**Section 260.1900 Child's Rights**

a) A child shall not be deprived of any rights, benefits or privileges guaranteed by law based solely on his/her status as a client of the facility.

b) A child shall be permitted to retain and use or wear his/her personal property in his/her immediate living quarters unless deemed medically inappropriate or socially disruptive by a physician and so documented in the patient's record.

c) The facility shall make reasonable efforts to prevent loss and theft of children's property. The facility shall develop procedures for investigating complaints concerning theft of children's property and shall promptly investigate each complaint.

d) Children under 16 years of age who are not facility clients and who are related to employees or volunteers of a facility, and who are not themselves employees or volunteers of the facility, shall be restricted to areas reserved for family or employee use, except during times when these children are part of a group visiting the facility as part of a planned program or similar activity.

e) A child shall be permitted the free exercise of religion. Upon the child's request, and if necessary at the expense of the child's representative, the facility management shall make arrangements for a child's attendance at religious services of the child's choice. However, no religious beliefs or practices, or attendance at religious services, may be imposed upon any child.

f) The facility shall immediately notify the child's representative whenever the child suffers from symptoms that require treatment not listed on the child's medical care plan or any acute illness or injury.

g) A child may not be transferred, discharged, evicted, harassed or retaliated against for filing a complaint or providing information concerning a complaint against the facility.

h) A child's representative may not be evicted, harassed or retaliated against for filing a complaint or providing information concerning a complaint against the facility.

i) A child's representative shall be permitted to retain the services of the child's own personal physician at the representative's own expense, under an individual or group plan of health insurance, or under any public or private assistance program providing such coverage.

j) Every child's representative shall be permitted to refuse medical treatment for the child and to know that this action may result in further referrals for medical care.

k) Every child's representative shall be permitted to inspect and copy all of the child's clinical and other records concerning the child's care and maintenance kept by the facility or by the child's physician at the expense of the representative.

l) All children shall be permitted respect and privacy in their medical and personal care program. Every child's case discussion, consultation, examination and treatment shall be confidential and shall be conducted discreetly. Those persons not directly involved in the child's care shall have the permission of the child's representative to be present at consultations, discussions, examinations and treatments.

m) Neither physical restraints nor confinements shall be employed for the purpose of punishment or for the convenience of any facility personnel or volunteer. Orthopedic equipment, high chairs, playpens, cribs or youth beds are not restraints for children less than four years old.

n) Restraints shall be used only for the safety and security of the child upon written order of the attending physician and with the informed consent of the child's representative. The physician's written authorization shall specify the precise time periods and conditions in which any restraints shall be employed. The reasons for ordering and using restraints shall be recorded in the child's treatment plan. Staff shall be trained and be able to demonstrate, at least annually, competency in the application of restraints and in the monitoring, assessment and provision of care for the client in restraints. The training shall include techniques to identify client behaviors and events that may trigger circumstances that require the use of restraints and the safe application and use of all types of restraints, including:

1) Training in how to recognize and respond to signs of physical and psychological distress; and

2) The clinical identification of specific behavioral or medical changes that indicate that the restraint is no longer necessary.

o) The facility management shall ensure that children may have private visits at any reasonable hour unless those visits are not medically advisable for the child or are contrary to the directions of the child's representative as documented in the child's plan of treatment. The facility shall allow daily visiting. Visiting hours shall be posted in plain view of visitors. The facility management shall ensure that space for visits is available and that facility personnel knock, except in an emergency, before entering any child's room.

p) No visitor shall enter the immediate living area of any child without first identifying himself/herself and then receiving permission from the child to enter. The rights of other children present in the room shall be respected. Facility staff may terminate visits or provide other accommodations for the visit if the child requests or the visitor is involved in behavior violating other children's rights.

q) A child shall be voluntarily discharged from a facility after the child's representative gives facility management, a physician or a nurse of the facility written notice of the desire for the child to be discharged. A child shall be discharged upon written consent of the child's representative unless there is a court order to the contrary, such as a Department of Children and Family Services (DCFS) safety plan. Upon the child's discharge, the facility is relieved of any responsibility for the child's care, safety or well-being.

r) The facility shall establish involuntary discharge procedures in accordance with this Section, which shall include at least the following:

1) Child's behavior that may result in involuntary discharge;

2) Child's decline or improvement in medical condition that may result in involuntary discharge;

3) Child and child's representative counseling that may be provided to avoid involuntary discharge;

4) Notification of child's representative concerning involuntary discharge; and

5) Time frames between counseling, notice and involuntary discharge.

s) A facility may involuntarily transfer or discharge a child only for one or more of the following reasons:

1) The child's medical condition;

2) The child's physical safety; and

3) The child's action that directly impinges on the physical safety of other children, the facility staff or facility visitors.

t) A licensee, facility manager, employee, volunteer or agent of a facility shall not abuse or neglect a child.

(Source: Amended at 38 Ill. Reg. 9905, effective April 28, 2014)