

# 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: 25 TAC §289.230(e)(50)

$$OD = \log_{10} \frac{l_o}{l_t}$$

where  $l_o$  = light intensity incident on the film and  
 $l_t$  = light transmitted through the film.

Figure: 25 TAC §289.230(i)(11)(B)

<b>Table I</b>		
<b>X-ray Tube Voltage in kV (kilovolt peak) and Minimum HVL</b>		
Designed Operating Range (kV)	Measured Operating Voltage (kV)	Minimum HVL (millimeter of aluminum)
Below 50	20	0.20
Below 50	25	0.25
Below 50	30	0.30

Figure: 25 TAC §289.230(x)(3)

<b>Specific Subsection</b>	<b>Name of Record</b>	<b>Time Interval for Record Keeping</b>
(h)(1)(A)	Interpreting Physician Qualifications	Until 2 years after terminating certification or 2 years after the physician becomes inactive at the facility
(h)(1)(C)	Interpreting Physician Continuing Education and Experience	6 years
(h)(1)(E)	Mandatory training for Interpreting Physician, if applicable	6 years
(h)(2)(A)	Medical Radiologic Technologist (MRT) Qualifications	Until 2 years after terminating certification or 2 years after the MRT becomes inactive at the facility.
(h)(2)(C)	Medical Radiologic Technologist Continuing Education and Experience	6 years
(h)(2)(E)	Mandatory training for Medical Radiologic Technologist, if applicable	6 years
(h)(3)(A)	Medical Physicist Qualifications	Until 2 years terminating certification or 2 years after the physicist becomes inactive at the facility
(h)(3)(C)	Medical Physicist Continuing Education and Experience	6 years
(i)(10)	FDA Variances	Until termination of certification or equipment is replaced
(k)(2)	Quality Assurance (QA) Records	Until the next annual inspection has been completed and the department has determined that the facility is compliant with the QA requirements or until the test has been performed two additional times at the required frequency, whichever is longer.
(l)(10)	Physicist Mammography Survey	7 years
(l)(11)	Physicist Mammography Equipment Evaluation	2 years

(m)(2)	Medical Outcomes Audit	2 years
(o)	Complaints	3 years
(t)(1)	Operating & Safety Procedures	Until termination of certification
(t)(5); (w)(13)	Records of Receipt, Transfer, and Disposal	Until termination of certification
(t)(8)(B)	Protective Devices Annual Check	3 years
(t)(10)	Records on Calibration, Maintenance and Modifications Performed on Mammography Machines	2 years
(t)(1)(A)	Current §§289.203, 289.204, 289.205, 289.226, 289.227, 289.230, and 289.231.	Until termination of certification
(k)(2)	Current Certification of Mammography Systems	Until termination of certification
(f)(2)	Current Accreditation of Mammography Systems	Until termination of certification
(v)(5)	Certification of Inspection	Until termination of certification
(v)(6)	Notice of Failure	Until termination of certification
(v)(7)	Patient Notification	Until termination of certification
(w)(14)	Records of Calibration, Maintenance, and Modifications Performed on Interventional Breast Radiography Machines	Until termination of certification

Figure: 26 TAC §507.60

<b><u>Staffing Levels of Direct Care Staff</u></b>				
<b><u>MINIMUM STAFFING LEVELS FOR PATIENT CARE STAFF</u></b>				
<b><u>Patients Receiving Treatment</u></b>	<b><u>Charge Nurse (RN<sup>1</sup>)<sup>2</sup></u></b>	<b><u>RN or LVN<sup>3,4</sup></u></b>	<b><u>Direct Care Staff<sup>3, 4</sup> (RN, LVN, or PCT<sup>5</sup>)</u></b>	<b><u>Total Clinical Staff<sup>6</sup></u></b>
<u>1 - 7<sup>7</sup></u>	<u>1</u>	<u>0</u>	<u>1</u>	<u>2</u>
<u>8</u>	<u>1</u>	<u>0</u>	<u>2</u>	<u>3</u>
<u>9 - 12</u>	<u>1</u>	<u>0</u>	<u>3</u>	<u>4</u>
<u>13 - 16</u>	<u>1</u>	<u>1</u>	<u>4</u>	<u>6</u>
<u>17 - 20</u>	<u>1</u>	<u>1</u>	<u>5</u>	<u>7</u>
<u>21 - 24</u>	<u>1</u>	<u>1</u>	<u>6</u>	<u>8</u>
<u>25 - 28</u>	<u>1</u>	<u>2</u>	<u>7</u>	<u>10</u>
<u>29 - 32</u>	<u>1</u>	<u>2</u>	<u>8</u>	<u>11</u>
<u>33 - 36</u>	<u>1</u>	<u>2</u>	<u>9</u>	<u>12</u>
<u>37 - 40</u>	<u>1</u>	<u>3</u>	<u>10</u>	<u>14</u>
<u>41 - 44</u>	<u>1</u>	<u>3</u>	<u>11</u>	<u>15</u>
<u>45 - 48</u>	<u>1</u>	<u>3</u>	<u>12</u>	<u>16</u>
<u>49 - 53</u>	<u>1</u>	<u>4</u>	<u>13</u>	<u>18</u>
<u>Etc.</u>				

<sup>1</sup> Registered nurse (RN).

<sup>2</sup> The charge nurse may only have patient assignments when there are one to seven patients. The charge nurse may provide unassigned care to patients at any time.

<sup>3</sup> Licensed vocational nurse (LVN).

<sup>4</sup> Nurses in this category must be available to address emergency patient situations, including for patients who are not assigned to them.

<sup>3</sup> The charge nurse is not included as direct care staff.

<sup>4</sup> Each direct care staff shall only be assigned a maximum of four patients.

<sup>5</sup> Patient care technician (PCT).

<sup>6</sup> The number of total clinical staff includes the charge nurse.

<sup>7</sup> For seven patients, the direct care staff may be assigned a maximum of four patients and the charge nurse may be assigned a maximum of three patients.



Figure: 26 TAC §745.117

Program of Limited Duration	Criteria for Exemption
(1) Parents on the Premises	<p>(A) The program operates in association with a shopping center, business, and other activities such as retreats or classes for religious instruction;</p> <p>(B) The program does not advertise as a child-care facility or day-care center and informs parents that it is not licensed by the state;</p> <p>(C) The parent or person responsible for the child attends or engages in some elective activity nearby, part-time employees or contractors who conduct the elective activity may use the program meeting the limits stated in subparagraph (D) of this paragraph. A caregiver for the program may use the program for the caregiver's own children as long as the child remains with a caregiver;</p> <p>(D) A child may only be in care for up to four and one-half hours per day and:</p> <p style="padding-left: 40px;">(i) For up to 12 hours per week; or</p> <p style="padding-left: 40px;">(ii) For up to 15 hours per week if care is provided so a person may attend an educational class provided by a nonprofit entity, and the program is in a county with a municipality that has a population of 500,000 or more and the county is adjacent to an international border; and</p> <p>(E) The program's caregivers must be able to contact the parent or person responsible for the child at all times.</p>
(2) Short-Term Program	<p>(A) The program operates for less than three consecutive weeks and less than 40 days in a period of 12 months; and</p> <p>(B) It is not a part of an operation subject to CCR regulation.</p>

<u>(3) Religious Program</u>	<u>A program of religious instruction, such as vacation Bible school, that</u>  <u>(i) Lasts for two weeks or less; and</u>  <u>(ii) Is conducted by a religious organization during the summer months.</u>
<u>(4) Foreign Exchange/Sponsorship Program</u>	<u>It is a living arrangement in a caretaker's home where:</u>  <u>(i) An unrelated child or sibling group lives in the person's home;</u>  <u>(ii) Each child is in the United States on a time-limited visa; and</u>  <u>(iii) Each child is under the sponsorship of the person with whom they are living or the sponsorship of some organization.</u>

Figure: 26 TAC §749.4403(b)

<b><u>Topic</u></b>	<b><u>Follow this Division in Subchapter W</u></b>
<u>Training and Professional Development</u>	<u>Division 2, Pre-Verification and Ongoing Training Requirements</u>
<u>Admission and Placement</u>	<u>Division 3, Admission and Placement</u>
<u>Medical and Dental Care</u>	<u>Division 4, Medical and Dental Requirements</u>
<u>Daily Care, Problem Management</u>	<u>Division 5, Daily Care, Education, and Discipline</u>
<u>Screenings and Verifications</u>	<u>Division 6, Screenings and Verifications</u>
<u>Health and Safety Requirements, Environment, Space, and Equipment</u>	<u>Division 7, Health and Safety Requirements, Environment, Space, and Equipment</u>

Figure: 26 TAC §749.4427

<u>What type of training is required?</u>	<u>Which kinship caregiver must receive the training?</u>	<u>How many hours of training are required?</u>	<u>When must the kinship caregiver complete the training?</u>	<u>What must the training curriculum include?</u>
(1) General Caregiver Training.	(A) All kinship caregivers.	(B) 4 hours.	(C) Within 60 days after the child-placing agency (CPA) verifies the home.	<p>(D)(i) Topics appropriate to the needs of children for whom the kinship caregiver will be providing care;</p> <p>(D)(ii) Trauma informed care;</p> <p>(D)(iii) Measures to prevent, recognize, and report suspected occurrences of child abuse (including sexual abuse);</p> <p>(D)(iv) Procedures to follow in emergencies, such as weather-related emergencies, volatile persons, and serve injury or illness of a child or adult; and</p> <p>(D)(v) Preventing the spread of communicable diseases.</p>
(2) Emergency Behavior Intervention.	(A) All kinship caregivers.	(B) At least 6 hours.	(C) Within 60 days after the CPA verifies the home.	(D) The CPA must determine the appropriate curriculum.

<u>(3) Safe Sleeping.</u>	<u>(A) Kinship caregivers who care for children younger than two years of age.</u>	<u>(B) No specified hours.</u>	<u>(C)(i) One kinship foster parent must complete the training before the CPA verifies the home; and</u>  <u>(ii) Other kinship caregivers, including the second kinship foster parent must complete the training within 90 days following verification.</u>	<u>(D) The CPA must determine the appropriate curriculum.</u>
<u>(4) Administering Psychotropic Medication.</u>	<u>(A) Kinship caregivers who administer psychotropic medication.</u>	<u>(B) No specified hours.</u>	<u>(C) A kinship caregiver must complete the training before administering a psychotropic medication.</u>	<u>(D) The CPA must determine the appropriate curriculum.</u>

Figure: 26 TAC §749.4449(b)

<b><u>The kinship foster child is already living in the home at the time of verification:</u></b>	<b><u>Admission assessment complete:</u></b>
<u>(1) Yes</u>	<u>Within 40 days of verifying the kinship foster home.</u>
<u>(2) No</u>	<u>Within 40 days of admitting the child into a CPA's care.</u>

Figure: 26 TAC §749.4503(c)

<b><u>Required Information</u></b>	<b><u>Discussion, Assessment, and Documentation Requirements</u></b>
<u>(1) The age of each prospective kinship foster parent and any other member of the household.</u>	<u>The CPA must document the ages of all household members.</u>
<u>(2) The basic competency of each prospective kinship foster parent.</u>	<u>The CPA must ensure and document that each prospective kinship foster parent:</u>  <u>(A) Can meet basic competencies, including basic reading, writing, and math; or</u>  <u>(B) Have a support system in place that can immediately assist with these subjects.</u>
<u>(3) Personal characteristics.</u>	<u>The CPA must document information from the prospective kinship foster parents that demonstrate the CPA's assessment of:</u>  <u>(A) Each parent's emotional stability, character, health, and adult responsibility; and</u>  <u>(B) The ability to provide a caring environment, appropriate supervision, and responsible discipline.</u>
<u>(4) History of current interpersonal relationships, including marriages, common-law marriages, and other relationships between people who share or have shared a domestic life without being married.</u>	<u>The CPA must document information about the current relationship status of the prospective kinship foster parents.</u>
<u>(5) A history of the prospective kinship foster parents' residence.</u>	<u>The CPA must document the length of time spent at each residence for the last two years (street address, city, state).</u>
<u>(6) The financial status of the prospective kinship foster parents.</u>	<u>(A) The CPA must discuss with the prospective kinship foster parents the current reimbursement process, if applicable, and assess the prospective</u>

	<p><u>kinship foster parents' understanding of that process.</u></p> <p><u>(B) The CPA must assess and document that the prospective kinship foster parents have or have reasonable access to sufficient resources to support the household and all children in care.</u></p>
<p><u>(7) The results of criminal history and central registry background checks conducted on the prospective kinship foster parents and on any non-client 14 years of age or older who regularly or frequently stays at or is present in the home.</u></p>	<p><u>(A) The CPA must assess, document, and maintain the documented assessment of the background checks for the prospective kinship foster parents and any person, including any non-client 14 years of age or older who will be regularly or frequently staying at or is present in the home.</u></p> <p><u>(B) With respect to law enforcement service call information, the CPA must do the following.</u></p> <p><u>(i) Obtain service call information from the appropriate law enforcement agency for each of the prospective kinship foster parent's addresses over the past two years. Discuss with the prospective kinship foster parents any service call information that the CPA obtains from a law enforcement agency and the facts surrounding the incident.</u></p> <p><u>(ii) Regardless of background check results, ask the prospective kinship foster parents whether any law enforcement agency has responded to any of the prospective kinship foster parent's residences in the past two years. If the CPA obtains additional information from the prospective kinship foster parents, request background information from each law enforcement agency that responded. Discuss the incident and any additional background information that the CPA</u></p>

	<p><u>obtains with the prospective kinship foster parents.</u></p> <p><u>(iii) Assess and document information obtained from law enforcement and any discussion with the prospective kinship foster parents in the foster home screening.</u></p>
<p><u>(8) Health status of all persons living in the home.</u></p>	<p><u>Discuss, assess, and document:</u></p> <p><u>(A) 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 kinship care; and</u></p> <p><u>(B) Whether any noted health-related issue may affect the prospective kinship foster parents' ability to care for a kinship foster child.</u></p>
<p><u>(9) The prospective kinship foster parents' values, feelings, and practices regarding child care and discipline.</u></p>	<p><u>(A) Discuss, assess, and document:</u></p> <p><u>(i) Each prospective kinship foster parent's experience caring for children;</u></p> <p><u>(ii) The ways each prospective kinship foster parent was disciplined as a child and the prospective kinship foster parent's reactions to the discipline; and</u></p> <p><u>(iii) Each prospective kinship foster parent's discipline styles, techniques, and ability to recognize and respect differences in children and use discipline methods suitable to an individual child.</u></p> <p><u>(B) Discuss the CPA's approved disciplinary methods. If a prospective kinship foster parent's current discipline methods are different than those that the CPA approves, the CPA must discuss and assess how the kinship foster parent would change child-care</u></p>



	<u>practices to conform to the CPA's approved methods.</u>
<u>(10) Each prospective kinship foster parent's sensitivity to and feelings about children who may have been subjected to abuse or neglect.</u>	<p><u>(A) Discuss, assess, and document each prospective kinship foster parent's:</u></p> <p><u>(i) Understanding of the dynamics of child abuse and neglect; and</u></p> <p><u>(ii) How these issues and experiences will affect the kinship foster parents, the families, and kinship foster children in care.</u></p> <p><u>(B) Assess and document the availability of family and community resources to meet the needs of the children in the kinship foster family's care.</u></p>
<u>(11) The attitude of other household members about the prospective kinship foster parents' plan to provide foster care.</u>	<p><u>Discuss, assess, and document the attitudes of other household members toward the plan to provide kinship foster care, including each household member's:</u></p> <p><u>(A) Involvement in the care of kinship foster children;</u></p> <p><u>(B) Attitudes toward kinship foster children; and</u></p> <p><u>(C) Acceptance of the verification as a kinship foster family.</u></p>
<u>(12) Support systems available to prospective kinship foster parents.</u>	<u>(A) Discuss, assess, and document the support systems available to each kinship foster parent and the support the family may receive from these resources. The CPA must ask each prospective kinship foster parent for information about any person who may provide support as a caregiver during an unexpected event or crisis, such as an illness or disability of a kinship foster parent, loss of transportation, or</u>

	<p><u>the death of an immediate family member.</u></p> <p><u>(B) Unless the person will be a caregiver immediately after the CPA verifies the home, a background check on the person does not have to be completed before the CPA verifies the home.</u></p>
<p><u>(13) Background information from other child-placing agencies.</u></p>	<p><u>(A) Request, assess, and maintain the background information that the other CPA provides.</u></p> <p><u>(B) The receiving CPA must address and document the closure or any identified risk indicators, as applicable, with the prospective kinship foster parents before approval and verification of the home if the background information indicates that:</u></p> <p style="padding-left: 40px;"><u>(i) The kinship foster home was closed by the other CPA; or</u></p> <p style="padding-left: 40px;"><u>(ii) There were any potential risk indicators that the other CPA did not adequately address with the kinship foster parents.</u></p>