

**TEXAS RISING STAR PROVIDER CERTIFICATION CRITERIA  
FOR  
REGISTERED FAMILY HOMES  
AND  
LICENSED GROUP DAY HOMES**

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# TEXAS RISING STAR PROVIDER CERTIFICATION CRITERIA

## For Registered Family Homes And Licensed Group Day Homes

### CRITERION I. LICENSING COMPLIANCE

The facility meets and maintains compliance with applicable Licensing Minimum Standards.

### MEASURES

1. The enrolled provider has a permanent license or registration posted.
2. The license or registration has been held for a minimum of six months.
3. The enrolled provider corrects within the designated timeframe any noncompliance's cited by TDPRS Licensing since the current contracted provider agreement effective date or the date of the last Texas Rising Star Provider Certification assessment, whichever is most recent.
4. Any licensing probationary conditions placed on the GDH must now be in compliance.

**Information Source:** GDH license, letter of certification or registration, letter from the Health Department certifying that all applicable standards are met.

## CRITERION II. CAREGIVER QUALIFICATIONS

Caregivers have an educational background and experience in providing developmentally appropriate programs for the age range served.

### MEASURES

For Registered Family Homes, each **primary** caregiver:

1. Meets TDPRS minimum standards;
2. Has 22 clock hours of training within the previous 12 months, all of which may be self-study.

For Group Day Homes, each **primary** day home caregiver:

1. Meets TDPRS minimum standards;
2. Has a minimum of six months of experience as a caregiver working with children unrelated to the caregiver in a licensed or registered facility; **or** has 20 clock hours of child care related training acquired during the previous six months of operation or employment. (Applicable only to primary caregiver's first-time assessment. See Assessment Instrument for scoring information.)

**Information Source:** Contracted Provider's documentation verifying education and/or experience, transcripts, and job applications.

### **CRITERION III. CAREGIVER ORIENTATION**

Caregivers participate in orientation to improve knowledge of the child care system operations and their job responsibilities.

#### **MEASURES**

RFH primary providers are not required to participate in an orientation.

GDH primary caregivers participate in the Child Care orientation in:

1. Texas Rising Star Provider Certification Criteria.
2. Overview of developmental needs of ages of children in care.
3. All additional caregivers, including substitutes must receive orientation on measures 1 and 2 from the primary caregiver before caring for children.
4. The enrolled provider must keep written documentation of the date of the orientation.
5. Enrolled Providers must orient the substitutes on the written daily schedule and activity plans for substitutes.

**Information Source:** Written documentation of orientation.

#### CRITERION IV: CAREGIVER TRAINING

Caregivers participate in training to enhance knowledge of child development and improve skills in working with children and families.

#### MEASURE

1. All RFH enrolled providers and caregivers participate in a minimum of 22 clock hours of documented training annually, all of which may be self-study.
2. All GDH enrolled providers and caregivers participate in a minimum of 20 clock hours of BOARD and/or TDPRS approved child care related training annually, (within 12 months of the initial assessment date) including training on acceptance of diversity and excluding CPR or first aid training.

The 20 clock hours may include:\*

- 6 clock hours of BOARD or TDPRS approved self-instructional materials, and/or
- 3 clock hours of independent reading child-care related books or articles.

**Information Source:** Training certificates, interviews with caregivers, other documentation maintained by the provider.

#### Notes:

Diversity includes: cultural background, ethnicity, gender, levels of ability, and character of the families of children enrolled.

**Independent reading is limited to 3 of the 20 hours.**

**Independent study is limited to 9 of the 20 hours, including the maximum 3 hours in independent reading.**

**A minimum of 11 clock hours or training must be in workshops.**

Independent reading refers to a caregiver reading books or articles. Self-instructional independent study refers to study done at home, through television study programs or self-study programs that have written goals and objectives, a curriculum, pre- and post-testing, and a recognition of achievement at the close of the study program. The *Texas Child Care Quarterly* self-study guides are considered independent studies, as is viewing of Board and TDPRS approved videos.

**CRITERION V. GROUP SIZE**

Group size is small enough so that every child has an adequate opportunity for individualized activities for growth and development.

**MEASURES**

1. RFH enrolled providers must maintain the following age-related maximum group sizes for children in care with 1 caregiver.

<u>Total</u>	<u>0 through 17 months</u>	<u>18 months through 4 years</u>	<u>5 years to 13 years</u>
12	0	6	6
12	0	5	7
12	0	4	8
12	0	3	9
12	0	2	10
12	0	1	11
12	0	0	12
10	1	5	4
10	1	4	5
10	1	3	6
10	1	2	7
10	1	1	8
10	1	0	9
8	2	4	2
8	2	3	3
8	2	2	4
8	2	1	5
8	2	0	6
7	3	3	1
7	3	2	2
7	3	1	3
7	3	0	4
6	4	2	0
6	4	1	1
6	4	0	2

If an RFH has two or more full-time caregivers, the TDPRS Minimum Standards may be used.

*Group Size, cont.*

2. GDH enrolled providers must comply with Licensing Minimum Standards for child/staff ratio. This is for 2 or more caregivers. See CCL MS for GDH for other examples.		
<b><u>Total</u></b>	<b><u>0 through 17 months</u></b>	<b><u>18 months through 13 years</u></b>
10	10	0
12	9	3
12	8	4
12	7	5
12	6	6
12	5	7
12	4	8
12	3	9
12	2	10
12	1	11
12	0	12

**Information Source:** Observation, documentation of attendance, and children's records to determine ages.

## **CRITERION VI. ACTIVITIES**

The enrolled provider plans and provides activities to meet the individual interests and developmental needs of each enrolled child. Activities for the children must also present various cultures, ethnicities, genders, ages and levels of abilities in a positive manner.

### **MEASURES**

1. A written daily schedule is planned and implemented.
2. Daily activities are:
  - A. Developmentally appropriate;
  - B. Based on the specific needs of the individual children;
  - C. Designed for direct involvement by the children.
3. Written activities are planned to achieve each of the following:
  - A. Creative expression
  - B. Positive self-esteem
  - C. Social skills
  - D. Cognitive skills
  - E. Communication skills
  - F. Health and safety habits
  - G. Physical development
  - H. Acceptance of diversity
4. The activities are supported by developmentally appropriate materials that encourage hands-on manipulation of real objects.
5. Daily activities present the following in a positive manner:
  - A. Cultures
  - B. Genders
  - C. Levels of abilities
6. A daily schedule is implemented that reflects a balance among the following types of activities:
  - A. Indoor/outdoor
  - B. Quiet/active
  - C. Individual/small group/large group
  - D. Large muscle/small muscle
  - E. Child initiated/caregiver initiated
7. Routine and transition times throughout the day, such as preparing for lunch, are used as opportunities for incidental learning.
8. Transition times are planned to avoid frequent disruption of children's activities and long waits between activities.

*Activities, cont.*

**Information Source:** Caregiver's daily plans, schedule of activities, observations, and individual development plans for each child with disabilities.

## **CRITERION VII. CHILD-CAREGIVER INTERACTIONS**

Caregivers foster the child's understanding of self and others through frequent positive interactions characterized by warmth, respect, and responsiveness to the individual child.

### **MEASURES**

1. Caregiver(s) responds to each child with warmth and respect.
2. Caregiver(s) interacts frequently during the day with each child.
3. Caregiver(s) responds to each child in a manner appropriate to the child's age and developmental level.
4. Caregiver(s) use positive guidance techniques.
5. Caregiver(s) encourages developmentally appropriate social behaviors.
6. Caregiver(s) recognize and accepts each child's feelings and help the child deal with those feelings.
7. Children of all religions, cultures, genders and levels of abilities are treated equally, with respect and consideration, by all caregivers.

**Information Source:** Observation.

### **CRITERION VIII. PHYSICAL ENVIRONMENT**

Indoor and outdoor environment contains a sufficient quantity and variety of developmentally appropriate equipment and materials for the number and all age ranges of children served.

#### **MEASURES**

1. Indoor environment must provide:
  - A. Adequate lighting.
  - B. Adequate ventilation.
  - C. Child proof space for children's play.
2. The indoor and outdoor environments are arranged to provide for:
  - A. Accessibility to play equipment and materials so children may select and return them easily.
  - B. An orderly, uncluttered atmosphere.
  - C. Visual and/or auditory supervision in all areas used by the children.
3. The indoor and outdoor equipment are appropriate for the developmental levels of the children in care.
4. Equipment and materials are:
  - A. Complete
  - B. In good repair
  - C. Clean
  - D. Sufficient in variety
  - E. Sufficient in quantity
5. The outdoor area for children's play is fenced if needed.
6. The environment is adapted where necessary to accommodate the needs of the individual children in care.
7. Developmentally appropriate materials and equipment are used to support activities, which portray children and adults of all abilities and diverse cultures.

**Information Source:** Observation.

### **CRITERION IX. HEALTH AND SAFETY**

Children are not exposed to health and safety hazards or allowed to create them.

#### **MEASURES**

1. Caregiver(s) can read and relay emergency telephone numbers.
2. Caregiver(s) comprehend medical instructions for children.
3. Caregiver(s) comprehend basic emergency information.
4. Children are checked upon arrival for any sign of illness or injury and evidence of possible abuse or neglect.
5. Caregiver(s) stop children who are engaged in unsafe activities.
6. Caregiver(s) suggest and demonstrate ways for children to help maintain a safe environment.
7. Caregivers and children wash hands with soap and running water after using the toilet and before eating. Hands must be washed before and after changing a diaper, assisting children with toileting, feeding children or handling food, and caring for a child with symptoms of a communicable disease.
8. Areas for diapering are separate from food storage, preparation and service areas.
9. Caregiver(s), family, other staff and substitute(s) have a current TB test according to the more stringent specifications of the local health department or CCL MS for RFH or GDH.
10. Caregiver(s) conduct daily health and safety hazard inspections if the indoor and outdoor environments before they are used by the children.

**Information Source:** Contracted provider facility documentation, interview, and observation.

### **CRITERION X. NUTRITION and MEAL TIME**

Meals and snack times are pleasant experiences that contribute to children's acceptance of a variety of food, conversational skills, proficiency in feeding themselves, and general dining etiquette.

#### **MEASURES**

1. If infants are in care, they are held and talked to while bottle-fed.
2. Meals are served to children seated in small groups, with the caregiver(s) spending part of the meal seated with the children.
3. Meals and snacks served include all of the following features:
  - A. Initial servings are small.
  - B. Drinks are offered with food.
  - C. Seconds are available.
4. Children are not hurried to finish eating.
5. Children are allowed and encouraged to engage in conversation during mealtime.
6. Older infants are encouraged and helped to feed themselves.
7. Older children are given the opportunity to serve themselves consistent with their developmental levels, unless county health department requirements prohibit this practice.
8. Older infants and children are offered food that is representative of a variety of cultural backgrounds.

**Information Source:** Observation and menus.

### **CRITERION XI. PARENTAL INVOLVEMENT**

Participation of parents in the program is encouraged, and information is communicated to parents about their children's adjustment and development.

#### **MEASURES**

1. The caregiver(s) maintains a designated area where daily schedules, menus and other important notices are available to parents.
2. The caregiver(s) shares each child's development with the parent on an ongoing basis.
3. The caregiver(s) provides opportunities for parents to visit the home and to participate through one or more of the following ways:
  - A. Periodic invitations for special occasions or events.
  - B. Invitations to have lunch with the children.
  - C. Invitations to parents to share their culture with the children.
  - D. Other.
4. The caregiver has a method for communicating with parents and children with a special need such as a limited ability to understand English or a hearing/visual impairment.

**Information Source:** Bulletin board, observation, and interview.