

TITLE 26	HEALTH AND HUMAN SERVICES
PART 1	HEALTH AND HUMAN SERVICES COMMISSION
CHAPTER 749	MINIMUM STANDARDS FOR CHILD-PLACING AGENCIES
SUBCHAPTER B	DEFINITIONS AND SERVICES
DIVISION 1	DEFINITIONS

§749.43. 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) 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, socio-cultural background, and community setting.

(3) Adoption record--All information received by the child-placing agency that bears the child's name or pertains to the child, including any information about the birth parents and adoptive parents, is considered to be part of the adoption record.

(4) Adoptive home screening--Also known as a pre-adoptive home screening. A written evaluation, prior to the placement of a child in an adoptive home, of the:

(A) Prospective adoptive **parents**;

(B) Family of the prospective adoptive parents; and

(C) Environment of the adoptive parents and their family in relation to their ability to meet the needs of a child, and if a child has been identified for adoption, the needs of that particular child.

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

(6) Adverse action--See corrective or adverse action.

(7) Babysitter--A person who temporarily cares for a child in foster care for no more than 12 consecutive hours. A babysitter is not required to meet the requirements for a caregiver unless the babysitter is a verified foster parent, an agency employee, a contract service provider, or a volunteer.

(8) Babysitting--Care provided by a babysitter.

(9) Caregiver--A caregiver:

(A) Is a person counted in the child/caregiver ratio for foster care services, including employees, foster parents, contract service providers, and volunteers, whose duties include direct care, supervision, guidance, and protection of a child in care. This includes any person who is solely responsible for a child in foster care. For example, a child-placement staff that takes a foster child on an appointment or doctor's visit is considered a caregiver;

(B) Does not include a babysitter, an overnight care provider, or a respite child-care provider unless the person is:

(i) A verified foster parent;

(ii) An agency employee;

(iii) A contract service provider; or

(iv) A volunteer.

(C) Does not include a contract service provider who:

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

(ii) Works with one particular child; or

(iii) Is a nurse being reimbursed by Medicaid;

(D) Does not include a person left alone momentarily with a child in care while the caregiver leaves the room; and

(E) Does not include an adoptive parent.

(10) Certified fire inspector--Persons certified by the Texas Commission on Fire Protection to conduct fire inspections.

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

(12) 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.

(13) 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 §749.2605 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.

(14) Child in care--A child who has been placed by a child-placing agency in a foster or adoptive home, regardless of whether the child is temporarily away from the home. Unless a child has been discharged from the child-placing agency, the child is considered a child in care.

(15) 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.

(16) 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.

(17) Corrective or adverse action--Is any action by you that places a restriction or condition on a foster home's verification, including the revocation of the verification. Note: For information regarding a corrective or adverse action which Licensing is taking against you, see Subchapter L of Chapter 745 (relating to Enforcement Actions).

(18) 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.

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

(20) 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.

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

(22) 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.

(23) Emergency Behavior Intervention (EBI)--Interventions used in an emergency situation, including personal restraints, mechanical restraints, emergency medication, and seclusion.

(24) 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.

(25) 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 physical injury to the child because the child attempts or continually threatens to commit suicide or substantial physical injury; 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.

(26) 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 child-placing agency staff and any owner who is present at the operation or a foster home or transports any child in care.

(27) 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 Government Code, §573.023 (relating to Computation of Degree of Consanguinity) and §573.025 (relating to Computation of Degree of Affinity).

(28) Foster care--Care that is provided to a foster child by a foster family home.

(29) Foster family home--A home that is the primary residence of the foster parent(s) and provides care for six or fewer children or young adults, under the regulation of a child-placing agency. Also referred to as a "foster home" in this chapter.

(30) Foster home screening--A written evaluation, prior to the verification of the foster home, of the:

(A) Prospective foster parent(s);

(B) Family of the prospective foster parent(s);

(C) All other part- or full-time household members; and

(D) Environment of the foster parent(s) and their family in relation to their ability to meet the child's needs.

(31) Foster parent--A person verified to provide child-care services in the foster home.

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

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

(34) 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.

(35) High-risk behavior--Behavior of a child that creates an immediate safety risk to the child 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.

(36) 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.

(37) Immediate danger to self or others--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.

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

(39) Master record--The compilation of all required records for a specific person or home, such as a master personnel record, master case record for a child, or a master case record for a foster or adoptive home.

(40) Mechanical restraint--A **prohibited** 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.

(41) 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.

(42) 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.

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

(44) Normalcy--See §749.2601 of this chapter (relating to What is "normalcy"?).

(45) Overnight care--Care provided by an overnight care provider.

(46) Overnight care provider--A person who temporarily cares for a child in foster care for more than 12 consecutive hours, but no more than 72 consecutive hours.

(47) Owner--The sole proprietor, partnership, or corporation or other type of business entity who owns a child-placing agency.

(48) 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.

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

(50) Permit holder--The owner of the child-placing agency that is granted the permit.

(51) 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.

(52) 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. .

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

(54) Post-adoption services--Services available through the child-placing agency (direct or on referral) to birth and adoptive parents and the adoptive child after the adoption is consummated. Examples include counseling, maintaining a registry if a central registry is not used, providing pertinent, new medical information to birth or adoptive parents, or providing the adult adoptee a copy of his record upon request.

(55) Post-placement adoptive report--A written evaluation of the assessments and interviews, after the adoptive placement of the child, regarding the:

(A) Child;

(B) Prospective adoptive parent(s);

(C) Family of the prospective adoptive parent(s);

(D) Environment of the prospective adoptive **parents** and their family; and

(E) Adjustment of all individuals to the placement.

(56) Pre-adoptive home screening--See adoptive home screening.

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

(58) Professional service provider--Refers to:

(A) A child placement management staff or person qualified to assist in child placing activity;

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

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

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

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

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

(G) 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; and

(H) Other professional employees in fields such as drug counseling, nursing, special education, vocational counseling, pastoral counseling, and education who may be included in the professional staffing plan for your agency that provides treatment services if the professional's responsibilities are appropriate to the scope of the agency's program description. These professionals must have the minimum qualifications generally recognized in the professional's area of specialization.

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

(60) 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.

(61) Re-evaluate--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.

(62) 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?).

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

(64) 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 labelling 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 labelling 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.

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

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

(67) 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.

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

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

(70) Single source continuum contractor--A child-placing agency that contracts with the Texas Department of Family and Protective Services to provide community-based care as described in Subchapter B-1, Chapter 264, Texas Family Code.

(71) 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.

(72) 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 may include the location or severity of the bodily harm or the 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.

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

(74) Supplement--Includes vitamins, herbs, and any supplement labeled dietary supplement.

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

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

(77) 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 Penal Code §20A.02 or §20A.03.

(78) 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.

(79) 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.

(80) Unsupervised childhood activities--Childhood activities that a child in care participates in away from the foster home and the foster parents. Childhood activities that the foster parents conduct or supervise or the child-placing agency sponsors 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.

(81) Volunteer--A person who provides:

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

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

(82) 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 749 MINIMUM STANDARDS FOR CHILD-PLACING AGENCIES
SUBCHAPTER C ORGANIZATION AND ADMINISTRATION
DIVISION 1 PLANS AND POLICIES REQUIRED DURING THE APPLICATION
PROCESS

§749.105. 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-placing agency 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. For part-time and consulting positions, the plan must specify the number of hours and frequency of services, if applicable; and

(C) Describes how staff or service providers support clients served through branch offices;

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

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

(6) 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;

(7) 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; and

(8) Either adopt the model drug testing policy or have 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 (6), 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 749 MINIMUM STANDARDS FOR CHILD-PLACING AGENCIES
SUBCHAPTER C ORGANIZATION AND ADMINISTRATION
DIVISION 7 BRANCH OFFICES

§749.305. What are the requirements for administrators and treatment directors for a main office and branch offices?

(a) You must comply with one of the following:

(1) The main office and each branch office, must have a separate:

(A) Administrator who meets §749.631 of this title (relating to What qualifications must a child-placing agency administrator meet?); and

(B) Treatment director, if applicable, per §749.721 of this title (relating to Must I have a treatment director?); or

(2) Offices that operate based on the following caseload limits for child placement staff may share the same administrator and treatment director:

(A) A caseload of foster children only that does not exceed:

(i) 35 for children receiving child-care services;

(ii) 25 for children receiving treatment services; and

(iii) 30 for a combination of children receiving child-care services and children receiving treatment services;

(B) A caseload of foster homes only that does not exceed 15 homes; and

(C) A combination caseload of both children and homes that does not exceed 30 cases. Calculate the maximum of 30 cases by counting:

(i) Each child as one case; and

(ii) Each foster family home as one case.

(b) This rule does not apply to a child-placing agency that provides only adoption services, including foster homes verified by a private adoption agency solely for the care of infants awaiting placement in an adoptive home pending the resolution of the child's eligibility for adoption, or the readiness of an appropriate adoptive home, or both. This exception does not apply to a foster home that is also the intended adoptive home.

TITLE 26 HEALTH AND HUMAN SERVICES
 PART 1 HEALTH AND HUMAN SERVICES COMMISSION
 CHAPTER 749 MINIMUM STANDARDS FOR CHILD-PLACING AGENCIES
 SUBCHAPTER D REPORTS AND RECORD KEEPING
 DIVISION 1 REPORTING SERIOUS INCIDENTS AND OTHER OCCURRENCES

§749.503. 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 timeframes:

Figure: 26 TAC §749.503(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, including whether you plan to move the child until the investigation is complete. (A)(ii) As soon as you become aware of it.	(B)(i) YES, including whether you plan to move the child until the investigation is complete. (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 the 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 foster home 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.
(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.

Serious Incident	(i) To Licensing? (ii) If so, when?	(i) To Parents? (ii) If so, when?	(i) To Law enforcement? (ii) If so, when?
(10) The unauthorized absence of a child who is 13 years old or older.	<p>(A)(i) YES</p> <p>(A)(ii) No later than 6 hours from when the child's absence is discovered and the child is still missing.</p> <p>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 foster home.</p>	<p>(B)(i) YES</p> <p>(B)(ii) No later than 6 hours from when the child's absence is discovered and the child is still missing.</p> <p>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 foster home.</p>	<p>(C)(i) YES</p> <p>(C)(ii) No later than 6 hours from when the child's absence is discovered and the child is still missing.</p> <p>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 foster home.</p>
(11) A child in your care contracts a communicable disease that the law requires you to report to the Texas Department of State Health Services (DSHS) as specified in 25 TAC 97, Subchapter A, (relating to Control of Communicable Diseases).	<p>(A)(i) YES, unless the information is confidential.</p> <p>(A)(ii) As soon as possible, but no later than 24 hours after you become aware of the communicable disease.</p>	<p>(B)(i) YES, if their child has contracted the communicable disease or has been exposed to it.</p> <p>(B)(ii) As soon as possible, but no later than 24 hours after you become aware of the communicable disease.</p>	<p>(C)(i) NO</p> <p>(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?
(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 §749.511 of this division (relating to How must I document a serious incident?).

(c) If a 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 §749.511 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 agency, one of your foster homes, an employee, professional level service provider, contract staff, or a volunteer to the following entities within the specified timeframe:

Figure: 26 TAC §749.503(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 agency or a foster home 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 a foster home 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 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.
(4) An allegation that a person under the auspices of your agency who directly cares for or has access to a child in the setting 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, foster parent, contract staff, volunteer, or other adult at the agency.	(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.

<p>Serious Incident</p>	<p>(i) To Licensing? (ii) If so, when?</p>	<p>(i) To Parents? (ii) If so, when?</p>
<p>(6) Any of the following relating to an employee, professional level service provider, foster parent, contract staff, volunteer, or other adult at the agency 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?):</p> <ul style="list-style-type: none"> • An arrest; • An indictment; • Information regarding an official complaint accepted by a county or district attorney; or • An arrest warrant executed by law enforcement. 	<p>(A)(i) YES (A)(ii) As soon as you become aware of the situation.</p>	<p>(B)(i) NO (B)(ii) Not applicable.</p>
<p>(7) A search warrant is executed by law enforcement at the operation or a foster home.</p>	<p>(A)(i) YES. (A)(ii) As soon as you become aware of the situation.</p>	<p>(B)(i) NO. (B)(ii) Not applicable.</p>
<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 §749.2051(b) of this chapter (relating to What types of emergency behavior intervention may I administer?); • Used a prohibited personal restraint technique, as outlined in §749.2205 of this chapter (relating to What personal restraint techniques are prohibited?); or • Used an Emergency Behavior Intervention inappropriately, as outlined in §749.2063 or §749.2281 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 (A)(ii) As soon as possible but no later than 24 hours after you become aware of the incident.</p>	<p>(B)(i) YES (B)(ii) As soon as possible but no later than 24 hours after you become aware of the incident.</p>

§749.511. 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 foster home or adoptive home, 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 749 MINIMUM STANDARDS FOR CHILD-PLACING AGENCIES
SUBCHAPTER E AGENCY STAFF AND CAREGIVERS
DIVISION 2 CHILD-PLACING AGENCY ADMINISTRATOR

§749.635. What responsibilities must the child-placing agency administrator have?

The child-placing agency administrator must:

(1) Have daily supervision and overall administrative responsibility for all your offices, including your main office and any branch offices;

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

(3) Be responsible for or assign responsibility for:

(A) Administering and managing the agency according to your policies;

(B) Ensuring that the agency 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;

(C) Personnel matters, including hiring, assigning duties, training, supervision, evaluation of employees, and terminations;

(D) Ensuring persons whose behavior or health status presents a danger to children are not allowed at the agency or foster homes; and

(E) Administering and managing your approved agency plans as stated in §749.101(3) and (4) of this title (relating to What plans must I submit for Licensing's approval as part of the application process?). These plans:

(i) Evaluate the effectiveness of your system for meeting the rules of this chapter; and

(ii) Ensure the investigation of reports of minimum standards violations, upon our request.

TITLE 26 HEALTH AND HUMAN SERVICES
 PART 1 HEALTH AND HUMAN SERVICES COMMISSION
 CHAPTER 749 MINIMUM STANDARDS FOR CHILD-PLACING AGENCIES
 SUBCHAPTER E AGENCY STAFF AND CAREGIVERS
 DIVISION 3 CHILD PLACEMENT STAFF AND CHILD PLACEMENT
 MANAGEMENT STAFF

§749.675. What are the qualifications an employee must have to perform child placement management activities?

In addition to the requirements that all employees must meet, employees who perform child placement management activities must meet the following qualifications:

Figure: 26 TAC §749.675

Options for qualifications:	A license in social work or another human services field:	Educational qualifications:	Professional qualifications. Any field placement or practicum experience may not be counted:
Option 1	Yes	(A) A master's degree from an accredited college or university in social work or other human services field; and (B) Nine credit hours in graduate level courses that focus on family and individual function and interaction.	One year of documented full-time experience in a child-placing agency, in a residential child-care operation, or as a Child Protective Services caseworker for the Texas Department of Family and Protective Services (DFPS). The experience must be in conducting assessments, service planning, or case management duties.
Option 2	No	(1) (A) A master's degree from an accredited college or university; and (B) Nine credit hours in	Two years of documented full-time experience in a child-placing agency, in a

Options for qualifications:	A license in social work or another human services field:	Educational qualifications:	Professional qualifications. Any field placement or practicum experience may not be counted:
		<p>undergraduate or graduate level courses that focus on family and individual function and interaction; or</p> <p>(2) (A) A bachelor's degree from an accredited college or university in social work or other human services field; and</p> <p>(B) Nine credit hours in undergraduate or graduate level courses that focus on family and individual function and interaction</p>	residential child-care operation, or as a Child Protective Services caseworker for DFPS . The experience must be in conducting assessments, service planning, or case management duties.
Option 3	No	<p>(A) A bachelor's degree from an accredited college or university; and</p> <p>(B) Nine credit hours in undergraduate or graduate level courses that focus on family and individual function and interaction.</p>	Three years of documented full-time experience in a child-placing agency, in a residential child-care operation, or as a Child Protective Services caseworker for DFPS . The experience must be in conducting assessments, service planning, or case management duties.

TITLE 26 HEALTH AND HUMAN SERVICES
PART 1 HEALTH AND HUMAN SERVICES COMMISSION
CHAPTER 749 MINIMUM STANDARDS FOR CHILD-PLACING AGENCIES
SUBCHAPTER E AGENCY STAFF AND CAREGIVERS
DIVISION 6 CONTRACT STAFF AND VOLUNTEERS

§749.761. 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 agency's administrator or administrator's designee. An internal reporting policy may not require or allow a volunteer to delegate the person's responsibility or require a volunteer to obtain approval to report suspected abuse, neglect, or exploitation.

TITLE 26 HEALTH AND HUMAN SERVICES
PART 1 HEALTH AND HUMAN SERVICES COMMISSION
CHAPTER 749 MINIMUM STANDARDS FOR CHILD-PLACING AGENCIES
SUBCHAPTER F TRAINING AND PROFESSIONAL DEVELOPMENT
DIVISION 1 DEFINITIONS

§749.801. What do certain words and terms mean in this subchapter?

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

(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 materials. 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, as described in §749.935(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 749 MINIMUM STANDARDS FOR CHILD-PLACING AGENCIES
SUBCHAPTER F TRAINING AND PROFESSIONAL DEVELOPMENT
DIVISION 4 PRE-SERVICE EXPERIENCE AND TRAINING

§749.868. Can a child-placing agency waive pre-service training requirements for a foster parent?

(a) A child-placing agency, including a single source continuum contractor, may waive any of the following pre-service training requirements for a foster parent if the agency determines that the requirement is not directly related to the ages and number of children the foster home will care for and the types of services the home will provide:

- (1) General pre-service training;
- (2) Normalcy; or
- (3) Emergency behavior intervention.

(b) After waiving a pre-service training requirement for a foster parent, an agency must reevaluate the waiver if, within the first year, there is a change in the foster **home's verification with respect to the ages or number of children the home can care for** or the types of services the home can provide. If the agency determines that the waived preservice training is directly related to the ages or number of children the home can care for, or the types of services the home can provide, the foster parent must complete the training.

(c) You must document:

(1) any determination that a waiver of pre-service training is appropriate for a foster parent; and

(2) any re-evaluation of the foster home due to changes to the ages or number of children the home can care for or the types of services the home can provide.

TITLE 26 HEALTH AND HUMAN SERVICES
 PART 1 HEALTH AND HUMAN SERVICES COMMISSION
 CHAPTER 749 MINIMUM STANDARDS FOR CHILD-PLACING AGENCIES
 SUBCHAPTER F TRAINING AND PROFESSIONAL DEVELOPMENT
 DIVISION 7 ANNUAL TRAINING

§749.931. 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 §749.931(a)

Type of Employee	Hours of Annual Training
(1) Child placement staff with less than one year of child-placing experience	30 hours
(2) Child placement staff with at least one year of child-placing experience; all child placement management staff, except those exclusively assigned to provide adoption services	20 hours
(3) Executive directors, treatment directors, and fulltime professional service providers who do not hold a relevant professional license	20 hours
(4) Child-placing agency administrators, executive directors, treatment directors, and full-time professional service providers who hold a relevant professional license	15 hours

(b) For the annual training hours described in subsections (a)(1), (2), and (3) of this section, each employee must complete the following specific types of training and hours:

Figure: 26 TAC §749.931(b)

Type of Training	Hours
(1) Prevention, Recognition, and Reporting on Child Abuse, Neglect, and Exploitation	1 hour
(2) Trauma Informed Care	2 hours
(3) Normalcy	1 hour

(c) **The** annual training hours for an employee described **in** subsection (a)(4) of this section:

(1) **Must** include one hour of training on prevention, recognition, and reporting on child abuse, neglect, and exploitation; and

(2) May include annual training hours that the employee completes to maintain a relevant professional license, if the hours include the necessary components of subsection (c)(1) of this section or the employee completes those components separately.

(d) 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.

§749.935. 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 §749.801(3) of this subchapter (relating to What do certain words and terms mean in this subchapter?);

(4) Self-instructional training, as defined at §749.801(5) of this subchapter;

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

(6) Planned learning opportunities provided by a child-placing agency administrator, professional contract service provider, professional service provider, treatment director, child placement management staff, child placement staff, contractor, 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) Pediatric first aid and pediatric 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, but 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 §749.801(5) of this subchapter. No more than three of those self-instructional hours may come from self-study training as defined at §749.801(6) 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.

TITLE 26 HEALTH AND HUMAN SERVICES
PART 1 HEALTH AND HUMAN SERVICES COMMISSION
CHAPTER 749 MINIMUM STANDARDS FOR CHILD-PLACING AGENCIES
SUBCHAPTER H FOSTER CARE SERVICES: ADMISSION AND PLACEMENT
DIVISION 1 ADMISSIONS

§749.1113. 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;
- (4) Adoption policies, if applicable; and
- (5) 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 agency; 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 agency.

(c) If you sign a placement agreement for a transitional living program with a child as specified in §749.1109(c) 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;

(B) Involvement of the child in any publicity or fundraising activity for the agency; 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 agency; 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.

TITLE 26	HEALTH AND HUMAN SERVICES
PART 1	HEALTH AND HUMAN SERVICES COMMISSION
CHAPTER 749	MINIMUM STANDARDS FOR CHILD-PLACING AGENCIES
SUBCHAPTER H	FOSTER CARE SERVICES: ADMISSION AND PLACEMENT
DIVISION 2	ADMISSION ASSESSMENT

§749.1133. 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 §749.1135 of this **division** (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, including 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.

§749.1135. What are the additional admission assessment requirements when I admit a child for treatment services?

When you admit a child for treatment services, you must do the following, as applicable:

Figure: 26 TAC §749.1135

If:	Then:
<p>(1) You intend to provide treatment services for a child with an emotional disorder or autism spectrum disorder</p>	<p>(A) The admission assessment must include a written, dated, and signed:</p> <ul style="list-style-type: none">(i) Psychiatric evaluation or psychological evaluation, including the child's diagnosis; or(ii) Psychosocial assessment as defined in §749.43 of this title (relating to What do certain words and terms mean in this chapter?). <p>(B) A psychiatric evaluation, psychological evaluation, or psychosocial assessment must have been completed within:</p> <ul style="list-style-type: none">(i) 14 months of the date of admission, if the child is coming from another regulated placement; or(ii) Six months of the date of admission, if the child is not coming from another regulated placement. <p>(C) The admission assessment must include the reasons for choosing treatment services for the child.</p> <p>(D) The admission assessment must include consideration given to any history of inpatient or outpatient treatment.</p>

If:	Then:
<p>(2) You intend to provide treatment services for a child with an intellectual disability</p>	<p>(A) The admission assessment must include a written, dated, and signed:</p> <ul style="list-style-type: none">(i) Psychological evaluation with psychometric testing, including the child's diagnosis; or(ii) Psychosocial assessment as defined in §749.43 of this title. <p>(B) A psychological evaluation or psychosocial assessment must be completed within 14 months of the date of admission.</p> <p>(C) A psychological evaluation must:</p> <ul style="list-style-type: none">(i) Be performed by a licensed psychologist who has experience with intellectual disabilities or published scales;(ii) Include the use of standardized tests to determine the intellectual functioning of a child. The test results must be documented in the evaluation;(iii) Determine and document the child's level of adaptive functioning; and(iv) Indicate manifestations of an intellectual disability as defined in the Diagnostic and Statistical Manual of Mental Disorders 5 (DSM-5). <p>(D) The admission assessment must include the reasons for choosing treatment services for the child.</p> <p>(E) The admission assessment must include consideration given to any history of inpatient or outpatient treatment.</p>

If:	Then:
<p>(3) You intend to provide treatment services for a child with primary medical needs</p>	<p>(A) The admission assessment must have a licensed physician's signed, written orders as the basis for the child's admission. An evaluation from a health care professional must confirm that the child can be cared for appropriately in a foster home setting.</p> <p>(B) There must be a documented evaluation from a health care professional that the foster parents have been trained to meet the needs of the child and demonstrated competency.</p> <p>(C) The written orders or hospital discharge must include orders for:</p> <ul style="list-style-type: none">(i) Medications;(ii) Treatments;(iii) Diet;(iv) Range-of-motion program at stated intervals;(v) Habilitation, as appropriate; and(vi) Any special medical or developmental procedures. <p>(D) The admission assessment must include the reasons for choosing treatment services for the child.</p> <p>(E) The admission assessment must include consideration given to any history of inpatient or outpatient treatment.</p>

If:	Then:
<p>(4) The child's behavior or history within the last two months indicates that the child is an immediate danger to self or others</p>	<p>(A) The admission assessment must include a written, dated, and signed:</p> <ul style="list-style-type: none">(i) Psychiatric evaluation or psychological evaluation, including the child's diagnosis; or(ii) Psychosocial assessment as defined in §749.43 of this title. <p>(B) A psychiatric evaluation or psychological evaluation must include:</p> <ul style="list-style-type: none">(i) The child's diagnosis, if applicable;(ii) An assessment of the child's needs and potential danger to self or others; and(iii) Recommendations for care, treatment, and further evaluation. If the child is admitted, the recommendations must become part of the child's service plan and must be implemented. <p>(C) A psychiatric evaluation, psychological evaluation, or psychosocial assessment must have been completed within:</p> <ul style="list-style-type: none">(i) 14 months of the date of admission, if the child is coming from another regulated placement; or(ii) Six months of the date of admission, if the child is not coming from another regulated placement.

TITLE 26 HEALTH AND HUMAN SERVICES
PART 1 HEALTH AND HUMAN SERVICES COMMISSION
CHAPTER 749 MINIMUM STANDARDS FOR CHILD-PLACING AGENCIES
SUBCHAPTER J FOSTER CARE SERVICES: MEDICAL AND DENTAL
DIVISION 1 MEDICAL AND DENTAL CARE

§749.1437. 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 749 MINIMUM STANDARDS FOR CHILD-PLACING AGENCIES
SUBCHAPTER J FOSTER CARE SERVICES: MEDICAL AND DENTAL
DIVISION 2 ADMINISTRATION OF MEDICATION

§749.1469. 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 non-prescription 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 749 MINIMUM STANDARDS FOR CHILD-PLACING AGENCIES
SUBCHAPTER K FOSTER CARE SERVICES: DAILY CARE, PROBLEM MANAGEMENT
DIVISION 1 ADDITIONAL REQUIREMENTS FOR INFANT CARE

§749.1801. What do certain words mean in this division?

These words have the following meanings in this division:

(1) Baby bungee jumper--A bucket seat that is suspended from a doorway by an elastic bungee cord that allows an infant to bounce while sitting in the seat.

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

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

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

TITLE 26 HEALTH AND HUMAN SERVICES
PART 1 HEALTH AND HUMAN SERVICES COMMISSION
CHAPTER 749 MINIMUM STANDARDS FOR CHILD-PLACING AGENCIES
SUBCHAPTER K FOSTER CARE SERVICES: DAILY CARE, PROBLEM MANAGEMENT
DIVISION 4 EDUCATIONAL SERVICES

§749.1893. What responsibilities do caregivers have for the educational needs of a child in their care?

Caregivers must:

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

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

(3) Permit, encourage, and make reasonable efforts to involve the child in extracurricular activities as determined by a reasonable and prudent parent standard 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) Request ARD (admission, review, and dismissal), IEP (individual education plan), and ITP (individual transitional planning) meetings if concerned with the **child's educational program or if the child does not appear to be making progress;**

(7) Provide notice to the parent of the child of any scheduled ARD, IEP, or ITP meetings;

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

(9) 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 749 MINIMUM STANDARDS FOR CHILD-PLACING AGENCIES
SUBCHAPTER K FOSTER CARE SERVICES: DAILY CARE, PROBLEM MANAGEMENT
DIVISION 6 DISCIPLINE AND PUNISHMENT

§749.1957. What other methods of punishment are prohibited?

In addition to corporal punishment, prohibited discipline techniques include, but are not limited to:

(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 a form of 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 749 MINIMUM STANDARDS FOR CHILD-PLACING AGENCIES
SUBCHAPTER L FOSTER CARE SERVICES: EMERGENCY BEHAVIOR
INTERVENTION
DIVISION 1 DEFINITIONS

§749.2001. What do certain terms mean in this subchapter?

These terms have the following meaning in this subchapter:

(1) Transitional hold--The use of a temporary restraint technique that lasts no longer than one minute as part of the continuation of a longer personal restraint.

(2) Triggered review--A review of a specific child's placement, treatment plan, and orders or recommendations for intervention, because a certain number of interventions have been made within a specified period of time.

TITLE 26 HEALTH AND HUMAN SERVICES
 PART 1 HEALTH AND HUMAN SERVICES COMMISSION
 CHAPTER 749 MINIMUM STANDARDS FOR CHILD-PLACING AGENCIES
 SUBCHAPTER L FOSTER CARE SERVICES: EMERGENCY BEHAVIOR INTERVENTION
 DIVISION 3 ORDERS

§749.2107. 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 §749.2107(a)

Type of Emergency Behavior Intervention	Conditions:
(1) Short personal restraint	Not applicable, because short personal restraints do not require orders.
(2) Personal restraint	<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, as describe in §749.2281 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.

(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 749 MINIMUM STANDARDS FOR CHILD-PLACING AGENCIES
 SUBCHAPTER L FOSTER CARE SERVICES: EMERGENCY BEHAVIOR INTERVENTION
 DIVISION 4 RESPONSIBILITIES DURING ADMINISTRATION OF ANY TYPE OF EMERGENCY BEHAVIOR INTERVENTION

§749.2153. When must a caregiver release a child from an emergency behavior intervention?

A child must be released as follows:

Figure: 26 TAC §749.2153

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. 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. 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.

TITLE 26 HEALTH AND HUMAN SERVICES
 PART 1 HEALTH AND HUMAN SERVICES COMMISSION
 CHAPTER 749 MINIMUM STANDARDS FOR CHILD-PLACING AGENCIES
 SUBCHAPTER L FOSTER CARE SERVICES: EMERGENCY BEHAVIOR INTERVENTION
 DIVISION 7 TIME RESTRICTIONS FOR EMERGENCY BEHAVIOR INTERVENTION

§749.2281. 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 §749.2281

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.

TITLE 26 HEALTH AND HUMAN SERVICES
PART 1 HEALTH AND HUMAN SERVICES COMMISSION
CHAPTER 749 MINIMUM STANDARDS FOR CHILD-PLACING AGENCIES
SUBCHAPTER L FOSTER CARE SERVICES: EMERGENCY BEHAVIOR INTERVENTION
DIVISION 8 GENERAL CAREGIVER RESPONSIBILITIES, INCLUDING DOCUMENTATION, AFTER THE ADMINISTRATION OF EMERGENCY BEHAVIOR INTERVENTION

§749.2307. 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 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 749 MINIMUM STANDARDS FOR CHILD-PLACING AGENCIES
SUBCHAPTER L FOSTER CARE SERVICES: EMERGENCY BEHAVIOR
INTERVENTION
DIVISION 10 OVERALL OPERATION EVALUATION

§749.2383. What data must be collected?

(a) Quarterly, you must collect, document, and review aggregate numbers of emergency behavior interventions by type of intervention **except for** 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 749 MINIMUM STANDARDS FOR CHILD-PLACING AGENCIES
SUBCHAPTER M FOSTER HOMES: SCREENINGS AND VERIFICATIONS
DIVISION 3 VERIFICATION OF FOSTER HOMES

§749.2485. What are the requirements for verifying a foster home at a residence that I own?

(a) You must verify the home in the name of one foster family for whom the home is the primary residence. You may only verify the home in the name of one foster family.

(b) A home is considered a primary residence if the person lives there on a routine basis and:

(1) It is the place of residence on their most recent tax return; or

(2) It is the address listed on their motor vehicle registration, driver's license, voter's registration, or other document filed with a public agency.

§749.2493. May a foster home provide day care in addition to foster care?

A foster family home may provide day care in addition to foster care under the following conditions:

(1) The number and ages of children in both types of care must meet all relevant laws and rules, including the requirements listed in §745.375 of this title (relating to May I offer child day care at my agency foster home or independent foster home?);

(2) The caregivers can supervise all children appropriately, meet all children's needs, and protect all children in both foster and day care;

(3) There is adequate space and there are adequate staff or caregivers to meet all applicable rules;

(4) The child-placing agency completes a written assessment, signed by child placement management staff, of the:

(A) Needs of the children in foster care and how the needs of the children in day care may impact the foster children; and

(B) Basis for determining no conflict of care exists in providing the two types of care; and

(5) Both the Residential Child-Care and Child Day-Care Divisions of Licensing approve.

TITLE 26 HEALTH AND HUMAN SERVICES
PART 1 HEALTH AND HUMAN SERVICES COMMISSION
CHAPTER 749 MINIMUM STANDARDS FOR CHILD-PLACING AGENCIES
SUBCHAPTER O FOSTER HOMES: HEALTH AND SAFETY REQUIREMENTS,
ENVIRONMENT, SPACE AND EQUIPMENT
DIVISION 1 HEALTH AND SAFETY

§749.2903. What fire safety measures are required at a foster family home not serving children receiving treatment services for primary medical needs?

(a) Foster family homes not serving children receiving treatment services for primary medical needs must have either:

(1) A fire inspection conducted by a state or local fire authority; or

(2) A fire safety evaluation conducted by your child placement staff using the State Fire Marshal's fire prevention checklist for foster home

(b) Each fire inspection or fire safety evaluation must be documented, including the name and telephone number of the person who conducted the inspection or evaluation.

(c) The foster home must correct any deficiencies documented during any inspection or evaluation and must comply with any conditions or restrictions specified by the inspector or evaluator.

(d) If a foster family home changes verification to become either a foster family home serving children receiving treatment services for primary medical needs, then the foster home must meet the fire safety measures for §749.2904 of this title (relating to What fire safety measures are required at a foster family home serving children receiving treatment services for primary medical needs?) before changing the verification.

§749.2904. What fire safety measures are required at a foster family home serving children receiving treatment services for primary medical needs?

(a) Foster family homes serving children receiving treatment services for primary medical needs must have a fire inspection conducted by a state or local fire authority. You must document efforts to obtain a fire inspection. If, after exploring and documenting efforts to obtain a fire inspection for a home, you cannot obtain a fire inspection, then a fire safety evaluation may be conducted by your child-placement staff using the State Fire Marshal's fire prevention checklist for foster homes. Documentation of efforts to obtain a fire inspection must include each date, the name of the person contacted, and the person's response to the request to complete an inspection.

(b) Each inspection or use of the State Fire Marshal's checklist must be documented, including the name and telephone number of the person who conducted the inspection or evaluation.

(c) Deficiencies documented during any inspection or use of the State Fire Marshal's checklist must be corrected, and the foster home must comply with any conditions or restrictions specified by the inspector or child-placement staff.

(d) Once you document that a fire inspection is not available in a particular area, you may use that documentation for any foster home verified by you in that area. A copy of the documentation must be on file in each foster home record to which the documentation applies.

(e) Documentation that a fire inspection is not available in a particular area is valid for one year.

§749.2905. How often must fire and health inspections be conducted at a foster home?

(a) Unless otherwise stated in the report, a fire or health inspection report obtained from a local health authority or state or local fire authority is current for **two** years for a foster family home.

(b) A fire safety or health and safety evaluation **conducted by your child placement staff using the State Fire Marshal's** checklist **for foster homes** is current for one year.

TITLE 26 HEALTH AND HUMAN SERVICES
PART 1 HEALTH AND HUMAN SERVICES COMMISSION
CHAPTER 749 MINIMUM STANDARDS FOR CHILD-PLACING AGENCIES
SUBCHAPTER O FOSTER HOMES: HEALTH AND SAFETY REQUIREMENTS,
ENVIRONMENT, SPACE AND EQUIPMENT
DIVISION 3 WEAPONS, FIREARMS, EXPLOSIVE MATERIALS, AND
PROJECTILES

§749.2961. Are weapons, firearms, explosive materials, and projectiles permitted in a foster home?

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

(1) 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 requiring a foster parent to keep them in locked storage when they are not in use.

(2) You must determine that it is appropriate for a specific child to use the weapons, firearms, explosive materials, or projectiles.

(3) 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) Your policies must require foster parents to notify you if there is a change in the type of or an addition to weapons, firearms, explosive materials, projectiles, or toys that explode or shoot that are on the property where the foster home is located.

(c) You must determine whether it is appropriate for a specific child to use a toy that explodes or shoots. The child must be supervised when using or being around a toy that explodes or shoots, and the toy must be age appropriate to the child.

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

Helpful Information

Regarding subsection (c), a "toy that explodes or shoots" does not pertain to Nerf guns, water guns, or other toys that are appropriate for children and do not present a risk to safety.

§749.2967. May a caregiver transport a child in a vehicle where firearms, other weapons, explosive materials, or projectiles are present?

(a) A caregiver may transport a child in a vehicle where firearms (other than handguns), other weapons, explosive materials, or projectiles are present if:

(1) All firearms are not loaded;

(2) The firearms, other weapons, explosive materials, or projectiles are inaccessible to the child; and

(3) Possession of the firearm is legal.

(b) A caregiver may transport a child in a vehicle where a handgun is present if:

(1) The handgun is in the possession and control of the caregiver; and

(2) The caregiver is not prohibited by law from carrying a handgun.

TITLE 26 HEALTH AND HUMAN SERVICES
PART 1 HEALTH AND HUMAN SERVICES COMMISSION
CHAPTER 749 MINIMUM STANDARDS FOR CHILD-PLACING AGENCIES
SUBCHAPTER O FOSTER HOMES: HEALTH AND SAFETY REQUIREMENTS,
ENVIRONMENT, SPACE AND EQUIPMENT
DIVISION 4 SPACE AND EQUIPMENT

§749.3025. 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) §749.1103 of this chapter (relating to After a child in my care turns 18 years old, may the person remain in my care?); or

(B) §749.1105 of this chapter (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.

§749.3027. May a child in care share a bedroom with an adult caregiver in the foster home?

(a) 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 a caregiver; and

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

(b) An exception for a child to share a bedroom with an adult caregiver may be made during specific travel and camping situations if no other more reasonable provision is available to the child and other requirements are met.

(c) Children may not sleep in the same bed with an adult caregiver at any time.

(d) To facilitate continuous supervision of a child, the caregiver may move a child to a location where the caregiver can directly and continuously supervise a child until there is no longer an immediate danger to self or others. However, the caregiver must provide comfortable sleeping arrangements for the child.

§749.3029. 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 child and receive treatment services for primary medical needs.

(b) The following must occur before you may allow children of the opposite sex 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.

§749.3043. When is a product considered unsafe and what are a caregiver's responsibilities regarding unsafe products in a foster home?

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

(1) The recall has not been rescinded; and

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

(b) A caregiver is responsible for reviewing the CPSC recall list. All current and past recalls may be viewed through the CPSC's Internet website at: www.cpsc.gov. A caregiver must ensure that there are no unsafe products at the foster home unless:

(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.

TITLE 26 HEALTH AND HUMAN SERVICES
PART 1 HEALTH AND HUMAN SERVICES COMMISSION
CHAPTER 749 MINIMUM STANDARDS FOR CHILD-PLACING AGENCIES
SUBCHAPTER O FOSTER HOMES: HEALTH AND SAFETY REQUIREMENTS,
ENVIRONMENT, SPACE AND EQUIPMENT
DIVISION 7 SWIMMING POOLS, BODIES OF WATER, SAFETY

§749.3133. What are the requirements for a **swimming** pool at a foster home?

(a) The caregivers must inform children about house rules for use of the **swimming** pool and appropriate safety precautions. Adult supervision and monitoring of safety features must be adequate to protect children younger than 12 years of age and children of any age who are not competent swimmers from unsupervised access to the **swimming** pool.

(b) The swimming pool must be built and maintained according to the standards of the **Texas** Department of State Health Services and any other applicable state or local regulations.

(c) The swimming pool must have a barrier, including a fence or wall, that prevents **a child's unauthorized access to the swimming pool. A swimming pool cover does** not meet this requirement unless it is a power safety cover that meets the specifications of the American Society for Testing Materials, which specifies safety performance requirements for pool covers.

(d) A fence or wall that is at least four feet high must enclose the pool area. The fence must be well constructed and be installed completely around the pool area. **The back wall of a house may serve as one side of the fence or wall as long as the requirements in subsection (f) of this section are met.**

(e) Fence gates leading to the outdoor pool area must be self-closing and self-latching. Gates must be locked when the pool is not in use. Keys **or locks** to open the gate must not be accessible to children under the age of 12 years old, children of any age who are not competent swimmers, or any children receiving treatment services.

(f) **If the home serves as one side of the fence or wall, any door** that **leads** from the home to the **swimming** pool area must have:

(1) **A door alarm; and**

(2) **A lock that only adults or children over 12 years old can reach. The lock must be completely out of the reach of children younger than 12 years old, unless:**

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

(B) the fire authority's determination is kept in the foster home record.

(g) Furniture, equipment, or large materials must not be close enough to the swimming pool area for a child to use them to gain unauthorized access to the swimming pool.

(h) 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. One additional life-saving device must be available for each 2,000 square feet of water surface, so a swimming pool of 2,000 square feet would require three life saving devices.

(i) Drain grates must be in place, in good repair, and capable of being removed only with tools.

(j) Caregivers must be able to clearly see all parts of the swimming pool when supervising activity in the area.

(k) The bottom of the swimming pool must be visible at all times.

(l) Swimming pool covers must be completely removed prior to pool use.

(m) An adult must be present who is able to immediately turn off the pump and filtering system when any child is in the swimming pool.

(n) Swimming pool chemicals and pumps must be inaccessible to all children.

(o) Machinery rooms must be locked to keep children out.

(p) An aboveground swimming pool must:

(1) Be inaccessible to children under the age of 12 years old, children of any age who are not competent swimmers, or any children receiving treatment services when it is not in use; and

(2) Meet all other requirements in this division.

Helpful Information

Regarding subsection (c), you may review the specifications for pool covers noted by the American Society for Testing Materials at <http://www.astm.org/>.

Regarding subsection (d), a backyard fence combined with the back wall of a house will meet the intention of the rule; therefore, no additional fence or wall is needed also long as it meets all fence/wall and gate criteria in §749.3133(d) and (f). Subsection (a) requires that children may not have unsupervised access to the pool area. Therefore, if the backyard fence serves as the pool fence/wall, then children may not have unsupervised access to the back yard and doors leading to the back yard must comply with §749.3133(f). If the entire backyard is serving as the pool area, children may not be in the backyard without direct caregiver supervision.

Helpful Information

Regarding subsection (p), you must ensure the stairs to an aboveground swimming pool are inaccessible to children.

§749.3137. 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 §749.3137(a)

If the age of the youngest child is...	Swimming Child/Adult Ratio
(1) 0 to 23 months old	1:1
(2) 2 years old	2:1
(3) 3 years old	3:1
(4) 4 years old	4:1
(5) 5 years old or older in a foster family home; and either: (A) One child is receiving treatment services for primary medical needs; or (B) Three or more children are receiving treatment services	4:1
(6) 5 years old or older in a foster family home, no children are receiving treatment services for primary medical needs, and no more than two children are receiving treatment services	6:1

(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 any 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 lifeguard who is supervising the area where the children are swimming may be counted in the child/adult ratio; however, one caregiver must always be present and the lifeguard may not be the only person counted in the child/adult ratio.

(e) 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.

(f) The ratios in subsection (a) of this section:

(1) do not include children over the age of 12 years old who are competent swimmers.

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

Helpful Information

Regarding subsection (b), if a foster parent takes four 4-year-olds swimming, subsection (a) only requires one person to supervise the four children. However, if all four 4-year-olds are 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 749 MINIMUM STANDARDS FOR CHILD-PLACING AGENCIES
 SUBCHAPTER Q ADOPTION SERVICES: CHILDREN
 DIVISION 5 REQUIRED INFORMATION

§749.3391. What information must I compile for a child I am considering for adoptive placement?

(a) As part of the Health, Social, Educational, and Genetic History report, you must compile the following information for a child you are considering for adoption placement:

Figure: 26 TAC §749.3391(a)

Type of Information:	Including
(1) Abuse or neglect history,	Physical, sexual, or emotional abuse history.
(2) Health History,	<p>(A) Current health status;</p> <p>(B) Birth history, neonatal history, and other medical, dental, psychological, or psychiatric history, including:</p> <ul style="list-style-type: none"> (i) Available results and diagnoses of any medical or dental examinations; (ii) Available results and diagnoses of any psychological, psychiatric, or social evaluations; and (iii) To the extent known by the Department of Family and Protective Services based on information collected under Human Resources Code §264.019: <ul style="list-style-type: none"> (I) Whether the child’s birth mother consumed alcohol during pregnancy; and (II) Whether the child has been diagnosed with fetal alcohol spectrum disorder; and <p>(C) Immunization record.</p>
(3) Social history,	Information about past and existing relations among the child and the child’s siblings, birth parents, extended family members, and other persons who have had physical possession of or legal access to the child.
(4) Educational History,	(A) Enrollment and performance in educational institutions;

Type of Information:	Including
	(B) Results of educational testing and standardized tests; and (C) Special educational needs, if any.
(5) Family History,	<p>Information about the child’s birth parents, maternal and paternal grandparents, other children born to either of the child’s birth parents, and extended family members, including their:</p> <p>(A) Health and medical history, including any information obtained in the medical history report and information on genetic diseases or disorders;</p> <p>(B) Current health status;</p> <p>(C) If deceased, cause of and age of death;</p> <p>(D) Height, weight, eye, and hair color;</p> <p>(E) Nationality and ethnic backgrounds;</p> <p>(F) General levels of educational and professional achievements;</p> <p>(G) Religious backgrounds;</p> <p>(H) Results of any psychological, psychiatric, or social evaluations, including the date of any such evaluation, any diagnosis, and a summary of any findings;</p> <p>(I) Any criminal conviction record relating to the following:</p> <p style="padding-left: 40px;">(i) A misdemeanor or felony classified as an offense against the person or family;</p> <p style="padding-left: 40px;">(ii) A misdemeanor or felony classified as public indecency;</p> <p style="padding-left: 40px;">or</p> <p style="padding-left: 40px;">(iii) A felony violation of a statute intended to control the possession or distribution of a substance included in the Texas Controlled Substances Act; and</p> <p>(J) Any information necessary to determine whether the child is entitled to, or otherwise eligible for, state or federal financial, medical, or other assistance.</p>

(b) In addition, you must document the following in the child's record:

Figure: 26 TAC §749.3391(b)

Type of Information:	Including
(1) History of previous Placements,	Information about the child's previous placements, including the dates and reasons for placement.
(2) Child's legal status,	Information about the child's legal status.
(3) Child's understanding of adoptive placement,	Information about the child's understanding of adoptive placement.

(c) This section does not apply to an adoption by the child's:

(1) Grandparent;

(2) Aunt or uncle by birth, marriage, or prior adoption; or

(3) Stepparent.

§749.3395. What information must I provide the adoptive parents prior to or at the time of adoptive placement?

(a) The agency must discuss information about the child and his birth parents with the prospective adoptive parents.

(b) According to the Texas Family Code §162.0062, you must inform the prospective adoptive parents of their right to examine the records and other information relating to the history of the child, including the Health, Social, Educational, and Genetic History (HSEGH) report and the child's health history within the HSEGH, **if you are required to do a HSEGH for the adoption.**

(c) Any records or other information examined by the prospective adoptive parents or any written information provided to the prospective adoptive parents must be edited to protect any confidential information.

(d) You must also provide the prospective adoptive parents with:

(1) Research, which may be suggested reading materials and/or websites, on how any known health issue that the child has and/or any trauma the child has experienced (i.e. abuse or neglect) may impact child development and the family's ability to maintain permanency;

(2) Information about the Department of Family and Protective Services (DFPS) adoption assistance programs, if the family may be eligible for such assistance;

(3) Information about community services and other resources available to support a parent who adopts a child; and

(4) The options available to the adoptive parent if the parent is unable to care for the adopted child, including working with the parent's post adopt provider about the possibility of post adoption substitute care services or working with the child placing agency that placed the child for adoption regarding any additional services. You should also inform the adoptive parents that the Texas Family Code, §162.026 makes it illegal to informally transfer the custody of an adopted child to a person, unless the person is a relative or stepparent of the child or an adult who has a significant long-standing relationship with the child, or the transfer of custody is a formal transfer of custody of the child through a court.

TITLE 26 HEALTH AND HUMAN SERVICES
PART 1 HEALTH AND HUMAN SERVICES COMMISSION
CHAPTER 749 MINIMUM STANDARDS FOR CHILD-PLACING AGENCIES
SUBCHAPTER R ADOPTION SERVICES: BIRTH PARENTS
DIVISION 1 BIRTH PARENT PREPARATION

§749.3503. What are the requirements for contacting birth parents that become my clients?

(a) Child placement staff must have at least:

(1) Two face-to-face contacts with birth parents prior to the relinquishment of parental rights over a period of two or more days. At least one interview must be held after the birth of the child. If face-to-face contact with the birth father is not feasible, you must document justification for contacts that are not face-to-face; and

(2) Except in cases of relinquishment or involuntary termination of parental rights, quarterly contact with birth parents prior to placement of the child.

(b) If the contacts required in subsection (a) of this section cannot be made, you must document that you have exercised reasonable efforts to locate the absent parent, and you must document why the contacts could not be made. Reasonable efforts to locate an absent parent are not required for an alleged biological father whose rights will be terminated under Texas Family Code §161.002(c-1).

(c) Contacts must assist birth parents to:

(1) Understand their feelings regarding relinquishing the child for adoption;

(2) Understand the long-range implications of relinquishing the child for adoption;

(3) Freely make a choice regarding relinquishing the child to the agency for adoption. The birth parents must not be pressured to make a decision to place their child for adoption;

(4) Express their expectations for adoptive placement, if placement is chosen, and the degree and type of involvement, if any, they desire with adoptive family; and

(5) Provide the required Health, Social, Educational, and Genetic History Report (HSEGH) information, if applicable.

(d) The following topics must be discussed with the birth parents:

(1) Preparation for childbirth, when applicable;

(2) Relinquishment or waiver of parental rights;

(3) Termination of parental rights; and

(4) Counseling in regard to separation, loss, and grief issues.

(e) Staff providing the service must document all contacts with birth parents.

(f) You may contract with another licensed child-placing agency to make these contacts as long as:

(1) The person making the contacts meets the minimum qualifications for a child-placement staff in §749.673 of this title (relating to What are the qualifications that an employee must have to perform child placement activities?);

(2) The agency submits the required documentation to you;

(3) Your child-placement management staff reviews and approves the documentation; and

(4) You maintain the documentation in the child's record.

TITLE 26 HEALTH AND HUMAN SERVICES
 PART 1 HEALTH AND HUMAN SERVICES COMMISSION
 CHAPTER 749 MINIMUM STANDARDS FOR CHILD-PLACING AGENCIES
 SUBCHAPTER V ADDITIONAL REQUIREMENTS FOR CHILD-PLACING AGENCIES
 THAT PROVIDE TRAFFICKING VICTIM SERVICES
 DIVISION 4 TRAINING

§749.4155. What are the annual training requirements for caregivers and employees?

Caregivers and certain employees must complete the following training hours:

Figure: 26 TAC §749.4155

Who is required to receive the annual training?	How many hours of annual training and what types of annual training are needed?
(1) All Caregivers	<p>(A) For homes with two foster parents, the foster parents must receive a total of 50 hours of annual training. Of these 50 hours:</p> <ul style="list-style-type: none"> (i) Eight hours for each foster parent must be on training specific to the emergency behavior interventions allowed by your agency; (ii) Two hours for each foster parent must be on training specific to trauma informed care; (iii) Four hours for each foster parent must be on training specific to trafficking victims, as further described in §749.4157 of this title (relating to What areas or topic must the four hours of annual training regarding trafficking victims include?); and (iv) The remaining 22 hours must be distributed appropriately, and each foster parent must receive some amount of the remaining training. <p>(B) For all other caregivers, including homes with one foster parent, 30 hours. Of these 30 hours:</p> <ul style="list-style-type: none"> (i) Eight hours must be on training specific to the emergency behavior interventions allowed by your agency; (ii) Two hours must be on training specific to trauma informed care; and (iii) Four hours must be on training specific to trafficking victims, as further described in §749.4157 of this division (relating to What areas or topics must the four hours of training regarding trafficking victims include?).
(2) Child placement	(A) 30 hours for the initial year. Of these 30 hours:

Who is required to receive the annual training?	How many hours of annual training and what types of annual training are needed?
staff with less than one year of child-placing experience	<p>(i) Two hours must be on training specific to trauma informed care; and</p> <p>(ii) Four hours must be on training specific to trafficking victims, as further described in §749.4157 of this division.</p> <p>(B) 20 hours after the initial year. Of these 20 hours:</p> <p>(i) One hour must be on training specific to trauma informed care; and</p> <p>(ii) Four hours must be on training specific to trafficking victims, as further described in §749.4157 of this division.</p> <p>(C) There are no annual training requirements for emergency behavior interventions. However, if there is a substantial change in techniques, types of intervention, or agency policies regarding emergency behavior intervention, then the staff must be re-trained.</p>
(3) Child placement staff with at least one year of child-placing experience, and child placement management staff	<p>(A) 20 hours. Of these 20 hours:</p> <p>(i) One hour must be on training specific to trauma informed care; and</p> <p>(ii) Four hours must be on training specific to trafficking victims, as further described in §749.4157 of this division.</p> <p>(B) There are no annual training requirements for emergency behavior interventions. However, if there is a substantial change in techniques, types of intervention, or agency policies regarding emergency behavior intervention, then the staff must be re-trained.</p>
(4) Child-placing agency administrators, executive directors, treatment directors, and full-time professional service providers who hold a relevant professional license	<p>(A) 15 hours.</p> <p>(B) Annual training hours used to maintain a person's relevant professional license may be used to complete these hours.</p> <p>(C) There are no annual training requirements for emergency behavior interventions. However, if there is a substantial change in techniques, types of intervention, or agency policies regarding emergency behavior intervention, then the staff must be re-trained.</p>
(5) Executive directors, treatment	(A) 20 hours. Of these 20 hours:

<p>Who is required to receive the annual training?</p>	<p>How many hours of annual training and what types of annual training are needed?</p>
<p>directors, and full-time professional service providers who do not hold a relevant professional license</p>	<p>(i) One hour must be on training specific to trauma informed care; and</p> <p>(ii) Four hours must be on training specific to trafficking victims, as further described in §749.4157 of this division.</p> <p>(B) There are no annual training requirements for emergency behavior interventions. However, if there is a substantial change in techniques, types of intervention, or agency policies regarding emergency behavior intervention, then the staff must be re-trained.</p>
<p>(6) Child-placing agency administrators, treatment directors, child placement staff, child placement management staff, and full-time professional service providers</p>	<p>At least one hour of annual training must focus on prevention, recognition, and reporting of child abuse and neglect, including:</p> <p>(A) Factors indicating a child is at risk for abuse or neglect;</p> <p>(B) Warning signs indicating a child may be a victim of abuse or neglect;</p> <p>(C) Internal procedures for reporting child abuse or neglect; and</p> <p>(D) Community organizations that have training programs available to child-placing agency staff members, children, and parents.</p>

TITLE 26 HEALTH AND HUMAN SERVICES
PART 1 HEALTH AND HUMAN SERVICES COMMISSION
CHAPTER 749 MINIMUM STANDARDS FOR CHILD-PLACING AGENCIES
SUBCHAPTER V ADDITIONAL REQUIREMENTS FOR CHILD-PLACING AGENCIES
THAT PROVIDE TRAFFICKING VICTIM SERVICES
DIVISION 5 ADMISSION AND SERVICE PLANNING

§749.4267. May **an** adult in care share a bedroom with a child in care receiving trafficking victim services?

(a) In addition to the requirements listed in §749.3025 of this **chapter** (relating to May an adult in care share a bedroom with a **child in care?**), you must re-assess the behaviors, maturity level, and relationships of each resident to determine whether there are risks to either the **child in care** or adult in care anytime a **resident**:

- (1) Runs away from the foster home and returns to care; or
- (2) Is discharged from your program and returns to care.

(b) The re-assessment must be documented and dated in the child's record.

TITLE 26 HEALTH AND HUMAN SERVICES
PART 1 HEALTH AND HUMAN SERVICES COMMISSION
CHAPTER 749 MINIMUM STANDARDS FOR CHILD-PLACING AGENCIES
SUBCHAPTER M FOSTER HOMES: SCREENINGS AND VERIFICATIONS
DIVISION 3 VERIFICATION OF FOSTER HOME

REPEAL

§749.2471. How do I convert a current foster group home verification to a foster family home verification?

TITLE 26 HEALTH AND HUMAN SERVICES
PART 1 HEALTH AND HUMAN SERVICES COMMISSION
CHAPTER 749 MINIMUM STANDARDS FOR CHILD-PLACING AGENCIES
SUBCHAPTER M FOSTER HOMES: SCREENINGS AND VERIFICATIONS
DIVISION 5 CAPACITY AND CHILD/CAREGIVER RATIO

REPEAL

§749.2553. What is the maximum number of children that a foster group home may care for?

§749.2563. How do I determine child/caregiver ratio for a foster group home?

§749.2565. Are there restrictions on placing a child younger than five years old in a foster group home?

§749.2566. Are there restrictions on placing a child receiving treatment services for primary medical needs in a foster group home?

§749.2567. Must a foster group home maintain the child/caregiver ratio at all times?

TITLE 26 HEALTH AND HUMAN SERVICES
PART 1 HEALTH AND HUMAN SERVICES COMMISSION
CHAPTER 749 MINIMUM STANDARDS FOR CHILD-PLACING AGENCIES
SUBCHAPTER N FOSTER HOMES: MANAGEMENT AND EVALUATION
REPEAL

§749.2827. How long may a current foster group home continue to operate?

TITLE 26 HEALTH AND HUMAN SERVICES
PART 1 HEALTH AND HUMAN SERVICES COMMISSION
CHAPTER 749 MINIMUM STANDARDS FOR CHILD-PLACING AGENCIES
SUBCHAPTER O FOSTER HOMES: HEALTH AND SAFETY REQUIREMENTS,
ENVIRONMENT, SPACE AND EQUIPMENT
DIVISION 4 SPACE AND EQUIPMENT
REPEAL

§749.3025. May an adult in care share a bedroom with a minor?

§749.3029. Can children of opposite sex share a bedroom?