

**RULES
OF
TENNESSEE DEPARTMENT OF MENTAL HEALTH AND MENTAL RETARDATION**

**CHAPTER 0940-5-31
MINIMUM PROGRAM REQUIREMENTS FOR MENTAL HEALTH DEPARTMENT
THERAPEUTIC NURSERY PROGRAM FACILITIES**

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0940-5-31-.01 POLICIES AND PROCEDURES FOR MENTAL HEALTH THERAPEUTIC NURSERY PROGRAM FACILITIES. The facility must maintain a written policy and procedures manual which includes the following elements:

- (1) An agency quality assurance procedure which assess the quality of care at the facility. This procedure must ensure appropriate treatment has been delivered according to acceptable clinical practice.
- (2) A written program description which must be available to staff, clients, and members of the public. This program description must be on file with the Children and Adolescent (C&A) Services Section of the Division of Mental Health Services, Tennessee Department of Mental Retardation. The description must include but need not be limited to the following:
 - (a) A comprehensive statement of the philosophy that guides the program services, structure, and practices,
 - (b) Services offered by the facility, availability of staff to provide services, and hours of operation,
 - (c) Characteristics of the person(s) to be served,
 - (d) Process of referral into the program,
 - (e) Admission criteria, Facility rules for clients,
 - (f) Referral mechanisms for services outside the facility (both medical and non-medical),
 - (g) Emergency and non-emergency transportation of clients, and

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- (h) Discharge criteria;
- (3) Policies and procedures which address the methods for managing disruptive behavior,
- (4) If restrictive procedures are used to manage disruptive behaviors, written policies and procedures must govern their use and must minimally include and/or ensure the following:
 - (a) The range and order of use of all restrictive procedures will be written out in the program's procedures plan. The plan must state that restrictive procedures will be used by the facility only on a gradually increasing continuum and only after all non-restrictive interventions for dealing with the problem behavior have been tried or considered.
 - (b) The child's parent or guardian must have given overall written consent to any restrictive measures taken with him/her by the clinical staff,
 - (c) Use of restrictive procedures(s) must be noted in the child's chart and be justifiable as part of the child's program plan,
 - (d) Only mental health professionals or mental health personnel may use restrictive procedures and must be adequately trained in their use, and
 - (e) The adaptive or desirable behavior should be taught to the client in conjunction with the implementation of the restrictive procedures.
- (5) A policy which states physical holding must be implemented in such a way as to minimize any physical harm to the client.
- (6) A policy that requires that a first aid chart must be posted, and caregivers and helpers must be familiar with its contents.
- (7) A policy that requires that a first aid kit containing at least a thermometer, bandage compresses, adhesive tape, and gauze pads must be available to the staff.
- (8) A policy that prohibits firearms on the premises and that requires that kitchen knives and other potentially dangerous utensils or tools must be secured so that they are inaccessible to children.
- (9) A policy that requires that emergency telephone numbers must be posted next to the telephone and readily available to any staff member as follows: hospital, ambulance, parent, parent contact, guardian or conservator, and physician.

Authority: T.C.A. §§ 4-4-103, 33-2-504 and 33-1-203(b)(5). *Administrative History:* Original rule filed January 11, 1996; effective March 26, 1996.

0940-5-31-.02 PERSONNEL REQUIREMENTS FOR MENTAL HEALTH THERAPEUTIC NURSERY PROGRAM FACILITIES.

- (1) Treatment services must be provided by mental health professionals or by mental health personnel who are under the direct supervision of a mental health professional.
- (2) The facility must maintain a written agreement with or employ a physician to serve as medical consultant.
- (3) The facility must provide at least one (1) on-duty staff member trained in First Aid, CPR, and the Heimlich maneuver.

- (a) At least one (1) staff member who has completed the basic CPR course must be on duty at all times. The course must be a minimum of three hours and must be taught by a certified instructor.
 - (b) At least one (1) staff member who has completed a first aid course within the last three years must be on duty at all times. The course must be a minimum of three hours and must be taught by a certified instructor.
 - (c) At least one (1) staff member trained in the Heimlich maneuver must be on duty at all times.
 - (d) The operator must perform background checks on all employees and volunteers. A person, whether an employee or a volunteer, who is named as a suspect in an "indicated" report of child sexual abuse, or who is currently charged with committing a crime against a child must not work as a caregiver or have any contact with the children.
 - (f) Children must not be in the care of or have any direct contact while in the care of the facility with a person who has been convicted of a crime involving children or of violating a law enacted to protect children.
 - (g) The facility must ensure that staff practice infection control procedures that will protect clients and staff from infectious diseases. The facility must follow universal procedures for handling blood and blood-tainted material.
- (4) Staff Records: The following information must be secured when hiring staff, kept up-to-date, and made available to the Department upon request:
- (a) Before beginning to work, all staff members must have on file written evidence of a physical examination sufficient to determine that their general physical and mental condition will permit them to direct and actively participate in the activities of a group of young children, and a statement so certifying. The form or statement must have the signature or stamp of a licensed physician, certified nurse practitioner, or a certified physician's assistant.
 - (b) An updated statement regarding each staff member's physical health as, specified in (a) above, must be obtained every third year.
 - (c) Each staff member (whether employed full-time or part-time), including volunteers and others who are in contact with children thirty or more calendar days per year, must have on file evidence of a tuberculin test or chest x-ray with negative results, in accordance with Department of Health recommendations. If substitutes are used to meet required adult-child ratios, they must have had a TB test within six months of their employment.
 - (d) Records of interviews with at least three references for each new staff member.
 - (e) Record of verified employment history of each employee for previous positions during the past five years which are relevant to the position being applied for.

Authority: T.C.A. §§ 4-4-103, 33-2-504 and 33-1-205(b)(5). **Administrative History:** Original rule filed January 11, 1996; effective March 26, 1996.

0940-5-31-.03 CLIENT ASSESSMENT REQUIREMENTS FOR MENTAL HEALTH THERAPEUTIC NURSERY PROGRAM FACILITIES. The facility must ensure that the following assessments are completed

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prior to the development of the Individual Program Plan: Assessment of current functioning according to presenting problem including a history of the presenting problem in the following areas:

- (a) Emotional and psychological health, and
 - (b) Developmental level and history.
- (1) A six (6) month history of prescribed medications and frequently used over-the-counter medications.

Authority: T.C.A. §§ 4-4-103, 33-2-504 and 33-1-205(b)(5). **Administrative History:** Original rule filed January 11, 1996; effective March 26, 1996.

0940-5-31-.04 CLIENT RECORD REQUIREMENTS FOR MENTAL HEALTH THERAPEUTIC NURSERY PROGRAM FACILITIES. The individual record for each child must contain the following information:

- (1) A current information form which includes:
- (a) social history;
 - (b) the child's name,
 - (c) date of birth,
 - (d) name of parent(s) or guardian,
 - (e) home address of parent(s) or guardian
 - (f) parent's or guardian's business address,
 - (g) phone numbers of parent(s) or guardian
 - (h) work hours of parent(s) or guardian, and
 - (i) the name and address (home and business) of a responsible person to contact in an emergency if parent(s) cannot be located promptly.
- (2) Name, address, and telephone number of a physician to call in case of an emergency
- (3) Written consent of parent(s) or guardian regarding emergency medical care.
- (4) A transportation plan, including to whom the child may be released. Health record as noted in 0940-5-31-.08(10).
- (5) Daily attendance records for each child.
- (6) Progress notes, which must include written documentation of progress or changes which have occurred within the Individual Program Plan, and which must be developed after each service contact.
- (7) Results of assessments required by rule 0940-5-31-.03 (emotional and psychological health, developmental level and history, and history of medications).
- (9) Signed and dated permission forms for field trips away from the premises.

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Authority: T.C.A. §§ 4-4-103, 33-2-504 and 33-1-205(b)(5). **Administrative History:** Original rule filed January 11, 1996; effective March 26, 1996.

0940-5-31-.05 CLIENT RIGHTS IN MENTAL HEALTH THERAPEUTIC NURSERY PROGRAM FACILITIES. The child's parent or guardian will be informed about the program, its rules, the child's rights, and any restrictions on those rights.

- (1) An Individual Program Plan must be developed and implemented for each child. The Individual Program Plan (IPP) must be based on initial history and on-going assessment of the child's needs and must be completed within thirty (30) days of admission.
- (2) Documentation of the IPP and of its implementation must be made in the individual client record. The IPP and documentation of it in the client record must include the following:
 - (a) The client's name in the IPP;
 - (b) The date of development of the IPP;
 - (c) Child problems specified in the IPP which are to be addressed within the particular service/program component;
 - (d) Goals which are related to specified problems identified in the IPP and which are to be addressed by the particular service/program component;
 - (e) Interventions addressing goals in the IPP, including work with parents or other significant adults, if appropriate;
 - (f) Signatures of the appropriate staff;
 - (g) Standardized diagnostic formulation(s), [including, but not limited to, the current Diagnostic and Statistical Manual (DSM) Axes I-V and/or ICD-9] where appropriate; and assessment documentation on file which is updated as recommended by IPP team; and
 - (h) Planned frequency of contacts

Authority: T.C.A. §§ 4-4-103, 33-2-504 and 33-1-205(b)(5). **Administrative History:** Original rule filed January 11, 1996; effective March 26, 1996.

0940-5-31-.06 INDIVIDUAL PROGRAM PLAN REQUIREMENTS FOR MENTAL HEALTH THERAPEUTIC NURSERY PROGRAM FACILITIES.

- (1) An Individual Program Plan must be developed and implemented for each child. The Individual Program Plan (IPP) must be based on initial history and on-going assessment of the child's needs and must be completed within thirty (30) days of admission.
- (2) Documentation of the IPP and of its implementation must be made in the individual client record. The IPP and documentation of it in the client record must include the following:
 - (a) The client's name in the IPP;
 - (b) The date of development of the IPP;
 - (c) Child problems specified in the IPP which are to be addressed within the particular service/program component;

- (d) Goals which are related to specified problems identified in the IPP and which are to be addressed by the particular service/program component;
- (e) Interventions addressing goals in the IPP, including work with parents or other significant adults, if appropriate;
- (f) Signatures of the appropriate staff;
- (g) Standardized diagnostic formulation(s), [including, but not limited to, the current Diagnostic and Statistical Manual (DSM) Axes I-V and/or ICD-9] where appropriate; and assessment documentation on file which is updated as recommended by IPP team; and
- (h) Planned frequency of contacts.

Authority: T.C.A §§4-4-103, 33-2-504 and 33-1-205(b)(5), **Administrative History:** Original rule filed January 11, 1996; effective March 26, 1996.

0940-5-31-.07 INDIVIDUAL PROGRAM PLAN REVIEW IN MENTAL HEALTH THERAPEUTIC NURSERY PROGRAM FACILITIES. The facility must review and, if indicated, revise the IPP every six (6) months.

Authority: T.C.A. §§ 4-4-103, 33-2-504 and 33-1-205(b)(5). **Administrative History:** Original rule filed January 11, 1996; effective March 26, 1996.

0940-5-31-.08 SUPERVISION AND GROUPING OF CHILDREN IN MENTAL HEALTH THERAPEUTIC NURSERY PROGRAM FACILITIES. A group is a number of children who interact with each other and with the caregiver to whom they are assigned in a space, which is divided from the space of other groups by a recognizable barrier to define limits and to reduce distraction.

- (1) Each group of children must have adult supervision at all times
- (2) Arrangements must be made so that, in an emergency, a caregiver can call a second adult for help without having to leave the group.
- (3) If more than one adult is assigned to a group, one must be designated as the lead caregiver. The facility must provide at least one (1) staff person on-duty/on-site for each eight (8) children present. Staff persons counted in the adult: child ratio may only be persons who are assigned to provide direct therapeutic nursery program services as described by written job description. Support staff, such as clerical, housekeeping, van and bus driver staff, and students involved in an on-site practicum for academic credit may not be counted in the staff-to-client ratio. While the auxiliary staff must not be included in the adult: child ratio, they can be used as emergency substitutes if their duties and qualifications permit.
- (4) If meals are served, the person who is responsible for preparing meals and washing the dishes must not be included in the adult: child ratio while preparing these meals.
- (5) The maximum group size for children ages 2-3 years is ten (10). The maximum group size for children ages 4-6 years is fifteen (15). Groups can be combined for short periods for a regularly scheduled activity of no more than thirty minutes duration per day as long as adult: child ratios are met.
- (6) All children for whom care is provided by the program at any one time must be included in the program's enrollment and square footage allowance.

- (7) If one room has enough floor space based on licensing requirements, it can be divided and used for more than one group.
- (8) When children are swimming, the number of adults must be double the required adult: child ratio [see 0940-5-31-.08(4)]. One adult at the water site must have a current certificate in Advanced Lifesaving Skills. On field trips off premises, the number of adults must be double the requirements stated.
- (9) Children Health Records
 - (a) Before a toddler (up to thirty months) or preschooler is accepted for care, the child must have proof of immunization (or having begun immunizations) against these diseases: diphtheria, tetanus, polio, measles, rubella, hemophilus influenza type B (Hib), and pertussis by having a certification form signed or stamped by the physician or by a certified health care provider. If a child has any know allergies, they must be indicated in the child's health record. Foreign-born children must also present evidence of tuberculosis screening.
 - (b) A copy of each toddler's or preschool child's health history and immunization record must be on file at the center and available to the appropriate staff. The health record must state whether immunizations required are complete and, if not complete, when future immunizations must be given so that the child will be protected. If immunizations are not continued by the parent, the child must not remain in the program. The health record will be returned to the parent upon request when the child leaves the program.
 - (c) Before a child is accepted for care, the parent must show proof of the child's physical examination within three months prior to admission, signed or stamped by a physician or health care agency. Exceptions to this may be made at the discretion of the Therapeutic Nursery Coordinator.
 - (d) Exceptions to requirements (a) and (b) of this section may be made only if:
 - 1. The child's physician or the health department provides a signed and dated statement, giving a medical reason that the child should not be given a specified immunization; or
 - 2. The child's parent provides a signed, written statement that such immunizations conflict with his/her religious tenets and practices.
 - (e) If a child with a physical or sensory impairment or with a medical disorder is enrolled, his or her health records must include a physician's statement which identifies the condition and which gives the physician's special instructions for the child's care.

Authority: T.C.A. §§ 4-4-103, 33-2-504 and 33-1-205(b)(5). **Administrative History:** Original rule filed January 11, 1996; effective March 26, 1996.

0940-5-31-.09 ENVIRONMENTAL REQUIREMENTS FOR MENTAL HEALTH THERAPEUTIC NURSERY PROGRAM FACILITIES.

- (1) Equipment for Children
 - (a) General

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1. Damaged equipment must be repaired or removed from the room or playground immediately.
 2. Equipment must be kept clean by frequent disinfection.
 3. There must be age-appropriate equipment and furnishings for each age group in attendance.
- (b) Indoor Play Equipment
1. Large pieces of equipment must be secured or supported so that they will not fall on children.
 2. There must be a variety of educational materials and play equipment available.
 3. Teaching aids that are small or that have small parts that can be inhaled or swallowed must be inaccessible to toddlers.
- (c) Outdoor Play Equipment
1. All outdoor play equipment must be placed to avoid accidents. (Example: Swings placed out of children's traffic paths.)
 2. Supports for climbers, swings, and other heavy equipment that could cause injury, if toppled, must be securely anchored to the ground, even if the equipment is designed to be portable.
- (2) Physical Facilities
- (a) The center must not be located in a building used for purposes which would be hazardous to the children or would prohibit outdoor play. (Exception: Inner city centers may not have outdoor play space.)
 - (b) The building must provide thirty (30) square feet of usable indoor play space per child, not including the restrooms, halls, kitchen, or office space. Each nap room must also contain thirty (30) square feet of floor space per child.

Authority: T.C.A. §§ 4-4-103, 33-2-504 and 33-1-205(b)(5). **Administrative History:** Original rule filed January 11, 1996; effective March 26, 1996.

0940-5-31-.10 MEDICATION ADMINISTRATION IN MENTAL HEALTH THERAPEUTIC NURSERY PROGRAM FACILITIES.

- (1) All medicines, prescription and non-prescription, must be made inaccessible to children by storing them in a locked compartment or container. If medicine requiring refrigeration is kept in a refrigerator used for food storage, the medicine must be put in a leak-proof locked container. Keys for these compartments must be inaccessible to children.
- (2) Discontinued and outdated drugs and containers with worn, illegible, or missing labels must be discarded.
- (3) All medication errors, drug reactions, or suspected over-medication incidents must be reported to the practitioner who prescribed the drug.

- (4) Documentation or other tangible evidence of the current prescription of each medication taken by a client must be maintained by the facility.

Authority: T.C.A. §§4-4-103, 33-2-504 and 33-1-205(b)(5). *Administrative History:* Original rule filed January 11, 1996; effective March 26, 1996.

0940-5-31-.11 HEALTH, HYGIENE, GROOMING, AND SAFETY IN MENTAL HEALTH THERAPEUTIC NURSERY PROGRAM FACILITIES.

- (1) The facility must assist children in independent exercise of health, hygiene, and grooming practices.
- (2) The facility must encourage the use of dental appliances, eyeglasses, and hearing aids if used by the children.
- (3) The facility must encourage each child to maintain a well-groomed and clean appearance that is age and activity appropriate and within reasonable approximation of current acceptable styles of grooming, dressing, and appearance for children of similar age
- (4) Children's Health
 - (a) Children must have proof of being age appropriately immunized according to the current scheduled authorized by the Tennessee Department of Health before enrollment in a Therapeutic Nursery.
 - (b) Children must be checked upon arrival each day and observed for signs of communicable diseases during the day. Any child showing or developing symptoms of fever or diarrhea, or other symptoms that cause concern to the caregiver must be excluded from the group until the parent can call for him/her, or until other arrangements are made for care elsewhere. Impetigo and diagnosed strep must be treated appropriately for 24 hours prior to readmission to the center. Children having lice or scabies must show proof of treatment to be readmitted. The center can provide care and/or isolation for a child with a contagious condition only upon written instructions of a licensed physician or certified health care provider.
 - (c) Parents of every child enrolled must be notified if one of the following communicable diseases has been introduced into the nursery program: hepatitis A, foodborne outbreaks (food poisoning), salmonella, shigella, measles, mumps, rubella, pertussis, polio, hemophilia influenza type B, or meningococcal meningitis, lice, or scabies.
 - (d) Individual disposable tissues must be available for wiping noses. Used tissues must be disposed or promptly, and hands must be washed.
 - (e) Disposable wipes and towels are preferable, but if cloths are used, they must be laundered after each use. Cloth towels must be labeled with children's names if used more than once.
 - (f) If toothbrushes are used, they must be labeled with the children's names. They must be stored to air dry without contact with other toothbrushes. If toothpaste is used, care must be taken for sanitary dispensing.
 - (g) If combs and brushes are used, each child must have his/her own which must be labeled and stored in labeled containers.

- (h) There must be no smoking in the presence of children or any area of the facility where they may, at any time, be present.
- (i) For the protection of children and adults, caregivers and helpers must wash their hands under running water immediately after aiding a child in nose wiping, diapering, or toileting; after person toileting; and before handling food.
- (j) If children are not toilet trained, they must be diapered and cleaned when wet or soiled.
- (k) Diapering must be done in a designated area that is off the floor, on a washable surface, and located near a handwashing lavatory. The diapering area must not be located in a food service area.
- (l) The diapering surface must be covered with paper that can be disposed of after use with each child, or it must be cleaned with disinfectant and friction immediately after use and before using with another child.

Authority: T.C.A. §§ 4-4-103, 33-2-504 and 33-1-205(b)(5). **Administrative History:** Original rule filed January 11, 1996; effective March 26, 1996.

0940-5-31-.12 FOOD REQUIREMENTS IN MENTAL HEALTH THERAPEUTIC NURSERY PROGRAM FACILITIES.

- (1) Nutritional Needs:
 - (a) The person responsible for meal planning in the center must follow a food service guide from the Department of Health, the Department of Human Services, or the United States Department of Agriculture.
 - (b) The week's menus must be planned and posted by the first day of each week. These menus must be followed, although reasonable substitutes are permissible if the substituted food contains the same nutrients; substitutions must be noted on menus.
 - (c) Because children are in the center at least three hours, one supplement must be provided. If the three-hour period covers a normal meal hours, a meal must be provided.
 - (d) Snack supplements (defined as bread product, drink or fruit) provided must be simple and nourishing and planned as part of the day's food allowance. Carbonated drinks, fruit ades, synthetic fruit-flavored drinks, imitation milk, and candy must not be served as supplemental foods. Preferred bread products are plain crackers, breads, and cereals that are made from enriched flour or meal; fruit drinks served as a supplement must be 100% juice.
 - (e) If the nursery program is expanded to last five hours or more, then one meal (to include, as a minimum, meat or meat substitute, vegetable, fruit, bread product, and milk) and one or two snack supplements must be provided.
 - (f) Breakfast must be offered to children who arrive or who are picked up before 7:00 a.m. and who have not had breakfast at home.
 - (g) If specific instructions for feeding are prescribed by a physician or given by the parent, they must be in writing and the agency must follow the instructions. However, if staff determines these instructions do not provide for adequate nutrition, there must be consultation with the child's parents, a public health nurse or public health nutritionist, or the child's physician.

- (h) All milk and fluid milk products including dry milk and dry milk products shall be from a Grade A pasteurized source.
- (2) Meal Service:
- (a) Caregivers and children must wash their hands before eating or prior to any preparation of food.
 - (b) Tables on which food is prepared and served must be washed with soap and water or anti-bacterial wipes prior to, and after snacks and meals.
 - (c) Floor under tables and high chairs on which food is served must be swept and/or vacuumed after each meal and mopped as needed.
 - (d) Napkins, individual forks and/or spoons must be provided for children who feed themselves. An individual dish must be used for each child.
 - (e) Raw fruits and vegetables shall be washed before being cooked or served.
 - (f) Milk and other potentially hazardous foods shall be kept in the proper temperature ranges, and be protected properly, except during necessary periods of preparation.
 - (g) All food shall be protected from contamination during storage, preparation, transportation, and serving.
 - (h) No poisonous or toxic materials except those required to maintain sanitary conditions and for sanitization purposes, may be used in the food service operation area.
 - (i) Poisonous or toxic materials must be kept out of the reach of children anywhere in the facility.
 - (j) The food-contact surfaces of equipment and utensils shall be easily accessible for cleaning, and be of non-toxic, corrosion-resistant, and non-absorbent materials.
 - (k) Single-service articles shall be made from nontoxic materials and shall be stored, handled, and dispensed in a sanitary manner
 - (l) Domestic type dishwashing machines are acceptable provided the temperature at the utensil surface is 160 degrees Fahrenheit after the end of one complete cycle. If 160 degrees Fahrenheit is not obtained at the end of one complete cycle, an additional rinse for utensils shall be provided in a separate container or sink.

Authority: T.C.A. §§ 4-4-103, 33-2-504 and 33-1-205(b)(5). **Administrative History:** Original rule filed January 11, 1996; effective March 26, 1996.