**Section 545.75 Approval of a Sexual Assault Treatment Hospital with a Pediatric Transfer Plan**

a) The treatment hospital shall submit its treatment/pediatric transfer plan on a form provided by the Department. The pediatric transfer plan shall include, at a minimum:

1) The name and address of the treatment hospital;

2) The contact information, including name, telephone number, fax number, and email address, for the individual responsible for implementation and enforcement of the adult treatment and pediatric transfer plan and billing submission to the Illinois Department of Healthcare and Family Services; and

3) Documentation of the treatment hospital's ability to comply with Sections 2, 2.2, 5, 5.1, 5.2, 5.3, 6.5, 6.6, and 7 of the Act.

b) The completed adult treatment and pediatric transfer plan shall be sent to:

Illinois Department of Public Health

Division of Health Care Facilities and Programs

525 West Jefferson Street, 4th Floor

Springfield IL 62761-0001

c) A completed copy of the treatment/pediatric transfer plan shall be retained by the treatment hospital.

(Source: Added at 43 Ill. Reg. 4992, effective April 17, 2019)