a “full assessment” for them will consist of assessing all classrooms in categories 2 and 4 only.

Question: (Scenario 3)

For Nationally Accredited programs without a visit within 3 years (option 3). Which categories are assessed and what type of assessment would be conducted?

Response: The provider is assessed for all classrooms in Categories 2 and 4 and the visit is inputted into Engage as a Category Reassessment (retaining the previous star levels for Categories 1, 3, and 5).

Question: (Scenario 3)

Facilities who are nationally accredited and have not had a visit from their nationally accrediting entity within the 3-year TRS cycle will only have Categories 2 and 4 assessed in all classrooms during their recertification visit, correct?

Response: Yes, any nationally accredited facilities that have not received a visit from their nationally accrediting body during their 3-year TRS cycle must receive a TRS recertification visit. That visit will be a full assessment of all classrooms for Categories 2 and 4 only.

Question: (Scenario 3)

NAEYC centers who have not had a visit from their nationally accrediting entity within the 3-year TRS cycle will NOT be waived a TRS full-assessment for recertification?

Response: Any nationally accredited facilities that have not received a visit from their nationally accrediting body during their 3-year TRS cycle must receive a TRS recertification visit. All classrooms will be assessed for Categories 2 and 4 at this visit. The only providers that will have a recertification visit suspended are those who are currently going through a reaccreditation visit from their national accrediting body in 2018. If you want to know if a provider is in either of these

categories, please submit provider details to the TRS Workgroup email and we can assist in ensuring the correct visit is conducted.

Other

Question:

Will TWIST allow us to have a TRS end date that is more than 3 years from the TRS Start Date?

Response: For providers still awaiting a reaccreditation decision from a national accrediting body, TWIST should allow the 90-day extension of the TRS line. If not, add an additional line in TWIST to show the 90-day extension and place notes in the TWIST comments section.

Question:

Is TWC going to provide a sample letter of what needs to be sent to TRS providers for Recertification (non-Nat Accredited and Nat. Accredited)?

Response: Boards have local flexibility in creating this documentation. TWC only requires that some form of written documentation (via email or letter) be sent to providers with the following criteria explained: what is due (paperwork), when it is due, and the consequences for failure to comply. Boards should ensure that this documentation is on file for each TRS provider.

Question:

If you are a guest in the meeting will I able to get a copy of everything?

Response: All documents will be provided to the Board Executive Directors and Child Care contacts, who should then share with TRS staff.

Question:

Is the information regarding nationally accredited centers only being assessed in Categories 2 & 4 going to be provided to Boards in writing? This is something that our Board of Directors has been concerned about and we would like to have something in writing from TWC about this subject.

Response: The webinar and power point will be shared with Executive Directors and Child Care staff for all Board areas. TWC will also input applicable questions into the TRS Guidance Board. If the Board requires more information about this guidance please email the TRS Workgroup.

Question:

Is it acceptable to have mentors assist with areas that are not met on day of recertification?

Response: No, the mentors should not be at the facility during any assessment. They are welcome to join the exit meeting and results meeting.

Question:

For this year for providers who are due to be recertified, can we skip their annual unannounced monitoring since they may possibly have their recertification this year? If they choose not to recertify, is it necessary to complete annual monitoring as they will have their TRS end anyway?

Response: Yes, the monitoring visit due for 2018 is replaced with the recertification visit. This is applicable for any recertification year. If the provider chooses to not recertify, their TRS status will end when the Board has been notified of this decision or at the current TRS end date (for failure to submit paperwork.)

These questions were based on the information presented. Please note, that if you have a specific situation you need guidance on, you can submit them to the TRS Workgroup email at

TRSWorkgroup376@twc.state.tx.us