**Section 384.30 Agency Behavior Treatment Plans in Child Care Facilities**

Each child care facility that accepts children for whom the Department of Children and Family Services is legally responsible shall develop an Agency Behavior Treatment Plan that describes the facility's programming. In addition, each child for whom the Department is legally responsible shall have an individual treatment plan that identifies those specific components of the overall Behavior Treatment Plan that will be applied to that child and the specific behaviors the individual treatment plan is intended to address. All plans submitted to the Department shall be written to assure that the facility will use behavior treatment techniques in a safe, humane manner that fosters a child's self-discipline.

a) Licensed child care facilities or their supervising agency shall develop an Agency Behavior Treatment Plan describing the behavior treatment techniques, as defined in Section 384.20, to be used by the facility. This plan shall include a detailed description of:

1) each of the facility's approved crisis prevention/intervention procedures as defined in Section 384.20;

2) each of the facility's approved specific behavior intervention techniques as defined in Section 384.20; and

3) each of the facility's approved behavior management techniques, as defined in Section 384.20, to control actions that present a danger to self or others.

b) The Agency Behavior Treatment Plan shall be approved by the governing body of the facility and the Department (the guardian or authorized agents of the guardian). The specific requirements for the plan are set forth in subsections (c) through (e). Licensed child care facilities shall submit their written Agency Behavior Treatment Plans to the Department (through their licensing representative) for approval by October 1, 2002. Agency Behavior Treatment Plans shall not be implemented until approval by the Department has been obtained. At the Director's designation and appointment, individuals familiar with acceptable practices of crisis intervention and behavior management shall review with appropriate Department licensing staff the Agency Behavior Treatment Plan. The Department shall respond in writing within 14 days after receipt of the written plan with regard to approval, denial or request for amendment of the new plan.

c) The Agency Behavior Treatment Plan shall contain the following general components:

1) a written statement of the ultimate purpose in employing any treatment procedure;

2) a detailed description of the full range of treatment procedures or combination of procedures employed, including the operational details of the treatments themselves;

3) a detailed description of the agency's ongoing system for collecting and reviewing monthly aggregate data that reflect the use of restrictive treatment elements, including the number of applications of seclusion and/or manual restraint, the number of individuals whose behavior resulted in seclusion and/or manual restraint, the names of staff members who participated in each instance of seclusion or restraint, the range and average length of seclusion and/or manual restraint, and unusual incidents and injuries;

4) a procedure for handling and reporting behavior emergencies; and

5) procedures for carrying out these provisions consistent with the needs of disabled individuals.

d) The Agency Behavior Treatment Plan shall contain the following information regarding personnel:

1) a description of the credentials of the personnel involved in designing, approving, implementing, monitoring and overseeing the implementation of the behavior treatment procedures;

2) a system for required training and assuring the competency (both written and practical) of individuals involved in all facets of behavior treatment, including a plan for ensuring that all nursing staff associated with the agency receive annual training on the potential consequences, complications, and/or physical side effects associated with being physically restrained while taking any medications;

3) documentation that all personnel who come into contact with children subscribe to a Code of Ethics adopted by the governing body. The agency's or institution's Code of Ethics must be endorsed by or reflect the Codes of Ethics of a professional and reputable organization (i.e., National Association of Social Workers, Association of Public Human Service Agencies, the Department or the DCFS Office of the Inspector General) but it must specifically address an employee's obligations with respect to interventions and contact with children as a child welfare professional;

4) a policy for the discipline and/or discharge of personnel who violate the facility's policies and procedures on the use of behavior treatments;

5) a procedure providing for training and the annual certification of all persons using behavior treatment techniques, including training in the areas of the physiology of respiration, the circulatory system, and the body's response to excitement and stress; and

6) a procedure for ensuring that documentation of all training and retraining in the use of behavior treatment shall be maintained in the personnel files of staff. If the facility operates an organized self-governance program, documentation of all training and retraining of each child authorized to participate in behavior management and discipline shall be maintained in the child's case file.

e) Agency Behavior Treatment Plans shall contain a quality assurance mechanism that includes:

1) a procedure for review of the child's medical record that shall contain explicit documentation by the consulting physician for the facility that there are no medical contradictions to the use of specific behavior treatment techniques. This assessment and documentation must be renewed following any significant change in the child's medical condition.

2) a procedure for review of any determination made by the treatment team at the child's initial case staffing as to whether any of the established behavior treatment procedures would be contraindicated due to psychological or developmental reasons and documentation by the team in the child's permanent record. This review and documentation shall be renewed following any significant change in the child's developmental or psychological condition and at least once per quarter as part of a treatment review.

3) a process for monitoring and reviewing a statistically significant sample of individual treatment plans and restraints, including by a Human Rights Committee, as defined in Section 384.20;

4) a process to ensure that members of the Behavior Treatment Committee and the Human Rights Committee have been instructed in the provisions of Part 431 (Confidentiality of Personal Information of Persons Served by the Department of Children and Family Services) and that the members have signed an agreement to abide by the requirements of Part 431;

5) a policy regarding the use of restrictive behavior treatment techniques that identifies instances in which such procedures may be contraindicated;

6) a system where instances of behavior that are dangerous to self or others shall be brought to the attention of appropriately trained personnel for review;

7) a policy that requires that unanticipated occurrences, as in emergency circumstances or repeated instances of the use of potentially restrictive treatments, be brought to the attention of the administrator;

8) a policy for informing the child, referring agencies, parents, and guardians prior to admission concerning the behavior treatment techniques employed by the facility and the procedures for their administration;

9) a procedure for obtaining the informed consent of clients/parents/guardians at intake of the behavior treatment techniques that will be used, as indicated by the client's treatment plan, except in cases of an unanticipated behavioral emergency; and

10) a policy providing that the child's parents (unless parental rights have been terminated), guardian, and attorney shall be advised of their right to be notified of each instance of manual restraint or seclusion.

f) The facility shall establish policies and procedures designed to ensure that individual treatment plans are developed, implemented and reviewed in accordance with current standards of acceptable behavior practice. At a minimum, these policies and procedures shall provide as follows:

1) relevant individual client strengths, adaptive and maladaptive behaviors will be defined and quantified for non-emergency circumstances before any program that includes potentially restrictive elements, such as manual restraint and seclusion, is implemented. The quantification of relevant target behaviors or a functional analysis shall be an ongoing and integral part of the pre-treatment, treatment and post-treatment process;

2) every individual's treatment plan shall include positive reinforcement strategies for adaptive, socially acceptable behavior;

3) satisfactory evidence that maladaptive behaviors under consideration for treatment are not the result of medical/physical problems that would contraindicate behavior treatment;

4) for any child posing documented medical or clinical risk factors that may be negatively impacted by the use of specific behavior treatment techniques, a licensed physician or registered/licensed nurse must conduct a physical exam of the child during each application of the procedures, with documentation of the examination to be noted in the medical record;

5) not less than quarterly review of potentially restrictive elements included in individual treatment plans with consideration given to decreasing and eventually discontinuing those program elements; and

6) provisions shall be included in individual treatment plans for the maintenance and generalization of adaptive behaviors.

g) Agency Behavior Treatment Plans shall be reviewed and approved at least every three years by the governing body of the agency and the Department.

h) The governing body of the agency and the Department must approve any amendments to the plan before they are implemented.

i) Agencies may appeal adverse licensing decisions concerning the approval of their Agency Behavior Treatment Plan pursuant to 89 Ill. Adm. Code 383 (Licensing Enforcement).

(Source: Old Section 384.30 renumbered to Section 384.45; new Section 384.30 renumbered from Section 384.50 and amended at 26 Ill. Reg. 4623, effective March 15, 2002)