**Section 545.85 Approval of a Pediatric Health Care Facility Sexual Assault Treatment Plan**

a) The pediatric health care facility shall submit its pediatric sexual assault treatment plan on a form provided by the Department. The pediatric sexual assault treatment plan shall include, at a minimum:

1) The name and address of the pediatric health care facility;

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

3) Documentation of the pediatric health care facility's ability to comply with Sections 2, 2.06, 2.2, 5, 5.1, 5.2, 5.3, 6.5, 6.6, and 7 of the Act.

b) The completed pediatric sexual assault treatment 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 pediatric sexual assault treatment plan shall be retained by the pediatric health care facility.

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