Minimum Standards

For

Child-Care Homes

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Minimum Standards
For
Child-Care Homes

Texas Department of Family and Protective Services
Licensing Division
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Minimum Standards

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. These minimum standards are developed by the Texas Department of Family and Protective Services (DFPS) with the assistance of child-care operations, parents, lawyers, doctors, and other experts in a variety of fields. The child-care licensing law sets guidelines for what must be included in the standards. The Administrative Procedure and Texas Register Act require that proposed standards be published for public comment before they are adopted as rules. The department considers recommendations from interested persons or groups in formulating the final draft, which is filed as rules with the Secretary of State. Standards are a product of contributions from many people and groups and thus reflect what the citizens of Texas consider reasonable and minimum.

The minimum standards are also 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.*

Maintaining Compliance

It is essential that operation employees and caregivers recognize four critical aspects of Licensing’s efforts to protect the children in care and to help operation employees and caregivers comply with the law, rules, and standards. The four aspects are:

- Inspection
- Technical assistance
- Investigations
- Caregiver’s rights and entitlements

The Inspection

Various aspects of regulated operations are evaluated for compliance with the minimum standards, rules, and law during regular inspections. The emphasis on these inspections is to prevent risk to children in care. All operations are assigned a monitoring frequency based on their compliance history.

A deficiency is any failure to comply with a standard, rule, law, specific term of the permit or condition of evaluation, probation, or suspension. During any inspection, if licensing staff find that the operation does not meet minimum standards, rule, or law, the areas of deficiency are discussed with appropriate operation employees and caregivers. Technical assistance and consultation on the problem areas are provided. Operation employees and caregivers are given the opportunity to discuss disagreements and concerns with licensing staff. If the concerns are not resolved, the operation may request an administrative review.
Technical Assistance

Licensing staff are available to offer consultation to potential applicants, applicants, and permit holders regarding how to comply with minimum standards, rules, and laws. Licensing staff often provide technical assistance during inspections and investigations. However, technical assistance can be requested at any time.

The Child Care Licensing section of the DFPS web site also has a Technical Assistance Library. The Technical Assistance Library allows you to view or download articles and information about a variety of topics related to child care. The DFPS web site is www.dfps.state.tx.us.

Also, “Helpful Information” and “Best Practice Suggestion” follow certain standards in this publication. This information is not a necessary component of meeting standards, but rather it is provided to help you meet the standards in a way best suited for your operation.

Investigations

When a report to Licensing alleges abuse or neglect, standards deficiency, or a violation of law or rule, licensing staff must investigate the report, notify the operation of the investigation, and provide a written report to the operation of the investigation results within prescribed time frames.

Your Rights and Entitlements

Waivers and Variances

If an operation is unable to comply with a standard for economic reasons, or wishes to meet the intent of a standard in a way that is different from what the standard specifies, a waiver or variance of the standard may be requested. The request is made in writing to the operation’s assigned Licensing Representative.

Administrative Review

If an operation disagrees with a Licensing decision or action, the operation may request an administrative review. The operation is given an opportunity to show compliance with applicable law, rule, minimum standards, license restrictions and/or license conditions.

Appeals

An operation may request an appeal hearing on a Licensing decision to deny an application or revoke or suspend a permit or a condition placed on the permit after initial issuance.

Appeal hearings are conducted by the State Office of Administrative Hearings (SOAH).

For Further Information

It is important that operation employees and caregivers clearly understand the purpose of minimum standards and the reasons for Licensing’s inspections. Do not hesitate to ask questions of licensing staff that will help you understand any aspect of Licensing. You may obtain information about licensing standards or procedures by calling your local Licensing office or by visiting the DFPS web site at www.dfps.state.tx.us.
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.
Minimum Standards for Child-Care Homes

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  
Internet website: [http://www.healthychildcaretexas.org/index.htm](http://www.healthychildcaretexas.org/index.htm)

**Developmentally Appropriate Practice in Early Childhood Programs**  
National Association for the Education of Young Children (NAEYC)  
Internet website: [http://www.naeyc.org/](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)  
Internet website: [http://www.aap.org/](http://www.aap.org/)

**Handbook for Public Playground Safety**  
U.S. Consumer Product Safety Commission (CPSC)  
Internet website: [http://cpsc.gov/](http://cpsc.gov/)

**National Program for Playground Safety (NPPS)**  
School of Health, Physical Education & Leisure (HPELS), WRC 205  
University of Northern Iowa  
Internet website: [http://www.uni.edu/playground](http://www.uni.edu/playground)

**The Creative Curriculum for Early Childhood**  
Contributing authors Marilyn Goldhammer and Laura J. Colker  
Published by Teaching Strategies, Inc.  
Internet website: [http://www.teachingstrategies.com/](http://www.teachingstrategies.com/)

**Texas Child Care**  
Published by the Texas Workforce Commission  
Subchapter A, Purpose and Definitions

§747.101 What is the purpose of this chapter?
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?
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 Family and Protective Services.

§747.105 What do certain words and terms mean when used in this chapter?
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 inservice days.

(6) Age-appropriate – Activities, materials, curriculum, and environment that are developmentally consistent with the chronological age of the child being served.

(continued)
(7) **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.

(8) **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.

(9) **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.

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

(11) **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.

(12) **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).

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

(14) **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.

(15) **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.

(16) **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.

(17) **Child-care location** – The street address of the child-care home and the lot on which the building is located.

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

(19) **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.

(20) **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.

(21) **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.

(continued)
(22) **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.

(23) **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.

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

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

(26) **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.

(27) **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.

(28) **Field trips** – Activities conducted away from the child-care home.

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

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

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

(32) **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.

(33) **Health check** – A visual or physical assessment of a child to identify potential concerns about a child’s health, including signs or symptoms of illness and injury, in response to changes in the child’s behavior since the last date of attendance.

(34) **Health-care professional** – A licensed physician, licensed registered nurse with appropriate advanced practice authorization from the Texas Board of Nursing, a licensed vocational nurse (LVN), licensed registered nurse (RN), or other licensed medical personnel providing health care to the child within the scope of his license. This does not include medical doctors or medical personnel not licensed to practice in the United States.

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

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

(37) **Inflatable** – An amusement ride or device, consisting of air-filled structures designed for use, as specified by the manufacturer, that may include but not be limited to bounce, climb, slide, or interactive play. They are made of flexible fabric, kept inflated by continuous air flow by one or more blowers, and rely upon air pressure to maintain their shape.

(continued)
(38) **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.

(39) **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.

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

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

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

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

(44) **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.

(45) **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.

(46) **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.

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

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

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

(50) **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.

(51) **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?

(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.

(b) 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?

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?

(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.

(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?)

(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

July 2005

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.
Subchapter B, Administration and Communication

Division 1, Primary Caregiver

§747.201 Who is a primary caregiver?

(a) The primary caregiver is the person responsible for ensuring that the home operates in compliance with these minimum standards and the licensing laws. The primary caregiver of a licensed or registered child-care home must:

(1) 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?)

(2) Be the permit holder unless the primary caregiver forms a business entity that is the permit holder for the home.

(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?

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:

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

(2) Know their responsibilities while in charge;

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

(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?

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
December 2010

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;

Medium-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;

Medium-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, program activities, the home, the grounds, and the equipment, 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);

Medium-High
(8) Ensuring all information related to background checks is kept confidential as required by the Human Resources Code, §40.005(d) and (e);

High
(9) 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
September 2003

(no weight) No. We do not require you to have liability insurance.
Division 2, Required Notifications

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

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) Planned closure of five consecutive days or more, during designated hours of operation when the operation is not caring for children, with the exception of nationally recognized holidays; 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?

(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 deemed notifiable by 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 person for which you are required to request a background check under Chapter 745, Subchapter F of this title (relating to Background Checks) is arrested or charged with a crime;

(continued)
(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; and

(6) A new individual becomes a controlling person at your operation, or an individual that was previously a controlling person ceases to be a controlling person at your operation.

(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 include sewer backups, flood, fire or storm damage, or the lack of running water. 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
December 2010

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

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

(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);

(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

(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.

(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.

(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 deemed notifiable by the Texas Department of State Health Services as specified in 25 TAC 97, Subchapter A (relating to Control of Communicable Disease).

(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.
Division 3, Required Postings

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

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:

1. The child-care home’s license or registration certificate;
2. The letter or form from the most recent Licensing inspection or investigation;
3. The Licensing notice *Keeping Children Safe*;
4. Telephone numbers specified in this division;
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
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?

(a) You must post the following telephone numbers:

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;
2. Poison control;
3. DFPS child abuse hotline;
4. Nearest Licensing office telephone number and address; and
5. Your name, home address, and telephone number.

(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.
Division 4, Operational Policies

§747.501 What written operational policies must I have?

You must develop written policies that at a minimum address each of the following:

1. Procedure for release of children;
2. Illness and exclusion criteria;
3. Procedures for dispensing medications, or a statement that medication is not given;
4. Procedures for handling medical emergencies;
5. Discipline and guidance practices;
6. Animals, if applicable;
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;
8. The procedures for parents to review a copy of the minimum standards and the child-care home’s most recent Licensing inspection report;
9. Instructions on how a parent may contact the local Licensing office, DFPS child abuse hotline, and DFPS website;
10. Your emergency preparedness plan;
11. Procedures for conducting health checks, if applicable; and
12. Vaccine-preventable diseases for employees if your licensed child-care home is not in your home. The policy must address the requirements outlined in §747.3411 of this title (relating to What must a policy for protecting children from vaccine-preventable diseases include?).

§747.503 Must I provide parents with a copy of my operational polices?

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?

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.
Subchapter C, Record Keeping

Division 1, Records of Children

§747.601 Who has the right to access children’s records?

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

(b) Parents have the right to access their own child’s record during a scheduled parent conference with the primary caregiver.

(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?

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

(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?);

(2) Admission information;

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

(4) Immunization records;

(5) Tuberculin testing information, if applicable;

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

(7) Licensing Incident/Illness Report form;

(8) Medication administration records; and

(9) A copy of any health-care professional recommendations or orders for providing specialized medical assistance to the child.

(b) These records must at a minimum be kept at the child-care home and available for review during operating hours and for the following periods of time:

(1) Medication administration records for three months after administering the medication;

(2) Health-care professional recommendations or orders for three months after the health-care professional has indicated that the specialized medical assistance is no longer needed; and

(3) All other records noted above for three months after the child’s last day in care.
§747.605 What admission information must I obtain on each child?

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

1. The child’s name and birth date;
2. The child’s home address and telephone number;
3. Date of the child’s admission to the child-care home;
4. Name and address of parent(s);
5. Telephone numbers at which parent(s) can be reached while the child is in care;
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;
7. Names and telephone numbers of persons other than a parent to whom the child may be released;
8. Permission for transportation, if provided;
9. Permission for field trips, if provided;
10. Permission for participation in water activities, if provided;
11. Name, address, and telephone number of the child’s physician or an emergency-care facility;
12. Authorization to obtain emergency medical care and to transport the child for emergency medical treatment;
13. A statement of the child’s 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;
14. The name and telephone number of the school a school-age child attends; and
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.

- The term “Parent” is defined in 40 TAC, Chapter 745, Subchapter Precedence and Definitions, which is included in this publication in Appendix I.
- Regarding subsections (6) and (7) Licensing expects the parent to list someone other than themselves as an emergency contact and authorized to pick up their child from care. If the parent chooses to not designate anyone else they will need to indicate this in writing.

§747.607 Must the child’s parent sign the admission information?

Yes. The parent must sign the admission information before you admit the child to your care.
§747.609 Must I update the admission information?

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

(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 child-care operation.
- 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?

(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.

(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?

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) in 25 TAC Chapter 97, Subchapter B (relating to 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?

(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?

(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?

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?

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?

(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.

(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?

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?

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?

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?

(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?

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/.

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?

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.
Division 2, Records of Accidents and Incidents

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

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

1. Injuries that required medical attention by a health-care professional; and
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?

You may obtain a copy of the form from Licensing staff or on the DFPS website at:
http://www.dfps.state.tx.us/Child_Care/Information_for_Providers/cclforms.asp.

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

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?

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 a serious situation which affected 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?

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.
Division 3, 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

December 2012

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 that 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 all background checks required by Subchapter F of Chapter 745 of this title (relating to Background Checks);

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 How must 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 Must I practice my emergency preparedness 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;

(no weight)

(10) Most recent Texas Department of [State Health Services] immunization compliance review form, if applicable;

(no weight)

(11) Most recent Texas Department of [Aging and Disability Services] Child and Adult Care Food Program (CACFP) report, if applicable;

(no weight)

(12) Most recent local workforce board Child-Care Services Contractor inspection report, if applicable;

Medium-High

(13) Written approval from the fire marshal to provide care above or below ground level, if applicable;

(continued)
Minimum Standards for Child-Care Homes

(14) Most recent DFPS form certifying that you have reviewed each of the bulletins and notices issued by the United States Consumer Product Safety Commission regarding unsafe children’s products and that there are no unsafe children’s products in use or accessible to children in the home; and

(15) Documentation for cribs as specified in §747.2309 of this title (relating to What specific safety requirements must my cribs meet?), if applicable.

Proof of a background check request may include:
- a paper or electronic copy of form 2971 if the background check was submitted as part of the home’s application for a permit;
- a paper or electronic copy of a background check cleared email that indicates that the person has had a background check conducted by the home within the past 24 months;
- a paper copy of the home’s Online Background Check History page that indicates that the person’s background check request was submitted within the past 24 months; or
- the home may also log into its online account and access its Online Background Check History page to demonstrate that a person has been submitted for a background check within the past 24 months.

§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
September 2003

(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.

(b) You must keep training records for at least the current and last full training year.
Division 4, Records on Caregivers and Household Members

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

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 all Background Checks;

Medium (7) A copy of a photo identification;

Medium (8) A copy of a current driver’s license for each person or caregiver that transports a child in care; and

Medium (9) A statement signed and dated by the caregiver in a licensed child-care home verifying the date the caregiver attended training during orientation that includes an overview of symptoms of child abuse, neglect, and sexual abuse and the responsibility for reporting these as outlined in §747.1305 of this title (relating to What should orientation to my child-care home include?).

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

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?

You must keep at least the following for each person that you are required to request a background check on, as specified in Subchapter F of Chapter 745 (relating to Background Checks):

(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;

(2) Documentation verifying orientation to the child-care home was completed; and

(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?

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/Information_for_Providers/cclforms.asp.

§747.909 What records must I maintain on myself?

You must have the following records available for review during hours of operation:

(1) A notarized Licensing Affidavit for Applicants for Employment form, as specified in Human Resources Code, §42.059;

(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;

(3) A record of your training hours; and

(4) A copy of a current driver’s license or other photo identification.

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

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?

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?

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.

§747.917. May I keep electronic records or a combination of paper and electronic records, and what procedures must I have for these records?

Yes, you may keep electronic records or a combination of paper and electronic records.

(1) If you keep a combination of electronic and paper records, you must develop procedures that address what must be in the external paper file and what can be in the electronic file;

(2) Children’s records must be accessible to all caregivers during their work shift, changes in caregivers, and emergency evacuations; and

(3) Records must be available during business hours for review by Licensing upon request.
Subchapter D, Personnel

Division 1, Primary Caregiver of a Registered Child-Care Home

§747.1001 Who is required to meet the qualifications specified in this division?

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?

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?

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?

Except as otherwise provided in this division, you must:

1. Be at least 21 years old;
2. Have a:
   (A) High school diploma; or
   (B) High school equivalent;
3. Have a certificate of completion of the Licensing orientation within one year prior to your application date;
4. Have current certification in CPR and first aid with rescue breathing and choking; and
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
September 2003

(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
September 2003

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
September 2003

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.

Division 2, 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
September 2003

(no weight) 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
September 2003

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
September 2003

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
September 2003

(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?): |

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<thead>
<tr>
<th>Education</th>
<th>Experience</th>
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<tbody>
<tr>
<td>(A) A bachelor’s degree with 12 college credit hours in child development and three college credit hours in business management,</td>
<td>and at least one year of experience in a licensed child-care center, or in a licensed or registered child-care home;</td>
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<tr>
<td>(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,</td>
<td>and at least one year of experience in a licensed child-care center, or in a licensed or registered child-care home;</td>
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### Minimum Standards for Child-Care Homes

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<th>Education</th>
<th>Experience</th>
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<tr>
<td>(C) Sixty college credit hours with six</td>
<td>and at least one year of experience in a</td>
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<tr>
<td>college credit hours in child development and</td>
<td>licensed child-care center, or in a licensed</td>
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<td>three college credit hours in business</td>
<td>or registered child-care home;</td>
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<td>management,</td>
<td></td>
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<td>(D) A Child Development Associate</td>
<td>and at least one year of experience in a</td>
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<tr>
<td>credential or Certified Child-Care Professional</td>
<td>licensed child-care center, or in a licensed</td>
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<tr>
<td>credential with three college credit hours in</td>
<td>or registered child-care home;</td>
</tr>
<tr>
<td>business management,</td>
<td></td>
</tr>
<tr>
<td>(E) A child-care administrator’s certificate</td>
<td>and at least two years of experience in a licensed</td>
</tr>
<tr>
<td>from a community college with at least</td>
<td>licensed child-care center, or in a licensed</td>
</tr>
<tr>
<td>15 college credit hours in child development</td>
<td>or registered child-care home;</td>
</tr>
<tr>
<td>and three college credit hours in business</td>
<td></td>
</tr>
<tr>
<td>management,</td>
<td></td>
</tr>
<tr>
<td>(F) A day-care administrator’s credential</td>
<td>and at least two years of experience in a licensed</td>
</tr>
<tr>
<td>issued by a professional organization or an</td>
<td>licensed child-care center, or in a licensed</td>
</tr>
<tr>
<td>educational institution and approved by</td>
<td>or registered child-care home;</td>
</tr>
<tr>
<td>Licensing based on criteria specified in</td>
<td></td>
</tr>
<tr>
<td>Subchapter P of Chapter 745 of this title</td>
<td></td>
</tr>
<tr>
<td>(relating to Day-Care Administrator’s Credential Program),</td>
<td></td>
</tr>
<tr>
<td>(G) Seventy-two clock hours of training in</td>
<td>and at least three years of experience in a licensed</td>
</tr>
<tr>
<td>child development and 30 clock hours in</td>
<td>licensed child-care center, or in a licensed</td>
</tr>
<tr>
<td>business management,</td>
<td>or registered child-care home.</td>
</tr>
</tbody>
</table>

(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?**

A primary caregiver who was the director of a licensed group day-care home before May 1, 1985, is exempt from the requirements specified in this division.
§747.1113 What constitutes experience in a licensed child-care center, or in a licensed or registered child-care home?

(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 DFPS 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 DFPS licensed day-care center, group day-care home, kindergarten and nursery school, school: grades kindergarten and above, drop-in care center, or in a DFPS alternatively accredited program; and

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

(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 DFPS 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 DFPS licensed group day-care home; or

3. Experience as a primary caregiver of a DFPS registered family home.

(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 30 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?

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 pre-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 pre-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
September 2003

(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
December 2010

(no weight) Due to a large variation in credit course titles and content, it is impossible to list all courses that may be counted toward the child development requirement. Courses in early childhood education, child growth and development, psychology, sociology, classroom management, child psychology, health and safety of children, elementary education related to pre-kindergarten through third grade, youth development and other similar courses may be counted if they are related to child development or the topics specified in §747.1307 of this title (relating to What topics must the 15 clock hours of annual training for caregivers include?). Abnormal psychology and secondary education courses are not recognized as child development.

§747.1121 What credit courses does Licensing recognize as management?

Subchapter D, Personnel
Division 2, Primary Caregiver of a Licensed Child-Care Home
December 2010

(no weight) Due to a large variation in credit course titles and content, it is impossible to list all courses that may be counted toward the management requirement. Management courses may include administration of a child-care facility, recreational leadership, accounting, goal and objective setting, performance planning and evaluation, management techniques, risk management and other administrative, management, or supervisory-related courses. Courses in office machines or computer training are not recognized as management.

§747.1123 What are clock hours?

Subchapter D, Personnel
Division 2, Primary Caregiver of a Licensed Child-Care Home
September 2003

(no weight) 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?

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?

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?

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?

You must submit the following to Licensing staff:

(a) You must submit the following to Licensing staff:

(1) A completed Licensing Personal History Statement form specifying your education and experience;

(2) An original college transcript or original training certificates which verify the educational requirements; and

(3) Complete dates, names, addresses, and telephone numbers which support the required experience.

(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
September 2003

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
September 2003

(no weight)

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
September 2003

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
September 2003

(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
September 2003

(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
September 2003
(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
September 2003
(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
September 2003
(no weight) 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
September 2003
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
September 2003
(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
September 2003

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.

Division 3, 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
September 2003

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
September 2003

(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.

(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?

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

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

§747.1207 What minimum qualifications must an assistant caregiver meet?

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; or
   (C) High school certificate of coursework completion, as defined in Texas Education Code, §28.025(d);

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.

(continued)
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
September 2003

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 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
September 2003

(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:

(1) You don’t leave the person alone with or responsible for a child or as the substitute caregiver in your absence;

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

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

(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:

(1) You don’t leave the person alone with or responsible for a child or as the substitute caregiver in your absence;

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

(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

(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
September 2003

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
September 2003

(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
September 2003

(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
September 2003

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.
Minimum Standards for Child-Care Homes

Division 4, Professional Development

§747.1301 What training must I ensure that my caregivers have?

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?), within seven days of employment for a caregiver hired after September 1, 2011;

- 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?);

- Low (3) 24 clock hours of annual training for a caregiver in a licensed child-care home as specified in §747.1307 of this title; and

- (no weight) (4) 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?

You must have the following training:

- Medium (1) Licensing pre-application interview, before being issued a permit;

- Medium-High (2) 30 clock hours of annual training; and

- High (3) CPR and first-aid training.

§747.1305 What should orientation to my child-care home include?

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.

- Orientation programs for assistant and substitute caregivers should be 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 annual training for caregivers include?

Subchapter D, Personnel
Division 4, Professional Development
March 2012

(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 annual training relevant to the age of the children for whom the caregiver provides care.

(b) Annual training is exclusive of CPR, first aid, orientation, transportation safety, and any training received through a high school child-care work-study program.

(c) 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;

(d) 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) Child health (for example, nutrition and physical activity);
(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 with families, 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) Observation and assessment;
(12) Attachment and responsive care giving; and
(13) Minimum standards and how they apply to the caregiver.

(e) 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.

(continued)
A caregiver who transports a child whose chronological or developmental age is younger than nine years old must meet additional training requirements as outlined in §747.1314 of this title (relating to What additional training must a person have in order to transport a child in care?).

A caregiver may obtain no more than 80% of annual training from self-instructional materials.

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

Subchapter D, Personnel
Division 4, Professional Development
March 2012

You must obtain at least 30 clock hours of training annually that is:

1. Relevant to the age of the children for whom you provide care;
2. Exclusive of the Licensing pre-application interview, CPR and first-aid training, and transportation safety training; and
3. Not earned for presenting training to others.

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.

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 30 clock hours in management techniques, leadership, or staff supervision.

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 30 clock hours in management techniques, leadership, or staff supervision.

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

The remainder of annual training hours must be selected from the training topics specified in §747.1307(d) of this title (relating to What topics must the annual training for caregivers include?).

If the home transports children whose chronological or developmental age is younger than nine years old, the primary caregiver must complete two hours of annual training on transportation safety in addition to the other training hours.

A primary caregiver may obtain no more than 80% of annual training from self-instructional materials.
Research has shown that caregivers who are better trained are better able to prevent, recognize, and correct health and safety problems.

- 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?

(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.

(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?

(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.

(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.

(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.

(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.
- Blended learning CPR and first-aid training is acceptable as long as the criteria in subsection (c) is met. Hands-on instruction, practice, and testing face-to-face with an instructor allow participants the opportunity to ask questions and receive feedback.
§747.1314 What additional training must a person have in order to transport a child in care?

Subchapter D, Personnel
Division 4, Professional Development
March 2010

Medium-High  (a) A caregiver must complete two hours of annual training on transportation safety in order to transport a child whose chronological or development age is younger than nine years old. This training is in addition to other required training hours.

Medium-High  (b) The caregiver must obtain these two hours of transportation safety training prior to transporting children.

§747.1315 Must child-care training meet certain criteria?

Subchapter D, Personnel
Division 4, Professional Development
March 2012

Low  (a) Training may include clock hours or CEUs provided by:

(1) A training provider registered with the Texas Early Care and Education Career Development System’s Texas Trainer Registry, maintained by the Texas Head Start State Collaboration Office;

(2) An instructor who teaches early childhood development or another relevant course at a secondary school or institution of higher education accredited by a recognized accrediting agency;

(3) An employee of a state agency with relevant expertise;

(4) A physician, psychologist, licensed professional counselor, social worker, or registered nurse;

(5) A person who holds a generally recognized credential or possesses documented knowledge relevant to the training the person will provide;

(6) A director at your licensed child-care home or a registered family home provider who has demonstrated core knowledge in child development and caregiving, if:

(A) Providing training to his own staff; and

(B) Your operation has not been on probation, suspension, emergency suspension, or revocation in the two years preceding the training or been assessed an administrative penalty in the two years preceding the training; or

(7) A person who has at least two years of experience working in child development, a child development program, early childhood education, a childhood education program, or a Head Start or Early Head Start program and:

(A) Has been awarded a Child Development Associate (CDA) credential; or

(B) Holds at least an associate’s degree in child development, early childhood education, or a related field.

Medium Low  (b) Training may include clock hours or CEUs obtained through self-instructional materials, if the materials were developed by a person who meets one of the qualifications in subsection (a) of this section.

(continued)
Medium Low  (c) Self-instructional training may not be used for CPR or first-aid certification.

(d) 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
September 2003

(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.

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
September 2003

(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
September 2003

(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?

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

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

(c) Both self-instructional and instructor-led training must also include the components listed in §747.1315(d) of this title (relating to Must child-care training meet certain criteria?).

§747.1327 What documentation must I provide to Licensing to verify that training requirements have been met?

(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:

(1) The participant’s name;

(2) Date of the training;

(3) Title/subject of the training;

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

(5) The trainer’s qualifications, in compliance with §747.1315 of this title (relating to Must child-care training meet certain criteria?); and

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

(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.

(continued)
(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 actually received the training. A permit holder has the discretion to release training records to a caregiver upon leaving their employment.
- When an employee receives training at a conference then the conference sponsors may be responsible for ensuring that all the presenters meet the required trainer qualifications. This may be done instead of listing on the training certificate all the presenters and their qualifications.

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

§747.1401 Must members of my household meet specific qualifications?

(a) For each household member that you are required to request a background check on, as specified in Subchapter F of Chapter 745 of this title (relating to Background Checks), the member must:

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 Health TB program or local health authority; and

Medium
(2) Complete orientation to your child-care home.

Medium-High
(b) 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
(c) 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.

(no weight)
(d) A household member who is 14 years old or older, but is not regularly or frequently staying or working 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
September 2003

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 or any other person under contract with the home?

Subchapter D, Personnel
Division 5, Household Members, Volunteers, and People who Offer Contracted Services
December 2010

Medium -High
The minimum qualifications and training requirements for volunteers or any other person under contract with the home are the same as those specified in §747.1401 of this title (relating to Must members of my household meet specific qualifications?).

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

Division 6, 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
December 2010

(a) You and all other caregivers are responsible for seeing that children are:

High
(1) Treated with courtesy, respect, acceptance, and patience;

Medium-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 as specified in §261.101 of the Texas Family Code.

(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, as specified in §747.1503 of this title (relating to What does Licensing mean by “supervise children at all times?”);

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

(continued)
High

(6) Be free from other activities not directly involving the teaching, care, and supervision of children, such as:

   (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;

   (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

   (C) Personal use of electronic devices, such as MP3 players, video games, and cell phones. Cell phones may be briefly used for necessary phone calls, as long as appropriate supervision is maintained; and

Medium-High

(7) Interact with children in a positive manner.

§747.1503 What does Licensing mean by “supervise children at all times”?

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

Division 1, Determining Child/Caregiver Ratios and Group Sizes

§747.1601 What is child/caregiver ratio?

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?

In determining child/caregiver ratio, the following apply:

1. The total number of children you may supervise is determined by the ages of the children in the child-care home.

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.

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.

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.

5. In a registered child-care home, you may count a child who is at least four years of age and attending a pre-kindergarten program away from the home during the customary school day in the same way children five years old and older who are in care after school hours are counted. The pre-kindergarten program must be operated by or in collaboration with the local school district.

- 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
September 2003

Medium

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
September 2003

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
September 2003

Medium

No. You may not reduce the number of caregivers supervising the children during opening and closing times.
Division 2, 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

September 2003

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**

<table>
<thead>
<tr>
<th>Number of children birth through 17 months old</th>
<th>Number of children 18 months and older</th>
<th>Number of children five years old and older after school hours</th>
<th>Maximum number of children allowed in the child-care home at any one time, including children related to the caregiver</th>
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</thead>
<tbody>
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</table>
§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*

*September 2003*

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.

### Division 3, 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*

*December 2010*

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**

<table>
<thead>
<tr>
<th>Number of children birth through 17 months old</th>
<th>Number of children 18 months through three years old</th>
<th>Number of children four years old and older</th>
<th>Maximum number of children one caregiver may supervise</th>
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</table>

(continued)
### Minimum Standards for Child-Care Homes

#### Number of Children One Caregiver May Care for in a Licensed Child-Care Home (continued)

<table>
<thead>
<tr>
<th>Number of children birth through 17 months old</th>
<th>Number of children 18 months through three years old</th>
<th>Number of children four years old and older</th>
<th>Maximum number of children one caregiver may supervise</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>0</td>
<td>8</td>
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</table>

§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**

**September 2003**

**Medium-High**

If your child-care home is licensed and more than two caregivers are present caring for the children:

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

<table>
<thead>
<tr>
<th>Number of children 0 – 17 months old</th>
<th>Number of children 18 months old and older</th>
<th>Maximum group size and number of children two caregivers may supervise</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>12</td>
<td>12</td>
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<td>1</td>
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<td>10</td>
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</tbody>
</table>

§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**

**September 2003**

**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.
Division 4, 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
September 2003

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

<table>
<thead>
<tr>
<th>If the age of the youngest child in the group is...</th>
<th>Then you must have (Number) adults to supervise...</th>
<th>Every (Number) children</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 through 23 months</td>
<td>1</td>
<td>3</td>
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<tr>
<td>2 years</td>
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<td>6</td>
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<tr>
<td>3 years</td>
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<td>6</td>
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<tr>
<td>4 years</td>
<td>1</td>
<td>9</td>
</tr>
<tr>
<td>5 years</td>
<td>1</td>
<td>11</td>
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<tr>
<td>6 years and older</td>
<td>1</td>
<td>12</td>
</tr>
</tbody>
</table>

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
September 2003

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.

Division 5, 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
September 2003

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:

<table>
<thead>
<tr>
<th>If the age of the youngest child is...</th>
<th>Then you must have (number) adults to supervise...</th>
<th>A maximum of (number) children.</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 through 23 months</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>0 through 23 months</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>2 years</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>2 years</td>
<td>2</td>
<td>11</td>
</tr>
<tr>
<td>3 years</td>
<td>1</td>
<td>6</td>
</tr>
<tr>
<td>4 years</td>
<td>1</td>
<td>12</td>
</tr>
<tr>
<td>5 years</td>
<td>1</td>
<td>12</td>
</tr>
<tr>
<td>6 years and older</td>
<td>1</td>
<td>12</td>
</tr>
</tbody>
</table>
§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
September 2003

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)**

<table>
<thead>
<tr>
<th>If the age of the youngest child in the group is…</th>
<th>Then you must have (number) adults to supervise…</th>
<th>Every (number) children.</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 through 23 months</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>2 years</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>3 years</td>
<td>1</td>
<td>6</td>
</tr>
<tr>
<td>4 years</td>
<td>1</td>
<td>8</td>
</tr>
<tr>
<td>5 years</td>
<td>1</td>
<td>10</td>
</tr>
<tr>
<td>6 years and older</td>
<td>1</td>
<td>12</td>
</tr>
</tbody>
</table>

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.

§747.2009 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
September 2003

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
September 2003

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
September 2003

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
September 2003

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
September 2003

Medium-High

We do not require additional caregivers for sprinkler play; however, you must not leave a child alone with the sprinkler equipment.
Subchapter F, Developmental Activities and Activity Plan

§747.2101 Must I provide planned activities for the children in my child-care home?

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

(b) You must ensure that children who need special care due to disabling or limiting conditions receive the care recommended by a health-care professional or qualified professionals affiliated with the local school district or early childhood intervention program. These basic care requirements must be documented and on file for review at the child-care home 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.

- 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.
- A child-care home is considered a place of public accommodation under the Americans with Disabilities Act (ADA), Title III, because it holds itself out to the public as a business. There is additional information regarding ADA and resources for online at http://www.dfps.state.tx.us.

§747.2103 What should the activity plan include?

(a) Your activity plan must include at least the following:

(1) A variety of creative activities;
(2) Outdoor play in which the children make use of both small and large muscles, both in the morning and afternoon;
(3) A balance of active and quiet play, including group and individual activities both indoors and outdoors;
(4) Regular meal and snack times;
(5) Supervised naptimes or a period of rest for those children too old to nap;
(6) A variety of child-initiated and caregiver-initiated activities;
(7) Sufficient time for activities and routines so that children can progress at their own developmental rate; and
(8) No long waiting periods between activities or prolonged periods during which children stand or sit.

(continued)
(b) The activity plan may include screen time activities (T.V., videos, computer, or video games), if you also include alternative activities for children that do not want to participate.

- 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.

- 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.

- There is no set amount of time that children must play outdoors in the morning and afternoon. It is recommended that children ages 18 months and older should be allowed 60 to 90 total minutes of outdoor time each day.

§747.2105 May I use TV/video, computer, and video games for activities with children?

Subchapter F, Developmental Activities and Activity Plan
December 2010

(a) TV/video, computer, 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?).

(b) If you use TV/video, computer, or video games as an activity for children, you must ensure that they:

1. Are related to the planned activities;
2. Are age appropriate; and
3. Do not exceed two hours per day.

- The AAP recommends, for children two years and older, limiting children’s total media time to not more than one to two hours of quality programming per 24-hour period.

- For children under the age of two no media time is recommended since during the first two years of life children’s brains and bodies are going through critical periods of growth and development. It is important that very young children have positive social interactions with their parents and caregivers instead of through media time that takes away from these vital interactions.

- Studies have shown a relationship between television viewing and increased risk for obesity in children.
§747.2107 Am I required to have a written activity plan?

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.
Subchapter H, Basic Care Requirements for Infants

§747.2301 What are the basic care requirements for infants?

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?

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

September 2003

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. It also provides a place for a mother to breastfeed her child.

§747.2307 Must the equipment I use for infants be equipped with safety straps?

Subchapter H, Basic Care Requirements for Infants

September 2003

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

December 2012

(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;

High

(8) Drop gates, if present, which fasten securely and cannot be opened by a child; and

High

(9) Documentation that each crib meets the applicable federal rules at Title 16, Code of Federal Regulations, Parts 1219 or 1220, concerning “Safety Standards for Full-Size Baby Cribs” and “Safety Standards for Non-Full-Size Baby Cribs,” respectively, or documentation that each crib is a medical device listed and registered with the U.S. Food and Drug Administration.

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 drop gate down.

(continued)
• 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.

• Cribs manufactured before 06/28/2011 may not meet the safety standards established by the Consumer Product Safety Commission (CPSC).

• Documentation that you may use to verify your crib is in compliance with CPSC regulations includes the certificate of compliance, registration card, or tracking label. You may request this documentation from the manufacturer or retailer.
  • The certificate of compliance is a document that describes the crib and whether the crib complies with 16 CFR 1219 or 16 CFR 1220. The certificate includes the contact information for the importer or domestic manufacturer and the testing lab. It also lists the date and location of manufacture and testing.
  • The registration card is a postage-paid form provided by the crib manufacturer. The card includes the manufacturer’s name and contact information, model name, model number, and the date of manufacture.
  • The tracking label is attached to the crib and contains basic information such as the date of manufacture and the source of the crib.
  • You may find additional guidance on obtaining supporting documentation for your cribs on the CPSC website at http://www.cpsc.gov.

• In order to maintain the required documentation for each crib consider developing a system to easily tie the required documentation to the appropriate crib. Examples may include photographs of each crib attached to the documentation or a tracking sheet that includes information such as the date of purchase, manufacturer and model number, date of manufacture, and what documentation is on file (certificate of compliance, tracking label, or registration card).

• A crib that meets the definition of “device” in the Federal Food, Drug, and Cosmetic Act (21 U.S.C. § 201(h)) is subject to regulation by the Food and Drug Administration (FDA), not CPSC. A crib that is not a “device” is subject to CPSC’s crib standards. If your crib is a medical device, the manufacturer must be registered with the FDA. For additional information, visit the FDA website at http://www.fda.gov/MedicalDevices/DeviceRegulationandGuidance/HowtoMarketYourDevice/RegistrationandListing/default.htm
§747.2311 Are mesh cribs or port-a-cribs allowed?

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:

   - A minimum height of 22 inches from the top of the railing to the mattress support at its lowest level;
   - Mesh openings that are 1/4 inch or less;
   - Mesh which is securely attached to top rail, side rail, and floor plate; and
   - 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?

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:

1. Are limited to two stacked cribs;
2. Must be used according to manufacturer’s directions; and
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?

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:

1. Baby walkers;
2. Baby bungee jumpers;
3. Accordion safety gates;
4. Bean bags, waterbeds, and foam pads used as sleeping equipment; and
5. Soft or loose bedding, such as blankets, sleep positioning devices, stuffed toys, quilts, pillows, bumper pads, and comforters, must not be used in cribs for children younger than 12 months of age.

- Baby walkers present a hazard due to risk of falls down stairs or 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, 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, sleep positioning devices, and stuffed toys used for children under twelve months.

§747.2317 What activities must I provide for infants?

Activities for infants must include at least the following:

Medium (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, teethers, grasping toys, shaking or squeezing toys, or cloth toys; and
Medium-High (8) Opportunities for large-muscle development. Examples of age-appropriate equipment or activities include blankets or quilts for floor time, crib and play gyms, variety of light-weight balls, 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?

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?

(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.

(b) You must review and update the feeding instructions with the parent every 30 days until the child is able to eat table food.

(c) If your child-care home is participating in the Child and Adult Care Food Program (CACFP) administered by the Texas Department of Agriculture, 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?

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?

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?

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.
- Providing “tummy time” several times each day is important because it prepares infants for the time when they will be able to slide on their bellies and crawl. The caregiver needs to stay near and closely supervise the infant during tummy time.

§747.2328. May I swaddle an infant to help the infant sleep?

High
No. You may not lay a swaddled infant down to sleep or rest on any surface at any time.
§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
September 2003

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
September 2003

(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.
Subchapter I, Basic Care Requirements for Toddlers

§747.2401 What are the basic care requirements for toddlers?  
Basic care for toddlers must include:

<table>
<thead>
<tr>
<th>Level</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medium</td>
<td>Routines such as diapering, feeding, sleeping, and indoor and outdoor activity times maintained as closely as possible;</td>
</tr>
<tr>
<td>Medium-High</td>
<td>Individual attention given to each child including playing, talking, and cuddling;</td>
</tr>
<tr>
<td>Medium-High</td>
<td>Holding and comforting a child that is upset; and</td>
</tr>
<tr>
<td>High</td>
<td>Ensuring objects less than 1 and 1/4 inches in diameter be kept out of the reach of children younger than three years.</td>
</tr>
</tbody>
</table>

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?  
The toddler care area must include:

<table>
<thead>
<tr>
<th>Level</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medium</td>
<td>Spaces in the child-care home that allow both individual and group time; and</td>
</tr>
</tbody>
</table>
| High | 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?  
Furnishings and equipment for toddlers must include at least the following:

<table>
<thead>
<tr>
<th>Level</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medium-High</td>
<td>Age-appropriate nap or rest equipment;</td>
</tr>
<tr>
<td>Medium-High</td>
<td>Enough popular items are available so that toddlers are routinely engaged in either solitary or parallel play;</td>
</tr>
<tr>
<td>Medium</td>
<td>Containers or low shelving so items children can safely use without direct supervision are accessible to children during the activity; and</td>
</tr>
<tr>
<td>Medium</td>
<td>Training cups if used, that are:</td>
</tr>
<tr>
<td></td>
<td>(A) Labeled with the child’s first name and initial of last name or otherwise individually assigned to each child; and/or</td>
</tr>
<tr>
<td></td>
<td>(B) Cleaned and sanitized between each use.</td>
</tr>
</tbody>
</table>

(continued)
• It is acceptable to assign training cups using individualized colors or symbols that a child may recognize as theirs.

• If the training cups are cleaned and sanitized between each use then you are not also required to label each cup with the child’s name.

§747.2407 What activities must I provide for toddlers?

Activities for toddlers must include at least the following:

Medium-High
(1) Daily morning and afternoon 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-High
(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-High
(5) Opportunities for active play both indoors and outdoors. Examples of age-appropriate activities include music, songs, simple games and dramatic or imaginary play that encourage movement such as dancing, running, climbing, stretching, walking, and marching;

Medium
(6) 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
(7) 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
(8) Opportunities to develop self-help skills such as toileting, hand washing, and feeding themselves;

Medium-High
(9) Regular meal and snack times; and

Medium-High
(10) 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”?).

(continued)
• You may accommodate weather, air quality, and seasonal changes by adjusting the scheduled outdoor time, the length of time outdoors, and children’s clothing.

• Indoor and outdoor active play enhances fitness and general health and supports creativity, learning and development.

• Active play opportunities should be offered throughout the day and it is recommended that caregivers incorporate two or more short (5 to 10 minutes) structured activities or games daily that promote physical activity.

• Active play should never be withheld from children who misbehave although children exhibiting out of control behavior may need a few minutes to calm themselves or settle down before resuming cooperative play or activities.

• Some children may require additional rest time before or after the noon meal outside of the scheduled rest period.
Subchapter J, Basic Care Requirements for Pre-Kindergarten Age Children

§747.2501 What are the basic care requirements for pre-kindergarten age children?

Caregivers must provide pre-kindergarten age children individual attention and encourage children to communicate and express feelings in appropriate ways.

The American Academy of Pediatrics 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?

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:
   a. Organized for independent use by children; and
   b. Arranged so the children’s activities are visible to the supervising caregiver;
2. Space for furnishings and activities without limiting children’s movement; and
3. Space that children are allowed to find or create individual activities, but which still permits the caregiver to easily supervise.

The National Association for the Education of Young Children 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?

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.

- 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?

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

Medium-High (1) Daily morning and afternoon 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-High (5) Opportunities for active play both indoors and outdoors. Examples of age-appropriate active play include active games such as tag and hot potato, dancing and creative movement to music and singing, simple games and dramatic or imaginary play that encourages running, stretching, climbing, walking, and marching;

(continued)
Minimum Standards for Child-Care Homes

Medium

(6) 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

(7) 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

(8) 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

(9) Regular meal and snack times; and

Medium-High

(10) Nap times, 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”?).

- You may accommodate weather, air quality, and seasonal changes by adjusting the scheduled outdoor time, the length of time outdoors, and children’s clothing.
- Indoor and outdoor active play provides for greater freedom and flexibility, fuller expression through loud talk, and a greater range of active movement.
- Active play opportunities should be offered throughout the day and it is recommended that caregivers incorporate two or more short (5 to 10 minutes) structured activities or games daily that promote physical activity.
- Active play should never be withheld from children who misbehave although children exhibiting out of control behavior may need a few minutes to calm themselves or settle down before resuming cooperative play or activities.
- See §§747.2801-747.2811 for additional minimum standards on naptime.
Subchapter K, Basic Care Requirements for School-Age Children

§747.2601 What basic care requirements must I provide for school-age children?

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?

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?

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
December 2010

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

1. Study time for those who choose to do homework;
2. Daily morning and afternoon opportunities for outdoor play when weather permits;
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;
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;
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;
6. Opportunities for active play both indoors and outdoors. Examples of age-appropriate active play include active games such as tag and Simon says, dancing and creative movement to music and singing, simple games and dramatic or imaginary play that encourages running, stretching, climbing, and walking;
7. 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;
8. Regular meal and snack times; and
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 "supervise children at all times").

- Indoor and outdoor active play enhances fitness and general health and supports creativity, learning, and development.
- 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 or listening to soft music or books on tape.
- See §§747.2801-747.2811 for additional minimum standards on naptime.
Subchapter L, Discipline

§747.2701 To what extent may I discipline the children in my care?

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?

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 that 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?

There must be no harsh, cruel, or unusual treatment of any child. The following types of discipline and guidance are prohibited:

High
(1) Corporal punishment or threats of corporal punishment;

High
(2) Punishment associated with food, naps, or toilet training;

High
(3) Pinching, shaking, or biting a child;

High
(4) Hitting a child with a hand or instrument;

High
(5) Putting anything in or on a child’s mouth;

High
(6) Humiliating, ridiculing, rejecting, or yelling at a child;

(continued)
(7) Subjecting a child to harsh, abusive, or profane language;

(8) Placing a child in a locked or dark room, bathroom, or closet with the door closed; and

(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
September 2003

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
September 2003

(a) You must give a copy of your written discipline and guidance policy or a copy of this subchapter to parents.

(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
September 2003

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.
Subchapter M, Naptime

§747.2801 Must children have a naptime every day?

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?

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

§747.2805 Are children required to sleep during this time?

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?

(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.

(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?

Napping equipment must:

1. Not block entrances or exits to the area;
2. Not be set up during other activities or left in place to interfere with children’s useable activity space;
3. Be arranged to provide a sufficient walk and work space for caregivers between each cot or mat; and
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?

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.
Subchapter N, Field Trips

§747.2901 May I take children away from my child-care home for field trips?

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?

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?

(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.
Subchapter P, Nighttime Care

§747.3001 What is nighttime care?

(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.

(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?

(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:

(1) No more than 16 hours within a 24-hour period on a daily basis; or

(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?).

(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?

No. Caregivers supervising children during nighttime care in your child-care home do not have to be awake to supervise the children if:

(1) The children are asleep before the caregivers;

(2) The caregivers are on the same floor as the sleeping children; and

(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?

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?

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).
§747.3101 What are the basic requirements for snack and mealtimes?

(a) You must serve all children ready for table food regular meals and morning and afternoon snacks as specified in this subchapter.

(1) If breakfast is served, a morning snack is not required.

(2) A child must not go more than three hours without a meal or snack being offered, unless the child is sleeping.

(3) If your child-care home is participating in the Child and Adult Care Food Program (CACFP) administered by the Texas Department of Agriculture, you may elect to meet those requirements rather than those specified in this subsection.

(b) You must ensure a supply of drinking water is always available to each child and is served at every snack, mealtime, and after active play in a safe and sanitary manner.

(c) You must not serve beverages with added sugars, such as carbonated beverages, fruit punch, or sweetened milk except for a special occasion such as a holiday or birthday celebration.

(d) You must not use food as a reward or punishment.

- Research indicates serving drinking water to children ensures they are properly hydrated and facilitates reducing the intake of extra calories from nutrient poor foods and drinks, which are associated with weight gain and obesity.

- Water should not be a substitute for milk at meals or snacks where milk is a required component. It is appropriate to require children to first drink the milk before serving themselves water.

- Beverages with added sugars should be avoided because they can contribute to child obesity, tooth decay, and poor nutrition.

§747.3103 How often must I feed children in my care?

(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?).

(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.

(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.

(continued)
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.

(no weight)  (e) If your home is participating in the Child and Adult Care Food Program administered by the Texas Department of Agriculture, 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

December 2010

Medium-High  (a) The daily food needs for children 12 months through two years are included in the following chart:

<table>
<thead>
<tr>
<th>Food Groups</th>
<th>Number of Servings To Meet 1/3 Daily Needs</th>
<th>Number of Servings To Meet 1/2 Daily Needs</th>
<th>Serving Size</th>
</tr>
</thead>
<tbody>
<tr>
<td>Milk</td>
<td>1 and 1/3</td>
<td>2</td>
<td>4 oz. Milk or 1/2 oz. Cheese or 4 oz. Yogurt</td>
</tr>
<tr>
<td>Meat/Meat Alternative</td>
<td>1</td>
<td>1 and 1/2</td>
<td>1/2 to 1 oz. Cooked lean meat or 1/2 to 1 Egg or 1/4 c. cooked beans</td>
</tr>
<tr>
<td>Vegetables and Fruit</td>
<td>1 and 1/3 +</td>
<td>2 +</td>
<td>2 to 3 Tb. Cooked vegetables or 2 to 3 Tb. Canned fruit or 1/4 Small fresh fruit or 1/4 to 1/2 c. Juice</td>
</tr>
<tr>
<td>Whole Grains</td>
<td>1 and 1/3 +</td>
<td>2 +</td>
<td>1/2 Slice Bread or 1/4 c. Cooked Cereal or 1/4 c. Pasta or Rice or 1 or 2 Crackers</td>
</tr>
</tbody>
</table>

(continued)
Medium-High

(b) The daily food needs for children three years through five years are included in the following chart:

<table>
<thead>
<tr>
<th>Food Groups</th>
<th>Number of Servings To Meet 1/3 Daily Requirement</th>
<th>Number of Servings To Meet 1/2 Daily Requirement</th>
<th>Serving Size</th>
</tr>
</thead>
<tbody>
<tr>
<td>Milk</td>
<td>2/3 of One Serving</td>
<td>1</td>
<td>3/4 c. Milk or 1 &amp; 1/2 oz. Cheese or 3/4 c. Yogurt</td>
</tr>
<tr>
<td>Meat/ Meat Alternative</td>
<td>2/3 of One Serving</td>
<td>1</td>
<td>1 &amp; 1/2 oz. Lean cooked meat or 3/4 Egg or 1/4 c. Cooked beans</td>
</tr>
<tr>
<td>Vegetable</td>
<td>1</td>
<td>1 and 1/2</td>
<td>1/2 c. Raw or cooked vegetable or 1/2 c. Raw leafy vegetable</td>
</tr>
<tr>
<td>Fruit</td>
<td>2/3 of One Serving</td>
<td>1</td>
<td>1/2 c. Canned or chopped fruit or 1 Piece fruit or melon wedge or 1/2 c. Juice</td>
</tr>
<tr>
<td>Whole Grains</td>
<td>2</td>
<td>3</td>
<td>1/2 Slice Bread or 1/4 c. Cooked cereal 1/2 oz. Ready to eat cereal or 1/4 c. Cooked pasta or rice or 3 to 5 Crackers</td>
</tr>
</tbody>
</table>

(continued)
The daily food needs for children six years and older are included in the following chart:

<table>
<thead>
<tr>
<th>Food Groups</th>
<th>Number of Servings To Meet 1/3 Daily Requirement</th>
<th>Number of Servings To Meet 1/2 Daily Requirement</th>
<th>Serving size</th>
</tr>
</thead>
<tbody>
<tr>
<td>Milk</td>
<td>2/3 to 1</td>
<td>1 to 1 and 1/2</td>
<td>1c. 1% Milk or 1&amp; 1/2 oz. Natural cheese or 2 oz. Processed cheese or 1 c. Yogurt</td>
</tr>
<tr>
<td>Meat/ Meat</td>
<td>2/3 to 1</td>
<td>1</td>
<td>2 oz. Cooked lean meat, poultry, or fish or 1/2 c. Cooked beans or 1/2 c. Tofu or 2 Tb. Peanut butter</td>
</tr>
<tr>
<td>Alternative</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vegetables</td>
<td>1 to 1 and 2/3</td>
<td>2</td>
<td>1/2 c. Raw or cooked vegetables or 1/2 c. Raw leafy vegetable</td>
</tr>
<tr>
<td>Fruit</td>
<td>2/3 to 1 and 1/3</td>
<td>1 to 2</td>
<td>1/2 c. Canned or chopped fruit or 1 medium piece fruit or 3/4 c. Juice</td>
</tr>
<tr>
<td>Grains</td>
<td>2 to 3 and 2/3</td>
<td>3 to 5+</td>
<td>1 slice bread or 1/2 c. Cooked cereal or 3/4 oz. Ready to eat cereal or 1/2 c. Cooked pasta or rice or 4-6 crackers</td>
</tr>
</tbody>
</table>

You must serve enough food to allow children second servings from the vegetable, fruit, grain, and milk groups.

If your home is participating in the Child and Adult Care Food Program administered by the Texas Department of Agriculture, you may elect to meet those requirements rather than those specified in this section.

- The American Academy of Pediatrics recommends that children ages two and older should be served skim or 1% milk.
- Offer a variety of fresh or frozen fruits and vegetables.
- To help ensure that grains are whole-grain look closely at the ingredient list to make sure the first ingredient listed is “whole grain.”
- 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?

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 American Academy of Pediatrics 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?

(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;

(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?);

(c) You must provide safe and proper storage and service of the individual meals and snacks provided by parents; and

(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
September 2003

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
September 2003

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?

Subchapter Q, Nutrition and Food Service
December 2010

Medium Yes, you may serve powdered milk if you mix it according to label directions, and prepare, store, and serve the milk in a safe and sanitary manner.

§747.3116. May I serve fruit or vegetable juices?

Subchapter Q, Nutrition and Food Service
December 2010

Yes, you may serve fruit or vegetable juices if you:

Medium (1) Serve only 100% fruit or vegetable juice;

Medium (2) Only serve to children ages 12 months and older; and

Medium (3) Only serve up to four ounces for children ages 12 months through five years of age and six ounces for children ages six and older per day when using towards daily food needs.

(continued)
- The American Academy of Pediatrics recommends that children drink no more than four to six ounces of fruit juice a day. Over consumption of 100% fruit juice can contribute to overweight and obesity.

- Children under the age of 12 months should not be served juice at all. Whole fruit, mashed or pureed, is recommended for infants seven months up to one year of age.

§747.3117 What general requirements apply to food service and preparation?

<table>
<thead>
<tr>
<th>Level</th>
<th>Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medium-High</td>
<td>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:</td>
</tr>
<tr>
<td>Medium-High</td>
<td>(1) You must sanitize food service equipment, dishes, and utensils after each use;</td>
</tr>
<tr>
<td>Medium-High</td>
<td>(2) If your child-care home lacks adequate facilities for sanitizing dishes and utensils, you must use only disposable, single-use items;</td>
</tr>
<tr>
<td>Medium</td>
<td>(3) You must wash re-useable napkins, bibs, and tablecloths after each use;</td>
</tr>
<tr>
<td>Medium-High</td>
<td>(4) You must discard single-service napkins, bibs, dishes, and utensils after use;</td>
</tr>
<tr>
<td>Medium-High</td>
<td>(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;</td>
</tr>
<tr>
<td>High</td>
<td>(6) You must not serve foods that present a risk of choking for infants and toddlers;</td>
</tr>
<tr>
<td>Medium-High</td>
<td>(7) You must cover all food stored in the refrigerator; and</td>
</tr>
<tr>
<td>Medium-High</td>
<td>(8) You must not store poisonous or toxic materials and cleaning supplies with food.</td>
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</tbody>
</table>

- Research has shown that 90% of fatal choking occurs 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, string cheese, 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?

(a) No, you do not have to use family style meal service, although all meals and
snack times must include adult supervision of children.

(b) If meals and snacks are served family style, you must supervise children to
prevent cross-contamination of the food.

- 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.

§747.3121 Are children allowed to use toothbrushes after meal and snack times?

(a) Yes, although toothbrushes and tooth powders or pastes provided for each
child’s individual use must be:

- Labeled with the child’s full name;
- Stored out of children’s reach when not in use; and
- Stored in a manner that prevents the toothbrushes from touching each other
during storage.

(b) Children must have adult supervision during tooth brushing activities.
Subchapter R, Health Practices

Division 1, Environmental Health

§747.3201 Must my child-care home have an annual sanitation inspection?

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?

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:

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;
2. Machine washing cloth toys, if used, at least weekly and when contaminated;
3. Machine washing all linens at least weekly and when soiled and before another child uses them;
4. Sanitizing sleeping equipment before a different child uses it and when soiled;
5. Sanitizing potty chairs after each child’s use;
6. Emptying water play tables and toys used in water play tables daily and sanitizing;
7. Maintaining sand boxes and sand tables in a sanitary manner;
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;
9. Keeping all floors, ceilings, and walls in good repair and clean. Paints used at the child-care home must be lead-free;
10. Keeping all parts of the child-care home used by children well heated, lighted, and ventilated;
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
12. Clearly marking cleaning supplies and other toxic materials and keeping them separate from food and inaccessible to children.

(continued)
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”?

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 two 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.

§747.3207 What is a disinfecting solution?

A disinfecting solution may be:

1. A self-made solution, prepared as follows:
   (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
   (C) You must prepare each solution daily and place it in a closed and labeled container; or
   (D) A commercial product that is registered with the Environmental Protection Agency (EPA) as an antimicrobial product and includes directions for use in a hospital as a disinfectant. You must use the product according to label directions. Commercial products must not be toxic on surfaces likely to be mouthed by children, like crib rails and toys.

(continued)
Things to look for when determining if a commercial product is appropriate to use as a disinfecting solution include:

- The EPA registration number on the container or label.
- Directions for use in a medical setting such as a hospital or clinic.
- Whether or not the product may be used on food contact surfaces and in areas used by children.

§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
September 2003

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?

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Division 1, Environmental Health
September 2003

Caregivers must wash their hands:

Medium-High

(1) Before eating or handling food or medication;
(2) Before feeding a child;
(3) After arriving at the child-care home;
(4) After diapering a child;
(5) After assisting a child with toileting;
(6) After personal toileting;
(7) After handling or cleaning body fluids, such as after wiping noses, mouths, or bottoms, and tending sores;
(8) After handling or feeding animals;
(9) After outdoor activities;
(10) After handling raw food products;
(11) After eating, drinking, or smoking; and
(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?

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?

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.

- The Centers for Disease Control (CDC) recommends these hand washing steps:
  - Wet your hands with clean running water and apply soap
  - Rub your hands together to make lather and scrub them well; be sure to scrub the backs of your hands, between your fingers and under your nails.
  - Continue rubbing your hands for at least 20 seconds (tip: hum the “Happy Birthday” song twice.)
  - Rinse your hands well under running water.
  - Dry your hands using a clean towel or air dry.
  - Use a paper towel to turn off the faucet.

- The use of alcohol-based hand sanitizers does not substitute for hand washing in the group care setting. Alcohol-based hand sanitizers are flammable and toxic if ingested by children.
§747.3217 How must I wash an infant’s hands?

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?

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?

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.

Although human milk is a body fluid, it is not necessary to wear gloves when feeding or handling human milk.
§747.3223 Must I use a licensed exterminator to treat my child-care home for insects, rodents, or other pests?

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?

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

1. Ensure children are not present in an area being treated with chemicals as required by label directions;
2. Apply over-the-counter products used for insects, rodent, and pest control only by following label directions;
3. Minimize children’s exposure to chemical residue that may be harmful to them, including odors;
4. Store all pest control products according to label directions;
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?

Yes, you may use water from a private water supply, although you must:

1. Maintain the water supply in a safe and sanitary manner.
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?

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.
Division 2, Diaper Changing

§747.3301 What steps must I follow for diaper changing?

Caregivers must:

1. Promptly change soiled or wet diapers or clothing;
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;
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;
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;
5. Label powders, creams, ointments, or lotions with the individual child’s name; and

- 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.
- Wipes 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?

(a) You must have a diaper-changing table or surface that is:

1. Smooth, non-absorbent and easy to clean; and
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”?).

(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.

(continued)
(c) To prevent a child from falling, a diaper changing surface that is above the floor level:

Medium-High  (1) Must have a safety mechanism (such as safety straps or raised sides) that is used at all times when a child is on the surface; or

Medium-High  (2) The caregivers hand must remain on the child at all times when the child is on the surface.

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
December 2010

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. Refer to §747.3217 of this title (relating to How must I wash an infant’s hands?)

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.

Medium-High  (e) 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.

• Recommendation: Assembling all of the supplies necessary for a diaper change before bringing the child to the changing table ensures the protection of the child. If the hand-washing sink is not adjacent to the diapering area, wipes may be used, as a temporary measure only, to clean the caregiver’s and child’s hands while supervising the child on the changing table.

• During diaper changing, a child’s hands often stray into the area of the child’s body covered by the diaper. Germs are contained in human waste and body fluids and are present on the skin and the diaper even if they cannot be seen. Washing an infant’s hands after each diaper change helps reduce the spread of germs.

• Because of the risk of splashing and gross contamination of hands, sinks, and bathroom surfaces, rinsing diapers or clothes soiled with fecal material in the child-care setting increases the risk that you, other caregivers, and the children would be exposed to germs that cause infection.

• Rotating two changing mats throughout the day, using one while another is sanitized and dries, provides an alternative to waiting between diaper changes.
Division 3, Illness and Injury

§747.3401 What type of illness would prohibit a child from being admitted for care?

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

1. The illness prevents the child from participating comfortably in child-care activities, including outdoor play;
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:
   - Oral temperature above 101 degrees and accompanied by behavior changes or other signs or symptoms of illness;
   - Rectal temperature above 102 degrees and accompanied by behavior changes or other signs or symptoms of illness;
   - Armpit temperature above 100 degrees and accompanied by behavior changes or other signs or symptoms of illness;
   - 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
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.

When taking a child’s temperature, the American Academy of Pediatrics recommends that:
- Rectal temperatures should only be taken by persons with specific health training in this procedure.
- Electronic devices for measuring temperature require periodic calibration and specific training in proper technique.
- The height of fever does not indicate a more or less severe illness.

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

You must follow the communicable disease exclusions required for schools as defined by the Texas Department of State Health Services (DSHS) in 25 TAC §97.7 (relating to Diseases Requiring Exclusion from Schools). You can access this information from DSHS or Licensing staff.
§747.3405 What if a child becomes ill while in care?

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?

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;
Low         (3) Contact the physician identified in the child’s record;
High        (4) Contact the child’s parent; and
Medium      (5) Ensure supervision of other children in the group.

If emergency medical services has been contacted it not necessary to also contact the child’s physician unless directed to do so by EMS personnel.

§747.3409. What is a vaccine-preventable disease for the purpose of this division?

A vaccine-preventable disease is a disease that is included in the most current recommendations of the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention.

(no weight)
§747.3411. What must a policy for protecting children from vaccine-preventable diseases include?

A policy for protecting the children in your care from vaccine-preventable diseases must:

1. Specify any vaccines that you have determined an employee must have for vaccine-preventable diseases based on the level of risk the employee presents to children by the employee's routine and direct exposure to children;

2. Require each employee to receive each specified vaccine that the employee is not exempt from having;

3. Include procedures for verifying whether an employee has complied with your policy;

4. Include procedures for an employee to be exempt from having a required vaccine because of:
   A. Medical conditions identified as contraindications or precautions by the Centers for Disease Control and Prevention (CDC); or
   B. Reasons of conscience, including a religious belief;

5. Include procedures that an exempt employee must follow to protect children in your care from exposure to disease, such as the use of protective medical equipment, including gloves and masks, based on the level of risk the employee presents to children by the employee's routine and direct exposure to children;

6. Prohibit discrimination or retaliatory action against an exempt employee, except that required use of protective medical equipment, including gloves and masks, may not be considered retaliatory action for purposes of this section;

7. Outline how you will maintain a written or electronic record of each employee's compliance with or exemption from your policy; and

8. State the disciplinary actions you may take against an employee who fails to comply with your policy.

Helpful Information

You can find more information on the current immunizations recommended for adults on the Center for Disease Control (CDC) website at:

The specific immunizations needed as an adult vary on such factors including age, overall health as well as persons you are in close contact with. Some immunizations given during adulthood may include:

- Influenza (Flu) – this immunization helps protect against the flu. When determining if a flu shot is required some factors to consider are people at a higher risk of severe flu and persons with close contact with others who are at a higher risk of flu including persons who care for children younger than 12 months of age.

(continued)
• HepA (Hepatitis) – this immunization helps protect against the hepatitis A disease. Factors to be considered when determining the need for the HepA immunization can include anyone who will be in close contact with a person or child from a country that has high rates of Hepatitis A.

• Pertussis (Whooping Cough) – two immunizations known as DTap and Tdap help protect against this disease. Whooping cough is very contagious and most severe for babies. Factors to consider when determining the need for this immunization include determining the level of risk associated with certain persons and caregivers who are in close contact with infants. It is important to understand that whooping cough is usually spread by coughing or sneezing and many babies who get whooping cough are infected by persons including caregivers who might not even know they have the disease.

For additional information regarding the development of your policy for protecting children from vaccine-preventable diseases please refer to Appendix IV: Vaccine-Preventable Diseases.
Subchapter S, Safety Practices

Division 1, Safety Precautions

§747.3501 What safety precautions must I take to protect children in my child-care home?

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 ice picks, 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
September 2003

(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.

(b) People must not consume alcohol or controlled substances without a prescription in the child-care home, during transportation, or on field trips.

(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.

(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 American Academy of Pediatrics, 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
September 2003

(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.

(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
September 2003

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.
Division 2, Medication and Medical Assistance

§747.3601 What does “medication” refer to in this division? Subchapter S, Safety Practices Division 2, Medication and Medical Assistance March 2012

(no weight) In this division, medication means:
(1) A prescription medication; or
(2) A non-prescription medication, excluding topical ointments such as diaper ointment or sunscreen.

§747.3603 What authorization must I obtain before administering a medication to a child in my care? Subchapter S, Safety Practices Division 2, Medication and Medical Assistance March 2012

(a) Authorization to administer medication to a child in your care must be obtained from the child’s parent:
   (1) In writing, signed and dated;
   (2) In an electronic format that is capable of being viewed and saved; or
   (3) By telephone to administer a single dose of a medication.

(b) Authorization to administer medication expires on the first anniversary of the date the authorization is provided.

(c) The child’s parent may not authorize you to administer medication in excess of the medication’s label instructions or the directions of the child’s health-care professional.

(d) Parent authorization is not required if you administer a medication to a child in a medical emergency to prevent the death or serious bodily injury of the child, provided that you administer the medication as prescribed, directed, or intended.
§747.3605 How must I administer medication to a child in my care?

Subchapter S, Safety Practices
Division 2, Medication and Medical Assistance
March 2012

(a) Medication must be given:

High
(1) As stated on the label directions; or
High
(2) As amended in writing by the child’s health-care professional.

(b) Medication must:

Medium High
(1) Be in the original container labeled with the child’s full name and the date brought to the operation;
High
(2) Be administered only to the child for whom it is intended; and
Medium High
(3) Not be administered after its expiration date.

(c) 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
(d) You must keep all medication records for at least 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 and Medical Assistance
September 2003

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 and Medical Assistance
September 2003

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?

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.

§747.3613 What is specialized medical assistance?

Specialized medical assistance is any medical assistance other than medication. Examples include, but are not limited to, assisting with an apnea monitor, protective helmet, or leg brace.

§747.3615 What are my requirements regarding specialized medical assistance?

(a) If a child in your care requires specialized medical assistance, then you are required to provide specialized medical assistance as recommended or ordered by a health-care professional.

(b) If you are provided with a written copy of the health-care professional’s recommendations or orders, you must maintain this written information in the child’s record for at least three months after the health-care professional has indicated that the specialized medical assistance is no longer needed.
Division 3, Animals at My Child-Care Home

§747.3701 What steps must I take to have animals at my child-care home?

If you choose to have animals on the premises while children are in care, you must:

1. Notify parents in writing when animals are or will be present;
2. Ensure the animals do not create unsafe or unsanitary conditions;
3. Ensure that children do not handle any animal that shows signs of illness, such as lethargy or diarrhea; and
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?

(a) Yes. You must have documentation at your child-care home showing dogs and cats have been vaccinated as required by Texas Health and Safety Code, Chapter 826.

(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.
§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
December 2010

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.

Medium-High (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 monkeys.

Research has shown there is a high risk of contracting and spreading salmonellosis by either direct contact or indirect contact with chickens, ducks, reptiles (such as snakes, turtles, lizards, and iguanas), and amphibians (such as frogs and toads).
Division 4, First-Aid Kits

§747.3801 Must I have a first-aid kit at my child-care home?

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?

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, preferably non-glass;

(9) Tweezers; and

(10) Waterproof, disposable gloves.

Medium (b) The first-aid supplies must not have expired.
Division 5, Release of Children

§747.3901 Who may I release children to?

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 DFPS Child Protective Services staff have the authority by law to remove a child without a parent’s permission.
- Always ask to see identification of persons you do not know.

§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?

(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.

(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.

(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.
§747.3931 What are “children’s products?”

Children’s products are products that are designed or intended to be used by a child under 13 years of age or used by a caregiver during the care of a child under 13 years of age. The term does not include:

1. An item that is not designed or intended to be used solely or primarily by a child under 13 years of age or for the care of a child under 13 years of age;
2. A medication, drug, food, or other item that is intended to be ingested; or
3. Clothing.

§747.3933 When is a children’s product considered to be unsafe?

A children’s product is considered to be unsafe if after it has been recalled for any reason by the United States Consumer Product Safety Commission:

1. The recall has not been rescinded; and
2. The product has not been made safe through being remanufactured or retrofitted.

§747.3935 What are my responsibilities regarding unsafe children’s products in my child-care home?

(a) You are responsible for reviewing the United States Consumer Product Safety Commission (CPSC) recall list. You may view all current and past recalls through the CPSC’s Internet website at: www.cpsc.gov. You must ensure that there are no unsafe children’s products in your child-care home unless one or more of the following apply:

1. The product is an antique or collectible children’s product and is not used by, or accessible to any child; or
2. The unsafe children’s product is being retrofitted to make it safe and the product is not used by, or accessible to any child.

(b) You must certify annually in writing using a form provided by DFPS that you have reviewed each of the recall notices issued by the CPSC and that there are no unsafe products in the home except products specified in subsection (a) of this section. The form must be kept on file and available for review upon request by Licensing staff, parents, and employees during hours of operation.

(c) You must post a notice for parents and employees in a prominent and publicly accessible place that includes information on how to access a listing of unsafe children’s products through the CPSC Internet website or through the DFPS Internet website.

A copy of the required form specified in subsection (b) above may be obtained from Licensing staff or the DFPS website at: http://www.dfps.state.tx.us.
Subchapter T, Physical Facilities

Division 1, Indoor Space Requirements

§747.4001 How many square feet of indoor useable activity space must I have for each child?

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?

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”?

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
September 2003

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
September 2003

(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
December 2010

(no weight)
(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(44) 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.

(no weight)
(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?

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?

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.

Division 2, Outdoor Space Requirements

§747.4101 How many square feet of outdoor activity space must I have?

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.

The National Association for the Education of Young Children 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?

(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?

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?

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?

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?

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?

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?

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

1. Give parents written notification of the location of the outdoor activity area, upon children’s enrollment;
2. Supervise children both during play and while traveling to and from the activity area; and
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?

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.
Division 3, 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
September 2003

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
September 2003

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
September 2003

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
September 2003

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
September 2003

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
September 2003

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.

Division 4, Furniture and Equipment

§747.4301 Must I use child-sized tables and chairs for children?
Subchapter T, Physical Facilities
Division 4, Furniture and Equipment
September 2003

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
September 2003

(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
September 2003

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
September 2003

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 lofts?

(a) Yes, as long as the lofts are designed and used as an extension of the learning area and you comply with the following safety standards:

(1) Caregivers must be able to adequately supervise children at all times;

(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; and

(3) Stairs and steps, regardless of height, must have handrails the children can reach. Rung ladders do not require handrails.

(b) If lofts are used as indoor active play space or equipment they must comply with the requirements specified in Subchapter U of this chapter (relating to Indoor and Outdoor Active Play Space and Equipment).

Lofts used as an extension of the learning area are set up and used by children as an interest area such as a reading corner or listening station.

§747.4311 If my child-care home was registered or licensed before September 1, 2003, will I be given an opportunity to comply?

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?).
Subchapter U, Indoor and Outdoor Active Play Space and Equipment

Division 1, Minimum Safety Requirements

§747.4401 What minimum safety requirements must my active play equipment meet?

Indoor and outdoor active play equipment and supplies used both at and away from the child-care home must be safe for the children as follows:

High (1) The indoor and outdoor active play equipment 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, swings, or inflatables 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?);

High (9) 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; and

High (10) Stairs and steps on climbing equipment, regardless of height, must have handrails the children can reach. Rung ladders do not require handrails.

• 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?

Yes. Children must not use the following types of equipment at or away from the child-care home:

Medium-High (1) Heavy swings made of metal or that have metal components, such as animal figure swings;
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) Swinging exercise rings and trapeze bars on long chains or free swinging ropes;
Medium-High (5) Multiple occupancy swings, such as teeter-totters, gliders, or chair swings; or
Medium-High (6) Swinging gates and giant strides.

§747.4405 Are there additional equipment restrictions for children younger than five years of age?

(a) Yes. Children younger than five years of age must not be allowed to use the following pieces of equipment at or away from the child-care home:

Medium-High (1) Free standing arch climbers;
Medium-High (2) Free standing climbing pieces with flexible parts;
Medium-High (3) Fulcrum seesaws;
Medium-High (4) Log rolls;
Medium-High (5) Spiral slides with more than one 360 degree turn;
Medium-High (10) Track rides

(b) In addition, children younger than four years of age 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) Horizontal ladders;
Medium-High (3) Vertical slide poles;
Medium-High (4) Over-head rings; or
Medium-High (5) Parallel bars.

(continued)
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 free standing arch climbers and vertical slide poles.

§747.4407 What special maintenance procedures must I follow for my active play space?

Medium-High  (a) You or someone you designate must inspect the indoor and outdoor active play space 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 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.

Division 2, Swings

§747.4501 What are the safety requirements for swings?

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?

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.

- **Full bucket seats are recommended to provide support on all sides of a child and between his legs.**
- **The bucket seat materials should not present a strangulation hazard, such as having a rope or chain used as part of the seat.**

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

Yes. Tire swings must also:

1. Not be made from heavy truck tires, or tires with exposed steel-belted radials;
2. Not be suspended from a composite structure or with other swings in the same bay;
3. Have drainage holes drilled in the underside of the tire and maintained to facilitate water drainage; and
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.
Division 3, Playground Use Zones

§747.4601 What does Licensing mean by the term “use zone”?

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?

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?

(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.

(b) For slides six feet high or less, the use zone in front of the exit of a slide must extend at least six feet.

(c) For slides greater than six feet high, 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 up to a maximum of eight feet.

(d) 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?

(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.

(b) The use zone to the front and rear of the to-fro swing must not overlap any other use zone.

(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, Indoor and Outdoor Active Play Space and Equipment
Division 3, Playground Use Zones
September 2003

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, Indoor and Outdoor Active Play Space and Equipment
Division 3, Playground Use Zones
September 2003

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, Indoor and Outdoor Active Play Space and Equipment
Division 3, Playground Use Zones
September 2003

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, Indoor and Outdoor Active Play Space and Equipment
Division 3, Playground Use Zones
September 2003

(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:

1. Four feet from climbing structures;
2. Five feet from the bottom of a slide. The other parts of the slide are considered a climbing structure;
3. Seven feet plus the length of a swing’s chain from the point of suspension; and
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:

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.
2. Your permit to operate is no longer valid.

Division 4, Playground Surfacing

§747.4707 What are unitary surfacing materials?

Subchapter U, Indoor and Outdoor Active Play Space and Equipment
Division 4, Playground Surfacing
September 2003

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, Indoor and Outdoor Active Play Space and Equipment
Division 4, Playground Surfacing
September 2003

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, Indoor and Outdoor Active Play Space and Equipment
Division 4, Playground Surfacing
September 2003

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.

Division 5, Inflatables

§747.4751 May I use inflatable active play equipment?

Subchapter U, Indoor and Outdoor Active Play Space and Equipment
Division 5, Inflatables
December 2010

Yes, you may use inflatable equipment both at and away from your child-care home as long as it meets the following:

Medium-High (1) Enclosed inflatables (such as bounce houses or moon bounces) must only be used by one child at a time;

Medium-High (2) Open inflatables (such as obstacle courses, slides, games) must be used according to the manufacturer’s instructions; and

Medium-High (3) Inflatables that include water activity must also comply with all applicable requirements in Subchapter V of this chapter (relating to Swimming Pools and Wading/Splashing Pools).
Subchapter V, Swimming Pools and Wading/Splashing Pools

§747.4801 What safety precautions must I follow when children in my care use a swimming pool?

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?

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

§747.4805 Do the same safety precautions apply for above-ground pools?

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
September 2003

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 American Academy of Pediatrics 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
September 2003

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.
§747.4813 What are the safety requirements for wading pools?

(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.

(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?

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?

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.
Subchapter W, Fire Safety and Emergency Practices

Division 1, Fire Inspection

§747.4901 Must I have a fire inspection of my child-care home?

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?).

Division 2, Emergency Preparedness

§747.5001. What is an emergency preparedness plan?

An emergency preparedness plan is designed to ensure the safety of children during an emergency by addressing staff responsibility and facility readiness with respect to emergency evacuation and relocation. The plan addresses the types of emergencies most likely to occur in your area including, but not limited to, natural events such as tornadoes, floods or hurricanes, health events such as medical emergencies, communicable disease outbreak, and human-caused events such as intruder with weapon, explosion, or chemical spill.

You may want to check with your local fire and health departments when creating your emergency preparedness plan since they may have resources and guidelines that you may include in your plan.
§747.5003. What must my emergency preparedness plan include?

Subchapter W, Fire Safety and Emergency Practices
Division 2, Emergency Preparedness
June 2014

Your emergency preparedness plan must include written procedures for:

Medium-High (1) Evacuation, including:

(A) That in an emergency, your first responsibility is to move the children to a designated safe area or alternate shelter known to all household members, caregivers, and volunteers;

(B) How children will be relocated to the designated safe area or alternate shelter, including specific procedures for evacuating children who are under 24 months of age, who have limited mobility, or who otherwise may need assistance in an emergency, such as children who have mental, visual, or hearing impairments;

(C) An emergency evacuation and relocation diagram as outlined in §747.5007 of this title (relating to Must I have an emergency evacuation and relocation diagram?);

(D) Name and address of the alternate shelter away from the home you will use as needed; and

(E) How children in attendance at the time of the emergency will be accounted for at the designated safe area or alternate shelter.

Medium-High (2) Communication, including:

(A) The emergency telephone number that is on file with us;

(B) How you will communicate with local authorities (such as fire, law enforcement, emergency medical services, health department), parents, and us; and

Medium-High (3) How you will evacuate with the essential documentation including:

(A) Parent and emergency contact telephone numbers for each child in care;

(B) Authorization for emergency care for each child in care; and

(C) The attendance record information for children in care at the time of the emergency.

- Keep in mind that children may become anxious or excited during an emergency so it is important that caregivers remain calm.

- According to the American Academy of Pediatrics, a thorough and safe evacuation plan includes a designated location that allows the children to get at least 50 feet away from the home, does not require the children or caregivers to cross the street, and provides shelter if the children cannot return to the home.
§747.5005 Must I practice my emergency preparedness plans?

Yes, the following components of your home’s emergency preparedness plans must be practiced as specified below:

Medium-High (1) You must practice a fire drill every month. The children must be able to safely exit the child-care home within three minutes; and

Medium-High (2) You must practice a severe weather drill at least once every three months.

We recommend that you practice your drills at different times of the day to include children and caregivers engaged in different activities.

§747.5007 Must I have an emergency evacuation and relocation diagram?

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.

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

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?

(a) Your child-care home must have at least two exits to the outside, located in distant parts of the home.
(b) You must be able to immediately open any locked doors used as exits.
(c) You must not count doors that are blocked as exits.
(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?

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?

Yes. You must have a battery-powered source of emergency lighting readily accessible in case of electrical failure.

Division 3, Fire Extinguisher and Smoke Detection System

§747.5101 Must my child-care home have a fire-extinguishing system?

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
September 2003

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
September 2003

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
September 2003

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
September 2003

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?

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?

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?

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?

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.

Division 4, Gas and Propane Tanks

§747.5201 Must I have my child-care home inspected for gas leaks?

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.
Division 5, 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?

(a) Gas appliances must have metal tubing and connections, be in good repair and free from leaks.

(b) Open flame heaters (heaters where the flame can be easily touched or accessed) are prohibited.

(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.

(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.

(e) Liquid fuel heaters are prohibited.

(f) Gas fuel heaters, fireplaces, and wood-burning stoves must be properly vented to the outside.

(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.
Division 6, Carbon Monoxide Detection Systems

§747.5331 Must my child-care home have a carbon monoxide detection system?

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:

1. With the school facility standards adopted by the commissioner of education under the Education Code, §46.008; or

2. With standards adopted by the board of a local school district that are similar to those described in paragraph (1) of this section.

§747.5333 What type of carbon monoxide detection system must I install?

You must install:

1. Individual electric (plug-in or hardwire) or battery-operated carbon monoxide detectors that meet Underwriters Laboratories Inc. requirements (UL-Listed); or

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?

(a) If you use electric or battery-operated carbon monoxide detectors:

1. At least one detector must be installed on every level of each building in the child-care operation; and

2. The detector(s) must be installed in compliance with the state or local fire marshal’s instructions.

(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?

(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.

(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-High
(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.
Subchapter X, Transportation

§747.5401. What types of transportation does Licensing regulate?
Subchapter X, Transportation September 2003

(no weight) 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 December 2010

(no weight) (a) We do not regulate the type of vehicle you 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 your operation.

(no weight) (b) For the purpose of this chapter, we categorize vehicle types as:

(1) General purpose vehicle – passenger vehicles as defined in the Texas Transportation Code §545.412, and buses that do not meet the federal motor vehicle safety standards for school buses or multi-function school activity buses (MFSAB);

(2) Small school bus – school buses and MFSABs that meet federal motor vehicle safety standards for school buses and MFSABs respectively and have a gross vehicle weight rating (GVWR) of 10,000 pounds or less; and

(3) Large school bus – school buses and MFSABs that meet federal motor vehicle safety standards for school buses and MFSABs respectively and have a GVWR of greater than 10,000 pounds.

Medium-High (c) All 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 December 2010

You must take the following precautions when loading and unloading children from any vehicle, including any type of bus:

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.
§747.5407. What child safety restraint system must I use when I transport children?

Subchapter X. Transportation

December 2010

Medium-High (a) You must secure each child in an infant safety seat, rear-facing convertible child safety seat, forward-facing child safety seat, child booster seat, safety vest, harness, or a safety belt, as appropriate to the child’s age, height, and weight according to manufacturer’s instructions for all vehicles specified in subsection (d) of this section, unless otherwise noted in this subchapter.

Medium-High (b) All child passenger safety restraint 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.

Medium-High (c) A child 12 years old or younger must not ride in the front seat of a vehicle.

High (d) The following safety restraint devices for a child must be used when the vehicle is on and during all times when the vehicle is in motion:

<table>
<thead>
<tr>
<th>If the child is…</th>
<th>Being transported in this type of vehicle as specified in §747.5403(b) of this title (relating to What type of vehicle may I use to transport children?)…</th>
<th>Then the child must be secured in…</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Younger than 12 months and weighs 20 pounds or less</td>
<td>All vehicles</td>
<td>An infant only rear-facing child safety seat or rear-facing convertible child safety seat according to manufacturer’s instructions;</td>
</tr>
<tr>
<td>(2) Younger than 12 months and weighs more than 20 pounds</td>
<td>All vehicles</td>
<td>An infant only rear-facing child safety seat or rear-facing convertible child safety seat according to manufacturer’s instructions;</td>
</tr>
<tr>
<td>(3) 12 months through three years of age and weighs more than 20 pounds</td>
<td>All vehicles</td>
<td>A rear-facing or forward-facing child safety seat, safety vest or harness according to the manufacturer’s instructions;</td>
</tr>
<tr>
<td>(4) Four years of age and weighs 40 pounds or less</td>
<td>(A) General purpose vehicle and small school bus</td>
<td>A forward-facing child safety seat, safety vest or harness according to the manufacturer’s instructions;</td>
</tr>
<tr>
<td>(4) Four years of age and weighs 40 pounds or less</td>
<td>(B) Large school bus</td>
<td>A safety restraint system according to vehicle manufacturer’s instruction;</td>
</tr>
</tbody>
</table>

(continued)
<table>
<thead>
<tr>
<th>If the child is…</th>
<th>Being transported in this type of vehicle as specified in §747.5403(b) of this title (relating to What type of vehicle may I use to transport children?)…</th>
<th>Then the child must be secured in…</th>
</tr>
</thead>
<tbody>
<tr>
<td>(5) Four years of age, weighs more than 40 pounds, and is less than four feet, nine inches in height; or five years through seven years of age, regardless of weight, and is less than four feet, nine inches in height</td>
<td>(A) General purpose vehicle</td>
<td>A forward-facing child safety seat, booster seat, safety vest or harness according to the manufacturer’s instructions;</td>
</tr>
<tr>
<td>(5) Four years of age, weighs more than 40 pounds, and is less than four feet, nine inches in height; or five years through seven years of age, regardless of weight, and is less than four feet, nine inches in height</td>
<td>(B) Small school bus</td>
<td>A properly fitting safety belt anywhere the child sits in the vehicle;</td>
</tr>
<tr>
<td>(5) Four years of age, weighs more than 40 pounds, and is less than four feet, nine inches in height; or five years through seven years of age, regardless of weight, and is less than four feet, nine inches in height</td>
<td>(C) Large school bus</td>
<td>A safety restraint system according to vehicle manufacturer’s instruction;</td>
</tr>
<tr>
<td>(6) Four years through seven years of age and four feet, nine inches in height or taller</td>
<td>(A) General purpose vehicle</td>
<td>A booster seat according to the manufacturer’s instructions or a properly fitting safety belt anywhere the child sits in the vehicle;</td>
</tr>
<tr>
<td>(6) Four years through seven years of age and four feet, nine inches in height or taller</td>
<td>(B) Small school bus</td>
<td>A properly fitting safety belt anywhere the child sits in the vehicle;</td>
</tr>
<tr>
<td>(6) Four years through seven years of age and four feet, nine inches in height or taller</td>
<td>(C) Large school bus</td>
<td>A safety restraint system according to vehicle manufacturer’s instruction;</td>
</tr>
<tr>
<td>(7) Eight years through 14 years of age</td>
<td>(A) General purpose vehicle and small school bus</td>
<td>A properly fitting safety belt anywhere the child sits in the vehicle;</td>
</tr>
<tr>
<td>(7) Eight years through 14 years of age</td>
<td>(B) Large school bus</td>
<td>A safety restraint system according to vehicle manufacturer’s instruction.</td>
</tr>
</tbody>
</table>

§747.5409 Must caregivers and/or the driver wear a safety belt?

**Subchapter X, Transportation December 2010**

**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.

(b) All adult passengers in a vehicle transporting children, other than a large school bus, 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 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
September 2003

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 American Academy of Pediatrics, 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
September 2003

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
September 2003

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
September 2003

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?

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?

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 19, Texas Department of Family and Protective Services
Chapter 745, Licensing
Subchapter A. Precedence and Definitions
Division 3, Definitions for Licensing

§745.21. What words must I know to understand this subchapter?

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?).


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 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 employer-based child care.

7. Child day care – As defined in §745.33 of this title (relating to What is child day care?).

8. 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.

9. 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.

10. 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).

(continued)
(11) Contiguous operations – Two or more operations that touch at a point on a common border or located in the same building.

(12) Controlling person – As defined in §745.901 of this title (relating to Who is a controlling person at a child-care operation?).

(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 Family and Protective Services (DFPS).

(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 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) Licensed administrator – As defined in §745.8905 of this title (relating to What is a licensed administrator?).

(25) Military service member – A person who is currently serving in the armed forces of the United States, in a reserve component of the armed forces of the United States, including the National Guard, or in the state military service of any state.

(26) Military spouse – A person married to a military service member who is currently on active duty.

(27) Military veteran – A person who has served in the army, navy, air force, marine corps, or coast guard of the United States, or in an auxiliary service of one of those branches of the armed forces.

(continued)
Minimum Standards for Child-Care Homes

(28) Minimum standards – The rules contained in Chapters 743 of this title (relating to Minimum Standards for Shelter Care), 744 of this title (relating to Minimum Standards for School-Age and Before or After-School Programs), 746 of this title (relating to Minimum Standards for Child-Care Centers), 747 of this title (relating to Minimum Standards for Child-Care Homes), 748 of this title (relating to General Residential Operations), 749 of this title (relating to Child-Placing Agencies), 750 of this title (relating to Independent Foster Homes), and Division 11 (relating to Employer-Based Child Care) of Subchapter D of this chapter (relating to Application Process), which are minimum requirements for permit holders that are enforced by DFPS to protect the health, safety and well-being of children.

(29) 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?).

(30) Operation – A person or entity offering a program that may be subject to Licensing’s 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 employer-based child care.

(31) Parent – A person that has legal responsibility for or legal custody of a child, including the managing conservator or legal guardian.

(32) Permit – A license, certification, registration, listing, compliance certificate, or any other written authorization granted by Licensing to operate a child-care facility, child-placing agency, listed family home, or employer-based child care. This also includes an administrator’s license.

(33) Permit holder – The person or entity granted the permit.

(34) Pre-kindergarten age – As defined in §745.101(2) of this title (relating to What words must I know to understand this subchapter?).

(35) Program – Activities and services provided by an operation.

(36) Regulation – The enforcement of statutes and the development and enforcement of rules, including minimum standards. Regulation includes the licensing, certifying (both state run and employer-based operations), registering, and listing of an operation or the licensing of an administrator.

(37) Report – An expression of dissatisfaction or concern about an operation, made known to DFPS staff, that alleges a possible violation of minimum standards or the law and involves risk to a child/children in care.

(38) Residential child care – As defined in §745.35 of this title (relating to What is residential child care?).

(39) 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?).

(40) Sustained perpetrator – See §745.731 of this title (relating to What are designated perpetrators and sustained perpetrators of child abuse or neglect?).
Appendix II: (Background Check Rules Moved)

Appendix II: Background Check Rules has been removed from this publication. These rules are now posted on the DFPS website as a separate publication:

DFPS Licensing Background Check Rules
Texas Administrative Code, Title 40.Social Services and Assistance
Part 19, Texas Department of Family and Protective Services
Chapter 745, Licensing
Subchapter F, Background Checks
Appendix III: Definitions of Abuse, Neglect, Exploitation

Texas Family Code

Title 5, The Parent-Child Relationship and the Suit Affecting the Parent-Child Relationship
Subtitle E, Protection of the Child
Chapter 261, Investigation of Report of Child Abuse or Neglect
Subchapter E, Investigations of Abuse, Neglect, or Exploitation in Certain Facilities

Sec. 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 or program that causes or may cause emotional harm or physical injury to, or the death of, a child served by the facility or program 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 or program 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 or program, 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 or program as further described by rule or policy.

(b) Except as provided by Section 261.404, a state agency that operates, licenses, certifies, registers, or lists a facility in which children are located or provides oversight of a program that serves children shall make a prompt, thorough investigation of a report that a child has been or may be abused, neglected, or exploited in the facility or program. 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.
Appendix IV, Vaccine-Preventable Diseases

This guide is intended to provide you with more information to assist in the development and implementation of a vaccine-preventable disease policy for your program.

What must the policy for protecting children from vaccine-preventable diseases include?

Your operation is responsible for developing a policy that includes all areas addressed in §747.3411.

How will Licensing evaluate for compliance?

Licensing will review your program’s policy to ensure that it covers each of the eight required areas. Licensing staff will ensure that your operation outlines how you will maintain either written or electronic records for each employee’s compliance with your policy as well as any exemptions. We will not evaluate based on the content of each policy item.

What would be an example of how licensing will evaluate my operation’s compliance with the new rule?

The new rule requires you to specify any vaccines that you have determined an employee must have based on the level of risk the employee presents. Licensing staff will review your policy to ensure you have specified any vaccines an employee must have. For example, if your policy outlines that all employees must only obtain a flu vaccine once every 12 months then we would only review compliance with the employee’s requirement to obtain a flu vaccine.

What immunizations are recommended for adults?

The Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention (CDC) develops the recommendations and they are listed on the CDC website at http://www.cdc.gov/vaccines/schedules/downloads/adult/adult-schedule.pdf

Do I have to require employees to obtain all immunizations recommended by the CDC?

No, employees at your program will only need to obtain immunizations that are required in your policy. It is up to you to determine what immunizations will be required and which employees are required to obtain them based on their level of risk as determined by their routine and direct exposure with children.
How do I determine an employee’s level of risk?

An employee’s level of risk is determined by the policy you develop. The basis for determining an employee’s level of risk must be outlined in your policy and must be based on the employee’s routine and direct exposure to children. Items to consider when you develop policy include:

- What are the employee’s primary duties?
- How closely does the employee work with children? (For example, does the employee change diapers, assist with toileting, prepare or serve food)
- How often does the employee work with children? (Regular contact vs. substitute basis)
- What are the ages of children the employee works with?

Can an employee be exempt from immunizations that my program’s policy requires?

Yes, an employee may be exempt from one or more of your program’s required immunizations for:

- Medical conditions identified as contraindications or precautions by the CDC; or
- Reasons of conscience, including a religious belief.

What procedures must an employee follow to be exempt from having a required vaccine?

Your policy must address exemption procedures an employee must follow in order for you to determine the employee’s qualification of an exemption.

What are some examples of acceptable documentation for exemptions?

- For medical conditions, acceptable documentation may include a note from the employee’s health care professional providing a statement that the required vaccine is medically contraindicated or poses a significant risk to the health and well-being of the individual.
- For reasons of conscience, acceptable documentation may include a signed and dated statement from the employee that states the employee is exempt for reasons of conscience, including the person’s religious beliefs.
What are some examples of procedures that an exempt employee must follow to protect children in care from exposure to disease?

It is up to your operation to determine what and when protective procedures will be required.

Examples of protective procedures include:

• Wearing gloves when handling or cleaning body fluids, such as after wiping noses, mouths, or bottoms, and tending sores;
• Specifying that an employee with open wounds and/or any injury that inhibits hand washing, such as casts, bandages, or braces, must not prepare food or have close contact with children in care;
• Wearing masks when the employee has respiratory symptoms to reduce the spread of droplets to surrounding areas;
• Wearing masks when taking care of children with respiratory symptoms;
• Removing gloves and washing hands immediately after each task to prevent cross-contamination to other children;
• Excluding the employee from direct care when the employee has signs of illness.

How can I determine that an employee has complied with my operation’s policy?

You must specify in your policy how you will verify that an employee has complied with your policy. This must include what written and/or electronic documentation you will accept. Examples of documentation may include:

• Copy of the employee’s current immunization record;
• Receipt that includes date a required immunization was received;
• Letter signed by a health care professional that lists the date an immunization was received;
• Documentation of exemption for medical reasons from a health care professional;
• Signed and dated statement from the employee for exemption based on a reason of conscience.

Where can my employees get the recommended immunizations?

Individuals should start with their health care provider. Other resources in your area include pharmacies, the health department, and public or community health clinics. For a list of local health departments in Texas visit the Texas Department of State Health Services (DSHS) website at: [http://www.dshs.state.tx.us/regions/lhds.shtm](http://www.dshs.state.tx.us/regions/lhds.shtm)

Are there any other resources available for employees to receive the recommended immunizations?

Yes, the Adult Safety Net program created by The Texas Department of State Health Services (DSHS) to increase access to vaccination services in Texas for uninsured adults.
What is the Adult Safety Net program?

The Adult Safety Net (ASN) program provides vaccine purchased with public funds to participating clinics to be used for immunizing uninsured adults.

How do I find an Adult Safety Net provider in my area?

Visit the ASN website at www.dshs.state.tx.us/ASN and click on the search page to locate an ASN clinic near you. (Please check with the clinic before visiting to make sure they can see you.)

Who is eligible to receive vaccinations from the ASN program?

Adults ages 19 years and older that do not have health insurance are eligible to receive ASN vaccines.

Who is not eligible to receive ASN vaccines?

Individuals who do not qualify for ASN vaccines include:

- Adults who have Medicare, Medicaid, or any other insurance, including private insurance.
- Adults who are underinsured for adult vaccines (e.g., those who have healthcare insurance that does not cover adult vaccines).
- Individuals younger than 19 years of age.

What vaccines are offered through the ASN program?

The following is a list of vaccines currently offered through the ASN program and a description of the diseases they prevent.

- Hepatitis B Vaccine — prevents infection of the liver by the hepatitis B virus, which can lead to liver cancer, cirrhosis of the liver, liver failure, and death.
- Hepatitis A Vaccine — prevents infection of the liver by the hepatitis A virus. Symptoms of hepatitis A include lack of energy, diarrhea, fever, nausea and jaundice (yellow color to the whites of the eyes or skin).
- Hepatitis A and Hepatitis B Combination Vaccine—see above.
- Human Papillomavirus (HPV) Vaccine — prevents infection from several strains of HPV, including those that cause genital warts and several types of cancer, such as cervical, anal, penile, and throat cancer.
- Measles/Mumps/Rubella (MMR) Vaccine — prevents infection from the measles virus, which can lead to rash, ear infection, brain damage, and death. Prevents infection from the mumps virus, which can cause fever, swollen glands, headache, and can lead to deafness and meningitis. Prevents infection from rubella virus, which can cause rash, arthritis, and miscarriage in pregnant women.

(continued)
• Pneumococcal Polysaccharide (PPSV23) Vaccine — prevents infection by the Streptococcus pneumoniae bacterium, which is one of the most common causes of severe pneumonia and can lead to other types of infections, such as ear infections, sinus infections, meningitis (infection of the lining of the brain and spinal cord), and blood stream infections (bacteremia).

• Tetanus, Diphtheria, and Pertussis (Tdap) Vaccine — prevents tetanus, which can cause muscle spasms, lockjaw, paralysis, and death. Prevents diphtheria, which can cause suffocation and heart failure. Prevents pertussis (known as “whooping cough”), which can cause severe coughing that can lead to rib fractures, pneumonia, and death. The CDC recommends* one dose for all pregnant women during every pregnancy and all other adults who have not yet received Tdap vaccination, especially those who come in contact with infants.

• Tetanus and Diphtheria (Td) Vaccine — similar to Tdap vaccine (see above), but protects against tetanus and diphtheria only, without the pertussis component.

If I qualify for ASN vaccine, do I have to pay anything?

ASN vaccines are supplied to participating medical providers at no cost. This means that ASN providers cannot charge a fee for the vaccine itself. However, providers are allowed to charge an administration fee of up to $25 for each vaccine that is administered. Although ASN providers may charge this administration fee, they cannot deny the vaccine because of an inability to pay it.
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