

TITLE 26 HEALTH AND HUMAN SERVICES  
PART 1 HEALTH AND HUMAN SERVICES COMMISSION  
CHAPTER 744 MINIMUM STANDARDS FOR SCHOOL-AGE AND BEFORE OR  
AFTER-SCHOOL PROGRAMS  
SUBCHAPTER A PURPOSE, SCOPE, AND DEFINITIONS  
DIVISION 3 DEFINITIONS

§744.121. What do certain pronouns mean when used in this chapter?

The following pronouns and words have the following meanings when used in this chapter:

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

(2) We, us, our, and Licensing--The Child Care Regulation department of the Texas Health and Human Services Commission (HHSC).

§744.123. 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 another subchapter or unless the context clearly indicates otherwise. In addition, the following words and terms used in this chapter have the following meanings unless the context clearly indicates otherwise:

(1) Activity plan--A written plan that outlines the daily routine and activities in which a group of children will engage while in your care. The plan is designed to meet the children's cognitive, language, social, emotional, and physical developmental strengths and needs.

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

(3) Administrative and clerical duties--Duties that involve the administration of an operation, such as bookkeeping, enrolling children, answering the telephone, and collecting fees.

(4) Admission--The process of enrolling a child in an operation. The date of admission is the first day the child is physically present at the operation.

(5) Adult--A person 18 years old and older.

(6) Age-appropriate--Activities, equipment, materials, curriculum, and environment, including the child's assigned classroom, that are developmentally consistent with the developmental or chronological age of the child being served.

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

(8) Before or after-school program--An operation that provides care before and after or before or after the customary school day and during school holidays, for at least two hours a day, three days a week, to children who attend pre-kindergarten through grade six.

(9) Caregiver--A person who is counted in the child to caregiver ratio, whose duties include the supervision, guidance, and protection of a child. As used in this chapter, a caregiver must meet the minimum education, work experience, and training qualifications required under Subchapter D of this chapter (relating to Personnel). A caregiver is usually an employee, but may also be a substitute, volunteer, or contractor, as outlined in paragraph (15) of this section and Subchapter D, Division 5 of this chapter (relating to Substitutes, Volunteers, and Contractors).

(10) Certified Child-Care Professional Credential--A credential given by the National Early Childhood Program Accreditation to a person working directly with children. The credential is based on assessed competency in several areas of child care and child development.

(11) Certified lifeguard--A person who has been trained in life saving and water safety by a qualified instructor, from a recognized organization that awards a certificate upon successful completion of the training. The certificate is not required to use the term "lifeguard," but you must be able to document that the certificate is current, relevant to the type of water activity in which children will engage, and represents the type of training described.

(12) CEUs--Continuing education units. A standard unit of measure for adult education and training activities. One CEU equals 10 clock hours of participation in an organized, continuing-education experience, under responsible, qualified direction and instruction. Although a person 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.

(13) Child Development Associate Credential--A credential given by the Council for Professional Recognition to a person working directly with children. The credential is based on assessed competency in several areas of child care and child development.

(14) Clock hour--An actual hour of documented:

(A) Attendance at instructor-led training, such as seminars, workshops, conferences, early childhood classes, and other planned learning opportunities, provided by an individual or individuals, as specified in §744.1319(a) of this chapter (relating to Must the training for my caregivers and the director meet certain criteria?); or

(B) Self-instructional training that was created by an individual or individuals, as specified in §744.1319(a) and (b) of this chapter, or self-study training.

(15) Contract service provider--A person or entity contracting with the operation to provide a service, whether paid or unpaid. Also referred to as "contract staff" and "contractor" in this chapter.

(16) Corporal punishment--The infliction of physical pain on a child as a means of controlling behavior. This includes spanking, hitting with a hand or instrument, slapping, pinching, shaking, biting, or thumping a child.

(17) Days--Calendar days, unless otherwise stated.

(18) Director--An adult you designate to have daily, on-site responsibility for your operation, including maintaining compliance with the minimum standards, rules, and laws. As this term is used in this chapter, a director may be an operation director, program director, or site director, unless the context clearly indicates otherwise.

(19) Employee--A person an operation employs full-time or part-time to work for wages, salary, or other compensation. Employees are all of the operation staff, including caregivers, kitchen staff, office staff, maintenance staff, the assistant director, all directors, and the owner, if the owner is ever on site at the operation or transports a child.

(20) Enrollment--The list of names or number of children who have been admitted to attend an operation for any given period of time; the number of children enrolled in an operation may vary from the number of children in attendance on any given day.

(21) Entrap--A component or group of components on equipment that forms angles or openings that may 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.

(22) Field trips--Activities conducted away from the operation.

(23) Food service--The preparation or serving of meals or snacks.

(24) Frequent--More than two times in a 30-day period. Note: For the definition of "regularly or frequently present at an operation" as it applies to background checks, see §745.601 of this title (relating to What words must I know to understand this subchapter?).

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

(26) Governing body--A group of persons or officers of a corporation or other type of business entity having ultimate authority and responsibility for the operation.

**(27)** Grounds-- Includes any parcel of land where the operation is located and any building, other structure, body of water, play equipment, street, sidewalk, walkway, driveway, parking garage, or parking lot on the parcel. Also referred to as "premises" in this chapter.

**(28)** Group activities--Activities that allow children to interact with other children in large or small groups. Group activities include storytelling, finger plays, show and tell, organized games, and singing.

**(29)** Hazardous materials--Any substance or chemical that is a health hazard or physical hazard as determined by the Environmental Protection Agency. Also referred to as "toxic materials" and "toxic chemicals" in this chapter.

**(30)** Health-care professional--A licensed physician, a licensed advanced practice registered nurse (APRN), a licensed vocational nurse (LVN), a licensed registered nurse (RN), or other licensed medical personnel providing health care to the child within the scope of the license. This does not include physicians, nurses, or other medical personnel who are not licensed in the United States or in the country in which the person practices.

**(31)** 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.

**(32)** High school equivalent--

(A) Documentation of a program recognized by the Texas Education Agency (TEA) or other public educational entity in another state, which offers similar training on reading, writing, and math skills taught at the high school level, such as a General Educational Development (GED) certificate; or

(B) Confirmation that the person received home-schooling that adequately addressed basic competencies such as basic reading, writing, and math skills, which would otherwise have been documented by a high school diploma.

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

**(34)** Inflatable--An amusement ride or device, consisting of air-filled structures designed for use by children, as specified by the manufacturer, which may include bouncing, climbing, sliding, 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.

**(35)** Instructor-led training--Training characterized by the communication and interaction that takes place between the student and the instructor. The training must include an opportunity for the student to interact with the instructor to obtain clarifications and information beyond the scope of the training materials. For such an opportunity to exist, the instructor must communicate with the student in a timely fashion, including answering questions, providing feedback on skills practice, providing guidance or information on additional resources, and proactively interacting with students. Examples of this type of training include, classroom training, web-based on-line facilitated learning, video-conferencing, or other group learning experiences.

**(36)** Janitorial duties--Those duties that involve the cleaning and maintenance of the operation's building, rooms, furniture, etc. Cleaning and maintenance include such duties as cleansing carpets, washing cots, and sweeping, vacuuming, or mopping a restroom or a classroom. Sweeping up after an activity or mopping up a spill in a classroom that is immediately necessary for the children's safety is not considered a janitorial duty.

**(37)** Local sanitation official--A sanitation official designated by the city or county government.

**(38)** Multi-site operations--Two or more operations owned by the same person or entity, but the operations have separate permits. These operations may have centralized business functions, record keeping, and leadership.

**(39)** Natural environment--Settings that are natural or typical for all children of the same age without regard to ability or disability. For example, a natural environment for learning social skills is a play group of peers.

**(40)** Nighttime care--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 operation between the hours of 9:00 p.m. and 6:00 a.m.

**(41)** Operation--A person or entity offering a before or after-school program or school-age program that is subject to Licensing's regulation. An operation includes the grounds where the program is offered, any person involved in providing the program, and any equipment used in providing the program.

**(42)** Operation director--A director at your operation who is not supervised by a program director. An operation that has an operation director cannot have a program director or a site director.

**(43)** Owner--The sole proprietor, partnership, corporation, or other type of business entity who owns the operation.

**(44)** Permit holder--The owner of the operation that is granted the permit.

**(45)** Permit is no longer valid--For purposes of this chapter, a permit remains valid through the renewal process. A permit only becomes invalid when your:

(A) Operation voluntarily closes;

(B) Operation must close because of an enforcement action in Chapter 745, Subchapter L of this title (relating to Enforcement Actions);

(C) Permit expires according to §745.481 of this title (relating to When does my permit expire?); or

(D) Operation must close because its permit is automatically revoked according to Texas Human Resources Code §§42.048(e), 42.052(j), or 42.054(f).

(46) Physical activity (moderate)--Levels of activity for a child that are at intensities faster than a slow walk, but still allow the child to talk easily. Moderate physical activity increases heart rate and breathing rate.

(47) Physical activity (vigorous)--Rhythmic, repetitive physical movement for a child that uses large muscle groups, causing the child to breathe rapidly and only enabling the child to speak in short phrases. Typically, the child's heart rate is substantially increased and the child is likely to be sweating while engaging in the vigorous physical activity.

(48) Pre-kindergarten age child--A child who is three or four years of age before the beginning of the current school year.

(49) Premises--See the term "grounds" and its definition in this section.

(50) Program--The services and activities provided by an operation.

(51) Program director--A director who oversees your program at multi-site operations and supervises a site director at each operation.

(52) Regular--On a recurring, scheduled basis. Note: For the definition of "regularly or frequently present at an operation" as it applies to background checks, see §745.601 of this title.

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

(54) Sanitize--The use of a **disinfecting** product that **provides instructions specific for sanitizing and** is registered by the Environmental Protection Agency (EPA) **to substantially reduce** germs on inanimate objects to levels considered safe by public health requirements. Many bleach and hydrogen peroxide products are EPA-registered. You must follow the product's labelling instructions for sanitizing **or disinfecting, depending on the surface** (paying attention to any instructions regarding contact time and toxicity on surfaces likely to be mouthed by children). **If you use bleach instead of an approved disinfecting product**, you must follow these steps in order:

(A) Washing with water and soap;

(B) Rinsing with clear water;

(C) Soaking in or spraying on a **bleach** solution for at least two minutes;

(D) Rinsing with cool water only those items that children are likely to place in their mouths; and

(E) Allowing the surface or item to air-dry.

(55) School-age child--A child who is five years of age and older and is enrolled in or has completed kindergarten.

(56) School-age program--An operation that provides supervision and recreation, skills instruction, or skills training for at least two hours a day and three days a week to children who attend pre-kindergarten through grade six. A school-age program operates before or after the customary school day and may also operate during school holidays, the summer period, or any other time when school is not in session.

(57) Screen time activity--An activity during which a child views media content on a cell or mobile phone, tablet, computer, television, video, film, or DVD. Screen time activities do not include video chatting with a child's family or assistive and adaptive computer technology used by a child with special care needs on a consistent basis.

(58) Self-instructional training--Training designed to be used by one individual working alone and at the individual's own pace to complete lessons or modules. Lessons or modules commonly include questions with clear right and wrong answers. An example of this type of training is web-based training. Self-study training is also a type of self-instructional training.

(59) Self-study training--Non-standardized training where an individual reads written materials, watches a training video, or listens to a recording to obtain certain knowledge that is required for annual training. Self-study training is limited to three hours of annual training per year.

(60) Site director--A director who has on-site responsibility at a specific operation, but who is supervised by a program director.

(61) Special care needs--A child with special care needs is a child who has:

(A) A chronic physical, developmental, behavioral, or emotional condition or a disability 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 the movement of large or small muscles, learning, talking, communicating, comprehension, emotional regulation, self-help, social skills, emotional well-being, seeing, hearing, and breathing; or

(B) A limitation due to an injury, illness, or allergy.

(62) State or local fire authority--A fire official who is authorized to conduct fire safety inspections on behalf of the city, county, or state government, including certified fire inspectors. Also referred to as "fire marshal" in this chapter.

(63) Universal precautions--An approach to infection control where all human

blood and certain human bodily fluids are treated as if known to be infectious for HIV, HBV, and other blood-borne pathogens.

(64) Water activities--Related to the use of swimming pools, splashing pools, wading pools, sprinkler play, or other bodies of water.

(65) Weather permitting--Weather conditions that do not pose any concerns for health and safety, such as significant risk of frostbite or heat-related illness. This includes adverse weather conditions in which children may still play safely outdoors for shorter periods with appropriate adjustments to clothing and any necessary access to water, shade, or shelter.

## Technical Assistance

- Regarding paragraph (16), "corporal punishment" encompasses many types of physical actions used to inflict pain and the examples provided are not intended to be all inclusive.
- Regarding paragraph (29), the [Environmental Protection Agency](#) has additional information about hazardous materials.
- Regarding paragraph (48), the beginning of the school year is based on the start date of the school district the child attends.
- Regarding paragraph (54):
  - A disinfecting product is a solution of chemicals that kills or inactivates germs when applied as instructed. Disinfectants are registered with the EPA as pesticides because they act against viruses and bacteria, which are microorganisms (what we commonly call germs) that act as pests. Not all disinfectants are effective against all germs. It is important to read the product label, EPA registration information, or check with local public health authorities if you are concerned about whether a product kills a specific germ. Always follow the manufacturer's instructions when using disinfecting products.
  - The use of alternative methods for sanitizing or disinfecting, such as fogging, fumigation, and wide-area or electrostatic spraying, are not recommended unless first approved by local or state public health departments. The CDC does not recommend the use of such methods for most cases.
- Regarding paragraph (57), "media content" includes:
  - Digital, analog, and live videos;

## Technical Assistance

- Movies and music videos (including the use of this content in the background when children are engaged in other activities);
- Animations;
- Games (digital or video);
- Graphic or digital photos;
- Internet searches;
- E-books;
- Streaming sites;
- Software programs;
- Applications (apps), etc.

Media content does not include electronic sign-in sheets, daily rosters, or schedules displayed on a smart board.

- Regarding paragraph (59), "self-study" is sometimes referred to as "independent study."
- Regarding paragraph (65), Caring for Our Children: National Health and Safety Performance Standards, 4th Edition, has additional guidelines regarding weather conditions and children's outdoor activities.

TITLE 26 HEALTH AND HUMAN SERVICES  
PART 1 HEALTH AND HUMAN SERVICES COMMISSION  
CHAPTER 744 MINIMUM STANDARDS FOR SCHOOL-AGE AND BEFORE OR  
AFTER-SCHOOL PROGRAMS  
SUBCHAPTER B ADMINISTRATION AND COMMUNICATION  
DIVISION 1 PERMIT HOLDER RESPONSIBILITIES

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

You are responsible for:

(1) Developing and implementing your operational policies, which must comply with or exceed the minimum standards specified in this subchapter;

(2) Developing written personnel policies, including job descriptions, job responsibilities, and requirements;

(3) Making provisions for training that comply with Division 4, Subchapter D of this chapter (relating to Professional Development);

(4) Designating an operation director, program director, or site director, as applicable, who meets minimum standard qualifications as specified in Subchapter D of this chapter;

(5) Reporting and ensuring your employees and volunteers report suspected abuse, neglect, or exploitation directly to the **Texas Abuse and Neglect Hotline**, as required by Texas Family Code §261.101; **an employee may not delegate the responsibility to make a report, and you may not require an employee to seek approval to file a report or notify you that a report was made;**

(6) **Ensuring all information related to background checks is kept confidential and not disclosed to unauthorized persons**, as required by the Human Resources Code §40.005(d) and (e);

(7) Ensuring parents can visit the operation any time during your hours of operation to observe their child, program activities, the building, the premises, and the equipment without having to secure prior approval;

(8) Complying with the liability insurance requirements in this division;

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

(10) Reporting to Licensing any Department of Justice substantiated complaints related to Title III of the Americans with Disabilities Act, which applies to commercial public accommodations; and

(11) Ensuring the total number of children in care at the operation or away from the operation, such as during a field trip, never exceeds the licensed capacity of the operation.

## Technical Assistance

- Children are at risk when adults responsible for them do not have clearly delineated roles and responsibilities, which can be identified in job descriptions and job responsibilities.
- Disclosure of confidential background check information is a Class A misdemeanor. Therefore, you may want to keep background check information in a location separate from other staff records. You may choose to keep the information in a locked space. However, the information must be accessible during an inspection.
- You are responsible for ensuring that only authorized individuals access the contact email account that is used for correspondence between your operation and CCR.

TITLE 26 HEALTH AND HUMAN SERVICES  
PART 1 HEALTH AND HUMAN SERVICES COMMISSION  
CHAPTER 744 MINIMUM STANDARDS FOR SCHOOL-AGE AND BEFORE OR  
AFTER-SCHOOL PROGRAMS  
SUBCHAPTER B ADMINISTRATION AND COMMUNICATION  
DIVISION 2 REQUIRED NOTIFICATIONS

§744.305. What other situations require notification to Licensing?

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

(1) Any occurrence that renders all or part of your operation unsafe or unsanitary for a child;

(2) Injury to a child in your care that requires medical treatment by a health-care professional or hospitalization;

(3) A child in your care shows signs or symptoms of an illness that requires hospitalization;

(4) You become aware that an employee or child in your care contracts an illness deemed notifiable by the Texas Department of State Health Services, as specified in 25 TAC Chapter 97, Subchapter A (relating to Control of Communicable Diseases);

(5) A person for whom 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;

(6) The occurrence of any other non-routine situation that places, or may place, a child at risk for injury or harm, such as forgetting a child in an operation vehicle or on the playground or not preventing a child from wandering away from the operation unsupervised; and

(7) 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.

#### Technical Assistance

- Regarding paragraph (a)(1), examples of occurrences that may render an operation unsafe or unsanitary include sewer backups, flood, fire or storm damage, or the lack of running water.
- Regarding paragraph (a)(2), this notification does not apply to an injury for which a health-care professional only evaluates a child as a precaution. However, if the operation later learns the injury is more serious than initially diagnosed and requires medical treatment, the

## Technical Assistance

operation is required to report the incident to CCR upon learning of the change in the child's status.

- Regarding paragraph (a)(3), this notification applies to situations where the operation sends a child to the hospital for an illness. For more information on how to respond when a child in care becomes ill and requires hospitalization, see §744.2575(b).
- Regarding paragraph (a)(4), if you become aware that multiple employees or children have contracted the same communicable illness, you may contact the Texas Department of State Health Services (DSHS) or the local health authority for guidance regarding a potential outbreak at your operation.
- You may access the DSHS list of notifiable communicable diseases at: [Communicable Disease Chart for Schools & Child-Care Centers \(texas.gov\)](https://dshs.texas.gov/IDCU/health/schools_childcare/Communicable-Disease-Chart-Schools-and-Childcare-Centers-073021.pdf).  
([https://dshs.texas.gov/IDCU/health/schools\\_childcare/Communicable-Disease-Chart-Schools-and-Childcare-Centers-073021.pdf](https://dshs.texas.gov/IDCU/health/schools_childcare/Communicable-Disease-Chart-Schools-and-Childcare-Centers-073021.pdf))
- Regarding paragraph (a)(6), many factors determine whether a situation places or may place a child at risk for injury or harm, including the age of the child, proximity of caregivers, surrounding environment, etc. In addition to the examples provided in the rule, other situations may include:
  - Leaving a child unattended in a classroom;
  - Allowing a child to access hazardous materials; and
  - Allowing a child unsupervised access to a body of water.
- Notifications to CCR may be made:
  - Online 24 hours a day at [http://www.dfps.state.tx.us/Contact\\_Us/report\\_abuse.asp](http://www.dfps.state.tx.us/Contact_Us/report_abuse.asp);
  - By phone 24 hours a day to the Texas Abuse and Neglect Hotline 1-800-252-5400; or
  - By speaking to a CCR employee during business hours at the local office. Phone numbers for the local offices can be found at <https://hhs.texas.gov/services/safety/child-care/contact-child-care-licensing>

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

(a) You must notify the parent of a child immediately if there is an allegation that the child has been abused, neglected, or exploited, as defined in Texas Family Code §261.001, while in your care.

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

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

(2) Shows signs or symptoms of an illness that requires hospitalization;

(3) Has had an emergency anaphylaxis reaction that required administration of an unassigned epinephrine auto-injector;

(4) Has been involved in any non-routine situation that placed, or may have placed, the child at risk for injury or harm. For example, a caregiver forgetting the child in an operation vehicle or on the playground or failing to prevent the child from wandering away from the operation unsupervised; or

(5) Has been involved in any situation that renders the operation unsafe, such as a fire, flood, or damage to the operation as a result of severe weather.

(c) You must notify the parent of less serious injuries when the parent picks the child up from the operation. Less serious injuries include minor cuts, scratches, and contusions requiring first-aid treatment by employees.

(d) You must provide written notice to the parent of each child attending the operation within 48 hours of becoming aware that a child in your care or an employee has contracted a communicable disease deemed notifiable by the Department of State Health Services, as specified in 25 TAC Chapter 97, Subchapter A (relating to Control of Communicable Diseases).

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

#### Technical Assistance

- Communication between caregivers and parents is essential to both the safe and healthy operation of the program and the parents' ability to assess the care their children are receiving.
- Regarding paragraph (a), you must notify the parent as soon as you have knowledge of the allegation, including when someone makes an

## Technical Assistance

allegation directly to you, when you make a report to DFPS, or when DFPS notifies you of an allegation.

- Regarding paragraph (b)(1), please see §744.2577 for additional requirements for how operations must respond to an injury that requires immediate medical treatment by a health-care professional.
- Regarding paragraph (b)(2), please see §744.2575 for additional requirements for how operations must respond when a child becomes ill while in care.
- Regarding paragraph (b)(4), many factors determine whether a situation places or may place a child at risk for injury or harm, including the age of the child, proximity of caregivers, surrounding environment, etc. In addition to the examples provided in the rule, other situations may include:
  - Leaving a child unattended in a classroom;
  - Allowing a child to access hazardous materials; and
  - Allowing a child unsupervised access to a body of water.

TITLE 26 HEALTH AND HUMAN SERVICES  
PART 1 HEALTH AND HUMAN SERVICES COMMISSION  
CHAPTER 744 MINIMUM STANDARDS FOR SCHOOL-AGE AND BEFORE OR  
AFTER-SCHOOL PROGRAMS  
SUBCHAPTER B ADMINISTRATION AND COMMUNICATION  
DIVISION 3 REQUIRED POSTINGS

§744.401. What items must I post at my operation at all times?

You must post the following items:

- (1) Your license;
- (2) The letter or form from the most recent Licensing inspection or investigation;
- (3) The Licensing notice *Keeping Children Safe*;
- (4) Your emergency evacuation and relocation diagram as specified in §744.3561 of this title (relating to Must I have an emergency evacuation and relocation diagram?);
- (5) The activity plan for each group of children, if required by §744.2005 of this title (relating to **What written activity plans must caregivers follow?**);
- (6) The daily menu, if applicable, including all snacks and meals prepared or served by the operation;
- (7) The Licensing *Parent Notification Poster*;
- (8) Telephone numbers specified in §744.405 of this title (relating to What telephone numbers must I post and where must I post them?);
- (9) A list of each child's food allergies that require an emergency plan, as specified in §744.2669 of this title (relating to When must I have a food allergy emergency plan for a child?); and
- (10) Any other Licensing notices with specific instructions to post the notice.

### Technical Assistance

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.

**If your program is located in a school and the school requires you to relocate when the school hosts a function or activity, CCR recommends you post the alternate location within the school where you are operating any time the school requires use of your program's space. This allows parents to easily locate their children at the end of the day.**

§744.405. What telephone numbers must I post and where must I post them?

(a) You must post in a prominent place the following telephone numbers:

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

(A) Emergency medical services;

(B) Law enforcement; and

(C) Fire department;

(2) Poison control (1-800-222-1222);

(3) The Texas Abuse and Neglect Hotline (1-800-252-5400);

(4) The local Licensing office telephone number; and

(5) The operation's telephone number, name, and address.

(b) If you use cellular phone service at your operation, you must ensure all employees and caregivers know the address of the operation to direct emergency personnel to the operation when dialing 911 from the operation.

### Technical Assistance

- Readily available phone numbers help to ensure prompt response/action in an emergency.
- For the nearest Licensing office telephone number go to <https://hhs.texas.gov/services/safety/child-care/contact-child-care-licensing>
- If you call 911 from a cellular phone you should remember the following:
  - Tell the emergency operator the location of the emergency right away.
  - Give the emergency operator your cellular phone number so that, if the call gets disconnected, the operator can call you back.
  - If your cellular phone is not "initialized" (meaning you do not have a contract for service with a wireless service provider), and your emergency call gets disconnected, you must call the emergency operator back because the operator does not have your telephone number and cannot contact you.

TITLE 26 HEALTH AND HUMAN SERVICES  
PART 1 HEALTH AND HUMAN SERVICES COMMISSION  
CHAPTER 744 MINIMUM STANDARDS FOR SCHOOL-AGE AND BEFORE OR  
AFTER-SCHOOL PROGRAMS  
SUBCHAPTER B ADMINISTRATION AND COMMUNICATION  
DIVISION 4 OPERATIONAL POLICIES

§744.501. What written operational policies must I have?

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

- (1) Hours, days, and months of operation;
- (2) Procedures for the release of children;
- (3) Illness and exclusion criteria;
- (4) Procedures for dispensing medication or a statement that medication is not dispensed;
- (5) Procedures for handling medical emergencies;
- (6) Procedures for parental notifications;
- (7) Discipline and guidance that is consistent with Subchapter G of this chapter (relating to Discipline and Guidance). A copy of Subchapter G may be used for your discipline and guidance policy, unless you use disciplinary and training measures specific to a skills-based program, as specified in §744.2109 of this chapter (relating to May I use disciplinary measures that are fundamental to teaching a skill, talent, ability, expertise, or proficiency?);
- (8) Suspension and expulsion of children;
- (9) Meals and food service practices;
- (10) Immunization requirements for children, including tuberculosis screening and testing if required by your regional Texas Department of State Health Services or local health authority;
- (11) Enrollment procedures, including how and when parents will be notified of policy changes;
- (12) Transportation, if applicable;
- (13) Water activities, if applicable;
- (14) Field trips, if applicable;
- (15) Animals, if applicable;
- (16) Procedures for providing and applying, as needed, insect repellent and sunscreen, including what types will be used, if applicable;

(17) Procedures for parents to review and discuss with the director any questions or concerns about the policies and procedures of the operation;

(18) Procedures for parents to visit the operation at any time during your hours of operation to observe their child, program activities, the building, the premises, and equipment without having to secure prior approval;

(19) Procedures for parents to participate in the operation's activities;

(20) Procedures for parents to review a copy of the operation's most recent Licensing inspection report and how the parent may access the minimum standards online;

(21) Instructions on how a parent may contact the local Licensing office, access the Texas Abuse and Neglect Hotline, and access the HHSC website;

(22) Emergency preparedness plan;

(23) Procedures for conducting health checks, if applicable;

(24) Information on vaccine-preventable diseases for employees, unless your operation is in the home of the permit holder, the director, or a caregiver. The policy must address the requirements outlined in §744.2581 of this chapter (relating to What must a policy for protecting children from vaccine-preventable diseases include?);

(25) If your operation maintains and administers unassigned epinephrine auto-injectors to use when a child in care has an emergency anaphylaxis reaction, policies for maintenance, administration, and disposal of unassigned epinephrine auto-injectors that comply with the unassigned epinephrine auto-injector requirements set by the Texas Department of State Health Services, as specified in 25 TAC Chapter 40, Subchapter C (relating to Epinephrine Auto-Injector Policies in Youth Facilities) and Texas Health and Safety Code §773.0145; and

(26) Procedures for supporting inclusive services to children with special care needs. The policy must address the requirements outlined in §744.2009 of this chapter (relating to What are my responsibilities when planning activities for a child in care with special care needs?).

### Technical Assistance

- Regarding paragraph (8), it is helpful to have a policy clarifying the steps that can be taken to prevent suspension or expulsion is very helpful to parents. However, a director may always retain the right to dis-enroll a child if it is in the best interest of the child or other children at the operation. Additional information regarding a policy for suspension and expulsion is available in the [CCR TA Library](#).

## Technical Assistance

- Regarding paragraph (25), DSHS requirements for the maintenance and administration of unassigned epinephrine auto-injectors include requirements for:
  - o Training;
  - o Storage;
  - o Administration;
  - o Disposal;
  - o Reporting; and
  - o Parental notification of policies.You can find more information about these requirements, as well as definitions pertaining to anaphylaxis, at [Allergies and Anaphylaxis, Epinephrine Auto-Injector Policies in Youth Facilities, and in the CCR TA Library](#).
- Regarding paragraph (26), the [CCR TA Library](#) has additional information regarding the inclusion of children with special care needs into a child-care program.

TITLE 26 HEALTH AND HUMAN SERVICES  
PART 1 HEALTH AND HUMAN SERVICES COMMISSION  
CHAPTER 744 MINIMUM STANDARDS FOR SCHOOL-AGE AND BEFORE OR  
AFTER-SCHOOL PROGRAMS  
SUBCHAPTER C RECORD KEEPING  
DIVISION 1 RECORDS OF CHILDREN

§744.605. What admission information must I obtain for each child?

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

- (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 operation;
- (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, including any authorized pick-up and drop-off locations;
- (9) Permission for field trips, if provided;
- (10) Permission for participation in water activities, if provided, including whether the child is able to swim without assistance;
- (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 problems or special care needs, which must include:
  - (A) Any limitations or restrictions on the child's activities;
  - (B) Special care the child requires, including:
    - (i) Any reasonable accommodations or modifications;

(ii) Any adaptive equipment provided for the child, including instructions for how to use the equipment; and

(iii) Symptoms or indications of potential complications related to a physical, cognitive, or mental condition that may warrant prevention or intervention while the child is in care; and

(C) Any medications prescribed for continuous, long-term use.

(14) The name and telephone number of the school that a school-age child attends, unless the operation is located at the child's school;

(15) Permission for a school-age child to ride a bus, walk to or from school or home, or to be released to the care of a sibling under 18 years old, if applicable; and

(16) The child's allergies and a completed food allergy emergency plan for the child, if applicable.

### Technical Assistance

- The term "Parent" is defined in 26 TAC, Chapter 745, Subchapter A, Precedence and Definitions, which is included in this publication in Appendix I.
- Regarding paragraphs (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.

TITLE 26 HEALTH AND HUMAN SERVICES  
PART 1 HEALTH AND HUMAN SERVICES COMMISSION  
CHAPTER 744 MINIMUM STANDARDS FOR SCHOOL-AGE AND BEFORE OR  
AFTER-SCHOOL PROGRAMS  
SUBCHAPTER C RECORD KEEPING  
DIVISION 2 RECORDS OF ACCIDENTS AND INCIDENTS

§744.701. What written records must I keep of accidents and incidents that occur at my operation?

You must record the following information on the Licensing *Incident/Illness Report* Form 7239 or another form that contains at least the same information:

(1) An injury to a child in care that required medical treatment by a health-care professional or hospitalization;

(2) An illness that required the hospitalization of a child in care;

(3) An incident where a child in care had an emergency anaphylaxis reaction that required administration of an unassigned epinephrine auto-injector;

(4) An incident of a child in care or employee contracting a communicable disease deemed notifiable by the Texas Department of State Health Services as specified in 25 TAC Chapter 97, Subchapter A (relating to Control of Communicable Diseases); and

(5) Any other **non-routine** situation that placed, **or may have placed**, a child at risk **for injury or harm**, such as forgetting a child in an operation's vehicle or not preventing a child from wandering away from the operation unsupervised.

### Technical Assistance

- The *Licensing Incident/Illness Report* form ensures that parents have been notified of serious incidents and illnesses that impact or may impact the health and safety their child. This includes incidents that directly involve their child, such as a serious injury, and those that have the potential to affect their child, such as another child in care or an employee contracting a communicable disease. For more information regarding notifying parents about emergency and medical situations, see §744.307.
- **Regarding paragraph (5), many factors determine whether a situation places or may place a child at risk for injury or harm, including the age of the child, proximity of caregivers, surrounding environment, etc. In addition to the examples provided in the rule, other situations may include:**

## Technical Assistance

- Leaving a child unattended in a classroom;
  - Allowing a child to access hazardous materials; and
  - Allowing a child unsupervised access to a body of water.
- You may obtain a copy of Licensing's *Incident/Illness Report* form on the CCR provider website at: <https://hhs.texas.gov/laws-regulations/handbooks/cclpph/forms>

TITLE 26 HEALTH AND HUMAN SERVICES  
PART 1 HEALTH AND HUMAN SERVICES COMMISSION  
CHAPTER 744 MINIMUM STANDARDS FOR SCHOOL-AGE AND BEFORE OR  
AFTER-SCHOOL PROGRAMS  
SUBCHAPTER C RECORD KEEPING  
DIVISION 4 PERSONNEL RECORDS

§744.901. What information must I maintain in my personnel records?

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

- (1) Documentation showing the dates of the first and last day on the job;
- (2) Documentation showing how the employee meets the minimum age and education qualifications, if applicable;
- (3) A copy of a health card or health care professional's statement verifying the employee is free of active tuberculosis, if required by the regional Department of State Health Services TB program or local health authority;
- (4) A notarized Licensing *Affidavit for Applicants for Employment* form as specified in Human Resources Code, §42.059;
- (5) A record of training hours, including documentation required by §744.1331 of this chapter (relating to What documentation must I provide to Licensing to verify that employees have met training requirements?);
- (6) A statement signed and dated by the employee showing he has received a copy of the operation's:
  - (A) Operational policies; and
  - (B) Personnel policies;
- (7) Proof of request for background checks required under 40 TAC Chapter 745, Subchapter F (relating to Background Checks);
- (8) A copy of a photo identification;
- (9) A copy of a current driver's license for each person who transports a child in care; and
- (10) A statement signed and dated by the employee verifying the date the employee attended training during orientation that includes an overview regarding the prevention, recognition, and reporting of child maltreatment, as outlined in §744.1303 of this chapter (relating to What must orientation for employees at my operation include?).

TITLE 26 HEALTH AND HUMAN SERVICES  
 PART 1 HEALTH AND HUMAN SERVICES COMMISSION  
 CHAPTER 744 MINIMUM STANDARDS FOR SCHOOL-AGE AND BEFORE OR AFTER-SCHOOL PROGRAMS  
 SUBCHAPTER D PERSONNEL  
 DIVISION 1 DIRECTOR

§744.1015. What qualifications must an operation director or a program director meet?

Except as otherwise provided in this division, an operation director or program director must be at least 21 years of age, have a high school diploma or its equivalent, and meet one of the following combinations of education and experience:

Figure: 26 TAC §744.1015

Education	Experience
(1) A bachelor degree with six college credit hours in management	at least one year of experience in a licensed operation or similar experience as specified in §744.1021 of this division (relating to What types of experience may count towards meeting director qualifications?);
(2) An associate of applied science degree in child development or a closely related field with six college credit hours in child development and six college credit hours in 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	at least two years of experience in a licensed operation or similar experience as specified in §744.1021 of this division;
(3) Sixty college credit hours with nine college credit hours in child development and six college credit hours in management	at least two years of experience in a licensed operation or similar experience as specified in §744.1021 of this division; or instructor certification and one year experience in training others in a skill, talent, ability, expertise, or proficiency that is the goal of skill instruction or training that is a core component of

Education	Experience
	your operation's program;
(4) Six college credit hours in management with a Child Development Associate credential or Certified Child-Care Professional credential	at least two years of experience in a licensed operation or similar experience as specified in §744.1021 of this division;
(5) A child-care administrator's certificate from a community college with at least 15 college credit hours in child development and three college credit hours in management	at least two years of experience in a licensed operation or similar experience as specified in §744.1021 of this division;
(6) A day-care administrator's credential issued by a professional organization or an educational institution and approved by Licensing based on criteria specified in Subchapter P of Chapter 745 of this title (relating to Day-Care Administrator's Credential Program)	at least two years of experience in a licensed operation or similar experience as specified in §744.1021 of this division; or
(7) Nine college credit hours in child development and nine college credit hours in management	at least three years of experience in a licensed operation or similar experience as specified in §744.1021 of this title, or instructor certification and one year experience in training others in a skill, talent, ability, expertise, or proficiency that is the goal of skill instruction or training that is a core component of your operation's program.

Technical Assistance
<ul style="list-style-type: none"> <li>• Knowledge of good business practices and administration are essential for managing a school-age or before or after-school program. A director has an obligation to be prepared to hire and maintain employees, establish and maintain communication with parents, and ensure the health, safety and well-being of the children in her care.</li> </ul>

## Technical Assistance

- Options (4) and (6) of this section require periodic renewal for the operation director or program director to remain qualified, as specified in §744.1051 of this **division** (relating to Will a director's certificate expire?) and §744.1053 of this **division** (relating to How often must an expiring certificate be renewed?).

§744.1035. May clock hours or CEUs (continuing education units) be substituted for any of the educational requirements in this division?

(a) Clock hours or CEUs may only be substituted for the required credit hours in child development and management.

(b) 50 clock hours or five CEUs may only be substituted for every three college credit hours required in child development and/or management.

(c) The documentation to verify the clock hours or CEUs must be as specified in §744.1331 of this title (relating to What documentation must I provide to Licensing to verify that **employees have met** training requirements?).

TITLE 26	HEALTH AND HUMAN SERVICES
PART 1	HEALTH AND HUMAN SERVICES COMMISSION
CHAPTER 744	MINIMUM STANDARDS FOR SCHOOL-AGE AND BEFORE OR AFTER-SCHOOL PROGRAMS
SUBCHAPTER D	PERSONNEL
DIVISION 3	GENERAL RESPONSIBILITIES FOR PERSONNEL

§744.1203. What additional responsibilities do my caregivers have?

In addition to the responsibilities for employees specified in this division, caregivers must:

- (1) Know and comply with the minimum standards in this chapter;
- (2) Supervise children at all times, as specified in §744.1205 of this division (relating to **What responsibilities does a caregiver have when supervising a child or children?**);
- (3) Be free from activities not directly involving the teaching, care, and supervision of children, such as:
  - (A) Administrative and clerical duties that take the caregiver's attention away from the children;
  - (B) Meal preparation, except when 12 or fewer children are in care;
  - (C) Janitorial duties; and
  - (D) Personal use of electronic devices, such as cell phones, MP3 players, tablets, and video games;
- (4) Provide care that is consistent with the child's habits, interests, strengths, and any special needs, including any special supervision needs or care, as outlined in §744.2009 of this chapter (relating to **What are my responsibilities when planning activities for a child in care with special care needs?**);
- (5) Interact with children in a positive manner;
- (6) Set appropriate behavior expectations based on the child's current stage of development;
- (7) Foster developmentally appropriate independence in children through planned but flexible program activities;
- (8) Foster a cooperative rather than a competitive atmosphere;
- (9) Show appreciation of children's efforts and accomplishments; and
- (10) Ensure continuity of care for children by sharing with incoming caregivers information about each child's activities during the previous shift and any verbal or written instructions given by the parent.

## Technical Assistance

- Research has shown children’s physical, social, emotional and intellectual development and safety depend on consistent, caring interaction between children and their caregivers.
- Regarding paragraph (3)(A), administrative duties are tasks that involve meeting the business needs of a child-care operation, such as bookkeeping, enrolling children, answering the main office telephone, giving tours to prospective families, etc. A caregiver who is engaged in these tasks is not fully available to meet the health and safety needs of the children in care, including supervising children and preventing situations that could result in a child getting hurt.
- Regarding paragraph (3)(C), janitorial duties include those tasks outlined in §744.123(36). As with administrative duties, a caregiver who is engaged in these tasks is not fully available to the children in care and is unable to supervise and interact with them in a way that meets their needs and keeps them safe.
- Regarding paragraph (3)(D), a child-care operation may assign an electronic device, such as a tablet, to a caregiver or classroom so that the caregiver can record daily attendance, document a child’s day, take photographs for parents, etc. However, the caregiver cannot use any electronic device (whether personal or operation-owned) for personal reasons, including texting, using social media, internet browsing, checking email, etc.

§744.1205. What responsibilities does a caregiver have when supervising a child or children?

(a) The caregiver is responsible for:

(1) Knowing which children the caregiver is responsible for;

(2) Knowing how many children the caregiver is responsible for;

(3) Knowing each child’s name and having information showing each child’s age;

(4) Providing the level of supervision necessary to ensure each child's safety and well-being, including physical proximity and auditory or visual awareness of each child's ongoing activity as appropriate; and

(5) Being able to intervene when necessary to ensure each child's safety.

(b) In deciding how closely to supervise a child, the caregiver must take into account:

(1) The child's chronological age;

(2) The child's current stage of development;

(3) The child's individual differences and abilities;

(4) The indoor and outdoor layout of the operation;

(5) The circumstances, hazards, and risks surrounding the child; and

(6) The child's physical, mental, emotional, and social needs.

### Technical Assistance

- Supervision is basic to the prevention of harm. Parents have an understanding that caregivers will supervise their children in their absence. Adults who are attentive and who understand children's behaviors are in the best position to safeguard their well-being.
- Operations can also establish an understanding with parents regarding who (when the parent and when the operation) is responsible for the child while the parent and the child are both on the grounds. These understandings could be laid out in the enrollment agreement.
- Regarding paragraphs (a)(1) and (a)(2), the caregiver must always know which children he or she is responsible for as well as how many children are in his or her group. This requirement is critical, especially during transitions, to ensure all children are accounted for and appropriately supervised.

TITLE 26 HEALTH AND HUMAN SERVICES  
PART 1 HEALTH AND HUMAN SERVICES COMMISSION  
CHAPTER 744 MINIMUM STANDARDS FOR SCHOOL-AGE AND BEFORE OR  
AFTER-SCHOOL PROGRAMS  
SUBCHAPTER D PERSONNEL  
DIVISION 3 GENERAL RESPONSIBILITIES FOR PERSONNEL

**REPEAL**

**§744.1205. What does Licensing mean by "supervise children at all times"?**

TITLE 26 HEALTH AND HUMAN SERVICES  
 PART 1 HEALTH AND HUMAN SERVICES COMMISSION  
 CHAPTER 744 MINIMUM STANDARDS FOR SCHOOL-AGE AND BEFORE OR AFTER-SCHOOL PROGRAMS  
 SUBCHAPTER D PERSONNEL  
 DIVISION 4 PROFESSIONAL DEVELOPMENT

§744.1301. What are the training requirements for employees, caregivers, and directors?

(a) Employees, caregivers, and directors must complete the following training requirements.

Figure: 26 TAC §744.1301(a)

Type of training:	Who is required to take the training?	When must the training be completed?
(1)(A) Orientation to your operation as required by §744.1303 of this division (relating to What must orientation for employees at my operation include?).	(B) Each employee.	(C) Within seven days of employment and before having unsupervised access to a child in care.
(2)(A) Eight clock hours of pre-service training as required by §744.1305 of this division (relating to What areas of training must the pre-service training for caregivers cover?).	(B) Each non-exempt caregiver. A caregiver may be exempt from pre-service training as specified in §744.1307 of this division (relating to Are any caregivers exempt from the pre-service training?).	(C) For non-exempt caregivers, within 90 days of employment and before being counted in the child/caregiver ratio.
(3)(A) Pediatric first aid with rescue breathing and choking as required by §744.1315(a) of this division (relating to Who must have pediatric first aid and pediatric CPR training?).	(B) Each caregiver, site director, program director, and operation director.	(C)(i) Within 90 days of employment and before having unsupervised access to a child in care; and  (C)(ii) The person must stay current in this

<b>Type of training:</b>	<b>Who is required to take the training?</b>	<b>When must the training be completed?</b>
		training.
(4)(A) Pediatric CPR as required by §744.1315(b) of this division.	(B) Each caregiver, site director, program director, and operation director.	(C)(i) Within 90 days of employment; and  (C)(ii) The person must stay current in this training.
(5)(A) 15 clock hours of annual training as required by §744.1309 of this division (relating to What areas of training must the annual training for caregivers and site directors cover?).	(B) Each caregiver and site director.	(C)(i) Within 12 months of employment; and  (C)(ii) During each 12-month period, and as further required by §744.1313 of this division (relating to When must annual training for my caregivers and director be obtained?).
(6)(A) 20 clock hours of annual training as required by §744.1311 of this division (relating to What areas of training must the annual training for an operation director or a program director cover?).	(B) Each program director or operation director.	(C)(i) Within 12 months of employment; and  (C)(ii) During each 12-month period, and as further required by §744.1313 of this division.

<b>Type of training:</b>	<b>Who is required to take the training?</b>	<b>When must the training be completed?</b>
(7)(A) Two clock hours of transportation training as required by §744.1317 of this division (relating to What additional training must an employee and director have if the operation transports children?).	(B)(i) The site director, and program director or operation director, if the operation transports a child whose chronological or developmental age is younger than nine years old; and  (B)(ii) Each employee who transports a child whose chronological or developmental age is younger than nine years old.	(C)(i) Prior to transporting children; and  (C)(ii) Annually thereafter.

(b) If a caregiver or employee does not yet have a current certificate in pediatric CPR, as required in (a)(4)(A) in Figure: 26 TAC §744.1301(a), at least one caregiver or employee with a current certificate must also be on the premises with the caregiver.

§744.1309. What areas of training must the annual training for caregivers and site directors cover?

(a) The 15 clock hours of annual training must:

(1) For a caregiver, be relevant to the age of the children for whom the caregiver provides care; or

(2) For a site director, be relevant to the age of the children for whom the operation provides care.

(b) At least six clock hours of the annual training hours 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.

(c) At least one clock hour of the annual training hours must focus on prevention, recognition, and reporting of child maltreatment, including:

- (1) Factors indicating a child is at risk for abuse or neglect;
- (2) Warning signs indicating a child may be a victim of abuse or neglect;
- (3) Procedures for reporting child abuse or neglect; and
- (4) Community organizations that have training programs available to employees, children, and parents.

(d) While there are no clock hour requirements for the topics in this subsection, the annual training hours must also include training on the following topics:

- (1) Emergency preparedness;
- (2) Preventing and controlling the spread of communicable diseases, including immunizations;
- (3) Administering medication, if applicable, including compliance with §744.2653 of this chapter (relating to What authorization must I obtain before administering a medication to a child in my care?);
- (4) Preventing and responding to emergencies due to food or an allergic reaction;
- (5) Understanding building and physical premises safety, including identification and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water, and vehicular traffic; and
- (6) Handling, storing, and disposing of hazardous materials including compliance with §744.2523 of this chapter (relating to Must caregivers wear gloves when handling blood or bodily fluids containing blood?).

(e) The remaining annual training hours 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 for children and families;
- (7) Professional development (for example, effective communication with families and time and stress management);
- (8) Topics relevant to the particular age group the caregiver is assigned;

(9) Planning developmentally appropriate learning activities; and

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

(f) At least three of the 15 required annual training hours must be instructor-led training. The remaining 12 required annual training hours may come from self-instructional training, of which no more than three hours may come from self-study training.

(g) The 15 clock hours of annual training are exclusive of any requirements for orientation, pre-service training, pediatric first aid and pediatric CPR training, transportation safety training, and high school child-care work-study classes.

### Technical Assistance

- 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.
- Regarding paragraph (b)(1), training in child growth and development includes the major domains of child development, which are:
  - Cognitive development;
  - Social development;
  - Emotional development;
  - Physical development; and
  - Approaches to learning.
- Regarding paragraph (d), a caregiver and site director are required to have annual training in topic areas (e)(1)-(e)(6), but the child-care operation can determine how many hours the caregiver and site director must have in each of those topics, based on the length of a training, the caregiver or site director’s job duties, experience, etc. For example, the caregiver or site director may have one hour of training in each topic area, or one hour in emergency preparedness, one hour in communicable disease prevention, two hours in medication administration, etc.

## Technical Assistance

- Regarding paragraph (e), additional examples that may fall within the required categories include child mental health, social and emotional learning, and positive behavior interventions and supports.
- Regarding paragraph (f), CCR will only evaluate the number of required training hours a caregiver or site director completes. As long as a caregiver or site director has at least three hours of instructor-led training, a caregiver or site director who exceeds the minimum number of required hours can complete the extra hours through instructor-led or self-instructional training as determined by the caregiver, site director, or child-care operation.
- Regarding paragraph (f), most of a caregiver's and site director's training should come from sources that allow an assessment of the caregiver's or site director's understanding and feedback from an instructor. While self-study from materials such as videos, books, and articles provides an opportunity for a caregiver or site director to expand knowledge on subjects of interest to him or her and for which there may not be an established training, this type of training does not assess what the caregiver or site director learned. It is important that the majority of training come from sources that allow an assessment of the caregiver's or site director's understanding and feedback from an instructor to ensure that the caregiver or site director appropriately applies the information learned in a child care setting.

§744.1311. What areas of training must the annual training for an operation director or a program director cover?

(a) The 20 clock hours of annual training must be relevant to the age of the children for whom the operation provides care.

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

- (1) Child growth and development;
- (2) Guidance and discipline;
- (3) Age-appropriate curriculum;
- (4) Teacher-child interaction; and
- (5) Serving children with special care needs.

(c) At least one clock hour of the annual training hours must focus on prevention, recognition, and reporting of child maltreatment, including:

- (1) Factors indicating a child is at risk for abuse or neglect;
- (2) Warning signs indicating a child may be a victim of abuse or neglect;
- (3) Procedures for reporting child abuse or neglect; and
- (4) Community organizations that have training programs available to employees, children, and parents.

(d) While there are no clock hour requirements for the topics in this subsection, the annual training hours must also include training on the following topics:

- (1) Emergency preparedness;
- (2) Preventing and controlling the spread of communicable diseases, including immunizations;
- (3) Administering medication, if applicable, including compliance with §744.2653 of this chapter (relating to What authorization must I obtain before administering a medication to a child in my care?);
- (4) Preventing and responding to emergencies due to food or an allergic reaction;
- (5) Understanding building and physical premises safety, including identification and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water, and vehicular traffic; and
- (6) Handling, storing, and disposing of hazardous materials including compliance with §744.2523 of this chapter (relating to Must caregivers wear gloves when handling blood or bodily fluids containing blood?).

(e) An operation director or program director with:

- (1) Five or fewer years of experience as a designated operation director or program director must complete at least six clock hours of the annual training hours in management techniques, leadership, or staff supervision; or
- (2) More than five years of experience as a designated operation director or program director must complete at least three clock hours of the annual training hours in management techniques, leadership, or staff supervision.

(f) The remainder of the 20 clock hours of annual training must be selected from the training topics specified in §744.1309(e) of this division (relating to What areas of training must the annual training for caregivers and site directors cover?).

(g) An operation director or program director may obtain clock hours or CEUs from the same sources as caregivers.

(h) A director may not earn training hours by presenting training to others.

(i) At least four of the required 20 annual training hours must come from instructor-led training. The remaining 16 required annual training hours may come from self-instructional training, of which no more than three hours may come from self-study training.

(j) The 20 clock hours of annual training are exclusive of any requirements for orientation, pre-service training, pediatric first aid and pediatric CPR training, and transportation safety training.

### Technical Assistance

- Regarding paragraph (b)(1), training in child growth and development includes the major domains of child development, which are:
  - Cognitive development;
  - Social development;
  - Emotional development;
  - Physical development; and
  - Approaches to learning.
- Regarding paragraph (d), an operation director and a program director are required to have annual training in topic areas (e)(1)-(e)(6), but the child-care operation can determine how many hours the operation director and program director must have in each of those topics based on the length of a training, experience, job duties, etc. For example, the operation director or program director may have one hour of training in each topic area, or one hour in emergency preparedness, one hour in communicable disease prevention, two hours in medication administration, etc.
- Regarding paragraph (i), CCR will only evaluate the number of required training hours an operation director or a program director completes. As long as an operation director or program director has at least four hours of instructor-led training, an operation director or program director who exceeds the minimum number of required hours can complete the extra hours through instructor-led or self-instructional training as determined by the operation director, program director, or child-care operation.
- Regarding paragraph (i), most of an operation director's and program director's training should come from sources that allow an assessment of the director's understanding and feedback from an instructor. While self-study from materials such as videos, books, and articles provides an

## Technical Assistance

opportunity for directors to expand knowledge on subjects of interest to him or her and for which there may not be an established training, this type of training does not assess what the director learned. It is important that the majority of training come from sources that allow an assessment of the director's understanding and feedback from an instructor to ensure that the director appropriately applies the information learned in a child care setting.

§744.1321. Does Licensing approve training resources or trainers for training hours?

(a) We do not approve or endorse training resources or trainers for training hours. But you must ensure you and your employees receive training that:

(1) Meets the criteria specified in §744.1319 of this title (relating to Must the training for my caregivers and the director meet certain criteria?);

(2) Is relevant to the topics specified in this division; and

(3) Provides the participants with original documentation of completion, as specified in this division.

(b) If the training is provided through a block certification training, the training must allocate clock hours to each specific topic included in the training.

## Technical Assistance

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;
- Make sure a trainer registered with the Texas Early Childhood Professional Development System Training Registry is actually registered and approved to deliver the particular training; and
- Ask to preview the materials before entering into an agreement to purchase any training. Your preview should:
  - Make sure the materials contain the information necessary to meet the stated objectives;

## Technical Assistance

- Look at the evaluation/assessment tool to determine whether the training is of sufficient quality; and
- Review a copy of the certificate your employees will receive to make sure it meets the requirements of §744.1331.

- Regarding paragraph (b):

- "Block certification training" is training that is typically obtained through a single source or trainer and is designed to comprehensively address all or most of the training topics required for a director;
- The training should include the number of clock hours that are allocated to each topic; and
- The training hours an individual obtains through the program should be a realistic reflection of the time it takes the individual to complete the training. For example, a block of 150 clock hours of training could not realistically be obtained in 10 days, as this would require 15 hours of training each day. However, an individual could reasonably complete the 150 clock hours over a period of 50 days if the individual dedicated three hours per day to completing relevant coursework.

TITLE 26 HEALTH AND HUMAN SERVICES  
PART 1 HEALTH AND HUMAN SERVICES COMMISSION  
CHAPTER 744 MINIMUM STANDARDS FOR SCHOOL-AGE AND BEFORE OR  
AFTER-SCHOOL PROGRAMS  
SUBCHAPTER D PERSONNEL  
DIVISION 5 SUBSTITUTES, VOLUNTEERS, AND CONTRACTORS

§744.1401. What minimum standards must substitutes, volunteers, or **contractors** comply with?

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

(b) Volunteers and contractors who are regularly or frequently present at the operation but not counted in the child/caregiver ratio must comply with minimum standards that apply to employees.

(c) Substitutes, volunteers, and contractors who are counted in the child/caregiver ratio must comply with minimum standards that apply to employees and caregivers, except as otherwise noted in subsection (d) of this section.

(d) Volunteers, including parents, who only supplement the ratios for field trips and water activities do not have to comply with the minimum standards that apply to employees and caregivers, but they do have to comply with the relevant minimum standards in Subchapter E of this chapter relating to (Child/Caregiver Ratios and Group Sizes).

(e) Substitutes, volunteers, and contractors who do not meet caregiver qualifications must never be left alone with children.

(f) **Substitutes, volunteers, and contractors must comply with the training requirements in §744.1403 of this division (relating to What are the training requirements for substitutes, volunteers, and contractors?).**

#### **Technical Assistance**

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

§744.1403. What are the training requirements for substitutes, volunteers, and **contractors?**

(a) **Substitutes, volunteers, and contractors must complete the following training requirements.**

Figure: 26 TAC §744.1403(a)

<b>Type of training:</b>	<b>Who is required to take the training?</b>	<b>When must the training be completed?</b>
<p>(1)(A) Orientation to your child-care operation, as required by §744.1303 of this subchapter (relating to What must orientation for employees at my operation include?).</p>	<p>(B)(i) Each substitute;                      (B)(ii) Each contractor; and                      (B)(iii) Each volunteer, except as noted in §744.1401(d) of this division (relating to What minimum standards must substitutes, volunteers, or contractors comply with?).</p>	<p>(C) Before beginning the relevant duties.</p>
<p>(2)(A) Eight clock hours of pre-service training, as required by §744.1305 of this subchapter (relating to What areas of training must the pre-service training for caregivers cover?).</p>	<p>(B) Each substitute, volunteer, and contractor who is counted in the child to caregiver ratio, except as noted in §744.1401(d) of this division.</p>	<p>(C)(i) Before the substitute, volunteer, or contractor may be counted in the child to caregiver ratio; and                      (C)(ii) Within 90 days of beginning the relevant caregiver duties.</p>
<p>(3)(A) Pediatric first aid with rescue breathing as required by 744.1315(a) of this subchapter (relating to Who must have pediatric first-aid and pediatric CPR training?).</p>	<p>(B) Each substitute, volunteer, and contractor who is counted in the child to caregiver ratio, except as noted in §744.1401(d) of this division.</p>	<p>(C)(i) Within 90 days of beginning the relevant caregiver duties and before having unsupervised access to a child in care; and                      (C)(ii) The person must stay current in this training.</p>
<p>(4)(A) Pediatric CPR as required by §744.1315(b) of this subchapter.</p>	<p>(B) Each substitute, volunteer, and contractor who is counted in the child to caregiver ratio, except as noted in</p>	<p>(C)(i) Within 90 days of beginning the relevant caregiver duties; and                      (C)(ii) The person must stay current in this</p>

Type of training:	Who is required to take the training?	When must the training be completed?
	§744.1401(d) of this division.	training.
(5)(A) 15 hours of annual clock training as required by §744.1309 of this subchapter (relating to What areas of training must the annual training for caregivers and site directors cover?).	(B) Each substitute, volunteer, and contractor who is counted in the child to caregiver ratio, except as noted in §744.1401(d) of this division.	(C)(i) Within 12 months of beginning the relevant caregiver duties; and  (C)(ii) During each 12-month period, as further required by §744.1313 of this subchapter (relating to When must annual training for my caregivers and director be obtained?).
(6)(A) Two clock hours of transportation training as required by §744.1317 of this subchapter (relating to What additional training must an employee and director have if the operation transports children?).	(B) Each substitute, volunteer, and contractor who transports a child whose chronological or developmental age is younger than nine years old.	(C)(i) Prior to transporting children; and  (C)(ii) Annually, thereafter.

(b) If a substitute, volunteer, or contractor who is counted in the child to caregiver ratio does not yet have a current certificate in pediatric CPR, as required in (a)(4)(A) in Figure: 26 TAC §744.1403(a), at least one caregiver or employee with a current certificate must also be on the premises with the substitute, volunteer, or contractor.

§744.1405. When is a substitute, volunteer, or contractor exempt from the pre-service training?

A substitute, volunteer, or contractor is exempt from the pre-service training requirements if the substitute, volunteer, or contractor:

(1) Has at least six months of documented prior experience in a regulated operation; or

(2) Provides documentation of at least eight clock hours of training in the areas specified in §744.1305 of this chapter (relating to What areas of training must the pre-service training for caregivers cover?) at another regulated operation.

TITLE 26 HEALTH AND HUMAN SERVICES  
PART 1 HEALTH AND HUMAN SERVICES COMMISSION  
CHAPTER 744 MINIMUM STANDARDS FOR SCHOOL-AGE AND BEFORE OR  
AFTER-SCHOOL PROGRAMS  
SUBCHAPTER F DEVELOPMENTAL ACTIVITIES AND EQUIPMENT  
DIVISION 1 ACTIVITIES AND ACTIVITY PLANS

§744.2001. What planned activities must caregivers provide for children in their care?

Caregivers must ensure children receive individual attention and care including:

- (1) Flexible programming according to each child's age, interest, and abilities;
- (2) Encouraging communication and expression of feelings in appropriate ways;
- (3) Study time for those children who choose to work on homework assignments;
- (4) Physical care routines appropriate to each child's developmental needs; and
- (5) A caregiver who is aware of the arrival and departure of each child, including dismissing children who ride the bus or walk home.

#### **Technical Assistance**

- 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.
- Research has shown that school-age children benefit from an after-school care program that provides an enriching contrast to the formal school environment. Activities including team sports, cooking, art, dramatics, music, crafts and games allow them to explore new interests and relationships.
- 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.

§744.2009. What are my responsibilities when planning activities for a child in care with special care needs?

You must:

- (1) Provide a child with special care needs with the accommodations recommended by:

(A) A health-care professional; or

(B) A qualified professional affiliated with the local school district;

(2) Utilize as recommended any adaptive equipment that has been provided to the operation for a child's use;

(3) Ensure that a child who receives specialized services, such as speech therapy, occupational therapy, or physical therapy, for the child's disability can receive those services from a qualified service provider at your operation, with parental request and approval;

(4) Ensure that activities integrate all children with special care needs; and

(5) Ensure that caregivers adapt equipment and procedures and vary methods as necessary to ensure that you care for a child with special needs in a natural environment.

## Technical Assistance

- Research has shown that children with disabilities benefit from learning alongside their peers in high-quality inclusive settings. One study found that young children with disabilities in high-quality inclusive early childhood programs made larger gains in their cognitive, communication, and social-emotional development compared to their peers in segregated settings. In addition, inclusion has benefits for all children, not just children with disabilities. Young children without disabilities who participate in an inclusive classroom learn life skills such as empathy and compassion.
- If a child's parent has shared with the child-care operation an Individualized Educational Program (IEP) from a school district, the child-care operation should make every effort to incorporate the plan, where applicable, into the child's daily activities.
- The child-care operation is not responsible for the purchase or maintenance of adaptive equipment recommended for a child.
- The child-care operation is not responsible for ensuring a qualified service provider visits the operation to provide services. However, the child will receive the benefit of services in a natural environment and the caregiver will learn methods for best serving the child when the operation encourages caregivers to incorporate ECI or another service provider into classroom activities.
- A child-care operation 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. [Americans with Disabilities Act \(ADA\), Title III \(Title 3\) & Child Care Operations – FAQ](#) and [Commonly Asked Questions About Child Care Centers and the Americans with Disabilities Act](#) have additional information regarding ADA and child-care operations.

TITLE 26 HEALTH AND HUMAN SERVICES  
PART 1 HEALTH AND HUMAN SERVICES COMMISSION  
CHAPTER 744 MINIMUM STANDARDS FOR SCHOOL-AGE AND BEFORE OR  
AFTER-SCHOOL PROGRAMS  
SUBCHAPTER G DISCIPLINE AND GUIDANCE

§744.2105. 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:

- (1) Corporal punishment or threats of corporal punishment;
- (2) Punishment associated with food, naps, or toilet training;
- (3) Grabbing or pulling on a child;
- (4) Putting anything in or on a child's mouth;
- (5) Humiliating, ridiculing, rejecting, or yelling at a child;
- (6) Subjecting a child to harsh, abusive, or profane language;
- (7) Placing a child in a locked or dark room, bathroom, or closet;
- (8) Withholding active play or keeping a child inside as a consequence for behavior, unless the child is exhibiting behavior during active play that requires a brief supervised separation or time out that is consistent with §744.2103(b)(4) of this subchapter (relating to What methods of discipline and guidance may a caregiver use?); and
- (9) Requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age.

## Technical Assistance

- 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, yanking, and flicking a child are all examples of corporal punishment.
- Regarding paragraph (8), you must never withhold active play from a child who misbehaves (i.e., keeping a child indoors with another caregiver while the rest of the children go outside or making a child sit out of active play in the afternoon for a behavior that occurred in the morning). However, if a child is exhibiting poor behavior during active play, you may separate the child from the group, as described in §744.2103(b)(4), to allow the child to settle down before resuming cooperative play or activities.

TITLE 26 HEALTH AND HUMAN SERVICES  
PART 1 HEALTH AND HUMAN SERVICES COMMISSION  
CHAPTER 744 MINIMUM STANDARDS FOR SCHOOL-AGE AND BEFORE OR  
AFTER-SCHOOL PROGRAMS  
SUBCHAPTER H NAPTIME  
DIVISION 1 NAPTIME

§744.2209. 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 activity space;
- (3) Be arranged so that each child and caregiver has access to a walkway without having to walk on or over the sleep or rest equipment of other children; and
- (4) Be arranged so the caregiver can adequately supervise all of the children in the group as specified in §744.1205 of this chapter (relating to **What responsibilities does a caregiver have when supervising a child or children?**).

TITLE 26 HEALTH AND HUMAN SERVICES  
PART 1 HEALTH AND HUMAN SERVICES COMMISSION  
CHAPTER 744 MINIMUM STANDARDS FOR SCHOOL-AGE AND BEFORE OR  
AFTER-SCHOOL PROGRAMS  
SUBCHAPTER J NUTRITION AND FOOD SERVICE

§744.2401. What are the basic requirements for meal and snack times?

- (a) You must serve all children regular meals and morning and afternoon snacks as specified in this subchapter.
- (b) The meals and snacks must follow the meal patterns established by the U.S. Department of Agriculture (USDA) Child and Adult Care Food Program (CACFP) that is administered by the Texas Department of Agriculture. You must follow these patterns regardless of whether you are participating in the program for reimbursement.
- (c) If you serve breakfast, you do not have to serve a morning snack.
- (d) A child must not go more than three hours without a meal or snack being offered unless the child is sleeping.
- (e) You must serve enough food to allow a child to have a second serving from the vegetable, fruit, grain, and milk groups if the child requests it.
- (f) You must ensure a supply of clean, sanitary drinking water:
  - (1) Is readily available to each child at every snack, mealtime, and during and after active play; and
  - (2) Is served in a safe and sanitary manner.
- (g) You must not serve beverages with added sugars, such as carbonated beverages, fruit punch, or sweetened milk, unless otherwise allowed by the CACFP.
- (h) You must not use food as a reward.
- (i) You must not serve a child a food identified on the child's food allergy emergency plan as specified in §744.2667 of this chapter (relating to What is a food allergy emergency plan?).

## Technical Assistance

- You can find the CACFP meal and snack patterns at <https://www.fns.usda.gov/cacfp/meals-and-snacks>.
- To help ensure that grains are whole grain-rich, look closely at the ingredient list to make sure a whole grain is listed as the first ingredient, or second after water.
- 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. However, it is acceptable to serve beverages with added sugars for a special occasion such as a holiday or birthday celebration.
- Your operation may only use pasteurized full-strength juice to meet the vegetable or fruit requirement at one meal or snack per day.
- Caregivers should encourage children to sample a variety of food of different colors and textures.
- Regarding paragraph (e), because it is unlikely that every child in care will request two servings from every food group, you do not need to prepare a quantity of food that allows two servings for every child in care. You need to have enough food from each of the required food groups so that if a child requests a second serving, there is enough food to fulfill the child's request. In addition, if you participate in the CACFP program for reimbursement, it is important to be aware of the reimbursement requirements and limitations of the program as it relates to second servings. You can consult your local CACFP administrator for additional information.
- Regarding paragraph (g), the CACFP allows flavored fat-free (skim) or low-fat (1 percent fat or less) milk for children 6 years old and older.

TITLE 26 HEALTH AND HUMAN SERVICES  
PART 1 HEALTH AND HUMAN SERVICES COMMISSION  
CHAPTER 744 MINIMUM STANDARDS FOR SCHOOL-AGE AND BEFORE OR  
AFTER-SCHOOL PROGRAMS  
SUBCHAPTER K HEALTH PRACTICES  
DIVISION 3 ILLNESS AND INJURY

§744.2571. What type of illness would prohibit a child from attending the operation?

You must not allow an ill child to attend your operation if one or more of the following exists:

(1) The illness prevents the child from participating comfortably in the operation 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 a medical evaluation by a health-care professional indicates that you can include the child in your operation's activities):

(A) An oral temperature above 101 degrees that is accompanied by behavior changes or other signs or symptoms of illness;

(B) A tympanic (ear) temperature above 100 degrees that is accompanied by behavior changes or other signs or symptoms of illness;

(C) An axillary (armpit) temperature above 100 degrees that is accompanied by behavior changes or other signs or symptoms of illness;

(D) An infrared temporal (forehead) temperature above 100 degrees that is accompanied by behavior changes or other signs or symptoms of illness; or

(E) Symptoms and signs of possible severe illness such as lethargy, abnormal breathing, uncontrolled diarrhea, two or more vomiting episodes in 24 hours, rash with fever, mouth sores with drooling, behavior changes, or other signs that the child may be severely ill; or

(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.

## Technical Assistance

- Regarding paragraph (3), when taking a child's temperature, the American Academy of Pediatrics (AAP) indicates:
  - Electronic devices for measuring temperature require periodic calibration and specific training in proper technique;
  - Using infrared temporal thermometers outside in direct sunlight may affect readings; and
  - The height of fever does not indicate the severity of the illness.
- Regarding subparagraph (E), as with temperatures a child does not have to be sent home unless there are multiple symptoms and signs of possible severe illness. Some children may also have medical issues that cause one or more symptoms, but the symptoms may not be a sign of possible severe illness (for example, a child that is lactose intolerant or is taking an antibiotic that causes digestive side effects).
- To clarify "uncontrolled diarrhea" this is when:
  - A diapered child's stool:
    - Is not contained in the diaper; and/or
    - Exceeds two or more stools above the normal for that child; or
  - A toilet-trained child's diarrhea is causing soiled pants and clothing.

TITLE 26 HEALTH AND HUMAN SERVICES  
PART 1 HEALTH AND HUMAN SERVICES COMMISSION  
CHAPTER 744 MINIMUM STANDARDS FOR SCHOOL-AGE AND BEFORE OR  
AFTER-SCHOOL PROGRAMS  
SUBCHAPTER L SAFETY PRACTICES  
DIVISION 4 FIRST-AID KITS

§744.2753. What items must each first-aid kit contain?

(a) Each first-aid kit must contain the following supplies:

- (1) A guide to first aid and emergency care;
- (2) Adhesive tape;
- (3) Antiseptic solution or wipes;
- (4) Adhesive bandages;
- (5) Scissors;
- (6) Sterile gauze pads;
- (7) Thermometer, preferably non-glass;
- (8) Tweezers; and
- (9) Waterproof, disposable gloves.

(b) The first-aid supplies must not have expired.

#### **Technical Assistance**

Operation staff should exercise care when using glass thermometers containing mercury due to the risks associated with mercury contact in the event the thermometer breaks.

TITLE 26 HEALTH AND HUMAN SERVICES  
PART 1 HEALTH AND HUMAN SERVICES COMMISSION  
CHAPTER 744 MINIMUM STANDARDS FOR SCHOOL-AGE AND BEFORE OR  
AFTER-SCHOOL PROGRAMS  
SUBCHAPTER M PHYSICAL FACILITIES  
DIVISION 1 INDOOR SPACE REQUIREMENTS

§744.2911. May I care for children above or below ground level?

To care for children on any level above or below ground level, you must:

- (1) Obtain written approval from the state or local fire authority; and
- (2) Follow any restrictions issued by the state or local fire authority, including any age limits placed on the approval.

TITLE 26 HEALTH AND HUMAN SERVICES  
PART 1 HEALTH AND HUMAN SERVICES COMMISSION  
CHAPTER 744 MINIMUM STANDARDS FOR SCHOOL-AGE AND BEFORE OR  
AFTER-SCHOOL PROGRAMS  
SUBCHAPTER N INDOOR AND OUTDOOR ACTIVE PLAY SPACE AND EQUIPMENT  
DIVISION 5 SOFT CONTAINED PLAY EQUIPMENT

§744.3301. What is soft contained play equipment?

Soft contained play equipment is a play structure that:

- (1) Is fully enclosed with pliable material such as net, plastic, or fabric;
- (2) The user enters to access one or more play components; and
- (3) Allows caregivers to supervise children as specified in §744.1205 of this chapter (relating to **What responsibilities does a caregiver have when supervising a child or children?**).

TITLE 26 HEALTH AND HUMAN SERVICES  
 PART 1 HEALTH AND HUMAN SERVICES COMMISSION  
 CHAPTER 744 MINIMUM STANDARDS FOR SCHOOL-AGE AND BEFORE OR AFTER-SCHOOL PROGRAMS  
 SUBCHAPTER Q TRANSPORTATION

§744.3807. What child passenger safety seat system must I use when I transport children?

(a) You must use a child passenger safety seat system to restrain a child when transporting the child. The restraint system:

(1) Must meet the federal standards for crash-tested systems as set by the National Highway Traffic Safety Administration; and

(2) Must be properly secured in the vehicle according to manufacturer's instructions.

(b) You must use child safety seats and child booster seats that have not expired or been damaged or involved in an accident.

(c) You must secure each child in a 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 (e) of this section, unless otherwise noted in this subchapter.

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

(e) 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:

Figure: 26 TAC §744.3807(e)

If the child is...	Being transported in this type of vehicle as specified in §744.3803(b) of this chapter (relating to What type of vehicle may I use to transport children?)	Then the child must be secured in...
(1) 3 years of age	All vehicles	A rear-facing child safety seat if the child is within the rear-facing weight and height limit of the child safety seat or a forward-facing child safety seat with a

<p><b>If the child is...</b></p>	<p><b>Being transported in this type of vehicle as specified in §744.3803(b) of this chapter (relating to What type of vehicle may I use to transport children?)</b></p>	<p><b>Then the child must be secured in...</b></p>
		<p>harness for as long as possible, until the child reaches the highest weight or height allowed by the child safety seat manufacturer</p>
<p>(2) 4 years of age and within the weight and height limit of the forward-facing child safety seat</p>	<p>(A) General purpose vehicle and small school bus</p>	<p>A forward-facing child safety seat with a harness, a safety vest, or harness according to the manufacturer's instructions</p>
<p>(2) 4 years of age and within the weight and height limit of the forward-facing child safety seat</p>	<p>(B) Large school bus</p>	<p>A safety restraint system according to the vehicle manufacturer's instruction</p>
<p>(3) 4 through 7 years of age, has outgrown the weight or height limit of the forward-facing child safety seat, and is less than 4 feet, 9 inches in height; or  4 through 7 years of age, has outgrown the weight or height limit of the forward-facing child safety seat, and is 4 feet, 9 inches in height or taller, but cannot be properly</p>	<p>(A) General purpose vehicle</p>	<p>A belt-positioning booster seat, safety vest, or harness according to the manufacturer's instructions</p>

<p><b>If the child is...</b></p>	<p><b>Being transported in this type of vehicle as specified in §744.3803(b) of this chapter (relating to What type of vehicle may I use to transport children?)</b></p>	<p><b>Then the child must be secured in...</b></p>
<p>secured by the lap and shoulder portions of the vehicle safety belt</p>		
<p>(3) 4 through 7 years of age, has outgrown the weight or height limit of the forward-facing child safety seat, and is less than 4 feet, 9 inches in height; or</p> <p>4 through 7 years of age, has outgrown the weight or height limit of the forward-facing child safety seat, and is 4 feet, 9 inches in height or taller, but cannot be properly secured by the lap and shoulder portions of the vehicle safety belt</p>	<p>(B) Small school bus</p>	<p>A properly fitting safety belt anywhere the child sits in the vehicle</p>
<p>(3) 4 through 7 years of age, has outgrown the weight or height limit of the forward-facing child safety seat, and is less than 4 feet, 9 inches in height; or</p> <p>4 through 7 years of age, has outgrown the weight or height limit</p>	<p>(C) Large school bus</p>	<p>A safety restraint system according to the vehicle manufacturer's instruction</p>

<p><b>If the child is...</b></p>	<p><b>Being transported in this type of vehicle as specified in §744.3803(b) of this chapter (relating to What type of vehicle may I use to transport children?)</b></p>	<p><b>Then the child must be secured in...</b></p>
<p>of the forward-facing child safety seat, and is 4 feet, 9 inches in height or taller, but cannot be properly secured by the lap and shoulder portions of the vehicle safety belt</p>		
<p>(4) 4 through 7 years of age, has outgrown the weight or height limit of the forward-facing child safety seat, can be properly secured by the lap and shoulder portions of the vehicle safety belt, and is 4 feet, 9 inches in height or taller</p>	<p>(A) General purpose vehicle and small school bus</p>	<p>A properly fitting safety belt anywhere the child sits in the vehicle</p>
<p>(4) 4 through 7 years of age, has outgrown the weight or height limit of the forward-facing child safety seat, can be properly secured by the lap and shoulder portions of the vehicle safety belt, and is 4 feet, 9 inches in height or taller</p>	<p>(B) Large school bus</p>	<p>A safety restraint system according to the vehicle manufacturer's instruction</p>
<p>(5) 8 through 12 years of age, and is less than 4 feet, 9 inches in height; or</p>	<p>(A) General purpose vehicle</p>	<p>A belt-positioning booster seat, safety vest, or harness according to the manufacturer's</p>

<p><b>If the child is...</b></p>	<p><b>Being transported in this type of vehicle as specified in §744.3803(b) of this chapter (relating to What type of vehicle may I use to transport children?)</b></p>	<p><b>Then the child must be secured in...</b></p>
<p>8 through 12 years of age and is 4 feet, 9 inches in height or taller, but cannot be properly secured by the lap and shoulder portions of the vehicle safety belt</p>		<p>instructions</p>
<p>(5) 8 through 12 years of age, and is less than 4 feet, 9 inches in height; or</p> <p>8 through 12 years of age and is 4 feet, 9 inches in height or taller, but cannot be properly secured by the lap and shoulder portions of the vehicle safety belt</p>	<p>(B) Small school bus</p>	<p>A properly fitting safety belt anywhere the child sits in the vehicle</p>
<p>(5) 8 through 12 years of age, and is less than 4 feet, 9 inches in height; or</p> <p>8 through 12 years of age and is 4 feet, 9 inches in height or taller, but cannot be properly secured by the lap and shoulder portions of the vehicle safety belt</p>	<p>(C) Large school bus</p>	<p>A safety restraint system according to the vehicle manufacturer's instruction</p>

<b>If the child is...</b>	<b>Being transported in this type of vehicle as specified in §744.3803(b) of this chapter (relating to What type of vehicle may I use to transport children?)</b>	<b>Then the child must be secured in...</b>
(6) 8 through 12 years of age, can be properly secured by the lap and shoulder portions of the vehicle safety belt, and is 4 feet, 9 inches in height or taller	(A) General purpose vehicle and small school bus	A properly fitting safety belt anywhere the child sits in the vehicle
(6) 8 through 12 years of age, can be properly secured by the lap and shoulder portions of the vehicle safety belt, and is 4 feet, 9 inches in height or taller	(B) Large school bus	A safety restraint system according to the vehicle manufacturer's instruction
(7) 12 through 14 years of age	(A) General purpose vehicle and small school bus	A properly fitting safety belt anywhere the child sits in the vehicle;
(7) 12 through 14 years of age	(B) Large school bus	A safety restraint system according to vehicle manufacturer's instruction.

<b>Technical Assistance</b>
<p>A safety belt is properly fitted if the lap portion of the belt fits low across the hips and pelvis and the shoulder portion fits across the middle shoulder and chest.</p> <p>Height and weight requirements for a child safety seat may vary depending on the brand of safety seat. To determine the type of safety restraint a child must use based on the child's height or weight, the child-care operation must consult and follow the manufacturer specifications for whichever rear-facing,</p>

## Technical Assistance

convertible, or forward-facing safety seat the operation uses. This information can typically be found on the car seat or by referencing the manufacturer's website.