

**RULES
OF THE
TENNESSEE DEPARTMENT OF INTELLECTUAL AND DEVELOPMENTAL DISABILITIES
OFFICE OF LICENSURE**

**CHAPTER 0465-02-20
MINIMUM PROGRAM REQUIREMENTS FOR DEVELOPMENTAL DISABILITIES PRESCHOOL
FACILITIES/SERVICES**

TABLE OF CONTENTS

0465-02-20-.01	Policies and Procedures	0465-02-20-.07	Individual Family Support Plan (IFSP) Team
0465-02-20-.02	Professional Services	0465-02-20-.08	Individual Family Support Plan (IFSP) Development and Implementation
0465-02-20-.03	Personnel and Staffing	0465-02-20-.09	Individual Family Support Plan (IFSP) Monitoring and Review
0465-02-20-.04	Child Supported Records	0465-02-20-.10	Use of Restrictive Behavior Management
0465-02-20-.05	Recreational Activities		
0465-02-20-.06	Child Supported Assessments		

0465-02-20-.01 POLICIES AND PROCEDURES.

The licensee must ensure that the written policies and procedures manual include procedures for tuberculosis control and reporting of infectious and communicable diseases to the Tennessee Department of Health.

Authority: T.C.A. §§ 4-4-103, 4-5-202, 33-1-201, 33-1-302, 33-1-303, 33-1-305, 33-1-309, 33-2-301, 33-2-302, 33-2-404, 33-2-407. **Administrative History:** New rules filed July 6, 2016; effective October 4, 2016.

0465-02-20-.02 PROFESSIONAL SERVICES.

- (1) The licensee must provide or procure assistance for the child supported in locating qualified dental, medical, nursing and pharmaceutical care including care for emergencies during hours of the facility's operation.
- (2) The licensee must ensure that an annual physical examination is provided or procured for each child supported (unless less often is indicated by the physician of the child supported). Such examinations should include routine screenings (such as vision and hearing) and laboratory examinations (such as blood work), as deemed necessary by the physician and special studies where the index of suspicion is high.
- (3) The licensee must require each child supported to show proof of current immunization status within thirty (30) days after admission.
- (4) The licensee must require that each child supported receives immunizations as required by the Tennessee Department of Health unless contraindicated by a doctor's written order.

Authority: T.C.A. §§ 4-4-103, 4-5-202, 33-1-201, 33-1-302, 33-1-303, 33-1-305, 33-1-309, 33-2-301, 33-2-302, 33-2-404, 33-2-407. **Administrative History:** New rules filed July 6, 2016; effective October 4, 2016.

0465-02-20-.03 PERSONNEL AND STAFFING.

- (1) The licensee must provide one (1) direct support staff member for every six (6) children present unless a more stringent staffing ratio is required by applicable life safety rules.

(Rule 0465-02-20-.03, continued)

- (2) The licensee must ensure that employees practice infection control procedures that will protect the child supported from infectious diseases.
- (3) Employees must have a regular tuberculosis skin test or screening within thirty (30) days of employment and as required thereafter by current Tennessee Department of Health guidelines.
- (4) Employees must be provided with a basic orientation in the proper management of seizure disorders prior to being assigned to work with children with such disorders.
- (5) A staff member must be on duty in the facility who is trained in First Aid and Infant/Child Cardiopulmonary Resuscitation (CPR).

Authority: T.C.A. §§ 4-4-103, 4-5-202, 33-1-201, 33-1-302, 33-1-303, 33-1-305, 33-1-309, 33-2-301, 33-2-302, 33-2-404, 33-2-407. **Administrative History:** New rules filed July 6, 2016; effective October 4, 2016.

0465-02-20-.04 CHILD SUPPORTED RECORDS.

- (1) The record of each child supported must contain the following information:
 - (a) A recent photograph and a description of the child supported;
 - (b) The social security number of the child supported;
 - (c) Name of parent or guardian;
 - (d) The sources of financial support of the child supported, including social security, veteran's benefits and insurance;
 - (e) The sources of coverage for medical care costs of the child supported;
 - (f) The name, address and telephone number of the physician or healthcare agency providing medical services of the child supported;
 - (g) Documentation of all drugs prescribed or administered by the licensee to the child supported, which indicates date prescribed, type, dosage, frequency, amount and reason;
 - (h) A discharge summary of the child supported, which states the date of discharge, reasons for discharge and referral for other services, if appropriate;
 - (i) Report of medical problems, accidents, seizures and illnesses; and treatments for such medical problems, accidents, seizures and illnesses of the child supported;
 - (j) Report of significant behavior incidents and of actions taken for the child supported; and
 - (k) Report of the use of restrictive behavior management techniques for the child supported.

Authority: T.C.A. §§ 4-4-103, 4-5-202, 33-1-201, 33-1-302, 33-1-303, 33-1-305, 33-1-309, 33-2-301, 33-2-302, 33-2-404, 33-2-407. **Administrative History:** New rules filed July 6, 2016; effective October 4, 2016.

0465-02-20-.05 RECREATIONAL ACTIVITIES.

The licensee must ensure that opportunities are provided for recreational activities, which are appropriate and adapted to the needs, interests, and age of the child supported.

Authority: T.C.A. §§ 4-4-103, 4-5-202, 33-1-201, 33-1-302, 33-1-303, 33-1-305, 33-1-309, 33-2-301, 33-2-302, 33-2-404, 33-2-407. **Administrative History:** New rules filed July 6, 2016; effective October 4, 2016.

0465-02-20-.06 CHILD SUPPORTED ASSESSMENTS.

- (1) The following assessments of the child supported must be completed prior to the development of an IFSP:
 - (a) An assessment of current capabilities in such areas as adaptive behavior;
 - (b) A basic medical history, information, and determination of the necessity of a medical evaluation, and a copy, where applicable, of the result of the medical evaluation;
 - (c) A six (6) month history of prescribed medications and/or frequently used over-the-counter medications; and
 - (d) An existing developmental assessment on file which is updated as recommended by the IFSP team.

Authority: T.C.A. §§ 4-4-103, 4-5-202, 33-1-201, 33-1-302, 33-1-303, 33-1-305, 33-1-309, 33-2-301, 33-2-302, 33-2-404, 33-2-407. **Administrative History:** New rules filed July 6, 2016; effective October 4, 2016.

0465-02-20-.07 INDIVIDUAL SUPPORT PLAN (IFSP) TEAM.

- (1) The licensee must ensure that an IFSP team is identified and provided for each child supported. The team may the following:
 - (a) The parent or guardian of the child supported, if appropriate, unless their inability or unwillingness to participate is documented;
 - (b) Direct support staff, as appropriate;
 - (c) Relevant professionals or individuals, unless their inability to participate is documented;
 - (d) An intellectual and developmental disabilities specialist; and
 - (e) Other person(s) invited by the legal representative (conservator, parent, guardian, or legal custodian) of the child supported.

Authority: T.C.A. §§ 4-4-103, 4-5-202, 33-1-201, 33-1-302, 33-1-303, 33-1-305, 33-1-309, 33-2-301, 33-2-302, 33-2-404, 33-2-407. **Administrative History:** New rules filed July 6, 2016; effective October 4, 2016.

0465-02-20-.08 INDIVIDUAL FAMILY SUPPORT PLAN (IFSP) DEVELOPMENT AND IMPLEMENTATION.

- (1) The licensee must ensure that a written IFSP is implemented for each child supported. If the IFSP is not provided by TEIS (Tennessee Early Intervention System), then the licensee must develop an IFSP, which meets the following requirements:
 - (a) Developed within forty-five (45) days of the admission of the child supported to the facility;
 - (b) Developed by the IFSP team of the child supported;
 - (c) Includes the date of development of the IFSP;
 - (d) Includes the signatures of the legal representative (conservator, parent, guardian, or legal custodian) of the child supported and the appropriate staff;
 - (e) Specifies the needs identified by assessment of the child supported and addresses those needs within the particular service/program component;
 - (f) Includes personal goals and objectives of the child supported, which are related to the specific needs identified, and specifies which goals and objectives are to be addressed by a particular service/program component; and
 - (g) Includes methods or activities by which the goals and objectives of the child supported are to be implemented.

Authority: T.C.A. §§ 4-4-103, 4-5-202, 33-1-201, 33-1-302, 33-1-303, 33-1-305, 33-1-309, 33-2-301, 33-2-302, 33-2-404, 33-2-407. **Administrative History:** New rules filed July 6, 2016; effective October 4, 2016.

0465-02-20-.09 INDIVIDUAL SUPPORT PLAN (IFSP) MONITORING AND REVIEW.

- (1) Written progress notes must be maintained, which include monthly documentation of progress or changes occurring within the IFSP.
- (2) The IFSP team must review the IFSP annually and revise, as necessary.

Authority: T.C.A. §§ 4-4-103, 4-5-202, 33-1-201, 33-1-302, 33-1-303, 33-1-305, 33-1-309, 33-2-301, 33-2-302, 33-2-404, 33-2-407. **Administrative History:** New rules filed July 6, 2016; effective October 4, 2016.

0465-02-20-.10 USE OF RESTRICTIVE BEHAVIOR MANAGEMENT.

- (1) When a parent or legal guardian is present licensee staff shall not implement restrictive behavior management. In the absence of a parent or legal guardian advanced written permission must be on file before licensee staff implement any of the below:
 - (a) No procedures should be used for behavior management which results in physical or emotional harm to the child supported;
 - (b) Corporal punishment, seclusion, aversive stimuli, chemical restraint, and denial of a nutritionally adequate diet must not be used;

(Rule 0465-02-20-.10, continued)

- (c) Restraint (physical holding, mechanical restraint), medications for behavior management, time-out rooms, or other techniques with similar degrees of restriction or intrusion must not be employed except as an integral part of his/her IFSP;
- (d) Restrictive or intrusive behavior management procedures must not be used until after less restrictive alternatives for dealing with the problem behavior have been systematically tried or considered and have been determined to be inappropriate or ineffective;
- (e) Prior to the implementation of a written program incorporating the use of a highly restrictive or intrusive technique, the program must be reviewed and approved by the child supported or his/her legal representative (conservator, parent, guardian, or legal custodian), with documentation of such approval. A Human Rights Committee must also review and approve the written program;
- (f) When procedures such as physical holding, mechanical restraint, and time-out are used in emergency situations to prevent the person supported from inflicting bodily harm, more than three (3) times within six (6) months, a behavioral assessment shall be conducted by an appropriate professional. Recommendations shall be incorporated into a written plan that is part of the IFSP;
- (g) Behavior management medications may be used only when authorized in writing by a physician for a specific period of time;
- (h) The program plan for the use of a mechanical restraint must specify the extent and frequency of the monitoring schedule according to the type and design of the device and the condition of the child supported;
- (i) A child supported who is placed in a mechanical restraint must be released for a minimum of ten (10) minutes at least every two (2) hours and provided with an opportunity for freedom of movement, exercise, liquid intake/refreshment, nourishment, and use of the bathroom;
- (j) Physical restraint/physical holding may be used only until the child supported is calm;
- (k) A child supported who is placed in time-out must be released after a period of not more than sixty (60) minutes; or
- (l) The ability of the child supported to exit from time-out must not be prevented by means of keyed or other locks, and locations used for time-out must allow for the immediate entry of staff.

Authority: T.C.A. §§ 4-4-103, 4-5-202, 33-1-201, 33-1-302, 33-1-303, 33-1-305, 33-1-309, 33-2-301, 33-2-302, 33-2-404, 33-2-407. **Administrative History:** New rules filed July 6, 2016; effective October 4, 2016.