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TRANSCRIPT OF PROCEEDINGS
BEFORE THE
TEXAS WORKFORCE COMMISSION
AUSTIN, TEXAS

PUBLIC MEETING)
FOR THE TEXAS)
WORKFORCE COMMISSION)

TEXAS RISING STAR (TRS) WORKGROUP SESSION
WEDNESDAY, JULY 23, 2019

BE IT REMEMBERED THAT at 10:09 a.m. on
Tuesday, the 23rd day of July, 2019, the above-entitled
matter came on for hearing at the Texas Workforce
Commission, TWC Building, 101 East 15th Street, Room 244,
Austin, Texas, before RUTH R. HUGHS, Chairman and JULIAN
ALVAREZ Commissioner.

P R O C E E D I N G S

WEDNESDAY, JANUARY 23, 2019

(10:09 a.m.)

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4 CHAIRMAN HUGHS: All right, we are going to
5 go ahead and get started here this morning. My name is Ruth
6 Hughs, I'm the Chair and the Commissioner Representing
7 Employers on the Workforce Commission. And we're so
8 grateful to each and every one of you for joining us here
9 today to share your knowledge and expertise and really
10 looking at ways that we can continue to improve upon the
11 work of TRS. So, thank you all for being here.

12 I think we're going to start off with
13 introductions, and then we may take a group photo before
14 turning it over to Allison to get started. And I am going
15 to be here for as long as I can today. I have an 11:00
16 meeting I can share that Brian Owens, my chief of staff
17 sitting right there in the front row, raising his hand, he
18 will be here the rest of the day and will report back to me
19 as well on the great work that's happening. And I know
20 staff is covering it as well, so thank you for that. Thank
21 you for what you do.

22 And with that I'm going to turn it over to
23 Commissioner Alvarez.

24 COMM. ALVAREZ: Don't blame me since there's
25 no pastries here. Good morning.

1 Welcome to the Texas Workforce Commission. I
2 appreciate all of the hard work that this group has already
3 and will continue to contribute to the review of the Texas
4 Rising Star Program. I look forward to everyone's
5 recommendations here today, and I look forward to the
6 dialogue. And for those that traveled from outside of
7 Austin, welcome to Austin, and spend your money here.

8 CHAIR HUGHS: Mr. Serna, if you can just the
9 group and then from there we'll go ahead and go around, just
10 keep going.

11 MR. SERNA: Good morning. My name is Ed
12 Serna. I'm the interim executive director here at TWC. I
13 appreciate you all taking the time to join us to help make
14 our TRS program a much-improved program.

15 The Commissioner can blame me for not having
16 pastries, because I was in Dallas yesterday, drove back,
17 stopped at Slovacek's and didn't think to -- didn't think to
18 bring anything. I did think, I have to tell you, I did
19 think to bring two brisket-filled kolaches, one for my
20 executive assistant and one for our -- for myself. They are
21 sitting in the refrigerator at home and I'm sure my wife is
22 enjoying them, but I apologize. But I do appreciate you all
23 taking the time to -- out of your busy schedules and your
24 business schedules to come down and help us improve the
25 system and give us feedback on the system. So, thank you

1 very much.

2 MS. PORTER: My name is Jacquie Porter, I am
3 the Statewide Director of Early Childhood for the Texas
4 Education Agency. And after spending three weeks around the
5 state I'm super happy to be home in Austin. There is a --
6 there is a possibility, I just want you to know, you can be
7 Buc-ee's overloaded. I've eat enough Buc-ee's food now to
8 last for a while.

9 So, I'm really thrilled to be here today and
10 part of this project, and just excited about what we have --

11 MS. EVERITT: And I'm Shay Everitt, I'm the
12 Director of Early Childhood Education at Children at Risk.
13 We're a statewide research and advocacy nonprofit and have
14 been working with many of you wonderful folks around the
15 room for the last few years. So, I'm very excited to be
16 here and see what we come up with.

17 MS. MATHEWS: Good morning. My name is
18 Sheila Matthews. I'm the Site Director for Open Door
19 Preschool East and I had a voice yesterday. I am so excited
20 about being here. We're located on 38th and Cherrywood, so
21 if anyone would like to come for a tour, please come on
22 down.

23 MS. CRAWFORD: I'm April Crawford with the
24 University of Texas Health Science Center in Houston. The
25 Children's Learning Institute is the organization I work for

1 there, and I'm a researcher, and I direct some state-level
2 programs like Texas School Ready and CLI Engage.

3 MS. ROJAS: Good morning. My name is Belinda
4 Rojas, and I'm with Together4Children for Children. I serve
5 as the director of development and evaluation. Good
6 morning.

7 MS. ROSS: Morning. My name is Mary Ross,
8 I'm the Executive Director for Workforce Solutions of West
9 Central Texas, which is in Abilene and the surrounding 19
10 counties.

11 MS. COLYER: Good morning. I'm Lisa Colyer.
12 I'm the Childcare Contract Manager at Workforce Solutions of
13 West Central Texas. So, I oversee subsidized childcare
14 portion of our program as well as the quality initiatives.

15 MR. GONZALES: And I'm late. I'm Michael. I
16 am -- the traffic -- I came from Houston, so, I work with
17 Kids 'R' Kids. I'm an area director for the Houston area.

18 MS. MCDONALD: I'm Judy McDonald, the
19 executive director --

20 MS. WILSON: -- it says Green, but.

21 MS. MCDONALD: The Executive Director for
22 Workforce Solutions for Tarrant County, and that's Fort
23 Worth and Arlington, and I really have to apologize. So, I
24 came from Fort Worth yesterday, I stopped in West. I stayed
25 with a good friend in Georgetown, and I bought way too many

1 kolaches for, there was only three of us, so I could have
2 fed -- so if anybody wants to go to back to Georgetown
3 they're sitting there on the counter. I apologize for that.
4 But I am excited about the work. It's been a fun
5 experience. But Nicole did all the tedious work.

6 MS. ALLEN: Good morning. I'm Nicole Allen.
7 I'm the Childcare Contract Manager for Tarrant County, and
8 specifically I manage all of the quality initiatives that
9 are initiated through the Texas Workforce Commission for
10 Tarrant County.

11 MS. WEBB: Good morning, all. My name is
12 Murriel Webb. I'm the Executive Director of Braswell Child
13 Development Center located in Dallas. We are strategically
14 located in the southern sector of Dallas serving Fair Park,
15 South Dallas, Fair Park area.

16 Ms. VARGAS: Good morning. My name is Bea
17 Vargas. And it's good to see a lot of friendly faces here.
18 I am the Director of El Papalote Inclusive Child Development
19 Center, where we have about 70 percent right now of our
20 children are children with special needs. I've been there
21 for almost 20 years, and I am expecting my first
22 granddaughter, and I am excited about it.

23 COMM. ALVAREZ: Congratulations.

24 MS. VARGAS: Thank you.

25 MS. BURK: My name is Megan Burk, I'm a

1 program director at the Texas Association for Education of
2 Young Children. I am filling in for Kim Kofron, our
3 executive director, who is being a mom today and taking her
4 daughter to college. So, she'll return with you guys soon.

5 MS. RICHARDS: Good morning. I am Julie
6 Richards with Childcare Licensing. Part of the new
7 regulatory division and Health and Human Services.

8 MS. MILLER: All right, and I am Reagan
9 Miller, I'm the Director of Childcare and Early Learning
10 here at the Texas Workforce Commission.

11 I want to thank everybody who's on this
12 workgroup because you guys have a big task ahead of you. We
13 have eight regional meetings, and I want to thank all of the
14 boards that hosted these regional meetings and all of the
15 childcare providers that came to those meetings, because
16 you're going to get reports out on what was heard.

17 And as we've told everybody in those local
18 meetings, we haven't come to this with any preconceived
19 notions. We're taking all of your input. Because this
20 workgroup is tasked with listening to all of the input that
21 we receive and then developing recommendations for our
22 commissioner's consideration.

23 So, we appreciate the effort that you've
24 already put in, and all the attention that you're going to
25 give to this so we can kind of get some help with some

1 really good recommendations for the next level of Texas
2 Rising Star. So, thank you to everyone.

3 MS. WILSON: And then we have a couple of
4 people on the phone who couldn't make the journey to Austin
5 but are still part of workgroup. So, if you guys could go
6 ahead and introduce yourselves. We have Carrolyn.

7 MS. GRIFFIN: Hello. My name's Carrolyn
8 Griffin, and I am located in Texarkana Texas, which is on
9 the border of Texas and Arkansas. I own and operate an
10 independent center called Grace Place, and then I am also
11 the Private Sector Childcare Representative on the Board for
12 the Northeast Texas Workforce Board. And good morning.

13 MS. WILSON: Great. Thank you. And we also
14 have Jill Goodrich.

15 MS. GOODRICH: Hi. My name is Jill Goodrich,
16 I'm the Executive Director of Opportunity School. We have
17 two centers in Amarillo. We're one of two nationally
18 accredited programs in the Panhandle. And glad to be part
19 of this group.

20 MS. WILSON: Great, thank you. And do we
21 have any other workgroup members that are on the phone?
22 Okay.

23 CHAIR HUGHS: I do want to briefly mention as
24 far as the commission offices, Commissioner Alvarez and I
25 both have, of course, staff that's listening in. But also

1 (indiscernible) from the commissioner, oh, and Gabby, I
2 didn't see you back there, from the Office of the
3 Commissioner for the Public are present as well.

4 We currently have a vacancy in that position,
5 but that is not slowing them down from staying on top of
6 things and fully briefing the new commissioner when they
7 come on board and helping in the decision making that we'll
8 have to make as a commission. So, thank you both for being
9 here and being so attentive too through this process.

10 All right, so with that, it may now be time
11 for a photo before we get started. So, if you're not camera
12 shy I think Reagan's going to direct us in getting together
13 and taking a brief photo, and then getting to the work at
14 hand.

15 -- Whereupon Photos Were Taken --

16 CHAIR HUGHS: All right, well thank you all
17 for doing that. At this time, I'm going to turn it over to
18 Allison to lead us on the more -- on the more substantive
19 discussion. I'm very excited to start to hear from this
20 group, so thank you.

21 MS. WILSON: Okay, so I'm Allison Wilson, for
22 those who don't know me, and I'm Manager of the Childcare
23 Program Policy and Early Learning Team, and my staff is
24 almost all here sitting in the back here. There's Madeline,
25 Cathy, and Crystal. Gwen is upstairs ready to brief Julie

1 who couldn't find parking. And then this is Karen, who's
2 going to be assisting me with the facilitation today.

3 So, to go ahead and get us started, this is -
4 - this is what our day is going to look like. I'm going to
5 real quickly go over the materials that you have in your
6 binder. We're going to look at timeline and the different
7 inputs we have gathered so far. I think -- I think we're
8 okay, actually, because they can hear me, because I'm
9 standing close enough to the polycom.

10 UNIDENTIFIED VOICE: Okay.

11 MS. WILSON: Can you guys hear me, Carrolyn
12 and Jill?

13 MS. GRIFFIN: Yes.

14 MS. GOODRICH: Yes, you're very clear, yeah.

15 MS. GRIFFIN: Yeah.

16 MS. WILSON: Okay, and we can hear you. Just
17 so you know, we've got a mic on the polycom here so everyone
18 can hear you. So, feel free to jump in with comments or
19 questions.

20 So, yeah, we'll look at what those inputs are
21 we've taken so far, and then we're going to really dive in.
22 We're kind of starting with the higher-level issues, and as
23 we go into the afternoon we're going to be really getting
24 into the weeds.

25 Okay, so you have a binder that we have put

1 together for you. You've got a number of pieces of
2 information in it, just to kind of familiarize you with it.
3 So, you've got all of the work group members information,
4 the PowerPoint that I'm using today to kind of guide our
5 discussion. You also have this really great infographic
6 about quality -- continuous quality improvement approaches,
7 and you'll hear that come up a lot today during our
8 discussions.

9 And then, under tab three, this is -- this is
10 the in-the-weeds stuff that we're going to be discussing.
11 So, we're going to be referring to that a lot. And then,
12 under tab five, you have the TRS Review Guides, so this is
13 what original focus groups used to sort of guide their
14 conversations, the focus group conversations.

15 You have under tab six the presentation that
16 we previously showed you on the conference call about CLI's
17 interim findings with the strengthening TRS project. And
18 then you have a number of documents that we use in the TRS
19 program to assess programs. The guidelines and the
20 assessment instruments. Okay? Any questions? Okay.

21 MS. GRIFFIN: I don't have a copy of the
22 PowerPoint what's shown from the -- okay.

23 MS. WILSON: Yes, yes.

24 MS. GRIFFIN: Okay, so maybe I can just get
25 that later.

1 MS. WILSON: Yeah. And that may be there were
2 some late-breaking changes. So, I apologize for that. We
3 can send it to you if you want to have a soft copy, but I
4 will be displaying it.

5 MS. GRIFFIN: Okay, great. Thank you.

6 MS. WILSON: Okay. So, moving on, just to
7 rehash sort of where we've been and where we are. The work
8 group obviously has been established and we had that initial
9 conference call with you guys to describe what our approach
10 was going to be and to review the interim findings from CLI.

11 And then during the month of June we
12 conducted eight different provider focus groups all around
13 the state, and thank you so much to the -- our three boards
14 represented today that hosted these focus groups, and then
15 we had five additional board areas that also held focus
16 groups. And we managed to fan out and hit all kinds of
17 areas. And it was -- it was a real team effort to get out
18 and assist in collecting that information.

19 So what staff has done is to take the input
20 from those provider focus groups and to compile it so that
21 you can get a view of sort of where they fell in terms of
22 what they thought should change, what they thought should
23 stay the same, and that's what we'll be walking through.

24 So, steps that are still left, the CLI Final
25 Report will come out next month, and we'll be, again, going

1 through that information to tweak what comes out of this
2 work today. And then after that, commission will take
3 action on the draft recommendations and they'll -- excuse
4 me. First you guys come back together to finalize what
5 those draft recommendations are going to be. Then the
6 commission will take action on those draft recommendations.

7 Then we will go out and fan out across the
8 state again to do some public stakeholder meetings where
9 anybody can come and provide input on the draft. And so,
10 we're looking at final approval happening next April, and
11 then we'll be very busy implementing the changes that have
12 been approved.

13 Any questions on that timeline? These are
14 the different areas that we covered with the focus groups
15 and how many folks we had in attendance participating. As
16 you can see, we had a good mix. And, like I said, we hit a
17 lot of the state.

18 In addition, we do have this public email
19 address that is on the website we have set up for the TRS
20 Four-Year Review, so anybody can submit feedback or
21 questions to that email as well. And we did also publicize
22 that in our first bimonthly childcare and early learning
23 newsletter. So hopefully the word's getting out there that
24 we're, you know, we're trying to get as much input as we
25 can.

1 So, moving into the meat. These are some
2 specific things that we're going to look at first. The
3 first issue is around TRS processes and procedures.
4 Hopefully we should get through all of these things before
5 lunch and hopefully we'll also get through category one,
6 staff and director qualifications before lunch. That's the
7 goal. So --

8 MS. MILLER: Allison?

9 MS. WILSON: Yes.

10 MS. MILLER: So, we -- yesterday we weren't
11 sure if everybody received the email. We sent out a group
12 order for Jimmy John's, so folks could place an order. Did
13 everybody receive -- did anybody not receive it and not
14 place a lunch order? Okay. I just wanted to confirm.

15 MS. WILSON: Good. Food is important. Okay,
16 so I -- yes?

17 MS. GOODRICH: I couldn't hear what she --
18 what the question was.

19 MS. WILSON: Reagan was just confirming that
20 everyone got the link to Jimmy John's. So, I assume you
21 guys did not get that. Unless you wanted to order something
22 for us.

23 MS. GOODRICH: No. I think I'm set, thank
24 you.

25 MS. GRIFFIN: Yeah. Same here.

1 MS. WILSON: Okay, so at this point you can
2 flip to the packet that you have, the spreadsheet. You may
3 want to pull it out of your notebook. It is stapled. It
4 may just be easier. And we're going to start with the TRS
5 processes and procedures. And I apologize these papers are
6 not numbered. We're going to start with the page that's
7 towards the back. Mine looks a little bit different. I
8 have an extra column. But it should be this color towards
9 the back.

10 The first item is, Allow a two-week window.

11 MS. GOODRICH: No. The first item is about
12 responsibilities of caregivers. Children being left
13 outside.

14 MS. WILSON: Okay. I think you -- yeah.
15 We're on the third to last page. It's orange.

16 UNIDENTIFIED VOICE: And it's titled here as
17 Processes and Procedures, correct?

18 MS. WILSON: Yes. You got it now?

19 MS. GOODRICH: Yep, got it.

20 MS. WILSON: Okay. Sorry, I forget, I need
21 to be more descriptive for you guys on the phone. Okay, so
22 the first item, allow a two-week window to be scheduled with
23 a provider. So currently as you -- most of you know, visits
24 for assessments are scheduled on a particular day. So, the
25 suggestion was to instead have a two-week window where at

1 some point during that two weeks the assessor would come and
2 do the assessment.

3 This would mirror what other accreditation
4 programs do. Like NAEYC, they generally tell the provider,
5 we're going to come some time in this two-week period.

6 One of the big concerns that providers
7 express during focus groups was what if I've got some -- I
8 know I'm going to be out on this particular day because, you
9 know, my child's got a school event. Can you not come at
10 that time? And we generally, you know, have agreed that we
11 need to be flexible about that stuff. So, saying that
12 there's a two-week window doesn't mean that we wouldn't also
13 accommodate those types of requests.

14 Thoughts? Questions? Yea? Nay?

15 UNIDENTIFIED VOICE: Well, I have one comment
16 --

17 MS. WILSON: Yes.

18 MS. GOODRICH: I think the two-week window
19 makes a lot of sense, and gives better time to plan, but
20 also doesn't -- it just doesn't turn into a dog and pony
21 show. So, I think it's a good change.

22 MS. WILSON: Okay.

23 MS. GRIFFIN: This is Carrolyn. With -- as a
24 director of our independent center and how things work in
25 our center it's not, you know, when you're going to have

1 that day. And, yes, you're going to put your best foot
2 forward no matter when they show up. So, for me, yes, I
3 understand the two-week window, but in our world, where we
4 are, it's much -- it's good to know when you have a
5 specified day.

6 MS. TALBERT: I don't know if I'm on. But I
7 was just going to say this reminds me of doing developmental
8 screenings when I used to train people to do them. And what
9 I would always say when a child is hungry or tired, that's
10 not the time to do it. You want to do that, you know, so
11 that you get a really true, accurate reflection. You want
12 them to be their best. So, I love this idea.

13 MS. WILSON: Any other opinions?

14 MS. ALLEN: I think -- no. It was?

15 UNIDENTIFIED VOICE: It was on, it was on --

16 MS. ALLEN: I think, okay, initiating the
17 two-week window I think will give a better representation of
18 what's going on in the center. If you have the two weeks
19 you can prepare for those two weeks, not knowing the day,
20 those of us who have ever gone through an accreditation,
21 knows that you, you know, you put your best foot forward
22 every day.

23 So, when you know if they're coming for two,
24 within these two weeks, you -- it gives you -- it gives the
25 accessor and the teachers kind of a real-world perspective

1 of how you're supposed to do quality always. If you put it
2 on one day, a specific day, you risk the opportunity of the
3 provider, not seeing that and TRS that you're not supposed
4 to put on a show, but you will try to put on a show if you
5 know that they're coming on that day.

6 So, I think the two weeks, initiating, that
7 is a really good push forward for quality for TRS.

8 MS. WILSON: Okay. So, sounds like not a lot
9 of controversy. What I'm hearing is primarily we support
10 this idea. Okay, so moving on. This one, I don't know that
11 we're going to be able -- the specific category weightings,
12 we may not be able to get to what these weightings ought to
13 be today. But I -- we wanted to speak generally about the
14 idea. So, if you will actually, in your binder, refer to --

15 KAREN: Tab six.

16 MS. WILSON: Tab six, there's a graphic. I
17 think it's -- how many pages in is that, Karen? There's
18 this graphic.

19 KAREN: Sorry, third page.

20 MS. WILSON: The third page in? There's a
21 graphic under Recommendation 1, Adjusting Category Weights.
22 So, the idea here is that some of the -- of the five
23 categories, some correlate much better to child outcomes
24 than others. But with the current system each of the five
25 categories is equally weighted. So, you can see from this

1 that, for instance, category one and five, so those are you
2 -- actually, could I get one of you guys to write up on the
3 whiteboard the categories. Just for those that don't -
4 don't know our speak.

5 So, category one, that's the director and
6 caregiver qualifications and training. That and category
7 five, which is family engagement, tend to not correlate
8 strongly. So, the idea being that you would adjust those
9 categories different ways. Category two and the
10 instructional -- tell me what IFAL is again, Karen.

11 KAREN: Formats for learning.

12 MS. WILSON: Instructional formats for
13 learning is that just that one part of category three. That
14 and category two which is, not surprisingly, your adult-
15 child interactions. Those are the two things that do
16 correlate the most highly with child outcomes.

17 So, I think once we have more information
18 from the CLI Final Report in August, we'll probably be able
19 to make formal recommendations of what those weightings
20 should look like. But would anyone have any feedback or
21 questions that they'd like to share related to that?

22 MS. ROJAS: I have just a quick question.
23 I'm curious, because in a lot of the -- a lot of the
24 research, and I can't cite any right off the top of my head,
25 does show a strong correlation between director and teacher

1 qualifications to child outcomes. So, I'm curious to see
2 and to know how that particular -- I know it's been less
3 related outcomes, but how will you determine the weighting?
4 Will it just be CLI doing that, or --

5 MS. WILSON: Well this group. We will, you
6 know, staff will take the data that we get from their report
7 and develop some recommendations. But then we would bring
8 that back to this group to decide what those weightings
9 should be.

10 So, and I think one of the challenges once we
11 get a little further in here and start talking about
12 category one, is that one of the reasons It's not meaningful
13 right now in our system is that it's really hard to capture
14 those staff qualifications. People's files and paperwork
15 is, you know, there's not a uniform standard. Some of that
16 could be helped once we get more providers on the workforce
17 registry, but where we are right now, we just don't really
18 have very good information about those staff qualifications.

19 MS ROJAS: Yes. That kind of concerns me,
20 because just in reading NAEYC Position Statements and
21 teacher -- the teacher qualifications are up there in terms
22 of importance of child outcomes. And so, if we're saying
23 we're going to develop a system so that we can get some
24 uniformity across the state around capturing what are
25 minimum standards regarding -- not even minimum, but what

1 are the best practices regarding early childhood training,
2 you know, educational experiences. Those are very
3 important, and they do directly impact child outcomes. You
4 have to have a teacher who understands. And I know you all
5 know this, like, developmentally appropriate practice and
6 also the director who's a great leader. So, I just wanted
7 to voice that concern.

8 MS. CRAWFORD: I just would like to sort of
9 add we're not saying that the -- so by saying we're
10 adjusting the weights, what sort of the, you know, the
11 evidence base is really saying is that children's
12 experiences with their caregivers, their direct experiences
13 with their caregiver, and then their experiences with their
14 environment, and then these other sort of more policy-level
15 variables, structural things like education. That it's sort
16 of -- we're not saying that there's no relation between
17 education qualifications. What we're saying is that there
18 is a stronger connection between process characteristics
19 like the day-to-day interactions with a caregiver on
20 children's outcomes.

21 So, if -- what will come out in the
22 recommendations, and there's actually another piece of this.
23 There are many more items in the process area within the
24 scale, within the overall instrument. So, what's happened
25 is you have these five categories that are each given the

1 full weight even though, essentially, they're contributing
2 very different levels of information. And the actual
3 reliability of the scales within those categories differ
4 substantially from category to category.

5 So, what's happening is, I'll just give you
6 an example here in category five, it's really made up of
7 very few items. And those items are self-report and they
8 don't come together particularly well as a scale when we
9 look at reliability. So, you're giving equal weight to
10 something that's less stable to measure, not as proximal or
11 gross to children's actual experiences. That's --

12 MS ROJAS: And I get that. I just think that
13 in order to set up the environment and to select appropriate
14 curriculum and to set up those interactions, you need to
15 have some kind of a, at least a really good base knowledge
16 of what you're doing. So, what's where staff publications I
17 think come in. And I get what you're saying about
18 weighting. And I just want to just, on this one in
19 particular, I think it's really important to pay close
20 attention to.

21 MS. EVERITT: I think, to Belinda's point,
22 the way that the categories are currently structured right
23 now and, like April said, with category five being kind of
24 weak, is the point of this group to strengthen each of the
25 categories before determining whether any should be weighted

1 differently? Because what if we did strengthen the
2 categories one and five and then they did impact child
3 outcomes later.

4 UNIDENTIFIED VOICE: Yeah.

5 MS. EVERITT: Right? So, I just wonder about
6 the process of strengthening the categories and also
7 changing the way it's based on old -- what would then be old
8 standards would make sense.

9 And then, another question I have is around
10 outcomes. I think we can all agree that child outcomes are
11 really important and probably our primary concern. However,
12 other QRIS systems often look at other outcomes that they
13 may want to incentivize or help childcare providers achieve
14 through the QRIS system.

15 For example, strengthening the teachers, the
16 workforce, their environment that they work in. Having wage
17 scales, paid planning time, all sorts of things that we all
18 know are very important and may or may not be directly
19 impacted, or the child care -- child outcomes may not be
20 directly impacted by those, but we know they're very
21 important for the stability of our childcare centers. So, I
22 wonder if we -- if are we clear, really, on the exact
23 outcomes that we want as a group to achieve through Texas
24 Rising Star? Are they written somewhere? So, I think those
25 are just my two concerns with choosing the weights in this -

1 - through this process.

2 MS. WILSON: Okay. Those are good points.
3 Just to kind of summarize, because they're having trouble
4 hearing everyone.

5 UNIDENTIFIED VOICE: Oh, no.

6 MS. WILSON: So, Belinda expressed concern
7 over lowering the category weight -- the weight of category
8 one, because there's a lot of research that shows that the
9 qualifications and educational experiences of our childcare
10 teachers and directors, that it does impact the experiences
11 that children receive.

12 And then April talked about sort of the
13 issues with category one right now making it sort of kind of
14 watered down and not a good measure of what those
15 qualifications actually are, and also talked about, you
16 know, we need to think about weights in terms, you know,
17 relatively.

18 Did that -- did I summarize that correctly?

19 MS. CRAWFORD: Yeah. That's part of it, yes.
20 And there will be, in the report, we'll put in all the
21 correlations across those categories, and indicators. So,
22 everyone will be able to see to what extent caregiver and
23 director qualifications are actually relating to the
24 children's experiences in the classroom. So, you'll have
25 that information.

1 MS. WILSON: So, the final report will show
2 those correlations, so that will be helpful to inform what
3 those weights actually end up looking like. And then Shay
4 brought up the fact that, you know, maybe we need to take a
5 step back and consider what the outcomes are that we want
6 TRS to be focused on. Okay? So, I think this one's going
7 to be more discussion. But I guess be thinking about it.

8 And then the third one here is about
9 structural two-star assessment. So, when the last revision
10 of TRS was done and there was an emphasis or thought to try
11 to make it pretty easy for providers to get in at that
12 initial level. And that's a good thing. Right? We want --
13 we want as many to come into the program and then hopefully
14 we can work with them to move them to higher levels.

15 One of the challenges has been that the way
16 this has been interpreted in some areas has meant that not
17 all two-star providers are getting an on-site assessment
18 prior to being granted that two star. So, this
19 recommendation was that, basically, everybody coming into
20 the TRS program would get an assessment.

21 You could still come in as a two star by
22 meeting those minimum structural standards, but the
23 assessment will allow the mentor to then understand where
24 the gaps are for that provider, to help get them to a higher
25 level and develop a plan for them. You look like you have a

1 question, Julie.

2 MS. TALBERT: No. I was just -- I was just
3 thinking, is this a staffing issue? I mean, are we thinking
4 we want to bring people in at a two-star level without -- in
5 areas they're saying that they don't have staffing to go out
6 and do those? I'm just curious. Like, I know in our area
7 when we had the focus groups they were just like, no. The
8 mentors should go out and assessors should go out.

9 UNIDENTIFIED VOICE: Right. And that does
10 come up later, that there were some areas that expressed
11 concerns over not having adequate staff. It tended to be
12 more on the mentoring side, though. So, this would be, you
13 know, the assessment role, which in some areas that's the
14 same person doing both. But --

15 KAREN: There was also conversation about
16 fear factor for providers, in that they were able to
17 convince them to come in as a two star because it was easier
18 than being overwhelmed by trying to make three or four star.

19 MS. COLYER: I can -- I can tell you that in
20 the one instance we've had where this has occurred, that it
21 was an ownership change and the owners expectation was that
22 they -- who's an out-of-state owner, so he kept the staff,
23 but his expectation was that he wanted to ensure that he was
24 at least receiving the same reimbursement rates as he was
25 when he took the business over. And there was a certain

1 expectation about how much money that business was bringing
2 in. And with the ownership change they had three months to
3 prepare prior to having a re-assessment done, and they were
4 really insistent that they just wanted to do the minimum to
5 maintain that two-star level that they were at when the
6 ownership transferred.

7 And so, we honored their request, and when we
8 went back to talk to them with the results they were like,
9 Well, that wasn't bad. Can you go ahead and just go ahead
10 and do the whole assessment? And we're like, we could have
11 done that already. So it was, it was -- then it was a
12 staffing issue, because, like, now we have to come back.
13 So, it wasn't really a staffing issue so much as honoring
14 the provider's request. But it was good in a way, because
15 they were like, oh, that wasn't so bad after all, we could
16 have -- let's try more. You know, so wasn't so much a
17 staffing issue as it was, in their case, they were very
18 leery about it. They weren't sure how they would do.

19 So, it ended up being a positive thing in the
20 end, but not so much a staffing issue as a comfort level for
21 the provider.

22 MS. WILSON: Any other --

23 MR. GONZALES: And I think -- I think that's
24 why we were looking at the creating additional level for
25 providers. Because there are some two, you know, there are

1 some programs out there that really try hard that fall into
2 the two-star level. I mean, they -- that's just what
3 happens. To where, on the other side of that, somebody who
4 just wants to come in because of an ownership change or
5 whatever, then they come in as a two star, that's kind of
6 not fair. Which is why the modification there is, you know,
7 suggestion would be to create another level, whether it's a
8 one star or just a Texas Rising Star provider was suggested.

9 That part right there that's, you know, whether groups
10 that we had in Houston we met for the local group in
11 Houston. That became one of the things. People didn't even
12 realize that there was this introduction period. That there
13 was this, you can do the met, not met area and then just
14 come on in as a two star.

15 When we heard that in this -- in that local
16 group, some person like, really? Because we tried really
17 hard to get on that program and we came in at a two star,
18 whether it's because of our curriculum wasn't finished yet
19 and didn't have enough technology in it, or, you know, we
20 just didn't meet qualifications for directors and staff.

21 So, for that area there, but yet, you know,
22 we could have done the easy route, but we were trying to do
23 the best that we could to be at the same level that somebody
24 wants to come in as the easy route.

25 And I'm not saying two star is easy, but in

1 the sense of just falling in the area of the met and not met
2 section, that's it? To get the same rates for reimbursement
3 or, you know, basically have the same star level star --
4 status as somebody else. That's why that suggestion was
5 made, because we just didn't feel like some us that were in
6 that area; we didn't feel that was fair. Basically, is what
7 it boils down to.

8 Because even for myself, even with the ki --
9 you know, we had a school that is accredited. I know that's
10 going to come later too, where we're now a four star. But
11 when we first came on board, we were a two star when we
12 first came on. It was more like, hey, you know what, you
13 tried really hard, but you're a two-star because you don't
14 meet the qualification of caregivers and your curriculum.
15 So, we upped our curriculum. We upped our, you know, CDA
16 programs. We got to the three star and then we got to the
17 four star.

18 Just like, you know, you want everybody to do
19 it. You want them to go up that step. And to find out that
20 there was groups coming in at a lower level, even a little
21 bit less, to get that two star, that kind of, you know,
22 shook some feathers there a little bit. So just I do think
23 that suggestion about modifying it to add additional level
24 would be a great suggestion for that program, or for this
25 program.

1 MS. WILSON: Okay. Did somebody on the phone
2 have something they wanted to add?

3 MS. GOODRICH: Yes. This is Jill. We talk -
4 - we talked about it here in the panhandle and I think -- I
5 think I'm agreeing with much of what I've heard, which is
6 that maybe there should be another level. But two stars --
7 this is a quality program.

8 So, I don't want to see us watering down the
9 standards, you know, to make it less than a full assessment.
10 So, the feedback that I got here was that the two star
11 should require the full assessment. And that minimum tour
12 should be requested across those categories.

13 You know, not to, you know, and I hear what
14 they're saying about programs that are trying to come on, so
15 maybe there is a -- room for a one star level that just kind
16 of gets them started and whets their appetite for making
17 those improvements and working towards those higher star
18 levels. But, you know, we agree that it should -- the two
19 stars should be meaningful, and it should have that full
20 weight of the assessment.

21 MS. MILLER: So, this is Reagan. I went back
22 that when that when the last TRS workgroup met, just so
23 everybody understands, I think the thinking behind allowing
24 folks to come in at a two star with a met, not met, was to
25 create an easier entry into TRS, allow folks to assess --

1 access an increased reimbursement rate that would then allow
2 them to build on that quality to get to a three- or four-
3 star level. And I just want to make sure am I hearing that
4 the recommendation is that we -- that we change the two-star
5 rating and no longer allow it to be based solely on measures
6 that are met and not met, change the way it's scored and
7 expanded to measures that are scored?

8 MS. EVERITT: I think that it's completely
9 appropriate to have level two be as easy as it is. Because
10 it is an entry. However, I -- what I was understanding that
11 the purpose of this kind of modification was to also have
12 them do a full assessment so that local boards know where
13 the gaps are so they can target resources there to help them
14 move up and do that continuous volume improvement work. Is
15 that --

16 MS. MILLER: And, Shay, yes. I think that's
17 what this recommendation is framed as, I just wasn't sure if
18 I was hearing a different recommendation than how you
19 described it. Does everybody understand the different of
20 kind of the two options that appear to me on the table?

21 MS. WEBB: Yes. Well, allow me to say, I'm
22 in agreement with Michael. Can everybody hear me? I don't
23 know if my mic is on.

24 UNIDENTIFIED VOICE: Yes.

25 MS. WEBB: I am of the belief that our

1 primary goal is to increase quality in our childcare
2 facilities and we would like to introduce the guidelines of
3 Texas Rising Star among all facilities, but maybe -- an
4 option may be to have an introductory level of two star so
5 that they would come into the program, get an idea of the
6 assessment, and then once the full assessment has been done,
7 they know where the gaps are, then move to a two star. Not
8 rather -- not moving to a three.

9 But from an introductory level of a two star.
10 Find out where your gaps are, address that, plus you have
11 the assessment then move to a two star that has the monetary
12 benefit with it, so that they could understand that as their
13 program increases, then the monetary benefit will increase
14 as well to improve the program. So, am I kind of mirroring
15 what you're saying? Is that kind of it?

16 MR. GONZALES: And I do understand what
17 you're saying, that the funding source, you know, you bring
18 them in at a two star to help them increase, you know, I'm
19 curious to see the results of how many schools actually that
20 did the not met and met program and then have actually used
21 that extra money towards quality improvement of their
22 program.

23 I'm not saying they shouldn't get any
24 additional result -- any additional funding from it. Maybe
25 there's another line item there that they get additional

1 money for being on the programs, and maybe there's a
2 difference there between the two. It's just more of for
3 those programs that are trying harder, I'm really curious to
4 see how much they'll put effort into it knowing that other
5 programs who are not really, like I said, you have some that
6 are just coming and going, I just want to be a two star so I
7 get more money. Versus, I want to be a two star because I
8 believe in quality.

9 That, you know, basically, you know, how many
10 of them actually, you know, will put that effort to go up to
11 that next one. Because, I mean, you'll have some that stay
12 two star will always be a two star.

13 UNIDENTIFIED VOICE: That's right.

14 MS. MILLER: So, Mike, let me ask a follow-up
15 to that.

16 MR. GONZALES: Sure.

17 MS. MILLER: Because we don't have a
18 parameter now that basically time limits your two-star
19 status. But that's another way of thinking at it. As you
20 say, you want to see two star be the entry, and you want to
21 see continuous improvement. And so, there is an opportunity
22 for you guys to consider a recommendation that would be
23 framed around a time-limited two-star status. So, you place
24 an expectation that a program continues to grow.

25 MS. COLYER: And I will say that that used to

1 be how that worked. Used to your time on -- as a two star
2 was time limited. You had, I don't remember, six months or
3 twelve months, but you had -- you did have a timeframe
4 within which you had to rise to at least a three or a four-
5 star level.

6 Once you got to the three-star level it was
7 optional to move up to four star, but if you did not achieve
8 a higher TRS star level between two star within that
9 timeframe, you went off the program. So, I would be highly
10 in favor of re-instituting that. It's always kind of
11 befuddling why it went away. But, yes. I would support that
12 recommendation.

13 MS. CRAWFORD: There's another alternative to
14 time limits that I think still serves the same goal. Is if
15 you have your CQI framework include monitoring of the CQI
16 plan at the provider level, now you have sort of improvement
17 plans that are actually tailored to that provider's current
18 level of practice. And what you're able to do is at your
19 monitoring visits you can incorporate some of the fidelity
20 monitoring metrics that are part of the CQI plan with that
21 provider.

22 So, if you're not on track with your
23 improvement plan and making progress in the areas that
24 you're working on, then you would be able to say, Hey, you
25 know, something has to give here. Maybe that's what --

1 maybe that's sort of how you can put in place the time
2 limit. Because if you're not making progress on your CQI
3 plans.

4 MS. ALLEN: And I think that also will help
5 with that the churn that happens within the two stars. If
6 you come in with that this is the structure of met not met
7 you don't get a true picture of what this program actually
8 is. So, when you come to your annual monitor, you're
9 blindsided almost by the work that is entailed by it.
10 Because now you have a full assessment. Now you have the
11 assessor coming in and they're holding you accountable for
12 staying within the program.

13 So, I think if they start off with more of a
14 CQI, more of an assessment, more of an idea. I mean, not to
15 say it doesn't have to be a full on, you know, expectation
16 like we do with the three or fours, but something to get
17 them an introductory of what they're looking -- what they're
18 signing up for. Because they're not -- those two, those
19 structure measures do not show you what you're supposed to
20 be doing in your center. That is something that you have to
21 do for -- to stay in business, really.

22 So, if the provider gets that introductory
23 with this is why, they get the introductory with an
24 assessment, they meet an assessor, their mentor is showing
25 them how the program works, I think it'll help close the

1 door, the back door, that happens with a lot of areas with
2 bringing in a lot of two stars. It's a big -- it's a huge
3 churn. It's not just the deficiencies that are keeping them
4 from staying in the program. It's them really not
5 understand what they're supposed to be doing in the program.

6 MS. EVERITT: I would agree on, like, the
7 combination of the methods that have been introduced doing a
8 time limited period in which you have to move up, while also
9 having that CQI that helps you do that. And maybe adding in
10 based on some of the comments earlier that y'all talked
11 about from the focus groups, people's fears around this and
12 misconceptions, even. And adding in have some maybe more
13 intentional messaging for the mentors and other local boards
14 stop to kind of help address that, so that people can really
15 understand how welcoming and supportive and, you know,
16 relatively simple it is to get started in the process.

17 MS. WILSON: Okay. I'm going to interrupt
18 just for one second. Whoever is my quickest typist, will
19 you log into the Adobe room and take some shorthand notes?
20 Because they cannot hear us on the phone. So, if you can
21 type into the chat box. If you want to divide and conquer,
22 someone takes half the room, someone takes half the room.
23 But if you guys could do that, that will help them to know
24 what we are discussing.

25 Okay. So, I'm sorry, I was -- can you sum

1 up, Reagan, what we just went through, because --

2 UNIDENTIFIED VOICE: I don't understand.

3 MS. MILLER: So, I think where we're leaving
4 this, is that the workgroup needs to consider potentially
5 two options, or a combination of two options. It sounds
6 like everybody agrees that two-star providers should receive
7 a full assessment. The question that becomes are there
8 additional changes beyond that, that the workgroup would
9 recommend to change the way a two star is scored to require
10 more of a point-space analysis, a more complicated analysis?
11 Or should there be changes made to time limit two-star
12 status and potentially couple that with a CQI framework?

13 I think one of the things that we can look at
14 as some homework, is maybe it's a beta analysis. I don't
15 know how long this will take. Kim, I'm not sure if we can
16 look at providers who came in at two star and then see what
17 happened to them. How long did it take them to move to
18 three star or four star? Did most of them move? Did some
19 of them move? So, we can get some data to help inform your
20 deliberations on this. So, we'll see what we can pull
21 together on that type of data analysis.

22 MS. WILSON: Okay, thank you. Technical
23 difficulties always, right? Okay. Moving on. The -- you
24 flip over the last one in this section on processes related
25 to reporting staff changes. The suggestion was that instead

1 of constantly reporting staff changes as they happen, that
2 instead that would just happen at the time of a visit. And
3 one caveat being we would still require them to report
4 director changes. And the idea with this is just that we
5 all know turnover rates are quite high in this industry, and
6 it just sort of reduces the administrative burden of
7 constantly coming out and assessing and just limits it to
8 when we're already going to be there assessing.

9 MS. GOODRICH: This is Jill. We agree with
10 this, that makes a lot of sense.

11 MS. WILSON: Great, thank you. You guys?
12 Not hearing any comments.

13 MR. GOODRICH: What part? Oh, for director,
14 yes. For sure, director most definitely needs to know when
15 it happens.

16 MS. WILSON: Yeah.

17 MR. GONZALES: I guess I have a question for
18 you guys, though. So, for the teacher -- for the caregiver
19 one. I know it's -- to call every day would be a pain.
20 Because, I mean, turnover can happen if not some schools are
21 revolving doors, you know, basically. But the two-week
22 window that we're discussing about offering now, would that
23 be a timeframe as an assessor that you guys would want to
24 see maybe an updated caregiver list?

25 I mean, I know because -- I know it'd be kind

1 of tough to come in and go, Okay, how many people do you
2 have now? Versus knowing ahead of time.

3 I know within that two weeks you may still
4 lose somebody. You might lose somebody that morning. You
5 know, but at the same time, you know, would it be, as an
6 assessor would you like to at least see it during that two-
7 week window who your number of caregivers are? I mean, I
8 want to be fair to you guys, too. I mean, basically it's a
9 lot to deal with before you even get in the door. Now you
10 got to wait to find out when you walk in how many people are
11 there.

12 MS. WILSON: I think that's a good
13 suggestion. Do you -- do you have any more detail to share,
14 Karen, on -- and use the mic.

15 KAREN: Okay. Yep. As we're being worried
16 about the mic and I'm not using it. I think that could be a
17 consideration. But we also could work on some procedures
18 for the assessors.

19 We have a staff worksheet right now that they
20 are able to use, and we have, in the past two years, have
21 been talking to them about using that as a living document.
22 So that once they've done it once, they keep that record.
23 And when they go out for their next visit, they take that
24 with them. They can then cross off who is gone and add who
25 is new. Typically, that's easier than walking in and

1 finding out there's three brand new classrooms, versus three
2 new teachers.

3 Certainly, getting a list prior to ahead of
4 time would be helpful, but we certainly also don't want to
5 burden the provider any more than needed.

6 MS. WILSON: Okay. So, it sounds like we're
7 in agreement with that one given some caveats about how it's
8 implemented. Yes, Julie.

9 MS. RICHARDS: Can I just add one thing.
10 Because that Senate Bill 708 requires at this point to
11 require all childcare centers to report employee turnover,
12 and it be published on the childcare licensing website. And
13 so, this may be an area where we're going to have to write
14 rules around it. Because it's not something currently
15 required, but we're looking to see how to implement that.
16 But just to have that on the radar, too, that it's going to
17 be a requirement.

18 MS. WILSON: Thank you. All right, good to
19 know. All right. And move us along --

20 MS. MILLER: And, Allison, before you move
21 along, before Chair Hughs left she wanted me to make sure to
22 let everybody know -- oh, our commissioner's coming back
23 with it. We have coffee available now. So, there is -- so
24 there is coffee on the table finally.

25 MS. WILSON: So, do we want to take a short

1 break? Do you guys need a break? Don't all answer at once.
2 You want to keep moving?

3 MS. GOODRICH: No, I'm good.

4 MS. WILSON: Thank you.

5 (Laughter)

6 UNIDENTIFIED VOICE: She's taken three breaks
7 already.

8 MS. WILSON: Okay. We'll keep moving then.
9 Feel free to get up and grab some coffee if you need it.

10 Okay, messaging. So, we have a few items on
11 this one. So, we have been working with a national
12 organization called BUILD on looking at ways we can improve
13 with our QRIS Texas Rising Star. And one of the key areas
14 that we have been focusing on and they've been providing
15 some assistance and feedback, is around communication, how
16 we communicate this program, what it does, why it's
17 important.

18 And so, this was something that we wanted to
19 bring to this group to get your input and ideas about what
20 direction we should be going in terms of how we frame Texas
21 Rising Star.

22 So, one of the things that has come up that
23 we learned that some other states were doing this, instead
24 of calling their quality rating system a certification or a
25 rating, they are referring to it as a recognition. So, I

1 think the idea there is that it feels better. Right? And
2 that it also kind of differentiates quality from what, you
3 know, childcare licensing does, which is more regulatory.
4 Right?

5 So this kind of would move us in the
6 direction, also, of thinking about that continuous quality
7 improvement framework that you're not just like a score, but
8 that you're looking to be recognized, which means you're
9 high performing and you want to keep getting better. Right?

10 So, any thoughts?

11 MS. CRAWFORD: I agree that the missing one
12 is probably confusing for people. Having a system that
13 starts at two is confusing. It's confusing.

14 MS. PORTER: And a lot of times you see five
15 star as the optimal, so then people are always looking for a
16 fifth star.

17 MS. WILSON: And the fifth star is walking on
18 water. Okay, so that kind of takes us into the next point,
19 which is stars versus colors. So, yes, we heard a lot from
20 our provider focus groups about the numbers being confusing.
21 Nobody seems to know why it starts at two. Interestingly,
22 some other states also start at two, so I don't know where
23 that came from, but --

24 MS. COLYER: Well used to actually we had a
25 deferred level, and then a level two.

1 MS. WILSON: Okay.

2 MS. COLYER: So, the deferred level was not
3 quite two yet. But, again, they had a time period that they
4 had to come off of that up to a two and then up to a three
5 and four. So, it never has been a one. Deferred is the
6 closest we've come to that.

7 MS. CRAWFORD: I think some people imagine
8 it's implied that meeting licensing standards is one and
9 that the --

10 MS. COLYER: But that's okay. Can we call it
11 that?

12 UNIDENTIFIED VOICE: Yeah.

13 MS. COLYER: I mean, literally I read in some
14 report that some -- that was in the newspaper or something,
15 that somebody at TWC was quoted that licensing was -- being
16 licensed was considered one-star level. That certainly has
17 never been communicated to me, but it was in an article that
18 I read and so I'm like, well, really? I mean, if it's --
19 let's just call it that, then.

20 So, I mean, even if we're -- we haven't
21 officially put that in writing anywhere. I mean, I'd be
22 okay with that.

23 MS. CRAWFORD: You could even use your
24 licensing screening criteria for TRS and say that when
25 you've met eligibility under those screening criteria that

1 sort of says you're ready for the next step.

2 KAREN: Certainly, streamline that whole
3 number one.

4 MS. WILSON: Okay, that's -- some of the
5 focus groups did talk about changing it away from stars.

6 KAREN: Mic, mic, mic.

7 MS. WILSON: Oh. Sorry, sorry, sorry. Sorry.
8 Some of the focus groups did talk about getting rid of the
9 stars altogether and going with a bronze, silver, gold
10 status. So that's also a consideration to keep in mind.

11 UNIDENTIFIED VOICE: And I think -- I don't
12 think we would get rid of the stars, just instead of being
13 numbered they would be colors. Because the program is still
14 Texas Rising Star in statute. So, yeah. We've got -- yeah.
15 But could be gold, silver and bronze stars.

16 MS. CRAWFORD: I think it would be nice if
17 you got rid of showing only two stars, three stars. That
18 way you kind of get rid of this perception that well I don't
19 even want to bother doing this if mine's going to look like
20 I don't have all four of those stars up there.

21 Because, really, we want people to come
22 in and improve and continue to lift quality. Like, it needs
23 to be an okay -- a good thing that you're a two star. So --

24 UNIDENTIFIED VOICE: (indiscernible)

25 MS. CRAWFORD: Yeah. I've heard people say

1 that just it looks so, you know, when you look at the two-
2 star designation you want to go okay, well, obviously
3 something's missing. And you do want it to be a visible
4 symbol for families. Like, it's a consumer education tool,
5 and you want to drive families toward our quality. So, it's
6 kind of a sticky --

7 MS. WEBB: Right. To your point, I have
8 interacted with several providers in our area. And they
9 have been, unfortunately, dinged for deficiencies, and their
10 star levels have dropped to a three star, a two star.
11 Basically, they choose -- they're choosing not to
12 participate in the Texas Rising Star Program because they
13 really don't want the embarrassment of displaying two stars,
14 so they would choose to remove themselves from the system.

15 So if you go to a single star with the
16 different colors, it may be easily acceptable for the
17 providers to know that, okay, I did have deficiencies, I had
18 to do retraining, get my staff on board so that we can
19 raise, you know, ourselves back up to that level. But it
20 may be a much better idea and kind of reduce the saving
21 face, if you will.

22 MS. MCDONALD: Wouldn't it eventually do the
23 same thing? If you were dropped from a gold star to a
24 bronze star?

25 MS. WEBB: Well, you're looking at quantity,

1 which would be a single star. The colors would probably
2 imply the same thing, but when you receive banners from --
3 as we do from childcare group, it has the four shiny stars,
4 or the three shiny stars, you're looking for those other two
5 stars in that vacant space. So, then you could go to the
6 one single star.

7 I guess it's just when directors are among
8 each other and interacting that it's just the idea of saving
9 face. You know. We are responsible for what our staff
10 does, not necessarily what our beliefs are in maintaining a
11 quality product.

12 UNIDENTIFIED VOICE: And if you get a bronze
13 medal in the Olympics, you still got a medal, right?

14 MS. WEBB: Nobody turns it in.

15 MS. COLYER: Nobody turns it in, so it's not
16 a -- they go on tour with it and make money off of it, and
17 you should be bragging on your bronze star as much as
18 anybody else brags about their bronze metal, and make money
19 off of it by God.

20 MS. PORTER: I do think you have to be
21 careful about colors, just because of the way they're
22 printed, so then the gold and the bronze look sort of the
23 same in the Texas sun after a little while then they all
24 fade. It's a little difficult for parents. Might have to -
25 - right.

1 MS. TALBERT: Yeah, I would hope whoever does
2 this is a design expert and not us. But I think we do need
3 to be, yeah, thoughtful, or, yeah, I think the professional
4 who designs this needs to be thoughtful about our red, white
5 and blue, purple and green that we now have, it's, yeah. I
6 don't know if that was totally thought out what it was going
7 to look like.

8 MS. VARGAS: I think that if we're already
9 established the rating of the two to four, and now we're
10 flipping it, you know, it's going to be still confusing.
11 Now you're -- now you're doing colors instead of the
12 quantity of the stars, and I think we should do one thing
13 and stick with it. And the colors are exactly right. The
14 bronze and the gold in the El Paso sun in a week are going
15 to both fade. You know, now you have a very diminished-
16 looking star.

17 UNIDENTIFIED VOICE: Now you're a one star.

18 MS. VARGAS: Right. You know, so I think if
19 we just stick with the -- with what is already set, and that
20 proves quality. I mean, you want -- we are at a point in
21 childcare and early education where we're finally shining
22 and being brought to the forefront. And we have to bring
23 those, help those two stars that are up and coming to be the
24 four stars. And that, to me, as when I started 20 years ago
25 at the center that was already a 4 star, it just made it

1 more wanting to keep that 4 star. Because I didn't want to
2 come down to a 3 star or a 2 star. So, it's a matter of
3 pride in the work that we do.

4 MS. WILSON: So, oh, go ahead.

5 MS. EVERITT: I think that's an interesting
6 point. And I wonder, you know, the QRIS is a continuous
7 quality improvement, so there was always going to be change,
8 and that's how we shepherd people through it. But and I do
9 wonder if the two, three and four does create some sort of
10 level of competition, or something that we might want to
11 keep, where people feel pride at that highest level.

12 I don't know. That's -- I don't really have
13 a strong feeling one way or another on the change. But I
14 wonder did the BUILD Initiative provide any guidance, since
15 they worked with a ton of other states, on the stars versus
16 the colors?

17 MS. MILLER: No. We just see states that do
18 it definitely.

19 UNIDENTIFIED VOICE: Yeah.

20 MS. MILLER: I think it's interesting,
21 though, I was just asking Julie, this notion if you -- if
22 you want to keep stars, and you think that a four-star
23 rating is still clear, I mean, I understand what Jacquie is
24 saying, some people expect there to be five. I think that's
25 part of the challenges is you don't really know what the

1 scale is.

2 But I guess there is always -- there's always
3 an option where we could look at any provider who signed an
4 agreement to accept our kids could become a one-star TRS
5 provider. And so, from an education perspective, then
6 parents know, ah, these are all of the providers that are
7 part of this system. And perhaps it gets them on the path
8 to quality, because you've -- now you've got one star and
9 are you going to want more, since we've just classified you
10 at this level? Like, sort of that push to move up.

11 So that's another option is if we do -- if we
12 do create a TRS rating for all providers who sign an
13 agreement, regardless of what the scale is that we choose,
14 that's another option that we may want to consider.

15 UNIDENTIFIED VOICE: So --

16 MS. ROJAS: I agree with Reagan, because I
17 think, too, that it incentivizes ongoing quality
18 improvement. And for parents as well so they can make
19 informed decisions, and the market will take care of itself.
20 You know, if you're wanting to get more business and more
21 children attracted to your center, hopefully, and I think
22 that's probably why the stars are there, for the parents to
23 make those decisions as well, you know, to select the
24 centers that are providing highest quality. Yeah.

25 MS. WILSON: Okay. So just to kind of sum

1 up, sounds like we're all on board with the idea of
2 recognition instead of rating. But as far as the rate
3 designators, it sounds like we're a little more mixed, in
4 that we probably would benefit, to Julie's point, from
5 getting some guidance -- and Shay's -- guidance from maybe
6 the BUILD Initiative. But also, we might work with our own
7 Communications Department on sort of some branding
8 strategies and we may be able to then sort of tease out the
9 color versus number thing and come back to you guys with
10 something more substantial. Does that --

11 MS. ROJAS: I think, too, real quick, to
12 Murriel's point, because I think you had a really good point
13 about folks that might slide down and be embarrassed and not
14 want to come on. I think that's where the training of our
15 TRS coach mentors comes in, to help guide folks along the,
16 you know, the path to continuing and moving.

17 Like, don't give up, you know, and being
18 encouraging. And that's kind of part of the training they
19 received, to help them understand how to support centers
20 that do -- I mean, sure it occurs quite frequently, so how
21 do you come in and support a center so that it won't give.

22 MS. WEBB: It's all a matter of perception.
23 Right? Even as we travel in our daily lives, we don't seek
24 lodging at a one-star hotel.

25 UNIDENTIFIED VOICE: Exactly.

1 MS. WEBB: We're going to four star, or three
2 stars. And so, you have to understand from the public's
3 point of view, are you looking for a one-star facility to
4 place your child, are you looking for a three star or a four
5 star? So, we also have to understand the parent perception
6 of what we're -- what we're doing. And then it's also among
7 the directors and their businesses on how you want to be
8 perceived within the community and to the families and
9 children that you're serving.

10 MR. SERNA: You know that, I mean, this may
11 be a little out of place, and I apologize for my ignorance
12 about the program itself. I was at an event that, Shay, you
13 co-hosted in San Antonio a couple of months ago. And one of
14 the things that, in the conversations from the providers
15 that were there, one of the things that they mentioned were
16 the challenges in moving up the scale.

17 And I'm wondering instead of us, or maybe
18 it's part of us, but talking about modifying that scale,
19 maybe we should be looking at what things we ought to do to
20 support those providers to enable them to move up the scale.
21 So that a two does mean a two, and it's an entry level, and
22 we give you the tool, the support you need, we collectively,
23 to move up.

24 And then if you choose to stay at a two and
25 not take advantage of that, you -- that's a decision that

1 you've made. But there's not a -- there's not a barrier
2 from the system or from the structure instead of trying to -
3 - because it is about quality. Instead of us trying to mask
4 the twos with a one and a bronze that's going to fade in El
5 Paso to a one and a clear.

6 But and that's why I said, I don't know if
7 it's part of the discussion, because we're talking about the
8 categories and the revisions to our requirements, but maybe
9 some of our requirements need to include what should be
10 expected, not of the provider, but from us as well so that
11 then it is truly on the provider to say, you didn't take
12 advantage of this.

13 And whether it's shared services or something
14 else that alleviates some of the challenges. Because I
15 heard some challenges and, Jay, correct me if I'm wrong.
16 But I heard some challenges that weren't really to an
17 inability to achieve the requirements, it was more from a --
18 from a financial problem that was -- that was developing
19 that left them struggling with being able to do -- to do
20 some of that. So, it wasn't for lack of want, is was more
21 for lack of ability from a support perspective.

22 So just a thought. And it may, this may be
23 out of place, and I apologize if it is, but I think instead
24 of us looking at -- and not that these are bad feedback, but
25 instead of us looking at changing the stars, or adding

1 colors, or something else to help -- to help some of these
2 providers, maybe we should look at actually helping the
3 provider and reinforcing the system that exists right now
4 that does mean something.

5 I do want to stay at a four star, or a three
6 star, you know, it's -- in certain parts of Texas I'll stay
7 at a two star, because there are no three and four stars.
8 But anyway, that's just an aside.

9 MS. MILLER: And I think, you know, Allison
10 mentioned earlier, one of the comments that we've heard at
11 one of the local meetings was really in support of what
12 you're saying and it had to do with providing more mentors
13 to be able to help providers as you develop a CQI framework,
14 or a continuous quality improvement framework, you need the
15 staff to be able to go out and work with those providers to
16 build them up. And I think that does align with more of
17 what you're saying right now.

18 MS. WILSON: Yeah. And throughout the day,
19 that's going to come up. It's going to be a recurring
20 theme. Especially as we look at some of the measures that
21 aren't really performing in the way that we expect them to.
22 Just because there's not a good way to measure it doesn't
23 mean it's not an important activity. So, we're really
24 trying to capture those things and think about how we can
25 move those into a CQI framework as we roll out the new

1 changes.

2 Okay, so moving on. These are some sort of
3 nitty-gritty things that also relate to this messaging and
4 branding terminology. So, we're going to wait and talk
5 about deficiencies when we talk about the screening form and
6 deficiencies, because I think it'll just resonate better
7 when you're actually looking at the ones that TRS considers
8 those are licensing deficiencies.

9 First one, so typically and in all of our
10 materials we refer to childcare providers. We're in a place
11 now where the early childhood landscape has changed, and
12 we're engaging in a lot more partnerships. Jacquie can
13 speak to some of this.

14 But one of the things we're running into is
15 we all have different terms. And so, we felt like this was
16 a good place to have some conversation about provider versus
17 early learning center or something else. Probably does need
18 to be something else, because they're not all centers.
19 Caregiver versus teacher. So, we wanted to get your input
20 on what sort of common terminology we might be able to move
21 towards.

22 MS. TALBERT: Well, I think an easy place to
23 start is childcare licensing. Calling it daycare. I wish
24 we could make a change there. But to your point about maybe
25 they're not all centers. We've been using early learning

1 program. And we're talking broadly about pre-K, headstart,
2 childcare.

3 MS. BURK: And that's where a lot of the
4 other frameworks are moving, to an early learning program,
5 so that encompasses multiple settings, potentially, but
6 that's even when you think about the national dialogue,
7 power to profession. That's -- we're looking at more early
8 learning program as being the term.

9 MS. EVERITT: And I think that that's easy to
10 -- for parents to kind of digest.

11 UNIDENTIFIED VOICE: Yeah.

12 MS. EVERITT: Even when I talk to parents, as
13 much as I hate it, I have to say daycare. Because they look
14 at me like a crazy person when I say childcare. They're
15 like, what are you talking about? And so, I -- but I think
16 early learning program is much more explicit. And same with
17 the with the teacher. I know there's an argument to use
18 educator, but teacher is something that is more part of our,
19 you know, jargon.

20 UNIDENTIFIED VOICE: More accessible.

21 MS. EVERITT: More -- right.

22 MS. ALLEN: And I think it helps with the
23 solidifying of our professional improvement of our -- of our
24 entire system. So, if we start to teach, if we start to
25 categorize our teachers as teachers, they'll start to

1 believe that they're teachers. And then, if we start -- if
2 we take away provider, I always struggle with saying
3 provider myself, because for me I always think of my
4 healthcare. That's healthcare in my mind. So, I have -- I
5 have to change it as well.

6 So, if we say early learning program, we're
7 aligning ourselves with what's going on nationally. And
8 then if we say teacher, we're actually identifying that we
9 recognize that this is a profession in Texas. So, I love
10 that both in --

11 MS. WILSON: That was easy.

12 MS. VARGAS: I also support the teacher and
13 the early learning program. But, I mean, you look at your
14 families and they don't -- when they come into the center,
15 they don't say, go to your provider. They say, go to your
16 teacher. You know. Or what did teacher say today? You
17 know. They're already referring to us as teachers. And
18 that's what we are. We're just early childhood, but I love
19 the teacher versus the provider.

20 MS. WILSON: Okay. Very good.

21 MS. GRIFFIN: This is Carrolyn.

22 MS. WILSON: Yes, go ahead.

23 MS. GRIFFIN: For somebody that's been doing
24 this for a long time, a lot of your parents don't look at
25 you as anything in (indiscernible) you're at four star or

1 how many stars for the last 20 years, they still look at you
2 as the daycare until their children go to a public or a
3 private preschool program, or an ISD. It's the perception.
4 And this has been one of my soap boxes for years. The
5 market does start with licensing, because when you do a
6 background check for years it was there was staff and then
7 there was childcare provider. They are staff. They are a
8 teacher.

9 They're teaching them how to sit up, or how
10 to walk. All those basic things that have got to be taught
11 by this person who more than likely is not making much more
12 than minimum wage. They are a teacher.

13 And it doesn't matter -- the parents don't
14 care how many stars you are, they want to know their child's
15 being taken care of. And I, you know, I've had lesson plans
16 and been to things that were Rising Star even before I was
17 Rising Star, but I was still labeled by most parents as a
18 daycare. And I think it is a perception that maybe some of
19 the workforce boards could do some advertising of. These
20 are our Rising Star centers. These are the centers that go
21 above and beyond to provide quality care and better care for
22 your kid.

23 And I think it is, it's just a perception.
24 And that's just kind of from my little soapbox over here in
25 Northeast Texas. But I see that when the directors get

1 together that, you know, we get that phone call, are you
2 just a daycare, or do you do something else? Do y'all learn
3 anything. And I get that phone call and then --

4 UNIDENTIFIED VOICE: That's true.

5 MS. GRIFFIN: -- they would like to know. So
6 that's just my little input.

7 MS. WILSON: Okay. All right. Moving on, I
8 have a couple more sort of miscellaneous other
9 considerations. So, use of workforce registry statewide.
10 So, commission did recently approve funding to allow the
11 expansion of the workforce registry for all TRS providers in
12 the state. So that's something that is starting to happen.
13 And so, one of the suggestions that has arisen that is
14 timely that that work is happening, is to require TRS
15 providers to use the workforce registry.

16 So, this would get at some of the issues we
17 had around knowing what qualifications our workforce has,
18 what kind of training they're getting. It also allows for a
19 lot more validity with those training records. And we do
20 have Tarrant County here, who was the original pilot
21 location for that. So, I know you guys can speak to how
22 well it's worked in your area.

23 MS. ALLEN: It really has helped a lot having
24 our providers on the registry. I mean, it really helps with
25 their -- the assessors really with their assessments. Just

1 on just basic, looking at their education or certifications.
2 It's a one-page report, so they're not shuffling through a
3 lot of paperwork. A lot of centers, you know, can have up
4 to 25 employees, just depends on where they're at. So, it
5 really has cut down on that time that they spent shuffling
6 through paper.

7 It also has helped our providers understand
8 their staffing, what's their -- what's going on with their
9 training requirements, what their -- with their training
10 planning. So, it's really an organizational tool that we
11 use for TRS for -- across the board.

12 And now what I've also done is help with the
13 professional development of the teacher. So, we not only
14 are able to see where they're at and where they can go, and
15 they are starting to ask questions on, well how do I get my
16 CDA? How do I get my associates? How do I get to my
17 bachelors? And what is -- what are those reports that are -
18 - that I can receive now that I am in the Texas Rising Star
19 program?

20 So, the language has changed around tech
21 peds. So, it's hitting a lot of different things. So, the
22 fact that the -- it's the idea of making it a requirement
23 for TRS is really wonderful, because a lot of carriers will
24 start to see that it will, professional wise, that teachers.
25 And it's all driven by the teacher. It's not the director.

1 It's not us. It's the teachers finally seeing what they
2 have, their hours, what's going on with them, and they're
3 asking the questions. So, it's really good.

4 MR. GONZALES: Nicole, can I just ask, how
5 many -- do you guys have any struggles with people that
6 don't have -- maybe they're not tech savvy?

7 MS. ALLEN: Yes.

8 MR. GONZALES: Maybe they don't have
9 computer? I mean, you know, some people still do pen and
10 paper. So, my curiosity is, you know, yes, I mean, in my
11 school uses the workforce registry. You know, I will say
12 it's a little confusing, because it's also related to the
13 train of registry site. So sometimes I got to choose which
14 one I'm going into at that timeframe.

15 So, it can be -- it's not a, you know, it may
16 be a separate group that should be. But do you have any
17 issues or struggles with area -- on your area out there that
18 people cannot, they don't have access to the internet, or
19 they don't have access to a computer, or this is becoming
20 something that they must do. But they could be a four-star
21 provider, because they do everything else correctly. But
22 the environment, with the interactions with children, but is
23 it -- in your area do you have any issues with, you know,
24 technology?

25 MS. ALLEN: Yes, we do. And I can say, great

1 point Michael, that it is one of those things where there
2 will be -- the providers are going to need additional
3 supports to help them get onto the registry. The process to
4 upload all of your certifications and get everything going,
5 is very cumbersome. So just giving it to them saying, this
6 is a requirement that you have to do. There's going to --
7 they're going to need some handholding.

8 Because to the point is, you know, I mean,
9 they're, you know, urban area where, you know, you have
10 access to the internet. You can, you know, if not we can
11 bring a hotspot. We can -- you have a lot of different
12 avenues that we can use to get them accessible to the
13 internet. But in a rural area that might not be the case.
14 So, there's going to have to be some thoughts around how
15 we're going to help our -- all of our TRS providers in the
16 state get on the system.

17 But once they get on, it's going to be one of
18 those things where we'll be able to train them on keeping
19 their -- keeping things up. Because they can go to the
20 library. There's other resources that they can use in order
21 to keep their accounts maintained.

22 MS. ROJAS: I have a question. Does the
23 registry -- is it public information so that one center can
24 look at another center's? So, it's --

25 MS. ALLEN: No. It's completely private.

1 The teacher is the one that -- the individual allows the
2 director to see their account. So, the -- even -- so it's
3 owned by the professional. No one else can see it unless
4 they allow for them to see it.

5 Now the board areas can see it once you get
6 access to the dashboard, then you're able to see what's
7 going on in the system, but other than that, no.

8 MR. GONZALES: And besides the workforce
9 registry, does anybody know of any other programs that does
10 this as well, as far as, like, uploading electronics to
11 certifications? Or is this the only program out there?

12 I know that, you know, we're trying to make
13 statewide for the workforce registry where we gave it, but
14 is there any other options out there? I'm just trying to
15 make sure it wasn't the one and only thing that we looked at
16 when everything came aboard.

17 MS. TALBERT: Do you mean specifically for
18 childcare providers?

19 MR. GONZALES: Mm-hmm, or just in general.

20 MS. TALBERT: Is there something like that in
21 healthcare with nurses?

22 MS. CRAWFORD: Yes. There are a lot of --

23 UNIDENTIFIED VOICE: Yeah.

24 MS. CRAWFORD: There are a lot of electronic
25 (indiscernible) services. This one, for those who don't

1 know, Tech Peds (ph) was a work product of the original
2 Texas -- not the original, but the Texas Early Learning
3 Council from sort of 2012 it was -- it was built. So, it
4 was funded by the Texas Early Learning Council and the sort
5 of structure for the system was really created through that
6 stakeholder engagement process that TELC had. That's how we
7 got here.

8 MS. WILSON: So, I think --

9 MS. CRAWFORD: And -- oh, right.

10 MS. WILSON: Oh, I was just going to also
11 share that this is something that's emphasized in the
12 federal legislation for the program, and about half of the
13 states currently do require programs that are participating
14 in their QRIS to use their state workforce registry. Go
15 ahead, Shay.

16 MS. EVERITT: That was what I was going to
17 say. And then, to the point about access to technology,
18 through the new funding that's coming from TWC for the
19 rollout plan for Texas Rising Star providers, one of the
20 technology enhancements creates new mobile-friendly views.

21 So, for the more labor-intensive steps where
22 you would actually, you know, be able to load in photographs
23 and evidence of your certifications or your certificates,
24 you can actually -- you'll be able to do that directly from
25 your phone securely. You'll be able to just take a photo of

1 front, back, upload. And so, it's -- there's some new
2 features that I think will streamline it. And just, as
3 Nicole was saying, after we support providers with the
4 initial loading of the records, maintaining your records on
5 an annual basis is much less labor intensive.

6 And another thing that's been happening on
7 the registry and, Nicole, I don't know if you're seeing this
8 yet on your side, is we've started to partner with other
9 major organizations that issue certificates, CCEI, CLI
10 Engage. We're working with AgriLife to -- they're building
11 a new LMS system, and we're working to be able to automate
12 their certificates transferring in. and then there's a new
13 certificate generation tool on the system that lets
14 directors issue certificates, that follow the conventions
15 and format that the registry has.

16 So, the goal over time is to have fewer and
17 fewer cases where individuals have to manually load in.

18 MS. COLYER: I think a challenge, and Nicole
19 may be able to speak to this, but if you're going to require
20 TRS providers to load their information, how will we
21 implement that requirement if the accounts are individually
22 owned rather than center based, early learning program
23 based.

24 So, you can require TRS early learning
25 program to participate, but if their individual caregivers

1 aren't willing to put their information in, what do you do?

2 MS. ALLEN: So, what we did was target the
3 director. So, we explained everything to the director and
4 how it was a management tool for their staff. So, the
5 director got bought into bring all of their teachers in, and
6 then the teachers created their individual account.

7 And at the end we said, okay, now that you
8 all are on the system, you can click on this button to allow
9 your director to see your account. But when it's time for
10 you to leave, for a good reason, you will let -- you will
11 cut this -- you will hit this button and the director will
12 no longer see your stuff. It'll go with you.

13 And that has -- that helped them understand
14 exactly the different between the director seeing all of
15 their records and then but when it was time to go, they can
16 click the button and they can take their records to another
17 director. So that's how we did it. It was not easy.

18 MS. COLYER: Okay, operational question.

19 MS. ALLEN: Yeah.

20 MS. COLYER: If you are a teacher and you're
21 looking for employment at a higher level TRS early learning
22 center, because you, yourself, want to work at a four star
23 and not just the two star. If you -- can you allow multiple
24 early learning programs to see your data?

25 MS. ALLEN: No. It's just the director that

1 you are employed with.

2 MS. COLYER: So, you can't go to somebody
3 else and say, oh yes, I have all this training, you wouldn't
4 have to give me any more training. Look, here, I'll give
5 you access to my account and they can see.

6 MS. ALLEN: But they can report it. They can
7 print out their professional development report.

8 MS. COLYER: Okay, got you.

9 MS. ALLEN: That shows all of that.

10 MS. COLYER: That'd be great.

11 MS. ALLEN: And they could hand it to them
12 and it's the same thing as seeing it on the system.

13 MS. ROJAS: So, in -- just going across the
14 state, I've heard there's misperceptions out there from
15 directors who think that -- a couple have actually mentioned
16 it to me. That they don't want to get on the registry
17 because they perceive that there is some kind of information
18 that goes out there that will let their teachers know when
19 there's a job opening at the center across the street.

20 UNIDENTIFIED VOICE: That is true.

21 MS. ROJAS: And they don't want their
22 teachers to see that. And I've heard it several times.

23 MS. WEBB: That is -- you are correct. You
24 are correct. That is a big misconception now that they are
25 -- directors are believing that this will give staff the

1 power to hop from center to center.

2 UNIDENTIFIED VOICE: Yes.

3 MS. WEBB: There's all, in place, the
4 challenge now is that once the professionals receive their
5 CDA that they're no longer in the childcare facility, they
6 will go to a headstart. Once they leave the headstart then
7 they will go the ISDs. So, it's a challenge to encourage
8 your staff to pursue their CDA, for some of them, because
9 they believe they will leave then you're constantly trying
10 to rebuild your staff.

11 My philosophy, of course, really is you can't
12 keep anyone that doesn't want to stay. And as those go
13 others will come. So, in my facility it's my Easter speech
14 that I share with my staff, I encourage them to get their
15 CDA so that they can better themselves.

16 We're all working toward the same goal, we do
17 need quality educators in our facility, but we also --
18 there's the human factor that each individual has their own
19 needs, need to have their needs met. And although they like
20 you, if you can't compensate them for their work, then that
21 they can maintain the household, it's a moot point.

22 So, I have been fortunate enough in the years
23 that I've been in business, my staff has been with me for a
24 pretty good time. I have two staff that have been here 24
25 year, three that's been for 21 years, and I got a 17. But I

1 always leave the door open to give them the opportunity to
2 leave when they choose. It just so happens that they're not
3 leaving. So, I'm grateful for that. But you are right,
4 they believe that, so it's a bitter pill to swallow right
5 now among the directors.

6 MS. EVERITT: I think related to
7 compensation, what's really interesting about Tech Peds is
8 that you can capture that information, how much they're
9 being paid, so that we can do analysis of payor pay scales,
10 degree and credential attainment, and help change that
11 system once we have more information.

12 And I wonder, I have a question for you,
13 Nicole. When y'all implemented it, did you see the case
14 load, or the amount of time it took an assessor to do the
15 Texas Rising Star assessment go down? And I also wonder,
16 licensing staff who haven't, did they see their time in the
17 center go down, too.

18 MS. ALLEN: So, what we're doing -- yes.
19 Yes. To the assessor's point, yes, we did. Significantly.
20 They were able to spend a lot more time assessing the center
21 versus looking through all the documentation and the
22 records.

23 One, to the point of licensing, we are
24 working right now with Tech Peds on a really small, just
25 kind of piloted study, on what it means for licensing and

1 how that can, you know, really be a cost reducer for the --
2 cost and time reducer for them. And the feedback that we've
3 received so far is the licensing reps, they appreciate that.
4 They appreciate the organization of the report to see the
5 training, the training certificates, the hours, and the
6 timeline, because licensing has to look at dates. And the
7 report does all of that, so it's an easier thing for them.

8 So, I think if licensing gets on board and
9 really, you know, wraps around the registry as well, it'll
10 really allow everyone to understand the significance of
11 being on the registry and how important it is on so many
12 different levels. It's really a dataspace where everyone
13 can use.

14 MS. WILSON: So, what I'm hearing is general
15 agreement with the idea of requirement workforce registry.
16 But that we will need to give a lot of thought to
17 operationally how that gets implemented.

18 Okay, all right. So, moving on. TRS
19 reimbursement rates in comparison with provider's published
20 rates So some of our focus groups we heard input that they
21 thought that where a provider's published rate is higher
22 than what our -- the board's maximum reimbursement rate, or
23 enhanced reimbursement rate is, they would like to be paid a
24 higher amount with their TRS.

25 MS MILLER: So, I would note that after we

1 heard that comment we went back, and we did do some
2 additional research. The final childcare regulations do
3 permit this for quality programs only. So, the childcare
4 regulations know that states may have a provider's
5 published rate for quality. So, obviously, it would be
6 limited to TRS. But that's not something that we do now,
7 but it is something that is contemplated in the regs.

8 And if this was a recommendation this would
9 be a rule change, so this would be something that the
10 commissioners would have to engage in the rulemaking process
11 if this -- if this were something that were recommended.

12 MS. EVERITT: Can I ask clarification. I've
13 heard from providers that when their published rate, I
14 think, is lower than TRS they're getting paid that lower.
15 Is that what we're talking about? Or is it when their rate
16 is --

17 UNIDENTIFIED VOICE: Yes.

18 MS. EVERITT: That's what we're talking
19 about? Okay. Yeah. I agree.

20 MS. WILSON: Sorry I missed -- let me -- let
21 me say it again. I mis-stated it. So, yes, currently in
22 some areas, especially in our more at-risk areas, providers
23 can only charge a certain amount because of their private
24 pay customers. They wouldn't be able to pay a higher rate.
25 So the TRS reimbursement rate is higher than what they are

1 actually charging their private-pay customers. But because
2 of the way our rules are currently written, we always pay
3 whichever is lower.

4 So those high-quality providers who are in
5 areas that are economically more depressed don't benefit
6 from the enhanced reimbursement, is what it comes down to.

7 UNIDENTIFIED VOICE: Another thing, those
8 people are (indiscernible) to (indiscernible).

9 UNIDENTIFIED VOICE: Right.

10 MS. ROSS: We would definitely support this.
11 This came kind of as a recommendation out of our area, but
12 we see it as an incentive to be a TRS provider to say you're
13 going to get at least up to what your rate is or beyond.
14 Because if you're really going to get to quality, how can
15 you do that if you can't get any more incentive? And what's
16 the incentive if it's not really an incentive? You're just
17 getting to where you're at already.

18 MS. TALBERT: Yes. Hard to believe that
19 anyone would be opposed to this. Because, as you mentioned,
20 these are the children and families that we're trying the
21 hardest to get into these communities and to increase the
22 quality. They're the children that are the most at risk,
23 and we all know the math doesn't work in this industry. So
24 --

25 UNIDENTIFIED VOICE: That's right.

1 MS. ROSS: It's just a logical thing to do.
2 Yes.

3 MR. GONZALES: And I would agree, too.
4 Because, I mean, I've seen a lot of programs that are in
5 certain areas that are -- it's 100 percent occupied by
6 subsidized care that had to close their doors down because
7 they didn't get enough money to cover. I mean, even in the
8 Houston area I could think of five that just basically had,
9 you know, 99 percent subsidized care. And because it just
10 wasn't enough money coming in, they had to shut doors down.
11 So, I mean, I agree. Especially if it helps them to keep
12 going and to keep offering the program, definitely for sure.

13 MS. COLYER: Well, and what you're -- what
14 you're asking providers to do at this point is provide
15 quality based on their published rate. And we all know
16 quality costs more, but we also know that the industry
17 dictates the rate. And so, if you are asking a provider to
18 - what you're asking a provider to do is raise their rate.

19 If I'm the provider I'm telling my parents,
20 I'm going to be charging you more so that I can get
21 reimbursed more. Trust me, we're going to do great stuff
22 with this extra money. We're not quality yet, we're not
23 even on TRS yet, but I'm going to raise my rates so that TWC
24 will reimburse me more, so that I can provide higher
25 quality.

1 You're asking them to invest in quality
2 first, and I'm not even necessarily saying that's a bad
3 thing. You want to see that they are -- that quality is
4 important to those who are providing care. But it's
5 extremely difficult to put money into those things that
6 enhance quality when you're not getting back more than what
7 it costs you to operate the center, not to operate a quality
8 center.

9 MS. WILSON: So, it sounds like we have some
10 consensus, so that will be something that the commissioners
11 will consider, that would be a rule change. We'll take a
12 look at digging in at what that would look like.

13 Okay. Let's see if we can get through this
14 before we break for lunch. National accreditations. So,
15 you have just as a reference in the TRS guidelines, page
16 2.6, goes over what the processes are for recognizing
17 national accreditations.

18 And -- I'm going to move down here. So,
19 we're actually, we're going to talk about the second one
20 first, because I think it'll help us -- this is something we
21 learned in the focus groups, with the headstart conversation
22 that we had a -- we got a little derailed on that one.

23 So nationally accredited facility. So right
24 now, nationally accredited facility is those that are
25 recognized there in their guidelines. Excuse me. They are

1 automatically given a four-star rating.

2 So, through the work that CLI has done
3 looking at strengthening TRS, we're not seeing a real strong
4 correlation there between those -- the accreditation and the
5 TRS four level. So, we don't want to throw the baby out
6 with the bath water. So, the recommendation was to
7 basically require these programs to have a modified initial
8 assessment, and so we would be looking at just category two
9 and category four for these programs, for them to come in
10 and be recognized as TRS.

11 And most of the focus groups, they were very
12 supportive of this idea. Even those who are accredited.
13 So, thoughts, concerns? You want to say something.

14 MR. GONZALES: Two things. No, because I'm a
15 nationally accredited program, too. And no, yes, we did
16 agree definitely on that part, too, that the, you know, that
17 it should be like that. I know it says initial assessment.
18 I mean, for me, personally, I think it should be ongoing. I
19 mean, and not just the initial time being yearly, it should
20 be based on that even if you are accredited. I mean,
21 basically, yes, you get visited every four, you can do it
22 like the national accreditation program does, every three
23 years, you know, whatever the program is, that you go
24 through that initial assessment again.

25 You know, I know some programs out there that

1 just sit there and go, okay, but we're assessment -- we're
2 accredited, so make us a four star. And, I mean, I'll go in
3 that school and I'm like, you may be an accredited center
4 when they come out, but you're not an accredited center now.

5 UNIDENTIFIED VOICE: Right, right.

6 MR. GONZALES: So, I mean, you know, I think
7 there is some opportunity there where, yes, initial for
8 sure. But I'm almost also in favor of let it be every --
9 either annually or every couple years where that assessment
10 goes through again. Just because things can change. You
11 know, I mean, again, directors can change, teachers change,
12 everything changes there. But that part there and, you
13 know, I'm an accredited center. I mean, I love the fact
14 that I'm a four star, but, you know, I mean, I know there's
15 times that, you know, we struggling too. You know, and that
16 goes, again, for me.

17 I know we're not talking about the headstart
18 part, but actually at our meeting in Houston we actually
19 agreed that early-headstart, headstart should fall into that
20 same category as nationally accreditation so they can come
21 in. Because right now they don't, you know, they're not a -
22 - they're not taking subsidize -- they take subsidized care,
23 but they're not taking it the same way that we're taking it.
24 They basically take it based on an application where they
25 fall in that, you know, children fall in that level.

1 UNIDENTIFIED VOICE: Right.

2 MR. GONZALES: So, in our Houston group
3 there, we actually kind of merged those two together, where
4 nationally accredited also fell with early-headstart and
5 headstart programs.

6 UNIDENTIFIED VOICE: That's a good point.

7 MS. WILSON: Any other comments? So, we kind
8 of set that up, well, that's why I flipped the order there.
9 The thing that kind of derailed some of the provider focus
10 groups as far as headstart goes, is around the competition
11 for three- and four-year-olds. And, which is unfortunately,
12 an issue.

13 It made it challenging to have the
14 conversation we needed to have, which was really, do we want
15 to allow them to be treated the same way that these other
16 types of accreditations are treated? And we have had -- and
17 it varies. Some areas all their headstart programs are with
18 the ISD and they don't have any need to accept childcare
19 subsidies.

20 But, in many areas, we're seeing more
21 combinations, you know, partnerships and braided and blended
22 funding where they may have both in the -- in the center.
23 So, that's where this recommendation came from. We felt
24 like it made sense to include them. Also, incidentally, the
25 headstart federal legislation requires them to participate

1 in the state QRIS.

2 UNIDENTIFIED VOICE: What?

3 MS. WILSON: Yes, really.

4 KAREN: Several of them are able to get
5 around it, because we require that they have to be licensed
6 with childcare licensing.

7 UNIDENTIFIED VOICE: Yes.

8 MS. WILSON: Okay.

9 MS. COLYER: Can we consider a rule change?
10 Just asking.

11 MS. WILSON: So, this would be a rule change
12 if we want to recommend this. But are we all feeling pretty
13 good about that idea? And are we all on the same page as
14 far as the modified assessment for nationally recognized
15 programs?

16 UNIDENTIFIED VOICE: Yes.

17 UNIDENTIFIED VOICE: And, Allison, would you
18 just summarize that again to make sure that we've heard it
19 clearly on the phone?

20 MS. WILSON: Yes. So, what the group is
21 saying, is that for nationally accredited facilities they
22 would be requirement to receive a modified initial
23 assessment as described there on the slide. And we would
24 also look at changing our rules to allow headstart and
25 early-headstart to be recognized as another type of national

1 accreditation. Which would mean they would also get a
2 modified assessment. Is that --

3 UNIDENTIFIED VOICE: Thank you.

4 MS. WILSON: Okay. All right. Do we know if
5 lunch is here yet?

6 UNIDENTIFIED VOICE: yes. They should be
7 here in about five minutes. I'm about to go back up.

8 MS. WILSON: Okay, so I think this is a good
9 spot to break, so sit up, stretch your legs, and then have
10 the food come in shortly. Restrooms, if you haven't already
11 found them, are right in this hallway right here on the
12 right.

13 -- Whereupon Broke for Lunch --

14 MS. WILSON: All right, we're going to move
15 into the -- into the weeds now. Okay. So, these are the
16 different categories which Gwen gratefully -- graciously put
17 up on the board for us. So, if you aren't familiar with the
18 categories, you need to refer back, it's up there. We're
19 also going to be looking at the guidance documents a lot
20 while we go through these sections.

21 So, first off, we have category one, director
22 and caregiver qualifications. So, this is going to be in
23 your spreadsheet --

24 UNIDENTIFIED VOICE: After national
25 accreditation.

1 MS. WILSON: Yeah. It's after the page with
2 national accreditation, so it's the fourth page in your
3 packet, and it's yellow, orange-ish yellow.

4 Okay. So, the first recommendation was
5 around the director certification course. So, the finding
6 was that this isn't really giving us very good information
7 at this point and it's often days scored as N/A.

8 So, the recommendation was that this would be
9 more appropriate to include in a continuous quality
10 improvement framework where it's not just checking the box
11 that, yes, I completed a certain course. But rather a
12 mentor is working with a director to really determine what
13 their strengths and weaknesses are and to target
14 professional development that is appropriate for that
15 individual. And all of the focus groups were in agreement
16 with this change. Questions, comments?

17 Okay. The next one is director
18 responsibilities. So, this one we're looking at rewording
19 the measure. And here, Karen, I'm going to pull you in to
20 help with some of these, because you know these -- you know
21 the weeds better than I do.

22 KAREN: So, this one talks about director
23 responsibilities, and it's ensuring that all staff have a
24 training plan, but it does not address that the director has
25 a training plan. Just that they make sure that their staff

1 has them. And so, we found that there was some ambiguity to
2 that and that we wanted to make sure that it was clarified
3 that not only do all of the caregiving staff have to have a
4 training plan, but the director does as well.

5 And then, I think this is also the one -- oh.
6 I'm sorry, that might be the -- on the next page. Yeah.
7 So, that's the basics of it.

8 MS. WILSON: Any concerns? This one also the
9 focus groups primarily were in agreement on making this
10 change. Okay, hearing no feedback, moving on.

11 The next one director experience is
12 (indiscernible) with record keeping. A lot of that is
13 already addressed by childcare licensing minimum standards.
14 So, it's not -- it hasn't been as meaningful in relation to
15 quality.

16 However, the providers were much more divided
17 on this, and a lot felt this was a really key component of
18 quality. Like, having your act together in terms of
19 managing your business.

20 And, I think, some of this certainly with the
21 decision on requiring the workforce registry, that might
22 ease some of the challenges that we have right now on this.
23 So, any comments, questions?

24 MS. EVERITT: I agree with strengthening the
25 collection of the director and staff years of experience

1 rather than (indiscernible) them.

2 MS. WILSON: Anyone else?

3 MS. RICHARDS: And I will just say that I'm
4 not sure where the statement says that some data by CCL
5 suggest the average lifespan of the director is 18 months,
6 so I'm not sure where that came from.

7 MS. WILSON: It came from one of the provider
8 focus groups, and one of the local people shared that. So,
9 I don't know where they got it.

10 UNIDENTIFIED VOICE: We don't capture that.

11 MS. WILSON: You don't capture that.

12 UNIDENTIFIED VOICE: Yeah, well --

13 MS. RICHARDS: So that's why I was curious.

14 MS. BURKE: Yeah. Well, and I think going
15 back to our earlier conversation about workforce registry,
16 and I think it would strengthen that components of this data
17 is going to need to be captured in there. And I, you know,
18 any data we're capturing is more beneficial than removing
19 it. Just because we're not effectively capturing it now,
20 doesn't mean it's not there to capture.

21 MS. WILSON: So, I just want to distinguish
22 that capturing the data versus using it to measure quality
23 are kind of two separate. So, I think we're all in
24 agreement on the capturing the data, which is why we want to
25 require the workforce registry. So, I think the question is

1 whether or not you want to retain this metric so that it's
2 also considered.

3 MS. MILLER: So, Allison, I just want to make
4 sure I'm clear. So we're talking about the requirement now
5 is a points-based measure that gives a score of one if you
6 have two years' experience in early childhood, a score of
7 two if you have three years, and a score of three if you
8 have four more years? That's the one that we're talking
9 about.

10 MS. WILSON: Yes.

11 MS. MILLER: Okay.

12 MS. WILSON: It's really challenging to
13 document, especially if they're not in the workforce
14 registry and with as much as even directors move around.
15 Which is why -- go ahead, were you going to say something
16 else?

17 MS. CRAWFORD: I was just going to add that
18 in the report that comes out next month, I don't have this
19 data in front of me. But we actually interviewed the
20 directors and collected this data without. Like, literally
21 just how many years of experience.

22 So, what we'll do in the report is we'll be
23 able to show you the actual distribution of your experience
24 for a sample, for this sample. So, to this point of do they
25 turn and move on in 18 months, you'll actually have some

1 data that says how long (indiscernible).

2 So to round it out where I'm trying to go is
3 usually (indiscernible) saying you have this zero, one, two,
4 three points on a scale. Right now, those are kind of
5 arbitrary cut points that were selected to be assigned to
6 the zero, one, two and three.

7 Ideally, what you'd do at some point when you
8 have more full data, you'll have the study data, be able to
9 look at that, and then eventually you'll have the workforce
10 registry data to look at. Eventually you pick more
11 meaningful cut points where you say, Look, here's the actual
12 distribution of experience for directors in our population,
13 and based on this distribution we know that zero to, you
14 know, that zero to one year is an appropriate zero on the
15 scale, and, you know, one to three is an appropriate two.

16 So, we'll have better data later, but I agree
17 with you that currently we don't actually know what
18 constitutes high quality in terms of years of experience.

19 UNIDENTIFIED VOICE: So, what do you
20 recommend?

21 MS. CRAWFORD: I recommend you keep
22 collecting it, but that some of these points-based measures
23 that are part of caregiver and director qualifications and
24 training, that those actually become part of a CQI plan.
25 Like, you have minimum thresholds that are based on your --

1 sort of the traditional degree, degree data, that you don't
2 use years of experience, but that it becomes part of your
3 qualitative data that you collect for the program.

4 UNIDENTIFIED VOICE: Like, you know, kind of
5 what I was saying before. The problem is we don't really
6 know.

7 UNIDENTIFIED VOICE: I can't hear anything
8 that's being said.

9 UNIDENTIFIED VOICE: April, can you speak
10 into the mic. Okay, let's --

11 MS. CRAWFORD: The problem is you don't --

12 UNIDENTIFIED VOICE: I'm sorry, we're having
13 some technical difficulties. We're trying to work them out.

14 MS. CRAWFORD: -- experience is optimal.

15 UNIDENTIFIED VOICE: Okay.

16 MS. CRAWFORD: So, if you care about that as
17 a measure of quality, you should continue to collect it, so
18 that eventually you can see how it relates to other measures
19 of quality that you have confidence in. And then you can
20 assign values that are meaningful.

21 MS. EVERITT: I think that also kind of makes
22 you think of the question that I asked earlier about you
23 found that the way it is collected currently in that it's
24 inconsistently collected, is not related to child outcomes.
25 But are child outcomes truly what -- the only thing that we

1 want to consider? Because QRIS systems are also supposed to
2 incentivize behavior. So, is this a behavior that we want
3 to incentivize? Whether or not it's directly correlated to
4 child outcomes, is the question (indiscernible).

5 MS. CRAWFORD: I think it's a good point,
6 Shay. So, I would say that whatever you do in a system like
7 this, you have to be clear about how you're connecting your
8 variables, or your categories of measurement to the right
9 outcomes. You know, so what you're proposing is that there
10 might actually be sort of two outcomes of interest, one,
11 that's sort of professionalization and advancement of, you
12 know, create the field itself. And then there is another
13 set of outcomes that are really about canned systems like
14 this where you're lifting quality and hopefully in tiny
15 communities can you actually change children's developmental
16 outcomes by improving quality?

17 So, in --

18 AUTOMATED VOICE: Welcome to CenturyLink --

19 MS. CRAWFORD: Multiple goals. And I think
20 (indiscernible) care that hey, when --

21 AUTOMATED VOICE: Please hold while I confirm
22 your passcode. Thank you. Your passcode is confirmed.
23 When you hear the tone, you will be the first person to join
24 the meeting. The line will be silenced until another person
25 joins.

1 MS. CRAWFORD: This evidence is really
2 (indiscernible) and when you (indiscernible) this category
3 is (indiscernible) as this other one for your system.

4 UNIDENTIFIED VOICE: That's better.

5 MS. WILSON: Much better.

6 MS. CRAWFORD: I think in a validity sense,
7 though, the thing to be clear about is when states go out
8 and they validate their QRIS, you have to be really mindful
9 of what you say will predict certain outcomes. Because
10 states are really -- it's disappointing for people when they
11 build a system and their goal was to change child outcomes,
12 and they find out that the inputs they focused on don't
13 directly link to those outcomes. So, you just have to be
14 clear.

15 MS. WILSON: Okay. My folks on the phone,
16 can you hear better now?

17 UNIDENTIFIED VOICE: I didn't hear you at
18 all.

19 UNIDENTIFIED VOICE: (indiscernible).

20 MS. WILSON: Okay. Well I'm the only one
21 talking right now, but can you hear me okay?

22 UNIDENTIFIED VOICE: yeah.

23 MS. WILSON: Okay. And we're making some mic
24 adjustments. Do you need to -- can you do this one, too?
25 Do we need to have Nicole talk?

1 UNIDENTIFIED VOICE: That'd be great.

2 UNIDENTIFIED VOICE: I think we got it now.

3 UNIDENTIFIED VOICE: That's good. Okay.

4 MS. MILLER: So, I think we need to suggest
5 to the group that when you're talking you need to talk
6 directly into the mic so that we can hear it through the
7 speakers so that the folks on the phone can hear. I think
8 we can all hear each other, but we just have to make sure to
9 amplify for the benefit of those calling in.

10 MS. WILSON: Nice. So, can you tell I need
11 graduated lenses? Director responsibilities. Oh, that's
12 one we just -- no, we just did these. Sorry. Moving on.
13 Okay, group size ration. Am I on the right page?

14 KAREN: No, flip. There's a back side.

15 UNIDENTIFIED VOICE: Yeah, there's a back
16 side.

17 MS. WILSON: So, PDEQ-10-05 part 7, director
18 experience. This is the -- we just talked about this one,
19 right? I'm sorry (indiscernible).

20 KAREN: Yeah. They're just split between the
21 different types of facilities. So, this would be -- I think
22 this one's the school age. So, we're just talking about
23 taking all three out.

24 MS. WILSON: Right, okay. So, this is
25 basically the same discussion we just had, but it's another

1 measure because it's a different --

2 UNIDENTIFIED VOICE: Set.

3 MS. WILSON: -- type -- yeah, different set,
4 and thank you. I almost said provider.

5 Okay, part five, director training. So, this
6 is just a change to the scoring. Yeah, so right now, let me
7 pull this one up. PDEQ --

8 KAREN: This one right now score of zero is
9 none, and the change is just to make score of zero 36.
10 They've gotten their 36 hours which is requirement, so
11 that's a score of a zero, that's the change that is being
12 suggested.

13 MS. WILSON: Okay. And, generally, our focus
14 groups were in agreement with this one.

15 MS. MILLER: And this was more of a technical
16 change, as I recall. Really clarifying that a score of zero
17 still has that minimum 36-hour requirement.

18 MS. WILSON: Yeah. Okay, moving on. Staff
19 training plans, and also kind of related the next one, staff
20 training alignment. So, these are on pages six and seven of
21 your guidelines, and the facility assessment (indiscernible)
22 reform, which is after the green page. So, if you want to
23 try to refer it'd be the -- just so you know, the -- along
24 the sides printed vertically, it tells you what the code is
25 for that particular measure. For those of you who aren't

1 familiar.

2 So, this recommendation is looking at taking
3 these two measures and essentially combining them, turning
4 it into one measure.

5 KAREN: Allison, it's removing that next one.

6 MS. WILSON: Oh, it's removing it. Then why
7 does it say combined --

8 KAREN: One structure --

9 MS. WILSON: Oh, that's a different one.

10 KAREN: Yeah.

11 MS. WILSON: That's a different one, 06. All
12 right. Yeah, so the first one would be combining the 06.
13 That just kind of streamlines that. And then the last one
14 on the page is to remove this one entirely. This is a
15 challenging thing to do to -- and it's burdensome to
16 assessors. And, again, this is data that we would then have
17 if training is recorded in the workforce registry.

18 MS. BURKE: So, the -- just to give you kind
19 of an understanding. SCOTQ-03 is an individualized plan,
20 provides for a minimum of 30 clock hours of childcare-
21 related training specific to the age of the children in
22 their care. And '06 is that they participate in that plan,
23 so the recommendation is just to combine those. That they
24 have a plan that is related to the age group that set
25 (indiscernible) 30 hours, and that they follow that plan in

1 just making it one measure.

2 MS. CRAWFORD: I would just like to add that
3 this I -- these two things combined are something that if
4 the state went toward a CQI framework, these types of items
5 would actually fit really nicely under that. Because the
6 training plans could actually be informed and supported by
7 the -- by the mentor. And it would -- it would remove some
8 of the challenges in the field with scoring these.

9 Sometimes the training plans are there and
10 you don't always know based on the training plan exact
11 matches for the age group the individual's working with, or
12 there could have been a recent change. So, there are some
13 aspects of scoring it that are challenging to do reliably.
14 But from a CQI perspective, this is very sensible to do.

15 MS. ALLEN: Just so that I understand what
16 we're talking about, a CQI method we will remove these
17 measures when it's looking at the training plan, because it
18 is very difficult to score. We are moving it into this --
19 the CQI model that's going to be presented to us later on
20 here we'll be able to look at that as well, to make sure
21 that that's --

22 MS. CRAWFORD: Essentially, what would happen
23 is you wouldn't lose those standards. They would become
24 sort of supplemental pieces of information that are gathered
25 through interview and work with the provider to work our

1 new, you know --

2 UNIDENTIFIED VOICE: Teacher (indiscernible)
3 garden.

4 MS. CRAWFORD: The teacher and the director.
5 But not the center, early learning program. Essentially,
6 you'd have core -- you'd have standards that are still part
7 of the core assessment, and then the standards that are more
8 difficult to consistently and accurately measure, but that
9 are still being done by value, become part of the
10 supplemental piece of the assessment system that informs a
11 CQI plan, but it not part of the core rating initially.

12 MS. ALLEN: And then that, all of that, will
13 be translated into the new guidelines and the new templates
14 the way -- in order for training and making sure that we're
15 all doing this reliably, right?

16 MS. MILLER: Yes. And I think -- I think
17 what you're asking is, is we keep talking about the CQI
18 framework. How do we ensure that all of these elements that
19 we're making their patient of those and saying, Okay, we
20 need to ensure that this gets embedded into future guidance
21 on what a CQI framework would need to encompass.

22 UNIDENTIFIED VOICE: Yes, that's correct.

23 MS. MILLER: So, yes. We are taking notes to
24 make sure that all of these elements as we discuss, if we
25 say that a CQI framework is a -- is a process where we can

1 incorporate these, we'll make sure that we make note of
2 those so we don't let any of those slip through the cracks.

3 UNIDENTIFIED VOICE: Okay.

4 MS. WILSON: So, any other concerns with hits
5 set of recommendations? Okay. I do also just want to
6 remind you that as we go through this real in-the-weeds
7 discussion, this is based upon the research CLI did and the
8 input we gathered from the focus groups. Really, we're not
9 confined to just these items. So, everything about the
10 program is on the table. At the end we'll kind of circle
11 back to see if there are any areas that were not covered
12 that you guys want to talk about.

13 Okay, next, category two. This category is
14 pretty solid as it is. There were a couple of areas of
15 recommendation, though. I'm going to talk about the second
16 one first, because I think the top one's a little more
17 controversial. So, one of the things that came out of the
18 study was that we would -- it would be better to move
19 towards rating these measures based on consistency rather
20 than frequency.

21 So, right now, an assessor goes into a
22 classroom and, you know, makes ticky marks every time she
23 observes a certain behavior. So rather than do that,
24 assessors would be trained to identify the -- when the
25 behavior is occurring in the system. And one of the reasons

1 for this is I think it allows for more natural behavior from
2 your teachers, for one. They're not, you know, in there
3 trying to make sure they get the certain number of behaviors
4 to document.

5 It's also, CLI found that it was much easier
6 to -- I don't know about much easier. It was easier to get
7 assessors to a point of reliability, inner rater
8 reliability, using the consistency approach. So, any
9 comments, questions about that? No.

10 Okay, so moving on. Group size ratio. So,
11 this is not -- currently, the way this is done, the assessor
12 is asking the provider to tell them, what their ratio is for
13 a given age group. So, recommendation was to, instead of
14 looking at that sort of administrative data, to actually
15 base what is recorded of the new assessment on observed
16 attendance. So, it'd be how many children and how many
17 teachers, are actually present in that classroom. And --

18 MS. GRIFFIN: And that would be on the day of
19 the assessment?

20 MS. WILSON: Yes. That would be on the day
21 of the assessment.

22 MS. GRIFFIN: Okay. Okay.

23 MS. WILSON: And then, in addition to that,
24 this measure is not correlating or really demonstrating what
25 we want it to, so the recommendation was to continue to

1 collect it, this information, as part of the assessment, but
2 not use it -- not score for it.

3 So, and we heard very mixed comments.
4 Although most of the -- in the end, most of the provider
5 groups were in agreement with this. Thought it would, you
6 know, more accurately capture what ratios typically look
7 like in their programs. And there was even one provider who
8 brought up that while, you know, there is a lot of research
9 that points to lower ratios leading, you know, being better
10 for children, this one director is saying sometimes she
11 finds that it's the opposite, that having a teacher solo
12 means that they're more focused on the children instead of
13 the adults chit-chatting.

14 So, anyway, we think this is still really
15 important information. It would give us a more accurate
16 picture to actually use the (indiscernible) attendance.
17 But, again, I -- we recognize there's some disagreement over
18 whether or not this should be included in the points-based
19 measure. So, thoughts? Feel like --

20 MS. GOODRICH: (indiscernible) here, this is
21 Jill. I just think, you know, our discussion here was more
22 ratios improve a center's capacity to achieve higher quality
23 in the classroom. There's more one-on-one interactions and
24 better interactions in the classroom. And the fact is, one
25 point isn't going to make or break a center, but it does

1 give those centers a talking point to talk about the ratios
2 of staffing. So, we were in favor of leaving it as a
3 measured -- as a scored measure from that standpoint.

4 MS. EVERITT: I would also be in favor of
5 leaving it as a scored measure for accountability purposes
6 as well as we know the research around ratios. Now, I know
7 that there might be some changes to be made around group
8 sizes, potentially, but the child to caregiver ratio, the
9 research is pretty strong around that. I think it also
10 helps teachers have an environment that they would like to
11 work in as well. But that's a side note.

12 So, I think that there are a lot of options
13 between keeping it as is and removing it entirely. Such as
14 making it only for level four. I mean, right now you can be
15 level four without it. So, I just -- maybe that's part of
16 the reason there's no correlations, not everyone's doing it.
17 I'm not sure. But I think that there's a lot -- there're a
18 lot of options to amending it before completely throwing it
19 out.

20 MS. ALLEN: I think I remember when we first
21 started the new guidelines. We did have -- it was points
22 placed on the ratios. Then we went to -- for public comment
23 it got watered down, and this is where we -- this is where
24 we ended up.

25 I remember that a lot of -- those of us that

1 were advocating for that ratio saying that it is an
2 indicator of quality and allowing the ratios to be tied to
3 how licensing says ratios should be, kind of minimizes what
4 we're looking for. And it's also a training opportunity.

5 And I get it. I understand where providers
6 are saying that it's a financial burden to have lower
7 ratios, because it is. It is. But then, we're not looking
8 at -- we're looking at quality when we're looking at ratios,
9 and just asking for their attendance, asking for how many
10 kids they have enrolled at any given time, does not give us
11 a good indicator of what's going on in their center. So, I
12 think we do need to keep ratios at a forefront.

13 I agree with Shay that we need to kind of
14 look at, what does that look like for a four star, a three
15 star. Do we add more points if you want to be a four star?
16 But I think we need to tie something more into
17 congratulating providers that are rating lower ratios and
18 are committed to quality. I really think that we should
19 look at that.

20 MS. BURKE: Well, and it may provide us some
21 better insights into those correlations. Because if we're
22 just taking attendance, that's not an accurate picture of
23 what that ratio is, so we're correlating something that
24 doesn't necessarily go together. So, I think if we look at
25 that, that may help. And then we can make a more informed

1 decision on how to modify, as opposed to just removing
2 ratios.

3 MS. CRAWFORD: Can I add a little bit more
4 information just about the study data that informed this
5 recommendation? So one is we actually -- what we were
6 looking for, because that item right now shows up under
7 caregiver, child interactions, in order to have it be a
8 meaningful part of that scale it needs to relate to the
9 behaviors that are scored under caregiver, child
10 interactions.

11 So, when we looked at both the scoring method
12 that the system currently uses, we're looking at enrollment
13 information and looked at correlations there and compared
14 those to correlations when we look at day of observation
15 data.

16 What we actually found, is on day of
17 observation the modest correlations are slightly higher with
18 caregiver, child interactions when you look at data day of.
19 So, if it's going to be part of caregiver, child
20 interactions, from a measurement perspective, you want the
21 one that's a little bit better related, which would be
22 actual day of attendance data. But, overall, there were
23 only a couple of items in the entire caregiver, child
24 interaction scale and they were language-related items, I
25 believe, where you saw modest correlations between lower

1 ratios. Meaning higher quality interaction. And they were
2 really modest, you know, small. Like 0.3 range, moderate.

3 So, it's not that I'm -- the recommendation
4 isn't necessarily that you shouldn't care about ratios in
5 your assessment system. It's that ratios aren't making a
6 meaningful contribution to the caregiver, child interaction
7 scale. It's sort of like this one-off item that's thrown in
8 there, because we think it relates to that. But the data's
9 not showing that it relates strongly to that. Could be that
10 it's something more structural, like your
11 professionalization characteristic. Like we think it
12 improves, you know, the working environment. We think it --
13 but so does that help at all to clarify? The recommendation
14 is that it doesn't actually relate, and it actually, it's
15 not contributing to that scale in any meaningful way.

16 MS. ROJAS: I have a quick question. Do you
17 think that the cause -- just to kind of understand what you
18 -- what you have presented. Do you think that -- did it
19 have anything to do in -- with the cause being that the
20 teacher that was being observed did not have the training to
21 actually implement more of those interactions? Or was it a
22 quality, you know, were they quality interactions to begin
23 with, and the ratio didn't matter?

24 MS. CRAWFORD: It's a good question. I would
25 say that the evidence base is kind of showing that where

1 these structural characteristics like ratio matter, it's in
2 the context of sort of facilitating or enabling people who
3 are exhibiting high quality behaviors to be able to do more
4 of that. So, in our sample, where, you know, we sampled
5 over 1000 teachers and quality was skewed toward low. So it
6 could be that ratio, favorable ratios when the caregiving is
7 high quality, could be impactful. But in our current sort
8 of population typical quality is too low for that ratio to
9 probably have a strong relationship.

10 MS. TALBERT: Well, I have a question then.
11 So, is there a way with what we're currently collecting,
12 that we can look at a correlation between ratios and then
13 teacher turnover? Is that what we're talking about? I
14 mean, that's how you get to higher-quality teaching in the
15 classroom, is that they are -- yeah, maybe less turnover,
16 maybe more education. But, yeah, I mean, it seems like
17 we've got something going on here that we shouldn't just
18 throw it out, we should fix it. Right?

19 MS. COLYER: And I would just add to that
20 conversation that I believe, like Nicole said, this used to
21 be a score-based measure. But I believe the argument from
22 providers was that our reimbursement rates were not high
23 enough to make that -- to make meeting that measure
24 meaningful to them. But if you do consider a rule change,
25 that would allow you to pay above their published rates,

1 they could then afford to have lower staff, child ratios.

2 So, another thing to consider as you look at that.

3 MS. WEBB: Well, may I say quickly, one of
4 the issues with child, staff ratio changing is the nemesis
5 that we're faced with, the charter schools, the headstarts,
6 the DISDs. So where there could have been an issue with
7 child, staff ratio and needing more children in your
8 classroom to meet the needs of the equipment in the
9 classroom and the teacher salary, most facilities are no
10 longer having that issue, which means the children are not
11 in most childcare facilities. They're going -- making other
12 options. It's just quite hard to compete with free.
13 Parents are choosing alternatives.

14 And so, then that turns up, or ends up that
15 childcare facilities no longer have the revenue to be able
16 to sustain on the rates that they're -- reimbursement rates
17 that they're having now. So, I'm not sure that the child,
18 staff ratio is such a challenge as it has been in past
19 years. Because it's taking a -- taking a deep turn and
20 deeply affecting childcare providers in a variety of areas.

21 MS. WILSON: So, it sounds like you all would
22 like to consider retaining the measure, but we want to look
23 at doing it definitely, essentially. Is that what I'm
24 hearing?

25 MS. WEBB: Yes.

1 MS. WILSON: So, we can take that back and
2 look at some options.

3 Next we have curriculum. So, can we say this
4 first one, I think that this is one that we're going to want
5 to table. There's a laundry list of measure that the
6 recommendation is to roll them up into fewer categories.
7 But what we heard from the focus groups, was that they
8 didn't have enough information to really make a strong
9 recommendation on this. So, and there were a lot of
10 questions, as you can see, too.

11 So, in the interest of time, I'm going to
12 suggest that we schedule a follow-up conference call where
13 we dig into this one and we'll work on having some more
14 specific recommendations for that.

15 Does anybody have any concerns or questions
16 that they want to bring up now to make sure that we consider
17 that? No, okay.

18 And then I think that, yeah, the next one,
19 those are just more comments attached to this first one.
20 There were a lot of comments and questions on that. Okay,
21 school-age lesson planning.

22 So, this is looking at measures for lesson
23 planning being applied to school age. And this would be
24 modified to address the needs of that population.

25 So obviously, if you only have the kids for

1 45 minutes, you know, or an hour, hour and a half after
2 school lets out before they get picked up, and part of that
3 is snack time, and there's not a lot of opportunity for
4 lessons, lesson planning. So that was -- that was a concern
5 we heard from the providers.

6 But, overall, there was agreement that we did
7 want there to be intentional plans for this age group. So,
8 it's sort of a takeaway for us to define what that looks
9 like.

10 MS. MILLER: There was also, I know, a
11 comment that discussed school-aged during the school year
12 and then in summer time, and that, perhaps, we certainly
13 need to consider the time of year and what the requirements
14 are when you're looking at this population of kids.

15 MS. WILSON: Any comments or concerns?

16 MS. GOODRICH: I would echo that that was our
17 discussion here that for a full day summer program a lesson
18 plan definitely, but during the school year that more of the
19 need to focus on homework, enrichment, the things that are
20 kids are needing to be successful in their current school
21 year, and less on something that draws their attention away
22 from that. But, certainly, you know, a full day school-aged
23 program like during the summer needs some structure and some
24 planning.

25 MS. WILSON: All right. I think we're in

1 agreement. Okay, next we have --

2 MS. EVERITT: I'm sorry. Can I ask, wasn't
3 there also a recommendation to remove infant, toddler lesson
4 planning when we first heard the --

5 UNIDENTIFIED VOICE: Correct.

6 MS. WILSON: Yes, yes. Is that on this one,
7 or is that elsewhere?

8 UNIDENTIFIED VOICE: That was in the first
9 one.

10 MS. CRAWFORD: The recommendation was
11 actually to move lesson planning to a CQI framework. So,
12 you'd still collect data on the program's practices for
13 developing plans for ensuring alignment with early-learning
14 guidelines for training staff around planning for special
15 needs and respecting diversity.

16 So those pieces within lesson plans that
17 aren't very meaningful in their current form, those
18 standards wouldn't go away. What you would do, is you would
19 put those into the supplemental piece of the CQI plan.

20 And what was really happening with infants
21 and toddlers is there's almost zero variation in the --
22 using the current scoring criteria. There's almost zero
23 variation in the sample. So, what that means is those items
24 contribute absolutely nothing to overall star rating.
25 They're not helping to differentiate quality across any of

1 the providers. So --

2 MS. EVERITT: Right. Which makes sense in
3 looking at those standards. Which is why, I mean, and maybe
4 this is the discussion for another day if it's going to
5 table. But, you know, I would at least want the group to be
6 able to talk about strengthening those.

7 I mean, there are validated tools out there
8 to look at infant, toddler lesson plans, and how they
9 correlate with outcomes. So, I think that if we -- that we
10 can strengthen that to make it meaningful.

11 MS. WILSON: Okay. So, moving on. April
12 just kind of addressed the bilingual learners, differing
13 abilities and cultural diversity. So, these were also items
14 where there was not a lot of differentiation. So, yeah,
15 it's not really contributing much to the measure. So, these
16 would -- these would also do things that we would look at
17 moving into the CQI framework.

18 MS. CRAWFORD: And I would just add that
19 these are the types of things that aren't easily captured by
20 any system that's doing, like, a one-shot, a one-hour
21 observation in a classroom. There's not, typically, enough
22 variation in the population and enough variation in our
23 ability to observe adaptations for you to -- you're seven,
24 you've got it all.

25 MS. WEBB: Unless you're in an inclusive

1 child development center.

2 UNIDENTIFIED VOICE: Yes.

3 MS. EVERITT: I mean, I think it might be
4 something that you might ask the BUILD initiative about,
5 too. Because they do have a validated tool around diversity
6 and cultural and linguistic practices. And so, I wonder,
7 you know, if we can't, again, enhance the standards rather
8 than only look at the standard we have, understand that
9 they're not working, and remove them.

10 MS. WILSON: Okay.

11 MS. ROJAS: I agree.

12 MS. WILSON: Okay. So, sounds like we have
13 some more work to do on this. Okay. Next is intentional
14 instructional child-directed, teacher-led. So, the way this
15 measure is currently scored, it tends to have assessors
16 focus more on what activities a teacher has planned. And we
17 want to adjust that wording so that the assessor is looking
18 for those organic instances.

19 UNIDENTIFIED VOICE: We've lost somebody.
20 Carrolyn (indiscernible).

21 UNIDENTIFIED VOICE: No. She said it's
22 cutting in and out.

23 MS. WILSON: It's cutting in and out. This
24 phonenumber is not -- tell her that I'll dial (indiscernible)
25 back in. Just pause up on the (indiscernible) here.

1 AUTOMATED VOICE: Welcome to CenturyLink --
2 please hold while I confirm your passcode. Thank you. Your
3 passcode is confirmed (indiscernible) silence until another
4 person joins.

5 MS. WILSON: Okay, (indiscernible) can you
6 hear better now? Can you guys hear better now? The -- Jill
7 and Carrolyn, can you hear now?

8 All right, so keeping us moving. The
9 intentional instructional -- yes, we want -- we want
10 assessors to instead be looking for those, like I said,
11 organic instances when a teacher is sort of leading but
12 allowing the child to kind of direct the learning
13 interaction rather than going to look at their lesson plan
14 or where they plan to do that. Does that make sense? So,
15 this is really -- this is kind of a technical change.

16 Okay. Moving on. Routine and transition
17 times. We want to change this to a consistency-based
18 scoring rather than the tally marks. There were some
19 concerns, though. Is this the one you were talking about,
20 April, with the (indiscernible) quality (indiscernible)?

21 MS. CRAWFORD. I think so. Yes. That is the
22 one.

23 MS. WILSON: So, there were some concerns
24 about the reliability of scoring, and we think that that's
25 something that we will have covered.

1 So the, again, the recommendation is to move
2 towards consistency instead of frequency, because that's
3 more representative of how this is occurring in the program.

4 MR. GONZALES: Allison, just real quick, is
5 there any future considerations about interviews, not just
6 observations, on some of these areas?

7 I know, like, for example, like this one here
8 would be transitions. And then, of course, earlier about
9 the quantum measures that, you know, we were all kind of
10 briefly looking on.

11 What I mean by that is, for me, like, I'm a
12 child development assessor. I -- you know, I go out there
13 and I also teachers for their CDAs. One of the things that
14 they're having us do from Washington is, basically, if they
15 see a measure that's a concern, or maybe not met, or a two
16 or a one, that we go do the interview at the end, that we
17 ask them questions about, well tell us about your
18 transition. And if it's, you know, let's just say they have
19 a bad day. Let's say all the kids that day just decided we
20 don't care if you tell us. You can play a song. I don't
21 care what you do, we're not moving. We're going to sit down
22 on the floor we'll make you look bad. You know, whatever
23 the case may be.

24 Is there ever a consideration that not only
25 is it based on observation but also interview of the teacher

1 to help change the score?

2 MS. WILSON: So, I think yes. That that falls
3 under, again, the continuous quality improvement approach.
4 And the expectation with, you know, implementing a framework
5 like that, is that the mentors would be doing what you're
6 saying. That they would feedback and reflect with that
7 teacher, or that director, on what was observed during the
8 assessment and work with them to improve.

9 MR. GONZALES: But it wouldn't change the --
10 it wouldn't chain that person's score then.

11 MS. WILSON: Right.

12 MR. GONZALES: Because it wasn't observed.

13 MS. WILSON: Right.

14 MS. CRAWFORD: I mean, I think the
15 implication of a CQI framework, if you were to attach
16 fidelity monitoring to the annual monitoring visit, is that,
17 you know, there are a lot of standards in the Texas Rising
18 Star system. And if this is one of many that the providers
19 are setting realistic and achievable goals for both
20 themselves as a director and with staff, with teachers, and
21 that you need monitoring for improvement in these areas.
22 And so, I guess that is to say that, yes, eventually it's
23 part of your longer-term development plan as a program to
24 hit the standards, all the standards.

25 MS. EVERITT: For all of the items that y'all

1 are proposing to change from frequency to consistency base,
2 will y'all be able to give us -- to explain more later about
3 what -- how you'll actually be able to do that?

4 MS. WILSON: Yes.

5 MS. CRAWFORD: Yes. The part of the process
6 for systematically testing the frequency scores and the
7 alternate scoring method that looks at more qualitative
8 aspects of those measures has been for the assessment team
9 to document example (indiscernible) systematically that are
10 shared out weekly in scoring meetings.

11 So, the technical scoring manual guidance
12 that will come out of the report will make it very clear to
13 people how the rating team has been characterizing these
14 alternate ways of scoring.

15 MS. WILSON: Any other questions or comments
16 on that? How are -- I have a question for the boards. How
17 are you guys feeling about the getting your accessors to a
18 point of inner rater reliability?

19 MS. CRAWFORD: Like how well do you think
20 we're doing?

21 MS. WILSON: Well, with the changes and the
22 certification that's going to come out. I mean, just are
23 you excited?

24 MS. TALBERT: I'm excited.

25 MS. ALLEN: I'm very excited. Because I

1 can't speak to how reliable we'll all become, but I think it
2 sounds like you have some, I mean, like a framework that's
3 going to be introduced that we -- I don't think we have --
4 we currently have. So, I mean, I'm excited personally to
5 see what happens from the reviews. So --

6 MS. TALBERT: And it seems like
7 (indiscernible) can only strengthen the system.

8 MS. ALLEN: Yeah.

9 MS. TALBERT: You know.

10 MS. ALLEN: Well, because now we know -- we
11 know what we're doing, I think. A lot of it is I think it
12 has taken us this long to get to where we know what we're
13 doing, and we know what's working and what's not working.
14 So, giving us a little bit more guidance, which is only help
15 us become more reliable.

16 MS. WILSON: All right. Moving on to IFAL-
17 06, scaffolding and learning. This is just a measure that
18 is redundant with another one, so the recommendation is to
19 combine those two since they really are -- have the same
20 intent. Questions, concerns?

21 Okay, category four. You guys were much
22 quicker with the in-the-weeds discussion.

23 UNIDENTIFIED VOICE: We did all the fun stuff
24 this morning.

25 MS. WILSON: Okay. Nutrition measures. So

1 there was a bill passed, senate bill, is it 780?

2 KAREN: I think it was 716.

3 MS. WILSON: There was a bill passed this
4 session that, and Julie, you might be able to speak to this,
5 that is going to require licensed programs to now follow the
6 child and adult care food program standards.

7 KAREN: Oh, I'm sorry. It's SB 952.

8 MS. WILSON: SB 952. So, these measures
9 around nutrition are kind of all over the map in terms of
10 what they're measuring. And it's also kind of interesting
11 that nutrition is just kind of slapped in there with indoor,
12 outdoor environments, because just kind of slapped in there
13 with indoor, outdoor environments, because -- so the
14 recommendation is to look at removing most of these
15 measures, because they're -- the programs are now going to
16 have to meet standards set by that federal program anyway.
17 So, it's redundant for us to also require this. And then
18 there are a couple of measures that we would consider maybe
19 moving to a different category.

20 So, I know one of them is that the teacher is
21 sitting with the children during mealtime and engaging with
22 them. That seems like a child, caregiver interaction. So,
23 there are some that we recommend sort of putting where they
24 -- in the category where they belong. So, any concerns
25 about that? Questions?

1 MS. EVERITT: I was under the impression,
2 with the final version of that bill, that providers can
3 quite easily opt out of it if it's too burdensome. So, is
4 that -- is that not how y'all are implementing it in
5 practice?

6 MS. RICHARDS: No. They can offer -- they can
7 opt out of not participating in the federal food program,
8 but our standards will -- our menu standards will be aligned
9 to mimic what's in the nutrition standard. But they can opt
10 out of participating in the reimbursement federal food
11 program.

12 MS. WILSON: Okay. So, the next one is
13 program practices. This is another one that mimics
14 requirements that are already in place under licensing.
15 And, again, that relates to the senate bill that was just
16 passed around -- this is also nutrition related.

17 MR. GONZALES: Allison, I'm sorry, for
18 previous -- the previous one for all nutrition measures.
19 Are we -- is that, including the infants or the PNO 3 and
20 PNO 4, be moved to interactions with their environment, or
21 does that just they're trying to combine it all into one?

22 MS. WILSON: Can you pull that up and I'll --

23 MR. GONZALES: Yeah. Page 26. Was this -- I
24 know, like, the first part all ages just talks about drinks
25 are offered with food. I mean, those are all basically

1 stuff that you have to do with federal food program.

2 MS. WILSON: Right.

3 MR. GONZALES: Appropriate dining etiquette,
4 that could be interaction, you know, that could be
5 interaction as well, but infants are held while feeding, you
6 know, (indiscernible) and of course caregivers feed infants
7 on cues. Is that more -- are they just trying to get rid of
8 that altogether, combined into one, or is that going to be
9 interaction based?

10 KAREN: No.

11 MS. CRAWFORD: Not the (indiscernible) item
12 correlates with warm and responsive caregiving. Yeah.

13 MR. GONZALES: That's what I'm talking about.

14 MS. CRAWFORD: Under category two.

15 MR. GONZALES: Okay.

16 MS. CRAWFORD: So I think what we were
17 recommending in the report is that where you -- because
18 those items aren't really stacking up together as a very
19 good scale, that we're -- the items do have nice
20 correlations with other caregiving behaviors that they
21 become formal examples of the characteristics of caregiving
22 that are scored under those items.

23 MR. GONZALES: Good. I just don't want it to
24 (indiscernible).

25 MS. ROJAS: So, does that mean that an

1 assessor will actually be there during mealtime?

2 MS. CRAWFORD: We aren't recommending a
3 change to the protocol for what to observe.

4 MS. ROJAS: Okay.

5 MS. WILSON: And, typically they would spend,
6 you know, a morning at a provider. They're not going to
7 observe a meal in every classroom. But you would expect
8 that they would be there for snack or a lunch. I mean, they
9 eat pretty frequently in these programs, so there's lots of
10 opportunities. Even more so in the infant room.

11 MS. EVERITT: Was there any consideration
12 given -- I know CACFP is great, however, it's not, you know,
13 necessarily the gold -- you could go above that. And so,
14 was there any consideration given to strengthening this
15 section above CACFP for, you know, the higher levels of TRS,
16 or is that anything that they're (indiscernible)?

17 MS. WILSON: That is not something that came
18 up with the focus groups. So maybe it's a question for this
19 group.

20 MS. EVERITT: I think it would be helpful for
21 us to look at some other standards related to health and
22 nutrition. Because I think we all might need a little
23 education ourselves around that component to decide.

24 MS. WILSON: And we can -- we can take that
25 as a take-away to bring back some information to share and

1 some comparative analysis.

2 UNIDENTIFIED VOICE: Okay.

3 MS. WILSON: All right. Yeah. And these
4 kind of all fall on the same category. Calm lunch practices
5 and menu planning. That's included in childcare licensing
6 standards. And then, breastfeeding practices, that's also
7 included. So, these are all things that are part of that
8 same discussion. So, we will go back and find more
9 information for you guys through the -- to react to.

10 Okay. Now we're actually going to talk about
11 environment. Okay. So, equipment and materials facilitate
12 interaction. So, this one we're looking at rewording it, and
13 moving it to category three, or possibly to category two.
14 And all of our provider focus groups were in agreement on
15 that one. Questions? No.

16 Okay. Moving on. Classroom environment.
17 This one really mimics what's already in childcare licensing
18 standards. You know, the facilities to be clean and in good
19 repair. That most of our provider focus groups felt like
20 that was not an indicator of quality. So, any thoughts on
21 that one?

22 MS. GRIFFIN: Yes. (indiscernible) has some
23 thoughts on that one. And it could be different in
24 different areas. But the concern was that licensing doesn't
25 go as deep on cleanliness, and, you know, ever since -- I

1 mean, they're looking to basics, certainly. But, you know,
2 that would also be a measuring point about the cleanliness
3 of the center and just the tidiness of everything. So, that
4 was the feedback from our group here in the panhandle.

5 MS. WILSON: So and, yeah, we did have a
6 couple of areas that along with what you're saying, they
7 recommended instead of removing this, that we change it to
8 be more reflective of what (indiscernible) high quality
9 classroom environment.

10 MS. GRIFFIN: Agreed.

11 MS. GOODRICH: Yes.

12 MS. WILSON: Okay.

13 UNIDENTIFIED VOICE: Yes.

14 MS. WILSON: Yes? Okay, we all like that
15 idea.

16 UNIDENTIFIED VOICE: Yeah.

17 MS. WILSON: All right, moving on. Infant
18 environment. This one was -- we did not have consensus on
19 this among the work -- the focus groups. This one is
20 related to breastfeeding practices. One of the suggestions
21 had been to be inclusive of staff when the (indiscernible),
22 you know, what those breastfeeding practices need to look
23 like. A number of the focus groups did think this was the
24 appropriate vehicle for that.

25 And then, we also had some issues around

1 requiring a separate space for breastfeeding. That some
2 programs are not able to do that.

3 KAREN: Allison, can I make a comment?

4 MS. WILSON: Yes.

5 KAREN: So, one of the things to keep in
6 mind, too, is this is -- having a space for breastfeeding is
7 already a requirement. It has been from the time this
8 started. The different now would be is that right now it's
9 required that it's in the classroom, and the recommendation
10 is saying that you still have to have a space for
11 breastfeeding, but it does not have to be in the classroom.
12 Because we found that some providers were like, well, I have
13 an actual --

14 MS. WILSON: Lactation room.

15 KAREN: Yeah, lactation room. But -- and
16 some of our moms breastfeed in the classroom, and they can,
17 but we, you know, directly so that they have quiet and
18 privacy and space and blah, blah, blah. And so that's what
19 this recommendation's truly talking about. It's not taking
20 away (indiscernible) requiring that they have a separate
21 space. It's just saying that you could have one or the
22 other. That they can have a separate space and that would
23 still count.

24 MS. WILSON: So somewhat of a technical
25 change. Okay.

1 UNIDENTIFIED VOICE: I thought that was a,
2 like, a workforce requirement that a space had to be
3 provided for employees.

4 MS. WILSON: Yeah. Which is why I think most
5 of the focus groups didn't like that recommendation. They
6 didn't think that it belonged in our Texas Rising Star
7 standards. And it -- the --

8 UNIDENTIFIED VOICE: Except in the state --
9 it looks like in the State of Texas employers with fewer
10 than 50 employees are excused from this requirement. I'm
11 looking at the workforce index right now.

12 MS. WILSON: Okay. So, another thing that we
13 could do is to leave it more generic. That the measure says
14 there is space for breastfeeding mothers to breastfeed,
15 period. Okay. You can't see, but people are nodding their
16 heads. I think everybody's --

17 UNIDENTIFIED VOICE: Okay, I'm nodding as
18 well.

19 MS. WILSON: I think we're starting to fizzle
20 out a little bit. Okay. School aged environment. Okay,
21 Karen, can you tell us what the details are in this one,
22 since we don't have it in the spreadsheet?

23 KAREN: Okay. Yeah. So, we had done some
24 overall work on researching kind of a crosswalk between TRS
25 and licensing. And please don't ask me for it, because it's

1 not done. But one of the things we did find is that for the
2 SIL -- SILE-03, it says indoor environment is arranged to
3 include a quiet place with age-appropriate tables, chairs
4 and appropriate lighting to facilitate completion of
5 homework. Licensing already has that. It's maybe not quite
6 as detailed. Like, appropriate lighting I think isn't in
7 there. But it does require that they have age-appropriate
8 furniture for the, and that they have the ability to do
9 homework. Julie, correct me if I got that wrong.

10 MS. TALBERT: Right.

11 KAREN: So, we're just recommending remove
12 it, since it's duplicated with licensing.

13 MS. WILSON: Okay. Good with that?

14 UNIDENTIFIED VOICE: YES.

15 MS. WILSON: Okay. Moving on. OLAY-04,
16 supports social emotional development. So, we're looking at
17 merging 04 and 01. So, this is it in, let's see, page 33
18 and 34 of the -- what am I looking at? The classroom
19 assessment record form.

20 So, 01 is outdoor environment activities are
21 (indiscernible) and reinforced with indoor learning. And
22 then 04 is outdoor equipment, materials encourage --

23 UNIDENTIFIED VOICE: (indiscernible).

24 MS. WILSON: Yes, thank you. Natural outdoor
25 environment. So (indiscernible) the feedback around these

1 was some programs felt like they needed to set up, like,
2 discrete centers, as they do in their classrooms, outside.
3 And the feeling was that that wasn't necessarily providing a
4 higher level of quality to do that. And there's also the
5 whole dog and Pony show thing, where if you've got your
6 outdoor part of stuff that you pull out when the TRS
7 assessor comes, and otherwise it stays in the closet.

8 UNIDENTIFIED VOICE: What?

9 UNIDENTIFIED VOICE: I'm shocked.

10 MS. WILSON: So, the idea was to merge these
11 and to make them less ambiguous. There's also feedback from
12 some providers about the natural environments. And that may
13 be something that we also want to consider in the CQI
14 framework, because some providers are very limited if
15 they're in an urban area in a setting where they don't have
16 natural elements.

17 MS. COLYER: Well, and we have 16 school aged
18 programs that are based out of the elementary schools where
19 they're located. And so, they don't have the flexibility to
20 do more natural environments with their outdoor playground.
21 They're very, I guess, I they're very limited in what they
22 can do. But because of where they are and who they're
23 renting from rather than the fact that they're in an urban
24 area.

25

1 MS. WILSON: Right. So, we would look at
2 combining these and streamlining to really get up the intent
3 of giving children a variety of choices, indoor or outdoor.
4 So, are we good with that? Yeah?

5 MS. EVERITT: I think I'd want to see it.
6 Like, what y'all ended up doing --

7 MS. WILSON: Yeah, of course, of course.

8 MS. EVERITT: Of the process (indiscernible).

9 MS. COLYER: So, when we -- when we're
10 talking about CQI, are we -- would it equate to something --
11 I just keep saying, maybe we could get bonus points for
12 that. You know. Is it -- are we talking about something
13 along those same lines? Like, if you -- these are great
14 things, but may not be doable, and so they would go into a
15 CQI plan that would further enhance? Is that, I mean, maybe
16 I don't know enough about that to speak to it, or to
17 understand. Is it really more like an enhancement plan, or
18 are we talking training plans? What all would that
19 encompass?

20 MS. WILSON: So, my suggestion is, we are
21 almost done (indiscernible) through these categories --

22 MS. COLYER: And we're going to be -- look at
23 that. Okay.

24 MS. WILSON: And then, I think, we can circle
25 back and look at -- what happened to the screening forum.

1 We may have to plan a conference call for the screening
2 forum for deficiencies, because that's going to be a long
3 conversation.

4 Okay. So, let's do that. Let's get through
5 the next couple of changes, and then we can look at the
6 information the handout on CQI and talk a little more about
7 what that might look like.

8 Okay. So, let's see, we got to these. So
9 next we have category five, parenting, education
10 involvement. So, we're recommending the removal of this one
11 item on parent communication. There's some requirement
12 already in childcare licensing, that they have to have plans
13 to communicate with families. But what we've found is that
14 there's not any differentiation on this at all. Like,
15 everyone just, yes, we do that. So, it's not really yielding
16 good information or differentiating levels of quality. Not
17 that, you know, it obviously is important to communicate
18 with parents, but this one particular measure is that, yes,
19 I sent out a newsletter. And that's (indiscernible) telling
20 as much. So, questions, comments on that?

21 MS. EVERITT: Is this the met, not met
22 criteria, or is it in the points based?

23 UNIDENTIFIED VOICE: It's met and not met.

24 MS. GRIFFIN: So, and this is Carolyn. So,
25 are (indiscernible) saying that the whole parent

1 communication would be removed? Or it's (indiscernible)
2 reworded?

3 MS. WILSON: This particular measure would be
4 removed, and then I think this is another area that is a
5 good candidate for the CQI plan. And depending upon a
6 program's needs, how they engage with families could be
7 something be an area of focus.

8 MS. GRIFFIN: Okay, thank you.

9 MS. WILSON: Any other comments or questions?
10 That's all the screening forum stuff.

11 Okay, everybody stand up. Stretch. That
12 feels good right? I need to sit down.

13 UNIDENTIFIED VOICE: (indiscernible) chair
14 here.

15 MS. WILSON: Well, I'm afraid they won't be
16 able to hear me then. Okay. You can stay standing if you
17 want to. That's fine. You need to get the blood flowing.

18 Okay, so back under tab two, the last page
19 under tab two. Okay, you know what, I think Jill and
20 Carrolyn, that you guys may not have this. Can somebody,
21 can one of you, Karen, can you email it to Jill and Carrolyn
22 real quick? This is just a two-sided document called
23 Strengthening TRS, a Continuous Quality (indiscernible). So
24 --

25 MS. GOODRICH: Yep, our tab two is

1 (indiscernible).

2 MS. GRIFFIN: Yes, that's all I have.

3 MS. WILSON: Yes, that's what I thought.

4 Because this was sort of late breaking that we added this.

5 So, Karen is emailing it to you right now.

6 Okay. So, I think, essentially, you know,
7 we've discussed a lot of the elements that maybe are not
8 going to be measured for the purposes of determining quality
9 level, but we do want to continue to work on those things,
10 because we know they're important. But also, the CQI
11 approach in general is -- it is continuous quality
12 improvement. So, it's not you get to four star and then
13 you're done. It's really looking at ways to help programs
14 to continue to improve, and to help individual teachers to -
15 - and directors, to continue to improve. Did you get it to
16 them yet, Karen?

17 KAREN: Not yet.

18 MS. WILSON: Do you have the document?

19 KAREN: I'm hoping it's in the shared files.

20 MS. WILSON: So, go ahead and take a moment
21 to look it over while we -- I have an --

22 KAREN: Okay, you got it? Okay.

23 MS. WILSON: Okay. She just sent it to you
24 guys, so you should get it momentarily.

25 MS. GRIFFIN: Okay, I have it.

1 MS. WILSON: Okay, great.

2 MS. GOODRICH: Yeah, I've got it.

3 MS. WILSON: Okay, fantastic. So, I think,
4 you know, we talked on the conference call last time about
5 the assessor certification that's in the works. And, you
6 know, the sort of framework that is being developed to
7 support the assessor function. So, I think this is really
8 what's going to support the mentor function. April, did you
9 want to describe a little bit more or do want to just give a
10 quick overview?

11 MS. CRAWFORD: Sure. Yeah.

12 MS. WILSON: Okay.

13 MS. CRAWFORD: So what this CQI roadmap kind
14 of lays out are a set of, just sort of backing up, what
15 we've really been observing throughout the course of this
16 study that we've done with 1000 different caregivers and 150
17 providers, has been that Texas Rising Star, the standards
18 are actually higher than what many providers could meet
19 today, and that if we really want to use our state TRS, our
20 TRS system, as a vehicle for improving quality in high need
21 communities, we really should be thinking about the
22 measuring process and CQI from the perspective of people who
23 don't get (indiscernible) secrets. So how can we develop a
24 system where, from the very beginning, from the initial
25 interest phase all the way through to hopefully someday

1 becoming a four-star provider, how can we sort of support
2 programs at each stage of it?

3 So, what this model does, is it takes
4 implementation science, so these implementation stages where
5 there's sort of this expectation that it's very
6 developmental in nature. That people need to be able to
7 come into the system and be onboarded even if they really
8 need quite a bit of sort of handholding, a lot of
9 foundational information, they'll have a lot of questions
10 and then sort of be ushered through to eventually more
11 intensive participation and higher levels of quality.

12 So at this first -- the other thing a model
13 like this does, just backing up, and I think it touches on
14 some of the things that have been brought up today around
15 sort of having multiple goals for your QRIS, sort of
16 workforce development and strengthening that as a career
17 path and as an industry, and then sort of the outcomes that
18 are related to children's outcomes.

19 What this does, is it says that you have to
20 attend to kind of three levels of organizational drivers.
21 One, is the organization itself. So, there may be sort of
22 capacity and capability issues at the level of the
23 organization that need to be handled in part of your CQI
24 framework. And then you have leadership drivers.

25 So, actually really helping to strengthen and

1 build leadership capacity to both adapt and support staff in
2 improving their skills and competencies, to help them adapt
3 and learn to better support families, and then there' sort
4 of technical leaderships. You sort of how to run your --
5 run your business. You know, the mechanics of operating a
6 business.

7 And then there are competency drivers. Which
8 is where you kind of put all of your teacher-level and
9 director-level improvements in terms of their core
10 competencies and skills. So, a CQI plan from this
11 perspective would attend to all three of those drivers,
12 organization leadership and competencies of staff.

13 And then, there's sort of another layer that
14 cuts across that where you would develop your CQI framework
15 to include widely accessible national, state, and local
16 resources that have been aligned to the TRS standards. Both
17 the standards that are part of what we're recommending as
18 the core assessment, which would include qualifications,
19 environment, and caregiver, child interactions. And
20 resources at those three levels aligned to be supplemental
21 areas. So, development of curriculum. Really learning more
22 and developing your capacity as a center to support children
23 with special needs.

24 So, kind of, it's got multiple drivers here
25 happening, but one is that there's organizational

1 leadership, and staff, or teacher-level competency. Another
2 that there are national, state and local aligned resources
3 that are packaged in a way that mentors and providers can
4 readily see the alignments. That if I want to make
5 improvements in this area of standards, here are my choices.

6 And then at the mentor level you have
7 additional protocols that support mentors in helping
8 providers and staff put in place new practices from that
9 aligned CQI plan. So that's sort of like high-level. And
10 what this basically does, in the purple box, purple column,
11 is it kind of lays out what the current steps are and how
12 they align to what could become a CQI framework.

13 So, there's already a period of awareness and
14 interest, so your consumer education resources at this stage
15 would be focused on helping the providers really understand
16 the standards. So, you'd have public basing exemplars of
17 key behaviors. You'd have templates and documents that help
18 you get started in reshaping your current documentation
19 procedures to look like the standards look. And then you'd
20 move through these phases of self-assessment.

21 Right now I know it's kind of optional to
22 self-assess, but what we're recommending, we've taken a pass
23 through the TRS instrument and pulled out key themes that
24 could be used, you know, to Michael's point, sort of an
25 interview-type protocol, where you could actually have a

1 director self-assess on key aspects of standards, and they
2 could actually join the PLC conversation where they engage
3 in conversation with other providers and TRS mentors around
4 these areas for self-assessment.

5 So, at that stage, what you would get is a
6 set of CQI plans that help you say, okay, based on where I
7 think am today, after these informed conversations, there's
8 some -- here are kind of pieces of low-hanging fruit where
9 clearly I can start doing some development work in these
10 areas on my own as I'm preparing for assessment.

11 And then you kind of move to the next phase
12 where you're actually ready to be assessed. And at this
13 point you branch off and you've either met the core of
14 requirement for an initial star rating, or you are entering
15 into your CQI phase. And both paths lead to CQI, but one of
16 them leads to CQI with a rating. The other one leads to CQI
17 with a plan for getting to higher quality and then
18 eventually rating.

19 And then, as you move kind of into this phase
20 four, which is more of a full implementation of the TRS
21 program standards, now you're actually engaged in, you know,
22 what you think of as kind of these iterative cycles of
23 improvement, where you're using the standards with your
24 mentor. There's already a resource in your guidelines
25 that's sort of an action-plan template. That's a template

1 that's really easy to build online, and to actually track
2 what's happening.

3 And that's sort of the template that we're
4 recommending you expand on to include explicit goals that
5 are grounded in the standards, and mentors would work with
6 providers to set those goals and draft their action plan for
7 what's going to happen over however many weeks, months, is a
8 reasonable timeframe for that provider.

9 And that is the action plan that you would
10 then use to track fidelity. So that by the time you get to
11 a monitoring period you're able to look back at the data and
12 say, look, okay the mentor has indicated that this provider
13 is setting goals in accordance with the standards that are a
14 part of TRS goal setting and improvement, and they're making
15 progress toward meeting those goals.

16 And that monitoring information then can be
17 pulled in at the assessment time points, so that if a
18 provider isn't sort of adhering to really a plan that they
19 agreed to, this is a plan that they've co-developed with a
20 mentor for improvement, that you'd have that information
21 (indiscernible) annual monitoring visit.

22 There's a lot of info packed in here, and I
23 don't know how best to summarize it.

24 MS. WILSON: Thank you.

25 MS. CRAWFORD: And then, what the back is

1 conveying is that the -- those action plans where you have
2 your CQI happening, there are pathways for the director and
3 for teaching staff within the center.

4 MS. MILLER: I'll tell you what I just found
5 so enlightening today was when Ed made those comments about
6 his observations after being at the shared services event
7 and how they really align with what we're laying out right
8 here, which is this whole CQI approach. So, I thought it
9 was a positive notation that Mr. Serna was actually noting
10 some of those things that I think we've all been discussing,
11 how do we do a better job of providing the support that we
12 need, to the early learning programs that don't want to
13 become TRS certified.

14 And also -- and I also think it aligns with
15 comments that we heard about folks who think that we
16 probably need more mentors. Who have said, you know, if we
17 really want to do this and do this well, we need to think
18 about the resources that we have and how -- what do you
19 really need in order to provide this level of support to an
20 early learning program.

21 And so, I think we need to better understand
22 (indiscernible) I think some insight from the boards who
23 were doing this about how many -- how many early learning
24 programs does every mentor support? I mean, how much time
25 does it take? And certainly, there's all sorts of

1 variances, because it depends on how far along they are when
2 they come in. But really kind of understanding scope wise,
3 what are we talking about to truly implement this and
4 implement it well? I think is information that would be
5 very helpful.

6 MR. GONZALES: I was just going to ask how
7 soon is the orientation going to be ready? I mean, I
8 (indiscernible) a one-pager doesn't really say a lot, so, I
9 mean, you know, now I got to go back and remind myself, I
10 got two new employees I got to put in Tech Peds and
11 (indiscernible) to work tomorrow. So, (indiscernible) have
12 any idea when that (indiscernible)?

13 MS. VARGAS: I want to speak a little bit
14 about the mentors and what they -- what they need. And I
15 know my center is kind of in the -- in a little world of its
16 own sometimes. But I get mentors that really don't
17 understand the special needs component. And I think that
18 training is so critical, because it's not just my center.
19 Right now, there's an explosion of children with autism.
20 So, they're almost in every center. And we need to find
21 ways of keeping them in the centers, not expelling them.

22 And I think the mentors, that's a critical
23 job for them, is to really know about children with special
24 needs and not trying to come in and rearrange a room and
25 them saying, wait, wait. You can't do that, because I have

1 children in wheelchairs. And I have children that are
2 visually impaired. So, I can't be moving the room around,
3 and I need spaces for those wheelchairs to turn around and
4 play. So that component of children with special needs is
5 critical.

6 MS. CRAWFORD: I would, just to kind of build
7 on what you're saying. I completely agree. And, right now,
8 it's in the standards but it's, you know, an item. And it's
9 really such a -- it's such an important thing for us to
10 start doing as a field, to help develop caregivers and
11 director's knowledge of how to support children with special
12 needs.

13 And I think with the CQI framework, what you
14 do is you take those really high-impact, important topics
15 where the general level of knowledge is pretty low out there
16 among special eds who we're mentoring. The level of
17 knowledge is very low. And you call those out as core
18 topics that all individuals who have CQI would join
19 trainings to participate in learning about that particular
20 topic.

21 And that's kind of what's nice about CQI, is
22 you can have fixed components where you say, this is a high-
23 impact, high-value topic. We know there's not enough
24 knowledge in the field about it today. We're going to hit
25 this topic hard across the state.

1 And you have a standardized way of doing
2 that, ensuring that local training. And then you'd have
3 also individual (indiscernible) and differentiated training
4 and support, you know, for individuals who, let's say, are
5 actually working in classrooms with children with special
6 needs today. And then they need their mentor to know how to
7 help them implement changes right now, today.

8 MS. ROJAS: And, if I may piggyback on that,
9 also because we have experienced training coaches and
10 mentors as well, and it seems just the fundamentals of,
11 like, strength-based coaching approaches, relationship-
12 building, those things are very, very important as they go
13 out and are able to modify their training styles and to the
14 folks that they are actually coaching. It's not a one size
15 fits all approach.

16 MS. EVERITT: I think all of y'all's comments
17 are so valid. And in the research that we've done looking
18 across the local workforce boards, hands down the mentors
19 have been the most important component when it comes to
20 quality. And I love -- I think this is so exciting that we
21 have this CQI supported framework. And I am -- I love it,
22 and I would love -- I hope you can have some time to digest
23 it a little bit more before decisions are made. And
24 particularly relating to starting to remove scoring
25 components, putting them in here rather than in the

1 assessment piece.

2 MS. TALBERT: Well I just -- something that's
3 kind of on topic. I was just going to add that our provider
4 manager took our -- all of our mentors, which is so exciting
5 to have three and a half after so many years of having one.
6 But she took them to a NAEYC conference in San Diego and she
7 said that that is the only thing they need -- that's the
8 place they need to be. The only place they need to be. I
9 think -- I haven't seen her.

10 She's been doing TRS for 25 years, and this
11 was the most excited I've seen her about training for
12 mentoring. So, whatever happened there was amazing.

13 And I know that she -- one of the projects
14 that we did a couple years ago that we continue to do on a
15 smaller scale, is working with Baylor University. They've
16 got a NAEYC accredited center that (indiscernible) inclusive
17 classrooms. And she did a big project with all the infant,
18 toddler teachers and our TRS providers, you know, visiting
19 there and working with them.

20 She included some AgriLife training, but also
21 the ECI therapist. And it was really, you know, they went
22 really deep with this, and it was definitely, to your point,
23 of, you know, going out to some of our centers where they
24 had children that were getting therapies from ECI and the
25 mentors were like, I'm not sure how to help the teacher, but

1 I can tell they don't know what they're doing either. So,
2 it was high needs.

3 MS. WILSON: Okay. Well, we are a little bit
4 over time. Just to recap. We're going to schedule some
5 follow-on conference calls. We'll have one to go even
6 deeper in the weeds on licensing deficiencies and
7 eligibility through TRS. And we'll have one to look at
8 those lesson planning measures that we're looking to
9 streamline. And then we'll also plan one about this CQI
10 framework idea and specifically look at those measures that
11 have been recommended to be removed from being measured and
12 into CQI framework, so that we have a concise picture of
13 just those to reflect on. And then we're also going to
14 look, do some research, on the nutrition standards and bring
15 that back to you.

16 And, of course, you guys are going to have
17 more opportunities to comment on and provide feedback on
18 recommendations and where things land. Anything else that
19 anybody would like to add?

20 MS. BURKE: So, when is the -- as we're kind
21 of digesting, I think we're all digesting a little bit of
22 this and thinking through those whole (indiscernible).
23 When's the report -- I think that would be super helpful in
24 informing some of these decisions and just having more data.
25 When is that report going to be available?

1 MS. WILSON: When are you -- I don't know
2 when you all are planning --

3 MS. CRAWFORD: I'll have to talk --

4 MS. WILSON: Well, yeah, because we're going
5 to -- they will have it done in August, but then we will,
6 you know, spend some time reviewing it and circulating it.
7 So we're probably looking at September, maybe beginning of
8 September.

9 MS. MILLER: So you can have -- I think it
10 sounds like we probably need to have that -- as we're
11 talking about these data elements, where there's a
12 recommendation to potentially remove them and put them in a
13 CQI framework, having those reports going to be essential
14 before we have that discussion. So, we'll schedule that
15 conference call to align with the availability of that
16 report.

17 Our next in-person meeting is in October.
18 October --

19 UNIDENTIFIED VOICE: Tenth.

20 UNIDENTIFIED VOICE: Twenty-nine.

21 MS. MILLER: End of October, yes. So -- oh,
22 (indiscernible).

23 UNIDENTIFIED VOICE: (indiscernible)
24 somewhere around there.

25 MS. MILLER: So, we should have time to get

1 you guys the report. You should have some time to review
2 it. So, we can talk in the month of September in more
3 detail on these elements. And then we'll see for all of
4 these other issues about scheduling some topically addressed
5 conference calls.

6 And we also want to reiterate, so we went
7 through this agenda, and a lot of it was framed on what CLI
8 initial -- what their initial input was, and then what we
9 heard at these regional meetings.

10 If there are other items that you guys think
11 the workgroup needs to consider based upon your observations
12 with TRS, please let us know. Because we're not trying to
13 drive the agenda. We're trying to provide a framework for
14 your discussion. But we're open to any of the issues that
15 you guys think need to be discussed. So, you don't have to
16 tell me now, but if you have ideas, let us know and we'll
17 see what we can do to get some time devoted to discussing
18 those.

19 Allison, how are you going to set up these
20 next conference calls? Are we going to send out a poll?

21 MS. WILSON: We can do -- I know last time we
22 did a Doodle poll, right? To see what times worked? So, we
23 can do that again. And that way you can also see what's
24 working for other people, which helps us to more quickly
25 reach consensus on a date and time.

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MS. MILLER: Okay.

MS. WILSON: All right. I think we're done.
Thank you all and safe travels back to where you came from.
Thank you, Carrolyn and Jill.

MS. GRIFFIN: Thank you, Allison.

MS. GOODRICH: Thank you.

MS. GRIFFIN: Thank you.

(Proceedings concluded at 02:11 p.m.)

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C E R T I F I C A T E

STATE OF TEXAS)
COUNTY OF HARRIS)

I, Kimberly C. McCright, Certified Vendor and Notary in and for the State of Texas, do hereby certify that the above-mentioned matter occurred as hereinbefore set out.

I FURTHER CERTIFY THAT the proceedings of such were reported by me or under my supervision, later reduced to typewritten form under my supervision and control and that the foregoing pages are a full, true and correct transcription of the original notes.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 11th day of August, 2019.

/s/ Kimberly C. McCright
Kimberly C. McCright
Certified Vendor and Notary Public

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