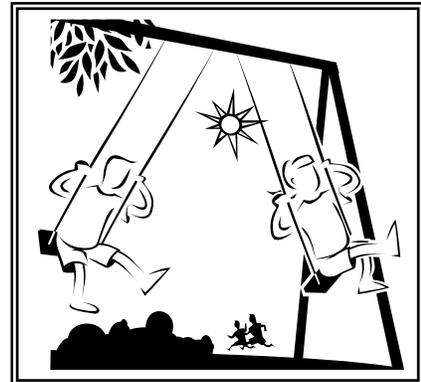
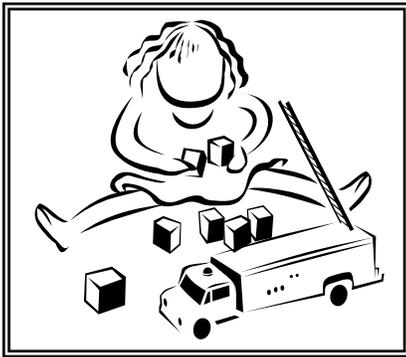


Minimum Standard Rules



**for Registered and
Licensed
Child-Care Homes**

September 2006

P20329-0000

Minimum Standards for Child-Care Homes

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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 registered family homes and group day care homes into one set of standards for home-based child care, which became effective September 1, 2003.

While the type of standards has 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 operators to focus on meeting the needs of children in care.

Questions and Answers

These standards for Registered and Licensed Child-Care Homes 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 primary caregiver or operator of the child-care home who is referred to as “you,” and variations such as “I” or “my.” The primary caregiver is asking the questions. DFPS or Licensing is referred to as “we,” and variations such as “our” or “us.” DFPS is responding to the primary caregiver’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 quickly locate topics in the publication. This feature is especially helpful in the electronic version of our publication which can be found on our website at www.dfps.state.tx.us/Child_Care/About_Child_Care_Licensing. You may share this publication with parents and others by referring them to our website or providing them with a photocopy.

Appendices

Appendices, which can be found at the back of the publication, provide supporting information referred to in the standards 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 that exceeds the minimum standards, 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 Home

It is essential that you and caregivers who assist you 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 household members 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 your substitute caregiver 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 your substitute caregiver 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 Division'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 your substitute caregiver 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.

Maintaining Compliance in a Registered Child-Care Home

It is essential that you 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 of inspections will vary: Licensing must conduct at least one unannounced inspection every two years and additional inspections may be made. The number and frequency of these inspections is determined by various factors in the operation's compliance 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 numbers of children impacted by the deficiency and the number and role of employees and/or household members 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 your substitute caregiver 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 your substitute caregiver 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 your substitute caregiver 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 are able to meet the intent 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 Standard Rules 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

§747.101

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 homes.

§747.103

What do certain pronouns mean when 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 — A permit holder who is the primary caregiver in a licensed or registered child-care home, unless otherwise stated.
- (2) We, us, our, and Licensing — The Licensing Division of the Texas Department of Protective and Regulatory Services.

§747.105

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 home. The date of admission is the first day the child is physically present in the home.
- (4) **Adult** — A person 18 years old and older.
- (5) **After-school hours** — 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 home's program on any given day or at any given time, as distinct from the child's enrollment in the child-care home.
- (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 home** — A registered or licensed child-care home, as specified in §747.109 of this title (relating to What is a registered child-care home?) or §747.111 of this title (relating to What is a licensed child-care home?). This term includes the program, building, grounds, furnishings, and equipment.
- (16) **Child-care location** — The street address of the child-care home and the lot on which the building is located.
- (17) **Child-care program** — The services and activities provided by a child-care home.
- (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 home for any given period of time; the number of children enrolled in a child-care home 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 home.
- (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 an area while children are in care.
- (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 home 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 home 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.

§747.107

What types of operations do these minimum standards apply to?

*Subchapter A, Purpose and Definitions
07/01/05*

- (no weight) (a) The minimum standards in this chapter apply to all:
- (1) Child-care homes registered or licensed by us to care for 12 or fewer children in the caregiver's own home for less than 24 hours per day; and
 - (2) Family homes registered by us before September 1, 2003.
- (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 home, subject to the minimum standards in this chapter, or as a child-care center, subject to the minimum standards in Chapter 746 of this title (relating to Minimum Standards for Child-Care Centers).
- (no weight) (c) To be considered 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, unless the exception in §747.111(b) of this title (relating to What is a licensed child-care home?) is met.

§747.109

What is a registered child-care home?

*Subchapter A, Purpose and Definitions
09/01/03*

- Medium-Low In a registered child-care home, the registered primary caregiver provides care in the caregiver's own residence for not more than six children from birth through 13 years, and may provide care after-school hours for not more than six additional elementary school children. The total number of children in care at any given time, including the children related to the caregiver, must not exceed 12.

§747.111**What is a licensed child-care home?**

Subchapter A, Purpose and Definitions
07/01/05

- Medium-Low (a) In a licensed child-care home, the licensed primary caregiver provides care in the caregiver's own residence for children from birth through 13 years, unless the operation was licensed as a group day care home prior to September 1, 2003.
- Medium-Low (b) A child-care home licensed as a group day care home prior to September 1, 2003, may provide care at a location other than the primary caregiver's own residence, until the permit is no longer valid. A location, other than the primary caregiver's own residence, is subject to the minimum standards in this chapter and, if applicable, the conditions specified in §745.373 of this title (relating to May I have more than one licensed child-care home?)
- Medium-Low (c) The total number of children in care varies with the ages of the children, but the total number of children in care in a licensed child-care home at any given time, including the children related to the caregiver, must not exceed 12.

§747.113**Who is responsible for complying with the minimum standards?**

Subchapter A, Purpose and Definitions
07/01/05

- Medium-High (a) If the child-care home is registered, the permit holder must ensure compliance with all minimum standards in this chapter, with the exception of any minimum standard requirements specified for licensed child-care homes.
- Medium-High (b) If the child-care home is licensed, the permit holder must ensure compliance with all minimum standards in this chapter, with the exception of any minimum standard requirements specified only for registered child-care homes.
- (no weight) (c) The permit holder is not required to comply with minimum standards identified for specific types of child-care programs or activities the child-care home does not offer, such as transportation or swimming activities.

Primary Caregiver**§747.201****Who is a primary caregiver?**

Subchapter B, Administration and Communication
Division 1, Primary Caregiver
07/01/05

- (no weight) (a) The primary caregiver is the person with ultimate authority and responsibility for the child-care home's overall operation and compliance with these minimum standards and the licensing laws. The primary caregiver must be the permit holder for the licensed or registered child-care home, and must live in the home where care is provided, unless the home was licensed as a group day care home prior to September 1, 2003. Refer to §747.111 of this title (relating to What is a licensed child-care home?).
- (no weight) (b) A permit holder licensed to operate one or more group day care homes prior to September 1, 2003, must designate, on a DFPS form, a person who meets the qualifications in §747.1101 of this title (relating to Who is required to meet the qualifications specified in this division?) to act as the primary caregiver for each licensed child-care home. This exception will not apply to an operation when the permit issued prior to September 1, 2003, is no longer valid.

§747.203**As the primary caregiver, may I leave someone else in charge if I cannot be home during all hours of operation?**

*Subchapter B, Administration and Communication
Division 1, Primary Caregiver
09/01/03*

- Medium-High Yes. When you are absent from the child-care home, you must designate a substitute caregiver to be in charge of the child-care home. Substitutes must:
- Medium-High (1) Know they are in charge and for how long;
- Medium-High (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 run the child-care home in compliance with minimum standards.

§747.205**Must I be present at my child-care home during all hours of operation?**

*Subchapter B, Administration and Communication
Division 1, Primary Caregiver
09/01/03*

- Medium-High As the primary caregiver, you must routinely be present in your child-care home during its hours of operation; however, you may be temporarily absent for limited periods of time for vacations, short-term family emergencies or family business, illness, hospitalization or doctor appointments, jury duty, to attend training, or to attend to child-care business.

§747.207**What are my responsibilities as the primary caregiver?**

*Subchapter B, Administration and Communication
Division 1, Primary Caregiver
07/01/05*

- You are responsible for the following:
- Medium-High (1) Developing and implementing your child-care home's operational policies, which comply with or exceed the minimum standards;
- High (2) Complying with all minimum standards that apply to your licensed or registered child-care home, as specified in this chapter;
- High (3) Ensuring all substitute and assistant caregivers comply with the minimum standards for caregivers, as specified in this chapter, and are provided assignments that match their skills, abilities, and training;
- High (4) Ensuring all household members comply with the minimum standards that apply to household members, as specified in this chapter;
- High (5) Reporting suspected abuse, neglect, and exploitation as required by the Texas Family Code, §261.401;
- Medium (6) Ensuring parents have the opportunity to visit your child-care home any time during all hours of operation to observe their child, the home's operation, and program activities, without having to secure prior approval;
- High (7) Initiating background checks as specified in Subchapter F of Chapter 745 of this title (relating to Background Checks);

(continued)

- High (8) Complying with the child-care licensing law, found in Chapter 42 of the Human Resources Code, and all other applicable rules in the Texas Administrative Code, including the minimum standards in this chapter.

Children are at risk when adults responsible for them do not clearly understand their roles and responsibilities.

The primary caregiver may accompany any parent who is visiting their child during the child-care home's hours of operation to and from her child's group, or may limit the amount of time a parent spends at the home, if the primary caregiver believes this is necessary to protect the children in care.

§747.209
Must I maintain liability insurance?

*Subchapter B, Administration and Communication
 Division 1, Primary Caregiver
 09/01/03*

(no weight) No. We do not require you to have liability insurance.

Required Notifications

§747.301
What changes regarding my child-care home 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-High (3) Adding a swimming pool or other permanent body of water;
- Medium-High (4) Changing the age range of children to be cared for;
- Medium (5) Changing the hours, days, or months of operation;
- Medium (6) Offering new services relating to minimum standards found in this chapter, such as transportation or field trips;
- Medium (7) Closing temporarily; or
- Low (8) Going out of business.

As events occur or changes are made to the child-care home, 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.

A license or certificate of registration cannot be bought, sold or transferred and is only valid for the location/address noted on the permit.

§747.303**What other situations require notification to Licensing?**

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

- Low (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 child-care home 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 a household member, caregiver, or child in care contracts an illness that the law requires you to report to the Texas Department of [State Health Services (DSHS)] as specified in 25 TAC 97, Subchapter A (relating to Control of Communicable Disease);
- Medium-High (4) A county or district attorney accepts an indictment or information regarding an official complaint against a household member or caregiver 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 that places a child at risk, such as forgetting a child in a vehicle or not preventing a child from wandering away from your child-care home 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 home 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.

§747.305**What emergency and 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 home as listed 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, forgetting a child in a vehicle or not preventing a child from wandering away from your child-care home unsupervised; or
- Medium-High (4) Has been involved in any situation that renders the child-care home unsafe, such as a fire, flood, or damage to the child-care home 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 your child-care home. Less serious injuries include, but are not limited to, minor cuts, scratches, and bites from other children requiring first-aid treatment by caregivers.

(continued)

Medium (c) You must notify all parents of children in the child-care home within 48 hours when any child in your care, a caregiver, or a household member has contracted a communicable disease that is required to be reported to the Texas Department of [State Health Services] as specified in 25 TAC 97, Subchapter A (relating to Control of Communicable Disease).

Medium-Low (d) You must notify parents within 48 hours when there is an outbreak of lice or other infestation in the child-care home.

Communication between the caregiver and parents is essential to both the safe and healthy operation of the child-care home and to the parent's ability to assess the care their children are receiving.

Required Postings

§747.401

What items must I post at my child-care home during hours of operation?

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

Medium You must post the following in a prominent and publicly accessible place where parents and others may easily view them during all hours of operation:

Medium (1) The child-care home's license or registration certificate;

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

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

Low (4) Telephone numbers specified in this division;

Medium-Low (5) A list of your employees, as defined in §745.21(16) of this title (relating to What do the following words and terms mean when used in this chapter?). The list must be printed on paper at least 8-1/2 inches by 11 inches in size and must include each employee's first and last name; and

Medium (6) Any other Licensing notices requiring posting.

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.

§747.403

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

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

Low (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:

(A) Emergency medical services;

(B) Law enforcement; and

(C) Fire department;

Medium (2) Poison control;

Medium (3) [DFPS] child abuse hotline;

(continued)

- Medium (4) Nearest Licensing office telephone number and address; and
- Medium (5) Your name, home address, and telephone number.
- Medium (b) You must post the telephone numbers next to each telephone in the child-care home. If you use a cordless or cellular phone, you must post these same numbers in a prominent place on the wall near the base of the phone or on the handset.

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

Operational Policies

§747.501

Must I have written operational policies?

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

Yes. You must develop written policies on at least the following:

- Medium (1) Procedure for release of children;
- Medium (2) Illness and exclusion criteria;
- Medium (3) Procedures for dispensing medications, or a statement that medication is not given;
- Medium (4) Procedures for handling medical emergencies;
- Medium-High (5) Discipline and guidance practices;
- Medium (6) Animals, if applicable;
- Medium-Low (7) The procedures for parents to visit the child-care home any time during your hours of operation to observe their child or the child-care home's operation and program activities, without having to secure prior approval;
- Medium (8) The procedures for parents to review a copy of the minimum standards and the child-care home's most recent Licensing inspection report; and
- Medium (9) Instructions on how a parent may contact the local Licensing office, [DFPS] child abuse hotline, and [DFPS] website.

§747.503

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, before the date of the child's admission. You must keep a copy of 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 child-care home'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.

§747.505

What must I do when I change an operational policy or an item in the 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 policies and enrollment agreement. Parents must sign and date the updated information. You must keep the updated information in the child's record or at least one for each family, if siblings are enrolled at the same time.

Record Keeping

Records of Children

§747.601

Who has the right to access children's records?

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

- High (a) All children's records must be immediately accessible to caregivers during hours of operation for use in an emergency.
- High (b) Parents have the right to access their own child's record during a scheduled parent conference with the primary caregiver.
- High (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.

§747.603

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

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

- High (a) You must maintain the following records for each child enrolled in your child-care home:
- Medium (1) Child-care enrollment agreement specified in §747.503 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; and
- Medium (7) Licensing *Incident/Illness Report* form.
- (b) These records must be kept at the child-care home and available for review during operating hours 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.

§747.605**What admission information must I obtain on 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 home; |
| 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 | (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 a school-age child attends; 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 younger than 18 years, if applicable. |

§747.607**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 |
|-----|---|

§747.609**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 home 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 primary caregiver. It also ensures that accurate information is available during an emergency so that the child's needs can be met.

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

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

- Low (a) A health statement is:
- (1) A written statement, from a licensed health-care professional who has examined the child within the past year, indicating the child is able to take part in the child-care home's program;
 - (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
 - (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 at your child-care home, within one week after the date of admission, for each child who does not attend pre-kindergarten or school away from the child-care home.

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.

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

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

High

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

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.

§747.615**Are there exemptions for these immunization requirements?**

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

(no weight)

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

§747.617**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 this information in the Texas Department of State Health Services 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.

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

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

Medium-High

Except as otherwise provided in this division, you must have a copy of the child's completed immunization record on the date of admission.

§747.621**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).

§747.623**What documentation is acceptable for immunization records?**

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

- Medium-High** (a) Documentation may be the original immunization record or a photocopy. 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; and
 - (3) The month, day, and year the child received each vaccination.
 - (4) The signature or stamp of a physician or other health care professional validating the record.

§747.625**If a child's immunization record is already on file at a pre-kindergarten program or school away from my child-care home, 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, 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.

§747.627**Must I maintain immunization and health records on children in my care that are related to me?**

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

Medium Yes. Any child in care during hours of operation, whether the child is related to you or not, must have these records at your child-care home.

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

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

Medium

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 area, 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 program manager at the [DSHS] regional office nearest you.

§747.631**Must children in my registered child-care home have vision and hearing screening?**

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

(no weight)

No. The Special Senses and Communication Disorders Act, Texas Health and Safety Code, Chapter 36, does not require a screening or a professional examination for possible vision and hearing problems for a child enrolled in a child-care home that we register.

§747.633**Must children in my licensed child-care home have vision and hearing screening?**

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

Medium-High

(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 home 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 child-care home. The statement must be dated and include the name, address, and telephone number of the pre-kindergarten program or school; or
- (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.

§747.635**Must I keep attendance records or 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 record of attendance for each child in your care. You may use a sign-in and sign-out log or other attendance chart.
- Medium-Low (b) You must keep attendance records for the previous three months and make them available to Licensing for review upon request.

Records of Accidents and Incidents**§747.701****Must I keep a written record of accidents and injuries that occur at my child-care home?**

*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 vehicle or not preventing a child from wandering away from the child-care home.

§747.703**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 the [DFPS] website at: [www.dfps.state.tx.us/child_care].

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

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

- Low Yes. You or your substitute caregiver must sign and date the completed report.

§747.707**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.

§747.709**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 form with the child's record at the child-care home 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 Home**§747.801****What records must I keep at my child-care home?**

*Subchapter C, Record Keeping
Division 3, Records that Must be Kept on File at the Child-Care Home
09/01/03*

You must maintain and make the following records available for our review upon request during hours of operation. Paragraphs (10), (11), and (12) are optional, but if provided, will allow Licensing to avoid duplicating the evaluation of standards which have been evaluated by another state agency 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, as required in §747.2321 of this title (relating to Must I obtain written feeding instructions for children not ready for table food?), if applicable;
- Medium* (3) Personnel and training records, as required in §747.901 of this title (relating to What information must I maintain in my personnel records?), and in §747.1327 of this title (relating to What documentation must I provide to Licensing to verify that training requirements have been met?);
- Medium-High* (4) Proof of request for [DFPS] background checks, as required in §747.901 of this title;
- Medium* (5) Menus, as required in §747.3113 of this title (relating to Must I post and maintain daily menus?);
- Medium-High* (6) Medication records, as required in §747.3605 of this title (relating to What records must I keep when I administer medication to a child in my care?);
- Medium* (7) Pet vaccination records, as required in §747.3703 of this title (relating to Must I keep documentation of vaccinations for the animals?), if applicable;
- Medium* (8) Fire safety documentation for emergency drills, fire extinguishers, smoke detectors and emergency evacuation and relocation diagram, as required in §747.5005 of this title (relating to How often must I practice my emergency evacuation and relocation plans?), §747.5007 of this title (relating to Must I have an emergency evacuation and relation diagram?), §747.5107 of this title (relating to How often must I inspect and service the fire extinguisher?), §747.5115 of this title (relating to How often must the smoke detectors at my child-care home be tested?), and §747.5117 of this title (relating to How often must I have an electronic smoke alarm system tested?);
- Medium* (9) Most recent Licensing inspection report, letter, or notice;
- Medium-Low* (10) Most recent Texas Department of [State Health Services] immunization compliance review form, if applicable;

(continued)

- Medium-Low (11) Most recent Texas Department of [Aging and Disability Services] Child and Adult Care Food Program (CACFP) report, if applicable;
- Low (12) Most recent local workforce board Child-Care Services Contractor inspection report, if applicable; and
- Medium-High (13) Written approval from the fire marshal to provide care above or below ground level, if applicable.

§747.803**How long must I keep these records at my child-care home?**

*Subchapter C, Record Keeping
Division 3, Records that Must be Kept on File at the Child-Care Home
09/01/03*

- Medium-Low (a) You must keep these records at your child-care home for at least three months from the date the record was created, unless otherwise stated in these minimum standards.
- Medium-Low (b) You must keep training records for at least the current and last full training year.

Records on Caregivers and Household Members**§747.901****What information must I maintain in my personnel records?**

*Subchapter C, Record Keeping
Division 4, Records on Caregivers and Household Members
09/01/03*

- Medium You must keep at least the following at the child-care home for each assistant caregiver and substitute, 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 caregiver meets the minimum age and education qualifications, if applicable;
- Medium-Low (3) A copy of a health card or physician's statement verifying the caregiver is free of active tuberculosis, if required by the regional Texas Department of [State Health Services] 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-Low (5) A record of training hours;
- Medium (6) Proof of request for [DFPS] Background Check; and
- Medium (7) A copy of a current driver's license if the caregiver transports children.

§747.903**Must I keep records for my household members who are counted in the child/caregiver ratio?**

*Subchapter C, Record Keeping
Division 4, Records on Caregivers and Household Members
09/01/03*

- Medium Yes. You must keep the same personnel records specified in §747.901 of this title (relating to What information must I maintain in my personnel records?) for all household members who are used as assistant or substitute caregivers as defined in Subchapter D, Division 3 of this chapter (relating to Assistant and Substitute Caregivers), whether they are paid or unpaid.

§747.905**What records must I keep for my household members who are not counted in the child/caregiver ratio?**

*Subchapter C, Record Keeping
Division 4, Records on Caregivers and Household Members
09/01/03*

- Medium You must keep at least the following at the child-care home for each household member who is 14 years old or older, and who is regularly or frequently present while children are in care:
- Medium-Low (1) A copy of a health card or physician's statement verifying the household member is free of active tuberculosis, if required by the regional Texas Department of [State Health Services] TB program or local health authority;
- Medium-Low (2) Documentation verifying orientation to the child-care home was completed; and
- Medium-Low (3) Proof of request for a [DFPS] Background Check.

§747.907**Where can I obtain a copy of the Licensing *Affidavit for Applicants for Employment* form?**

*Subchapter C, Record Keeping
Division 4, Records on Caregivers and Household Members
09/01/03*

- (no weight) You may request a copy from us or you may obtain a copy from our [DFPS] website at: [\[www.dfps.state.tx.us/Child_Care/\]](http://www.dfps.state.tx.us/Child_Care/).

§747.909**What records must I maintain on myself?**

*Subchapter C, Record Keeping
Division 4, Records on Caregivers and Household Members
09/01/03*

- You must have the following records available for review during hours of operation:
- Medium-Low (1) A notarized Licensing *Affidavit for Applicants for Employment* form, as specified in Human Resources Code, §42.059;
- Medium-Low (2) A copy of a health card or physician's statement verifying you are free of active tuberculosis, if required by the regional Texas Department of [State Health Services] TB program or local health authority;
- Medium (3) A record of your training hours; and
- Medium (4) A copy of a current driver's license if you transport children.

§747.911**Must I maintain attendance records or time sheets on caregivers that assist me?**

*Subchapter C, Record Keeping
Division 4, Records on Caregivers and Household Members
09/01/03*

- (no weight) We do not require you to maintain attendance records or time sheets for yourself or any other person you count in the child/caregiver ratio.

§747.913

How long must I keep the required records on caregivers and household members?

*Subchapter C, Record Keeping
Division 4, Records on Caregivers and Household Members
09/01/03*

Medium-Low You must keep records for at least three months after a caregiver’s last day on the job or after the household member is no longer living in your home.

§747.915

May Licensing access my records?

*Subchapter C, Record Keeping
Division 4, Records on Caregivers and Household Members
09/01/03*

Medium All records required to be maintained under this division are subject to our immediate review and reproduction, upon our request, during all hours of operation.

Personnel

Primary Caregiver of a Registered Child-Care Home

§747.1001

Who is required to meet the qualifications specified in this division?

*Subchapter D, Personnel
Division 1, Primary Caregiver of a Registered Child-Care Home
09/01/03*

Medium-High The primary caregiver of a registered child-care home, as defined in §747.201 of this title (relating to Who is a primary caregiver?) must meet the qualifications specified in this division.

§747.1003

When must I meet qualifications to be a primary caregiver?

*Subchapter D, Personnel
Division 1, Primary Caregiver of a Registered Child-Care Home
09/01/03*

Medium-High You must meet the qualifications before we register your child-care home.

§747.1005

May I have more than one primary caregiver for my child-care home?

*Subchapter D, Personnel
Division 1, Primary Caregiver of a Registered Child-Care Home
09/01/03*

Medium No. A registered child-care home may have only one primary caregiver.

§747.1007

What qualifications must I meet to be the primary caregiver of a registered child-care home?

*Subchapter D, Personnel
Division 1, Primary Caregiver of a Registered Child-Care Home
09/01/03*

Except as otherwise provided in this division, you must:

- Medium** (1) Be at least 21 years old;
- Medium-High** (2) Have a:
 - (A) High school diploma; or
 - (B) High school equivalent;
- Medium-Low** (3) Have a certificate of completion of the Licensing orientation within one year prior to your application date;
- High** (4) Have current certification in CPR and first aid with rescue breathing and choking; and
- Medium-High** (5) Be free of active tuberculosis, if required by the regional Texas Department of Health TB program or local health authority.

§747.1009**Are there exemptions to any of the qualifications specified in this division?**

*Subchapter D, Personnel
Division 1, Primary Caregiver of a Registered Child-Care Home
09/01/03*

(no weight)

A primary caregiver who registered before July 1, 1990, and who was still registered on September 1, 2003, is not required to obtain a high school diploma or its equivalent or to attend Licensing orientation.

§747.1013**What if I am younger than 21 years old but I want to be registered?**

*Subchapter D, Personnel
Division 1, Primary Caregiver of a Registered Child-Care Home
09/01/03*

Low

You may be a registered caregiver if you are 18 through 20 years old, have a high school diploma or its equivalent, and one of the following:

- (1) A Child Development Associate or Certified Child-Care Professional credential;
- (2) An associate's of applied science degree in child care;
- (3) A community college certificate in child care;
- (4) A day-care administrator's credential approved by Licensing; or
- (5) Six college credit hours in child development and nine months' experience in a licensed child-care center or in a licensed or registered child-care home, as specified in §747.1113 of this title (relating to What constitutes experience in a licensed child-care center, or in a licensed or registered child-care home?).

§747.1015**Does education received outside of the United States count toward primary caregiver qualifications?**

*Subchapter D, Personnel
Division 1, Primary Caregiver of a Registered Child-Care Home
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. Documentation written in a foreign language must be translated into English.

Primary Caregiver of a Licensed Child-Care Home**§747.1101****Who is required to meet the qualifications specified in this division?**

*Subchapter D, Personnel
Division 2, Primary Caregiver of a Licensed Child-Care Home
09/01/03*

Low

The primary caregiver of a licensed child-care home, as defined in §747.201 of this title (relating to Who is a primary caregiver?) must meet the qualifications specified in this division.

§747.1103**When must I meet qualifications to be a primary caregiver?**

*Subchapter D, Personnel
Division 2, Primary Caregiver of a Licensed Child-Care Home
09/01/03*

Low You must meet the qualifications before we license your child-care home.

§747.1105**May I have more than one primary caregiver for my licensed child-care home?**

*Subchapter D, Personnel
Division 2, Primary Caregiver of a Licensed Child-Care Home
09/01/03*

Medium No. A licensed child-care home may have only one primary caregiver.

§747.1107**What qualifications must I meet to be the primary caregiver of a licensed child-care home?**

*Subchapter D, Personnel
Division 2, Primary Caregiver of a Licensed Child-Care Home
09/01/03*

(a) Except as otherwise provided in this division, a primary caregiver for a licensed child-care home must:

- Medium-High* (1) Be at least 21 years of age;
- Medium-High* (2) Have a high school diploma or its equivalent;
- Medium-Low* (3) Have a certificate of completion of the Licensing orientation within one year prior to your application date;
- High* (4) Have current certification in CPR and first aid with rescue breathing and choking; and
- Medium-High* (5) Have one of the following combinations of education and experience in a licensed child-care center, or in a licensed or registered child-care home, as defined in §747.1113 of this title (relating to What constitutes experience in a licensed child-care center, or in a licensed or registered child-care home?):

(continued)

Education	Experience
(A) 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 in a licensed or registered child-care home;
(B) 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 in a licensed or registered child-care home;
(C) 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 in a licensed or registered child-care home;
(D) 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 in a licensed or registered child-care home;
(E) 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 in a licensed or registered child-care home;
(F) 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 in a licensed or registered child-care home; or
(G) 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 in a licensed or registered child-care home.

Low

(b) Options (D) and (F) of subsection (a) of this section require periodic renewal.

A primary caregiver caring for more than six children and employing one or more assistants functions as a "facility director." She plays a crucial role in ensuring the smooth day-to-day operation of the child-care home and serves two important functions: To balance business concerns with what's good for children and to provide leadership and direction to the assistant/substitute caregivers responsible for providing safe and healthy care for the children.

§747.1109**Are there exemptions from the qualifications listed in this division?**

*Subchapter D, Personnel
Division 2, Primary Caregiver of a Licensed Child-Care Home
09/01/03*

- (a) A primary caregiver who was director of a licensed group day-care home before May 1, 1985, is exempt from the requirements specified in this division.
- (b) The primary caregiver or director of a child-care home licensed after May 1, 1985, but before September 1, 2003, has three years from September 1, 2003, to comply if the caregiver remains in the same position.

§747.1113**What constitutes experience in a licensed child-care center, or in a licensed or registered child-care home?**

*Subchapter D, Personnel
Division 2, Primary Caregiver of a Licensed Child-Care Home
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 and nursery school, school: 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.

§747.1115**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 2, Primary Caregiver of a Licensed Child-Care Home
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 setting in grades kindergarten through third, during a customary school year;
- (2) Substitute or part-time classroom teaching in a public or private accredited school setting 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 postgraduate study in child development, early childhood education, or a related field.

§747.1117**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 2, Primary Caregiver of a Licensed Child-Care Home
09/01/03*

(no weight)

Yes. To determine whether a person has sufficient experience to qualify as a primary caregiver, 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.

§747.1119**What credit courses does Licensing recognize as child development?**

*Subchapter D, Personnel
Division 2, Primary Caregiver of a Licensed Child-Care Home
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, elementary education related to kindergarten through third grade, and other similar courses may be counted if they are related to child development. Abnormal psychology and secondary education courses are not recognized as child development.

§747.1121**What credit courses does Licensing recognize as business management?**

*Subchapter D, Personnel
Division 2, Primary Caregiver of a Licensed Child-Care Home
09/01/03*

Medium

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.

§747.1123**What are clock hours?**

*Subchapter D, Personnel
Division 2, Primary Caregiver of a Licensed Child-Care Home
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 primary caregiver, or by a child-care association.

§747.1125**Must the trainer or provider of clock hours meet specific criteria?**

*Subchapter D, Personnel
Division 2, Primary Caregiver of a Licensed Child-Care Home
09/01/03*

- (no weight)* We do not have any specific criteria for whether someone may be a trainer or provider of child-care training.

§747.1127**What are CEUs?**

*Subchapter D, Personnel
Division 2, Primary Caregiver of a Licensed Child-Care Home
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.

§747.1129**May I substitute clock hours or CEUs for any of the educational requirements in any of the options in this division?**

*Subchapter D, Personnel
Division 2, Primary Caregiver of a Licensed Child-Care Home
09/01/03*

- Low* You may only substitute clock hours or CEUs for required college 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 business management.

§747.1131**What kind of documentation must I submit to show I am qualified to be a primary caregiver of a licensed child-care home?**

*Subchapter D, Personnel
Division 2, Primary Caregiver of a Licensed Child-Care Home
09/01/03*

- Low (a) You must submit the following to Licensing staff:
- Medium (1) A completed Licensing *Personal History Statement* form specifying your education and experience;
- Medium (2) An original college transcript or original training certificates which verify the educational requirements; and
- Medium (3) Complete dates, names, addresses, and telephone numbers which support the required experience.
- Medium (b) You must submit the information to us as a part of a new application for a permit.

§747.1133**What documentation must I provide to Licensing to show I have acceptable child development and business management education?**

*Subchapter D, Personnel
Division 2, Primary Caregiver of a Licensed Child-Care Home
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.

§747.1135**What documentation must I have to prove that I received the clock hours or CEUs?**

*Subchapter D, Personnel
Division 2, Primary Caregiver of a Licensed Child-Care Home
09/01/03*

- Low You must have documentation specified in §747.1327 of this title (relating to What documentation must I provide to Licensing to verify that training requirements have been met?).

§747.1137**Does education received outside of the United States substitute for primary caregiver qualifications?**

*Subchapter D, Personnel
Division 2, Primary Caregiver of a Licensed Child-Care Home
09/01/03*

- Medium Yes, provided you submit to us information that we can use to interpret and evaluate educational qualifications. Documentation written in a foreign language must be translated into English.

§747.1139**Will Licensing keep the original training certificates and college transcripts I submit to obtain a Licensing *Child-Care Director's Certificate*?**

*Subchapter D, Personnel
Division 2, Primary Caregiver of a Licensed Child-Care Home
09/01/03*

(no weight) No. After we evaluate this information and issue a *Child-Care Director's Certificate*, we will return the original documents to you along with the certificate or if a certificate is not issued, along with a letter notifying you of the decision.

§747.1141**What if Licensing determines I do not meet minimum standard qualifications?**

*Subchapter D, Personnel
Division 2, Primary Caregiver of a Licensed Child-Care Home
09/01/03*

(no weight) We will notify you that you do not meet minimum standard qualifications. We will give you a deadline to submit additional paperwork, or ask you to withdraw your application and re-apply after you have obtained the necessary training and experience.

§747.1143**Will I receive a certificate verifying that I meet qualifications?**

*Subchapter D, Personnel
Division 2, Primary Caregiver of a Licensed Child-Care Home
09/01/03*

(no weight) Yes. After we determine that you meet minimum standard qualifications for a licensed primary caregiver we will issue a Licensing *Child-Care Director's Certificate*. The certificate verifies only that you meet minimum standard qualifications specified in §747.1107 of this title (relating to What qualifications must I meet to be the primary caregiver of a licensed child-care home?).

§747.1145**Will the Child-Care Director's Certificate expire?**

*Subchapter D, Personnel
Division 2, Primary Caregiver of a Licensed Child-Care Home
09/01/03*

(no weight) The Licensing *Child-Care Director's Certificate* will have an expiration date if you qualified under subsection (a), options (D) or (F) in §747.1107 of this title (relating to What qualifications must I meet to be the primary caregiver of a licensed child-care home?). Otherwise, the certificate will not expire.

§747.1147**How often must an expiring *Child-Care Director's Certificate* be renewed?**

*Subchapter D, Personnel
Division 2, Primary Caregiver of a Licensed Child-Care Home
09/01/03*

Low If you qualify under subsection (a), options (D) or (F) of §747.1107 of this title (relating to What qualifications must I meet to be the primary caregiver of a licensed child-care home?), you must maintain your credential according to the organization'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 Director's Certificate*.

§747.1149**What happens if I do not submit the documentation confirming the credential is current?**

*Subchapter D, Personnel
Division 2, Primary Caregiver of a Licensed Child-Care Home
09/01/03*

Low We will give you a deadline to submit the required documentation. If you allow the certificate to expire without submitting the required documentation, and you no longer meet primary caregiver qualifications, you violate minimum standards.

§747.1151**Does Licensing charge a fee for issuing the director's certificate?**

*Subchapter D, Personnel
Division 2, Primary Caregiver of a Licensed Child-Care Home
09/01/03*

(no weight) No. We do not charge a fee for processing a Licensing *Child-Care Director's Certificate*.

§747.1153**Can I get a replacement Child-Care Director's Certificate?**

*Subchapter D, Personnel
Division 2, Primary Caregiver of a Licensed Child-Care Home
09/01/03*

(no weight) Yes. We will issue a replacement *Child-Care Director's Certificate* if you submit your request to us in writing, specifying your name and address, the date when we issued the original certificate, and the reason a replacement certificate is needed.

Assistant and Substitute Caregivers**§747.1201****What types of caregivers may I use in my child-care home?**

*Subchapter D, Personnel
Division 3, Assistant and Substitute Caregivers
09/01/03*

(no weight) There are two kinds of caregivers: assistant caregivers and substitute caregivers.

§747.1203**What is the difference between an assistant caregiver and a substitute caregiver?**

*Subchapter D, Personnel
Division 3, Assistant and Substitute Caregivers
09/01/03*

Low (a) An assistant caregiver is counted in the child/caregiver ratio and assists in the care and supervision of children. An assistant caregiver may not be left to supervise and care for children without the primary caregiver or a substitute caregiver being present in the child-care home at the same time.

Low (b) A substitute caregiver is the caregiver you leave in charge of your child-care home in your absence. You must give the substitute caregiver the authority to administer your child-care home in compliance with the minimum standards and the Licensing law in your absence. Your substitute caregiver may also be counted in the child/caregiver ratio.

§747.1205

Are there different qualifications for assistant and substitute caregivers?

*Subchapter D, Personnel
Division 3, Assistant and Substitute Caregivers
09/01/03*

(no weight)

Yes. Caregiver qualifications are different for assistant and substitute caregivers. The qualifications for assistant and substitute caregivers are outlined in the following chart:

A substitute caregiver is...	An assistant caregiver is...
18 years old;	18 years old;
Qualified as a caregiver with A high school diploma; or A high school equivalent;	Qualified as a caregiver with A high school diploma; or A high school equivalent;
Required to complete orientation to your home;	Required to complete orientation to your home;
Required to meet the requirements in Subchapter F of Chapter 745 of this title (relating to Background Checks);	Required to meet the requirements in Subchapter F of Chapter 745 of this title (relating to Background Checks);
Required to be free of active tuberculosis;	Required to be free of active tuberculosis; and
Required to complete a notarized Licensing <i>Affidavit for Applicants for Employment</i> form as specified in Human Resources Code, §42.059; and	Required to complete a notarized Licensing <i>Affidavit for Applicants for Employment</i> form as specified in Human Resources Code, §42.059.
Trained in CPR and first aid with rescue breathing and choking.	

§747.1207

What minimum qualifications must an assistant caregiver meet?

*Subchapter D, Personnel
Division 3, Assistant and Substitute Caregivers
09/01/03*

Except as otherwise provided in this division, an assistant caregiver counted in the child/caregiver ratio must:

Medium

(1) Be 18 years old;

Medium-High

(2) Have a:
(A) High school diploma; or
(B) High school equivalent;

Medium

(3) Have completed orientation to your child-care home;

Medium-High

(4) Meet the requirements in Subchapter F of Chapter 745 (relating to Background Checks);

Medium-High

(5) Be free of active tuberculosis; and

Low

(6) Complete a notarized Licensing *Affidavit for Applicants for Employment* form as specified in Human Resources Code, §42.059.

Background checks ensure children are not cared for by persons with a history of criminal activity, abuse or neglect.

§747.1209**What qualifications must a substitute caregiver meet?**

*Subchapter D, Personnel
Division 3, Assistant and Substitute Caregivers
09/01/03*

High A substitute caregiver must comply with all minimum standards for assistant caregivers and must have current certification in CPR and first aid with rescue breathing and choking.

Substitute caregivers who are in charge of children during the primary caregiver's absence, must know basic information regarding PRS minimum standard rules, understand the principles of child development, growth, discipline, guidance, and emergency practices, including CPR and First Aid, in order to maintain a safe and healthy environment for children in care.

§747.1211**Are there circumstances when I may 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 3, Assistant and Substitute 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 responsible for a child or as the substitute caregiver in your absence;

Medium-High (2) The person works close by and is supervised by you or a qualified caregiver; 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 responsible for a child or as the substitute caregiver in your absence;

Medium-High (2) The person works close by and is supervised by you or a qualified caregiver;

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.

§747.1213**Does education received outside of the United States count toward caregiver qualifications?**

*Subchapter D, Personnel
Division 3, Assistant and Substitute 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.

§747.1215**Do the qualifications specified in this division apply to an assistant caregiver that was employed before May 1, 1985?**

*Subchapter D, Personnel
Division 3, Assistant and Substitute Caregivers
09/01/03*

(no weight) An assistant caregiver who worked in a licensed child-care home before May 1, 1985, is exempt from the qualifications for assistant caregivers specified in this division.

§747.1217**Do the qualifications specified in this division apply to a substitute caregiver that I employed before May 1, 1985?**

*Subchapter D, Personnel
Division 3, Assistant and Substitute Caregivers
09/01/03*

(no weight) Yes. The substitute caregiver that has the authority to operate the child-care home in your absence must meet the current qualifications for a substitute caregiver.

§747.1219**What does Licensing mean by the term “high school equivalent”?**

*Subchapter D, Personnel
Division 3, Assistant and Substitute Caregivers
09/01/03*

Medium (a) A high school equivalent is a program recognized by the Texas Education Agency (TEA) or other 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) Original documentation must be provided to Licensing to verify completion of any high school equivalency program.

Professional Development

§747.1301

What training must I ensure that my caregivers have?

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

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

- Low (1) Orientation to your child-care home as specified in §747.1305 of this title (relating to What should orientation to my child-care home include?);
- Low (2) 15 clock hours of annual training as specified in §747.1307 of this title (relating to What topics must the 15 clock hours of annual training for caregivers include?); and
- Low (3) CPR and first-aid training as specified in §747.1313 of this title (relating to Who must have first-aid and CPR training?).

§747.1303

What training must I have?

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

You must have the following training:

- Medium (1) Licensing pre-application interview, before being issued a permit;
- Medium-High (2) 20 clock hours of annual training; and
- High (3) CPR and first-aid training.

§747.1305

What should orientation to my child-care home include?

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

Orientation to your child-care home must include at least the following:

- Medium-High (1) An overview of the minimum standards found in this chapter;
- Medium-High (2) Your home's child-care 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 include, but are not limited to, fire, explosion, tornado, toxic fumes, volatile individuals, 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 assistant and substitute caregivers are specific to the child-care home as the layout of homes, emergency procedures, and the needs of children vary. Orientation, which addresses caregiver responsibilities, is different from training, which addresses issues general to the care of children.

§747.1307**What topics must the 15 clock hours of annual training for caregivers include?**

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

- Medium-High** (a) Each caregiver counted in the child/caregiver ratio on more than ten separate occasions in one training year, as specified in §747.1311 of this title (relating to When must the annual training be obtained?) must obtain at least 15 clock hours of training annually. The 15 clock hours are exclusive of CPR, first aid, orientation, and any training received through a high school child-care work-study program;
- 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 of 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 ages of children in care (for example, caregivers working with infants or toddlers should receive training on biting and toilet training);
 - (10) Planning developmentally appropriate learning activities;
 - (11) Minimum standards and how they apply to the caregiver; and
- Medium-High** (d) If the home provides care for a child younger than 24 months, one hour of 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.

§747.1309**What training topics must be included in my annual training as the primary caregiver?**

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

- Medium-High (a) You must obtain at least 20 clock hours of training annually.
- Low (1) The 20 clock hours of annual training are exclusive of the Licensing pre-application interview and CPR and first-aid training; and
- Low (2) Training hours may not be earned for presenting training to others.
- 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.
- Medium (c) A primary caregiver with five or fewer years of experience as a primary caregiver in a licensed or registered child-care home must complete at least six of the 20 clock hours in management techniques, leadership, or staff supervision.
- Low (d) A primary caregiver with more than five years of experience as a primary caregiver in a licensed or registered child-care home must complete at least three of the 20 clock hours in management techniques, leadership, or staff supervision.
- High (e) If the home provides care for children younger than 24 months, one hour of 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 annual training hours must be selected from the training topics specified in §747.1307(c) of this title (relating to What topics must the 15 clock hours of annual training for caregivers include?).

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.

§747.1311**When must the annual training be obtained?**

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

- Low (a) Your annual training must be obtained within 12 months from the date you are registered or licensed with us and during each subsequent 12-month period. If you obtain more than the minimum number of annual training clock hours required, you may not carry the additional hours over to the next year.
- Low (b) Annual training for each caregiver must be obtained within 12 months from the date of the caregiver's employment and during each subsequent 12-month period. If a caregiver obtains more than the minimum number of annual training clock hours required, this caregiver may not carry the additional hours over to the next year.

§747.1313**Who must have first-aid and CPR training?**

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

- High (a) The primary caregiver and any substitute caregiver must have current training in first aid with rescue breathing and choking. Pediatric first aid is preferred, but not required.
- Medium-High (b) The primary caregiver and any substitute caregiver, and one assistant caregiver for each group of children in care away from the child-care home, 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 AAP, 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 resources that meet the criteria in subsection (c) will help ensure that the techniques and information the caregiver receives is up to date.

§747.1315**Must child-care training 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 offered by local school districts, colleges or universities, or Licensing;
 - (2) Conferences on early childhood or early child development;
 - (3) Self-instructional materials, excluding CPR and first aid;
 - (4) Planned learning opportunities provided by child-care associations or Licensing;
- or

(continued)

(5) Planned learning opportunities provided by community resources, professional consultants, or a primary caregiver who 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.

§747.1317

Does Licensing approve training resources or trainers for training clock 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 clock hours. You should, however, ensure you and your caregivers 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 your training and the training for your assistant and substitute caregivers 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 you will receive and to preview the materials, before entering into an agreement to purchase any training.

§747.1319

If I am attending, or I have a caregiver who is attending, a college or 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 you can provide documentation of completion as specified in this division, then you may count this training toward the annual training requirement.

§747.1321

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

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

(no weight)

If the caregiver can provide documentation of training obtained within two months before coming to work at your child-care home, this training may apply toward the annual training requirement. If you apply this training to the annual requirement, you must adjust the annual training due dates accordingly.

§747.1323**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 §747.1315(b) of this title (relating to Must child-care training meet certain criteria?).

§747.1325**How many annual training clock hours may be obtained from self-instructional materials?**

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

- Low (a) An assistant or substitute caregiver may obtain no more than 12 of the required 15 clock hours of annual training from self-instructional materials.
- Medium-Low (b) The primary caregiver may obtain no more than 16 of the required 20 clock hours of annual training from self-instructional materials.
- Low (c) We may ask to review self-instructional materials to ensure training criteria are met.

Obtaining training in a group setting provides caregivers a break from the isolation of their work and promotes networking and support. It also provides an opportunity for caregivers to share knowledge about child-care practices and to gain exposure to different views and ideas about the best practices in child care.

§747.1327**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 training in each caregiver's personnel record at your child-care home. 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 caregiver can provide an original document upon request by Licensing. 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 caregiver can provide an original document upon request by Licensing.
- Low (c) You may obtain a signed statement stating the caregiver has received the orientation or you may use original certificates, as specified in this division.

Original certificates help to verify the person who actually received the training. A permit holder has the discretion to release training records to a caregiver upon leaving their employment.

Household Members, Volunteers, and People who Offer Contracted Services

§747.1401

Must members of my household meet specific qualifications?

Subchapter D, Personnel

Division 5, Household Members, Volunteers, and People who Offer Contracted Services

09/01/03

- High** (a) All household members who are 14 years old or older, who will regularly or frequently be present at your operation while children are in care, must meet the requirements in Subchapter F of Chapter 745 of this title (relating to Background Checks).
- (b) All household members who are 14 years old or older and who are regularly or frequently present while children are in care must also:
- Medium-Low** (1) Provide a copy of a health card or physician's statement verifying they are free of active tuberculosis if required by the regional Texas Department of [State Health Services] TB program or local health authority; and
- Medium** (2) Complete orientation to your child-care home.
- Medium-High** (c) Any household member who is counted in the child/caregiver ratio on more than ten separate occasions in one training year, whether paid or unpaid, must meet the minimum qualifications and training requirements for assistant caregivers specified in this subchapter.
- Medium-High** (d) Any household member who is left in charge of the child-care home in the absence of the primary caregiver, whether paid or unpaid, must meet minimum qualifications and training requirements for substitute caregivers specified in this subchapter.
- Medium-High** (e) A household member who is 14 years old or older, but is not regularly or frequently at the child-care home while children are in care, is not required to meet the qualifications or training requirements for caregivers specified in this subchapter, but must never be left alone with a child in care.

Training prepares caregivers routinely counted in the child/caregiver ratio with the necessary skills and knowledge to ensure the health and safety of the children in their care.

§747.1403

What must orientation to my child-care home for household members include?

Subchapter D, Personnel

Division 5, Household Members, Volunteers, and People who Offer Contracted Services

09/01/03

- Medium** The orientation must include the topics specified in §747.1305 of this title (relating to What should orientation to my child-care home include?).

§747.1405**What are the minimum qualifications and training requirements for volunteers and contractors?**

*Subchapter D, Personnel
Division 5, Household Members, Volunteers, and People who Offer Contracted Services
09/01/03*

Medium-High The minimum qualifications and training requirements for volunteers and contractors are the same as those specified in this division for household members.

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.

General Responsibilities for Caregivers and Household Members**§747.1501****What general responsibilities do caregivers have in my child-care home?**

*Subchapter D, Personnel
Division 6, General Responsibilities for Caregivers and Household Members
09/01/03*

- (a) You and all other caregivers are responsible for seeing that children are:
- High (1) Treated with courtesy, respect, acceptance, and patience;
 - High (2) Recognized and respected for their uniqueness as an individual;
 - High (3) Not abused, neglected, or exploited; and
 - High (4) Released only to a parent or a person designated by a parent.
- (b) You and all other caregivers must report suspected abuse, neglect, or exploitation to [DFPS] or law enforcement.
- (c) You and all other caregivers must also:
- High (1) Demonstrate competency, good judgment, and self-control in the presence of children;
 - High (2) Know and comply with the minimum standards specified in this chapter;
 - Medium-High (3) Know each child's name and have information showing the 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;
 - High (6) Be free from other duties not directly involving the teaching, care, and supervision of children, such as:
 - Medium-High (A) Administrative and clerical duties that take the caregiver away from the children except for brief periods, such as for necessary phone calls, as long as appropriate supervision is maintained; and
 - Medium-High (B) Janitorial duties, such as mopping, vacuuming, and cleansing bathrooms. Sweeping up after an activity or mopping up spills may be necessary for the children's safety and are not considered janitorial duties; and
 - Medium-High (7) Interact with children in a positive manner.

§747.1503**What does Licensing mean by “supervise children at all times”?***Subchapter D, Personnel**Division 6, General Responsibilities for Caregivers and Household Members**09/01/03*

Low

Supervising children at all times means the primary caregiver or substitute caregiver and assistant caregivers are 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) Layout of the home and play area; 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 understand young children’s behaviors are in the best position to safeguard their well-being.

A primary caregiver can also establish an understanding with parents regarding who (when the parent and when the caregiver) 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.

Child/Caregiver Ratios and Group Sizes

Determining Child/Caregiver Ratios and Group Sizes

§747.1601

What is child/caregiver ratio?

*Subchapter E, Child/Caregiver Ratios and Group Sizes
Division 1, Determining Child/Caregiver Ratios and Group Sizes
09/01/03*

Medium-Low The child/caregiver ratio is the maximum number of children one caregiver may be responsible for.

§747.1603

How do I determine child/caregiver ratio?

*Subchapter E, Child/Caregiver Ratios and Group Sizes
Division 1, Determining Child/Caregiver Ratios and Group Sizes
09/01/03*

In determining child/caregiver ratio, the following apply:

- Medium-Low (1) The total number of children you may supervise is determined by the ages of the children in the child-care home.
- 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 a qualified professional and is documented in the child's record.
- Medium (3) All children present, including children related to you, assistant and substitute caregiver's children, and drop-in and part-time children must be counted in the child/caregiver ratio, by age of the child, regardless of the length of time they are present.
- Medium (4) You must also count neighborhood children visiting your child-care home, if you are responsible for their care and supervision in the absence of the parent.

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 may also increase the danger of high caregiver stress and loss of control.

§747.1605

May I ever care for more than 12 children in my registered or licensed child-care home?

*Subchapter E, Child/Caregiver Ratios and Group Sizes
Division 1, Determining Child/Caregiver Ratios and Group Sizes
09/01/03*

Medium-Low No. The total number of children in care must never exceed 12, and may be fewer than 12 depending on the ages of the children in the child-care home. This number includes all children present in the child-care home and any children in your care away from the child-care home, such as those on a field trip or being transported.

§747.1607

May I reduce the number of caregivers supervising children during naptime?

*Subchapter E, Child/Caregiver Ratios and Group Sizes
Division 1, Determining Child/Caregiver Ratios and Group Sizes
09/01/03*

Medium-High No. You may not reduce the number of caregivers while children are napping.

§747.1609

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

*Subchapter E, Child/Caregiver Ratios and Group Sizes
Division 1, Determining Child/Caregiver Ratios and Group Sizes
09/01/03*

Medium No. You may not reduce the number of caregivers supervising the children during opening and closing times.

Regular Ratios and Group Sizes in the Registered Child-Care Home

§747.1701

How many children may I care for in my registered child-care home?

*Subchapter E, Child/Caregiver Ratios and Group Sizes
Division 2, Regular Ratios and Group Sizes in the Registered Child-Care Home
09/01/03*

Medium-High There must not be more children in your registered child-care home at the same time than is shown in the following chart:

Number of Children One Caregiver May Care for in a Registered Child-Care Home			
Number of children birth through 17 months old	Number of children 18 months and older	Number of children five years old and older after school hours	Maximum number of children allowed in the child-care home at any one time, including children related to the caregiver
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	4	10
1	4	5	10
1	3	6	10
1	2	7	10
1	1	8	10
1	0	9	10
2	4	2	8
2	3	3	8
2	2	4	8
2	1	5	8
2	0	6	8
3	3	1	7
3	2	2	7
3	1	3	7
3	0	4	7
4	2	0	6
4	1	1	6
4	0	2	6

§747.1703

If I have an additional caregiver present to supervise children in my registered child-care home, may I care for more children?

*Subchapter E, Child/Caregiver Ratios and Group Sizes
Division 2, Regular Ratios and Group Sizes in the Registered Child-Care Home
09/01/03*

Medium-High If your child-care home is registered, you may not increase the number of children in care if two or more caregivers are caring for the children.

Regular Ratios and Group Sizes in the Licensed Child-Care Home

§747.1801

How many children may I care for in my licensed child-care home?

*Subchapter E, Child/Caregiver Ratios and Group Sizes
Division 3, Regular Ratios and Group Sizes in the Licensed Child-Care Home
09/01/03*

Medium-High There must not be more children in your licensed child-care home at the same time than is shown in the following chart:

Number of Children One Caregiver May Care for in a Licensed Child-Care Home			
Number of children birth through 17 months old	Number of children 18 months through three years old	Number of children four years old and older	Maximum number of children one caregiver may supervise
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	6	4	11
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	5	3	10
2	4	4	10
2	3	5	10
2	2	6	10
2	1	7	10
2	0	8	10
3	2	1	6
3	1	2	6
4	0	0	4

§747.1803

If I have an additional caregiver present to supervise children in my licensed child-care home, may I care for more children?

*Subchapter E, Child/Caregiver Ratios and Group Sizes
Division 3, Regular Ratios and Group Sizes in the Licensed Child-Care Home
09/01/03*

Medium-High

If your child-care home is licensed, then the following child/caregiver ratio and maximum group size applies when two caregivers are caring for the children:

Number of Children Two Caregivers May Care for in a Licensed Child-Care Home		
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

§747.1805

Must I limit the ages of children in care if there are three or more caregivers present?

*Subchapter E, Child/Caregiver Ratios and Group Sizes
Division 3, Regular Ratios and Group Sizes in the Licensed Child-Care Home
09/01/03*

Medium-High

If your child-care home is licensed and more than two caregivers are present caring for the children, then you may care for 12 children of any age from birth through 13 years.

§747.1807

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

*Subchapter E, Child/Caregiver Ratios and Group Sizes
Division 3, Regular Ratios and Group Sizes in the Licensed Child-Care Home
09/01/03*

(no weight)

(a) If your child-care home was licensed as a group day care home before September 1, 2003, you have one year from September 1, 2003, to comply with regular ratios and group sizes for licensed child-care homes 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

Low

(b) A child-care home 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

§747.1901

Do I need additional caregivers when I take children away from my licensed or registered child-care home 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 home, including but not limited to, trips to the skating rink, shopping, public park, or amusement park, you must meet the following child/caregiver ratio:

Ratios for Field Trips		
Mixing with Other Children or Adults Away from the Child-Care Home		
If the age of the youngest child in the group is...	Then you must have (Number) adults to supervise...	Every (Number) children
0 through 23 months	1	3
2 years	1	6
3 years	1	6
4 years	1	9
5 years	1	11
6 years and older	1	12

- Medium-High (b) The child/caregiver ratio for field trips may include adult volunteers or household members who are not qualified as caregivers only for trips when children are mixing with children and adults who are not from your child-care home, as long as you maintain at least the regular ratio for your registered or licensed child-care home, as applicable, with qualified caregivers.
- Medium (c) You must maintain the regular child/caregiver ratio specified in this subchapter for registered and licensed child-care homes, as applicable, when children are on a field trip in an enclosed controlled area, including but not limited to, events planned only for your group such as library story time, tours of the fire department, or on a walk in the neighborhood.

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.

§747.1903

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) You must have one caregiver in addition to the driver if you transport more than four children who are younger than 24 months.
- Medium-High (b) When you transport children two years and older, you must comply with the regular child/caregiver ratio. The driver may be counted in this ratio if the driver meets the 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 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 Water Activities

§747.2001

Must I have additional caregivers for wading/splashing activities?

*Subchapter E, Child/Caregiver Ratios and Group Sizes
Division 5, Ratios for Water Activities
09/01/03*

- Medium-High (a) Whenever children use a wading or splashing pool (two feet of water or less), you must use the child/caregiver ratio for wading/splashing activities for all children in care.
- High (b) If there is more than one child under 24 months in care, a second adult must be present.
- Medium-High (c) 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 (Less Than Two Feet Deep)		
If the age of the youngest child is...	Then you must have (number) adults to supervise...	A maximum of (number) children.
0 through 23 months	1	1
	2	6
2 years	1	5
	2	11
3 years	1	6
4 years	1	12
5 years	1	12
6 years and older	1	12

§747.2003

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

*Subchapter E, Child/Caregiver Ratios and Group Sizes
Division 5, Ratios for Water Activities
09/01/03*

(no weight)

- (a) If your child-care home was registered as a family home 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 this division, 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 home during the one-year period beginning September 1, 2003:

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

Medium

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

§747.2005

What are the child/caregiver ratios for swimming activities?

*Subchapter E, Child/Caregiver Ratios and Group Sizes
Division 5, Ratios for Water Activities
09/01/03*

High

- (a) When your child-care home uses a swimming pool (more than two feet of water) and four or more children are swimming, there must be at least two caregivers present supervising the children who 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. You must use the following child/caregiver ratio for swimming activities:

Ratio for Swimming Pools (More Than Two Feet Deep)		
If the age of the youngest child in the group is...	Then you must have (number) adults to supervise...	Every (number) children.
0 through 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 of seeing children in the water requires closer supervision to reduce the risk of drowning.

§747.2007

Will I be given an opportunity to comply with the child/caregiver ratios, if my child-care home was registered or licensed before September 1, 2003?

*Subchapter E, Child/Caregiver Ratios and Group Sizes
Division 5, Ratios for Water Activities
09/01/03*

Low (a) If your child-care home was registered or 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 this division, 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 your child-care home during the one-year period beginning September 1, 2003.

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

Low (2) If your child-care home was licensed as a group day care home, the following ratio 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 months - 23 months	1
2 years	6
3 years	8
4 years and older	12

Low (3) If your child-care home was registered, the following ratio applies:

If the age of youngest child in the group is...	Then you must have (number of adults) adults to supervise...	Every (number of children) children.
6 months - 23 months	1	1
2 years or older	1	3
	2	4 or more

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

§747.2009

Must I have a certified lifeguard on duty when children are swimming in more than two feet of water?

*Subchapter E, Child/Caregiver Ratios and Group Sizes
Division 5, Ratios for Water Activities
09/01/03*

Medium-High Yes. When children are swimming in more than two feet of water, a certified lifeguard must be on duty at all times.

§747.2011**May I count the certified lifeguard in the child/caregiver ratio?**

*Subchapter E, Child/Caregiver Ratios and Group Sizes
Division 5, 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 home are swimming.
- Medium-High (b) If only children from your child-care home 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 child care home.

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.

§747.2013**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 5, Ratios for Water Activities
09/01/03*

- High Yes. Each person included in the child/caregiver ratio for swimming in two feet of water or more 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.

§747.2015**May I include volunteers or household members 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 5, 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 household members 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 child/caregiver ratios required in Division 2 of this subchapter (relating to Regular Ratios and Group Sizes in the Registered Child-Care Home), or Division 3 of this subchapter (relating to Regular Ratios and Group Sizes in the Licensed Child-Care Home), as applicable, 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.

§747.2017

Must I have additional caregivers for sprinkler play?

*Subchapter E, Child/Caregiver Ratios and Group Sizes
Division 5, 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.

Developmental Activities and Activity Plan

§747.2101

Must I provide planned activities for the children in my child-care home?

Subchapter F, Developmental Activities and Activity Plan
09/01/03

Medium

Yes. You must provide a planned program of activities designed to meet the individual needs and developmental levels of the children in the group.

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.

§747.2103

What should the activity plan include?

Subchapter F, Developmental Activities and Activity Plan
09/01/03

Your activity plan must include at least the following:

Medium

(1) A variety of creative activities;

Medium

(2) Indoor and outdoor play in which the children make use of both small and large muscles;

Medium

(3) A balance of active and quiet play, including group and individual activities both indoors and outdoors;

Medium

(4) Regular meal and snack times;

Medium

(5) Supervised naptimes or a period of rest for those children too old to nap;

Medium

(6) A variety of child-initiated and caregiver-initiated activities;

Medium

(7) Sufficient time for activities and routines so that children can progress at their own developmental rate; and

Medium

(8) 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 child care which offers 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.

§747.2105

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 §747.2317 of this title (relating to What activities must I provide for infants?), §747.2407 of this title (relating to What activities must I provide for toddlers?), §747.2507 of this title (relating to What activities must I provide for pre-kindergarten age children?), and §747.2607 of this title (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.

§747.2107

Am I required to have a written activity plan?

*Subchapter F, Developmental Activities and Activity Plan
09/01/03*

Medium

No. You are not required to have a written plan of activities, although you may find this helpful in planning for the various age groups in your care.

Basic Care Requirements for Children with Special Care Needs

§747.2201

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 other qualified professionals affiliated with the local school district or early childhood intervention program. These basic care requirements must be documented and kept at your child-care home for review 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

§747.2301

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-High (1) Individual attention given to each child including playing, talking, cuddling, and holding;
- Medium-High (2) Holding and comforting a child who is upset;
- Medium-High (3) Prompt attention given to physical needs, such as feeding and diapering;
- Medium-High (4) Talking to children as they are fed, changed, and held, such as naming objects, singing, or saying rhymes; and
- High (5) Ensuring objects less than 1 and 1/4 inches in diameter are kept out of the reach of children younger than three years.

Objects, materials and toys less than 1 and ¼ inches in diameter can be stored in places where children of certain age groups may not have access to them.

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.

§747.2303

How must I arrange the space where I care for infants?

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 infants and be able to intervene when necessary;
- Medium-High (2) Include safe, open, floor space for floor time play;
- Medium-High (3) Have cribs far enough apart so that one infant may not reach into another crib; and
- Medium-High (4) Provide caregivers enough space to walk and work between cribs, cots, and mats.

Infants need calm environments away from the stimulation of older children. This also reduces the risk of infectious respiratory diseases. 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.

§747.2305**What furnishings and equipment must I have available for the infants?**

*Subchapter H, Basic Care Requirements for Infants
09/01/03*

Furnishings and equipment for infants must include at least the following:

- Medium-High (1) An individual crib for each non-walking infant;
- Medium (2) An individual crib, cot, bed, or mat that is waterproof or washable for each walking infant;
- Medium-High (3) A sufficient number of toys to keep the children engaged in activities.

Recommendation: A chair or rocker allows the caregiver to hold, rock, comfort, talk, sing, and read to infants in an intimate, nurturing manner.

§747.2307**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.

§747.2309**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;
 - 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 when soiled and before another child uses the crib.
- High (c) You must never leave a child in a 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.

§747.2311**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 recommendations. 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;
- (2) You must never leave a child in a mesh-sided crib with a side folded down.

§747.2313**Are stacking wall cribs allowed?**

Subchapter H, Basic Care Requirements for Infants
09/01/03

Yes. Stacking wall cribs must meet the requirements specified in § 747.2309 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.

§747.2315**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 your child-care home:

- Medium-High (1) Baby walkers;
- Medium-High (2) Baby bungee jumpers;
- Medium-High (3) Accordion safety gates;
- High (4) Bean bags, waterbeds, and foam pads used as sleeping equipment; and
- High (5) 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.

(continued)

Baby bungee jumpers are not appropriate for use in a group setting. A caregiver, alone with children of mixed ages to supervise, would not be able to provide the one-on-one supervision this type of equipment requires, if they are to be used safely.

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.

§747.2317

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:

- Medium-High (1) Daily opportunities for outdoor play as weather permits;
- Medium (2) Opportunities to explore outside the crib or other confining equipment multiple times during 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;
- 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, or washable dolls, and toy animals;
- Medium-High (7) Opportunities for small-muscle development. Examples of age-appropriate equipment or activities include busy boxes, rattles, teething, 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, or 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).

§747.2319**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 who are unable to sit unassisted in a high chair or other seating equipment while feeding them;
- High (2) Not prop bottles. The child or an adult must hold the bottle;
- High (3) Provide regular snack and meal times for infants who eat table food;
- Medium-High (4) Ensure children no longer being held for feeding are fed in a safe manner;
- Medium-High (5) Label, color-code or otherwise distinguish among bottles and training cups used by different children;
- Medium-High (6) Not allow children to walk around with or sleep with a bottle or training cup;
- Medium-High (7) Not use the bathroom sink or diaper-changing surface for food preparation, or for washing food service/preparation equipment, bottles, pacifiers, or toys; and
- Medium-High (8) 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.

§747.2321**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 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.
- Medium (c) If your child-care home 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 section.

"Table food" refers to regular meals/snacks provided by the caregiver for all children.

Recommendation: 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.

§747.2323**Must I provide a regularly scheduled naptime for infants?**

Subchapter H, Basic Care Requirements for Infants
09/01/03

Yes. Each infant must have a nap period that:

- Medium (1) Allows the infant to maintain his or her own pattern of sleeping and waking periods; and
- Low (2) Allows the caregiver to supervise the infant according to §747.1503 of this title (relating to What does Licensing mean be “supervise children at all times”?).

§747.2325**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.

§747.2327**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.

§747.2329**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.

§747.2331

Must I share a daily report with parents for each infant in my care?

*Subchapter H, Basic Care Requirements for Infants
09/01/03*

(no weight)

No, you are not required to provide a daily written report to the child's parent.

Recommendation: Although a written report is not required, children benefit when caregivers share any significant information with the child's parents.

Basic Care Requirements for Toddlers

§747.2401

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-High (2) Individual attention given to each child including playing, talking, and cuddling;
- Medium-High (3) Holding and comforting a child that is upset; and
- High (4) Ensuring objects less than 1 and 1/4 inches in diameter be kept out of the reach of children younger than three years.

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.

§747.2403

How must I arrange the space where I care for toddlers?

Subchapter I, Basic Care Requirements for Toddlers
09/01/03

The toddler care area must include:

- Medium (1) Spaces in the child-care home that allow both individual and group time; and
- High (2) A play environment that allows the caregiver to supervise all children as defined in §747.1503 of this title (relating to What does Licensing mean by “supervise children at all times”?).

§747.2405

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 nap or rest equipment;
- Medium (2) Enough popular items are available so that toddlers are routinely engaged in either solitary or parallel play; and
- Medium (3) Containers or low shelving so items children can safely use without direct supervision are accessible to children during the activity.

§747.2407**What activities must I provide for toddlers?**

*Subchapter I, Basic Care Requirements for Toddlers
09/01/03*

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, 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, toddler-sized washable cars and trucks, 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, variety of light-weight balls for indoors and outdoors 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, tubs and tote bags (not plastic bags), and baskets for carrying and toting;
- Medium (7) Opportunities to develop self-help skills such as toileting, hand washing, and feeding themselves;
- Medium-High (8) Regular meal and snack times; and
- Medium-High (9) Naptimes, during which children should be supervised according to §747.1503 of this title (relating to What does Licensing mean by “supervise children at all times?”).

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.

Basic Care Requirements for Pre-Kindergarten Age Children

§747.2501

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.

§747.2503

How must I arrange the space used by pre-kindergarten age children?

Subchapter J, Basic Care Requirements for Pre-Kindergarten Age Children
09/01/03

Medium

The pre-kindergarten age care area(s) must include:

- (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 children's activities are visible to the supervising caregiver;

Medium

- (2) Space for furnishings and activities without limiting children's movement; and

Medium-High

- (3) Space that 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.

§747.2505

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:

Medium

- (1) Age-appropriate nap or rest equipment;

Medium

- (2) Enough popular items are available so that pre-kindergarten age children are routinely engaged in either solitary, parallel, or group play;

Medium

- (3) Containers or low shelving 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.

§747.2507

What activities must I provide for pre-kindergarten age children?

*Subchapter J, Basic Care Requirements for Pre-Kindergarten Age Children
09/01/03*

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 finger plays;
- 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, toy animals, and table games;
- Medium (7) Opportunities to develop self-help skills such as toileting, hand washing, returning equipment to storage area or containers, and serving and feeding themselves;
- Medium-High (8) Regular meal and snack times; and
- Medium-High (9) Naptimes, or a period of rest for those children too old to nap, during which children should be supervised according to §747.1503 of this title (relating to What does Licensing mean by “supervise children at all times”?).

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 §§747.2801-747.2811 for additional minimum standards on naptime.

Basic Care Requirements for School-age Children

§747.2601

What basic care requirements must I provide 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 and conversation with adults; and

Medium

(2) Physical care routines appropriate to each child's developmental needs.

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.

§747.2603

How must I arrange the space used by school-age children?

*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 that the caregiver can supervise the children according to §747.1503 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.

§747.2605

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:

Medium

(1) Workspace to do homework and table-top activities;

Medium

(2) Age-appropriate nap or rest equipment;

Medium

(3) Containers or shelving so items children can safely use without direct supervision are accessible to children during the activity.

§747.2607**What activities must I provide for school-age children?**

*Subchapter K, Basic Care Requirements for School-age Children
09/01/03*

Activities for school-age children must include at least the following:

- Medium (1) Study time for those who choose to do homework;
- 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 through balls and sports equipment, such as kick balls, baseballs, soccer balls, basketballs, skates, and horseshoes; riding equipment, such as kick scooters, skate boards, with knee pads, elbow pads, and helmets; and 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 §747.1503 of this title (relating to What does Licensing mean by “supervise children at all times?”).

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 §§747.2801-747.2811 for additional minimum standards on naptime.

Discipline

§747.2701

To what extent may I discipline the children in my care?

Subchapter L, Discipline
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.

§747.2703

What methods of discipline and guidance may I use?

Subchapter L, Discipline
09/01/03

- Medium-High You may only use positive methods of discipline and guidance that encourage self-esteem, self-control, and self-direction, and 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 the children 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, that 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.

§747.2705

What types of discipline and guidance or punishment are prohibited?

Subchapter L, Discipline
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;
- High (7) Subjecting a child to harsh, abusive, or profane language;

(continued)

- 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.

§747.2711

Must I have a written discipline and guidance policy?

*Subchapter L, Discipline
09/01/03*

- Medium-High No. You are not required to have a written discipline and guidance policy if you provide parents with a copy of this subchapter. If you have a written policy, it must comply with the rules in this subchapter.

§747.2713

Must I give a copy of my written discipline and guidance policy to parents, my caregivers, and household members?

*Subchapter L, Discipline
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.
- Medium-High (b) You must share your written discipline and guidance policy or a copy of this subchapter with caregivers and household members as required in §747.1305 of this title (relating to What should orientation to my child-care home include?).

§747.2715

How often must I update my written discipline and guidance policy?

*Subchapter L, Discipline
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 home showing that parents, caregivers, and household members have received a copy of your revised discipline and guidance policy.

Naptime

§747.2801

Must children have a naptime every day?

Subchapter M, Naptime
09/01/03

Medium-High You must provide a supervised sleep or rest period for all children 18 months or older who are in care for five or more consecutive hours, according to the child's individual physical needs. You may provide sleep or rest for each child who attends the child-care home for fewer than five hours and whose individual physical needs call for a rest period while the child is in care.

§747.2803

How long may the nap and rest time last each day?

Subchapter M, Naptime
09/01/03

Medium The planned sleep or rest period must not exceed three hours.

§747.2805

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.

§747.2807

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.

§747.2809

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 useable activity space;

Medium-High (3) Be arranged to provide a sufficient walk and work space for caregivers between each cot or mat; and

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.

§747.2811

May I darken the room while children are sleeping?

*Subchapter M, Naptime
09/01/03*

Medium-High

Yes, you may lower the lights, provided there is adequate lighting to allow visual supervision of all children in the group at all times.

Field Trips

§747.2901

May I take children away from my child-care home for field trips?

*Subchapter N, Field Trips
09/01/03*

- High (a) Yes. You must ensure the children's safety on field trips and excursions and during any transportation provided by the child-care home. Anytime you take a child away from the child-care home 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 away from your child-care home, including permission to transport the child, if applicable;
- Medium-High (2) You must carry emergency medical consent forms and emergency contact information for each child on the field trip;
- High (3) You 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 on the field trip;
- High (4) You must have a first-aid kit immediately available on all field trips;
- Medium-High (5) Each child must wear a shirt, name tag, or other identification listing the name and telephone number of the child-care home;
- Medium-High (6) Each caregiver must be easily identifiable by all children on the field trip, by wearing a hat, 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) You must ensure that a caregiver trained in CPR and first aid with rescue breathing and choking is present on the field trip.
- Medium-High (b) A walk around the caregiver's neighborhood must comply only with paragraphs (2) and (8) of subsection (a) of this section.

§747.2903

Must I notify parents before I take a child away from my child-care home 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 your child-care home.

§747.2907

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.

Nighttime Care

§747.3001

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 home 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.

§747.3003

May I provide nighttime care to children at my child-care home?

*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.

§747.3005

Must I stay awake while supervising children during nighttime care?

*Subchapter P, Nighttime Care
09/01/03*

- No. Caregivers supervising children during nighttime care in your child-care home do not have to be awake to supervise the children if:
- High (1) The children are asleep before the caregivers;
- High (2) The caregivers are on the same floor as the sleeping children; and
- High (3) The caregivers are close enough to the children to respond or intervene if a child awakens for feeding, becomes ill, is afraid of the dark, or in the event of an emergency.

§747.3007**What are the building, furnishing, 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 that lights the exit path and door);
- Medium-High (2) You cannot count a window as one of the child-care home's required fire exits;
- Medium-High (3) Each child 18 months old or older must be provided a cot, bed, or mattress that is waterproof or washable, and developmentally appropriate;
- Medium-High (4) Children younger than 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.

Additional safety precautions must be in place to protect sleeping children and to allow for timely evacuation in case of emergency.

§747.3009**Must I provide activities for children in nighttime care?**

*Subchapter P, Nighttime Care
09/01/03*

- Medium Activities and routines must meet the unique needs of children in night 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 and/or snack as specified in Subchapter Q of this chapter (relating to Nutrition and Food Service).

Nutrition and Food Service

§747.3101

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 home 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.

§747.3103

How often must I feed children in my care?

Subchapter Q, Nutrition and Food Service
09/01/03

- Medium-High (a) You must offer each child in care for less than four hours at least one snack as specified in §747.3107 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 at least 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 at least 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 home 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.

§747.3105

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

(continued)

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)

Medium-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.

(no weight)

(e) If your home 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.

A significant number of a child's waking hours may be spent in child care; therefore, the child's parent and the child-care home 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.

§747.3107**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 may 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.

§747.3109**May parents provide meals and/or snacks for their children instead of my child-care home providing them?**

Subchapter Q, Nutrition and Food Service
07/01/05

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 home 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 §747.3107 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; and

Medium (d) Meals and snacks provided by a parent must not be shared with other children, unless a parent is providing baked goods for a celebration or party being held at the operation.

Children with food allergies are at risk when they eat foods, which have not been prepared or served by their own parent or the primary caregiver who has knowledge of the food ingredients and individual children's needs.

§747.3111**How do I meet the needs of children who require special diets or do not want to eat foods I 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.

Medium (b) You must discuss recurring eating problems with the child's parent.

Medium (c) You may encourage, but 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 health-care professional.

§747.3113**Must I post and maintain daily menus?**

Subchapter Q, Nutrition and Food Service
09/01/03

No, however you must:

- Medium (1) Maintain menus showing all meals and snacks prepared and served at your child-care home for the previous three months.
- Medium (2) Keep a record of any substitutions made. Substitutions must be of comparable food value.
- Medium (3) Date the menus. If you rotate menus, there must be a record of which menu was used for each date.
- Medium (4) Make menus available to Licensing and parents for review upon request.

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 home and enables the parent to balance it with the food they serve at home.

§747.3115**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 fruit or vegetable group serving requirement.

§747.3117**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 stored, prepared, distributed, and served under sanitary and safe conditions, including at least the following:
 - Medium-High (1) You must sanitize food service equipment, dishes, and utensils after each use;
 - Medium-High (2) If your child-care home 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) You must serve children's food on plates, napkins, or other sanitary holders, such as a high chair tray, and you must not place them on a bare table or eating surface, which includes the floor;
 - High (6) You must not serve foods that present a risk of choking for infants and toddlers;
 - Medium-High (7) You must cover all food stored in the refrigerator; and
 - Medium-High (8) You must not store poisonous or toxic materials and cleaning supplies with food.

(continued)

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.

§747.3119

Must I serve meals family style?

Subchapter Q, Nutrition and Food Service
09/01/03

- Medium-High (a) No, you do not have to use family style meal service, although all meals and snack times must include adult supervision of children.
- Medium (b) If meals and snacks are served family style, you 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.

§747.3121

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 during tooth brushing activities.

Health Practices

Environmental Health

§747.3201

Must my child-care home have an annual sanitation inspection?

Subchapter R, Health Practices
Division 1, Environmental Health
09/01/03

Medium-High No. We do not require you to have an annual sanitation inspection, although your local ordinances may require this.

§747.3203

What steps must I take to ensure a healthy environment for children at my child-care home?

Subchapter R, Health Practices
Division 1, Environmental Health
09/01/03

Medium-High You must clean, repair, and maintain your child-care home, 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 daily or 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 and before another child uses them;
- 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 play tables daily and sanitizing;
- 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 home, inside and outside, free of insects, rodents, and offensive odors;
- Medium-High (9) Keeping all floors, ceilings, and walls in good repair and clean. Paints used at the child-care home must be lead-free;
- Medium-High (10) Keeping all parts of the child-care home 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 that 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 homes. Providing enough toys to rotate through the cleaning process allows children to stay in active play while maintaining a healthy environment.

§747.3205**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.

When diapers are being changed on consecutive children, allowing the bleach (disinfecting) solution to contact the surface at least two 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.

§747.3207**What is a disinfecting solution?**

Subchapter R, Health Practices
Division 1, Environmental Health
09/01/03

A disinfecting solution may be:

Medium

- (1) A self-made solution, prepared as follows:

Medium-High

(A) One tablespoon of regular strength liquid household bleach to each gallon of water used for sanitizing such items as, toys and eating utensils; or

(B) One-fourth cup of regular strength liquid household bleach to each gallon of water used for sanitizing 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.

§747.3209**May I use a dishwasher or washing machine to sanitize items at my child-care home?**

Subchapter R, Health Practices
Division 1, Environmental Health
09/01/03

Medium

Items that can 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.

§747.3211**When must caregivers wash their hands?**

Subchapter R, Health Practices
Division 1, Environmental Health
09/01/03

Caregivers 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 home;
- 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;
- Medium-High (11) After eating, drinking, or smoking; and
- Medium-High (12) After using any cleaners or chemicals.

When hand washing and cleaning routines are modeled, the children learn good health and safety practices.

§747.3213**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 or other water activities;
- 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.

§747.3215**How must children and caregivers wash their hands?**

Subchapter R, Health Practices
Division 1, Environmental Health
09/01/03

Medium-High

Children 18 months and older and caregivers must wash their hands with soap and running water. An alcohol-based hand sanitizer may be used by caregivers on visibly clean hands when soap and running water are not readily accessible, except before handling food. You must follow label directions when using alcohol-based hand sanitizers.

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 settings.

§747.3217**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.

§747.3219**Must I 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 home, several measures are available to adjust water temperature at a hand-washing sink.

§747.3221**Must I wear gloves when handling blood or body fluids containing blood?**

*Subchapter R, Health Practices
Division 1, Environmental Health
09/01/03*

Yes, caregivers must:

- Medium-High (1) Use disposable, nonporous gloves when handling blood or blood-containing body fluids or discharge from injured tissue;
- Medium-High (2) Discard the gloves immediately after one use; and
- Medium-High (3) Wash your hands after using and disposing of the gloves.

§747.3223**Must I use a licensed exterminator to treat my child-care home for insects, rodents, or other pests?**

*Subchapter R, Health Practices
Division 1, Environmental Health
09/01/03*

- Medium-High No, although you must keep your child-care home and yard free of insects, rodents, or pests.

§747.3225**Are there general precautions I must take when my child-care home is being treated for insects, rodents, or other pests?**

*Subchapter R, Health Practices
Division 1, Environmental Health
09/01/03*

Yes. You must do the following when your child-care home is being treated for insects, rodents, or other pests:

- Medium-High (1) Ensure children are not present in an area being treated with chemicals as required by label directions;
- Medium-High (2) Apply over-the counter products used for insects, rodent, and pest control only by following label directions;
- Medium-High (3) Minimize children's exposure to chemical residue that may be harmful to them, including odors;
- Medium-High (4) Store all pest control products according to label directions;
- Medium-High (5) Immediately dispose of dead insects and rodents in a safe and sanitary manner.

§747.3227**May I use water from a private water supply instead of a public water supply for my child-care home?**

*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 that the private water supply meets the requirements of the Texas Commission on Environmental Quality, if applicable.

§747.3229**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**§747.3301****What steps must I 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 the child with an individual cloth or disposable towel. You must discard the disposable towel after use and launder any cloth before using it 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;
- 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-High (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.

§747.3303**What equipment must I have for diaper changing?**

Subchapter R, Health Practices
Division 2, Diaper Changing
09/01/03

- (a) You must have a diaper-changing table or surface that is:
- Medium-High (1) Smooth, non-absorbent and easy to clean; and
- Medium-High (2) Located so that the caregiver using the diapering surface can supervise children at all times, as specified in §747.1503 of this title (relating to What does Licensing mean by “supervise children at all times?”).
- Medium-High (b) You must not use areas for diaper changing that children come in close contact with during play or eating, such as dining tables, sofas, or floor play areas.
- Medium-High (c) You must sanitize the diapering surface after each use, as specified in §747.3205 of this title (relating to What does Licensing mean when it refers to “sanitizing”?) or use a clean, disposable covering on the diapering surface that must be changed after each use.
- Medium-High (d) A diapering surface above 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. A crib with the sides up is considered safe.

A separate area used for diaper changing and/or changing of soiled underwear reduces contamination of other parts of the child-care environment.

§747.3307**What must I do to prevent the spread of germs when diapering children?**

Subchapter R, Health Practices
Division 2, Diaper Changing
09/01/03

- Medium-High (a) You must wash your hands after each diaper change. Refer to §747.3215 of this title (relating to How must children and caregivers 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 as specified in §747.3215 of this title.
- Medium-High (d) You must cover containers used for soiled diapers or keep them in a sanitary manner, such as placing soiled diapers in 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.

(continued)

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 two 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 two changing mats throughout the day, using one while another is sanitized and dries, provides an alternative to waiting between diaper changes.

Illness and Injury

§747.3401

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*

You must not admit an ill child for care if one or more of the following exists:

- Medium-High (1) The illness prevents the child from participating comfortably in child-care 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 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;
 - 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, wheezing, behavior changes, or other signs that the child may be severely ill; and
- 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.

§747.3403**What communicable diseases would exclude a child from attending my child-care home?**

*Subchapter R, Health Practices
Division 3, Illness and Injury
09/01/03*

Medium-High Communicable diseases that exclude a child from care 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.

§747.3405**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;
- High (3) Give appropriate attention and supervision until the parent picks the child up; and
- High (4) Give extra attention to hand washing and sanitation if the child has diarrhea or vomiting.

§747.3407**How should I respond to critical illness?**

*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;
- Medium (4) Contact the child's parent; and
- Medium (5) Ensure supervision of other children in the group.

Safety Practices

Safety Precautions

§747.3501

What safety precautions must I take to protect children in my child-care home?

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 child-proof covers or safety outlets;
 - Medium-High** (2) 220-volt electrical connections within any 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 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 children.

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 household 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.

§747.3503**How may 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 appears to endanger 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 home, 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 home, during transportation, or on field trips.
- High (d) People must not smoke or use tobacco products during operating hours in the child-care home, garage, 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.

§747.3505**Are firearms or other weapons allowed at my child-care home?**

Subchapter S, Safety Practices
Division 1, Safety Precautions
09/01/03

- High (a) Firearms, hunting knives, bows and arrows, or other weapons kept on the premises of a child-care home must remain in a locked cabinet inaccessible to children during all hours of operation, with the exception of law enforcement officials who are trained and certified to carry a firearm and ammunition.
- High (b) You must keep ammunition in a separate locked cabinet and inaccessible to children during all hours of operation.

§747.3507**May I have 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 for children's use and must remain in a locked cabinet, inaccessible to children during all hours of operation.

Medication

§747.3601

May I administer medications to children at my child-care home?

*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 caregivers 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 your child-care home;
- 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.

§747.3603

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 for up to a six-month period. The authorization must include symptoms to watch for.
- Medium-High (b) You must notify parents immediately after administering the medication and document this in the child's record as specified in this division.

§747.3605

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 make a record of 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 caregiver administering the medication, if it is not the primary caregiver.
- Medium (b) You must keep all medication records for three months after administering the medication.

§747.3607**How must I store medication that I administer to a child?**

*Subchapter S, Safety Practices
Division 2, Medication
09/01/03*

You must store medication 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.

§747.3609**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 home, or when the medication is out-of-date, or is no longer required for the child.

§747.3611**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, prior to the child's enrollment.

Animals at My Child-Care Home**§747.3701****What steps must I take to have animals at my child-care home?**

*Subchapter S, Safety Practices
Division 3, Animals at My Child-Care Home
09/01/03*

If you choose to have animals on the premises while children are in care, 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 into 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 home allows parents to decide whether to enroll their child and whether to prohibit or allow their child to have contact with the animals.

§747.3703**Must I keep documentation of vaccinations for the animals?**

*Subchapter S, Safety Practices
Division 3, Animals at My Child-Care Home
09/01/03*

- Medium-High (a) Yes. You must have documentation at your child-care home 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 home for all animals, such as dogs, cats, and ferrets, with the exception of 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.

§747.3705**Must I prevent children from having contact with certain animals while at my child-care home?**

*Subchapter S, Safety Practices
Division 3, Animals at My Child-Care Home
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 home and playground free of animals unfamiliar to you.
- (c) In addition to the animals specified in subsection (a) of this section, you must not allow children to play with:
- Medium-High (1) animals unfamiliar to you;
- Medium-High (2) animals familiar to you but showing behavioral changes that could be perceived as dangerous; and
- Medium-High (3) animals that could be dangerous, 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

§747.3801

Must I have a first-aid kit at my child-care home?

*Subchapter S, Safety Practices
Division 4, First-Aid Kits
09/01/03*

Medium-High Yes. You must have a first-aid kit available in the child-care home and on all field trips that is:

Medium (1) Clearly labeled;

Medium-High (2) Kept in a clean and sanitary manner;

Medium-High (3) Easily accessible to all caregivers and household members;

Medium-High (4) In a designated location; and

Medium-High (5) Kept out of the reach of children.

§747.3803

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 solutions 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

§747.3901

Who may I release children to?

Subchapter S, Safety Practices
Division 5, Release of Children
09/01/03

Medium-High You may 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 PRS 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.

§747.3903

How do I, or someone assisting me in my child-care home, 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 policies for 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 home transports children, the plan must include verifying the identity of a person to whom you release a child from a child-care home transportation vehicle.
- Medium-High (b) Your policies must include a reasonable means to record the identity of the individual, such as recording the driver's license number or car tag numbers, or making a copy of a valid photo identification or instant photograph of the individual. You must retain this information in the child's record for at least three months.
- Medium-High (c) You must instruct all caregivers and household members who are 14 years old and older who are regularly or frequently present while children are in care in your policies for the release of children, including the verification plan. Caregivers must handle the release of children in care.

Physical Facilities

Indoor Space Requirements

§747.4001

How many square feet of indoor useable activity space must I have for each child?

*Subchapter T, Physical Facilities
Division 1, Indoor Space Requirements
09/01/03*

Medium-High

Your registered or licensed child-care home must have at least 30 square feet of indoor useable activity space for each child in care.

Space in which children can freely move for exercise and development of physical skills is necessary to the well-being of children and ensures protection against overcrowding.

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.

§747.4003

May I care for 12 children if I do not have 30 square feet of indoor useable activity space?

*Subchapter T, Physical Facilities
Division 1, Indoor Space Requirements
09/01/03*

Medium-High

No. We will limit the number of children you may care for based on the indoor useable activity space in the child-care home.

§747.4005

What does Licensing mean by “indoor useable activity space”?

*Subchapter T, Physical Facilities
Division 1, Indoor Space Requirements
09/01/03*

Low

Indoor useable activity space is space that may be used by a child in the child-care home for a variety of activities specified in this chapter. You must demonstrate to us how the space will be used for at least the following activities:

- (1) Use of cribs and space to explore outside of the crib;
- (2) Use of interest centers or activity stations;
- (3) Space for meals and snack time;
- (4) Space for individual and group activities; and
- (5) Space for nap or rest time.

§747.4007

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

No, but you must be close enough to the younger children to interact with them and to intervene, if needed to protect them.

§747.4009

Do the indoor useable activity space requirements in §747.4001 of this title (relating to How many square feet of indoor useable activity space must I have for each child?) apply to my home if it was registered or licensed before September 1, 2003?

*Subchapter T, Physical Facilities
Division 1, Indoor Space Requirements
09/01/03*

(no weight) If you were registered or licensed before September 1, 2003, you are exempt from this requirement until your permit to operate is no longer valid.

§747.4011

How does Licensing determine the indoor useable activity space?

*Subchapter T, Physical Facilities
Division 1, Indoor Space Requirements
09/01/03*

- Low (a) We determine the useable activity space by:
- (1) Measuring all useable activity space at floor level;
 - (2) Rounding all measurements to the nearest inch;
 - (3) Excluding single-use areas. See §747.105(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 built-in bookcases, shelving, and storage/counter space that is not intended for use by children.
- Low (b) We use the sum of the measurements to calculate the useable 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.

§747.4013

May other programs use my indoor usable activity 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 useable activity space with other programs at the same time you have children in care.

Programs such as girl scouts, cub scouts, or other club or organizational activities conducted during operating hours in the activity space used for child care results in overcrowding and may place all of the children in the child-care home at risk, unless the only children attending these programs are the children in child care.

§747.4015**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. If your child-care home was registered or licensed before September 1, 2003, you have one year from September 1, 2003, to obtain written approval or relocate all care to the ground level.

Care for children above or below ground level entails different safety measures that must be considered to ensure safe evacuation of children in an emergency.

Outdoor Space Requirements**§747.4101****How many square feet of outdoor activity space must I have?**

*Subchapter T, Physical Facilities
Division 2, Outdoor Space Requirements
09/01/03*

Medium

Your registered or licensed child-care home must have 80 square feet of outdoor activity space for each child using the outdoor area at one time.

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.

§747.4103**Do the outdoor activity space requirements apply to my home if it was registered or licensed before September 1, 2003?**

*Subchapter T, Physical Facilities
Division 2, Outdoor Space Requirements
09/01/03*

(no weight)

If your child-care home was licensed or registered before September 1, 2003, you are exempt from the requirements in §747.4101 of this title (relating to How many square feet of outdoor activity space must I have?) until your permit to operate is no longer valid.

§747.4105**Must I fence the outdoor activity space area?**

*Subchapter T, Physical Facilities
Division 2, Outdoor Space Requirements
09/01/03*

Medium-High

You must enclose your outdoor activity space area with a fence at least four feet high, unless the only children using the outdoor area are five years old and older. The wall of a building may serve as part of the enclosure, provided it is at least four feet tall.

Enclosed outdoor areas keep pre-kindergarten age and younger children in a controlled area for their safety and ease of supervision.

§747.4107**Does the fence requirement apply to my home if it was registered or licensed before September 1, 2003?**

*Subchapter T, Physical Facilities
Division 2, Outdoor Space Requirements
09/01/03*

Medium If your child-care home was registered or licensed before September 1, 2003, you have one year from September 1, 2003, to enclose your outdoor activity space area.

§747.4109**How many exits must I have from my fenced outdoor activity space area?**

*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 your child-care home may count as one exit, but one exit must be away from the child-care home.

§747.4111**May I keep the gates leading into my outdoor activity area locked while children are in care?**

*Subchapter T, Physical Facilities
Division 2, Outdoor Space Requirements
09/01/03*

Medium-High Yes, but caregivers must be able to open the gates immediately in an emergency. For example, all caregivers would carry a key with them to open the locked exits. Caregivers must be able to demonstrate to Licensing staff that they can open the gate immediately.

§747.4113**Must the outdoor activity area be connected to the child-care home?**

*Subchapter T, Physical Facilities
Division 2, Outdoor Space Requirements
09/01/03*

Medium We must approve a plan to use an outdoor activity area that is not connected to your child-care home, such as a near-by park, schoolyard, or other alternative. All outdoor activity areas used by children must be accessible by a safe route. We will consider the following criteria before approving the plan:

- (1) Traffic patterns of vehicles and people in the area;
- (2) Ages of children in your care;
- (3) Availability of appropriate equipment;
- (4) Usage of the location by other groups when the children would be most likely to use it;
- (5) Safety hazards related to the crime rate for the area;
- (6) Accessibility to children and caregivers by foot or the availability of push carts or other means of transporting infants and toddlers;
- (7) Reasonable accessibility of restroom facilities; and
- (8) Ability to obtain assistance, if needed, when injury or illness occurs.

§747.4115**Must I comply with additional requirements if my plan to use an outdoor activity area not connected to my child-care home is approved by Licensing?**

*Subchapter T, Physical Facilities
Division 2, Outdoor Space Requirements
09/01/03*

Yes. If we approve an outdoor activity area not connected to your child-care home, you must:

- Medium (1) Give parents written notification of the location of the outdoor activity area, upon children's enrollment;
- Medium-High (2) Supervise children both during play and while traveling to and from the activity area; and
- Medium (3) Meet other conditions we specify, if applicable.

§747.4117**May other programs use the outdoor activity space at my child-care home 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 outdoor activity space at your child-care home with other programs at the same time children are in care.

Toilets and Sinks**§747.4201****How many sinks and toilets must I have for children's use?**

*Subchapter T, Physical Facilities
Division 3, Toilets and Sinks
09/01/03*

Medium-High You must have at least one sink and one flush toilet available for children's use. A urinal may not substitute for a toilet.

§747.4203**Where must the sink and toilet be located for children's use?**

*Subchapter T, Physical Facilities
Division 3, Toilets and Sinks
09/01/03*

- Medium (a) Sinks and toilets must be located inside the child-care home and allow supervision by caregivers as needed.
- Medium (b) Children must be able to safely and independently access the toilet.
- Medium (c) Children must be able to safely and independently access the sink for hand washing. For further information on hand washing, refer to §747. 3215 of this title (relating to How must children and caregivers wash their hands?).

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.

§747.4205**Must I supply soap and disposable towels for children's use?**

*Subchapter T, Physical Facilities
Division 3, Toilets and Sinks
09/01/03*

Medium You must equip sinks children use for hand washing with soap and running water. Single-use disposable towels or an individual towel labeled with the child's name may be provided for children to dry their hands.

§747.4207**May potty-chairs be used?**

*Subchapter T, Physical Facilities
Division 3, Toilets and Sinks
09/01/03*

Medium Yes. You may use potty-chairs, but a potty chair is not a substitute for a flush toilet required under §747.4201 of this title (relating to How many sinks and toilets must I have for children's use?).

§747.4209**Do I have to use toilets and sinks that are sized for children?**

*Subchapter T, Physical Facilities
Division 3, Toilets and Sinks
09/01/03*

Medium No, but you must equip a sink, urinal, or toilet that is too high for children to use safely and independently with anchored steps or a broad-based platform with a non-slip surface.

§747.4211**May the doors to the restrooms 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 caregivers at all times and must be demonstrated satisfactorily to Licensing staff upon request; and
 - Medium-High** (B) A caregiver must be present in or near the restroom 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

§747.4301

Must I use child-sized tables and chairs for children?

Subchapter T, Physical Facilities
Division 4, Furniture and Equipment
09/01/03

Medium No; however, you must ensure that any table or chair used by a child is safe, easy to clean, and of a height and size that the child can use it safely and easily.

§747.4303

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 old to sleep or rest on;
- 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.

§747.4305

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, baskets, 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 he recognizes as his own.

Labeling individual storage space for children teaches them independence, develops self-help skills, and ensures parents and children know which space holds the child's belongings.

§747.4307**Must I have a telephone at my child-care home?**

*Subchapter T, Physical Facilities
Division 4, Furniture and Equipment
09/01/03*

Medium-High Yes. You must have a working telephone or cellular phone at your child-care home with a listed telephone number. 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.

§747.4309**May I have indoor climbing 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) Hard floor surfaces, such as linoleum, wood, concrete, asphalt, or tile under indoor climbing equipment and platforms 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 §747.4601 of this title (relating to What does Licensing mean by the term "use zone"?).
- Medium-High (2) 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.
- Medium-High (3) Stairs and steps on indoor climbing equipment, regardless of height, must have handrails the children can reach. Rung ladders do not require handrails.

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.

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.

§747.4311**If my child-care home was registered or 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*

Low If your child-care home was registered or licensed before September 1, 2003, you have five years from September 1, 2003, to comply with the requirements specified in §747.4309(1) of this title (relating to May I have indoor climbing equipment, such as slides or lofts?).

Outdoor Safety and Play Equipment

Minimum Safety Requirements

§747.4401

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 home must be safe for the children as follows:

- High (1) The outdoor activity area 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 material as specified in §747.4707 of this title (relating to What are unitary surfacing materials?) and §747.4709 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 falling through the barrier, or becoming entrapped.

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".

§747.4403**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 home:

- 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.

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.

§747.4405**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 home:

- 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 vertical slide poles.

§747.4407**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) You or someone you designate must inspect the playground daily before children go out to play to ensure there are no hazards present.
- Medium-High (b) You must ensure hazards or defects identified during the daily playground inspections are repaired promptly, and must arrange for protection of the children, or you must prohibit use of the hazardous equipment, until repairs can be made.

Studies have linked inadequate maintenance of outdoor 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 operating hours who access the equipment.

Swings**§747.4501****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, unless they are on a swing set designed for residential use.

A composite play structure refers to playscapes, or structures containing equipment for a variety of activities, such as slides, climbing apparatus, bridges and platforms.

§747.4503**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 surface under the swing 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.

§747.4505**Are there additional safety requirements for tire swings (multi-axis swings)?**

*Subchapter U, Outdoor Safety and Play Equipment
Division 2, Swings
09/01/03*

Yes. Tire swings must also:

- 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 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 must be 30 inches or more when the tire is in a position closest to the support structure.

Playground Use Zones**§747.4601****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.

§747.4603**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.

§747.4605**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.

§747.4607**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 a to-fro swing (single-axis swing) must extend twice the height of the vertical distance from the swing beam to the surface 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.

§747.4609**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 a 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 in 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 structure must be at least six feet, and may overlap the use zone on the sides of an adjacent swing support structure.

§747.4611**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.

§747.4613**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 or rotating equipment must not overlap any other use zone.

§747.4615**Do these use zone requirements apply to my child-care home if it was registered or licensed before September 1, 2003?**

*Subchapter U, Outdoor Safety and Play Equipment
Division 3, Playground Use Zones
09/01/03*

- Low (a) If your child-care home was registered or licensed before September 1, 2003, you must at least maintain the following use zones until 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 home registered or 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 home 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 permit to operate is no longer valid.

Playground Surfacing**§747.4707****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.

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.

Equipment heights can double the probability of a child getting injured from a fall. 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.

§747.4709**How should unitary surfacing materials be installed?**

*Subchapter U, Outdoor Safety and Play Equipment
Division 4, Playground Surfacing
09/01/03*

- Medium-High** (a) If you use unitary materials, they must be installed and maintained according to manufacturer's specifications.
- Medium** (b) Unitary materials may be installed over concrete or asphalt, only if recommended by the manufacturer.

§747.4711**What documentation must I keep at my child-care home if I use unitary surfacing materials?**

*Subchapter U, Outdoor Safety and Play Equipment
Division 4, Playground Surfacing
09/01/03*

- Medium-High** 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 your child-care home and made available for review by parents and Licensing staff upon request during hours of operation.

Swimming Pools and Wading/Splashing Pools

§747.4801

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 §747.2005 of this title (relating to What are the child/caregiver ratios for swimming activities?) and other safety requirements specified in §747.2009 and §747.2013 of this title (relating to Must I have a certified lifeguard 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 home:

- 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 a child is present;
- High (6) Caregivers 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; and
- High (8) An adult must be present who is able to immediately turn off the pump and filtering system when a child is in a pool.

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.

§747.4803

How should the swimming pool be built and maintained?

*Subchapter V, Swimming Pools and Wading/Splashing Pools
09/01/03*

- High Swimming pools at the child-care home must be maintained according to the standards of the Texas Department of Health, and any other state or local regulations.

§747.4805

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.

§747.4807**How must I prevent children's unsupervised access to a swimming pool at my child-care home?**

Subchapter V, Swimming Pools and Wading/Splashing Pools
09/01/03

- High (a) You must prevent children from entering the pool area by a wall, fence, or other durable impenetrable barrier at least four feet high.
- 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 home 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.

The AAP recognizes an effective barrier as one that prevents a child from getting over, under, or through it and keeps the children from gaining access to the pool or body of water.

§747.4809**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.

The Centers for Disease Control-National Center for Injury Prevention and Control recommends that whenever young children are swimming, playing or bathing in water, an adult should be watching them constantly, and should not read, play cards, talk on the telephone, mow the lawn, or do any other distracting activity while watching children in or near a body of water. Child drowning is a silent death; splashing may not occur to alert someone that the child is in trouble.

§747.4811**If I do not have a fence around the pool at my child-care home before September 1, 2003, will I have an opportunity to comply?**

Subchapter V, Swimming Pools and Wading/Splashing Pools
09/01/03

- Low Yes. If your child-care home was registered or licensed before September 1, 2003, you have one year from September 1, 2003, to comply with this requirement. You must continue to prevent children's unsupervised access to the pool.

§747.4813**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) used at your child-care home must be:

Medium-High

(1) Stored out children's reach when not in use;

High

(2) Drained and sanitized at least daily; and

High

(3) Stored so they cannot hold water.

Medium-High

- (b) You must comply with the safety precautions specified in §747.4801 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 home.

Wading/splashing pools with no filtering system are meant to be drained, sanitized and stored out of children's reach after each use.

§747.4815**Are there specific safety requirements for sprinkler play?**

Subchapter V, Swimming Pools and Wading/Splashing Pools
09/01/03

Medium-High

You must not allow sprinkler equipment to be used by children on or near a hard, slippery surface, such as a driveway, sidewalk, or patio. You must store sprinkler equipment and water hoses so that they do not present a hazard to children.

§747.4817**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

§747.4901

Must I have a fire inspection of my child-care home?

*Subchapter W, Fire Safety and Emergency Practices
Division 1, Fire Inspection
09/01/03*

High

We do not regulate fire inspections and do not require that you have a fire inspection as part of these minimum standards; however your local ordinances may require one. If you want to care for children above or below the ground floor of your child-care home, you must obtain written approval from the state or local fire marshal as specified in §747.4015 of this title (relating to May I care for children above or below ground level?).

Emergency Evacuation and Relocation

§747.5001

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 must be routinely practiced at different times during hours of operation.

§747.5003

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 household members, caregivers, and volunteers.

High

(b) You must designate an adult to call, or you must call the fire department in case of fire or danger of fire, explosion, toxic fumes, or other chemical release. Evacuate the children and make the call from another location in the event of toxic fumes or other chemical release inside the child-care home.

Medium-High

(c) You must designate an adult to be responsible or you must be responsible for securing emergency numbers and emergency medical authorization for the children in care during the emergency.

Medium-High

(d) You must ensure all children in attendance at the time of the emergency are accounted for at the designated safe area.

§747.5005**How often must 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 child-care home within three minutes.
- Medium-High (b) You must practice a severe weather drill at least once every six months.

Recommendation: Practice your drills at different times of the day to include various children and/or caregivers engaged in different activities.

§747.5007**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 Your emergency evacuation and relocation diagram must be on file at your child-care home and must show the following:
- Medium-High (1) A floor plan of your child-care home;
- 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 the child-care home where all adults and children meet to ensure everyone has exited the home safely; and
- Medium-High (4) The designated location inside the home where all adults and children take shelter from threatening weather.

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.

§747.5009**Must I post an emergency evacuation and relocation diagram?**

*Subchapter W, Fire Safety and Emergency Practices
Division 2, Emergency Evacuation and Relocation
09/01/03*

- Medium-High No. You are not required to post an emergency evacuation and relocation diagram, however, if you leave a substitute in charge of your child-care home, a copy of the diagram must be readily accessible to the substitute caregiver.

§747.5011**How many exits must my child-care home have?**

*Subchapter W, Fire Safety and Emergency Practices
Division 2, Emergency Evacuation and Relocation
09/01/03*

- Medium-High (a) Your child-care home must have at least two exits to the outside, located in distant parts of the home.
- High (b) You must be able to immediately open any locked doors used as exits.
- High (c) You must not count doors that are blocked as exits.
- Medium-High (d) An exit through a kitchen or other hazardous area may not be one of the required exits.

Two exits located in different parts of the home are required to ensure an alternative exit exists if fire or other hazards blocks one exit.

§747.5013**May I count a window as one of the designated exits for my child-care home?**

*Subchapter W, Fire Safety and Emergency Practices
Division 2, Emergency Evacuation and Relocation
09/01/03*

- Medium-High Yes. You may count a window as an exit if all children in care and caregivers are physically able to get through the window to the ground outside the child-care home safely and quickly.

§747.5015**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 battery-powered source of emergency lighting readily accessible in case of electrical failure.

Fire Extinguisher and Smoke Detection System**§747.5101****Must my child-care home have a fire-extinguishing system?**

*Subchapter W, Fire Safety and Emergency Practices
Division 3, Fire Extinguisher and Smoke Detection System
09/01/03*

- High Yes. Your child-care home must have a fire-extinguishing system. This may be a sprinkler system and/or fire extinguishers. The local or state fire marshal must approve a sprinkler system.

§747.5103**What type of fire extinguisher am I required to have?**

*Subchapter W, Fire Safety and Emergency Practices
Division 3, Fire Extinguisher and Smoke Detection System
09/01/03*

- Medium-High (a) You must have at least one 3A-40BC dry chemical fire extinguisher, or one approved by a local or state fire marshal.
- Medium-High (b) If you were registered or licensed before September 1, 2003, you may use at least one 40BC rated fire extinguisher until your fire extinguisher is due to be serviced or your permit to operate is no longer valid.

§747.5105**Where must I mount the fire extinguisher?**

*Subchapter W, Fire Safety and Emergency Practices
Division 3, Fire Extinguisher and Smoke Detection System
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. The fire extinguisher must be readily available for immediate use by household members and caregivers. If a state or local fire marshal has different mounting instructions, you may follow those instructions.

The first priority for caregivers is to remove the children from the home 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.

§747.5107**How often must I inspect and service the fire extinguisher?**

*Subchapter W, Fire Safety and Emergency Practices
Division 3, Fire Extinguisher and Smoke Detection System
09/01/03*

Medium-High

(a) You must inspect the fire extinguisher monthly. You must record the date of the fire extinguisher inspection and keep this at your child-care home.

Medium-High

(b) You must service the fire extinguisher as required by the manufacturer's instructions, or as required by the state or local fire marshal.

§747.5109**How often must I inspect my sprinkler system?**

*Subchapter W, Fire Safety and Emergency Practices
Division 3, Fire Extinguisher and Smoke Detection System
09/01/03*

Medium-High

If you use a sprinkler system, the system monitoring company or a local or state fire marshal must test the system at least annually. Document the date of the inspection, and the name and telephone number of the inspector. Keep the most recent inspection report at your child-care home.

§747.5111**Must my child-care home have a smoke-detection system?**

*Subchapter W, Fire Safety and Emergency Practices
Division 3, Fire Extinguisher and Smoke Detection System
09/01/03*

High

Yes. Your child-care home 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.

§747.5113**How must smoke detectors be installed at my child-care home?**

*Subchapter W, Fire Safety and Emergency Practices
Division 3, Fire Extinguisher and Smoke Detection System
09/01/03*

High Smoke detectors must be installed and maintained according to the manufacturer's instructions, or in compliance with the state or local fire marshal's instructions.

§747.5115**How often must the smoke detectors at my child-care home be tested?**

*Subchapter W, Fire Safety and Emergency Practices
Division 3, Fire Extinguisher and Smoke Detection System
09/01/03*

High You must test all smoke detectors monthly, record the date of the inspection, and keep this record at your child-care home for review by Licensing during hours of operation.

The primary caregiver can easily handle a monthly test of the smoke detector(s). Monthly testing ensures the smoke detector(s) are working properly and helps ensure the safety of the children and caregivers in case of fire.

§747.5117**How often must I have an electronic smoke alarm system tested?**

*Subchapter W, Fire Safety and Emergency Practices
Division 3, Fire Extinguisher and Smoke Detection System
09/01/03*

Medium-High If you use an electronic smoke alarm system, the monitoring company, or state or local fire marshal must test the system at least annually. You must keep documentation of the inspection at the child-care home that indicates the date of the inspection and the inspector's name and telephone number.

Gas and Propane Tanks**§747.5201****Must I have my child-care home inspected for gas leaks?**

*Subchapter W, Fire Safety and Emergency Practices
Division 4, Gas and Propane Tanks
09/01/03*

Medium-High We do not require that your home have a gas leak inspection as a part of these minimum standards; however, your local ordinances may require one.

Heating Devices

§747.5301

What steps must I take to ensure that heating devices used at my child-care home 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.

Heating equipment is the second leading cause of ignition in fatal house fires. Heating equipment that is kept in good repair is less likely to cause fires.

Proper venting 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

§747.5331

Must my child-care home have a carbon monoxide detection system?

Subchapter W, Fire Safety and Emergency Practices
Division 6, Carbon Monoxide Detection Systems
01/01/04

- High** A registered or licensed child-care home 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.

Heating equipment is the second leading cause of ignition in fatal house fires. Heating equipment that is kept in good repair is less likely to cause fires.

Proper venting 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.

§747.5333

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.

§747.5335**How many carbon monoxide detectors must be installed in my child-care home and how must they be installed?**

*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 home or does not have specific requirements for installation of carbon monoxide detectors, follow the manufacturer's instructions for proper location and installation of detectors.

§747.5337**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 and the date of installation of new batteries; and
- Medium-High (4) Keep this documentation at the home 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 inspects and tests the system at least annually;
- Medium (2) Keep the most recent inspection report at the child-care home for review during hours of operation;
- Medium-High (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

§747.5401

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 home including, but not limited to, transportation between the child's home and school, the child's home and your home, your home and school, your home and field trip locations, or other drop-off locations authorized by the parent.

§747.5403

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.

§747.5405

What safety precautions must I take when loading and unloading children from the vehicle?

*Subchapter X, Transportation
09/01/03*

- (a) 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 not leave a child unattended in a vehicle.

High

- (b) For all vehicles other than a bus with a GVWR of 10,000 pounds or more, you must ensure all children are secured in the appropriate child passenger safety system or safety belt before starting the vehicle and during all times the vehicle is in motion.

§747.5407**What safety seat system must I use when I transport children?**

Subchapter X, Transportation
09/01/06

High For 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 manufacturers' 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 all children, including children related to you:

	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 old 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 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 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.

§747.5409**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 during all times the vehicle is in motion.

Medium-High (b) All other 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.

§747.5411**May parents provide the child passenger safety seat equipment required for their child?**

Subchapter X, Transportation
09/01/03

Medium-High

Yes. Parents may provide the child passenger safety seat system for use in transporting their child, if 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.

§747.5413**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.

§747.5415**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.

§747.5417**Must I carry specific equipment in the vehicle I use to transport children in my care?**

Subchapter X, Transportation
09/01/03

You must have the following in each vehicle used 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; and

High

(3) Parent's names and telephone numbers and emergency telephone numbers for each child being transported.

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.

§747.5419

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 on handling emergency breakdowns and accidents, including vehicle evacuation procedures, supervision of the children, and contacting emergency help.

§747.5421

Must I have a communications device in the vehicle?

*Subchapter X, Transportation
09/01/03*

(no weight)

No, you are not required to have a communications device such as a cellular phone, message pager, or two-way radio in the vehicle unless you are on a field trip.

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.

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- (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.

(continued)

- (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;
 - (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.
- (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.

(continued)

- (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) Notwithstanding 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.	<p>Yes, for all offenses listed above that do not bar a person from being present in the operation while children are in care.</p> <p>No, for offenses listed above that bar a person from being present in an operation while children are in care.</p>	<p>Yes, for all offenses listed above that do not bar a person from being present in the operation while children are in care.</p> <p>No, for offenses listed above that bar a person from being present in an operation while children are in care.</p>

§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

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- §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

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To Order the Communicable Disease Chart for Schools and Child-Care Centers

07/01/2005

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

07/01/2005

- 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

07/01/2005

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

07/01/2005

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 * Cold sores Conjunctivitis Head Lice Impetigo Ringworm Scabies Influenza * Hepatitis B * Pertussis * Pneumonia	Chickenpox * Common Cold Diphtheria Fifth Disease Bacterial Meningitis * Hand-Foot-Mouth Disease Impetigo Measles * Mumps * Rubella * Influenza *	<i>Campylobacter</i> * * <i>E. coli</i> 0157;H7 * * Enterovirus <i>Giardia</i> Hand-Foot-Mouth Disease Hepatitis A * Infectious Diarrhea Pinworms Polio * <i>Salmonella</i> * * <i>Shigella</i> Cryptosporidosis	Cytomegalovirus Hepatitis B * Hepatitis C HIV infection
* Vaccines are available for preventing these diseases * * Often transmitted from infected animals through foods or direct contact			

Communicable Diseases

07/01/2005

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 38°C (100.4°F) 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 lymph 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 lymph 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	Egg
Dried peas or beans	Tofu
Vegetable protein mixed with meat, poultry, or fish	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	Cornbread
Enriched white bread	English muffin
French, Italian, Vienna	Tortilla (corn or flour)
Raisin	Pita
Bagels	Waffles or pancakes
Crackers: saltines, graham, rice, zwieback, Melba toast	

Cereals

Cooked oatmeal, grits, or farina	Ready-to-eat wheat, corn, rice, or oat
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Cooked grains

Rice	Bulgur
Pasta	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: Special Senses and Communication Disorders Act

Texas Health and Safety Code, Chapter 36

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.

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- swings, bucket:
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- swings, multi-axis or tire
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 - measurement of use zone — *See Rule 747.4609*
- table food: infants — *See Rule 747.2321*
- TB exam requirement — *See Rule 747.629*
- telephone numbers: required posting — *See Rule 747.403*
- telephone: required at the child-care home — *See Rule 747.4307*
- television: as part of planned activities — *See Rule 747.2105*
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- testing for tuberculosis — *See Rule 747.629*
- Texas Commission on Environmental Quality — *See Rules 747.3227, 747.3229*
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 - swimming pool standards — *See Rule 747.4803*
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