

# Texas Licensed Child-Placing Agency Administrator (LCPAA) Set 1 Practice Exam (Sample)

## Study Guide



**Everything you need from our exam experts!**

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# Table of Contents

<b>Copyright</b> .....	<b>1</b>
<b>Table of Contents</b> .....	<b>2</b>
<b>Introduction</b> .....	<b>3</b>
<b>How to Use This Guide</b> .....	<b>4</b>
<b>Questions</b> .....	<b>5</b>
<b>Answers</b> .....	<b>8</b>
<b>Explanations</b> .....	<b>10</b>
<b>Next Steps</b> .....	<b>15</b>

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# Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

**Remember:** successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

# How to Use This Guide

**This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:**

## **1. Start with a Diagnostic Review**

**Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.**

## **2. Study in Short, Focused Sessions**

**Break your study time into manageable blocks (e.g. 30 - 45 minutes). Review a handful of questions, reflect on the explanations.**

## **3. Learn from the Explanations**

**After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.**

## **4. Track Your Progress**

**Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.**

## **5. Simulate the Real Exam**

**Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.**

## **6. Repeat and Review**

**Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.**

**There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!**

## Questions

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- 1. What defines supervision for a toddler under minimum standards?**
  - A. The caregiver is within eyesight or hearing range of the child and can intervene as needed, or uses a video or audio monitoring device to monitor and is close enough to intervene**
  - B. The caregiver is in the same room but not looking directly**
  - C. The caregiver can supervise remotely with no direct contact**
  - D. The toddler is sleeping**
  
- 2. Which items must be included in the cumulative medication record for a child?**
  - A. Prescription medications dispensed to each child**
  - B. Nonprescription medications and supplements dispensed to a child under five years old**
  - C. Both prescription medications and nonprescription items for under five**
  - D. Only nonprescription medications**
  
- 3. Which restraint position is described as chest-down?**
  - A. A restraint in which the child is placed in a chest-down hold.**
  - B. A restraint with the child chest-up while seated**
  - C. A restraint where the child is standing**
  - D. A restraint using a device to limit movement**
  
- 4. Can an agency provide an independent living program for a child in care under 18?**
  - A. Yes, for any child under 18**
  - B. No, an independent living program may not be provided for a child in care under 18**
  - C. Yes, but only with licensing for 18 or older**
  - D. Only for 17-year-olds with consent**
  
- 5. The Minimum Standards are based on which law?**
  - A. Chapter 42 of the Texas Human Resources Code**
  - B. Chapter 20 of the Texas Human Resources Code**
  - C. The Texas Penal Code**
  - D. The Texas Education Code**

- 6. Can a licensed physician use PRN orders for protective devices?**
- A. Yes**
  - B. No**
  - C. Only if supervised by a nurse**
  - D. Only in emergencies**
- 7. If the health-care professional does not substantiate effectiveness within 90 days for a psychotropic medication, what must happen?**
- A. Provide a written rationale for continuing for an additional 90 days (total up to 180 days)**
  - B. Immediately discontinue the medication**
  - C. Continue for 180 days regardless**
  - D. The agency decides without professional input**
- 8. Which relative is considered a second-degree relative?**
- A. Grandparent**
  - B. Great-Grandparent**
  - C. Aunt/Uncle-In-Law**
  - D. Spouse**
- 9. Who must plan a child's non-emergency discharge or transfer?**
- A. At least one of the child's current caregivers and at least one professional service provider involved in the child's service planning**
  - B. Only the parent**
  - C. Only the child**
  - D. The board of directors**
- 10. Which scenario qualifies as an emergency discharge or transfer?**
- A. The child turns 18**
  - B. The parent withdraws a child unexpectedly from care**
  - C. The child requests to change caseworkers**
  - D. The child has a minor medical issue at home**

## Answers

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1. A
2. C
3. A
4. B
5. A
6. A
7. A
8. A
9. A
10. B

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## **Explanations**

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**1. What defines supervision for a toddler under minimum standards?**

- A. The caregiver is within eyesight or hearing range of the child and can intervene as needed, or uses a video or audio monitoring device to monitor and is close enough to intervene**
- B. The caregiver is in the same room but not looking directly**
- C. The caregiver can supervise remotely with no direct contact**
- D. The toddler is sleeping**

Supervision under minimum standards means you must be close enough to see or hear the child and be able to intervene immediately if needed. This can be direct observation in the same space or using a video or audio monitor that lets you notice a problem and act quickly. That level of presence ensures you can keep the toddler safe as they explore and move. Being in the same room but not looking directly isn't enough because you might miss a hazard or a changing situation and wouldn't be able to respond right away. Supervising remotely with no direct contact also fails because there's no timely way to intervene. The toddler sleeping doesn't define supervision by itself; even when resting, effective supervision requires you to be ready to assist or intervene if needed.

**2. Which items must be included in the cumulative medication record for a child?**

- A. Prescription medications dispensed to each child**
- B. Nonprescription medications and supplements dispensed to a child under five years old**
- C. Both prescription medications and nonprescription items for under five**
- D. Only nonprescription medications**

A cumulative medication record should show every medicine a child receives, so caregivers and clinicians can see the full picture of what is being given. That means recording prescription medications dispensed to any child, plus nonprescription medications and supplements dispensed to children under five. This complete documentation helps prevent double dosing, flags potential drug interactions, tracks allergies, and supports safe, coordinated care across providers and settings. For example, if a child with a fever is taking acetaminophen and also has a prescribed antibiotic, both entries should appear in the record. If nonprescription items for younger children were left out, important safety information could be missed; if prescriptions were left out, the record would be incomplete. So the best choice is the one that includes both prescription medications and nonprescription items for children under five.

**3. Which restraint position is described as chest-down?**

- A. A restraint in which the child is placed in a chest-down hold.**
- B. A restraint with the child chest-up while seated**
- C. A restraint where the child is standing**
- D. A restraint using a device to limit movement**

Chest-down describes a prone restraint, where the child is lying face down with the chest toward the surface. This wording directly matches the description “chest-down,” making it the best fit for the term. The other options describe different ideas: chest-up while seated implies the child is upright with the chest facing forward; standing is a vertical posture not in a prone position; and using a device to limit movement refers to a mechanical restraint rather than a body position. Understanding the orientation helps you identify the correct type of hold and reinforces the importance of safety and monitoring whenever restraints are used.

**4. Can an agency provide an independent living program for a child in care under 18?**

- A. Yes, for any child under 18**
- B. No, an independent living program may not be provided for a child in care under 18**
- C. Yes, but only with licensing for 18 or older**
- D. Only for 17-year-olds with consent**

Independent living services are intended to help youth who are aging out of foster care acquire the practical skills they'll need to live independently as adults. Those services are designed for older youth, typically around 18 or older, to support the transition out of state care. For a child who is under 18, the focus remains on safety, permanency, and development within the care system, not on an independent living program. Because of that, an independent living program isn't provided to someone under 18. If younger children need life-skills development, the agency uses other supports tied to the ongoing case plan, rather than an ILP.

**5. The Minimum Standards are based on which law?**

- A. Chapter 42 of the Texas Human Resources Code**
- B. Chapter 20 of the Texas Human Resources Code**
- C. The Texas Penal Code**
- D. The Texas Education Code**

The minimum standards for licensed child-placing agencies are set by the Texas Human Resources Code, specifically Chapter 42. This part of the law provides the authority and framework for licensing, along with the actual requirements agencies must meet to operate—covering program practices, staffing qualifications, safety, recordkeeping, reporting, and enforcement. In short, Chapter 42 is the statutory basis that creates and enforces these standards so agencies function safely and in the best interests of the children in care. The other options don't apply here: the Penal Code covers criminal offenses, the Education Code governs public education, and Chapter 20 of the Human Resources Code addresses different welfare-related provisions not about the minimum standards for child-placing agencies.

**6. Can a licensed physician use PRN orders for protective devices?**

- A. Yes**
- B. No**
- C. Only if supervised by a nurse**
- D. Only in emergencies**

PRN orders provide flexibility for safety needs. A licensed physician can issue an as-needed order to apply a protective device when a patient's condition warrants it, allowing staff to respond quickly to risks such as agitation or potential harm to the patient or others. The key is that the device is used only while the risk exists and is reassessed regularly, with documentation and a plan to remove the device as soon as it's safe to do so. This approach emphasizes timely intervention and ongoing evaluation, rather than being limited to emergencies or requiring nurse supervision as a condition for use.

**7. If the health-care professional does not substantiate effectiveness within 90 days for a psychotropic medication, what must happen?**

- A. Provide a written rationale for continuing for an additional 90 days (total up to 180 days)**
- B. Immediately discontinue the medication**
- C. Continue for 180 days regardless**
- D. The agency decides without professional input**

The key rule here is that there must be documented substantiation of a psychotropic medication's effectiveness within 90 days. If that substantiation isn't provided, the professional must write a rationale explaining why the medication will be continued for another 90 days, allowing a total period of up to 180 days for ongoing assessment. This written rationale ensures there is clear, formal justification and a plan for monitoring outcomes, safety, and goals before extending use. It also keeps the process accountable and avoids leaving the child on medication without documented progress or review. Immediate discontinuation isn't required, and continuing for a full 180 days without such justification would bypass the required documentation. The agency wouldn't make the continuation decision in isolation; the professional's written rationale guides ongoing decision-making.

**8. Which relative is considered a second-degree relative?**

- A. Grandparent**
- B. Great-Grandparent**
- C. Aunt/Uncle-In-Law**
- D. Spouse**

Second-degree kinship means someone is two steps away in your family tree. A grandparent is two generations above you, so they fit this definition and are considered a second-degree relative. A great-grandparent is three steps away (third-degree). An aunt/uncle-in-law isn't a blood relative, so it isn't counted as second-degree in this context, and a spouse isn't related by blood at all. Therefore, the grandparent is the correct answer.

**9. Who must plan a child's non-emergency discharge or transfer?**

- A. At least one of the child's current caregivers and at least one professional service provider involved in the child's service planning**
- B. Only the parent**
- C. Only the child**
- D. The board of directors**

Discharge planning for a non-emergency transfer is most effective when it is a collaborative effort between the people who are closest to the child in daily life and the professionals who plan and coordinate the child's services. In practice, this means including at least one of the child's current caregivers and at least one professional service provider involved in the child's service planning. Their joint involvement ensures that all needs—medical, educational, behavioral, safety, and housing or transportation logistics—are considered, that the plan reflects the family's preferences, and that clear responsibilities and timelines are set so the transition is smooth and well coordinated. Relying on a single parent or the child alone typically lacks the professional coordination needed for a safe, effective transfer, and the board of directors is not usually involved in individual discharge planning.

**10. Which scenario qualifies as an emergency discharge or transfer?**

- A. The child turns 18**
- B. The parent withdraws a child unexpectedly from care**
- C. The child requests to change caseworkers**
- D. The child has a minor medical issue at home**

An emergency discharge or transfer happens when a child must be moved quickly to another placement or out of a setting because there's an immediate safety risk or urgent change in circumstances that can't wait for normal planning. In this scenario, a parent withdrawing a child unexpectedly from care creates an abrupt, potentially unsafe disruption that requires urgent action to protect the child and arrange a safe alternative placement or custody arrangement. That urgency and disruption align with what emergency discharges/transfers cover. The other situations are not emergencies: turning 18 is a scheduled transition; wanting to change caseworkers is a routine request; and a minor medical issue at home is a common health matter, not an emergency discharge or transfer.

## Next Steps

**Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.**

**As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.**

**If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at [hello@examzify.com](mailto:hello@examzify.com).**

**Or visit your dedicated course page for more study tools and resources:**

**<https://txlcpaaset1.examzify.com>**

**We wish you the very best on your exam journey. You've got this!**

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