**Section 411.115 Admission Processing and Case Management**

a) At the time of intake, children and youth shall be informed of the admission process, given an explanation of the facility and its program, introduced to staff on duty and to other children and youth in the unit, and assigned a Qualified Mental Health Professional (QMHP) or Licensed Practitioner of the Health Arts (LPHA).

b) The facility intake processing of children and youth shall include at a minimum:

1) A determination that appropriate admission documentation is received;

2) A search of the child or youth and his or her possessions conducted in accordance with Section 411.195 of this Part;

3) An inventory documenting the receipt and disposition of personal property;

4) Shower, hair care, and pediculosis management, if necessary;

5) Issuance of clean, laundered clothing, as needed;

6) Issuance of personal hygiene articles;

7) Medical, dental, and mental health record assessment review;

8) Assignment to a residential unit. Housing assignments shall be non-discriminatory. Children and youth with disabilities shall be housed in a manner that provides for their safety and security and provides integration with the general population;

9) Recording of basic personal data and information to be used for mail and visiting lists;

10) Provision and explanation of written orientation materials, including clients' rights and grievance procedures, to the child or youth;

11) Identification of security concerns;

12) Identification of restrictions or special needs; and

13) Four photographs of the child's or youth's upper torso and head: one copy for the master record file; one copy for the medical file; one copy for the staff control room described in Section 411.600 of this Part; and one copy for the caseworker. Current pictures shall be updated when the child's or youth's appearance changes enough to make a positive identification difficult, but at least every 12 months.

c) A preliminary treatment or rehabilitative plan shall be completed on the day of admission by a QMHP. The development of this plan shall be based upon the pre-admission clinical evaluation and a clinical interview at the time of admission. This plan shall be reviewed and approved by an LPHA or the medical director within 24 hours. The plan shall specifically address the following items:

1) Precautions or special procedures that are to be fully implemented immediately after completion of the admission process and clinical interview with the QMHP;

2) Presenting problems and chief complaint;

3) History of risk behavior (e.g., suicide, assault, self mutilation, elopement, etc.);

4) Initial treatment programming;

5) Assignment of primary therapist or counselor (QMHP or LPHA);

6) Restrictions;

7) A copy of the pre-admission clinical evaluations attached to the preliminary plan; and

8) If the child or youth is limited English-speaking or visually, hearing or speech impaired, the method of communication that will be used for the provision and delivery of services to the child or youth.

d) If the child or youth is on psychotropic medication, any prescription and supply of medication shall be given to nursing staff.

e) Within 24 hours following admission, the child or youth shall receive a physical examination conducted by a physician and follow-up routine medical care. Emergency medical care shall be provided immediately on an as needed basis. The secure child care facility shall verify and/or assure that the child or youth is enrolled in the Department of Public Health's managed care system for children in the temporary custody or guardianship of DCFS.

f) Within 72 hours following admission, the medical director or designated psychiatrist shall conduct a psychiatric examination of the child or youth.