

TXMIN101: Texas Minimum Standards for Caregivers Handout

Welcome to TXMIN101:

This course covers a portion of the <u>"Texas Minimum Standards for Child-Care Centers,"</u> published by the Texas Department of Health and Human Services. Specifically, this course covers the minimum standards that apply to caregivers.

Objectives:

By taking notes and successfully answering assessment questions, participants will meet the following objectives as a result of taking this course:

- Recognize qualifications, general responsibilities, and professional development requirements for caregivers
- Meet basic care requirements for children in a child-care setting
- Recognize the developmental needs of children in each age group
- Create appropriate activity plans
- Meet nap time rules and regulations as required by licensing
- Ensure field trip safety
- Meet naptime rules and regulations
- Identify basic health and safety rules and regulations
- Ensure swimming pool and water play safety measures

References:

- 1. Administration for Children and Families. (2021). "National Database of Child Care Licensing Regulations." U.S. Department of Health and Human Services. Retrieved from https://licensingregulations.acf.hhs.gov/
- American Academy of Pediatrics, American Public Health Association, & National Resource Center for Health and Safety in Child Care and Early Education. (2019). *Caring for Our Children: National Health and Safety Performance Standards Guidelines for Early Care and Education Programs, 4th edition*. Retrieved from https://nrckids.org/files/CFOC4%20pdf-%20FINAL.pdf
- 3. Centers for Disease Control and Prevention. (2022). "When & How to Wash Your Hands." Retrieved from https://www.cdc.gov/handwashing/when-how-handwashing.html
- 4. Georgia Department of Early Care and Learning. (2022). "Look Again." Retrieved from http://www.decal.ga.gov/ccs/lookagain.aspx
- 5. National Association for the Education of Young Children. (2021). *Developmentally Appropriate Practice in Early Childhood Programs Serving Children from Birth Through Age 8, 4th edition*. Washington, DC: NAEYC.
- 6. Texas Health and Human Services Commission. (2021). "Minimum Standards for Child-Care Centers." Retrieved from https://www.hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/provider-portal/protective-services/ccl/min-standards/chapter-746-centers.pdf

Course Notes:

Use the space provided to record important information for each section.

What Does it Mean to be a Caregiver in a Child-Care Center?

A caregiver is:

According to 746.1105 and 746.1107, a caregiver must:

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- Have a: o o o OR

An **employee** is:

According to 746.1201, in child-care centers, employees must:

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- Report suspected abuse, neglect, and exploitation to <u>DFPS</u>. Call the 24-hour, toll-free abuse hotline at 1-800-252-5400 to report abuse or neglect in Texas.

Additionally, according to 746.1203, caregivers must:

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- Supervise children at all times, meaning "that the assigned caregiver is accountable for each child's care. This includes responsibility for the ongoing activity of each child, appropriate visual and/or auditory awareness, physical proximity, and knowledge of activity requirements and each child's needs. The caregiver must intervene when necessary to ensure children's safety."

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- Be free from activities not directly involving the teaching, care, and supervision of children, such as:
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Lastly, according to 746.1309, caregivers must complete 24 hours of annual training, including:

At least 6 hours must cover:

- Child growth and development (*CHD110*)
- Guidance and discipline (*GUI106-108*)
- Age-appropriate curriculum (CUR104, CUR105, and CUR138)
- **AND** teacher-child interaction (*CUR116* and *CUR132*)

At least 1 hour on prevention, recognition, and reporting of maltreatment. Consider our course *HLTH112*.

If you serve children under 24 months, at least 1 hour on shaken baby syndrome, SIDS, and brain development. Consider our courses *HLTH110*, *CCEI120*, and *CCEI810*.

Additional training on:

- Emergency preparedness (ADM107)
- Preventing infectious diseases (HLTH104)
- Administering medication (*HLTH105*)
- Food allergies (*CCEI119*)
- Indoor (CCEI110A)/ Outdoor (CCEI110B)/ Transportation (ADM103) Safety
- **AND** hazardous materials (*HLTH102*)

Pick 1 course on:

- Special needs (SPN101, SPN104, SPN105, SPN106, and SPN107)
- Nutrition/physical activity (*NFS100* and *NFS101*)
- Risk management (ADM107)
- Care for ill children (*HLTH104*)
- Cultural diversity (*CCEI640* and *PROF108*)
- Stress management (*PROF100* and *SOC102*)
- Age group development (CHD110, SCH100, and SCH101)
- Assessment (CUR135-137)
- Responsive caregiving (SOC107)

Additionally, according to 746.1315, outside of the 24 hours, caregivers must have a current certificate of training with an expiration or renewal date in pediatric first-aid and CPR with rescue breathing and choking. Consider using the <u>Red Cross</u>.

What are the Care Requirements for Each Age Group?

Minimum Classroom Caregiver to Child Ratios

The classroom ratio is the number of children caregivers may supervise and is shown in the following chart. This chart is for centers with 13 or more children.

Age Group	Maximum Number of Children 1 Caregiver can Supervise (746.1601)	Maximum Number of Children 2 or More Caregivers can Supervise (746.1609)
0-11 months	4	10
12-17 months	5	13
18-23 months	9	18
2 years old	11	22
3 years old	15	30
4 years old	18	35
5 years old	22	35
6 to 13 years old	26	35

Basic Care Requirements

Infants

According to 746.2401, basic care for infants must include:

- Care by the same caregiver when possible.
- Individual attention is given to each infant, including playing, talking, cuddling, and holding.
- Holding and comforting an infant who is upset.
- Prompt attention is given to physical needs, such as feeding and diapering.
- Talking to infants as they are fed, changed, and held, such as naming objects, singing, or saying rhymes.
- Ensuring the environment is free of objects that may cause choking in infants or toddlers.
- Never leave them unsupervised.

Toddlers

According to 746.2501, basic care for toddlers must include:

- Care by the same caregiver when possible.
- Individual attention is given to each toddler, including playing, talking, and cuddling.
- Holding and comforting a toddler who is upset.
- Routines, such as diapering, feeding, sleeping, and indoor and outdoor activity times, are maintained as closely as possible.
- Ensuring the environment is free of objects that may cause choking in infants or toddlers.

Pre-Kindergarten Children

According to 746.2601, caregivers must provide pre-kindergarten children individual attention and encourage children to communicate and express feelings appropriately.

School-Age Children

According to 746.2701, basic care for school-age children must include:

- Individual attention from and conversation with adults.
- Physical care routines are appropriate to each child's developmental needs.
- Flexible programming according to the children's ages, interests, and abilities.
- A caregiver knows each child's arrival and departure, including dismissing children who ride the bus or walk home.

Feeding Requirements

Infants

According to 746.2419, caregivers must:

- Hold infants 6 months and under while feeding them.
- Hold infants over 6 months who are unable to sit unassisted in a high chair or other seating equipment while feeding them.
- The infant or an adult must hold the bottle, which should never be propped or supported with an object.
- Provide regular snack and meal times for infants who eat table food.
- Ensure infants no longer being held for feeding are fed safely.
- Label bottles and sippy cups with their first name and last initial.
- Never allow infants to walk around with or sleep with a bottle or training cup.
- Never use the handwashing sink or diaper-changing surface for food preparation or washing food service/preparation equipment, bottles, pacifiers, or toys.
- Sanitize high chair trays before each use.

Toddler, Pre-Kindergarten, and School-Age Children

According to Subchapter Q:

- Caregivers must serve all children ready-for-table food, regular meals, and morning and afternoon snacks.
- The meals and snacks must follow the <u>Child and Adult Care Food Program (CACFP) meal</u> <u>patterns</u>.
- If the center serves breakfast, they do not have to serve a morning snack.
- A child must not go more than 3 hours without a meal or snack being offered unless the child is sleeping.
- Caregivers must serve enough food to allow children second servings from the vegetable, fruit, grain, and milk groups.
- Caregivers must ensure sanitary drinking water is always available to each child at every snack, mealtime, and after active play.
- Caregivers must not serve beverages with added sugars, such as carbonated beverages, fruit punch, or sweetened milk, except for a special occasion such as a holiday or birthday celebration.
- Caregivers must not use food as a reward.
- Caregivers must not serve a child a food identified on the child's food allergy emergency plan.
- Meals and snack times must be unhurried and allow children to feed themselves according to their developmental level.
- If meals and snacks are served family style, caregivers must supervise children to prevent cross-contamination of the food.

Use this chart to determine how often to feed a child.

The Amount of Time a Child is at the Center	The Minimum Amount of Food the Child Must be Offered
Less than 4 hours	1 snack
4-5 hours	1 meal
6-8 hours	1 meal and 1 snack
More than 8 hours	2 meals and 1 snack OR 1 meal and 2 snacks
During the Nighttime	Depending on the time the child arrives and leaves: An evening meal and breakfast, A bedtime snack and breakfast, OR An evening meal, a bedtime snack, and breakfast

Food Allergy Emergency Plans

Centers must have a food allergy emergency plan for each child with a diagnosed food allergy. The child's healthcare professional and family must sign and date the plan. The center must keep a copy of the plan in the child's file.

According to 746.3817, a food allergy emergency plan is an individualized plan prepared by the child's healthcare professional that includes:

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- 2.
- 3.

Naptime Requirements

Infants

According to 746.2423, naptime basics for infants:

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There are exceptions to some of these requirements if the center has a completed <u>Sleep Exception</u> Form that includes a signed statement from a healthcare professional stating why the exception is medically necessary.

Toddler, Pre-Kindergarten, and School-Age Children

According to Subchapter M:

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Additionally, napping equipment must:

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Family Reports Requirements

Infants

According to 746.2431, caregivers must provide a daily written or electronic report to the infant's family when or by the time the infant is picked up from the child-care center.

The report must contain:

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What Should Each Classroom Include and Look Like?

Infants

Classroom Furnishings and Equipment

According to 746.2405, the following furnishings and equipment are required in an infant classroom:

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Additionally, if caregivers use high chairs, swings, strollers, infant carriers, bouncer seats, or similar equipment, they must be equipped with fastened safety straps whenever an infant uses them.

Cribs

According to 746.2409, all cribs must have:

- A *firm, flat, and waterproof/washable mattress* that snugly fits the crib's sides and is specifically designed for use with the crib model number. The mattress cannot be supplemented with additional foam material or pads.
- Sheets that fit snugly and do not present an entanglement hazard. Except for a tight-fitting sheet, the crib must be **bare for an infant younger than 12 months**.
 - A crib mattress cover may also be used to protect against wetness, but the cover must:
 - Be designed specifically for the size and type of crib and crib mattress that it is being used with.
 - Be tight-fitting and thin.
 - \circ $\;$ Not be designed to make the sleep surface softer.
- Secure mattress support hangers, and no loose hardware or improperly installed or damaged parts.
- A maximum of **2 3/8 inches between crib slats** or poles.
- No corner posts over 1/16 inch above the end panels.
- No cutout areas in the headboard or footboard that would entrap an infant's head or body.
- Drop gates, if present, fasten securely and cannot be opened by a child.
- Documentation that each crib meets the applicable federal rules.
- A label with the infant's name or a label with a number and a number/infant assignment map is available.

Additionally, caregivers must sanitize each crib before a different infant uses it and when soiled, and they must never leave an infant in the crib with the drop gate down.

Play Yards/Playpens/Pack' n Play

According to 746.2411, caregivers may use a play yard (which is a mesh or fabric-sided crib) if it is used according to the manufacturer's instructions, including the cleaning, and meets the following safety requirements:

- A *firm, flat, and waterproof/washable mattress* that snugly fits the sides of the play yard and is designed by the manufacturer specifically for the play yard model number. The mattress cannot be supplemented with additional foam material or pads.
- Sheets that fit snugly and do not present an entanglement hazard.
- Secure mattress support hangers, and no loose hardware or improperly installed or damaged parts.
- A minimum height of 22 inches from the top of the railing to the mattress support at its lowest level.
- Folded sides that securely latch in place when raised.
- The *mesh openings are 1*/4 *inch or less* for play yards with mesh sides.
- Mesh or fabric that is securely attached to the top rail, side rail, and floor plate.
- A label with the infant's name or a label with a number and a number/infant assignment map is available.
- They must never leave an infant in a play yard with a side folded down.

Prohibited Equipment

According to 746.2415, caregivers may not use the following equipment for infants:

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Room Arrangement

According to 746.2403, the room arrangement in an infant classroom must:

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Toddlers

Classroom Furnishings and Equipment

According to 746.2505, the following furnishings and equipment are required in a toddler classroom:

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- Bottles and sippy cups, if used, must be:
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Room Arrangement

According to 746.2503, the room arrangement in a toddler classroom must:

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Pre-Kindergarten Children

Classroom Furnishings and Equipment

According to 746.2605, the following furnishings and equipment are required in a pre-kindergarten classroom:

- Interest centers, such as dramatic play, block building, stories and books, science and nature activities, art and music activities, and sensory and problem-solving activities that are:
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Room Arrangement

According to 746.2603, the room arrangement in a pre-kindergarten classroom must provide space:

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School-Age Children

Classroom Furnishings and Equipment

According to 746.2705, the following furnishings and equipment are required in a school-age classroom:

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Room Arrangement

According to 746.2703, the room arrangement in a school-age classroom must:

- Space to set up interest centers or focused play areas organized for independent use by children and arranged so the caregiver can supervise the children during the activity, such as: $_{\circ}$
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What Kinds of Activities Should Caregivers Provide?

Developmentally Appropriate Activities for Infants

According to 746.2417, daily activities for infants must include at least the following:

Multiple opportunities to explore ensure the infant is outside the crib and not seated in any restrictive device for more than 15 minutes unless the infant is eating or being transported.

Opportunities for:

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Developmentally Appropriate Activities for Toddlers, Pre-Kindergarten, and School-Age Children

According to 746.2507 and 746.2607, daily activities for toddlers and pre-kindergarten children must include at least the following:

Opportunities for:

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- Moderate to vigorous, active play.
 - \circ A minimum of 60 minutes for toddlers.
 - A minimum of 90 minutes for pre-kindergarten children.
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Toddler and Pre-Kindergarten Children: opportunities to develop self-help skills such as toileting, handwashing, and self-feeding.

School-Age Children: study time for those children who choose to work on homework assignments.

Activity Plans

Each caregiver must develop a written activity plan. Additionally, the caregivers responsible for the relevant group of children must follow the plan, and the activity plan must include all children in the group regardless of special care needs.

According to 746.2205 and 746.2206, a written activity plan must:

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- Outline should include developmentally appropriate activities mentioned previously, as well as: $_{\odot}$
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Screen Time

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- If caregivers use a screen time activity for a child at the center, they must ensure that the activity:

What Methods of Discipline and Guidance Should Caregivers Use?

Appropriate Discipline and Guidance

According to 746.2803, discipline must be:

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- A positive method of discipline and guidance that encourages self-esteem, self-control, and self-direction, including the following:
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Prohibited Punishment

According to 746.2805, there must be no harsh, cruel, or unusual treatment of any child. The following types of discipline and guidance are prohibited:

- Corporal punishment or threats of corporal punishment.
- Punishments that are associated with food, naps, or toilet training.
- Pinching, shaking, or biting a child.
- Hitting a child with a hand or instrument.
- Putting anything in or on a child's mouth.
- Humiliating, ridiculing, rejecting, or yelling at a child.
- Subjecting a child to harsh, abusive, or profane language.
- Placing a child in a locked or dark room, bathroom, or closet.
- Withholding active play or keeping a child inside as a consequence for a behavior, unless the child is exhibiting behavior during active play that requires a brief supervised separation or time out.
- Requiring a child to remain silent or inactive for inappropriately long periods for the child's age, including requiring a child to remain in a restrictive device.

What Steps Should Caregivers Need to Take to Ensure the Health and Safety of the Children in Their Care?

Health Practices

Handwashing

The best way to prevent the spread of infectious diseases is through proper handwashing practices. This is especially important in the child-care setting.

How to Wash Your Hands Effectively

The following recommended handwashing practices apply to both children and adults.

Step 1

Step 2

Step 3

Step 5

Step 6

When Should Caregivers Wash Their Hands?

All staff members should wash their hands immediately upon arrival at the center.

Also, the <u>CDC</u> recommends caregivers wash their hands:

- Before, during, and after
- Before
- Before and after
- Before and after
- After
- After
- After
- After
- After

If disposable gloves are used to prepare food, to clean, or for other purposes, hands should be washed **after** removing the gloves.

When Should Children Wash Their Hands?

Handwashing should be a regular part of the daily routine. As a matter of habit, children should wash their hands:

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- Before
- Before and after
- After
- After
- After
- After

Diaper-Changing

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Proper diapering is another way caregivers can reduce the spread of disease.

According to 746.3501 and 746.3503, caregivers must:

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Diaper-Changing Steps

The Centers for Disease Control and Prevention (CDC) recommend the following steps. Click <u>here</u> for a proper diaper-changing poster.

Step 1

Wash your hands, then gather and organize the needed supplies:

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Diapering supplies should be kept out of the reach of children.

Step 2

Step 3

Step 4			
Step 5			
Step 6			
Step 7			
Step 8			
Step 9			
Step 10			
Step 11			
Step 12			
Step 13			
Step 14			
Step 15			

Cleaning Practices

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According to 7463.407, caregivers must clean, repair, and maintain the building, grounds, and equipment to protect the health of the children.

This includes, but is not limited to:

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Excluding a Child from Care Due to Illness

According to 746.3601, unless the center is licensed to provide get-well care, they must not allow an ill child to attend the child-care center if 1 or more of the following exists:

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- The child has 1 of the following (unless a medical evaluation by a healthcare professional indicates that the center can include the child in activities):
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 - Symptoms and signs of possible severe illness, including:
 - Lethargy
 - Abnormal breathing
 - Uncontrolled diarrhea
 - 2 or more vomiting episodes in 24 hours
 - A rash with a fever
 - Mouth sores with drooling
 - Behavior changes

When a Child Becomes Ill While at the Center

According to 746.3605:

If a child becomes ill while at the center but does not require immediate treatment by a healthcare professional or hospitalization, caregivers must:

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If a child becomes ill while at the center and requires immediate treatment by a healthcare professional or hospitalization, caregivers must:

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Returning to Care After Illness

According to 746.3606, a child who was ill may return to the child-care center when:

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Authorization to Administer Medication

Medication is a prescription or non-prescription medication, excluding topical ointments such as diaper ointment, insect repellant, or sunscreen.

According to 746.3803, a center must have the following authorization to administer medication to children:

- Authorization to administer medication to a child must be obtained from the child's family:
 - In writing, signed, and dated.
 - In an electronic format that is capable of being viewed and saved.
 - **OR** by telephone to administer a single dose of medication.
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Administering Medication

According to 746.3805:

Medication must:

- Be given as stated on the label directions **OR** as amended in writing by the child's healthcare professional.
- Be in the original container labeled with the child's full name and the date brought to the operation.
- Be administered only to the child for whom it is intended.
- Not be administered after its expiration date.

When administering medication to a child, caregivers must record the following:

- Full name of the child to whom the medication was given.
- Name of the medication.
- Date, time, and amount of medication given.
- Full name of the employee administering the medication.

Centers must keep all medication records for at least 3 months after administering the medication.

Storing and Disposing of Medication

According to 746.3807, centers must store medications:

- Out of the reach of children or in locked storage.
- In a manner that does not contaminate food.
- In refrigeration, if it is required, separate from food.

Additionally, centers must dispose of the medication or return it to the family when the child withdraws from the child-care center or when the medication is out-of-date or is no longer required for the child.

Specialized Medical Assistance

Specialized medical assistance is any medical assistance other than medication. Examples include, but are not limited to, assisting with an apnea monitor, protective helmet, or leg brace.

According to 746.3815:

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Severe Injuries

According to 746.3607, when an injury requires immediate treatment by a healthcare professional, caregivers must:

- 1. Contact emergency medical services (or take the child to the nearest emergency room after they have ensured the supervision of other children in the group).
- 2. Give the child first-aid treatment or CPR when needed.

- 3. Contact the child's family.
- 4. Contact the physician or other healthcare professional identified in the child's record.
- 5. Ensure supervision of other children in the group.

First-Aid Kits

According to 746.4001, each first-aid kit must be:

- Clearly labeled.
- Kept in a clean and sanitary condition.
- Easily accessible to all employees.
- Stored in a designated location known to all employees.
- Kept out of the reach of children.

According to 746.4003, each first-aid kit must contain:

- A guide to first aid and emergency care.
- Adhesive tape
- Antiseptic solution or wipes
- Cotton balls
- Multi-size adhesive bandages
- Scissors
- Sterile gauze pads
- Thermometer, preferably non-glass
- Tweezers
- Waterproof, disposable gloves.

Safety Practice

Precautions

According to 746.3701, all areas accessible to a child must be free from hazards including, but not limited to, the following:

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Field Trip Precautions

According to 746.3001, caregivers must ensure the safety of all children on field trips or excursions and during any transportation provided by the child-care center.

Therefore, anytime a caregiver takes children on a field trip, they must comply with each of the following requirements:

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- One or more caregivers per group of children must have current training in pediatric first-aid and CPR. Click <u>here</u> for training through the Red Cross.

Precautions for Loading and Unloading Children from a Vehicle

According to 746.5605, caregivers must take the following precautions when loading and unloading children from any vehicle, including any type of bus, caregivers must:

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Precautions for Transporting Children

According to 746.5607, caregivers must:

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Additionally, check out <u>this chart</u> that outlines the safety restraint devices for a child that must be used when the vehicle is on and when the vehicle is in motion.

According to 746.5617, centers must have the following in each vehicle they use to transport children:

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Emergency Preparedness Plans

According to 746.5201, an emergency preparedness plan is designed to ensure the safety of children during an emergency by addressing staff members' responsibilities and facility readiness concerning emergency evacuation, relocation, and sheltering/lockdown.

The plan addresses the types of responses to emergencies most likely to occur in the area, including:

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According to 746.5202, the emergency preparedness plan must include written procedures for:

Evacuation, relocation, and sheltering/lockdown of children, including:

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- How children will be evacuated or relocated to the designated safe area or alternate shelter, including specific procedures for evacuating and relocating children who:
 - Are under 24 months.
 - Have limited mobility.
 - Otherwise may need assistance in an emergency, such as children who have mental, visual, or hearing impairments.

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Communication, including:

- The emergency telephone number that is on file.
- How caregivers will communicate with local authorities (such as fire, law enforcement, emergency medical services, and health department), families, and <u>Texas Health and Human</u> <u>Services</u>.

How caregivers will evacuate and relocate with the essential documentation, including:

- Family and emergency contact telephone numbers for each child in care.
- Authorization for emergency care for each child in care.
- The child tracking system information for children in care.

How caregivers will continue to care for the children until each child has been released, and how they will reunify the children with their families as the evacuation, relocation, or sheltering/lockdown is lifted.

Release of Children

According to 746.4101, caregivers must release children only to the family or a person designated by the family.

This information can be verified by:

- A copy of a valid photo identification.
- An instant photograph of the individual.
- **OR** the driver's license number and car tag numbers.

Minimum Safety Requirements for Active Play Equipment

According to 746.4601, indoor and outdoor active play equipment used both at and away from the child-care center must be safe for the children as follows:

- The indoor and outdoor active play equipment must be arranged so caregivers can adequately supervise children.
 - More specifically, according to 746.4953, at least 1 caregiver is to be positioned at each play area level.
- The equipment's design, scale, and location must be used according to the manufacturer's instructions.
- Equipment must not have openings or angles that can entrap a child's body or body part that has penetrated the opening.
- Equipment must not have protrusions or openings that can entangle something around a child's neck or clothing.
- Equipment must be securely anchored according to the manufacturer's specifications to prevent collapsing, tipping, sliding, moving, or overturning.
- All anchoring devices must be placed below the playing surface level to prevent tripping or injury resulting from a fall.

- Equipment must not have exposed pinch, crush, or shear points, on or underneath it.
- Climbing equipment, swings, or inflatables must not be installed over asphalt or concrete unless the asphalt or concrete is covered with properly installed unitary surfacing materials.
- Porches or platforms more than 20 inches in height for pre-kindergarten and younger children, and more than 30 inches in height for school-age children, must be equipped with protective barriers surrounding the elevated surface except for entrances and exits that prevent children from crawling over or through the barrier.
- Regardless of height, stairs and steps on climbing equipment must have handrails the children can reach. Rung ladders do not require handrails.

Maintain Play Space and Equipment

According to 746.4751, the child-care center director or designee must:

- Inspect the active play space and equipment daily before children begin to play to ensure no hazards are present.
- Conduct monthly inspections of the active play space and equipment, utilizing a general maintenance checklist or safety checklist that includes checking the equipment and surfacing material for normal wear and tear, broken or missing parts, debris or foreign objects, drainage problems, or other hazards.
- Ensure hazards or defects identified during inspections are removed or repaired promptly. In addition, they must arrange for the protection of the children or prohibit the use of hazardous equipment until the hazards can be removed or repairs can be made.
- Keep maintenance inspections and repair records at the child-care center for review during the center's hours of operation for at least the previous 3 months.

Minimum Requirements for Swimming Pools

According to 746.5001, caregivers must comply with the following safety precautions when any child uses a swimming pool (more than 2 feet of water) both at and away from the child-care center:

- A minimum of 2 life-saving devices must be available, and one additional one must be available for every 2,000 square feet of water surface.
- Drain grates must be in place, in proper working condition, and must not be able to be removed without using tools.
- Pool chemicals and pumps must be inaccessible to any child.
- Machinery rooms must be locked when any child is present.
- Employees must be able to clearly see all parts of the swimming area, including the bottom.
- An adult who can immediately turn off the pump and filtering system when any child is in a pool must be present.
- All indoor/outdoor areas must be free of furniture and equipment that any child could use to scale a fence or barrier or release a lock.

Minimum Requirements for Wading/Splashing Pools

According to 746.5013, wading/splashing pools (2 feet of water or less) at the child-care center must be:

- Stored out of children's reach when not in use.
- Drained and sanitized at least daily.
- Stored, so they do not hold water.

Minimum Requirements for Sprinkler Play

According to 746.5015, caregivers must:

- Not use sprinkler equipment on or near a hard, slippery surface, such as a concrete driveway, sidewalk, or patio.
- Not leave a child alone with the sprinkler equipment.

- Store sprinkler equipment and water hoses out of the reach of children when not in use.
- Maintain the splash pad/sprinkler play area according to the manufacturer's instructions.

Additional Resources

The Texas Minimum Standards offer these additional resources:

- National Association for the Education of Young Children (NAEYC)
- <u>Caring for Our Children, National Health and Safety Performance Standards: Guidelines for</u> <u>Early Care and Education Programs, Fourth Edition</u>
- <u>American Academy of Pediatrics</u>
- U.S. Consumer Product Safety Commission (CPSC)
- National Program for Playground Safety (NPPS)
- <u>The Creative Curriculum for Early Childhood</u>
- Texas Child Care