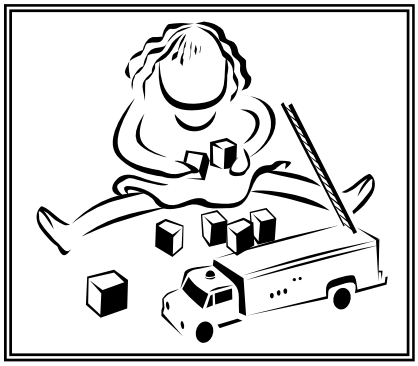
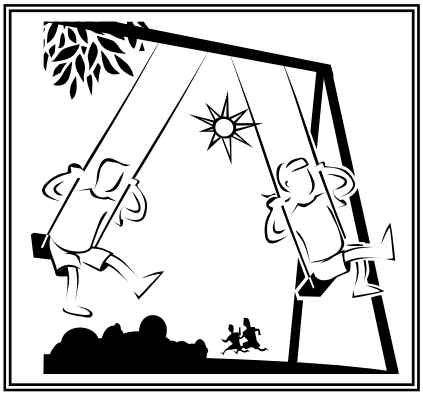
Minimum Standard Rules





for Licensed Child-Care Centers

September 2006

P20330-0000

Minimum Standards for Licensed Child-Care Centers

Introduction v

Maintaining Compliance in a Licensed Child Care Center ix

Administration 1

- Permit Holder Responsibilities 5
- Required Notifications 6
- Required Postings 8
- Operational Policies 10

Record Keeping 13

- Records of Children 13
- Records of Accidents and Incidents 19
- Records That Must be kept on File at the Child-Care Center 20
- Personnel Records 21

Personnel 23

- Child-Care Center Director 23
- Child-Care Center Employees and Caregivers 34
- General Responsibilities for Child-Care Center Personnel 38
- Professional Development 40
- Volunteers, Substitutes, and Contractors 48

Child/Caregiver Ratios and Group Sizes 49

- Ratios and Group Sizes at the Child-Care Center 49
- Classroom Ratios and Group Sizes for Centers Licensed To Care for 13 or More Children 51
- Classroom Ratios and Group Sizes for Centers When 12 or Fewer Children are in Care 56
- Ratios for Field Trips 59
- Ratios for the Get-Well Care Program 62
- Ratios for Nighttime Care 62
- Ratios for Water Activities 63

Activities and Activity Plan 69

Basic Care Requirements for Children with Special Care Needs 71

Basic Care Requirements for Infants 73

Basic Care Requirements for Toddlers 81

Basic Care Requirements for Pre-kindergarten Age Children 83

Basic Care Requirements for School-age Children 85

Discipline and Guidance 87

Naptime 89

Field Trips 91
Get-Well Care Program 93
Nighttime Care 97
Nutrition and Food Service 99
Health Practices 107
Environmental Health 107
Diaper Changing 112
Illness and Injury 115
Safety Practices 117
Safety Precautions 117
Medication 119
Animals at the Child-Care Center 121
First-Aid Kits 122
Release of Children 124
Physical Facilities 125
Indoor Space Requirements 125
Outdoor Space Requirements 127
Toilets and Sinks 130
Furniture and Equipment 133
Outdoor Safety and Play Equipment 137
Minimum Safety Requirements 137
Swings 139
Playground Use Zones 140
Playground Surfacing 143
Swimming Pools and Wading/Splashing Pools 149
Fire Safety and Emergency Practices 153
Fire Inspection 153
Emergency Evacuation and Relocation 153
Fire Extinguishing and Smoke Detection Systems 156
Gas and Propane Tanks 158
Heating Devices 159
Carbon Monoxide Detection Systems 159
Transportation 161

Appendix I: Definitions 165

Appendix II: Conducting Investigations of Alleged Abuse or Neglect at Child-Care Operations 169

Appendix III: Reporting Suspected Child Abuse or Neglect 183

Appendix IV: Background Checks 185

Appendix V: Certain Criminal Offenses in the Texas Penal Code and the Health and Safety Code 201

Appendix VI: Communicable Disease Reference for Schools and Child-Care Centers 205

Appendix VII: Nutritional Examples 223

Appendix VIII: Texas Department of State Health Services Immunization Division Frequently Asked Questions 225

Appendix IX: Texas Structural Pest Control Act 229

Appendix X: Special Senses and Communication Disorders Act 231

Index 233

Introduction

The Texas Department of Family and Protective Services (DFPS) is required by Chapter 42 of the Human Resources Code to conduct a comprehensive review of the minimum standard rules every six years. The standards in this publication represent a recent consolidation of minimum standards for day care centers, kindergarten and nursery schools, schools: grade kindergarten and above, group day care homes and drop-in child care centers into one set of standards for center-based care, which are effective September 1, 2003.

While the five types of standards have historically dictated certain types of child care, organization of the standards by facility type no longer addressed the diverse needs of individual children within a facility. DFPS believes that consolidating the minimum standard rules in this manner will help DFPS and child-care providers to focus on meeting the needs of children in care.

Questions and Answers

These standards for Licensed Child-Care Centers have been written in an easy to follow question and answer format. This “plain language” format is being used more and more in government documents to help the user find requirements quickly and understand them easily. The added detail, characteristic of a question and answer format, will also increase consistency in interpretation and enforcement and reduce mistakes and frustration. DFPS anticipates that the easier the standards are to read and comprehend, the higher the rate of compliance.

Weights

The minimum standards are weighted based on risk to children. The weights are: high, medium-high, medium, medium-low, and low. While weights reflect a common understanding of the risk to children presented if a rule is violated, the assigned weights do not change based on the scope or severity of an actual deficiency. Scope and severity are assessed by the Licensing Representative, documented, and considered in conjunction with the standard weights when making Licensing decisions. *Weights are noted in green next to each standard or subsection. Only those standards which can be violated are weighted. For example, definitions are not weighted.*

Audience

These standards were written for the operator or governing body of the child-care center who is referred to as “you,” and variations such as “I” or “my.” The operator is asking the questions. DFPS or Licensing is referred to as “we,” and variations such as “our” or “us.” DFPS is responding to the operator’s questions.

Table of Contents and Index

The plain language format allowed us to breakdown the minimum standards into smaller sections by topic. The table of contents and index will help you to identify and locate topics in the publication quickly. This feature is especially helpful in the electronic version of our document which can be found on our website at www.dfps.state.tx.us/child care You may share this document with parents and others by referring them to our website or providing them with a photocopy.

Appendices

Appendices have been added to the end of the document, which provide supporting information referred to in the document such as excerpts of the law (Texas Family Code and Texas Penal Code) or rules from the Texas Administrative Code.

Best Practices

Another feature we hope you will find helpful are the best practices delineated by text in boxes. The best practices may provide information regarding the health, safety and well-being of children, which exceeds the minimum standard, offer helpful hints for providers and parents, or convey rationale for the minimum standard. You may choose if you want to utilize these best practices; however, you are not required to follow or comply with them.

Publication Updates

Periodically, changes are made to the minimum standards. Permit holders are notified of these changes by mail via a revision packet. Sending a revision packet, rather than re-printing the entire publication each time a change is made saves time and money and ensures you have the most up-to-date information. Revision packets include updated replacement pages and a memo describing the changes. We suggest you remove the outdated pages in your publication and replace them with the replacement pages. Every so often, we will update the publication to incorporate these revisions. When this occurs, the cover date and color will change, making it easy to identify the most current version of minimum standards. You can always find information about recent changes on our website or contact your local licensing office.

See the following resources for further information related to child-care Best Practices:

Healthy Child Care Texas

Office of Program Coordination for Children and Youth

Texas Health and Human Services Commission

4900 North Lamar

Austin, Texas 78751

Internet website: http://www.healthychildcaretexas.org/index.htm

Developmentally Appropriate Practice in Early Childhood Programs

National Association for the Education of Young Children (NAEYC)

1313 L Street, NW, Suite 500

Washington, DC 20005

Internet website: http://www.naeyc.org/

Caring for Our Children, National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care, Second Edition

American Academy of Pediatrics (AAP)

141 Northwest Point Boulevard

Elk Grove Village, IL 60009-0747

Internet website: http://www.aap.org/

Handbook for Public Playground Safety

U.S. Consumer Product Safety Commission (CPSC)
4330 East West Highway
Bethesda, MD 20814
Internet website: http://cpsc.gov/

National Program for Playground Safety (NPPS)

School of Health, Physical Education & Leisure (HPELS), WRC 205
University of Northern Iowa
Cedar Falls, IA 50614-0618
Internet website: http://www.uni.edu/playground

The Creative Curriculum for Early Childhood

Contributing authors Marilyn Goldhammer and Laura J. Colker
Published by Teaching Strategies, Inc.
Teaching Strategies, Inc.
P.O. Box 42243
Washington, DC 20015
Internet website: http://www.teachingstrategies.com/

Texas Child Care

Published by the Texas Workforce Commission
P.O. Box 162881
Austin, Texas 78716-2881
Internet website: http://www.childcarequarterly.com/

Maintaining Compliance in a Licensed Child Care Center

It is essential that you and your employees recognize four critical aspects of Licensing's efforts to protect the children in care and to help you comply with the law, rules, and standards:

1. **The inspection:** Various aspects of the operation are evaluated for compliance with the Licensing law, rules and minimum standards during regular inspections of the operation. The emphasis on these inspections is to prevent risk to children in care. The number and frequency of these inspections will vary; Licensing must conduct at least one unannounced inspection each year and additional inspections may be made. The number and frequency of these inspections is determined by various factors in the operation's history including:
   - The type and number of deficiencies,
   - The frequency at which deficiencies occur and whether they are repeated, and
   - The scope and severity of each deficiency, such as the ages and number of children impacted by the deficiency and the number of employees and/or caregivers contributing to the deficiency.

   Deficiencies: During any inspection, if Licensing staff find that the operation does not meet minimum standards in specific areas, these areas are discussed with you or the person you designate in charge in your absence. Technical assistance and consultation on the problem area are provided. If a deficiency is recorded, time frames for correcting them are noted. You or the person in charge will be asked to sign the monitoring form. Signing the form is only to signify that you have been made aware of the report and in no way indicates that you agree with the finding. Discuss your disagreements and concerns with your Licensing representative. If your concerns are not dealt with, ask for an administrative review.
2. **Technical Assistance:** Part of the Licensing program's job is to offer consultation to potential applicants and permit holders about meeting and maintaining compliance with Licensing standards, and achieving programs of excellence.
3. **Investigation of Reports:** When a report alleges abuse or neglect, a deficiency in meeting standards, or a violation of the law, the Licensing Division must investigate and must notify you or the person in charge of the investigation, and report the results of that investigation in writing within prescribed time frames.
4. **Your rights/entitlements:**

   Waivers and variances: If you are unable to comply with a standard for economic reasons, or there is good and just cause to meet the purpose of the standard in a different way, you may request a waiver or variance of the standard. Ask your Licensing representative to explain the process.

   Administrative Review: If you disagree with a Licensing representative's decision or action, you may request an administrative review. This is where disagreements over Licensing Division actions can be resolved. Generally, a supervisor is assigned to review your case.

It is important that you clearly understand the purpose of Minimum Standards and the reasons for the Licensing representative's inspections. Do not hesitate to ask questions of Licensing staff that will help you understand any Licensing actions and your options. You may obtain information about Licensing standards or procedures by calling our toll-free telephone number, 1-800-862-5252 or visiting our web site at www.dfps.state.tx.us.

Administration

§746.101
What is the purpose of this chapter?

Subchapter A, Purpose and Definitions
09/01/03

(no weight) The purpose of this chapter is to set forth the minimum standards that apply to child-care centers.

§746.103
What do certain pronouns mean as used in this chapter?

Subchapter A, Purpose and Definitions
09/01/03

(no weight) The following words have the following meanings when used in this chapter:

(1) I, my, you, and your – An applicant or permit holder, unless otherwise stated.

(2) We, us, our, and Licensing – The Licensing Division of the Texas Department of Protective and Regulatory Services (PRS).

§746.105
What do certain words and terms mean when used in this chapter?

Subchapter A, Purpose and Definitions
09/01/03

(no weight) The words and terms used in this chapter have the meanings assigned to them under §745.21 of this title (relating to What do the following words and terms mean when used in this chapter?), unless another meaning is assigned in this section or unless the context clearly indicates otherwise. In addition, the following words and terms have the following meanings unless the context clearly indicates otherwise:

(1) **Activity space** – An area or room used for children's activities, including areas separate from a group's classroom.

(2) **Administrative and clerical duties** – Duties that involve the management of an operation, such as bookkeeping, enrolling children, answering the telephone, and collecting fees.

(3) **Admission** – The process of enrolling a child in a child-care center. The date of admission is the first day the child is physically present in the center.

(4) **Adult** – A person 18 years old and older.

(5) **After-school care program** – A program that provides care for school-age children during hours before and after school, and days when school is not in session, such as school holidays, summer vacations, and teacher in-service days.

(6) **Alternate care program** – A program in which no child is in care for more than five consecutive days, and no child is in care for more than 15 days in one calendar month, regardless of the duration of each stay.

(7) **Attendance** – When referring to a child's attendance, the physical presence of a child at the child-care center's program on any given day or at any given time, as distinct from the child's enrollment in the child-care center.

(8) **Baby bungee jumper** – A baby bungee jumper allows an infant to bounce while supported in a seat by elastic "bungee cord" suspended from a doorway.

(continued)

(9) **Baby walker** – A baby walker allows an infant to sit inside the walker equipped with rollers or wheels and move across the floor.

(10) **Bouncer seat** – A stationary seat designed to provide gentle rocking or bouncing motion by an infant's movement, or by battery-operated movement. This type of equipment is designed for an infant's use from birth until the child can sit up unassisted.

(11) **Caregiver** – A person whose duties include the supervision, guidance, and protection of a child. As used in this chapter, the term means a person who meets the minimum education, work experience, and training qualifications required under Subchapter D of this chapter (relating to Personnel).

(12) **Caregiver-initiated activities** – Activities that are directed by or chosen by the caregiver.

(13) **Certified Child-Care Professional Credential** – A credential given to a person working directly with children; based on assessed competency in several areas of child care and child development.

(14) **Certified lifeguard** – A person who has been trained in life saving and water safety by a qualified instructor, from a recognized organization which awards a certificate upon successful completion of the training. The certificate is not required to use the term "lifeguard," but the permit holder must be able to document that the certificate represents the type of training described.

(15) **Child-care center** – A child-care facility that is licensed to care for seven or more children for less than 24 hours per day, at a location other than the permit holder's home, except as otherwise provided in §746.107 of this title (relating to What types of operations do these minimum standards apply to?).

(16) **Child-care location** – The street address of the child-care center and the lot or lots on which the building or buildings are located.

(17) **Child-care program** – The services and activities provided by a child-care center.

(18) **Child Development Associate Credential** – A credential given to staff working directly with children; based on assessed competency in several areas of child care and child development.

(19) **Child-initiated activities** – Activities that a child chooses on the child's own initiative, and that foster the child's independence. Child-initiated activities require equipment, materials, and supplies to be within a child's reach.

(20) **Child passenger safety seat system** – An infant or child passenger restraint system that meets the federal standards for crash-tested restraint systems as set by the National Highway Traffic Safety Administration.

(21) **Corporal punishment** – The infliction of physical pain on a child as a means of controlling behavior. This includes, but is not limited to, spanking, hitting, slapping, thumping, or rapping a child.

(22) **Creative activities** – Activities that encourage a child to use his imagination. Creative activities include, but are not limited to, dramatic play, block building, stories and books, science and nature activities, and music and art activities.

(23) **Critical illness** – An illness requiring the immediate attention of a health-care professional.

(24) **Days** – Calendar days, unless otherwise stated.

(continued)

(25) **Enrollment** – The list of names or number of children who have been admitted to attend a child-care center for any given period of time; the number of children enrolled in a child-care center may vary from the number of children in attendance on any given day.

(26) **Entrapping equipment** – A component or group of components on equipment that forms angles or openings that could trap a child's head by being too small to allow the child's body to pass through or large enough for the child's body to pass through, but too small to allow the child's head to pass through.

(27) **Field trips** – Activities conducted away from the child-care center.

(28) **Food service** – The preparation or serving of meals or snacks.

(29) **Frequently** – More than two times in a 30-day period.

(30) **Garbage** – Waste food or items that when deteriorating cause offensive odors and attract rodents, insects, and other pests.

(31) **Group activities** – Activities that allow children to interact with others in large or small groups. Group activities include, but are not limited to, storytelling, finger plays, show and tell, organized games, and singing.

(32) **Health-care professional** – A licensed physician, licensed or registered nurse, or other licensed medical personnel providing comprehensive preventive, diagnostic, or therapeutic medical care to the child. This does not include medical doctors or medical personnel where immunizations and contraindications to immunizations are outside the scope of the licensed practice, such as chiropractors, homeopaths, podiatrists; or medical practitioners not licensed to practice in the United States.

(33) **Individual activities** – Opportunities for the child to work independently or to be away from the group, but supervised.

(34) **Infant** – A child from birth through 17 months.

(35) **Janitorial duties** – Those services that involve cleaning and maintenance above that which is required for the continuation of the child-care program. Cleaning and maintenance include such duties as cleansing carpets, washing cots, sweeping, vacuuming, or mopping a classroom.

(36) **Natural environment** – Settings that are natural or normal for all children of an age group without regard to ability or disability. For example, the primary natural group setting for a toddler with a disability would be a play group or child-care center or whatever setting exists for toddlers without disabilities.

(37) **Pre-service training** – Training given to a person who has no previous experience in professional child care and no relevant training in specified topics.

(38) **Propped bottle** – A bottle supported by something other than the child or adult's hand because the child is too young to hold it.

(39) **Regularly** – On a recurring, scheduled basis.

(40) **Safety belt** – A lap belt and any shoulder straps included as original equipment on or added to a vehicle.

(41) **School-age child** – A child who is five years of age and older, and who will attend school at or away from the child-care center in August or September of that year.

(42) **Single-use area** – Area not routinely used for children's activities, such as a bathroom, hallway, storage room, cooking area of a kitchen, swimming pool, and storage building.

(continued)

(43) **Special care needs** – A child with special care needs is a child who has a chronic physical, developmental, behavioral, or emotional condition and who also requires assistance beyond that required by a child generally to perform tasks that are within the typical chronological range of development, including but not limited to, movement of large and/or small muscles, learning, talking, communicating, self-help, social, emotional, seeing, hearing, and breathing.

(44) **State or local fire marshal** – A fire official designated by the city, county, or state government.

(45) **State or local sanitation official** – A sanitation official designated by the city, county, or state government.

(46) **Toddler** – A child from 18 months through 35 months.

(47) **Universal precautions** – An approach to infection control where all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other blood-borne pathogens.

(48) **Water activities** – Related to the use of splashing pools, wading pools, swimming pools, or other similar bodies of water.

Additional definitions may be found in Appendix I, 40 TAC, Chapter 745, Subchapter A Precedence and Definitions.

§746.107
What types of operations do these minimum standards apply to?

Subchapter A, Purpose and Definitions
09/01/03

(no weight) (a) The minimum standards in this chapter apply to the following types of child-care facilities:

(1) All child-care centers licensed on or after September 1, 2003, to care for seven or more children for less than 24 hours per day at a location other than the permit holder's home; and

(2) All child-care facilities licensed before September 1, 2003, as a day-care center, kindergarten and nursery school, school: grades kindergarten and above, or drop-in care center, regardless of whether the facility operates in the permit holder's home.

(no weight) (b) A group day-care home licensed before September 1, 2003, will have a one-time opportunity to elect to be treated either as a child-care center, subject to the minimum standards in this chapter, or as a child-care home, subject to the minimum standards in Chapter 747 of this title (relating to Minimum Standards for Child-Care Homes).

(no weight) (c) To be considered as operating in one's own home, the location where care is being provided must be at the same address as the permit holder's residence.

(no weight) (d) On or after September 1, 2003, no child-care center will be issued a new license to care for 13 or more children for less than 24 hours per day in the permit holder's home.

§746.109
Who is responsible for complying with these minimum standards?

Subchapter A, Purpose and Definitions
09/01/03

Medium-High You, the permit holder, must ensure compliance with all minimum standards in this chapter at all times, with the exception of those minimum standards identified for specific types of child-care programs or activities that your child-care center does not offer. For example, if we license you to offer only toddler and pre-kindergarten care programs, you do not have to comply with minimum standards that apply only to infant care, school-age care, get-well care, or nighttime-care programs; however, you must comply with all other minimum standards.

Permit Holder Responsibilities

§746.201. What are my responsibilities as the permit holder?

Subchapter B, Administration and Communication
Division 1, Permit Holder Responsibilities
03/01/08

You are responsible for the following:

High (1) Developing and implementing your child-care center's operational policies, which must comply with or exceed the minimum standards specified in this subchapter;

Medium-High (2) Developing written personnel policies, including job descriptions, job responsibilities, and requirements; and making provisions for training;

Medium-High (3) Designating a child-care center director who meets minimum standard qualifications and has daily, on-site responsibility for the operation of the child-care center;

Medium-High (4) Reporting or ensuring your employees report suspected abuse, neglect, or exploitation as required by the Texas Family Code, §261.401;

Medium (5) Ensuring parents have the opportunity to visit the child-care center any time during the child-care center's hours of operation to observe their child, the child-care center's operation, and program activities, without having to secure prior approval;

Low (6) Maintaining liability insurance as required by the Human Resources Code, §42.049, if we license you to care for 13 or more children;

Medium-High (7) Complying with the child-care licensing law found in Chapter 42 of the Human Resources Code, the applicable minimum standards, and other applicable rules in the Texas Administrative Code; and

Medium-High (8) Reporting any Department of Justice substantiated complaints related to Title III of the American with Disabilities Act, which applies to commercial public accommodations, to DFPS.

> *Children are at risk when adults responsible for them do not have clearly delineated roles and responsibilities, which can be identified in job descriptions and job responsibilities.*
>
> *The director may accompany any parent who is visiting their child during the child-care center's hours of operation to and from her child's group, or may limit the amount of time a parent spends at the center, if the director believes this is necessary to protect the children in care.*

Required Notifications

§746.301
What changes regarding my child-care center must I notify Licensing about before making the change?

Subchapter B, Administration and Communication
Division 2, Required Notifications
09/01/03

You must notify us in writing before:

Medium (1) Changing location;

Medium (2) Adding to or reducing indoor or outdoor space;

Medium (3) Reducing the number of toilets or sinks;

Medium-High (4) Adding a swimming pool or other permanent body of water;

Medium-High (5) Changing the age range of children to be cared for;

Medium (6) Changing the hours, days, or months of operation;

Medium (7) Offering new services, relating to minimum standards found in this chapter, such as transportation or field trips;

Medium (8) Closing temporarily; or

Low (9) Going out of business.

As events occur or changes are made to the center, health and safety conditions may change. Licensing may need to verify that minimum standard rules related to the changes are in compliance to ensure the continuing safety of children in care.

§746.303
Must I notify Licensing of changes I make regarding the governing body or director of my child-care center?

Subchapter B, Administration and Communication
Division 2, Required Notifications
09/01/03

Yes. You must notify us in writing, no later than five days after a change is made, regarding:

Medium (1) Sale or transfer of the child-care center ownership (including but not limited to incorporation of an existing operation);

Medium-Low (2) The governing body designee;

Low (3) The board chair for a corporate facility or other executive officer of the governing body;

Low (4) The address of the governing body or its designee; and

Medium-High (5) The center director.

A license cannot be bought, sold or transferred and is only valid for the location/address noted on the license. Governing body changes affect Licensing's ability to communicate in a timely manner with those who have ultimate responsibility for the child-care center.

It is important that DFPS know, in a timely manner, who has been designated as director in order to ensure that qualifications are met and the operation of a center is not at risk.

§746.305
What other situations require notification to Licensing?

Subchapter B, Administration and Communication
Division 2, Required Notifications
09/01/03

(a) You must notify us as soon as possible, but no later than two days after:

Medium-High (1) Any occurrence that renders all or part of your center unsafe or unsanitary for a child;

Medium-High (2) Injury to a child in your care that requires treatment by a health-care professional;

Medium-High (3) You become aware that an employee or child in your care contracts an illness that the law requires you to report to the Texas Department of Health (TDH) as specified in 25 TAC 97, Subchapter A (relating to Control of Communicable Diseases);

Medium-High (4) A county or district attorney accepts an indictment or information regarding an official complaint against an employee alleging commission of any crime noted in §745.651 of this title (relating to What types of criminal convictions may preclude a person from being present in an operation?); and

High (5) The occurrence of any other situation, which places a child at risk, such as forgetting a child in a center vehicle or on the playground or not preventing a child from wandering away from the child-care center unsupervised.

High (b) You must notify us immediately if a child dies while in your care.

Examples of occurrences that may render a child-care center unsafe or unhealthy are the lack of running water, sewer backups, and flood, fire or storm damage. Notifying parents enables them to protect their children from high-risk situations.

§746.307
What emergency or medical situations must I notify parents about?

Subchapter B, Administration and Communication
Division 2, Required Notifications
09/01/03

(a) After you ensure the safety of the child, you must notify the parent immediately after a child:

Medium-High (1) Is injured and the injury requires medical attention by a health-care professional;

Medium (2) Has a sign or symptom requiring exclusion from the child-care center as specified in Subchapter R of this chapter (relating to Health Practices);

Medium-High (3) Has been involved in any situation that placed the child at risk. For example, a caregiver forgetting a child in a center vehicle or not preventing a child from wandering away from the child-care center unsupervised; or

Medium-High (4) Has been involved in any situation that renders the child-care center unsafe, such as a fire, flood, or damage to the child-care center as a result of severe weather.

Medium (b) You must notify the parent of less serious injuries when the parent picks the child up from the child-care center. Less serious injuries include, but are not limited to, minor cuts, scratches, and bites from other children requiring first-aid treatment by employees.

(continued)

Medium (c) You must notify all parents of children in the child-care center in writing and within 48 hours of becoming aware that a child in your care or an employee has contracted a communicable disease that the law requires you to report to the Texas Department of Health as specified in 25 TAC 97, Subchapter A (relating to Control of Communicable Diseases).

Medium-Low (d) You must provide written notice within 48 hours to the parents of all children in a group when there is an outbreak of lice or other infestation in the group. You must either post this notice in a prominent and publicly accessible place where parents can easily view it or send an individual note to each parent.

> *Communication between caregivers and parents is essential to both the safe and healthy operation of the center and to the parent's ability to assess the care their children are receiving.*

Required Postings

§746.401
What items must I post at my child-care center at all times?

Subchapter B, Administration and Communication
Division 3, Required Postings
03/01/06

You must post the following items:

Medium (1) The child-care center's license;

Medium (2) The letter or form from the most recent Licensing inspection or investigation;

Medium (3) The Licensing notice *Keeping Children Safe;*

Medium-High (4) Emergency and evacuation relocation plans;

Medium (5) The activity plan for each group of children in the child-care center;

Medium (6) The daily menu, including all snacks and meals served by the child-care center;

Medium-Low (7) Licensing *Notice of Availability for Review* of:

Medium-Low (A) The most recent fire inspection report;

Medium-Low (B) The most recent sanitation inspection report;

Medium-Low (C) The most recent gas inspection report, if applicable; and

Medium (D) The Licensing minimum standards applicable for child-care centers;

Low (8) Telephone numbers specified in §746.405 of this title (relating to What telephone numbers must I post and where must I post them?);

Medium (9) A list entitled "Current Employees." The list must be at least 8-1/2 inches by 11 inches in size, printed legibly, and must include each employee's first and last name; and

Medium (10) Any other Licensing notices with specific instructions to post the notice.

> *Posting this information is an important part of communication with parents. It provides parents the opportunity to monitor the care they have selected for their child and to make informed decisions as consumers of child care.*

§746.403
When and where must these items be posted?

Subchapter B, Administration and Communication
Division 3, Required Postings
09/01/03

Medium (a) Unless otherwise specified, the items specified in §746.401 of this title (relating to What items must I post at my child-care center at all times?) must be posted at all times, in a prominent and publicly accessible place where employees, parents, and others may easily view them.

Medium (b) Emergency and evacuation relocation plans must be posted in each room used by children.

§746.405
What telephone numbers must I post and where must I post them?

Subchapter B, Administration and Communication
Division 3, Required Postings
09/01/03

Medium (a) You must post the following telephone numbers:

Medium (1) 911 or, if 911 is not available in your area, you must post the numbers for:

Medium (A) Emergency medical services;

Medium (B) Law enforcement; and

Medium (C) Fire department;

Medium (2) Poison control;

Medium (3) PRS child abuse hotline;

Medium (4) Nearest Licensing office telephone number and address; and

Medium (5) The child-care center name, address, and telephone number.

Medium (b) You must post the telephone numbers next to each telephone in the child-care center. If the child-care center uses cordless or cellular phones, these same numbers must be posted in a prominent place on the wall near the doorway in each room of the child-care center, or on the phone handset.

> *Readily available phone numbers help to ensure prompt response/action in an emergency.*

Operational Policies

§746.501
Must I have written operational policies?

Subchapter B, Administration and Communication
Division 4, Operational Policies
09/01/03

Yes. You must develop written policies, which at a minimum address each of the following:

Medium	(1)	Hours, days, and months of operation;
Medium	(2)	Procedures for release of children;
Medium	(3)	Illness and exclusion criteria;
Medium	(4)	Procedures for dispensing medications, or a statement that medication is not given;
Medium	(5)	Procedures for handling medical emergencies;
Medium	(6)	Procedures for parental notifications;
Medium-High	(7)	Discipline and guidance practices;
Medium	(8)	Meals and food service practices;
Medium	(9)	Immunization requirements;
Low	(10)	Tuberculin testing requirements;
Medium	(11)	Hearing and vision screening requirements;
Medium	(12)	Enrollment procedures, including how and when parents will be notified of policy changes;
Medium	(13)	Transportation, if applicable;
Medium	(14)	Water activities, if applicable;
Medium	(15)	Field trips, if applicable;
Medium	(16)	Animals, if applicable;
Medium	(17)	The procedures for parents to review and discuss with the child-care center director any questions or concerns about the policies and procedures of the child-care center;
Medium-Low	(18)	The procedures for parents to visit the child-care center at any time during the child-care center's hours of operation to observe their child, the child-care center's operation, and program activities, without having to secure prior approval;
Medium-Low	(19)	The procedures for parents to participate in the child-care center's operation and activities;
Medium	(20)	The procedures for parents to review a copy of the minimum standards and the child-care center's most recent Licensing inspection report; and
Medium	(21)	Instructions on how a parent may contact the local Licensing office, PRS child abuse hotline, and PRS website.

§746.503
Must I provide parents with a copy of my operational policies?

Subchapter B, Administration and Communication
Division 4, Operational Policies
09/01/03

Medium

Yes. Parents must sign a child-care enrollment agreement or other similar document that includes at least the operational policies listed in this division on or before the date of admission. You must keep this signed document in the child's record or at least one for each family, if siblings are enrolled at the same time.

> *Sharing clearly written policies about your center's day- to-day operation will help parents understand what type of service their children will receive, and may help to avoid later misunderstandings and complaints. Operational policies may go beyond minimum standards, but may not conflict.*

§746.505
What must I do when I change an operational policy or an item in the child-care enrollment agreement?

Subchapter B, Administration and Communication
Division 4, Operational Policies
09/01/03

Medium

You must notify parents in writing of any changes to your operational policies and enrollment agreement. At least one copy of the updated operational policies must be signed and dated for each family. You must keep the updated information in the child's record.

§746.507
Must I provide a copy of my operational policies to my employees?

Subchapter B, Administration and Communication
Division 4, Operational Policies
09/01/03

Medium

Yes. You must share a copy of your operational policies with all employees as specified in Subchapter C of this chapter (relating to Record Keeping).

Record Keeping

Records of Children

§746.601
Who has the right to access children's records?

Subchapter C, Record Keeping
Division 1, Records of Children
09/01/03

Medium (a) All children's records must be immediately accessible to caregivers during hours of operation for use in an emergency.

Medium (b) Parents have the right to access their own child's record during a parent conference with the caregiver or child-care center director.

Medium (c) All children's records are subject to review and/or reproduction by Licensing upon request during hours of operation.

> *During the time children are being cared for, events may occur that require access to information about a child in order to protect the child and/or others in care.*

§746.603
What records must I have for children in my care and how long must I keep them?

Subchapter C, Record Keeping
Division 1, Records of Children
09/01/03

Medium (a) You must maintain the following records for each child enrolled in your child-care center:

Medium (1) Child-care enrollment agreement specified in §746.503 of this title (relating to Must I provide parents with a copy of my operational policies?);

Medium (2) Admission information;

Medium (3) Statement of the child's health from a health-care professional;

Medium (4) Immunization records;

Low (5) Tuberculin testing information, if applicable;

Medium (6) Hearing and vision screening results, if applicable;

Medium (7) Licensing *Incident/Illness Report* form; and

Medium-High (8) Sign-in and sign-out logs.

Low (b) These records must be kept at the child-care center and must be available during hours of operation and for at least three months after the child's last day in care.

> *Information on children no longer in care may be needed to support compliance with minimum standards or health and safety issues.*

§746.605
What admission information must I obtain for each child?

Subchapter C, Record Keeping
Division 1, Records of Children
09/01/03

You must obtain at least the following information before admitting a child to care:

Medium-High	(1)	The child's name and birth date;
Medium-High	(2)	The child's home address and telephone number;
Medium-Low	(3)	Date of the child's admission to the child-care center;
Medium-High	(4)	Name and address of parent(s);
Medium	(5)	Telephone numbers at which parent(s) can be reached while the child is in care;
Medium-High	(6)	Name, address, and telephone number of another responsible individual (friend or relative) who should be contacted in an emergency when the parent cannot be reached;
High	(7)	Names and telephone numbers of persons other than a parent to whom the child may be released;
Low	(8)	Permission for transportation, if provided;
Low	(9)	Permission for field trips, if provided;
Low	(10)	Permission for participation in water activities, if provided;
High	(11)	Name, address, and telephone number of the child's physician or an emergency-care facility;
High	(12)	Authorization to obtain emergency medical care and to transport the child for emergency medical treatment;
Medium-High	(13)	A statement of the child's special problems or special care needs. This includes, but is not limited to, allergies, existing illness, previous serious illness and injuries, hospitalizations during the past 12 months, and any medications prescribed for continuous, long-term use;
Medium	(14)	The name and telephone number of the school that a school-age child attends, unless the after-school care is also provided at the school; and
Medium	(15)	Permission for a school-age child to ride a bus or walk to or from school or home, or to be released to the care of a sibling under 18 years old, if applicable.

§746.607
Must the child's parent sign the admission information?

Subchapter C, Record Keeping
Division 1, Records of Children
09/01/03

Low — Yes. The parent must sign the admission information before you admit the child to your care. If admission information is on several forms, a parent must sign each form.

§746.609
Must I update the admission information?

Subchapter C, Record Keeping
Division 1, Records of Children
09/01/03

Low (a) Yes. You must develop a procedure for regularly updating the admission information, including information on special care needs.

Low (b) The parent must sign and date the updated information. You may use a new form or have the parent initial and date amendments to a previously signed form. You must keep the updated information in the child's record.

> *The child-care center needs to know where to contact parents and needs to be aware of any changes in care required by the child. Routine updating of records facilitates communication between the parent and the child-care center. It also ensures that accurate information is available during an emergency so that the child's needs can be met.*

§746.611
Must I have a health statement for children in my care?

Subchapter C, Record Keeping
Division 1, Records of Children
03/01/08

Low (a) A health statement is:

Low (1) A written statement, from a health-care professional who has examined the child within the past year, indicating the child is able to take part in the child-care program;

Medium (2) A signed affidavit from the parent stating that medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization of which the parent is an adherent or a member; or

Medium (3) A signed statement from the parent giving the name and address of a health-care professional who has examined the child within the past year stating that the child is able to participate in the program. This must be followed by a signed statement from a health-care professional as specified in paragraph (1) of this subsection within 12 months of the date of admission.

Medium (b) You must have a health statement on file at the center, within one week after the date of admission, for each child who does not attend pre-kindergarten or school away from the child-care center.

> *Health status information is critical to ensuring that the individual needs of children are met, while protecting the health and safety of all children in care.*

§746.613
What immunizations are children in my care required to have?

Subchapter C, Record Keeping
Division 1, Records of Children
09/01/03

High (a) Each child enrolled or admitted to child-care centers must meet applicable immunization requirements specified by the Texas Department of [State Health Services] Immunization Requirements in Texas Elementary and Secondary Schools and Institutions of Higher Education. This requirement applies to all children in care from birth through 17 years of age.

Medium-High (b) Except as otherwise provided in this division, all immunizations required for the child's age must be completed by the date of admission.

> *According to the American Academy of Pediatrics (AAP), children require frequent boosters and immunizations in early childhood. Although they may be current with required immunizations when they enroll, they can miss future required immunizations. Since the risk of vaccine preventable disease is increased in group settings, ensuring appropriate immunization is an essential responsibility in child care.*

§746.615
Are there exemptions for immunization requirements?

Subchapter C, Record Keeping
Division 1, Records of Children
07/01/05

Medium Yes; however, exemptions for immunization requirements must meet criteria specified by the Texas Department of State Health Services rules in 25 TAC §97.62 (relating to Exclusions from Compliance).

§746.617
Where can I find more information on immunizations?

Subchapter C, Record Keeping
Division 1, Records of Children
07/01/05

(no weight) You can find more information in the Texas Department of State Health Service's rules at 25 TAC Chapter 97, Subchapter B (relating to Immunization Requirements in Texas Elementary and Secondary Schools and Institutions of Higher Education). You can access it on the Texas Department of State Health Services Internet website at: www.dshs.state.tx.us/immunize, or you may obtain a copy from Licensing or your local or state health department.

§746.619
When must I have the child's immunization record on file?

Subchapter C, Record Keeping
Division 1, Records of Children
07/01/05

Medium-High (a) Except as otherwise provided in this division, you must have a copy of the child's completed immunization record by the date of admission.

Low (b) If you provide only an alternate-care program, you must have the immunization record for each child who has attended your child-care center two or more times within a 30-day period.

§746.621
May I admit a child who is not current on immunizations?

Subchapter C, Record Keeping
Division 1, Records of Children
07/01/05

Low

Yes; however, you must comply with the rules for provisional admittance established by the Texas Department of State Health Services rules in 25 TAC §97.66 (relating to Provisional Enrollment).

§746.623
What documentation is acceptable for immunization records?

Subchapter C, Record Keeping
Division 1, Records of Children
07/01/05

Medium-High

(a) Documentation on file at the child-care center may be the original immunization record or a photocopy of the record. An official immunization record generated from a state or local health authority, such as a registry, or a record received from school officials including a record from another state, is also acceptable.

Medium-High

(b) The immunization record must include:

(1) The child's name and birth date;

(2) The number of doses and vaccine type;

(3) The month, day, and year the child received each vaccination; and

(4) The signature or stamp of the physician or other health care professional who administered the vaccine.

§746.625
If a child's immunization record is already on file at a pre-kindergarten program or school away from the child-care center, must I also have a copy of the child's immunization record in my files?

Subchapter C, Record Keeping
Division 1, Records of Children
09/01/03

Low

For each child attending a pre-kindergarten program or school away from the child-care center, you must have either:

(1) A copy of the current immunization record that is on file at the pre-kindergarten program or school the child attends; or

(2) A signed statement from the child's parent that the child's immunization record is current and on file at the pre-kindergarten program or school that the child attends. The statement must be dated and include the name, address, and telephone number of the pre-kindergarten program or school listed in the statement.

§746.627
Must children in my care have a tuberculosis (TB) examination?

Subchapter C, Record Keeping
Division 1, Records of Children
09/01/03

Medium-Low Requirements for tuberculosis screening and testing vary across the state. If your regional Texas Department of [State Health Services (DSHS)] or local health authority requires tuberculosis testing for children in your child-care center, then you must have documentation to indicate that each child in your care is free of active tuberculosis. Documentation of a TB screening is not required to be on file. If you are unsure of the requirements for your area, contact the TB manager at the [DSHS] regional office nearest you.

§746.629
Must children in my care have vision and hearing screening?

Subchapter C, Record Keeping
Division 1, Records of Children
07/01/05

(no weight) (a) The Special Senses and Communication Disorders Act, Texas Health and Safety Code, Chapter 36, requires a screening or a professional examination for possible vision and hearing problems for children of certain ages and grades. Refer to 25 TAC Chapter 37, Subchapter C, (relating to Vision and Hearing Screening), for specifics on vision and hearing screening. This information may be accessed on the Internet at: www.dshs.state.tx.us/vhs/.

Medium-Low (b) You must keep one of the following at the child-care center for each child required to be screened:

(1) The individual visual acuity and sweep check results; or

(2) A signed statement from the child's parent that the child's screening records are current and on file at the pre-kindergarten program or school the child attends away from the center. The statement must be dated and include the name, address, and telephone number of the pre-kindergarten program or school.

(3) An affidavit stating that the vision or hearing screening conflicts with the tenets or practices of a church or religious denomination of which the affiant is an adherent or member.

§746.631
Must I keep a sign-in and sign-out log for children in my care?

Subchapter C, Record Keeping
Division 1, Records of Children
09/01/03

Medium-High (a) Yes. You must maintain a sign-in and sign-out log for each child coming and going from your child-care center throughout the day. This log must include the name of each child, the date, time of arrival and time of departure, and employee or parent's initials.

Medium-Low (b) You may keep the log at the entrance of the child-care center or in each classroom.

Medium-High (c) All caregivers must have access to the sign-in and sign-out log to determine which children are in care during their work shift, changes in caregivers, and emergency evacuations.

Medium-Low (d) You must keep sign-in and sign-out logs for the previous three months and make them available to Licensing for review upon request.

An automated system may be used for sign-in and sign-out logs, if parents are assigned a unique password or number.

Records of Accidents and Incidents

§746.701
Must I keep a written record of accidents and incidents that occur at my child-care center?

Subchapter C, Record Keeping
Division 2, Records of Accidents and Incidents
09/01/03

Yes. You must use a Licensing *Incident/Illness Report* form, or other form containing at least the same information, to record information regarding:

Medium (1) Injuries that required medical attention by a health-care professional; and

Medium (2) Any other situation that placed a child at risk, such as forgetting a child in a center vehicle or not preventing a child from wandering away from the child-care center unsupervised.

§746.703
Where can I get a copy of Licensing's *Incident/Illness Report* form?

Subchapter C, Record Keeping
Division 2, Records of Accidents and Incidents
09/01/03

(no weight) You may obtain a copy of the form from Licensing staff or on the PRS website at: www.tdprs.state.tx.us/Child_Care.

§746.705
Must someone from my child-care center sign the *Incident/Illness Report* form?

Subchapter C, Record Keeping
Division 2, Records of Accidents and Incidents
09/01/03

Low Yes. The director of the child-care center or the person in charge must sign and date the completed report.

§746.707
Must I share a copy of the *Incident/Illness Report* form with the child's parent?

Subchapter C, Record Keeping
Division 2, Records of Accidents and Incidents
09/01/03

Low Yes. You must share a copy of the report with the child's parent and obtain the parent's signature on the report indicating the parent has reviewed it or received a copy of the report within 48 hours of when the incident occurred.

> *Requiring a parent to sign the report verifies the parent was informed of serious situations, which affect the health or safety of their child.*

§746.709
Where must I file the *Incident/Illness Report* form and how long must I keep it?

Subchapter C, Record Keeping
Division 2, Records of Accidents and Incidents
09/01/03

Low You must keep the *Incident/Illness Report* form with the child's record at the child-care center while the child is in care, and for at least three months after the child's last day in care.

Records That Must be kept on File at the Child-Care Center

§746.801
What records must I keep at my child-care center?

Subchapter C, Record Keeping
Division 3, Records That Must be kept on File at the Child-Care Center
09/01/03

You must maintain and make the following records available for our review upon request, during hours of operation. Paragraphs (18), (19), and (20) are optional, but if provided, allows Licensing to avoid duplicating the evaluation of standards, which have been evaluated by other state agencies within the past year:

Medium	(1)	Children's records, as specified in Division 1 of this subchapter (relating to Records of Children);
Medium	(2)	Infant feeding instructions, if applicable;
Medium	(3)	Personnel and training records, unless on file at a central administrative location;
Medium	(4)	Licensing *Child-Care Center Director's Certificate*;
Medium	(5)	Attendance records for employees;
Medium	(6)	Children's program activity plans for each age group;
Medium	(7)	Verification of liability insurance or notice of unavailability, if applicable;
Medium-High	(8)	Proof of request for PRS background checks;
Medium	(9)	Daily menus;
Medium-High	(10)	Medication records;
Medium	(11)	Playground maintenance checklists;
Medium	(12)	Pet vaccination records, if applicable;
Medium	(13)	Fire safety documentation for emergency drills, fire extinguishers, and smoke detectors;
Medium	(14)	Most recent Licensing inspection report, letter, or notice requiring posting;
Medium	(15)	Most recent fire inspection report;
Medium	(16)	Most recent sanitation inspection report;
Medium	(17)	Most recent gas inspection report, if applicable;
Medium-Low	(18)	Most recent Texas Department of Health immunization compliance review form, if applicable;
Medium-Low	(19)	Most recent Texas Department of Human Services Child and Adult Care Food Program (CACFP) report, if applicable;
Low	(20)	Most recent local workforce board Child-Care Services Contractor inspection report, if applicable;
Medium	(21)	Record of pest extermination, if applicable; and
Medium-High	(22)	Written approval from the fire marshal to provide care above or below ground level, if applicable.

§746.803
How long must I keep these records at my child-care center?

Subchapter C, Record Keeping
Division 3, Records That Must be kept on File at the Child-Care Center
09/01/03

Medium-Low (a) You must keep records at the child-care center for at least three months from the date the record was created, unless otherwise stated in this chapter.

Medium-Low (b) You must keep training records for the current director and caregivers for at least the current and last full training year.

Personnel Records

§746.901
What information must I maintain in my personnel records?

Subchapter C, Record Keeping
Division 4, Personnel Records
09/01/03

Medium You must have the following records at the child-care center and available for review during hours of operation for each employee, caregiver, substitute, and volunteer as specified in this chapter:

Medium-Low (1) Documentation showing the dates of the first and last day on the job;

Medium (2) Documentation showing how the employee meets the minimum age and education qualifications, if applicable;

Medium-Low (3) A copy of a health card or physician's statement verifying the employee is free of active tuberculosis, if required by the regional Texas Department of Health TB program or local health authority;

Medium-Low (4) A notarized Licensing *Affidavit for Applicants for Employment* form as specified in Human Resources Code, §42.059;

Medium (5) A record of training hours;

(6) A statement signed and dated by the employee showing he has received a copy of the child-care center's:

Medium (A) Operational policies; and

Medium-Low (B) Personnel policies;

Medium (7) Proof of request for PRS background checks; and

Medium (8) A copy of a current driver's license for each person who transports a child in care.

§746.903
What additional personnel records must I maintain for my child-care center director?

Subchapter C, Record Keeping
Division 4, Personnel Records
09/01/03

Medium-Low In addition to the personnel records that must be maintained for all child-care center personnel, you must have the original Licensing *Child-Care Center Director's Certificate* for your child-care center director. If the child-care center director is also the permit holder, a statement showing the director has received a copy of the operational policies and personnel policies is not required.

§746.905
Must I maintain attendance records or time sheets on my employees?

Subchapter C, Record Keeping
Division 4, Personnel Records
09/01/03

Medium — Yes. You must maintain a record of attendance or time sheets listing all days and hours worked for each employee, caregiver, substitute, and volunteer who is regularly or frequently at the child-care center during hours of operation.

§746.907
How long and where must I keep the required personnel records?

Subchapter C, Record Keeping
Division 4, Personnel Records
09/01/03

Medium-Low — (a) You must keep all records for at least three months after an employee's last day on the job, with the exception of annual training records.

Medium-Low — (b) You must maintain annual training records for current personnel for the last full training year and current training year.

Medium-Low — (c) You must keep personnel records at the child-care center or in a central administrative location provided they are immediately available for review during hours of operation.

§746.909
May Licensing access my personnel records?

Subchapter C, Record Keeping
Division 4, Personnel Records
09/01/03

Medium — Yes. Licensing staff must be given immediate access to all personnel records that document compliance with minimum standards. You must allow Licensing to photocopy these records if requested.

Personnel

Child-Care Center Director

§746.1001
Who is the child-care center director?

Subchapter D, Personnel
Division 1, Child-Care Center Director
09/01/03

Low The child-care center director is the adult you designate to have the daily, on-site responsibility for the operation of the child-care center, including maintaining compliance with the minimum standards and Licensing laws.

> *The director of a child-care center plays a crucial role in ensuring the smooth day-to-day operation of the child-care center. A director serves two important functions: To balance business concerns with what's good for children and to provide leadership and direction to the caregivers responsible for providing safe and healthy care for the children.*

§746.1003
What are the director's responsibilities while at the child-care center?

Subchapter D, Personnel
Division 1, Child-Care Center Director
09/01/03

Your child-care center director must ensure:

High (1) The child-care center's daily operation is administered in compliance with the minimum standards specified in this chapter;

High (2) All employees comply with the minimum standards;

High (3) All employees have assignments that match their skills, abilities, and training;

High (4) All employees are supervised. Supervision includes, but is not limited to, knowing what the employees are doing and ensuring that they fulfill their assignments and responsibilities;

High (5) Caregivers are not regularly scheduled for more than ten hours of direct child care during a 24-hour period; and

High (6) Qualified substitutes are called as necessary to meet minimum standards.

> *Working with children is physically and emotionally demanding work requiring patience and energy. After long hours, caregivers are less likely to be understanding of children's behaviors and may be more likely to physically and verbally abuse or neglect them. A ten-hour limit on caregivers working directly with children will help prevent the problems that arise when exhausted caregivers attempt to cope with groups of children.*
>
> *Employee absences cannot be predicted. Substitutes are difficult to find, especially at the last minute. A director can be prepared for these times by having substitute caregivers available to ensure minimum child/caregiver ratios and adequate supervision are maintained.*

§746.1005
If I operate after-school care programs at multiple locations, must I designate a director for each child-care center?

Subchapter D, Personnel
Division 1, Child-Care Center Director
09/01/03

You must have:

Low (1) One child-care center director to direct five or fewer child-care centers. The director must appoint a caregiver to be in charge of each center in the director's absence who meets the qualifications in §746.1105 of this title (relating to What minimum qualifications must each of my child-care center employees meet?) and §746.1107 of this title (relating to What additional minimum qualifications must each of my caregivers meet?); or

Low (2) One child-care center director to direct more than five after school care programs as long as the director is able to fulfill the responsibilities of a child-care center director. The director must designate a caregiver to be in charge of each center in the director's absence that meets the director qualifications specified in §746.1017 of this title (relating to What qualifications must the director of my child-care center licensed for 12 or fewer children meet?).

§746.1007
May I be the director of my own child-care center?

Subchapter D, Personnel
Division 1, Child-Care Center Director
09/01/03

(no weight) Yes. You may be both the director and permit holder of a child-care center if you meet all of the required qualifications and are able to fulfill the responsibilities of a child-care center director.

§746.1009
May I have more than one director for my child-care center?

Subchapter D, Personnel
Division 1, Child-Care Center Director
09/01/03

Medium-Low Yes. You may designate more than one director for your child-care center; however, each director must meet the qualifications specified in this division and receive a written job description that includes job responsibilities.

§746.1011
Must my director be at my child-care center during all hours of operation?

Subchapter D, Personnel
Division 1, Child-Care Center Director
09/01/03

Medium-High (a) No; however, your director must routinely be present during hours of operation to ensure the child-care center complies with all minimum standards.

Medium-High (b) If a director is designated to direct more than one child-care center, the director must ensure that each child-care center complies with the minimum standards.

> *The accessibility of the director is fundamental to a well-run child-care center. According to the American Academy of Pediatrics (AAP), the well-being of the children, the confidence of the parents of children in care, and the support, guidance and professional growth of the employees depends largely upon the knowledge, skills and dependable presence of a director.*

§746.1013
Must someone else be designated to be in charge of my child-care center in my director's absence?

Subchapter D, Personnel
Division 1, Child-Care Center Director
09/01/03

Medium (a) Yes. Anytime your director is away from the child-care center during hours of operation, you or your director must designate a qualified caregiver or director to be in charge of the child-care center. Designated individuals must:

Medium (1) Know they are in charge and for how long;

Medium (2) Know their responsibilities while in charge;

Medium (3) Have access to all essential information to communicate with parents and state and local authorities as needed; and

Medium-High (4) Have the authority to direct the child-care center in compliance with minimum standards.

Medium (b) If the director must be absent for an extended period of time for any reason, you must name someone who meets director qualifications to serve during the director's absence and you must report the name of the temporary director to Licensing.

Medium (c) You or your director must ensure that all other employees know who is in charge in the director's absence.

§746.1015
What qualifications must the director of my child-care center licensed for 13 or more children meet?

Subchapter D, Personnel
Division 1, Child-Care Center Director
09/01/03

Medium-High

(a) Except as otherwise provided in this division, the director of a child-care center licensed for 13 or more children must be at least 21 years of age, have a high school diploma or its equivalent, and meet one of the following combinations of education and experience, as defined in §746.1021 of this title (relating to What constitutes experience in a licensed child-care center, or in a licensed or registered child-care home?):

Education	Experience
(1) A bachelor's degree with 12 college credit hours in child development and six college credit hours in business management,	and at least one year of experience in a licensed child-care center;
(2) An associate's of applied science degree in child development or a closely related field with six college credit hours in child development and six college credit hours in business management. A "closely related field" is any educational instruction pertaining to the growth, development, physical or mental care, or education of children ages birth through 13 years,	and at least two years of experience in a licensed child-care center;
(3) Sixty college credit hours with nine college credit hours in child development and six college credit hours in business management,	and at least two years of experience in a licensed child-care center;
(4) A child-care administrator's certificate from a community college with at least 15 college credit hours in child development and three college credit hours in business management,	and at least two years of experience in a licensed child-care center;
(5) A Child Development Associate credential or Certified Child-Care Professional credential with six college credit hours in business management,	and at least two years of experience in a licensed child-care center;
(6) A day-care administrator's credential issued by a professional organization or educational institution and approved by Licensing based on criteria specified in Subchapter P of Chapter 745 of this title, (relating to Day-Care Administrator's Credential Program),	and at least two years of experience in a licensed child-care center; or
(7) Nine college credit hours in child development and nine college credit hours in business management,	and at least three years of experience in a licensed child-care center.

Low

(b) Options (5) and (6) in subsection (a) of this section require periodic renewal to remain qualified.

Knowledge of good business practices, administration, and child development are essential for managing a child-care center. A director has an obligation to be prepared to hire and maintain employees, establish and maintain communication with parents, and ensure the health, safety and well-being of the children in her care.

§746.1017
What qualifications must the director of my child-care center licensed for 12 or fewer children meet?

Subchapter D, Personnel
Division 1, Child-Care Center Director
09/01/03

Medium-High

(a) Except as otherwise provided in this division, the director of a child-care center licensed for 12 or fewer children must be at least 21 years old, have a high school diploma or its equivalent, and meet one of the following combinations of education and experience, as defined in §746.1021 of this title (relating to What constitutes experience in a licensed child-care center, or in a licensed or registered child-care home?):

Education	Experience
(1) A bachelor's degree with 12 college credit hours in child development and three college credit hours in business management,	and at least one year of experience in a licensed child-care center or a licensed or registered child-care home;
(2) An associate's of applied science degree in child development or a closely related field with six college credit hours in child development and three college credit hours in business management. A "closely related field" is any educational instruction pertaining to the growth, development, physical or mental care, or education of children ages birth through 13 years,	and at least one year of experience in a licensed child-care center or a licensed or registered child-care home;
(3) Sixty college credit hours with six college credit hours in child development and three college credit hours in business management,	and at least one year of experience in a licensed child-care center or a licensed or registered child-care home;
(4) A Child Development Associate credential or Certified Child-Care Professional credential with three college credit hours in business management,	and at least one year of experience in a licensed child-care center or a licensed or registered child-care home;
(5) A child-care administrator's certificate from a community college with at least 15 college credit hours in child development and three college credit hours in business management,	and at least two years of experience in a licensed child-care center or a licensed or registered child-care home;
(6) A day-care administrator's credential issued by a professional organization or an educational institution and approved by Licensing based on criteria specified in Subchapter P of Chapter 745 of this title (relating to Day-Care Administrator's Credential Program),	and at least two years of experience in a licensed child-care center or licensed or registered child-care home; or
(7) Seventy-two clock hours of training in child development and 30 clock hours in business management,	and at least three years of experience in a licensed child-care center or a licensed or registered child-care home.

Low

(b) Options (4) and (6) in subsection (a) of this section require periodic renewal.

§746.1019
Are any directors exempt from the qualifications?

Subchapter D, Personnel
Division 1, Child-Care Center Director
09/01/03

(no weight) (a) A current director who was director of a PRS licensed group day-care home before May 1, 1985, is exempt from the requirements specified in §746.1017 of this title (relating to What qualifications must the director of my child-care center licensed for 12 or fewer children meet?).

(no weight) (b) A current director who was director of a PRS licensed group day-care home after May 1, 1985, and before September 1, 2003, has three years from September 1, 2003, to comply with the qualifications.

(no weight) (c) A current director who was director of a PRS licensed school: grades kindergarten and above, kindergarten and nursery school, or drop-in care center is exempt from the requirements specified in §746.1015 of this title (relating to What qualifications must the director of my child-care center licensed for 13 or more children meet?).

Low (d) If a current director under exemption changes jobs after September 1, 2003, this person must meet director qualifications specified in this subchapter before being designated a child-care center director in a new position.

> *Moving to a new position requires the director have the experience, skills and knowledge needed to manage an unfamiliar child-care program.*

§746.1021
What constitutes experience in a licensed child-care center, or in a licensed or registered child-care home?

Subchapter D, Personnel
Division 1, Child-Care Center Director
09/01/03

Low (a) Only the following types of experience may be counted as experience in a licensed child-care center:

(1) Experience as a director, assistant director, or as a caregiver working directly with children, obtained in any PRS licensed child-care center, whether paid or unpaid;

(2) Experience as a director, assistant director, or caregiver working directly with children, whether paid or unpaid, in a PRS licensed day-care center, group day-care home, kindergarten or nursery school, schools: grades kindergarten and above, drop-in care center, or in a PRS alternatively accredited program; and

(3) Experience as a director, assistant director, or caregiver working directly with children in a licensed or certified child-care center in another state.

Low (b) Only the following types of experience may be counted as experience in a licensed or registered child-care home:

(1) Experience as a primary caregiver or assistant caregiver working directly with children, whether paid or unpaid, in a PRS licensed or registered child-care home;

(2) Experience as a director, assistant director, or caregiver working directly with children, whether paid or unpaid in a PRS licensed group day-care home; or

(3) Experience as a primary caregiver of a PRS registered family home.

Low (c) You must have obtained all work experience in a full-time capacity or its equivalent in a part-time capacity. Full-time is defined as 40 hours per week.

§746.1023
May other types of experience be substituted for the required experience in a licensed child-care center, or in a licensed or registered child-care home?

Subchapter D, Personnel
Division 1, Child-Care Center Director
09/01/03

(no weight) The following types of experience may be substituted for one year of the required experience:

(1) One year of full-time classroom teaching in a public or private accredited school in grades kindergarten through third, during a customary school year;

(2) Substitute or part-time classroom teaching in a public or private accredited school in grades kindergarten through third, if the total length of time adds up to one year of full-time teaching during a customary school year; and

(3) One year of post-graduate study in child development, early childhood education, or a closely related field.

§746.1025
Can Licensing verify whether someone has sufficient experience in a licensed child-care center, or in a licensed or registered child-care home?

Subchapter D, Personnel
Division 1, Child-Care Center Director
09/01/03

(no weight) Yes. To determine whether a person has sufficient experience to qualify as a director, we may, at our own discretion, verify child-care experience and substitute child-care experience via the Internet, telephone or mail contact with previous employer(s), or through our records.

§746.1027
What credit courses does Licensing recognize as child development?

Subchapter D, Personnel
Division 1, Child-Care Center Director
09/01/03

Low Due to a large variation in credit course titles and content, it is impossible to list all courses that may be counted toward the child development requirement. Courses in early childhood education, child growth and development, psychology, sociology, classroom management, child psychology, health and safety of children, elementary education related to kindergarten through third grade, and other similar courses may be counted, provided the course content relates to child development. Abnormal psychology and secondary education courses are not recognized as child development.

§746.1029
What credit courses does Licensing recognize as business management?

Subchapter D, Personnel
Division 1, Child-Care Center Director
09/01/03

Low Due to a large variation in credit course titles and content, it is impossible to list all courses that may be counted toward the business management requirement. Business management courses may include administration of a child-care facility, accounting, goal and objective setting, performance planning and evaluation, risk management and other administrative, management, or supervisory-related courses. Courses in office machines or computer training are not recognized as business management.

§746.1031
What are clock hours?

Subchapter D, Personnel
Division 1, Child-Care Center Director
09/01/03

Low

Clock hours may consist of documented attendance at:

(1) Seminars, workshops, conferences, and early childhood classes;

(2) Self-instructional programs; or

(3) Planned learning opportunities provided by consultants, a qualified director, or by a child-care association.

§746.1033
Must the trainer or provider of clock hours meet specific criteria?

Subchapter D, Personnel
Division 1, Child-Care Center Director
09/01/03

(no weight)

We do not have specific criteria established for someone to be a trainer or provider of clock hours.

§746.1035
What are CEUs?

Subchapter D, Personnel
Division 1, Child-Care Center Director
09/01/03

Low

CEUs (continuing education units) provide a standard unit of measure for adult education and training activities. One CEU equals ten clock hours of participation in an organized, continuing-education experience, under responsible, qualified direction and instruction. Although you may obtain a CEU in many of the same settings as clock hours, the CEU provider must meet the criteria established by the International Association for Continuing Education and Training to be able to offer the CEU.

§746.1037
May clock hours or continuing education units (CEUs) be substituted for educational requirements in any of the options specified in this division?

Subchapter D, Personnel
Division 1, Child-Care Center Director
09/01/03

Low

You may only substitute clock hours or CEUs for required credit hours in child development and business management. You may substitute 50 clock hours or five CEUs for each three college credit hours required in child development and/or business management.

§746.1039
What kind of documentation must I submit to Licensing to show my child-care center director is qualified and when must I submit it?

Subchapter D, Personnel
Division 1, Child-Care Center Director
09/01/03

Low (a) You must submit the following for each director at your child-care center:

Medium (1) A completed Licensing *Personal History Statement* form specifying the education and experience of your designated director;

Medium (2) A completed Licensing *Request for Criminal History and Central Registry Check* form;

Medium (3) A notarized Licensing *Affidavit for Applicants for Employment* form;

Medium-Low (4) A completed Licensing *Governing Body/Director Designation* form; and

Medium (5) An original and current Licensing *Child-Care Center Director's Certificate* form; or an original college transcript or original training certificates which verify the educational requirements; and complete dates, names, addresses, and telephone numbers which support the required experience.

(b) You must submit the information to us:

Medium (1) As part of a new application for a permit; and

Medium (2) Within ten days of designating a new director.

§746.1041
What documentation must I have to prove that the person received the clock hours or CEUs?

Subchapter D, Personnel
Division 1, Child-Care Center Director
09/01/03

Low You must have documentation specified in §746.1329 of this title (relating to What documentation must I provide to Licensing to verify that training requirements have been met?).

§746.1043
What documentation must I provide to Licensing to show that my director has acceptable child development and business management education?

Subchapter D, Personnel
Division 1, Child-Care Center Director
09/01/03

Low If requested by Licensing, you must provide original transcripts, supporting documentation such as credit course catalog descriptions, or a course syllabus or outline to determine whether the course is recognized as child development or business management.

§746.1045
Does education received outside of the United States substitute for the education requirements for a child-care director?

Subchapter D, Personnel
Division 1, Child-Care Center Director
09/01/03

Low

Yes, however you must provide supporting information such as a copy of the diploma or transcript or letter from the school to indicate that the education is equivalent to a program in the United States. Documents written in a foreign language must be translated into English.

§746.1047
Will Licensing keep the original training certificates and college transcripts I submit to obtain a Licensing director's certificate?

Subchapter D, Personnel
Division 1, Child-Care Center Director
09/01/03

(no weight)

No. After we evaluate this information and issue a director's certificate, we will return the original documents to you along with the certificate or if a certificate is not issued along with the letter notifying you of the decision.

§746.1049
What happens if Licensing determines that my child-care center director does not meet minimum standard qualifications?

Subchapter D, Personnel
Division 1, Child-Care Center Director
09/01/03

(no weight)

We will notify you that your director is in violation of minimum standards for failure to meet child-care center director qualifications as soon as possible but no later than ten days after a determination is made. We will give you a deadline to submit additional paperwork or to designate another director and submit new paperwork.

§746.1051
Will my director receive a certificate verifying that director qualifications have been met?

Subchapter D, Personnel
Division 1, Child-Care Center Director
09/01/03

(no weight)

Yes. After we determine that your director meets minimum standard qualifications, we will issue a Licensing *Child-Care Center Director's Certificate*. The certificate verifies only that the named person meets minimum standard qualifications specified in §746.1015 of this title (relating to What qualifications must the director of my child-care center licensed for 13 or more children meet?) or §746.1017 of this title (relating to What qualifications must the director of my child-care center licensed for 12 or fewer children meet?).

§746.1053
Will the director's certificate expire?

Subchapter D, Personnel
Division 1, Child-Care Center Director
09/01/03

(no weight) The director's certificate will have an expiration date, if the director was qualified under subsection (a), options (5) or (6) in §746.1015 of this title (relating to What qualifications must the director of my child-care center licensed for 13 or more children meet?) or subsection (a), options (4) or (6) in §746.1017 of this title (relating to What qualifications must the director of my child-care center licensed for 12 or fewer children meet?). Otherwise the Licensing *Child-Care Center Director's Certificate* will not expire.

§746.1055
How often must an expiring certificate be renewed?

Subchapter D, Personnel
Division 1, Child-Care Center Director
09/01/03

Low If you qualify under subsection (a), options (5) or (6) in §746.1015 of this title (relating to What qualifications must the director of my child-care center licensed for 13 or more children meet?) or subsection (a), options (4) or (6) in §746.1017 of this title (relating to What qualifications must the director of my child-care center licensed for 12 or fewer children meet?), you must maintain your credential according to the issuing organization's or educational institution's requirements. You must submit to us a copy of a letter or other documentation confirming the credential is current before we can renew your *Child-Care Center Director's Certificate*.

§746.1057
What happens if I do not submit the documentation confirming the credential is current?

Subchapter D, Personnel
Division 1, Child-Care Center Director
09/01/03

Low We will give you a deadline to submit the required documentation or to designate another qualified director. If your director allows the certificate to expire without submitting the required documentation and no longer meets requirements for a child-care center director, you violate minimum standards.

§746.1059
If I hire someone who was qualified as a director at another licensed child-care center in Texas, must I resubmit all of the information to Licensing staff for review?

Subchapter D, Personnel
Division 1, Child-Care Center Director
09/01/03

Low (a) If you can provide an original and current Licensing director's certificate, you will not be required to resubmit the information establishing qualifications.

Low (b) If an original and current Licensing *Child-Care Center Director's Certificate* is not available, or Licensing cannot verify the director is qualified, you must resubmit the information to us to determine if your designated director meets minimum child-care center director qualifications.

§746.1061
Does Licensing charge a fee for issuing the director's certificate?

Subchapter D, Personnel
Division 1, Child-Care Center Director
09/01/03

(no weight) No. We do not charge a fee for processing a director's certificate.

§746.1063
Can my director get a replacement Child-Care Center Director's Certificate?

Subchapter D, Personnel
Division 1, Child-Care Center Director
09/01/03

(no weight) Yes. We will issue a replacement *Child-Care Center Director's Certificate*, if you submit your request to us in writing, specifying:

(1) The name and address of your child-care center;

(2) The name of the director for whom the replacement certificate is needed;

(3) The date we issued the original certificate; and

(4) The reason a replacement certificate is needed.

Child-Care Center Employees and Caregivers

§746.1101
What is the difference between a child-care center employee and a child-care center caregiver?

Subchapter D, Personnel
Division 2, Child-Care Center Employees and Caregivers
09/01/03

(no weight) (a) An employee is any person employed by the child-care center, including caregivers; kitchen, office, or maintenance personnel; other child-care center personnel; and the child-care center director.

(no weight) (b) A caregiver is an employee counted in the child/caregiver ratio, whose duties include direct care, supervision, guidance, and the protection of children in care.

§746.1103
Are there different personnel qualifications for employees and caregivers?

Subchapter D, Personnel
Division 2, Child-Care Center Employees and Caregivers
09/01/03

(no weight) Yes. Personnel requirements for employees apply to all employees and caregivers. Personnel requirements for caregivers apply only to those persons counted in child/caregiver ratio. The following chart outlines the personnel qualifications for employees and caregivers:

Employees not counted in child/caregiver ratio:	**Caregivers counted in child/caregiver ratio:**
PRS background check	PRS background check
Be free of active tuberculosis	Be free of active tuberculosis
Notarized Licensing *Affidavit for Applicants for Employment* form; and	Notarized Licensing *Affidavit for Applicants for Employment* form; and
Orientation to the child-care center	Orientation to the child-care center
	18 years old or older
	High school diploma or equivalent
	Eight hours pre-service training

Caregivers assigned responsibility for the care and supervision of a group of children require a different level of skill and knowledge than employees that may have contact with children, but are not responsible for their care.

§746.1105
What minimum qualifications must each of my child-care center employees meet?

Subchapter D, Personnel
Division 2, Child-Care Center Employees and Caregivers
09/01/03

Medium Each child-care center employee who is regularly or frequently present while children are in care must:

Medium-High (1) Meet the requirements in Subchapter F of Chapter 745 of this title (relating to Background Checks);

Low (2) Have a current record of a tuberculosis examination, showing they are free of contagious TB, if required by the regional Texas Department of Health or local health authority;

Low (3) Complete a notarized Licensing *Affidavit for Applicants for Employment* form as specified in Human Resources Code, §42.059; and

Medium (4) Complete orientation to your child-care center as specified in Division 4 of this subchapter (relating to Professional Development).

§746.1107
What additional minimum qualifications must each of my caregivers meet?

Subchapter D, Personnel
Division 2, Child-Care Center Employees and Caregivers
09/01/03

Medium — Except as otherwise provided in this division, each employee counted in the child/caregiver ratio must comply with minimum standards for employees and must:

Medium — (1) Be at least 18 years of age;

Medium-High — (2) Have a:

(A) High school diploma; or

(B) High school equivalent; and

Medium-High — (3) Complete eight hours of pre-service training, as specified in Division 4 of this subchapter (relating to Professional Development) before being counted in the child/caregiver ratio.

> *Research clearly shows that the caregiver-child relationship is the single most important component of a child's experience in care, and that caregivers chosen for their knowledge of the developmental needs of the children in their care and for their ability to respond appropriately to these needs promotes a healthy and safe child-care environment.*

§746.1109
Under what circumstances may I employ a person under the age of 18 or a person who does not have a high school diploma or equivalent as a caregiver?

Subchapter D, Personnel
Division 2, Child-Care Center Employees and Caregivers
09/01/03

Medium-High — (a) You may employ a 16 or 17 year old who has a high school diploma or its equivalent and count the person in the child/caregiver ratio, provided that:

Medium — (1) You don't leave the person alone with or in charge of the child-care center or a group of children;

Medium-High — (2) The person works in the same room with and is supervised by a caregiver qualified under §746.1107 of this title (relating to What additional minimum qualifications must each of my caregivers meet?); and

Medium — (3) The person has completed a child-care-related career program, which the Texas Education Agency or another state or federal agency approves.

Medium-High — (b) You may employ a 16,17, or 18 year old who attends high school but has not graduated and count the person in the child/caregiver ratio, provided that:

Medium — (1) You don't leave the person alone with or in charge of a group of children or the child-care center;

Medium-High — (2) The person works in the same room with and is supervised by a caregiver qualified under §746.1107 of this title (relating to What additional minimum qualifications must each of my caregivers meet?);

Medium — (3) The person is currently enrolled in or has completed a child-care-related career program, which the Texas Education Agency or another state or federal agency approves; and

Medium — (4) The person is expected to obtain a high school diploma.

> *Age 18 is the minimal age a caregiver can be expected to make independent decisions and respond appropriately to the needs of children.*
>
> *A high school diploma or its equivalency is a recognized indicator of basic literacy in our society.*

§746.1111
Does education received outside of the United States count toward caregiver qualifications?

Subchapter D, Personnel
Division 2, Child-Care Center Employees and Caregivers
09/01/03

Medium Yes, however you must provide supporting information such as a copy of the diploma or letter from the school district to indicate that the education is equivalent to a high school diploma program in the United States. Documents written in a foreign language must be translated into English.

§746.1113
Do the caregiver qualifications specified in this division apply to a caregiver that was employed before May 1, 1985?

Subchapter D, Personnel
Division 2, Child-Care Center Employees and Caregivers
09/01/03

Low A caregiver who worked in a licensed child-care center before May 1, 1985, must comply with all caregiver qualifications with the exception of the educational requirement specified in §746.1107(2) of this title (relating to What additional minimum qualifications must each of my caregivers meet?).

§746.1115
What does Licensing mean by the term “high school equivalent”?

Subchapter D, Personnel
Division 2, Child-Care Center Employees and Caregivers
09/01/03

Medium (a) A high school equivalent is a program recognized by the Texas Education Agency (TEA) or other public educational entity outside of Texas, which offers training similar to reading, writing, and problem-solving skills taught at the high school level, such as a General Educational Development (GED) certificate.

Medium (b) You must provide original documentation to us to verify completion of any high school equivalency program.

General Responsibilities for Child-Care Center Personnel

§746.1201
What general responsibilities do my child-care center employees have?

Subchapter D, Personnel
Division 3, General Responsibilities for Child-Care Center Personnel
09/01/03

All child-care center employees, including persons not counted in the child/caregiver ratio, must:

High (1) Demonstrate competency, good judgment, and self-control in the presence of children and when performing assigned responsibilities;

High (2) Relate to children with courtesy, respect, acceptance, and patience;

High (3) Recognize and respect the uniqueness and potential of all children, their families, and their cultures;

High (4) Not abuse, neglect, or exploit children; and

High (5) Report suspected abuse, neglect, and exploitation to prs or to law enforcement.

§746.1203
What additional responsibilities do my caregivers counted in the child/caregiver ratio have?

Subchapter D, Personnel
Division 3, General Responsibilities for Child-Care Center Personnel
09/01/03

In addition to the responsibilities for employees specified in this division, caregivers counted in the child/caregiver ratio must:

High (1) Know and comply with the minimum standards for child-care centers;

High (2) Know which children they are responsible for;

Medium-High (3) Know each child's name and have information showing each child's age;

High (4) Supervise children at all times, adjusting appropriately for different ages and abilities of children;

Medium-High (5) Ensure the children are not out of control;

Medium-High (6) Be free from duties not directly involving the teaching, care, and supervision of children, such as:

Medium-High (A) Administrative and clerical functions that take the caregiver's attention away from the children;

Medium-High (B) Meal preparation, except when 12 or fewer children are in care; and

Medium-High (C) Janitorial duties, such as mopping, vacuuming, and cleaning restrooms. Sweeping up after an activity or mopping up spills may be necessary for the children's safety and are not considered janitorial duties;

Medium-High (7) Interact routinely with children in a positive manner;

Medium-High (8) Foster developmentally appropriate independence in children through planned but flexible program activities;

Medium-High (9) Foster a cooperative rather than a competitive atmosphere;

(continued)

Medium-Low (10) Show appreciation of children's efforts and accomplishments; and

Medium (11) Ensure continuity of care for children by sharing with incoming caregivers information about each child's activities during the previous shift and any verbal or written instructions given by the parent.

> *Research has shown children's physical, social, emotional and intellectual development and safety depend on consistent, caring interaction between children and their caregivers.*

§746.1205
What does Licensing mean by "supervise children at all times"?

Subchapter D, Personnel
Division 3, General Responsibilities for Child-Care Center Personnel
09/01/03

(no weight) Supervising children at all times means that the assigned caregiver is accountable for each child's care. This includes responsibility for the ongoing activity of each child, appropriate visual and/or auditory awareness, physical proximity, and knowledge of activity requirements and each child's needs. The caregiver must intervene when necessary to ensure children's safety. In deciding how closely to supervise children, the caregiver must take into account:

(1) Ages of the children;

(2) Individual differences and abilities;

(3) Indoor and outdoor layout of the child-care center; and

(4) Neighborhood circumstances, hazards, and risks.

> *Supervision is basic to the prevention of harm. Parents have an understanding that caregivers will supervise their children in their absence. Adults who are attentive and who understand young children's behaviors are in the best position to safeguard their well-being.*
>
> *Child-care centers can also establish an understanding with parents regarding who (when the parent and when the center) is responsible for the child while the parent and the child are both on the premises. These understandings could be laid out in the enrollment agreement.*

Professional Development

§746.1301
What training must I ensure that my employees have?

Subchapter D, Personnel
Division 4, Professional Development
09/01/03

You must make sure that each employee has the following training:

Low (1) Orientation to the child-care center for all employees;

Low (2) Eight clock hours of pre-service training, or documentation of exemption, for caregivers;

Low (3) 15 clock hours of annual training for caregivers;

Low (4) 20 clock hours of annual training for the director; and

Low (5) CPR and first aid as specified in this division.

> *Employees, such as janitors and cooks, who do not have responsibility in caring for a group of children, do not have the same training needs as a caregiver who is responsible for the care and supervision of a group of children.*

§746.1303
What should orientation to my child-care center include?

Subchapter D, Personnel
Division 4, Professional Development
09/01/03

Your orientation for employees must include at least the following:

Medium-High (1) An overview of the minimum standards found in this chapter;

Medium-High (2) Your center's operational policies including discipline, guidance, and the release of children;

Medium (3) An overview of symptoms of child abuse, neglect, and sexual abuse and the responsibility for reporting these;

Medium-High (4) The procedures to follow in handling emergencies. Emergencies may include, but are not limited to, fire, explosion, tornado, toxic fumes, volatile persons, and severe injury or illness of a child or adult; and

Medium-High (5) The use and location of fire extinguishers and first-aid equipment.

> *Children are at risk when adults responsible for them don't know what they are doing, as a result of inadequate training, preparation or orientation. Orientation programs for new employees are specific to the individual child-care center as facilities, procedures, and children vary. Orientation, which addresses employee responsibilities, is different from training, which addresses issues general to the care of children.*

§746.1305
What must be covered in the eight clock hours of pre-service training for caregivers?

Subchapter D, Personnel
Division 4, Professional Development
09/01/03

Medium (a) Before a caregiver can be counted in the child/caregiver ratio, the caregiver must complete eight clock hours of pre-service training that covers the following areas:

Medium (1) Developmental stages of children;

Medium (2) Age-appropriate activities for children;

Medium (3) Positive guidance and discipline of children;

Medium (4) Fostering children's self-esteem;

Medium (5) Supervision and safety practices in the care of children;

Medium (6) Positive interaction with children; and

Medium (7) Preventing the spread of communicable diseases.

Medium-High (b) If a caregiver provides care for children younger than 24 months of age, one hour of that caregiver's pre-service training must cover the following topics:

(1) Recognizing and preventing shaken baby syndrome;

(2) Preventing sudden infant death syndrome; and

(3) Understanding early childhood brain development.

Pre-service training should be viewed as a support to the caregiver who has taken on the responsibility of caring for children for the first time and as a benefit to the children in her care. Research indicates without some basic understanding of children and how to work with them, the health, safety and well-being of the children in care are at risk.

§746.1307
Are any caregivers exempt from the pre-service training?

Subchapter D, Personnel
Division 4, Professional Development
09/01/03

(no weight) Yes. Caregivers with at least six months prior experience in a regulated child-care center or with documentation of equivalent child-care training are exempt from the pre-service training requirements.

§746.1309
How many clock hours of annual training must be obtained by caregivers?

Subchapter D, Personnel
Division 4, Professional Development
09/01/03

Medium-High (a) Each caregiver must obtain at least 15 clock hours of training each year. The 15 clock hours of annual training are exclusive of orientation, pre-service training requirements, CPR and first aid, and high school child-care work-study classes.

Medium (b) At least six clock hours of annual training must be in one or more of the following topics:

(1) Child growth and development;

(2) Guidance and discipline;

(3) Age-appropriate curriculum; and

(4) Teacher-child interaction.

Low (c) The remaining clock hours of annual training must be in one or more of the following topics:

(1) Care of children with special needs;

(2) Adult and child health;

(3) Safety;

(4) Risk management;

(5) Identification and care of ill children;

(6) Cultural diversity for children and families;

(7) Professional development (for example, effective communication, time and stress management);

(8) Preventing the spread of communicable diseases;

(9) Topics relevant to the particular age group the caregiver is assigned (for example, caregivers assigned to an infant or toddler group should receive training on biting and toilet training);

(10) Planning developmentally appropriate learning activities; and

(11) Minimum standards and how they apply to the caregiver.

Medium-High (d) If a caregiver provides care for children younger than 24 months of age, one hour of that caregiver's annual training must cover the following topics:

(1) Recognizing and preventing shaken baby syndrome;

(2) Preventing sudden infant death syndrome; and

(3) Understanding early childhood brain development.

Research has shown that caregivers who are better trained are better able to prevent, recognize, and correct health and safety problems. Promoting learning and development in children, whose needs and abilities change at a rapid rate, requires skill. Annual ongoing training provides caregivers an opportunity to learn the newest techniques for addressing children's behaviors, to discover the latest findings on what children need as they develop, and to refresh and re-energize their skills. Some re-training on previously studied topics is necessary to keep skills and knowledge up-to-date.

§746.1311
How many clock hours of training must my child-care center director obtain each year?

Subchapter D, Personnel
Division 4, Professional Development
03/01/08

Medium-High (a) The child-care center director must obtain at least 20 clock hours of training each year. The 20 clock hours of annual training are exclusive of CPR and first aid, orientation, and pre-service training requirements.

Medium-High (b) At least six clock hours of the annual training must be in one or more of the following topics:

(1) Child growth and development;

(2) Guidance and discipline;

(3) Age-appropriate curriculum;

(4) Teacher-child interaction; and

(5) Serving children with special care needs.

High (c) A director with five or fewer years of experience as a qualified director of a child-care center must also complete at least six clock hours of the annual training in management techniques, leadership, or staff supervision.

Medium-High (d) A director with more than five years of experience as a qualified director of a child-care center must complete at least three clock hours of the annual training in management techniques, leadership, or staff supervision.

Medium-High (e) If the center provides care for children younger than 24 months of age, one hour of the annual training must cover the following topics:

(1) Recognizing and preventing shaken baby syndrome;

(2) Preventing sudden infant death syndrome; and

(3) Understanding early childhood brain development.

Low (f) The remainder of the 20 clock hours of annual training must be selected from the training topics specified in §746.1309(c) of this title (relating to How many clock hours of annual training must be obtained by caregivers?).

(g) The director may obtain clock hours or CEUs from the same sources as caregivers, with the following exceptions:

Low (1) Training hours may not be earned for presenting training to others; and

Low (2) No more than ten of the required 20 clock hours of annual training may be obtained through self-instructional training.

§746.1313
When must annual training for my caregivers and director be obtained?

Subchapter D, Personnel
Division 4, Professional Development
09/01/03

Low Each caregiver and director must obtain their annual training within 12 months from the date of their employment and during each subsequent 12-month period. If they obtain more than the minimum number of annual training clock hours required, they may not carry the additional clock hours over to the next year.

§746.1315
Who must have first-aid and CPR training?

Subchapter D, Personnel
Division 4, Professional Development
03/01/04

High (a) One caregiver per group of children must have current training in first aid with rescue breathing and choking. Pediatric first aid is preferred, but not required.

Medium-High (b) One caregiver or employee per child-care center, and one caregiver or employee for each group of children away from the child-care center, must have current training in CPR for infants, children, and adults.

Medium-High (c) CPR training and re-certification must adhere to the guidelines for cardiopulmonary resuscitation (CPR) for laypersons established by the American Heart Association, and consist of a curriculum that includes use of a CPR manikin and both written and hands-on skill-based instruction, practice, and testing.

Medium-High (d) CPR and first-aid training must not be obtained through self-instructional training.

> *According to the American Academy of Pediatrics, knowledge of pediatric first aid, including management of a blocked airway and rescue breathing and the confidence to use these skills, are critically important to the outcome of an emergency situation. CPR and first-aid training obtained from resources that meet the criteria in subsection (c) will help ensure that the techniques and information the caregiver receives is up to date.*

§746.1317
Must the training for my caregivers and the director meet certain criteria?

Subchapter D, Personnel
Division 4, Professional Development
09/01/03

Low (a) Training may include clock hours or CEUs obtained through:

(1) Workshops or courses offered by local school districts, colleges or universities, or Licensing;

(2) Conferences;

(3) Self-instructional materials, excluding CPR and first aid;

(4) Planned learning opportunities provided by child-care associations or Licensing; or

(5) Planned learning opportunities provided by professional consultants or by a child-care center director or caregiver that meets minimum standard qualifications.

(b) All training must include:

Medium-Low (1) Specifically stated learning objectives;

Medium-Low (2) A curriculum, which includes experiential or applied activities;

Low (3) An evaluation/assessment tool to determine whether the person has obtained the information necessary to meet the stated objectives; and

Medium-Low (4) A certificate of successful completion from the training source.

§746.1319
Does Licensing approve training resources or trainers for training hours?

Subchapter D, Personnel
Division 4, Professional Development
09/01/03

(no weight) No. We do not approve or endorse training resources or trainers for training hours. You should, however, ensure you and your employees receive relevant training from reliable resources, in topics specified in this division, and that participants receive original documentation of completion, as specified in this division.

> *Recommendation: Since the Department does not approve training sources, it is very important that training for your employees come from a reliable source that has experience in the topic that they are presenting. We recommend you ask the trainer to provide you with a résumé or vita showing relevant experience and education, or be certain you are obtaining training through reliable sources in the community who have verified the presenter's qualifications for you. Also, ask to see a copy of the certificate your employees will receive and to preview the materials, before entering into an agreement to purchase any training.*

§746.1321
If I have a caregiver who attends college or a Child Development Associate/Certified Child-Care Professional credential program, may I count these clock hours toward the annual training requirement?

Subchapter D, Personnel
Division 4, Professional Development
09/01/03

(no weight) Yes. If the training is in a topic specified in this division and the caregiver can provide documentation of completion as specified in this division, then you may count this training toward the annual training requirement.

§746.1323
If I hire a caregiver or a director that received training at another child-care center, may these hours count towards the annual training requirement at my center?

Subchapter D, Personnel
Division 4, Professional Development
09/01/03

(no weight) If the caregiver or director is able to provide documentation of training obtained within two months before coming to work for your child-care center, this training may apply toward the annual training requirement. If you apply this training to the annual training requirement, you must adjust the annual training year due dates for this person accordingly.

§746.1325
What is self-instructional and instructor-led training?

Subchapter D, Personnel
Division 4, Professional Development
07/01/05

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

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

Medium-Low (c) Both self-instructional and instructor-led training must also include the components listed in §746.1317(b) of this title (relating to Must the training for my caregivers and the director meet certain criteria?).

§746.1327
How many annual training clock hours may caregivers obtain from self-instructional materials?

Subchapter D, Personnel
Division 4, Professional Development
09/01/03

Medium-Low A caregiver may obtain no more than one-half of the required 15 clock hours of annual training from self-instructional materials. We may ask to review self-instructional materials to ensure self-instructional training criteria are met.

> *Obtaining training in a group setting provides caregivers an opportunity to interact and share knowledge about child-care practices and to gain exposure to different views and ideas about the best practices in child care.*

§746.1329
What documentation must I provide to Licensing to verify that training requirements have been met?

Subchapter D, Personnel
Division 4, Professional Development
03/01/04

Medium-Low (a) Except as provided in this section, you must maintain original certificates documenting CPR/first-aid and annual training in each employee's personnel record at the child-care center. To be counted toward compliance with the minimum standards, the trainer or training source must provide the participant with an original certificate or letter showing:

Medium-Low (1) The participant's name;

Medium-Low (2) Date of the training;

Medium-Low (3) Title/subject of the training;

Low (4) The trainer's name, or the source of the training for self-instructional training; and

Low (5) Length of the training specified in clock hours, CEUs, or college credit hours, as appropriate.

Low (b) Documentation of CPR/first-aid training must include the same information in subsection (a) of this section, and must also include the expiration date of the training, as determined by the organization providing the training. A photocopy of the original CPR/first-aid certificate or letter may be maintained in the personnel record, as long as the employee can provide an original document upon request by Licensing.

Low (c) You must obtain a signed and dated statement from the employee and the person providing the orientation and pre-service training stating the employee has received the orientation and pre-service training, or you may obtain documentation as specified in subsection (a) of this section.

> *Original certificates help to verify the person who actually received the training. A permit holder has the discretion to release training records to an employee upon leaving their employment.*

Volunteers, Substitutes, and Contractors

§746.1401
What minimum standards must substitutes comply with?

Subchapter D, Personnel
Division 5, Volunteers, Substitutes, and Contractors
09/01/03

Medium-High (a) Substitutes counted in the child/caregiver ratio, whether paid or unpaid, are considered caregivers and must comply with minimum standards that apply to employees and caregivers, except as otherwise provided in this division.

Medium (b) Substitutes not counted in the child/caregiver ratio, whether paid or unpaid, must comply with minimum standards that apply to employees, except as otherwise provided in this division.

> *Substitute caregivers, counted in the child/caregiver ratio, are required to meet the same qualifications as other caregivers who have responsibility for the direct care and supervision of children in order to protect the health, safety and well-being of children in care. The risk to children from an unqualified caregiver is the same whether the caregiver is a paid substitute or a volunteer.*

§746.1403
What minimum standards must volunteers or contractors such as the dance, gymnastics, computer, or music teacher, comply with?

Subchapter D, Personnel
Division 5, Volunteers, Substitutes, and Contractors
09/01/03

Medium (a) Volunteers and contractors, whether paid or unpaid, who are regularly or frequently present at the child-care center but not counted in the child/caregiver ratio, must comply with minimum standards that apply to employees.

Medium (b) Volunteers and contractors, whether paid or unpaid, who are regularly or frequently present at the child-care center and counted in the child/caregiver ratio, must comply with minimum standards that apply to employees and caregivers.

Medium-High (c) Volunteers and contractors that do not meet caregiver qualifications, whether paid or unpaid, must never be left alone with children.

> *Volunteers and/or parents who supplement the ratios for swimming, wading and field trip activities on an incremental or irregular basis do not require training.*

Child/Caregiver Ratios and Group Sizes

Ratios and Group Sizes at the Child-Care Center

§746.1501
What is child/caregiver ratio?

Subchapter E, Child/Caregiver Ratios and Group Sizes
Division 1, Ratios and Group Sizes at the Child-Care Center
09/01/03

Medium-Low (a) The child/caregiver ratio is the maximum number of children one caregiver can be responsible for.

Medium-High (b) Each child must have a caregiver who is responsible for the child and who is aware of details of the child's habits, interests, and any special problems.

§746.1503
What is considered a group?

Subchapter E, Child/Caregiver Ratios and Group Sizes
Division 1, Ratios and Group Sizes at the Child-Care Center
09/01/03

Medium-Low A group of children is defined by the number of children assigned to a specific caregiver or group of caregivers, occupying an individual classroom or well-defined physical space within a larger room. Each child in any group has two things in common with every other child in his group: the same caregiver(s) responsible for the child's basic needs and the same classroom or activity space. Generally, the group stays with the assigned caregiver(s) throughout the day and may move to different areas throughout the child-care center, indoors and out. The group may not mix freely with other children, unless specific criteria are met as specified in this subchapter. The number of children who may be in a group varies according to the age of the children and the number of caregivers as specified in this subchapter.

§746.1505
May I place more than one group of children in a large room?

Subchapter E, Child/Caregiver Ratios and Group Sizes
Division 1, Ratios and Group Sizes at the Child-Care Center
09/01/03

Yes. More than one group of children may occupy a room, provided the following conditions are met:

Medium (1) The room is divided so that groups are separated. For example, a group of 25 children and another group of ten children may be cared for in the same room if the placement of shelves, accordion doors, or low movable walls divide the area so that children in one group do not freely mix with children in another group;

Medium (2) Groups may move from one activity area to another within the room during the day, but individual children may not freely mingle between groups; and

Medium (3) The total number of children must not routinely exceed the room capacity based on activity space.

§746.1507
How do I determine the child/caregiver ratio?

Subchapter E, Child/Caregiver Ratios and Group Sizes
Division 1, Ratios and Group Sizes at the Child-Care Center
09/01/03

In determining child/caregiver ratio, the following apply:

Medium-Low (1) Child/caregiver ratio is based on the specified age of the children in the caregiver's group or the age of the youngest child in the group, depending on the activity and the number of children at the child-care center.

Medium-Low (2) You may use the developmental or emotional age, rather than the chronological age, of a child with special care needs, if this is recommended by a health-care professional or other qualified professional and is documented in the child's record.

Medium-Low (3) You must consider the skills of the caregiver and the needs of the individual children and the group when assigning a caregiver to a group of children. For example, if a group of toddlers is experiencing biting, consider assigning a caregiver who is trained to handle these behaviors and perhaps additional caregivers or volunteers to assist in the supervision and redirection of the children.

Medium (4) You must include all children in care, including children related to the child-care center director and employees.

Medium (5) In emergency situations, you may use child-care center employees who do not meet caregiver qualifications for a limited time while a substitute caregiver is being secured. The time must be no longer than is reasonably necessary to secure a qualified substitute caregiver. Emergency situations include, but are not limited to, illness, accident, or death.

Medium (6) The total number of children in care at the center and in care away from the center, such as during a field trip, must never exceed the licensed capacity of the center.

Classroom Ratios and Group Sizes for Centers Licensed To Care for 13 or More Children

§746.1601
How many children may one caregiver supervise?

Subchapter E, Child/Caregiver Ratios and Group Sizes
Division 2, Classroom Ratios and Group Sizes for Centers Licensed To Care for 13 or More Children
06/01/09

Medium-High

The classroom ratio is the number of children one caregiver may supervise and is shown in the following chart. The classroom ratio is based on the specified age of the children in the group, unless otherwise stated in this subchapter:

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

Adults must be more actively involved in the supervision of children under 24 months due to their limited muscle control and physical skills. Children under 24 months are also at greater risk during an emergency requiring evacuation of the center.

Research indicates direct, warm, social interactions betweens adults and children are more likely to occur with lower child/caregiver ratios. According to the AAP, caregivers must be recognized as performing a job for groups of children that parents would rarely be considered capable of handling alone. Caring for a group of three infants is the same as caring for infant triplets; four toddlers can be the equivalent to a set of quadruplets.

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

Subchapter E, Child/Caregiver Ratios and Group Sizes
Division 2, Classroom Ratios and Group Sizes for Centers Licensed To Care for 13 or More Children
09/01/03

Medium-Low

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

(1) List all of the children in the group in order of their ages from youngest to oldest. Children younger than 24 months should be listed by their age in months. Children two years and older are listed by their age in years.

(2) Determine the total number of children in the group and divide this number by two. If the result is not a whole number but is .5, such as 6.5, round up to the next number, which is 7. This will be the core number of the group.

(3) Begin counting at the first or youngest child on your list and count down the list from youngest to oldest, until you reach the core number. The age of this child is the specified age of the children in this group.

§746.1605
May I combine infants with children 18 months and older?

Subchapter E, Child/Caregiver Ratios and Group Sizes
Division 2, Classroom Ratios and Group Sizes for Centers Licensed To Care for 13 or More Children
09/01/03

Medium-High

Yes. If you have 13 or more children in care, you may combine infants with older children as long as the oldest child in the group is not more than 18 months older than the youngest child. For example, if the youngest child in a group is eight months old, the oldest child in the group must not be more than 26 months old.

> *There is an increased risk to infants' safety when they are grouped with older children who are larger and more mobile.*

§746.1607
If I have two caregivers with each group, may I double the number of children one caregiver may supervise?

Subchapter E, Child/Caregiver Ratios and Group Sizes
Division 2, Classroom Ratios and Group Sizes for Centers Licensed To Care for 13 or More Children
09/01/03

Medium-High

The maximum number of children two or more caregivers may supervise is limited by the maximum group size.

§746.1609
What is the maximum group size?

Subchapter E, Child/Caregiver Ratios and Group Sizes
Division 2, Classroom Ratios and Group Sizes for Centers Licensed To Care for 13 or More Children
06/01/09

Medium-High

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

If the specified age of the children in the group is…	Then the maximum group size and number of children two or more caregivers may supervise is…
0 – 11 months	10
12 – 17 months	13
18 – 23 months	18
2 years (24 months)	22
3 years	30
4 years	35
5 years	35
6 – 8 years	35
9 – 13 years	35

> *Research has shown that when caregivers have fewer children to supervise and the group size is limited it reduces the likelihood of injuries and illness in children and increases opportunities for positive interaction with children. Excessive numbers of young children increase the danger of high caregiver stress and loss of control.*

§746.1611
Are there times when I may mix groups of children and exceed the maximum group size?

Subchapter E, Child/Caregiver Ratios and Group Sizes
Division 2, Classroom Ratios and Group Sizes for Centers Licensed To Care for 13 or More Children
09/01/03

(a) Yes. When 13 or more children are in care, you may mix groups for joint activities and exceed the maximum group size for limited times under the following conditions:

Medium (1) For children 18 months through four years, for a maximum of 30 minutes;

Medium (2) For children five years and older, for a maximum of 1 1/2 hours;

Medium (3) For mealtimes, field trips, outdoor play, and naptimes, for the length of that activity.

Medium-High (b) The child/caregiver ratio must be met for each group and activity.

> *During special activities when children are combined and the room capacity may be exceeded, consider whether the children are overcrowded or would be endangered in the event of an emergency requiring evacuation of the child-care center.*

§746.1613
If 13 or more children are in care, may I reduce the number of caregivers supervising children during naptime?

Subchapter E, Child/Caregiver Ratios and Group Sizes
Division 2, Classroom Ratios and Group Sizes for Centers Licensed To Care for 13 or More Children
09/01/03

Medium (a) Yes. If 13 or more children are in care, you may reduce the child/caregiver ratio for children 18 months and older by 50% during naptime under the following conditions:

Medium-High (1) Groups of children using reduced ratio must be combined in a central sleeping location that safely accommodates naptime equipment;

Medium-High (2) Groups of children that cannot be combined in a central location due to space limitations must not use reduced ratios;

Medium-High (3) Caregivers with groups that cannot be combined must not be counted as additional caregivers in the building or in the naptime ratio;

Medium-High (4) If only one caregiver is required to supervise the naptime group, at least one other employee or caregiver must be present in the building;

Medium-High (5) If more than one caregiver(s) must supervise the naptime group, one additional employee or caregiver must be present in the building for every two caregivers supervising the naptime group;

Medium-High (6) Caregivers supervising during naptime must be physically present in the room or area in which children are napping and must be able to summon the additional employee(s) without leaving the room or area; and

Medium-High (7) Other child-care center employees, such as the director or cook, who are not supervising a group of children may be counted as additional adults required in the building during naptime.

(continued)

Medium-High

(b) The following chart shows the 50% naptime ratio and the number of additional caregivers required in the building:

If the total number of caregivers required to supervise the combined groups before naptime is…	Then the number of caregivers needed to supervise groups combined in a central sleeping location is…	And the number of additional employees required in the building must be at least…
10	5	3
9	5	3
8	4	2
7	4	2
6	3	2
5	3	2
4	2	1
3	2	1
2	1	1
1	1	1

§746.1615
May I adjust the child/caregiver ratio when I am opening and closing my child-care center?

Subchapter E, Child/Caregiver Ratios and Group Sizes
Division 2, Classroom Ratios and Group Sizes for Centers Licensed To Care for 13 or More Children
09/01/03

Medium

Yes. When 13 or more children are in care, children who are 18 months and older may be grouped at a ratio of one caregiver per group of 16 children during the 45 minutes after opening and 45 minutes before closing. Child/caregiver ratios cannot be adjusted during opening and closing for children who are younger than 18 months.

§746.1617
Will I be given an opportunity to comply, if my child-care center was licensed before September 1, 2003?

Subchapter E, Child/Caregiver Ratios and Group Sizes
Division 2, Classroom Ratios and Group Sizes for Centers Licensed To Care for 13 or More Children
09/01/03

(no weight)

(a) If your child-care center was licensed before September 1, 2003, you have one year from September 1, 2003, to comply with classroom ratios and group sizes as specified in this division, unless stated otherwise. You must maintain at least the following classroom ratios during the one-year period beginning September 1, 2003.

(continued)

(1) If your child-care center was licensed as a kindergarten and nursery school, the following chart applies:

If the age of youngest child in the group is…	**And there are (Number of Children of Youngest Age) in the group…**	**Then the maximum number of children to be supervised by one caregiver is…**
2 years	Five or more two-year-olds	11
	No more than four two-year-olds	13
3 years	Seven or more three-year-olds	15
	No more than six three-year-olds	17
4 years	11 or more four-year-olds	18
	No more than ten four-year-olds	20
5 years	13 or more five-year-olds	24
	No more than 12 five-year-olds	26
6 years		28

(2) If your child-care center was licensed as a school: grades kindergarten and above, the following chart applies:

Grade	**Number of Children**
Kindergarten	24
1st – 3rd	28
4th and above	32

(3) If your child-care center was licensed as a drop-in child-care center, the following chart applies:

If the age of youngest child in the group is…	**Then the maximum number of children to be supervised by one caregiver is…**
0 – 11 months	4
12 – 17 months	5
18 – 23 months	10
2 – 5 years	12
6 years and older	15

(no weight) (b) A child-care center licensed before September 1, 2003, must comply with the child/caregiver ratios in this division when your existing permit is no longer valid.

Classroom Ratios and Group Sizes for Centers When 12 or Fewer Children are in Care

§746.1701
How many children may one caregiver supervise if 12 or fewer children are in care?

Subchapter E, Child/Caregiver Ratios and Group Sizes
Division 3, Classroom Ratios and Group Sizes for Centers When 12 or Fewer Children are in Care
09/01/03

Medium

The number of children one caregiver may supervise when 12 or fewer children are present at the child-care center is specified in the following ratio chart and is based on the number of children in each age category:

Number of children 0-17 months old	Number of children 18 months - 4 years old	Number of children 5 years old and older	Maximum number of children to be supervised by one caregiver
0	8	4	12
0	7	5	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	12
1	5	5	11
1	4	6	11
1	3	7	11
1	2	8	11
1	1	9	11
1	0	10	11
2	4	4	10
2	3	5	10
2	2	6	10
2	1	7	10
2	0	8	10
3	2	2	7
3	1	3	7
3	0	4	7
4	0	0	4

§746.1703
If I have 12 or fewer children in care, may I combine infants with children 18 months and older?

Subchapter E, Child/Caregiver Ratios and Group Sizes
Division 3, Classroom Ratios and Group Sizes for Centers When 12 or Fewer Children are in Care
09/01/03

Medium-High

Yes. If you have 12 or fewer children in care, infants may be cared for with older children without regard to age, although you must ensure the safety of all children in the group.

§746.1705
If I have two caregivers with each group, may I double the number of children one caregiver may supervise?

Subchapter E, Child/Caregiver Ratios and Group Sizes
Division 3, Classroom Ratios and Group Sizes for Centers When 12 or Fewer Children are in Care
09/01/03

Medium-High

No. The maximum number of children two caregivers may supervise is limited by the maximum group size. When 12 or fewer children are in care, the number of children two caregivers may supervise and the maximum group size is specified in the following chart and is based on the number of children in each age group:

Number of children 0-17 months old	Number of children 18 months old and older	Maximum group size and number of children two caregivers may supervise
0	12	12
1	11	12
2	10	12
3	9	12
4	8	12
5	7	12
6	6	12
7	5	12
8	4	12
9	3	12
10	0	10

§746.1707
What is the maximum group size if I have more than two caregivers supervising the children?

Subchapter E, Child/Caregiver Ratios and Group Sizes
Division 3, Classroom Ratios and Group Sizes for Centers When 12 or Fewer Children are in Care
09/01/03

Medium-High

If 12 or fewer children are in care and you have more than two caregivers supervising the children, the 12 children in care may be any age from birth through 13 years.

§746.1709
May I adjust the child/caregiver ratio when I am opening and closing my child-care center?

Subchapter E, Child/Caregiver Ratios and Group Sizes
Division 3, Classroom Ratios and Group Sizes for Centers When 12 or Fewer Children are in Care
09/01/03

Medium-High

No. Ratios may not be adjusted for opening and closing when 12 or fewer children are in care.

§746.1711
Will I be given an opportunity to comply, if my child-care center was licensed before September 1, 2003?

Subchapter E, Child/Caregiver Ratios and Group Sizes
Division 3, Classroom Ratios and Group Sizes for Centers When 12 or Fewer Children are in Care
09/01/03

(no weight) (a) If your child-care center was licensed as a group day-care home before September 1, 2003, you have one year from September 1, 2003, to comply with classroom ratios and group sizes for licensed child-care centers as specified in this division, unless stated otherwise. You must maintain at least one of the following combinations during the one-year period beginning September 1, 2003.

(1) The following chart applies when one person is caring for children.

One Person Caring for Children		
Infants 0 - 17 mos.	**Preschoolers 18 mos. - 3 years**	**School-Age 4 - 13 years**
0	8	4
1	6	4
2	5	3
3	2	1
4	0	0

(2) The following chart applies when two people are caring for children.

Two People Caring For Children	
Infants 0 - 17 mos.	**Older Children 18 mos. and older**
10	0
9	3
8	4
7	5
6	6
5	7
4	8
3	9
2	10
1	11
0	12

(no weight) (b) A child-care center licensed before September 1, 2003, must comply with the child/caregiver ratios in this division when your existing permit is no longer valid.

Ratios for Field Trips

§746.1801
Do I need additional caregivers when I take children away from the child-care center for field trips or walks?

Subchapter E, Child/Caregiver Ratios and Group Sizes
Division 4, Ratios for Field Trips
09/01/03

Medium-High (a) When children are on a field trip and are mixing with children and adults who are not from your child-care center, including but not limited to, trips to the skating rink, shopping center, public or amusement park, you must meet the following child/caregiver ratio:

If the age of the youngest child in the group is…	Then you must have (number of caregivers) caregivers to supervise…	Every (number of children) children
0 – 23 months	1	1
2 years	1	2
3 years	1	6
4 years	1	8
5 years	1	10
6 years and older	1	12

Medium-High (b) The child/caregiver ratio for field trips may include adult volunteers or child-care center employees who are not qualified as caregivers only for trips when children are mixing with non-center children and adults, as long as you maintain at least the classroom child/caregiver ratio with qualified caregivers.

Medium (c) When children are on a walk or field trip in an enclosed, controlled area, including but not limited to, specially arranged trips to the fire station, library or museum class for children in your child-care center only, you must maintain at least the classroom child/caregiver ratio. Refer to §746.2101 of this title (relating to Must I have additional caregivers for splashing/wading activities?) and §746.2105 of this title (relating to What are the child/caregiver ratios for swimming activities?) for child/caregiver ratios for splashing/wading and swimming activities when children are not mixing with other children and adults.

Field trips involve higher risk to children and require increased supervision by adults. Injuries and serious incidents are more likely to occur when a child's surroundings change or when there is a change in routine. When children are excited or busy playing in unfamiliar areas, they are likely to forget safety measures unless they are closely supervised.

§746.1803
Will I be given an opportunity to comply, if my child-care center was licensed before September 1, 2003?

Subchapter E, Child/Caregiver Ratios and Group Sizes
Division 4, Ratios for Field Trips
09/01/03

(no weight)

(a) If your child-care center was licensed before September 1, 2003, you have one year from September 1, 2003, to comply with ratios and group sizes for field trips as specified in §746.1801(a) of this title (relating to Do I need additional caregivers when I take children away from the child-care center for field trips or walks?), unless stated otherwise. You must maintain at least the following ratios when children are on a field trip and mixing with other children or adults during the one-year period beginning September 1, 2003.

(1) If your child-care center was licensed as a group day care home, the following chart applies:

If the age of youngest child in the group is…	Then the maximum number of children to be supervised by one adult is…
0 – 23 months	2
2 years	6
3 years	8
4 years	9
5 years	11
6 years and older	12

(2) If your child-care center was licensed as kindergarten and nursery school, the following chart applies:

If the age of youngest child in the group is…	Then the maximum number of children to be supervised by one adult is…
2 years	6
3 years	8
4 years	9
5 years	11
6 years	15

(3) If your child-care center was licensed as a school: grades kindergarten and above, the following chart applies:

If the age of youngest child in the group is…	Then the maximum number of children to be supervised by one adult is…
4 years	9
5 years	11
6 years and older	15

(continued)

(4) If your child-care center was licensed as a drop-in care center, the following chart applies:

If the age of youngest child in the group is…	Then the maximum number of children to be supervised by one adult is…
0 – 23 months	2
2 years	6
3 years	8
4 years	9
5 years	11
6 years and older	15

(no weight) (b) A child-care center licensed before September 1, 2003, must comply with the child/caregiver ratios in this division when your existing permit is no longer valid.

§746.1805
If I provide transportation, how many caregivers must I have in the vehicle to supervise the children?

Subchapter E, Child/Caregiver Ratios and Group Sizes
Division 4, Ratios for Field Trips
09/01/03

Medium-High (a) When you transport children younger than two years, you must have one caregiver in addition to the driver for each group of four children younger than two years.

Medium-High (b) When you transport children two years and older, you must comply with classroom child/caregiver ratio. The driver may be counted in this ratio if the driver meets caregiver qualifications.

> *Research indicates motor vehicle accidents are the leading cause of death in children in the United States. Additional adults are needed when transporting groups of younger children to free the driver from the distraction of supervising children while driving, and to assist in the evacuation and supervision of children in case of an accident or breakdown.*

Ratios for the Get-Well Care Program

§746.1901
If I operate a get-well care program, must I use a different child/caregiver ratio?

Subchapter E, Child/Caregiver Ratios and Group Sizes
Division 5, Ratios for the Get-Well Care Program
09/01/03

Medium

The number of children one caregiver may supervise in a get-well care program is specified in the following chart and is based on the age of the youngest child in the program:

If the age of the youngest child is…	Then you must have (number of caregivers) caregivers to supervise…	Every (number of children) children
0 – 23 months	1	3
2 – 5 years	1	4
6 – 13 years	1	6

§746.1903
What is the child/caregiver ratio if I have more than two caregivers supervising the children in the get-well care program?

Subchapter E, Child/Caregiver Ratios and Group Sizes
Division 5, Ratios for the Get-Well Care Program
09/01/03

Medium

The maximum number of children two caregivers may supervise is limited by the maximum group size. The number of children two caregivers may supervise in a get-well care program is specified in the following chart and is based on the age of the youngest child in the group:

If the age of the youngest child is…	Then maximum group size and maximum number of children two caregivers may supervise is…
0 – 23 months	6
2 – 5 years	8
6 – 13 years	12

§746.1905
May I combine infants with children 18 months and older in my get-well care program?

Subchapter E, Child/Caregiver Ratios and Group Sizes
Division 5, Ratios for the Get-Well Care Program
09/01/03

Medium

You may care for infants with older children only if there are 12 or fewer children present in the get-well care program.

Ratios for Nighttime Care

§746.2001
Must I have additional caregivers during nighttime care?

Subchapter E, Child/Caregiver Ratios and Group Sizes
Division 6, Ratios for Nighttime Care
09/01/03

Medium

No. Additional caregivers are not needed for the child/caregiver ratio for nighttime care, although naptime ratios must not be used during nighttime care.

Ratios for Water Activities

§746.2101
Must I have additional caregivers for splashing/wading activities?

Subchapter E, Child/Caregiver Ratios and Group Sizes
Division 7, Ratios for Water Activities
09/01/03

Medium-High

(a) The maximum number of children one caregiver can supervise while children use a splashing or wading pool (two feet of water or less) is based on the age of the youngest child in the group and is specified in the following chart:

Ratio for Splashing or Wading Pools (Two Feet Deep or Less)		
If the age of the youngest child is…	**Then you must have (number) adults to supervise…**	**Every (number) children.**
0 – 23 months	1	1
	2	4
2 years	1	2
	2	5
3 years	1	6
4 years	1	16
5 years	1	20
6 – 8 years	1	22
9 years and older	1	25

High

(b) When children are mixing with children and adults who are not from your child-care center during splashing or wading activities, the child/caregiver ratios for field trips as specified in §746.1801 of this title (relating to Do I need additional caregivers when I take children away from the child-care center for field trips or walks?) must be followed.

§746.2103
Will I be given an opportunity to comply with the minimum standards for splashing/wading activities, if my child-care center was licensed before September 1, 2003?

Subchapter E, Child/Caregiver Ratios and Group Sizes
Division 7, Ratios for Water Activities
09/01/03

(no weight)

(a) If your child-care center was licensed before September 1, 2003, you have one year from September 1, 2003, to comply with child/caregiver ratios for splashing/wading activities as specified in §746.2101 of this title (relating to Must I have additional caregivers for splashing/wading activities?), unless stated otherwise. You must maintain at least the following ratios when children use a splashing/wading pool (two feet of water or less) at or away from your child-care center during the one-year period beginning September 1, 2003.

(continued)

(1) If your child-care center was licensed as a group day care home, the following chart applies:

If the age of the youngest child in the group is…	Then you must have (number of caregivers) caregivers to supervise…	Every (number of children) children
6 months – 23 months	2	6
2 years	2	11
3 years	2	12
4 years and older	1	12

(2) If your child-care center was licensed as kindergarten and nursery school, the following chart applies:

If the age of the youngest child in the group is…	Then you must have (number of caregivers) caregivers to supervise…	Every (number of children) children
2 years	2	11
3 years	2	13
4 years	1	18
5 years	1	22
6 years	1	25

(3) If your child-care center was licensed as a school: grades kindergarten and above, the following chart applies:

If the age of youngest child in the group is…	Then the maximum number of children to be supervised by one adult is…
4 years	8
5 years	22
6 years and older	26

(4) If your child-care center was licensed as a drop-in care center, splashing/wading activities are not allowed unless the child/caregiver ratio in §746.2101 of this title (relating to Must I have additional caregivers for splashing/wading activities?) is followed.

(no weight) (b) When children are mixing with children and adults who are not from your child-care center during splashing or wading activities, the child/caregiver ratios for field trips as specified in §746.1803 of this title (relating to Will I be given an opportunity to comply, if my child-care center was licensed before September 1, 2003?) must be followed.

(no weight) (c) A child-care center licensed before September 1, 2003, must comply with the child/caregiver ratios in this division when your existing permit is no longer valid.

§746.2105
What are the child/caregiver ratios for swimming activities?

Subchapter E, Child/Caregiver Ratios and Group Sizes
Division 7, Ratios for Water Activities
09/01/03

High (a) When your child-care center uses a swimming pool (more than two feet of water), there must be at least two caregivers supervising the children if four or more children are swimming.

High (b) The maximum number of children one caregiver can supervise while children are swimming is based on the age of the youngest child in the group and is specified in the following chart:

Ratio for Swimming Pools (More Than Two Feet Deep)		
If the age of the youngest child is…	**Then you must have (number) adult to supervise…**	**Every (number) children.**
0 – 23 months	1	1
2 years	1	2
3 years	1	6
4 years	1	8
5 years	1	10
6 years and older	1	12

Varying levels of children's comfort and skill in the water combined with the increased difficulty seeing children in the water requires closer supervision to reduce the risk of drowning.

§746.2107
Will I be given an opportunity to comply with the child/caregiver ratios for swimming activities, if my child-care center was licensed before September 1, 2003?

Subchapter E, Child/Caregiver Ratios and Group Sizes
Division 7, Ratios for Water Activities
09/01/03

(no weight) (a) If your child-care center was licensed before September 1, 2003, you have one year from September 1, 2003, to comply with child/caregiver ratios for swimming activities as specified in §746.2105 of this title (relating to What are the child/caregiver ratios for swimming activities?), unless stated otherwise. You must maintain at least the following ratios when children use a swimming pool (more than two feet of water) at or away from the child-care center during the one-year period beginning September 1, 2003.

(1) When four or more children are swimming, two adults must be present.

(continued)

(2) If your child-care center was licensed as a group day care home, the following chart applies:

If the age of youngest child in the group is…	Then the maximum number of children to be supervised by one adult is…
6 mos. – 23 mos.	1
2 years	6
3 years	8
4 years and older	12

(3) If your child-care center was licensed as a kindergarten and nursery school, the following chart applies:

If the age of youngest child in the group is…	Then the maximum number of children to be supervised by one adult is…
2 years	6
3 years	8
4 years	12
5 years	15
6 years	18

(4) If your child-care center was licensed as a school: grades kindergarten and above, the following chart applies:

If the age of youngest child in the group is…	Then the maximum number of children to be supervised by one adult is…
4 years	12
5 years	15
6 years and older	18

(5) If your child-care center was licensed as a drop-in care center, swimming activities are not allowed unless the child/caregiver ratio in §746.2105 of this title (relating to What are the child/caregiver ratios for swimming activities?) is followed.

(no weight) (b) When children are mixing with children and adults who are not from your child-care center during swimming activities, the child/caregiver ratios for field trips as specified in §746.1803 of this title (relating to Will I be given an opportunity to comply, if my child-care center was licensed before September 1, 2003?) must be followed.

(no weight) (c) A child-care center licensed before September 1, 2003, must comply with the child/caregiver ratios in this division when your existing permit is no longer valid.

§746.2109
Must a certified lifeguard be on duty when children are swimming in more than two feet of water?

Subchapter E, Child/Caregiver Ratios and Group Sizes
Division 7, Ratios for Water Activities
09/01/03

High Yes. When children are swimming in more than two feet of water, a certified lifeguard must be on duty at all times.

§746.2111
May I count the certified lifeguard in the child/caregiver ratio?

Subchapter E, Child/Caregiver Ratios and Group Sizes
Division 7, Ratios for Water Activities
09/01/03

Medium-High (a) You must not count the certified lifeguard in the child/caregiver ratio when people other than the children from your child-care center are swimming.

Medium-High (b) If only children from your child-care center are swimming, you may count the certified lifeguard in the child/caregiver ratio, although the lifeguard must never be left alone with any of the children unless the lifeguard is also a qualified caregiver for your center.

> *The lifeguard has the necessary skills to rescue a child in distress; however, being responsible for assisting and supervising children who are in the water at the same time may take away from their ability to react quickly in an emergency.*

§746.2113
Must persons who are counted in the child/caregiver ratio during swimming know how to swim?

Subchapter E, Child/Caregiver Ratios and Group Sizes
Division 7, Ratios for Water Activities
09/01/03

High Yes. Each person included in the child/caregiver ratio for swimming in two feet or more of water must be able to swim and must be prepared to do so in an emergency.

> *The ability to swim is crucial to adequate supervision and safety of children and allows a caregiver to intervene when necessary to protect the child.*

§746.2115
May I include volunteers or child-care employees who do not meet minimum qualifications for caregivers in the child/caregiver ratio for water activities?

Subchapter E, Child/Caregiver Ratios and Group Sizes
Division 7, Ratios for Water Activities
09/01/03

Medium-High Yes. To meet the child/caregiver ratio for splashing/wading and swimming activities, you may include adult volunteers and adult child-care center employees who do not meet the minimum qualifications for caregivers specified in Subchapter D of this chapter (relating to Personnel), provided that:

Medium-High (1) You maintain at least the classroom child/caregiver ratios required in this subchapter with caregivers who do meet the minimum qualifications for caregivers;

High (2) All persons included in the ratios for water activities must be able to swim and must be prepared to do so in an emergency; and

High (3) You ensure compliance with all other minimum standards, including, but not limited to, standards relating to supervision, discipline and guidance.

§746.2117
Must I have additional caregivers for sprinkler play?

Subchapter E, Child/Caregiver Ratios and Group Sizes
Division 7, Ratios for Water Activities
09/01/03

Medium-High

We do not require additional caregivers for sprinkler play; however, you must not leave a child alone with the sprinkler equipment.

Activities and Activity Plan

§746.2201
Must caregivers provide planned activities for the children in their care?

Subchapter F, Developmental Activities and Activity Plan
09/01/03

Medium Yes. Caregivers must provide planned activities designed to meet the individual needs and developmental level of each child.

> *Research has shown that learning in young children is the result of interaction between the child's thoughts and their experiences with materials, ideas and people. The quality of these interactions is enhanced by providing structure and a variety of opportunities to practice and explore new skills. While planning children's activities, keep in mind the diverse and ever-changing developmental needs of children, the abilities and interests of the children in the group and the importance of children's play in developing physically, emotionally, intellectually and socially.*

§746.2203
Must caregivers have written activity plans?

Subchapter F, Developmental Activities and Activity Plan
09/01/03

Medium (a) Yes. Your director or each caregiver must develop a written activity plan. The plan must outline the daily routines and specific activities for each age group and the plan must be followed by the caregiver(s) responsible for that group.

Medium (b) The activity plan must be inclusive for all children in the group regardless of disabling or limiting conditions. For more information on caring for children with special care needs, see §746.2301 of this title (relating to Are there basic care requirements for children with special care needs?).

> *Planning daily activities ensures the children have a variety of activities that meet their developmental needs. A written plan helps to clarify for parents the services a center provides and also provides the caregiver with a guideline to follow.*

§746.2205
What should the activity plan include?

Subchapter F, Developmental Activities and Activity Plan
09/01/03

The written activity plan must include at least the following:

Medium (1) The group the activity plan is designed for and dates (daily, weekly, or monthly) the plan covers;

Medium (2) A variety of activities daily;

Medium (3) Indoor and outdoor play in which the children make use of both small and large muscles;

Medium (4) A balance of active and quiet play including group and individual activities both indoors and outdoors;

Medium (5) Regular meal and snack times;

Medium (6) Supervised naptimes;

(continued)

Medium (7) Both child-initiated and caregiver-initiated activities;

Medium (8) Sufficient time for activities and routines so that children can progress at their own developmental rate; and

Medium (9) No long waiting periods between activities or prolonged periods during which children stand or sit.

> *Research indicates children receive the greatest developmental benefits from attending centers, which offer a variety of activities addressing emotional, social, intellectual and physical development. A planned but flexible program that allows children to make decisions about their activities fosters independence and creative expression.*

§746.2207
May I use TV/video and video games for activities with children?

Subchapter F, Developmental Activities and Activity Plan
09/01/03

Medium TV/video and video games may be used to supplement, but may not be used to replace, the activities for children described in §746.2417 (relating to What activities must I provide for infants?); §746.2507 (relating to What activities must I provide for toddlers?); §746.2607 (relating to What activities must I provide for pre-kindergarten-age children?); and §746.2707 (relating to What activities must I provide for school-age children?). If you use TV/video and video games as an activity for children, they must be age appropriate.

§746.2209
Must I post the activity plan?

Subchapter F, Developmental Activities and Activity Plan
09/01/03

Medium Yes. You must post the activity plan for each group of children in the child-care center in a prominent place where parents and others can see it.

> *Posting a written description of the planned program of daily activities helps caregivers and parents have a common understanding about the center's child-care and education practices and allows for monitoring and accountability of these.*

§746.2211
How long must I keep the activity plan?

Subchapter F, Developmental Activities and Activity Plan
09/01/03

Medium-Low You must keep activity plans at your child-care center for at least three months and you must make them available for review by Licensing and parents upon request during hours of operation.

Basic Care Requirements for Children with Special Care Needs

§746.2301
Are there basic care requirements for children with special care needs?

Subchapter G, Basic Care Requirements for Children with Special Care Needs
09/01/03

Medium-High

You must ensure that children who need special care due to disabling or limiting conditions receive the care recommended by a health-care professional or qualified professionals affiliated with the local school district or early childhood intervention program. These basic care requirements must be documented and on file for review at the child-care center during operating hours. Activities must integrate all children with or without special care needs. You may need to adapt equipment and vary methods to ensure that you care for children with special needs in a natural environment.

Basic Care Requirements for Infants

§746.2401
What are the basic care requirements for infants?

Subchapter H, Basic Care Requirements for Infants
09/01/03

Basic care for infants must include:

Medium (1) Care by the same caregiver on a regular basis, when possible;

Medium-High (2) Individual attention given to each child including playing, talking, cuddling, and holding;

Medium-High (3) Holding and comforting a child who is upset;

Medium-High (4) Prompt attention given to physical needs, such as feeding and diapering;

Medium-High (5) Talking to children as they are fed, changed, and held, such as naming objects, singing, or saying rhymes;

High (6) Ensuring the environment is free of objects that may cause choking in children younger than three years; and

High (7) Never leaving an infant unsupervised.

> *Children learn best from adults who know and respect them and with whom they have established a trusting relationship. Individual attention received during the early years of life is crucial to a child's emotional and social development. Studies of infant behavior show that infants have difficulty forming trusting relationships in settings where many adults interact with the child. The overall health and well-being of the child can be positively impacted by providing infants with the same caregiver(s) on a regular basis.*
>
> *The AAP recommends that the wishes of children, regardless of their ages, should always be respected with regard to physical contact and their comfort/discomfort with it. If a child indicates that he or she does not wish to be held or comforted, even "friendly contact" with a child should be avoided.*

§746.2403
How must I arrange the infant care area?

Subchapter H, Basic Care Requirements for Infants
09/01/03

The room arrangement of the infant care area must:

High (1) Make it possible for caregivers to see and/or hear all children at a glance and be able to intervene when necessary;

Medium-High (2) Include safe, open floor space for floor time play;

Medium-High (3) Separate infants from children more than 18 months older than the youngest child in the group, except when 12 or fewer children are in care;

Medium-High (4) Have cribs far enough apart so that one infant may not reach into another crib;

Medium-High (5) Provide caregivers with enough space to walk and work between cribs, cots, and mats; and

Medium-High (6) Ensure older children do not use the infant area as a passageway to other areas of the building.

(continued)

Infants need calm environments away from the stimulation of older children. Placing cribs far enough apart to prevent one child from reaching into the crib of another child protects the safety of the infants. This spacing also reduces the likelihood of transmission of infectious respiratory diseases spread by large droplets, generated by a sneeze or cough, and can be effective in controlling the spread of other infectious diseases in the child care environment.

§746.2405
What furnishings and equipment must I have in the infant care area?

Subchapter H, Basic Care Requirements for Infants
09/01/03

Furnishings and equipment for infants must include at least the following:

Medium (1) An adult-sized rocker or chair;

Medium-High (2) An individual crib for each non-walking infant;

Medium (3) An individual crib, cot, bed, or mat that is waterproof or washable for each walking infant;

Medium-High (4) A hand-washing sink in the diaper-changing area, as specified in §746.4403 of this title (relating to Must I have a hand-washing sink in the diaper-changing area?); and

Medium-High (5) A sufficient number of toys to keep children engaged in activities.

A chair or rocker allows the caregiver to hold, rock, comfort, talk, sing, and read to infants in an intimate, nurturing manner.

§746.2407
Must the equipment I use for infants be equipped with safety straps?

Subchapter H, Basic Care Requirements for Infants
09/01/03

Medium-High If you use high chairs, swings, strollers, infant carriers, rockers and bouncer seats, or similar types of equipment, they must be equipped with safety straps that must be fastened whenever a child is using the equipment.

§746.2409
What specific safety requirements must my cribs meet?

Subchapter H, Basic Care Requirements for Infants
09/01/03

(a) All cribs must have:

Medium-High (1) A firm, flat mattress that snugly fits the sides of the crib. The mattress must not be supplemented with additional foam material or pads;

Medium-High (2) Sheets that fit snugly and do not present an entanglement hazard;

Medium-High (3) A mattress that is waterproof or washable;

Medium-High (4) Secure mattress support hangers, and no loose hardware or improperly installed or damaged parts;

Medium-High (5) A maximum of 2 3/8 inches between crib slats or poles;

High (6) No corner posts over 1/16 inch above the end panels;

(continued)

High (7) No cutout areas in the headboard or footboard that would entrap a child's head or body; and

High (8) Drop rails, if present, which fasten securely and cannot be opened by a child.

Medium-High (b) You must sanitize each crib before a different child uses it and when soiled.

High (c) You must never leave children in the crib with the side down.

> *Research shows more babies die in incidents involving cribs than with any other piece of nursery equipment. If a soda can fits easily between the slats on a crib, the slats are too wide.*
>
> *A mattress is too loose if there are more than two finger widths between the edge of the mattress and the crib side.*
>
> *Not all cribs meet the current safety standards established by the Consumer Product Safety Commission (CPSC) and the American Society for Testing and Materials International (ASTM), especially those made before these standards were set. Be aware of safe construction when purchasing new or used cribs to avoid injury and/or entrapment hazards for children.*

§746.2411
Are mesh cribs or port-a-cribs allowed?

Subchapter H, Basic Care Requirements for Infants
09/01/03

Yes. Non-full-size, portable, or mesh-side cribs are allowed, but some additional safety requirements must be followed:

(1) You must use non-full-size, portable, or mesh-side cribs according to the manufacturer's instructions. These cribs must also have:

Medium-High (A) A minimum height of 22 inches from the top of the railing to the mattress support at its lowest level;

Medium-High (B) Mesh openings that are 1/4 inch or less;

Medium-High (C) Mesh which is securely attached to top rail, side rail, and floor plate; and

Medium-High (D) Folded sides that securely latch in place when raised.

Medium-High (2) You must never leave a child in a mesh-sided crib with a side folded down.

§746.2413
Are stacking wall cribs allowed?

Subchapter H, Basic Care Requirements for Infants
09/01/03

Yes. Stacking wall cribs must meet the requirements in §746.2409 of this title (relating to What specific safety requirements must my cribs meet?) and:

Medium-High (1) Are limited to two stacked cribs;

Medium-High (2) Must be used according to manufacturer's directions; and

Medium-High (3) Doors/gates must be securely latched anytime a child is in the crib.

§746.2415
Are specific types of equipment prohibited for use with infants?

Subchapter H, Basic Care Requirements for Infants
09/01/03

Yes. The following list of equipment, identified as unsafe for infants by the Consumer Product Safety Commission and the American Academy of Pediatrics, must not be used in the child-care center:

Medium-High (1) Baby walkers;

Medium-High (2) Baby bungee jumpers;

Medium-High (3) Accordion safety gates;

High (4) Toys that are not large enough to prevent swallowing or choking;

High (5) Bean bags, waterbeds, and foam pads for use as sleeping equipment; and

High (6) Soft bedding such as stuffed toys, quilts, pillows, bumper pads, and comforters must not be used in cribs for children six months old and younger.

> *Baby walkers present a hazard due to risk of falls down stairs, steps, and tipping over thresholds or carpet edges. They provide infants accessibility to potentially hot surfaces such as oven doors, heaters and fireplaces; containers of hot liquids such as coffee, soup or cooking oils; dangling appliance cords; poisonous plants or hazardous substances and buckets, toilets or other containers of water.*
>
> *Baby bungee jumpers require individual supervision of the child to ensure his safety and are not appropriate for use in a group setting.*
>
> *Accordion gates with large V-shaped openings along the top edge and diamond shaped openings between the slats present entrapment and entanglement hazards resulting in strangulation, choking or pinching to children who try to crawl through or over the gate.*
>
> *Examples of items that present a choking hazard for infants and toddlers include coins, balloons, safety pins, marbles, Styrofoam© and similar products, and sponge, rubber or soft plastic toys.*
>
> *Studies on SIDS support eliminating soft bedding materials and stuffed toys used for children under six months.*

§746.2417
What activities must I provide for infants?

Subchapter H, Basic Care Requirements for Infants
09/01/03

Activities for infants must include at least the following:

High (1) Daily opportunities for outdoor play as weather permits;

Medium (2) Opportunities to explore outside the crib or other confining equipment multiple times each day;

Medium-High (3) Opportunities for reaching, grasping, pulling up, creeping, crawling, and walking in a safe, clean, uncluttered area;

Medium-High (4) Opportunities for visual stimulation through nonverbal communication. Examples of age-appropriate equipment include large pictures of faces and familiar objects, simple, soft, washable books and toys, unbreakable mirrors or mobiles attached to cribs visible from the baby's position, and brightly patterned crib sheets;

(continued)

Medium-High (5) Opportunities for auditory stimulation. Examples of age-appropriate equipment or activities include verbal communication, soothing music, and musical or sounding toys;

Medium-High (6) Opportunities for sensory stimulation. Examples of age-appropriate equipment include surfaces, fabrics, textured toys, washable dolls, and toy animals;

Medium-High (7) Opportunities for small-muscle development. Examples of age-appropriate equipment include busy boxes, rattles, teethers, grasping toys, shaking or squeezing toys, or cloth toys; and

Medium-High (8) Opportunities for large-muscle development. Examples of age-appropriate equipment or activities include blankets or quilts for floor time, crib and play gyms, variety of light-weight balls, and pillows or supportive equipment for those learning to sit up.

A chance to play outdoors every day helps keep children healthy. Fresh air in a large space contains fewer germs. Outdoor play also provides a wider variety of opportunities for sensory stimulation through sounds, smells and textures and is supported by the National Association for the Education of Young Children (NAEYC).

§746.2419
Are there specific requirements for feeding infants?

Subchapter H, Basic Care Requirements for Infants
09/01/03

Yes. You must:

Medium-High (1) Hold infants birth through six months while feeding them;

Medium-High (2) Hold infants over six months who are unable to sit unassisted in a high chair or other seating equipment while feeding them;

High (3) Never prop bottles. The child or an adult must hold the bottle;

High (4) Provide regular snack and meal times for infants who eat table food;

Medium-High (5) Ensure children no longer being held for feeding are fed in a safe manner;

Medium-High (6) Label bottles and training cups with the child's first name and initial of last name;

Medium-High (7) Never allow children to walk around with or sleep with a bottle or training cup;

Medium-High (8) Never use the hand-washing sink or diaper-changing surface for food preparation, or for washing food service/preparation equipment, bottles, pacifiers or toys; and

Medium-High (9) Sanitize high chair trays before each use.

Research has shown that propping bottles can cause choking, aspiration, and increased risk for development of ear infections, tooth decay, and injuries to the teeth, as well as depriving infants of much-needed face-to-face interaction.

Using diaper changing surfaces and hand-washing sinks for food preparation or for washing items used for food service increases the spread of germs from cross contamination.

§746.2421
Must I obtain written feeding instructions for children not ready for table food?

Subchapter H, Basic Care Requirements for Infants
09/01/03

Medium (a) Yes. For children not yet ready for table food, you must obtain and follow written feeding instructions that are signed and dated by the child's parent or physician.

Medium (b) You must review and update the feeding instructions with the parent every 30 days until the child is able to eat table food.

> *"Table food" refers to regular meals/snacks provided by the child-care center for all children.*
>
> *Written feeding instructions ensure that all caregivers, including substitutes, have clear instructions for feeding infants. Each child's needs vary greatly during this critical time of growth and development. Reviewing and updating feeding instructions every 30 days ensures that caregivers are following parent instructions as the nutritional needs of the infants change.*

§746.2423
Must I provide a regularly scheduled naptime for infants?

Subchapter H, Basic Care Requirements for Infants
09/01/03

Medium Yes. Each infant must have a supervised nap period that allows the infant to maintain his or her own pattern of sleeping and waking periods.

§746.2425
How long are infants allowed to remain in their cribs after awakening?

Subchapter H, Basic Care Requirements for Infants
09/01/03

Medium An infant may remain in the crib or other confining equipment for up to 30 minutes after awakening, as long as the infant is content and responsive.

> *Exploring outside of the crib gives infants freedom of movement, which cannot be met in swings, infant carriers, strollers or otherwise physically limiting equipment.*

§746.2427
Are infants required to sleep on their backs?

Subchapter H, Basic Care Requirements for Infants
09/01/03

Medium-High Infants not yet able to turn over on their own must be placed in a face-up sleeping position, unless the child's parent presents written documentation from a health-care professional stating that a different sleeping position is allowed or will not harm the infant.

> *Sudden Infant Death Syndrome (SIDS), the sudden and unexplained death of an infant, is the major cause of death in babies between 1 and 4 months old. After 30 years of research, scientists still cannot find a cause for SIDS; however, research has found the risk of SIDS may be reduced by placing a healthy infant on his or her back to sleep. If the infant was born with a birth defect, often spits up after eating, or has a breathing, lung or heart problem, a doctor or nurse may recommend a different sleep position to use. Some 'tummy time" during awake hours is good for the baby.*

§746.2429
If an infant has difficulty falling asleep, may I cover the infant's head or crib?

Subchapter H, Basic Care Requirements for Infants
09/01/03

High No. Infants must not have their heads, faces, or cribs covered by items such as blankets, linens, or clothing at any time.

§746.2431
Must I share a daily report with parents for each infant in my care?

Subchapter H, Basic Care Requirements for Infants
09/01/03

Medium-High You must provide a daily written report to the child's parent when the child is picked up from the child-care center. The report must contain:

Medium (1) Times the child slept;

Medium-High (2) Times and amount of food consumed;

Medium-High (3) Times of diaper changes;

Medium (4) Child's general mood for the day; and

Medium (5) A brief summary of the activities in which the child participated.

> *Because infants are not able to communicate essential information to their parents, it is important that the caregiver do so. In child-care centers, several caregivers may care for an infant or there may be a shift change. A report for each parent will allow the parent to know how their infant spent the day, so the parent can supplement the infant's activities, meals and so on at home, based on the child's activities. This is a very good way of creating solid communication and healthy relationships with parents, and it enhances the protection and well-being of infants.*

Basic Care Requirements for Toddlers

§746.2501
What are the basic care requirements for toddlers?

Subchapter I, Basic Care Requirements for Toddlers
09/01/03

Basic care for toddlers must include:

Medium (1) Routines such as diapering, feeding, sleeping, and indoor and outdoor activity times, maintained as closely as possible;

Medium (2) Care given by the same caregiver on a regular basis, when possible;

Medium-High (3) Individual attention given to each child including playing, talking, and cuddling;

Medium-High (4) Holding and comforting a child who is upset; and

High (5) Ensuring the environment is free of objects that may cause choking in children younger than three years of age.

> *A commercial choke tube or empty toilet paper roll can be used to test toys and objects in the room that a child may easily choke on. Try to place the toy or object into the tube. If the object easily passes through the tube, a child may choke on it and it should be removed from the children's access. If the object does not fit through the tube, the child is not likely to choke on it.*

§746.2503
How must I arrange the toddler care area?

Subchapter I, Basic Care Requirements for Toddlers
09/01/03

The toddler care area must include:

Medium (1) Spaces in the room that allow both individual and group time; and

High (2) A play environment that allows the caregiver to supervise all children as defined in §746.1205 of this title (relating to What does Licensing mean by "supervise children at all times"?).

§746.2505
What furnishings and equipment must I provide for toddlers?

Subchapter I, Basic Care Requirements for Toddlers
09/01/03

Furnishings and equipment for toddlers must include at least the following:

Medium-High (1) Age-appropriate seating, tables, and nap or rest equipment;

Medium (2) Enough popular items available so that toddlers are not forced to compete for them; and

Medium (3) Containers or low shelving so items children can safely use without direct supervision are accessible to children.

§746.2507
What activities must I provide for toddlers?

Subchapter I, Basic Care Requirements for Toddlers
09/01/03

Medium Activities for toddlers must include at least the following:

Medium (1) Daily opportunities for outdoor play when weather permits;

Medium (2) Opportunities for thinking skills and sensory development. Examples of age-appropriate equipment or activities include shape/item sorting toys, stacking or nesting toys, puzzles with less than six pieces, washable board books, washable blocks, and snapping and take-apart toys;

Medium (3) Opportunities for small-muscle development. Examples of age-appropriate equipment or activities include large-size washable crayons and markers, variety of paper and art materials, table or easel for art, large paintbrushes, non-toxic play-dough, large-sized washable toy transportation vehicles, toy animals, and toy people;

Medium (4) Opportunities for large-muscle development. Examples of age-appropriate equipment or activities include low-climbing structures, small riding toys, toys for pushing or pulling, a variety of light-weight balls for indoor and outdoor play, and rhythm instruments;

Medium (5) Opportunities for language development. Examples of age-appropriate equipment or activities include washable soft animals or puppets, simple picture books, and pictures of familiar items and places;

Medium (6) Opportunities for social/emotional development. Examples of age-appropriate equipment or activities include dress-up clothes and accessories, housekeeping equipment, unbreakable mirrors, washable dolls with accessories, items for practicing buttoning, zipping, lacing and snapping, and baskets, tubs, and tote bags (not plastic bags) for carrying and toting;

Medium (7) Opportunities to develop self-help skills such as toileting, hand washing, and feeding;

Medium-High (8) Regular meal and snack times; and

Medium-High (9) Supervised naptimes.

> *Outdoor play enhances fitness and general health and supports creativity, learning and development. Outdoor play also provides a wider variety of opportunities for sensory stimulation through sounds, smells and textures and is supported by NAEYC. You may accommodate weather, air quality, and seasonal changes by adjusting the scheduled outdoor time, the length of time outdoors, and children's clothing.*
>
> *Some children may require additional rest time before or after the noon meal outside of the scheduled rest period.*

§746.2509
Must I share a daily report with parents for each toddler in my care?

Subchapter I, Basic Care Requirements for Toddlers
09/01/03

(no weight) No. You are not required to share a daily report on a toddler with parents.

> *Although a written report is not required, children benefit when caregivers share any significant information with the parents.*

Basic Care Requirements for Pre-kindergarten Age Children

§746.2601
What are the basic care requirements for pre-kindergarten age children?

Subchapter J, Basic Care Requirements for Pre-Kindergarten Age Children
09/01/03

Medium Caregivers must provide pre-kindergarten age children individual attention and encourage children to communicate and express feelings in appropriate ways.

> *The AAP offers these examples for encouraging children to communicate, "Ask Johnny if he will share the book." "Tell him you don't like being hit." "Tell Sarah what you saw at the store yesterday." "Tell mommy about what you built in the block center this morning." Follow these encouraging statements with respectful listening, without pressuring the child to speak.*

§746.2603
What physical space requirements must I provide for pre-kindergarten age children?

Subchapter J, Basic Care Requirements for Pre-Kindergarten Age Children
09/01/03

Physical space requirements for pre-kindergarten age children must include:

Medium (1) Space for furnishings and activities without limiting children's movement; and

Medium-High (2) Space in which children are allowed to find or create individual activities, but which still permits the caregiver to easily supervise.

> *NAEYC recommends that a learning environment that supports child initiated activities and individual learning styles fosters confidence and curiosity in the child.*

§746.2605
What furnishings and equipment must I provide for pre-kindergarten age children?

Subchapter J, Basic Care Requirements for Pre-Kindergarten Age Children
09/01/03

Furnishings and equipment for pre-kindergarten age children must include at least the following:

(1) Interest centers, such as dramatic play, block building, stories and books, science and nature activities, art and music activities, sensory, and problem-solving activities that are:

Medium (A) Clearly defined;

Medium (B) Organized for independent use by children; and

Medium-High (C) Arranged so the children's activities are visible to the caregiver;

Medium (2) Age-appropriate seating, tables, and nap or rest equipment;

Medium (3) Enough popular items available so that children are not forced to compete for them; and

Medium (4) Containers or low shelving available so items children can safely use without direct supervision are accessible to children.

(continued)

First-hand experiences encourage children to talk to each other and to adults, to seek increasingly more complex vocabulary and to use language to express thinking, feeling, and curiosity.

Bored or frustrated children may be indicators of inappropriate or insufficient equipment and materials.

§746.2607
What activities must I provide for pre-kindergarten age children?

Subchapter J, Basic Care Requirements for Pre-Kindergarten Age Children
09/01/03

Medium Activities for pre-kindergarten age children must include at least the following:

Medium (1) Daily opportunities for outdoor play when weather permits;

Medium (2) Opportunities for thinking skills and sensory development. Examples of age-appropriate equipment or activities include sand/water play, blocks, framed puzzles with up to 30 pieces, variety of large stringing beads, and simple board games;

Medium (3) Opportunities for small-muscle development. Examples of age-appropriate equipment or activities include large non-toxic crayons, markers, paint, water colors and various size brushes, adjustable easels, collage materials, chalkboard and chalk, clay/dough and tools, workbench and accessories, round end scissors, glue and paste, different types of music and videos, rhythm instruments, and fingerplays;

Medium (4) Opportunities for large-muscle development. Examples of age-appropriate equipment or activities include small wagons, light-weight balls of all sizes, small wheelbarrows, tricycles, push toys, swings, slides, climbing equipment, balance beam, hanging bars, and outdoor building materials;

Medium (5) Opportunities for language development. Examples of age-appropriate equipment or activities include flannel board stories, puppets, and variety of storybooks, writing materials, and stories on tape;

Medium (6) Opportunities for social/emotional development. Examples of age-appropriate equipment or activities include dress-up clothes and accessories, mirrors, dolls, simple props for different themes, puppets, transportation toys, play animals, and table games;

Medium (7) Opportunities to develop self-help skills such as toileting, hand washing, returning equipment to storage areas or containers, and serving and feeding;

Medium-High (8) Regular meal and snack times; and

Medium-High (9) Supervised naptimes.

Outdoor play provides for greater freedom and flexibility, fuller expression through loud talk and a greater range of active movement. Outdoor play also extends opportunities for large muscle development, social-emotional development and small muscle development by offering variety, challenge and complexity in ways that are not attainable in a confined indoor space.

See §§746.2901-746.2911 for additional minimum standards on naptime.

Basic Care Requirements for School-age Children

§746.2701
What are the basic care requirements for school-age children?

Subchapter K, Basic Care Requirements for School-age Children
09/01/03

Basic care requirements for school-age children must include:

Medium (1) Individual attention from and conversation with adults;

Medium (2) Physical care routines appropriate to each child's developmental needs;

Medium (3) Flexible programming according to ages, interests, and abilities of the children; and

Medium-High (4) A caregiver who is aware of the arrival and departure of each child, including dismissing children who ride the bus or walk home.

> *A school age child develops a strong secure sense of identity through positive experiences with adults and peers. Although school-age children are learning to accept personal responsibility and act independently, they continue to need the supervision and support of adults.*

§746.2703
What physical space requirements must I provide for the school-age care area?

Subchapter K, Basic Care Requirements for School-age Children
09/01/03

The school-age care area must include:

Medium (1) Space to set up interest centers or focused play areas during the activity, such as arts and crafts; music and movement; blocks and construction; drama and theater; math and reasoning activities; science and nature; language and reading activities, such as books, story tapes and language games, stories read or told on a weekly basis, and cultural awareness, which are:

Medium (A) Organized for independent use by children; and

Medium-High (B) Arranged so the caregiver can supervise the children according to §746.1205 of this title (relating to What does Licensing mean by "supervise children at all times"?);

Medium (2) Space where children can have individual activities yet be supervised; and

Medium (3) Space for quiet time to do homework.

§746.2705
What furnishings and equipment must I provide for school-age children?

Subchapter K, Basic Care Requirements for School-age Children
09/01/03

Furnishings and equipment for school-age children must include at least the following:

Medium (1) Age-appropriate seating, tables, or desks to meet children's needs, such as workspace to do homework and table-top activities;

Medium (2) Age-appropriate nap or rest equipment; and

Medium (3) Containers or shelving available so that items children can safely use without direct supervision are accessible to children.

§746.2707
What activities must I provide for school-age children?

Subchapter K, Basic Care Requirements for School-age Children
09/01/03

Medium Activities for school-age children must include at least the following:

Medium (1) Study time for those children who choose to work on homework assignments;

Medium (2) Daily opportunities for outdoor play when weather permits;

Medium (3) Opportunities for thinking skills and sensory development. Examples of age-appropriate equipment or activities include sand and water play; construction materials/blocks; puzzles with 50 or more pieces; pattern-making materials, such as wood, paper, plastic, beads, ceramic tiles, cloth, or cardboard; games that contain rules and require some skill or strategy; specific skill development materials, such as rulers, tape measures, telescopes, weather observation equipment, models of the solar system, and microscopes; books; and magazines;

Medium (4) Opportunities for small-muscle development. Examples of age-appropriate equipment or activities include art and craft materials, such as paints, markers, colored pencils, crayons, clay, weaving, or braiding materials; music and musical instruments of all types; and tape/CD recorders and players;

Medium (5) Opportunities for large-muscle development. Examples of age-appropriate equipment or activities include balls and sports equipment, such as kick balls, baseballs, soccer balls, basketballs, skates, and horseshoes; riding equipment, such as kick scooters or skateboards, with kneepads, elbow pads, and helmets; outdoor and gym equipment such as slides, swings, climbing apparatus, and upper-body equipment;

Medium (6) Opportunities for social/emotional development. Examples of age-appropriate equipment or activities include dolls with detailed, realistic accessories; role-play materials, including real equipment for library, hospital, post office, costumes, makeup and disguise materials; puppets and puppet show equipment; transportation toys, such as small vehicles or models; play and art materials; nature materials; and human and animal figurines;

Medium (7) Regular meal and snack times; and

Medium (8) Naptimes, or a period of rest for those children too old to nap, during which children should be supervised according to §746.1205 of this title (relating to "What does Licensing mean by "supervise children at all times"?).

Research has shown that school-age children benefit from an after-school care program that provides an enriching contrast to the formal school environment. Activities including team sports, cooking, art, dramatics, music, crafts and games allow them to explore new interests and relationships.

Naps and rest time for school age children will vary with each child's individual needs. Children in full-day care benefit from resting or napping during their long day. A rest period may be reading books, listening to soft music or books on tape.

See §§746.2901-746.2911 for additional minimum standards on naptime.

Discipline and Guidance

§746.2801
To what extent may caregivers discipline the children in their care?

Subchapter L, Discipline and Guidance
09/01/03

Discipline must be:

Medium (1) Individualized and consistent for each child;

Medium-High (2) Appropriate to the child's level of understanding; and

Medium (3) Directed toward teaching the child acceptable behavior and self-control.

§746.2803
What methods of discipline and guidance may a caregiver use?

Subchapter L, Discipline and Guidance
09/01/03

Medium-High A caregiver may only use positive methods of discipline and guidance that encourage self-esteem, self-control, and self-direction, which include at least the following:

Medium-High (1) Using praise and encouragement of good behavior instead of focusing only upon unacceptable behavior;

Medium-High (2) Reminding a child of behavior expectations daily by using clear, positive statements;

Medium-High (3) Redirecting behavior using positive statements; and

Medium (4) Using brief supervised separation or time out from the group, when appropriate for the child's age and development, which is limited to no more than one minute per year of the child's age.

> *Research has shown that positive guidance teaches children skills which help them get along in their physical and social environment. The aim is to develop personal standards in self-discipline, not to enforce a set of inflexible rules. Giving children understandable guidelines and re-directing their behavior helps them to develop internal control of their actions and encourages acceptable behavior.*

§746.2805
What types of discipline and guidance or punishment are prohibited?

Subchapter L, Discipline and Guidance
09/01/03

High There must be no harsh, cruel, or unusual treatment of any child. The following types of discipline and guidance are prohibited:

High (1) Corporal punishment or threats of corporal punishment;

High (2) Punishment associated with food, naps, or toilet training;

High (3) Pinching, shaking, or biting a child;

High (4) Hitting a child with a hand or instrument;

High (5) Putting anything in or on a child's mouth;

High (6) Humiliating, ridiculing, rejecting, or yelling at a child;

(continued)

High (7) Subjecting a child to harsh, abusive, or profane language;

High (8) Placing a child in a locked or dark room, bathroom, or closet with the door closed; and

High (9) Requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age.

> *Child development research supports that physical punishment such as pinching, shaking, or hitting children teaches them that hitting or hurting others is an acceptable way to control unwanted behavior or get what they want. Children will also mimic adults who demonstrate loud or violent behavior.*
>
> *Rapping, thumping, popping, and flicking are only examples of various terms used for inflicting corporal punishment on a child.*

§746.2807
May my employees discipline their own children who are in care at my center?

Subchapter L, Discipline and Guidance
09/01/03

Medium-High Yes, during operating hours an employee may discipline the employee's own child as long as the employee does not violate the requirements specified in this subchapter.

§746.2809
Must I have a written discipline and guidance policy?

Subchapter L, Discipline and Guidance
09/01/03

Medium-High No. You are not required to have a written discipline and guidance policy if you provide parents and employees with a copy of this subchapter. If you have a written policy, it must comply with the rules in this subchapter.

§746.2811
Must I give a copy of my written discipline and guidance policy to parents and my employees?

Subchapter L, Discipline and Guidance
09/01/03

Medium (a) You must give a copy of your written discipline and guidance policy or a copy of this subchapter to parents and child-care center employees as specified in Subchapter B of this chapter (relating to Administration and Communication).

Medium-High (b) You must keep documentation showing that all parents and employees have received a copy of your written discipline and guidance policy or a copy of this subchapter. You may do this as a part of your operation policies or in a separate document.

§746.2813
How often must I update my written discipline and guidance policy?

Subchapter L, Discipline and Guidance
09/01/03

Medium You must update your written discipline and guidance policy each time you make changes. You must keep documentation at your child-care center showing that all parents and employees have received a copy of your revised discipline and guidance policy.

Naptime

§746.2901
Must children have a naptime every day?

Subchapter M, Naptime
09/01/03

Medium-High You must provide a supervised sleep or rest period after the noon meal for all children 18 months of age or older who are in care five or more consecutive hours, or according to the child's individual physical needs. You may provide sleep or rest for each child who attends the child-care center for fewer than five hours and whose individual physical needs call for a rest period while the child is in care.

§746.2903
How long may the nap and rest time last each day?

Subchapter M, Naptime
09/01/03

Medium The sleep or rest period must not exceed three hours.

§746.2905
Are children required to sleep during this time?

Subchapter M, Naptime
09/01/03

Medium No. You must not force a child to sleep or put anything in or on a child's head or body to force the child to rest or sleep.

§746.2907
Must I provide an alternative activity for those children who cannot sleep?

Subchapter M, Naptime
09/01/03

Medium (a) Yes. You must allow each child who is awake after resting or sleeping for one hour to participate in an alternative, quiet activity until the nap/rest time is over for the other children.

Medium (b) You must take a toddler who sleeps or rests in a crib out of the crib for other activities when he awakens.

§746.2909
Must I arrange the napping equipment in a specific manner?

Subchapter M, Naptime
09/01/03

Napping equipment must:

Medium-High (1) Not block entrances or exits to the area;

Medium (2) Not be set up during other activities or left in place to interfere with children's activity space;

Medium-High (3) Be arranged to provide a sufficient walk and work space for caregivers between each cot and mat;

Medium-High (4) Be arranged so that each child and caregiver has access to a walkway without having to walk on or over the cots or mats of other children; and

High (5) Be arranged so the caregiver can easily see all children in the group.

§746.2911
May I darken the room while children are sleeping?

Subchapter M, Naptime
09/01/03

Medium-High

Yes. You may lower the lighting, provided there is adequate lighting to allow visual supervision of all children in the group at all times.

Field Trips

§746.3001
May I take children away from my child-care center for field trips?

Subchapter N, Field Trips
09/01/03

High — Yes. You must ensure the safety of all children on field trips or excursions and during any transportation provided by the child-care center. Anytime you take a child away from the child-care center for a field trip, you must comply with each of the following requirements:

Medium-High — (1) You must have signed permission from the parent to take a child on a field trip, including permission to transport the child, if applicable;

Medium-High — (2) One or more caregivers must carry emergency medical consent forms and emergency contact information for each child on the field trip;

High — (3) Caregivers must have a written list of all children on the field trip and must check the list frequently to account for the presence of all children;

High — (4) Caregivers must have a first-aid kit immediately available on field trips;

Medium-High — (5) Each child must wear a shirt, nametag, or other identification listing the name of the child-care center and the child-care center's telephone number;

Medium-High — (6) Each caregiver must be easily identifiable by all children on the field trip by wearing a hat, child-care center tee-shirt, brightly-colored clothes, or other easily spotted identification;

Medium-High — (7) Each caregiver supervising a field trip must have transportation available, or a communication device such as a cellular phone, message pager, or two-way radio available or an alternate plan for transportation at the field-trip location in case of emergency; and

High — (8) Caregivers with training in CPR and first aid with rescue breathing and choking must be present on the field trip.

§746.3003
Must I notify parents before I take children away from the child-care center on a field trip?

Subchapter N, Field Trips
09/01/03

Medium-High — Yes. You must notify the parent of each child who will be on the field trip, indicating when and where the child will be going, and when the child is expected to return to the child-care center. The notice must be posted at least 48 hours in advance of a field trip. You must post the field trip notice in a prominent place where parents and others may view it. The notice must remain posted until all children on the field trip have returned to the child-care center.

§746.3005
Must I have additional caregivers present to take children on a field trip?

Subchapter N, Field Trips
09/01/03

(no weight) — Refer to Subchapter E of this chapter (relating to Child/Caregiver Ratios and Group Sizes) for child/caregiver ratios relating to field trips.

Get-Well Care Program

§746.3101
May I care for children who are ill?

Subchapter O, Get-Well Care Programs
09/01/03

Medium

Yes, if you are licensed as a get-well care program to provide care for children who are ill. The primary objective of this program is to ensure that children in care receive the required attention necessary for certain ill children, as specified in this subchapter.

§746.3103
Which children may be included in the get-well care program?

Subchapter O, Get-Well Care Programs
09/01/03

Medium

Get-well care includes care for children who are too sick to attend well-child day care according to the exclusions in Subchapter R, Division 3 of this chapter (relating to Illness and Injury), but who do not exhibit any of the excludable diseases defined by the Texas Department of [State Health Services (DSHS)] in 25 TAC §97.7 (relating to Diseases Requiring Exclusion from Child-Care Facilities and Schools).

§746.3105
What must I do before I admit a child to my get-well care program?

Subchapter O, Get-Well Care Programs
09/01/03

Medium

Before a child may enter your get-well care program, you must determine the child's needs and that your program can meet those needs without compromising the care of other children in the program.

§746.3107
When must I remove a child from my get-well care program?

Subchapter O, Get-Well Care Programs
09/01/03

Medium

You must remove a child from your get-well care program immediately when the child's condition meets one of the excludable diseases or symptoms specified by TDH. The child may return to your regular child-care program when you have obtained a doctor's statement that he no longer has the excludable condition, or when the child is free of symptoms for 24 hours.

§746.3109
Are the parents of children in the get-well care program required to provide a doctor's statement before I may admit the child?

Subchapter O, Get-Well Care Programs
09/01/03

Medium

No. Each parent must provide you with information on the child's specific diagnosis from a health-care professional, including current status of the illness, any dietary needs, activity level, and medication plan. You must record this information and the name and telephone number of the health-care professional on the get-well care program admission form or other similar form that captures the same information. You must update this information as the child's needs or diagnosis changes.

§746.3111
Must I care for children in the get-well care program in an area separate from the well children in care?

Subchapter O, Get-Well Care Programs
09/01/03

If your get-well care program is located in the same building as your other child-care programs:

Medium (1) The get-well care program must have a separate entrance and a separate ventilation system;

Medium (2) Indoor hallways, bathrooms, and activity areas utilized by the get-well care program must be separate from the other child-care programs;

Medium (3) A single kitchen may be used if the cook has no child-care responsibility;

Medium (4) Separate toileting facilities must be available for the children in the get-well care program from the children in the well child-care program at a ratio of one toilet for every ten children; and

Medium-High (5) Linens, furniture, fixtures, equipment, and supplies designated for use by the get-well care program must be sanitized before being used by the well children.

> *Most health authorities believe that adequate space and ventilation reduce the transmission of disease.*

§746.3113
What extra safety features must I have in my get-well care program?

Subchapter O, Get-Well Care Programs
09/01/03

Medium-High (a) You must care for children with respiratory illnesses separately from children with gastrointestinal illnesses. Curtains, partitions, or walls can define separate rooms.

Medium-High (b) A hand-washing sink must be available in every room in your get-well care program.

Medium-High (c) If children in diapers are in care, the diaper-changing surface must be adjacent to the hand-washing sink.

> *Hand-washing sinks stationed in each room provide the opportunity to maintain cleanliness, and give the caregivers an opportunity for continuous supervision of the other children in care.*

§746.3115
May caregivers working with the get-well care program also work with other children in the child-care center?

Subchapter O, Get-Well Care Programs
09/01/03

Medium-High No. Caregivers supervising and caring for children in your get-well care program must not also care for well children in the child-care center on the same day.

> *The AAP supports separating caregiver responsibilities, limiting child- to-child interaction, and limiting the co-mingling of supplies, toys, and equipment to reduce the likelihood of disease transmission between ill and well children.*

§746.3117
Do caregivers in my get-well care program require special training or qualifications?

Subchapter O, Get-Well Care Programs
09/01/03

Medium Yes, in addition to the regular caregiver qualifications, get-well care program caregivers must:

Medium-High (1) Have current certification in CPR and first aid, including rescue breathing and choking; and

Medium-High (2) Have five additional hours of annual training in general infection control procedures, recognition and care of children with mild childhood illnesses, and child development activities for children who are ill for a total of 20 hours per year.

> *Special training is required for employees who care for ill children because they are dealing with communicable diseases and need to know how to prevent the spread of infection.*

§746.3119
May the director of my well child-care program also direct my get-well care program?

Subchapter O, Get-Well Care Programs
09/01/03

Yes, although the director of your get-well care program must:

Medium (1) Meet all qualifications specified in Subchapter D of this chapter (relating to Personnel);

Medium (2) Not be counted in child/caregiver ratio or be responsible for supervising or caring for any children in either program;

Medium-High (3) Have current certification in CPR and first aid, including rescue breathing and choking; and

Medium (4) Have ten additional hours of annual training in prevention and control of communicable diseases, and care of ill children, for a total of 30 hours per year.

§746.3121
Must I provide activities for children in the get-well care program?

Subchapter O, Get-Well Care Programs
09/01/03

You must:

Medium (1) Provide quiet activities appropriate to each child's developmental age and needs; outdoor play is not required;

Medium (2) Give children access to nap or rest areas without distraction or disturbance from other activities when the child demonstrates a need for rest or desires to rest; and

Medium-High (3) Follow physician's directions.

> *According to the AAP, ill children, like well children, need to engage in activities that are suitable to their age and developmental level and which are consistent with their state of health or illness and their accompanying level of interest or responsiveness. A low level of responsiveness in the school-age child may lead to her sleeping and resting for much of the day, requiring a minimum of activities and stimulation. Infants, toddlers, and pre-kindergarten age children tend to be unable to rest for such long periods of time, and therefore may require more attention from the caregiver in terms of providing activities and guidance.*

§746.3123
Must my get-well care program follow any special handling procedures?

Subchapter O, Get-Well Care Programs
09/01/03

Yes. You must follow these handling procedures when providing get-well care:

Medium-High (1) Sanitize all laundry each day and when soiled;

Medium-High (2) Keep all garbage containers covered and take them out of the building daily;

Medium-High (3) Sanitize all toys and equipment after every use and before a different child uses them;

Medium-High (4) Use disposable, single-use cups, plates, and utensils for food service and drinks; and

Medium-High (5) Provide nutritious meals and snacks according to the children's needs or the directions of a health-care professional.

Nighttime Care

§746.3201
What is nighttime care?

Subchapter P, Nighttime Care
09/01/03

Medium (a) Nighttime care is care given on a regular or frequent basis to children who are starting or continuing their night sleep, or to children who spend the night or part of the night at the child-care center between the hours of 9:00 p.m. and 6:00 a.m.

Medium (b) Nighttime care does not include the occasional sleep-over program offered at infrequent intervals. Notify us before offering either program.

§746.3203
May I provide nighttime care to children at my child-care center?

Subchapter P, Nighttime Care
09/01/03

Medium-High (a) Yes, you may care for children both during the day and night if we approve it. Even then, a child may only be in care for:

Medium (1) No more than 16 hours within a 24-hour period on a daily basis; or

Medium (2) No more than three consecutive 24-hour periods with a maximum of six 24-hour periods per month, as specified in §745.383 of this title (relating to Can a licensed child day-care operation offer 24-hour care?).

Medium (b) You cannot exceed these limits without getting a license for a residential child-care operation.

§746.3205
Must caregivers stay awake while supervising children during nighttime care?

Subchapter P, Nighttime Care
09/01/03

High Yes. Caregivers supervising children during nighttime care must be awake and supervising the children at all times. The caregiver must be on the same floor as the sleeping children.

> *Additional safety precautions must be in place to protect sleeping children and to allow for timely evacuation in case of emergency.*

§746.3207
What are the building, furnishings, physical space, and equipment requirements for nighttime care?

Subchapter P, Nighttime Care
09/01/03

In addition to all other building, furnishing, physical space, and equipment requirements specified in this chapter:

High (1) All exits must be visible. This may be provided by lighted exit signs or by lighted exits (such as a hall light or lamp, which lights the exit path and door);

Medium-High (2) You cannot count a window as one of the child-care center's required fire exits;

Medium-High (3) Each child 18 months and older must be provided a cot, bed, or mattress that is waterproof or washable and developmentally appropriate;

Medium-High (4) Children under the age of 18 months must be provided with a crib for nighttime sleeping; and

Medium (5) Boys and girls six years old or older must have separate sleeping and dressing areas.

§746.3209
Must I provide activities for children in nighttime care?

Subchapter P, Nighttime Care
09/01/03

Medium Yes. Activities and routines must meet the unique needs of children in nighttime care. These may include quiet activities such as homework, reading, puzzles, or board games; time for personal care routines and preparation for sleep, such as brushing teeth, washing hands and face, toileting, and changing clothes; and an evening meal, breakfast and/or snack as specified in Subchapter Q of this chapter (relating to Nutrition and Food Service).

Nutrition and Food Service

§746.3301
What are the basic requirements for snack and mealtimes?

Subchapter Q, Nutrition and Food Service
09/01/03

Medium-High (a) You must serve all children ready for table food regular meals and morning and afternoon snacks as specified in this subchapter.

Medium-High (1) If breakfast is served, a morning snack is not required.

Medium-High (2) A child must not go more than three hours without a meal or snack being offered, unless the child is sleeping.

Low (3) If your child-care center is participating in the Child and Adult Care Food Program (CACFP) administered by the Texas Department of Human Services, you may elect to meet those requirements rather than those specified in this subsection.

Medium-High (b) You must ensure a supply of drinking water is always available to each child and is served in a safe and sanitary manner.

Medium-High (c) You must not use food as a reward or punishment.

> *Research has shown that offering food as reward or punishment places undue importance on food for the child and may have negative effects by promoting responses that lead to obesity or poor eating behavior.*

§746.3303
How often must I feed children in my care?

Subchapter Q, Nutrition and Food Service
09/01/03

Medium (a) You must offer each child in care for less than four hours at least one snack as specified in §746.3307 of this title (relating to What kind of foods must I serve for snacks?).

Medium-High (b) You must offer each child in care for four to seven hours one meal, or one meal and one snack, equal to 1/3 of their daily food needs.

Medium-High (c) You must offer each child in care for more than seven hours two meals and one snack, or two snacks and one meal, equal to 1/2 of their daily food needs.

Medium-High (d) You must offer an evening meal and/or bedtime snack and breakfast to each child who receives nighttime care. The amount you offer will vary with the time the child arrives and leaves.

Low (e) If your child-care center is participating in the Child and Adult Care Food Program administered by the Texas Department of Human Services, you may elect to meet those requirements rather than those specified in this section.

> *Well-balanced meals provide the food children need to grow, think, fight infection and fuel their bodies.*

§746.3305
How do I know what a child's daily food needs are?

Subchapter Q, Nutrition and Food Service
09/01/03

Medium-High (a) The daily food needs for children 12 months through 23 months are included in the following chart:

Food Groups	Number of Servings To Meet 1/3 Daily Needs	Number of Servings To Meet 1/2 Daily Needs	Serving Size
Milk	1 and 1/3	2	4 oz. Milk or 1/2 oz. Cheese or 4 oz. Yogurt
Meat/ Meat Alternative	1	1 and 1/2	1/2 to 1 oz. Cooked meat or 1/2 to 1 Egg or 1/2 c. cooked beans
Vegetables and Fruit	1 and 1/3 +	2 +	2 to 3 Tb. Cooked vegetables or 2 to 3 Tb. Canned fruit or 1/4 to 1/2 Small fresh fruit or 1/4 to 1/2 c. Juice
Grains	1 and 1/3 +	2 +	1/2 Slice Bread or 1/4 to 1/2 c. Cooked Cereal or 4 oz. to 1/3 c. Pasta or Rice or 1 or 2 Crackers

Medium-High (b) The daily food needs for children two years through five years are included in the following chart:

Food Groups	Number of Servings To Meet 1/3 Daily Requirement	Number of Servings To Meet 1/2 Daily Requirement	Serving Size
Milk	2/3 of One Serving	1	1 c. Milk or 2 oz. Cheese or 1 c. Yogurt
Meat/ Meat Alternative	2/3 of One Serving	1	2 & 1/2 oz. Cooked meat or 1 Egg or 1/2 c. Cooked beans
Vegetable	1	1 and 1/2	1/2 c. Raw or cooked vegetable or 1c. Raw leafy vegetable

Fruit	2/3 of One Serving	1	1/2 c. Canned or chopped fruit or 1 Piece fruit or melon wedge or 1/4 c. Dried fruit or 3/4 c. Juice
Grains	2	3	1 Slice Bread or 1/2 c. Cooked cereal 1 oz. Ready to eat cereal or 1/2 c. Cooked pasta or rice or 3 to 5 Crackers

(continued)

High (c) The daily food needs for children six years and older are included in the following chart:

Food Groups	Number of Servings To Meet 1/3 Daily Requirement	Number of Servings To Meet 1/2 Daily Requirement	Serving size
Milk	2/3 to 1	1 to 1 and 1/2	1c. Milk or 1& 1/2 oz. Natural cheese or 2 oz. Processed cheese or 1 c. Yogurt
Meat/ Meat Alternative	2/3 to 1	1	3 oz. Cooked meat, poultry, or fish or 1/2 c. Cooked beans or 1/2 c. Tofu or 2 Tb. Peanut butter
Vegetables	1 to 1 and 2/3	2	1/2 c. Raw or cooked vegetables or 1 c. Raw leafy vegetable
Fruit	2/3 to 1 and 1/3	1 to 2	1/2 c. Canned or chopped fruit or 1 medium piece fruit or 1/4 c. Dried fruit or 3/4 c. Juice
Grains	2 to 3 and 2/3	3 to 5+	1 slice bread or 1/2 c. Cooked cereal or 1 oz. Ready to eat cereal or 1/2 c. Cooked pasta or rice or 4-6 crackers

Medium (d) You must serve enough food to allow children second servings from the vegetable, fruit, grain, and milk groups.

Low (e) If your child-care center is participating in the Child and Adult Care Food Program (CACFP) administered by the Texas Department of [Aging and Disability Services (DADS)], you may elect to meet those requirements rather than those specified in this section.

A significant number of a child's waking hours may be spent in child care; therefore, the child's home and the child-care center can work together to provide food that is adequate in amount and type to meet each child's individual metabolic, growth, and energy needs. Having food available to provide a second serving to a child who requests it, helps to ensure the child's daily nutritional needs are met.

§746.3307
What kind of foods must I serve for snacks?

Subchapter Q, Nutrition and Food Service
09/01/03

Medium Morning, afternoon, and nighttime snacks must be nutritious and include at least one of the following, which can be included in the child's daily food needs:

(1) One serving from the fruit or vegetable group;

(2) One serving from the milk group;

(3) One serving from the grain group; or

(4) One serving from the meat or meat alternative group.

> *The AAP affirms that since young children eat in small feedings and a child's appetite and interest in food may vary from one meal or snack to the next, children need to be fed often. Snacks often become a significant part of a child's daily food intake as a result of this.*

§746.3309
May parents provide meals and/or snacks for their children instead of my child-care center providing these?

Subchapter Q, Nutrition and Food Service
07/02/05

Medium (a) Yes; however, your enrollment agreement signed by the parent must include a statement that the parent is choosing to provide the child's meals and/or snacks from home and the parent understands the child-care center is not responsible for its nutritional value or for meeting the child's daily food needs.

Medium (b) If the parent provides a meal but not a snack, you are responsible for providing a snack as specified in §746.3307 of this title (relating to What kind of foods must I serve for snacks?).

Medium (c) You must provide safe and proper storage and service of the individual meals and snacks provided by parents.

Medium (d) You must ensure meals and snacks provided by a parent and shared with other children meet the needs of children who require special diets.

> *Children with food allergies are at risk when they eat foods which have not been prepared or served by their own parent or a child care center employee who has knowledge of the food ingredients and individual children's needs.*

§746.3311
How should my child-care center meet the needs of children who require special diets or do not want to eat foods we serve?

Subchapter Q, Nutrition and Food Service
09/01/03

Medium-High (a) You must have written approval from a physician or a registered or licensed dietician in the child's records to serve a child a therapeutic or special diet. You must give this information to all employees preparing and serving food.

Medium (b) You must discuss recurring eating problems with the child's parent.

Medium (c) You may encourage but must not force children to eat.

Medium (d) You must not serve nutrient concentrates and supplements such as protein powders, liquid protein, vitamins, minerals, and other nonfood substances without written instructions from a physician.

§746.3313
Must I post and maintain daily menus?

Subchapter Q, Nutrition and Food Service
09/01/03

Yes. You must:

Medium (1) Post daily menus showing all meals and snacks prepared and served by the child-care center where parents and others can see them. Substitutions must be of comparable food value. Keep a record of any substitutions made;

Medium (2) Date menus and keep copies for review for three months; and

Medium (3) If you rotate menus, keep a record of which menu was used for each date.

> *Planning menus in advance helps to ensure that adequate food will be on hand. Posting menus helps to inform parents about food served in the child-care center and enables them to balance it with the food they serve at home.*

§746.3315
May I serve powdered milk and vegetable or fruit juices?

Subchapter Q, Nutrition and Food Service
09/01/03

Yes, you may serve powdered milk and vegetable or fruit juices if you:

Medium (1) Mix powdered milk according to label directions, and prepare, store, and serve the milk in a safe and sanitary manner; and

Medium (2) Serve 100% fruit or vegetable juice when it is used to meet a serving from the fruit or vegetable group.

§746.3317
What general requirements apply to food service and preparation?

Subchapter Q, Nutrition and Food Service
09/01/03

Medium-High All food and drinks must be of safe quality and must be stored, prepared, distributed, and served under sanitary and safe conditions, including but not limited to the following:

Medium-High (1) You must sanitize food service equipment, dishes, and utensils after each use;

Medium-High (2) If your child-care center lacks adequate facilities for sanitizing dishes and utensils, you must use only disposable, single-use items;

Medium (3) You must wash re-useable napkins, bibs, and tablecloths after each use;

Medium-High (4) You must discard single-service napkins, bibs, dishes, and utensils after use;

Medium-High (5) Caregivers with open wounds and/or any injury that inhibits hand washing, such as casts, bandages, or braces, must not prepare food;

Medium-High (6) You must serve children's food on plates, napkins, or other sanitary holders such as a high chair tray, and you must not place food on a bare table or eating surface, which includes the floor;

High (7) You must not serve foods that present a risk of choking for infants and toddlers;

Medium-High (8) You must cover all food stored in the refrigerator;

(continued)

Medium-High (9) When meals are prepared at the child-care center, the food preparation area must be separated from the eating, play, and bathroom areas. You must not use the food preparation area as a passageway while food is being prepared; and

Medium-High (10) You must not store poisonous or toxic materials and cleaning supplies with food.

Research has shown that 90% of fatal chokings occur in children younger than four years of age. Examples of foods that present a risk of choking include hot dogs sliced into rounds, whole grapes, hard candy, nuts, seeds, raw peas, dried fruit, pretzels, chips, peanuts, popcorn, marshmallows, spoonfuls of peanut butter, and chunks of meat larger than can be swallowed whole.

Tables are often used for many purposes in child care. Although the tables should be washed before mealtime, they will still bear a heavier load of infecting organisms than plates or sanitized food holders.

§746.3319
Must I serve meals family style?

Subchapter Q, Nutrition and Food Service
09/01/03

(a) No, you do not have to use family-style meal service, although all meals and snack times must:

Medium (1) Be unhurried; and

Medium-High (2) Include adult supervision of children.

Medium (b) If meals and snacks are served family style, caregivers must supervise children to prevent cross-contamination of the food.

Child development specialists agree that eating should be an enjoyable experience and mealtime is a great opportunity for children to learn about new food, develop new motor skills, increase their dexterity, and develop language and social skills through conversation. They also learn about counting, colors, shapes, amounts, smells, temperatures and tastes. While feeding themselves, children use fine motor skills and learn self-help skills that build a child's self-esteem.

The presence of adult caregivers during mealtime will help prevent behaviors that increase risk such as fighting, feeding each other, stuffing food in to the mouth and so forth. Supervised eating also ensures that the child does not eat while talking, crying, laughing, or playing and thus helps to prevent choking.

Mealtimes are also a good time to model table manners and correct negative behaviors.

§746.3321
Are children allowed to use toothbrushes after meal and snack times?

Subchapter Q, Nutrition and Food Service
09/01/03

(a) Yes, although toothbrushes and tooth powders or pastes provided for each child's individual use must be:

Medium (1) Labeled with the child's full name;

Medium (2) Stored out of children's reach when not in use; and

Medium (3) Stored in a manner that prevents the toothbrushes from touching each other during storage.

Medium (b) Children must have adult supervision while brushing their teeth.

Health Practices

Environmental Health

§746.3401
Must my child-care center have an annual sanitation inspection?

Subchapter R, Health Practices
Division 1, Environmental Health
09/01/06

Medium-High (a) Your child-care center must have a sanitation inspection before we issue your initial permit and at least once every 12 months, unless your child-care center is in a public school building that a local or state sanitation official has approved for public school use.

Medium-High (b) A state or local sanitation official must conduct the inspection. If an inspection is not available, you must provide documentation of this from a state or local sanitation official or county judge.

§746.3403
How do I document that a sanitation inspection has been completed?

Subchapter R, Health Practices
Division 1, Environmental Health
09/01/03

Medium-High You must keep a copy of the most recent sanitation report, letter, or checklist at the child-care center during hours of operation to verify the inspection date and findings. The report must include the name and telephone number of the inspector.

§746.3405
Do I have to make corrections called for in the report?

Subchapter R, Health Practices
Division 1, Environmental Health
09/01/03

Medium-High You must comply with corrections, restrictions, or conditions specified by the inspector in the sanitation report, letter, or checklist.

The sanitation inspector has greater expertise in how long it should take to make the correction and can balance this with the risk to children.

§746.3407
What steps must I take to ensure a healthy environment for children at my child-care center?

Subchapter R, Health Practices
Division 1, Environmental Health
09/01/03

Medium-High You must clean, repair, and maintain the building, grounds, and equipment to protect the health of the children. This includes, but is not limited to:

Medium-High (1) Setting aside toys and equipment that are placed in children's mouths, or are otherwise contaminated by body secretion or excrement, to be sanitized before handling by another child;

Medium-High (2) Machine washing cloth toys, if used, at least weekly and when contaminated;

Medium-High (3) Machine washing all linens at least weekly, and when soiled or before another child uses them;

(continued)

Medium-High (4) Sanitizing sleeping equipment before a different child uses it and when soiled;

Medium-High (5) Sanitizing potty-chairs after each child's use;

Medium-High (6) Emptying water play tables and toys used in water tables daily, sanitizing, and ensuring children and caregivers wash their hands before using the water table;

Medium-High (7) Maintaining sand boxes and sand tables in a sanitary manner;

Medium-High (8) Making all garbage inaccessible to children and managing it to keep the child-care center inside and outside, free of insects, rodents, and offensive odors, and disposing of it according to local and state requirements;

Medium-High (9) Keeping all floors, ceilings, and walls in good repair and clean. Paints used at the child-care center must be lead-free;

Medium-High (10) Keeping all parts of the child-care center used by children well heated, lighted, and ventilated;

Medium-High (11) Sanitizing table tops, furniture, and other similar equipment used by children when soiled or contaminated with matter such as food, body secretions, or excrement; and

Medium-High (12) Clearly marking cleaning supplies and other toxic materials and keeping them separate from food and inaccessible to children.

Research supports preventive steps such as regular and proper hand washing, ventilating rooms regularly with lots of fresh air, and establishing cleaning routines helps to limit the spread of infections. Germs have difficulty growing in clean, dry and well-ventilated environments.

Contamination of toys and other objects in the room contributes to the transmission of diseases and germs in child-care centers. Providing enough toys to rotate through the cleaning process allows children to stay in active play while maintaining a healthy environment.

§746.3409
What does Licensing mean when it refers to "sanitizing"?

Subchapter R, Health Practices
Division 1, Environmental Health
09/01/03

Medium-High Sanitizing requires a four-step process. For the sanitizing process to be effective, you must follow these steps in order:

(1) Washing with water and soap;

(2) Rinsing with clear water;

(3) Soaking in or spraying on a disinfecting solution (at least 10 minutes). Rinsing with cool water only those items that children are likely to place in their mouths; and

(4) Allowing the surface or article to air-dry.

§746.3411
What is a disinfecting solution?

Subchapter R, Health Practices
Division 1, Environmental Health
09/01/03

A disinfecting solution may be:

(1) A self-made solution, prepared as follows:

Medium (A) One tablespoon of regular strength liquid household bleach to each gallon of water used for disinfecting such items as toys and eating utensils; or

Medium-High (B) One-fourth cup of regular strength liquid household bleach to each gallon of water used for disinfecting surfaces such as bathrooms, crib rails, and diaper-changing tables; and

Medium-High (C) You must prepare each solution daily and place it in a closed and labeled container; or

Medium-High (2) A commercial product that meets the Environmental Protection Agency's (EPA's) standards for "hospital grade" germicides (solutions that kill germs) that you must use according to label directions. Commercial products must not be toxic on surfaces likely to be mouthed by children, like crib rails and toys.

§746.3413
May I use a dishwasher or washing machine to sanitize items at my child-care center?

Subchapter R, Health Practices
Division 1, Environmental Health
09/01/03

Medium Items that may be washed in a dishwasher or hot cycle of a washing machine which runs at a temperature of 160 degrees Fahrenheit or higher for five or more minutes do not need additional disinfecting because these machines use water that is hot enough, for long enough, to kill most germs.

§746.3415
When must employees wash their hands?

Subchapter R, Health Practices
Division 1, Environmental Health
09/01/03

Employees must wash their hands:

Medium-High (1) Before eating or handling food or medication;

Medium-High (2) Before feeding a child;

Medium-High (3) After arriving at the child-care center;

Medium-High (4) After diapering a child;

Medium-High (5) After assisting a child with toileting;

Medium-High (6) After personal toileting;

Medium-High (7) After handling or cleaning body fluids, such as after wiping noses, mouths, or bottoms, and tending sores;

Medium-High (8) After handling or feeding animals;

Medium-High (9) After outdoor activities;

Medium-High (10) After handling raw food products;

(continued)

Medium-High (11) After eating, drinking, or smoking; and

Medium-High (12) After using any cleaners or toxic chemicals.

> *When hand washing and cleaning routines are modeled, the children learn good health and safety practices.*

§746.3417
When must children wash their hands?

Subchapter R, Health Practices
Division 1, Environmental Health
09/01/03

Children must wash their hands:

Medium-High (1) Before eating;

Medium-High (2) Before playing in a water play table;

Medium-High (3) After toileting or having a diaper changed;

Medium-High (4) After outdoor activities;

Medium-High (5) After playing in sand;

Medium-High (6) After feeding or touching animals; and

Medium-High (7) Any other time that the caregiver has reason to believe the child has come in contact with substances that could be harmful to the child.

§746.3419
How must children and employees wash their hands?

Subchapter R, Health Practices
Division 1, Environmental Health
09/01/03

Medium-High Children 18 months of age and older and employees must wash their hands with soap and running water. Pre-moistened towelettes or wipes and waterless hand cleaners are not a substitute for soap and running water.

> *Research has shown, the single most effective practice that prevents the spread of germs in the child-care setting is good hand washing by caregivers and children.*
>
> *Rubbing hands together under running water is the most important part of washing away infectious germs. Deficiencies in hand washing, including sharing basins of water, have contributed to many outbreaks of diarrhea among children and caregivers in child-care centers.*

§746.3421
How must I wash an infant's hands?

Subchapter R, Health Practices
Division 1, Environmental Health
09/01/03

Medium-High (a) Until the infant is old enough to be raised to the faucet and reach for the water, you must wash the infant’s hands using an individual cloth or disposable towel with soap, followed by a cloth or disposable towel used to rinse with clear water and dry.

Medium-High (b) Use soap and running water as specified in this division when infants are old enough to be raised to the faucet and reach for the water and any other time that the caregiver has reason to believe the child has come in contact with substances that could be harmful to the child.

§746.3423
Must my child-care center have hot water for hand washing?

Subchapter R, Health Practices
Division 1, Environmental Health
09/01/03

Medium-High No. We do not require you to have hot water for hand washing. However, if hot water is accessible to the children, a thermostat must control it so that the water temperature is no higher than 120 degrees Fahrenheit.

> *Although hot water is not required, adults and children are more likely to wash their hands when the running water can be adjusted to a comfortable temperature. Many local health departments require hot water.*
>
> *When children have access to a hand-washing sink, it is important to protect them from being scalded. Research indicates tap water burns are a leading cause of non-fatal burns and children under five are the most frequent victims. If a local health department requires water hotter than 120 degrees F for other uses in the child-care center, several measures are available to adjust water temperature at a hand-washing sink.*

§746.3425
Must caregivers wear gloves when handling bodily fluids?

Subchapter R, Health Practices
Division 1, Environmental Health
09/01/03

Yes. Caregivers must:

Medium-High (1) Use disposable, nonporous gloves when handling blood, vomit, or other bodily fluids that may contain blood;

Medium-High (2) Discard the gloves immediately after one use; and

Medium-High (3) Wash hands after using and disposing of the gloves.

§746.3427
Must I use a licensed exterminator to treat my child-care center for insects, rodents, and other pests?

Subchapter R, Health Practices
Division 1, Environmental Health
03/01/08

Medium-High You may treat your center for pests only if you are certified as a noncommercial applicator by the Structural Pest Control Board. Otherwise, you must use a pest control operator licensed by the Texas Structural Pest Control Board or the Department of Agriculture to prevent, control, or eliminate pest infestations at your child-care center, including the use of over-the-counter products designed for controlling insects, rodents, and other pests. Refer to the Structural Pest Control Act and related regulation for further information on pest control before treating your child-care center.

§746.3429
Are there general precautions I must take when my child-care center is being treated for insects, rodents, and other pests?

Subchapter R, Health Practices
Division 1, Environmental Health
09/01/03

Medium-High (a) Children must not be allowed in areas where there is pesticide residue that may be harmful to them. Follow written instructions from the licensed pest control operator or label directions in order to determine whether the residue may be harmful to children.

Medium-High (b) Areas where children are present may be treated with chemicals only when permissible under the label directions.

§746.3431
May I use water from a private water supply instead of a public water supply for my child-care center?

Subchapter R, Health Practices
Division 1, Environmental Health
09/01/03

Yes, you may use water from a private water supply, although you must:

Medium-High (1) Maintain the water supply in a safe and sanitary manner.

Medium-High (2) Maintain written records indicating the private water supply meets the requirements of the Texas Commission on Environmental Quality, if applicable.

§746.3433
May I use a septic system for sewage disposal?

Subchapter R, Health Practices
Division 1, Environmental Health
09/01/03

Medium-High Yes, if the septic system is sanitary and meets the standards of the Texas Commission on Environmental Quality, including any routine inspections required by law.

Diaper Changing

§746.3501
What steps must caregivers follow for diaper changing?

Subchapter R, Health Practices
Division 2, Diaper Changing
09/01/03

Caregivers must:

Medium-High (1) Promptly change soiled or wet diapers or clothing;

Medium-High (2) Thoroughly cleanse children with individual cloths or disposable towels. You must discard the disposable towels after use and launder any cloths before using them again;

Medium-High (3) Ensure that the children are dry before placing a new diaper on the child. If the child must be dried, you must use a clean, individual cloth or disposable towel to dry the child. You must discard the disposable towel after use and launder any cloth before using it again;

(continued)

Medium-High (4) Not apply powders, creams, ointments, or lotions without the parent's written permission. If the parent supplies these items, permission is implicit and you do not need to obtain permission for each use;

Medium (5) Label powders, creams, ointments, or lotions with the individual child's name; and

Medium-High (6) Keep all diaper-changing supplies out of children's reach.

> *A pleasant attitude while changing a child's diaper, even if a child has had a loose stool, helps to develop a child's positive sense of self. Towelettes are helpful in removing residue, such as food off a baby's face or feces from a baby's bottom during diaper changing.*
>
> *Parents need to give permission before over-the-counter creams or powders are used. A parent can address whether the child has a skin allergy or if a child's pediatrician does not recommend use of topical products when diapering. Caregivers may seek written permission to use these products before the need arises.*

§746.3503
What equipment must I have for diaper changing?

Subchapter R, Health Practices
Division 2, Diaper Changing
07/01/05

Medium-High (a) You must have a diaper-changing table or surface that is smooth, non-absorbent, and easy to clean.

Medium-High (b) You must not use areas that children come in close contact with during play or eating, such as dining tables, sofas, or floor play areas, for diaper changing.

Medium-High (c) A diaper-changing surface that is above the floor level must have a safety mechanism that prevents the child from falling from the surface and that is used at all times when a child is on the surface.

Medium-High (d) You must have a hand-washing sink in the diaper-changing area. Refer to §746.4403 of this title (relating to Must I have a hand-washing sink in the diaper-changing area?).

> *A separate area used for diaper changing and/or changing of soiled underwear reduces contamination of other parts of the child-care environment.*

§746.3505
What must I do to prevent the spread of germs when diapering children?

Subchapter R, Health Practices
Division 2, Diaper Changing
07/01/05

Medium-High (a) You must wash your hands. Refer to §746.3419 of this title (relating to How must children and employees wash their hands?).

Medium-High (b) You must wash the infant's hands or see that the child's hands are washed after each diaper change.

Medium-High (c) If you use disposable gloves, you must discard them after each diaper change and wash your hands with soap and running water.

Medium-High (d) Caregivers with open wounds and/or any injury that inhibits hand washing, such as casts, bandages, or braces, must not change diapers.

Medium-High (e) You must sanitize the diaper-changing surface after each use. Refer to §746.3409 of this title (relating to What does Licensing mean when it refers to "sanitizing"?). However, if you are changing diapers on a number of children consecutively, you may cover the surface with a non-absorbent paper liner that is disposed of between each diaper change or wipe the surface dry after approximately 2 minutes of contact with the sanitizing solution. When the diaper changing session is completed, follow the procedures outlined in §746.3409 of this title.

Medium-High (f) You must cover containers used for soiled diapers or keep them in a sanitary manner, such as placing soiled diapers in individual sealed bags.

Recommendation: Assembling all of the supplies necessary for a diaper change before bringing the child to the changing table ensures the protection of the child. If the hand-washing sink is not adjacent to the diapering area, wipes may be used, as a temporary measure only, to clean the caregiver's and child's hands while supervising the child on the changing table.

During diaper changing, a child's hands often stray into the area of the child's body covered by the diaper. Germs are contained in human waste and body fluids and are present on the skin and the diaper even if they cannot be seen. Washing an infant's hands after each diaper change helps reduce the spread of germs.

Because of the risk of splashing, and gross contamination of hands, sinks, and bathroom surfaces, rinsing diapers or clothes soiled with fecal material in the child-care setting increases the risk that you, other caregivers, and the children would be exposed to germs that cause infection.

When diapers are being changed on consecutive children, allowing the bleach solution to contact the surface at least 2 minutes before wiping dry for the next diaper change kills most disease causing organisms on the surface. After the last diaper change in the cycle, allow the disinfecting solution to contact the diapering surface for 10 minutes and air dry. Air-drying is fine, since chlorine evaporates when the solution dries.

Rotating 2 changing mats throughout the day, using one while another is sanitized and dries, provides an alternative to waiting between diaper changes.

Illness and Injury

§746.3601
What type of illness would prohibit a child from being admitted for care?

Subchapter R, Health Practices
Division 3, Illness and Injury
09/01/03

Unless you are licensed to provide get-well care, you must not admit an ill child for care if one or more of the following exists:

Medium (1) The illness prevents the child from participating comfortably in child-care center activities including outdoor play;

Medium-High (2) The illness results in a greater need for care than caregivers can provide without compromising the health, safety, and supervision of the other children in care;

(3) The child has one of the following, unless medical evaluation by a health-care professional indicates that you can include the child in the child-care center's activities:

Medium (A) Oral temperature of 100.4 degrees or greater, accompanied by behavior changes or other signs or symptoms of illness;

Medium (B) Rectal temperature of 101.4 degrees or greater, accompanied by behavior changes or other signs or symptoms of illness;

Medium (C) Armpit temperature of 99.4 degrees or greater, accompanied by behavior changes or other signs or symptoms of illness; or

Medium (D) Symptoms and signs of possible severe illness such as lethargy, abnormal breathing, uncontrolled diarrhea, two or more vomiting episodes in 24 hours, rash with fever, mouth sores with drooling, behavior changes, or other signs that the child may be severely ill; or

Medium (4) A health-care professional has diagnosed the child with a communicable disease, and the child does not have medical documentation to indicate that the child is no longer contagious.

§746.3603
What communicable diseases would exclude a child from attending my child-care center?

Subchapter R, Health Practices
Division 3, Illness and Injury
09/01/03

Medium-High Communicable diseases that exclude a child from care, including a get-well care program, are defined by the Texas Department of Health (TDH) in 25 TAC §97.7 (relating to Diseases Requiring Exclusion from Child-Care Facilities and Schools). You can access this information from the Texas Department of Health or Licensing staff.

§746.3605
What if a child becomes ill while in care?

Subchapter R, Health Practices
Division 3, Illness and Injury
09/01/03

If a child becomes ill while in your care, you must:

Medium-High (1) Contact the parent to pick up the child;

Medium-High (2) Care for the child apart from other children;

Medium-High (3) Give appropriate attention and supervision until the parent picks the child up; and

Medium-High (4) Give extra attention to hand washing and sanitation if the child has diarrhea or vomiting.

§746.3607
How should caregivers respond to critical illness or injury?

Subchapter R, Health Practices
Division 3, Illness and Injury
09/01/03

If critical illness or injury requires immediate attention of a physician, you must:

High (1) Contact emergency medical services or take the child to the nearest emergency room;

High (2) Give the child first-aid treatment or CPR when needed;

High (3) Contact the physician identified in the child’s record;

High (4) Contact the child's parent; and

High (5) Ensure supervision of other children in the group.

Safety Practices

Safety Precautions

§746.3701
What safety precautions must I take to protect children in my child-care center?

Subchapter S, Safety Practices
Division 1, Safety Precautions
09/01/03

Medium-High All areas accessible to a child must be free from hazards including, but not limited to, the following:

Medium-High (1) Electrical outlets accessible to a child younger than five years must have childproof covers or safety outlets;

Medium-High (2) 220-volt electrical connections within a child's reach must be covered with a screen or guard;

Medium-High (3) Air conditioners, electric fans, and heaters must be mounted out of all children's reach or have safeguards that keep any child from being injured;

Medium-High (4) Glass in sliding doors must be clearly marked with decals or other materials placed at children's eye level;

Medium-High (5) Play materials and equipment must be safe and free from sharp or rough edges and toxic paints;

Medium-High (6) Poisonous or potentially harmful plants must be inaccessible to all children;

Medium-High (7) All storage chests, boxes, trunks, or similar items with hinged lids must be equipped with a lid support designed to hold the lid open in any position, be equipped with ventilation holes, and must not have a latch that might close and trap a child inside; and

High (8) All bodies of water such as pools, hot tubs, ponds, creeks, birdbaths, fountains, buckets, and rain barrels must be inaccessible to all children.

Supervision alone cannot prevent all accidents and injuries, therefore the environment must be free of health and safety hazards to reduce risks to children. Additional examples of hazards to children include: sharp scissors, plastic bags, knives, cigarettes, matches, lighters, flammable liquids, drugs/medications, sharp instruments such as an ice pick, power tools, cleaning supplies, chemicals and other items labeled keep out of the reach of children.

Buildings, grounds and equipment in a state of disrepair threaten the health and safety of children.

According to the U.S. Consumer Product Safety Commission (CPSC), any body of water including bathtubs, pails and toilets presents a drowning risk to young children. An estimated 50 infants and toddlers drown each year in buckets containing liquid used for mopping floors and other cleaning chores. The 5-gallon bucket presents the greatest hazard to young children because of its tall straight sides and its weight with even a small amount of liquid. It is nearly impossible for top-heavy infants and toddlers to free themselves when they fall into a 5-gallon bucket head first.

§746.3703
How can I ensure the safety of the children from other persons?

Subchapter S, Safety Practices
Division 1, Safety Precautions
09/01/03

High (a) People whose behavior and/or health status poses an immediate threat or danger to the health or safety of the children must not be present when children are in care.

High (b) People must not consume alcohol or controlled substances without a prescription in the child-care center, during transportation, or on field trips.

High (c) People must not be under the influence of or impaired by alcohol or controlled substances in the child-care center, during transportation, or on field trips.

High (d) People must not smoke or use tobacco products at the child-care center, on the premises, on the playground, in transportation vehicles, or during field trips.

> *According to the AAP, scientific evidence has linked respiratory health risks to secondhand smoke. Infants and young children exposed to secondhand smoke are at increased risk of developing respiratory infections such as bronchitis and pneumonia, and middle ear infections. Separation of smokers and nonsmokers within the same air space does not eliminate or minimize exposure of nonsmokers to secondhand smoke.*

§746.3705
Am I required to have a video or audio monitoring system?

Subchapter S, Safety Practices
Division 1, Safety Precautions
09/01/03

No, you are not required to have a video or audio monitoring system, although you must ensure that:

High (1) Caregivers are able to observe children at all times; and

Medium-High (2) Another adult can observe caregivers who are with children at all times.

> *Research has shown that many incidents of abuse of children in child care occur when one caregiver is alone with a child and not easily observed from outside the area. Assuring that all children and caregivers are observable at all times greatly reduces the risk to children. Examples of removing barriers that prevent observation include keeping classroom doors open, placing windows in classroom doors, ensuring the presence of a second caregiver with the group, the use of close circuit cameras, or the use of mirrors.*

§746.3707
Are firearms or other weapons allowed at my child-care center?

Subchapter S, Safety Practices
Division 1, Safety Precautions
09/01/03

Medium (a) Law enforcement officials who are trained and certified to carry a firearm on duty may have firearms or ammunition on the premises of the child-care center.

High (b) For all other persons, firearms, hunting knives, bows and arrows, and other weapons are prohibited on the premises of the child-care center, unless the child-care center is also your residence.

High (c) Firearms, hunting knives, bows and arrows, and other weapons kept on the premises of a child-care center located in your home must remain in a locked cabinet inaccessible to children during all hours of operation.

High (d) Ammunition must be kept in a separate locked cabinet and inaccessible to children during all hours of operation.

§746.3709
May I have other toys or equipment that explodes or shoots things?

Subchapter S, Safety Practices
Division 1, Safety Precautions
09/01/03

Medium-High No. Toys that explode or that shoot things, such as caps, BB guns, darts, or fireworks, are prohibited as toys for children in both residential and non-residential locations. Toys that explode or shoot things kept on the premises of a child-care center located in your home must remain in a locked cabinet inaccessible to any child during all hours of operation.

Medication

§746.3801
May I administer medication to children at my child-care center?

Subchapter S, Safety Practices
Division 2, Medication
09/01/03

Yes, but you must ensure the following:

Medium-High (1) Parents must sign an authorization and include times for child-care center employees to administer each medication according to label directions;

Medium-High (2) The medication must be in the original container labeled with the child's full name and the date brought to the child-care center;

High (3) You must administer the medication in amounts according to the label directions or as amended by a physician;

High (4) You must administer the medication only to the child for whom it is intended; and

Medium-High (5) You must not administer the medication after its expiration date.

§746.3803
If a child has a recurring medical problem, may the parent sign an authorization to administer the medication as needed?

Subchapter S, Safety Practices
Division 2, Medication
09/01/03

Medium-High (a) Yes. If a child has a periodic and recurring medical problem, such as headaches, asthma attacks, or allergic reactions, the parent or the child's health-care professional may sign a medication authorization allowing you to administer the medication when symptoms occur for up to a six-month period. The authorization must include information on symptoms to watch for.

Medium-High (b) You must notify the parent immediately after administering the medication and document this in the child's record.

§746.3805
What records must I keep when I administer medication to a child in my care?

Subchapter S, Safety Practices
Division 2, Medication
09/01/03

(a) When you administer medication to a child in your care, you must record the following:

Medium-High (1) Full name of the child to whom the medication was given;

Medium-High (2) Name of the medication;

Medium-High (3) Date, time, and amount of medication given; and

Medium-High (4) Full name of the employee administering the medication.

Medium (b) You must keep all medication records for three months after administering the medication.

§746.3807
How must I store medication that I administer to a child?

Subchapter S, Safety Practices
Division 2, Medication
09/01/03

You must store medications as follows:

High (1) Keep it out of the reach of children or in locked storage;

Medium-High (2) Store it in a manner that does not contaminate food; and

Medium-High (3) Refrigerate it, if refrigeration is required, and keep it separate from food.

§746.3809
How long may I keep the medication that I administer to a child?

Subchapter S, Safety Practices
Division 2, Medication
09/01/03

Medium You must dispose of the medication or return it to the parent when the child withdraws from the child-care center, or when the medication is out-of-date or is no longer required for the child.

§746.3811
Do I have to notify parents if I do not want to administer medications?

Subchapter S, Safety Practices
Division 2, Medication
09/01/03

Medium Yes. If you choose not to administer medication to children, you must inform the parents of this policy in writing before the child's enrollment.

Animals at the Child-Care Center

§746.3901
What steps must I take to have animals at my child-care center?

Subchapter S, Safety Practices
Division 3, Animals at the Child-Care Center
09/01/03

If you choose to have animals on the premises, you must:

Medium (1) Notify parents in writing when animals are or will be present;

Medium-High (2) Ensure the animals do not create unsafe or unsanitary conditions;

Medium-High (3) Ensure that children do not handle any animal that shows signs of illness, such as lethargy or diarrhea; and

Medium-High (4) Ensure that caregivers and children practice good hygiene and hand washing after handling or coming in to contact with an animal and items used by an animal, such as water bowls, food bowls, and cages.

> *Informing parents in writing when animals are or will be present in the child-care center allows parents to decide whether to enroll their child and whether to prohibit or allow their child to have contact with the animals.*

§746.3903
Must I keep documentation of vaccinations on file for the animals?

Subchapter S, Safety Practices
Division 3, Animals at the Child-Care Center
09/01/03

Medium-High (a) Yes. You must have documentation at your child-care center showing dogs, cats, and ferrets have been vaccinated as required by Texas Health and Safety Code, Chapter 826.

Medium (b) You must have a statement of health from a local veterinarian at your child-care center for dogs, cats, ferrets, and other animals other than small rodents, such as guinea pigs, mice, and hamsters.

> *A statement of health from a local veterinarian, trained to assess the health of animals and the spread of disease through direct or indirect means, is important to decrease the health risk to children who are more vulnerable to disease.*

§746.3905
Must I prevent children from having contact with certain animals while at my child-care center?

Subchapter S, Safety Practices
Division 3, Animals at the Child-Care Center
09/01/03

Medium-High (a) Yes. Children must not have contact with chickens, ducks, and reptiles, such as snakes, turtles, lizards, iguanas, and amphibians, such as frogs and toads.

Medium-High (b) You must keep the child-care center and playground free of animals unfamiliar to you.

Medium-High (c) You must not allow children to play with animals unfamiliar to you or other animals that could be dangerous, including exotic animals such as lions, monkeys, and tigers.

> *Research has shown there is a high risk of contracting and spreading salmonellosis by either direct contact or indirect contact with chickens, ducks, and reptiles, such as snakes, turtles, lizards, iguanas, and amphibians, such as frogs and toads.*

First-Aid Kits

§746.4001
Must I have a first-aid kit at my child-care center?

Subchapter S, Safety Practices
Division 4, First-Aid Kits
09/01/03

Medium-High Yes. You must have a complete first-aid kit available in each building at the child-care center, during all field trips, and while transporting children. Each first-aid kit must be:

Medium (1) Clearly labeled;

Medium-High (2) Kept in a clean and sanitary condition;

Medium-High (3) Easily accessible to all employees;

Medium-High (4) Stored in a designated location known to all employees; and

Medium-High (5) Kept out of the reach of children.

§746.4003
What items must each first-aid kit contain?

Subchapter S, Safety Practices
Division 4, First-Aid Kits
07/01/05

Medium (a) Each first-aid kit must contain the following supplies:

(1) A guide to first aid and emergency care;

(2) Adhesive tape;

(3) Antiseptic solution or wipes;

(4) Cotton balls;

(5) Multi-size adhesive bandages;

(6) Scissors;

(7) Sterile gauze pads;

(8) Thermometer;

(9) Tweezers; and

(10) Waterproof, disposable gloves.

Medium (b) The first-aid supplies must not have expired.

Release of Children

§746.4101
Who may I release children to?

Subchapter S, Safety Practices
Division 5, Release of Children
09/01/03

Medium-High You must release children only to a parent or a person designated by the parent.

> *If you suspect the person picking up a child is under the influence of drugs or alcohol, you may call local police and request their assistance.*
>
> *You may not legally prevent the child from being picked up by a parent or person designated by the parent, however, you may address this issue at enrollment by asking parents what they would like for you to do if you do not feel comfortable releasing the child to one of the parents and signing an agreement to this effect.*
>
> *Law enforcement officers and DFPS Child Protective Services staff have the authority by law to remove a child without a parent's permission. Always ask to see identification of persons you do not know.*

§746.4103
How do my employees verify the identity of a parent or a person a parent has designated to pick up the child?

Subchapter S, Safety Practices
Division 5, Release of Children
09/01/03

Medium-High (a) You must develop child-care center policies for the release of children, including a plan to verify the identity of a person authorized to pick up a child but whom the caregiver does not know. If your child-care center transports children, the plan must include verifying the identity of a person to whom you release a child from a child-care-center transportation vehicle.

Medium-High (b) Your policies must include a reasonable means to record the identity of the individual, such as a copy of a valid photo identification, an instant photograph of the individual, or recording the driver's license number and car tag numbers. You must retain this information in the child's records for at least three months.

Medium-High (c) You must instruct all employees in the child-care center's policies for the release of children, including the verification plan.

Physical Facilities

Indoor Space Requirements

§746.4201
How many square feet of indoor activity space must I have for children?

Subchapter T, Physical Facilities
Division 1, Indoor Space Requirements
09/01/03

Medium-High You must have at least 30 square feet of indoor activity space for each child that you are licensed to serve, unless the child-care center is exempt based on criteria specified in this division.

> *Space in which children can freely move for exercise and development of physical skills is necessary to the well-being of children.*
>
> *Conflict between children and behavior problems are more likely to occur in crowded environments and children confined to crowded spaces are more likely to spread germs.*

§746.4203
Am I required to care for children younger than 18 months separately from older children?

Subchapter T, Physical Facilities
Division 1, Indoor Space Requirements
09/01/03

Medium-High Yes. You must care for children younger than 18 months in rooms and outdoor activity space areas separate from older children unless there are 12 or fewer children in the child-care center, or the child-care center is exempt based on criteria specified in this division.

§746.4205
Must I limit the number of children in each room based on the indoor activity space measurements for that room?

Subchapter T, Physical Facilities
Division 1, Indoor Space Requirements
09/01/03

Medium-High (a) Yes. For children less than 18 months old, the number of infants must not exceed the activity space.

Medium-High (b) For children 18 months and older, more children than the room measurement will accommodate must not routinely occupy rooms, unless the age of the children, the equipment and furnishings, and the activity being conducted in the room make it possible.

§746.4207
Do these indoor activity space requirements apply to my child-care center if it was licensed before September 1, 2003?

Subchapter T, Physical Facilities
Division 1, Indoor Space Requirements
09/01/03

(a) Indoor activity space requirements for child-care centers licensed before September 1, 2003, vary based on the following:

Low (1) Child-care centers licensed as a day-care center before August 31, 1997, must have at least 30 square feet of indoor activity space, for each child you are licensed to serve. Children under 18 months of age must be cared for in rooms and outdoor activity space areas separate from older children unless there are 12 or fewer children in the child-care center.

Medium (2) Child-care centers licensed as a day-care center between August 31, 1997, and September 1, 2003, must have at least 30 square feet of indoor activity space. Each child under 18 months of age must have 30 square feet of indoor activity space in the area in which you provide care. You must care for children under 18 months of age in rooms and outdoor activity space areas separate from older children unless there are 12 or fewer children in the child-care center.

Low (3) Child-care centers licensed as kindergarten and nursery schools, or schools: grades kindergarten and above, before September 1, 2003, must have at least 20 square feet of indoor activity space for each child you are licensed to serve.

Low (4) Child-care centers licensed as a drop-in child-care center or group day-care home before September 1, 2003, must have at least 30 square feet of indoor activity space for each child you are licensed to serve.

Low (b) The exemptions specified in subsection (a) of this section remain in effect until a permit issued prior to September 1, 2003, is no longer valid.

§746.4213
How does Licensing determine the indoor activity space?

Subchapter T, Physical Facilities
Division 1, Indoor Space Requirements
09/01/03

(no weight) (a) We determine indoor activity space by:

(1) Measuring all indoor activity space wall to wall on the inside at floor level;

(2) Rounding all measurements to the nearest inch; and

(3) Excluding single-use areas. See §746.105(42) of this title (relating to What do certain words and terms mean when used in this chapter?) for more information on single-use areas; and

(4) Excluding floor space occupied by permanent and stationary fixtures, such as bookcases, shelving, and storage/counter space, that is not intended for use by the children.

(no weight) (b) We use the sum of the measurements to calculate the indoor activity space and to determine the maximum number of children you may care for.

> *Local ordinances or fire marshals may have additional restrictions or limitations on the numbers of children the indoor activity space will accommodate.*

§746.4215
May other programs use my licensed indoor space at the same time I have children in care?

Subchapter T, Physical Facilities
Division 1, Indoor Space Requirements
09/01/03

Medium-High No. You must not share the indoor licensed activity space with other programs at the same time you have children in care.

§746.4217
May I care for children above or below ground level?

Subchapter T, Physical Facilities
Division 1, Indoor Space Requirements
09/01/03

Medium-High You must not care for children on any level above or below ground level without written approval from the state or local fire marshal.

Outdoor Space Requirements

§746.4301
How many square feet of outdoor activity space must I have?

Subchapter T, Physical Facilities
Division 2, Outdoor Space Requirements
09/01/03

Medium (a) You must have 80 square feet of outdoor activity space for each child using the outdoor activity area at one time, unless you are licensed to provide only:

(1) An alternate care program; or

(2) A get-well care program.

Medium (b) You must have enough square footage in the outdoor activity space to equal at least 25% of your licensed indoor capacity.

Low (c) If you were licensed before September 1, 2003, you do not have to comply with the outdoor activity space requirements specified in subsection (b) of this section unless the permit issued prior to September 1, 2003, is no longer valid.

> *NAEYC affirms that adequate outdoor space for play is necessary for the development of gross motor (large muscle) skills and to provide children with fresh air and sunshine.*

§746.4305
Must I fence the outdoor activity space?

Subchapter T, Physical Facilities
Division 2, Outdoor Space Requirements
09/01/03

Medium-High Yes. A fence or wall at least four feet high must enclose the outdoor activity space unless you meet one of the following:

Low (1) You are licensed to provide only an after-school care program in a classroom facility owned, operated, and administered by and located in a public school as defined by the Texas Education Agency;

Low (2) You are licensed to provide only an alternate care program;

Low (3) You are licensed to provide only a get-well care program; or

Medium-High (4) The only children using the outdoor activity space are five years old or older.

> *Enclosed outdoor areas keep pre-kindergarten age and younger children in a controlled area for their safety and ease of supervision.*

§746.4307
How many exits must I have from my fenced outdoor activity space?

Subchapter T, Physical Facilities
Division 2, Outdoor Space Requirements
09/01/03

Medium Each fenced yard must have at least two exits. An entrance to the building may count as one exit, but one exit must be away from the building.

§746.4309
May I keep the gates leading into my outdoor activity space locked while children are in care?

Subchapter T, Physical Facilities
Division 2, Outdoor Space Requirements
09/01/03

Medium-High Yes, however the locking mechanism must be accessible to all employees at all times. Employees must be able to open the gates immediately in an emergency and satisfactorily demonstrate this ability to Licensing staff upon request.

§746.4311
Must the outdoor activity space be connected to the child-care center?

Subchapter T, Physical Facilities
Division 2, Outdoor Space Requirements
09/01/03

Medium No; however, all outdoor activity areas used by children must be accessible by a safe route. We must approve a plan to use an outdoor activity space that is not connected to the child-care center, such as a near-by park, schoolyard, rooftop, or other alternative. We will consider the following criteria before approving the plan:

Medium-High (1) Traffic patterns of vehicles and people in the area;

Medium-High (2) Ages of children in the groups;

Medium-High (3) Availability of appropriate equipment;

Medium (4) Usage of the location by other persons when the children would be most likely to use it;

Medium-High (5) Neighborhood circumstances, hazards, and risks;

Medium-High (6) Accessibility to children and caregivers on foot or the availability of push-carts or other means of transporting infants and toddlers;

Medium-High (7) Reasonable accessibility of restroom facilities; and

Medium-High (8) Ability to obtain assistance if needed when injury or illness occurs.

§746.4313
Must I comply with additional requirements if my plan to use an outdoor activity space not connected to my child-care center is approved by Licensing?

Subchapter T, Physical Facilities
Division 2, Outdoor Space Requirements
09/01/03

Yes. If we approve the outdoor activity space, you must:

Medium (1) Give parents written notification of the location of the outdoor activity area, upon their child's enrollment;

Medium-High (2) Develop a written plan to supervise children, both during play and while traveling to and from the outdoor activity space; and

Medium (3) Meet other conditions specified by Licensing staff, if applicable.

§746.4315
May other programs use my licensed outdoor activity space at the same time I have children in care?

Subchapter T, Physical Facilities
Division 2, Outdoor Space Requirements
09/01/03

Medium No. You must not share the licensed outdoor activity space with other programs at the same time you have children in care.

Toilets and Sinks

§746.4401
How many hand-washing sinks must I have in my child-care center for children's use?

Subchapter T, Physical Facilities
Division 3, Toilets and Sinks
09/01/03

Medium-High (a) If you are licensed to serve 13 or more children, unless otherwise specified in this division, you must have one sink for every 17 children who are 18 months of age and older.

Medium-High (b) If you are licensed to serve 12 or fewer children, unless otherwise specified in this division, you must have at least one sink available for the children's use.

Medium-High (c) If you were licensed as a kindergarten and nursery school, or school: grades kindergarten and above, before September 1, 2003, you must have one sink for every 20 children.

Medium-High (d) If you were licensed as a drop-in child-care center before September 1, 2003, you must have at least one sink for every 25 children.

Medium-High (e) A kindergarten and nursery school; school: grades kindergarten and above; and drop-in child-care center must comply with the requirements specified in subsection (a) or (b) of this section if the permit issued prior to September 1, 2003, is no longer valid.

A sufficient number of sinks are necessary to meet the children's physical needs in a timely and sanitary manner.

§746.4403
Must I have a hand-washing sink in the diaper-changing area?

Subchapter T, Physical Facilities
Division 3, Toilets and Sinks
09/01/03

Medium (a) You must have one hand-washing sink in each diaper-changing area, placed so that the caregiver using it can maintain supervision of the children in the group as specified in §746.1205 of this title (relating to What does Licensing mean by "supervise children at all times"?).

Medium (b) If your child-care center was licensed as a day care center, group day care home or drop-in child-care center before September 1, 2003, and you are unable to comply with subsection (a) of this section, you must submit to us and follow a plan for each diaper-changing area that ensures children are supervised at all times and caregivers and children are washing hands as specified in this chapter.

Low (c) A child-care center licensed before September 1, 2003, must comply with the requirements specified in subsection (a) of this section if the permit issued prior to September 1, 2003, is no longer valid.

The Centers for Disease Control (CDC) affirms that hand washing is the number one way to control the spread of disease and germs in the child care setting. Caregivers are less likely to wash hands before and after each diaper change if the sink is not accessible in the room. Infants are more likely to be left unsupervised if the caregiver must leave the room to wash her hands.

§746.4405
Where must I locate the hand-washing sinks for children's use?

Subchapter T, Physical Facilities
Division 3, Toilets and Sinks
09/01/03

Medium Hand-washing sinks must be inside the child-care center. Children 18 months of age and older must be able to safely and independently access the sink. Hand-washing sinks must be equipped with soap, running water, and single-use disposable towels or hot-air hand dryers. Refer to Subchapter R of this chapter (relating to Health Practices) for further information on hand washing.

§746.4407
How many toilets am I required to have in my child-care center?

Subchapter T, Physical Facilities
Division 3, Toilets and Sinks
09/01/03

Medium (a) If you are licensed to serve 13 or more children, you must have one flush toilet for every 17 children who are 18 months of age and older.

Medium (b) If you are licensed to serve 12 or fewer children, you must have at least one flush toilet available for the children's use.

Medium (c) If you were licensed as a kindergarten and nursery school, or school: grades kindergarten and above, before September 1, 2003, you must have one toilet for every 20 children.

Low (d) If you were licensed as a drop-in child-care center before September 1, 2003, you must have at least one toilet for every 25 children.

Low (e) A child-care center licensed before September 1, 2003, must comply with the requirements specified in subsection (a) or (b) of this section if the permit issued prior to September 1, 2003, is no longer valid.

A sufficient number of toilets are necessary to meet the children's physical needs in a timely and sanitary manner.

§746.4409
Where must the toilets be located?

Subchapter T, Physical Facilities
Division 3, Toilets and Sinks
09/01/03

Medium Toilets must be inside the child-care center. Children 18 months of age and older must be able to safely and independently access the toilet. Toilets must be equipped for independent use by children and allow supervision by caregivers, as needed.

§746.4411
May I count urinals in the ratio of children to toilets?

Subchapter T, Physical Facilities
Division 3, Toilets and Sinks
09/01/03

Medium (a) Urinals may be counted in the ratio of children to toilets, but may not exceed 50% of the total number of toilets.

Medium (b) Restrooms containing urinals must also have flush toilets.

§746.4417
May potty-chairs be used?

Subchapter T, Physical Facilities
Division 3, Toilets and Sinks
09/01/03

Medium Yes. Potty-chairs may be used, but you may not count them in the ratio of children to toilets.

§746.4419
Do I have to use toilets, sinks and fountains that are child sized?

Subchapter T, Physical Facilities
Division 3, Toilets and Sinks
09/01/03

Medium No, however if you use a sink, urinal, toilet, or drinking fountain that is too high for children to use safely and independently, you must equip them with anchored steps and/or a broad-based platform with a non-slip surface.

§746.4421
May the doors to the restroom or toilets have locks on them?

Subchapter T, Physical Facilities
Division 3, Toilets and Sinks
09/01/03

Yes. Doors on restrooms and toilets used by children may have locks, although:

Medium (1) Locks must be out of children's reach; or

Medium-High (2) If locks are within children's reach there must be a way to immediately open the door from the outside in an emergency, and:

Medium-High (A) The unlocking mechanism must be accessible to all employees at all times and must be demonstrated satisfactorily to Licensing staff upon request; and

Medium-High (B) An adult must be present in the restroom area when children younger than five years are using restrooms with door locks within children’s reach.

Caregivers need immediate access to young children to assist with toileting or to provide supervision, while older children may need privacy.

Furniture and Equipment

§746.4501
What type of tables and chairs must I use for the children?

Subchapter T, Physical Facilities
Division 4, Furniture and Equipment
09/01/03

Medium Tables and chairs that you use for the children must be safe, easy to clean, and of a height and size appropriate for each age group in care.

§746.4503
Must I provide a cot or mat for each child to sleep or rest on?

Subchapter T, Physical Facilities
Division 4, Furniture and Equipment
09/01/03

(a) Yes. You must provide the following:

Medium-High (1) An individual crib meeting requirements specified in Subchapter H of this chapter (relating to Basic Care Requirements for Infants) for each non-walking child younger than 18 months to sleep or rest in;

Medium (2) An individual cot, bed, or mat that is waterproof or washable for each walking child through four years to sleep or rest on; and

Medium (3) Individual arrangements for sleep or rest for children five years and older who are in care for more than five hours per day, or whose individual care needs require a nap or rest time.

Medium (b) Cots, beds, or mats must be labeled with the child's name. Labeling cots, beds, or mats with a number related to a number assignment map may be used as an alternative.

Medium (c) Floor mats used for napping must be marked or colored so that the sleeping side can be distinguished from the floor side.

Marking mats helps to ensure the sleeping side is always used for sleeping and protects the health of children.

§746.4505
Must I have storage for each child's individual belongings?

Subchapter T, Physical Facilities
Division 4, Furniture and Equipment
09/01/03

Medium Yes. You must have individual lockers, cubicles, separate hooks and shelves, or other adequate storage space for each child's personal belongings. You must clearly label the storage space with the child's name, a photograph of the child, or other symbol the child recognizes as his own.

§746.4507
Must I have a telephone at my child-care center?

Subchapter T, Physical Facilities
Division 4, Furniture and Equipment
09/01/03

(a) Yes. You must have:

Medium-High (1) A telephone at your child-care center with a listed telephone number; or

(2) Access to a telephone located in the same building for use in an emergency and where a person is available to:

Medium-High (A) Receive incoming calls to the child-care center;

Medium-High (B) Immediately transmit messages regarding children in care to child-care center caregivers; and

Medium-High (C) Make outgoing calls for the child-care center as necessary.

Medium (b) The telephone must not be a coin-operated pay phone.

> *A working telephone is necessary for routine and emergency outgoing and incoming calls. A listed telephone number ensures parents and others may contact the caregiver when necessary.*

§746.4509
May I have indoor equipment such as slides or lofts?

Subchapter T, Physical Facilities
Division 4, Furniture and Equipment
09/01/03

Yes. You may have indoor climbing equipment although you must comply with the following safety standards:

Medium-High (1) Floor surfaces under indoor-climbing equipment and platforms over 20 inches in height must have a unitary shock-absorbing surface that will effectively cushion the fall of a child. The surface must be installed in the use zone and maintained according to the manufacturer's directions. See §746.4801 of this title (relating to What does Licensing mean by the term "use zone"?). Carpeting alone, even if it is installed over thick padding, is not an acceptable resilient surface under indoor climbing equipment.

Medium-High (2) Stairs and steps on indoor climbing equipment, regardless of height, must have handrails the children can reach. Rung ladders do not require handrails.

Medium-High (3) Platforms over 20 inches in height must be equipped with protective barriers that prevent children from crawling over or falling through the barrier, or becoming entrapped.

> *Research indicates that shock absorbing surfaces can help disperse the momentum of a falling body or head, thus reducing the risk of life threatening injuries.*
>
> *Carpeting is not a resilient surface unless it is installed over unitary shock-absorbing padding.*
>
> *The National Program for Playground Safety (NPPS) recognizes that the behavior of children does not change when they are on elevated play platforms. Touching and/or pushing is a common communication method among children. It is important then, to have protective barriers on play platforms to prevent falls.*

§746.4511
If my child-care center was licensed before September 1, 2003, will I be given an opportunity to comply?

Subchapter T, Physical Facilities
Division 4, Furniture and Equipment
09/01/03

(no weight) If your child-care center was licensed before September 1, 2003, you have five years from September 1, 2003, to comply with the requirements specified in §746.4509(1) of this title (relating to May I have indoor equipment such as slides or lofts?).

Outdoor Safety and Play Equipment

Minimum Safety Requirements

§746.4601
What minimum safety requirements must my outdoor equipment meet?

Subchapter U, Outdoor Safety and Play Equipment
Division 1, Minimum Safety Requirements
09/01/03

Outdoor equipment and supplies used both at and away from the child-care center must be safe for the children as follows:

High (1) The outdoor activity space must be arranged so that caregivers can adequately supervise children at all times;

Medium-High (2) The design, scale, and location of the equipment must be appropriate for the body size and ability of the children using the equipment;

High (3) Equipment must not have openings or angles that can entrap a child's body or body part that has penetrated the opening;

High (4) Equipment must not have protrusions or openings that can entangle something around a child's neck or a child's clothing;

High (5) Equipment must be securely anchored according to manufacturer's specifications to prevent collapsing, tipping, sliding, moving, or overturning;

High (6) All anchoring devices must be placed below the level of the playing surface to prevent tripping or injury resulting from a fall;

High (7) Equipment must not have exposed pinch, crush, or shear points, on or underneath it;

High (8) Climbing equipment or swings must not be installed over asphalt or concrete unless the asphalt or concrete is covered with properly installed unitary surfacing materials as specified in §746.4909 of this title (relating to What are unitary surfacing materials?) and §746.4911 of this title (relating to How should unitary surfacing materials be installed?); and

High (9) Outdoor porches or platforms more than 20 inches in height for pre-kindergarten and younger children, and more than 30 inches in height for school-age children, must be equipped with protective barriers that surround the elevated surface except for entrances and exits and that prevent children from crawling over or through the barrier.

> *Head entrapment by head-first entry generally occurs when children place their heads through an opening in one orientation, turn their heads to a different orientation, then are unable to withdraw from the opening.*
>
> *Head entrapment by feet-first entry involves children who generally sit or lie down and slide their feet into an opening that is large enough to permit passage of their bodies – greater than 3 ½" – but is not large enough to permit passage of their heads – less than 9".*

§746.4603
Are there some types of equipment that children must not use?

Subchapter U, Outdoor Safety and Play Equipment
Division 1, Minimum Safety Requirements
09/01/03

Yes. Children must not use the following types of equipment at or away from the child-care center:

Medium-High (1) Animal figure swings made of metal or that have metal components;

High (2) Equipment that allows children to fall inside the structure and onto other parts of the structure, such as certain styles of monkey bars or jungle gyms;

High (3) Trampolines, except those less than four feet in diameter that are no higher than 12 inches above a properly installed and maintained resilient surface;

Medium-High (4) Bounce houses used by more than one child at a time; or

Medium-High (5) Swinging exercise rings and trapeze bars, rope swings, and multiple occupancy swings, such as teeter-totters, gliders, or chair swings (other than tire swings).

> *Bounce houses or "moonwalks" are not standard playground equipment and, according to the CPSC, have led to serious injuries when more than one child is inside the bounce house.*

§746.4605
Are there additional equipment restrictions for children ages two through five years?

Subchapter U, Outdoor Safety and Play Equipment
Division 1, Minimum Safety Requirements
09/01/03

Yes. Children ages two through five years must not be allowed to use the following pieces of equipment at or away from the child-care center:

Medium-High (1) Chain or cable walks;

Medium-High (2) Free standing arch climbers;

Medium-High (3) Free standing climbing pieces with flexible parts;

Medium-High (4) Fulcrum seesaws;

Medium-High (5) Log rolls;

Medium-High (6) Spiral slides with more than one turn;

Medium-High (7) Over-head rings;

Medium-High (8) Parallel bars;

Medium-High (9) Swinging gates;

Medium-High (10) Track rides; or

Medium-High (11) Vertical slide poles.

> *Swinging gates have a metal post with vertical bars. Children place their feet between the bars and push the gate as they pivot around the post. Children can create a great deal of speed while playing and can be thrown from this piece of equipment resulting in serious injury.*
>
> *Children ages 2 through 5 years have not developed the upper body strength, balance, postural control, and coordination required to successfully and safely play on equipment such as over head rings and track rides.*

§746.4607
What special maintenance procedures must I follow for my playground?

Subchapter U, Outdoor Safety and Play Equipment
Division 1, Minimum Safety Requirements
09/01/03

Medium-High (a) The child-care center director or designee must inspect the playground daily before children go out to play to ensure there are no hazards present.

Medium (b) The child-care center director or designee must conduct at least monthly inspections of the playground, utilizing a general maintenance checklist or playground safety checklist that includes checking the equipment and surfacing material for normal wear and tear, broken or missing parts, debris or foreign objects, drainage problems, or other hazards.

Medium-High (c) The child-care center director or designee must ensure hazards or defects identified during playground inspections are removed or repaired promptly, and must arrange for protection of the children or prohibit use of hazardous equipment until the hazards can be removed or repairs can be made.

Medium (d) You must keep maintenance inspections and repair records at the child-care center for review during hours of operation for three months.

> *Studies have linked inadequate maintenance of equipment to injuries on playgrounds. Consider the age and type of equipment, climate, number of children and how they use the equipment, and number and type of persons outside the child-care center who access the equipment.*

§746.4609
If my child-care center is located in a public school facility, must I meet the same safety requirements for outdoor play equipment?

Subchapter U, Outdoor Safety and Play Equipment
Division 1, Minimum Safety Requirements
09/01/03

Medium If you are licensed to provide only after-school care in a public school facility, you must inform parents in writing at the time they enroll their child if the outdoor play equipment you plan to use at the public school facility does not meet Licensing standards specified in this subchapter. Otherwise, children must not be allowed to use equipment that does not meet Licensing standards.

Swings

§746.4701
What are the safety requirements for swings?

Subchapter U, Outdoor Safety and Play Equipment
Division 2, Swings
09/01/03

Medium-High (a) All swing seats must be constructed of durable, lightweight, rubber or plastic material.

Medium-High (b) Edges of all swing seats must be smooth or rounded and have no protrusions.

Medium-High (c) Swings must not be attached to a composite play structure.

> *A composite play structure refers to playscapes, or structures containing equipment for a variety of activities, such as slides, climbing apparatus, bridges and platforms.*

§746.4703
Are there additional safety requirements for bucket swings designed for tots?

Subchapter U, Outdoor Safety and Play Equipment
Division 2, Swings
09/01/03

Medium-High Yes. Bucket swings are intended for use by children under four years of age with an adult present to lift and secure the child into the swing. Therefore, the distance between the protective surfacing and the bottom of a bucket swing must be at least 24 inches. This will minimize the likelihood of unsupervised young children climbing into the swing.

§746.4705
Are there additional safety requirements for tire swings or other multi-axis swings?

Subchapter U, Outdoor Safety and Play Equipment
Division 2, Swings
09/01/03

Yes. Tire swings must:

Medium-High (1) Not be made from heavy truck tires, or tires with exposed steel-belted radials;

Medium-High (2) Not be suspended from a composite structure or with other swings in the same swing bay;

Medium-High (3) Have drainage holes drilled in the underside of the tire and maintained to facilitate water drainage; and

Medium-High (4) Have a minimum clearance between the seating surface of a tire swing and the uprights of the supporting structure of 30 inches or more when the tire is in a position closest to the support structure.

Playground Use Zones

§746.4801
What does Licensing mean by the term “use zone”?

Subchapter U, Outdoor Safety and Play Equipment
Division 3, Playground Use Zones
09/01/03

Medium-Low The use zone is the surface area under and around a piece of equipment onto which a child falling from or exiting from the equipment would be expected to land. Other than the equipment itself, the use zone must be free of obstacles that a child could run into or fall on top of and be injured.

§746.4803
How do I measure the use zone for stationary equipment?

Subchapter U, Outdoor Safety and Play Equipment
Division 3, Playground Use Zones
09/01/03

Medium The use zone for stationary equipment, excluding slides, must extend a minimum of six feet in all directions from the perimeter of the equipment. Use zones for stationary equipment must not overlap other use zones.

§746.4805
How do I measure the use zone for slides?

Subchapter U, Outdoor Safety and Play Equipment
Division 3, Playground Use Zones
09/01/03

Medium-High (a) The use zone in front of the access and to the sides of a slide must extend a minimum of six feet from the perimeter of the equipment.

Medium-High (b) The use zone in front of the exit of a slide must be equal to the distance from the slide platform to the protective surfacing plus at least four feet (but not less than six feet).

Medium-High (c) The use zone in front of the slide exit must not overlap the use zone of any other equipment.

§746.4807
How do I measure the use zone for to-fro swings?

Subchapter U, Outdoor Safety and Play Equipment
Division 3, Playground Use Zones
09/01/03

Medium-High (a) The use zone to the front and rear of to-fro swings (single-axis swings) must extend twice the height of the vertical distance from the swing beam to the protective surfacing below.

Medium-High (b) The use zone to the front and rear of the to-fro swing must not overlap any other use zone.

Medium-High (c) The use zone around the sides of the to-fro swing structure (frame which supports the swings) must be at least six feet and may overlap the use zone of an adjacent swing structure.

§746.4809
How do I measure the use zone for tire swings?

Subchapter U, Outdoor Safety and Play Equipment
Division 3, Playground Use Zones
09/01/03

Medium-High (a) The use zone for tire swings or other multi-axis swings must extend in all directions for a distance equal to the distance from the swing beam to the top of the sitting surface of the tire, plus six feet.

Medium-High (b) The use zone specified is subsection (a) of this section must not overlap any other use zone.

Medium-High (c) The use zone on the sides of the tire swing support structure must be at least six feet and may overlap the use zone on the sides of an adjacent swing support structure.

§746.4811
How do I measure the use zone for bucket swings?

Subchapter U, Outdoor Safety and Play Equipment
Division 3, Playground Use Zones
09/01/03

Medium-High (a) The use zone to the front and rear of the bucket swing for tots must be at least two times the vertical distance from the swing beam to the top of the swing-sitting surface.

Medium-High (b) The use zone specified in subsection (a) of this section must not overlap any other use zone.

Medium-High (c) The use zone on the sides of the bucket swing structure must be at least six feet and may overlap the use zone on the sides of an adjacent swing support structure.

§746.4813
How do I measure the use zone for rotating or rocking equipment?

Subchapter U, Outdoor Safety and Play Equipment
Division 3, Playground Use Zones
09/01/03

Medium-High (a) The use zone for rotating or rocking equipment on which the child sits must be at least six feet from the perimeter when not in use.

Medium-High (b) The use zone for rotating or rocking equipment or track rides on which the child stands or rides must be at least seven feet from the perimeter of the equipment when not in use.

Medium-High (c) The use zone for rocking and rotating equipment must not overlap any other use zone.

§746.4815
Do the use zone requirements apply to my child-care center if it was licensed before September 1, 2003?

Subchapter U, Outdoor Safety and Play Equipment
Division 3, Playground Use Zones
09/01/03

(a) If you were licensed before September 1, 2003, you must at least maintain the following use zones, unless you meet one of the conditions specified in subsection (b) of this section:

Medium-Low (1) Four feet from climbing structures;

Medium-Low (2) Five feet from the bottom of a slide. The other parts of the slide are considered a climbing structure;

Medium-Low (3) Seven feet plus the length of a swing's chain from the point of suspension; and

Medium-Low (4) Seven feet from a merry-go-round or other revolving devices.

(b) A child-care center licensed before September 1, 2003, must comply with the use zone requirements specified in this division, under the following circumstances:

Medium-Low (1) A child-care center re-designs the existing playground or adds new playground equipment. The permit holder must meet use zone requirements specified in this division as the changes are made. You must submit a written plan for compliance to us upon request.

Medium-Low (2) Your existing permit is no longer valid.

Playground Surfacing

§746.4901
What type of surfacing must I have under my outdoor equipment?

Subchapter U, Outdoor Safety and Play Equipment
Division 4, Playground Surfacing
09/01/03

Medium-High (a) There must be loose-fill surfacing material or unitary surfacing material in the use zones (area around and under equipment where resilient surfacing is needed to prevent serious injury from occurring as result of a fall) for all climbing, rocking, rotating, bouncing, or moving equipment, slides, and swings.

Medium-High (b) The height of the highest designated play surface on the equipment will determine the depth of loose materials or the attenuation rating (thickness) of the unitary materials.

> *Studies have shown that falls to the surface are the leading cause of playground injuries in children. Shock-absorbing surfaces can help disperse the momentum of a falling body or head, thus, reducing the risk of life threatening injuries.*

§746.4903
If my playground surfacing does not currently meet these requirements, will I be given additional time to comply?

Subchapter U, Outdoor Safety and Play Equipment
Division 4, Playground Surfacing
09/01/03

Medium-High Yes. Child-care centers that were licensed before September 1, 2003, have five years from September 1, 2003, to comply with the playground surfacing requirements specified in this division. You must submit a written plan for compliance to us upon request.

§746.4905
What are acceptable loose-fill surfacing materials?

Subchapter U, Outdoor Safety and Play Equipment
Division 4, Playground Surfacing
09/01/03

Medium-High Loose-fill surfacing materials include, but are not limited to, loose particles such as sand, pea gravel, shredded wood products, and shredded rubber.

§746.4907
How should loose-fill surfacing materials be installed?

Subchapter U, Outdoor Safety and Play Equipment
Division 4, Playground Surfacing
09/01/03

Medium-High (a) If you use loose-fill surfacing materials, you must install and maintain them according to the following chart:

	Loose Fill Surfacing Materials For Pre-kindergarten children		**Loose Fill Surfacing Materials For School-age children**	
	If the depth of your (loose-fill material) is 6-8 inches	If the depth of your (loose-fill material) is 9 inches or more	If the depth of your (loose-fill material) is 6-8 inches	If the depth of your (loose-fill material) is 9 inches or more
	Then the height of the highest play surface cannot be more than (number) feet		Then the height of the highest play surface cannot be more than (number) feet	
Wood chips Random-sized chips often from a wood chipper; must remove sharp and/or large pieces	6	6	7	8
Double shredded bark mulch Similar to mulch used for shrubs and flower beds	6	6	6	7
Engineered wood fibers Uniform sized shredded wood fibers from hardwoods; no leaves or bark included	6	6	6	6
Fine sand Particles of white sand purchased in bags marked “play sand”	5	5	5	5
Fine gravel Particles are rounded and less than 3/8 inch in diameter	6	6	6	6
Medium gravel Rounded particles such as river washed or tumbled stone.	5	5	5	5
Shredded tires Obtain data from the supplier showing the critical height of the material and a guarantee the material is free from steel wires or other contaminants.	6	6	8	8

Medium-High (b) You must not install loose-fill surfacing materials over concrete or asphalt.

Medium (c) You must mark all equipment support posts to indicate the depth at which the loose-fill surfacing material must be maintained under and around the equipment.

Medium-High (d) You must ensure the loose-fill materials are maintained at the proper depth at all times.

Equipment heights can double the probability of a child getting injured from a fall. Research has shown, equipment over 8 feet has close to three times the injury rate of equipment under that height. Considering the ceiling height in the average home is eight to ten feet, a four-foot child falling from a platform more than eight feet high is the equivalent of a child falling from a second-story window.

§746.4909
What are unitary surfacing materials?

Subchapter U, Outdoor Safety and Play Equipment
Division 4, Playground Surfacing
09/01/03

Medium Unitary surfacing materials are manufactured materials including rubber tiles, mats, or poured-in-place materials cured to form a unitary shock-absorbing surface.

§746.4911
How should unitary surfacing materials be installed?

09/01/03

Medium-High (a) If you use unitary materials, they must be installed and maintained according to manufacturer's specifications.

Medium-High (b) Unitary materials may be installed over concrete or asphalt only if recommended by the manufacturer.

§746.4913
What documentation must I keep at the child-care center if I use unitary surfacing materials?

Subchapter U, Outdoor Safety and Play Equipment
Division 4, Playground Surfacing
09/01/03

Medium If you use unitary surfacing materials, you must have test data from the manufacturer showing the impact rating of the material (the maximum height of equipment that may be installed over the surfacing material), and installation and maintenance requirements. This documentation must be at the child-care center and made available for review by parents and Licensing staff upon request during hours of operation.

Swimming Pools and Wading/Splashing Pools

§746.5001
What safety precautions must I follow when children in my care use a swimming pool?

Subchapter V, Swimming Pools and Wading/Splashing Pools
09/01/03

In addition to complying with the child/caregiver ratios specified in §746.2105 of this title (relating to What are the child/caregiver ratios for swimming activities?) and other safety requirements specified in §746.2109 and §746.2113 of this title (relating to Must a certified lifeguard be on duty when children are swimming in more than two feet of water? and Must persons who are counted in the child/caregiver ratio during swimming know how to swim?), you must comply with the following safety precautions when any child uses a swimming pool (more than two feet of water) both at and away from your child-care center:

High (1) A minimum of two life-saving devices must be available;

High (2) One additional life-saving device must be available for each 2,000 square feet of water surface;

High (3) Drain grates must be in place, in good repair, and must not be able to be removed without using tools;

High (4) Pool chemicals and pumps must be inaccessible to any child;

High (5) Machinery rooms must be locked when any child is present;

High (6) Employees must be able to clearly see all parts of the swimming area;

High (7) The bottom of the pool must be visible at all times;

High (8) An adult must be present who is able to immediately turn off the pump and filtering system when any child is in a pool; and

High (9) All indoor/outdoor areas must be free of furniture and equipment that any child could use to scale a fence or barrier or release a lock.

> *The power of suction of a pool drain often requires that the pump be turned off before a child can be removed, therefore immediate unobstructed access is necessary.*

§746.5003
How should the swimming pool be built and maintained?

Subchapter V, Swimming Pools and Wading/Splashing Pools
09/01/03

High Swimming pools used both at and away from the child-care center must be built and maintained according to the standards of the Texas Department of Health and any other applicable state or local regulations.

§746.5005
Do the same safety precautions apply for above-ground pools?

Subchapter V, Swimming Pools and Wading/Splashing Pools
09/01/03

High Yes. Above-ground pools must meet all pool safety requirements specified in this subchapter and must have a barrier that prevents a child's access to the pool.

§746.5007
Must I have a fence around a swimming pool at my child-care center?

Subchapter V, Swimming Pools and Wading/Splashing Pools
09/01/03

High (a) Yes. You must enclose a swimming pool at your child-care center with a six-foot fence or wall that prevents children's access to the pool.

High (b) Fence gates leading to the pool area must have self-closing and self-latching hardware out of children's reach. Gates must be locked when the pool is not in use.

High (c) Doors from the child-care center leading to the pool area must have a lock out of children's reach that can only be opened by an adult.

High (d) These doors and gates must not be designated as fire and emergency evacuation exits.

§746.5009
Does having a fence relieve me of the duty to supervise children's access to the pool?

Subchapter V, Swimming Pools and Wading/Splashing Pools
09/01/03

High No. Although a fence and locked access provides a layer of protection for a child who strays from supervision and may deter some children from entering the pool area, these do not replace the need for constant adult supervision and monitoring of safety features to protect children from unsupervised access to the pool.

§746.5011
If I do not have a fence around the pool at my child-care center before September 1, 2003, will I have an opportunity to comply?

Subchapter V, Swimming Pools and Wading/Splashing Pools
09/01/03

(no weight) Child-care centers that were licensed before September 1, 2003, with a pool on the premises have one year from September 1, 2003 to comply with this requirement. You must continue to prevent children's unsupervised access to the pool.

§746.5013
What are the safety requirements for wading pools?

Subchapter V, Swimming Pools and Wading/Splashing Pools
09/01/03

(a) Wading/splashing pools (two feet of water or less) at your child-care center must be:

Medium-High (1) Stored out of children's reach when not in use;

High (2) Drained at least daily and sanitized; and

High (3) Stored so they do not hold water.

Medium-High (b) You must comply with the safety precautions specified in §746.5001 of this title (relating to What safety precautions must I follow when children in my care use a swimming pool?) when using wading/splashing pools away from your child-care center.

> *Wading/splashing pools with no filtering system are meant to be drained, sanitized and stored out of children's reach after each use.*

§746.5015
Are there specific safety requirements for sprinkler play?

Subchapter V, Swimming Pools and Wading/Splashing Pools
09/01/03

Medium-High

You must ensure that no child uses sprinkler equipment on or near a hard, slippery surface, such as a driveway, sidewalk, or patio. You must store sprinkler equipment and water hoses out of children's reach when not in use.

§746.5017
Can children in my care swim in a body of water other than a swimming pool, such as a lake, pond, or river?

Subchapter V, Swimming Pools and Wading/Splashing Pools
07/01/05

High

No, you must not allow children to swim in a lake, pond, river, or a body of water other than a swimming pool or wading pool that complies with the rules specified in this subchapter.

Fire Safety and Emergency Practices

Fire Inspection

§746.5101
Must my child-care center have an annual fire inspection?

Subchapter W, Fire Safety and Emergency Practices
Division 1, Fire Inspection
09/01/06

High (a) Your child-care center must have a fire inspection before we issue your initial permit and at least once every 12 months, unless your child-care center is in a public school building that the state or local fire marshal has approved for public school use.

Medium-High (b) A state or local fire marshal must conduct the inspection. If an inspection is not available, you must provide documentation of this from a state or local fire marshal or county judge.

§746.5103
How do I document that a fire inspection has been completed?

Subchapter W, Fire Safety and Emergency Practices
Division 1, Fire Inspection
09/01/03

Medium-High You must keep a copy of the most recent fire-inspection report, letter, or checklist at the child-care center during hours of operation to verify the inspection date and findings. The report must include the name and telephone number of the inspector.

§746.5105
Must I make all corrections specified in the fire-inspection report?

Subchapter W, Fire Safety and Emergency Practices
Division 1, Fire Inspection
09/01/03

High Yes. You must comply with all corrections, restrictions, or conditions specified by the inspector in the fire inspection report, letter, or checklist.

Emergency Evacuation and Relocation

§746.5201
What is an emergency evacuation and relocation plan?

Subchapter W, Fire Safety and Emergency Practices
Division 2, Emergency Evacuation and Relocation
09/01/03

Medium-High An emergency evacuation and relocation plan is designed to ensure the safety of children during a fire, weather, or other emergency requiring evacuation or relocation of the children. It should be routinely practiced at different times during hours of operation.

§746.5203
What steps must my emergency evacuation and relocation plan include?

Subchapter W, Fire Safety and Emergency Practices
Division 2, Emergency Evacuation and Relocation
09/01/03

Medium-High (a) In an emergency, your first responsibility is to move the children to a designated safe area known to all employees, caregivers, and volunteers.

High (b) The person in charge of the child-care center must designate an employee to call the fire department in case of fire or danger of fire, explosion, toxic fumes, or other chemical release. Evacuate the child-care center and make the call from another location in the event of toxic fumes or other chemical release inside the child-care center.

Medium-High (c) The person in charge of the child-care center must designate an employee responsible for securing children's emergency numbers, emergency medical authorizations, and attendance sheets during the emergency.

High (d) The person in charge of the child-care center must ensure all children in attendance at the time of the emergency are accounted for at the designated safe area.

§746.5205
How often should I practice my emergency evacuation and relocation plans?

Subchapter W, Fire Safety and Emergency Practices
Division 2, Emergency Evacuation and Relocation
09/01/03

Medium-High (a) You must practice a fire drill every month. The children must be able to safely exit the building within three minutes.

Medium-High (b) You must practice a severe weather drill at least once every six months.

Medium (c) You must document these drills, including the date of the drill, time of the drill, and length of time for the evacuation or relocation to take place.

> *Recommendation: Practice your drills at different times of the day to include various children and employees engaged in different activities.*

§746.5207
Must I have an emergency evacuation and relocation diagram?

Subchapter W, Fire Safety and Emergency Practices
Division 2, Emergency Evacuation and Relocation
09/01/03

Medium-High (a) Yes. Your emergency evacuation and relocation diagram must be on file at the child-care center and must show the following:

Medium-High (1) A floor plan of your child-care center;

Medium-High (2) Two exit paths from each room, unless a room opens directly to the outdoors at ground level;

Medium-High (3) The designated location outside of the child-care center where all caregivers and children meet to ensure everyone has exited the child-care center safely; and

Medium-High (4) The designated location inside the child-care center where all caregivers and children take shelter from threatening weather.

Medium-High (b) You must post an emergency evacuation and relocation plan in each room the children use. You must post the plan in a prominent place near the entrance and/or exit of the room.

> *When planning for evacuation, consider during an emergency caregivers and children may become excited and an ordinarily safe route such as crossing a street at a cross walk may become dangerous and chaotic. According to the AAP, a thorough and safe evacuation plan includes a designated location that allows the children to get at least 50 feet away from the building, does not require the children or caregivers to cross the street, and provides shelter if the children cannot return to the building.*

§746.5209
How many exits must my child-care center have?

Subchapter W, Fire Safety and Emergency Practices
Division 2, Emergency Evacuation and Relocation
09/01/03

Medium-High (a) The child-care center must have at least two exits to the outside that are located in distant parts of each building.

High (b) If any doors open into a fenced yard, the children must be able to open the doors easily from the inside.

High (c) You may not count doors that are blocked or locked as exits.

Medium-High (d) An exit through a kitchen or other hazardous area may not be one of the required exits unless the state or local fire marshal specifically approves in writing.

High (e) Doors and gates leading into a pool area may not be counted as an exit.

Medium-High (f) A window may be used as a designated fire exit only if all children and caregivers are physically able to exit through the window to the ground outside safely and quickly.

§746.5211
Must I have emergency lighting in case of an emergency evacuation?

Subchapter W, Fire Safety and Emergency Practices
Division 2, Emergency Evacuation and Relocation
09/01/03

Medium-High Yes. You must have a source of emergency lighting that is approved by the state or local fire marshal, or battery-powered lighting, available in each classroom in case of electrical failure.

Fire Extinguishing and Smoke Detection Systems

§746.5301
Must my child-care center have a fire-extinguishing system?

Subchapter W, Fire Safety and Emergency Practices
Division 3, Fire Extinguishing and Smoke Detection Systems
09/01/03

High — Yes. Your child-care center must have a fire-extinguishing system. This may be a sprinkler system and/or fire extinguishers.

§746.5303
Who must approve my fire-extinguishing system?

Subchapter W, Fire Safety and Emergency Practices
Division 3, Fire Extinguishing and Smoke Detection Systems
09/01/03

Medium-High — The state or local fire marshal must approve a sprinkler system and/or fire extinguishers in your child-care center. If an inspection is not available, you must have at least one fire extinguisher rated 3A-40BC in the child-care center.

§746.5305
Where must I mount fire extinguishers?

Subchapter W, Fire Safety and Emergency Practices
Division 3, Fire Extinguishing and Smoke Detection Systems
09/01/03

Medium-High — You must mount the fire extinguisher on the wall by a hanger or bracket. The top of the extinguisher must be no higher than five feet above the floor and the bottom at least four inches above the floor or any other surface. If the state or local fire marshal has different mounting instructions, you may follow those instructions. The fire extinguisher must be readily available for immediate use by employees and caregivers.

> *The first priority for caregivers is to remove the children from the center safely and quickly. Fighting a fire is secondary to the safe exit of the children and caregivers.*
>
> *Mounting the extinguisher ensures easy access for swift use and prevents accidental discharge that may result from tipping or being knocked over.*

§746.5307
How often must I inspect and service the fire extinguisher(s)?

Subchapter W, Fire Safety and Emergency Practices
Division 3, Fire Extinguishing and Smoke Detection Systems
09/01/03

Medium-High — (a) The director or designee must inspect them monthly. The date of the inspection and the name of the employee must be recorded.

Medium-High — (b) Fire extinguishers must be serviced as required by manufacturer's instructions, or as required by the state or local fire marshal.

§746.5309
How often must I inspect a sprinkler system?

Subchapter W, Fire Safety and Emergency Practices
Division 3, Fire Extinguishing and Smoke Detection Systems
09/01/03

Medium-High

The system monitoring company or the state or local fire marshal must test sprinkler systems at least annually. You must keep the most recent inspection report at the child-care center for review during hours of operation. The documentation must indicate the date of the inspection and the inspector's name and telephone number.

§746.5311
Must my child-care center have a smoke-detection system?

Subchapter W, Fire Safety and Emergency Practices
Division 3, Fire Extinguishing and Smoke Detection Systems
09/01/03

High

Yes. Your child-care center must have a working smoke-detection system. This may be an electronic alarm and smoke-detection system, or individual electric or battery-operated smoke detectors located in each room used by children, or both.

§746.5313
Who must approve my child-care center's smoke-detection system?

Subchapter W, Fire Safety and Emergency Practices
Division 3, Fire Extinguishing and Smoke Detection Systems
09/01/03

High

The state or local fire marshal must approve electronic alarm and smoke-detection systems. If an inspection is not available, you must have at least one working smoke detector in each room used by children.

§746.5315
How often must I have an electronic smoke alarm system tested?

Subchapter W, Fire Safety and Emergency Practices
Division 3, Fire Extinguishing and Smoke Detection Systems
09/01/03

Medium-High

The monitoring company or the state or local fire marshal must test an electronic smoke alarm system at least annually. You must keep documentation of the inspection at the child-care center for review during hours of operation. The documentation must indicate the date of the inspection and the inspector's name and telephone number.

§746.5317
How must smoke detectors be installed at my child-care center?

Subchapter W, Fire Safety and Emergency Practices
Division 3, Fire Extinguishing and Smoke Detection Systems
09/01/03

High

If you use smoke detectors, they must be installed and maintained according to the manufacturer's instructions or in compliance with the state or local fire marshal's instructions.

§746.5319
How often must the smoke detectors at my child-care center be tested?

Subchapter W, Fire Safety and Emergency Practices
Division 3, Fire Extinguishing and Smoke Detection Systems
09/01/03

High The director or designee must test all smoke detectors monthly. The date of the test and the name of the employee who does the testing must be documented and kept at the center for review during hours of operation.

> *A monthly test of smoke detectors is easily handled by center employees. Monthly testing ensures detectors are working properly and helps ensure the safety of the children and employees in case of fire.*

Gas and Propane Tanks

§746.5401
Must my child-care center be inspected for gas leaks?

Subchapter W, Fire Safety and Emergency Practices
Division 4, Gas and Propane Tanks
09/01/06

Medium-High If your child-care center uses natural or liquid propane (LP) gas, your child-care center must be inspected for gas leaks before we issue your initial permit, and once every two years after your permit is issued, unless your child-care center is located in a public school building that the state or local fire marshal has approved for public school use.

§746.5403
Who must conduct the inspection for gas leaks?

Subchapter W, Fire Safety and Emergency Practices
Division 4, Gas and Propane Tanks
07/01/05

Medium-High (a) If your child-care center uses natural gas, you must have your child-care center inspected for gas leaks by a licensed plumber or a gas company official.

Medium-High (b) If your child-care center uses liquid propane (LP)-gas, you must have your LP-gas system inspected for proper installation and leaks by a licensed LP-gas servicing company or licensed plumber who is also licensed with the LP-gas section of the Texas Railroad Commission.

§746.5405
How do I document that a gas leak inspection has been completed?

Subchapter W, Fire Safety and Emergency Practices
Division 4, Gas and Propane Tanks
09/01/03

Medium-High A written gas inspection report must show your gas system is free of leaks and must indicate the date of the inspection, as well as the name and telephone number of the inspector. You must keep the most recent inspection report on file at your child-care center.

§746.5407
Must I make all corrections specified in the gas inspection report?

Subchapter W, Fire Safety and Emergency Practices
Division 4, Gas and Propane Tanks
09/01/03

High Yes. You must comply with all corrections, conditions, or restrictions specified in the gas inspection report within the timeframes specified by the inspector.

Heating Devices

§746.5501
What steps must I take to ensure that heating devices do not present hazards to children?

Subchapter W, Fire Safety and Emergency Practices
Division 5, Heating Devices
09/01/03

High (a) Gas appliances must have metal tubing and connections, be in good repair, and free from leaks.

High (b) Open flame heaters (heaters where the flame can be easily touched or accessed) are prohibited.

High (c) Space heaters must be enclosed and have the seal of approval of a United States test laboratory or be approved by the state or local fire marshal.

High (d) You must safeguard floor and wall furnace grates, steam and hot water pipes, and electric space heaters so that children do not have access to them.

High (e) Liquid fuel heaters are prohibited.

High (f) Gas fuel heaters, fireplaces, and wood-burning stoves must be properly vented to the outside.

High (g) If you use a fireplace, wood-burning stove, or space heater, you must install a screen or guard with sufficient strength to prevent children from falling into the fire or against the stove or heater.

> *Proper venting of heating equipment can prevent accumulation of carbon monoxide gas inside a building. Carbon monoxide is a colorless, odorless, poisonous gas formed when heating units that burn fuel with a flame do not have a sufficient source of combustion air. Carbon-containing fuel that is not burned completely can cause asphyxiation.*

Carbon Monoxide Detection Systems

§746.5531
Must my child-care center have a carbon monoxide detection system?

Subchapter W, Fire Safety and Emergency Practices
Division 6, Carbon Monoxide Detection Systems
01/01/04

High Your child-care center must be equipped with a working carbon monoxide detection system, unless it is located in a school facility that complies:

Medium-High (1) With the school facility standards adopted by the commissioner of education under the Education Code, §46.008; or

Medium (2) With standards adopted by the board of a local school district that are similar to those described in paragraph (1) of this section.

> *Proper venting of heating equipment can prevent accumulation of carbon monoxide gas inside a building. Carbon monoxide is a colorless, odorless, poisonous gas formed when heating units that burn fuel with a flame do not have a sufficient source of combustion air. Carbon-containing fuel that is not burned completely can cause asphyxiation.*

§746.5533
What type of carbon monoxide detection system must I install?

Subchapter W, Fire Safety and Emergency Practices
Division 6, Carbon Monoxide Detection Systems
01/01/04

You must install:

Medium-High (1) Individual electric (plug-in or hardwire) or battery-operated carbon monoxide detectors that meet Underwriters Laboratories Inc. requirements (UL-Listed); or

Medium-High (2) An electronic carbon monoxide detection system connected to an electronic alarm/smoke detection system that is UL-Listed.

§746.5535
How many carbon monoxide detectors must be installed in my child-care

Subchapter W, Fire Safety and Emergency Practices
Division 6, Carbon Monoxide Detection Systems
01/01/04

Medium-High (a) If you use electric or battery-operated carbon monoxide detectors:

Medium-High (1) At least one detector must be installed on every level of each building in the child-care operation; and

Medium-High (2) The detector(s) must be installed in compliance with the state or local fire marshal's instructions.

Medium-High (b) If you use an electronic carbon monoxide detection system connected to an alarm/smoke detection system, the system must be installed according to the state or local fire marshal's instructions.

> *If your state or local fire marshal does not inspect your operation or does not have specific requirements for installation of carbon monoxide detectors, follow the manufacturer's instructions for proper location and installation of detectors.*

§746.5537
How often must I inspect and service the carbon monoxide detection system?

Subchapter W, Fire Safety and Emergency Practices
Division 6, Carbon Monoxide Detection Systems
01/01/04

Medium-High (a) If you use electric or battery-operated carbon monoxide detectors, you must:

Medium-High (1) Install a new battery in each battery-operated detector at least annually;

Medium-High (2) Test all detectors monthly;

Medium-High (3) Document the date of the test, date of installation of new batteries, and the name of the employee who does the testing and installment of new batteries; and

Medium-High (4) Keep this documentation at the center for review during hours of operation.

Medium-High (b) If you use an electronic carbon monoxide detection system connected to an alarm/smoke detection system, you must:

Medium (1) Ensure the system monitoring company or the state or local fire marshal tests the system at least annually;

Medium-High (2) Keep the most recent inspection report at the child-care center for review during hours of operation;

Medium (3) Ensure the report includes the date of the inspection and the inspector's name and telephone number; and

Medium-High (4) Make any corrections required in the report.

Transportation

§746.5601
What types of transportation does Licensing regulate?

Subchapter X, Transportation
09/01/03

Medium We regulate any transportation provided by or for the child-care center, including but not limited to, transportation between home and school, between school and the child-care center, the child-care center and home, the child-care center or school and field trip locations or other drop off locations, authorized by the parent.

§746.5603
What type of vehicle may I use to transport children?

Subchapter X, Transportation
09/01/03

Medium-High We do not regulate the type of vehicle you may use to transport children, although we recommend that you check with the Texas Department of Motor Vehicles or refer to the federal motor vehicle safety standards regulating transportation to and from school and child care. Except as otherwise stated in this subchapter, the minimum standards in this subchapter do not apply to a bus with a gross vehicular weight rating (GVWR) of 10,000 pounds or more. Vehicles must be maintained in safe operating condition at all times.

§746.5605
What safety precautions must I take when loading and unloading children from the vehicle?

Subchapter X, Transportation
09/01/03

You must take the following precautions when loading and unloading children from any vehicle, including a bus with a gross vehicular weight rating (GVWR) of 10,000 pounds or more:

High (1) You must load and unload children at the curbside of the vehicle or in a protected parking area or driveway.

High (2) You must not allow a child to cross a street unless the child is accompanied by an adult anytime before entering or after leaving a vehicle.

High (3) You must account for all children exiting the vehicle before leaving the vehicle unattended.

High (4) You must never leave a child unattended in a vehicle.

§746.5607
What safety seat system must I use when I transport children?

Subchapter X, Transportation
09/01/06

Medium-High For all vehicles other than a bus with a GVWR of 10,000 pounds or more, you must secure each child in an infant safety seat, child safety seat, child booster seat, or a seat belt, as appropriate to the child's age, height, and weight according to manufacturer's instructions before starting the vehicle, and during all times the vehicle is in motion. All child passenger safety seat systems must meet federal standards for crash-tested restraint systems as set by the National Highway Traffic Safety Administration, and must be properly secured in the vehicle according to manufacturer's instructions. The following restraint devices must be used when transporting children:

	If the child is…	Then the child must be secured in…
High	(1) Younger than one year and weighs less than 20 pounds	a rear-facing infant safety seat according to the manufacturer's instructions that come with the seat;
High	(2) Younger than one year and weighs more than 20 pounds	a rear-facing convertible child passenger safety seat installed according to the manufacturer's instructions that come with the seat;
High	(3) At least one year old and weighs between 20 and 40 pounds	a child passenger safety seat according to the manufacturer's instructions that come with the seat;
High	(4) Younger than five years old and less than 36 inches in height	a child passenger safety seat or booster seat according to the manufacturer's instructions, anywhere a child sits in a passenger vehicle;
High	(5) Younger than five years old and at least 36 inches in height	a booster seat according to the manufacturer's instructions or properly fitting safety belt, anywhere the child sits in the vehicle; and
High	(6) At least five years old, and at least 36 inches, but younger than 17 years old	a safety belt, anywhere the child sits in the vehicle.

§746.5609
Must caregivers and/or the driver wear a seat belt?

Subchapter X, Transportation
09/01/03

Medium-High (a) The driver must be properly restrained by a safety belt before starting the vehicle and at all times the vehicle is in motion.

Medium-High (b) All adult passengers in a vehicle transporting children, other than a bus with GVWR of 10,000 pounds or more, must be properly restrained by safety belts.

Studies indicate the use of restraint devices while riding in a vehicle reduces the likelihood of a passenger's suffering serious injury or death if the vehicle is involved in a crash.

§746.5611
May parents provide the safety seat equipment required for their child?

Subchapter X, Transportation
09/01/03

Medium-High Yes. Parents may provide the safety seat system for use in transporting their child, provided the equipment is appropriate and can be properly secured in the vehicle. You must use the equipment according to manufacturer's instructions.

> *Safety restraints are effective in reducing death and injury when they are used properly. According to the AAP, the best car safety seat is one that fits in the vehicle being used, fits the child being transported, has never been in a crash, and is used correctly every time.*

§746.5613
May I place more than one person in each safety belt?

Subchapter X, Transportation
09/01/03

Medium-High No. Only one person may use each safety belt.

§746.5615
May a child ride in a safety belt with a shoulder harness?

Subchapter X, Transportation
09/01/03

High A child may ride in a safety belt with a shoulder harness if the shoulder harness goes across the child's chest and not across the child's face or neck. The lap belt should fit low across the child's thighs or top of the legs and not across the child's stomach area. Never put a shoulder belt under the child's arm or behind the child's back. If the lap belt and shoulder harness do not fit properly, a booster seat must be used.

§746.5617
Must I carry specific equipment in vehicles used to transport children in my care?

Subchapter X, Transportation
09/01/03

(a) You must have the following in each vehicle you use to transport children:

High (1) A list of the children being transported;

High (2) Emergency medical transport and treatment authorization forms for each child being transported;

Medium-High (3) The child-care center's name, child-care center director or permit holder's name, and child-care center telephone number in the glove compartment or clearly visible inside the passenger compartment, or the child-care center's name and telephone number must be clearly visible on the outside of the vehicle;

High (4) Parent's names and telephone numbers and emergency telephone numbers for each child being transported;

High (5) A fire extinguisher approved by the local or state fire marshal, secured in the passenger compartment and accessible to the adult occupants; and

(continued)

High (6) A first-aid kit as specified in §746.4003 of this title (relating to What items must each first-aid kit contain?).

High (b) The driver must have a current driver's license.

> *Caregivers can respond promptly in emergency situations when they have the proper equipment and necessary telephone numbers in the vehicle.*
>
> *The contents of first aid kits deteriorate quickly when exposed to long-term high temperatures common in vehicles and we recommend they be checked and updated often.*

§746.5619
Must I have a plan to handle transportation emergencies?

Subchapter X, Transportation
09/01/03

Medium-High Yes. You must ensure the driver/caregivers have clear instructions in handling emergency breakdowns and accidents, including vehicle evacuation procedures, supervision of the children, and contacting emergency help. The director or designee in charge of the child-care center must know what action to take in responding to a transportation emergency call.

§746.5621
Must I have a communications device in the vehicle?

Subchapter X, Transportation
09/01/03

You must have one of the following:

Medium-High (1) A communications device such as a cellular phone, message pager, or two-way radio; or

Medium-High (2) A caregiver at the child-care center that knows the routine arrival and departure times of the vehicle and takes action if the vehicle does not return to the child-care center at a scheduled time. The driver must travel a known fixed route within an approximate timeframe.

Appendix I: Definitions

Texas Administrative Code, Title 40. Social Services and Assistance
Part XIX. Texas Department of Protective and Regulatory Services
Chapter 745. Licensing, Subchapter A. Precedence and Definitions
Division 3. Definitions for Licensing

745.21 What do the following words and terms mean when used in this chapter?

Effective September 16, 2003

The following words and terms, when used in this chapter, have the following meanings unless the context clearly indicates otherwise:

(1) Abuse — As defined in the Texas Family Code, §261.401(1) (relating to Agency Investigation) and §745.8557 of this title (relating to What is abuse?).

(2) Affinity — Related by marriage as set forth in the Government Code, §573.024 (relating to Determination of Affinity).

(3) Capacity — The maximum number of children that a permit holder may care for at one time.

(4) Caregiver — A person whose duties include the supervision, guidance, and protection of a child or children.

(5) Child — A person under 18 years old.

(6) Child-care administrator — As defined in §745.8901 of this title (relating to What is a child-care administrator?).

(7) Child-care facility — An establishment subject to regulation by Licensing which provides assessment, care, training, education, custody, treatment, or supervision for a child who is not related by blood, marriage, or adoption to the owner or operator of the facility, for all or part of the 24-hour day, whether or not the establishment operates for profit or charges for its services. A child-care facility includes the people, administration, governing body, activities on or off the premises, operations, buildings, grounds, equipment, furnishings, and materials. A child-care facility does not include child-placing agencies, listed family homes, or maternity homes.

(8) Child day care — As defined in §745.33 of this title (relating to What is child day care?).

(9) Child-placing agency (CPA) — A person, including an organization, other than the parents of a child who plans for the placement of or places a child in a child-care operation or adoptive home.

(10) Children related to the caregiver — Children who are the children, grandchildren, siblings, great-grandchildren, first cousins, nieces, or nephews of the caregiver, whether by affinity or consanguinity or as the result of a relationship created by court decree.

(11) Consanguinity — Two individuals are related to each other by consanguinity if one is a descendant of the other; or they share a common ancestor. An adopted child is considered to be related by consanguinity for this purpose. Consanguinity is defined in the Government Code, §573.022 (relating to Determination of Consanguinity).

(12) Contiguous operations — Two or more operations that touch at a point on a common border or located in the same building.

(13) Deficiency — Any failure to comply with a standard, rule, law, specific term of your permit, or condition of your evaluation, probation, or suspension.

(14) Designated perpetrator — As defined in §745.731 of this title (relating to What are designated perpetrators and sustained perpetrators of child abuse or neglect?).

(15) Division — The Licensing Division within the Texas Department of Protective and Regulatory Services.

(16) Employee — Any person employed by or that contracts with the permit holder, including but not limited to caregivers, drivers, kitchen personnel, maintenance and administrative personnel, and the center/program director.

(17) Endanger — To expose a child to a situation where physical or mental injury to a child is likely to occur.

(18) Exploitation — As defined in the Texas Family Code, §261.401(2) (relating to Agency Investigation).

(19) Finding — The conclusion of an investigation or inspection indicating compliance or deficiency with one or more minimum standards or laws.

(20) Governing body — The entity with ultimate authority and responsibility for the operation.

(21) Governing body designee — The person named on the application as the designated representative of a governing body who is officially authorized by the governing body to speak for and act on its behalf in a specified capacity.

(22) Household member — An individual, other than the caregiver(s), who resides in an operation.

(23) Kindergarten age — As defined in §745.101(1) of this title (relating to What words must I know to understand this subchapter?).

(24) Minimum standards — The rules contained in Chapters 720 of this title (relating to 24-Hour Care Licensing), 727 of this title (relating to Licensing of Maternity Facilities), 746 of this title (relating to Minimum Standards for Child-Care Centers), and 747 of this title (relating to Minimum Standards for Child-Care Homes), and Subchapters H and I of this chapter (relating to Residential Child-Care Minimum Standards, and Maternity Homes Minimum Standards) which are minimum requirements for permit holders and which are enforced by PRS to protect the health, safety and well-being of children.

(25) Neglect — As defined in the Texas Family Code, §261.401(3) (relating to Agency Investigation) and §745.8559 of this title (relating to What is neglect?).

(26) Operation — A person or entity offering a program that may be subject to Licensing regulation. An operation includes the building and grounds where the program is offered, any person involved in providing the program, and any equipment used in providing the program. An operation includes a child-care facility, child-placing agency, listed family home, or maternity home.

(27) Parent — A person that has legal responsibility for or legal custody of a child, including the managing conservator or legal guardian.

(28) Permit — A license, certification, registration, listing, or any other written authorization granted by Licensing to operate a child-care facility, child-placing agency, listed family home, or maternity home. This also includes a child-care administrator's license.

(29) Permit holder — The person or entity granted the permit.

(30) Pre-kindergarten age — As defined in §745.101(2) of this title (relating to What words must I know to understand this subchapter?).

(31) Program — Activities and services provided by an operation.

(32) Regulation — The enforcement of statutes and the development and enforcement of rules, including minimum standards. Regulation includes the licensing, certifying, registering, and listing of an operation or child-care administrator.

(33) Report — An expression of dissatisfaction or concern about an operation, made known to PRS staff, that alleges a possible violation of minimum standards or the law and involves risk to a child/children in care.

(34) Residential child care — As defined in §745.35 of this title (relating to What is residential child care?).

(35) State Office of Administrative Hearings (SOAH) — See §745.8831 and §745.8833 of this title (relating to What is a due process hearing? and What is the purpose of a due process hearing?).

(36) Sustained perpetrator — See §745.731 of this title (relating to What are designated perpetrators and sustained perpetrators of child abuse or neglect?).

Appendix II: Conducting Investigations of Alleged Abuse or Neglect at Child-Care Operations

Texas Family Code

Subtitle E. Protection of the Child

Chapter 261. Investigation of Report of Child Abuse or Neglect

§261.401. Agency Investigation

(a) Notwithstanding Section 261.001, in this section:

(1) "Abuse" means an intentional, knowing, or reckless act or omission by an employee, volunteer, or other individual working under the auspices of a facility that causes or may cause emotional harm or physical injury to, or the death of, a child served by the facility as further described by rule or policy.

(2) "Exploitation" means the illegal or improper use of a child or of the resources of a child for monetary or personal benefit, profit, or gain by an employee, volunteer, or other individual working under the auspices of a facility as further described by rule or policy.

(3) "Neglect" means a negligent act or omission by an employee, volunteer, or other individual working under the auspices of a facility, including failure to comply with an individual treatment plan, plan of care, or individualized service plan, that causes or may cause substantial emotional harm or physical injury to, or the death of, a child served by the facility as further described by rule or policy.

(b) A state agency that operates, licenses, certifies, or registers a facility in which children are located shall make a prompt, thorough investigation of a report that a child has been or may be abused, neglected, or exploited in the facility. The primary purpose of the investigation shall be the protection of the child.

(c) A state agency shall adopt rules relating to the investigation and resolution of reports received as provided by this subchapter. The Health and Human Services Commission shall review and approve the rules of agencies other than the Texas Department of Criminal Justice, Texas Youth Commission, or Texas Juvenile Probation Commission to ensure that those agencies implement appropriate standards for the conduct of investigations and that uniformity exists among agencies in the investigation and resolution of reports.

(d) The Texas School for the Blind and Visually Impaired and the Texas School for the Deaf shall adopt policies relating to the investigation and resolution of reports received as provided by this subchapter. The Health and Human Services Commission shall review and approve the policies to ensure that the Texas School for the Blind and Visually Impaired and the Texas School for the Deaf adopt those policies in a manner consistent with the minimum standards adopted by the Health and Human Services Commission under Section 261.407.

Texas Administrative Code

Texas Administrative Code, Title 40. Social Services and Assistance
Part XIX. Texas Department of Protective and Regulatory Services
Chapter 745. Licensing, Subchapter K. Inspections and Investigations
Division 1. Overview of Inspections and Investigations

§745.8421. Will Licensing investigate anonymous reports?

(a) We will evaluate an anonymous report regarding standard violations that does not contain allegations that the health or safety of children is at risk to discern whether the allegations have a factual basis. To evaluate the report, we may check the operation's compliance history for similar allegations and/or deficiencies, and call the operation and/or collaterals. If there appears to be a factual basis for the allegations, the investigation will proceed to determine the actual findings. If there does not appear to be a factual basis for the allegations, the investigation will not proceed.

(b) We will investigate an anonymous report alleging abuse or neglect.

§745.8423. Will the findings of an anonymous report be posted on the Department's Internet website, Search Texas Child Care?

(a) If we determine the allegations of an anonymous report to be false or lack factual foundation, we will not post the information concerning the report on the Department's Internet website.

(b) We will post any deficiency found during an investigation inspection that is not related to the allegations on the website as a deficiency found during an inspection.

Texas Administrative Code

Texas Administrative Code, Title 40. Social Services and Assistance
Part XIX. Texas Department of Protective and Regulatory Services
Chapter 745. Licensing, Subchapter K. Inspections and Investigations
Division 5. Abuse and Neglect

§745.8551. What is the purpose of this division?

The purpose of this division is to further describe the definitions of abuse, neglect, and exploitation by persons who work under the auspices of an operation, as found in Texas Family Code, Chapter 261, Subchapter E, §261.401.

§745.8553. Who works "under the auspices of an operation"?

The following persons work under the auspices of an operation:

(1) Any employee or volunteer of the operation;

(2) Any person under contract with the operation;

(3) A director, owner, operator, or administrator of an operation;

(4) Anyone who has responsibility for the children in care;

(5) Anyone who has unsupervised access to the children in care;

(6) Anyone who regularly or routinely lives at the operation; and

(7) Any other person permitted by act or omission to have access to children in care.

§745.8555. What do the following words mean when Licensing investigates abuse, neglect, or exploitation?

(a) Emotional harm — An observable impairment in a child's psychological growth, development, or functioning. Emotional harm is any significant change in a child's physical health or social behavior, including changes in sleeping and eating patterns. Emotional harm also includes any "substantial emotional harm." A mental health professional does not have to determine that there is emotional harm.

(b) Intentional, knowing, or reckless act or omission — An act or omission is intentional, knowing, or reckless if the person committing it:

(1) Deliberately causes or might cause physical injury or emotional harm to the child;

(2) Knows or should know that physical injury or emotional harm to the child is a likely result of the act or omission; or

(3) Consciously disregards an unjustifiable risk of physical injury or emotional harm to the child.

(c) Omission — A failure to act.

(d) Physical injury — Any bodily harm, including minor scrapes, cuts, and bruises. This includes any bodily harm resulting from the discipline of a child and any "substantial physical injury."

(e) Sexual conduct — Includes any of the following:

(1) Any touching of the anus, breast, or any part of the genitals of a child with intent to arouse or gratify the sexual desire of any person;

(2) Exposing the anus, breast, or any part of the genitals, knowing the child is present, with the intent to arouse or gratify the sexual desire of any person;

(3) Engaging a child in any activity that is obscene as defined in the Penal Code, §43.21;

(4) Requesting, soliciting, or compelling a child to engage in any activity that is obscene as defined in the Penal Code, §43.21;

(5) In the presence of a child, engaging in or displaying any activity that is obscene as defined in the Penal Code, §43.21;

(6) In the presence of a child, requesting, soliciting, or compelling another person to engage in any activity that is obscene as defined in the Penal Code, §43.21; or

(7) The illegal or improper use of a child, which may or may not include sexual contact or touching, with intent to arouse or gratify the sexual desire of any person.

(f) Substantial emotional harm — An observable impairment in a child's psychological growth, development, or functioning that is significant enough to require treatment by a medical or mental health professional. Evidence that the emotional harm is substantial includes the nature of the act or omission, the age of the child, and/or the persistence of the symptoms. Substantial emotional harm is presumed when the act or omission is of a sexual nature, the child acts out sexually, or the child attempts suicide. A mental health professional does not have to determine that there is substantial emotional harm.

(g) Substantial physical injury — Bodily harm that warrants treatment by a medical professional, including dislocated, fractured, or broken bones; concussions; lacerations requiring stitches; second and third degree burns; and damage to internal organs. Evidence that physical injury is substantial includes the location and/or severity of the bodily harm and/or the age of the child.

§745.8557. What is abuse?

Abuse is any intentional, knowing, or reckless act or omission by someone working under the auspices of an operation that causes or may cause emotional harm or physical injury to, or the death of, a child that the operation serves. Intentional, knowing, or reckless acts and omissions include:

(1) Any act such as striking, shoving, shaking, or hitting a child, whether intended as discipline or not;

(2) Failure to make a reasonable effort to prevent abuse by another person;

(3) Causing, expressly permitting, or encouraging a child to use alcohol or a controlled substance as defined by Health and Safety Code, Chapter 481 (other than a prescription drug that is prescribed to the child and used as prescribed);

(4) Using alcohol or a controlled substance in a manner or to the extent that the use results in physical injury or emotional harm;

(5) Sexual conduct that constitutes the offense of indecency with a child as defined under Penal Code, §21.11, sexual assault as defined under Penal Code, §22.011, or aggravated sexual assault as defined under Penal Code, §22.021;

(6) Compelling or encouraging the child to engage in sexual conduct;

(7) Failure to make reasonable effort to prevent sexual conduct to a child;

(8) Causing, permitting, encouraging, engaging in, or allowing the photographing, filming, or depicting of the child if the person knows or should know that the resulting photograph, film, or depiction of the child is obscene as defined by Penal Code, §43.21, or pornographic; and

(9) Causing, permitting, encouraging, engaging in, or allowing a sexual performance by a child as defined by Penal Code, §43.25.

§745.8559. What is neglect?

Neglect is an act or omission that is a breach of a duty by a person working under the auspices of an operation that causes or may cause substantial emotional harm or substantial physical injury to a child. The breach of a duty includes:

(1) Failure to take an action that a reasonable member of that profession, reasonable caregiver, or reasonable person should take in the same situation;

(2) Taking an action that a reasonable member of that profession, reasonable caregiver, or reasonable person should not take in the same situation;

(3) Placing a child in or failing to remove him from a situation that a reasonable member of that profession, reasonable caregiver, or reasonable person should realize requires judgment or actions beyond the child's level of maturity, physical condition, or mental abilities;

(4) Leaving a child in a situation where a reasonable member of that profession, reasonable caregiver, or reasonable person would expect the child to be exposed to substantial physical injury or substantial emotional harm without arranging for necessary care for the child;

(5) Failure to seek, to obtain, or to follow through with medical care for a child;

(6) Failure to provide a child with food, clothing, and shelter necessary to sustain the life or health of the child;

(continued)

(7) Placing a child in or failing to remove the child from a situation in which a reasonable member of that profession, reasonable caregiver, or reasonable person should know exposes the child to the risk of sexual conduct;

(8) A violation of any law, rule, or minimum standard that causes substantial emotional harm or substantial physical injury to a child;

(9) Repeated (two or more) violations of any law, rule, or minimum standard, after notice and an opportunity to correct the violation, that may cause substantial emotional harm or substantial physical injury to a child;

(10) Failure to comply with an individual treatment plan, plan of service, or individualized service plan that causes substantial emotional harm or substantial physical injury to a child; and

(11) Repeated failures (two or more) to comply with an individual treatment plan, plan of service, or individualized service plan, after notice and an opportunity to correct the failure, that may cause substantial emotional harm or substantial physical injury to a child.

Texas Family Code

Subtitle E. Protection of the Child

Chapter 261. Investigation of Report of Child Abuse or Neglect

§261.002. Central Registry

(a) The department shall establish and maintain in Austin a central registry of reported cases of child abuse or neglect.

(b) The department may adopt rules necessary to carry out this section. The rules shall provide for cooperation with local child service agencies, including hospitals, clinics, and schools, and cooperation with other states in exchanging reports to effect a national registration system.

(c) The department may enter into agreements with other states to allow for the exchange of reports of child abuse and neglect in other states' central registry systems. The department shall use information obtained under this subsection in performing the background checks required under Section 42.056, Human Resources Code. The department shall cooperate with federal agencies and shall provide information and reports of child abuse and neglect to the appropriate federal agency that maintains the national registry for child abuse and neglect, if a national registry exists.

§261.110. Employer Retaliation Prohibited

(a) In this section, "professional" has the meaning assigned by Section 261.101(b).

(b) An employer may not suspend or terminate the employment of, or otherwise discriminate against, a person who is a professional and who in good faith:

(1) reports child abuse or neglect to:

(A) the person's supervisor;

(B) an administrator of the facility where the person is employed;

(C) a state regulatory agency; or

(D) a law enforcement agency; or

(continued)

(2) initiates or cooperates with an investigation or proceeding by a governmental entity relating to an allegation of child abuse or neglect.

(c) A person whose employment is suspended or terminated or who is otherwise discriminated against in violation of this section may sue for injunctive relief, damages, or both.

(d) A plaintiff who prevails in a suit under this section may recover:

(1) actual damages, including damages for mental anguish even if an injury other than mental anguish is not shown;

(2) exemplary damages under Chapter 41, Civil Practice and Remedies Code, if the employer is a private employer;

(3) court costs; and

(4) reasonable attorney's fees.

(e) In addition to amounts recovered under Subsection (d), a plaintiff who prevails in a suit under this section is entitled to:

(1) reinstatement to the person's former position or a position that is comparable in terms of compensation, benefits, and other conditions of employment;

(2) reinstatement of any fringe benefits and seniority rights lost because of the suspension, termination, or discrimination; and

(3) compensation for wages lost during the period of suspension or termination.

(f) A public employee who alleges a violation of this section may sue the employing state or local governmental entity for the relief provided for by this section. Sovereign immunity is waived and abolished to the extent of liability created by this section. A person having a claim under this section may sue a governmental unit for damages allowed by this section.

(g) In a suit under this section against an employing state or local governmental entity, a plaintiff may not recover compensatory damages for future pecuniary losses, emotional pain, suffering, inconvenience, mental anguish, loss of enjoyment of life, and other nonpecuniary losses in an amount that exceeds:

(1) $50,000, if the employing state or local governmental entity has fewer than 101 employees in each of 20 or more calendar weeks in the calendar year in which the suit is filed or in the preceding year;

(2) $100,000, if the employing state or local governmental entity has more than 100 and fewer than 201 employees in each of 20 or more calendar weeks in the calendar year in which the suit is filed or in the preceding year;

(3) $200,000, if the employing state or local governmental entity has more than 200 and fewer than 501 employees in each of 20 or more calendar weeks in the calendar year in which the suit is filed or in the preceding year; and

(4) $250,000, if the employing state or local governmental entity has more than 500 employees in each of 20 or more calendar weeks in the calendar year in which the suit is filed or in the preceding year.

(h) If more than one subdivision of Subsection (g) applies to an employing state or local governmental entity, the amount of monetary damages that may be recovered from the entity in a suit brought under this section is governed by the applicable provision that provides the highest damage award.

(continued)

(i) A plaintiff suing under this section has the burden of proof, except that there is a rebuttable presumption that the plaintiff's employment was suspended or terminated or that the plaintiff was otherwise discriminated against for reporting abuse or neglect if the suspension, termination, or discrimination occurs before the 61st day after the date on which the person made a report in good faith.

(j) A suit under this section may be brought in a district or county court of the county in which:

(1) the plaintiff was employed by the defendant; or

(2) the defendant conducts business.

(k) It is an affirmative defense to a suit under Subsection (b) that an employer would have taken the action against the employee that forms the basis of the suit based solely on information, observation, or evidence that is not related to the fact that the employee reported child abuse or neglect or initiated or cooperated with an investigation or proceeding relating to an allegation of child abuse or neglect.

(l) A public employee who has a cause of action under Chapter 554, Government Code, based on conduct described by Subsection (b) may not bring an action based on that conduct under this section.

(m) This section does not apply to a person who reports the person's own abuse or neglect of a child or who initiates or cooperates with an investigation or proceeding by a governmental entity relating to an allegation of the person's own abuse or neglect of a child.

§261.201. Confidentiality and Disclosure of Information

(a) The following information is confidential, is not subject to public release under Chapter 552, Government Code, and may be disclosed only for purposes consistent with this code and applicable federal or state law or under rules adopted by an investigating agency:

(1) a report of alleged or suspected abuse or neglect made under this chapter and the identity of the person making the report; and

(2) except as otherwise provided in this section, the files, reports, records, communications, audiotapes, videotapes, and working papers used or developed in an investigation under this chapter or in providing services as a result of an investigation.

(b) A court may order the disclosure of information that is confidential under this section if:

(1) a motion has been filed with the court requesting the release of the information;

(2) a notice of hearing has been served on the investigating agency and all other interested parties; and

(3) after hearing and an in camera review of the requested information, the court determines that the disclosure of the requested information is:

(A) essential to the administration of justice; and

(continued)

(B) not likely to endanger the life or safety of:

(i) a child who is the subject of the report of alleged or suspected abuse or neglect;

(ii) a person who makes a report of alleged or suspected abuse or neglect; or

(iii) any other person who participates in an investigation of reported abuse or neglect or who provides care for the child.

(c) In addition to Subsection (b), a court, on its own motion, may order disclosure of information that is confidential under this section if:

(1) the order is rendered at a hearing for which all parties have been given notice;

(2) the court finds that disclosure of the information is:

(A) essential to the administration of justice; and

(B) not likely to endanger the life or safety of:

(i) a child who is the subject of the report of alleged or suspected abuse or neglect;

(ii) a person who makes a report of alleged or suspected abuse or neglect; or

(iii) any other person who participates in an investigation of reported abuse or neglect or who provides care for the child; and

(3) the order is reduced to writing or made on the record in open court.

(d) The adoptive parents of a child who was the subject of an investigation and an adult who was the subject of an investigation as a child are entitled to examine and make copies of any report, record, working paper, or other information in the possession, custody, or control of the state that pertains to the history of the child. The department may edit the documents to protect the identity of the biological parents and any other person whose identity is confidential, unless this information is already known to the adoptive parents or is readily available through other sources, including the court records of a suit to terminate the parent-child relationship under Chapter 161.

(e) Before placing a child who was the subject of an investigation, the department shall notify the prospective adoptive parents of their right to examine any report, record, working paper, or other information in the possession, custody, or control of the state that pertains to the history of the child.

(f) The department shall provide prospective adoptive parents an opportunity to examine information under this section as early as practicable before placing a child.

(f-1) The department shall provide to a relative or other individual with whom a child is placed any information the department considers necessary to ensure that the relative or other individual is prepared to meet the needs of the child. The information required by this subsection may include information related to any abuse or neglect suffered by the child.

(g) Notwithstanding Subsection (b), the department, on request and subject to department rule, shall provide to the parent, managing conservator, or other legal representative of a child who is the subject of reported abuse or neglect information concerning the reported abuse or neglect that would otherwise be confidential under this section if the department has edited the information to protect the confidentiality of the identity of the person who made the report and any other person whose life or safety may be endangered by the disclosure.

(h) This section does not apply to an investigation of child abuse or neglect in a home or facility regulated under Chapter 42, Human Resources Code.

§261.202. Privileged Communication

In a proceeding regarding the abuse or neglect of a child, evidence may not be excluded on the ground of privileged communication except in the case of communications between an attorney and client.

§261.301. Investigation of Report

(a) With assistance from the appropriate state or local law enforcement agency as provided by this section, the department or designated agency shall make a prompt and thorough investigation of a report of child abuse or neglect allegedly committed by a person responsible for a child's care, custody, or welfare. The investigation shall be conducted without regard to any pending suit affecting the parent-child relationship.

(b) A state agency shall investigate a report that alleges abuse or neglect occurred in a facility operated, licensed, certified, or registered by that agency as provided by Subchapter E. In conducting an investigation for a facility operated, licensed, certified, registered, or listed by the department, the department shall perform the investigation as provided by:

(1) Subchapter E; and

(2) the Human Resources Code.

(c) The department is not required to investigate a report that alleges child abuse or neglect by a person other than a person responsible for a child's care, custody, or welfare. The appropriate state or local law enforcement agency shall investigate that report if the agency determines an investigation should be conducted.

(d) The department shall by rule assign priorities and prescribe investigative procedures for investigations based on the severity and immediacy of the alleged harm to the child. The primary purpose of the investigation shall be the protection of the child. The rules must require the department, subject to the availability of funds, to:

(1) immediately respond to a report of abuse and neglect that involves circumstances in which the death of the child or substantial bodily harm to the child would result unless the department immediately intervenes;

(2) respond within 24 hours to a report of abuse and neglect that is assigned the highest priority, other than a report described by Subdivision (1); and

(3) respond within 72 hours to a report of abuse and neglect that is assigned the second highest priority.

(e) As necessary to provide for the protection of the child, the department or designated agency shall determine:

(1) the nature, extent, and cause of the abuse or neglect;

(2) the identity of the person responsible for the abuse or neglect;

(3) the names and conditions of the other children in the home;

(4) an evaluation of the parents or persons responsible for the care of the child;

(5) the adequacy of the home environment;

(6) the relationship of the child to the persons responsible for the care, custody, or welfare of the child; and

(7) all other pertinent data.

(continued)

(f) An investigation of a report to the department that alleges that a child has been or may be the victim of conduct that constitutes a criminal offense that poses an immediate risk of physical or sexual abuse of a child that could result in the death of or serious harm to the child shall be conducted jointly by a peace officer, as defined by Article 2.12, Code of Criminal Procedure, from the appropriate local law enforcement agency and the department or the agency responsible for conducting an investigation under Subchapter E.

(g) The inability or unwillingness of a local law enforcement agency to conduct a joint investigation under this section does not constitute grounds to prevent or prohibit the department from performing its duties under this subtitle. The department shall document any instance in which a law enforcement agency is unable or unwilling to conduct a joint investigation under this section.

(h) The department and the appropriate local law enforcement agency shall conduct an investigation, other than an investigation under Subchapter E, as provided by this section and Article 2.27, Code of Criminal Procedure, if the investigation is of a report that alleges that a child has been or may be the victim of conduct that constitutes a criminal offense that poses an immediate risk of physical or sexual abuse of a child that could result in the death of or serious harm to the child. Immediately on receipt of a report described by this subsection, the department shall notify the appropriate local law enforcement agency of the report.

§261.302. Conduct of Investigation

(a) The investigation may include:

(1) a visit to the child's home, unless the alleged abuse or neglect can be confirmed or clearly ruled out without a home visit; and

(2) an interview with and examination of the subject child, which may include a medical, psychological, or psychiatric examination.

(b) The interview with and examination of the child may:

(1) be conducted at any reasonable time and place, including the child's home or the child's school;

(2) include the presence of persons the department or designated agency determines are necessary; and

(3) include transporting the child for purposes relating to the interview or investigation.

(b-1) Before the department may transport a child as provided by Subsection (b)(3), the department shall attempt to notify the parent or other person having custody of the child of the transport.

(c) The investigation may include an interview with the child's parents and an interview with and medical, psychological, or psychiatric examination of any child in the home.

(d) If, before an investigation is completed, the investigating agency believes that the immediate removal of a child from the child's home is necessary to protect the child from further abuse or neglect, the investigating agency shall file a petition or take other action under Chapter 262 to provide for the temporary care and protection of the child.

(continued)

(e) An interview with a child conducted by the department during the investigation stage shall be audiotaped or videotaped. An interview with a child alleged to be a victim of physical abuse or sexual abuse conducted by an investigating agency other than the department shall be audiotaped or videotaped unless the investigating agency determines that good cause exists for not audiotaping or videotaping the interview in accordance with rules of the agency. Good cause may include, but is not limited to, such considerations as the age of the child and the nature and seriousness of the allegations under investigation. Nothing in this subsection shall be construed as prohibiting the investigating agency from audiotaping or videotaping an interview of a child on any case for which such audiotaping or videotaping is not required under this subsection. The fact that the investigating agency failed to audiotape or videotape an interview is admissible at the trial of the offense that is the subject of the interview.

(f) A person commits an offense if the person is notified of the time of the transport of a child by the department and the location from which the transport is initiated and the person is present at the location when the transport is initiated and attempts to interfere with the department's investigation. An offense under this subsection is a Class B misdemeanor. It is an exception to the application of this subsection that the department requested the person to be present at the site of the transport.

§261.303. Interference With Investigation; Court Order

(a) A person may not interfere with an investigation of a report of child abuse or neglect conducted by the department or designated agency.

(b) If admission to the home, school, or any place where the child may be cannot be obtained, then for good cause shown the court having family law jurisdiction shall order the parent, the person responsible for the care of the children, or the person in charge of any place where the child may be to allow entrance for the interview, examination, and investigation.

(c) If a parent or person responsible for the child's care does not consent to release of the child's prior medical, psychological, or psychiatric records or to a medical, psychological, or psychiatric examination of the child that is requested by the department or designated agency, the court having family law jurisdiction shall, for good cause shown, order the records to be released or the examination to be made at the times and places designated by the court.

(d) A person, including a medical facility, that makes a report under Subchapter B shall release to the department or designated agency, as part of the required report under Section 261.103, records that directly relate to the suspected abuse or neglect without requiring parental consent or a court order.

§261.3031. Failure to Cooperate With Investigation; Department Response

If a parent or other person refuses to cooperate with the department's investigation of the alleged abuse or neglect of a child and the refusal poses a risk to the child's safety, the department shall seek assistance from the appropriate county attorney or district attorney or criminal district attorney with responsibility for representing the department as provided by Section 264.009 to obtain a court order as described by Section 261.303.

§261.3032. Interference With Investigation; Criminal Penalty

(a) A person commits an offense if, with the intent to interfere with the department's investigation of a report of abuse or neglect of a child, the person relocates the person's residence, either temporarily or permanently, without notifying the department of the address of the person's new residence or conceals the child and the person's relocation or concealment interferes with the department's investigation.

(b) An offense under this section is a Class B misdemeanor.

(c) If conduct that constitutes an offense under this section also constitutes an offense under any other law, the actor may be prosecuted under this section or the other law.

§261.304. Investigation of Anonymous Report

(a) If the department receives an anonymous report of child abuse or neglect by a person responsible for a child's care, custody, or welfare, the department shall conduct a preliminary investigation to determine whether there is any evidence to corroborate the report.

(b) An investigation under this section may include a visit to the child's home and an interview with and examination of the child and an interview with the child's parents. In addition, the department may interview any other person the department believes may have relevant information.

(c) Unless the department determines that there is some evidence to corroborate the report of abuse, the department may not conduct the thorough investigation required by this chapter or take any action against the person accused of abuse.

§261.311. Notice of Report

(a) When during an investigation of a report of suspected child abuse or neglect a representative of the department or the designated agency conducts an interview with or an examination of a child, the department or designated agency shall make a reasonable effort before 24 hours after the time of the interview or examination to notify each parent of the child and the child's legal guardian, if one has been appointed, of the nature of the allegation and of the fact that the interview or examination was conducted.

(b) If a report of suspected child abuse or neglect is administratively closed by the department or designated agency as a result of a preliminary investigation that did not include an interview or examination of the child, the department or designated agency shall make a reasonable effort before the expiration of 24 hours after the time the investigation is closed to notify each parent and legal guardian of the child of the disposition of the investigation.

(c) The notice required by Subsection (a) or (b) is not required if the department or agency determines that the notice is likely to endanger the safety of the child who is the subject of the report, the person who made the report, or any other person who participates in the investigation of the report.

(d) The notice required by Subsection (a) or (b) may be delayed at the request of a law enforcement agency if notification during the required time would interfere with an ongoing criminal investigation.

§261.315. Removal of Certain Investigation Information From Records

(a) At the conclusion of an investigation in which the department determines that the person alleged to have abused or neglected a child did not commit abuse or neglect, the department shall notify the person of the person's right to request the department to remove information about the person's alleged role in the abuse or neglect report from the department's records.

(b) On request under Subsection (a) by a person whom the department has determined did not commit abuse or neglect, the department shall remove information from the department's records concerning the person's alleged role in the abuse or neglect report.

(c) The board shall adopt rules necessary to administer this section.

Appendix III: Reporting Suspected Child Abuse or Neglect

Texas Family Code

Subtitle E. Protection of the Child

Chapter 261. Investigation of Report of Child Abuse or Neglect

§261.001. Definitions

In this chapter:

(1) "Abuse" includes the following acts or omissions by a person:

(A) mental or emotional injury to a child that results in an observable and material impairment in the child's growth, development, or psychological functioning;

(B) causing or permitting the child to be in a situation in which the child sustains a mental or emotional injury that results in an observable and material impairment in the child's growth, development, or psychological functioning;

(C) physical injury that results in substantial harm to the child, or the genuine threat of substantial harm from physical injury to the child, including an injury that is at variance with the history or explanation given and excluding an accident or reasonable discipline by a parent, guardian, or managing or possessory conservator that does not expose the child to a substantial risk of harm;

(D) failure to make a reasonable effort to prevent an action by another person that results in physical injury that results in substantial harm to the child;

(E) sexual conduct harmful to a child's mental, emotional, or physical welfare, including conduct that constitutes the offense of indecency with a child under Section 21.11, Penal Code, sexual assault under Section 22.011, Penal Code, or aggravated sexual assault under Section 22.021, Penal Code;

(F) failure to make a reasonable effort to prevent sexual conduct harmful to a child;

(G) compelling or encouraging the child to engage in sexual conduct as defined by Section 43.01, Penal Code;

(H) causing, permitting, encouraging, engaging in, or allowing the photographing, filming, or depicting of the child if the person knew or should have known that the resulting photograph, film, or depiction of the child is obscene as defined by Section 43.21, Penal Code, or pornographic;

(I) the current use by a person of a controlled substance as defined by Chapter 481, Health and Safety Code, in a manner or to the extent that the use results in physical, mental, or emotional injury to a child;

(J) causing, expressly permitting, or encouraging a child to use a controlled substance as defined by Chapter 481, Health and Safety Code; or

(K) causing, permitting, encouraging, engaging in, or allowing a sexual performance by a child as defined by Section 43.25, Penal Code.

(4) "Neglect" includes:

(A) the leaving of a child in a situation where the child would be exposed to a substantial risk of physical or mental harm, without arranging for necessary care for the child, and the demonstration of an intent not to return by a parent, guardian, or managing or possessory conservator of the child;

(continued)

(B) the following acts or omissions by a person:

(i) placing a child in or failing to remove a child from a situation that a reasonable person would realize requires judgment or actions beyond the child's level of maturity, physical condition, or mental abilities and that results in bodily injury or a substantial risk of immediate harm to the child;

(ii) failing to seek, obtain, or follow through with medical care for a child, with the failure resulting in or presenting a substantial risk of death, disfigurement, or bodily injury or with the failure resulting in an observable and material impairment to the growth, development, or functioning of the child;

(iii) the failure to provide a child with food, clothing, or shelter necessary to sustain the life or health of the child, excluding failure caused primarily by financial inability unless relief services had been offered and refused;

(iv) placing a child in or failing to remove the child from a situation in which the child would be exposed to a substantial risk of sexual conduct harmful to the child; or

(v) placing a child in or failing to remove the child from a situation in which the child would be exposed to acts or omissions that constitute abuse under Subdivision (1)(E), (F), (G), (H), or (K) committed against another child; or

(C) the failure by the person responsible for a child's care, custody, or welfare to permit the child to return to the child's home without arranging for the necessary care for the child after the child has been absent from the home for any reason, including having been in residential placement or having run away.

(5) "Person responsible for a child's care, custody, or welfare" means a person who traditionally is responsible for a child's care, custody, or welfare, including:

(A) a parent, guardian, managing or possessory conservator, or foster parent of the child;

(B) a member of the child's family or household as defined by Chapter 71;

(C) a person with whom the child's parent cohabits;

(D) school personnel or a volunteer at the child's school; or

(E) personnel or a volunteer at a public or private child-care facility that provides services for the child or at a public or private residential institution or facility where the child resides.

§261.101. Persons Required to Report; Time to Report

(a) A person having cause to believe that a child's physical or mental health or welfare has been adversely affected by abuse or neglect by any person shall immediately make a report as provided by this subchapter.

(continued)

(b) If a professional has cause to believe that a child has been abused or neglected or may be abused or neglected, or that a child is a victim of an offense under Section 21.11, Penal Code, and the professional has cause to believe that the child has been abused as defined by Section 261.001 or 261.401, the professional shall make a report not later than the 48th hour after the hour the professional first suspects that the child has been or may be abused or neglected or is a victim of an offense under Section 21.11, Penal Code. A professional may not delegate to or rely on another person to make the report. In this subsection, "professional" means an individual who is licensed or certified by the state or who is an employee of a facility licensed, certified, or operated by the state and who, in the normal course of official duties or duties for which a license or certification is required, has direct contact with children. The term includes teachers, nurses, doctors, day-care employees, employees of a clinic or health care facility that provides reproductive services, juvenile probation officers, and juvenile detention or correctional officers.

(c) The requirement to report under this section applies without exception to an individual whose personal communications may otherwise be privileged, including an attorney, a member of the clergy, a medical practitioner, a social worker, a mental health professional, and an employee of a clinic or health care facility that provides reproductive services.

(d) Unless waived in writing by the person making the report, the identity of an individual making a report under this chapter is confidential and may be disclosed only:

(1) as provided by Section 261.201; or

(2) to a law enforcement officer for the purposes of conducting a criminal investigation of the report.

§261.102. Matters to Be Reported

A report should reflect the reporter's belief that a child has been or may be abused or neglected or has died of abuse or neglect.

§261.103. Report Made to Appropriate Agency

(a) Except as provided by Subsections (b) and (c) and Section 261.405, a report shall be made to:

(1) any local or state law enforcement agency;

(2) the department;

(3) the state agency that operates, licenses, certifies, or registers the facility in which the alleged abuse or neglect occurred; or

(4) the agency designated by the court to be responsible for the protection of children.

(b) A report may be made to the Texas Youth Commission instead of the entities listed under Subsection (a) if the report is based on information provided by a child while under the supervision of the commission concerning the child's alleged abuse of another child.

(c) Notwithstanding Subsection (a), a report, other than a report under Subsection (a)(3) or Section 261.405, must be made to the department if the alleged or suspected abuse or neglect involves a person responsible for the care, custody, or welfare of the child.

§261.104. Contents of Report

The person making a report shall identify, if known:

(1) the name and address of the child;

(2) the name and address of the person responsible for the care, custody, or welfare of the child; and

(3) any other pertinent information concerning the alleged or suspected abuse or neglect.

§261.105. Referral of Report by Department or Law Enforcement

(a) All reports received by a local or state law enforcement agency that allege abuse or neglect by a person responsible for a child's care, custody, or welfare shall be referred immediately to the department or the designated agency.

(b) The department or designated agency shall immediately notify the appropriate state or local law enforcement agency of any report it receives, other than a report from a law enforcement agency, that concerns the suspected abuse or neglect of a child or death of a child from abuse or neglect.

(c) In addition to notifying a law enforcement agency, if the report relates to a child in a facility operated, licensed, certified, or registered by a state agency, the department shall refer the report to the agency for investigation.

(d) If the department initiates an investigation and determines that the abuse or neglect does not involve a person responsible for the child's care, custody, or welfare, the department shall refer the report to a law enforcement agency for further investigation. If the department determines that the abuse or neglect involves an employee of a public primary or secondary school, and that the child is a student at the school, the department shall orally notify the superintendent of the school district in which the employee is employed about the investigation.

(e) In cooperation with the department, the Texas Youth Commission by rule shall adopt guidelines for identifying a report made to the commission under Section 261.103(b) that is appropriate to refer to the department or a law enforcement agency for investigation. Guidelines adopted under this subsection must require the commission to consider the severity and immediacy of the alleged abuse or neglect of the child victim.

§261.106. Immunities

(a) A person acting in good faith who reports or assists in the investigation of a report of alleged child abuse or neglect or who testifies or otherwise participates in a judicial proceeding arising from a report, petition, or investigation of alleged child abuse or neglect is immune from civil or criminal liability that might otherwise be incurred or imposed.

(b) Immunity from civil and criminal liability extends to an authorized volunteer of the department or a law enforcement officer who participates at the request of the department in an investigation of alleged or suspected abuse or neglect or in an action arising from an investigation if the person was acting in good faith and in the scope of the person's responsibilities.

(c) A person who reports the person's own abuse or neglect of a child or who acts in bad faith or with malicious purpose in reporting alleged child abuse or neglect is not immune from civil or criminal liability.

§261.107. False Report; Criminal Penalty; Civil Penalty

(a) A person commits an offense if, with the intent to deceive, the person knowingly makes a report as provided in this chapter that is false. An offense under this subsection is a state jail felony unless it is shown on the trial of the offense that the person has previously been convicted under this section, in which case the offense is a felony of the third degree.

(b) A finding by a court in a suit affecting the parent-child relationship that a report made under this chapter before or during the suit was false or lacking factual foundation may be grounds for the court to modify an order providing for possession of or access to the child who was the subject of the report by restricting further access to the child by the person who made the report.

(c) The appropriate county prosecuting attorney shall be responsible for the prosecution of an offense under this section.

(d) The court shall order a person who is convicted of an offense under Subsection (a) to pay any reasonable attorney's fees incurred by the person who was falsely accused of abuse or neglect in any proceeding relating to the false report.

(e) A person who engages in conduct described by Subsection (a) is liable to the state for a civil penalty of $1,000. The attorney general shall bring an action to recover a civil penalty authorized by this subsection.

§261.109. Failure to Report; Penalty

(a) A person commits an offense if the person has cause to believe that a child's physical or mental health or welfare has been or may be adversely affected by abuse or neglect and knowingly fails to report as provided in this chapter.

(b) An offense under this section is a Class B misdemeanor.

§261.306. Removal of Child From State

(a) If the department or designated agency has reason to believe that a person responsible for the care, custody, or welfare of the child may remove the child from the state before the investigation is completed, the department or designated agency may file an application for a temporary restraining order in a district court without regard to continuing jurisdiction of the child as provided in Chapter 155.

(b) The court may render a temporary restraining order prohibiting the person from removing the child from the state pending completion of the investigation if the court:

(1) finds that the department or designated agency has probable cause to conduct the investigation; and

(2) has reason to believe that the person may remove the child from the state.

Appendix IV: Background Checks

Texas Administrative Code, Title 40. Social Services and Assistance
Part XIX, Texas Department of Protective and Regulatory Services
Chapter 745, Licensing
Subchapter F, Background Checks

Division 1, Definitions

§745.601. What words must I know to understand this subchapter?

Effective June 1, 2008

These words have the following meanings:

(1) Continuous stay – Staying overnight or consecutive nights at an operation.

(2) Direct care or direct access – Being counted in the child-to-caregiver ratio or having any responsibility that requires contact with children in care.

(3) Frequently present at your operation – More than two non-continuous visits at your operation in a 30-day period; one continuous stay per year at your operation and the duration of the stay exceeds seven days; or more than two continuous stays per year at your operation and the duration of each stay exceeds 48 hours. For foster homes, the following individuals are not considered frequently present at a foster home:

(A) A child unrelated to a foster parent who visits the foster home unless:

(i) The child is responsible for the care of foster children; or

(ii) There is a reason to believe that the child has a criminal history or previously abused or neglected another child; or

(B) An adult unrelated to a foster parent who visits the foster home unless:

(i) The adult has unsupervised access to children in care; or

(ii) There is a reason to believe that the adult has a criminal history or previously abused or neglected a child.

(4) Non-continuous visit – Being physically present at an operation for a period of time of less than 24 hours. Multiple or periodic visits to an operation within the same day is one visit.

(5) Regularly – On a scheduled basis.

(6) Unsupervised access – The person is allowed to be with children without the presence of a qualified caregiver.

Division 2, Requesting Background Checks

§745.611. What are background checks?

Effective June 1, 2008

There are four types of background checks:

(1) A name-based criminal history check: the Department of Public Safety (DPS) conducts a comparative search between a person's name and the DPS database of crimes committed in the State of Texas;

(continued)

(2) A fingerprint-based criminal history check: DPS and the Federal Bureau of Investigation (FBI) conduct comparative searches between a person's fingerprints and the DPS database of crimes committed in the State of Texas and the FBI database of crimes committed anywhere in the United States, respectively;

(3) A DFPS central registry check: DFPS conducts a comparative search between a person's name and the DFPS central registry, which is a DFPS database of people who have been found by DFPS's divisions of Child Protective Services, Adult Protective Services, or Licensing to have abused or neglected a child; and

(4) An out-of-state central registry check: a comparative search between a person's name and another state's database of persons who have been found to have abused or neglected a child.

§745.613. What is the purpose of background checks?

Effective March 1, 2002

These checks are completed to determine whether:

(1) A person has any criminal or abuse and neglect history; and

(2) His presence is a risk to the health or safety of children in care.

§745.615. On whom must I request background checks?

Effective June 1, 2008

(a) You must request a name-based criminal history check and a DFPS central registry check for:

(1) The directors, owners, operators, or administrators of the operation;

(2) Employees and applicants you intend to hire;

(3) Any person(s), including volunteers, who are counted in any child/caregiver ratio required in minimum standards;

(4) Person(s) applying to adopt or foster children through any licensed or certified child-placing agency;

(5) Any person who has unsupervised access with children in care;

(6) Non-client residents of the operation that are 14 years or older;

(7) Applicants for a child-care administrator's license; and

(8) Any other person 14 years or older, excluding client residents, who will regularly or frequently be present at your operation while children are in care.

(b) In addition:

(1) You must request a fingerprint-based criminal history check for any person who requires a background check under subsection (a) of this section if that person has lived outside of Texas any time during the previous five years or there is reason to believe other criminal history exists;

(2) Child-placing agencies and independent foster homes that will accept the placement of children in the conservatorship of DFPS must request a fingerprint-based criminal history check for:

(A) Any foster and/or adoptive parent applicant, including a person who has adopted in the past and who applies to adopt again unless the person is also verified as a foster/adopt home; and

(continued)

(B) Any adults 18 years or older living in the home of a foster or adoptive parent applicant; and

(3) Child-care centers must request a fingerprint-based criminal history check for:

(A) The directors, owners, operators, or administrators of the center;

(B) Employees and applicants you intend to hire;

(C) Any person(s), including volunteers, who are counted in the child/caregiver ratio specified in §746.1601 of this title (relating to How many children may one caregiver supervise?), §746.1701 of this title (relating to How many children may one caregiver supervise if 12 or fewer children are in care?), and §746.1901 of this title (relating to If I operate a get-well care program, must I use a different child/caregiver ratio?); and

(D) Any person who has unsupervised access to children in care.

(c) In addition, child-placing agencies and independent foster homes that will accept the placement of children in the conservatorship of DFPS must request an out-of-state central registry check for a foster or adoptive parent applicant who has lived outside of the state any time during the previous five years preceding the person's application to become a foster or adoptive parent.

(d) You do not have to request a background check on professionals who have currently cleared a background check in compliance with another governmental entity's requirements, if you do not employ or contract with the professional.

§745.617. If my operation is located in a large building that includes other businesses or services, must I request a background check on people working in the building who are not involved in my operation?

Effective March 1, 2002

You do not have to request a background check unless the individual is regularly or frequently present in the area of the building where the operation is located.

§745.619. For a registered child-care home that is also a foster home, must I request background checks on foster children who are over 14 years old?

Effective September 16, 2003

No. Foster children are considered clients.

§745.621. Must I request background checks on board members of corporations or associations who own or govern the operation?

Effective March 1, 2002

No, we do not require a background check unless the individual board member is also an employee or a volunteer who is counted in the child/caregiver ratio and will regularly or frequently be present at your operation while children are in care.

§745.623. How do I request a background check?

Effective June 1, 2008

(a) You must verify and send us the following identifying information for every person required to be checked in §745.615 of this title (relating to On whom must I request background checks?):

(1) Name (last, first, middle), including any maiden or married names or alias;

(2) Date of birth;

(3) Sex;

(4) Social security number;

(5) Current and previous address;

(6) Driver's license or a state issued identification card number; and

(7) Race (this information does not have to be verified).

(b) If you operate a child day-care operation other than a child-care center, you must complete a request for a background check either:

(1) On-line through the DFPS website; or

(2) Send in a request via a signed form provided by your local Licensing office or the DFPS Centralized Background Check Unit.

(c) If you operate a residential child-care operation or a child-care center, you must submit your requests on-line through the DFPS website.

(d) If you operate a child-placing agency or independent foster home, you must also include any addresses, including counties, where a foster or adoptive parent applicant has lived outside of the state of Texas any time during the five years preceding the person’s application to become a foster or adoptive parent.

§745.625. When must I submit a request for a background check?

Effective June 1, 2008

(a) You must submit a request for a background check:

(1) At the time you submit your application for a permit to us;

(2) At the time you hire someone;

(3) At the time you contract with someone who requires a background check;

(4) At the time a person applies to be a foster or adoptive parent;

(5) At the time a non-client resident 14 years or older moves into your home or operation, or a non-client resident living in your home or operation becomes 14 years old;

(6) At the time you become aware of anyone requiring a background check under §745.615 of this title (relating to On whom must I request background checks?); and

(7) Every 24 months after each person's background check was first submitted.

(b) Not withstanding subsection (a) of this section, if you operate a child day-care operation other than a child-care center, you must submit a background check request within two business days after a new person is hired or is present in your operation and every 24 months after the person’s background check was first submitted.

§745.626. How soon after I request a background check on a person can that person provide direct care or have direct access to a child in a residential child-care operation?

Effective June 1, 2008

(a) For residential child-care operations:

(1) You must have all required background check results from DFPS before you can allow a person to provide direct care or have direct access to a child. However, if you do not receive the results of the background check within two working days of submission, you may allow a person to provide direct care or have direct access to a child until you receive the results of the background check performed by DFPS, when the following conditions apply:

(A) You have obtained a criminal history check on the person through the Department of Public Safety (DPS) at http://records.txdps.state.tx.us/. The results of the criminal history check obtained from DPS must be kept in a sealed envelope in the person's personnel record or in another location, accessible to us; and

(B) Your DPS check verifies that the person has no criminal history.

(2) For verifying foster homes, foster group homes, and adoptive homes, please see §745.633 of this title (relating to Can a child-placing agency (CPA) verify a foster home, foster group home, or adoptive home prior to receiving the results of the background checks?).

(b) For all child day-care operations other than child-care centers, you may allow the person to have direct care or direct access after you request a background check unless or until DFPS notifies you that the person may not be present at your operation while children are in care.

(c) For child-care centers:

(1) You must have all required background check results from DFPS before you can allow a person to provide direct care or have direct access to a child in care unless the following conditions apply:

(A) You provide us with documentation that proves your center is experiencing a shortage of staff and would otherwise not be able to meet DFPS child-to-caregiver ratios stated in Chapter 746 of this title (relating to Minimum Standards For Child-Care Centers) or the child-to-caregiver ratio documented in your written operational policies and procedures, whichever is more stringent; and

(B) You have received from us the results of the name-based criminal history check and the DFPS central registry check, and DFPS has not notified you that the person may not be present at your operation while children are in care.

(2) If the fingerprint criminal history check results reveal information that would preclude the person from being present at your operation, then you must immediately terminate the person's employment.

§745.629. How do I submit an FBI fingerprint card for a background check?

Effective June 1, 2008

After you make your request through DFPS, you must submit the fingerprints electronically through the assigned applicant fingerprinting service center of DPS.

§745.630. If a fingerprint-based criminal history check has already been completed on a person, is a new fingerprint-based criminal history check required for that person every 24 months?

Effective June 1, 2008

A person does not require a new fingerprint-based criminal history check if:

(1) The person has a fingerprint-based criminal history on record with DFPS; and

(2) It has not been more than twenty-four (24) months since a name-based criminal history check was resubmitted.

§745.631. Must Licensing complete the background check(s) before issuing my permit?

Effective December 1, 2005

If you are applying to operate a licensed child-care home, a registered child-care home, a listed family home, an independent foster home or a foster group home, we must receive the results from the background checks before issuing you a permit. For all other permits, we may issue a permit to an applicant before we receive the results of the background checks.

§745.633. Can a child-placing agency (CPA) verify a foster home, foster group home, or adoptive home prior to receiving the results of the background checks?

Effective March 1, 2002

No, a CPA must receive a cleared background check from us before verifying the home.

§745.635. Can I do my own criminal history background checks?

Effective March 1, 2002

Yes, but your background checks will not replace those we must conduct. You must still send us all the information required in §745.623 of this title (relating to How do I request a background check?).

§745.637. What information may I obtain from Licensing's records regarding a person's previous history in a residential child-care operation?

Effective December 1, 2005

We will provide you with information from our records regarding a person's previous history in residential child care, as long as the information is not confidential.

Division 3, Criminal Convictions and Central Registry Findings of Child Abuse or Neglect

§745.651. What types of criminal convictions may preclude a person from being present in an operation?

Effective June 1, 2008

(a) A misdemeanor or felony under Title 5 (Offenses Against the Person), Title 6 (Offenses Against the Family), Chapter 29 (Robbery) of Title 7, Chapter 43 (Public Indecency) or §42.072 (Stalking) of Title 9, §15.031 (Criminal Solicitation of a Minor) of Title 4, §38.17 (Failure to Stop or Report Aggravated Sexual Assault of Child) of Title 8 of the Texas Penal Code (TPC), or any like offense under the law of another state or federal law;

(b) A misdemeanor or felony committed within the past 10 years under:

(1) The Texas Controlled Substances Act;

(2) The following sections or chapters of the TPC:

(A) §39.04 (Violations of the Civil Rights of Person in Custody; Improper Sexual Activity with Person in Custody);

(B) §42.08 (Abuse of Corpse);

(C) §42.09 (Cruelty to [Livestock] Animals);

(D) §42.091 (Attack on Assistance Animal);

(E) §42.092 (Cruelty to Nonlivestock Animals);

(F) §42.10 (Dog Fighting);

(G) §46.13 (Making a Firearm Accessible to a Child); or

(H) Chapter 49 (Intoxication and Alcoholic Beverage Offenses); or

(3) The Texas Alcoholic Beverage Code, §106.06 (Purchase of Alcohol for a Minor; Furnishing Alcohol to a Minor);

(4) Any like offense of the law of another state or federal law; or

(c) Any other felony committed within the past 10 years under the TPC or any like offense of the law of another state or federal law; or

(d) Deferred adjudications covering an offense listed in subsections (a)-(c) of this section, if the person has not completed the probation successfully.

§745.653. If a criminal history check reveals a criminal conviction other than those listed in §745.651 of this title (relating to What types of criminal convictions may preclude a person from being present in an operation?), will Licensing notify me of the results?

Effective March 1, 2002

Yes, we will notify you, but you will not be required to take any action.

§745.655. What types of central registry findings may preclude a person from being present in an operation?

Effective March 1, 2002

(a) Any sustained finding of child abuse or neglect, including sexual abuse, physical abuse, emotional abuse, physical neglect, neglectful supervision, or medical neglect. For more information on sustained perpetrators, see Division 5 of this subchapter (relating to Designated and Sustained Perpetrators of Child Abuse or Neglect); and

(b) Any central registry finding of child abuse or neglect (whether sustained or not), where we have determined the presence of the person in a child-care operation poses an immediate threat or danger to the health and safety of children. For more information on immediate threat, see Division 6 of this subchapter (relating to Immediate Threat or Danger to the Health or Safety of Children).

§745.657. What is the consequence of having one of these types of criminal convictions or central registry findings?

Effective March 1, 2002

There are three possible consequences of having either a conviction listed in §745.651 of this title (relating to What types of criminal convictions may preclude a person from being present in an operation?), or a central registry finding listed in §745.655 of this title (relating to What types of central registry findings may preclude a person from being present in an operation?):

(1) A person is permanently barred and must not be present at an operation while children are in care;

(2) A person is temporarily barred and may not be present at an operation while children are in care pending the outcome of the administrative review and due process hearing;

(3) A person must not be present at a child-care operation while children are in care, unless a risk evaluation is approved. See Division 4 of this subchapter (relating to Evaluation of Risk Because of a Criminal Conviction or a Central Registry Finding of Child Abuse or Neglect).

§745.659. What will happen if a person at my child-care operation has a criminal conviction or a central registry finding?

Effective March 1, 2002

We will notify the child-care operation in writing:

(1) Of any criminal conviction listed under §745.651 of this title (relating to What types of criminal convictions may preclude a person from being present in an operation?), and any central registry finding listed in §745.655(a) of this title (relating to What types of central registry findings may preclude a person from being present in an operation?), including whether:

(A) This conviction or finding permanently bars this person from being present at an operation while children are in care, or whether you may request a risk evaluation for this person; and

(B) If this person is eligible for a risk evaluation, whether this person may be present at your child-care operation while children are in care pending the outcome of the risk evaluation.

(continued)

(2) Of any central registry finding listed in §745.655(b) of this title. The notification letter will inform you that this person has not at this time had any due process regarding this matter. However, if we determine that he is an immediate threat or danger to the health or safety of children, you must immediately remove him from contact with children. We will subsequently notify your operation of any future decisions regarding this matter, including whether the person may have contact with children.

§745.661. What must I do after Licensing notifies me that a person at my operation has one of these types of criminal convictions or central registry findings?

Effective March 1, 2002

You must take appropriate action, which may include immediately removing this person from your child-care operation while the children are in care, and/or requesting a risk evaluation for this person. Your decision in this matter should be based upon the information provided to you, as specified in §745.659 of this title (relating to What will happen if a person at my child-care operation has a criminal conviction or a central registry finding?).

§745.663. What if the person with the criminal conviction or central registry finding believes the information obtained is incorrect?

Effective June 1, 2008

Your responsibilities are the same as noted in §745.661 of this title (relating to What must I do after Licensing notifies me that a person at my operation has one of these types of criminal convictions or central registry findings?). However, you may contact the local Licensing staff who sent the notice letter to discuss the accuracy of the information. For criminal convictions, you may conduct a fingerprint-based criminal history check through DPS to determine the accuracy of the conviction.

Division 4, Evaluation of Risk Because of a Criminal Conviction or a Central Registry Finding of Child Abuse or Neglect

§745.681. When may I request a risk evaluation?

Effective March 1, 2002

You may request a risk evaluation when:

(1) We have informed you that the person with the criminal conviction or central registry finding of child abuse or neglect is eligible for a risk evaluation; and

(2) You believe the person with the criminal conviction or central registry finding (this may be yourself in some situations) does not pose a risk to the health or safety of children.

§745.683. Who is responsible for submitting a request for a risk evaluation?

Effective June 1, 2008

(a) If the person with the criminal conviction or central registry finding is an independent foster home parent, a registered child-care home caregiver, or a listed family home caregiver, then he must request the risk evaluation for himself;

(b) If the person with the criminal conviction or central registry finding is a child-placing agency foster parent, adoptive parent, or the non-client child of the foster or adoptive home, then the child-placing agency must request the risk evaluation; and

(c) If the person with the criminal conviction or central registry finding is a child-care administrator, then the child-placing agency, general residential operation, or residential treatment center must request the risk evaluation; and

(d) For everyone else, the governing body, director, designee, independent foster home parent, or family home caregiver, as appropriate, must request the risk evaluation.

§745.685. How do I submit a request for a risk evaluation?

Effective June 1, 2008

You must complete the risk evaluation form, attach the appropriate documentation, and send the form back to the DFPS Centralized Background Check Unit. If you have been notified that a person requiring a background check may continue to work or be present in child-care pending a risk evaluation, the form must be completed and returned within 21 calendar days.

§745.687. What must I include in my request for a risk evaluation based on criminal history?

Effective June 1, 2008

You must include the following:

(1) A completed Request for Risk Evaluation Based on Past Criminal History or Central Registry Findings form;

(2) A valid rationale of why the person does not pose a risk to the health or safety of children;

(3) A copy of the record of judicial finding or conviction;

(4) If the individual was incarcerated:

(A) A copy of local, state, or federal release order;

(B) The date the individual was released from incarceration; and

(C) If applicable, the terms and conditions of parole;

(5) If the person was given a probated sentence, information related to the terms and conditions of the probation, including documentation that the person paid all court costs and supervision fees and court-ordered restitution and fines;

(6) If the individual received deferred adjudication, include the date that the probation was or will be completed;

(7) The nature and seriousness of the crime for which he was convicted;

(8) The extent and nature of the person's past criminal history;

(9) Age of the person when the crime was committed;

(10) The time that has elapsed since the person's last criminal activity;

(continued)

(11) Evidence of rehabilitative effort;

(12) The conduct and work activities of the person;

(13) Other evidence of the person's present fitness, including letters of recommendation from the prosecuting attorney, law enforcement, and correctional officers who were involved in the case;

(14) Documentation showing that the person has maintained a record of steady employment, has supported his children, has maintained a record of good conduct, and has paid any outstanding court costs, fees, fines, and restitution related to the conviction or deferred adjudication; and

(15) If the person is an employee or volunteer or potential employee or volunteer, information about his anticipated job responsibilities, plans for supervision, and hours and days of service.

§745.689. What must I include in my request for a risk evaluation based on a central registry finding?

Effective March 1, 2002

You must include the following:

(1) A completed Request for Risk Evaluation Based on Past Criminal History or Central Registry Findings form;

(2) A valid rationale that the person who has a central registry finding does not pose a risk to the health or safety of children;

(3) The final child abuse or neglect investigation report (Note: If the requester does not have a copy of the record, then the local Licensing staff should include this information in the request.);

(4) Nature and seriousness of the abuse or neglect finding(s);

(5) The extent and nature of the person's past abuse or neglect history;

(6) Age of the person at the time of the abuse or neglect;

(7) The time that has elapsed since the person's last abuse or neglect activity;

(8) Evidence that factors which impact the risk of future abuse or neglect have changed;

(9) Other evidence of the person's present fitness, including letters of recommendation from employers, caseworker, or others who have or have had contact with the person;

(10) The conduct and work activity of the person;

(11) Documentation showing that the person has maintained a record of steady employment, has supported his dependents, and has maintained a record of good conduct; and

(12) If the person is an employee or volunteer or potential employee or volunteer, information related to job responsibilities that would be performed, plans for supervision, and hours and days of service.

§745.691. Will Licensing accept incomplete requests for risk evaluation?

Effective March 1, 2002

No. We will return your request if it does not include all of the information listed in §745.687 and §745.689 of this title (relating to What must I include in my request for a risk evaluation based on criminal history? and What must I include in my request for a risk evaluation based on a central registry finding?).

§745.693. In what circumstances can someone with a criminal history be present in a child-care operation?

Effective June 1, 2008

The following chart lists the types of criminal convictions that we monitor, whether the person with the conviction is eligible for a risk evaluation, and whether he may be present in a child-care operation while children are in care pending the outcome of the risk evaluation:

Type of Criminal Conviction	Is This Person Eligible for a Risk Evaluation?	If This Person Is Eligible for a Risk Evaluation, May the Person be Present at a Child-Care Operation While Children are in Care Pending the Outcome of the Risk Evaluation?
(1) A felony conviction of an offense under Title 5, Title 6, Chapter 29 of Title 7, Chapter 43 or §42.072 of Title 9, §15.031 of Title 4, or §38.17 of Title 8 of the Texas Penal Code (TPC), or any like offense under the law of another state or federal law.	No, this person is permanently barred from being present at a child-care operation while children are in care.	Not applicable, because this person is not eligible for a risk evaluation.
(2) A misdemeanor conviction of an offense under Title 5, Title 6, Chapter 29 of Title 7, Chapter 43 or §42.072 of Title 9, §15.031 of Title 4, or §38.17 of Title 8 of the TPC, or any like offense under the law of another state or federal law.	No, for listed family homes and registered child-care homes this person is permanently barred from being present in the family home while children are in care. Yes, for all other types of child-care operations this person is eligible for a risk evaluation.	Not applicable for listed family homes and registered child-care homes, because this person is not eligible for a risk evaluation. Yes, for all other types of child-care operations, if we previously gave written approval for the person to remain at the operation with the same conviction in question.
(3) A felony or misdemeanor conviction committed within the last 10 years of an offense under the Texas Controlled Substances Act; the TPC, §39.04, §42.08, §42.09, §42.091, §42.092, §42.10, §46.13, or Chapter 49; the Texas Alcoholic Beverage Code, §106.06; or any like offense of the law of another state or federal law.	Yes, unless a foster or adoptive applicant has a felony conviction within the last five years for a drug-related offense; in that circumstance, federal law prohibits approval of a foster or adoptive home. 42 U.S.C. §671(a)(20)(A)(ii)	No, if it's a felony conviction, unless we previously gave written approval for the person to remain in the operation with the same conviction in question. Yes, if it's a misdemeanor conviction.
(4) A felony conviction of an offense under any other title of the TPC, or any like offense under the law of another state or federal law that the person committed within the past ten years.	Yes	Yes, if we previously gave written approval for the person to remain in the operation with the same conviction in question.

(continued)

Type of Criminal Conviction	Is This Person Eligible for a Risk Evaluation?	If This Person Is Eligible for a Risk Evaluation, May the Person be Present at a Child-Care Operation While Children are in Care Pending the Outcome of the Risk Evaluation?
(5) Any deferred adjudication of crimes listed above and the person has not completed probation.	Yes, for all offenses listed above that do not bar a person from being present in the operation while children are in care. No, for offenses listed above that bar a person from being present in an operation while children are in care.	Yes, for all offenses listed above that do not bar a person from being present in the operation while children are in care. No, for offenses listed above that bar a person from being present in an operation while children are in care.

§745.695. In what circumstances can someone with a central registry finding be present in a child-care operation?

Effective March 1, 2002

The following chart lists the general types of central registry findings that we can release to you, whether the person with the finding is eligible for a risk evaluation, and whether he may be present in a child-care operation while children are in care pending the outcome of the risk evaluation:

Types of Findings for Child Abuse or Neglect	Is This Person Eligible for a Risk Evaluation?	If This Person Is Eligible for a Risk Evaluation, May the Person be Present at a Child-Care Operation While Children are in Care Pending the Outcome of the Risk Evaluation?
(1) A Sustained Finding of Physical Abuse.	No, this person is permanently barred from being present at a child-care operation while children are in care.	Not applicable, because this person is not eligible for a risk evaluation. This person must not be present at an operation while children are in care.
(2) A Sustained Finding of Sexual Abuse.	No, this person is permanently barred from being present at a child-care operation while children are in care.	Not applicable, because this person is not eligible for a risk evaluation. This person must not be present at an operation while children are in care.
(3) A Sustained Finding of Emotional Abuse.	Yes	Yes, if we previously approved a risk evaluation for the same finding, the more recent check does not reveal new information about the finding, and the circumstances of the person's contact with children at the operation are the same as when we approved the risk evaluation.

(continued)

Types of Findings for Child Abuse or Neglect	Is This Person Eligible for a Risk Evaluation?	If This Person Is Eligible for a Risk Evaluation, May the Person be Present at a Child-Care Operation While Children are in Care Pending the Outcome of the Risk Evaluation?
(4) A Sustained Finding of Neglect (including neglectful supervision and medical neglect).	Yes	Yes, if we previously approved a risk evaluation for the same finding, the more recent check does not reveal new information about the finding, and the circumstances of the person's contact with children at the operation are the same as when we approved the risk evaluation.
(5) A Finding, Not Already Sustained, of Any Child Abuse or Neglect Previously Mentioned In This Chart, Where We Have Determined the Presence of the Person In a Child-Care Operation Is an Immediate Threat or Danger to the Health or Safety of Children.	No, this person is temporarily barred from being present at a child-care operation while children are in care.	Not applicable, because this person is not eligible for a risk evaluation. This person must not be present at an operation while children are in care. Note: The removal from contact with children is not permanent until the finding is sustained. If the State Office of Administrative Hearings overturns the finding, then there will no longer be a central registry finding, and the person may be present at an operation.

§745.697. Is an approved risk evaluation permanent?

Effective March 1, 2002

An operation does not have to request a risk evaluation for the same criminal conviction or central registry finding that a previous background check revealed if:

(1) We previously approved a risk evaluation for the same finding or criminal conviction;

(2) The more recent check does not reveal a new finding or criminal conviction; and

(3) The circumstances of the person's contact with children at the operation are the same as when we approved the risk evaluation.

§745.699. What should I do if a person in my child-care operation is currently the subject of a criminal investigation?

Effective March 1, 2002

You must report the investigation to us once there is a criminal indictment for a felony or a criminal information for a misdemeanor.

§745.701. May a person arrested or charged with a crime be present in an operation while children are in care?

Effective June 1, 2008

We determine on a case-by-case basis whether someone arrested or charged with a crime may be present in an operation while children are in care. The person may not be present if a conviction for the arrest or charged offense would prohibit him from being at the operation pending the outcome of a risk evaluation, or if we determine that he poses an immediate threat to the health or safety of children.

§745.703. If I have knowledge that a person has a criminal conviction or central-registry finding, can he be present in my operation while children are in care?

Effective March 1, 2002

This person may be present in your operation while children are in care if you have requested a background check under §745.613 of this title (relating to What is the purpose of background checks?), and:

(1) The results do not indicate that he has a criminal conviction or a central-registry finding that may preclude him from being present in an operation while children are in care under §745.651 and §745.655 of this title (relating to What types of criminal convictions may preclude a person from being present in an operation? and What types of central registry findings may preclude a person from being present in an operation?); or

(2) We have approved a risk evaluation on him.

§745.705. What must I do if a person in my child-care operation is the subject of an abuse or neglect investigation?

Effective March 1, 2002

If you have knowledge that Child Protective Services is conducting an investigation, you must report this to us immediately. The person under investigation by us or CPS may have contact with children unless we determine that he poses an immediate threat or danger to the health or safety of children.

§745.707. Who makes the final decision on a risk evaluation?

Effective June 1, 2008

The manager of the DFPS Centralized Background Check Unit or his designee reviews the risk evaluation request and determines whether or not a person with a criminal conviction or central registry finding poses a risk to children in a particular operation.

§745.709. What is the basis of the risk evaluation decision?

Effective March 1, 2002

We base the risk evaluation decision upon all of the information submitted under §745.687 or §745.689 of this title (relating to What must I include in my request for a risk evaluation based on criminal history? and What must I include in my request for a risk evaluation based on a central registry finding?), the compliance history and regulatory status of the operation, the role and responsibility of the person in his current position, and any federal requirements for adoptive and foster parents regarding criminal convictions.

§745.711. What can I do if I disagree with the risk evaluation decision?

Effective March 1, 2002

You have no rights to have a risk evaluation decision reviewed or appealed.

Division 5, Designated and Sustained Perpetrators of Child Abuse or Neglect

§745.731. What are designated perpetrators and sustained perpetrators of child abuse or neglect?

Effective March 1, 2002

(a) A designated perpetrator is a person on the PRS central registry found by PRS to have abused or neglected a child, but who has not exhausted his right to an administrative review or due process hearing. See Subchapter M of this chapter (relating to Administrative Reviews and Due Process Hearings).

(b) A sustained perpetrator is also a person on the PRS central registry found by PRS to have abused or neglected a child, but who has already been offered his rights to an administrative review and due process hearing, and the:

(1) Designated perpetrator's rights to the administrative review and due process hearing have expired; or

(2) Finding was upheld in the due process hearing.

§745.733. Will Licensing release a central registry finding on a designated perpetrator or sustained perpetrator to my operation?

Effective March 1, 2002

(a) In most situations, we will not release the central registry finding for a designated perpetrator until the designated perpetrator's rights to dispute the finding have been completed. However, there are some instances where we may release the central registry finding on a designated perpetrator before his rights to dispute the finding have been completed. We may release the central registry finding to:

(1) Your operation if we determine the presence of the designated perpetrator is an immediate threat or danger to the health or safety of children. In this situation we will also instruct you that this person must be immediately removed from contact with children;

(2) Individuals who have control over the designated perpetrator's access to children, if we determine the presence of the designated perpetrator is an immediate threat or danger to the health or safety of children;

(3) A court for the purpose of justifying a request for appropriate judicial relief; or

(4) Parents of children in care when we determine the information is necessary to meet a child's needs.

(b) We may release the central registry finding for a sustained perpetrator without any further notification from PRS to:

(1) Operations with licensing permits or an application for a permit; and

(2) Individuals who have control over the sustained perpetrator's access to children.

§745.735. What notice will Licensing send a designated perpetrator or a sustained perpetrator working at an operation?

Effective June 1, 2008

(a) We will notify the designated perpetrator:

(1) Of the abuse or neglect finding;

(2) Whether we will release the finding to his employer prior to or after the administrative and/or due process hearing is completed; and

(3) Of his rights to an administrative review and due process hearing with instructions on how to request them.

(b) We will not notify a sustained perpetrator of the central registry finding or of any subsequent release of the finding. We notified him of his rights when we designated him as a perpetrator.

(c) If a designated perpetrator is a minor, we will address the designation to the parents of the minor.

Division 6, Immediate Threat or Danger to the Health or Safety of Children

Effective March 1, 2002

We consider the following:

(1) The severity of the deficiency, including abuse or neglect;

(2) The circumstances surrounding the deficiency, including abuse or neglect:

(3) The seriousness of any injuries to children;

(4) The length of time since the deficiency, including abuse or neglect, occurred;

(5) Whether the deficiency has been repeated;

(6) The compliance history of the operation;

(7) The current regulatory status of the operation;

(8) How quickly corrections to the deficiency can be made;

(9) If any corrections have already been made:

(10) The role of the person in the abuse or neglect;

(11) The current position, role, and responsibilities of the person; and

(12) The degree and/or immediacy of the threat or danger.

§745.753. How will I know whether Licensing has determined that a person or my operation poses an immediate threat or danger to the health or safety of children?

Effective March 1, 2002

We will notify the person and/or the operation in the original notice of the decision or action that we are taking. The notice will indicate that we have determined the person or the operation poses an immediate threat or danger to the health or safety of children and whether the person may continue to work in their present position or the operation may continue to operate pending the outcome of the administrative review and due process hearing.

Appendix V: Certain Criminal Offenses in the Texas Penal Code and the Health and Safety Code

Note: An offense term in the Texas Penal code or under the Texas Controlled Substance Act may change during a legislative session. Some offenses in the Titles listed in this appendix have changed over the past few years. This appendix focuses specifically on the offenses listed under DFPS Rules, 40 TAC §745.651 (a) and (b). Not included are offenses under §745.651 (c) or any like offense under the law of another state or federal law that a person committed within the past ten years.

OFFENSES UNDER THE TEXAS PENAL CODE

Title 4. Inchoate Offenses

Chapter 15 Preparatory Offenses

§15.031. Criminal Solicitation of a Minor

Title 5. Offenses Against the Person

Chapter 19. Criminal Homicide

§19.02. Murder

§19.03. Capital Murder

§19.04. Manslaughter

§19.05. Criminally Negligent Homicide

Chapter 20. Kidnapping and Unlawful Restraint

§20.02. Unlawful Restraint

§20.03. Kidnapping

§20.04. Aggravated Kidnapping

§20.05. Unlawful Transport

Chapter 20A. Trafficking of Persons

§20A.02. Trafficking of Person

Chapter 21. Sexual Offenses

§21.02. Continuous Sexual Abuse of Young Child or Children

§21.06. Homosexual Conduct

§21.07. Public Lewdness

§21.08. Indecent Exposure

§21.11. Indecency With a Child

§21.12. Improper Relationship Between Educator and Student

§21.15. Improper Photography or Visual Recording

Chapter 22. Assaultive Offenses

§22.01. Assault

§22.011. Sexual Assault

§22.015. Coercing, Soliciting, or Inducing Gang Membership

§22.02. Aggravated Assault

§22.021. Aggravated Sexual Assault

§22.04. Injury to a Child, Elderly Individual, or Disabled Individual

§22.041. Abandoning or Endangering a Child

§22.05. Deadly Conduct

§22.07. Terroristic Threat

§22.08. Aiding Suicide

§22.09. Tampering With Consumer Product

§22.10. Leaving a Child in a Vehicle

§22.11. Harassment by Persons in Certain Correctional Facilities; Harassment of Public Servant

Title 6, Chapter 25. Offenses Against the Family

§25.01. Bigamy

§25.02. Prohibited Sexual Conduct

§25.03. Interference With Child Custody

§25.031. Agreement to Abduct From Custody

§25.04. Enticing a Child

§25.05. Criminal Nonsupport

§25.06. Harboring a Runaway Child

§25.07. Violation of Protective Order or Magistrate's Order

§25.07. Violation of Certain Court Orders of Conditions of Bond in a Family Violence Case

§25.071. Violation of Protective Order Preventing Offense Caused by Bias or Prejudice.

§25.08. Sale or Purchase of Child

§25.09. Advertising for Placement of Child

§25.10. Interference with Rights of Guardian of the Person

Title 7. Chapter 29 Offenses Against Property

§29.02. Robbery

§29.03 Aggravated Robbery

Title 8. Offenses Against Public Administration

Chapter 38 Obstructing Governmental Operation

§38.17. Failure to Stop or Report Aggravated Sexual Assault of a Child

Chapter 39 Abuse of Office

§39.04. Violations of the Civil Rights of Person in Custody; Improper Sexual Activity with Person in Custody

Title 9. Offenses Against Public Order and Decency

Chapter 42. Disorderly Conduct and Related Offenses

§42.072. Stalking

§42.08. Abuse of Corpse

§42.09. Cruelty to Livestock Animals

§42.091. Attack on Assistance Animal

§42.092. Cruelty to Nonlivestock Animals

§42.10. Dog Fighting

Chapter 43. Public Indecency

Subchapter A. Prostitution

§43.02. Prostitution

§43.03. Promotion of Prostitution

§43.04. Aggravated Promotion of Prostitution

§43.05. Compelling Prostitution

§43.06. Accomplice Witness; Testimony and Immunity

Subchapter B. Obscenity

§43.22. Obscene Display or Distribution

§43.23. Obscenity

§43.24. Sale, Distribution, or Display of Harmful Material to Minor

§43.25. Sexual Performance by a Child

§43.251. Employment Harmful to Children

§43.26. Possession or Promotion of Child Pornography

Title 10. Offenses Against Public Health, Safety, and Morals

Chapter 46. Weapons

§46.13. Making a Firearm Accessible to a Child

Chapter 49. Intoxication and Alcoholic Beverage Offenses

§49.02. Public Intoxication

§49.031. Possession of Alcoholic Beverage in Motor Vehicle

§49.04. Driving While Intoxicated

§49.045. Driving While Intoxicated with Child Passenger

§49.05. Flying While Intoxicated

§49.06. Boating While Intoxicated

§49.065. Assembling or Operating an Amusement Ride While Intoxicated

§49.07. Intoxication Assault

§49.08. Intoxication Manslaughter

§49.09. Enhanced Offenses and Penalties

OFFENSES UNDER THE HEALTH AND SAFETY CODE

Chapter 481. Texas Controlled Substance Act

Subchapter D. Offenses and Penalties

§481.112. Manufacture or Delivery of Substance in Penalty Group 1 (Penalty Groups are defined in previous sections of this subchapter)

§481.1121. Manufacture or Delivery of Substance in Penalty Group 1-A

§481.113. Manufacture or Delivery of Substance in Penalty Group 2

§481.114. Manufacture or Delivery of Substance in Penalty Group 3 or 4

§481.115. Possession of Substance in Penalty Group 1 (as defined in §481.102)

§481.1151. Possession of Substance in Penalty Group 1-A (as defined in §481.1021)

§481.116. Possession of Substance in Penalty Group 2 (as defined in §481.103)

§481.117. Possession of Substance in Penalty Group 3 (as defined in §481.104)

§481.118. Possession of Substance in Penalty Group 4 (as defined in §481.105)

§481.119. Manufacture, Delivery, or Possession of Miscellaneous Substances

§481.120. Delivery of Marihuana

§481.121. Possession of Marihuana

§481.122. Delivery of Controlled Substance or Marihuana to Child

§481.123. Delivery, Manufacture, or Possession of Controlled Substance Analogue

§481.124. Possession or Transport of Certain Chemicals with Intent to Manufacture Controlled Substance

§481.1245. Possession or Transport of Anhydrous Ammonia; Use of or Tampering with Equipment

§481.125. Possession or Delivery of Drug Paraphernalia

§481.126. Illegal Barter, Expenditure or Investment

§481.127. Unauthorized Disclosure of Information

§481.128. Commercial Matters

(continued)

§481.129. Fraud

§481.131. Diversion of Controlled Substance Property or Plant

§481.134. Drug-Free Zones

§481.136. Unlawful Transfer or Receipt of Chemical Precursor

§481.137. Transfer of Precursor Substance for Unlawful Manufacture

§481.138. Unlawful Transfer or Receipt of Chemical Laboratory Apparatus

§481.139. Transfer of Chemical Laboratory Apparatus for Unlawful Manufacture

§481.140. Use of Child in Commission of Offense

§481.141. Manufacture or Delivery of a Controlled Substance Causing Death or Serious Bodily Injury

OFFENSES UNDER THE TEXAS ALCOHOLIC BEVERAGE CODE

§106.06. Purchase of Alcohol for a Minor; Furnishing Alcohol to a Minor

Appendix VI: Communicable Disease Reference for Schools and Child-Care Centers

To Order the Communicable Disease Chart for Schools and Child-Care Centers 207
When a Communicable Disease is Diagnosed or Suspected 207
Exclusion and Readmission 207
How Some Childhood Infectious Diseases Are Spread 208
Communicable Diseases 209
AIDS / HIV Infection 209
Amebiasis 209
Campylobacteriosis 210
Chickenpox (varicella) 210
Common Cold 210
Conjunctivitis, bacterial or viral (Pink Eye) 211
Coxsackie virus diseases (hand, foot, and mouth disease) 211
Cryptosporidiosis 211
Cytomegalovirus (CMV) infection 212
Escherichia coli (*E. coli*) infection 212
Fever 212
Fifth Disease (erythema infectiosum) Human Parvovirus 213
Gastroenteritis, Viral 213
Giardiasis 213
Head lice (Pediculosis) 214
Hepatitis A 214
Hepatitis B 214
Herpes Simplex (cold sores) 215
Impetigo 215
Influenza (Flu) 215
Measles (rubeola) 216
Meningitis, bacterial 216
Meningitis, viral 216
Meningococcal infections (meningitis, meningococcemia) 217
Mononucleosis, infectious (Epstein Barr virus) 217
Mumps 217
Otitis Media (earache) 218
Pertussis (whooping cough) 218
Pharyngitis, nonstreptococcal (sore throat) 218
Pinworms 219
Ringworm of the body 219
Ringworm of the scalp 219

Rubella (German measles) 220
Salmonellosis 220
Scabies 220
Sinus infection 221
Shigellosis 221
Streptococcal sore throat and scarlet fever 221
Tuberculosis, Pulmonary 222

To Order the Communicable Disease Chart for Schools and Child-Care Centers

06/01/2005

This appendix contains information taken from the Communicable Disease Chart for Schools and Child-Care Centers issued by the Department of State Health Services (DSHS).

You can order a poster size chart (Stock No. 6-30) for your facility by calling 1 (512) 458-7761, or order one from the DSHS Internet Web site at http://dbs.dshs.state.tx.us/mamd/litcat/default.asp

When a Communicable Disease is Diagnosed or Suspected

06/01/2005

- Segregate the ill child from well children at the facility until he/she can be taken home.
- Adhere to the exclusion and readmission recommendations provided on the chart.
- Children or adults with fever should not be readmitted until fever subsides.
- Children or adults with diarrhea should not be readmitted until diarrhea subsides.
- Children or adults with conjunctivitis, bacterial meningitis, or tuberculosis should not be readmitted without a note from their HCW.
- Inform all parents of exposed children about the illness. Ask parents to watch their children for signs and symptoms of the disease.
- Observe the appearance and behavior of exposed children and be alert to the onset of disease. Let parents know immediately so that medical advice and treatment can be sought.
- Utilize a sanitizing procedure and encourage staff and children to take extra precautions with handwashing, food handling, dishwashing, and general cleanliness. Immediately wash, rinse, and sanitize any object or surface that has been soiled with discharge (such as nasal discharge or feces). Sanitize diaper-changing tables, toilets, and potty chairs after each use.

Exclusion and Readmission

06/01/2005

Exclusion from Attendance: Exclusion from attendance refers to conditions specified in the Texas Administrative Code.

The major criterion for exclusion from attendance is the probability of spread from person to person. A child may have a non-communicable illness yet require care at home or in a hospital.

Readmission: Children excluded from a school or child-care facility for a communicable disease may be readmitted by a written note from a health care worker (HCW*). A school or child-care facility administrator may require a note from a parent or HCW for readmission regardless of the reason for the absence.

* Health care worker (HCW) is a physician, local health authority, advance practice nurse, or physician’s assistant.

How Some Childhood Infectious Diseases Are Spread

06/01/2005

Method of Transmission			
Contact (touching infected person's skin, body fluid or a contaminated surface)	**Respiratory Transmission** (passing from the lungs, throat, or nose of one person to another person through the air)	**Fecal-Oral Transmission** (touching feces or objects contaminated with feces then touching your mouth)	**Blood Transmission** (direct contact with blood)
Chickenpox *	Chickenpox *	*Campylobacter* * *	Cytomegalovirus
Cold sores	Common Cold	*E. coli* 0157;H7 * *	Hepatitis B *
Conjunctivitis	Diptheria	Enterovirus	Hepatitis C
Head Lice	Fifth Disease	*Giardia*	HIV infection
Impetigo	Bacterial Meningitis *	Hand-Foot-Mouth Disease	
Ringworm	Hand-Foot-Mouth Disease	Hepatitis A *	
Scabies	Impetigo	Infectious Diarrhea	
Influenza *	Measles *	Pinworms	
Hepatitis B *	Mumps *	Polio *	
Pertussis *	Rubella *	*Salmonella* * *	
Pneumonia	Influenza *	*Shigella*	
		Cryptosporidosis	
* Vaccines are available for preventing these diseases * * Often transmitted from infected animals through foods or direct contact			

Communicable Diseases

06/01/2005

AIDS / HIV Infection

Incubation Period: Variable

Signs and Symptoms: Weight loss, generalized swelling of the lymph nodes, failure to thrive, chronic diarrhea, tender spleen and liver. Individuals may be asymptomatic.

Exclusion from Attendance: No, unless child's physician determines that a severe or chronic skin eruption or lesion that cannot be covered poses a threat to others. The child's parents and physician should be advised in the case of measles, rubella, or chicken pox outbreaks in school. These may pose a health threat to the immunosuppressed child.

Readmission Criteria: N/A

Reportable Disease: Yes, but schools are not required to report.

Prevention, Treatment and Comments: Teach importance of hand washing. When cleaning up spills of blood or body fluids, wear gloves and use a suitable disinfectant. Educate adolescents about viral transmission through sexual contact and sharing of equipment for injection.

Children should not be given aspirin for symptoms of any viral disease, confirmed or suspected, without consulting a physician.

Amebiasis

Incubation Period: Commonly 2-4 weeks

Signs and Symptoms: Intestinal disease may vary from asymptomatic to acute dysentery with bloody diarrhea, fever, and chills. Parasite may disseminate to other internal organs.

Exclusion from Attendance: Yes

Readmission Criteria: After treatment is initiated.

Reportable Disease: Yes, call (800) 705-8868.

Prevention, Treatment and Comments: Adequate treatment is necessary to prevent/eliminate extraintestinal disease. Teach importance of hand washing. Relatively uncommon in the United States, but can be acquired in developing countries. Spread by personal contact or through food and/or drink.

Children should not be given aspirin for symptoms of any viral disease, confirmed or suspected, without consulting a physician.

Campylobacteriosis

Incubation Period: Range 1 – 10 days, Commonly 2 – 5 days

Signs and Symptoms: Sudden onset of diarrhea, abdominal pain, fever, malaise, nausea, and vomiting.

Exclusion from Attendance: Yes

Readmission Criteria: After diarrhea and fever subside.

Reportable Disease: Yes, call (800) 705-8868.

Prevention, Treatment and Comments: Teach importance of hand washing. Frequently a foodborne infection.

Children should not be given aspirin for symptoms of any viral disease, confirmed or suspected, without consulting a physician.

Chickenpox (varicella)

Incubation Period: Range 2 – 3 weeks, Commonly 13 – 17 days

Signs and Symptoms: Fever and rash that may appear first on head, then spread to body. Usually two or three crops of new blisters that heal, sometimes leaving scabs.

Exclusion from Attendance: Yes

Readmission Criteria: Seven days after onset of rash. Immunocompromised individuals should not return until all blisters have crusted over.

Reportable Disease: Yes, call (800) 705-8868.

Prevention, Treatment and Comments: Shingles is a reactivation of the varicella virus. Since contact with the virus may cause chickenpox in a susceptible child, it is recommended that a case of shingles be treated similar to a case of chickenpox. Vaccine available.

Children should not be given aspirin for symptoms of any viral disease, confirmed or suspected, without consulting a physician.

Common Cold

Incubation Period: Range 1 – 5 days; Commonly 2 days

Signs and Symptoms: Runny nose, watery eyes, fatigue, coughing, and sneezing.

Exclusion from Attendance: No, unless fever is present. (see Fever)

Readmission Criteria: After fever subsides.

Reportable Disease: No

Prevention, Treatment and Comments: Teach importance of washing and covering mouth when coughing or sneezing. Colds are caused by viruses; antibiotics are not indicated.

Children should not be given aspirin for symptoms of any viral disease, confirmed or suspected, without consulting a physician.

Conjunctivitis, bacterial or viral (Pink Eye)

Incubation Period: Bacterial: 1 – 3 days. Viral: 12 hours to 12 days

Signs and Symptoms: Red eyes, usually with some discharge or crusting around eyes.

Exclusion from Attendance: Yes

Readmission Criteria: Until effective treatment and approval by HCW.

Reportable Disease: No

Prevention, Treatment and Comments: Teach importance of hand washing. Allergic conjunctivitis is not contagious and may be confused with bacterial and viral conjunctivitis.

Children should not be given aspirin for symptoms of any viral disease, confirmed or suspected, without consulting a physician.

Coxsackie virus diseases (hand, foot, and mouth disease)

Incubation Period: Commonly 3 – 5 days

Signs and Symptoms: Rash in mouth, hands (palms and fingers), and feet (soles).

Exclusion from Attendance: No, unless fever.

Readmission Criteria: N/A

Reportable Disease: No

Prevention, Treatment and Comments: Promote hand washing and universal precautions.

Children should not be given aspirin for symptoms of any viral disease, confirmed or suspected, without consulting a physician.

Cryptosporidiosis

Incubation Period: Range 1 – 12 days, Commonly 7 days

Signs and Symptoms: Diarrhea, which may be profuse and watery, preceded by anorexia and vomiting in children. The diarrhea is associated with abdominal pain. Malaise, fever, nausea, and vomiting occur less often. Infection may be asymptomatic.

Exclusion from Attendance: Yes

Readmission Criteria: After diarrhea subsides

Reportable Disease: Yes. Call (800) 705-8868.

Prevention, Treatment and Comments: Teach importance of hand washing

Children should not be given aspirin for symptoms of any viral disease, confirmed or suspected, without consulting a physician.

Cytomegalovirus (CMV) infection

Incubation Period: Unknown under normal circumstances

Signs and Symptoms: Usually asymptomatic. Congenital CMV infections may result in hearing loss, pneumonia, eye inflammation, and growth and/or mental retardation.

Exclusion from Attendance: No

Readmission Criteria: N/A

Reportable Disease: No

Prevention, Treatment and Comments: Teach importance of good hand washing. Avoid direct contact with urine, saliva, or other infectious secretions.

Children should not be given aspirin for symptoms of any viral disease, confirmed or suspected, without consulting a physician.

Escherichia coli (*E. coli*) infection

Incubation Period: 10 hours to 6 days in most cases; for *E. coli* 0157:H7, commonly 3-5 days

Signs and Symptoms: Profuse, watery diarrhea, sometimes with blood and/or mucus, and abdominal pain. Fever and vomiting may occur. Some strains (such as *E. coli* 0157:H7) may cause hemolytic uremic syndrome (HUS), resulting in kidney damage.

Exclusion from Attendance: Yes

Readmission Criteria: After diarrhea and fever subside

Reportable Disease: Yes, if *E. coli* 0157:H7 strain. Call (800) 705-8868

Prevention, Treatment and Comments: Teach importance of hand washing. Usually a foodborne infection. Also spread by hand to mouth contact.

Children should not be given aspirin for symptoms of any viral disease, confirmed or suspected, without consulting a physician.

Fever

Incubation Period: N/A

Signs and Symptoms: Oral temperature of 38ºC (100.4ºF) or greater. Measure when no antipyretics (an agent that reduces fever) are given.

Exclusion from Attendance: Yes

Readmission Criteria: After fever subsides.

Reportable Disease: No

Prevention, Treatment and Comments:

Children should not be given aspirin for symptoms of any viral disease, confirmed or suspected, without consulting a physician.

Fifth Disease (erythema infectiosum) Human Parvovirus

Incubation Period: Variable: 4 – 20 days.

Signs and Symptoms: Redness of the cheeks and body. Rash may reappear. Fever does not usually occur.

Exclusion from Attendance: No, unless fever.

Readmission Criteria: After fever subsides.

Reportable Disease: No

Prevention, Treatment and Comments: Individual should be seen by a physician to rule out a diagnosis of measles or rubella. Pregnant women who have been exposed should consult their physician.

Children should not be given aspirin for symptoms of any viral disease, confirmed or suspected, without consulting a physician.

Gastroenteritis, Viral

Incubation Period: Variable, usually 1 – 3 days

Signs and Symptoms: Nausea and diarrhea. Fever does not usually occur.

Exclusion from Attendance: Yes

Readmission Criteria: After diarrhea subsides.

Reportable Disease: No

Prevention, Treatment and Comments: Teach importance of good hand washing.

Children should not be given aspirin for symptoms of any viral disease, confirmed or suspected, without consulting a physician.

Giardiasis

Incubation Period: Range 3– 25 days or longer, Commonly 7 – 10 days

Signs and Symptoms: Gradual onset of nausea, bloating, pain and foul-smelling diarrhea. May recur several times over a period of weeks.

Exclusion from Attendance: Yes

Readmission Criteria: After diarrhea subsides.

Reportable Disease: No

Prevention, Treatment and Comments: Treatment is recommended. Teach importance of good hand washing. Can spread quickly in child-care facilities. Check household contacts for evidence of infection.

Children should not be given aspirin for symptoms of any viral disease, confirmed or suspected, without consulting a physician.

Head lice (Pediculosis)

Incubation Period: Eggs hatch in 7 – 10 days

Signs and Symptoms: Itching and scratching of scalp. Presence of pinpoint-sized white eggs (nits) that will not flick off the hair shaft and live lice.

Exclusion from Attendance: Yes, with live lice.

Readmission Criteria: After one medicated shampoo or lotion treatment has been given.

Reportable Disease: No

Prevention, Treatment and Comments: Second shampoo or lotion treatment is recommended in 7 – 10 days. Teach importance of not sharing combs, brushes, hats, and coats. Check household contacts for evidence of infestation.

Hepatitis A

Incubation Period: Range 15 – 50 days, Commonly 25 - 30 days

Signs and Symptoms: Most children have no symptoms; some have flu-like symptoms or diarrhea. Adults may have fatigue, nausea and vomiting, anorexia, and abdominal pain. Jaundice, dark urine, or diarrhea may or may not be present.

Exclusion from Attendance: Yes

Readmission Criteria: One week after onset of illness.

Reportable Disease: Yes, call (800) 705-8868.

Prevention, Treatment and Comments: Vaccine available. Teach importance of hand washing. Immune globulin should be given to household contacts. If more than one case occurs in a child-care facility, immune globulin should be considered for all contacts at the facility.

Children should not be given aspirin for symptoms of any viral disease, confirmed or suspected, without consulting a physician.

Hepatitis B

Incubation Period: Range $1^{1/2}$ – 6 months; Commonly 2 – 3 months.

Signs and Symptoms: Gradual onset of fever, fatigue, nausea, or vomiting, followed by jaundice. Frequently asymptomatic in children.

Exclusion from Attendance: No

Readmission Criteria: N/A

Reportable Disease: Yes, call (800) 705-8868.

Prevention, Treatment and Comments: Vaccine available. Teach importance of hand washing and not sharing toothbrushes or razors. Wear gloves and use a suitable disinfectant when cleaning up spills of blood or body fluids. Educate adolescents about viral transmission through sexual contact and sharing of equipment for injection.

Children should not be given aspirin for symptoms of any viral disease, confirmed or suspected, without consulting a physician.

Herpes Simplex (cold sores)

Incubation Period: First infection, 2 – 17 days

Signs and Symptoms: Blisters, on or near lips that open and become covered with a dark crust. Recurrences are common.

Exclusion from Attendance: No

Readmission Criteria: N/A

Reportable Disease: No

Prevention, Treatment and Comments: Teach importance of good hygiene. Avoid direct contact with sores. Anti-virals are sometimes used.

Children should not be given aspirin for symptoms of any viral disease, confirmed or suspected, without consulting a physician.

Impetigo

Incubation Period: Variable, usually 4 – 10 days

Signs and Symptoms: Blisters on skin, commonly hands and face, that open and become covered with yellowish crust. Fever does not usually occur.

Exclusion from Attendance: Yes

Readmission Criteria: After treatment has begun.

Reportable Disease: No

Prevention, Treatment and Comments: Keep lesions covered. Teach importance of hand washing and keeping fingernails clean.

Children should not be given aspirin for symptoms of any viral disease, confirmed or suspected, without consulting a physician.

Influenza (Flu)

Incubation Period: Commonly 1 – 3 days

Signs and Symptoms: Rapid onset of fever, headache, sore throat, dry cough, chills, lack of energy, and muscle aches.

Exclusion from Attendance: Yes

Readmission Criteria: After fever subsides.

Reportable Disease: No

Prevention, Treatment and Comments: Vaccine available and recommended for children age 6 – 24 months and with certain chronic diseases. Anti-viral therapy available for patients with influenza type A.

Children should not be given aspirin for symptoms of any viral disease, confirmed or suspected, without consulting a physician.

Measles (rubeola)

Incubation Period: Range 7 – 18 days; Commonly 8 – 12 days

Signs and Symptoms: Runny nose, watery eyes, fever, and cough. A blotchy red rash, which usually begins on the face, appears between the third and seventh day.

Exclusion from Attendance: Yes. In an outbreak, unimmunized children should be excluded for at least two weeks after last rash onset.

Readmission Criteria: Four days after onset of rash.

Reportable Disease: Yes, immediately call (800) 705-8868.

Prevention, Treatment and Comments: Children should not be given aspirin for symptoms of any viral disease, confirmed or suspected, without consulting a physician. Vaccine available.

Meningitis, bacterial

Incubation Period: Commonly 2 – 10 days

Signs and Symptoms: Sudden onset of high fever and headache, usually with vomiting.

Exclusion from Attendance: Yes

Readmission Criteria: Until effective treatment and approval by HCW.

Reportable Disease: Yes, call (800) 705-8868.

Prevention, Treatment and Comments: Prophylactic antibiotics may be recommended for family members and close contacts at a child-care facility. Vaccine available.

Children should not be given aspirin for symptoms of any viral disease, confirmed or suspected, without consulting a physician.

Meningitis, viral

Incubation Period: Commonly 2 – 10 days

Signs and Symptoms: Sudden onset of fever and headache, usually with vomiting.

Exclusion from Attendance: No, unless fever is present.

Readmission Criteria: When fever subsides.

Reportable Disease: Yes, call (800) 705-8868.

Prevention, Treatment and Comments: Teach importance of hand washing.

Children should not be given aspirin for symptoms of any viral disease, confirmed or suspected, without consulting a physician.

Meningococcal infections (meningitis, meningococcemia)

Incubation Period: Range 2 – 10 days, Commonly 3 – 4 days

Signs and Symptoms: Sudden onset of fever, intense headache, nausea and often vomiting, stiff neck, and frequently a reddish or purplish rash on the skin or mucous membranes.

Exclusion from Attendance: Yes

Readmission Criteria: Until effective treatment and approval by HCW.

Reportable Disease: Yes, immediately call (800) 705-8868.

Prevention, Treatment and Comments: Prophylactic antibiotics may be recommended for family members and close contacts at a child-care facility. In an outbreak, vaccine may be recommended for persons likely to have been exposed.

Children should not be given aspirin for symptoms of any viral disease, confirmed or suspected, without consulting a physician.

Mononucleosis, infectious (Epstein Barr virus)

Incubation Period: Commonly 30 – 50 days

Signs and Symptoms: Variable. Infants and young children are generally asymptomatic. Symptoms, when present, include fever, fatigue, swollen Iymph nodes, and sore throat.

Exclusion from Attendance: Yes

Readmission Criteria: When a physician decides or after fever subsides. Some children with fatigue may not be physically able to return to school (child care) until symptoms subside.

Reportable Disease: No

Prevention, Treatment and Comments: Minimize contact with saliva or nasal discharges. Teach importance of hand washing. Sanitize surfaces and shared items.

Children should not be given aspirin for symptoms of any viral disease, confirmed or suspected, without consulting a physician.

Mumps

Incubation Period: Range 12 – 25 days. Commonly 16 – 18 days

Signs and Symptoms: Swelling over jaw in front of one or both ears. Pain in cheeks made worse by chewing.

Exclusion from Attendance: Yes

Readmission Criteria: After nine days from the onset of swelling.

Reportable Disease: Yes, call (800) 705-8868.

Prevention, Treatment and Comments: Vaccine available.

Children should not be given aspirin for symptoms of any viral disease, confirmed or suspected, without consulting a physician.

Otitis Media (earache)

Incubation Period: Variable

Signs and Symptoms: Fever, ear pain. May follow respiratory illness.

Exclusion from Attendance: No, unless fever.

Readmission Criteria: After fever subsides.

Reportable Disease: No

Prevention, Treatment and Comments: Antibiotics are only indicated for acute otitis media.

Children should not be given aspirin for symptoms of any viral disease, confirmed or suspected, without consulting a physician.

Pertussis (whooping cough)

Incubation Period: Range 6 – 21 days. Commonly 7 – 10 days.

Signs and Symptoms: Low-grade fever, runny nose, and cough lasting about two weeks, followed by paroxysmal coughing spells and "whoop" on inspiration.

Exclusion from Attendance: Yes

Readmission Criteria: After completion of five days of antibiotic therapy

Reportable Disease: Yes, immediately call (800) 705-8868.

Prevention, Treatment and Comments: Vaccine available. Un-immunized contacts should be immunized and receive antibiotic prophylaxis. Adults with persistent cough greater than 2 weeks should be evaluated.

Children should not be given aspirin for symptoms of any viral disease, confirmed or suspected, without consulting a physician.

Pharyngitis, nonstreptococcal (sore throat)

Incubation Period: Variable

Signs and Symptoms: Fever, sore throat, often with large, tender lymph nodes in neck.

Exclusion from Attendance: No, unless fever.

Readmission Criteria: After fever subsides.

Reportable Disease: No

Prevention, Treatment and Comments: Nonstreptococcal pharyngitis is caused by a virus; antibiotics are not indicated.

Children should not be given aspirin for symptoms of any viral disease, confirmed or suspected, without consulting a physician.

Pinworms

Incubation Period: Variable, 2 weeks – 2 months or longer.

Signs and Symptoms: Perianal itching

Exclusion from Attendance: No

Readmission Criteria: N/A

Reportable Disease: No

Prevention, Treatment and Comments: Treatment recommended. Teach importance of hand washing. Check household contacts for infestations.

Children should not be given aspirin for symptoms of any viral disease, confirmed or suspected, without consulting a physician.

Ringworm of the body

Incubation Period: Commonly 4 – 10 days

Signs and Symptoms: Slowly spreading, flat, scaly, ring-shaped lesions on skin. The margins may be reddish and slightly raised.

Exclusion from Attendance: No

Readmission Criteria: N/A

Reportable Disease: No

Prevention, Treatment and Comments: Treatment is recommended. Keep lesions covered. A fungal infection.

Children should not be given aspirin for symptoms of any viral disease, confirmed or suspected, without consulting a physician.

Ringworm of the scalp

Incubation Period: Commonly 10 – 21 days

Signs and Symptoms: Slowly spreading, balding patches on scalp with broken-off hairs.

Exclusion from Attendance: Yes

Readmission Criteria: After treatment has begun.

Reportable Disease: No

Prevention, Treatment and Comments: Teach importance of not sharing combs, brushes, hats, and coats. A fungal infection.

Children should not be given aspirin for symptoms of any viral disease, confirmed or suspected, without consulting a physician.

Rubella (German measles)

Incubation Period: Range 14 – 23 days. Commonly 16 – 18 days

Signs and Symptoms: Cold-like symptoms. Swollen, tender glands at the back of the neck. Fever. Changeable pink rash on face and chest.

Exclusion from Attendance: Yes

Readmission Criteria: Seven days after onset of rash. In an outbreak, un-immunized children and pregnant women should be excluded for at least three weeks after last rash onset.

Reportable Disease: Yes, call (800) 705-8868 within one working day.

Prevention, Treatment and Comments: Vaccine available.

Children should not be given aspirin for symptoms of any viral disease, confirmed or suspected, without consulting a physician.

Salmonellosis

Incubation Period: Range 6 – 72 hours. Commonly 12 – 36 hours.

Signs and Symptoms: Sudden onset of fever, abdominal pain, diarrhea, and sometimes vomiting.

Exclusion from Attendance: Yes

Readmission Criteria: After diarrhea and fever subside.

Reportable Disease: Yes, call (800) 705-8868.

Prevention, Treatment and Comments: Teach importance of hand washing. Frequently a foodborne infection.

Children should not be given aspirin for symptoms of any viral disease, confirmed or suspected, without consulting a physician.

Scabies

Incubation Period: First infection: 2 – 6 weeks. Repeat infection: 1 – 4 days

Signs and Symptoms: Small, raised, red bumps or blisters on skin with severe itching. Often the thighs, arms, and webs of fingers.

Exclusion from Attendance: Yes

Readmission Criteria: After treatment has begun.

Reportable Disease: No

Prevention, Treatment and Comments: Teach importance of not clothing. May have rash after treatment, but will subside.

Children should not be given aspirin for symptoms of any viral disease, confirmed or suspected, without consulting a physician.

Sinus infection

Incubation Period: Variable

Signs and Symptoms: Fever, headache, greenish to yellowish mucous for more than one week

Exclusion from Attendance: No

Readmission Criteria: N/A

Reportable Disease: No

Prevention, Treatment and Comments: Antibiotics are only indicated for long-lasting or severe sinus infections.

Children should not be given aspirin for symptoms of any viral disease, confirmed or suspected, without consulting a physician.

Shigellosis

Incubation Period: Range 1 – 7 days. Commonly 2 – 3 days.

Signs and Symptoms: Sudden onset of fever, vomiting, and diarrhea which may be bloody.

Exclusion from Attendance: Yes

Readmission Criteria: After diarrhea and fever subside.

Reportable Disease: Yes, call (800) 705-8868.

Prevention, Treatment and Comments: Teach importance of hand washing. Can spread quickly in child-care facilities.

Children should not be given aspirin for symptoms of any viral disease, confirmed or suspected, without consulting a physician.

Streptococcal sore throat and scarlet fever

Incubation Period: Commonly 1 – 3 days

Signs and Symptoms: Fever, sore throat, often with large, tender Iymph nodes in neck. Scarlet fever-producing strains of bacteria cause a fine, red rash that appears 1 – 3 days after onset of sore throat.

Exclusion from Attendance: Yes

Readmission Criteria: Twenty-four hours after antibiotic treatment has begun and fever subsides.

Reportable Disease: No

Prevention, Treatment and Comments: Teach importance of covering mouth when coughing or sneezing. Streptococcal sore throat can only be diagnosed with a laboratory test.

Children should not be given aspirin for symptoms of any viral disease, confirmed or suspected, without consulting a physician.

Tuberculosis, Pulmonary

Incubation Period: Commonly 2 – 12 weeks

Signs and Symptoms: Gradual onset, fatigue, anorexia, fever, failure to gain weight, and cough.

Exclusion from Attendance: Yes

Readmission Criteria: After antibiotic treatment has begun, AND a physician's certificate or health permit obtained.

Reportable Disease: Yes, call (800) 705-8868 within one working day.

Prevention, Treatment and Comments: All classroom contacts should have TB skin tests. Antibiotic prophylaxis recommended for newly positive reactors. Call the TB control program at your local health department for contact testing.

Children should not be given aspirin for symptoms of any viral disease, confirmed or suspected, without consulting a physician.

Appendix VII: Nutritional Examples

Milk and Dairy Products

Milk

Whole milk
Reduced fat (1% or 2%)
Skim
Buttermilk
Powdered milk
Yogurt

Cheese *

Cheddar	Parmesan	Swiss
Monterrey Jack	Provolone	Ricotta
Cottage cheese	Muenster	

* If processed cheese is used, the amount should be about 25% more than if natural cheese is served.

Meat / Meat Alternatives

Poultry, beef, lamb, pork, fish
Dried peas or beans
Vegetable protein mixed with meat, poultry, or fish
Egg
Tofu
Peanut butter ***Note:*** Do not offer to children under two because of potential allergy

Fruit

Any fresh, canned, cooked, or dried fruit

Vegetables

Any raw, canned, or cooked vegetable

If a dried pea or bean is counted as a meat alternative, another vegetable should be offered as well to count as a vegetable.

Grains

Breads

Whole grain wheat, rye, or soy
Enriched white bread
French, Italian, Vienna
Raisin
Bagels
Crackers: saltines, graham, rice, zwieback, Melba toast
Cornbread
English muffin
Tortilla (corn or flour)
Pita
Waffles or pancakes

Cereals

Cooked oatmeal, grits, or farina
Ready-to-eat wheat, corn, rice, or oat

Cooked grains

Rice
Pasta
Bulgur
Barley

Appendix VIII: Texas Department of State Health Services Immunization Division Frequently Asked Questions

(www.ImmunizeTexas.com)

Can DTaP/DTP/DT and Polio still be accepted if given in the month prior to the 4th birthday? Or is this now falling within the 4-day rule?

The calendar month prior to or of the 4th birthday is no longer allowed for DTaP and polio vaccines. Only a four-day grace period for all vaccines is acceptable.

If a child/student received five or more doses of DTaP/DTP/DT before the age of 4, would they need an extra dose?

Yes. Students must have a dose of DTaP/DTP/DT on or after the 4th birthday.

Will students be grand fathered if they received four doses of DTP/DTaP/DT and Polio vaccines more than four days before age four?

Yes. Students in grades 2-12 will be grand fathered.

What is the requirement for DTaP? Does one dose have to be on or after age 4? What is the requirement for a 7 year old?

- Upon entry into kindergarten, students are required to have five doses of a diphtheria-tetanus-pertussis containing vaccine one of which must have been received on or after the 4th birthday. Or, if the fourth dose was administered on or after the fourth birthday, only four doses are required.
- Students who are seven years or older are required to have at least three doses of a tetanus-diphtheria containing vaccine, one of which must have been received on or after the fourth birthday. Any combination of three doses of a tetanus-diphtheria containing vaccine will meet this requirement.
- One dose of a tetanus-diphtheria containing vaccine is required within the last ten years.

Is a student in compliance if the student received the measles vaccine 4 days before the 1st birthday?

Yes. There is a four-day grace period for all vaccines.

What is the requirement for polio?

Four doses of polio vaccines are required including one dose on or after the fourth birthday. If the third dose was administered on or after the fourth birthday only three doses are required.

What if a student enrolls with four doses of polio vaccine, all before age 4, is a booster required?

This depends on the type of polio vaccine received. If a combination, including both types of OPV and IPV vaccine, was used, then a booster age four is not required. However, if the series is comprised of all IPV or all OPV, then a booster dose is required.

Is it true that Hepatitis A is now a statewide requirement for children?

Effective September 1, 2005, House Bill (HB) 1316 will become law. This law requires that children attending child-care facilities be vaccinated against invasive pneumococcal and hepatitis A diseases. This change will only affect children attending pre-kindergarten, Head Start, or other early childhood programs.

Is it acceptable to have "at birth" or "in hospital" written on the immunization record for hepatitis B vaccine, or do we have to have the actual date?

Any immunization record created or updated after 9/1/92 must include the month/day/year for each vaccine administered.

Is the conscientious exemption valid for two years or five years?

The conscientious exemption is valid for two years. The two-year time period applies to new applicants. Those students, who filed an affidavit that was valid for five years, get a five-year exemption.

The child has no immunizations on file. I did receive a faxed copy of a Texas Religious Exemption dated in 1999. Does this child need a new affidavit?

No. Valid religious exemptions dated prior to September 1, 2003 are life-long exemptions.

I have a student who is transferring from out of state. Is the philosophic exemption from the other state valid in Texas?

No. Students claiming exclusion for reasons of conscience, including a religious belief, must present an affidavit issued by the Texas Department of State Health Services.

Are students allowed to be provisionally enrolled while awaiting for the conscientious objection form?

No. Students must present a signed affidavit upon enrolling into school.

Are out-of-state immunization records acceptable with only a month and year as a vaccine date?

Only if the immunization record is an official immunization record generated from a state or local health authority, such as a registry.

When is the 4-year old booster dose required for my Pre-K / Daycare students?

The dose is required between 4-6 years of age. However, upon entry into kindergarten, verification of the 5th dose will be required.

Where are the requirements for Pre-K located?

Pre K requirements are under the child-care section §97.63 (A) in the Texas Administrative Code, Title 25 Health Services.

Where can I get a copy of my child's shot record so I can enroll them in school?

- Contact either your private physician or the local city/county health clinic where your child received the immunizations. You may contact 2-1-1 for assistance in locating a city/county health clinic in your area .
- If you have consented to having your child's immunization information entered into the statewide immunization registry, ImmTrac, you may ask your private physician or the local city/county health clinic to search the ImmTrac Registry. Immunization records are not available online for the general public to lookup.

Where can I take my child to get vaccinations (either at a lower cost or free)?

You can check with your local city/county health department for information on where you can take your child to get immunizations, or you can call 2-1-1 for a clinic nearest you.

When should my child get their immunizations and what immunizations do they need to have?

- Every year the Recommended Immunization Schedule is distributed. You can view the chart for the Recommended Childhood Immunization Schedule or read the Text Version of the chart at http://www.dshs.state.tx.us/immunize/default.htm
- You can also read important information by visiting the Vaccination Information Statements chart and clicking on the type of vaccine (English and Spanish).

If a child had chickenpox illness before 12 months of age, is he required to get the vaccine?

No. If a child has had chickenpox at any age, he is not required to get the vaccine because he now has protective antibodies. Documenting history of chickenpox illness must include a written statement from a physician, school nurse or the child's parent/guardian containing wording such as: "This is to verify that (name of child) had varicella disease (chickenpox) on or about (month/day/year) and does not need the varicella vaccine."

Where can I find information about Tuberculosis (TB)?

You can find more information about TB on the [DSHS] Tuberculosis Elimination Division Web site http://www.dshs.state.tx.us/idcu/disease/tb/faqs/default.asp.

Appendix IX: Texas Structural Pest Control Act

Texas Occupations Code, Chapter 1951

The Texas Structural Pest Control Act contains sections that apply explicitly to daycare centers. Also, the Structural Pest Control Board has rules that implement this act in further detail. You may consult the following website http://www.tda.state.tx.us/spcs/ for rules and regulations regarding pest control and contact information for the Structural Pest Control Board of Texas or the Department of Agriculture.

Appendix X: Special Senses and Communication Disorders Act

The Special Senses and Communication Disorders Act, found in Chapter 36 of the Health and Safety code, requires that all children:

- Enrolled for the first time in any public, private, parochial, or denominational school, or
- Enrolled in a Department of Family and Protective Services licensed child-care center and licensed child care home in Texas, or
- Who meet certain grade criteria,

must be screened or have a professional examination for possible vision and hearing problems.

The Texas Department of State Health Services has rules that implement this act in further detail. These rules can be found in the Texas Administrative Code, Title 25. Health Services, Part 1, Department of State Health Services, Chapter 37. Maternal and Infant Health Services, Subchapter C. Vision and Hearing Screening. These rules are periodically updated. Consult the following website http://www.dshs.state.tx.us/vhs/require.shtm for the most recent version of the rules and regulations regarding vision and hearing screening and contact information for the Vision and Hearing Screening program of the Department of State Health Services.

Index

absence of director: person in charge — *See Rule 746.1013*

accidents: records — *See Rule 746.701*

activities, planned

- infants — *See Rule 746.2417*
- naptime alternatives — *See Rule 746.2907*
- nighttime care — *See Rule 746.3209*
- pre-kindergarten — *See Rule 746.2607*
- school-age children — *See Rule 746.2707*
- toddlers — *See Rule 746.2507*
- get-well care program — *See Rule 746.3121*

activities, planned: children — *See Rules 746.2201, 746.2203*

- how long to keep written plans — *See Rule 746.2211*
- television, video, video games — *See Rule 746.2207*
- posting written plans — *See Rules 746.2209, 746.401*
- required posting — *See Rule 746.2209*
- what written plans should include — *See Rule 746.2205*

activity space: indoors

- climbing equipment — *See Rule 746.4509*
- separating children by age — *See Rule 746.4203*
- sharing with other programs — *See Rule 746.4215*

activity space: square footage — *See Rule 746.4201*

- deadline for compliance — *See Rule 746.4207*
- how square footage is determined — *See Rule 746.4213*
- limit on number of children — *See Rule 746.4205*

activity space, outdoors

- equipment minimum requirements — *See Rules 746.4601, 746.4605*
- equipment not allowed — *See Rule 746.4603*
- exits — *See Rule 746.4307*
- fencing — *See Rule 746.4305*
- locking exits — *See Rule 746.4309*
- maintenance — *See Rule 746.4607*
- not connected to child-care center — *See Rules 746.4311, 746.4313*
- safety requirements for bucket swings — *See Rule 746.4703*
- safety requirements for multi-axis or tire swings — *See Rule 746.4705*
- safety requirements for swings — *See Rule 746.4701*
- sharing public school facility — *See Rule 746.4609*

(continued)

activity space, outdoors *(continued)*

- sharing with other programs — *See Rule 746.4315*
- square footage — *See Rule 746.4301*

admission

- get-well care program — *See Rule 746.3105*
- get-well care program documentation — *See Rule 746.3109*
- ill child — *See Rules 746.3601, 746.3603*
- information requirements — *See Rule 746.605*
- information: parents' signature required — *See Rule 746.607*
- information updates — *See Rule 746.609*
- information updates: parents' signature required — *See Rule 746.609*
- without immunizations — *See Rule 746.621*

age range of children served: notifying Licensing of changes — *See Rule 746.301*

animals at the child-care center — *See Rule 746.3901*

- contact with children — *See Rule 746.3905*
- documentation of vaccinations — *See Rule 746.3903*

annual training

- caregiver clock-hour requirements — *See Rule 746.1309*
- director clock-hour requirements — *See Rule 746.1311*
- employee clock-hour deadlines — *See Rule 746.1313*
- self-instructional — *See Rule 746.1327*

applicant: definition — *See Rule 746.103*

assistant director experience requirements — *See Rule 746.1021*

attendance records: employees — *See Rule 746.905*

attendance requirement, director — *See Rule 746.1011*

audio monitoring system — *See Rule 746.3705*

background checks — *See Rules 746.1103, 746.1105, 746.801, 746.901, Appendix IV*

barrier, safety

- swimming pool — *See Rules 746.5001, 746.5007*
- swimming pool: deadline for compliance — *See Rule 746.5011*
- above-ground pools — *See Rule 746.5005*

basements: caring for children — *See Rule 746.4217*

basic care

- toddlers — *See Rule 746.2501*
- pre-kindergarten — *See Rule 746.2601*
- school-age children — *See Rule 746.2701*

board chair: notifying Licensing of changes — *See Rule 746.303*
body fluids: disposable gloves — *See Rule 746.3425*
booster seat — *See Rule 746.5615*
bottles, propping — *See Rule 746.2419*
brushing teeth — *See Rule 746.3321*
bucket swings: measurement of use zone — *See Rule 746.4811*
business management education requirements — *See Rule 746.1029*
carbon monoxide — *See Rules 746.5531 – 746.5537*
care area
- infants — *See Rules 746.2403, 746.2405*
- pre-kindergarten — *See Rule 746.2605*
- school-age children — *See Rule 746.2705*
- toddlers — *See Rules 746.2503, 746.2505*

caregiver
- annual training clock-hour requirements — *See Rule 746.1309*
- definition — *See Rule 746.1101*
- discipline — *See Rules 746.2801, 746.2803, 746.2805*
- education: received outside U.S. — *See Rule 746.1111*
- experience requirements — *See Rule 746.1021*
- get-well care program — *See Rule 746.3115*
- get-well program: qualifications for — *See Rule 746.3117*
- nighttime care — *See Rule 746.3205*
- pre-service training — *See Rule 746.1305*
- pre-service training; exempted from — *See Rule 746.1307*
- qualifications — *See Rules 746.1103, 746.1107, 746.1113*
- restrictions if caregiver does not meet minimum standards — *See Rule 746.1109*
- response to critical illness/injury — *See Rule 746.3607*
- responsibilities — *See Rules 746.1201, 746.1203, 746.1205*
- recording their coming and going — *See Rule 746.631*
- sprinkler play — *See Rule 746.2117*
- water activities — *See Rule 746.2113*

caregivers, substitute: minimum standard requirements — *See Rule 746.1401*
certificate of director qualification — *See Rule 746.1051*
certificate of director qualification
- expiration — *See Rule 746.1053*
- fees — *See Rule 746.1061*
- renewal — *See Rule 746.1055*
- replacement — *See Rule 746.1063*

CEU: definition — *See Rule 746.1035*
changes: notifying Licensing of changes in operation — *See Rule 746.301*
changing diapers — *See Rules 746.3501, 746.3505*
- equipment — *See Rule 746.3503*
- hand washing sink requirement — *See Rule 746.4403*

chicken pox — *See Appendix VI*
child abuse hotline: required posting of telephone number — *See Rule 746.405*
Child and Adult Care Food Program — *See Rules 746.3301, 746.3303, 746.3305*
child death: reporting requirements — *See Rule 746.305*
child development education requirements — *See Rule 746.1027*
child injury: reporting requirements — *See Rule 746.305*
child left in vehicle: reporting requirements — *See Rule 746.305*
child of employee: discipline — *See Rule 746.2807*
child passenger safety seat — *See Rule 746.5607*
- provided by parents — *See Rule 746.5611*

child/caregiver ratio
- 12 or fewer children — *See Rule 746.1701*
- 13 or more children — *See Rule 746.1601*
- definition — *See Rule 746.1501*
- determination — *See Rule 746.1507*
- field trips — *See Rules 746.1801, 746.3005*
- get-well program — *See Rules 746.1901, 746.1903*
- joint activities — *See Rule 746.1611*
- lifeguard does not count — *See Rule 746.2111*
- naptime — *See Rule 746.1613*
- nighttime care — *See Rule 746.2001*
- splashing/wading activities — *See Rule 746.2101*
- sprinkler play — *See Rule 746.2117*
- swimming activities — *See Rule 746.2105*
- swimming activities — *See Rule 746.2113*
- vehicles — *See Rule 746.1805*
- water activities — *See Rule 746.2101*
- when opening and closing — *See Rules 746.1615, 746.1709*

child's belongings: storage — *See Rule 746.4505*
child-care center director
- definition — *See Rule 746.1001*
- more than one at an operation — *See Rule 746.1009*
- multiple locations — *See Rule 746.1005*
- notifying Licensing of changes — *See Rule 746.303*
- permit holder — *See Rule 746.1007*
- responsibilities — *See Rule 746.1003*

child-care centers
- applicability of minimum standards — *See Rule 746.107*
- definition — *See Rule 746.105*
- purpose of regulation — *See Rule 746.101*

children, caring for above or below ground level — *See Rule 746.4217*

children, group: definition — *See Rule 746.1503*
- combining groups — *See Rule 746.1505*

children, number for each caregiver — *See Rules 746.1507, 746.1601, 746.1607, 746.1611, 746.1701, 746.1705*

children, school-age
- activities — *See Rule 746.2707*
- furnishings and equipment — *See Rules 746.2703, 746.2705*
- physical space requirements — *See Rule 746.2703*

children
- admission information requirements — *See Rule 746.605*
- caring for ill children — *See Rule 746.3101*
- combining with infants — *See Rules 746.1605, 746.1703, 746.2403*
- combining with infants in get-well program — *See Rule 746.1905*
- contact with animals at the child-care center — *See Rule 746.3905*
- discipline — *See Rules 746.2801, 746.2803, 746.2805*
- furnishings — *See Rule 746.4501*
- hand washing — *See Rules 746.3417, 746.3419*
- maximum group size: two or more caregivers — *See Rules 746.1609, 746.1611, 746.1707*
- recording their coming and going — *See Rule 746.631*
- safety precautions — *See Rules 746.3701, 746.3703, 746.3707, 746.3709*
- separating age groups — *See Rule 746.4203*
- special care: basic requirements — *See Rule 746.2301*
- specified age of group — *See Rule 746.1603*
- supervision — *See Rule 746.1205*
- supervision at naptime — *See Rule 746.1613*
- to whom they may be released — *See Rules 746.4101, 746.4103*

children: get-well care program — *See Rule 746.3103*
- admission — *See Rule 746.3105*
- admission documentation — *See Rule 746.3109*
- physical space requirements — *See Rule 746.3111*
- removal/discharge — *See Rule 746.3107*

(continued)

children: get-well care program *(continued)*
- safety and sanitation — *See Rules 746.3113, 746.3123*
- caregivers and other children — *See Rule 746.3115*

children's records
- children's health statement — *See Rule 746.611*
- required records and how long to keep them — *See Rule 746.603*
- who has access to children's records — *See Rule 746.601*

child-sized toilets, sinks, fountains — *See Rule 746.4419*

climbing equipment: indoors — *See Rule 746.4509*
- deadline for compliance — *See Rule 746.4511*

clock hours: definition — *See Rule 746.1031*
- annual training caregiver requirements — *See Rule 746.1309*
- annual training director requirements — *See Rule 746.1311*
- annual training employee deadlines — *See Rule 746.1313*
- provider criteria — *See Rule 746.1033*
- self-instructional training — *See Rule 746.1327*

communicable diseases
- admission — *See Rule 746.3603*
- child becomes ill while in care — *See Rule 746.3605*

compliance requirements — *See Rule 746.109*
- with new rules, 12 or fewer children: time allowed — *See Rule 746.1711*
- with new rules, 13 or more children: time allowed — *See Rule 746.1617*
- with new rules, field trips: time allowed — *See Rule 746.1803*
- with new rules, swimming activities: time allowed — *See Rule 746.2107*
- with new rules, water activities: time allowed — *See Rule 746.2103*

continuing education units: definition — *See Rule 746.1035*

contractors
- minimum standard requirements — *See Rule 746.1403*
- minimum standard requirements for water activities — *See Rule 746.2115*

cots: providing — *See Rule 746.4503*

CPR training
- employee requirements — *See Rule 746.1315*
- training criteria — *See Rule 746.1317*

credit courses
- business management — *See Rule 746.1029*
- child development — *See Rule 746.1027*

crib
- covering infant's head or crib — *See Rule 746.2429*
- remaining after awakening — *See Rule 746.2425*
- safety requirements — *See Rules 746.2409, 746.2411*
- stacking: safety requirements — *See Rule 746.2413*

daily food needs — *See Rules 746.3303, 746.3305, 746.3307, 746.3315*
- provided by parents — *See Rule 746.3309*
- special diets or preferences — *See Rule 746.3311*

daily menu: required posting — *See Rules 746.3313, 746.401*

damage: what must be reported to parents — *See Rule 746.307*

day care center: applicability of minimum standards — *See Rule 746.107*

death of child: reporting requirements — *See Rule 746.305*

definitions
- abuse — *See Rule 745.21 [Appendix I]*
- activity space — *See Rule 746.105*
- administrative and clerical duties — *See Rule 746.105*
- admission — *See Rule 746.105*
- adult — *See Rule 746.105*
- affinity — *See Rule 745.21 [Appendix I]*
- after-school program — *See Rule 746.105*
- alternate care program — *See Rule 746.105*
- attendance — *See Rule 746.105*
- baby bungee jumper — *See Rule 746.105*
- baby walker — *See Rule 746.105*
- bouncer seat — *See Rule 746.105*
- capacity — *See Rule 745.21 [Appendix I]*
- caregiver — *See Rule 746.105*
- caregiver-initiated activities — *See Rule 746.105*
- certified child-care professional credential — *See Rule 746.105*
- certified lifeguard — *See Rule 746.105*
- child — *See Rule 745.21 [Appendix I]*
- child-care center — *See Rule 746.105*
- child-care center caregiver — *See Rule 746.1101*
- child-care center employee — *See Rule 746.1101*
- child-care facility — *See Rule 745.21 [Appendix I]*
- child-care location — *See Rule 746.105*
- child-care program — *See Rule 746.105*
- child day care — *See Rule 745.21 [Appendix I]*
- child development associate credential — *See Rule 746.105*
- child-initiated activities — *See Rule 746.105*
- child passenger safety seat system — *See Rule 746.105*
- children related to caregiver — *See Rule 745.21 [Appendix I]*
- consanguinity — *See Rule 745.21 [Appendix I]*
- contiguous operations — *See Rule 745.21 [Appendix I]*
- corporal punishment — *See Rule 746.105*
- creative activities — *See Rule 746.105*
- critical illness — *See Rule 746.105*
- days — *See Rule 746.105*
- deficiency — *See Rule 745.21 [Appendix I]*
- designated perpetrator — *See Rule 745.21 [Appendix I]*
- division — *See Rule 745.21 [Appendix I]*
- employee — *See Rule 745.21 [Appendix I]*
- endanger — *See Rule 745.21 [Appendix I]*
- enrollment — *See Rule 746.105*
- entrapping equipment — *See Rule 746.105*
- exploitation — *See Rule 745.21 [Appendix I]*
- field trips — *See Rule 746.105*
- finding — *See Rule 745.21 [Appendix I]*
- food service — *See Rule 746.105*
- frequently — *See Rule 746.105*
- garbage — *See Rule 746.105*
- governing body — *See Rule 745.21 [Appendix I]*
- governing body designee — *See Rule 745.21 [Appendix I]*
- group activities — *See Rule 746.105*
- health-care professional — *See Rule 746.105*
- household member — *See Rule 745.21 [Appendix I]*
- individual activities — *See Rule 746.105*
- infant — *See Rule 746.105*
- janitorial duties — *See Rule 746.105*
- kindergarten age — *See Rule 745.21 [Appendix I]*
- minimum standards — *See Rule 745.21 [Appendix I]*
- natural environment — *See Rule 746.105*
- neglect — *See Rule 745.21 [Appendix I]*
- operation — *See Rule 745.21 [Appendix I]*
- parent — *See Rule 745.21 [Appendix I]*
- permit — *See Rule 745.21 [Appendix I]*
- permit holder — *See Rule 745.21 [Appendix I]*
- pre-kindergarten age — *See Rule 745.21 [Appendix I]*
- pre-service training — *See Rule 746.105*
- program — *See Rule 745.21 [Appendix I]*
- propped bottle — *See Rule 746.105*
- regularly — *See Rule 746.105*
- regulation — *See Rule 745.21 [Appendix I]*
- report — *See Rule 745.21 [Appendix I]*

safety belt — *See Rule 746.105*
school-age child — *See Rule 746.105*
single-use area — *See Rule 746.105*
special care needs — *See Rule 746.105*
State Office of Administrative Hearings (SOAH) — *See Rule 745.21 [Appendix I]*
state or local fire marshal — *See Rule 746.105*
state or local sanitation official — *See Rule 746.105*
sustained perpetrator — *See Rule 745.21 [Appendix I]*
toddler — *See Rule 746.105*
universal precautions — *See Rule 746.105*
water activities — *See Rule 746.105*

DFPS: required posting of telephone number — *See Rule 746.405*

diagram: emergency and relocation plan — *See Rule 746.5207*

diaper changing — *See Rules 746.3501, 746.3505*
equipment — *See Rule 746.3503*
hand-washing sink requirement — *See Rule 746.4403*
non-absorbent paper liners — *See Rule 746.3505*

director certificate
expiration — *See Rule 746.1053*
fees — *See Rule 746.1061*
renewal — *See Rule 746.1055*
replacement — *See Rule 746.1063*
failure to submit — *See Rule 746.1057*

director education
received outside U.S. — *See Rule 746.1045*
required documentation — *See Rule 746.1043*

director experience requirements — *See Rule 746.1021*

director qualifications
12 or fewer children — *See Rule 746.1017*
13 or more children — *See Rule 746.1015*
procedures if director does not meet minimum standards — *See Rule 746.1049*
required documentation — *See Rule 746.1039*

director verification certificate — *See Rule 746.1051*

director, child-care center
absence: person in charge — *See Rule 746.1013*
definition — *See Rule 746.1001*
director who is also permit holder — *See Rule 746.1007*
exemptions from qualifications — *See Rule 746.1019*
information required in personnel file — *See Rule 746.903*
more than one director at an operation — *See Rule 746.1009*

(continued)

director, child-care center *(continued)*
multiple locations — *See Rule 746.1005*
qualifications for get-well program — *See Rule 746.3119*
qualified elsewhere in Texas — *See Rule 746.1059*
requirement to be present at child-care center — *See Rule 746.1011*
responsibilities — *See Rule 746.1003*
annual training clock-hour requirements — *See Rule 746.1311*

discharge/removal: get-well care program — *See Rule 746.3107*

discipline — *See Rules 746.2801, 746.2803, 746.2805*

discipline and guidance
of employee's child — *See Rule 746.2807*
policy requirement — *See Rule 746.2811*
policy updates — *See Rule 746.2813*
written policy — *See Rule 746.2809*

disease, communicable: reporting requirements — *See Rule 746.305*

dishwasher: sanitizing — *See Rule 746.3413*

disinfecting solution: definition — *See Rule 746.3411*

disposable gloves: body fluids — *See Rule 746.3425*

documentation
immunization record located elsewhere — *See Rule 746.625*
of CEUs — *See Rule 746.1041*
of clock hours — *See Rule 746.1041*
of director education — *See Rule 746.1043*
of director qualifications — *See Rule 746.1039*
of immunizations — *See Rule 746.623*
of training — *See Rule 746.1329*
when Licensing will return original training certificates and transcripts — *See Rule 746.1047*

drills: emergency and relocation plan — *See Rule 746.5205*

drop-in care center: applicability of minimum standards — *See Rule 746.107*

education clock hours: definition — *See Rule 746.1031*

education requirements
business management — *See Rule 746.1029*
child development — *See Rule 746.1027*

education
definition of CEU — *See Rule 746.1037*
of caregiver: received outside U.S. — *See Rule 746.1111*
of child-care center director: received outside U.S. — *See Rule 746.1045*
when Licensing will return original transcripts — *See Rule 746.1047*

emergency evacuation and relocation plan
definition — *See Rule 746.5201*
diagram — *See Rule 746.5207*
drills — *See Rule 746.5205*
what plan must include — *See Rule 746.5203*
emergency lighting — *See Rule 746.5211*
emergency medical services: required posting of telephone number — *See Rule 746.405*
emergency plans: required posting — *See Rule 746.403*
emergency situations: what must be reported to parents — *See Rule 746.307*
emergency transportation plan — *See Rule 746.5619*
employee orientation requirements — *See Rule 746.1303*
employee training
documentation — *See Rule 746.1329*
obtained at other child-care centers — *See Rule 746.1323*
obtained by the employee — *See Rule 746.1321*
employee
annual training clock-hour deadlines — *See Rule 746.1313*
definition — *See Rule 746.1101*
discipline of employee's child — *See Rule 746.2807*
first aid and CPR training requirements — *See Rule 746.1315*
hand washing — *See Rules 746.3415, 746.3419*
minimum qualifications — *See Rule 746.1105*
qualifications — *See Rule 746.1103*
qualifications — *See Rules 746.1107, 746.1113*
qualifications for get-well program — *See Rule 746.3117*
responsibilities — *See Rules 746.1201, 746.1203*
restrictions on employees who do not meet minimum standards — *See Rule 746.1109*
required training — *See Rule 746.1301*
time sheets and attendance records — *See Rule 746.905*
what employees must be notified about — *See Rule 746.507*
environment, healthy: maintenance — *See Rule 746.3407*
equipment and furnishings
infant care area — *See Rules 746.2405, 746.2407, 746.2409, 746.2411, 746.2413, 746.2415*
toddler care area — *See Rule 746.2505*
pre-kindergarten — *See Rule 746.2605*
school-age children — *See Rule 746.2705*
equipment when transporting children — *See Rule 746.5617*
communication device — *See Rule 746.5621*
equipment
diaper changing — *See Rule 746.3503*
naptime — *See Rule 746.2909*
nighttime care — *See Rule 746.3207*
equipment: measurement of use zone
rotating or rocking equipment — *See Rule 746.4813*
stationary equipment — *See Rule 746.4803*
equipment, outdoor
deadline for compliance with surfacing material requirement — *See Rule 746.4903*
loose fill surfacing installation requirements — *See Rule 746.4907*
required loose fill surfacing materials — *See Rule 746.4905*
required surfacing materials — *See Rule 746.4901*
equipment, safety
above-ground pools — *See Rule 746.5005*
swimming pool — *See Rule 746.5001*
swimming pool: deadline for compliance — *See Rule 746.5011*
evacuation plan: required posting — *See Rules 746.401, 746.403*
exemptions: immunization requirements — *See Rule 746.615*
exits
number required — *See Rule 746.5209*
outdoor activity space — *See Rules 746.4307, 746.4309*
experience requirements — *See Rule 746.1021*
substitutions for required experience — *See Rule 746.1023*
verification by Licensing — *See Rule 746.1025*
expiration date of director certificate — *See Rule 746.1053*
explosive toys — *See Rule 746.3709*
extermination: precautions to take for children — *See Rule 746.3429*
exterminator, licensed — *See Rule 746.3427*
extinguisher, fire — *See Rule 746.5301*
approval of fire marshal — *See Rule 746.5303*
inspection schedule — *See Rules 746.5307, 746.5309*
placement — *See Rule 746.5305*
fee for director certificate — *See Rule 746.1061*
feeding infants — *See Rule 746.2419*
written instructions — *See Rule 746.2421*
feeding: get-well care program — *See Rule 746.3123*

fence
- above-ground pools — *See Rule 746.5005*
- outdoor activity space — *See Rule 746.4305*
- swimming pool — *See Rules 746.5001, 746.5007*
- swimming pool: deadline for compliance — *See Rule 746.5011*

field trips
- child/caregiver ratio — *See Rules 746.1801, 746.3005*
- compliance with new rules: time allowed — *See Rule 746.1803*
- parental permission — *See Rule 746.3003*
- permission, safety, staffing — *See Rule 746.3001*

fire department: required posting of telephone number — *See Rule 746.405*

fire drills — *See Rule 746.5205*
- diagram — *See Rule 746.5207*

fire inspection — *See Rule 746.5101*
- documentation — *See Rule 746.5103*
- making corrections — *See Rule 746.5105*
- report: required posting — *See Rule 746.401*

fire: what must be reported to parents — *See Rule 746.307*

firearms — *See Rule 746.3707*

fire-extinguishing system/fire extinguisher — *See Rule 746.5301*

fire-extinguishing system/fire extinguisher
- approval of fire marshal — *See Rule 746.5303*
- inspection schedule — *See Rules 746.5307, 746.5309*
- placement — *See Rule 746.5305*

first aid training
- employee requirements — *See Rule 746.1315*
- training criteria — *See Rule 746.1317*

first-aid kit — *See Rules 746.4001, 746.4003*

flood: what must be reported to parents — *See Rule 746.307*

food
- daily needs — *See Rules 746.3303, 746.3305, 746.3315*
- second servings — *See Rule 746.3305*
- service and preparation — *See Rules 746.3317, 746.3319*
- snacks — *See Rule 746.3307*
- snacks provided by parents — *See Rule 746.3309*
- special diets or preferences — *See Rule 746.3311*

foreign education — *See Rules 746.1045, 746.1111*

form: Incident/Illness Report — *See Rule 746.703*
- required signatures — *See Rule 746.705*

fountains: child-sized — *See Rule 746.4419*

furnishings and equipment, infant care area — *See Rule 746.2405*

furnishings and equipment
- children — *See Rule 746.4501*
- infant care area — *See Rules 746.2407, 746.2409, 746.2411, 746.2413, 746.2415*
- nighttime care — *See Rule 746.3207*
- pre-kindergarten — *See Rule 746.2605*
- school-age children — *See Rule 746.2705*
- toddler care area — *See Rule 746.2505*

gas leak
- inspection — *See Rules 746.5401, 746.5403, 746.5405*
- inspection report: required posting — *See Rule 746.401*
- making corrections — *See Rule 746.5407*

GED — *See Rule 746.1115*

General Educational Development — *See Rule 746.1115*

get-well care program — *See Rules 746.3101, 746.3103*
- activities — *See Rule 746.3121*
- admission — *See Rules 746.3105, 746.3601, 746.3603*
- admission documentation — *See Rule 746.3109*
- caregivers and other children — *See Rule 746.3115*
- child/caregiver ratio — *See Rules 746.1901, 746.1903*
- combining infants and children — *See Rule 746.1905*
- director qualifications — *See Rule 746.3119*
- employee qualifications — *See Rule 746.3117*
- physical space requirements — *See Rule 746.3111*
- removal/discharge — *See Rule 746.3107*
- safety and sanitation — *See Rules 746.3113, 746.3123*

going out of business: notifying Licensing — *See Rule 746.301*

governing body: notifying Licensing of changes — *See Rule 746.303*

grades kindergarten and above: applicability of minimum standards — *See Rule 746.107*

group day-care home: applicability of minimum standards — *See Rule 746.107*

groups
- combining — *See Rule 746.1505*
- definition — *See Rule 746.1503*
- definition of group size — *See Rules 746.1609, 746.1707*
- specified age of children — *See Rule 746.1603*

hand washing
- children — *See Rule 746.3417*
- employees — *See Rules 746.3415, 746.3419*
- hot water — *See Rule 746.3423*
- infants — *See Rule 746.3421*

hand-washing sinks
in diaper changing area — *See Rule 746.4403*
number required — *See Rule 746.4401*
locations — *See Rule 746.4405*
hazards
first-aid kit — *See Rules 746.4001, 746.4003*
precautions — *See Rules 746.3701, 746.3703, 746.3707, 746.3709*
Health Department — *See Texas Department of State Health Services*
health statement — *See Rule 746.611*
healthy environment: maintenance — *See Rule 746.3407*
hearing screening requirements — *See Rule 746.629*
heating devices — *See Rule 746.5501*
hepatitis A — *See Appendix VI*
high school equivalent — *See Rule 746.1115*
hours of operation — *See Rules 746.301, 746.3201*
illness
caregiver response to critical injury — *See Rule 746.3607*
illness: admission — *See Rules 746.3601, 746.3603*
caring for ill children — *See Rule 746.3101*
child becomes ill while in care — *See Rule 746.3605*
Texas Department of State Health Services reporting requirements — *See Rule 746.305*
Illness: get-well care program — *See Rule 746.3103*
activities — *See Rule 746.3121*
admission — *See Rule 746.3105*
admission documentation — *See Rule 746.3109*
caregivers and other children — *See Rule 746.3115*
physical space requirements — *See Rule 746.3111*
removal/discharge — *See Rule 746.3107*
safety and sanitation — *See Rule 746.3113*
safety and sanitation — *See Rule 746.3123*
immunization requirements — *See Rule 746.613*
provisional admission without immunization — *See Rule 746.621*
Texas Department of State Health Services information — *See Rule 746.617*
immunization records — *See Rule 746.623*
date required — *See Rule 746.619*
records located elsewhere — *See Rule 746.625*
exemption — *See Rule 746.615*
Incident/Illness Report form — *See Rule 746.703*
required signatures — *See Rule 746.705*
what must be reported to parents — *See Rule 746.707*
where and how long to keep it — *See Rule 746.709*
incidents: records — *See Rule 746.701*
indoor climbing equipment — *See Rule 746.4509*
deadline for compliance — *See Rule 746.4511*
indoor space: notifying Licensing of addition or reduction — *See Rule 746.301*
infants
activities — *See Rule 746.2417*
arrangement of care area — *See Rule 746.2403*
basic care requirements — *See Rule 746.2401*
changing diapers — *See Rules 746.3501, 746.3505*
changing diapers, equipment — *See Rule 746.3503*
combining with children — *See Rules 746.1605, 746.1703, 746.2403*
combining with children in get-well program — *See Rule 746.1905*
covering head or crib at naptime — *See Rule 746.2429*
daily report to parents — *See Rule 746.2431*
feeding, hand washing — *See Rule 746.2419*
feeding, table food — *See Rule 746.2421*
feeding, written instructions — *See Rule 746.2421*
furnishings and equipment, infant care area — *See Rules 746.2405, 746.2407, 746.2409, 746.2411, 746.2413, 746.2415*
hand washing — *See Rules 746.3421, 746.2405*
naptime — *See Rules 746.2423, 746.2425*
propping bottles — *See Rule 746.2419*
remaining in crib after awakening — *See Rule 746.2425*
SIDS — *See Rule 746.2427*
sleeping position — *See Rule 746.2427*
training cups — *See Rule 746.2419*
information required at admission — *See Rule 746.605*
Information required in personnel records — *See Rule 746.901*
injury to a child
reporting requirements — *See Rule 746.305*
what must be reported to parents — *See Rule 746.307*
insects: licensed exterminator — *See Rule 746.3427*
inspection, fire: making corrections — *See Rule 746.5105*
inspection: gas leak — *See Rules 746.5401, 746.5403, 746.5405*
making corrections — *See Rule 746.5407*
inspection, sanitation — *See Rule 746.3401*
documentation — *See Rule 746.3403*
making corrections — *See Rule 746.3405*
installation: swimming pool — *See Rule 746.5003*
joint activities: group size — *See Rule 746.1611*

kindergarten and nursery schools: applicability of minimum standards — *See Rule 746.107*
law enforcement: required posting of telephone number — *See Rule 746.405*
liability insurance — *See Rule 746.201*
license: required posting — *See Rule 746.401*
licensed exterminator — *See Rule 746.3427*
Licensing Division: definition — *See Rule 746.103*
access to personnel records — *See Rule 746.909*
lifeguard
does not count in child/caregiver ratio — *See Rule 746.2111*
swimming activity — *See Rule 746.2109*
lights, emergency — *See Rule 746.5211*
location: notifying licensing of changes — *See Rule 746.301*
locking restrooms — *See Rule 746.4421*
maintaining a healthy environment — *See Rule 746.3407*
maintenance
playground — *See Rule 746.4607*
swimming pool — *See Rule 746.5003*
mats, sleeping: providing — *See Rule 746.4503*
maximum group size
definition — *See Rules 746.1609, 746.1707*
for two or more caregivers — *See Rules 746.1609, 746.1611, 746.1707*
meals
brushing teeth — *See Rule 746.3321*
family style — *See Rule 746.3319*
get-well care program — *See Rule 746.3123*
mealtimes: basic requirements — *See Rules 746.3301, 746.3303*
medical situations: what must be reported to parents — *See Rule 746.307*
medication
administering — *See Rules 746.3801, 746.3803*
choosing not to administer — *See Rule 746.3811*
documentation — *See Rules 746.3803, 746.3805, 746.3811*
records — *See Rule 746.3805*
storage — *See Rules 746.3807, 746.3809*
menu: required posting — *See Rules 746.3313, 746.401*
minimum standards: required posting — *See Rule 746.401*
monitoring system: video/audio — *See Rule 746.3705*
multiple locations: director — *See Rule 746.1005*
my: definition under Chapter 746 — *See Rule 746.103*
naptime — *See Rules 746.2901, 746.2903, 746.2905*
alternate activity — *See Rule 746.2907*
child/caregiver ratio — *See Rule 746.1613*
covering infant's head or crib — *See Rule 746.2429*
equipment — *See Rule 746.2909*
infant — *See Rules 746.2423, 746.2425*
infant sleeping position — *See Rule 746.2427*
lighting — *See Rule 746.2911*
providing cots or mats — *See Rule 746.4503*
nighttime care
activities — *See Rule 746.3209*
child/caregiver ratio — *See Rule 746.2001*
definition — *See Rule 746.3201*
equipment, physical space, exits, crib — *See Rule 746.3207*
restrictions — *See Rule 746.3203*
supervision — *See Rule 746.3205*
notification
what must be reported to Licensing — *See Rules 746.301, 746.303, 746.305*
what must be reported to parents — *See Rules 746.3003, 746.307, 746.707*
what must be reported to the Texas Department of Health — *See Rule 746.305*
notifying parents
of discipline and guidance policies — *See Rule 746.2811*
of discipline and guidance policies updates — *See Rule 746.2813*
of operational policies — *See Rule 746.503*
number of children for each caregiver — *See Rules 746.1507, 746.1601, 746.1607, 746.1611, 746.1701, 746.1705*
number of children in activity space — *See Rule 746.4205*
deadline for compliance — *See Rule 746.4207*
how activity space is determined — *See Rule 746.4213*
operation: notifying Licensing of changes — *See Rule 746.301*
operational policies — *See Rule 746.201*
notifying employees — *See Rule 746.507*
notifying parents — *See Rule 746.503*
notifying parents of changes — *See Rule 746.505*
requirement for policies — *See Rule 746.501*
orientation requirements — *See Rule 746.1303*
outdoor activity space
equipment minimum requirements — *See Rules 746.4601, 746.4605*
equipment not allowed — *See Rule 746.4603*
exits — *See Rule 746.4307*

(continued)

outdoor activity space *(continued)*
- fencing — *See Rule 746.4305*
- locking exits — *See Rule 746.4309*
- maintenance — *See Rule 746.4607*
- not connected to child-care center — *See Rules 746.4311, 746.4313*
- safety requirements for swings — *See Rule 746.4701*
- safety requirements for bucket swings — *See Rule 746.4703*
- safety requirements for multi-axis or tire swings — *See Rule 746.4705*
- sharing public school facility — *See Rule 746.4609*
- sharing with other programs — *See Rule 746.4315*
- square footage — *See Rule 746.4301*

outdoor equipment: required surfacing materials — *See Rule 746.4901*
- loose fill surfacing installation requirements — *See Rule 746.4907*
- loose fill surfacing materials required — *See Rule 746.4905*
- required surfacing materials: deadline for compliance — *See Rule 746.4903*

outdoor space: notifying Licensing of addition or reduction — *See Rule 746.301*

ownership transfer: notifying Licensing — *See Rule 746.303*

parents
- notifications — *See Rule 746.501*
- safety seat equipment — *See Rule 746.5611*
- permission for field trips — *See Rule 746.3003*
- requirement to sign admission information — *See Rule 746.607*
- requirement to sign admission information updates — *See Rule 746.609*
- requirement to sign health statement — *See Rule 746.611*
- what parents must be notified about — *See Rules 746.307, 746.503, 746.505, 746.707, 746.2209, 746.2211, 746.2431, 746.2509, 746.2811, 746.2813, 746.3811, 746.4313, 746.4609, 746.4913*

permit holder responsibilities — *See Rules 746.109, 746.201*

permit holder who is also director — *See Rule 746.1007*

permit holder: definition — *See Rule 746.103*

personnel policies — *See Rule 746.201*

personnel qualifications of employees, caregivers — *See Rule 746.1103*

personnel records
- information required — *See Rule 746.901*
- information required on director — *See Rule 746.903*
- Licensing access to — *See Rule 746.909*
- required records and how long to keep them — *See Rule 746.907*

persons picking up children — *See Rules 746.4101, 746.4103*

pests: licensed exterminator — *See Rule 746.3427*

physical space requirements
- get-well care program — *See Rule 746.3111*
- nighttime care — *See Rule 746.3207*
- pre-kindergarten — *See Rule 746.2603*
- school-age children — *See Rule 746.2703*

plan: transportation emergency — *See Rule 746.5619*

planned activities
- children — *See Rules 746.2201, 746.2203*
- children: how long to keep written plans — *See Rule 746.2211*
- children: posting written plans — *See Rule 746.2209*
- children: television, video, video games — *See Rule 746.2207*
- children: what written plans should include — *See Rule 746.2205*
- nighttime care — *See Rule 746.3209*
- pre-kindergarten — *See Rule 746.2607*
- school-age children — *See Rule 746.2707*
- toddlers — *See Rule 746.2507*
- infants — *See Rule 746.2417*

playground
- maintenance — *See Rule 746.4607*
- sharing public school facility — *See Rule 746.4609*

pneumococcal — *See Appendix VIII*

Poison Control Center — *See Rule 746.4005*
- required posting of telephone number — *See Rule 746.405*

policies
- choosing not to administer medications — *See Rule 746.3811*
- discipline and guidance — *See Rule 746.2809*
- notifying employees — *See Rule 746.507*
- notifying parents — *See Rule 746.503*
- notifying parents of policy changes — *See Rule 746.505*
- written requirement — *See Rule 746.501*

pools
safety barrier — *See Rule 746.5007*
safety equipment — *See Rule 746.5001*
safety equipment: deadline for compliance — *See Rule 746.5011*
safety, above-ground pools — *See Rule 746.5005*
supervision — *See Rule 746.5009*
posting requirements — *See Rule 746.403*
items required by Licensing — *See Rule 746.401*
telephone numbers — *See Rule 746.405*
potty-chairs — *See Rule 746.4417*
pre-kindergarten
activities — *See Rule 746.2607*
basic care requirements — *See Rule 746.2601*
furnishings and equipment — *See Rule 746.2605*
physical space requirements — *See Rule 746.2603*
pre-service training: caregivers — *See Rule 746.1305*
caregivers exempted — *See Rule 746.1307*
propping bottles — *See Rule 746.2419*
protecting children — *See Rules 746.3703, 746.3707, 746.3709, 746.4101, 746.4103*
provisional admission without immunization — *See Rule 746.621*
public school facility, outdoor play equipment — *See Rule 746.4609*
purpose of Chapter 746 — *See Rule 746.101*
qualifications: child-care center caregiver — *See Rules 746.1103, 746.1107, 746.1113*
for get-well program — *See Rule 746.3117*
minimum qualifications — *See Rule 746.1105*
qualifications: director
certificate — *See Rule 746.1051*
certificate expiration — *See Rule 746.1053*
certificate renewal — *See Rule 746.1055*
for 12 or fewer children — *See Rule 746.1017*
for 13 or more children — *See Rule 746.1015*
for get-well program — *See Rule 746.3119*
obtained elsewhere in Texas — *See Rule 746.1059*
procedures if director does not meet minimum standards — *See Rule 746.1049*
exemptions — *See Rule 746.1019*
records
employees: time sheets and attendance records — *See Rule 746.905*
how long to keep records — *See Rule 746.803*
immunization records: date required — *See Rule 746.619*

(continued)

records *(continued)*
immunization records located elsewhere — *See Rule 746.625*
medication — *See Rule 746.3805*
of accidents/incidents — *See Rules 746.701*
required to be kept at the child-care center — *See Rule 746.801*
records, children's
required records and how long to keep them — *See Rule 746.603*
who has access to children's records — *See Rule 746.601*
records, personnel
access by Licensing — *See Rule 746.909*
information required — *See Rule 746.901*
information required on director — *See Rule 746.903*
required records and how long to keep them — *See Rule 746.907*
releasing children — *See Rules 746.4101, 746.4103*
relocation, emergency evacuation plan
definition — *See Rule 746.5201*
diagram — *See Rule 746.5207*
drills — *See Rule 746.5205*
what the plan must include — *See Rule 746.5203*
removal/discharge: get-well care program — *See Rule 746.3107*
renewal of director certificate — *See Rule 746.1055*
repairs
following fire inspection — *See Rule 746.5105*
following gas leak inspection — *See Rule 746.5407*
following sanitation inspection — *See Rule 746.3405*
replacement for director certificate — *See Rule 746.1063*
required immunizations — *See Rule 746.613*
required posting — *See Rule 746.403*
requirement for written policies — *See Rule 746.501*
discipline and guidance policies — *See Rule 746.2811*
requirements for new employee orientation — *See Rule 746.1303*
responsibilities of child-care center caregiver — *See Rules 746.1201, 746.1203*
responsibilities of child-care center director — *See Rule 746.1003*
responsibilities of permit holder — *See Rules 746.109, 746.201*
responsibilities to parents — *See Rules 746.201, 746.2431, 746.2509*
responsibilities under Chapter 42 — *See Rule 746.201*
responsibilities under the Human Resources Code — *See Rule 746.201*

responsibilities under the Texas Administrative Code — *See Rule 746.201*
rest time — *See Rules 746.2901, 746.2903, 746.2905*
alternate activity — *See Rule 746.2907*
equipment — *See Rule 746.2909*
lighting — *See Rule 746.2911*
providing cots or mats — *See Rule 746.4503*
restrooms: locking — *See Rule 746.4421*
risk: what must be reported to parents — *See Rule 746.307*
rodents: licensed exterminator — *See Rule 746.3427*
rotating or rocking equipment: measurement of use zone — *See Rule 746.4813*
safety and sanitation: get-well care program — *See Rules 746.3113, 746.3123*
safety equipment: pools
above-ground pools — *See Rule 746.5005*
swimming pool — *See Rule 746.5001*
swimming pool barrier — *See Rule 746.5007*
deadline for compliance — *See Rule 746.5011*
safety equipment: fire-extinguishing system/fire extinguisher — *See Rule 746.5301*
approval of fire marshal — *See Rule 746.5303*
inspection schedule — *See Rule 746.5307, 746.5309*
placement — *See Rule 746.5305*
safety equipment: heating devices — *See Rule 746.5501*
safety equipment: smoke-detection system — *See Rule 746.5311*
approval of fire marshal — *See Rule 746.5313*
inspection schedule — *See Rules 746.5315, 746.5319*
installation — *See Rule 746.5317*
safety precautions — *See Rules 746.3701, 746.3703, 746.3707, 746.3709*
safety requirements
bucket swings — *See Rule 746.4703*
multi-axis or tire swings — *See Rule 746.4705*
outdoor equipment — *See Rules 746.4601, 746.4603, 746.4605*
splashing/wading pools — *See Rule 746.5013*
sprinkler play — *See Rule 746.5015*
swings — *See Rule 746.4701*
safety seat system — *See Rule 746.5607*
provided by parents — *See Rule 746.5611*
safety straps: infant care area — *See Rule 746.2407*
safety
above-ground pools — *See Rule 746.5005*
communication device required when transporting children — *See Rule 746.5621*
covering infant's head or crib — *See Rule 746.2429*

(continued)

safety *(continued)*
equipment required when transporting children — *See Rule 746.5617*
first-aid kit — *See Rules 746.4001, 746.4003*
number of exits required — *See Rule 746.5209*
safety: transportation — *See Rules 746.5603, 746.5605*
sale of child-care center: notifying Licensing — *See Rule 746.303*
sanitation inspection — *See Rule 746.3401*
documentation — *See Rule 746.3403*
report: required posting — *See Rule 746.401*
making corrections — *See Rule 746.3405*
sanitation: changing diapers — *See Rules 746.3501, 746.3505*
equipment — *See Rule 746.3503*
sanitizing
definition — *See Rule 746.3409*
using a dishwasher — *See Rule 746.3413*
using a washing machine — *See Rule 746.3413*
school playground: sharing public school facility — *See Rule 746.4609*
school: applicability of minimum standards — *See Rule 746.107*
school-age children
activities — *See Rule 746.2707*
basic care requirements — *See Rule 746.2701*
furnishings and equipment — *See Rule 746.2705*
physical space requirements — *See Rule 746.2703*
screening for tuberculosis — *See Rule 746.627*
screening for hearing and vision — *See Rule 746.629*
seat belts — *See Rule 746.5609*
sharing — *See Rule 746.5613*
shoulder harness, booster seat — *See Rule 746.5615*
second-storey: caring for children — *See Rule 746.4217*
self-instructional training: definition — *See Rule 746.1325*
separating children by age — *See Rule 746.4203*
septic system — *See Rule 746.3433*
services: notifying Licensing of changes — *See Rule 746.301*
sewage disposal — *See Rule 746.3433*
shooting toys — *See Rule 746.3709*
sign-in log/sign-out log requirement — *See Rule 746.631*
sinks
child-sized — *See Rule 746.4419*
locations — *See Rule 746.4405*
number required — *See Rule 746.4401*
requirement in diaper changing area — *See Rule 746.4403*

slides: measurement of use zone — *See Rule 746.4805*
smoke-detection system — *See Rule 746.5311*
approval of fire marshal — *See Rule 746.5313*
inspection schedule — *See Rules 746.5315, 746.5319*
installation — *See Rule 746.5317*
smoking — *See Rules 746.3415, 746.3703*
snacks — *See Rule 746.3307*
basic requirements — *See Rules 746.3301, 746.3303*
provided by parents — See Rule 746.3309
soap, running water: hand washing — *See Rule 746.3419*
special care needs, children: basic requirements — *See Rule 746.2301*
special diets or preferences — *See Rule 746.3311*
specified age: definition — *See Rule 746.1603*
splashing/wading activities
child/caregiver ratio — *See Rule 746.2101*
compliance with new rules: time allowed — *See Rule 746.2103*
sprinkler play
child/caregiver ratio — *See Rule 746.2117*
safety requirements — *See Rule 746.5015*
square footage of activity space — *See Rule 746.4201*
deadline for compliance — *See Rule 746.4207*
how square footage is determined — *See Rule 746.4213*
limit on number of children — *See Rule 746.4205*
outdoor activity space — *See Rule 746.4301*
staff who do not meet minimum standards: restrictions — *See Rule 746.1109*
storage of child's belongings — *See Rule 746.4505*
storage of medications — *See Rules 746.3807, 746.3809*
Structural Pest Control Act — *See Rule 746.3427*
substitute caregivers: minimum standard requirements — *See Rule 746.1401*
substitutions for required experience — *See Rule 746.1023*
sudden infant death syndrome — *See Rule 746.2427*
supervision of children — *See Rules 746.1205, 746.3705*
infant care area — *See Rules 746.2401, 746.2403, 746.2409, 746.2411*
naptime — *See Rule 746.1613*
nighttime care — *See Rule 746.3205*
sprinkler play — *See Rule 746.2117*
water activities — *See Rule 746.2113*
swimming pool — *See Rule 746.5009*
surfacing material requirements
beneath outdoor equipment — *See Rule 746.4901*
deadline for compliance — *See Rule 746.4903*
loose fill — *See Rule 746.4905*
loose fill installation — *See Rule 746.4907*
unitary: definition — *See Rule 746.4909*
unitary: documentation — *See Rule 746.4913*
unitary: installation — *See Rule 746.4911*
swimming activities
compliance with new rules: time allowed — *See Rule 746.2107*
child/caregiver ratio — *See Rules 746.2105, 746.2113*
lifeguard does not count in child/caregiver ratio — *See Rule 746.2111*
lifeguard requirement — *See Rule 746.2109*
swimming in lakes, ponds, or rivers — *See Rule 746.5017*
swimming pools
installation and maintenance — *See Rule 746.5003*
notifying Licensing of changes — *See Rule 746.301*
swimming pool safety equipment — *See Rule 746.5001*
above-ground pool — *See Rule 746.5005*
deadline for compliance — *See Rule 746.5011*
safety barrier — *See Rule 746.5007*
supervision — *See Rule 746.5009*
swings
measurement of use zone — *See Rule 746.4807*
safety requirements — *See Rule 746.4701*
swings, bucket
measurement of use zone — *See Rule 746.4811*
safety requirements — *See Rule 746.4703*
swings, multi-axis or tire
measurement of use zone — *See Rule 746.4809*
safety requirements — *See Rule 746.4705*
table food: infants — *See Rule 746.2421*
TB exam requirement — *See Rule 746.627*
telephone numbers: required posting — *See Rules 746.401, 746.405*
telephone: required at the child-care center — *See Rule 746.4507*
television: as part of planned activities — *See Rule 746.2207*
temporary closure: notifying Licensing — *See Rule 746.301*
testing for tuberculosis — *See Rule 746.627*
Texas Commission on Environmental Quality — *See Rules 746.3431, 746.3433*

Texas Department of State Health Services
immunization requirements — *See Rule 746.617*
swimming pool standards — *See Rule 746.5003*
tuberculosis exam requirement — *See Rule 746.627*
reporting requirements — *See Rule 746.305*
Texas Department of Motor Vehicles — *See Rule 746.5603*
Texas Health and Safety Code requirements for vision and hearing screening — *See Rule 746.629*
time allowed for compliance with new rules
field trips — *See Rule 746.1803*
for 12 or fewer children — *See Rule 746.1711*
for 13 or more children — *See Rule 746.1617*
swimming activities — *See Rule 746.2107*
water activities — *See Rule 746.2103*
time sheets: employees — *See Rule 746.905*
tire swings: measurement of use zone — *See Rule 746.4809*
toddlers
arrangement of care area — *See Rule 746.2503*
basic care requirements — *See Rule 746.2501*
daily report to parents not required — *See Rule 746.2509*
furnishings and equipment, toddler care area — *See Rule 746.2505*
toilets
child-sized — *See Rule 746.4419*
location — *See Rule 746.4409*
locking — *See Rule 746.4421*
number required — *See Rule 746.4407*
toothbrushes — *See Rule 746.3321*
toys that explode or shoot — *See Rule 746.3709*
training
annual clock-hours: caregiver requirements — *See Rule 746.1309*
annual clock-hours: director requirements — *See Rule 746.1311*
annual clock-hours: employee deadlines — *See Rule 746.1313*
CEU definition — *See Rule 746.1035*
definition of clock hours — *See Rule 746.1031*
documentation — *See Rule 746.1329*
first aid and CPR requirements — *See Rule 746.1315*
instructor-led training — *See Rule 746.1325*
obtained at other child-care centers — *See Rule 746.1323*
obtained by employees — *See Rule 746.1321*
pre-service: caregivers — *See Rule 746.1305*
pre-service: caregivers exempted — *See Rule 746.1307*

(continued)

training *(continued)*
required for employees — *See Rule 746.1301*
resources: Licensing approval — *See Rule 746.1319*
self-instructional clock-hours — *See Rule 746.1327*
trainer criteria — *See Rule 746.1033*
when Licensing will return original training certificates — *See Rule 746.1047*
transfer of ownership: notifying Licensing — *See Rule 746.303*
transportation — *See Rule 746.5601*
child/caregiver ratio — *See Rule 746.1805*
communication device required — *See Rule 746.5621*
emergency plan — *See Rule 746.5619*
equipment required — *See Rule 746.5617*
safety — *See Rules 746.5603, 746.5605*
safety seat system — *See Rule 746.5607*
safety seat system provided by parents — *See Rule 746.5611*
seat belts — *See Rule 746.5609*
seat belts, sharing — *See Rule 746.5613*
shoulder harness, booster seat — *See Rule 746.5615*
tuberculosis examination requirement — *See Rule 746.627*
unitary surfacing materials
definition — *See Rule 746.4909*
documentation — *See Rule 746.4913*
installation — *See Rule 746.4911*
updating admission information — *See Rule 746.609*
updating discipline and guidance policy — *See Rule 746.2813*
urinals: number required — *See Rule 746.4411*
use zone
definition — *See Rule 746.4801*
requirements: deadline for compliance — *See Rule 746.4815*
measurement for rotating or rocking equipment — *See Rule 746.4813*
measurement for slides — *See Rule 746.4805*
measurement for stationary equipment — *See Rule 746.4803*
measurement for swings — *See Rule 746.4807*
measurement for bucket swings — *See Rule 746.4811*
measurement for tire swings — *See Rule 746.4809*

varicella — *See Appendix VI*
vehicles — *See Rule 746.5601*
child/caregiver ratio — *See Rule 746.1805*
child left in: reporting requirements — *See Rule 746.305*
communication device required when transporting children — *See Rule 746.5621*
equipment required when transporting children — *See Rule 746.5617*
safety — *See Rules 746.5603, 746.5605*
safety seat system — *See Rule 746.5607*
safety seat system provided by parents — *See Rule 746.5611*
seat belts — *See Rule 746.5609*
seat belts, sharing — *See Rule 746.5613*
shoulder harness, booster seat — *See Rule 746.5615*
video and video games: as part of planned activities — *See Rule 746.2207*
video monitoring system — *See Rule 746.3705*
vision screening requirements — *See Rule 746.629*
volunteers: minimum standard requirements — *See Rule 746.1403*
for water activities — *See Rule 746.2115*
wading/splashing pools: safety requirements — *See Rule 746.5013*
washing hands
children — *See Rules 746.3417, 746.3419*
employees — *See Rules 746.3415, 746.3419*
washing machine: sanitizing — *See Rule 746.3413*
washing sinks
locations — *See Rule 746.4405*
number required — *See Rule 746.4401*
water activities
child/caregiver ratio — *See Rule 746.2101*
compliance with new rules: time allowed — *See Rule 746.2103*
lifeguard does not count in child/caregiver ratio — *See Rule 746.2111*
lifeguard requirement — *See Rule 746.2109*
minimum standard requirements for contractors — *See Rule 746.2115*
minimum standard requirements for volunteers — *See Rule 746.2115*
water supply: private or public — *See Rule 746.3431*
water, hot: hand washing — *See Rule 746.3423*
we: definition under Chapter 746 — *See Rule 746.103*
weapons — *See Rule 746.3707*
written discipline and guidance policies: requirement — *See Rule 746.2811*
written policy requirement — *See Rule 746.501*