

TABLES & GRAPHICS

Graphic images included in rules are published separately in this tables and graphics section. Graphic images are arranged in this section in the following order: Title Number, Part Number, Chapter Number and Section Number.

Graphic images are indicated in the text of the emergency, proposed, and adopted rules by the following tag: the word "Figure" followed by the TAC citation, rule number, and the appropriate subsection, paragraph, subparagraph, and so on.

Figure: 4 TAC §41.8(a)(3)(C)

QUARANTINE SCHEDULE FOR INFESTED AND EXPOSED PREMISES

North of Highway 90

Date of Pasture Vacation or Systematic Treatment		Date of Pasture Release	
August	16 - 31	June	16 - 30
September	1 - 30	July	1 - 31
October	1 - 31	August	1 - 31
November	1 - 30	September	1 - 30
December	1 - 31	September	30
January	1 - 31	September	30
February	1 - 28	September	30
March	1 - 31	September	30
April	1 - 30	October	1 - 31
May	1 - 31	November	1 - 31
June	1 - 15	December	1 - 15

June 16 - August 15

June																
V	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	
R	16	19	22	25	28	31	3	6	9	12	15	18	21	24	27	
December							January									
July																
V	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
R	30	2	5	8	11	14	17	20	23	26	1	4	7	10	13	
Jan February							March									
July																
V	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
R	17	20	23	26	29	1	4	7	10	13	16	19	22	25	28	1
March					April							May				
August																
V	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
R	4	7	10	13	16	19	22	25	28	31	3	6	9	12	15	
May							June									

V - Date Vacated R - Date Released

Fever tick eradication activity must be started within two weeks from the time fever tick infestation or exposure is found and reported to the owner or his agent, unless otherwise prescribed by the Texas Animal Health Commission.

Date of Systematic Treatment is first treatment of all livestock with no cattle fever ticks found on scratch inspection.

QUARANTINE SCHEDULE FOR INFESTED AND EXPOSED PREMISES

South of Highway 90

<u>Date of Pasture Vacation or Systematic Treatment</u>	<u>Date of Pasture Release</u>
August 1 - 31	May 1 - 31
September 1 - 30	June 1 - 30
October 1 - 31	July 1 - 31
November 1 - 30	August 1 - 31
December 1 - 31	September 1 - 30
January 1 - 31	September 30
February 1 - 28	September 30
March 1 - 31	September 30
April 1 - 30	October 1 - 31
May 1 - 31	November 1 - 31
June 1 - 15	December 1 - 15

June 16 - July 31

June															
V	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
R	16	19	22	25	28	31	3	6	9	12	15	18	21	24	27
	December						January								

July															
V	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
R	30	2	5	8	11	14	17	20	23	26	1	4	7	10	13
	Jan February							March							

July																
V	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
R	17	20	23	26	29	1	4	7	10	13	16	19	22	25	28	1
	March				April											May

V - Date Vacated R - Date Released

This eradication activity must be started within two weeks from the time tick infestation or exposure is found and reported to the owner or his agent, unless otherwise prescribed by the Texas Animal Health Commission.

Date of Systematic Treatment is first treatment of all livestock with no cattle fever ticks found on scratch inspection.

HEALTH RISK WARNING SIGN

- **Drinking any type of alcohol while pregnant can hurt your baby's brain, heart, kidneys, and other organs and can cause birth defects.**
- **The safest choice is not to drink at all when you are pregnant or trying to become pregnant.**
- **If you might be pregnant, think before you drink.**

AVISO SOBRE RIESGOS DE SALUD

- **Beber cualquier tipo de alcohol cuando está embarazada puede hacerles daño al cerebro, al corazón, a los riñones y a otros órganos de su bebé y puede causar defectos de nacimiento.**
- **Lo más seguro es no beber nada de alcohol cuando está intentando quedar embarazada o ya lo está.**
- **Si es posible que esté embarazada, piénselo antes de beber.**

Figure: 22 TAC §577.15

(a) APPLICATION FOR INITIAL LICENSE

Type of License Application	Total Fee
Veterinary Regular License	\$515
Veterinary Special License	\$575
Veterinary Provisional License	\$600
Veterinary Temporary License	\$200
Equine Dental Provider License	\$100
Veterinary Technician License	\$50

(b) LICENSE RENEWALS.

(1) Current License Renewals

Type Of License	Board Fees
Veterinary Regular License	\$159 <u>166.85</u>
Veterinary Special License	\$174 <u>181.85</u>
Veterinary Inactive License	\$105
Equine Dental Provider License	\$65
Equine Dental Provider Inactive License	\$55
Veterinary Technician Regular License	\$35
Veterinary Technician Inactive License	\$25

(2) Expired License Renewals – Less Than 90 Days Delinquent

Type Of License	Board Fees
Veterinary Regular License	\$234 <u>241.85</u>
Veterinary Special License	\$259 <u>266.85</u>
Veterinary Inactive License	\$155
Equine Dental Provider License	\$95
Equine Dental Provider Inactive License	\$80
Veterinary Technician Regular License	\$50
Veterinary Technician Inactive License	\$35

(3) Expired License Renewals – Greater Than 90 Days and Less Than 1 Year Delinquent

Type Of License	Board Fees
Veterinary Regular License	\$309 <u>316.85</u>

Veterinary Special License	\$344 <u>351.85</u>
Veterinary Inactive License	\$205
Equine Dental Provider License	\$125
Equine Dental Provider Inactive License	\$105
Veterinary Technician Regular License	\$65
Veterinary Technician Inactive License	\$45

(c) SPECIALIZED LICENSE CATEGORIES

Type Of License	Total Fee
Veterinary Reinstatement	\$250
Veterinary Re-Activation	\$150
Equine Dental Provider Re-Activation	\$25
Veterinary Technician Re-Activation	\$25

(d) OTHER FIXED FEES AND CHARGES

- (1) Criminal History Evaluation Letter: \$32
- (2) Returned Check Fee: \$25
- (3) Duplication of License: \$40
- (4) Letter of Good Standing: \$25
- (5) Continuing Education Approval Review Process: \$25
- (6) Continuing Education Approval Review submitted less than 30 days prior to the continuing education event: \$50
- (7) Equine Dental Certification approval review process: \$1500

Figure: 30 TAC §335.1(146)(D)(iv)

TABLE 1

	Use Constituting Disposal S.W. Def. (D)(i)(1)	Energy Recovery/Fuel S.W. Def. (D)(ii)(2)	Reclamation S.W. Def. (D)(iii)(3) ²	Speculative Accumulation S.W. Def. (D)(iv)(4)
Spent materials (listed hazardous and not listed characteristically hazardous)	*	*	*	*
Spent materials (nonhazardous) ¹	*	*	*	*
Sludges (listed hazardous in 40 CFR §261.31 or §261.32)	*	*	*	*
Sludges (not listed characteristically hazardous)	*	*		*
Sludges (nonhazardous) ¹	*	*		*
By-products (listed hazardous in 40 CFR §261.31 or §261.32)	*	*	*	*
By-products (not listed characteristically hazardous)	*	*		*
By-products (nonhazardous) ¹	*	*		*
Commercial chemical products (listed, not listed characteristically hazardous, and nonhazardous)	*	*		
Scrap metal that is not excluded under subparagraph (A) of this paragraph (hazardous)	*	*	*	*
Scrap metal other than excluded scrap metal (see §335.17(a)(9) of this title) (nonhazardous) ¹	*	*	*	*

NOTE: The terms "spent materials," "sludges," "by-products," "scrap metal," and "excluded scrap metal" are defined in §335.17 of this title (relating to Special Definitions for Recyclable Materials and Nonhazardous Recyclable Materials).

¹ These materials are governed by the provisions of §335.24(h) of this title (relating to Requirements for Recyclable Materials and Nonhazardous Recyclable Materials) only.

² Except as provided in 40 CFR §261.2(c)(3) and §261.4(a)(17) for mineral processing secondary materials or as provided in 40 CFR §261.4(a)(23), (24), or (27) for hazardous secondary materials.

Figure: 40 TAC §748.863(a)

Who is required to receive the training?	What type of pre-service training?	How many hours of training are required?	When must the training be completed?
(1) All caregivers	General pre-service training	8 hours	Before the person can be the only caregiver responsible for a child in care
(2) Child care administrators, professional level service providers, treatment directors, and case managers	Pre-service training regarding normalcy	2 hours	Before the person can be a designated person that makes decisions regarding a child's participation in childhood activities, or within 90 days of beginning job duties, whichever occurs earlier
(3) Caregivers caring for children receiving only child care services or programmatic services	Pre-service training regarding emergency behavior intervention	8 hours	At least 4 hours of training before the person can be the only caregiver responsible for a child in care, and all 8 hours of training within 90 days of being responsible for a child in care
(4) Caregivers caring for children receiving treatment services, except for those exclusively caring for children receiving treatment services for primary medical needs	Pre-service training regarding emergency behavior intervention	16 hours, however, if your operation prohibits the use of emergency behavior intervention, then only 8 hours of training are needed	At least half of the required hours of training before the person can be the only caregiver responsible for a child in care, and all of the required hours of training within 90 days of being responsible for a child in care
(5) Child care administrators, professional level service providers, treatment directors, and case managers, except those exclusively assigned to children receiving treatment services for primary medical needs	Pre-service training regarding emergency behavior intervention	8 hours	All 8 hours of training within 90 days of beginning job duties

Figure: 40 TAC §748.931(a)

Who is required to receive the annual training?	How many hours of annual training are required?
(1) Caregivers where an operation has less than 25 children in care that are receiving treatment services and less than 30% of their total population of children in care are receiving treatment services	(A) 20 hours. (B) Of the 20 hours, the training must include: (i) Two hours of training specific to trauma informed care; (ii) Two hours of training specific to normalcy; (iii) Four hours of training, every six months, specifically related to the emergency behavior intervention techniques that you allow. The caregiver must have this training within 180 days from the date that the caregiver last received such training; and (iv) Two hours of transportation safety training if the caregiver transports a child in care whose chronological or developmental age is younger than nine years old.
(2) Caregivers where an operation has 25 or more children in care that are receiving treatment services or 30% or more of their total population of children in care are receiving treatment services	(A) 50 hours. (B) Of the 50 hours, the training must include: (i) Two hours of training specific to trauma informed care; (ii) Two hours of training specific to normalcy; and (iii) Four hours of training, every six months, specifically related to the emergency behavior intervention techniques that you allow. The caregiver must have this training within 180 days from the date that the caregiver last received such training; and (iv) Two hours of transportation safety training if the caregiver transports a child in care whose chronological or developmental age is younger than nine years old.
(3) Caregivers in a cottage home	(A) 20 hours. (B) Of the 20 hours, the training must include: (i) Two hours of training specific to trauma informed care; (ii) Two hours of training specific to normalcy; and (iii) Four hours of training specifically related to the emergency behavior intervention techniques that you allow. The caregiver must have this training within 12 months from the date that the caregiver last received such training; and (iv) Two hours of transportation safety training if the caregiver transports a child in care whose chronological or developmental age is younger than nine years old.
(4) Child-care administrators, professional level service providers, treatment directors, and case managers who hold a relevant professional license	(A) 15 hours, (B) Of the 15 hours, the training must include: (i) Two hours of training on normalcy if the person is a designated person that makes

	<p>decisions regarding any child's participation in childhood activities; and</p> <p>(ii) Two hours of transportation safety training if the person transports a child in care whose chronological or developmental age is younger than nine years old.</p> <p>(C) Annual training hours used to maintain a person's relevant professional license may be used to complete these hours, as long as they include the necessary components of subsection (B) or those components are completed separately.</p> <p>(D) There are no annual training requirements for emergency behavior intervention. However, if there is a substantial change in techniques, types of intervention, or operation policies regarding emergency behavior intervention, then the staff must be re-trained in emergency behavior intervention.</p>
<p>(5) Professional level service providers, treatment directors, and case managers who do not hold a relevant professional license</p>	<p>(A) 20 hours.</p> <p>(B) Of the 20 hours, the training must include:</p> <p>(i) Two hours of training specific to trauma informed care;</p> <p>(ii) Two hours of training specific to normalcy; and</p> <p>(iii) Two hours of transportation safety training if the person transports a child in care whose chronological or developmental age is younger than nine years old.</p> <p>(C) There are no annual training requirements for emergency behavior intervention. However, if there is a substantial change in techniques, types of intervention, or operation policies regarding emergency behavior intervention, then the staff must be re-trained in emergency behavior intervention.</p>

Figure: 40 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) Within 2 hours after the child's death.	(B)(i) YES (B)(ii) Within 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) Report as soon as possible, but no later than 24 hours after the incident or occurrence.	(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) As soon as you become aware of it.	(C)(i) NO (C)(ii) Not applicable
(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	(A)(i) YES (A)(ii) As soon as 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

Serious Incident	(i) To Licensing? (ii) If so, when?	(i) To Parents? (ii) If so, when?	(i) To Law enforcement? (ii) If so, when?
in substantial physical injury to the child.			
(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.	(A)(i) YES (A)(ii) As soon as 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
(6) A child is indicted, charged, or arrested for a crime, not including being issued a ticket at school by law enforcement or any other citation that does not result in the child being detained; or when law enforcement responds to an alleged incident at the foster home.	(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 developmentally or chronologically under 6 years old is absent from a foster home and cannot be located, including the removal of a child by an unauthorized person.	(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

Serious Incident	(i) To Licensing? (ii) If so, when?	(i) To Parents? (ii) If so, when?	(i) To Law enforcement? (ii) If so, when?
			still missing.
(8) A child developmentally or chronologically 6 to 12 years old is absent from a foster home and cannot be located, including the removal of a child by an unauthorized person.	(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.
(9) A child 13 years old or older is absent from a foster home and cannot be located, including the removal of a child by an unauthorized person.	(A)(i) YES (A)(ii) No later than 2 hours from when the child's absence is discovered and the child is still missing.	(B)(i) YES (B)(ii) No later than 2 hours from when the child's absence is discovered and the child is still missing.	(C)(i) YES (C)(ii) No later than 2 hours from when the child's absence is discovered and the child is still missing.
(10) A child in your care contracts a communicable disease that the law requires you to report to the Department of State Health Services (DSHS) as specified in 25 TAC 97, Subchapter A, (relating to Control of Communicable Diseases).	(A)(i) YES, unless the information is confidential. (A)(ii) As soon as possible, but no later than 24 hours after you become aware of the communicable disease.	(B)(i) YES, if their child has contracted the communicable disease or has been exposed to it. (B)(ii) As soon as possible, but no later than 24 hours after you become aware of the communicable disease.	(C)(i) NO (C)(ii) Not applicable
(11) 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) As soon as you become aware of the incident.	C)(i) NO (C)(ii) Not applicable

Figure: 40 TAC §749.503(d)

Serious Incident	(i) To Licensing?	(i) To Parents?
	(ii) If so, when?	(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 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 any other entity (other than Licensing) 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	(B)(i) NO (B)(ii) Not applicable.

Serious Incident	(i) To Licensing?	(i) To Parents?
	(ii) If so, when?	(ii) If so, when?
<p>(6) An arrest, indictment, or a county or district attorney accepts an "Information" regarding an official complaint, against 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 §745.651 of this title (relating to What types of criminal convictions may affect a person's ability to be present at an operation?); or when law enforcement responds to an alleged incident at the foster home.</p>	<p>aware of the investigation.</p> <p>(A)(i) YES</p> <p>(A)(ii) As soon as possible, but no later than 24 hours after you become aware of the situation.</p>	<p>(B)(i) NO</p> <p>(B)(ii) Not applicable.</p>

Figure: 40 TAC §749.513

Serious incident	Documentation
(1) Child death, substantial physical injury, or a suicide attempt reportable under §749.503(a)(1), (2), and (11) of this title (relating to When must I report and document a serious incident?).	Any emergency behavior intervention implemented on the child within 48 hours prior to the serious incident.
(2) Any substantial physical injury reportable under §749.503(a)(2) of this title that resulted from a short personal restraint.	Documentation of the short personal restraint, including the precipitating circumstances and specific behaviors that led to the emergency behavior intervention.
(3) Child absent without permission.	(A) Any efforts made to locate the child; (B) The date and time you notified the parent(s) and the appropriate law enforcement agency and the names of the persons with whom you spoke regarding the child's absence and subsequent location or return to the foster home; and (C) If the parent cannot be located, dates and times of all efforts made to notify the parent regarding the child's absence and subsequent location or return to the foster home.
(4) Any physical or sexual abuse committed by a child against another child reportable under §749.503(a)(4) or (5) of this title.	The difference in size, age, and developmental level of the children involved in the physical or sexual abuse.

Figure: 40 TAC §749.673

Options for qualifications:	Educational qualifications:	Professional qualifications:
Option 1	<p>(1) A master's degree from an accredited college or university; or</p> <p>(2) A bachelor's degree from an accredited college or university in social work or other human services field.</p>	<p>(A) One year of documented full-time work experience in a child-placing agency, in a residential child-care operation, or as a conservatorship caseworker or foster adoptive home development worker for the department. The experience must be in conducting assessments, service planning, or case management duties. The experience may include a maximum of 350 hours of formal, supervised field placement or practicum in child-placing activities; or</p> <p>(B) One year working under the direct supervision of child placement management staff. The direct supervision with the child placement management staff must consist of 10 documented, monthly, face-to-face, individual, case-related conferences over the year. The direct supervision must continue until the employee's previous experience and directly supervised experience totals one year.</p>
Option 2	<p>(4) A bachelor's degree from an accredited college or university.</p>	<p>(A) Two years of documented full-time work experience in a child-placing agency, in a residential child-care operation, or as a conservatorship caseworker or foster adoptive home development worker for the department. The experience must be in conducting assessments, service planning, or case management duties. The experience may include a maximum of 350 hours of formal, supervised field placement or practicum in child-placing activities; or</p> <p>(B) Two years of working under the direct supervision of child placement management staff. The direct supervision with the child placement management staff must consist of 10 documented, monthly, face-to-face, individual, case-related conferences over each annual period. The direct supervision must continue until the employee's previous experience and directly supervised experience totals two years.</p>

Figure: 40 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 conservatorship caseworker or foster adoptive home development worker for the department. 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 undergraduate or graduate level courses that focus on family and individual function and interaction; or (2) (A) A bachelor's degree from an accredited college or university in social work or other human services field; and (B) Nine credit hours in undergraduate or graduate level courses that focus on family and individual function and interaction.	Two years of documented full-time experience in a child-placing agency, in a residential child-care operation, or as a conservatorship caseworker or foster adoptive home development worker for the department. The experience must be in conducting assessments, service planning, or case management duties.
Option 3	No	(A) A bachelor's degree from an accredited college or university; and (B) Nine credit hours in undergraduate or graduate level courses that focus on family and individual function and interaction.	Three years of documented full-time experience in a child-placing agency, in a residential child-care operation, or as a conservatorship caseworker or foster adoptive home development worker for the department. The experience must be in conducting assessments, service planning, or case management duties.

Figure: 40 TAC §749.863(a)

Who is required to receive the training?	What type of pre-service training?	How many hours of training are required?	When must the training be completed?
(1) All caregivers	General pre-service training	8 hours	Before this person can be the only caregiver responsible for a child in care
(2) Foster parents	Pre-service training regarding normalcy	2 hours	Before this foster parent can be responsible for a child in care
(3) Child-placing agency administrators, treatment directors, child placement staff, child placement management staff, and full-time professional service providers, except those exclusively assigned to provide adoption services	Pre-service training regarding normalcy	2 hours	Before the person can be a designated person that makes decisions regarding a child's participation in childhood activities, and within 90 days of beginning job duties
(4) Caregivers caring for children receiving only child care services or programmatic services	Pre-service training regarding emergency behavior intervention	8 hours	At least 4 hours of training before the person can be the only caregiver responsible for a child in care, and all 8 hours of training within 90 days of being responsible for a child in care
(5) Caregivers caring for children receiving treatment services for emotional disorders, intellectual disabilities, or autism spectrum disorder	Pre-service training regarding emergency behavior intervention	16 hours, however, if your agency prohibits the use of emergency behavior intervention, then only 8 hours of training are needed	At least half of the required hours of training before the person can be the only caregiver responsible for a child in care, and all of the required hours of training within 90 days of being responsible for a child in care
(6) Child-placing agency administrators, treatment directors, child placement staff, child placement management staff, and full-time professional service providers, except those exclusively assigned to provide adoption services, or those exclusively assigned to children receiving treatment services for primary medical needs	Pre-service training regarding emergency behavior intervention	8 hours	All 8 hours of training within 90 days of beginning job duties

Figure: 40 TAC §749.931(a)

Who is required to receive the annual training?	How many hours of annual training are required?
<p>(1) Caregivers caring for children receiving only child-care services, programmatic services, and/or treatment services for primary medical needs</p>	<p>(A) For homes with two foster parents, the foster parents must receive a total of 20 hours. Of the 20 hours, the training must include:</p> <ul style="list-style-type: none"> (i) Four hours for each foster parent of training specific to the emergency behavior interventions allowed by your agency; (ii) One hour for each foster parent of training specific to trauma informed care; (iii) Two hours for each foster parent of training specific to normalcy; and (iv) The appropriate distribution of the remaining 6 hours, and each foster parent must receive some amount of the remaining training hours. <p>(B) For all other caregivers, including a foster parent in a one-parent foster home, 20 hours. Of the 20 hours, the training must include:</p> <ul style="list-style-type: none"> (i) Four hours of training specific to the emergency behavior interventions allowed by your agency; (ii) Two hours of training specific to trauma informed care; and (iii) Two hours of training specific to normalcy. <p>(C) For foster group homes only, each person's annual required training hours must also include two hours of transportation safety training if the person transports a child in care whose chronological or developmental age is younger than nine years old.</p> <p>(D) Caregivers exclusively caring for children receiving treatment services for primary medical needs are exempt from emergency behavior intervention training requirements.</p>
<p>(2) Caregivers caring for children receiving treatment services for emotional disorders, intellectual disabilities, or autism spectrum disorders</p>	<p>(A) For homes with two foster parents, the foster parents must receive a total of 50 hours. Of the 50 hours, the training must include:</p> <ul style="list-style-type: none"> (i) Eight hours for each foster parent of training specific to the emergency behavior interventions allowed by your agency; (ii) Two hours for each foster parent of training specific to trauma informed care; (iii) Two hours for each foster parent of training specific to normalcy; and (iv) The appropriate distribution of the remaining 26 hours, and each foster parent must receive some amount of the remaining training hours. <p>(B) For all other caregivers, including a foster parent in a one-parent foster home, 30 hours. Of the 30 hours, the training must include:</p> <ul style="list-style-type: none"> (i) Eight hours of training specific to the emergency behavior interventions allowed by your agency; (ii) Two hours of training specific to trauma informed care; and (iii) Two hours of training specific to normalcy. <p>(C) For foster group homes only, each person's annual required training hours must also include two hours of transportation safety training if the person transports a child in care whose chronological or developmental age is younger than nine years old.</p>
<p>(3) Child placement staff with less than one year of child-placing experience</p>	<p>(A) 30 hours. Of the 30 hours, the training must include:</p> <ul style="list-style-type: none"> (i) One hour of training on prevention, recognition, and reporting on child abuse and neglect; (ii) Two hours of training specific to trauma informed care; (iii) Two hours of training specific to normalcy; and (iv) Two hours of transportation safety training if the person

	<p>transports a child placed in a foster group home whose chronological or developmental age is younger than nine years old.</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>(4) Child placement staff with at least one year of child-placing experience and all child placement management staff, except those exclusively assigned to provide adoption services</p>	<p>(A) 20 hours. Of the 20 hours, the training must include:</p> <ul style="list-style-type: none"> (i) One hour of training on prevention, recognition, and reporting on child abuse and neglect; (ii) Two hours of training specific to trauma informed care; (iii) Two hours of training specific to normalcy; and (iv) Two hours of transportation safety training if the person transports a child placed in a foster group home whose chronological or developmental age is younger than nine years old. <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>(5) Child-placing agency administrators, executive directors, treatment directors, and full-time professional service providers who hold a relevant professional license</p>	<p>(A) 15 hours. Of the 15 hours, the training must include:</p> <ul style="list-style-type: none"> (i) One hour of training on prevention, recognition, and reporting on child abuse and neglect. This requirement does not apply to executive directors; and (ii) Two hours of transportation safety training if the person transports a child placed in a foster group home whose chronological or developmental age is younger than nine years old. <p>(B) Annual training hours used to maintain a person's relevant professional license may be used to complete these hours, as long as they include the necessary components of subsection (A) or those components are completed separately.</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>
<p>(6) Executive directors, treatment directors, and full-time professional service providers who do not hold a relevant professional license</p>	<p>(A) 20 hours. Of the 20 hours, the training must include:</p> <ul style="list-style-type: none"> (i) One hour of training on prevention, recognition, and reporting on child abuse and neglect. This requirement does not apply to executive directors; (ii) Two hours of training specific to trauma informed care; (iii) Two hours of training specific to normalcy; and (iv) Two hours of transportation safety training if the person transports a child placed in a foster group home whose chronological or developmental age is younger than nine years old. <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>

Figure: 40 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 reason(s) 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>
<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 reason(s) 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>
<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. There must also be an evaluation from the physician, a nurse practitioner, or a physician's assistant that confirms 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</p>

<p>If:</p>	<p>Then:</p> <p>been trained to meet the needs of the child and demonstrated competency.</p> <p>(C) The written orders and/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 reason(s) for choosing treatment services for the child.</p> <p>(E)(D) The admission assessment must include consideration given to any history of inpatient or outpatient treatment.</p>
<p>(4) The child's behavior and/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.

Figure: 40 TAC §749.1309(b)

Type of Service	Items that must be included:
(1) Child-care services	<p>(A) The child's needs identified in the admission assessment, in addition to basic needs related to day-to-day care and development, including:</p> <ul style="list-style-type: none"> (i) Medical needs, including scheduled medical exams and plans for recommended follow-up treatment; (ii) Dental needs, including scheduled dental exams and plans for recommended follow-up treatment; (iii) Intellectual functioning, including any testing and plans for recommended follow-up; (iv) Developmental functioning, including any developmental delays and plans to improve or remediate developmental functioning; (v) Educational needs and how those needs will be met, including planning for high school completion and post-secondary education and training, if appropriate, and any school evaluations or recommendations; (vi) Plans for normalcy, including: <ul style="list-style-type: none"> (I) Social, extracurricular, recreation, and leisure activities; and (II) Integrating the child into the community and community activities, as appropriate; (vii) Therapeutic needs, including plans for psychiatric evaluation, psychological evaluation, psychosocial assessment or follow-up treatment, testing, and the use of psychotropic medications; and (viii) Cultural identity needs, including assisting children in connecting with their culture in the community; <p>(B) Plans for maintaining and improving the child's relationship with family members, including recommendations for visitation and contacts between the child and the child's parents, the child and the child's siblings, and the child and the child's extended family;</p> <p>(C) Recent information from the current caregiver's evaluation of the child's behavior and level of functioning;</p> <p>(D) Specific goals and strategies to meet the child's needs, including instructions to caregivers responsible for the care of the child. Instructions must include specific information about:</p> <ul style="list-style-type: none"> (i) The child's personal trauma history; (ii) Level of supervision required; (iii) The child's trauma triggers; (iv) Methods of responding that improve a child's ability to trust, to feel safe, and to adapt to changes in the child's environment; (v) Discipline techniques; (vi) Behavior intervention techniques; (vii) Plans for trips and visits away from the foster home; and (viii) Any actions the caregivers must take or conditions the caregivers must be aware of to meet the child's special needs, such as medications, medical care, dietary needs, therapeutic care, how to communicate with the child, and reward systems; <p>(E) If the child is 13 years old or older, a plan for educating the child in the following areas:</p> <ul style="list-style-type: none"> (i) Healthy interpersonal relationships; (ii) Healthy boundaries; (iii) Pro-social communication skills; (iv) Sexually transmitted diseases; and (v) Human reproduction; <p>(F) If the child is 14 years old or older, plans for the caregivers to</p>

Type of Service	Items that must be included:
	<p>assist the child in obtaining experiential life-skills training to improve the child's transition to independent living. Plans must:</p> <ul style="list-style-type: none"> (i) Be tailored to the child's skills and abilities; and (ii) Include training in practical activities that include, but are not limited to, grocery shopping, meal preparation, cooking, using public transportation, performing basic household tasks, and money management, including balancing a checkbook; <p>(G) For children 16 years old and older, preparation for independent living, including employment opportunities, if appropriate;</p> <p>(H) For children who exhibit high-risk behaviors:</p> <ul style="list-style-type: none"> (i) Plans to minimize the risk of harm to the child or others, such as special instructions for caregivers, sleeping arrangements, or bathroom arrangements; and (ii) A specific safety contract developed between the child and staff that addresses how the child's safety needs will be maintained; <p>(I) Expected outcomes of placement for the child and estimated length of stay in care;</p> <p>(J) Plans for discharge;</p> <p>(K) The names and roles of persons who participated in the development of the child's service plan;</p> <p>(L) The date the service plan was developed and completed;</p> <p>(M) The effective date of the service plan; and</p> <p>(N) The signatures of the service planning team members that were involved in the development of the service plan.</p>
(2) Treatment services	<p>For children receiving treatment services, the plan must address all of the child's waking hours and include:</p> <ul style="list-style-type: none"> (A) The child-care services planning requirements noted in paragraph (1) of this subsection; (B) A description of the emotional, behavioral, and physical conditions that require treatment services; (C) A description of the emotional, behavioral, and physical conditions the child must achieve and maintain to function in a less restrictive setting, including any special treatment program and/or other services and activities that are planned to help the child achieve and to function in a less restrictive setting; and (D) A list of emotional, physical, and social needs that require specific professional expertise, and plans to obtain the appropriate professional consultation and treatment for those needs. Any specialized testing, recommendations, and/or treatment must be documented in the child's record.
(3) Treatment services for children with an intellectual disability	<ul style="list-style-type: none"> (A) The child-care and treatment services planning requirements noted in paragraphs (1) and (2) of this subsection; (B) A minimum of one hour per day of visual, auditory and tactile stimulation to enhance the child's physical, neurological, and emotional development; (C) An educational or training plan encouraging normalization appropriate to the child's functioning; and (D) Career planning for older adolescents who are not receiving treatment services for a severe or profound intellectual disability.
(4) Transitional living program	<ul style="list-style-type: none"> (A) Child-care service planning requirements noted in paragraph (1) of this subsection; (B) Plans for encouraging the child to participate in community life and to form interpersonal relationships/friendships outside the transitional living program, such as extra-curricular recreational activities; (C) Plans for education related to meal planning, meal preparation,

Type of Service	Items that must be included:
	grocery shopping, public transportation, searching for an apartment, and obtaining utility services; (D) Career planning, including assisting the child in enrolling in an educational or vocational job training program; (E) Money management and assisting the child in establishing a personal bank account; (F) Assisting the child with how to access resources, such as medical and dental care, counseling, mental health care, an attorney, the police, and other emergency assistance; (G) Assisting the child in obtaining the child's social security number, birth certificate, and a driver's license or a Department of Public Safety identification card, as needed; and (H) Problem-solving, such as assessing personal strengths and needs, stress management, reviewing options, assessing consequences for actions taken and possible short-term and long-term results, and establishing goals and planning for the future.

Figure: 40 TAC §749.1317

Type of Treatment Service	The roles of professional service providers in service planning include:
(1) Emotional disorder and autism spectrum disorder	(A) Reviewing the child's diagnoses; (B) Reviewing the identified needs and the plan for treatment based on the child's diagnoses; (C) Reviewing the techniques, strategies, and therapeutic interventions that are planned for the child to improve adaptive functioning; and (D) Reviewing any medications prescribed for a child with special review of psychotropic medications; the presence or absence of medication side effects, including the effects of the medications on the child's behavior; laboratory findings; and any reason the child should not use a medication.
(2) Intellectual disability	(A) Assessing the child's educational needs and progress toward meeting those needs; (B) Ensuring coordination between educators, caregivers, agency employees, and other professionals involved in the child's treatment; and (C) Providing information to the education system on the strategies and techniques used with the child in the agency.
(3) Primary medical needs	(A) Reviewing any medications prescribed for a child; (B) Recommending any special equipment needed by a child; and (C) Reviewing special instructions and training to caregivers for the daily care of the child.

Figure: 40 TAC §749.1331

Type of Service	Review and Update
(1) Child-care services	At least 180 days from the date of the child's last service plan.
(2) Treatment services for emotional disorder, autism spectrum disorder, or primary medical needs	At least 90 days from the date of the child's last service plan.
(3) Treatment services for intellectual disabilities mental retardation	In the first year of care, the plan must be reviewed at least every 180 days from the date of the child's last service plan. Thereafter, the plan must be reviewed at least annually from the date of the child's last service plan review.

Figure: 40 TAC §749.1921(d)

Types of service	The caregivers must:
(1) Child-care services	(A) Ensure that opportunities to participate in community activities, such as school sports or other extracurricular school activities, religious activities, or local social events, are available to the child; and (B) Organize family activities, religious activities, or local social events that are available to the child.
(2) Treatment services	(A) Meet the requirements in paragraph (1)(A) of this chart; (B) Ensure that each child receiving treatment services has an individualized recreation plan designed by the service planning team or professionals who are qualified to address the child's individual needs, that the plan is implemented, and that the plan is revised by the service planning team or qualified professionals, as needed; and (C) Ensure that medical and physical support are given if the recreational and leisure-time activities require it for a child who is receiving treatment services for primary medical needs, autism spectrum disorder, or intellectual disability.

Figure: 40 TAC §749.2447

Required Information	Description of Discussion, Assessment and Documentation Requirements
(1) The age of the prospective foster parents. Ages of all other members of the household.	All prospective foster parents must be at least 21 years old. You must document the ages of all household members and include documentation verifying the ages of the foster parents.
(2) The educational level of the prospective foster parents.	You must ensure and document that each foster parent is able to comprehend and benefit from training and provide appropriate care and supervision to meet the needs of children in care, in areas such as health, education, and discipline/behavior management, by doing either or both of the following: (A) Require that foster parents have a high school diploma or a G.E.D. high school equivalency. The Texas Education Agency (TEA) or another public education entity outside of Texas must recognize the high school program or high school equivalent program; or (B) Have a screening program that: (i) Ensures that each foster parent is able to be an appropriate role model for children in placement; (ii) Ensures that each foster parent is able to communicate with the child in the child's own language, or has other means to communicate with the child in the child's own language; and (iii) Addresses adequately basic competencies that would otherwise be met by a high school diploma or G.E.D. including basic reading, writing, and math.
(3) Personal characteristics.	You must document information from foster parents that demonstrate: (A) Emotional stability, good character, good health, and adult responsibility; and (B) The ability to provide nurturing care, appropriate supervision, reasonable discipline, and a home-like atmosphere for children.
(4) History of current and previous interpersonal relationships, including marriages, common-law marriages, and other relationships between people who share or have shared a domestic life without being married.	You must document information regarding the marital status of the foster parents, including the present marital status, as well as a history of previous marriages or significant interpersonal relationships. You must include a description of the marriage or relationship, including reasons why any previous marriages or significant interpersonal relationships were ended.
(5) A history of the prospective foster parents' residence and their citizenship status.	You must document the: (A) Length of time spent at each residence for the past 10 years (street address, city, state); and (B) Citizenship of the prospective foster parents.
(6) The financial status of the prospective foster family.	(A) You must discuss with the prospective foster parents the current reimbursement process, if applicable, and the foster parents' understanding of that process. (B) You must verify and document that the prospective foster parents have sufficient up-front income or other readily available assets to support their household and all children in care prior to receiving the foster care reimbursement for services provided. For each prospective foster parent you must obtain, document and assess the following: (i) Proof of income for the past 60 days or two complete calendar months. Disability, social security, and/or other sources of income such as family support, Supplemental Nutrition Assistance Program (SNAP) and Temporary Assistance for Needy Families (TANF) must be included, as applicable; (ii) A copy of two consecutive itemized bank statements and/or the previous year's tax return. The bank statements must be related to the previous two

Required Information	Description of Discussion, Assessment and Documentation Requirements
	<p>calendar months prior to the date of application. If a foster family does not have two consecutive itemized bank statements or a previous year's tax return, then you must copy and document the evidence used to verify the financial status of the prospective foster family, including documenting the information used to verify the itemized monthly household expenses; and</p> <p>(iii) A monthly household expense report itemizing the following expenses:</p> <ul style="list-style-type: none"> (I) Mortgage/Rent; (III) Utilities; (IV) Transportation; (IV) Food; (V) Medical; (VI) Clothing; (VII) Insurance; (VIII) Credit cards and loans; (IX) Legal (i.e. attorney fees, alimony and/or child support); (X) Pet; and (XI) Entertainment/miscellaneous.
<p>(7) The results of criminal history and central registry background checks conducted on the prospective foster parents and any non-client person 14 years of age or older who regularly or frequently stays or is present in the home.</p>	<p>(A) Persons applying to foster children and any person, excluding clients, 14 years of age or older who will regularly or frequently be staying or present at the home, must obtain a criminal history and central registry background check. See Chapter 745, Subchapter F of this title (relating to Background Checks). The specific results of those checks must be documented and assessed in the foster home screening and the foster home record. Any assessments of other parts of a home screening must include and assess relevant background check result information. For example, the paragraphs (3) and (6) regarding a foster family's personal characteristics and financial status should consider and assess a misdemeanor theft by check, even though this crime is not a bar to becoming a foster parent.</p> <p>(B) With respect to law enforcement service call information, you must do the following:</p> <ul style="list-style-type: none"> (i) Obtain service call information from the appropriate law enforcement agency for each of the prospective foster parents' addresses over the past two years. Discuss with the prospective foster parents any service call information that you obtain from a law enforcement agency and the facts surrounding the incident. (ii) Whether results were found or not, ask the prospective foster parents whether any law enforcement agency has responded to any of their residences in the past two years. If you obtain additional information from the prospective foster parents, request background information from each law enforcement agency that responded. Discuss the incident and any additional background information that you obtain with the prospective foster parents. (iii) Assess and document information obtained from law enforcement and any discussion with the prospective foster parents in the foster home screening.
<p>(8) The prospective foster parents' motivation to provide foster care.</p>	<p>Assess and document the prospective foster parents' motivation and willingness to provide foster care.</p>
<p>(9) Health status of all persons living in the home.</p>	<p>Document information about the physical and mental health status (including substance abuse history) of all persons living in the home in relation to the family's ability to provide foster care. You must discuss whether any health-related issues noted may affect the prospective foster parent's ability to care for a child in care. You must also observe these persons for any indication of problems and follow up, where indicated, with a professional evaluation. Document the information obtained through your observations and, if applicable, professional evaluations.</p>

Required Information	Description of Discussion, Assessment and Documentation Requirements
(10) The quality of the current interpersonal relationship, including marriage, common-law marriage, or a relationship between people who share a domestic life without being married, and family relationships.	Discuss, assess, and document the quality of the current and previous interpersonal and family relationships in relation to the family's ability to provide foster care. You must discuss and assess the stability of a couple's current and previous relationships, the strengths and problems of the relationship, and how those issues will affect the current environment and the prospective foster parents' ability to care for any foster children placed in the home. You must discuss and assess the quality of the relationships between prospective foster parents and their children, living in or out of the home, strengths and problems of those relationships, and how those issues will relate to foster children placed in the home.
(11) The prospective foster parents' feelings about their childhoods and parents.	Discuss, assess, and document the prospective foster parents' feelings about their childhoods and parents, including any history of abuse or neglect and their resolution of those experiences.
(12) The prospective foster parents' attitudes about a foster child's or his biological family's religion.	Evaluate and document prospective foster parents on: (A) Their willingness to respect and encourage a child's religious affiliation, if any; (B) Their willingness to provide a child the opportunity for religious and spiritual development, if desired; and (C) The health protection they plan to give a child if a foster parent's religious beliefs prohibit certain medical treatment.
(13) The prospective foster parents' values, feelings, and practices in regard to child care and discipline.	Discuss, assess, and document the applicants' knowledge of child development and their child-care experience. Discuss and assess the ways the applicants were disciplined as children and their reactions to the discipline they received. Discuss and assess the prospective foster parents' discipline styles, techniques, and their ability to recognize and respect differences in children and use discipline methods that suit the individual child. Discuss your approved disciplinary methods, which must comply with Subchapter K, Division 6 of this chapter (relating to Discipline and Punishment). If the prospective foster parents' current discipline methods are different than those that you approve, discuss and assess how they would change their child-care practices to conform to your approved methods.
(14) The prospective foster parents' sensitivity to and feelings about children who may have been subjected to abuse or neglect.	Discuss, assess, and document the prospective foster parents' understanding of the dynamics of child abuse and neglect. Discuss and assess their understanding of how these issues and experiences will affect them, their families, and foster children in their care. Discuss and assess the prospective foster parent's ability to help children who have been abused or neglected. If a prospective foster parent experienced abuse or neglect as a child, assess his handling of those experiences and the impact of those experiences on the applicant's ability to help children deal with their own experiences. Assess the availability of family and community resources to meet the needs of the children in the family's care.
(15) The prospective foster parents' sensitivity to and feelings about children's experiences of separation from or loss of their biological families.	Discuss, assess, and document the prospective foster parents' understanding of the dynamics of separation and loss and the effects of these experiences on children. Discuss and assess their personal experiences with separation and loss and their processing of those experiences. Assess the potential foster parents' acceptance of the process of grief and loss for children and assess their ability to help a child through the grieving process.
(16) The prospective foster parents' sensitivity to, and feelings about, a child's biological family.	Discuss, assess, and document the prospective foster parents' feelings about the child's parents, including the issue of abuse or neglect of the child by the child's parents or other family members. Discuss and assess their sensitivity and reactions to the child's parents. Discuss and assess their sensitivity to and acceptance of a child's feelings about the child's parents and assess their ability to help the child deal with those feelings. Discuss and assess the prospective foster parents' sensitivity to and acceptance of the child's relationships with the child's siblings. Discuss and assess their willingness to support the child's relationships with parents, siblings, and extended family, including their support

Required Information	Description of Discussion, Assessment and Documentation Requirements
	for contacts between the child and the child's family.
(17) The attitude of other household members about the prospective foster parents' plan to provide foster care.	Discuss, assess, and document the attitudes of other household members toward the plan to provide foster care. Discuss and assess their involvement in the care of foster children, their attitudes toward foster children, and their acceptance of the verification as a foster family.
(18) The attitude of the prospective foster parents' extended family regarding foster care.	Discuss, assess, and document the extended family's attitude toward foster care and foster children and the involvement the extended family will have with foster children. Discuss and assess the impact the extended family's attitudes will have on the family's ability to provide foster care and whether the extended family will serve as a support system for the foster family and for foster children.
(19) Support systems available to prospective foster parents.	Discuss, assess, and document the support systems available to each foster parent and the support the family may receive from these resources. You must ask each prospective foster parent for information about any person who may provide support as a caregiver during an unexpected event or crisis situation, such as an illness or disability of a foster parent, loss of transportation, or the death of an immediate family member. Verify and document identifying information and availability of each person that will provide support as a caregiver. Any of these persons will need a fingerprint-based criminal history check before acting as a caregiver. Unless the person will be a caregiver immediately after you verify the home, the background check on the person does not have to be completed before you verify the home.
(20) The prospective foster parents' expectations of and plans for foster children.	Discuss, assess, and document the prospective foster parents' expectations of the child and the flexibility of their expectations in relation to the child's actual needs and abilities. Discuss and assess their capacities to recognize and emphasize the strengths and achievements of the child and their capacities to adjust their expectations according to the abilities of the child.
(21) The language(s) spoken by the prospective foster parents.	Document the language(s) spoken by each prospective foster parent.
(22) Prospective foster parent's ability to work with specific kinds of behaviors and backgrounds.	<p>(A) Discuss, assess, and document each prospective foster parent's willingness and ability to work with specific and challenging behaviors of foster children, including such things as backgrounds, special needs and/or disabilities.</p> <p>(B) Discuss, assess, and document the prospective foster parents' understanding of the concepts of trauma informed care and how they would use those concepts in the care, treatment, and management of children placed in their home.</p> <p>(C) Discuss, assess and document the prospective foster parents' willingness and ability to:</p> <ul style="list-style-type: none"> (i) Care for and work with children of a specific gender; (ii) Care for and work with children of a specific age range; (iii) Care for a specific number of children, including whether or not the children are part of the same sibling group; (iv) Provide respite care services to any additional number of children of a specific gender, within a specific age range, and with special needs that the family will not be providing care for full time; and (v) Provide any additional services Licensing regulates according to §749.61 of this title (relating to What types of Services does Licensing regulate?).
(23) Background information from other child-placing agencies.	<p>(A) Request and assess the following background information (if provided) from any and all child-placing agencies that previously conducted a foster home screening, pre-adoptive home screening, or post placement adoptive report:</p> <ul style="list-style-type: none"> (i) The screening, report, and related documentation; (ii) Documentation of supervisory visits and evaluations; (iii) Any record of deficiencies and their resolutions; and

Required Information	Description of Discussion, Assessment and Documentation Requirements
	(iv) The most current fire and health inspections. (B) You must address the closure or any identified risk indicators, as applicable, with the prospective foster parents before approval and verification of the home if the background information indicates that: <ul style="list-style-type: none"> (i) The foster home was previously closed by a child-placing agency; or (ii) There was one or more potential risk indicators that the child placing agency did not adequately address with the foster parents.

Figure: 40 TAC §749.2655

Type of change:	Time for notification:
(1) A change in the location of the foster home.	Before moving.
(2) Any major life changes as defined at §749.2805 of this title (relating to What is a "major life change in the foster family"?).	Before the change occurs, if possible; otherwise, immediately upon discovery.
(3) A change affecting a condition of the verification.	Before the change occurs, if possible; otherwise, immediately upon discovery.

Figure: 40 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 or foster group 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 or foster group home, no children are receiving treatment services for primary medical needs, and no more than two children are receiving treatment services	6:1