

TITLE 26 HEALTH AND HUMAN SERVICES  
PART 1 HEALTH AND HUMAN SERVICES COMMISSION  
CHAPTER 747 MINIMUM STANDARDS FOR CHILD-CARE HOMES  
SUBCHAPTER A PURPOSE, SCOPE, AND DEFINITIONS  
DIVISION 3 DEFINITIONS

§747.121. 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--A permit holder who is the primary caregiver in a licensed or registered child-care home, unless otherwise stated.

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

§747.123. 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, social, language, emotional, and physical developmental strengths and needs.

(2) Activity space--An area or room used for children's activities.

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

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

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

(6) After-school hours--Hours before and after school, and days when school is not in session, such as school holidays, summer vacations, and teacher in-service days.

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

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

(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).

(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 you must be able to document that the certificate is current, relevant to the type of water activity in which children will engage, and representative of 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 home--A registered or licensed child-care home, as specified in §747.113 of this chapter (relating to What is a registered child-care home?) or §747.115 of this chapter (relating to What is a licensed child-care home?). This term includes the program, home, grounds, furnishings, and equipment.

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

(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 §747.1315(a) of this chapter (relating to Must child-care training meet certain criteria?); or

(B) Self-instructional training that was created by an individual or individuals, as specified in §747.1315(a) and (b) of this chapter, or self-study training.

(19) 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.

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

(21) Employee--An assistant caregiver, substitute caregiver, or any other person a child-care home employs full-time or part-time to work for wages, salary, or other compensation, including kitchen staff, office staff, maintenance staff, or anyone hired to transport a child.

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

(23) 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.

(24) Field trips--Activities conducted away from the child-care home.

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

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

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

(28) Grounds-- Includes any parcel of land where the home of the primary caregiver 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.

(29) 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.

**(30) 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.

**(31) 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.

**(32) 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.

**(33) 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.

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

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

**(36) 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.

**(37) 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.

**(38)** Janitorial duties--Those duties that involve the cleaning and maintenance of the child-care home, 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.

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

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

(A) Home voluntarily closes;

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

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

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

**(41)** 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.

**(42)** 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.

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

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

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

**(46)** 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.

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

(48) Sanitize--The use of a **disinfecting** product that **provides instructions specific for sanitizing and** is registered by the Environmental Protection Agency (EPA) **to substantially reduce** germs on inanimate objects to levels considered safe by public health requirements. Many bleach and hydrogen peroxide products are EPA-registered. You must follow the product's labelling instructions for sanitizing **or disinfecting, depending on the surface** (paying 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.

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

(50) 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.

(51) 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.

(52) 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.

(53) 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.

(54) 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.

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

(56) 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.

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

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

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- Regarding paragraph (19), "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 (28), if the home is a tenant of the property who also has use of common areas of the property that are shared by other tenants (such as a parking lot, courtyard, swimming pool area, etc.), the home is not responsible for how common areas are maintained. However, the home is responsible for the safety of the children and the continuing supervision of the children.
- Regarding paragraph (30), the [Environmental Protection Agency](#) has additional information about hazardous materials.
- Regarding paragraph (43), the beginning of the current school year is based on the start date of the school district the child attends.
- Regarding paragraph (48):
  - 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

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



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SUBCHAPTER B ADMINISTRATION AND COMMUNICATION  
DIVISION 1 PRIMARY CAREGIVER RESPONSIBILITIES

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

You are responsible for:

(1) Developing and implementing your child-care home's operational policies, which comply with or exceed Division 4 of this subchapter (relating to Operational Policies);

(2) Ensuring all assistant caregivers and substitute caregivers comply with the relevant minimum standards for those caregivers, as specified in this chapter, and are provided assignments that match their skills, abilities, and training;

(3) Ensuring all household members comply with the minimum standards that apply to household members, as specified in this chapter;

(4) Reporting suspected abuse, neglect, or exploitation directly to the **Texas Abuse and Neglect Hotline**, as required by Texas Family Code §261.1401. **You may not delegate your responsibility to make a report, and you may not require a household member or employee to seek approval to file a report or notify you that a report was made;**

(5) Ensuring parents can visit your child-care home any time during all hours of operation to observe their child, program activities, the home, the grounds, and the equipment, without having to secure prior approval;

(6) Initiating background checks as specified in Chapter 745, Subchapter F of this title (relating to Background Checks);

(7) 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);

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

(9) Complying with:

(A) The child-care licensing law, found in Chapter 42 of the Human Resources Code;

(B) All the minimum standards that apply to your licensed or registered child-care home, as specified in this chapter;

(C) All other applicable laws and rules in the Texas Administrative Code; and

(10) Ensuring the total number of children in care at the home or away from the home, such as during a field trip, never exceeds the capacity of the home as specified on the license or registration.

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- Children are at risk when adults responsible for them do not clearly understand their roles and responsibilities.
- The primary caregiver may accompany any parent who is visiting a child during the child-care home's hours of operation to and from the child's group or may limit the amount of time a parent spends at the home, if the primary caregiver believes this is necessary to protect the children in care.

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DIVISION 2 REQUIRED NOTIFICATIONS

§747.303. What other situations require notification to Licensing?

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

(1) Any occurrence that renders all or part of your child-care home 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 a household member, caregiver, or child in 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 Disease);

(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 vehicle or not preventing a child from wandering away from your child-care home 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.

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- Regarding paragraph (a)(1), examples of occurrences that may render a child-care home 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 home later learns the injury is more serious than initially diagnosed and requires medical treatment, the home is**

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

- Regarding paragraph (a)(3), this notification applies to situations where the home 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 §747.3405(b).
- Regarding paragraph (a)(4), if you become aware that multiple household members, caregivers, 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 \(texas.gov\)](#).
- 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 the child-care home;
  - Allowing a child to access hazardous materials; and
  - Allowing a child unsupervised access to a body of water.
- Notifications to CCR may be made:
  - Online 24 hours a day at [http://www.dfps.state.tx.us/Contact\\_Us/report\\_abuse.asp](http://www.dfps.state.tx.us/Contact_Us/report_abuse.asp);
  - By phone 24 hours a day to the Texas Abuse and Neglect Hotline 1-800-252-5400; or
  - By speaking to a CCR employee during business hours at the local office. Phone numbers for the local offices can be found at: <https://hhs.texas.gov/services/safety/child-care/contact-child-care-licensing>

§747.305. What emergency and 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;

(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, forgetting the child in a vehicle or failing to prevent the child from wandering away from your child-care home unsupervised; or

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

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

(d) You must provide written notice to the parent of each child attending the child-care home within 48 hours when any child in your care, a caregiver, or a household member has contracted a communicable disease deemed notifiable by the Texas Department of State Health Services as specified in 25 TAC Chapter 97, Subchapter A (relating to Control of Communicable Disease).

(e) You must provide written notice to the parent of each child attending the child-care home within 48 hours when there is an outbreak of lice or other infestation in the child-care home.

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- Communication between the caregiver and parents is essential to both the safe and healthy operation of the child-care home 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 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 §747.3407 for additional requirements for how a child-care home must respond to an injury that requires immediate medical treatment by a health-care professional.

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- Regarding paragraph (b)(2), please see §747.3405 for additional requirements for how a child-care home 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 the child-care home;
  - Allowing a child to access hazardous materials; and
  - Allowing a child unsupervised access to a body of water.

§747.307. What are the notification requirements when Licensing finds my child-care home 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 home 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 §747.1501(a)(3) of this chapter (relating to What general responsibilities do caregivers have in my child-care home?).

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

(1) §747.2309(a)(1) of this chapter (relating to What specific safety requirements must my cribs meet?);

(2) §747.2311(2)(A) of this chapter (relating to Are play yards allowed?);

(3) §747.2315(a)(4) and (b) of this chapter (relating to What specific types of equipment am I prohibited from using with infants?);

(4) §747.2326 of this chapter (relating to May I allow infants to sleep in a restrictive device?);

(5) §747.2327 of this chapter (relating to How must I position an infant for sleep?);

(6) §747.2328 of this chapter (relating to May I swaddle an infant to help the infant sleep?); and

(7) §747.2329 of this chapter (relating to If an infant has difficulty falling asleep, may I cover the infant's head or crib?).

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DIVISION 3 REQUIRED POSTINGS

§747.403. 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) Your telephone number, name, and home address.

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- Readily available phone numbers help to ensure prompt response/action in an emergency.
- For the nearest Licensing office telephone number go to <https://www.hhs.texas.gov/services/safety/child-care/contact-child-care-licensing>.
- You can find specific information about the use of a cellular phone at your home in §747.4307.

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SUBCHAPTER C RECORD KEEPING  
DIVISION 1 RECORDS OF CHILDREN

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

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

- (1) The child's name and birth date;
- (2) The child's home address and telephone number;
- (3) Date of the child's admission to the child-care home;
- (4) Name and address of parent(s);
- (5) Telephone numbers at which parent(s) can be reached while the child is in care;
- (6) Name, address, and telephone number of another responsible individual (friend or relative) who should be contacted in an emergency when the parent cannot be reached;
- (7) Names and telephone numbers of persons other than a parent to whom the child may be released;
- (8) Permission for transportation, if provided, including any authorized pick-up and drop-off locations;
- (9) Permission for field trips, if provided;
- (10) Permission for participation in water activities, if provided, including whether the child is able to swim without assistance;
- (11) Name, address, and telephone number of the child's physician or an emergency-care facility;
- (12) Authorization to obtain emergency medical care and to transport the child for emergency medical treatment;
- (13) A statement of the child's special 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 a school-age child attends;

(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.

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- The term "Parent" is defined in 26 TAC, Chapter 745, Subchapter A, Precedence and Definitions, which is included in this publication in Appendix I.
- Regarding paragraphs (6) and (7), Licensing expects the parent to list someone other than themselves as an emergency contact and authorized to pick up their child from care. If the parent chooses to not designate anyone else, they will need to indicate this in writing.

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DIVISION 2	RECORDS OF ACCIDENTS AND INCIDENTS

§747.701. What written records must I keep of accidents and injuries that occur at my child-care home?

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

### 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 a caregiver contracting a communicable disease. For more information regarding notifying parents about emergency and medical situations, see §747.305.
- **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 in the rule, other situations may include:**
  - **Leaving a child unattended in the child-care home;**

## Technical Assistance

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

TITLE 26 HEALTH AND HUMAN SERVICES  
PART 1 HEALTH AND HUMAN SERVICES COMMISSION  
CHAPTER 747 MINIMUM STANDARDS FOR CHILD-CARE HOMES  
SUBCHAPTER C RECORD KEEPING  
DIVISION 3 RECORDS THAT MUST BE KEPT ON FILE AT THE CHILD-CARE HOME

§747.801. What records must I keep at my child-care home?

You must maintain and make the following records available for our review upon request during hours of operation. Paragraphs (8), (9), and (10) are optional, but if provided, will allow Licensing to avoid duplicating the evaluation of standards that have been evaluated by another state agency within the past year:

- (1) Children's records, as specified in Division 1 of this subchapter (relating to Records of Children);
- (2) Infant feeding instructions, as required in §747.2321 of this chapter (relating to Must I obtain written feeding instructions for children not ready for table food?), if applicable;
- (3) Personnel and training records, as required in §747.901 of this subchapter (relating to What information must I maintain in my personnel records?), and in §747.1327 of this chapter (relating to What documentation must I provide to Licensing to verify that **caregivers have met** training requirements?);
- (4) Menus, as required in §747.3113 of this chapter (relating to Must I post and maintain daily menus?);
- (5) Medication records, as required in §747.3605 of this chapter (relating to How must I administer medication to a child in my care?) if applicable;
- (6) Pet vaccination records, as required in §747.3703 of this chapter (relating to Must I keep documentation of vaccinations for the animals?), if applicable;
- (7) Safety documentation for emergency drills, fire extinguishers, smoke detectors, and emergency evacuation and relocation diagram, as required in §747.5005 of this chapter (relating to Must I practice my emergency preparedness plan?), §747.5007 of this chapter (relating to Must I have an emergency evacuation and relocation diagram?), §747.5107 of this chapter (relating to How often must I inspect and service the fire extinguisher?), §747.5115 of this chapter (relating to How often must the smoke detectors at my child-care home be tested?), and §747.5117 of this chapter (relating to How often must I have an electronic smoke alarm system tested?);
- (8) Most recent Texas Department of State Health Services immunization compliance review form, if applicable;
- (9) Most recent Texas Department of Agriculture Child and Adult Care Food Program report, if applicable;

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

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

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

(13) Documentation for all full-sized and non-full-sized cribs, as specified in §747.2309(a)(9) of this chapter (relating to What specific safety requirements must my cribs meet?);

(14) Proof of current liability insurance coverage or, if applicable, that you have provided written notice to the parent of each child that you do not carry the insurance; and

(15) Proof that you have notified parents in writing of deficiencies in safe sleeping and abuse, neglect, or exploitation, as specified in §747.307 of this chapter (relating to What are the notification requirements when Licensing finds my child-care home deficient in a standard related to safe sleeping or the abuse, neglect, or exploitation of a child?) and §747.309 of this chapter (relating to How must I notify parents of a safe sleep deficiency or an abuse, neglect, or exploitation deficiency?).

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PART 1 HEALTH AND HUMAN SERVICES COMMISSION  
CHAPTER 747 MINIMUM STANDARDS FOR CHILD-CARE HOMES  
SUBCHAPTER C RECORD KEEPING  
DIVISION 4 RECORDS ON CAREGIVERS AND HOUSEHOLD MEMBERS

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

You must keep at least the following at the child-care home for each assistant caregiver and substitute caregiver, as specified in this chapter:

- (1) Documentation showing the dates of the first and last day on the job;
- (2) Documentation showing how the caregiver meets the minimum age and education qualifications, if applicable;
- (3) A copy of a health card or health care professional's statement verifying the caregiver is free of active tuberculosis, if required by the regional Texas Department of State Health Services TB program or local health authority;
- (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 §747.1327 of this chapter (relating to What documentation must I provide to Licensing to verify that caregivers have met training requirements?);
- (6) Proof of request for all background checks required under 40 TAC Chapter 745, Subchapter F (relating to Background Checks);
- (7) A copy of a photo identification;
- (8) A copy of a current driver's license for each person or caregiver that transports a child in care; and
- (9) A statement signed and dated by the caregiver in a licensed child-care home verifying the date the caregiver attended training during orientation that includes an overview regarding the prevention, recognition, and reporting of child maltreatment, as specified in §747.1301 of this chapter (relating to What must orientation for caregivers at my child-care home include?)

#### Technical Assistance

Regarding paragraph (4), you may obtain a copy of the Affidavit for Applicants for Employment form (Form # 2985) at <https://www.hhs.texas.gov/doing-business-hhs/provider-portals/protective-services-providers/child-care-licensing/child-day-care-provider/child-care-licensing-forms>

TITLE 26 HEALTH AND HUMAN SERVICES  
PART 1 HEALTH AND HUMAN SERVICES COMMISSION  
CHAPTER 747 MINIMUM STANDARDS FOR CHILD-CARE HOMES  
SUBCHAPTER D PERSONNEL  
DIVISION 2 PRIMARY CAREGIVER QUALIFICATIONS FOR A LICENSED  
CHILD-CARE HOME

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

Except as otherwise provided in this division, you must:

- (1) Be at least 21 years of age;
- (2) Have a:
  - (A) High school diploma; or
  - (B) High school equivalent;
- (3) Have a certificate of completion of the Licensing pre-application course within one year prior to your application date;
- (4) Meet the requirements in Subchapter F of Chapter 745 of this title (relating to Background Checks);
- (5) Have a current certificate of training in pediatric first aid and pediatric CPR as specified in §747.1313 of this subchapter (relating to Who must have pediatric first-aid and pediatric CPR training?);
- (6) Have a current record of a tuberculosis (TB) examination showing you are free of contagious TB, if required by the Texas Department of State Health Services or local health authority;
- (7) Have proof of training in the following:
  - (A) Prevention, recognition, and reporting of child maltreatment, including:
    - (i) Factors indicating a child is at risk for abuse or neglect;
    - (ii) Warning signs indicating a child may be a victim of abuse or neglect;
    - (iii) Procedures for reporting child abuse or neglect; and
    - (iv) Community organizations that have training programs available to employees, children, and parents;
  - (B) Recognizing and preventing shaken baby syndrome and abusive head trauma;
  - (C) Understanding and using safe sleep practices and preventing sudden infant death syndrome (SIDS);

- (D) Understanding early childhood brain development;
  - (E) Understanding the developmental stages of children;
  - (F) Emergency preparedness;
  - (G) Preventing and controlling the spread of communicable diseases, including immunizations;
  - (H) Administering medication, if applicable, including compliance with §747.3603 of this chapter (relating to What authorization must I obtain before administering a medication to a child in my care?);
  - (I) Preventing and responding to emergencies due to food or an allergic reaction;
  - (J) 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;
  - (K) Handling, storing, and disposing of hazardous materials including compliance with §747.3221 of this chapter (relating to Must caregivers wear gloves when handling blood or bodily fluids containing blood?); and
  - (L) Precautions in transporting children if your child-care home plans to transport a child whose chronological or developmental age is younger than nine years old; and
- (8) Have one of the following combinations of education and experience in a licensed child-care center, or in a licensed or registered child-care home, as defined in §747.1113 of this division (relating to What constitutes experience in a licensed child-care center, or in a licensed or registered child-care home?):

Figure: 26 TAC §747.1107(8)

Education	Experience
(A) A <b>bachelor</b> 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 licensed or registered child-care home;



Education	Experience
<p>(B) An <b>associate</b> 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</p>	<p>and at least one year of experience in a licensed child-care center or licensed or registered child-care home;</p>
<p>(C) Sixty college credit hours with six college credit hours in child development and three college credit hours in management</p>	<p>and at least one year of experience in a licensed child-care center or licensed or registered child-care home;</p>
<p>(D) <b>Three college credit hours in management with a</b> Child Development Associate Credential or Certified Child-Care Professional credential</p>	<p>and at least one year of experience in a licensed child-care center or licensed or registered child-care home;</p>
<p>(E) A child-care administrator’s certificate from a community college with at least 15 college credit hours in child development and three college credit hours in management</p>	<p>and at least two years of experience in a licensed child-care center or licensed or registered child-care home;</p>
<p>(F) A day-care administrator’s credential issued by a professional organization or an educational institution and approved by Licensing based on criteria specified in 40 TAC Chapter 745, Subchapter P (relating to Day-Care Administrator’s Credential Program)</p>	<p>and at least two years of experience in a licensed child-care center or licensed or registered child-care home; or</p>
<p>(G) Seventy-two clock hours of training in child development and 30 clock hours in management</p>	<p>and at least three years of experience in a licensed child-care center or licensed or registered child-care home.</p>

## Technical Assistance

- A primary caregiver caring for more than six children and employing one or more assistant/substitute caregivers functions as a “facility director.” A facility director plays a crucial role in ensuring the smooth day-to-day operation of the child-care home and serves two important functions: To balance business concerns with what’s good for children and to provide leadership and direction to the assistant/substitute caregivers responsible for providing safe and healthy care for the children.
- Regarding paragraph (7)(E), training in the developmental stages of children includes the major domains of child development, which are:
  - Cognitive development;
  - Social development;
  - Emotional development;
  - Physical development; and
  - Approaches to learning.
- Options (8)(D) and (F) of this section require periodic renewal for the primary caregiver (director) to remain qualified as specified in §747.1145 and §747.1147. If your credential expires, then you will no longer meet the minimum standards related to primary caregiver qualifications, see §747.1149.

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

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

(b) 50 clock hours or five CEUs may 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 §747.1327 of this subchapter (relating to What documentation must I provide to Licensing to verify that caregivers have met training requirements?).

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

(a) In addition to showing that you meet the minimum qualifications for a primary caregiver, you must submit the following to Licensing staff:

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

(2) An original and current Licensing *Child-Care Director's Certificate* form, an original college transcript, or original training certificates which verify the educational requirements. Original letters may be substituted for training certificates, provided they include the same information as specified in §747.1327 of this **subchapter** (relating to What documentation must I provide to Licensing to verify that **caregivers have met** training requirements?); and

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

(b) You must submit the information to us as a part of a new application for a permit.

TITLE 26 HEALTH AND HUMAN SERVICES  
PART 1 HEALTH AND HUMAN SERVICES COMMISSION  
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SUBCHAPTER D PERSONNEL  
DIVISION 4 PROFESSIONAL DEVELOPMENT

§747.1305. What areas of training must the annual training for substitute and assistant caregivers cover?

(a) Each caregiver counted in the child/caregiver ratio on more than ten separate occasions in one training year, as specified in §747.1311 of this division (relating to When must the annual training be obtained?) must obtain annual training relevant to the age of the children for whom the caregiver provides care.

(b) 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) If your home provides care for a child younger than 24 months, 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.

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

- (1) Emergency preparedness;
- (2) Preventing and controlling the spread of communicable diseases, including immunizations;
- (3) Administering medication, if applicable, including compliance with §747.3603 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 §747.3221 of this chapter (relating to Must caregivers wear gloves when handling blood or bodily fluids containing blood?).

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

(1) Care of children with special needs;

(2) Child health (for example, nutrition and physical activity);

(3) Safety;

(4) Risk management;

(5) Identification and care of ill children;

(6) Cultural diversity for children and families;

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

(8) Topics relevant to the particular ages of children in care (for example, caregivers working with infants or toddlers 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.

(f) For an assistant caregiver or substitute caregiver described in §747.1303(3)(B) of this division (relating to What training must I ensure that my caregivers have within certain timeframes?), at least three of the required 15 annual training hours must come from instructor-led training. The remaining 12 required annual training hours may come from self-instructional training, of which no more than three hours may come from self-study training.

(g) For an assistant caregiver or substitute caregiver described in §747.1303(4)(B) of this division, at least five of the required 24 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) Annual training is exclusive of any requirements for orientation, pediatric first aid and pediatric CPR training, transportation safety training, and any training received through a high school child-care work-study program.

## 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 (d), a caregiver is required to have annual training in topic areas (d)(1)-(d)(6), but the child-care home can determine how many hours a caregiver must have in each of those topics, based on the length of the training, caregiver experience, caregiver 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 (e), additional examples that may fall within the required categories include child mental health, social and emotional learning, and positive behavior interventions and supports.
- Regarding paragraphs (f) and (g), CCR will only evaluate the number of required training hours an assistant or substitute caregiver completes. As long as:
  - An assistant or substitute caregiver in a registered child-care home has at least three hours of instructor-led training; or
  - An assistant or substitute caregiver in a licensed child-care home has at least five hours of instructor-led training.

An assistant or substitute 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 primary caregiver.
- Regarding paragraphs (f) and (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 provides 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.

§747.1309. What areas of training must the annual training for the primary caregiver cover?

(a) You must obtain at least 30 clock hours of training each year relevant to the age of the children for whom you provide 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) If your home provides care for children younger than 24 months, one hour of the annual training hours must cover the following topics:

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

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

- (1) Emergency preparedness;
- (2) Preventing and controlling the spread of communicable diseases, including immunizations;
- (3) Administering medication, if applicable, including compliance with §747.3603 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 §747.3221 of this chapter (relating to Must caregivers wear gloves when handling blood or bodily fluids containing blood?).

(e) If you have:

(1) Five or fewer years of experience as a primary caregiver in a licensed or registered child-care home, you must complete at least six of the annual training hours in management techniques, leadership, or staff supervision; or

(2) More than five years of experience as a primary caregiver in a licensed or registered child-care home, you must complete at least three of the annual training hours in management techniques, leadership, or staff supervision.

(f) The remainder of annual training hours must be selected from the training topics specified in §747.1305(e) of this chapter (relating to What areas of training must the annual training for substitute and assistant caregivers cover?).

(g) You may obtain clock hours or CEUs from the same sources as other caregivers.

(h) You may not earn training hours by presenting training to other caregivers.

(i) 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.

(j) The 30 clock hours of annual training are exclusive of any requirements for the Licensing pre-application course, pediatric first aid and pediatric CPR training, and transportation safety training.

### Technical Assistance

- Research has shown that caregivers who are better trained are better able to prevent, recognize, and correct health and safety problems.
- Annual ongoing training provides caregivers an opportunity to learn the newest techniques for addressing children's behaviors, to discover the latest findings on what children need as they develop, and to refresh and re-energize their skills.
- Some re-training on previously studied topics is necessary to keep skills and knowledge up-to-date.
- Regarding paragraph (b)(1), 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.



## Technical Assistance

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

TITLE 26 HEALTH AND HUMAN SERVICES  
PART 1 HEALTH AND HUMAN SERVICES COMMISSION  
CHAPTER 747 MINIMUM STANDARDS FOR CHILD-CARE HOMES  
SUBCHAPTER D PERSONNEL  
DIVISION 6 GENERAL RESPONSIBILITIES FOR CAREGIVERS AND  
HOUSEHOLD MEMBERS

§747.1501. What general responsibilities do caregivers have in my child-care home?

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

- (1) Treated with courtesy, respect, acceptance, and patience;
- (2) Recognized and respected for their uniqueness as an individual;
- (3) Not abused, neglected, or exploited; and
- (4) Released only to a parent or a person designated by a parent.

(b) You and all other caregivers must report suspected abuse, neglect, or exploitation to DFPS as specified in Texas Family Code §261.101.

(c) You and all other caregivers must also:

(1) Demonstrate competency, good judgment, and self-control in the presence of children;

(2) Know and comply with the minimum standards specified in this chapter;

(3) Supervise children at all times, as specified in §747.1503 of this division (relating to What responsibilities does a caregiver have when supervising a child or children?);

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

(A) Administrative and clerical duties that take the caregiver's attention away from the children;

(B) Janitorial duties; and

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

(5) 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 §747.2107 of this chapter (relating to What are my responsibilities when planning activities for a child in care with special care needs?);

(6) Interact with children in a positive manner; and

(7) Set appropriate behavior expectations based on the child's current stage of development.

### Technical Assistance

- Research has shown children's physical, social, emotional, and intellectual development and safety depend on consistent, caring interaction between children and their caregiver.
- Regarding paragraph (4)(A), administrative duties are tasks that involve meeting the business needs of a child-care home, such as bookkeeping, enrolling children, 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 (4)(B), janitorial duties include those tasks outlined in §747.123(38) of this chapter (relating to What do certain words and terms mean when used in this chapter?). 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 (4)(C), a child-care home may use an electronic device, such as a cell phone or tablet, 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 for personal reasons such as texting, using social media, internet browsing, checking email, etc., except as otherwise specified in the rule.

§747.1503. 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 take into account:

- (1) The child's chronological age;

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

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

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

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

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

### Technical Assistance

- Supervision is basic to the prevention of harm. Parents have an understanding that caregivers will supervise their children in their absence. Adults who are attentive and understand young children's behaviors are in the best position to safeguard their well-being.
- A primary caregiver can also establish an understanding with parents regarding who (when the parent and when the caregiver) is responsible for the child while the parent and the child are both on the 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 care. This requirement is critical, especially during transitions, to ensure all children are accounted for and appropriately supervised.

TITLE 26  
PART 1  
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SUBCHAPTER D  
DIVISION 6

HEALTH AND HUMAN SERVICES  
HEALTH AND HUMAN SERVICES COMMISSION  
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HOUSEHOLD MEMBERS

**REPEAL**

**§747.1503. What does Licensing mean by "supervise children at all times"?**

§747.2101. What must I consider when providing planned activities for the children in my child-care home?

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

#### 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.

§747.2107. 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 home 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 home, 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 home 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 home an Individualized Educational Program (IEP) from a school district or an Individualized Family Service Plan (ISFP) from ECI, the child-care home should make every effort to incorporate the plan, where applicable, into the child's daily activities.
- The child-care home is not responsible for the purchase or maintenance of adaptive equipment recommended for a child.
- The child-care home is not responsible for ensuring ECI or another qualified service provider visits the home 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 home encourages caregivers to incorporate ECI or another service provider into activities.
- A child-care home is considered a place of public accommodation under the Americans with Disabilities Act (ADA), Title III, because it holds itself out to the public as a business. [Americans with Disabilities Act \(ADA\), Title III \(Title 3\) & Child Care Operations - FAQ and Commonly Asked Questions About Child Care Centers and](#)

## Technical Assistance

[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 747 MINIMUM STANDARDS FOR CHILD-CARE HOMES  
SUBCHAPTER H BASIC CARE REQUIREMENTS FOR INFANTS

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

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

(1) An individual crib to sleep in for each non-walking infant younger than 12 months of age;

(2) 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;

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

**Technical Assistance**

- Paragraphs (1) and (2) outline the specific sleep equipment the home must provide for each infant. Aside from a non-walking infant younger than 12 months of age who is required to sleep in a crib, the rule does not specify whether an older infant must sleep in a crib, cot, bed, or mat. Transitioning an infant from a crib to a cot, bed, or mat will depend on the individual infant's development, sleep habits, etc. and is not solely dependent on the child's age.
- While not required, a chair or rocker allows the caregiver to hold, rock, comfort, talk, sing, and read to infants in an intimate, nurturing manner. It also provides a place for a mother to breastfeed her child.

§747.2315. 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; and

(4) Bean bags, waterbeds, and foam pads used as sleeping equipment.

(b) Except for a tight-fitting sheet and as provided in subsection (c) of this section, the crib or play yard must be bare for an infant younger than twelve 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 risk of falls down stairs or steps, and tipping over thresholds or carpet edges. They provide infants accessibility to potentially hot surfaces such as oven doors, heaters, and fireplaces; containers of hot liquids such as coffee, soup, or cooking oils; dangling appliance cords; poisonous plants, hazardous materials, and buckets, toilets, or other containers of water.
- Regarding paragraph (a)(2), baby doorway jumpers require individual supervision of the infant and are not appropriate for use in a group setting. A caregiver, alone with children of mixed ages to supervise, would not be able to provide the one-on-one supervision this type of equipment requires, if they are to be used safely.
- 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 (b), studies on SIDS support eliminating soft bedding materials, sleep positioning devices, and stuffed toys used for infants under twelve months.

§747.2323. What are the requirements regarding a regularly scheduled naptime for infants?

Each infant must have a nap period that:

- (1) Allows the infant to maintain his or her own pattern of sleeping and waking periods; and
- (2) Is supervised by the caregiver to ensure auditory or visual awareness of the infant in accordance with §747.1503 of this chapter (relating to What responsibilities does a caregiver have when supervising a child or children?).

## Technical Assistance

A caregiver who uses auditory supervision and is unable to see an infant during the infant's naptime should consider:

- Leaving doors open or using a baby monitor to better hear the infant; and
- Visually checking the infant throughout the infant's nap to ensure the infant's head is uncovered and the infant's breathing is normal.

§747.2324. Where must an infant sleep?

An infant must sleep:

(1) In a designated crib, cot, bed, or mat as required by §747.2305 of this subchapter (relating to What furnishings and equipment must I have available for infants?); and

(2) In an area where the caregiver has auditory or visual awareness of the infant.

§747.2326. 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 infant 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.

### Technical Assistance

- **Infants arriving at the child-care home 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.**

§747.2327. **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 infant 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 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.
- **For additional information, see the CDC webpage [Safe Sleep for Babies](#).**

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PART 1 HEALTH AND HUMAN SERVICES COMMISSION  
CHAPTER 747 MINIMUM STANDARDS FOR CHILD-CARE HOMES  
SUBCHAPTER I BASIC CARE REQUIREMENTS FOR TODDLERS

§747.2403. How must I arrange the space where I care for toddlers?

The toddler care area must include:

- (1) Spaces in the child-care home that allow both individual and group time; and
- (2) A play environment that allows the caregiver to supervise all children as defined in §747.1503 of this chapter (relating to **What responsibilities does a caregiver have when supervising a child or children?**).

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CHAPTER 747 MINIMUM STANDARDS FOR CHILD-CARE HOMES  
SUBCHAPTER J BASIC CARE REQUIREMENTS FOR PRE-KINDERGARTEN AGE CHILDREN

§747.2501. 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 a child to communicate and express feelings in appropriate ways.

#### **Technical Assistance**

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

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SUBCHAPTER J BASIC CARE REQUIREMENTS FOR PRE-KINDERGARTEN AGE CHILDREN

**REPEAL**

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

TITLE 26 HEALTH AND HUMAN SERVICES  
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CHAPTER 747 MINIMUM STANDARDS FOR CHILD-CARE HOMES  
SUBCHAPTER K BASIC CARE REQUIREMENTS FOR SCHOOL-AGE CHILDREN

§747.2603. How must I arrange the space used by school-age children?

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 that the caregiver can supervise the children according to §747.1503 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 747 MINIMUM STANDARDS FOR CHILD-CARE HOMES  
SUBCHAPTER L DISCIPLINE

§747.2705. What types of discipline and guidance or punishment are prohibited?

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

- (1) Corporal punishment or threats of corporal punishment;
- (2) Punishment associated with food, naps, or toilet training;
- (3) Grabbing or pulling on a child;
- (4) Putting anything in or on a child's mouth;
- (5) Humiliating, ridiculing, rejecting, or yelling at a child;
- (6) Subjecting a child to harsh, abusive, or profane language;
- (7) Placing a child in a locked or dark room, bathroom, or closet;
- (8) 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 §747.2703(4)(D) of this subchapter (relating to What methods of discipline and guidance may I use?); and

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

### Technical Assistance

- Child development research supports that physical punishment such as pinching, shaking, or hitting children teaches them that hitting or hurting others is an acceptable way to control unwanted behavior or get what they want.
- Children will also mimic adults who demonstrate loud or violent behavior.
- Rapping, thumping, popping, yanking, and flicking a child are all examples of corporal punishment.
- Regarding paragraph (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

**Technical Assistance**

out of active play in the afternoon for a behavior that occurred in the morning). However, if a child is exhibiting poor behavior during active play, you may separate the child from the group, as described in §747.2703(4)(D), to allow the child to settle down before resuming cooperative play or activities.

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CHAPTER 747 MINIMUM STANDARDS FOR CHILD-CARE HOMES  
SUBCHAPTER Q NUTRITION AND FOOD SERVICE

§747.3101. 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 §747.3617 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",

## Technical Assistance

- which should only be used if there is a statement from a healthcare professional.
- 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 §747.3227 of this chapter (relating to May I use water from a private water supply instead of a public water supply for my child-care home?).
  - 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 homes to provide fruit and vegetable juices for infants.
  - You 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 foods 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.

## Technical Assistance

- 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.

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SUBCHAPTER R HEALTH PRACTICES  
DIVISION 2 DIAPER CHANGING

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

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

(1) Smooth, non-absorbent, and easy to clean; and

(2) Located so that the caregiver using the diapering surface can supervise children at all times, as specified in §747.1503 of this chapter (relating to What responsibilities does a caregiver have when supervising a child or children?).

(b) You must not use areas for diaper changing that children come in close contact with during play or eating, such as dining tables, sofas, or floor play areas.

(c) If the diaper changing table or surface is above the floor level, then at all times when the child is on the table/surface:

(1) There must be a safety mechanism (such as raised sides) that is used;

(2) The caregivers hand must remain on the child; or

(3) The caregiver must be facing the child and within an arm's length of the child.

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CHAPTER 747 MINIMUM STANDARDS FOR CHILD-CARE HOMES  
SUBCHAPTER R HEALTH PRACTICES  
DIVISION 3 ILLNESS AND INJURY

§747.3401. What type of illness would prohibit a child from attending the child-care home?

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

(1) The illness prevents the child from participating comfortably in child-care activities, including outdoor play;

(2) The illness results in a greater need for care than caregivers can provide without compromising the health, safety, and supervision of the other children in care;

(3) The child has one of the following (unless a medical evaluation by a health-care professional indicates that you can include the child in the child-care 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 may have diarrhea but no other symptoms of an illness).
- 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.

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CHAPTER 747 MINIMUM STANDARDS FOR CHILD-CARE HOMES  
SUBCHAPTER S SAFETY PRACTICES  
DIVISION 1 SAFETY PRECAUTIONS

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

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 child-proof covers or safety outlets;
- (2) 220-volt electrical connections within any 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 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; and
- (9) All bodies of water, such as, pools, hot tubs, ponds, creeks, birdbaths, fountains, buckets, and rain barrels, must be inaccessible to children.

#### Technical Assistance

- The environment must be free of health and safety hazards to reduce risks to children. Additional examples of hazards to children include: sharp scissors, plastic bags, knives, cigarettes, matches, lighters, flammable liquids, drugs/medications, sharp instruments such as ice picks, power tools, cleaning supplies, chemicals, and other items labeled keep out of the reach of children.



## Technical Assistance

- It is also important to secure televisions and furniture (for example book cases) so they cannot tip over. For example:
  - Mount flat televisions to the wall, so they cannot be pulled down;
  - If you have an old box television, put it on furniture that is low, stable, and designed for the size and weight of the television; and
  - Use brackets, braces, or wall straps to secure furniture to the wall.
- 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 household chores. The 5-gallon bucket presents the greatest hazard to young children because of its tall straight sides and its weight with even a small amount of liquid. It is nearly impossible for top-heavy infants and toddlers to free themselves when they fall into a 5-gallon bucket head first.
- **To assist in ensuring safety with respect to the outdoor grounds of the home, 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 home 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](#).**

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CHAPTER 747 MINIMUM STANDARDS FOR CHILD-CARE HOMES  
SUBCHAPTER S SAFETY PRACTICES  
DIVISION 4 FIRST-AID KITS

§747.3803. 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 solutions 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**

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

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SUBCHAPTER T PHYSICAL FACILITIES  
DIVISION 1 INDOOR SPACE REQUIREMENTS

§747.4015. 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.

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

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SUBCHAPTER T PHYSICAL FACILITIES  
DIVISION 4 FURNITURE AND EQUIPMENT

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

(a) You must have a working telephone or cellular phone at your child-care home.

(b) If your telephone is a landline, the telephone number must be listed.

(c) If you use cellular phone service at your home, you must ensure all caregivers and adult household members know the address of the home to direct emergency personnel to the home when dialing 911 from the home.

(d) You must post your phone number as required by §747.403 of this chapter (relating to What telephone numbers must I post and where must I post them?) and update the posting any time your phone number changes.

#### **Technical Assistance**

- If you call 911 from a cellular phone you should remember the following:
  - Tell the emergency operator the location of the emergency right away.
  - Give the emergency operator your cellular phone number so that, if the call gets disconnected, the operator can call you back.
  - If your cellular phone is not "initialized" (meaning you do not have a contract for service with a wireless service provider), and your emergency call gets disconnected, you must call the emergency operator back because the operator does not have your telephone number and cannot contact you.

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 CHAPTER 747 MINIMUM STANDARDS FOR CHILD-CARE HOMES  
 SUBCHAPTER X TRANSPORTATION

§747.5407. 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 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 §747.5407(e)

If the child is...	Being transported in this type of vehicle as specified in §747.5403(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

<p><b>If the child is...</b></p>	<p><b>Being transported in this type of vehicle as specified in §747.5403(b) of this chapter (relating to What type of vehicle may I use to transport children?)...</b></p>	<p><b>Then the child must be secured in...</b></p>
		<p>height allowed by the child safety seat manufacturer</p>
<p>(2) 2 years of age and older and within the weight and height limit of the rear or forward-facing child safety seat</p>	<p>All vehicles</p>	<p>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</p>
<p>(3) 4 years of age and within the weight and height limit of the forward-facing child safety seat</p>	<p>(A) General purpose vehicle and small school bus</p>	<p>A forward-facing child safety seat with a harness, a safety vest, or harness according to the manufacturer's instructions</p>
<p>(3) 4 years of age and within the weight and height limit of the forward-facing child safety seat</p>	<p>(B) Large school bus</p>	<p>A safety restraint system according to the vehicle manufacturer's instruction</p>
<p>(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,</p>	<p>(A) General purpose vehicle</p>	<p>A belt-positioning booster seat, safety vest, or harness according to the manufacturer's instructions</p>

<p><b>If the child is...</b></p>	<p><b>Being transported in this type of vehicle as specified in §747.5403(b) of this chapter (relating to What type of vehicle may I use to transport children?)...</b></p>	<p><b>Then the child must be secured in...</b></p>
<p>9 inches in height; or 4 through 7 years of age, has outgrown the weight or height limit of the forward-facing child safety seat, and is 4 feet, 9 inches in height or taller, but cannot be properly 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 4 through 7 years of age, has outgrown the weight or height limit of the forward-facing child safety seat, and is 4 feet, 9 inches in height or taller, but cannot be properly secured by the lap and shoulder portions of the vehicle safety belt</p>	<p>(B) Small school bus</p>	<p>A properly fitting safety belt anywhere the child sits in the vehicle</p>

<p><b>If the child is...</b></p>	<p><b>Being transported in this type of vehicle as specified in §747.5403(b) of this chapter (relating to What type of vehicle may I use to transport children?)...</b></p>	<p><b>Then the child must be secured in...</b></p>
<p>(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>(C) Large school bus</p>	<p>A safety restraint system according to the vehicle manufacturer's instruction</p>
<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>	<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>(5) 4 through 7 years of age, has outgrown the weight or height limit of the forward-facing child safety seat,</p>	<p>(B) Large school bus</p>	<p>A safety restraint system according to the vehicle manufacturer's</p>



<p><b>If the child is...</b></p>	<p><b>Being transported in this type of vehicle as specified in §747.5403(b) of this chapter (relating to What type of vehicle may I use to transport children?)...</b></p>	<p><b>Then the child must be secured in...</b></p>
<p>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>instruction</p>
<p>(6) 8 through 12 years of age, and is less than 4 feet, 9 inches in height; or</p> <p>8 through 12 years of age and is 4 feet, 9 inches in height or taller, but cannot be properly secured by the lap and shoulder portions of the vehicle safety belt</p>	<p>(A) General purpose vehicle</p>	<p>A belt-positioning booster seat, safety vest, or harness according to the manufacturer's instructions</p>
<p>(6) 8 through 12 years of age, and is less than 4 feet, 9 inches in height; or</p> <p>8 through 12 years of age and is 4 feet, 9 inches in height or taller, but cannot be properly secured by the lap and shoulder portions of the vehicle safety belt</p>	<p>(B) Small school bus</p>	<p>A properly fitting safety belt anywhere the child sits in the vehicle</p>
<p>(6) 8 through 12 years of age, and is less than</p>	<p>(C) Large school bus</p>	<p>A safety restraint system according to</p>

<p><b>If the child is...</b></p>	<p><b>Being transported in this type of vehicle as specified in §747.5403(b) of this chapter (relating to What type of vehicle may I use to transport children?)...</b></p>	<p><b>Then the child must be secured in...</b></p>
<p>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 §747.5403(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**

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.

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.

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 home must consult and follow the manufacturer specifications for whichever rear-facing, convertible, or forward-facing safety seat the home uses. This information can typically be found on the car seat or by referencing the manufacturer's website.