**Section 384.70 Behavior Management Requirements for the Use of Seclusion**

Seclusion is limited to children age six and older who have been placed in a child care facility and who pose a threat of physical harm to themselves or others. Such threat may include any dangerous behavior reasonably expected to lead to physical harm to self or others. Seclusion shall not be used until after other, less restrictive procedures or measures have been explored and found to be inappropriate. Seclusion shall not be used for a child whose medical condition, mental illness or developmental or psychological status contraindicates the use of the technique, as documented in the individual treatment plan.

a) Seclusion may be administered provided:

1) the use of seclusion is under the direct management and supervision of a mental health professional specifically trained in behavior management who has demonstrated both written and applied competency in the use of this procedure. Supervision of a seclusion episode does not require in person supervision provided that the "mental health professional" has viewed the seclusion in person and is confident that the seclusion is being applied according to the agency's selected model. (The "mental health professional" must review the seclusion episode immediately upon conclusion of the seclusion to ensure that the seclusion continued and concluded in a manner that is consistent with the model and the child's interest.);

2) seclusion shall be in a room at least 40 square feet with the shortest wall at least 6 foot and with an 8 foot ceiling, which is heated, lighted, and ventilated as the other rooms of the facility. Seclusion rooms are to be unfurnished and may have padding that is designed specifically for use in psychiatric or similar settings and approved by the local health and fire authorities. Light fixtures are to be screened or recessed, and interior door knobs are to be removed. Seclusion rooms shall be approved by the Department's licensing unit prior to usage. The Department is authorized to waive certain space requirements that represent a minimal variance from the requirements of this subsection (a)(2). Seclusion rooms must be inspected and approved under the regulations adopted by the Office of the State Fire Marshal;

3) a staff member trained in the use of the seclusion shall monitor the child by direct, in-person, visual observation on a continuous basis. A staff member assigned to monitor a child in a seclusion room shall have this monitoring as his or her sole job duty throughout the period of seclusion in order to ensure the child's safety while in the room, and will maintain a written record of the observations. Such observation may be through an uncovered one way mirror or regular window that provides for observation of the entire room at all times, if the staff person has unimpeded access to the seclusion room and normal daily sounds are audible. (There shall be sufficient staff to insure appropriate supervision of all other children while the staff member is monitoring the child in seclusion.);

4) a written log is to be kept of each seclusion episode. The staff member monitoring the seclusion shall make an entry in the log at least once every 15 minutes, clearly describing the behavior of the child at that time and a clinical impression of whether the behavior requires continuation of the seclusion;

5) a child may not be kept in seclusion more than 15 minutes beyond the point at which the child ceases presenting the specific behavior for which the seclusion was ordered or any other behavior for which seclusion is an appropriate intervention;

6) no child may be kept in seclusion longer than a total of four hours in any 24 hour period. If continuous seclusion is necessary for more than two hours, a mental health professional shall approve continuing the seclusion on an hourly basis with a total episode of seclusion not to exceed four hours. The treatment team must explore alternative treatment strategies, such as an emergency SASS or transporting the child to a hospital or mental health facility.

7) belts, shoes, matches, weapons, or any other object that can be used to inflict self-injury are to be taken from the child or removed from the room prior to placement of the child in the seclusion room if there are indications in the child's record or the child's current behavior that such precautions are warranted;

8) children placed in seclusion shall not be deprived of clothing (other than belts or items that may be used to inflict self-injury), food, toileting, medication, or other basic living functions.

b) Seclusion may be used to prevent runaway only when the child presents a threat of physical harm to self or others.

c) Seclusion shall not be used as discipline for rule infractions or for the convenience of staff.

d) Each use of seclusion shall be reported as soon as practicable and a written record forwarded within 24 hours to the administrator of the facility or designee, the assigned caseworker in the facility, and the social work supervisor. The administrator of the facility or designee shall approve or disapprove the use of seclusion under the circumstances described and shall indicate review and approval/disapproval by signing and dating the report. If the administrator or designee disapproves the use of seclusion in this instance, the administrator or designee shall state the reasons for disapproval and shall correct the improper use of seclusion. If the use of seclusion results in an injury requiring emergency medical treatment by a physician, the senior facility administrator shall be notified immediately.

e) A written report shall be created and maintained for each episode of seclusion. This report shall state the events and behavior leading to the initiation of seclusion; any additional behavior presented by the child during the seclusion period that required continuation of seclusion; the date of the occurrence; the age, height, weight, sex and race of the secluded child; the precipitating incidents; the persons (including other peers) who participated in secluding the child; any witnesses to the precipitating incident and subsequent seclusion; the exact methods of confinement used; the beginning and ending time of the seclusion; and a detailed description of any injury occurring as a result of the incident and seclusion. The supervisor on duty at the time of the incident and seclusion shall review the report submitted by the child care staff, inquire into any irregularities, and sign and date the written report indicating the date it was reviewed.

f) Upon request, the child's parents (unless parental rights have been terminated), guardian and attorney shall be notified in writing within two business days when a child remains in seclusion for two hours and within 12 hours when seclusion results in injury. Communication to the child's parent or guardian shall be conducted in the parent's or guardian's primary language or preferred mode of communication.

g) All seclusion episodes lasting longer than 15 minutes beyond the time that indicated behaviors have ceased, or lasting longer than two hours in total, are considered highly restrictive and should be a rare occurrence. Copies of the facility's documentation of the event must be forwarded to the Department of Children and Family Services, Attention: Chief of Licensing, Central Office of Licensing, 406 E. Monroe Street, Station #60, Springfield, Illinois 62701, for an independent clinical review.

(Source: Old Section 384.70 renumbered to Section 384.60; new Section 384.70 renumbered from Section 384.80 and amended at 26 Ill. Reg. 4623, effective March 15, 2002)