The purpose of the rule changes to Texas Administrative Code (TAC), [Title 26, Chapter 749, Minimum Standards for Child-Placing Agencies](https://texreg.sos.state.tx.us/public/readtac%24ext.ViewTAC?tac_view=4&ti=26&pt=1&ch=749), is to implement bills from the 86th Legislature, Regular Session, 2019. The rule changes are being posted for Informal Comments at this time and will be proposed in the *Texas Register* for formal comments later.

House Bill (H.B) 2764 created Texas Human Resources Code (HRC) §42.042(b-1). Most of the rule changes support the implementation of H.B. 2764 by simplifying and streamlining the rules and providing greater flexibility in the application of the rules for child-placing agencies, agency foster homes, and adoptive homes. The rule changes also implement the following actions in response to other legislative changes:

* Allowing child-placing agencies to waive certain training requirements that are not directly related to caring for a child (§749.868 and §749.932) in response to H.B. 2764, which also created HRC §42.042(t).
* An update to the rule regarding a Health, Social, Educational, and Genetic History adoption report (§749.3391) in response to Senate Bill 195, which amended Texas Family Code §162.007 and §264.019; and
* An update to the rule regarding the storing of firearms and ammunition (§749.2961) in response to H.B. 2363, which amended HRC §42.042(e-1).

TITLE 26 HEALTH AND HUMAN SERVICES

PART 1 HEALTH AND HUMAN SERVICES COMMISSION

CHAPTER 749 MINIMUM STANDARDS FOR CHILD-PLACING AGENCIES

SUBCHAPTER F TRAINING AND PROFESSIONAL DEVELOPMENT

DIVISION 1 DEFINITIONS

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

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

 (1) CPR--Cardiopulmonary resuscitation.

 (2) Hours--Clock hours.

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

 (4) Self-instructional training--Training designed to be used by one individual working alone and at the individual's own pace to complete lessons or modules. An example of this type of training is web-based training. Self-study training is also a type of self-instructional training.

 (5) Self-study training--Non-standardized training where an individual reads written materials, watches a training video, or listens to a recording to obtain certain knowledge that is required for annual training. Self-study training is limited to three hours, see 749.935(d) of this subchapter (relating to What types of hours or instruction can be used to complete the annual training requirements?).

 (6) Single source continuum contractor--A child-placing agency that contracts with the Department of Family and Protective Services to provide community-based care, including contractual supervision over other child-placing agencies and their child-placing activities.

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SUBCHAPTER F TRAINING AND PROFESSIONAL DEVELOPMENT

DIVISION 2 OVERVIEW OF TRAINING AND EXPERIENCE REQUIREMENTS

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

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

Figure: 26 TAC §749.811(a)

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| Type of training for caregivers: | When must the training be completed? |
| (1) Orientation, as required by §749.831 of this subchapter (relating to What is the orientation requirement for caregivers and employees?). | Prior to having contact with children. |
| (2) Pre-service training, as required by §749.863 of this subchapter (relating to What are the pre-service training requirements for a caregiver?). | Varies with the type of training. See §749.863 of this subchapter. |
| (3) Pediatric first aid and CPR, as required by §749.911 of this subchapter (relating to Who must have pediatric first aid and pediatric CPR training?). | One foster parent must be certified in pediatric first aid and pediatric CPR before you place a child in the home. Other caregivers, including a second foster parent, must be certified in first aid and CPR within 90 days after you place the child in the home. |
| (4) Annual training, as required by §749.930 of this subchapter (relating to What are the annual training requirements for a caregiver?). | (A) Within 12 months after you verify the person as a foster parent or a caregiver begins providing care to a child; and(B) As further required by §749.933 of this subchapter (relating to When must an employee or caregiver complete annual training?). |

(b) You must ensure that a caregiver who provides care to a child receiving treatment services meets the pre-service experience requirements specified in §749.861 of this subchapter (relating to What are the pre-service experience requirements for caregivers?).

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

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

Figure: 26 TAC §749.813

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| Type of training for employees: | When must the training be completed? |
| (1) Orientation, as required by §749.831 of this subchapter (relating to What is the orientation requirement for caregivers and employees?). | Prior to beginning job duties. |
| (2) Pre-service training, as required by §749.864 of this subchapter (relating to What are the pre-service training requirements for an employee?). | Within 90 days of beginning job duties. |
| (3) Annual training, as required by §749.931 of this subchapter (relating to What are the annual training requirements for an employee?). | (A) Within 12 months after you hire the employee; and (B) As further required by §749.933 of this subchapter (relating to When must an employee or caregiver complete annual training?). |

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SUBCHAPTER F TRAINING AND PROFESSIONAL DEVELOPMENT

DIVISION 3 ORIENTATION

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

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

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

 (2) You do not allow the person to be the only caregiver for a group of children before you meet the requirement in subsection (1) of this section; and

 (3) You ensure an employee received training during the past 12 months from your agency on prevention, recognition, and reporting on child abuse, neglect, and exploitation.

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

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SUBCHAPTER F TRAINING AND PROFESSIONAL DEVELOPMENT

DIVISION 4 PRE-SERVICE EXPERIENCE AND TRAINING

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

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

Figure: 26 TAC §749.863(a)

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| What type of pre-service training is required? | What caregivers must receive the training? | How many hours of training are required? | When must the caregivers complete the training? |
| (1) General Pre-Service Training | (A) All caregivers | (B) 8 hours | (C)(i) One foster parent must complete the training before you place a child in the home; and(ii) Other caregivers, including a second foster parent, must complete the training within 90 days after you place the child in the home. |
| (2) Normalcy | (A) Foster parents | (B) 2 hours | (C)(i) One foster parent must complete the training before you place a child in the home; and(ii) A second foster parent must complete the training within 90 days after you place the child in the home. |
| (3) Emergency Behavior Intervention (If you do not allow the use of emergency behavior intervention.) | (A) Caregivers who care for children receiving:(i) Only child care services or programmatic services; or (ii) Treatment services for emotional disorders, intellectual disabilities, or autism spectrum disorder | (B) 8 hours | (C)(i) One foster parent must complete at least four hours of training before you place a child in the home, and the remaining hours within 90 days after you place the child in the home; and (ii) Other caregivers, including a second foster parent, must complete the training within 90 days after you place the child. |
| (4) Emergency Behavior Intervention (If you allow the use of emergency behavior intervention.) | (A) Caregivers who care for children receiving:(i) Only child care services or programmatic services; or(ii) Treatment services for emotional disorders, intellectual disabilities, or autism spectrum disorder | (B)(i) 8 hours for caregivers who only care for children described in subsection (a)(4)(A)(i) of this section; or(ii) 16 hours for caregivers who care for children described in subsection (a)(4)(A)(ii) of this section | (C)(i) One foster parent must complete at least half of the hours of training before you place a child in the home, and the remaining hours within 90 days after you place the child in the home;(ii) Other caregivers, including a second foster parent, must complete the training within 90 days after you place the child in the home; and(iii) A caregiver may not administer any form of emergency behavior intervention before completing all the required training hours for emergency behavior intervention, except for administering a short personal restraint. |
| (5) Safe Sleeping | (A) Caregivers who care for children younger than two years of age | (B) No specified hours | (C)(i) One foster parent must complete the training before you place a child in the home; and(ii) Other caregivers, including a second foster parent, must complete the training within 90 days after you place the child in the home. |
| (6) Administering Psychotropic Medication | (A) Caregivers who administer psychotropic medication | (B) No specified hours | (C) A caregiver must complete the training before administering a psychotropic medication. |

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

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

(d) You must document the completion of each training requirement in the appropriate foster home record or personnel record.

***Helpful Information***

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| The Department of Family and Protective Services, a single source continuum contractor, or your child-placing agency may require additional pre-service training. |

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

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

Figure: 26 TAC §749.864(a)

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| What type of pre-service training is required? | Who is required to receive the training? | How many hours of training are required?  | When must the training be completed?  |
| (1) Normalcy | Child-placing agency administrators, treatment directors, child placement staff, child placement management staff, and full-time professional service providers, excluding any employee who is exclusively assigned responsibilities related to adoption services | 2 hours | Within 90 days of beginning job duties. |
| (2) Emergency Behavior Intervention | Child-placing agency administrators, treatment directors, child placement staff, child placement management staff, and full-time professional service providers, excluding any employee who is exclusively assigned responsibilities related to adoption services or the care of children receiving treatment services for primary medical needs | 8 hours | Within 90 days of beginning job duties. |

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

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

***Helpful Information***

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| Your child-placing agency may require additional pre-service training. |

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

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

(b) A foster parent or employee is exempt from completing the two hours of normalcy training if the foster parent or employee has:

 (1) Been a caregiver for or employed by a residential child-care operation during the past 12 months;

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

 (3) Can document that the training was received.

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

 (1) Has been a caregiver for or employed by a residential child-care operation during the past 12 months;

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

 (A) Of §749.887 of this subchapter (relating to If I do not allow the use of emergency behavior intervention, what curriculum components must be included in the pre-service training regarding emergency behavior intervention?); or

 (B) Of §749.889 of this subchapter (relating to If I allow the use of emergency behavior intervention, what curriculum components must be included in the pre-service training regarding emergency behavior intervention?); and

 (3) Can demonstrate knowledge and competency of the training material in writing and, if the child-placing agency allows the use of emergency behavior intervention, in physical techniques.

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

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

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

 (1) General pre-service training;

 (2) Normalcy; or

 (3) Emergency behavior intervention.

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

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

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

 (1) Holds a generally recognized credential; or

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

(b)Training on administering psychotropic medication must be instructor-led, as defined in §749.801(3) of this subchapter (relating to What do certain words and terms mean in this subchapter?). The instructor must:

 (1) Be a health-care professional or a pharmacist; and

 (2) Assess each participant after the training to ensure that the participant has learned the course content.

(c) Training on emergency behavior intervention must:

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

 (A) Emergency behavior intervention;

 (B) The course material;

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

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

 (2) Be competency-based; and

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

 (A) In writing; and

 (B) If the child-placing agency allows the use of emergency behavior intervention, by demonstrating the physical technique the participant is allowed to use .

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SUBCHAPTER F TRAINING AND PROFESSIONAL DEVELOPMENT

DIVISION 5 CURRICULUM COMPONENTS REGARDING PRE-SERVICE TRAINING,

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

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

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

 (2) Trauma informed care;

 (3) The different roles of caregivers;

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

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

 (6) Preventing the spread of communicable diseases.

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

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

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

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

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

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

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

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

***Helpful Information***

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| *A caregiver’s specific responsibilities for a child that participates in unsupervised activities are listed at §749.2593(d).* |

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

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

 (1) Recognizing and preventing shaken baby syndrome and abusive head trauma;

 (2) Understanding safe sleeping practices and preventing sudden infant death syndrome; and

 (3) Understanding early childhood brain development.

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

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

 (1) Identification of psychotropic medications;

 (2) Basic pharmacology (the actions and side effects of, and possible adverse reactions to, various psychotropic medications);

 (3) Techniques and methods of administering medications;

 (4) Who is legally authorized to provide consent for the psychotropic medication; and

 (5) Any related policies and procedures.

***Helpful Information***

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

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

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

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

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

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

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

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

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

 (7) Less restrictive strategies caregivers can use to work with an oppositional child;

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

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

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

(a) If you allow the use of emergency behavior intervention, at least 75 percent of the pre-service training regarding emergency behavior intervention must focus on early identification of potential problem behaviors and strategies and techniques of less restrictive interventions, including the curriculum components listed in §749.887 of this division (relating to If I do not allow the use of emergency behavior intervention, what curriculum components must be included in the pre-service training regarding emergency behavior intervention?).

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

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

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

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

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

 (4) The physiological impact of emergency behavior intervention;

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

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

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

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

 (9) Drawings, photographs, or videos of each personal restraint permitted by your policy; and

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

TITLE 26 HEALTH AND HUMAN SERVICES

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SUBCHAPTER F TRAINING AND PROFESSIONAL DEVELOPMENT

DIVISION 6 PEDIATRIC FIRST AID AND PEDIATRIC CPR CERTIFICATION

§749.911. Who must have pediatric first aid and pediatric CPR training?

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

(b) Each caregiver must have a current certificate of training with an expiration or renewal date in pediatric CPR. The pediatric CPR training:

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

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

(c) One foster parent must be certified in pediatric first aid and pediatric CPR before you place a child in the home. Other caregivers, including a second foster parent, must be certified in pediatric first aid and pediatric CPR within 90 days after you place the child in the home.

(d) In lieu of either or both certifications, a caregiver may provide documentation of the following:

 (1) Training as a health professional that includes the knowledge covered in either pediatric first aid or pediatric CPR, or both; and

 (2) The caregiver’s employment as a health professional requires that the relevant skills remain current.

§749.913. Are there any exemptions from pediatric first aid and pediatric CPR certification?

If a caregiver is absent from the home on an extended basis as a condition of the caregiver’s military service or employment, the caregiver is exempt from obtaining current certification in pediatric first aid and pediatric CPR during this time of absence. The caregiver must obtain pediatric first aid and pediatric CPR certifications within 90 days after returning home.

§749.915. What documentation must I maintain for pediatric first-aid and pediatric CPR certifications?

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

(b) The documentation must include the following information:

 (1) The participant's name;

 (2) Date of the training;

 (3) Title or subject of the training;

 (4) The trainer's name and qualifications;

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

 (6) Length of the training in hours.

TITLE 26 HEALTH AND HUMAN SERVICES

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SUBCHAPTER F TRAINING AND PROFESSIONAL DEVELOPMENT

DIVISION 7 ANNUAL TRAINING

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

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

Figure: 26 TAC §749.930(a)

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| A caregiver who cares for children receiving: | Must complete the following number of annual training hours: |
| (1) Only child-care services, programmatic services, or treatment services for primary medical needs, or a combination of these services, | 10 hours |
| (2) Treatment services for emotional disorders, intellectual disabilities, or autism spectrum disorder, | 25 hours |

(b) For a home with two foster parents, the foster parents may combine their individual training hours to meet the total number of required annual training hours. If each foster parent is required to complete 10 hours, they must collectively complete 20 hours. If each foster parent is required to complete 25 hours, they must collectively complete 50 hours. But the foster parents do not have to split the total number of required hours equally, as long as:

 (1) Each foster parent completes each of the required annual training hours noted in subsection (c) of this section; and

 (2) They complete the combined total number of required hours for annual training.

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

Figure: 26 TAC §749.930(c)

|  |  |
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| Type of Training | Hours |
| (1) Emergency Behavior Intervention | (A) 4 hours for caregivers only caring for children receiving child-care services, programmatic services, or treatment services for primary medical needs; or(B) 8 hours for caregivers caring for children receiving treatment services for emotional disorders, intellectual disabilities, or autism spectrum disorder. |
| (2) Trauma Informed Care | 2 hours |
| (3) Normalcy | 1 hour |
| (4) Administering Psychotropic Medication, if the caregiver administers psychotropic medication | No specified hours |

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

(e) A caregiver who cares exclusively for children receiving treatment services for primary medical needs is exempt from the four hours of emergency behavior intervention training. The caregiver must still complete the total 10 hours of annual training.

(f) After completing the type of annual training required in subsection (c) of this section, any remaining number of annual training hours must be in areas appropriate to the needs of children for whom the caregiver provides care, as required by §749.941 of this division (relating to What areas or topics are appropriate for annual training?); and

***Helpful Information***

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| The Department of Family and Protective Services, a single source continuum contractor, your child-placing agency may require additional annual training.  |

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

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

Figure: 26 TAC §749.931(a)

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

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

Figure: 26 TAC §749.931(b)

|  |  |
| --- | --- |
| Type of Training | Hours |
| (1) Prevention, Recognition, and Reporting on Child Abuse, Neglect, and Exploitation | 1 hour, unless the employee is an executive director |
| (2) Trauma Informed Care | 2 hours |
| (3) Normalcy | 1 hour |

(c) Regarding the annual training hours for an employee described subsection (a)(4) of this section:

 (1) The hours must include one hour of training on prevention, recognition, and reporting on child abuse, neglect, and exploitation, unless the employee is an executive director; and

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

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

***Helpful Information***

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| *Your child-placing agency may require additional annual training.* |

§749.932. What exemptions or waivers may apply to the annual training requirements for a caregiver?

(a) If a caregiver is absent from the home on an extended basis as a condition of the caregiver’s military service or employment, the caregiver’s annual training requirements are prorated based on the number of months out of the year that the caregiver will be at the home. If a caregiver is absent for an entire year, the caregiver is exempt for the annual training hours for that year.

(b) A child-placing agency, including a single source continuum contractor, may waive certain annual training requirements for a foster parent or for a foster home as described in subsection (c) of this section if:

 (1) The foster parent or foster home has been verified by the child-placing agency the previous two years; and

 (2) During that timeframe, the child-placing agency was not cited for any deficiencies related to the foster parent or the foster home and there are no pending allegations related to the foster parent or the foster home.

(c) For a foster parent or foster home that meets the requirements described in subsection (b) of this section, the agency may waive the following types of training upon determining that the training is not directly related to the care of any foster child in the home:

 (1) Emergency behavior intervention;

 (2) Trauma informed care; or

 (3) Normalcy.

(d) A child-placing agency that waives certain annual training requirements for a foster home under subsection (c) of this section may waive the training for one or both foster parents and any other caregiver in the home.

(e) A child-placing agency may not waive a foster parent’s annual training for emergency behavior intervention, trauma informed care, or normalcy during consecutive years.

(f) You must document the basis of the exemption, proration, or waiver in the appropriate foster home record or personnel record.

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

(a) Each person must complete the annual training:

 (1) Within 12 months from when:

 (A) You hire the person as an employee, including employees hired or acting as a caregiver;

 (B) You verify the person as a foster parent or

 (C) A caregiver in the home, that is not an employee or foster parent, begins providing care to a child; and

 (2) During each subsequent 12-month period after the anniversary date of hire, verification, or beginning the provision of care.

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

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

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

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

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

 (2) Conferences or seminars;

 (3) Instructor-led training, as defined at §749.801(3) of this subchapter (relating to What do certain words and terms mean in this subchapter?);

(4) Self-instructional training as defined at §749.801(4);

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

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

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

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

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

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

 (B) Provides documentation of the training;

 (2) Pediatric first-aid and pediatric CPR;

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

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

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

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

 (1) Orientation training;

 (2) Required pre-service training;

 (3) The hours involved in case staffings and conferences with the supervisor; or

 (4) The hours presenting training to others.

(d) No more than 80 percent of the required annual training hours may come from self-instructional training as defined at §749.801(4) of this subchapter. No more than three of those self-instructional hours may come from self-study training as defined at §749.801(5) of this subchapter.

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

***Helpful Information***

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

§749.939. How must annual training be conducted?

(a) Training on emergency behavior intervention and administering psychotropic medication must be instructor-led, as defined at §749.801(3) of this subchapter (relating to What do certain words and terms mean in this subchapter?).

(b) Training on emergency behavior intervention must:

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

 (A) Emergency behavior intervention;

 (B) The course material;

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

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

 (2) Be competency-based; and

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

 (A) In writing; and

 (B) If the child-placing agency allows the use of emergency behavior intervention, by demonstrating the physical techniques that the participant may use.

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

TITLE 26 HEALTH AND HUMAN SERVICES

PART 1 HEALTH AND HUMAN SERVICES COMMISSION

CHAPTER 749 MINIMUM STANDARDS FOR CHILD-PLACING AGENCIES

SUBCHAPTER F TRAINING AND PROFESSIONAL DEVELOPMENT

DIVISION 8 TOPICS AND CURRICULUM COMPONENTS FOR ANNUAL TRAINING

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

Other than the mandated topics, annual training must be in areas appropriate to the needs of children for whom the caregiver provides care, which may include:

 (1) Developmental stages of children;

 (2) Constructive guidance and discipline of children;

 (3) Fostering children's self-esteem;

 (4) Positive interaction with children;

 (5) Strategies and techniques for working with the population of children served;

 (6) Supervision and safety practices in the care of children, including making reasonable and prudent parenting decisions regarding a foster child's participation in childhood activities;

 (7) Preventing the spread of communicable diseases;

 (8) Water Safety;

 (9) Administration of medication;

(10) Medical-related training to help children receiving treatment services for primary medical needs;

(11) Helping children experience grief or loss;

(12) Prevention, recognition, and reporting of child abuse, neglect, and exploitation; or

(13) Safe sleeping as specified in §749.883 of this subchapter (relating to What curriculum components must be included in the pre-service training regarding safe sleeping?).

***Helpful Information***

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

§749.943. What curriculum components must be included in the annual training regarding normalcy?

(a) The annual training regarding normalcy must include the curriculum components covered in the pre-service training regarding normalcy, see §749.882 of this subchapter (relating to What curriculum components must be included in the pre-service training regarding normalcy?).

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

§749.944. What curriculum components must be included in the annual training for employees regarding the prevention, recognition, and reporting of child abuse, neglect, and exploitation?

The annual training regarding the prevention, recognition, and reporting of child abuse, neglect, and exploitation must include the following curriculum components:

 (1) The factors indicating a child is at risk for abuse, neglect, or exploitation;

 (2) The warning signs indicating a child may be a victim of abuse, neglect, or exploitation;

 (3) The procedures for reporting child abuse, neglect, or exploitation; and

 (4) A list of community organizations that have training programs available to child-placing agency staff members, children, and parents.

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

The annual training regarding administering psychotropic medication must include the curriculum components identified in §749.885 of this subchapter (relating to What curriculum components must be included in the pre-service training regarding administering psychotropic medication?).

***Helpful Information***

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

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

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

(1) Reinforce basic principles covered in the pre-service training identified in §749.887 of this subchapter(relating to If I do not allow the use of emergency behavior intervention, what curriculum components must be included in the pre-service training regarding emergency behavior intervention?) and §749.903 of this subchapter (relating to If I allow the use of emergency behavior intervention, what curriculum components must be included in the pre-service training regarding emergency behavior intervention?); and

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

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

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

***Helpful Information***

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

§749.949. What documentation must I maintain for annual training?

(a) You must keep documentation verifying completion of annual training in the appropriate foster home record or personnel record. The documentation may be a certificate, letter, or a signed and dated statement of successful completion from the training source. The documentation may also be a transcript from an accredited college or university.

(b) The documentation for training other than college courses must include the following information:

 (1) The participant's name;

 (2) Date of the training;

 (3) Title or subject of the training;

 (4) The trainer's name and qualifications, or the source of the training for self-instructional training; and

 (5) Length of the training in hours.

TITLE 26 HEALTH AND HUMAN SERVICES

PART 1 HEALTH AND HUMAN SERVICES COMMISSION

CHAPTER 749 MINIMUM STANDARDS FOR CHILD-PLACING AGENCIES

SUBCHAPTER M FOSTER HOMES: SCREENINGS AND VERIFICATIONS

DIVISION 1 GENERAL REQUIREMENTS

§749.2401. In what circumstances may I verify an individual spouse as a foster parent?

(a) You may verify only one spouse if:

 (1) The spouse whom you verify will be the only one involved in the care of any foster child in the home;

 (2) The spouses have been living apart for at least two years; and

 (3) After interviewing the spouse living outside of the foster home as part of the screening process, you determine that the spouse will not:

 (A) Have unsupervised access to foster children, as “unsupervised access” is defined in §745.601 of this title (relating to What words must I know to understand this subchapter); or

 (B) Regularly or frequently be present at the foster home, as defined in §745.601 of this title.

(b) If the requirements in subsection (a) of this section are not met, you must verify both spouses to provide foster care.

(c) If at any time the requirements in subsection (a) are no longer being met, the change in circumstances:

 (1) Is considered a “major life change in the foster family”;

 (2) Requires an update to the foster home screening, as required by §749.2453 of this chapter (relating to When must I update the foster home screening?); and

 (3) Requires closure of the foster home or adding the spouse to the verification certificate.

***Helpful Information***

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| * *Regarding subsection (a), if these requirements are met, it is unlikely that the spouse who lives outside of the home will require a background check in relation to the foster home. However, you are responsible for submitting a background check request for the spouse if the spouse requires one under §745.605.*
* *Regarding subsection (c), please remember that in addition to the requirements noted here for a “major life change in the foster family” there are other requirements that a foster family and a child placing agency must follow, including:*
	+ *A foster home must notify a child-placing agency of any “major life change in the foster family,” see §749.2655;*
	+ *A child-placing agency must evaluate the foster home for compliance with relevant minimum standards when there is a major life change, see §745.2801 and §745.2807; and*
	+ *A major life change must be documented and evaluated during quarterly supervisory visits, see §745.2815.*
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TITLE 26 HEALTH AND HUMAN SERVICES

PART 1 HEALTH AND HUMAN SERVICES COMMISSION

CHAPTER 749 MINIMUM STANDARDS FOR CHILD-PLACING AGENCIES

SUBCHAPTER M FOSTER HOMES: SCREENINGS AND VERIFICATIONS

DIVISION 2 FOSTER HOME SCREENINGS

§749.2447. What information must I obtain for the foster home screening?

You must obtain, document, and assess the following information about a prospective foster home:

Figure: 26 TAC §749.2447

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| 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.  |
| (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) Screen each foster parent without a high school diploma or G.E.D. to ensure that each foster parent:  (i) Is able to be an appropriate role model for children in placement;  (ii) 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) Meets the 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 your assessment of: (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 assess 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 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  (iii) A monthly household expense report itemizing the following expenses:  (I) Mortgage/Rent;  (II) Utilities;  (III) 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. |
| (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. | (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. (B) With respect to law enforcement service call information, you must do the following:  (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. |
| (8) The prospective foster parents' motivation to provide foster care. | Assess and document the prospective foster parents' motivation and willingness to provide foster care. |
| (9) Health status of all persons living in the home. | Discuss, assess, and 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. |
| (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. | Discuss, assess, and document the 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 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. | (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. (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. (C) Discuss, assess and document the prospective foster parents' willingness and ability to:  (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. | (A) Request, assess, and maintain the background information that a child-placing agency must provide you, as described in §749.2475 of this subchapter (relating to To whom must I release information regarding a family on which I previously conducted a foster home screening, pre-adoptive home screening, or post placement adoptive report?). (B) You must address and document 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:  (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. |

§749.2449. Whom must I interview when conducting a foster home screening?

(a) Interviews for a foster home screening must be documented and must include at least:

 (1) One individual interview with each prospective foster parent;

 (2) One individual interview with each child three years old or older living in the home either full- or part-time;

 (3) One individual interview with each other person living in the home either full- or part-time;

 (4) One joint interview with the prospective foster parents;

 (5) One family group interview with all family members living in the home;

 (6) One interview, by telephone, in person, or by letter, with each minor child 12 years old or older or adult child of the prospective foster parents not living in the home;

 (7) A minimum of one interview, by telephone, in person, or by letter with a family member not living in the home and not already interviewed; and

 (8) A minimum of two interviews, by telephone, in person, or by letter with neighbors, school personnel if the prospective foster parents have school age children, clergy, or any other member of the prospective foster parents' community who are unrelated to the foster parents and can provide a description of the prospective foster parents' suitability to provide care for children.

(b) You must visit the home at least once when all members of the household are present.

(c) Regarding subsection (a)(6) of this section, if you have been unsuccessful in contacting an adult child, you must document your diligent efforts to locate the adult child in the home screening. Diligent efforts require at least three attempts to locate the adult child, multiple methods of contact (i.e. in person or virtual, by telephone, or by letter), as applicable, and discussions with the prospective foster parents and any other relevant persons regarding the location of the adult child.

***Helpful Information***

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| *Interviews do not have to be face-to-face. For example, they can be a virtual, video, or phone interview. Subsection (b) does require at least one visit to the home when all members of the house are present.* |

TITLE 26 HEALTH AND HUMAN SERVICES

PART 1 HEALTH AND HUMAN SERVICES COMMISSION

CHAPTER 749 MINIMUM STANDARDS FOR CHILD-PLACING AGENCIES

SUBCHAPTER M FOSTER HOMES: SCREENINGS AND VERIFICATIONS

DIVISION 3 VERIFICATION OF FOSTER HOMES

§749.2470. What must I do to verify a foster family home?

(a) You must take the following steps to verify a foster family home:

 (1) Complete and document the requirements for §749.2447 of this subchapter (relating to What information must I obtain for the foster home screening?);

 (2) Complete and document the required interviews as specified in §749.2449 of this subchapter (relating to Whom must I interview when conducting a foster home screening?);

 (3) Obtain the following:

 (A) A floor plan of the home that shows the dimensions and purposes of all rooms in the home and identifies the indoor areas for children's use; and

 (B) A sketch or photo of the outside areas that shows the buildings, driveways, fences, storage areas, gardens, recreation areas, and pools, ponds, or other bodies of water;

 (4) Inspect the home to ensure and document that the home meets the appropriate rules of this chapter, including:

 (A) Subchapter K of this chapter (relating to Foster Care Services: Daily Care, Problem Management); and

 (B) Subchapter O of this chapter (relating to Foster Homes: Health and Safety Requirements, Environment, Space and Equipment), including a:

 (i) Health inspection; and

 (ii) Fire inspection;

 (5) If the home will provide a transitional living program, ensure the home complies with the policies developed according to §749.125 of this chapter (relating to What policies must I develop for foster parents who offer a transitional living program?);

 (6) Evaluate all areas required in this subchapter and make recommendations regarding the home's ability to care for and work with children with respect to a child's gender and age, the number of children, and the types of services to be provided;

 (7) If there are any indicators of potential risk to children based on the assessment and evaluation of an area required in this subchapter, document the indicators and how you addressed them with the prospective foster family before approval and verification of the home;

 (8) Obtain from the child placement management staff the review and approval of the home screening, and the recommended verification of the home; and

 (9) Issue a verification certificate that specifies the:

 (A) Name of the foster family home;

 (B) Foster family home address and location;

 (C) Foster family home's total capacity, which includes the biological and adopted children of the caregivers who live in the foster family home, any children receiving foster care or respite child-care, and any children for whom the family provides day care;

 (D) Foster family home's foster care capacity, a subset of the total capacity, which includes only children placed for foster care or respite child-care;

 (E) Gender and ages of children for which the home is verified to provide foster care or respite child-care;

 (F) Types of services the foster family home will provide;

 (G) Agency's main office or branch office, which issued the verification; and

 (H) Expiration date of a time-limited verification, if applicable.

(b) You can verify a foster home before the foster parents have completed the pre-service training. However, foster parents must comply with the training requirements described in §749.863 of this subchapter (relating to What are the pre-service training requirements for a caregiver?) before you may place a child in the home.

§749.2473. What must I do to verify a foster home that another child-placing agency has previously verified?

(a) When a home has previously been verified by another agency, you must conduct and complete an entirely new home screening and comply with all of the requirements in §749.2471 of this title (relating to What must I do to verify a foster home?).

(b) If the foster home is transferring from another child-placing agency, you must submit a written request to the agency that the foster home is transferring from requesting the background information required in §749.2447(23) of this title (relating to What information must I obtain for the foster home screening?).

(c) If the foster home is transferring from another child-placing agency, with a child in care, you may verify the foster home prior to completion of the background check.

(d) For a provisional verification, see Division 4 of this subchapter (relating to Temporary, Time-Limited, and Provisional Verifications).

§749.2489. What information must I submit to Licensing about a foster home's verification status?

You must submit information to us within two working days of:

 (1) Verifying a new foster home;

 (2) Temporarily verifying a foster home and when the verification is no longer temporary;

 (3) Putting a foster home on inactive status or taking a foster home off of inactive status;

 (4) Changing conditions of the verification for an existing home;

 (5) Extending a time-limited verification;

 (6) Changing a time-limited verification to a non-expiring verification;

(7) Provisionally verifying a foster home and when the verification is no longer provisional; or

(8) Closing a foster home, including:

 (A) The reason the foster home closed; and

 (B) The name and contact information of a person at your agency who may be contacted by another child-placing agency to obtain records relating to the closed foster home.

§749.2495. Do foster home verifications expire?

Only temporary, time-limited, and provisional verifications have expiration dates. All other verifications are non-expiring.

§749.2497. What requirements are there for a transfer or closing summary?

(a) You must have either a transfer summary or closing summary when a foster home transfers to another child-placing agency or closes. This includes when you do not issue a non-expiring verification to a foster home with a time-limited verification, temporary verification, or provisional verification.

(b) A transfer summary must be completed by the 10th day after you receive a written request to transfer, and you must forward it immediately to the requesting child-placing agency.

(c) A closing summary must be completed by the 20th day after the foster home is closed.

(d) A transfer or closing summary must include:

 (1) A copy of the verification certificate;

 (2) The foster home addresses and directions for rural addresses, as needed, for the past two years;

 (3) The length of time the foster parents have been fostering with you;

 (4) For the children that were in care for the last two years, the:

 (A) Number of children fostered;

 (B) Type of treatment services provided to each child; and

 (C) Reason for each child's discharge from care;

 (5) A description of any limitations on verification that were in place for the foster home in caring for and working with children (such as gender, age, number of children, treatment services, special needs, or type of abuse or neglect experienced by the child), regardless of whether the limitation was requested by the foster parent or imposed by you;

 (6) For a closing summary, the reason the foster home is closing, including whether you required the foster home to close;

 (7) For a transfer summary, any pending investigations or unresolved deficiencies;

 (8) For a closing summary, any unresolved deficiencies that had not been corrected and what those deficiencies were;

 (9) Any indicators of risk to children at the time of the transfer or closing and what those indicators are;

 (10) Any plan to achieve compliance or other type of development plan that was in place within the previous 12 months of the date of the transfer or closing;

 (11) Any corrective action or adverse action plan that was in place at the time of the transfer or closing; and

 (12) A statement concerning whether you would recommend the foster home for verification in the future, including whether you would recommend any limitations or restrictions on the verification, and the basis of your recommendation or lack thereof.

TITLE 26 HEALTH AND HUMAN SERVICES

PART 1 HEALTH AND HUMAN SERVICES COMMISSION

CHAPTER 749 MINIMUM STANDARDS FOR CHILD-PLACING AGENCIES

SUBCHAPTER M FOSTER HOMES: SCREENINGS AND VERIFICATIONS

DIVISION 4 TEMPORARY, TIME-LIMITED, AND PROVISIONAL VERIFICATIONS

§749.2520. What is the purpose of a temporary verification?

The purpose of a temporary verification is to permit continued care of foster children in a verified foster home when a foster family moves from one residence to another and there is a short-term delay in ensuring the foster home will continue to meet all minimum standards in the new location. For example, fire and health inspections cannot be obtained prior to the move.

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§749.2526. What is the purpose of a time-limited verification?

The purpose of a time-limited verification is to permit you to limit the length of time a home will be verified by assigning the verification a pre-determined end date, after which the home will no longer be verified to provide foster care. Foster homes with time-limited verifications must meet the same rules as foster homes with non-expiring verifications.

§749.2533. What is the purpose of a provisional verification?

The purpose of a provisional verification is to permit continued care of foster children in a foster home that is transferring from one child-placing agency to another, whether in the current residence or a new residence.

§749.2535. What must I do prior to issuing a provisional verification?

(a) You may only issue a provisional verification if the foster home will continue to care for foster children that the previous agency placed in the home.

(b) You may only issue a provisional verification after:

 (1) You have requested and received the background information from the foster home’s former child-placing agency, which the agency is required to send according to §749.2475 of this subchapter (relating to To whom must I release information regarding a family on which I previously conducted a foster home screening, pre-adoptive home screening, or post placement adoptive report?);

 (2) Based on the background information you have received from the former child-placing agency and any current screening and evaluation that your agency has conducted up to this point, you have determined that the home does not present a potential risk to the health or safety of children;

 (3) If the foster home is moving to a new residence, you:

 (A) Inspect the new location; and

 (B) Determine that the home meets the minimum standards, including the standards in Subchapter O of this chapter (relating to Foster Homes: Health and Safety Requirements, Environment, Space and Equipment); and

 (4) The child placement management staff reviews and approves the provisional verification by signing and dating it.

(c) A foster home with a provisional verification must meet the same rules as a foster home with a non-expiring verification, except for any screening requirements that have not been completed.

(d) A provisional verification must include any condition (number of children, age, gender, services provided) or any other restriction that was in the previous child-placing agency’s verification.

§749.2537. For what length of time can I issue a provisional verification?

(a) A provisional verification is valid:

 (1) For six months from the date it is issued; or

 (2) Until the foster home is issued a non-expiring verification or closed.

(b) You may not renew the provisional verification.

§749.2539. Can foster children remain in the foster home while a provisional verification is in effect?

Children who are in the care of a foster family that is transferring from one child-placing agency to another may continue to live in the foster home while the provisional verification is in effect. However, you may not make new placements of children into a home that is provisionally verified.

TITLE 26 HEALTH AND HUMAN SERVICES

PART 1 HEALTH AND HUMAN SERVICES COMMISSION

CHAPTER 749 MINIMUM STANDARDS FOR CHILD-PLACING AGENCIES

SUBCHAPTER O FOSTER HOMES: HEALTH AND SAFETY REQUIREMENTS, ENVIRONMENT, SPACE AND EQUIPMENT

DIVISION 3 WEAPONS, FIREARMS, EXPLOSIVE MATERIALS, AND PROJECTILES

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

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

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

 (A) Weapons and the ammunition must be kept in locked storage;

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

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

 (D) Weapons and ammunition must be separately stored and locked unless:

 (i) A person cannot obtain access to both the weapon and ammunition by using the same key or combination; or

 (ii) Each firearm is stored with a trigger locking device attached to the firearm.

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

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

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

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

TITLE 26 HEALTH AND HUMAN SERVICES

PART 1 HEALTH AND HUMAN SERVICES COMMISSION

CHAPTER 749 MINIMUM STANDARDS FOR CHILD-PLACING AGENCIES

SUBCHAPTER Q ADOPTION SERVICES: CHILDREN

DIVISION 5 REQUIRED INFORMATION

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

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

Figure: 26 TAC §749.3391(a)

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| Type of Information:  | Including:  |
| (1) Abuse or neglect history: | Physical, sexual, or emotional abuse history.  |
| (2) Health history: | (A) Current health status;(B) Birth history, neonatal history, and other medical, dental, psychological, or psychiatric history, including: (i) Available results and diagnoses of any medical or dental examinations;  (ii) Available results and diagnoses of any psychological, psychiatric, or social evaluations; and (iii) To the extent known by the Department of Family and Protective Services based on information collected under Human Resources Code §264.019:  (I) Whether the child’s birth mother consumed alcohol during pregnancy; and (II) Whether the child has been diagnosed with fetal alcohol spectrum disorder; and(C) Immunization record. |
| (3) Social history: | Information about past and existing relations among the child and the child’s siblings, birth parents, extended family members, and other persons who have had physical possession of or legal access to the child.  |
| (4) Educational History: | (A) Enrollment and performance in educational institutions;(B) Results of educational testing and standardized tests; and(C) Special educational needs, if any. |
| (5) Family History | Information about the child’s birth parents, maternal and paternal grandparents, other children born to either of the child’s birth parents, and extended family members, including their: (A) Health and medical history, including any information obtained in the medical history report and information regarding genetic diseases or disorders; (B) Current health status; (C) If deceased, cause of and age of death; (D) Height, weight, eye, and hair color; (E) Nationality and ethnic backgrounds; (F) General levels of educational and professional achievements; (G) Religious backgrounds; (H) Results of any psychological, psychiatric, or social evaluations, including the date of any such evaluation, any diagnosis, and a summary of any findings; (I) Any criminal conviction record relating to the following:  (i) A misdemeanor or felony classified as an offense against the person or family;  (ii) A misdemeanor or felony classified as public indecency; or  (iii) A felony violation of a statute intended to control the possession or distribution of a substance included in the Texas Controlled Substances Act; and (J) Any information necessary to determine whether the child is entitled to, or otherwise eligible for, state or federal financial, medical, or other assistance. |

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

Figure: 26 TAC §749.3391(b)

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| Type of Information:  | Including:  |
| (1) History of previous placements: | Information about the child’s previous placements, including the date(s) and reason(s) for placement.  |
| (2) Child’s legal status: | Information regarding the child’s legal status.  |
| (3) Child’s understanding of adoptive placement: | Information regarding the child’s understanding of adoptive placement.  |

***Helpful Information***

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| *Regarding clause (2)(B)(iii)(II), Texas Family Code, §162.007(g) defines “fetal alcohol spectrum disorder” as “any of a group of conditions that can occur in a person whose mother consumed alcohol during pregnancy”.* |