

TITLE 26	HEALTH AND HUMAN SERVICES
PART 1	HEALTH AND HUMAN SERVICES COMMISSION
CHAPTER 746	MINIMUM STANDARDS FOR CHILD-CARE CENTERS
SUBCHAPTER A	PURPOSE, SCOPE, AND DEFINITIONS
DIVISION 3	DEFINITIONS

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

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

(1) I, my, you, and your--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).

§746.123. 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 operation of a child-care center, such as bookkeeping, enrolling children, answering the telephone, and collecting fees.

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

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

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

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

(10) 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 (19) of this section and Subchapter D, Division 5 of this chapter.

(11) 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.

(12) 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 the permit holder 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.

(13) 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.

(14) Child--An infant, a toddler, a pre-kindergarten age child, or a school-age child.

(15) Child-care center--A child-care facility that is licensed to care for seven or more children for less than 24 hours per day, at a location other than the permit holder's home. If you were licensed before September 1, 2003, the location of the center could be in the permit holder's home.

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

(17) 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.

(18) 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 §746.1317(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 §746.1317(a) and (b) of this chapter, or self-study training.

(19) 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.

(20) 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.

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

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

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

(24) 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.

(25) Field trips--Activities conducted away from the child-care center.

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

(27) 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?).

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

(29) Grounds-- Includes any parcel of land where the child-care center 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.

(30) 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.

(31) 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.

(32) 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.

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

(34) 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.

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

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

(37) Inflatable--An amusement ride or device, consisting of air-filled structures designed for use 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.

(38) 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.

(39) Janitorial duties--Those duties that involve the cleaning and maintenance of the child-care center 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.

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

(41) 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.

(42) 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 center voluntarily closes or must close because of an enforcement action in Chapter 745, Subchapter L of this title (relating to Enforcement Actions).

(43) 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 the child's heart rate and breathing rate.

(44) 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 vigorous physical activity.

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

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

(47) 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.

(48) Restrictive device--Equipment that places the body of a child in a position that may restrict airflow or cause strangulation; usually, the child is placed in a semi-seated position. Examples of restrictive devices are car seats, swings, bouncy seats, and high chairs.

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

(50) 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 labeling instructions for sanitizing or disinfecting, depending on the surface (paying particular attention to any instructions regarding contact time and toxicity on surfaces likely to be mouthed by children, such as toys and crib rails). 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.

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

(52) 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.

(53) 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.

(54) 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.

(55) 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.

(56) 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.

(57) Toddler--A child from 18 months through 35 months.

(58) 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.

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

(60) Weather permitting--Weather conditions that do not pose any concerns for health and safety, such as a 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 (20), "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 (31), the [Environmental Protection Agency](#) has additional information about hazardous materials.
- Regarding paragraph (45), the beginning of the current school year is based on the start date of the school district the child attends.
- Regarding paragraph (50):
 - 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

Technical Assistance

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 (52), "media content" includes:
 - Digital, analog, and live videos;
 - 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 (54), "self-study" is sometimes referred to as "independent study."
- Regarding paragraph (60), 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 746	MINIMUM STANDARDS FOR CHILD-CARE CENTERS
SUBCHAPTER B	ADMINISTRATION AND COMMUNICATION
DIVISION 1	PERMIT HOLDER RESPONSIBILITIES

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

You are responsible for:

(1) Developing and implementing your child-care center's 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 a child-care center director who meets minimum standard qualifications and has daily, on-site responsibility for the operation of the child-care center;

(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 §261.10; **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 child-care center any time during the child-care center's hours of operation to observe their child, program activities, the building, the grounds, 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 center or away from the center, such as during a field trip, never exceeds the licensed capacity of the center.

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 746 MINIMUM STANDARDS FOR CHILD-CARE CENTERS
SUBCHAPTER B ADMINISTRATION AND COMMUNICATION
DIVISION 2 REQUIRED NOTIFICATION

§746.305. 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 center 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 a center vehicle or on the playground or not preventing a child from wandering away from the child-care center 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
<ul style="list-style-type: none">Regarding paragraph (a)(1), examples of occurrences that may render a child-care center 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 must 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 center 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 §746.3605(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 \(texas.gov\)](http://www.dshs.texas.gov/communicable-disease-chart-for-schools-and-child-care-centers).
- 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 ;
 - 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>

§746.307. 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 a center vehicle or failing to prevent the child from wandering away from the child-care center unsupervised; or

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

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

(d) You must provide written notice to the parent of each child attending the child-care center within 48 hours of becoming aware that a child in your care or an employee has contracted 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).

(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
<ul style="list-style-type: none">• Communication between caregivers and parents is essential to both the safe and healthy operation of the center and to 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 §746.3607 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 §746.3605 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.

§746.309. What are the notification requirements when Licensing finds my center deficient in a standard related to safe sleeping or the abuse, neglect, or exploitation of a child?

(a) You must notify the parent of each child attending your child-care center of a deficiency in:

(1) A safe sleeping standard noted in subsection (b) of this section; or

(2) The abuse, neglect, or exploitation standard in §746.1201(4) of this chapter (relating to What general responsibilities do my child-care center employees have?).

(b) The following are safe sleeping standards requiring notification:

(1) §746.2409(a)(1) of this chapter (relating to What specific safety requirements must my cribs meet?);

(2) §746.2411(2)(A) of this chapter (relating to Are play yards allowed?);

(3) §746.2415(a)(5) and (b) of this chapter (relating to What specific types of equipment am I prohibited from using with infants?);

(4) §746.2426 of this chapter (relating to May I allow infants to sleep in a restrictive device?);

(5) §746.2427 of this chapter (relating to How must I position an infant for sleep?);

(6) §746.2428 of this chapter (relating to May I swaddle an infant to help the infant sleep?); and

(7) §746.2429 of this chapter (relating to If an infant has difficulty falling asleep, may I cover the infant's head or crib?).

TITLE 26 HEALTH AND HUMAN SERVICES
PART 1 HEALTH AND HUMAN SERVICES COMMISSION
CHAPTER 746 MINIMUM STANDARDS FOR CHILD-CARE CENTERS
SUBCHAPTER B ADMINISTRATION AND COMMUNICATION
DIVISION 3 REQUIRED POSTINGS

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

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 child-care center telephone number, name, and address.

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>.

TITLE 26	HEALTH AND HUMAN SERVICES
PART 1	HEALTH AND HUMAN SERVICES COMMISSION
CHAPTER 746	MINIMUM STANDARDS FOR CHILD-CARE CENTERS
SUBCHAPTER B	ADMINISTRATION AND COMMUNICATION
DIVISION 4	OPERATIONAL POLICIES

§746.501. What written operational policies must I have?

(a) 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 L of this chapter (relating to Discipline and Guidance). A copy of Subchapter L may be used for your discipline and guidance policy;
- (8) Suspension and expulsion of children;
- (9) Safe sleep policy for infants from birth through 12 months old that is consistent with the rules in Subchapter H of this chapter (relating to Basic Requirements for Infants) that relate to sleep requirements and restrictions, including sleep positioning, and crib requirements and restrictions, including mattresses, bedding, blankets, toys, and restrictive devices;
- (10) Meals and food service practices;
- (11) Immunization requirements for children, including tuberculosis screening and testing if required by your regional Texas Department of State Health Services or local health authority;
- (12) Hearing and vision screening requirements;
- (13) Enrollment procedures, including how and when parents will be notified of policy changes;
- (14) Transportation, if applicable;
- (15) Water activities, if applicable;
- (16) Field trips, if applicable;

(17) Animals, if applicable;

(18) Promotion of indoor and outdoor physical activity that is consistent with Subchapter F of this chapter (relating to Developmental Activities and Activity Plan); your policies must include:

(A) The benefits of physical activity and outdoor play;

(B) The duration of physical activity at your operation, both indoor and outdoor;

(C) The type of physical activity (structured and unstructured) that children may engage in at your operation;

(D) Each setting in which your physical activity program will take place;

(E) The recommended clothing and footwear that will allow a child to participate freely and safely in physical activities;

(F) The criteria you will use to determine when extreme weather conditions pose a significant health risk that prohibits or limits outdoor play; and

(G) A plan to ensure physical activity occurs on days when extreme weather conditions prohibit or limit outdoor play.

(19) Procedures for providing and applying, as needed, insect repellent and sunscreen, including what types will be used, if applicable;

(20) Procedures for parents to review and discuss with the child-care center director any questions or concerns about the policies and procedures of the child-care center;

(21) Procedures for parents to participate in the child-care center's operation and activities;

(22) Procedures for parents to review a copy of the child-care center's most recent Licensing inspection report and how the parent may access the minimum standards online;

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

(24) Your emergency preparedness plan;

(25) Your provisions to provide a comfortable place with an adult sized seat in your center or within a classroom that enables a mother to breastfeed her child. In addition, your policies must inform parents that they have the right to breastfeed or provide breast milk for their child while in care;

(26) Preventing and responding to abuse and neglect of children, including:

(A) Required annual training for employees;

(B) Methods for increasing employee and parent awareness of issues regarding child abuse and neglect, including warning signs that a child may be a victim of abuse or neglect and factors indicating a child is at risk for abuse or neglect;

(C) Methods for increasing employee and parent awareness of prevention techniques for child abuse and neglect;

(D) Strategies for coordination between the center and appropriate community organizations; and

(E) Actions that the parent of a child who is a victim of abuse or neglect should take to obtain assistance and intervention, including procedures for reporting child abuse or neglect;

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

(28) Information on vaccine-preventable diseases for employees, unless your center is in the home of the permit holder. The policy must address the requirements outlined in §746.3611 of this chapter (relating to What must a policy for protecting children from vaccine-preventable diseases include?);

(29) 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 in Texas Health and Safety Code §773.0145; and

(30) Procedures for supporting inclusive services to children with special care needs. The policy must address the requirements outlined in §746.2202 of this chapter (relating to What are my responsibilities when planning activities for a child in care with special care needs?).

(b) You must also inform the parents that:

(1) They may visit the child-care center at any time during your hours of operation to observe their child, the program activities, the building, the premises, and the equipment without having to secure prior approval; and

(2) Under the Texas Penal Code any area within 1,000 feet of a child-care center is a gang-free zone, where criminal offenses related to organized criminal activity are subject to a harsher penalty. You may inform the parents by:

(A) Providing this information in the operational policies;

(B) Distributing the information in writing to the parents; or

(C) Informing the parents verbally as part of an individual or group parent orientation.

Technical Assistance

- Regarding paragraph (a)(8), it is helpful to have a policy clarifying the steps that parents can take to prevent suspension or expulsion of their child. However, a director may always retain the right to dis-enroll a child when that is in the best interest of the child or other children at the center. Additional information regarding a policy for suspension and expulsion is available in the [CCR TA Library](#).
- Regarding paragraph (a)(9), a sample Infant in Child Care Safe Sleep Policy can be found in the [CCR TA Library](#).
- Regarding paragraph (a)(18)(A), additional resources regarding physical activity are available in [Caring for Our Children: National Health and Safety Performance Standards, 4th Edition](#) and in the [CCR TA Library](#).
- Regarding paragraph (a)(25):
 - Providing a mother with a place to sit and breastfeed her child helps to support this practice. Use of an adult-size chair in the classroom meets the intent of this requirement. Other things your operation may do to provide additional support include providing:
 - A pillow to support her infant in her lap;
 - A stepstool for her to prop her feet and prevent back strain; and
 - Water or other liquid to help her stay hydrated; and
 - Human milk is the best source of milk for infants. Additionally, breastfeeding supports optimal health and development.
- Regarding paragraph (a)(29), DSHS requirements for the maintenance and administration of unassigned epinephrine auto-injectors include requirements for:
 - Training;
 - Storage;
 - Administration;
 - Disposal;

Technical Assistance

- Reporting; and
- 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 (a)(30), 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 746	MINIMUM STANDARDS FOR CHILD-CARE CENTERS
SUBCHAPTER C	RECORD KEEPING
DIVISION 1	RECORDS OF CHILDREN

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

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

- (1) The child's name and birth date;
- (2) The child's home address and telephone number;
- (3) Date of the child's admission to the child-care center;
- (4) Name and address of parent(s);
- (5) Telephone numbers at which parent(s) can be reached while the child is in care;
- (6) Name, address, and telephone number of another responsible individual (friend or relative) who should be contacted in an emergency when the parent cannot be reached;
- (7) Names and telephone numbers of persons other than a parent to whom the child may be released;
- (8) Permission for transportation, if provided;
- (9) Permission for field trips, if provided;
- (10) Permission for participation in water activities, if provided, 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 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 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 746	MINIMUM STANDARDS FOR CHILD-CARE CENTERS
SUBCHAPTER C	RECORD KEEPING
DIVISION 2	RECORDS OF ACCIDENTS AND INCIDENTS

§746.701. What written records must I keep of accidents and incidents that occur at my child-care center?

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 a center vehicle or not preventing a child from wandering away from the child-care center 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 §746.307.
- 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:
 - Leaving a child unattended in a classroom;
 - Allowing a child to access hazardous materials; and

Technical Assistance

- 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 746	MINIMUM STANDARDS FOR CHILD-CARE CENTERS
SUBCHAPTER C	RECORD KEEPING
DIVISION 4	PERSONNEL RECORDS

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

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

- (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 Texas 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 §746.1329 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 child-care center'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 of your policy on the prevention, recognition, and reporting of child maltreatment outlined in §746.1303 of this chapter (relating to What must orientation for employees at my child-care center include?).

TITLE 26 HEALTH AND HUMAN SERVICES
PART 1 HEALTH AND HUMAN SERVICES COMMISSION
CHAPTER 746 MINIMUM STANDARDS FOR CHILD-CARE CENTERS
SUBCHAPTER D PERSONNEL
DIVISION 1 CHILD-CARE CENTER DIRECTOR

§746.1005. If I have multiple operations, must I designate a separate director for each operation?

(a) If you have multiple operations under the same governing body, you must designate a separate director for each operation.

(b) If you have designated a single director for more than one operation, you must comply with the requirement specified in subsection (a) of this section no later than March 1, 2025.

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

(a) A director must be present a minimum of 75 percent of the program's operating hours each week or a minimum of 30 hours per week, whichever is less, to ensure the operation complies with all minimum standards, unless:

(1) The director is absent from the operation temporarily for vacation or other personal time off; or

(2) The director is engaging in professional development activities related to the role of director.

(b) If you have designated a single director for more than one operation, you must comply with the requirements specified in subsection (a) of this section no later than March 1, 2025.

Technical Assistance

- The accessibility of the director is fundamental to a well-run child-care center and this includes the director's presence at the center.
- According to the American Academy of Pediatrics (AAP), the well-being of the children, the confidence of the parents of children in care, and the support, guidance, and professional growth of the employees depend largely upon the knowledge, skills, and dependable presence of a director.
- For the purposes of this rule, a director who is providing transportation or accompanying children and caregivers on field trips is considered present at the operation.
- Regarding paragraph (a), it is reasonable for a director to have a short-term absence or a series of absences due to vacation, illness, training (delivering or attending), mentoring other directors, etc. as

Technical Assistance

long as the overall pattern of director presence meets the rule requirement of 75% or 30 hours present.

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

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

Figure: **26** TAC §746.1015

Education	Experience
(1) A bachelor degree with 12 college credit hours in child development and six college credit hours in management	and at least one year of experience in a licensed child-care center;
(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	and at least two years of experience in a licensed child-care center;
(3) Sixty college credit hours with nine college credit hours in child development and six college credit hours in management	and at least two years of experience in a licensed child-care center;

Education	Experience
(4) A child-care administrator's certificate from a community college with at least 15 college credit hours in child development and three college credit hours in management	and at least two years of experience in a licensed child-care center;
(5) Six college credit hours in management with a Child Development Associate credential or Certified Child-Care Professional credential	and at least two years of experience in a licensed child-care center;
(6) A day-care administrator's credential issued by a professional organization or educational institution and approved by Licensing based on criteria specified in Subchapter P of Chapter 745 of this title (relating to Day-Care Administrator's Credential Program)	and at least two years of experience in a licensed child-care center; or
(7) Nine college credit hours in child development and nine college credit hours in management	and at least three years of experience in a licensed child-care center.

Technical Assistance

- Knowledge of good business practices, administration, and child development are essential for managing a child-care center. A director has an obligation to be prepared to hire and maintain employees, establish and maintain communication with parents, and ensure the health, safety, and well-being of the children in her care.
- Options (5) and (6) of this section require periodic renewal for the director to remain qualified as specified in §746.1053 of this **division** (relating to Will the director's certificate expire?) and §746.1055 of this **division** (relating to How often must an expiring certificate be renewed?).

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

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

Figure: **26** TAC §746.1017

Education	Experience
(1) A bachelor degree with 12 college credit hours in child development and three college credit hours in management	and at least one year of experience in a licensed child-care center or a licensed or registered child-care home;
(2) An associate of applied science degree in child development or a closely related field with six college credit hours in child development and three college credit hours in management. A "closely related field" is any educational instruction pertaining to the growth, development, physical or mental care, or education of children ages birth through 13 years	and at least one year of experience in a licensed child-care center or a licensed or registered child-care home;

Education	Experience
(3) Sixty college credit hours with six college credit hours in child development and three college credit hours in management	and at least one year of experience in a licensed child-care center or a licensed or registered child-care home;
(4) Six college credit hours in management with a Child Development Associate credential or Certified Child-Care Professional credential	and at least one year of experience in a licensed child-care center or a licensed or registered child-care home;
(5) A child-care administrator's certificate from a community college with at least 15 college credit hours in child development and three college credit hours in management	and at least two years of experience in a licensed child-care center or a licensed or registered child-care home;
(6) A day-care administrator's credential issued by a professional organization or an educational institution and approved by Licensing based on criteria specified in Subchapter P of Chapter 745 of this title (relating to Day-Care Administrator's Credential Program)	and at least two years of experience in a licensed child-care center or licensed or registered child-care home; or
(7) Seventy-two clock hours of training in child development and 30 clock hours in management	and at least three years of experience in a licensed child-care center or a licensed or registered child-care home.

Technical Assistance
Options (5) and (6) of this section require periodic renewal for the director to remain qualified as specified in §746.1053 of this division (relating to Will the director's certificate expire?) and §746.1055 of this division (relating to How often must an expiring certificate be renewed?).

§746.1037. 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** management.

(c) The documentation to verify the clock hours or CEUs must be as specified in §746.1329 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 746	MINIMUM STANDARDS FOR CHILD-CARE CENTERS
SUBCHAPTER D	PERSONNEL
DIVISION 1	CHILD-CARE CENTER DIRECTOR

REPEAL

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

TITLE 26	HEALTH AND HUMAN SERVICES
PART 1	HEALTH AND HUMAN SERVICES COMMISSION
CHAPTER 746	MINIMUM STANDARDS FOR CHILD-CARE CENTERS
SUBCHAPTER D	PERSONNEL
DIVISION 3	GENERAL RESPONSIBILITIES FOR CHILD-CARE CENTER PERSONNEL

§746.1203. 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 for child-care centers;
- (2) Supervise children at all times, as specified in §746.1205 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 §746.2202 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 center, 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 §746.123(39). 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 center 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 center-owned) for personal reasons, including texting, using social media, internet browsing, checking email, etc.

§746.1205. 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 on going 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 consider:

- (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 young children's behaviors are in the best position to safeguard their well-being.
- Child-care centers can also establish an understanding with parents regarding who (when the parent and when the center) is responsible for the child while the parent and the child are both on the 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 746	MINIMUM STANDARDS FOR CHILD-CARE CENTERS
SUBCHAPTER D	PERSONNEL
DIVISION 3	GENERAL RESPONSIBILITIES FOR CHILD-CARE CENTER PERSONNEL

REPEAL

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

TITLE 26 HEALTH AND HUMAN SERVICES
PART 1 HEALTH AND HUMAN SERVICES COMMISSION
CHAPTER 746 MINIMUM STANDARDS FOR CHILD-CARE CENTERS
SUBCHAPTER D PERSONNEL
DIVISION 4 PROFESSIONAL DEVELOPMENT

§746.1301. What are the training requirements for employees, caregivers, and directors?

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

Figure: 26 TAC §746.1301(a)

Type of training:	Who is required to take the training?	When must the training be completed?
(1)(A) Orientation to your child-care center as required by §746.1303 of this division (relating to What must orientation for employees at my child-care center include?).	(B) Each employee.	(C) Within seven days of employment and before having unsupervised access to a child in care.
(2)(A) 24 clock hours of pre-service training as required by §746.1305 of this division (relating to What must be covered in pre-service training for caregivers?).	(B) Each nonexempt caregiver. A caregiver may be exempt from pre-service training as specified in §746.1307 of this division (relating to Are any caregivers exempt from the pre-service training?).	(C) For nonexempt caregivers: (i) Eight hours before the caregiver may be counted in the child/caregiver ratio; and (ii) 16 hours within 90 days of employment.

Type of training:	Who is required to take the training?	When must the training be completed?
(3)(A) Pediatric first aid with rescue breathing as required by §746.1315(a) of this division (relating to Who must have pediatric first-aid and pediatric CPR training?).	(B) Each caregiver and child-care center 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 training.
(4)(A) Pediatric CPR as required by §746.1315(b) of this division.	(B) Each caregiver and child-care center director.	(C)(i) Within 90 days of employment; and (C)(ii) The person must stay current in this training.
(5) 24 clock hours of annual training as required by §746.1309 of this division (relating to What areas of training must the annual training for caregivers cover?).	(B) Each caregiver.	(C)(i) Within 12 months of employment; and (C)(ii) During each 12-month period, and as further required by §746.1313 of this division (relating to When must annual training for my caregivers and director be obtained?).

Type of training:	Who is required to take the training?	When must the training be completed?
(6)(A) 30 clock hours of annual training as required by §746.1311 of this division (relating to What areas of training must the annual training for my child-care center director cover?).	(B) A child-care center director.	(C)(i) Within 12 months of employment; and (C)(ii) During each 12-month period, and as further required by §746.1313 of this division.
(7)(A) Two clock hours of transportation training as required by §746.1316 of this division (relating to What additional training must an employee and director have if the operation transports children?).	(B)(i) The child-care center director, if the center 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 §746.1301(a), at least one caregiver or employee with a current certificate must also be on the premises with the caregiver.

§746.1309. What areas of training must the annual training for caregivers cover?

(a) The 24 clock hours of annual training must be relevant to the age of the children for whom the caregiver 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) If a caregiver provides care for children younger than 24 months of age, one clock hour of the annual training hours must cover the following topics:

- (1) Recognizing and preventing shaken baby syndrome and abusive head trauma;
- (2) Understanding and using safe sleep practices and preventing sudden infant death syndrome (SIDS); and
- (3) Understanding early childhood brain development.

(e) 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 §746.3803 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 §746.3425 of this chapter (relating to Must caregivers wear gloves when handling blood or bodily fluids containing blood?).

(f) 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 (for example, caregivers assigned to an infant or toddler group should receive training on biting and toilet training);

(9) Planning developmentally appropriate learning activities;

(10) Observation and assessment;

(11) Attachment and responsive care giving; and

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

(g) At least five of the 24 required annual training hours must come from instructor-led training. The remaining 19 required annual training hours may come from self-instructional training, of which no more than three hours may come from self-study training.

(h) The 24 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.

Technical Assistance

- Regarding paragraph (b)(1), annual 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 (e), a caregiver is required to have annual training in topic areas (e)(1)-(e)(6), but the child-care center can determine how many hours the caregiver must have in each of those topics, based on the length of the training, a caregiver's job duties, etc. For example, the caregiver 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 (f), 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 (g), CCR will only evaluate the number of required training hours a caregiver completes. As long as a caregiver has at least five hours of instructor-led training, a caregiver 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 or child-care center.
- Regarding paragraph (g), most of a caregiver's training should come from sources that allow an assessment of the caregiver's understanding and feedback from an instructor. While self-study from materials such as videos, books, and articles provide an opportunity for a caregiver 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 learned. It is important that the majority of training come from sources that allow an assessment of the caregiver's understanding and feedback from an instructor to ensure that the caregiver appropriately applies the information learned in a child care setting.

§746.1311. What areas of training must the annual training for my child-care center director cover?

(a) The 30 clock hours of annual training must be relevant to the age of the children for whom the child-care center 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) If the center provides care for children younger than 24 months of age, one hour of the annual training hours must cover the following topics:

- (1) Recognizing and preventing shaken baby syndrome and abusive head trauma;
- (2) Understanding and using safe sleep practices and preventing sudden infant death syndrome (SIDS); and
- (3) Understanding early childhood brain development.

(e) 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 §746.3803 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 §746.3425 of this chapter (relating to Must caregivers wear gloves when handling blood or bodily fluids containing blood?).

(f) A director with:

(1) Five or fewer years of experience as a designated director of a child-care center 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 director of a child-care center must complete at least three clock hours of the annual training hours in management techniques, leadership, or staff supervision.

(g) The remainder of the 30 clock hours of annual training must be selected from the training topics specified in §746.1309(f) of this division (relating to What areas of training must the annual training for caregivers cover?).

(h) The director may obtain clock hours or CEUs from the same sources as caregivers.

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

(j) At least six of the required 30 annual training hours must come from instructor-led training. The remaining 24 required annual training hours may come from self-instructional training, of which no more than three hours may come from self-study training.

Technical Assistance

- The 30 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.
- Regarding paragraph (b)(1), annual 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 (e), a director is required to have annual training in topic areas (e)(1)-(e)(6), but the governing body or director can determine how many hours the director must have in each of those topics, based on the length of the training, the director's previous experience, etc. For example, the 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 (j), CCR will only evaluate the number of required training hours a director completes. As long as a director has at least six hours of instructor-led training, a 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 director or child-care center.
- Regarding paragraph (j), most of a 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 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.

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

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

(1) A training provider registered with the Texas Early Childhood Professional Development System Training Registry, maintained by the Texas Head Start State Collaboration Office;

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

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

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

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

(6) A director at your child-care center **if:**

(A) **The director** has demonstrated core knowledge in child development and caregiving;

(B) Your child-care center has not been on probation, suspension, emergency suspension, or revocation in the two years preceding the training or been assessed an administrative penalty in the two years preceding the training; **and**

(C) **The only caregivers receiving the training are employees of your child-care center.**

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

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

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

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

(c) Instructor-led and self-instructional training, but not self-study training, must include:

(1) Specifically stated learning objectives;

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

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

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

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

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

(1) Meets the criteria specified in §746.1317 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;
 - 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 §746.1329.

- 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 center director;
- The training should include the number of clock hours that are allocated to each topic; and

Technical Assistance

- 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.

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

Training received at another operation can be applied towards the annual training requirement, if:

(1) The caregiver or director provides documentation of training as specified in §746.1329 of this title (relating to What documentation must I provide to Licensing to verify that **employees have met** training requirements?);

(2) The person obtained the training from a child-care center, a school-age or before or after-school program, or a child-care home that we license or register; and

(3) The training was obtained within two months before coming to work for your child-care center.

Technical Assistance

For example, a caregiver comes to work for you on June 1, **2023**, and needs 24 hours of annual training. The caregiver provides documentation that she had 6 hours of appropriate annual training on April 15, **2023**, at the child-care center she previously worked for. The caregiver would only need 18 additional hours of annual training for June 1, **2023** - May 31, **2024**.

TITLE 26 HEALTH AND HUMAN SERVICES
PART 1 HEALTH AND HUMAN SERVICES COMMISSION
CHAPTER 746 MINIMUM STANDARDS FOR CHILD-CARE CENTERS
SUBCHAPTER D PERSONNEL
DIVISION 5 SUBSTITUTES, VOLUNTEERS, AND CONTRACTORS

§746.1401. 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 child-care center 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 §746.1403 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.

§746.1403. What are the training requirements for substitutes, volunteers, and contractors?

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

Figure 26 TAC §746.1403(a)

Type of training:	Who is required to take the training?	When must the training be completed?
(1)(A) Orientation to your child-care center as required by §746.1303 of this subchapter (relating to What must orientation for employees at my child-care center include?).	(B)(i) Each substitute; (B)(ii) Each contractor; and (B)(iii) Each volunteer, except as noted in §746.1401(d) of this division (relating to What minimum standards must substitutes, volunteers, or persons under contract with my center comply with?).	(C) Before beginning the relevant duties.
(2)(A) 24 clock hours of pre-service training as required by §746.1305 of this subchapter (relating to What must be covered in pre-service training for caregivers?).	(B) Each substitute, volunteer, and contractor who is counted in the child to caregiver ratio, except as noted in §746.1401(d) of this division.	(C)(i) 8 hours before the substitute, volunteer, or contractor may be counted in the child to caregiver ratio; and (C)(ii) 16 hours within 90 days of beginning the relevant caregiver duties.
(3)(A) Pediatric first aid with rescue breathing, as required by 746.1315(a) of this subchapter (relating to Who must have pediatric first-aid and pediatric CPR training?).	(B) Each substitute, volunteer, and contractor who is counted in the child to caregiver ratio, except as noted in §746.1401(d) of this division.	(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.
(4)(A) Pediatric CPR as required by §746.1315(b) of this subchapter.	(B) Each substitute, volunteer, and contractor who is counted in the child to	(C)(i) Within 90 days of beginning the relevant caregiver duties; and

Type of training:	Who is required to take the training?	When must the training be completed?
	caregiver ratio, except as noted in §746.1401(d) of this division.	(C)(ii) The person must stay current in this training.
(5)(A) 24 hours of annual clock training, as required by §746.1309 of this subchapter (relating to What areas of training must the annual training for caregivers cover?).	(B) Each substitute, volunteer, and contractor who is counted in the child to caregiver ratio, except as noted in §746.1401(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 §746.1313 of this subchapter (relating to When must annual training for my caregivers and director be obtained?).
(6)(A) 2 clock hours of transportation training, as required by §746.1316 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 the person does not complete the pre-service training within the 90-day period as specified in (a)(2)(C)(ii) in Figure: 26 TAC 746.1403(a), the person must cease performing any caregiver duties at the center until the person completes the pre-service training.

(c) 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 §746.1403(a), at least one caregiver or employee with a current certificate must also be on the premises with the substitute, volunteer, or contractor.

§746.1405. 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 two years of documented prior experience in a regulated child-care center; or

(2) Provides documentation of at least 24 clock hours of training in the areas specified in §746.1305 of this chapter (relating to What must be covered in pre-service training for caregivers?) at another regulated child-care center.

TITLE 26	HEALTH AND HUMAN SERVICES
PART 1	HEALTH AND HUMAN SERVICES COMMISSION
CHAPTER 746	MINIMUM STANDARDS FOR CHILD-CARE CENTERS
SUBCHAPTER E	CHILD/CAREGIVER RATIOS AND GROUP SIZES
DIVISION 2	CLASSROOM RATIOS AND GROUP SIZES FOR CENTERS LICENSED TO CARE FOR 13 OR MORE CHILDREN

§746.1605. **When may** I combine infants with children 18 months and older?

You may combine infants with children 18 months and older in the following situations.

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

(2) If you have 12 or fewer children in care you may combine infants with older children without regard to age, as described in §746.1703 of this subchapter (relating to If I have 12 or fewer children in care, may I combine infants with children 18 months and older?).

Technical Assistance

- There are some programs that offer what is called “continuity of care” for infants and toddlers. This is where a mixed age group made up of children between the ages of birth through 35 months is cared for together from the time they enroll in the center until they turn three. Benefits of this arrangement include consistency in caregivers in a setting that resembles siblings within a family, as well as developmental and curricular advantages.
- When infants are infrequently grouped with older children in a space not specifically designed to meet their needs and without additional caregivers there is increased risk to their health and safety.

TITLE 26 HEALTH AND HUMAN SERVICES
PART 1 HEALTH AND HUMAN SERVICES COMMISSION
CHAPTER 746 MINIMUM STANDARDS FOR CHILD-CARE CENTERS
SUBCHAPTER F DEVELOPMENTAL ACTIVITIES AND ACTIVITY PLAN

§746.2201. What must caregivers consider when providing planned activities for the children in their care?

Caregivers must provide planned activities designed to meet the individual needs and developmental level of each child.

Technical Assistance

- Research has shown that learning in young children is the result of interaction between the child's thoughts and experiences with materials, ideas, and people. The quality of these interactions is enhanced by providing structure and a variety of opportunities to practice and explore new skills.
- While planning children's activities, keep in mind the diverse and ever-changing developmental needs of children, the abilities and interests of the children in the group, and the importance of children's play in developing physically, emotionally, intellectually, and socially.
- Planning daily activities ensures the children have a variety of activities that meet their developmental needs. A written plan helps to clarify for parents the services a center provides and also provides the caregiver with a guideline to follow.

§746.2202. 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 or early childhood intervention program;

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

(3) Ensure that a child who receives early intervention services or special education services can receive those services from a qualified service provider at your operation, with parental request and approval;

(4) Ensure that activities integrate children with and without 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.
- Child-care programs can be a great resource for parents who have questions about their child's development and specialized services available in the community. In order to best serve parents who have questions about their child's development, a child-care center should make available to parents information regarding early intervention services in the community. Access to such information enables parents to request an evaluation of their child's development from experts who are qualified to assess the child's development and recommend appropriate services for the child. [Early Childhood Intervention Services](#) (ECI) has additional information regarding the specific services they provide, as well as locations in your community.
- If a child's parent has shared with the child-care center an Individualized Educational Program (IEP) from a school district or an Individualized Family Service Plan (ISFP) from ECI, the child-care center should make every effort to incorporate the plan, where applicable, into the child's daily activities.
- The child-care center is not responsible for the purchase or maintenance of adaptive equipment recommended for a child.
- The child-care center is not responsible for ensuring ECI or another 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 center encourages caregivers to incorporate ECI or another service provider into classroom activities.
- A child-care center 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](#)

Technical Assistance

[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 746 MINIMUM STANDARDS FOR CHILD-CARE CENTERS
SUBCHAPTER H BASIC CARE REQUIREMENTS FOR INFANTS

§746.2403. How must I arrange the infant care area?

The room arrangement of the infant care area must:

- (1) Make it possible for caregivers to hear all infants and see all infants at a glance, and be able to intervene when necessary;
- (2) Include safe, open floor space for floor time play;
- (3) Separate infants from children more than 18 months older than the youngest child in the group, except when 12 or fewer children are in care, as required by §746.1605 of this chapter (relating to May I combine infants with children 18 months and older?);
- (4) Have cribs far enough apart so that one infant may not reach into another crib;
- (5) Provide caregivers with enough space to walk and work between cribs, cots, and mats; and
- (6) Ensure older children do not use the infant area as a passageway to other areas of the building.

Technical Assistance

Infants need calm environments away from the stimulation of older children. Placing cribs far enough apart to prevent one infant from reaching into the crib of another infant protects the safety of the infants. This spacing also reduces the likelihood of transmission of infectious respiratory diseases spread by large droplets, generated by a sneeze or cough, and can be effective in controlling the spread of other infectious diseases in the child care environment.

§746.2405. What furnishings and equipment must I have in the infant care area?

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

- (1) An adult-sized rocker or chair;
- (2) An individual crib to sleep in for each non-walking infant younger than 12 months of age;
- (3) An individual crib, cot, bed, or mat that is waterproof or washable for each:
 - (A) Walking infant; and
 - (B) Non-walking infant 12 months of age or older;

(4) A hand-washing sink in the diaper-changing area, as specified in §746.4403 of this title (relating to Must I have a hand-washing sink in the diaper-changing area?); and

(5) A sufficient number of toys to keep the infants engaged in activities.

Technical Assistance
A chair or rocker allows the caregiver to hold, rock, comfort, talk, sing, and read to infants in an intimate, nurturing manner. It also provides a place for a mother to breastfeed her child.

§746.2415. What specific types of equipment am I prohibited from using with infants?

(a) You may not use the following equipment for infants, which has been identified as unsafe for infants by the Consumer Product Safety Commission and the American Academy of Pediatrics:

(1) Baby walkers, which are devices that allow an infant to sit inside a walker equipped with rollers or wheels and move across the floor;

(2) Baby doorway jumpers, which are devices that allow an infant to bounce while supported in a seat by an elastic "bungee cord" suspended from a doorway;

(3) Accordion safety gates;

(4) Toys that are not large enough to prevent swallowing or choking; or

(5) Bean bags, waterbeds, and foam pads for use as sleeping equipment.

(b) Except for a tight-fitting sheet and as provided in subsection (c), the crib or play yard must be bare for an infant younger than 12 months of age.

(c) A crib mattress cover may also be used to protect against wetness, but the cover must:

(1) Be designed specifically for the size and type of crib and crib mattress that it is being used with;

(2) Be tight fitting and thin; and

(3) Not be designed to make the sleep surface softer.

Technical Assistance

- Regarding paragraph (a)(1), baby walkers present a hazard due to a risk of falling down stairs or steps and tipping over thresholds or carpet edges. They also provide infants accessibility to potentially hot surfaces such as oven doors, heaters, and fireplaces; containers of hot liquids such as coffee, soup, or cooking oils; dangling appliance cords; poisonous plants or hazardous materials; and buckets, toilets, or other containers of water.
- Regarding paragraph (a)(2), baby doorway jumpers require individual supervision of the infant to ensure the infant's safety and are not appropriate for use in a group setting.
- Regarding paragraph (a)(3), accordion gates with large V-shaped openings along the top edge and diamond shaped openings between the slats present entrapment and entanglement hazards resulting in strangulation, choking, or pinching to infants who try to crawl through or over the gate.
- Regarding paragraph (a)(4), examples of items that present a choking hazard for infants and toddlers include coins, balloons, safety pins, marbles, Styrofoam® and similar products, and sponge, rubber, or soft plastic toys.
- Regarding paragraph (b), studies on SIDS support eliminating soft bedding materials, sleep positioning devices, and stuffed toys for infants under twelve months.

§746.2424. Where must an infant sleep?

An infant must sleep in a designated crib, cot, bed, or mat as required by §746.2405 of this subchapter (relating to What furnishings and equipment must I have in the infant care area?).

§746.2426. May I allow infants to sleep in a restrictive device?

(a) If you do not have a Sleep Exception Form that includes a signed statement from a health-care professional stating that the child sleeping in a restrictive device is medically necessary:

(1) You may not allow an infant to sleep in a restrictive device; and

(2) If an infant falls asleep in a restrictive device, you must remove the infant from the device and place the infant in a crib as soon as possible.

(b) You may allow an infant to sleep in a restrictive device if you have a completed Sleep Exception Form that includes a signed statement from a health-care professional stating that the child sleeping in a restrictive device is medically necessary.

Technical Assistance

- Infants sleeping in restrictive devices are at risk for strangulation, injury, and positional asphyxiation. Documentation from a health care professional is required for an infant to sleep in a device other than a CPSC approved crib.
- Infants arriving at the center asleep in a car seat must be removed from the car seat and placed in a crib. You must not place the car seat in the crib with a sleeping infant.
- If applicable, a copy of the Sleep Exception Form should be kept in the infant's classroom for easy review by caregivers and licensing staff.

§746.2427. How must I position an infant for sleep?

(a) You must place an infant in a face-up sleeping position in the infant's own crib, unless you have a completed Sleep Exception Form that includes a signed statement from a health-care professional stating that a different sleeping position for the child is medically necessary.

(b) An infant who is developmentally able to roll from back to stomach and stomach to back may do so independently after you have placed the infant in a face-up position for sleep.

Technical Assistance

- Sudden Infant Death Syndrome (SIDS), the sudden and unexplained death of an infant, is the major cause of death in babies between 1 and 4 months old. After 30 years of research, scientists still cannot find a cause for SIDS; however, research has found the risk of SIDS may be reduced by placing a healthy infant on his or her back to sleep.
- If the infant was born with special care needs, has gastroesophageal reflux, often spits up after eating, or has a breathing, lung, or heart problem, a doctor or nurse may recommend a different sleep position to use.
- Providing "tummy time" several times each day is important because it prepares infants for the time when they will be able to slide on their bellies and crawl. The caregiver needs to stay near and closely supervise the infant during tummy time.
- If applicable, a copy of the Sleep Exception Form should be kept in the infant's classroom for easy review by caregivers and licensing staff.
- For additional information, see the CDC webpage [Safe Sleep for Babies](#).

TITLE 26 HEALTH AND HUMAN SERVICES
PART 1 HEALTH AND HUMAN SERVICES COMMISSION
CHAPTER 746 MINIMUM STANDARDS FOR CHILD-CARE CENTERS
SUBCHAPTER I BASIC CARE REQUIREMENTS FOR TODDLERS

§746.2503. How must I arrange the toddler care area?

The toddler care area must include:

- (1) Spaces in the room that allow both individual and group time; and
- (2) A play environment that allows the caregiver to supervise all children as defined in §746.1205 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 746	MINIMUM STANDARDS FOR CHILD-CARE CENTERS
SUBCHAPTER J	BASIC CARE REQUIREMENTS FOR PRE-KINDERGARTEN AGE CHILDREN

§746.2601. What are the basic requirements for pre-kindergarten age children?

Basic care for pre-kindergarten age children must include:

(1) Routines such as diapering or toileting, eating, napping or resting, indoor activity times, and outdoor activity times;

(2) Individual attention given to each pre-kindergarten age child; and

(3) Interactions that encourage children to communicate and express feelings in appropriate ways.

Technical Assistance
The American Academy of Pediatrics (AAP) offers these examples for encouraging children to communicate, "Ask Johnny if he will share the book." "Tell him you don't like being hit." "Tell Sarah what you saw at the store yesterday." "Tell mommy about what you built in the block center this morning." Follow these encouraging statements with respectful listening, without pressuring the child to speak.

TITLE 26	HEALTH AND HUMAN SERVICES
PART 1	HEALTH AND HUMAN SERVICES COMMISSION
CHAPTER 746	MINIMUM STANDARDS FOR CHILD-CARE CENTERS
SUBCHAPTER J	BASIC CARE REQUIREMENTS FOR PRE-KINDERGARTEN AGE CHILDREN

REPEAL

§746.2601. What are the basic care requirements for pre-kindergarten age children?

TITLE 26 HEALTH AND HUMAN SERVICES
PART 1 HEALTH AND HUMAN SERVICES COMMISSION
CHAPTER 746 MINIMUM STANDARDS FOR CHILD-CARE CENTERS
SUBCHAPTER K BASIC CARE REQUIREMENTS FOR SCHOOL-AGE CHILDREN

§746.2703. What physical space requirements must I provide for the school-age care area?

The school-age care area must include:

(1) Space to set up interest centers or focused play areas during the activity, such as arts and crafts; music and movement; blocks and construction; drama and theater; math and reasoning activities; science and nature; language and reading activities, such as books, story tapes and language games, stories read or told on a weekly basis, and cultural awareness, which are:

(A) Organized for independent use by children; and

(B) Arranged so the caregiver can supervise the children according to §746.1205 of this chapter (relating to **What responsibilities does a caregiver have when supervising a child or children?**);

(2) Space where children can have individual activities yet be supervised; and

(3) Space for quiet time to do homework.

TITLE 26 HEALTH AND HUMAN SERVICES
PART 1 HEALTH AND HUMAN SERVICES COMMISSION
CHAPTER 746 MINIMUM STANDARDS FOR CHILD-CARE CENTERS
SUBCHAPTER L DISCIPLINE AND GUIDANCE

§746.2805. 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 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) Placing a child in a restrictive device for time out;

(9) 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 §746.2803(4)(D) of this subchapter (relating to What methods of discipline and guidance may a caregiver use?); and

(10) Requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age.

Technical Assistance
<ul style="list-style-type: none">• 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 (9), 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

Technical Assistance
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 §746.2803(4)(D), 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 746 MINIMUM STANDARDS FOR CHILD-CARE CENTERS
SUBCHAPTER M NAPTIME

§746.2909. 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 to provide a sufficient walk and work space for caregivers between each cot and mat;
- (4) Be arranged so that each child and caregiver has access to a walkway without having to walk on or over the cots or mats of other children; and
- (5) Be arranged so the caregiver can adequately supervise all children in the group, as specified in §746.1205 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 746 MINIMUM STANDARDS FOR CHILD-CARE CENTERS
SUBCHAPTER P NIGHTTIME CARE

§746.3205. Must caregivers stay awake while supervising children during nighttime care?

Yes. Caregivers supervising children during nighttime care must be awake and supervising the children at all times, as specified in §746.1205 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 746 MINIMUM STANDARDS FOR CHILD-CARE CENTERS
SUBCHAPTER Q NUTRITION AND FOOD SERVICE

§746.3301. 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 second servings 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 always 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 except for a special occasion such as a holiday or birthday celebration, 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 §746.3817 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>.
- All infant formula and dry infant cereal must be iron-fortified. Look for "infant formula with iron" or a similar statement on the front of the formula. Make sure the formula is not an "FDA exempt infant formula", which you should use only if there is a statement from a health care professional.

Technical Assistance

- 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.
- Water for infant formula must not come from private well water sources unless it meets the requirements outlined in §746.3431 of this chapter (relating to May I use water from a private water supply instead of a public water supply for my child-care center?).
- Beverages with added sugars should be avoided because they can contribute to child obesity, tooth decay, and poor nutrition.
- The CACFP meal pattern for infants does not allow centers to serve fruit and vegetable juices to infants.
- The center 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 746	MINIMUM STANDARDS FOR CHILD-CARE CENTERS
SUBCHAPTER R	HEALTH PRACTICES
DIVISION 3	ILLNESS AND INJURY

§746.3601. What type of illness would prohibit a child from attending the child-care center?

Unless you are licensed to provide get-well care, you must not allow an ill child to attend your child-care center if one or more of the following exists:

(1) The illness prevents the child from participating comfortably in child-care center 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 the child-care center'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. Tympanic thermometers are not recommended for children under six months old;

(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:

Technical Assistance

- 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; and
 - 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 746	MINIMUM STANDARDS FOR CHILD-CARE CENTERS
SUBCHAPTER S	SAFETY PRACTICES
DIVISION 1	SAFETY PRECAUTIONS

§746.3701. What safety precautions must I take to protect children in my child-care center?

All areas accessible to a child must be free from hazards including, but not limited to, the following:

(1) Electrical outlets accessible to a child younger than five years must have childproof covers or safety outlets;

(2) 220-volt electrical connections within a child's reach must be covered with a screen or guard;

(3) Air conditioners, electric fans, and heaters must be mounted out of all children's reach or have safeguards that keep any child from being injured;

(4) Glass in sliding doors must be clearly marked with decals or other materials placed at children's eye level;

(5) Play materials and equipment must be safe and free from sharp or rough edges and toxic paints;

(6) Poisonous or potentially harmful plants must be inaccessible to all children;

(7) Bottle warmers must be inaccessible to all children and used only according to manufacturer instructions;

(8) All storage chests, boxes, trunks, or similar items with hinged lids must be equipped with a lid support designed to hold the lid open in any position, be equipped with ventilation holes, and must not have a latch that might close and trap a child inside;

(9) All bodies of water such as pools, hot tubs, ponds, creeks, birdbaths, fountains, buckets, and rain barrels must be inaccessible to all children; and

(10) All televisions must be anchored, so they cannot tip over. A television may be anchored to a rolling cart, as long as it is anchored in a way that the cart will not tip over.

Technical Assistance
<ul style="list-style-type: none">Supervision alone cannot prevent all accidents and injuries; therefore, the environment must be free of health and safety hazards to reduce risks to children.

Technical Assistance

- Additional examples of hazards to children include: sharp scissors, plastic bags, knives, cigarettes, matches, lighters, flammable liquids, drugs/medications, sharp instruments such as an ice pick, power tools, cleaning supplies, chemicals, and other items labeled keep out of the reach of children.
- Buildings, grounds and equipment in a state of disrepair threaten the health and safety of children.
- Regarding paragraph (9), according to the U.S. Consumer Product Safety Commission (CPSC), any body of water including bathtubs, pails, and toilets presents a drowning risk to young children. An estimated 50 infants and toddlers drown each year in buckets containing liquid used for mopping floors and other cleaning chores. The 5 -gallon bucket presents the greatest hazard to young children because of its tall straight sides and its weight with even a small amount of liquid. It is nearly impossible for top-heavy infants and toddlers to free themselves when they fall into a 5-gallon bucket head first.
- Regarding paragraph (10), CPSC estimates that more than 43,000 consumers are injured in tip-over incidents. More than 25,000 (59%) of those injuries are to children under the age of 18. Falling furniture accounts for more than half (52%) of the injury reports. Falling televisions have proven to be more deadly, as they are associated with more than half (62%) of reported fatalities.
- To assist in ensuring safety with respect to the outdoor grounds of the operation, the Texas Department of State Health Services provides free safe siting resources to child-care providers. These resources aid in determining whether the child-care center is located in an area where past or current chemical use could pose a threat to children. You can find additional information through [The Safe Siting Initiative](#).

TITLE 26 HEALTH AND HUMAN SERVICES
PART 1 HEALTH AND HUMAN SERVICES COMMISSION
CHAPTER 746 MINIMUM STANDARDS FOR CHILD-CARE CENTERS
SUBCHAPTER S SAFETY PRACTICES
DIVISION 4 FIRST-AID KITS

§746.4003. 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
Center 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 746 MINIMUM STANDARDS FOR CHILD-CARE CENTERS
SUBCHAPTER T PHYSICAL FACILITIES
DIVISION 1 INDOOR SPACE REQUIREMENTS

§746.4217. 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 746	MINIMUM STANDARDS FOR CHILD-CARE CENTERS
SUBCHAPTER T	PHYSICAL FACILITIES
DIVISION 3	TOILETS AND SINKS

§746.4403. Must I have a hand-washing sink in the diaper-changing area?

(a) You must have one hand-washing sink in each diaper-changing area, placed so that the caregiver using it can maintain supervision of the children in the group as specified in §746.1205 of this chapter (relating to **What responsibilities does a caregiver have when supervising a child or children?**).

(b) If your child-care center was licensed as a day care center, group day care home or drop-in child-care center before September 1, 2003, and you are unable to comply with subsection (a) of this section, you must submit to us and follow a plan for each diaper-changing area that ensures children are supervised at all times and caregivers and children are washing hands as specified in this chapter.

(c) A child-care center licensed before September 1, 2003, must comply with the requirements specified in subsection (a) of this section if the permit issued prior to September 1, 2003, is no longer valid.

TITLE 26 HEALTH AND HUMAN SERVICES
PART 1 HEALTH AND HUMAN SERVICES COMMISSION
CHAPTER 746 MINIMUM STANDARDS FOR CHILD-CARE CENTERS
SUBCHAPTER U INDOOR AND OUTDOOR ACTIVE PLAY SPACE AND EQUIPMENT
DIVISION 6 SOFT CONTAINED PLAY EQUIPMENT

§746.4951. 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 §746.1205 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 746 MINIMUM STANDARDS FOR CHILD-CARE CENTERS
SUBCHAPTER X TRANSPORTATION

§746.5607. 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 an infant only rear-facing child safety seat, rear-facing convertible child safety seat, forward-facing child safety seat, child booster seat, safety vest, harness, or a safety belt, as appropriate to the child's age, height, and weight according to manufacturer's instructions for all vehicles specified in subsection (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 §746.5607(e)

If the child is...	Being transported in this type of vehicle as specified in §746.5603(b) of this chapter (relating to What type of vehicle may I use to transport children?)...	Then the child must be secured in...
(1) An infant or toddler through at least 2 years of age	All vehicles	A rear-facing only child safety seat or a convertible child safety seat used rear facing for as long as possible, until the child reaches the highest weight or

If the child is...	Being transported in this type of vehicle as specified in §746.5603(b) of this chapter (relating to What type of vehicle may I use to transport children?)...	Then the child must be secured in...
		height allowed by the child safety seat manufacturer
(2) 2 years of age and older and within the weight and height limit of the rear or forward-facing child safety seat	All vehicles	A rear or forward-facing child safety seat with a harness for as long as possible, until the child reaches the highest weight or height allowed by the child safety seat manufacturer
(3) 4 years of age and within the weight and height limit of the forward-facing child safety seat	(A) General purpose vehicle and small school bus	A forward-facing child safety seat with a harness, a safety vest, or harness according to the manufacturer's instructions
(3) 4 years of age and within the weight and height limit of the forward-facing child safety seat	(B) Large school bus	A safety restraint system according to the vehicle manufacturer's instruction
(4) 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,	(A) General purpose vehicle	A belt-positioning booster seat, safety vest, or harness according to the manufacturer's instructions

If the child is...	Being transported in this type of vehicle as specified in §746.5603(b) of this chapter (relating to What type of vehicle may I use to transport children?)...	Then the child must be secured in...
<p>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>(4) 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>

If the child is...	Being transported in this type of vehicle as specified in §746.5603(b) of this chapter (relating to What type of vehicle may I use to transport children?)...	Then the child must be secured in...
<p>(4) 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>	(C) Large school bus	A safety restraint system according to the vehicle manufacturer's instruction
<p>(5) 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>	(A) General purpose vehicle and small school bus	A properly fitting safety belt anywhere the child sits in the vehicle
<p>(5) 4 through 7 years of age, has outgrown the weight or height limit of the forward-facing child safety seat,</p>	(B) Large school bus	A safety restraint system according to the vehicle manufacturer's

If the child is...	Being transported in this type of vehicle as specified in §746.5603(b) of this chapter (relating to What type of vehicle may I use to transport children?)...	Then the child must be secured in...
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		instruction
(6) 8 through 12 years of age, and is less than 4 feet, 9 inches in height; or 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	(A) General purpose vehicle	A belt-positioning booster seat, safety vest, or harness according to the manufacturer's instructions
(6) 8 through 12 years of age, and is less than 4 feet, 9 inches in height; or 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	(B) Small school bus	A properly fitting safety belt anywhere the child sits in the vehicle
(6) 8 through 12 years of age, and is less than	(C) Large school bus	A safety restraint system according to

If the child is...	Being transported in this type of vehicle as specified in §746.5603(b) of this chapter (relating to What type of vehicle may I use to transport children?)...	Then the child must be secured in...
<p>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>the vehicle manufacturer's instruction</p>
<p>(7) 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</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>(7) 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</p>	<p>(B) Large school bus</p>	<p>A safety restraint system according to the vehicle manufacturer's instruction</p>
<p>(8) 12 through 14 years of age</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>

If the child is...	Being transported in this type of vehicle as specified in §746.5603(b) of this chapter (relating to What type of vehicle may I use to transport children?)...	Then the child must be secured in...
(8) 12 through 14 years of age	(B) Large school bus	A safety restraint system according to vehicle manufacturer's instruction.

Technical Assistance
<p>The American Academy of Pediatrics recommends that all infants and toddlers ride in a rear-facing child safety seat for as long as possible, until they reach the highest weight or height allowed by the child safety seat manufacturer.</p> <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 center must consult and follow the manufacturer specifications for whichever rear-facing, convertible, or forward-facing safety seat the center uses. This information can typically be found on the car seat or by referencing the manufacturer's website.</p>

§746.5625. When and how must I install and use an electronic child safety alarm in a vehicle?

(a) You must ensure that a vehicle purchased or leased on or after December 31, 2013, is equipped with an electronic child safety alarm if:

- (1) The vehicle is designed to seat eight or more persons; and
- (2) Your operation uses the vehicle to transport children in care.

(b) You are responsible for ensuring that the alarm is installed and maintained according to the manufacturer's instructions.

(c) The alarm must be used at all times whenever a vehicle describe in subsection (a) of this section is used to transport a child in care.

(d) The driver of the vehicle or a designated employee must complete the following tasks before disabling the alarm from the rear of the vehicle:

(1) Verify that all children have been accounted for; and

(2) Conduct a physical walk-through and visual check of the vehicle, including the seats, seat rows, and interior, to ensure no children remain in the vehicle.

Technical Assistance

The electronic child safety alarm must not be disabled by a child. Only the driver or designated employee may disable the alarm.

Electronic child safety alarms improve the safety of children in vehicles because they are designed to require a designated adult to walk through the vehicle to disable the alarm while conducting a visual check of the vehicle from front to back. This extra step helps ensure no child, especially a sleeping child, is left in the vehicle.