

TITLE 89: SOCIAL SERVICES
CHAPTER III: DEPARTMENT OF CHILDREN AND FAMILY SERVICES
SUBCHAPTER e: REQUIREMENTS FOR LICENSURE

PART 411
LICENSING STANDARDS
FOR SECURE CHILD CARE FACILITIES

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AUTHORITY: Implementing and authorized by the Child Care Act of 1969 [225 ILCS 10].

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SUBPART A: INTRODUCTION, DEFINITIONS, AND APPLICABILITY

Section 411.10 Purpose

The purpose of this Part is to prescribe the standards for licensure as a secure child care facility and to describe the requirements for the admission and treatment of children and youth.

Placement in facilities licensed under this Part is limited to children and youth who are 13 years of age or older but less than 18 years of age who are subject to placement under the Children and Family Services Act and who are not subject to placement in a correctional facility operated by the Department of Corrections pursuant to Section 3-15-2 of the Unified Code of Corrections [730 ILCS 5/3-15-2].

Section 411.15 Applicability

This Part applies to any qualified applicant that intends to develop, establish, maintain, or operate a secure child care facility licensed by the Department of Children and Family Services in the State of Illinois.

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Section 411.20 Definitions

"Background check" means:

- a criminal history check via fingerprints of persons age 18 and over which are submitted to the Illinois State Police and the Federal Bureau of Investigation (FBI), for comparison to their criminal history records, as appropriate; and
- a check of the Child Abuse and Neglect Tracking System (CANTS) and other state child protection systems, as appropriate, to determine whether an individual is currently alleged or has been indicated as a perpetrator of child abuse or neglect; and
- a check of the Statewide Child Sex Offender Registry.

"Child" or "youth" means any person for whom the Department is legally responsible who is 13 years of age or older but is less than 18 years of age.

"Clinical evaluation" means a standardized clinical protocol used by an independent examiner to determine whether a child or youth meets the requirements established by the Department for admission to a secure child care facility (see [Section 411.110\(b\)](#)). This protocol shall assess the following items: the child's or youth's presenting problems within the context of his or her current treatment plan; the child's or youth's mental status and psychiatric diagnosis; the child's or youth's risk of harm to self and/or others; and the appropriateness of both less and more restrictive treatment and placements (i.e., non-secure placements and psychiatric care).

"Complaint" means any oral or written report made to or by the Department alleging violation of federal, State, or local laws and rules and regulations related to the licensing or operation of secure child care facilities.

"Contraband" means items that are proscribed by criminal law, facility rules, or posted notices; items that the child or youth has no authorization to possess; or property that is in excess of that authorized by the facility. Contraband shall include, but not be limited to, possession by a child or youth of any of the following:

- Alcohol;
- Cannabis or controlled substances, and paraphernalia for cannabis or controlled substances;
- Weapons, including firearms, knives, broken glass, or similar cutting devices or clubs;
- Flammables, explosives, matches or lighters;
- Ammunition;
- Chemical agents or electric stun guns;
- Tools, keys, chains, or ropes;
- Gum, putty, or caulk;

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- Any smoking or tobacco materials in the possession of children or youth; or
- Any other item prescribed by the secure child care facility director due to safety or security reasons.

"Controlled substances" means any substance identified in Section 102 of the Illinois Controlled Substances Act [720 ILCS 570/102], including cannabis as defined in Section 3 of the Cannabis Control Act [720 ILCS 550/3].

"DSM-IV" means the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (American Psychiatric Association, 1400 K Street N.W., Washington, DC 20005, 1994 Edition).

"Degree of need study" means an annual needs assessment conducted by the Department that is structured to determine the number of children and youth who are in need of placement in secure child care facilities. The needs assessment focuses on the clinical needs of children and youth, as well as the geographic location from which children and youth originate. All decisions concerning the issuance of licenses for secure child care facilities shall be based upon the Department's annual degree of need study.

"Department" means the Illinois Department of Children and Family Services. (Section 2.02 of the Child Care Act of 1969 [225 ILCS 10/2.02])

"Director" means the Director of the Department of Children and Family Services.

"Disability" means a physical or mental impairment that substantially limits one or more of the major life activities of an individual, a record of such impairment, or being regarded as having such impairment.

"Drug test" means a urinalysis or blood test conducted by a laboratory certified by the Substance Abuse and Mental Health Services Administration, formerly the National Institute on Drug Abuse, to identify the presence of illegal or controlled substances.

"Facility director" means the executive level manager designated by the governing body to be administratively responsible for the secure child care facility and for compliance with all requirements of this Part.

"Finding" means a report of results of an investigation of a complaint or of grounds for revocation or termination by staff authorized by the Director to conduct the investigation (see 20 Ill. Adm. Code 801.20).

"Gatekeeper" means a Department employee assigned to monitor a specific secure child care facility's admission, treatment, and discharge of children and youth.

"ICD-9-CM" means the International Classification of Diseases, Clinical Modification, Ninth Revision, Fourth Edition (October 1991)), published by Med-Index Publications, 5225 Wiley Post Way, Suite 500, Salt Lake City, UT 84116-2889.

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"Independent examiner" means a psychiatrist, clinical social worker, or clinical psychologist who does not have a financial (i.e., employment or contractual) or familial relationship with a licensed secure child care facility, and who has been designated by the Department to perform clinical evaluations to determine whether a child or youth meets the admission requirements established by the Department.

"Insolvent" means the entity's financial condition is such that the sum of its debts is greater than all of its property, at a fair valuation, exclusive of property transferred, concealed, or removed with intent to hinder, delay, or defraud its creditors.

"Investigation" means an information gathering and assessment process initiated and conducted by the Department in order to determine compliance with Department rules and procedures or with federal, State, and local laws.

"License" means a document issued by the Department that authorizes the applicant to establish or operate a secure child care facility in accordance with applicable standards and provisions of the Child Care Act of 1969 [225 ILCS 10].

"Licensed practitioner of the health arts (LPHA)" (see 59 Ill. Adm. Code 132.25) means a clinical psychologist licensed under the Clinical Psychologist Licensing Act [225 ILCS 15], a licensed clinical social worker (LCSW) licensed under the Clinical Social Work and Social Work Practice Act [225 ILCS 20] or a clinical professional counselor holding a permanent license pursuant to the Professional Counselor and Clinical Professional Counselor Licensing Act [225 ILCS 107].

"Licensee" means an agency or organization who holds a secure child care facility license or a provisional license issued by the Department of Children and Family Services.

"Licensing representative" means Department staff authorized by the Director to examine facilities applying for or having been issued a secure child care facility license.

"Licensing study", as used in this Part, means the review of an application for secure child care facility license, on-site visits, interviews and the collection and review of supporting documents to determine compliance with the Child Care Act of 1969 [225 ILCS 10], the standards prescribed by this Part, other applicable Department standards, and federal or State laws.

"Medicaid community mental health services program" means assessment, treatment and/or rehabilitative services as defined by 59 Ill. Adm. Code 132 (Medicaid Community Mental Health Services Program) that are provided by or under a subcontract with a certified provider under a contractual agreement with the Department. These services are supported financially in whole or in part by the Department and are also included under the Illinois Medical Assistance Program (89 Ill. Adm. Code 140) for eligible clients. Providers must be certified by the Department or the Department of Human Services and also be enrolled with and be approved by the Department of Public Aid as a Medicaid provider.

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“Medical director” means a psychiatrist with at least 2 years of experience treating children and adolescents who is responsible for directing all medical and psychiatric services offered in a secure child care facility.

"Mental health professional (MHP)" means the mental health professional who provides services under the supervision of a qualified mental health professional (QMHP). The mental health professional must possess a bachelor's degree, a practical nurse license pursuant to the Nursing and Advanced Practice Nursing Act [225 ILCS 65] or have a minimum of five years clinically supervised experience in mental health or human services.

“Mental illness” means a diagnosis of mental illness as defined in 59 Ill. Adm. Code 132.25 (Medicaid Community Mental Health Services Program).

"Minor traffic violation" means any traffic violation that resulted in a fine of \$100 or less without any other penalty, such as suspension or revocation of the driver's license, probation, jail sentence, or community service work.

"Physician" means a physician licensed under the Medical Practice Act of 1987 [225 ILCS 60].

"Plan" means the facility's written policy, procedures, and practices in a particular area.

“Profiling” means the Department’s process of assessing the performance of and categorizing residential providers based on their target population, service mix, staffing patterns and coverage, program design, and physical plant characteristics. Assessment of performance is based on measurable key outcome indicators, such as length of stay, successful and stable step downs, success of treatment outcomes, number of psychiatric hospitalizations, number of unauthorized absences, unplanned discharges, use of restrictive procedures, unusual incident reports, formal complaints and/or grievances, and injuries to children and youth.

“Qualified applicant” means an applicant for a secure child care facility license that has met all of the following prerequisites to seeking a license for a secure child care facility:

- The applicant must be licensed to provide residential care for children and youth in a child care institution licensed pursuant to 89 Ill. Adm. Code 404 (Licensing Standards for Child Care Institutions and Maternity Centers).
- Based upon profiling, the applicant has been determined to have the capability to provide mental health and rehabilitative services in a continuum of care, on the campus where the secure child care facility is located, to children and youth who present the most serious behavioral and emotional symptoms and whose histories manifest placement disruption and patterns of difficult adjustment to substitute care living arrangements. An applicant’s qualification will be based upon performance and outcome measures related to such services,

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as well as a review of their past performance as a licensed child care institution.

- The secure child care facility must be accredited by one or more of the following nationally recognized accrediting organizations:
 - Council on Accreditation of Services for Families and Children (COA), 120 Wall Street, 11th Floor, New York, New York 10005.
 - Joint Commission on Accreditation of Healthcare Organizations (JCAHO), One Renaissance Boulevard, Oakbrook Terrace, Illinois 60181.
 - The Rehabilitation Accreditation Commission (CARF), 4891 East Grant Road, Tucson, Arizona 85712.
- The applicant must be certified and enrolled in good standing as a provider under 59 Ill. Adm. Code 132 (Medicaid Community Mental Health Services Program).
- The applicant has received written notification from the Department of the need for a secure child care facility in the Child and Adolescent Local Area Network or region of the Department where the facility is located. This determination shall be based upon the Department's degree of need study.

"Qualified mental health professional (QMHP)" means one of the following:

- A physician licensed under the Medical Practice Act of 1987 [225 ILCS 60] to practice medicine or osteopathy with training in mental health services or one year of clinical experience, under supervision, in treating problems related to mental illness or specialized training (the treatment of children and adolescents);
- A psychiatrist (a physician licensed under the Medical Practice Act of 1987) who has successfully completed a training program in psychiatry approved by the American Medical Association, the American Osteopathic Association, or other training program identified as equivalent by the Department, and 2 years experience treating children and adolescents;
- A psychologist licensed under the Clinical Psychologist Licensing Act [225 ILCS 15] with specialized training in mental health services;
- A social worker possessing a master's or doctoral degree in social work and licensed under the Clinical Social Work and Social Work Practice Act [225 ILCS 20] with specialized training in mental health services;

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- A registered nurse licensed pursuant to the Nursing and Advanced Practice Nursing Act [225 ILCS 65] with at least one year of clinical experience in a mental health setting or a master's degree in psychiatric nursing;
- An occupational therapist registered pursuant to the Illinois Occupational Therapy Practice Act [225 ILCS 75] with at least one year of clinical experience in a mental health setting;
- An individual with a master's degree and at least one year of clinical experience in mental health services and who holds a license to practice marriage and family therapy pursuant to the Marriage and Family Therapy Licensing Act [225 ILCS 55]; or
- An individual possessing a master's or doctoral degree in counseling and guidance, rehabilitation counseling, social work, vocational counseling, psychology, pastoral counseling, family therapy, or related field, who has successfully completed a practicum and/or internship that includes a minimum of 1,000 hours, or who has one year of clinical experience under the supervision of a qualified mental health professional, or who is a licensed social worker holding a master's degree with two years of experience in mental health services, or who is a permanently licensed professional counselor under the Professional Counselor and Clinical Professional Counselor Licensing Act [225 ILCS 107] holding a master's degree with one year of experience in mental health services.

“Secure child care facility” means any child care facility licensed by the Department to provide secure living arrangements for children under 18 years of age who are subject to placement in facilities under the Children and Family Services Act and who are not subject to placement in facilities for whom standards are established by the Department of Corrections under Section 3-15-2 of the Unified Code of Corrections and which comply with the requirements of this Act and applicable rules of the Department and which shall be consistent with requirements established for child residents of mental health facilities under the Juvenile Court Act of 1987 and the Mental Health and Developmental Disabilities Code. “Secure child care facility” also means a facility that is designed and operated so as to ensure that all entrances and exits from the facility, a building, or distinct part of a building are under the exclusive control of the staff of the facility, whether or not the child has the freedom of movement within the perimeter of the facility, building, or distinct part of a building. [225 ILCS 10/2.22]

A secure child care facility shall be a fully integrated, self-contained program area of a licensed child care institution that meets all the licensing and program requirements specified in this Part. At a minimum this includes an indoor activity area, classrooms, dining area, nursing station, seclusion room (if applicable), physician’s examining room, patient bedrooms, and bathrooms. Staff offices shall be located within or contiguous to the secure child care facility.

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"Serious illness or injury" means an illness or injury that requires treatment at an urgent care center or emergency room or that results in a hospital admission of any length of time.

"Substance abuse" means the illegal or unauthorized use of controlled substances or the misuse of over-the-counter medications or other substances.

"Universal Precautions" means an approach to infection control. According to the concept of Universal Precautions, all human blood and certain body fluids are treated as if known to be infectious for HIV, HBV, and other blood-borne pathogens.

SUBPART B: LICENSES

Section 411.40 Licenses Required

- a) Any qualified applicant that desires to develop, establish, maintain, or operate a secure child care facility for the placement by the Department of a child or youth for whom the Department is legally responsible must obtain a license from the Department prior to commencing operations.
- b) Before a license may be granted, the licensing applicant must certify its compliance with federal, State, and local laws; all applicable building, zoning, planning, land use, health, and sanitation regulations as specified in federal, State, or local laws or ordinances; fire safety requirements of the State Fire Marshal; and the requirements prescribed in this Part.
- c) There shall be no fee or charge for the license.

Section 411.45 Application for License

- a) Upon request, the Department shall issue an application for a license to operate a secure child care facility to a qualified applicant, as defined in this Part. The application for license or the renewal of a license shall be completed and signed by the governing body of the facility or its authorized representatives on forms prescribed and furnished by the Department.
- b) The application shall include the following:
 - 1) Articles of incorporation and bylaws, certification that the facility's corporate status is in good standing with the Illinois Secretary of State and a statement of whether the facility is for profit or not-for-profit. If the facility is not-for-profit, the facility shall submit proof of its not-for-profit status with the Internal Revenue Service and charitable status with the Illinois Attorney General.
 - 2) A statement of purpose and range of services, including the types of child care services provided or to be provided, and a general description of the type of security arrangements established or to be established.

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- 3) A copy of the current child care institution license issued by the Department of Children and Family Services pursuant to 89 Ill. Adm. Code 404 (Licensing Standards for Child Care Institutions and Maternity Centers).
- 4) The names and addresses of current officers and board members and a list of the committees of the governing body.
- 5) Annual current operating budget and projected budget showing anticipated expenses and income for the first two years of operation, including a listing of all current and projected sources of income.
- 6) A facility site plan of the proposed site in which the specific use of each building and the specific floor plan showing each room to be used for secure child care is identified and an explanation of the facility locking, lighting, and communication features. All secure doors, windows, and perimeter structures, including any fencing and gates, shall be shown. The secure child care facility shall submit an architectural statement that the site plan complies with the Americans with Disabilities Act of 1990 (42 USC 12101) and with the regulations implementing Title I and Title II of that Act.
- 7) The program plan for secure child care.
- 8) The staffing plan for the secure child care program that provides for continuous supervision, active treatment services, and security for children and youth residing in the facility and that includes the number of staff, their minimum qualifications, pre-service orientation and on-going training for staff, and complete job descriptions and job titles.
- 9) A description of the quality assurance mechanism for the services provided within the secure child care program.
- 10) A list of persons subject to the background check requirements of 89 Ill. Adm. Code 385 (Background Checks) and each person's complete, signed authorization to conduct the background check.
- 11) Documentation of accreditation by one or more of the following nationally recognized accrediting organizations:
 - A) Council on Accreditation of Services for Families and Children (COA), 120 Wall Street, 11th Floor, New York, New York 10005.
 - B) Joint Commission on Accreditation of Healthcare Organizations (JCAHO), One Renaissance Boulevard, Oakbrook Terrace, Illinois 60181.
 - C) The Rehabilitation Accreditation Commission (CARF), 4891 East Grant Road, Tucson, Arizona 85712.

Documentation of current accreditation status shall be achieved by submission by the secure child care facility to the Department of a certificate

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of accreditation and the most recent accreditation report, and a letter from the accrediting organization (see definition of “Qualified Applicant”), dated within 30 days prior to the date of the application for licensure, stating that the secure child care facility is in good standing with the organization.

- 12) Documentation of certification as a provider under 59 Ill. Adm. Code 132 (Medicaid Community Mental Health Services Program) and a Department of Public Aid Medicaid provider enrollment number.
 - 13) Written notification from the Department that the results of profiling indicate the applicant to be qualified to serve seriously emotionally disturbed or mentally ill children and youth requiring treatment in a secure setting.
 - 14) Written notification from the Department stating that the degree of need study supports issuance of a secure child care facility license in the Child and Adolescent Local Area Network or region of the Department where the applicant is located and the number of beds for which the degree of need exists in that Child and Adolescent Local Area Network or region of the Department.
- c) A new application shall be filed when:
- 1) an application for a secure child care facility license has been withdrawn with Department approval before a decision was made on the application and the applicant seeks to reapply; or
 - 2) the applicant had been licensed previously as a secure child care facility, but voluntarily surrendered the license, and any waiting period agreed to when the voluntary surrender was accepted has expired; or
 - 3) the applicant had been licensed as a secure child care facility, but the Department revoked or refused to renew the license and the requirements of subsection (e) of this Section have been fulfilled.
- d) A new application may be submitted at any time when a secure child care facility license or application has been voluntarily surrendered or withdrawn by the applicant with Department approval unless the applicant has signed an agreement with the Department not to reapply for a license for a specified period of time or has been requested to enter into an agreement with the Department not to reapply for a license but declined to do so within 1 year after the request. Once an investigation of the facility has been commenced by the Department’s licensing or child protection units, the Department’s Office of the Inspector General, a federal or State agency, or a governmental entity, the license may be voluntarily surrendered only with the signed written agreement of the regional licensing administrator on the form prescribed in [Appendix C](#).
- e) If the Department has refused to renew a license, or has revoked a license, the facility may not reapply for a license before the expiration of 12 months after the Department's action.

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- f) If the applicant's mailing address, but not the physical location, changes the Department shall be notified immediately, but no later than ten days after the change.
- g) A current, 24 hour access telephone number and, if available, a fax number shall be provided to the Department.

Section 411.50 Licensing Requirements

- a) A license to operate a secure child care facility shall be valid for four years from the date issued unless revoked by the Department or voluntarily surrendered by the licensee as described in [Section 411.45](#) of this Part.
- b) A license shall not be issued retroactively.
- c) The license shall include the licensee's name, the facility name and address, the maximum capacity, and the age and gender of children and youth to be served.
- d) The license shall not be transferred to another person, organization, or sponsor, including corporate or subsidiary, nor shall it be valid for a name, address, or part of the facility other than what is shown on the license.
- e) The facility shall adhere to all of the provisions specified on the license.
- f) The facility shall maintain a degree of financial solvency that assures compliance with the standards prescribed in this Part and assures adequate care of children and youth for whom it has assumed responsibility.
- g) Financial records shall be maintained and kept in the State of Illinois where they shall be readily available for review by the licensing staff.
- h) A certified copy of the facility's annual audit as performed by an independent auditor shall be submitted to the Department annually, as required in Section 411.500 of this Part. For purposes of obtaining initial licensure, the facility shall submit the annual audit of the child care institution that shares the campus with the secure child care facility.
- i) The Department shall be notified immediately if the facility is determined to be financially insolvent.
- j) If the secure child care facility's accreditation status changes for any reason, including but not limited to the commencement of a voluntary or involuntary accreditation review, the facility director shall notify the Department of that change immediately.
- k) Changes in the following shall occur only upon prior written approval of the Department:
 - 1) The programming modality used by the facility;

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- 2) The capacity of the facility;
 - 3) Any area within the facility used for secure child care; or
 - 4) The security, program and treatment plans to be used by the facility.
- l) The licensee shall give 90 days written notice to the Department prior to voluntarily closing or terminating its secure child care facility. The notice shall state the proposed date of closing and the reason for the closing. The facility shall operate in compliance with the standards listed in this Part until date of closure or until all children and youth are removed and the Department approves, in writing, an earlier date of closure.
- m) A current license for the secure child care facility shall be publicly displayed at the facility at all times.

Section 411.55 Incorporation

The secure child care facility or responsible governing body shall be incorporated and a copy of the articles of incorporation filed with the Department at the time of application. Later amendments or a certificate of dissolution shall be filed as they occur.

Section 411.60 Responsibilities of the Governing Body

- a) The governing body shall be a board of directors composed of at least five persons. All members of the governing body shall be of reputable and responsible character. Each board member shall certify in writing that:
- 1) he or she has never been indicated as a perpetrator in a child abuse or neglect report, as defined in Appendix B of 89 Ill. Adm. Code 300 (Reports of Child Abuse and Neglect); and
 - 2) the Department has not revoked, refused to renew, or denied a license for a child care facility operated by the individual, or for which the individual served on the governing body at the time the Department revoked or refused to renew a license.

The governing body shall be responsible for maintaining the standards set forth in this Part.

- b) The governing body shall designate and approve the selection of the facility director of the secure child care facility. The facility director shall report directly to the governing body concerning the administration and clinical operation of the secure child care facility.
- c) Each principal shareholder of the secure child care facility (owning 5% or more of the corporate stock), whether or not a member of the governing body, shall be of reputable and responsible character and shall certify in writing that:

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- 1) he or she has never been indicated as a perpetrator in a child abuse or neglect report, as defined in Appendix B of 89 Ill. Adm. Code 300 (Reports of Child Abuse and Neglect); and
 - 2) the Department has not revoked, refused to renew, or denied a license for a child care facility operated by the individual, or for which the individual served on the governing body at the time the Department revoked or refused to renew a license.
- d) The governing body shall:
- 1) Establish written by-laws;
 - 2) Assure that the facility operates at all times with an on-site administrator who, by official notice, is made known to the Department;
 - 3) Hold at least 4 meetings annually, on a quarterly basis, at which the facility director shall provide a complete status report on the operation of the secure child care facility and compliance with this Part;
 - 4) Keep written records or minutes of all board meetings reflecting official actions by the board;
 - 5) Officially notify the Department, in writing, of any significant changes in the corporate structure or a change in the administration of the facility, including: articles of incorporation and by-laws, board membership, officers, ownership, and changes in services provided by the facility;
 - 6) Review and approve written policies of the facility that shall be made available to all members of the governing body and employees of the facility, including services to be provided by the facility;
 - 7) Assure that staff have achieved appropriate competency levels for the types of children and youth in the secure child care facility and are administering and implementing the facility's established policies correctly;
 - 8) Assure that the facility has a clearly outlined plan to ensure continuity of care for children and youth admitted to the secure child care program and sufficient linkages to aftercare programs to support children and youth after discharge from secure care;
 - 9) Provide and maintain physical facilities appropriate for the program and supporting services, and assure that damage to facility structures or furnishings is immediately reported and repaired as soon as possible;
 - 10) Assure that all records and documents required by this Part are maintained and kept in the State of Illinois where they shall be readily available for review by licensing representatives;

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- 11) Assure fidelity bonding of fiscally responsible officers and employees, elected or appointed, whether or not compensated by salary, against breach of fiduciary duty or the loss of monies, securities or other property that the facility may sustain through any fraudulent or dishonest act committed by any officer or employee acting alone or in collusion with others; and
- 12) Assure that all persons working with or having access to children and youth are of reputable character through compliance with 89 Ill. Adm. Code 385 (Background Checks).

Section 411.65 Provisional Licenses

- a) The Department will issue a provisional license for the first two years to applicants for initial license as a secure child care facility when the facility achieves compliance with all of the Department's licensing standards for secure child care facilities. A provisional license shall be valid for a period of two years from the date of issuance.
- b) The Department may restrict the operation of the secure child care facility by attaching provisions to the license, such as those identified in subsection (d) of this Section. In addition, a provisional license may be issued when a former license holder seeks to reapply after the license was voluntarily surrendered or after the Department revoked or refused to renew the former license.
- c) Good cause for issuing a provisional license to a former or current holder of a secure child care facility license is evidenced by, but not limited to:
 - 1) lack of financial responsibility as evidenced by maintaining inadequate assets or by late payment (more than ten days after the scheduled payment date) of tax obligations, bills or other evidence of financial instability;
 - 2) inadequate or missing records or reports, as required by this Part;
 - 3) missing case reviews or court hearings, when staff presence is requested or required, on a regular basis or coming to case reviews or court hearings unprepared on a regular basis;
 - 4) excessive turnover (25% or more turnover within a one-year period or more than provided in the by-laws) in the governing body;
 - 5) excessive turnover (50% or more turnover within a one-year period) among permanent secure child care staff in each unit; or
 - 6) other good cause when supported by adequate documentation that the facility is failing to operate in the interest of the children and youth served.
- d) The facility shall adhere to the provisions specified on the license that may include, but are not limited to:

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- 1) establishing specific supervisor/child welfare staff ratios that the facility must maintain;
- 2) requiring at least six bi-monthly meetings of the Board of Directors and greater involvement from the Board of Directors in facility operations;
- 3) requiring oversight by a certified public auditor who provides periodic reports to the Department; or
- 4) requiring other supportive or corrective measures as deemed necessary in writing by the Department.

Section 411.70 Application for Renewal of License

- a) Application forms for license renewal shall be mailed to the secure child care facility by the Department six months prior to the expiration date of the license. The completed application shall be submitted to the Department 90 days prior to the expiration date of the license.
- b) Upon receipt of a complete signed application for a license, the Department shall conduct a licensing study in order to determine that the secure child care facility meets licensing standards. The study shall include an on-site visit of the premises and a review of the records of the facility as the Department considers necessary in order to determine that the facility meets or continues to meet the licensing standards for a secure child care facility. The licensing study shall be in writing and shall be reviewed and signed by the licensing supervisor and the licensing representative performing the study. The Department shall either:
 - 1) Renew the license if the Department is satisfied that the facility continues to maintain the minimum licensing standards; or
 - 2) Refuse to renew the license.
- c) When a licensee has made timely and sufficient application for renewal of a license and the Department fails to render a decision on the application for renewal of the license prior to the expiration date of the license, the existing license shall continue in full force and effect until the final Department decision has been made.

Section 411.75 Grounds for Revocation or Refusal to Issue or Renew a License

The Department may revoke a license or refuse to renew a license of any secure child care facility if there is a finding that the licensee or the licensee's governing body or employees did any of the following:

- a) Failed to maintain standards prescribed by Department rules or applicable laws.
- b) Violated any of the provisions of the license issued.

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- c) Acted to conceal, misrepresent, or falsify any condition, action, or omission that would demonstrate non-compliance with rules or procedures or a violation of any federal, State, or local law or court order.
- d) Failed to submit to the Department required reports or failed to make available to the Department any records required by the Department in conducting an investigation of the facility for licensing purposes.
- e) Failed or refused to submit to or fully cooperate with an investigation required by the Department.
- f) Failed or refused to admit authorized representatives of the Department at any time for the purpose of investigation.
- g) Failed to provide, maintain, equip, and keep in a safe, secure, and sanitary condition premises established or used for secure child care required under standards prescribed by the Department rules or required by any law, regulation, or ordinance applicable to the location of the facility.
- h) Failed to limit the activities of an employee, volunteer or intern at the facility who is the subject of an indicated report under the Abused and Neglected Child Reporting Act [325 ILCS 5] as required in 89 Ill. Adm. Code 385.30 (Background Checks).
- i) Failed to exercise reasonable care in the hiring, training, and supervision of facility personnel.
- j) Failed to report suspected abuse or neglect of children or youth within the facility, as required by the Abused and Neglected Child Reporting Act.
- k) Failed to report to the Department unusual incidents as required in [Section 411.500](#) of this Part.
- l) Was identified in an investigation by the Department or a law enforcement or other regulatory agency as a licensee who is employing a substance abuser as defined in Section 1-10 of the Alcoholism and Other Drug Abuse and Dependency Act [20 ILCS 301/1-10] and the individual does not comply with the standards relating to the character, suitability, or other qualifications established under this Part.
- m) Failed to correct any condition that may jeopardize the health, safety, security, or welfare of children or youth served by the facility.
- n) Failed to correct any condition or occurrence relating to the operation, security, or maintenance of the facility.
- o) Failed to maintain financial resources adequate to administer a secure child care facility.

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Section 411.80 Complaints Concerning Licensees

- a) Complaints alleging abuse or neglect of children or youth shall be reported immediately to the State Central Register in accordance with the Abused and Neglected Child Reporting Act [325 ILCS 5].
- b) The Central Office of Licensing shall be notified in writing within ten business days after receipt of any notice of legal action that may affect the operations of the facility. The notice shall include a copy of all complaints, notices, demands, orders and other relevant materials received by the facility. The Central Office of Licensing shall forward a copy of all materials to the Office of Legal Services, Department of Children and Family Services, 100 W. Randolph, Chicago, Illinois 60601.
- c) All other complaints concerning secure child care facilities shall be directed orally or in writing to the licensing representative serving the facility, if known, or to the:

Central Office of Licensing
Department of Children and Family Services
406 East Monroe
Springfield, Illinois 62701
(217) 785-2688

Section 411.85 Investigation of Complaints, Potential Deficiencies or Violations Concerning Licensees

- a) Complaints alleging abuse or neglect of children or youth in the facility shall be investigated by the Department of Children and Family Services in accordance with 89 Ill. Adm. Code 300 (Reports of Child Abuse and Neglect).
- b) The Department shall initiate a timely investigation of all other licensing complaints, potential deficiencies, violations, or evidence of grounds for revocation or termination of the license.
- c) Department investigations shall include an interview with the person making the complaint, if known, and with others who may have knowledge relevant to the complaint or deficiency.
- d) An unannounced visit by the licensing representative shall be made to the location of the facility.
- e) The facility's refusal to allow the licensing representative to conduct the investigation or failure to otherwise cooperate in the investigation is basis for revocation of the facility license.

Section 411.90 Disposition of Complaints, Potential Deficiencies or Violations Concerning Licensees

Disposition of licensing complaints or licensing violations shall be handled in accordance with 89 Ill. Adm. Code 383 (Licensing Enforcement).

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Section 411.95 Closure Order

- a) Whenever the Department finds that the continued operation of a secure child care facility jeopardizes the health, safety, morals or welfare of the children and youth served by the facility, the Department shall issue an order of closure directing that the operation of the facility terminate immediately, and, if applicable, shall initiate license revocation proceedings within ten working days.
- b) A facility closed under this Section may not operate during the pendency of any circuit or appellate court review of the decision by the Department to issue an order of closure or to revoke or refuse to renew the license, except under court order.
 - 1) Those children and youth residing at the facility shall be moved immediately.
 - 2) All children's and youth's records, personal property, and any medication shall be released to the children's and youths' caseworkers.
 - 3) The names and addresses of all staff shall be provided to the children's and youths' caseworkers.

SUBPART C: PROGRAMMING AND MONITORING

Section 411.100 Purpose and Mission

A current written statement of the mission, philosophy, goals, and purposes of the secure child care facility shall be maintained by the facility and be readily available for review by the Department.

Section 411.105 Standard Program Plan

- a) All secure child care facilities shall comply with the Department's standardized program plan for secure child care facilities and with the requirements of 59 Ill. Adm. Code 132 (Medicaid Community Mental Health Services Program. Treatment) staff shall meet the requirements established by 59 Ill. Adm. Code 132 for the provision of mental health and rehabilitative services, as well as additional requirements specified in Subpart E of this Part.
- b) Secure child care facilities shall be clinically intensive and highly structured in terms of programming and staff supervision. Placement in a secure child care facility shall not be used as a substitute for quality treatment and skilled intervention. All treatment plans shall be based upon the mental health or rehabilitative assessment and individualized with the following program components and services available: individual therapy or counseling; group therapy or counseling; family therapy or counseling; therapeutic activities; educational programming; milieu therapy; a behavior management plan; case management services; and program evaluation based on key performance indicators. In coeducational facilities, separate wings shall be provided for male and female children and youth.

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Section 411.110 Admission Requirements

- a) Only children and youth who are 13 years of age or older but less than 18 years of age for whom the Department is legally responsible may be placed in the secure child care facility in accordance with Section 5(m-1) of the Children and Family Services Act [20 ILCS 505/5(m-1)]. Each child or youth admitted to a secure child care facility must fully meet the admission requirements established by the Department.
- b) Prior to admission to a secure child care facility, an independent examiner approved by the Department shall complete a face-to-face clinical evaluation of the child or youth and shall complete a written report in the required format that states the child or youth meets the requirements of this section for admission to a secure child care facility and the reasons for admission. This report shall include the following components:
 - 1) An analysis of the child's or youth's presenting problems;
 - 2) An assessment of the child's or youth's response to his or her current treatment plan and the capacity of the current placement to meet the child's or youth's clinical needs;
 - 3) A mental status examination, estimate of intellectual functioning level, and DSM-IV or ICD-9-CM diagnosis;
 - 4) An assessment of the child's or youth's level of risk to self and/or others;
 - 5) An assessment of the appropriateness of less restrictive placement and treatment options;
 - 6) A listing of the conditions under which the child or youth may be placed in a non-secure treatment program;
 - 7) An assessment of the appropriateness of psychiatric hospitalization; and
 - 8) An assessment of the communication requirements of the child or youth and family, to include oral and written communication in a language other than English and alternative modes of communication for the visually, speech and hearing impaired.
- c) The facility director shall review the referral material to assure that the child or youth meets the admission requirements, and shall submit the application to the Director or designee.
- d) If a child or youth meets the requirements established by the Department for admission to a secure child care facility, the Director or designee shall review the child's or youth's case history, permanency goals, and clinical evaluation in order to determine whether admission to a secure child care facility is in the best interests of the child or youth. The decision to admit requires this level of approval.

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- e) Upon approval by the Director or designee, a written request for consent to admit the child or youth to a secure child care facility shall be submitted to the Department's Office of the Guardian.
- f) Admission to the secure child care facility shall be consistent with the requirements for child residents set forth in the Mental Health and Developmental Disabilities Code [405 ILCS 5]. At a minimum, this shall include the following:
 - 1) An application for admission written in clear non-technical language and including a statement in bold face type notifying the child or youth of his or her right to object to the admission and of the right to a hearing;
 - 2) A statement listing the child's or youth's rights along with the address and telephone number of the regional offices of the Guardianship and Advocacy Commission and Equip for Equality, Inc., and documentation that notice of submission of the application has been provided to the child's or youth's attorney, Guardian ad Litem, foster parents, and parents;
 - 3) Completion of necessary release of information forms that are in full compliance with the Mental Health and Developmental Disabilities Confidentiality Act [740 ILCS 110]; and
 - 4) A written description of the secure child care facility's program.
- g) A child or youth shall not qualify for admission to a secure child care facility based solely on a history of elopement. Admission must be based on a documented clinical finding that the child's or youth's behavior poses an established pattern of foreseeable serious risk of bodily harm to self or others.

Section 411.115 Admission Processing and Case Management

- a) At the time of intake, children and youth shall be informed of the admission process, given an explanation of the facility and its program, introduced to staff on duty and to other children and youth in the unit, and assigned a Qualified Mental Health Professional (QMHP) or Licensed Practitioner of the Health Arts (LPHA).
- b) The facility intake processing of children and youth shall include at a minimum:
 - 1) A determination that appropriate admission documentation is received;
 - 2) A search of the child or youth and his or her possessions conducted in accordance with [Section 411.195](#) of this Part;
 - 3) An inventory documenting the receipt and disposition of personal property;
 - 4) Shower, hair care, and pediculosis management, if necessary;
 - 5) Issuance of clean, laundered clothing, as needed;
 - 6) Issuance of personal hygiene articles;

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- 7) Medical, dental, and mental health record assessment review;
 - 8) Assignment to a residential unit. Housing assignments shall be non-discriminatory. Children and youth with disabilities shall be housed in a manner that provides for their safety and security and provides integration with the general population;
 - 9) Recording of basic personal data and information to be used for mail and visiting lists;
 - 10) Provision and explanation of written orientation materials, including clients' rights and grievance procedures, to the child or youth;
 - 11) Identification of security concerns;
 - 12) Identification of restrictions or special needs; and
 - 13) Four photographs of the child's or youth's upper torso and head: one copy for the master record file; one copy for the medical file; one copy for the staff control room described in [Section 411.600](#) of this Part; and one copy for the caseworker. Current pictures shall be updated when the child's or youth's appearance changes enough to make a positive identification difficult, but at least every 12 months.
- c) A preliminary treatment or rehabilitative plan shall be completed on the day of admission by a QMHP. The development of this plan shall be based upon the pre-admission clinical evaluation and a clinical interview at the time of admission. This plan shall be reviewed and approved by an LPHA or the medical director within 24 hours. The plan shall specifically address the following items:
- 1) Precautions or special procedures that are to be fully implemented immediately after completion of the admission process and clinical interview with the QMHP;
 - 2) Presenting problems and chief complaint;
 - 3) History of risk behavior (e.g., suicide, assault, self mutilation, elopement, etc.);
 - 4) Initial treatment programming;
 - 5) Assignment of primary therapist or counselor (QMHP or LPHA);
 - 6) Restrictions;
 - 7) A copy of the pre-admission clinical evaluations attached to the preliminary plan; and

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- 8) If the child or youth is limited English-speaking or visually, hearing or speech impaired, the method of communication that will be used for the provision and delivery of services to the child or youth.
- d) If the child or youth is on psychotropic medication, any prescription and supply of medication shall be given to nursing staff.
- e) Within 24 hours following admission, the child or youth shall receive a physical examination conducted by a physician and follow-up routine medical care. Emergency medical care shall be provided immediately on an as needed basis. The secure child care facility shall verify and/or assure that the child or youth is enrolled in the Department of Public Health's managed care system for children in the temporary custody or guardianship of DCFS.
- f) Within 72 hours following admission, the medical director or designated psychiatrist shall conduct a psychiatric examination of the child or youth.

Section 411.120 Mental Health and Rehabilitative Services

- a) Within 3 days following admission, a service needs evaluation or rehabilitative assessment shall be completed to determine the child's or youth's mental health needs and treatment. The assessment shall include a face-to-face interview with the child or youth, and direct contact with persons having first-hand knowledge of the child's or youth's symptoms and/or maladaptive behavior that led to the admission.

This assessment will also include, at a minimum:

- 1) Identifying information;
- 2) Extent, nature and severity of presenting problems;
- 3) Personal and family history, including the history of mental illness in the family;
- 4) Cognitive functioning;
- 5) History of mental health treatment;
- 6) Present level of functioning, including social adjustment and daily living skills;
- 7) Legal status of the child or youth;
- 8) Level of education;
- 9) Previous employment, acquired vocational skills and activities/interests;
- 10) History of and/or current alcohol or chemical dependency;

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- 11) Previous and current psychotropic medications, last physical examination and any known medical problems; and
- 12) Resource availability.

The needs evaluation or rehabilitative assessment shall be reviewed and approved by the medical director.

- b) Within 5 days following admission, the master individual treatment or rehabilitative services plan (ITP or RSP) shall be developed by a secure child care facility multi-disciplinary team with participation of the child or youth, the parents and/or Guardian ad Litem, the caseworker, the Department gatekeeper, clinical staff from the pre-admission placement, and clinical staff from the post-discharge target placement. The ITP or RSP shall include the DSM-IV or ICD-9-CM diagnosis determined by the medical director or designated psychiatrist.

The ITP or RSP shall include, at a minimum, the following information:

- 1) Overall goals of treatment;
 - 2) Specific mental health or rehabilitative services to be provided;
 - 3) Goals and objectives (if an ITP);
 - 4) Expected outcomes;
 - 5) Frequency or duration;
 - 6) Responsible staff;
 - 7) Precautions for high risk behavior;
 - 8) Specialized behavior modification programming;
 - 9) Summary of physician orders (including medications); and
 - 10) Criteria for discharge and step-down to a non-secure living arrangement.
- c) The secure child care facility shall notify the Department's Office of the Guardian in event that representatives of the pre-admission placement and targeted post-discharge placement fail to participate in the treatment and discharge planning process, including attendance at all staffings.
 - d) The ITP or RSP shall be reviewed during weekly staffings and modified if necessary. The assessment shall consist of a face-to-face interview with the child or youth and personal contacts with persons with first hand information about the child's or youth's behavior. The medical director or LPHA shall approve the ITP or RSP and any modifications, and such approval shall be documented in the client file.

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- e) Medicaid community mental health services (with the exception of assessment and crisis intervention) shall be provided following the assessment and shall be consistent with the treatment or services plan. Services can only be provided by individuals possessing the required qualifications for each discrete service as defined by 59 Ill. Adm. Code 132 (Medicaid Community Mental Health Services Program).

These services include:

- 1) Individual, Group or Family Therapy (ITP only);
 - 2) Psychotropic Medication Administration, Monitoring and Training (ITP only);
 - 3) Individual, Group or Family Counseling;
 - 4) Individual or Family Social Rehabilitation;
 - 5) Individual or Group Rehabilitative Stabilization;
 - 6) Developmental Rehabilitative Services;
 - 7) Client-centered or Rehabilitative Consultation;
 - 8) Intensive Family-based Services; and
 - 9) Case Management Services.
- f) Secure child care facilities are required to have a written plan of utilization review. Utilization review activities shall be ongoing on a quarterly basis and designed to assess through individual case review the appropriateness of:
- 1) Admission to Medicaid Community Mental Health Services;
 - 2) Intensity/level of services; and
 - 3) Continued services.
- g) In order to document mental health and rehabilitative services, the secure child care facility shall maintain a clinical record for each child or youth. The clinical record shall include:
- 1) Identifying information, including the child's or youth's preferred mode of communication and the communication requirements of any other persons involved in the child's or youth's case (i.e., parents, siblings, foster parents, etc.);
 - 2) Documentation of consent for mental health services;
 - 3) Assessment and reassessment reports;

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- 4) A current ITP or RSP, progress notes and reviews;
 - 5) Documentation concerning the prescription and administration of psychotropic medications;
 - 6) Documentation of missed appointments;
 - 7) Documentation of child or youth movement (referral or transfer) to or from the provider's programs or to or from other providers;
 - 8) Documentation to support services rendered for which reimbursement is claimed;
 - 9) Comprehensive services provided on a daily basis;
 - 10) Periodic reviews of child or youth progress;
 - 11) A record of the child's or youth's major accidents or incidents that occur at the site, and when the child's or youth's placement is terminated; and
 - 12) A discharge summary documenting the outcome of treatment.
- h) Secure child care facilities that serve children and youth who have been identified as sexually aggressive shall also provide specialized mental health services appropriate for treatment of sexual aggression.
- i) The secure child care facility shall comply with the Department's Medicaid billing system requirements as specified by the contract program plan.

Section 411.125 Behavior Intervention Plans in Secure Child Care Facilities

In accordance with 89 Ill. Adm. Code 384 (Discipline and Behavior Management in Child Care Facilities), the secure child care facility shall develop a behavior intervention plan that describes the policies and procedures concerning crisis intervention, behavior intervention techniques, and behavior management techniques. The behavior intervention plan shall be approved by the governing body of the secure child care facility and the Department.

Section 411.130 Restrictive and Invasive Behavior Management Procedures

A secure child care facility may incorporate seclusion and mechanical restraints in its behavioral management plan only when specifically approved in writing by the Director or designee. When a facility has obtained written approval for the use of seclusion and mechanical restraints, the facility shall immediately incorporate clear policies and procedures for utilization in its behavioral management plan. The plan shall clearly state that seclusion and mechanical restraint shall be used only as a therapeutic measure to prevent a child or youth from causing physical harm to self or others. The use of seclusion and restraint in secure child care facilities is governed by Sections 2-108 and 2-109 of the Mental Health and Developmental Disabilities Code [405 ILCS 5/2-108 and 2-109].

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The maximum length of time a child or youth can be ordered into seclusion or mechanical restraint is 2 hours. If further restraint or seclusion beyond the initial 2 hour limit is necessary, the medical director or designated physician must personally observe and examine the child or youth. Based upon this examination, the medical director or physician may order restraint or seclusion to continue for an additional 2 hour period. No child or youth shall be placed in restraint or seclusion for more than 4 hours during any 24 hour period.

Section 411.135 Precautions for High Risk Behavior

- a) The secure child care facility shall develop special precautions and procedures that shall be ordered by the medical director or registered nurse and implemented by staff when children or youth present high risk behaviors that could result in death or injury to the child or youth and/or other persons. Specifications for precautions shall be set out in the standardized Secure Child Care Facility Program Plan and shall address the following high risk situations/circumstances: suicide attempts, gestures, or ideation; self-hurtful (e.g., mutilation) behavior; assaultive behavior; elopement behavior; and sexual acting out.
- b) Precautions for high risk behavior shall also specify:
 - 1) criteria for implementing special precautions;
 - 2) responsibilities of staff;
 - 3) communication from shift to shift and documentation requirements;
 - 4) criteria for discontinuation of the precautions for high risk behavior;
 - 5) levels of precaution intensity (e.g., close observation vs. suicide precautions); and
 - 6) criteria for determining if acute psychiatric hospitalization is indicated.
- c) All secure child care facility staff shall be fully trained and knowledgeable about the facility's precautions for high risk behavior.

Section 411.140 Supervision of Children and Youth

- a) Primary supervision of children and youth shall be provided by trained secure child care staff who shall work under the supervision of a registered nurse or a secure child care supervisor.
- b) The secure child care facility shall provide the following minimum shift coverage for children and youth residing in the facility:
 - 1) One child care staff must be present and on duty for every three children and youth (i.e., 1:3 ratio) while children and youth are awake and on the premises. This would include the day (7:00 a.m. to 3:00 p.m.) and evening (3:00 p.m. to 11:00 p.m.) shifts.

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- 2) For the night shift (11:00 p.m. to 7:00 a.m.), there shall be at least one child care staff for every five children and youth (i.e., 1:5 ratio). At no time shall there be less than two staff awake and on duty.
 - 3) At least one shift supervisor must be on duty during each shift.
 - 4) Unless the assigned shift supervisor is a Registered Nurse, a Registered Nurse must also be on duty during the shift.
 - 5) When both males and females are housed in the facility, at least one male and one female staff member shall be on duty at all times.
 - 6) Minimum shift coverage applies 7 days per week, including holidays.
- c) A verbal report shall be given concerning the status of all children and youth at shift change. A written shift note documenting the child's or youth's progress shall be entered into each child or youth's client file. All staff shall be made aware of special precautions and treatment programming that is to be implemented during their shift.
 - d) Secure child care staff shall provide continuous supervision and monitoring of all children and youth at all times. Staff shall have continuous line of sight supervision whenever 2 or more children or youth are congregated. Special precaution orders for high risk behaviors shall supersede or supplement the requirement of this subsection.
 - e) Written shift assignments and position descriptions that state the duties and responsibilities for each assigned secure care staff position in the facility shall be maintained. Shift assignments shall specify the basic monitoring and supervision requirements to assure safety and a therapeutic milieu. Special precaution assignments are always supplemental to the minimum requirement for supervision and monitoring provided in the secure child care facility.
 - f) Secure child care staff shall be required to read and document their review of the appropriate shift assignment each time they assume a new position.
 - g) The sleeping arrangements for children and youth shall be determined by the medical director or designated psychiatrist. All children and youth shall be placed in single occupancy bedrooms.

Section 411.145 Psychiatric Hospitalization

- a) If staff of the secure child care facility have cause to believe that a child or youth needs psychiatric hospitalization, the facility shall comply with requirements for the Department's Screening, Assessment, and Support Services (SASS) program for a pre-admission screening for psychiatric hospitalization. Secure child care facility staff shall assist SASS with the screening process and, if the child or youth meets the standard for admission, shall accompany the child or youth to the hospital.

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- b) In high risk emergency situations, a child or youth may be transported directly to the hospital emergency room. The secure child care facility shall immediately notify SASS and the required screening will be conducted at the hospital.
- c) If the secure child care facility medical director or consulting physician and the SASS agent are in disagreement about the need for hospitalization, the medical director's or physician's recommendation shall be followed.
- d) Staff of the secure child care facility will comply with all Department procedures concerning their responsibilities during the child's or youth's hospitalization, and for discharge, transition and post-hospital services.

Section 411.150 Authorization for Continued Placement

- a) The Director or designee may issue one or more written authorizations for continued placement in secure care on behalf of a child or youth who has resided in secure care for more than 60 days and who continues to require a secure care placement. Each such authorization shall be issued in increments not to exceed 30 days.
- b) Prior to authorizing continued placement, the Department shall obtain a clinical evaluation of the child or youth by an independent examiner to determine whether:
 - 1) The child or youth meets the requirements established by the Department for admission to a secure child care facility;
 - 2) The child's or youth's response to treatment has not resulted in clinical stabilization and/or a reduction of symptoms associated with the child's or youth's presenting problems sufficient to safely move the child or youth to a non-secure placement;
 - 3) The child or youth continues to present a serious risk of bodily harm to self and/or others;
 - 4) The child or youth continues to have a mental illness or emotional disturbance consistent with DSM-IV diagnostic criteria; and
 - 5) All less restrictive placements and treatment alternatives have been ruled out as inappropriate to meet the child's or youth's clinical and safety needs.
- c) Continued placement in a secure child care facility is limited to children and youth who are less than 18 years of age, who are subject to placement under the Children and Family Services Act and who are not subject to placement in a correctional facility operated pursuant to Section 3-15-2 of the Unified Code of Corrections [730 ILCS 5/3-15-2].
- d) The Department shall not authorize continued placement of a child or youth in a secure child care facility if a court review of the placement is not conducted within 60 days after initial placement, as required by Section 2-27.1 of the Juvenile Court Act of 1987 [705 ILCS 405/2-27.1].

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Section 411.155 Discharge Planning Requirements

- a) Discharge planning shall begin on the day of admission to the secure child care facility, and shall be included as a primary component of the master individual treatment plan (ITP) or rehabilitative services plan (RSP) described in [Section 411.120\(b\)](#) of this Part. Subsequent discharge staffings shall be conducted no less frequently than every 30 days and shall include the participants required in [Section 411.120\(b\)](#). If the target discharge placement is a community-based living arrangement, a representative of the Child and Adolescent Local Area Network Child and Family Team shall also attend the discharge staffings.
- b) Criteria for assessing readiness for discharge shall be cessation or reduction of the symptoms and/or maladaptive behavior that led to the admission. Improvement shall be tied to reduction of risk issues presented by the child or youth and stabilization in the secure child care facility.
- c) Continued placement in a secure child care facility is limited to children and youth who are less than 18 years of age, who are subject to placement under the Children and Family Services Act and who are not subject to placement in a correctional facility operated pursuant to Section 3-15-2 of the Unified Code of Corrections [730 ILCS 5/3-15-2].

Section 411.160 Recreation and Leisure Time Activities

- a) The facility shall have a recreation worker who directs and supervises all recreation programs required in the program plan. Recreation workers shall have a bachelor's degree and the capacity to accept supervision and to work cooperatively with other staff and a variety of persons external to the program. Recreation workers shall demonstrate an ability to assess and meet the recreation and activity needs of the children.
- b) Children and youth shall be granted access to recreational opportunities and equipment that are appropriate for their age, maturity, and physical development, including outdoor exercise when the climate, medical, and safety and security concerns permit. Cold temperatures, snow and rain, alone, are an insufficient basis to deny outdoor exercise.
- c) A variety of fixed and movable equipment shall be provided for indoor and outdoor recreation suitable for the security requirements of the children and youth being served. Care shall be taken to limit access to potential weapons. Staff shall maintain line of sight supervision of all activities. Contact sports shall not be permitted. Medical screening shall govern child and youth participation.
- d) Recreation and leisure-time shall be provided for at least one hour per day of large muscle activity and one hour of structured leisure-time activities, except for limitations imposed by the secure child care facility director on a limited basis. Each child or youth shall be offered at least one hour of access to outdoor exercise areas daily. Cold temperatures, snow and rain, alone, are an insufficient basis to deny outdoor exercise. Limitations shall be based on medical, administrative, or safety or security concerns and require the approval of the child's or youth's caseworker.

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Section 411.165 Educational Services

- a) The facility shall establish a written plan governing the facility's 12-month full time (as defined by the Illinois State Board of Education) academic, vocational education, and work training programs for children and youth residing in the secure care facility, including program accreditation, staff certification, coordination with other facility programs and services, and planning for continuing care and release to a less restrictive educational setting.
- b) There shall be a comprehensive individual program for each child or youth based on his or her need that may include, but is not limited to: developmental education; remedial education; special education; multi-cultural education; bilingual education; and, when the child's or youth's profile indicates, an adaptive physical education and tutorial service.
 - 1) The facility program shall ensure that:
 - A) Each child or youth is evaluated, staffed, and placed in an appropriate grade and program with an individualized educational plan; and
 - B) There is periodic evaluation of each child's or youth's progress and needs. The facility shall ensure that each child or youth has available to him or her the necessary school supplies, textbooks, materials, and equipment to support the learning tasks.
 - 2) Each child or youth may participate in an approved program of cooperative work training and life skills development. Such programs may include household tasks and facility cleaning and maintenance appropriate to the child's or youth's age and skill level. No child or youth shall be permitted to do tasks that are hazardous or dangerous or that risk harm to the child or youth. All work shall be under continuous staff supervision.

The program plan shall include a description of the approved program of cooperative work training and life skills development. The secure child care facility shall hire and maintain sufficient staff to perform household, cleaning and maintenance tasks. The facility may not order work to be performed by children or youth in lieu of hiring or replacing staff.
 - 3) These programs shall comply with applicable federal and State laws and with the requirements and standards established by the Illinois State Board of Education. The operation of the school shall be by a public or private Board of Education that conducts a system of schools at the elementary or secondary grade level or both. Children and youth shall receive academic and vocational credits for educational achievement that can be transferred to schools in the community and diplomas shall be awarded by the school system having jurisdiction.

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- 4) Teachers employed in the facility's educational programs that offer academic credit shall meet the requirements of the Illinois State Board of Education, including appropriate certification.
- 5) Vocational supervisors, tutorial instructors, school psychologists, social workers, school nurses, aides, librarians, and administrators shall have licensure or State certification appropriate to the grade level served, the educational status of the children or youth, and the curriculum.

Section 411.170 Religious Programs

- a) The religious beliefs and rights of children and youth shall be legally protected.
- b) Subject to concerns regarding safety, security, rehabilitation, and institutional order, each child or youth shall have reasonable opportunity to pursue spiritual development and/or religious instruction of his or her own faith, or that of his or her parents, including baptism or confirmation, unless there is written consent of the parent or guardian (if residual parental rights have been legally terminated) for the child or youth to participate in religious instruction of another faith. Space shall be available for the observance of religious activities. Schedules for religious services shall be made available to all children and youth.
- c) Children and youth shall be permitted to participate in religious services either singularly or in groups.

Section 411.175 Client Files

- a) A master record file shall be established and maintained on a current basis for each child or youth.
- b) The master record file shall include, at a minimum, the following applicable information: the child's or youth's name, age, sex, place of birth, and race or nationality; initial intake information form, including documented reason for admission to the secure child care facility; current photographs of the child or youth; case and social history; medical consent form; name, relationship, addresses and phone numbers of parents, guardians, and significant others; driver's license, social security, Department record and Medicaid numbers; court records, individual treatment plan and program goals; signed release of information forms, where required; progress reports; program rules and disciplinary policy signed by the child or youth; disciplinary and grievance records; referrals to other agencies; discharge report; visitors list; Guardian ad Litem and/or attorney of record; administrative case review documentation; and child or youth-related correspondence. Health and educational records are also considered part of the child master record file, but may be maintained in separate locations.
- c) Master record file entries shall be dated and the source of the information and the author of the entry shall be identified.

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- d) Master record files are confidential and shall be safeguarded from unauthorized and improper access, disclosure, and loss. Access to computerized records shall be controlled and restricted on a need-to-know basis. Security measures shall be taken to ensure the integrity and confidentiality of any computer record.
- e) Whenever a child or youth is discharged from the secure child care facility, a copy of the child or youth master record file, including individual medical and educational records, shall be provided to the child's or youth's caseworker.
- f) The licensing representative and the child's or youth's caseworker shall have access to master record files upon request. Disclosure of child or youth master record file material to others is subject to procedures outlined in 89 Ill. Adm. Code 431 (Confidentiality of Personal Information of Persons Served by the Department) and [Section 411.300](#) of this Part.

Section 411.180 Security Procedures

- a) The secure child care facility shall maintain a security manual that, at a minimum, shall contain policies and procedures related to: counts, child or youth movement, transportation, contraband control, facility inspection, child, youth and visitor searches, security post descriptions, escape and emergency plans, use of force, use of restraints and behavioral management and intervention techniques, control of caustic, flammable and toxic materials, facility program schedule, classification policies, discipline, confinement, key and tool control, mail, visits, use and storage of security equipment, crisis instructions and suicide prevention, investigations, and reporting of unusual incidents. The facility shall have the security manual readily available for inspection upon request by the Department.
- b) The staff control room, described in [Section 411.600](#) of this Part, shall serve as the facility command and communication center and may serve as the point of issue for facility keys and security equipment.
 - 1) The facility shall have a communication system between the control room and all children's and youths' living, activity, and program areas. This may include an intercom or closed circuit television system.
 - 2) The control room may also serve as the point of control of the fire alarm system, staff and visitor sign-ins, and mail.
- c) The facility's perimeter shall be controlled by appropriate means to ensure children and youth remain within the facility perimeter and to prevent access by the general public without proper authorization.
- d) The facility shall prohibit any children or youth, or group of children or youth, from having control or authority over other children or youth.
- e) Staff shall control children's and youth's access to all areas of the facility.
- f) Access to supplies shall be determined by the secure child care facility director based on operational needs.

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- g) The shift supervisor shall conduct a security inspection each shift of all areas within the facility occupied by children and youth. All other areas and security devices shall be inspected by designated staff each week.
- 1) The supervisor shall document in the shift log that he or she conducted the security inspection of all areas within the facility occupied by children and youth during the shift and the results of that inspection.
 - 2) The weekly inspection reports shall be submitted to the facility director on report forms that contain, but are not limited to:
 - A) A list of all items or areas to be inspected and an indication that each item or area was inspected;
 - B) Any deficiency detected;
 - C) The name of the staff conducting the inspection;
 - D) Whether the inspection is a shift or weekly inspection; and
 - E) The date and time of the inspection.
 - 3) Areas or items to be inspected daily and included in the weekly report shall include, but not be limited to:
 - A) Living and activity areas;
 - B) Yard and open areas;
 - C) Walls, fences, and all perimeter areas;
 - D) Windows and screens;
 - E) Grilles;
 - F) Doors and locks;
 - G) Vent ducts;
 - H) Walls and ceilings;
 - I) Tunnel entrances;
 - J) Video systems; and
 - K) Metal detectors.

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- h) Unusual incidents shall be reported in accordance with [Section 411.500](#) of this Part. Persons injured in an incident shall be provided with immediate access to medical services.
- i) Contraband shall be prohibited within the facility.
- j) The facility shall establish a log to record in sequential chronological order all actions that result in the placement of a child or youth on room restriction, time-out restriction to his or her room for purposes of regaining control, placement in locked seclusion, placement on suicide precautions, or use of physical or mechanical restraint. The log shall include the date, name, type of action, time action was imposed, time action was withdrawn, the reason, and authorizing staff name. All entries shall be signed and dated. The log shall serve as the central register for all actions taken to address mental health issues, suicidal behavior, or behavior modification plans. Logs shall be retained for at least two years.
- k) Routine information, emergency situations, and unusual incidents that occur on each shift shall be recorded in a permanent bound shift log.
 - 1) All log entries shall be dated and signed by the person responsible for the entry.
 - 2) The log shall be reviewed and the review acknowledged by each succeeding shift supervisor.
 - 3) Shift logs shall be retained for at least two years and shall be available for inspection by the Department.

Section 411.185 Child Counts and Youth Counts

- a) The secure child care facility shall develop a system for physically counting each child or youth at the start, approximately in the middle, and end of each shift. The system shall include strict accountability for all children and youth assigned to the facility, including all children and youth present at the facility, all children and youth on authorized absence, all children and youth released for any reason, and all children and youth discharged from the facility during each shift.
- b) A formal record of these counts shall be made and signed by the shift supervisor prior to the end of his or her shift.
- c) Counts shall be reconciled daily with the official record of all admissions to and discharges from the facility.

Section 411.190 Child and Youth Movement

- a) Staff shall regulate and supervise all child and youth movement.
- b) The facility shall establish a written plan that governs the transportation of children and youth outside the secure child care facility. The facility shall have the plan readily available for inspection upon request by the Department.

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- 1) It is the responsibility of the facility to provide secure transport of children and youth and to ensure vehicles operated comply with applicable motor vehicle laws, including insurance and inspection requirements.
- 2) Staff must have a valid driver's license and operate vehicles in accordance with applicable motor vehicle laws while on duty.
- 3) The Department must approve any security modifications to vehicles that include addition of security screens, plexiglass partitions or window borders, or other modifications.

Section 411.195 Searches for and Control of Contraband

- a) The facility shall develop a written plan that governs searches for contraband materials, and clearly describes the facility's policies concerning searches of the children or youth, their property, their rooms, and the possessions of visitors. The plan shall be approved by the Department. At a minimum, facilities shall conduct the following searches:
 - 1) search of the child's or youth's property at the time of initial admission to the secure child care facility;
 - 2) search of the property of all visitors along with continuous observation;
 - 3) search of children's or youth's bedrooms if contraband is suspected.
- b) Body cavity searches and strip searches for contraband are prohibited.
- c) Body inspections may be ordered by the medical director to determine if a child or youth is engaging in self-mutilation or other serious self-destructive behavior hidden by the child's or youth's clothing. This procedure shall be conducted in private by 2 trained staff members of the same sex as the child or youth and shall be documented in an unusual incident report.

Section 411.200 Criminal Violations

- a) The secure child care facility shall develop a plan for assessing incidents involving alleged violations of criminal law to determine whether the involvement of law enforcement officials is appropriate or whether the behavior should be managed therapeutically within the facility.
- b) The facility shall file an unusual incident report when an alleged violation of criminal law occurs, whether or not law enforcement officials are involved.

Section 411.205 On-site Inspection of Programs, Security, and Operations

- a) Prior to recommending issuance of a license, the site of a proposed secure child care facility shall be inspected by licensing representatives.

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- b) On-site reviews of programs, security, and operations shall be completed by the licensing representative prior to recommending issuance of a license and at least annually thereafter.
- c) Authorized representatives of the Department shall be admitted to the secure child care facility during the hours of operation for the purpose of determining compliance with the Child Care Act of 1969 [225 ILCS 10] and standards set forth in this Part.
- d) Authorized representatives of an independent monitor appointed by the Department shall be admitted to the secure child care facility during the hours of operation for the purpose of evaluating the care and treatment provided to children and youth placed in the facility. In addition, the independent monitor shall review and assess outcome measures and critical events, including but not limited to:
 - 1) Length of stay of all children and youth;
 - 2) Successful step-down to non-secure programming within 30 days or, alternatively, within 60 days;
 - 3) Psychiatric hospitalizations;
 - 4) Unauthorized absences (runaway);
 - 5) Unplanned discharges;
 - 6) Utilization of restrictive procedures;
 - 7) Unusual incident reports;
 - 8) Restriction of rights notification and implementation;
 - 9) Injuries to children or youth and staff;
 - 10) Stability of post-discharge placement; and
 - 11) Grievances.

SUBPART D: CLIENT RIGHTS

Section 411.300 Client Rights and Confidentiality

- a) The legal rights of children and youth shall be protected in accordance with Chapter 2 of the Mental Health and Developmental Disabilities Code [405 ILCS 5].
- b) The confidentiality of records for children and youth placed or residing in secure child care facilities shall be governed by the Mental Health and Developmental Disabilities Confidentiality Act [740 ILCS 110].
- c) Staff of the secure child care facility shall inform children and youth, in writing, of:

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- 1) Their rights in accordance with subsections (a) and (b) of this section;
 - 2) Their right to contact protection and advocacy agencies such as the Guardianship and Advocacy Commission and Equip for Equality, Inc., their attorney, Guardian ad Litem, foster parents, and/or parents. Staff shall offer to assist children and youth in contacting these groups or individuals, and shall give each child or youth the address and telephone number of the Guardianship and Advocacy Commission and Equip for Equality, Inc.; and
 - 3) Their right to contact the Department.
- d) The facility shall develop and implement a written plan of action describing how the facility will address the communication requirements of each child or youth and family in their preferred mode of communication. The plan shall address oral and written communication, as well as alternative modes of communication for the visually, hearing and speech impaired.
- 1) The facility shall assure that all written materials available for English-speaking clients are either available in each individual client's preferred mode of communication or are translated orally to the client in his or her preferred mode of communication. Copies of translated documents and documentation of oral translations shall be placed in the client file.
 - 2) The information in subsection (c) of this Section shall be explained using the child's or youth's preferred mode of communication and documentation of the explanation shall be placed in the client file.
- e) Justification for restriction of client rights under the statutes cited in subsections (a) and (b) of this Section shall be documented in the client file. In addition, the child or youth affected by such restriction, the parents, attorney, Guardian ad Litem, the Guardianship and Advocacy Commission, and any agency designated by the client pursuant to subsection (c)(2) of this Section shall be notified of the restriction.
- f) Every child and youth shall be free from all forms of abuse and neglect, including physical, emotional, medical, etc.
- g) Children and youth, their parents and/or guardians may appeal service decisions made by staff of the secure child care facility through the service appeal process (89 Ill. Adm. Code 337), through a formal grievance procedure established by the secure child care facility, or both. If a secure child care facility establishes a formal grievance procedure, the procedure shall require the facility to document all grievances and service appeals, and all responses thereto, in the client file, and provide a copy to the Director of the Department. All grievances unresolved by the facility director shall be referred to the Director of the Department for resolution. The Director's decision shall constitute a final administrative decision and shall be subject to review in accordance with the Administrative Review Law [735 ILCS 5/Art. III].

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- h) Children and youth shall not be denied, suspended or terminated from services or have services reduced for exercising any of their rights.

Section 411.305 Objections to Admission

At any time during a child's or youth's placement in a secure child care facility, an objection may be made to that placement by the child or youth, the parents (except where parental rights have been terminated), Guardian ad Litem, or attorney. When an objection is made, the child or youth shall be discharged at the earliest appropriate time not to exceed 15 days, including Saturdays, Sundays, and holidays, unless the objection is withdrawn in writing or unless, within that time, the Director or designee files with the court a petition for review of the admission in accordance with Section 2-27.1 of the Juvenile Court Act [705 ILCS 405/2-27.1].

Section 411.310 Mail

- a) The facility shall develop a written plan governing correspondence to and from children and youth that shall be made available to all staff and each child and youth. The plan shall be reviewed annually and updated as needed.
- b) The written plan shall grant children and youth the right to communicate or correspond with persons or organizations subject only to the limitations necessary to maintain facility order and security or to comply with victim access restrictions.
- c) The volume of mail received shall not be restricted.
- d) All outgoing mail shall be clearly marked with the child's or youth's name.
- e) Unlimited mail may be sent when the child or youth bears the mailing cost.
- f) Each child or youth may send at least 5 first class letters weekly in the United States at the facility's expense.
- g) All cashier's checks, money orders, cash, and checks or other funds received by a child or youth through the mail shall be deposited in the child's or youth's account in accordance with [Section 411.510](#) of this Part.
- h) Incoming letters shall be delivered unopened within 24 hours after receipt and packages shall be delivered within 48 hours after receipt, excluding weekends and holidays. Outgoing letters shall be mailed within 24 hours.

The written plan shall address when, and under what limited circumstances, staff may open incoming letters or packages addressed to the child or youth. Any decision to open mail or packages must be based upon a safety concern documented in the child's or youth's record and must be approved by the facility director. In addition, the child or youth affected by the restriction, and the child's or youth's parents, attorney, and Guardian ad Litem, shall be notified of the restriction.

- i) First-class letters and packages shall be forwarded after children or youth are transferred.

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- j) The facility plan regarding access to publications shall include: the mechanisms whereby publications may be received; the publication screening and review procedures; the criteria for the prohibition of publications; and the requirement that the children or youth be provided with a written explanation of why the publication was denied. The facility shall prohibit any publications that the secure child care facility director determines to be obscene according to the definition of obscenity established by the United States Supreme Court or to be a clear and present danger to the physical safety and security of persons and property within the facility.
- k) A child's or youth's correspondence to and from his or her attorney shall be confidential.
- l) The facility shall not deny a child or youth the right to correspond in writing in his or her preferred mode of communication.

Section 411.315 Telephones

Children and youth shall be allowed the opportunity to place telephone calls to siblings, parents or caregivers in accordance with visiting plans established by their caseworkers. Policies for receiving and monitoring of telephone calls shall be included in a written plan. The facility shall not prohibit a child or youth from conversing on the telephone in his or her preferred mode of communication. A child's or youth's telephone conversation with his or her attorney shall be confidential and shall not be monitored.

Section 411.320 Visits

- a) The facility shall permit visitation with children and youth in accordance with visiting plans established by each child's or youth's caseworker, subject to the limitations necessary to maintain facility order and security.
- b) Visitors shall be identified on visiting lists approved by the secure child care facility director. The child's or youth's caseworker shall provide, in writing, any names of persons restricted from visiting the child or youth.
- c) The facility's visiting area shall provide for informal communication, including the opportunity for physical contact.
- d) Searches of visitors and children or youth, restrictions on visitors bringing in personal items, and circumstances under which the visit shall be supervised shall be included in the plan. If a visit is supervised, the facility shall not deny the child or youth the right to converse with visitors in his or her preferred mode of communication. The facility's plan for supervised visits must require the attendance of a professional staff member with the ability to communicate in the child's or youth's preferred mode of communication.
- e) All visiting regulations shall be made available to all persons on the child's or youth's visitors list.

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- f) Restrictions applying to visits shall be posted in the visiting area and defined.
- g) The facility's plan shall include procedures governing visits by special persons such as Guardian ad Litem or attorney, caseworkers and individuals of other social agencies.
- h) Visitors shall register upon entry into the facility. Proof of identification and a record of each visit, including the visitor's name, date and time of visit, address, and relationship, shall be kept for each child and youth and be returned to the master record file at time of discharge.
- i) The denial of visitation must be based on documented security concerns related to conduct of children, youth or visitors during visits or that involve issues related to safeguarding the children or youth from visitor abuse. The denial of visitation must be documented in the child's or youth's record and reported to the caseworker.

SUBPART E: PERSONNEL AND STAFFING REQUIREMENTS

Section 411.400 Background Checks for Personnel

The secure child care facility shall require all persons subject to background checks, as defined in 89 Ill. Adm. Code 385.20, to furnish written information regarding any criminal convictions, to submit to fingerprinting and to authorize the background checks required by 89 Ill. Adm. Code 385 (Background Checks).

Section 411.405 Administration

- a) The facility and its programs shall be managed by a facility director to whom all employees or units of management are responsible. When the facility director is unable to be on the premises, the facility director shall designate an administratively responsible person to be on the premises, as required in [Section 411.435](#) of this Part.
- b) The facility shall maintain written qualifications and a description of the authority and responsibilities of the facility director.
- c) An updated table of organization of the facility shall be maintained that groups functions, services, and activities into administrative subunits.
- d) Where direct care services to facility children and youth are contracted, the contract shall require the direct child care services contractor to comply with all Department rules and regulations. The role and functions of employees of the contracted agencies as they relate to facility treatment, programming, operations, and security shall be covered by a written plan. The plan shall be updated as needed. The facility director shall submit the plan to the licensing representative for review and approval at least annually. Contractual employees must meet the requirements set out in this Part for the positions or duties they assume within the secure child care facility.

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- e) The governing body shall review and approve written policies of the facility that shall be disseminated to all members of the governing body, employees, volunteers and the licensing representative. Policies shall include, at a minimum, the policies and procedures for the operation and security of the facility, the maintenance of a drug-free and smoke-free workplace, admissions, personnel policies, fiscal operations, the supervision, care, and treatment of children and youth, and other policies as needed to direct the facility, such as family visitation, community contacts with children and youth, and the functions of the facility director.
- f) The facility shall establish a written quality assurance plan to assess treatment and program services to children and youth, and an internal audit plan to determine compliance with facility policies and standards contained in this Part. These plans shall include the frequency, scope, content, and administrative reviews and responses required. Copies of all assessment and review documentation shall be available to the Department.
- g) The secure child care facility shall carry public liability insurance in the single limit minimum amount of \$300,000 per occurrence.
- h) A complete and current set of licensing standards shall be available at all times in an area that is accessible to all employees.

Section 411.410 Personnel

- a) A personnel manual shall be established and made available to staff that includes at a minimum:
 - 1) An explanation of the requirements for pre-employment background checks of applicants;
 - 2) A facility organizational chart;
 - 3) Staff development, including orientation and in-service training and professional continuing education;
 - 4) Insurance and professional liability;
 - 5) Standards of conduct for employees;
 - 6) Drug-free and smoke-free workplace policies; and
 - 7) Work rules.
- b) Each employee, volunteer, and intern shall be required to sign a statement acknowledging access to and knowledge of the personnel policies and his or her responsibility for complying with them.
- c) Staffing of personnel shall be sufficient to ensure:

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- 1) Continuous and effective supervision of children and youth, as required by this Part, is maintained at all times;
 - 2) Children and youth have adequate access to staff, programs, and services; and
 - 3) The safe and secure operation of the security systems and physical plant.
- d) The facility shall comply with all federal, State, and local laws regarding equal employment opportunities.
- e) The facility shall provide a mechanism to process requests for reasonable accommodation of the known physical or mental impairments of a qualified individual with a disability. The accommodation need not be granted if it would impose an undue hardship or a direct threat to the health or safety of the individual or others that cannot be reduced or eliminated by reasonable accommodation.
- f) All temporary or “acting” appointments are subject to the same standards as permanent employees.
- g) A background check shall be conducted, prior to employment, appointment, or service, on all applicants, volunteers, or other persons who will have contact with children and youth.
- h) The facility shall establish a drug-free and smoke-free workplace plan that shall be reviewed at least annually. The plan shall:
- 1) Require pre-employment testing for the presence of illegal or controlled substances;
 - 2) Prohibit smoking, the use of illegal substances or misuse of controlled medications;
 - 3) Prohibit possession of any illegal substance;
 - 4) Require testing for substance abuse based on reasonable suspicion;
 - 5) Provide availability of treatment or counseling for substance abuse; and
 - 6) Set out the penalties for violation of the plan.
- i) Employee performance shall be reviewed annually based on a written job description and the results shall be discussed with the employee and placed in the employee's personnel file.
- j) The facility shall maintain a current, accurate, and confidential personnel record on each employee, volunteer, and intern. Information obtained as part of a medical examination (see [Section 411.460](#) and [411.720](#)) or inquiry regarding the medical history or condition of an applicant or employee shall be collected and maintained in a separate confidential medical record. Representatives of the Department shall

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have unrestricted access to employee, volunteer and intern personnel files for any purpose, including compliance auditing, investigations, and administrative supervision.

- k) Facility staff shall be provided with a photo-identification card or badge (ID). The ID shall be worn at all times while on duty.
- l) Employees shall be prohibited from using their official positions to secure privileges for themselves or others and from engaging in activities that constitute a conflict of interest or violation of written standards of conduct.
- m) Employees, volunteers, interns, consultants, and contractual personnel who work with children and youth shall be informed in writing about the facility's policies on confidentiality of information and agree in writing to abide by them.

Section 411.415 Volunteers and Interns

- a) If the secure child care facility accepts volunteers and/or interns, the facility shall maintain a plan for the recruitment, screening, selection, training, and operating procedures for a volunteer and/or intern program. The lines of authority, responsibility, and accountability for the facility's volunteer and/or intern program shall be identified. The secure child care facility may use volunteers and staff from other programs of a child care institution or child welfare agency operating on the campus where the secure child care facility is located for positions required in this Part. Volunteers and staff must meet the requirements set out in this Part for the positions or duties they assume within the secure child care facility.
- b) Volunteers and interns are subject to background investigations in accordance with 89 Ill. Adm. Code 385 (Background Checks).
- c) A staff member shall be designated to coordinate and operate a volunteer and internship program for the benefit of children and youth placed in the facility.
- d) An official registration and identification system shall be maintained for all volunteers and interns.
- e) Volunteers and interns may perform professional services only when they are certified or licensed to do so.
- f) Volunteers and interns shall be required to agree in writing to abide by all facility policies and applicable employee standards, particularly those relating to security, confidentiality, ethics, and standards of conduct.

Section 411.420 Requirements of Professional Staff

All professionals shall be qualified in their field and licensed in compliance with statutory requirements.

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Section 411.425 Facility Director

- a) The facility director is the individual designated by the governing body to carry out established policies and procedures and the day-to-day management of the secure child care facility.
- b) The facility director shall have at minimum:
 - 1) a master's degree from an accredited school of social work and three years work experience with children or youth, at least two of which were in institutional or other residential group care programs, and at least an additional two years of administrative experience; or
 - 2) a master's degree in a human services field from an accredited school and three years work experience with children or youth, at least two of which were in institutional or other residential group care programs, and at least an additional two years of administrative experience.
- c) If the facility director is to be on leave for more than one month or has left prior to a replacement, the Department shall be notified of the name of the person appointed as acting facility director. The acting facility director shall have the qualifications of a facility director set out in this Section.

Section 411.430 Medical Director

The medical director of a secure child care facility shall be a psychiatrist who has a minimum of two years experience working with children and/or adolescents. The medical director shall direct all psychiatric and treatment services and shall be knowledgeable about the care of each child and youth currently residing in the secure child care facility. The medical director shall:

- a) Oversee all medical and psychiatric services;
- b) Conduct or approve psychiatric examinations of all children and youth in the secure child care facility;
- c) Assure that all physician's orders are documented in the client files;
- d) Attend or provide clinical oversight for all clinical staffings (multi-disciplinary teams) and treatment planning and review meetings; and
- e) Conduct a weekly scheduled meeting with each child and youth and be knowledgeable about all children and youth residing in the secure child care facility.

Section 411.435 Administrative Coverage

The secure child care facility shall not be operated at any time, or under any circumstances, without a properly designated, administratively responsible person on the premises. The designated administratively responsible person may be the medical director, LPHA, QMHP, or registered nurse (RN).

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Section 411.440 Secure Child Care Staff

Secure child care staff shall have the following minimum qualifications:

- a) Be at least 21 years of age or older;
- b) Hold a bachelor's degree in the field of social work or human services;
- c) Demonstrate the capacity to accept supervision within the secure child care program and relate constructively to authority;
- d) Demonstrate skill in working with and managing children and youth of the type served in the secure child care program; and
- e) Demonstrate ability to work cooperatively with other staff and a variety of persons external to the program, including representatives of other facilities, agencies, and parents of the children and youth.

Section 411.445 Secure Child Care Supervisors

Secure child care supervisors shall meet the qualification requirements of a Mental Health Professional (MHP), RN, or QMHP and shall also have the following minimum qualifications:

- a) Be at least 25 years of age;
- b) Hold a bachelor's degree in the field of social work, human services or nursing;
- c) Have five years work experience with children or youth, two of which were in secure institutional or other residential group care programs, and an additional one year of administrative experience;
- d) Demonstrate skill in working with and managing children and youth of the type served in the secure child care program; and
- e) Demonstrate ability to work cooperatively with other staff and a variety of persons external to the program, including representatives of other facilities, agencies, and parents of the children and youth.

Section 411.450 Rehabilitative Services Treatment Staff

All mental health and rehabilitative services delivered to children and youth in secure child care facilities shall be provided by the appropriate qualified staff, set out below, in accordance with the requirements set forth in 59 Ill. Adm. Code 132 (Medicaid Community Mental Health Services Program):

- a) Physician;
- b) Licensed Practitioner of the Health Arts (LPHA);

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- c) Qualified Mental Health Professional (QMHP);
- d) Mental Health Professional (MHP); or
- e) Registered Nurse (RN).

Section 411.455 Medical and Nursing Staff

- a) Consulting physician.
 - 1) Secure child care facilities shall have a consulting physician available to perform admission physicals within 24 hours following admission.
 - 2) The consulting physician shall provide on-site medical care and follow-up to address physical health issues and concerns.
- b) On-site coverage by registered nurses shall be available on a 7 day per week, 24 hour basis.

Section 411.460 Health Requirements for Staff and Volunteers

- a) All staff members shall have an initial medical examination that provides evidence that they are free of communicable diseases, including active tuberculosis, or physical and mental conditions that affect their ability to perform assigned duties.
- b) Staff shall be re-examined at least once every two years. In subsequent examinations, testing for active tuberculosis may be omitted unless recommended by the examining physician.
- c) Cooks, kitchen helpers and others assisting in the preparation, serving and handling of food and cooking/serving utensils shall make their positions known to the examining physician, and shall comply with the current rules and regulations of the Illinois Department of Public Health pertaining to Food Service Sanitation [77 Ill. Adm. Code 750].
- d) The above requirements are applicable to volunteers who have direct contact with children and youth.

Section 411.465 Training and Staff Development

- a) The facility shall establish a staff development and training program for all categories of personnel including continuing education requirements. The facility's staff development and training program shall be planned and coordinated by the facility director and shall be reviewed and updated annually.
- b) The training plan shall include the method of documentation of training scheduled and completed including: the date, training topic, trainer, curriculum, hours of credit, and if, continuing education credits or certificates were issued, any grades, scores, or other measures of completion.

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- c) All new employees shall receive at least three work days of orientation training before undertaking their assignments. This training shall include at a minimum: orientation to the purpose, goals, policies, and procedures of the facility; working conditions and regulations; employees' rights and responsibilities; and an overview of the juvenile court system. It shall include instructions related to the employee's job duties and responsibilities, including staff requirements to recognize and report suspected child abuse or neglect, how to make a child abuse or neglect report, legal rights of children and youth, and the legal protection afforded to persons who report violations of licensing standards.
- d) All administrative, managerial, and professional staff shall receive 40 hours of professional training in addition to the orientation training during their first year of employment and 40 hours of training each year thereafter. At a minimum, this training shall include: general management; juvenile law; labor relations; treatment modalities; security plan and practice; relationships with other service agencies and professionals; and, where applicable, continuing education units.
- e) All direct child care staff shall receive 120 hours of training during their first year of employment and an additional 40 hours of training each year thereafter. At a minimum, this training shall include: program and treatment modalities; crisis intervention procedures and techniques; security procedures, systems, and methods of supervision of children and youth; signs of suicide risks and suicide precautions; physical intervention and restraint; report writing; children's and youth's rules of conduct; disciplinary techniques; grievance procedures; rights and responsibilities of children and youth; fire safety and inspection; fire escape and emergency procedures; safety procedures; key and tool control; interpersonal relations; social and cultural life styles of the child and youth population; cultural competency; communication skills; first aid, Heimlich maneuver and CPR; counseling techniques, behavior management techniques and behavioral interventions; body inspections; and standards of conduct.
- f) All part-time staff, volunteers, interns, and contractual personnel shall receive formal orientation appropriate to their assignments and additional training corresponding with their assigned duties within the secure child care facility.

SUBPART F: RECORDS AND FISCAL MANAGEMENT

Section 411.500 Reports and Correspondence

The following reports or documents shall be forwarded to the Department as specified:

- a) Immediate Reports

The facility director shall submit a written report to the licensing representative within 3 days after the date of either or both of the following:

- 1) Any personnel transactions, including positions vacated and filled, and the total staff headcount.

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- 2) Any change in, or change in status of, any of the licensing application requirements in [Section 411.45\(b\)](#) of this Part.

b) Quarterly Reports

The facility director shall submit a written quarterly report to the licensing representative that includes, but is not limited to, copies of the following information for the reporting period:

- 1) A synopsis of any internal audits conducted during the quarter;
- 2) A summary of staff training conducted during the quarter;
- 3) Any significant programmatic concerns or issues;
- 4) Any significant changes to the projected budget;
- 5) Reports of all fire and other emergency and disaster drills conducted during the quarter;
- 6) Reports of all inspections conducted by outside agencies, including, but not limited to, the State Fire Marshal, the Department of Public Health, and independent fiscal auditors;
- 7) Weekly inspection forms, as required in [Sections 411.180](#), [411.630](#), [411.700](#), and [411.705](#) of this Part, that report a deficiency in any area and a summary of the steps taken to resolve the problem; and
- 8) Copies of all grievances received, as described in [Section 411.300 \(g\)](#) of this Part, and the resolution of such grievances.

c) Fiscal Reports

The facility director shall submit copies of the following information for the reporting period to the licensing representative:

- 1) The annual approved budget and any approved revision;
- 2) All fiscal reports made to the governing body; and
- 3) Financial audits.

d) Unusual Incident Reports

The secure child care facility shall state in the child's or youth's record and shall report to the parents, attorney and/or Guardian ad Litem, and the Department any unusual incidents or serious occurrences involving children and youth. These incidents and occurrences shall be reported in writing, or if made verbally, confirmed in writing within 48 hours after the occurrence. These incidents and occurrences include serious accident or injury requiring extensive medical care or hospitalization,

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death, alleged criminal violations, arrest, bedroom searches, sexual activity, alleged abuse or neglect, major fire or other emergency situations, requiring a child or youth to take 2 consecutive meals in isolation, or any serious incident that results in legal action by or against the facility that affects any child or children and youth, personnel, or conduct of the facility.

e) Legal Documents

The child's or youth's caseworker shall promptly be sent copies of all documents and correspondence received related to the child's or youth's pending legal matters including, but not limited to, juvenile court actions or other actions affecting the child's or youth's placement, treatment, or secure care status. The facility shall confer with the caseworker about all issues or concerns raised by these documents. Producing documents and reports as ordered by the courts or requested by attorneys, caseworkers or other persons shall be the responsibility of the facility unless otherwise advised.

Section 411.505 Fiscal Management

- a) The facility shall maintain fiscal planning, budgeting, and accounting procedures and a system of regular review and audit. At a minimum, procedures shall include: internal controls; petty cash; bonding for all appropriate staff; signature control on checks; accrual accounting; acquisition and inventory procedures; the issuing or use of vouchers; and collection, safeguarding, and disbursement of monies.
- b) The agency shall maintain a degree of financial solvency that insures adequate care of the children and youth for whom it has assumed responsibility.
- c) The institution shall maintain fiscal records that shall include:
- 1) current and projected operating budget for the facility for which licensure is sought;
 - 2) financial records annually audited and certified by public accountants not affiliated with the institution.
- d) The above records shall be maintained and kept in the State of Illinois where they shall be readily available for review by designated Department licensing and audit staff.
- e) A certified copy of the institution's annual audit as performed by an independent auditor shall be submitted to the Department as required in [Section 411.500](#) of this Part. The auditor shall also examine the facility's compliance with the fiscal planning, budgeting, and accounting procedures required in subsection (a) of this Section and summarize findings of this examination in the audit report.

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Section 411.510 Funds and Property of Children and Youth

- a) Personal funds of children and youth held by the facility shall be controlled by generally accepted accounting procedures and shall be deposited in an insured account. Children and youth shall receive receipts for all financial transactions on a monthly basis. The facility shall provide a quarterly report on the status of each child's or youth's account to the child's or youth's caseworker, Guardian ad Litem and attorney.
- b) Personal financial transactions or transfer of a child's or youth's personal property between children or youth, children or youth and staff, and children or youth and volunteers/interns shall be prohibited.

SUBPART G: PHYSICAL PLANT, GROUNDS AND SAFETY

Section 411.600 Physical Plant

- a) General Requirements
 - 1) The facility shall comply with the Americans with Disabilities Act of 1990 (42 USC 12101) and with the regulations implementing Title I and Title II of that Act.
 - 2) Occupancy of the facility shall comply with the fire safety rules enforced by the Office of the State Fire Marshal.
 - 3) The building housing a secure child care facility shall be approved prior to occupancy and license renewal by the Illinois Department of Public Health and the Office of the State Fire Marshal or local agencies authorized by those State agencies to conduct inspections on their behalf. Otherwise, inspection and approval shall be in accordance with the regulations of the proper health and fire authorities.
 - 4) There shall be documentation by a qualified inspector that the interior finishing materials in children's or youth's living, activity and program areas, exits, and common areas are in accordance with building and fire codes.
 - 5) Physical plant design shall facilitate personal contact and interaction between staff and children or youth and promote continuous, unobstructed view, communication, and control.
 - 6) The facility design and its security features, including perimeter fencing, shall be approved by the licensing representative prior to licensure. Perimeter fencing is not required. However, any fencing or barriers that pose a significant health hazard, such as razor and electric current fencing, are specifically prohibited.
 - 7) A safe and sanitary water supply shall be maintained. If a private water supply is used instead of a public water supply, the facility shall supply

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written records of current test results indicating that the water supply is safe for drinking in accordance with the standards specified for non-community water supplies in the Drinking Water Systems Code [77 Ill. Adm. Code 900]. New test results must be provided prior to license renewal.

- 8) The facility shall have a waste disposal system that is in accordance with local services approved by the appropriate regulatory agency.
 - 9) Renovation or remodeling that will change the use or the structure of a facility shall be approved by the licensing representative and the Office of the State Fire Marshal. Failure to do so may result in revocation of the license.
 - 10) The facility shall post written emergency and evacuation procedures. The facility shall post written translations of such procedures for limited English-speaking or visually impaired children and youth residing in the facility.
- b) Residential Housing
- 1) The facility shall provide at least 40 square feet of unencumbered floor space per sleeping room.
 - 2) Each sleeping room shall have at a minimum:
 - A) A rigidly constructed bed for each occupant, bolted to the floor, with a flatbed surface for the mattress. Mattresses shall have no inner-springs, shall have a staph-check type of cover, and shall meet the requirements of Section 31-5 of the National Fire Protection Association Life Safety Code, 1991 Edition.
 - B) Illumination of at least 20 - 50 footcandles. Light fixtures shall be secure and tamper-proof. There shall be a night light.
 - C) A secure door with a viewing window that provides for unobstructed continuous visual observation of the entire room and its occupant by direct line of sight or indirect line of sight (e.g., mirrors).
 - D) A storage space.
 - E) A desk securely attached to the wall. Lighting of at least 50 - 100 footcandles shall be provided at desk level.
 - F) A secure access-protected exterior window and natural light in the room.
 - G) Electrical outlets that are Ground Fault Interrupted (GFI).
 - H) Intercom or other approved communication capabilities.
 - 3) Sleeping rooms shall be located above basement level.

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- 4) In coeducational facilities, separate wings shall be provided for male and female children and youth.
 - 5) Living, activity and program areas to be used by children and youth with disabilities shall be handicapped accessible and shall provide for integration with the general population.
- c) Dayrooms
- 1) Dayrooms with space for varied activities by the children and youth residing in the facility shall be provided. If a dayroom is situated immediately adjacent to the sleeping areas, the dayroom shall be separated from sleeping areas by a floor-to-ceiling wall.
 - 2) Dayrooms shall be:
 - A) Of a sufficient size to provide a minimum of 35 square feet of unencumbered space per child or youth for the maximum number expected to use the dayroom at one time.
 - B) Contain fixtures and recreation equipment that are suitable for the security requirements and developmental levels and needs of the group.
 - C) Provided with bulletin boards to facilitate access to daily posted information.
 - D) Designed for continuous supervision that may be accomplished through use of surveillance and monitoring equipment.
 - E) Secured with controlled access and egress. Windows shall be secured and protected from damage.
 - F) Furnished with sufficient seating and writing surfaces for each child or youth using the dayroom at one time. Furnishings shall be consistent with the security needs of the assigned children and youth and are subject to approval of the Department. Televisions, electronic games, table games, and other recreational features shall be under staff control with secure storage available.
 - G) Illumination of at least 20 - 50 footcandles. Light fixtures shall be secure and tamper-proof.
- d) Personal Hygiene
- 1) Children and youth shall be provided adequate access to toilets and lavatories.
 - A) Access to toilets shall be staff-controlled and locked when not occupied.

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- B) Lavatory and toilet facilities for children and youth shall consist of 1 toilet and 1 lavatory for every six children and youth. Facilities shall be separate for boys and girls and shall be located near sleeping quarters.
 - C) Toilet and lavatory types shall be selected consistent with individual security requirements and are subject to approval by the Department.
 - D) Staff-activated water shut-off valves shall be provided for all toilets and lavatories accessible by children and youth.
 - E) Lavatories shall be equipped with hot and cold running water. Hot water temperatures shall range from 100 to 112 degrees Fahrenheit.
- 2) Children and youth shall have supervised and controlled access to showers with temperature-controlled hot and cold running water.
- A) A minimum ratio of 1 shower shall be provided for every 8 children and youth.
 - B) Hot water temperatures shall range from 100 to 112 degrees Fahrenheit.
 - C) All showers shall have staff-controlled access and be capable of surveillance by staff of the same sex.
- e) Lighting
- 1) Lighting of at least 50 - 100 footcandles shall be provided at desk level in sleeping rooms and in the personal grooming area.
 - 2) Other lighting requirements for the facility shall be determined by the tasks to be performed.
 - 3) An alternative means of lighting shall be available in the event of an emergency such as a power failure.
- f) Temperature Control and Ventilation
- 1) Heating, cooling, and ventilation systems shall be staff-controlled to ensure healthful and comfortable living and working conditions for children, youth and staff.
 - 2) An alternative means of ventilation shall be available in the event of an emergency such as a power failure.
 - 3) Ventilation systems shall be tamper-proof.

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- 4) The operation of security windows and screens shall be staff-controlled.
 - 5) Temperatures in indoor living and work areas shall be maintained between 68 and 75 degrees.
- g) Program and Service Areas
- 1) All program and service areas shall be capable of being secured with staff-controlled access and egress and shall be capable of continuous visual surveillance, communication, and supervision.
 - 2) The total indoor activity area, which may include gymnasium, multipurpose rooms, library, arts and crafts rooms, and all other leisure areas outside the living unit, shall have an aggregate space equivalent to a minimum of 100 square feet per child or youth.
 - 3) Outdoor exercise areas for children and youth shall be provided.
 - A) The design of the outdoor recreational area shall provide for emergency access.
 - B) Selection of recreational equipment and control of potential breaching aids shall be incorporated into the design.
 - 4) Adequate space shall be provided for a children's or youths' visiting room or area.
 - A) Space shall be provided to permit the screening and searching of children, youth and visitors prior to entry and upon exit.
 - B) Space shall be provided for the proper storage of visitors' coats, handbags, and other personal items not allowed into the visiting area.
 - C) The design of the visiting area shall provide for staff-controlled access and egress and continuous visual surveillance and supervision.
 - D) Private interview space shall be provided for Guardian ad Litem and/or attorney visits or other interviews with children that may require privacy as determined necessary by the child's or youth's caseworker or facility director.
 - 5) Classrooms shall be designed to conform with federal, State, and local educational requirements.
 - A) Classrooms shall have the capability for staff-controlled access and egress and provide for visual observation into the classroom from corridors.

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- B) Communication capability from a central control shall be provided.
- 6) A dining room for group dining shall be provided.
 - A) There shall be at least 15 square feet of floor space per person expected to use the dining room or dining area at any one time.
 - B) The dining room shall have staff-controlled access and egress and be designed to provide continuous surveillance and supervision.
 - C) The dining room shall be capable of being secured from the food preparation area during meals.
- 7) The food preparation area shall conform to local codes and public health requirements.
 - A) The area shall have adequate space for food preparation based on population, type of food preparation, and methods of meal service.
 - B) There shall be adequate storage and loading areas and garbage disposal facilities.
 - C) All storage areas shall be designed with doors that lock upon closure.
 - D) All storage doors shall have a view panel for visual observation into the storage areas.
 - E) The food preparation area shall be capable of being secured from the dining room during meals.
- h) Storage Areas
 - 1) Adequate space shall be provided to receive inventory and to store and issue clothing, bedding, cleaning supplies, and other items required for daily operations. Such areas shall be secured by a door that locks upon closing. The facility shall maintain a current master inventory of the contents of all storage areas.
 - 2) Space shall be provided for the safe and secure receipt, processing, inventory, and storage of personal property of children and youth.
 - 3) Separate and adequate space shall be provided for electrical and mechanical equipment. The access doors or panels to these areas shall lock when closed.
 - 4) Adequate secure storage space shall be provided for the personal property of staff during their hours of employment. Storage space shall be located outside of the children's and youths' living, activity, and program areas.

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i) Administrative and Staff Areas

Adequate space shall be provided for administrative, security, professional, and clerical staff. This shall include a conference room, storage room for records, public lobby, and toilet facilities. All administrative areas shall be capable of being secured by staff. Areas where children and youth routinely have access shall have viewing panels or windows for visual observation from hallways, corridors, or other office areas into the work space.

j) Staff Control Room

Space shall be provided for a staff control room with capabilities for monitoring and coordinating the facility's security, safety, and communications systems on a 24 hour basis.

Section 411.605 Accessibility to Individuals with Disabilities

Reasonable accommodations shall be made to ensure that all areas of the facility are accessible to and usable by staff, children and youth, and visitors with disabilities in compliance with the Americans with Disabilities Act of 1990 (42 USC 12101) and 71 Ill. Adm. Code 400 (Illinois Accessibility Code).

The facility will provide supportive services or equipment necessary for the safety of or to facilitate communication with children and youth who have visual, speech or hearing impairments.

Section 411.610 Communication

The facility shall provide immediate means of communication in a language or manner preferred by the child or youth and/or the child's or youth's family and caregivers.

Section 411.615 Key Control

The facility shall establish a plan to control keys and their use that provides for accounting of the identification, function, location and possessor of each key. The plan must address and/or incorporate the following:

- a) All keys shall be issued from the staff control room.
- b) A log shall be used to record the number of each key or ring issued and the name of the receiving staff. A master inventory showing the location of the lock, the number of keys to that lock, and the names of all employees assigned to the key shall be maintained.
- c) Facility keys and/or key rings that are not permitted to be retained by staff shall be returned to the staff control room by the end of the work shift and shall be stored so that their presence or absence can be easily determined. Broken keys and locks shall be immediately reported and replaced as soon as possible.
- d) The facility shall maintain at least one duplicate key for each lock.

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- e) An emergency set of keys shall be securely maintained in the staff control room. Fire and emergency keys shall be color-coded and marked for identification by touch.
- f) Children and youth shall be prohibited from possessing keys.
- g) Facility policy may control staff possession of personal keys while on duty.

Section 411.620 Tools and Equipment

- a) The facility shall develop a written plan governing the control, inventory, storage, and use of tools and culinary, medical, and security equipment. The plan shall limit hazardous tool access to staff only.
- b) The level of authority required for access to and use of tools and equipment shall be specified.

Section 411.625 Vehicles

The facility shall establish procedures governing the use and security of facility vehicles and the use of personal vehicles for official purposes. Provisions for insurance coverage shall be included.

Section 411.630 Safety and Emergency Procedures

- a) Fire Safety
 - 1) The facility shall establish a written fire prevention plan, including at a minimum:
 - A) Provision for an adequate fire protection service;
 - B) A system of fire extinguisher inspection and testing of equipment at least quarterly or at intervals approved by the Office of the State Fire Marshal;
 - C) An annual or more frequent inspection as required by the Office of the State Fire Marshal;
 - D) Availability of fire protection equipment at appropriate locations throughout the facility; and
 - E) Monthly inspection by the on-site fire plan coordinator.
 - 2) A comprehensive and thorough inspection of the facility shall be conducted annually or on a schedule approved by the Office of the State Fire Marshal to determine compliance with safety and fire prevention standards. A weekly fire and safety inspection of the facility shall be made by a trained facility staff member.

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- 3) Facilities shall be equipped with non-combustible receptacles at all entrances for extinguishing smoking materials and shall have separate containers for other combustible refuse at accessible locations throughout living quarters in the facility. Special containers shall be provided for flammable liquids and for rags used with flammable liquids that meet Underwriters Laboratory specifications. All receptacles and containers shall be emptied and cleaned daily.
- 4) The fire plan shall be reviewed annually by the facility director and updated as needed.

b) Flammable, Toxic, and Caustic Materials

The use and storage of all flammable, toxic, and caustic materials shall be controlled. These materials must be under direct staff control and be properly stored and secured. Warning labels to prevent use by children and youth must be strictly followed.

c) Emergency Power and Communications

- 1) The facility shall have access to an alternative power source to maintain essential services in an emergency. The facility shall have emergency lights in areas such as living, activity, and program areas, and all means of egress in accordance with applicable fire and building codes.
- 2) The facility shall provide for a communications system within the facility and between the facility and the community in the event of urgent, special, or unusual incidents or emergency situations.
- 3) The facility shall establish a written evacuation plan prepared in the event of a fire or a major emergency that shall be approved by the Office of the State Fire Marshal. The plan shall be reviewed annually and updated as needed. Revised plans shall be reissued and provided to the Office of the State Fire Marshal and to the local fire safety authority. The plan shall include the following:
 - A) Location of buildings and room floor plans;
 - B) Use of exit signs and directional arrows for traffic flow;
 - C) Location of publicly posted evacuation plans; and
 - D) Monthly drills in all occupied locations of the facility. Where evacuation of children and youth with high risk behavior would pose a safety concern, staff drills may be conducted instead of evacuating such children and youth.

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d) Emergency Plans

- 1) All facility personnel shall be trained in the implementation of written emergency plans. Work stoppage and riot or disturbance plans shall be communicated only to appropriate supervisory staff or other personnel directly involved in the implementation of those plans.
- 2) The facility shall provide the means for the immediate release of children and youth from locked areas in case of an emergency and provide for a backup system of security for children and youth.

e) Runaways and Missing Children and Youth

The facility shall establish a written plan regarding runaways and missing children and youth. The plan shall ensure a timely coordinated response with the child's or youth's caseworker and local law enforcement. The plan shall be reviewed at least annually and updated as needed. The facility shall have the plan readily available for review upon request by the Department.

SUBPART H: HEALTH CARE, SAFETY AND SANITATION

Section 411.700 Food Service

- a) Food shall be cooked or prepared at the secure child care facility, or on the campus where the facility is located, in a kitchen that has been inspected and approved in accordance with the Illinois Department of Public Health's Food Service Sanitation Code [77 Ill. Adm. Code 750] or food may be purchased from a licensed catering service. Preparation of food, whether on or off site, shall comply with the Food Service Sanitation Code. A copy of these regulations shall be available to appropriate staff.
- b) Food service shall be under the management of a State-certified food service manager as required by the Food Handling Regulation Enforcement Act [410 ILCS 625].
- c) Accurate records shall be maintained of all meals served, including menus served for the past 12-month period.
- d) The facility's system of dietary allowance shall be reviewed and documented at least annually by a registered dietician to ensure compliance with nationally recommended food allowance appropriate for the age group of children and youth housed in the facility.
- e) The food service staff shall develop advance planned menus that are reviewed and approved by a registered dietician and shall substantially follow the required meal schedule. In the planning and preparation of all meals, food flavor, texture, temperature, appearance, and palatability shall be taken into consideration.
 - 1) Menus shall be posted one week in advance.

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- 2) The food service plan shall provide for a single menu for staff, children and youth.
- 3) Menu planning shall reflect consideration for cultural, religious and ethnic patterns.
- f) Special diets as prescribed by appropriate medical or dental personnel shall be provided.
- g) The use of or denial of food as a disciplinary measure shall be prohibited.
- h) Special diets for children and youth whose religious beliefs require the adherence to religious dietary laws shall be provided. Alternative entrees to pork or pork products or meat substitutes shall be made available.
- i) Food services shall comply with the applicable sanitation and health codes as promulgated by federal, State, and local authorities.
- j) Weekly inspections shall be conducted of all food service areas, including dining and food preparation areas, by the facility director or designee. The inspections shall include: equipment, sanitation records, and temperature-controlled storage facilities for all foods. The weekly inspections shall be documented.
- k) Daily checks of refrigerator, freezer, and dishwasher temperatures shall be conducted by administrative, medical, or dietary personnel for compliance with applicable public health standards. The daily checks shall be documented. Food shall be maintained at the following temperatures:
 - 1) Dietary shelf goods shall be maintained at 45 to 80 degrees Fahrenheit;
 - 2) Refrigerated foods shall be maintained at 35 to 40 degrees Fahrenheit; and
 - 3) Frozen foods shall be maintained at 0 degrees Fahrenheit or below.
- l) Staff shall supervise children and youth during meals and ensure proper portion control and sanitation.
 - 1) Children and youth shall be provided group dining except due to safety or security considerations. The facility shall file an unusual incident report whenever a child or youth is required to eat 2 consecutive meals in isolation.
 - 2) The food preparation area shall be secured from the dining area during meals.
 - 3) Children and youth shall not be permitted to take food back to their rooms or to give away, trade, or exchange portions.
 - 4) Second helpings shall be available.

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- 5) The facility director shall be advised of children and youth who are not eating.
 - 6) Careful accounting for eating utensils shall be made. Hazardous kitchen tools, including knives, shall be accounted for and secured before children and youth are admitted to the dining room prior to each meal and at the end of the day.
- m) At least three nutritious meals shall be provided at regular meal times during each 24-hour period, with no more than 14 hours elapsing between the evening meal and breakfast. Nutritious afternoon and evening snacks shall be provided to each child and youth daily. Beverages shall be provided with all meals. Provided basic nutritional goals are met, variations may be allowed based on weekend and holiday food service demands.
- n) Health protection shall be provided for all staff, children and youth in the facility and children, youth and other persons working in food service.
- 1) As required by State and local laws or regulations applicable to food service employees, all personnel, children and youth involved in the preparation of food shall receive a pre-assignment medical examination and periodic re-examinations to ensure freedom from diarrhea, skin infections, and other illnesses transmissible by food or utensils. All examinations shall be conducted in accordance with public health requirements and shall be documented in appropriate employee medical and child or youth master record files.
 - 2) When the facility's food services are provided by an outside agency or individual, the facility shall have written verification that the outside provider complies with State and local regulations regarding food service standards.
 - 3) All food handlers shall be trained and instructed to wash their hands upon reporting to duty, after using toilet facilities, and before touching food.
 - 4) Persons working in food service shall be monitored each day for health and cleanliness by the food service manager or his or her designee.

Section 411.705 Safety and Sanitation

- a) Weekly documented safety and sanitation inspections of all facility areas shall be conducted to ensure compliance with applicable federal, State, and local sanitation and health codes and to control vermin and pests.
- b) There shall be a comprehensive written housekeeping plan and cleaning schedule for the facility. Cleaning supplies, caustics, and toxins shall be inventoried, controlled and dispensed by staff and items marked with warning labels shall be kept out of the hands of children and youth.

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Section 411.710 Bedding, Linen, and Clothing

- a) Each child or youth shall be issued suitable clean bedding and linens, including two sheets, a pillow and pillowcase, one mattress, and sufficient blankets to provide comfort under existing temperatures. Clean linen shall be provided at least once a week and as needed for enuretic children and youth. A child's or youth's wet or soiled linens shall be changed immediately. Universal Precautions shall be followed when handling soiled items.
- b) Children and youth shall be provided the opportunity to have adequate clothing appropriate to the season. A child's or youth's wet or soiled clothing shall be changed immediately. Universal Precautions shall be followed when handling soiled items.
- c) The facility shall provide for the thorough cleaning and, when necessary, disinfecting of children's and youth's personal clothing before storage or before allowing the children or youth to keep and wear personal clothing.

Section 411.715 Personal Hygiene

- a) The facility shall have a shower schedule that allows for supervised daily showers and children's and youths' access to showers after strenuous exercise. Children and youth shall shower individually.
- b) Articles that are necessary for maintaining proper personal hygiene shall be provided to each child and youth, including combs, brushes, toothbrushes, towels, and washcloths, appropriately identified for his or her own use. Feminine hygiene supplies shall be available for adolescent girls.
- c) Hair care services by licensed barbers or beauticians shall be available to children and youth every 4 weeks.

Section 411.720 Health Care Services

- a) Each child and youth shall be screened for communicable diseases within 24 hours after arrival at the facility.
- b) Any employee, child or youth suspected of having a communicable disease shall have a medical examination.
- c) Children's and youth's medical complaints shall be monitored and responded to daily by a registered nurse who documents the complaint and the action taken.
- d) Treatment by health care personnel other than a physician, dentist, psychologist, optometrist, podiatrist, or similar provider shall be performed pursuant to written standing or direct orders by a physician or dentist. Nurse practitioners and physician assistants may practice within the limits of applicable laws and regulations.

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- e) Consent for medical care shall be obtained from the guardian and documented in the client file. The informed consent of child or youth, parent, guardian, or legal custodian shall be obtained when required by law. When health care is rendered against the patient's will, it shall be in accordance with federal and State laws and Department rules.
- f) The child's or youth's parents, caseworker, Department's Office of the Guardian, licensing representative and regional administrator shall be notified in case of serious illness or injury, surgery, or death.
- g) A registered nurse shall be available on site at all times and shall coordinate the health delivery services in the facility under the joint supervision of a licensed physician and the facility director.
- h) Questions regarding the appropriateness of medical treatment shall be referred through the child's or youth's caseworker to the Department's Office of the Guardian.
- i) The facility shall develop a written health plan that shall address the management of serious and communicable diseases. The plan shall be updated as new information becomes available. The plan shall include: an ongoing educational program for staff and children, including Universal Precautions, control, treatment, and prevention strategies that may include screening and testing, special supervision, or special housing arrangements, as appropriate; discharge planning; and protection of individual confidentiality pursuant to federal, State, and local laws and regulations. The plan shall provide for the emergency detoxification of children and youth from alcohol, opiates, barbiturates, and similar drugs to be performed under medical supervision. The plan shall provide for the clinical management of chemically dependent children and youth.
- j) At the time a child or youth is admitted, program and secure child care staff shall be informed of special medical and mental health concerns on a need-to-know basis.
- k) Emergency medical, dental, and mental health care shall be available to children and youth on a 24 hour basis. Availability of these services shall be outlined in a written plan that includes arrangements for the following:
 - 1) On-site emergency first aid and crisis intervention;
 - 2) Emergency evacuation of the children and youth from the facility;
 - 3) Use of an emergency medical vehicle;
 - 4) Use of one or more designated hospital emergency rooms or other appropriate health facilities;
 - 5) Emergency on-call physician, dentist, and mental health professional services when the emergency health facility is not located in a nearby community;

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- 6) Security procedures when transportation is required for children and youth; and
- 7) Process to notify the caseworker, parents, and Guardian ad Litem.

Section 411.725 Pharmaceutical Items

- a) The facility shall have a written plan which provides for the proper management and secure storage of pharmaceutical items and addresses the following:
 - 1) Prescription practices, including the following requirements:
 - A) Psychotropic medications shall be prescribed only when clinically indicated as one facet of a program of therapy, and shall comply with requirements set out in 89 Ill. Adm. Code 325 (Administration of Psychotropic Medications to Children for Whom the Department is Legally Responsible);
 - B) "Stop order" time periods shall be required for all medications; and
 - C) The prescribing provider shall re-evaluate a prescription prior to its renewal and at a minimum every 30 days.
 - 2) Procedures for medication receipt, secure storage, issuance, and/or processing documentation.
 - 3) Secure storage and periodic inventory of all controlled substances, syringes, and needles.
 - 4) Provision of medicine to children and youth shall be by persons properly trained and under the supervision of the physician and facility director or designee.
 - 5) Accountability for providing medications to children and youth in a timely manner and according to medical orders.
 - 6) Review of individual and aggregate medication errors.
- b) The person providing medications to children and youth shall have training from a physician or designee and shall be accountable for providing medications according to the physician's requirements and the facility plan. Medications provided shall be recorded in a manner and on a form approved by the facility director.

Section 411.730 Medical Responses

- a) Medical personnel and other facility staff shall be trained to respond to emergency health-related situations within a four-minute response time to anywhere within the facility. A training program shall be established and certified by a physician in cooperation with the facility director. The program shall include:

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- 1) Recognition of signs and symptoms and knowledge of action required in potential emergency situations.
 - 2) Administration of first aid and cardiopulmonary resuscitation (CPR).
 - 3) Methods of obtaining assistance and communication.
 - 4) Signs and symptoms of mental illness, disabilities, and chemical dependency.
 - 5) Procedures for patient transfers to appropriate medical facilities or health care providers.
 - 6) How to request an ambulance.
 - 7) Protection from blood-borne pathogens.
- b) First aid kits shall be available. The registered nurse shall approve the contents, number, location, and procedure for periodic inspection of the kits.

Section 411.735 Health Education

Programs and training shall be provided to children and youth for the development of sound habits and practices regarding personal hygiene; sex education; avoiding sexually transmitted diseases, HIV, and infectious diseases; drug education and substance abuse; and education related to consequences of the use of tobacco.

Section 411.740 Health Records

- a) The child's or youth's health record shall, where appropriate, contain the following:
- 1) The completed receiving screening form;
 - 2) Health appraisal data forms;
 - 3) All findings, diagnoses, treatments, and dispositions;
 - 4) Prescribed medications and their administration;
 - 5) Laboratory, x-ray, and diagnostic studies;
 - 6) Signature and title of documenter;
 - 7) Consent and refusal forms;
 - 8) Release of information forms;
 - 9) Place, date, and time of health encounters;

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- 10) Health service reports, such as, dental, mental health, and consultation reports;
 - 11) Treatment plan, including nursing care plan;
 - 12) Progress reports; and
 - 13) Discharge summary of hospitalization and other termination summaries.
- b) The method of recording entries in the records, the form and format of the records, and the procedures for their maintenance and safekeeping shall be approved by the facility director.
- c) The facility shall have a written plan that upholds the principle of confidentiality of the health record and supports the following requirements:
- 1) The active health record shall be maintained separately from the child or youth master record file.
 - 2) Access to the health record shall be controlled by the facility director. Department personnel shall have unrestricted access to a child's or youth's medical record.
 - 3) The Qualified Mental Health Professional (QMHP) shall share with the facility director information regarding a child's or youth's medical management, security, and ability to participate in programs.

SUBPART I: SEVERABILITY OF THIS PART

Section 411.800 Severability of This Part

If any court of competent jurisdiction finds that any rule, clause, phrase, or provision of this Part is unconstitutional or invalid for any reason whatsoever, this finding shall not affect the validity of the remaining portions of this Part.

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APPENDIX A: Resource Reference List

Laws of the State of Illinois

- Abused and Neglected Child Reporting Act [325 ILCS 5]
- Alcoholism and Other Drug Abuse and Dependency Act [20 ILCS 301]
- Cannabis Control Act [720 ILCS 550]
- Child Care Act of 1969 [225 ILCS 10]
- Children and Family Services Act [20 ILCS 505]
- Food Handling Regulation Enforcement Act [410 ILCS 625]
- Illinois Environmental Barriers Act [410 ILCS 25]
- Illinois School Code [105 ILCS 5]
- Illinois Controlled Substances Act [720 ILCS 570]
- Unified Code of Corrections [730 ILCS 5/3-15-2]
- Illinois Vehicle Code [625 ILCS 5]
- Juvenile Court Act [705 ILCS 405]
- Mental Health and Developmental Disabilities Code [405 ILCS 5]
- Mental Health and Developmental Disabilities Confidentiality Act [740 ILCS 110]

Laws of the United States Government (federal)

- Americans with Disabilities Act (42 USC 12101)

Administrative Rules of the Capital Development Board

- 71 Ill. Adm. Code 400 (Illinois Accessibility Code)

Administrative Rules of the Illinois Department of Children and Family Services

- 89 Ill. Adm. Code 300 (Reports of Child Abuse and Neglect)
- 89 Ill. Adm. Code 325 (Administration of Psychotropic Medications to Children for Whom the Department is Legally Responsible)
- 89 Ill. Adm. Code 383 (Licensing Enforcement)
- 89 Ill. Adm. Code 385 (Background Checks)
- 89 Ill. Adm. Code 404 (Licensing Standards for Child Care Institutions)
- 89 Ill. Adm. Code 431 (Confidentiality of Personal Information of Persons Served by the Department)

Administrative Rules of the Illinois Department of Human Services

- 59 Ill. Adm. Code 132 (Medicaid Community Mental Health Services Program)

Administrative Rules of the Illinois Department of Public Aid

- 89 Ill. Adm. Code 140 (Illinois Medical Assistance Program)

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Administrative Rules of the Illinois Department of Public Health

- 77 Ill. Adm. Code 520 (Treatment of Choking Victims)
- 77 Ill. Adm. Code 690 (Control of Communicable Diseases Code)
- 77 Ill. Adm. Code 695 (Immunization Code)
- 77 Ill. Adm. Code 750 (Food Service Sanitation Code)
- 77 Ill. Adm. Code 820 (Illinois Swimming Pool and Bathing Beach Code)
- 77 Ill. Adm. Code 845 (Lead Poisoning Prevention Act)
- 77 Ill. Adm. Code 900 (Drinking Water Systems Code)

Administrative Rules of the Office of the State Fire Marshal

- 41 Ill. Adm. Code 100 (Fire Prevention and Safety)
- 41 Ill. Adm. Code 250 (Fire Equipment Distributor and Employee Standards)
- 41 Ill. Adm. Code 300 (Furniture Fire Safety Regulations)

ILLINOIS RELAY CENTER - VOICE - 1-800-526-0857 TTY - 1-800-526-0844
Charges to access the center and standard phone charges will be added to the facility's telephone bill.

Child Abuse Hotline - 1-800-252-2873

Poison Control Center - 1-800-942-5969

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APPENDIX B: Acceptance of Voluntary Surrender of License - No Investigations Pending

OFFER OF VOLUNTARY SURRENDER BY A SECURE CHILD CARE FACILITY
(No investigations pending)

I, (Name of head of governing body), affirm that the governing body of the (name of the secure child care facility) met on (date of meeting) and voluntarily agreed to surrender license number , expiration date of (original license attached to this agreement).

I further state that the facility, to the best of the knowledge of myself and each member of the governing body, is not presently under investigation by the Department of Children and Family Services for any licensing complaint or report of suspected abuse or neglect or by the DCFS Office of Inspector General or by any other state agency of any state or its inspector general or by any local, State or federal law enforcement agency for any reason.

I acknowledge that if, at any time after the acceptance of the offered surrender of license, the Department learns that the secure child care facility knew or should have known that it was under investigation at the time it offered to surrender its license and failed to disclose the information to the Department, the Department at its option may set aside its acceptance of the surrender and proceed to take appropriate action against the licensee and the license, including, but not limited to, the revocation of the license or the refusal to renew the license.

Printed name and title of head of governing body

Signature / Date

County of)
) ss
State of Illinois)

Subscribed and sworn before me on (date).

Notary Public

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ACCEPTANCE OF VOLUNTARY SURRENDER BY A LICENSING REPRESENTATIVE
(No investigations pending)

I, (name of licensing administrator), accept the voluntary surrender of this license and affirm that, to the best of my knowledge, this secure child care facility is not presently under investigation by the Department of Children and Family Services for any licensing complaint or report of suspected abuse or neglect, and that neither the DCFS Office of the Inspector General nor any other state agency of any state or its office of inspector general nor any local, any State or any federal law enforcement agency has given the Department notice that this secure child care facility is under investigation. Further, no litigation exists between the Department and this facility.

Printed name and title of licensing administrator

Signature of DCFS licensing administrator/Date

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APPENDIX C: Acceptance of Voluntary Surrender of License - Investigations Pending

AGREEMENT FOR THE VOLUNTARY SURRENDER OF A LICENSE
(Investigations pending)

I, (name of head of the governing body), affirm that the governing body of the (name of the secure child care facility) met on (date of meeting) and agreed to voluntarily surrender license number , with an expiration date of (original license attached to this agreement).

I further state that the secure child care facility has reason to believe that it is presently under investigation by the Department of Children and Family Services for a licensing complaint or a report of suspected abuse or neglect, by the DCFS Office of the Inspector General or by any local, State or federal law enforcement agency for any reason, or that litigation is pending between the Department and the secure child care facility.

In the following space, identify the investigating agency and summarize the basis of the investigation, if known. Attach additional pages, if necessary.

In the following space identify all pending litigation between the Department and the secure child care facility. Provide the name of the case, docket number, and:

- a) the county in which it is filed, if a State action;
- b) appellate district, if on appeal;
- c) the district, if it is a federal action; or
- d) the circuit, if it is on appeal.

I further state that the governing body of the secure child care facility or its successor will not apply for a license as a secure child care facility until (insert date at least one year from today's date).

Printed name and title of head of governing body

Signature / Date

County of)
) ss
State of Illinois)

Subscribed and sworn before me on (date).

Notary Public

LICENSING STANDARDS FOR SECURE CHILD CARE FACILITIES
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ACCEPTANCE OF VOLUNTARY SURRENDER BY A LICENSING ADMINISTRATOR

I, (name of the licensing administrator), accept the voluntary surrender of the license and agree that the Department will not seek to revoke the license and will not refuse to renew the license if the statements made above are correct and complete. As part of this agreement, the Department will not accept another application for license as a secure child care facility before (insert date at least one year after the date of acceptance of the voluntary surrender).

(Printed name and title of licensing administrator)

Signature of DCFS licensing administrator/Date

LICENSING STANDARDS FOR SECURE CHILD CARE FACILITIES
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APPENDIX D: Acceptable Human Services Degrees

Only the following degrees may be accepted as human services degrees.

- Early Childhood Development
- Guidance and Counseling
- Home Economics - Child and Family Services
- Human Service Administration
- Human Services
- Master of Divinity
- Pastoral Care
- Pastoral Counseling
- Psychiatric Nursing
- Psychiatry
- Psychology
- Public Administration
- Social Science
- Social Services
- Social Worker
- Sociology

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APPENDIX E: Professionals Who Must Be Registered or Licensed

Type of Profession	Statute That Requires Registration or Licensure
Athletic Trainer	Illinois Athletic Trainers Practice Act [225 ILCS 5]
Clinical Social Worker	Clinical Social Work and Social Work Practice Act [225 ILCS 20]
Dental Assistant	Illinois Dental Practice Act [225 ILCS 25]
Dentist	Illinois Dental Practice Act [225 ILCS 25]
Dietician	Dietetic and Nutrition Services Practice Act [225 ILCS 30]
Marriage and Family Therapist	Marriage and Family Therapy Licensing Act [225 ILCS 55]
Nurse	Nursing and Advanced Practice Nursing Act of 1987 [225 ILCS 65]
Occupational Therapist	Illinois Occupational Therapy Practice Act [225 ILCS 75]
Optometrist	Illinois Optometric Practice Act of 1987 [225 ILCS 80]
Pharmacist	Pharmacy Practice Act of 1987 [225 ILCS 85]
Physical Therapist	Illinois Physical Therapy Act [225 ILCS 90]
Physician	Medical Practice Act of 1987 [225 ILCS 60]
Physician Assistant	Physician Assistant Practice Act of 1987 [225 ILCS 95]
Podiatrist	Podiatric Medical Practice Act of 1987 [225 ILCS 100]
Professional Counselor	Professional Counselor and Clinical Professional Counselor Act [225 ILCS 107]
Psychologist	Clinical Psychologist Licensing Act [225 ILCS 15]
Social Worker	Clinical Social Work and Social Work Practice Act [225 ILCS 20]
Speech-Language Pathologist	Illinois Speech-Language Pathology and Audiology Practice Act [225 ILCS 110]
Teacher	School Code [105 ILCS 5]

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DEPARTMENT OF CHILDREN AND FAMILY SERVICES

POLICY GUIDE 2020.02

**LIMITATIONS ON USE OF RECREATIONAL AND MEDICAL CANNABIS
IN CHILD WELFARE PRACTICE**

DATE: January 3, 2020
TO: DCFS and Private Agency Licensing Staff
FROM: Marc D. Smith, Acting Director
EFFECTIVE: Immediately

I. PURPOSE

The purpose of this Policy Guide is to provide DCFS and Purchase of Service (POS) Agency staff with information regarding limitations that apply to the lawful use (possession, consumption, storage) of recreational and medical cannabis as it pertains to child welfare practice.

The Department will propose amendments to rules and procedures affected by these statutes in the near future.

II. PRIMARY USERS

The primary users of this Policy Guide are Department and POS Agency licensing staff.

Definitions:

“Cannabis” has the definition as assigned in the Cannabis Regulation and Tax Act. [410 ILCS 705]

“Cannabis-infused product” means a beverage, food, oil, ointment, tincture, topical formulation, or another product containing cannabis that is not intended to be smoked as defined in the Cannabis Regulation and Tax Act. [410 ILCS 705]

“Child Care Facility” means a child care facility as defined in the Child Care Act. [225 ILCS 10]

“Medical cannabis” means cannabis products that are acquired for “medical use” as that term is defined in the Compassionate Use of Medical Cannabis Program Act. [410 ILCS 130]



III. SUMMARY OF ILLINOIS LAW

The Illinois Cannabis Regulation and Tax Act and the Compassionate Use of Medical Cannabis Program Act regulate the possession, consumption and storage of recreational and medical cannabis. The Cannabis Regulation and Tax Act was amended, effective January 1, 2020, to permit the recreational use of cannabis in Illinois.

These Acts also contain limitations on the possession, consumption and storage of recreational and medical cannabis in or near licensed and unlicensed child care facilities, in vehicles and in the presence of persons under 21 years of age.

These Acts allow for an individual to use any type of cannabis and continue to be eligible for initial or renewal of licensure for any type of child care facility; this includes unlicensed relative foster homes and employees of any licensed and unlicensed child care facility.

These Acts provide numerous limitations on the use and possession of cannabis (which includes cannabis-infused products) as it relates to child care. For example, the Acts DO NOT PERMIT:

- Undertaking any task under the influence of cannabis when doing so would constitute negligence, professional malpractice, or professional misconduct;
- Possessing cannabis in a private residence that is used at any time to provide licensed or unlicensed child care (day care and foster care) or other similar social service care on the premises;
- Using cannabis in a private residence that is used at any time to provide licensed or unlicensed child care (day care and foster care) or other similar social service care on the premises;
- Using cannabis in any public place;
- Using cannabis knowingly in close physical proximity to anyone under 21 years of age who is not a registered medical cannabis patient under the Compassionate Use of Medical Cannabis Pilot Program Act;
- Smoking cannabis in any place where smoking is prohibited under the Smoke Free Illinois Act;
- Facilitating the use of cannabis by any person who is not allowed to use cannabis under either the Cannabis Regulation and Tax Act or the Compassionate Use of Medical Cannabis Program Act;
- Using cannabis in any motor vehicle; or
- Possessing (driver or passenger) cannabis in a motor vehicle except in a sealed, odor-proof, child-resistant cannabis container.

Any violation of these laws may subject the violator to civil or criminal penalties.

IV. QUESTIONS

Questions regarding this Policy Guide may be directed to the Office of Child and Family Policy at 217-524-1983 or via Outlook at DCFS.Policy. Non-Outlook users may e-mail questions to DCFS.Policy@illinois.gov.

V. FILING INSTRUCTIONS

File this Policy Guide immediately following Rules:

Rules 401, Licensing Standards for Child Welfare Agencies;
Rules 402, Licensing Standards for Foster Family Homes;
Rules 403, Licensing Standards for Group Homes;
Rules 404, Licensing Standards for Child Care Institutions and Maternity Centers;
Rules 406, Licensing Standards for Day Care Homes;
Rules 407, Licensing Standards for Day Care Centers;
Rules 408, Licensing Standards for Group Day Care Homes;
Rules 409, Licensing Standards for Youth Transitional Living Programs;
Rules 410, Licensing Standards for Youth Emergency Shelters; and
Rules 411, Licensing Standards for Secure Child Care Facilities.

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