TABLES &

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

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

Figure: 26 TAC §745.243

Type of Application	Required Application Materials
(1) Application for Listing a Family Home	(A) A completed <u>Listing Permit Request</u> [ <del>Listing Permit Request</del> ] (Form 2986);
	(B) Completed background checks on all applicable persons; see Subchapter F of this chapter (relating to Background Checks);
	(C) A completed <u>Controlling Person – Child Care</u> <u>Regulation</u> [ <del>Controlling Person – Child Care Licensing</del> ] (Form 2760) as set forth in Subchapter G of this chapter (relating to Controlling Persons);
	(D) Unless the home will only provide care to related children under Chapter 313 of the Labor Code (relating to Requirements for Providers of Relative Child Care), documentation of liability insurance or an acceptable reason for not having the insurance, as required by:
	(i) §745.249 of this division (relating to What are the liability insurance requirements for a licensed operation, registered child-care home, or listed family home?); and
	(ii) §745.251 of this division (relating to What are the acceptable reasons not to have liability insurance?);
	(E) Proof of a high school diploma or high school equivalent;
	(F) Proof of safe sleeping training, as required by §745.255 of this division (relating to What safe sleeping training <u>must a</u> <u>person complete when applying to operate a</u> [ <del>is required for</del> ] listed family home [ <del>homes</del> ]?); and
	(G) The application fee, if applicable.

(2) Application for Registering a Child-Care Home	(A) A completed <u>Request for a Registration Permit</u> [ <del>Request for a Registration Permit</del> ] (Form 2919);
	(B) Completed background checks on all applicable persons; see Subchapter F of this chapter;
	(C) A completed <u>Controlling Person – Child Care</u> <u>Regulation</u> [ <del>Controlling Person – Child Care Licensing</del> ] (Form 2760) as set forth in Subchapter G of this chapter;
	[ <del>(D) A notarized Affidavit for Applicants for Employment with a Licensed Operation or Registered Child Care Home (Form 2985) for any employee of the registered child care home or any applicant you intend to hire;]</del>
	<u>(D)[<del>(E)</del>]</u> Proof of current certification in pediatric CPR;
	<u>(E)[<del>(F)</del>]</u> Proof of current certification in pediatric first aid with rescue breathing and choking;
	<u>(F)</u> [ <del>(G)</del> ] Verification that the applicant completed the required pre- application interview within one year prior to the date of application;
	<u>(G)</u> [ <del>(H)</del> ] Proof of a high school diploma or high school equivalent;
	( <u>H)</u> [ <del>(I)</del> ] Proof of required training as required by §747.1007(7) of this title (relating to What qualifications must I meet to be the primary caregiver of a registered child- care home?);
	( <u>I</u> )[ <del>(J)</del> ] If the applicant is a for-profit corporation or limited liability company, proof that the corporation or company is not delinquent in paying the franchise tax; for information on the franchise tax, see §745.245 of this division (relating to How do I demonstrate that the governing body is not delinquent in paying the franchise tax?);
	<u>(J)</u> [ <del>(K)</del> ] Documentation of liability insurance or an acceptable reason for not having the insurance, as required by §745.249 and §745.251 of this division; and
	(K)[ <del>(L)</del> ] The application fee.

(3) Application	(A) A completed Application for a License to Operate a Child
for Licensing a	Day Care Facility [Application for a License to Operate a
Child Day-Care Operation	<del>Child Day Care Facility</del> ] (Form 2910);
operation	(B) A floor plan of the building and surrounding space to be
	used, including dimensions of the indoor and outdoor space;
	(C) A completed <u>Child Care Licensing Governing Body/Director</u>
	Designation [Child Care Licensing Governing Body/Director-
	Designation] (Form 2911); this form is not required if the governing body is a sole proprietorship and the proprietor is
	also the director;
	(D) Completed background checks on all applicable persons;
	see Subchapter F of this chapter;
	(E) A completed <u>Personal History Statement</u> [ <del>Personal</del>
	History Statement] (Form 2982) for each applicant that is a
	sole proprietor or partner, and all persons designated as director or co-director;
	(F) A completed <u>Controlling Person – Child Care</u> <u>Regulation</u> [ <del>Controlling Person – Child Care Licensing</del> ]
	(Form 2760), as set forth in Subchapter G of this chapter;
	(G) If the applicant is a for-profit corporation or limited liability company, proof that the corporation or company is not delinquent in paying the franchise tax. For information on franchise tax, see §745.245 of this division [ <del>(relating to How do I demonstrate that the governing body is not delinquent in paying the franchise tax?)</del> ];
	(H) Documentation of liability insurance or an acceptable reason for not having the insurance, as required by §745.249 and §745.251 of this division;
	<ul> <li>(I) A completed <u>Plan of Operation for Licensed Center and</u> <u>Home Operations</u> [Plan of Operation for Licensed Center and Home Operations] (Form 2948) or a <u>Plan of Operation for</u> <u>School-Age Summer Program or Before/After School Program</u> [Plan of Operation for School Age Summer Program or- Before/After School Program] (Form 2881); the plan of operation must show how you intend to comply with the minimum standards;</li> </ul>
	(J) Verification that the applicant completed the required pre- application interview within one year prior to the date of application; and
	(K) The application fee.

(1) Application	(A) A completed Creall Empleyer Based Child Core or		
(4) Application	(A) A completed <u>Small Employer-Based Child Care or</u>		
for a Compliance	Temporary Shelter Child Care Facility Application [Small-		
Certificate for a	Employer-Based Child Care or Temporary Shelter Child Care		
Shelter Care	Facility Application] (Form 2841). If the law requires that the		
Operation	applicant keep the shelter care location confidential, the		
	applicant must include on the application form a valid		
	correspondence address and telephone number, including a		
	method to immediately contact your operation that allows our		
	staff to obtain your location address within 30 minutes.		
	(B) Completed background checks on all applicable persons;		
	see Subchapter F of this chapter.		
	(C) If the applicant is a for-profit corporation or limited liability		
	company, proof that the corporation or company is not		
	delinquent in paying the franchise tax. For information on		
	franchise tax, see §745.245 of this division.		
	(D) The application fee.		
(5) Application	(A) A completed Small Employer-Based Child Care or		
for a Compliance	Temporary Shelter Care Facility Application [Small-		
Certificate for an	Employer Based Child Care or Temporary Shelter Care		
Employer-Based	Facility Application] (Form 2841);		
Child Care			
Operation	(B) A floor plan of the building and surrounding space to be		
	used, including dimensions of the indoor and outdoor space;		
	(C) Completed background checks on all applicable persons;		
	see Subchapter F of this chapter;		
	see subshapter i or this chapter,		
	(D) If the applicant is a for-profit corporation or limited liability		
	company, proof that the corporation or company is not		
	delinquent in paying the franchise tax; for information on		
	franchise tax, see §745.245 of this division; and		
	(E) The application fee.		

(6) Application	(A) A completed Application for a License to Operate a
for Licensing a	Residential Child Care Facility [Application for a
Residential Child-	License to Operate a Residential Child Care Facility]
Care Operation including a Child- Placing Agency	(Form 2960);
	(B) A floor plan of the building and surrounding space to be used, including dimensions of the indoor space;
	(C) A completed <u>Residential Child Care Licensing Governing</u> <u>Body/Administrator or Executive Director Designation</u> [Residential Child Care Licensing Governing- Body/Administrator or Executive Director Designation] (Form 2819); this form is not required if the governing body is a sole proprietorship, and the proprietor is also the administrator;
	(D) Completed background checks on all applicable persons; see Subchapter F of this chapter;
	(E) A completed <u>Controlling Person – Child Care</u> <u>Regulation</u> [ <del>Controlling Person – Child Care Licensing</del> ] (Form 2760) as set forth in Subchapter G of this chapter;
	(F) A completed <u>Personal History Statement</u> [ <del>Personal History Statement</del> ] (Form 2982) for each applicant that is a sole proprietor or partner, unless you are a licensed administrator;
	(G) If the applicant is a for-profit corporation or a limited liability company, proof that the corporation or company is not delinquent in paying the franchise tax; for information on franchise tax, see §745.245 of this division;
	(H) Documentation of liability insurance or an acceptable reason for not having the insurance, as required by §745.249 and §745.251 of this division;
	(I) Written plans that are required by minimum standards, including §748.101 of this title (relating to What plans must I submit for Licensing's approval as part of the application process?) and §749.101 of this title (relating to What plans must I submit for Licensing's approval as part of the application process?);
	(J) Written policies and procedures that are required by minimum standards, including §748.103 of this title (relating to What policies and procedures must I submit for Licensing's approval as part of the application process?) and §749.103 of this title (relating to What policies and procedures must I submit for Licensing's approval as part of the application process?);
	(K) Documentation that your child-placing agency is legally

	astablished to operate in Taylog
	established to operate in Texas;
	(L) Verification that the applicant completed the required pre- application interview within one year prior to the date of application;
	<ul> <li>(M) A completed <u>General Residential Operations – Additional</u> <u>Operation Plan</u> [General Residential Operations – Additional- <del>Operation Plan</del>] (Form 2960, Attachment C), if the applicant is applying for a permit to open a general residential operation that will provide treatment services to children with emotional disorders; and</li> <li>(N) The application fee.</li> </ul>
(7) Application for Certification of a Child Day-	(A) A completed <u>Application for a License to Operate a Child</u> <u>Day Care Facility</u> [ <del>Application for a License to Operate a Child Day Care Facility</del> ] (Form 2910);
Care Operation	(B) A floor plan of the building and surrounding space to be used, including dimensions of the indoor and outdoor space;
	(C) A completed <u>Child Care Licensing Governing Body/Director</u> <u>Designation</u> [ <del>Child Care Licensing Governing Body/Director Designation</del> ] (Form 2911);
	(D) Completed background checks on all applicable persons. See Subchapter F of this chapter;
	(E) A completed <u>Personal History Statement</u> [ <del>Personal History Statement</del> ] (Form 2982) for all persons designated as director or co-director;
	(F) A completed <u>Controlling Person – Child Care</u> <u>Regulation</u> [ <del>Controlling Person – Child Care Licensing</del> ] (Form 2760) as set forth in Subchapter G of this chapter;
	(G) Verification that the applicant completed the required pre- application interview within one year prior to the date of application; and
	<ul> <li>(H) A completed <u>Plan of Operation for Licensed Center and</u> <u>Home Operations</u> [Plan of Operation for Licensed Center and Home Operations] (Form 2948) or a <u>Plan of Operation for</u> <u>School-Age Summer Program or Before/After School Program</u> [Plan of Operation for School Age Summer Program or Before/After School Program] (Form 2881); the plan of operation must show how you intend to comply with the minimum standards.</li> </ul>

(8) Application for Certification of a Residential Child-Care	<ul> <li>(A) A completed <u>Application for a License to Operate</u></li> <li><u>a Residential Child Care Facility</u> [Application for a</li> <li>License to Operate a Residential Child Care Facility]</li> <li>(Form 2960);</li> </ul>
Operation including a Child- Placing Agency	
	(C) A completed <u>Residential Child Care Licensing Governing</u> <u>Body/Administrator or Executive Director Designation</u> [Residential Child Care Licensing Governing- Body/Administrator or Executive Director Designation] (Form 2819);
	(D) Completed background checks on all applicable persons; see Subchapter F of this chapter;
	(E) A completed <u>Controlling Person - Child Care Regulation</u> [ <del>Controlling Person Child Care Licensing</del> ] (Form 2760) as set forth in Subchapter G of this chapter;
	(F) A completed <u>Personal History Statement</u> [ <del>Personal History Statement</del> ] (Form 2982) for each applicant that is a sole proprietor or partner, unless you are a licensed administrator;
	(G) Verification that the applicant completed the required pre- application interview within one year prior to the date of application; and
	(H) Policies, procedures, and documentation required by minimum standards.

## Figure: 34 TAC §16.222(f)

Hospital District	Dollar Amount
Anson Hospital District	\$75,000
Baylor County Hospital District	\$75,000
Big Bend Regional Hospital District (Presidio County)	\$75,000
Chillicothe Hospital District	\$25,000
Cothran County Hospital District	\$75,000
Farwell Hospital District	\$25,000
Follett Hospital District	\$25,000
Grapeland Hospital District	\$25,000
Hamlin Hospital District	\$25,000
Higgins-Lipscomb Hospital District	\$25,000
Knox County Hospital District	\$75,000
Moore County Hospital District (Sherman County)	\$75,000
Motley County Hospital District	\$25,000
Moulton Community Medical Clinic District	\$25,000
Muleshoe Area Hospital District (Parmer County)	\$75,000
Nixon Hospital District (Gonzales County)	\$25,000
Nixon Hospital District (Wilson County)	\$25,000
Olney-Hamilton Hospital District (Archer County)	\$75,000
Olney-Hamilton Hospital District (Young County)	\$75,000
Rockdale Hospital District	\$25,000
Stamford Hospital District (Haskell County)	\$75,000
Stonewall County Hospital District	\$75,000
Texhoma Memorial Hospital District	\$25,000
Trinity Memorial Hospital District	\$25,000

Yoakum Hospital District (DeWitt County)	\$75,000
Yoakum Hospital District (Gonzales County)	\$75,000

Figure: 34 TAC §16.222(g)

Hospital District	Percentage
Andrews County Hospital District	0.160436
Angleton-Danbury Hospital District	0.087401
Ballinger Memorial Hospital District	0.048834
Bellville Hospital District	0.030757
Bexar County Hospital District	8.831295
Big Bend Regional Hospital District (Brewster County)	0.086809
Booker Hospital District	0.041340
Bosque County Hospital District	0.109186
Burleson County Hospital District	0.061548
Caprock Hospital District	0.030328
Castro County Hospital District	0.057357
Chambers County Public Hospital District #1	0.050792
Childress County Hospital District	0.085801
Coleman County Hospital District	0.058634
Collingsworth County Hospital District	0.033171
Comanche County Consolidated Hospital District	0.098162
Concho County Hospital District	0.048098
Crane County Hospital District	0.127267
Crosby County Hospital District	0.041915
Culberson County Hospital District	0.106176
Dallam-Hartley Counties Hospital District (Dallam County)	0.082007
Dallam-Hartley Counties Hospital District (Hartley County)	0.057700
Dallas County Hospital District	19.311689
Darrouzett Hospital District	0.010292

Dawson County Hospital District	0.100566
Deaf Smith County Hospital District	0.132610
DeWitt Medical District	0.088160
Dimmit County Regional Hospital District	0.101862
Donley County Hospital District	0.012935
East Coke County Hospital District	0.017775
Eastland Memorial Hospital District	0.080398
Ector County Hospital District	1.389853
El Paso County Hospital District	4.086865
Electra Hospital District	0.057164
Fairfield Hospital District (Freestone County)	0.075729
Fairfield Hospital District (Navarro County)	0.182265
Fisher County Hospital District	0.036581
Foard County Hospital District	0.025084
Frio Hospital District	0.118072
Gainesville Hospital District	0.133475
Garza County Health Care District	0.020118
Gonzales Healthcare Systems	0.118063
Graham Hospital District	0.068916
Guadalupe Regional Medical Center	0.420866
Hall County Hospital District	0.012862
Hamilton Hospital District	0.083725
Hansford County Hospital District	0.066245
Hardeman County Hospital District	0.043279
Harris County Hospital District	24.079880
Haskell County Hospital District	0.040501
Hemphill County Hospital District	0.216620

Hopkins County Hospital District	0.313847
Houston County Hospital District	0.068250
Hunt Memorial Hospital District	0.632366
Hutchinson County Hospital District	0.123171
Iraan General Hospital District	0.163113
Jack County Hospital District	0.084793
Jackson County Hospital District	0.090823
Karnes County Hospital District	0.245865
Kimble County Hospital District	0.057192
Lavaca Hospital District	0.038789
Liberty County Hospital District #1	0.097548
Lockney General Hospital District	0.030328
Lubbock County Hospital District	3.117222
Lynn County Hospital District	0.068226
Marion County Hospital District	0.013217
Martin County Hospital District	0.536509
Matagorda County Hospital District	0.242180
Maverick County Hospital District	0.230514
McCamey County Hospital District	0.195824
McCulloch County Hospital District	0.096240
Medina County Hospital District	0.137682
Menard County Hospital District	0.039541
Midland County Hospital District	0.930275
Mitchell County Hospital District	0.449405
Montgomery County Hospital District	0.799270
Moore County Hospital District (Hartley County)	0.058939
Moore County Hospital District (Moore County)	0.113487

Muenster Hospital District	0.044014
Muleshoe Area Hospital District (Bailey County)	0.042112
Nacogdoches County Hospital District	0.279208
Nocona Hospital District	0.040821
Nolan County Hospital District	0.095098
North Runnels County Hospital District	0.048564
North Wheeler County Hospital District	0.045530
Nueces County Hospital District	3.578256
Ochiltree County Hospital District	0.051051
Palo Pinto County Hospital District	0.225589
Parker County Hospital District	0.525020
Parmer County Hospital District	0.056361
Rankin County Hospital District	0.329975
Reagan Hospital District	0.240518
Reeves County Hospital District	1.638256
Refugio County Memorial Hospital District	0.072700
Rice Hospital District	0.072287
Sabine County Hospital District	0.046051
San Augustine City-County Hospital District	0.040244
Schleicher County Hospital District	0.103173
Scurry County Hospital District	0.235290
Seminole Hospital District	0.219679
Shackelford County Hospital District	0.039956
Somervell County Hospital District	0.126352
South Limestone Hospital District	0.057054
South Randall County Hospital District	0.023023
South Wheeler County Hospital District	0.068073

Stamford Hospital District (Jones County)	0.045020
Starr County Hospital District	0.118579
Stephens Memorial Hospital District	0.054833
Stratford Hospital District	0.028007
Sutton County Hospital District	0.040993
Sweeney Hospital District	0.286515
Swisher Memorial Hospital District	0.044587
Tarrant County Hospital District	11.563455
Teague Hospital District	0.013292
Terry Memorial Hospital District	0.078520
Titus County Hospital District	0.216698
Travis County Hospital District	7.332843
Tyler County Hospital District	0.071789
Val Verde County Hospital District	0.367525
Walker County Hospital District	0.330399
West Coke County Hospital District	0.022889
West Wharton County Hospital District	0.123683
Wilbarger County Hospital District	0.104538
Willacy County Hospital District	0.016233
Wilson County Memorial Hospital District	0.084803
Winkler County Hospital District	0.094278
Winnie Stowell Hospital District	0.054735
Wood County Central Hospital District	0.119451