

TITLE 26 HEALTH AND HUMAN SERVICES
PART 1 HEALTH AND HUMAN SERVICES COMMISSION
CHAPTER 748 MINIMUM STANDARDS FOR GENERAL RESIDENTIAL
OPERATIONS
SUBCHAPTER B DEFINITIONS AND SERVICES
DIVISION 1 DEFINITIONS

§748.43. What do certain words and terms mean in this chapter?

The words and terms used in this chapter have the meanings assigned to them under §745.21 of this title (relating to What do the following words and terms mean when used in this chapter?), unless another meaning is assigned in this section or unless the context clearly indicates otherwise. The following words and terms have the following meanings unless the context clearly indicates otherwise:

(1) Accredited college or university--An institution of higher education accredited by one of the following regional accrediting entities:

(A) The Southern Association of Colleges and Schools Commission on Colleges, a subdivision of the Southern Association of Colleges and Schools;

(B) The Middle States Commission on Higher Education, a component of the Middle States Association of Colleges and Schools;

(C) The Commission on Institutions of Higher Education, a subdivision of the New England Association of Schools and Colleges;

(D) The Higher Learning Commission (formerly part of the North Central Association of Colleges and Schools);

(E) The Northwest Commission on Colleges and Universities;

(F) The Accrediting Commission for Senior Colleges and Universities, a subdivision of the Western Association of Schools and Colleges; or

(G) The Accrediting Commission for Community and Junior Colleges, a subdivision of the Western Association of Schools and Colleges.

(2) Activity space--An area or room used for child activities.

(3) Adaptive functioning--Refers to how effectively a person copes with common life demands and how well the person meets standards of personal independence expected of someone in his particular age group, sociocultural background, and community setting.

(4) Adult--A person 18 years old or older.

(5) Caregiver--A person counted in the child/caregiver ratio, whose duties include the direct care, supervision, guidance, and protection of a child. This does not include a contract service provider who:

(A) Provides a specific type of service to your operation for a limited number of hours per week or month; or

(B) Works with one particular child.

(6) Certified lifeguard--A person who has been trained in rescue techniques, lifesaving, and water safety by a qualified instructor from a recognized organization that awards a certificate upon successful completion of the training. A certified lifeguard ensures the safety of persons by preventing and responding to water related emergencies.

(7) Chemical restraint--A **prohibited** type of emergency behavior intervention that uses chemicals or pharmaceuticals through topical application, oral administration, injection, or other means to immobilize or sedate a child as a mechanism of control. The use of a medication is not a chemical restraint under this chapter if the medication:

(A) Is prescribed by a treating health-care professional;

(B) Is administered solely for medical or dental reasons; and

(C) Has a secondary effect of immobilizing or sedating a child.

Helpful Information

A "secondary effect" describes a prescribed medication's side effect that is unintended and is not the reason for the medication being prescribed.

(8) Child/caregiver ratio--The maximum number of children for whom one caregiver can be responsible.

(9) Childhood activities--Activities that are generally accepted as suitable for children of the same chronological age, level of maturity, and developmental level as determined by a reasonable and prudent parent standard as specified in §748.705 of this **chapter** (relating to What is the "reasonable and prudent parent standard"?). Examples of childhood activities include extracurricular activities, in-school and out-of-school activities, enrichment activities, cultural activities, and employment opportunities. Childhood activities include unsupervised childhood activities.

(10) Child in care--A child who is currently admitted as a resident of a general residential operation, regardless of whether the child is temporarily away from the operation, as in the case of a child at school or at work. Unless a child has been discharged from the operation, the child is considered a child in care.

(11) Child passenger safety seat system--An infant or child passenger restraint system that meets the federal standards for crash-tested restraint systems as set by the National Highway Traffic Safety Administration.

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

(13) Corporation or other type of business entity--May include an association, corporation, nonprofit association, nonprofit corporation, nonprofit association with religious affiliation, nonprofit corporation with religious affiliation, limited liability company, political subdivision, or state agency. For purposes of this chapter, this definition does not include any type of "partnership," which is defined separately.

(14) Cottage or cottage home--A living arrangement for children who are not receiving treatment services in which:

(A) Each group of children has separate living quarters;

(B) 12 or fewer children are in each group;

(C) Primary caregivers live in the children's living quarters, 24 hours per day for at least four days a week or 15 days a month; and

(D) Other caregivers are used only to meet the child-to-caregiver ratio in an emergency or to supplement care provided by the primary caregivers.

(15) Counseling--A procedure used by professionals from various disciplines in guiding individuals, families, groups, and communities by such activities as delineating alternatives, helping to articulate goals, processing feelings and options, and providing needed information. This definition does not include career counseling.

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

(17) De-escalation--Strategies used to defuse a volatile situation, to assist a child to regain behavioral control, and to avoid a physical restraint or other behavioral intervention.

(18) Department--The Texas Department of Family and Protective Services (DFPS).

(19) Discipline--A form of guidance that is constructive or educational in nature and appropriate to the child's age, development, situation, and severity of the behavior.

(20) Emergency behavior intervention (EBI)--Interventions used in an emergency situation, including personal restraints, mechanical restraints, emergency medication, and seclusion.

(21) Emergency medication--A type of emergency behavior intervention that uses chemicals or pharmaceuticals through topical application, oral administration, injection, or other means to modify a child's behavior. The use of a medication is not an emergency medication under this chapter if the medication:

(A) Is prescribed by a treating health-care professional;

(B) Is administered solely for a medical or dental reason (e.g. Benadryl for an allergic reaction or medication to control seizures); and

(C) Has a secondary effect of modifying a child's behavior.

(22) Emergency situation--A situation in which attempted preventative de-escalatory or redirection techniques have not effectively reduced the potential for injury, so that intervention is immediately necessary to prevent:

(A) Imminent probable death or substantial bodily harm to the child because the child attempts or continually threatens to commit suicide or substantial bodily harm; or

(B) Imminent physical harm to another because of the child's overt acts, including attempting to harm others. These situations may include aggressive acts by the child, including serious incidents of shoving or grabbing others over their objections. These situations do not include verbal threats or verbal attacks.

(23) Employee--A person an operation employs full-time or part-time to work for wages, salary, or other compensation. For the purposes of this chapter, employees include all operation staff and any owner who is present at the operation or transports any child in care.

(24) Family members--An individual related to another individual within the third degree of consanguinity or affinity. For the definitions of consanguinity and affinity, see Chapter 745 of this title (relating to Licensing). The degree of the relationship is computed as described in Texas Government Code, §573.023 (relating to Computation of Degree of Consanguinity) and §573.025 (relating to Computation of Degree of Affinity).

(25) Field trip--A group activity conducted away from the operation.

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

(27) Full-time--At least 30 hours per week.

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

(29) General Residential Operation--A residential child-care operation that provides child care for seven or more children or young adults. The care may include treatment services or programmatic services. These operations include formerly titled emergency shelters, operations providing basic child care, residential treatment centers, and halfway houses.

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

(31) Group of children--Children assigned to a specific caregiver or specific caregivers. Generally, the group stays with the assigned caregivers throughout the day and may move to different areas throughout the operation, indoors and out. For example, children who are assigned to specific caregivers occupying a unit or cottage are considered a group.

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

(33) High-risk behavior--Behavior of a child that creates an immediate safety risk to self or others. Examples of high-risk behavior include suicide attempt, self-abuse, physical aggression causing bodily injury, chronic running away, substance abuse, fire-setting, and sexual aggression or perpetration.

(34) Human services field--A field of study that contains coursework in the social sciences of psychology and social work including some counseling classes focusing on normal and abnormal human development and interpersonal relationship skills from an accredited college or university. Coursework in guidance counseling does not apply.

(35) Immediate danger--A situation where a prudent person would conclude that bodily harm would occur if there were no immediate interventions. Immediate danger includes a serious risk of suicide, serious physical injury to self or others, or the probability of bodily harm resulting from a child running away. Immediate danger does not include:

(A) Harm that might occur over time or at a later time; or

(B) Verbal threats or verbal attacks.

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

(37) Livestock--An animal raised for human consumption or an equine animal.

(38) Living quarters--A structure or part of a structure where a group of children reside, such as a building, house, cottage, or unit.

(39) Mechanical restraint--A type of emergency behavior intervention that uses the application of a device to restrict the free movement of all or part of a child's body in order to control physical activity.

(40) Mental health professional--Refers to:

(A) A psychiatrist licensed by the Texas Medical Board;

(B) A psychologist licensed by the Texas State Board of Examiners of Psychologists;

(C) A master's level social worker or higher licensed by the Texas State Board of Social Work Examiners;

(D) A professional counselor licensed by the Texas State Board of Examiners of Professional Counselors;

(E) A marriage and family therapist licensed by the Texas State Board of Examiners of Marriage and Family Therapists; and

(F) A master's level or higher nurse licensed as an Advanced Practice Registered Nurse by the Texas Board of Nursing and board certified in Psychiatric/Mental Health.

(41) Non-ambulatory--A child that is only able to move from place to place with assistance, such as a walker, crutches, a wheelchair, or prosthetic leg.

(42) Non-mobile--A child that is not able to move from place to place, even with assistance.

(43) Normalcy--See §748.701 of this chapter (relating to What is "normalcy"?).

(44) Operation--General residential operations, including residential treatment centers.

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

(46) Parent--A person **or entity that** has legal responsibility for or legal custody of a child, including the managing conservator or legal guardian **of the child or a legally authorized representative of an entity with that status.**

(47) Partnership--A partnership may be a general partnership, (general) limited liability partnership, limited partnership, or limited partnership as limited liability partnership.

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

(49) 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 operation voluntarily closes or is required to close through an enforcement action in Subchapter L of Chapter 745 (relating to Enforcement Actions).

(50) Person legally authorized to give consent--The person legally authorized to give consent by the Texas Family Code or a person authorized by the court.

(51) Personal restraint--A type of emergency behavior intervention that uses the application of physical force without the use of any device to restrict the free movement of all or part of a child's body in order to control physical activity.

(52) Physical force--Pressure applied to a child's body that reduces or eliminates the child's ability to move freely.

(53) PRN--A standing order or prescription that applies "pro re nata" or "as needed according to circumstances."

(54) Prone restraint--A restraint in which the child is placed in a chest-down hold.

(55) Psychosocial assessment--An evaluation by a mental health professional of a child's mental health that includes a:

(A) Clinical interview of the child;

(B) Diagnosis from the Diagnostic and Statistical Manual of Mental Disorders 5 (DSM-5), or statement that rules out a DSM-5 diagnosis;

(C) Treatment plan for the child, including whether further evaluation of the child is needed (for example: is a psychiatric evaluation needed to determine if the child would benefit from psychotropic medication or hospitalization; or is a psychological evaluation with psychometric testing needed to determine if the child has a learning disability or an intellectual disability); and

(D) Written summary of the assessment.

(56) Re-evaluate--Re-assessing all factors required for the initial evaluation for the purpose of determining if any substantive changes have occurred. If substantive changes have occurred, these areas must be fully evaluated.

(57) Regularly--On a recurring, scheduled basis. Note: For the definition for "regularly or frequently present at an operation" as it applies to background checks, see §745.601 of this title (relating to What words must I know to understand this subchapter?).

(58) Residential child-care operation--A licensed or certified operation that provides residential child care. Also referred to as a "residential child-care facility."

(59) Residential Treatment Center (RTC)--A general residential operation for seven or more children or young adults that exclusively provides treatment services for children with emotional disorders.

(60) Sanitize--The use of a product (usually a disinfecting solution) registered by the Environmental Protection Agency (EPA) that substantially reduces germs on inanimate objects to levels considered safe by public health requirements. Many bleach and hydrogen peroxide products are EPA-registered. You must follow the product's labeling instructions for sanitizing (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). For an EPA-registered sanitizing product or disinfecting solution that does not include labeling instructions for sanitizing (a bleach product, for example), you must conduct these steps in the following order:

(A) Washing with water and soap;

(B) Rinsing with clear water;

(C) Soaking in or spraying on a disinfecting solution for at least two minutes. Rinsing with cool water only those items that a child is likely to place in his mouth; and

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

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

(62) Seat belt--A lap belt and any shoulder strap included as original equipment on or added to a motor vehicle.

(63) Seclusion--A type of emergency behavior intervention that involves the involuntary separation of a child from other children and the placement of the child alone in an area from which the child is prevented from leaving. Examples of such an area include where the child is prevented from leaving by a physical barrier, force, or threat of force.

(64) Service plan--A plan that identifies a child's basic and specific needs and how those needs will be met.

(65) Short personal restraint--A personal restraint that does not last longer than one minute before the child is released.

(66) 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.

(67) State or local sanitation official--A sanitation official who is authorized to conduct environmental sanitation inspections on behalf of the city, county, or state government.

(68) Substantial physical injury--Physical injury serious enough that a reasonable person would conclude that the injury needs treatment by a medical professional, including dislocated, fractured, or broken bones; concussions; lacerations requiring stitches; second and third degree burns; and damages to internal organs. Evidence that physical injury is serious includes the location, severity of the bodily harm, and age of the child. Substantial physical injury does not include minor bruising, the risk of minor bruising, or similar forms of minor bodily harm that will resolve healthily without professional medical attention.

(69) Supplements--Includes vitamins, herbs, and any supplement labeled dietary supplement.

(70) Supine restraint--Placing a child in a chest up restraint hold.

(71) Swimming activities--Activities related to the use of swimming pools, wading/splashing pools, hot tubs, or other bodies of water.

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

(73) Trafficking victim--A child who has been recruited, harbored, transported, provided or obtained for the purpose of forced labor or commercial sexual activity, including any child subjected to an act or practice as specified in Texas Penal Code §20A.02 or §20A.03.

(74) Trauma informed care (TIC)--Care for children that is child-centered and considers the unique culture, experiences, and beliefs of the child. TIC takes into consideration:

(A) The impact that traumatic experiences have on the lives of children;

(B) The symptoms of childhood trauma;

(C) An understanding of a child's personal trauma history;

(D) The recognition of a child's trauma triggers; and

(E) Methods of responding that improve a child's ability to trust, to feel safe, and to adapt to changes in the child's environment.

(75) Treatment director--The person responsible for the overall treatment program providing treatment services. A treatment director may have other responsibilities and may designate treatment director responsibilities to other qualified persons.

(76) 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 the human immunodeficiency virus (HIV), the hepatitis B virus (HBV), and other blood-borne pathogens.

(77) Unsupervised childhood activities--Childhood activities that a child in care participates in away from the operation and the caregivers. Childhood activities that an operation sponsors, conducts, or supervises are not unsupervised childhood activities. Unsupervised childhood activities may include playing sports, going on field trips, spending the night with a friend, going to the mall, or dating. Unsupervised childhood activities may last one or more days.

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

(79) Volunteer--A person who provides:

(A) Child-care services, treatment services, or programmatic services under the auspices of the operation without monetary compensation; or

(B) Any type of services under the auspices of the operation without monetary compensation when the person has unsupervised access to a child in care.

(80) Young adult--An adult whose chronological age is between 18 and 22 years, who is currently in a residential child-care operation, and who continues to need child-care services.

TITLE 26 HEALTH AND HUMAN SERVICES
PART 1 HEALTH AND HUMAN SERVICES COMMISSION
CHAPTER 748 MINIMUM STANDARDS FOR GENERAL RESIDENTIAL OPERATIONS
SUBCHAPTER C ORGANIZATION AND ADMINISTRATION
DIVISION 1 PLANS AND POLICIES REQUIRED FOR THE APPLICATION PROCESS

§748.105. What are the requirements for my personnel policies and procedures?

Your personnel policies and procedure must:

(1) Include an organizational chart showing the administrative, professional, and staffing structures and lines of authority;

(2) Include written job descriptions, including minimum qualifications and job responsibilities for each position;

(3) Include a written professional staffing plan that:

(A) Demonstrates that the number, qualifications, and responsibilities of professional positions, including the child-care administrator, are appropriate for the size and scope of your services and that workloads are reasonable enough to meet the needs of the children in care;

(B) Describes in detail the qualifications, duties, responsibilities, and authority of professional positions; for each position, the plan must show whether employment is on a full-time, part-time, or continuing consultative basis; and for part-time and consulting positions, the plan must specify the number of hours and frequency of services;

(C) Documents your staffing patterns, including your child/caregiver ratios, hours of coverage, and plans for providing backup caregivers in emergencies; and

(D) Identifies, if you provide treatment services, your ability to have enough caregivers, including caregivers who are awake throughout the night to supervise children 24 hours a day, including frequent one-to-one monitoring whenever necessary to meet the needs of a particular child.

(4) Include written training requirements for employees and caregivers.

(5) Include policies on whether your operation allows individual caregivers to take children away from the operation for day or overnight visits. The policy must require obtaining the parent's written approval prior to allowing overnight visits with staff. The policy must also address the issue outlined in §748.685(e) of this chapter (relating to What responsibilities does a caregiver have when supervising a child or children?).

(6) Comply with background check requirements outlined in Subchapter F of Chapter 745 of this title (relating to Background Checks).

(7) Require your employees to report serious incidents and suspected abuse, neglect, or exploitation. An employee who suspects abuse, neglect, or exploitation must report **the employee's** suspicion directly to **the Texas Abuse and Neglect Hotline**, as directed by Texas Family Code §261.101(b). **An employee may not delegate the responsibility to make a report, and you may not require an employee to seek approval to file a report or to notify you that a report was made.**

(8) Require that all employees and consulting, contracting, and volunteer professionals who work with a child and others with access to information about a child be informed in writing of their responsibility to maintain child confidentiality.

(9) Include either the model drug testing policy or a written drug testing policy that meets or exceeds the criteria in the model policy provided in §745.4151 of this title (relating to What drug testing policy must my residential child-care operation have?).

Helpful Information

Regarding subsection (7), if it is known by others in the chain of command that someone already reported a particular suspicion of abuse, neglect, or exploitation then those persons are not required to make reports on that particular suspicion as well.

TITLE 26 HEALTH AND HUMAN SERVICES
 PART 1 HEALTH AND HUMAN SERVICES COMMISSION
 CHAPTER 748 MINIMUM STANDARDS FOR GENERAL RESIDENTIAL OPERATIONS
 SUBCHAPTER D REPORTS AND RECORD KEEPING
 DIVISION 1 REPORTING SERIOUS INCIDENTS AND OTHER OCCURRENCES

§748.303. When must I report and document a serious incident?

(a) You must report and document the following types of serious incidents involving a child in your care. The reports must be made to the following entities, and the reporting and documenting must be within the specified time frames:

Figure: 26 TAC §748.303(a)

Serious Incident	(i) To Licensing? (ii) If so, when?	(i) To Parents? (ii) If so, when?	(i) To Law enforcement? (ii) If so, when?
(1) A child dies while in your care.	(A)(i) YES. (A)(ii) As soon as possible, but no later than 2 hours after the child's death.	(B)(i) YES. (B)(ii) As soon as possible, but no later than 2 hours after the child's death.	(C)(i) YES. (C)(ii) Immediately, but no later than 1 hour after the child's death.
(2) A substantial physical injury or critical illness that a reasonable person would conclude needs treatment by a medical professional or hospitalization.	(A)(i) YES. (A)(ii) Report as soon as possible, but no later than 24 hours after the incident or occurrence.	(B)(i) YES. (B)(ii) Immediately after ensuring the safety of the child.	(C)(i) NO. (C)(ii) Not Applicable.
(3) Allegations of abuse, neglect, or exploitation of a child; or any incident where there are indications that a child in care may have been abused, neglected, or exploited.	(A)(i) YES. (A)(ii) As soon as you become aware of it.	(B)(i) YES. (B)(ii) Immediately after ensuring the safety of the child.	(C)(i) NO. (C)(ii) Not applicable.

Serious Incident	(i) To Licensing? (ii) If so, when?	(i) To Parents? (ii) If so, when?	(i) To Law enforcement? (ii) If so, when?
<p>(4) Physical abuse committed by a child against another child. For the purpose of this subsection, physical abuse occurs when there is substantial physical injury, excluding any accident; or failure to make a reasonable effort to prevent an action by another person that results in substantial physical injury to a child.</p>	<p>(A)(i) YES. (A)(ii) As soon as you become aware of it.</p>	<p>(B)(i) YES. (B)(ii) Immediately after ensuring the safety of the child.</p>	<p>(C)(i) NO. (C)(ii) Not applicable.</p>
<p>(5) Sexual abuse committed by a child against another child. For the purpose of this subsection, sexual abuse is: conduct harmful to a child's mental, emotional or physical welfare, including nonconsensual sexual activity between children of any age, and consensual sexual activity between children with more than 24 months difference in age or when there is a significant difference in the developmental level of the children; or failure to make a reasonable effort to prevent sexual conduct harmful to a child.</p>	<p>(A)(i) YES. (A)(ii) As soon as you become aware of it.</p>	<p>(B)(i) YES. (B)(ii) Immediately after ensuring the safety of the child.</p>	<p>(C)(i) NO. (C)(ii) Not applicable.</p>

Serious Incident	(i) To Licensing? (ii) If so, when?	(i) To Parents? (ii) If so, when?	(i) To Law enforcement? (ii) If so, when?
(6) A child is indicted, charged, or arrested for a crime; or when law enforcement responds to an alleged incident at the operation that could result in criminal charges being filed against the child.	(A)(i) YES. (A)(ii) As soon as possible, but no later than 24 hours after you become aware of it.	(B)(i) YES. (B)(ii) As soon as you become aware of it.	(C)(i) NO. (C)(ii) Not applicable.
(7) A child is issued a ticket at school by law enforcement or any other citation that does not result in the child being detained.	(A)(i) NO. (A)(ii) Not applicable.	(B)(i) YES. (B)(ii) As soon as possible, but no later than 24 hours after you become aware of it.	(C)(i) NO. (C)(ii) Not applicable.
(8) The unauthorized absence of a child who is developmentally or chronologically under 6 years old.	(A)(i) YES. (A)(ii) Within 2 hours of notifying law enforcement.	(B)(i) YES. (B)(ii) Within 2 hours of notifying law enforcement.	(C)(i) YES. (C)(ii) Immediately upon determining the child is not on the premises and the child is still missing.

Serious Incident	(i) To Licensing? (ii) If so, when?	(i) To Parents? (ii) If so, when?	(i) To Law enforcement? (ii) If so, when?
(9) The unauthorized absence of a child who is developmentally or chronologically 6 to 12 years old.	(A)(i) YES. (A)(ii) Within 2 hours of notifying law enforcement, if the child is still missing.	(B)(i) YES. (B)(ii) Within 2 hours of determining the child is not on the premises, if the child is still missing.	(C)(i) YES. (C)(ii) Within 2 hours of determining the child is not on the premises, if the child is still missing.
(10) The unauthorized absence of a child who is 13 years old or older.	(A)(i) YES. (A)(ii) No later than 6 hours from when the child's absence is discovered and the child is still missing. However, you must report the child's absence immediately if the child has previously been alleged or determined to be a trafficking victim, or you believe the child has been abducted or has no intention of returning to the operation.	(B)(i) YES. (B)(ii) No later than 6 hours from when the child's absence is discovered and the child is still missing. However, you must report the child's absence immediately if the child has previously been alleged or determined to be a trafficking victim, or you believe the child has been abducted or has no intention of returning to the operation.	(C)(i) YES. (C)(ii) No later than 6 hours from when the child's absence is discovered and the child is still missing. However, you must report the child's absence immediately if the child has previously been alleged or determined to be a trafficking victim, or you believe the child has been abducted or has no intention of returning to the operation.

Serious Incident	(i) To Licensing? (ii) If so, when?	(i) To Parents? (ii) If so, when?	(i) To Law enforcement? (ii) If so, when?
(11) A child in your care contracts a communicable disease that the law requires you to report to the Department of State Health Services (DSHS) as specified in 25 TAC Chapter 97, Subchapter A, (relating to Control of Communicable Diseases).	(A)(i) YES, unless the information is confidential. (A)(ii) As soon as possible, but no later than 24 hours after you become aware of the communicable disease.	(B)(i) YES, if their child has contracted the communicable disease or has been exposed to it. (B)(ii) As soon as possible, but no later than 24 hours after you become aware of the communicable disease.	(C)(i) NO. (C)(ii) Not applicable.
(12) A suicide attempt by a child.	(A)(i) YES. (A)(ii) As soon as you become aware of the incident.	(B)(i) YES. (B)(ii) Immediately after ensuring the safety of the child.	(C)(i) NO. (C)(ii) Not applicable.

(b) If there is a medically pertinent incident that does not rise to the level of a serious incident, you do not have to report the incident but you must document the incident in the same manner as for a serious incident, as described in §748.311 of this division (relating to How must I document a serious incident?).

(c) If the child returns before the required reporting timeframe outlined in subsection (a)(8) - (10) of this section, you are not required to report the absence as a serious incident. Instead, you must document within 24 hours after you become aware of the unauthorized absence in the same manner as for a serious incident, as described in §748.311 of this division.

(d) If there is a serious incident involving an adult resident, you do not have to report the incident to Licensing, but you must document the incident in the same manner as a serious incident. You do have to report the incident to:

(1) Law enforcement, if there is a fatality;

(2) The parent, if the adult resident is not capable of making decisions about the resident's own care; and

(3) Adult Protective Services through the Texas Abuse and Neglect Hotline if there is reason to believe the adult resident has been abused, neglected or exploited.

(e) You must report and document the following types of serious incidents involving your operation, an employee, a professional level service provider, contract staff, or a volunteer to the following entities within the specified time frames:

Figure: 26 TAC §748.303(e)

Serious Incident	(i) To Licensing? (ii) If so, when?	(i) To Parents? (ii) If so, when?
(1) Any incident that renders all or part of your operation unsafe or unsanitary for a child, such as a fire or a flood.	(A)(i) YES. (A)(ii) As soon as possible, but no later than 24 hours after the incident.	(B)(i) YES. (B)(ii) As soon as possible, but no later than 24 hours after the incident.
(2) A disaster or emergency that requires your operation to close.	(A)(i) YES. (A)(ii) As soon as possible, but no later than 24 hours after the incident.	(B)(i) YES. (B)(ii) As soon as possible, but no later than 24 hours after the incident.
(3) An adult who has contact with a child in care contracts a communicable disease noted in 25 TAC 97, Subchapter A, (relating to Control of Communicable Diseases).	(A)(i) YES, unless the information is confidential. (A)(ii) As soon as possible, but no later than 24 hours after you become aware of the communicable disease.	(B)(i) YES, if their child has contracted the communicable disease or has been exposed to it. (B)(ii) As soon as possible, but no later than 24 hours after you become aware of the communicable disease.

Serious Incident	(i) To Licensing? (ii) If so, when?	(i) To Parents? (ii) If so, when?
(4) An allegation that a person under the auspices of your operation who directly cares for or has access to a child in the operation has abused drugs within the past seven days.	(A)(i) YES. (A)(ii) Within 24 hours after learning of the allegation.	(B)(i) NO. (B)(ii) Not applicable.
(5) An investigation of abuse or neglect by an entity (other than the Texas Department of Family and Protective Services Child Care Investigations division) of an employee, professional level service provider, contract staff, volunteer, or other adult at the operation.	(A)(i) YES. (A)(ii) As soon as possible, but no later than 24 hours after you become aware of the investigation.	(B)(i) NO. (B)(ii) Not applicable.
(6) Any of the following relating to an employee, professional level service provider, contract staff, volunteer, or other adult at the operation alleging commission of any crime as provided in §745.661 of this title (relating to What types of criminal convictions may affect a subject's ability to be present at an operation?): <ul style="list-style-type: none">• An arrest;• An indictment;• An information regarding an official complaint accepted by a county or district attorney; or• An arrest warrant executed by law enforcement.	(A)(i) YES. (A)(ii) As soon as you become aware of the situation.	(B)(i) NO. (B)(ii) Not applicable.
(7) A search warrant is executed by law enforcement at the operation.	(A)(i) YES. (A)(ii) As soon as you become aware of the situation.	(B)(i) NO. (B)(ii) Not applicable.

Serious Incident	(i) To Licensing? (ii) If so, when?	(i) To Parents? (ii) If so, when?
<p>(8) An allegation that an employee or caregiver:</p> <ul style="list-style-type: none"> Used a prohibited emergency behavior intervention technique, as outlined in §748.2451(b) of this chapter (relating to What types of emergency behavior intervention may I administer?); Used a prohibited personal restraint technique, as outlined in §748.2605 of this chapter (relating to What personal restraint techniques are prohibited?); or Used an emergency behavior intervention inappropriately, as outlined in §748.2463 of this chapter (relating to Are there any purposes for which emergency behavior intervention cannot be used?), §748.2705 of this chapter (What mechanical and other restraint devices are prohibited?), or §748.2801 of this chapter (relating to What is the maximum length of time that an emergency behavior intervention can be administered to a child?). 	<p>(A)(i) YES.</p> <p>(A)(ii) As soon as possible but no later than 24 hours after you become aware of the incident.</p>	<p>(B)(i) YES.</p> <p>(B)(ii) As soon as possible but no later than 24 hours after you become aware of the incident.</p>

Helpful Information

Regarding subsection (a)(2), not every trip to a hospital or emergency clinic must be reported as a serious incident. Only those incidents involving a **“substantial physical injury or critical illness”** must be reported and documented as a serious incident. The definition of **“substantial physical injury”** contains some examples of reportable serious incidents. Visits to the emergency room or emergency clinic (that did not result in hospitalization) for a common illness such as the flu, for a chronic illness such as an asthma

Helpful Information

attack, or for a routine medical exam would not warrant reporting as a serious incident.

Also, it is the nature of the injury or illness that determines whether it is reportable as a serious incident, not the venue in which it is treated. Taking a **child to the emergency clinic or doctor's office for stitches is still reportable as a serious incident**, even though the treatment did not occur at an emergency room or hospital.

Regarding children receiving treatment services for primary medical needs, planned admissions to the hospital are not reportable as serious incidents. If the child sustains a substantial physical injury or contracts a critical illness, a serious incident report is required. **However, ongoing treatment for the child's chronic illnesses or conditions is not reportable as a serious incident.**

In addition, admission to a psychiatric hospital only warrants a serious incident report if the admission is precipitated by a reportable incident, such as a suicide attempt. The admission itself is not reportable as a serious incident.

Regarding subsection (e)(6), see the [Citizen's Guide for the Texas Criminal Justice Process](#) for more information on criminal matters.

§748.311. How must I document a serious incident?

A serious incident must be documented in a written report that includes the following information:

- (1) The name of the operation, physical address, and telephone number;
- (2) The time and date of the incident;
- (3) The name, age, gender, and date of admission of the child or children involved;
- (4) The names of all adults involved and their role in relation to the child(ren);
- (5) The names or other means of identifying witnesses to the incident, if any;
- (6) The nature of the incident;
- (7) The circumstances surrounding the incident;

(8) Interventions made during and after the incident, such as medical interventions, contacts made, and other follow-up actions;

(9) The treating licensed health-care professional's name, findings, and treatment, if any;

(10) The resolution of the incident; and

(11) If the child returns to the operation after you complete the report for an unauthorized absence, an update regarding the unauthorized absence and the child's return.

TITLE 26 HEALTH AND HUMAN SERVICES
PART 1 HEALTH AND HUMAN SERVICES COMMISSION
CHAPTER 748 MINIMUM STANDARDS FOR GENERAL RESIDENTIAL OPERATIONS
SUBCHAPTER E PERSONNEL
DIVISION 1 GENERAL REQUIREMENTS

§748.511. Is an employee, contract service provider, or volunteer allowed to be in possession of a handgun?

An employee, contract service provider, or volunteer may not be in possession of a handgun while at your operation or while caring for children.

Helpful Information

The intention of this standard is to prevent employees, caregivers, contract service providers, and volunteers from having handguns on their person or anywhere on the grounds of the operation, including vehicles that are parked on the property or vehicles used to transport children. In addition to this standard, §748.103(b)(12) of this chapter requires you to submit a weapons, firearms, explosive materials, and projectiles policy consistent with Subchapter Q, Division 6 of this chapter as part of the application process.

TITLE 26 HEALTH AND HUMAN SERVICES
PART 1 HEALTH AND HUMAN SERVICES COMMISSION
CHAPTER 748 MINIMUM STANDARDS FOR GENERAL RESIDENTIAL
OPERATIONS
SUBCHAPTER E PERSONNEL
DIVISION 2 CHILD-CARE ADMINISTRATOR

§748.535. What responsibilities must the child-care administrator have?

The child-care administrator must:

(1) Have daily supervision and on-site administrative responsibility for the overall operation;

(2) Ensure that the operation complies with current heightened monitoring plans, if applicable; and

(3) Be responsible for or assign responsibility for:

(A) Overseeing staffing patterns to ensure the supervision and the provision of child-care services that meet the needs of children in care;

(B) Ensuring the provision of planned but flexible program activities designed to meet the developmental needs of children;

(C) Having a system in place to ensure an employee is available to handle emergencies;

(D) Assigning tasks to caregivers that do not conflict or interfere with caregiver responsibilities;

(E) Administering and managing the operation according to your policies;

(F) Ensuring that the operation complies with applicable rules of this chapter, Chapter 42 of the Human Resources Code, Chapter 745 of this title (relating to Licensing), and other applicable laws;

(G) Ensuring a child in care is not assigned, utilized, or allowed to act as a caregiver; and

(H) Ensuring persons whose behavior or health status is known to present a danger to children are not allowed at the operation.

TITLE 26 HEALTH AND HUMAN SERVICES
PART 1 HEALTH AND HUMAN SERVICES COMMISSION
CHAPTER 748 MINIMUM STANDARDS FOR GENERAL RESIDENTIAL
OPERATIONS
SUBCHAPTER E PERSONNEL
DIVISION 7 CONTRACT STAFF AND VOLUNTEERS

§748.721. What are the requirements for a volunteer?

(a) You must maintain a personnel record for each volunteer.

(b) The personnel record must include a statement signed and dated by the volunteer indicating the volunteer must immediately report any suspected incident of abuse, neglect, or exploitation to the Texas Abuse and Neglect Hotline and the operation's administrator or administrator's designee. An internal reporting policy may not require or allow a person to delegate the person's responsibility or require a person to obtain approval to report suspected abuse, neglect, or exploitation.

§748.725. Can a volunteer or a volunteer's family take a child in care for an overnight or weekend visit?

(a) Yes, but when a volunteer or a volunteer's family takes a child who is in care for an overnight or weekend visit, this is a volunteer activity.

(b) Neither the volunteer nor the family would have to comply with employee or caregiver requirements, but:

(1) The volunteer or the family would have to meet the relevant background checks; and

(2) You must get written approval from the parent.

§748.729. What must I do when a child in care visits a volunteer or a volunteer's family for a day or overnight?

If a child has a day or overnight visit with a volunteer or a volunteer's family, you must ensure that:

(1) The child is properly supervised, properly fed and hydrated, and provided with safe housing accommodations, if applicable;

(2) The child's health, safety, and well-being are protected; and

(3) Prior to the visit, the person responsible for the child during the visit has to receive the same information that you as a respite child-care services provider would receive, as specified in §748.4265 of this chapter (relating to What information regarding a child must I receive prior to providing respite child-care services to that child?).

TITLE 26 HEALTH AND HUMAN SERVICES
PART 1 HEALTH AND HUMAN SERVICES COMMISSION
CHAPTER 748 MINIMUM STANDARDS FOR GENERAL RESIDENTIAL
OPERATIONS
SUBCHAPTER F TRAINING AND PROFESSIONAL DEVELOPMENT
DIVISION 1 DEFINITIONS

§748.801. What do certain words mean in this subchapter?

The words and terms used in this subchapter have the following meaning:

(1) CPR--Cardiopulmonary resuscitation.

(2) Hours--Clock hours.

(3) Instructor-led training--Training that is characterized by the communication and interaction that takes place between the student and the instructor. **Instructor-led training does not have to be in person, but it** must include an opportunity for the student to interact with the instructor to obtain clarifications and information beyond the scope of the training material. For such an opportunity to exist, the instructor must be able to answer questions, provide feedback on skills practice, provide guidance or information on additional resources, and proactively interact with students. Examples of this type of training include classroom training, **online distance learning, blended learning,** video-conferencing, or other group learning experiences.

(4) 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.

(5) 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. See** 748.937(d) of this **subchapter** (relating to What types of hours or instruction can be used to complete the annual training requirements?).

TITLE 26 HEALTH AND HUMAN SERVICES
 PART 1 HEALTH AND HUMAN SERVICES COMMISSION
 CHAPTER 748 MINIMUM STANDARDS FOR GENERAL RESIDENTIAL OPERATIONS
 SUBCHAPTER F TRAINING AND PROFESSIONAL DEVELOPMENT
 DIVISION 2 OVERVIEW OF TRAINING AND EXPERIENCE REQUIREMENTS

§748.811. What are the training and experience requirements for a caregiver?

(a) A caregiver must complete the following training requirements, unless the caregiver meets the requirements of an exemption or a waiver for the training that is provided in this subchapter:

Figure: 26 TAC §748.811(a)

Type of training for caregivers:	When must the training be completed?
(1) Orientation, as required by §748.831 of this subchapter (relating to What is the orientation requirement for caregivers and employees?).	Prior to having contact with children.
(2) Pre-service training, as required by §748.863 of this subchapter (relating to What are the pre-service training requirements for a caregiver?).	Varies with the type of training. See §748.863 of this subchapter.
(3) First-aid and CPR, as required by §748.911 of this subchapter (relating to Who must have first aid and CPR training?).	(A) A caregiver must be certified in CPR prior to being the only caregiver counted in the child to caregiver ratio; and (B) Each caregiver must be certified in first aid within 90 days of the caregiver's employment.
(4) Annual training, as required by §748.930 of this subchapter (relating to What are the annual training requirements for a caregiver?).	(A) Within 12 months of employment; and (B) As further required by §748.935 of this subchapter (relating to When must an employee or caregiver complete annual training?) and §748.936 of this subchapter (relating to When must a caregiver complete emergency behavior intervention training?).

(b) You must ensure that a caregiver who provides care to a child receiving treatment services meets the pre-service experience requirements specified in §748.861 of this subchapter (relating to What are the pre-service experience requirements for a caregiver?).

§748.813. What are the training requirements for an employee?

An employee must complete the following training requirements, unless the employee meets the requirements of an exemption for the training that is provided in this subchapter:

Figure: 26 TAC §748.813

Type of training for employees:	When must the training be completed?
(1) Orientation, as required by §748.831 of this subchapter (relating to What is the orientation requirement for caregivers and employees?).	Prior to beginning job duties.
(2) Pre-service training, as required by §748.864 of this subchapter (relating to What are the pre-service training requirements for an employee?).	Within 90 days of beginning job duties.
(3) Annual training, as required by §748.931 of this subchapter (relating to What are the annual training requirements for an employee?).	(A) Within 12 months of employment; and (B) As further required by §748.935 of this subchapter (relating to When must an employee or caregiver complete annual training?).

TITLE 26 HEALTH AND HUMAN SERVICES
PART 1 HEALTH AND HUMAN SERVICES COMMISSION
CHAPTER 748 MINIMUM STANDARDS FOR GENERAL RESIDENTIAL
OPERATIONS
SUBCHAPTER F TRAINING AND PROFESSIONAL DEVELOPMENT
DIVISION 3 ORIENTATION

§748.831. What is the orientation requirement for caregivers and employees?

(a) Prior to beginning job duties or having contact with children in care, each caregiver or employee must have orientation that includes:

(1) An overview of the relevant and applicable rules of this chapter;

(2) Your philosophy, organizational structure, policies, and a description of the services and programs you offer; and

(3) The needs and characteristics of children that you serve.

(b) You must document the completion of the orientation in the appropriate personnel record.

§748.833. When may a caregiver or employee be exempt from orientation?

(a) A person who was a caregiver or employee at your operation during the past 12 months may be exempt from orientation if you meet the following requirements:

(1) You discuss with the person any changes in your services or programs that have occurred since the person was previously a caregiver or employee;

(2) If the person is an employee, you ensure the employee received training during the past 12 months from your operation on prevention, recognition, and reporting on child abuse, neglect, and exploitation; and

(3) If the person is acting as a caregiver, you do not allow the person to be the only caregiver for a group of children before you meet the requirement in paragraph (1) of this section.

(b) You must document the discussion and the previous training in the person's personnel record.

TITLE 26
PART 1
CHAPTER 748

HEALTH AND HUMAN SERVICES
HEALTH AND HUMAN SERVICES COMMISSION
MINIMUM STANDARDS FOR GENERAL RESIDENTIAL
OPERATIONS

SUBCHAPTER F
DIVISION 4

TRAINING AND PROFESSIONAL DEVELOPMENT
PRE-SERVICE EXPERIENCE AND TRAINING

§748.863. What are the pre-service training requirements for a caregiver?

(a) A caregiver must complete the following applicable types of pre-service training within the noted time frame:

Figure: 26 TAC §748.863(a)

What type of pre-service training is required?	What caregivers must receive the training?	How many hours of training are required?	When must the caregivers complete the training?
(1) General pre-service training.	(A) All caregivers.	(B) 8 hours.	(C) At least 4 hours of training before the caregiver may be counted in the child to caregiver ratio, and the remaining hours within 30 days of becoming a caregiver.
(2) Emergency behavior intervention (EBI), if you do not allow the use of EBI.	(A) Caregivers who care for children receiving: (i) Only child care services or programmatic services; or (ii) Treatment services for emotional disorders, intellectual disabilities, or autism spectrum disorder.	(B) 8 hours.	(C) At least 4 hours of training before the caregiver may be counted in the child to caregiver ratio, and the remaining hours within 90 days of becoming a caregiver.

What type of pre-service training is required?	What caregivers must receive the training?	How many hours of training are required?	When must the caregivers complete the training?
(3) EBI, if you allow the use of EBI.	(A) Caregivers who care for children receiving: (i) Only child care services or programmatic services; or (ii) Treatment services for emotional disorders, intellectual disabilities, or autism spectrum disorder.	(B)(i) 8 hours for caregivers who only care for children described in subsection (a)(3)(A)(i) of this section; or (ii) 16 hours for caregivers who care for children described in subsection (a)(3)(A)(ii) of this section.	(C)(i) At least half of the hours of training before the caregiver may be counted in the child to caregiver ratio, and the remaining hours within 90 days of becoming a caregiver; and (ii) A caregiver may not administer any form of EBI before completing all the required training hours for EBI, except for administering a short personal restraint.
(4) Safe sleeping.	(A) Caregivers who care for children younger than 2 years of age.	(B) No specified hours.	(C) A caregiver must complete the training before the caregiver may be counted in the child to caregiver ratio for children younger than 2 years of age.
(5) Administering psychotropic medication	(A) Caregivers who administer psychotropic medication.	(B) No specified hours.	(C) A caregiver must complete the training before administering a psychotropic medication.

(b) A caregiver who has not completed all the pre-service training requirements in subsection (a) of this section may not be counted in the child to caregiver ratio unless there is a fully qualified caregiver counted in ratio at the same time.

(c) A caregiver who cares exclusively for children receiving treatment services for primary medical needs is exempt from the pre-service EBI training requirement.

(d) To meet the pre-service training requirements, the training must comply with the applicable curriculum requirements in Division 5 of this subchapter (relating to Curriculum Components for Pre-Service Training).

(e) You must document the completion of each training requirement in the appropriate personnel record.

Helpful Information

- Regarding subsections (a) and (b) of this section, “caregiver” refers to a person counted in the child to caregiver ratio, whose duties include the direct care, supervision, guidance, and protection of the child, as defined in §748.43(5) of this chapter.
- The Department of Family and Protective Services or your general residential operation may require additional pre-service training.

§748.864. What are the pre-service training requirements for an employee?

(a) An employee must complete the following applicable training types and hours within the noted time frames:

Figure: 26 TAC §748.864(a)

What type of pre-service training is required?	Who is required to receive the training?	How many hours of training are required?	When must the training be completed?
(1) Normalcy.	Child care administrators, professional level service providers, treatment directors, and case managers.	2 hours.	Before the person can be the designated person that makes decisions regarding a child participating in childhood activities, or within 90 days of beginning job duties, whichever occurs earlier.

What type of pre-service training is required?	Who is required to receive the training?	How many hours of training are required?	When must the training be completed?
(2) Emergency behavior intervention.	Child care administrators, professional level service providers, treatment directors, and case managers, excluding any employee who is exclusively assigned to the care of children receiving treatment services for primary medical needs.	8 hours.	Within 90 days of beginning job duties.

(b) To meet the pre-service training requirements, the training must comply with the applicable curriculum requirements in Division 5 of this subchapter (relating to Curriculum Components for Pre-Service Training).

(c) You must document the completion of each training requirement in the appropriate personnel record.

Helpful Information
The Department of Family and Protective Services or your general residential operation may require additional pre-service training.

§748.867. What caregivers or employees are exempt from certain pre-service training requirements?

(a) A caregiver is exempt from completing the eight hours of general pre-service training if the caregiver has been employed as a caregiver in a general residential operation during the past 12 months.

(b) An employee is exempt from completing the two hours of normalcy training if the employee has:

(1) Been employed by a general residential operation during the past 12 months;

(2) Received training on normalcy during the past 12 months; and

(3) Can document that the training was received.

(c) A caregiver or an employee is exempt from completing the pre-service training for emergency behavior intervention if the caregiver or employee:

(1) Has been employed by a general residential operation during the last 12 months;

(2) Has received emergency behavior intervention training during the past 12 months that meets the required curriculum components of:

(A) §748.887 of this subchapter (relating to If I do not allow the use of emergency behavior intervention, what curriculum components must be included in the pre-service training for emergency behavioral intervention?); or

(B) §748.889 of this subchapter (relating to If I allow the use of emergency behavior intervention, what curriculum components must be included in the pre-service training for emergency behavior intervention?); and

(3) Can demonstrate knowledge and competency of the training material in writing and, if the general residential operation allows the use of emergency behavior intervention, in physical techniques.

(d) You must document the exemption factors in the appropriate personnel record.

§748.869. How must pre-service training be conducted?

(a) Instructor-led training and self-instructional training must include:

(1) Specifically stated learning objectives;

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

(3) A certificate, letter, or a signed and dated statement of successful completion from the training source.

(b) Pre-service training must be provided by an instructor who:

(1) Holds a generally recognized credential; or

(2) Possesses documented knowledge or experience relevant to the training the instructor will provide.

(c) Training on administering psychotropic medication must be instructor-led, as defined §748.801(3) of this subchapter (relating to What do certain words and terms mean in this subchapter?). The instructor must be a health-care professional or pharmacist.

(d) Training on emergency behavior intervention must:

(1) Be instructor-led with each instructor certified in a recognized method of emergency behavior intervention or otherwise able to document knowledge of:

(A) Emergency behavior intervention;

(B) The course material;

(C) Methods for delivering the training, including physical techniques for restraints, if applicable; and

(D) **Methods for evaluating and assessing a participant's knowledge and competency of the training material and physical techniques, if applicable;**

(2) **Be** competency-based; and

(3) At the end of the training, require each participant to demonstrate knowledge and competency of the training material:

(A) In writing; and

(B) If the general residential operation allows the use of emergency behavior intervention, by demonstrating each physical technique the participant is allowed to use.

TITLE 26 HEALTH AND HUMAN SERVICES
PART 1 HEALTH AND HUMAN SERVICES COMMISSION
CHAPTER 748 MINIMUM STANDARDS FOR GENERAL RESIDENTIAL
OPERATIONS
SUBCHAPTER F TRAINING AND PROFESSIONAL DEVELOPMENT
DIVISION 5 CURRICULUM COMPONENTS FOR PRE-SERVICE TRAINING

§748.881. What curriculum components must be included in the general pre-service training?

The general pre-service training must include the following curriculum components:

(1) Topics appropriate to the needs of children for whom the caregiver will be providing care, such as developmental stages of children, fostering children's self-esteem, constructive guidance and discipline of children, water safety, strategies and techniques for monitoring and working with these children, and age-appropriate activities for the children;

(2) Measures to prevent, recognize, and report suspected occurrences of child abuse (including sexual abuse), neglect, and exploitation;

(3) Procedures to follow in emergencies, such as weather-related emergencies, volatile persons, and severe injury or illness of a child or adult;

(4) Preventing the spread of communicable diseases;

(5) The location and use of fire extinguishers and first-aid equipment;

(6) Trauma informed care; and

(7) Normalcy.

§748.882. What curriculum components must be included in the pre-service training for normalcy?

The pre-service training for normalcy must include the following curriculum components:

(1) A discussion of the definitions of normalcy and the reasonable and prudent parent standard;

(2) The developmental stages of children, including a discussion of the cognitive, social, emotional, and physical development of children;

(3) Age appropriate activities for children, including unsupervised childhood activities;

(4) The benefits of childhood activities to a child's well-being, mental health, and social, emotional, and developmental growth;

(5) How to apply the reasonable and prudent parent standard to make decisions; and

(6) The child's and the caregiver's responsibilities when participating in childhood activities.

Helpful Information

A caregiver's specific responsibilities for a child that participates in unsupervised activities are listed at §748.685(d) of this chapter (relating to What responsibilities does a caregiver have when supervising a child or children?).

§748.883. What curriculum components must be included in the pre-service training for safe sleeping?

The pre-service training for safe sleeping must include the following curriculum components:

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

§748.885. What curriculum components must be included in the pre-service training for administering psychotropic medication?

The pre-service training for administering psychotropic medication must include the following curriculum components:

- (1) Identification of psychotropic medications;
- (2) Basic pharmacology (the actions and side effects of, and possible adverse reactions to, various psychotropic medications);
- (3) Techniques and methods of administering medications;
- (4) Who is legally authorized to provide consent for the psychotropic medication; and
- (5) Any related policies and procedures, including how to document when a medication is administered.

§748.887. If I do not allow the use of emergency behavior intervention, what curriculum components must be included in the pre-service training for emergency behavior intervention?

If you do not allow the use of emergency behavior intervention, the pre-service training curriculum for emergency behavior intervention must focus on early identification of potential problem behaviors and strategies and techniques for less restrictive interventions, including the following curriculum components:

(1) Developing and maintaining an environment that supports positive and constructive behaviors;

(2) The causes of behaviors potentially harmful to a child, including aspects of the environment;

(3) Early signs of behaviors that may become dangerous to a child or others;

(4) Strategies and techniques a child can use to avoid harmful behaviors;

(5) Teaching a child to use the strategies and techniques of your operation's de-escalation protocols to avoid **harmful behavior, and supporting the child's efforts to progress into a state of self-control;**

(6) Less restrictive strategies caregivers can use to intervene in potentially harmful behaviors;

(7) Less restrictive strategies caregivers can use to engage a child and de-escalate a situation;

(8) Addressing circumstances when all de-escalation strategies fail; and

(9) The risks associated with the use of prone or supine restraints, including positional, compression, or restraint asphyxia.

§748.889. If I allow the use of emergency behavior intervention, what curriculum components must be included in the pre-service training for emergency behavior intervention?

(a) If you allow the use of emergency behavior intervention, at least 75 percent of the pre-service training for emergency behavior intervention must focus on early identification of potential problem behaviors and strategies and techniques for less restrictive interventions, including the curriculum components listed in §748.887 of this division (relating to If I do not allow the use of emergency behavior intervention, what curriculum components must be included in the pre-service training for emergency behavior intervention?).

(b) The training does not have to address the use of any emergency behavior intervention that your policies do not allow.

(c) The other 25 percent of the pre-service training for emergency behavior intervention must include the following components:

(1) Different roles and responsibilities of caregivers qualified in emergency behavior intervention, versus employees or volunteers who are not qualified in emergency behavior intervention;

(2) Escape and evasion techniques to prevent harm to the child and caregiver without requiring the use of an emergency behavior intervention;

(3) Safe implementation of the restraints and seclusion techniques and procedures that are appropriate for the age and weight of children served and permitted by the rules in this chapter and your policies and procedures;

(4) The physiological impact of emergency behavior intervention;

(5) The psychological impact of emergency behavior intervention, such as flashbacks from prior abuse;

(6) How to adequately monitor the child during the administration of an emergency behavior intervention to prevent injury or death;

(7) Monitoring physical signs of distress and obtaining medical assistance;

(8) Health risks for children associated with the use of specific techniques and procedures;

(9) Drawings, photographs, or videos of each personal or mechanical restraint permitted by your policy; for mechanical restraints, this must include the manufacturer's complete specifications for each device permitted, an explanation of modifications to the manufacturer's specifications, and a copy of the approval of the modification from a licensed psychiatrist; and

(10) Strategies for re-integration of children into the environment after the use of emergency behavior intervention, including the debriefing of caregivers and the child.

TITLE 26 HEALTH AND HUMAN SERVICES
PART 1 HEALTH AND HUMAN SERVICES COMMISSION
CHAPTER 748 MINIMUM STANDARDS FOR GENERAL RESIDENTIAL OPERATIONS
SUBCHAPTER F TRAINING AND PROFESSIONAL DEVELOPMENT
DIVISION 6 FIRST AID AND CPR CERTIFICATION

§748.911. Who must have first aid and CPR training?

(a) Each caregiver must have a current certificate of training with an expiration or renewal date in first aid with rescue breathing and choking. This training may be through instructor-led training or self-instructional training.

(b) At least one caregiver counted in the child to caregiver ratio must have a current certificate of training with an expiration or renewal date in:

(1) Pediatric CPR, if your operation only serves children under 12 years of age;

(2) Adult CPR, if your operation only serves children 12 years of age and older;
or

(3) Pediatric and Adult CPR, if your operation serves children between the ages of birth through 17. You may meet this requirement if:

(A) One caregiver counted in the child to caregiver ratio has a current certificate of training in both types of CPR; or

(B) One caregiver counted in the child to caregiver ratio has a current certificate of training in Pediatric CPR, and another caregiver counted in the child to caregiver ratio has a current certificate of training in Adult CPR.

(c) Each caregiver must:

(1) Be certified in first aid within 90 days of employment; and

(2) Be certified in CPR and able to respond to emergencies prior to being the only caregiver counted in the child to caregiver ratio.

Helpful Information

Regarding subsection (b)(3) of this section, a caregiver may take a class that combines Pediatric and Adult CPR to meet the requirement, as long as the class meets the requirements in §748.913 of this division.

§748.913. What are the requirements for CPR training?

CPR training:

(1) Must adhere to the guidelines for CPR for a layperson established by the American Heart Association, and consist of a curriculum that includes use of a CPR manikin and both written and hands-on skill-based instruction, practice, and testing; and

(2) May be provided through blended learning that utilizes online technology, including self-instructional training, as long as the learning meets the criteria in paragraph (1) of this section.

§748.915. What documentation must I maintain for first aid and CPR certifications?

(a) You must document the caregiver's completion of each training requirement in the appropriate personnel record. The documentation may be a certificate, letter, or a signed and dated statement of successful completion from the training source. You may maintain a photocopy of the original first-aid or CPR certificate or letter in the personnel record, as long as the caregiver can provide an original document upon request by Licensing.

(b) The documentation must include:

(1) The participant's name;

(2) Date of the training;

(3) Title or subject of the training;

(4) The trainer's name and qualifications;

(5) The expiration date of the certification as determined by the organization providing the certification; and

(6) Length of the training in hours.

TITLE 26 HEALTH AND HUMAN SERVICES
 PART 1 HEALTH AND HUMAN SERVICES COMMISSION
 CHAPTER 748 MINIMUM STANDARDS FOR GENERAL RESIDENTIAL OPERATIONS
 SUBCHAPTER F TRAINING AND PROFESSIONAL DEVELOPMENT
 DIVISION 7 ANNUAL TRAINING

§748.930. What are the annual training requirements for a caregiver?

(a) A caregiver must complete the number of annual training hours described in the following chart:

Figure: 26 TAC §748.930(a)

A caregiver who cares for children at:	Must complete the following number of annual training hours:
(1) An operation that has: (A) Less than 25 children in care who are receiving treatment services; and (B) Less than 30% of their total population of children in care are receiving treatment services.	20 hours.
(2) An operation that has: (A) 25 or more children in care who are receiving treatment services; or (B) 30% or more of the total population of children in care are receiving treatment services.	50 hours.
(3) A cottage home.	20 hours.

(b) For the annual training hours described in subsection (a) of this section, each caregiver must complete the following specific types of training and hours:

Figure: 26 TAC §748.930(b)

Type of Training	Hours
(1) Emergency Behavior Intervention.	(A) 4 hours, every 6 months, for a caregiver identified in subsection (a)(1) or (a)(2) of this section; (B) 4 hours for a caregiver identified in subsection (a)(3) of this section; or (C) No hours for a caregiver who cares exclusively for children receiving treatment services for primary medical needs.
(2) Trauma Informed Care.	2 hours
(3) Normalcy.	1 hour.
(4) Transportation Safety, if the caregiver transports a child in care whose chronological or developmental age is younger than nine years old.	2 hours.
(5) Administering Psychotropic Medication, if the caregiver administers psychotropic medication.	No specified hours.

(c) To meet the mandated annual training requirements in subsection (b) of this section, the training must comply with the applicable curriculum requirements in Division 8 of this subchapter (relating to Topics and Curriculum Components for Annual Training).

(d) After completing the type of annual training required in subsection (b) of this section, any remaining number of annual training hours must be in areas appropriate to the needs of children for whom the caregiver provides care, as required by §748.943 of this subchapter (relating to What areas or topics are appropriate for annual training?).

Helpful Information
<ul style="list-style-type: none"> • Regarding subsections (a) and (b) of this section, “caregiver” refers to a person counted in the child to caregiver ratio whose duties include the direct care, supervision, guidance, and protection of the child, as defined in §748.43(5) of this chapter. • The Department of Family and Protective Services or your general residential operation may require additional annual training.

§748.931. What are the annual training requirements for an employee?

(a) Each type of employee in the chart must complete the following number of annual training hours:

Figure: 26 TAC §748.931(a)

Type of Employee	Hours of Annual Training
(1) Child-care administrators, professional level service providers, treatment directors, and case managers who do not hold a relevant professional license.	20 hours.
(2) Child-care administrators, professional level service providers, treatment directors, and case managers who hold a relevant professional license.	15 hours.

(b) For the annual training hours described in subsection (a)(1) of this section, each employee must complete the following specific types of training and hours:

Figure: 26 TAC §748.931(b)

Type of Training	Hours
(1) Trauma Informed Care.	2 hours.
(2) Normalcy.	1 hour.
(3) Transportation Safety, if the employee transports a child in care whose chronological or developmental age is younger than nine years old.	2 hours.

(c) For the annual training hours described in subsection (a)(2) of this section, each employee must complete the following specific types of training and hours:

Figure: 26 TAC §748.931(c)

Type of Training	Hours
(1) Normalcy, if the employee is a designated person who makes decisions regarding any child's participation in childhood activities.	1 hour.
(2) Transportation Safety, if the employee transports a child in care whose chronological or developmental age is younger than nine years old.	2 hours.

(d) An employee described in subsection (a)(2) of this section may use annual training hours that the employee completes to maintain a relevant professional license, if the hours include the necessary components of subsection (c) of this section or completes the components separately.

(e) There are no annual training requirements for emergency behavior intervention. However, the employee must be retrained whenever there is a substantial change in techniques, types of intervention, or agency policies for emergency behavior intervention.

Helpful Information

Your general residential operation may require additional annual training.

§748.935. When must an employee or caregiver complete the annual training?

(a) With the exception of emergency behavior intervention training, each person must complete the annual training:

- (1) Within 12 months from when you hire the person; and
- (2) During each subsequent 12-month period after the anniversary date of hire.

(b) Alternately, you have the option of prorating the person's annual training requirements from the date of hire to the end of the calendar year or the end of the operation's fiscal year and then beginning a new 12-month period that coincides with the calendar or fiscal year.

(c) Whether you use subsection (a) or (b) of this section as your method for completing annual training requirements, you must use the method consistently throughout your operation.

§748.936. When must a caregiver complete emergency behavior intervention training?

Each caregiver must complete emergency behavior intervention training within:

(1) Six months from the date that the caregiver last received the training, if the caregiver cares for children at an operation where children receive treatment services; or

(2) 12 months from the date the caregiver last received the training, if the caregiver cares for children in a cottage home.

§748.937. What types of hours or instruction can be used to complete the annual training requirements?

(a) If the training complies with the other rules in this division (relating to Annual Training), annual training may include hours or Continuing Education Units earned through:

(1) Workshops or courses offered by local school districts, colleges or universities, or Licensing;

(2) Conferences or seminars;

(3) Instructor-led training, as defined at §748.801(3) of this subchapter (relating to What do certain words and terms mean in this subchapter?);

(4) Self-instructional training, as defined at §748.801(4) of this subchapter;

(5) Planned learning opportunities provided by child-care associations or Licensing;

(6) Planned learning opportunities provided by a professional contract service provider, child-care administrator, professional level service provider, treatment director, or caregiver who meets minimum qualifications in the rules of this chapter; or

(7) Completed college courses for which a passing grade is earned, with three college credit hours being equivalent to 50 clock hours of required training. College courses do not substitute for required CPR or first-aid certification or required annual training on emergency behavior intervention or psychotropic medication.

(b) For annual training hours, you may count:

(1) The hours of annual training that a person received at another residential child-care operation, if the person:

(A) Received the training within the time period you are using to calculate the person's annual training; and

(B) Provides documentation of the training;

(2) First aid and CPR;

(3) Any hours of pre-service training that the person earned in addition to the required pre-service hours, although you may not carry over more than 15 hours of a person's pre-service training hours for use as annual training hours during the upcoming year;

(4) Half of the hours spent developing initial training curriculum that is relevant to the population of children served. No additional credit hours for training curriculum development are permitted for repeated training sessions; and

(5) One-fourth of the hours spent updating and making revisions to training curriculum that is relevant to the population of children served.

(c) For annual training hours, you may not count:

(1) Orientation training;

(2) Required pre-service training;

- (3) The hours involved in case staffings and conferences with the supervisor; or
- (4) The hours presenting training to others.

(d) No more than 80 percent of the required annual training hours may come from self-instructional training, as defined at §748.801(4) of this subchapter. No more than three of those self-instructional hours may come from self-study training, as defined at §748.801(5) of this subchapter.

(e) If a person earns more than the minimum number of annual training hours required during a particular year, the person can carry over to the next year a maximum of 15 annual training hours.

Helpful Information

Here are two examples to clarify (b)(3): (1) if a person completes a total of 35 hours of pre-service training and is required to complete a total of 18 hours of pre-service training, then that person may only carry over a maximum of 15 of the hours toward annual training requirements even though the person completed 17 extra hours of non-required, pre-service training; and (2) if a person completes a total of 35 hours of pre-service training and is required to complete a total of 26 hours of pre-service training, then that person may only carry over 9 hours toward annual training requirements because the person completed 9 extra hours of non-required, pre-service training.

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

We do not approve or endorse training resources or trainers for training hours.

§748.941. How must annual training be conducted?

(a) Instructor-led training and self-instructional training, excluding self-study training, must include:

- (1) Specifically stated learning objectives;
- (2) A curriculum that includes experiential or applied activities;
- (3) An evaluation or assessment tool to determine whether the person has obtained the information necessary to meet the stated objectives; and
- (4) A certificate, letter, or a signed and dated statement of successful completion from the training source.

(b) Training on emergency behavior intervention and administering psychotropic medication must be instructor-led, as defined at §748.801(3) of this subchapter (relating to What do certain words and terms mean in this subchapter?).

(c) Training on emergency behavior intervention must:

(1) Be led by an instructor who is certified in a recognized method of emergency behavior intervention or otherwise able to document knowledge of:

(A) Emergency behavior intervention;

(B) The course material;

(C) Methods for delivering the training, including physical techniques for restraints, if applicable; and

(D) The methods for evaluating and assessing a participant's knowledge and competency of the training material and physical techniques, if applicable;

(2) Be competency-based; and

(3) At the end of the training, require each participant to demonstrate knowledge and competency of the training material:

(A) In writing; and

(B) If the general residential operation allows the use of emergency behavior intervention, by demonstrating the physical techniques that the participant may use.

(d) A health-care professional or a pharmacist must lead the training in administering psychotropic medication. The trainer must assess each participant after the training to ensure that the participant has learned the course content.

(e) Training on transportation safety must be instructor led and provided by:

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

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

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

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

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

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

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

(B) Holds at least an Associate's Degree in child development, early childhood education, or a related field.

Helpful Information
As noted in §748.939, Licensing does not approve or endorse trainers.

TITLE 26 HEALTH AND HUMAN SERVICES
PART 1 HEALTH AND HUMAN SERVICES COMMISSION
CHAPTER 748 MINIMUM STANDARDS FOR GENERAL RESIDENTIAL
OPERATIONS
SUBCHAPTER F TRAINING AND PROFESSIONAL DEVELOPMENT
DIVISION 8 TOPICS AND CURRICULUM COMPONENTS FOR ANNUAL
TRAINING

§748.943. What areas or topics are appropriate for annual training?

(a) Other than the mandated topics, annual training for caregivers must be in areas appropriate to the needs of children for whom the operation or employee will be providing care, which may include:

- (1) Developmental stages of children;
- (2) Constructive guidance and discipline of children;
- (3) Fostering children's self-esteem;
- (4) Positive interaction with children;
- (5) Strategies and techniques for working with the population of children served;
- (6) Supervision and safety practices for children in care;
- (7) Preventing the spread of communicable diseases;
- (8) Water safety;
- (9) Administration of medication;
- (10) Medical-related training to help children receiving treatment services for primary medical needs;
- (11) Helping children experience grief or loss;
- (12) Prevention, recognition, and reporting of child abuse, neglect, and exploitation; or
- (13) Safe sleeping, as specified in §748.883 of this subchapter (relating to What curriculum components must be included in the additional general pre-service training for safe sleeping?).

(b) Other than mandated topics, annual training for employees must be in areas appropriate to the needs of children for whom the general residential operation provides care, which may include:

- (1) The areas listed in subsection (a) of this section; and
- (2) Emergency behavior intervention.

Helpful Information

- A person should attempt to attend trainings in new topic areas every year or attend topics where the person believes there is a need for improvement or need for additional knowledge. A person should avoid attending the same training every year, unless there is a specific need for information regarding that topic.
- **Examples** of annual training topics:
 - Helping children cope with separation, such as from parents, family, and placement;
 - Helping or preparing children for re-integration into a family, community, or subsequent placement;
 - Stages of child development, including normal behavioral reactions to stress at the various ages of children served by the program;
 - Healthy personal boundaries and professional relationship boundaries;
 - Protecting self and others from false allegations;
 - Training to perform special tasks such as the care of gastric tubes or lifeguard certification training, if applicable;
 - For a caregiver who provides care to children receiving treatment services for emotional disorders, training on cognitive distortions and how they apply to the children; or
 - Special needs of children in care, which may include areas such as sexualized behavior, trauma, medical needs, and/or Autism Spectrum Disorder.

§748.944. What curriculum components must be included in the annual **training for normalcy**?

(a) The annual training **for normalcy** must include the curriculum components covered in the pre-service training **for normalcy**, see §748.882 of this **subchapter** (relating to What curriculum components must be included in the pre-service training **for normalcy**?).

(b) Subsequent annual training for normalcy should include curriculum that further develops and refines an employee's knowledge and understanding of normalcy, including how to implement normalcy.

§748.945. What curriculum components must be included in the annual training for administering psychotropic medication?

The annual training for administering psychotropic medication must include the curriculum components identified in §748.885 of this subchapter (relating to What curriculum components must be included in the pre-service training for administering psychotropic medication?).

Helpful Information

- The online psychotropic medication training for the Child Protective Services Division of DFPS satisfies this annual training requirement as long as caregivers also get instructor- led training that covers:
 - Policies and procedures on administering medication; and
 - Who may consent to using psychotropic medications for children who are not in the conservatorship of DFPS.

§748.947. What curriculum components must be included in the annual training for emergency behavior intervention?

(a) The annual training for emergency behavior intervention must include curriculum components that:

(1) Reinforce basic principles covered in the pre-service training identified in §748.887 of this subchapter (relating to If I do not allow the use of emergency behavior intervention, what curriculum components must be included in the pre-service training for emergency behavior intervention?) and §748.889 of this subchapter (relating to If I allow the use of emergency behavior intervention, what curriculum components must be included in the pre-service training for emergency behavior intervention?); and

(2) Develop and refine the caregiver's skills.

(b) You may determine the content of the training based on your evaluation of your emergency behavior interventions.

(c) The training may repeat pre-service training components, including training in the proper use and implementation of emergency behavior intervention.

Helpful Information

Annual emergency behavior intervention training is not intended to be an exact replica of pre-service emergency behavior intervention training. While some review of previous content may be needed to ensure that caregivers retain necessary skills, you are expected and encouraged to use your emergency behavior intervention data to craft annual training that can most effectively improve the use of de-escalation techniques and emergency behavior interventions at your operation. This **must** include techniques caregivers can use to proactively avoid crisis situations and any necessary actions once all de-escalation attempts have failed.

TITLE 26 HEALTH AND HUMAN SERVICES
PART 1 HEALTH AND HUMAN SERVICES COMMISSION
CHAPTER 748 MINIMUM STANDARDS FOR GENERAL RESIDENTIAL
OPERATIONS
SUBCHAPTER I ADMISSION, SERVICE PLANNING, AND DISCHARGE
DIVISION 1 ADMISSION

§748.1211. What information must I share with the parent at the time of placement?

(a) At admission, you must provide the following policies to the parent placing the child:

- (1) Fee policies;
- (2) Emergency behavior intervention policies;
- (3) Discipline policies; and
- (4) Any other policies required by us, upon request of the parent.

(b) At admission, you must provide and explain the following written information and policies to the parent placing the child:

(1) Information about the policies that you would present a child during orientation;

(2) Your policies regarding the:

(A) Use of volunteers, if applicable;

(B) Type and frequency of notifications made to parents; and

(C) Involvement of the child in any publicity **or fundraising** activity for the operation; and

(3) Information about the parent's right to refuse to or withdraw consent for a child to participate in:

(A) Research programs; **or**

(B) Publicity **or fundraising** activities for the operation.

(c) If you sign a placement agreement for a transitional living program with a child as specified in §748.1207 of this title (relating to What is a placement agreement?), then you:

(1) Must share the policies noted in subsection (a) **of this section** with the child, instead of the parent;

(2) Do not have to comply with subsection (b) **of this section**, but you must provide and explain to the child your policies regarding the:

(A) Use of volunteers, if applicable;

(B) Involvement of the child in any publicity or fundraising activity for the operation; and

(C) Child's right to refuse to or withdraw consent to participate in:

(i) Research programs; or

(ii) Publicity or fundraising activities for the operation; and

(3) Must attempt to notify the child's parent of the child's location, if the child was admitted without the consent of the parent.

§748.1217. What information must an admission assessment include?

(a) An admission assessment must provide an initial evaluation of the appropriate placement for a child and ensure that you obtain the information necessary for you to facilitate service planning.

(b) Prior to a child's non-emergency admission, an admission assessment must be completed which includes:

(1) The child's legal status;

(2) A description of the circumstances that led to the child's referral for substitute care;

(3) A description of the child's behavior, including appropriate and maladaptive behavior, and any high-risk behavior;

(4) Any history of physical, sexual, or emotional abuse or neglect;

(5) Any history of trauma;

(6) Current medical and dental status, including the available results of any medical and dental examinations;

(7) Current mental health and substance abuse status, including available results of any psychiatric evaluation, psychological evaluation, or psychosocial assessment;

(8) The child's current developmental, educational, and behavioral level of functioning;

(9) The child's current educational level and any school problems;

(10) Any applicable requirements of §748.1219 of this title (relating to What are the additional admission assessment requirements when I admit a child for treatment services?);

(11) Documentation indicating efforts made to obtain any of the information in paragraphs (1) - (10) of this subsection, if any information is not obtainable;

(12) The services you plan to provide to the child;

(13) Immediate goals of placement;

(14) The parent's expectations for placement, duration of the placement, and family involvement;

(15) The child's understanding of the placement; and

(16) A determination of whether and how you can meet the needs of the child.

(c) Prior to completing a child's initial service plan, the following information must be added to the admission assessment:

(1) The child's social history. The history must include information about past and existing relationships with the child's birth parents, siblings, extended family members, and other significant adults and children, and the quality of those relationships with the child;

(2) A description of the child's home environment and family functioning;

(3) The child's birth and neonatal history;

(4) The child's developmental history;

(5) The child's mental health and substance abuse history;

(6) The child's school history, including the names of previous schools attended and the dates the schools were attended, grades earned and special achievements;

(7) The child's history of any other placements outside the child's home, including the admission and discharge dates and reasons for placement;

(8) The child's criminal history, if applicable;

(9) The child's skills and special interests;

(10) Documentation indicating efforts made to obtain any of the information in paragraphs (1) - (9) of this subsection, if any information is not obtainable;

(11) The services you plan to provide to the child, including long-range goals of placement;

(12) Recommendations for any further assessments and testing;

(13) A recommended behavior management plan; and

(14) A determination of whether and how you can meet the needs of the child, based on an evaluation of the child's special strengths and needs.

(d) You must attempt to obtain a signed authorization, so you can subsequently request in writing materials from the child's current or most recent placement, such as the admission assessment, professional assessments, and the discharge summary. You must consider information from these materials when you complete your admission assessment if they are made available to you.

(e) This rule does not apply to children receiving emergency care services. See §748.4231 of this [chapter](#) (relating to What information must an admission assessment include for a child needing emergency care services, including respite child-care services?).

TITLE 26 HEALTH AND HUMAN SERVICES
PART 1 HEALTH AND HUMAN SERVICES COMMISSION
CHAPTER 748 MINIMUM STANDARDS FOR GENERAL RESIDENTIAL OPERATIONS
SUBCHAPTER I ADMISSION, SERVICE PLANNING, AND DISCHARGE
DIVISION 3 EDUCATIONAL SERVICES

§748.1303. What responsibilities do I have for a child's individual educational needs?

You must:

(1) Review report cards and other information received from teachers or school authorities with the child and provide necessary information to caregivers;

(2) Counsel and assist the child regarding adequate classroom performance;

(3) Permit, encourage, and make reasonable efforts to involve the child in extracurricular activities to the extent of the child's interests and abilities and in accordance with the child's service plan;

(4) Provide a quiet, well-lighted space for the child to study and allow regular times for homework and study;

(5) Know what emergency behavior interventions are permitted and being used with the child;

(6) Let the parent know that an **ARD (Admission, Review, and Dismissal)**, IEP (Individual Education Plan), **or ITP (Individual Transitional Planning)** meeting should be requested if you are concerned with the child's educational program or if the child does not appear to be making progress;

(7) Attend ARD, IEP, and ITP meetings and other school staffings and conferences, if requested by the parent, to represent the child's educational best interests, including the child being evaluated for and provided with related services needed to benefit from educational services, and positive behavior supports designed to decrease the need for negative disciplinary techniques or interventions; and

(8) Know what is in the child's IEP and support the school's efforts to implement the IEP, if applicable.

TITLE 26 HEALTH AND HUMAN SERVICES
PART 1 HEALTH AND HUMAN SERVICES COMMISSION
CHAPTER 748 MINIMUM STANDARDS FOR GENERAL RESIDENTIAL
OPERATIONS
SUBCHAPTER J CHILD CARE
DIVISION 2 MEDICAL CARE

§748.1553. How must a caregiver respond when a child is injured or ill and requires immediate treatment by a health-care professional?

For an injury or illness that requires immediate treatment by a health-care professional, the caregiver must immediately have the child treated by a healthcare professional, contact emergency services, or take the child to the nearest emergency room after ensuring the supervision of any other children present. The caregiver must not be required to seek approval to contact emergency services or to take the child to the nearest emergency room.

TITLE 26 HEALTH AND HUMAN SERVICES
PART 1 HEALTH AND HUMAN SERVICES COMMISSION
CHAPTER 748 MINIMUM STANDARDS FOR GENERAL RESIDENTIAL OPERATIONS
SUBCHAPTER K OPERATIONS THAT PROVIDE CARE FOR CHILDREN AND ADULTS
DIVISION 2 GENERAL REQUIREMENTS

§748.1937. May an adult in care share a bedroom with a child in care?

(a) An adult in care may share a bedroom with a child in care if:

(1) The adult and child are siblings;

(2) The adult is the child's parent;

(3) Both of them are non-ambulatory and receive treatment services for primary medical needs; or

(4) The child is at least 16 years old, the age difference between them does not exceed 24 months, and the adult meets the requirements of:

(A) §748.1931 of this division (relating to After a child in my care turns 18 years old, may the person remain in my care?); or

(B) §748.1933 of this division (relating to May I admit a young adult into care?).

(b) The following must occur before you may allow an adult in care and a child in care to share a bedroom, unless the adult is the child's parent:

(1) The service planning team must determine that there is no known risk of harm to the child after assessing:

(A) Their behaviors;

(B) Their compatibility with each other;

(C) Their respective relationships;

(D) Any history of possible sexual trauma or sexually inappropriate behavior; and

(E) Any other identifiable factor that may affect the appropriateness of the adult and child sharing a bedroom; and

(2) The service planning team must date and document the assessment and approval in the child's service plan.

(c) The adult and the child must not sleep in the same bed unless the adult is the child's parent, and the child is between the ages of one year and 10 years old.

(d) Subsections (a) and (b) of this section do not apply to travel and camping situations.

TITLE 26 HEALTH AND HUMAN SERVICES
PART 1 HEALTH AND HUMAN SERVICES COMMISSION
CHAPTER 748 MINIMUM STANDARDS FOR GENERAL RESIDENTIAL
OPERATIONS
SUBCHAPTER L MEDICATION
DIVISION 1 ADMINISTRATION OF MEDICATION

§748.2009. What are the requirements for administering non-prescription medication and supplements?

(a) For non-prescription medications and supplements, you must:

(1) Follow the label instructions for dosage; and

(2) Ensure that the non-prescription medication or supplement is not contraindicated with any medication prescribed for the child or medical condition that the child has.

(b) You may give nonprescription medication or supplements to more than one child from one container.

Helpful Information

Regarding subsection (a), the consultations regarding routine over-the-counter medications may occur at times when medications are being prescribed.

TITLE 26 HEALTH AND HUMAN SERVICES
PART 1 HEALTH AND HUMAN SERVICES COMMISSION
CHAPTER 748 MINIMUM STANDARDS FOR GENERAL RESIDENTIAL
OPERATIONS
SUBCHAPTER M DISCIPLINE AND PUNISHMENT

§748.2307. What other methods of punishment are prohibited?

In addition to corporal punishment, prohibited discipline techniques include:

(1) Any harsh, cruel, unusual, unnecessary, demeaning, or humiliating discipline or punishment;

(2) Denial of mail or visits with their families as discipline or punishment;

(3) Threatening with the loss of placement as discipline or punishment;

(4) Using sarcastic or cruel humor;

(5) Maintaining an uncomfortable physical position, such as kneeling, or holding his arms out;

(6) Pinching, pulling hair, biting, or shaking a child;

(7) Putting anything in or on a child's mouth;

(8) Humiliating, shaming, ridiculing, rejecting, or yelling at a child;

(9) Subjecting a child to abusive or profane language;

(10) Placing a child in a dark room, bathroom, or closet;

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

(12) Confining a child to a highchair, box, or other similar furniture or equipment as discipline or punishment;

(13) Denying basic child rights as discipline or punishment;

(14) Withholding food that meets the child's nutritional requirements; and

(15) Using or threatening to use emergency behavior intervention as discipline or punishment.

Helpful Information

Regarding subsection (7), examples include, but are not limited to, soap, tape, hot peppers, and hot sauce.

TITLE 26 HEALTH AND HUMAN SERVICES
 PART 1 HEALTH AND HUMAN SERVICES COMMISSION
 CHAPTER 748 MINIMUM STANDARDS FOR GENERAL RESIDENTIAL OPERATIONS
 SUBCHAPTER N EMERGENCY BEHAVIOR INTERVENTION
 DIVISION 3 ORDERS

§748.2507. Under what conditions are PRN orders permitted for a specific child?

(a) PRN orders for certain emergency behavior interventions are permitted under the following conditions:

Figure: 26 TAC §748.2507

Type of Emergency Behavior Intervention	Conditions:
(1) Short personal restraint.	Not applicable, because short personal restraints do not require orders.
(2) Personal restraint.	<p>Note: Continuation orders are required for extending the maximum amount of time for a personal restraint; and an order or recommendation from the service planning team is needed to forestall some triggered reviews.</p> <p>(A) Orders must originate from a licensed psychiatrist or psychologist and include the number of times a child may be restrained in a seven-day period.</p> <p>(B) If the orders allow more than three restraints within a seven-day period, the order must include a plan for reducing the need for emergency behavior intervention.</p> <p>(C) The licensed psychiatrist or psychologist must review PRN orders for personal restraint at least every 30 days. The review must include written clinical justification for the continuation of PRN orders and be documented in the child's record.</p> <p>(D) PRN orders may not be used to restrain a child beyond the maximum length of time for personal restraint. See §748.2801 of this chapter (relating to What is the maximum length of time that an emergency behavior intervention can be administered to a child?).</p>

Type of Emergency Behavior Intervention	Conditions:
(3) Emergency medication.	The licensed physician must review PRN orders for emergency medication at least every 30 days. The review must include written clinical justification for the continuation of PRN orders and be documented in the child's record.
(4) Seclusion.	<p>(A) A licensed psychiatrist ordering seclusion is permitted to use PRN orders; however, a licensed psychologist is not.</p> <p>(B) PRN orders may not be used to seclude a child beyond the maximum length of time for seclusion. See §748.2801 of this chapter.</p> <p>(C) The psychiatrist must review PRN orders for seclusion at least every 30 days. The review must include written clinical justification for the continuation of PRN orders and be documented in the child's record.</p>
(5) Mechanical restraint.	PRN orders are not permitted.

(b) If you obtain a PRN order, you must provide the parent with a copy of the PRN order within 72 hours.

TITLE 26 HEALTH AND HUMAN SERVICES
 PART 1 HEALTH AND HUMAN SERVICES COMMISSION
 CHAPTER 748 MINIMUM STANDARDS FOR GENERAL RESIDENTIAL OPERATIONS
 SUBCHAPTER N EMERGENCY BEHAVIOR INTERVENTION
 DIVISION 4 RESPONSIBILITIES DURING ADMINISTRATION OF ANY TYPE OF EMERGENCY BEHAVIOR INTERVENTION

§748.2553. When must a caregiver release a child from an emergency behavior intervention?

A child must be released as follows:

Figure: 26 TAC §748.2553

Type of Emergency Behavior Intervention	The caregiver must release the child if any of the following apply:
(1) Short personal restraint.	(A) Immediately when an emergency health situation occurs during the restraint and the caregiver must obtain treatment immediately; or (B) Within one minute, or sooner if the danger is over or the emergency situation no longer exists.
(2) Personal restraint.	(A) Immediately when an emergency health situation occurs during the restraint and the caregiver must obtain treatment immediately; (B) Within one minute of the implementation of a prone or supine transitional hold; (C) As soon as the child's behavior is no longer a danger to himself or others; (D) As soon as the medication is administered; or (E) When the maximum time allowed for personal restraint is reached.
(3) Emergency medication.	Not applicable.
(4) Seclusion.	(A) Immediately when an emergency health situation occurs during the seclusion and the caregiver must obtain treatment immediately; (B) As soon as the child's behavior is no longer a danger to himself or others;

Type of Emergency Behavior Intervention	The caregiver must release the child if any of the following apply:
	<p>(C) No later than five minutes after the child begins exhibiting the required behaviors;</p> <p>(D) When the maximum time allowed for seclusion is reached;</p> <p>(E) If the child falls asleep in seclusion, the caregiver must:</p> <ul style="list-style-type: none"> (i) Unlock the door; (ii) Continuously observe the child until he awakens; and (iii) Evaluate his overall well-being; or <p>(F) If the child is receiving emergency care services:</p> <ul style="list-style-type: none"> (i) As soon as the child is no longer a danger to himself or others; (ii) Upon the arrival of a medical professional; or (iii) Upon assistance from law enforcement or the fire department.
(5) Mechanical restraint	<p>(A) Immediately when an emergency health situation occurs during the restraint and the caregiver must obtain treatment immediately;</p> <p>(B) As soon as the child's behavior is no longer a danger to himself or others;</p> <p>(C) No later than five minutes after the child begins exhibiting the required behaviors;</p> <p>(D) When the maximum time allowed for mechanical restraint is reached; or</p> <p>(E) If the child falls asleep in the mechanical restraint. In this situation, the caregiver must release the child from the restraint and continuously observe the child until he awakens and evaluate him.</p>

TITLE 26 HEALTH AND HUMAN SERVICES
PART 1 HEALTH AND HUMAN SERVICES COMMISSION
CHAPTER 748 MINIMUM STANDARDS FOR GENERAL RESIDENTIAL
OPERATIONS
SUBCHAPTER N EMERGENCY BEHAVIOR INTERVENTION
DIVISION 6 ADDITIONAL RESPONSIBILITIES DURING ADMINISTRATION OF
SECLUSION

§748.2651. What are the additional responsibilities for implementing seclusion?

(a) Caregivers must continuously observe the child placed in seclusion. This observation can take place by a caregiver in the environment or room where the child is placed in seclusion, through a window or a one-way mirror. The use of a video camera in lieu of direct observation to continuously observe a child in seclusion is not permitted.

(b) There must be a protected, private, and observable environment or room that safeguards the child's personal dignity and well-being that must:

- (1) Have 40 square-feet of floor space and a ceiling height of at least eight feet;
- (2) Be free of safety hazards;
- (3) Be adequately ventilated during warm weather and adequately heated during cold weather;
- (4) Be appropriately lighted; and
- (5) Have a mat and bedding, unless the prescribing professional writes orders to the contrary.

TITLE 26 HEALTH AND HUMAN SERVICES
 PART 1 HEALTH AND HUMAN SERVICES COMMISSION
 CHAPTER 748 MINIMUM STANDARDS FOR GENERAL RESIDENTIAL OPERATIONS
 SUBCHAPTER N EMERGENCY BEHAVIOR INTERVENTION
 DIVISION 9 TIME RESTRICTIONS FOR EMERGENCY BEHAVIOR INTERVENTION

§748.2801. What is the maximum length of time that an emergency behavior intervention can be administered to a child?

The maximum length of time that certain emergency behavior interventions can be administered to a child is as follows:

Figure: 26 TAC §748.2801

Types of Emergency Behavior Intervention	The maximum length of time is:
(1) Short personal restraint.	One minute.
(2) Personal restraint.	(A) For a child of any age, 30 minutes. (B) A prone or supine personal restraint transitional hold may not exceed one minute.
(3) Emergency medication.	Not applicable.
(4) Seclusion.	(A) For a child under nine years old, one hour. (B) For a child nine years old or older, two hours.
(5) Mechanical restraint.	(A) For a child under nine years old, 30 minutes. (B) For a child nine years old or older, one hour.

TITLE 26 HEALTH AND HUMAN SERVICES
PART 1 HEALTH AND HUMAN SERVICES COMMISSION
CHAPTER 748 MINIMUM STANDARDS FOR GENERAL RESIDENTIAL OPERATIONS
SUBCHAPTER N EMERGENCY BEHAVIOR INTERVENTION
DIVISION 10 GENERAL CAREGIVER RESPONSIBILITIES, INCLUDING DOCUMENTATION, AFTER THE ADMINISTRATION OF EMERGENCY BEHAVIOR INTERVENTION

§748.2857. What notice must I provide to the parent when I use an emergency behavior intervention with a child in care?

(a) As soon as possible, but no later than 72 hours after the initiation of the intervention, you must provide written notice to the parent that includes:

(1) The child's name;

(2) The specific emergency behavior intervention administered;

(3) The length of time the child was restrained;

(4) The child's condition following the use of the medication or release from the intervention, including:

(A) Any injury the child sustained as a result of the intervention or any adverse effects caused by using the intervention; and

(B) If the child received medical assistance or treatment, the name of each person who provided the medical assistance or treatment;

(5) If a personal restraint was used, the specific restraint techniques used, including if a prone or supine restraint used as a transitional hold; and

(6) If emergency medication was used, the specific medication used, and the dosage administered to the child.

(b) A copy of the documentation provided to the parent must be maintained in the child's record.

(c) This rule does not apply to short personal restraints.

Helpful Information

Regarding subsection (a), if the incident report has the information required by this subsection and constitutes what was provided to the parents, a copy of the incident report in the child's record will suffice.

TITLE 26 HEALTH AND HUMAN SERVICES
PART 1 HEALTH AND HUMAN SERVICES COMMISSION
CHAPTER 748 MINIMUM STANDARDS FOR GENERAL RESIDENTIAL
OPERATIONS
SUBCHAPTER N EMERGENCY BEHAVIOR INTERVENTION
DIVISION 12 OVERALL OPERATION EVALUATION

§748.2953. What data must be collected?

(a) Quarterly, you must collect, document, and review aggregate numbers of emergency behavior interventions by type of intervention, with the exception of short personal restraints.

(b) This information must be reported to us **no later than 15 days after the end of each quarter**.

(c) You must maintain the data for five years.

TITLE 26 HEALTH AND HUMAN SERVICES
PART 1 HEALTH AND HUMAN SERVICES COMMISSION
CHAPTER 748 MINIMUM STANDARDS FOR GENERAL RESIDENTIAL
OPERATIONS
SUBCHAPTER O SAFETY AND EMERGENCY PRACTICES
DIVISION 7 FIRST-AID KITS

§748.3273. What must each first-aid kit contain?

Each first-aid kit must contain at least the following supplies:

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

TITLE 26 HEALTH AND HUMAN SERVICES
PART 1 HEALTH AND HUMAN SERVICES COMMISSION
CHAPTER 748 MINIMUM STANDARDS FOR GENERAL RESIDENTIAL
OPERATIONS
SUBCHAPTER O SAFETY AND EMERGENCY PRACTICES
DIVISION 8 PRODUCT SAFETY

§748.3281. When is a product considered unsafe?

A product is considered unsafe if, after it has been recalled for any reason by the United States Consumer Product Safety Commission:

(1) The recall has not been rescinded; and

(2) The product has not been made safe through being remanufactured or retrofitted.

§748.3283. What are my responsibilities regarding unsafe products at my operation?

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

(1) The product is an antique or collectible and is not used by, or accessible to, any child; or

(2) The unsafe product is being retrofitted to make it safe and the product is not used by, or accessible to, any child.

(b) You are responsible for ensuring that no unsafe products are at the operation. You must post a notice for parents and employees in a prominent and publicly accessible place that includes information on how to access a listing of unsafe products through the CPSC Internet website or through the Texas Health and Human Services Internet website.

TITLE 26 HEALTH AND HUMAN SERVICES
PART 1 HEALTH AND HUMAN SERVICES COMMISSION
CHAPTER 748 MINIMUM STANDARDS FOR GENERAL RESIDENTIAL
OPERATIONS
SUBCHAPTER P PHYSICAL SITE
DIVISION 1 GROUNDS AND GENERAL REQUIREMENTS

§748.3301. What general physical site requirements must my operation meet?

(a) Buildings, including exterior and interior surfaces (such as walls, floors, and ceilings), must:

(1) Be structurally sound and not pose a risk to the health and safety of children;

(2) Be clean and in good repair; and

(3) Comply with applicable building, plumbing, electrical, fire, and similar codes.

(b) Paints used at the operation after January 1, 2007, must be lead-free.

(c) Windows and doors must be in good repair and free of broken glass or hazards. Windows used for ventilation, including windows in doors, must be provided with properly fitted and secure screens in good repair for protection from insects when windows are open.

(d) Walkways must be free of ice, snow, and obstruction.

(e) Outdoor areas must be well drained.

(f) The grounds of the operation must be well maintained and free of hazards.

(g) The grounds of the operation must be free of accumulation of garbage and debris and maintained in a sanitary manner. All garbage must be disposed of in a sanitary manner in accordance with the Texas Commission on Environmental Quality (see 30 TAC Chapter 330, Municipal Solid Waste). Outdoor garbage cans must have lids.

(h) The building must be free of rodents and insects.

(i) Equipment and furniture must be safe for children and must be kept clean and in good repair.

TITLE 26 HEALTH AND HUMAN SERVICES
PART 1 HEALTH AND HUMAN SERVICES COMMISSION
CHAPTER 748 MINIMUM STANDARDS FOR GENERAL RESIDENTIAL
OPERATIONS
SUBCHAPTER P PHYSICAL SITE
DIVISION 2 INTERIOR SPACE

§748.3361. May a child in care share a bedroom with an adult caregiver?

(a) Generally, each child should have **the child's** own designated bedroom or share a bedroom with other children.

(b) A child may share a bedroom with an adult caregiver if:

(1) It is in the best interest of the child;

(2) The child is under three years old and sleeps in the bedroom of the caregiver; and

(3) **The service planning team dates and documents the approval in the child's service plan.**

(c) **A child must** not sleep in the same bed with an adult caregiver at any time.

(d) Subsections (a) **and (b)** of this section do not apply to travel and camping situations.

§748.3363. May children of opposite genders share a bedroom?

(a) **A child six years old or older must not share a bedroom with a child of the opposite gender, unless:**

(1) **They are siblings;**

(2) **The older child is the younger child's parent; or**

(3) **Both children are non-ambulatory and receive treatment services for primary medical needs.**

(b) **The following must occur before you may allow children of the opposite gender to share a bedroom, unless the older child is the younger child's parent:**

(1) **The service planning team must determine that there is no known risk of harm to either of the children after assessing:**

(A) **Their behaviors;**

(B) **Their compatibility with each other;**

(C) **Their respective relationships;**

(D) **Any history of possible sexual trauma or sexually inappropriate behavior;**
and

(E) Any other identifiable factor that may affect the appropriateness of the children sharing a bedroom.

(2) The service planning team must date and document the assessment and approval in each child's service plan.

TITLE 26 HEALTH AND HUMAN SERVICES
PART 1 HEALTH AND HUMAN SERVICES COMMISSION
CHAPTER 748 MINIMUM STANDARDS FOR GENERAL RESIDENTIAL
OPERATIONS
SUBCHAPTER P PHYSICAL SITE
DIVISION 4 POISONS

§748.3421. What are the requirements for protecting children from poisonous or flammable material?

You must ensure that poisonous or flammable materials are:

- (1) Stored in their original, labeled containers;
- (2) Kept separate from medication, food, food preparation surfaces, and dining surfaces;
- (3) **Stored in an area that is inaccessible** to children, unless caregivers have evaluated a child as capable and likely to use such items responsibly; and
- (4) Cleaned up immediately when spilled.

TITLE 26 HEALTH AND HUMAN SERVICES
PART 1 HEALTH AND HUMAN SERVICES COMMISSION
CHAPTER 748 MINIMUM STANDARDS FOR GENERAL RESIDENTIAL
OPERATIONS
SUBCHAPTER P PHYSICAL SITE
DIVISION 5 FOOD PREPARATION, STORAGE, AND EQUIPMENT

§748.3443. What are the requirements for storing food?

- (a) All food items must be:
- (1) Covered and stored off the floor;
 - (2) Stored on clean surfaces;
 - (3) Protected from contamination;
 - (4) Stored in a container that is protected from insects and rodents;
 - (5) **Stored in the refrigerator**, if the food requires refrigeration; and
 - (6) Covered when stored in the refrigerator.
- (b) You must have a thermometer in refrigerators and freezers and store:
- (1) Refrigerated food at 40 degrees Fahrenheit or below; and
 - (2) Frozen food at 0 degrees Fahrenheit or below.
- (c) Subsection (b) of this section does not apply to cottage homes.

TITLE 26	HEALTH AND HUMAN SERVICES
PART 1	HEALTH AND HUMAN SERVICES COMMISSION
CHAPTER 748	MINIMUM STANDARDS FOR GENERAL RESIDENTIAL OPERATIONS
SUBCHAPTER P	PHYSICAL SITE
DIVISION 9	SWIMMING POOLS, WADING/SPLASHING POOLS, AND HOT TUBS

§748.3601. What are the requirements for swimming pools that a child uses?

If a swimming pool with more than two feet of water is used in an activity sponsored by you, then the swimming pool, either at or away from your operation, must meet the following criteria:

- (1) At least two life-saving devices must be available, such as a reach pole, backboard, buoy, or a safety throw bag with a brightly colored buoyant rope or throw line;
- (2) One additional life-saving device must be available for each 2,000 square feet of water surface, so a pool of 2,000 square feet would require three life saving devices;
- (3) Drain grates, vacuum outlets, and skimmer covers must be in place;
- (4) Pool chemicals and pumps must be inaccessible to all children;
- (5) Machinery rooms must be locked when any child is present;
- (6) All parts of the swimming pool, including the bottom of the pool, must be clearly visible during the use of the pool;
- (7) Pool covers must be completely removed prior to pool use and must not present an entrapment hazard; and
- (8) Swimming area rules and emergency procedures must be posted at the swimming area and explained to the children.

§748.3603. What are the additional requirements for a swimming pool located at my operation?

- (a) The swimming pool must be built and maintained according to the standards of the Department of State Health Services and any other applicable state or local regulations.
- (b) An adult must be present who is able to immediately turn off the pump and filtering system when any child is in a swimming pool.
- (c) If the swimming pool is aboveground, it must meet all swimming pool safety requirements specified in this subchapter and have a barrier that prevents a child's unauthorized access to the swimming pool.

(d) Outdoor swimming pools must be enclosed with a six-foot fence or wall that prevents children's access to the swimming pool. It must be constructed so that the fence or wall does not obscure the swimming pool from view.

(e) Doors, operable windows, or gates of living quarters must not be part of the swimming pool enclosure for outdoor swimming pools.

(f) Fence gates leading to the outdoor swimming pool area must have self-closing and self-latching hardware located at least 60 inches from the ground and must be locked when the swimming pool is not in use. An indoor swimming pool must be secured at all times to prevent children's access to the swimming pool when a lifeguard is not on duty.

(g) Fence gates must open outward away from the swimming pool and must not be propped open.

(h) The space between the ground and the bottom of the fence must not exceed four inches.

(i) When a fence is made of horizontal and vertical slats, the horizontal slats must be located on the swimming pool side of the fence.

(j) Doors from the operation leading to the swimming pool area must have a lock that can only be opened by an adult, unless:

(1) the state or local fire authority determines that the height of the lock violates or would violate the fire code; and

(2) you have documentation of the fire authority's determination on file.

(k) The doors and fence gates leading to or through the swimming pool area must not be designated as fire and emergency evacuation exits.

(l) The drain grates, vacuum outlets, and skimmer covers that must be in place, must also be in good repair, and not be able to be removed without using tools.

(m) All indoor/outdoor areas within 50 feet outside of the fence around the swimming pool must be free of furniture and equipment that a child could use to gain unauthorized access to the swimming pool.

TITLE 26 HEALTH AND HUMAN SERVICES
 PART 1 HEALTH AND HUMAN SERVICES COMMISSION
 CHAPTER 748 MINIMUM STANDARDS FOR GENERAL RESIDENTIAL OPERATIONS
 SUBCHAPTER Q RECREATION ACTIVITIES
 DIVISION 2 SWIMMING ACTIVITIES

§748.3757. What are the child/adult ratios for swimming activities?

(a) The maximum number of children one adult can supervise during swimming activities is based on the age of the youngest child in the group and is specified in the following chart:

Figure: 26 TAC §748.3757(a)

If the age of the youngest child is...	Then the Swimming Child/Adult Ratio is
0 to 23 months old	1: 1
2 years old	2: 1
3 years old	3: 1
4 years old	4: 1
5 years old or older	You must meet the applicable child/caregiver ratios as provided in §748.1003 of this title (relating to For purposes of the child/caregiver ratio, how many children can a single caregiver care for during the children’s waking hours?).

(b) When all of the children in the group are at least four years of age or older, in addition to meeting the required swimming child/adult ratio listed in subsection (a) of this section, at least two adults must supervise four or more children who are actually in the water.

(c) When a child who is non-ambulatory or who is subject to seizures is engaged in swimming activities, you must assign one adult to that one child. This adult must be in addition to the lifeguard on duty in the swimming area. You do not have to meet this requirement if a licensed physician writes orders in which the physician determines that the child:

(1) Is at low risk of seizures and that special precautions are not needed; or

(2) Only needs to wear a Coast Guard approved life jacket while swimming and additional special precautions are not needed.

(d) A child must wear a Coast Guard approved life jacket while participating in swimming activities in other bodies of water such as ponds, rivers, lakes and oceans if the child is:

(1) Under the age of 12; or

(2) Unable to swim, regardless of the child’s age.

(e) So long as you comply with the child/caregiver ratios required in §748.1003 of this title, the ratios in subsection (a) of this section:

(1) Do not include children over the age of 12 years old who are competent swimmers; and

(2) Are not required when children are participating in water activities such as sprinkler play or splash pad or wading pool, as long as the standing water is less than two feet deep.

Helpful Information

Regarding subsection (b), if you take four 4-year-olds swimming, subsection (a) only requires one person to supervise the four children. However, if all four 4-year-olds are actually in the water at the same time, then subsection (b) requires there to be at least two adults to supervise the children.

TITLE 26 HEALTH AND HUMAN SERVICES
PART 1 HEALTH AND HUMAN SERVICES COMMISSION
CHAPTER 748 MINIMUM STANDARDS FOR GENERAL RESIDENTIAL
OPERATIONS
SUBCHAPTER Q RECREATION ACTIVITIES
DIVISION 6 WEAPONS, FIREARMS, EXPLOSIVE MATERIALS, AND
PROJECTILES

§748.3931. Are weapons, firearms, explosive materials, and projectiles permitted at my operation?

(a) Generally, weapons, firearms, explosive materials, and projectiles (such as darts or arrows) are permitted; however, there are some specific restrictions:

(1) A handgun is a type of firearm that is never permitted at an operation or during any type of activity;

(2) A child receiving treatment services or emergency care services is not permitted to use weapons, firearms, explosive materials, or projectiles;

(3) If you allow weapons, firearms, explosive materials, or projectiles, you must develop and enforce a policy identifying specific precautions to ensure that a child does not have unsupervised access to them, including:

(A) Weapons, firearms, the ammunition, explosive materials, and projectiles must be kept in locked storage;

(B) The locked storage must be made of strong, unbreakable material, except that the storage may have a glass or another breakable front or enclosure;

(C) Any gun placed in a locked storage that has a glass or another breakable front or enclosure must be secured with a locked cable or chain placed through the trigger guard; and

(D) Weapons and ammunition must be separately stored and locked;

(4) You must determine it is appropriate for a child receiving only child-care services to use the weapons, firearms, explosive materials, or projectiles; and

(5) No child may use a weapon, firearm, explosive material, or projectile, unless the child is directly supervised by an adult knowledgeable about the use of the weapon, firearm, explosive material, or projectile that is to be used by the child.

(b) A child receiving treatment services or emergency care services is not permitted to use toys that explode or shoot. For a specific child receiving only child-care services, you must determine whether it is appropriate for that child to use toys that explode or shoot. The child must be supervised when using or being around toys that explode or shoot, and the toy must be age appropriate to the child.

(c) Firearms that are inoperable and solely ornamental are exempt from the storage requirements in this rule.

Helpful Information

Regarding subsection (b), "toys that explode or shoot" do not pertain to Nerf guns, water guns, or other toys that are appropriate for children and do not present a risk to safety.

TITLE 26 HEALTH AND HUMAN SERVICES
PART 1 HEALTH AND HUMAN SERVICES COMMISSION
CHAPTER 748 MINIMUM STANDARDS FOR GENERAL RESIDENTIAL
OPERATIONS
SUBCHAPTER R TRANSPORTATION
DIVISION 1 GENERAL REQUIREMENTS

§748.4001. What types of transportation does Licensing regulate?

We regulate any transportation that you provide for trips away from and to your operation.

TITLE 26 HEALTH AND HUMAN SERVICES
PART 1 HEALTH AND HUMAN SERVICES COMMISSION
CHAPTER 748 MINIMUM STANDARDS FOR GENERAL RESIDENTIAL
OPERATIONS
SUBCHAPTER F TRAINING AND PROFESSIONAL DEVELOPMENT
DIVISION 2 ORIENTATION
REPEAL

§748.833. Must I provide orientation to an employee who has previously worked as an employee?

TITLE 26 HEALTH AND HUMAN SERVICES
PART 1 HEALTH AND HUMAN SERVICES COMMISSION
CHAPTER 748 MINIMUM STANDARDS FOR GENERAL RESIDENTIAL
OPERATIONS
SUBCHAPTER F TRAINING AND PROFESSIONAL DEVELOPMENT
DIVISION 3 PRE-SERVICE EXPERIENCE AND TRAINING
REPEAL

§748.863. What are the pre-service hourly training requirements for caregivers and employees?

§748.868. Must I provide pre-service training regarding normalcy to a child-care administrator, professional level service provider, treatment director, or case manager who was previously employed by a residential child-care operation?

TITLE 26 HEALTH AND HUMAN SERVICES
PART 1 HEALTH AND HUMAN SERVICES COMMISSION
CHAPTER 748 MINIMUM STANDARDS FOR GENERAL RESIDENTIAL
OPERATIONS
SUBCHAPTER F TRAINING AND PROFESSIONAL DEVELOPMENT
DIVISION 5 PRE-SERVICE TRAINING REGARDING EMERGENCY BEHAVIOR
INTERVENTION

REPEAL

§748.901. If I do not allow the use of emergency behavior intervention, what curriculum components must be included in the pre-service training regarding emergency behavior intervention?

§748.903. If I allow the use of emergency behavior intervention, what curriculum components must be included in the pre-service training regarding emergency behavior intervention?

TITLE 26 HEALTH AND HUMAN SERVICES
PART 1 HEALTH AND HUMAN SERVICES COMMISSION
CHAPTER 748 MINIMUM STANDARDS FOR GENERAL RESIDENTIAL
OPERATIONS
SUBCHAPTER F TRAINING AND PROFESSIONAL DEVELOPMENT
DIVISION 6 ANNUAL TRAINING
REPEAL

§748.931. What are the annual training requirements for caregivers and employees?

§748.941. What are the instructor requirements for providing annual training?

§748.945. For a caregiver who administers psychotropic medication, what annual training is required?

TITLE 26 HEALTH AND HUMAN SERVICES
PART 1 HEALTH AND HUMAN SERVICES COMMISSION
CHAPTER 748 MINIMUM STANDARDS FOR GENERAL RESIDENTIAL
OPERATIONS
SUBCHAPTER F TRAINING AND PROFESSIONAL DEVELOPMENT
DIVISION 7 FIRST-AID AND CPR CERTIFICATION
REPEAL

§748.981. Who must have first-aid and CPR certification?

§748.983. When must a caregiver renew first-aid and CPR certification?

§748.985. Who can provide first-aid and CPR certification?

§748.987. What must the CPR training include?

§748.989. What documentation must I maintain for first-aid and CPR certification?

TITLE 26 HEALTH AND HUMAN SERVICES
PART 1 HEALTH AND HUMAN SERVICES COMMISSION
CHAPTER 748 MINIMUM STANDARDS FOR GENERAL RESIDENTIAL
OPERATIONS
SUBCHAPTER K OPERATIONS THAT PROVIDE CARE FOR CHILDREN AND ADULTS
DIVISION 2 GENERAL REQUIREMENTS
REPEAL

§748.1937. May an adult in care share a bedroom with a child in care?

TITLE 26 HEALTH AND HUMAN SERVICES
PART 1 HEALTH AND HUMAN SERVICES COMMISSION
CHAPTER 748 MINIMUM STANDARDS FOR GENERAL RESIDENTIAL
OPERATIONS
SUBCHAPTER P PHYSICAL SITE
DIVISION 2 INTERIOR SPACE
REPEAL

§748.3363. May children of opposite genders share a bedroom?