

ADMINISTRATIVE PROCEDURES #32
YOUTH TRANSPORTATION
January 20, 2022 – PT 2022.01

Section

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32.1 Purpose

It is the policy of this state to treat each youth in care with dignity and respect at all times, including during transport of the youth. No youth shall be subjected to restraints during the provision of any transportation services provided or arranged by the Department or its contractual assigns.

This Administrative Procedure implements Section 4e of the Children and Family Services Act [20 ILCS 505/4e] and Section 1-4.2 of the Juvenile Court Act of 1987 [705 ILCS 405/1-4.2].

32.2 Definitions

“Chemical restraint” means the use of medication that restricts a youth’s freedom during a behavioral crisis or emergency and that is not a part of the youth’s standard treatment or dosage for a behavioral, emotional, or psychiatric condition.

“Manual restraint” means a behavior management technique involving the use of physical contact or force, characterized by measures such as arm or body holds.

“Mechanical restraints” means any device, material, or equipment (including, but not limited to, straight jacket, arm or leg restraints, four-point restraints, and zip ties), other than personal physical force, used to immobilize or directly restrict the limbs, head, or body of a youth.

“Residential treatment center” means a licensed setting that provides 24-hour care to children in a group home or institution, including a facility licensed as a child care institution [225 ILCS 10/2.06], a licensed group home [225 ILCS 10/2.16], a secure child care facility [705 ILCS 405/18], or any similar facility in another state. “Residential treatment center” does not include a relative foster home or a licensed foster family home.

“Restraints” means chemical restraints, manual restraints, and mechanical restraints. “Restraints” does not include child restraint systems as defined in the Child Passenger Protection Act or devices, ordinarily worn by the youth during transport, for medical immobilization, adaptive support, or medical protection such as orthopedically prescribed devices, straps, or protective helmets.

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“Transport” means transportation of a youth provided or arranged by the Department. “Transport” does not include the emergency transportation of youth in care by an ambulance service provider in an emergency situation or inter-hospital non-emergency transportation.

“Youth” means a youth in the protective custody, temporary custody or guardianship of the Department.

32.3 Prohibited Transportation Services for Youth

No youth shall be subjected to restraints during the provision of any transportation services provided or arranged by the Department or its contractual assigns.

Any known, alleged, or suspected violations of this section shall be immediately reported to each of the following:

- a) DCFS Office of the Inspector General at:

Chicago

2240 West Ogden Avenue
Chicago, IL 60612
Phone: 312-433-3000
Fax: 312-433-3032

Or Springfield

4 West Old State Capitol, 8th Floor
Springfield, IL 62701
Phone: 800-722-9124

Note: Messages sent to the OIG’s Outlook email box (DCFS.OIG.Complaint@illinois.gov) are not encrypted and therefore not completely secure. Violations reported to the OIG should be submitted by in person delivery, U.S. Mail or fax.

- b) The court presiding over the youth’s case in accordance with the Juvenile Court Act; and
- c) The youth’s attorney and guardian ad litem.

32.4 Significant Event Reporting

- a) Any time a youth is transported in accordance with a court-approved transportation plan, the transport constitutes a “significant event” and requires a significant event report.
- b) A known, alleged, or suspected violation of the prohibition set forth in Section 32.3 above constitutes a “significant event” and requires a significant event report.
- c) The youth’s assigned Permanency Worker or Permanency Supervisor shall ensure that a significant event report is entered in SACWIS in accordance with **Procedures 331, Significant Events**.

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32.5 Trauma-Sensitive Transportation Plans for Youth

a) Transportation Plan Development

The youth's Permanency Worker, Supervisor and Program Administrator, in collaboration with i) placement resource staff, ii) the youth's clinical team at the location the youth is leaving and the location the youth is being transported to, and iii) the youth, to the extent possible and appropriate, must prepare a written individualized trauma-sensitive transportation plan for any youth when:

- 1) the youth is being transported to or from a psychiatric hospital or residential treatment center;
- 2) the youth's caseworker or clinical team identifies the need for a transportation plan; or
- 3) a court has ordered a transportation plan.

For youth who are psychiatrically hospitalized, the Permanency Worker and Supervisor shall begin discharge and placement planning from the moment of admission, including developing the transportation plan required by this Section and seeking court approval as necessary.

b) Minimum Transportation Plan Components

Each written individualized trauma-sensitive transportation plan must, at a minimum:

- 1) State the following specific details of the planned transportation:
 - the purpose of the transport;
 - the location the youth is being transported from and to;
 - the anticipated length of transport;
 - the time of day the transport will occur; and
 - if applicable, the plan for restroom, meal breaks, and provisions for overnight stays.
- 2) Include a written assessment of the youth's clinical condition and any safety concerns that may arise during transport.
- 3) Identify any measures that may be taken to address the identified safety concerns, including a description of specific, individualized steps and techniques that will be used during transport to maintain the well-being of the youth. The description shall include specific de-escalation techniques that have been effective with the youth

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- 4) Include a written assessment of the youth’s medical condition and any concerns that may arise during transport. If the youth needs to take regularly prescribed medication during transport, the plan must identify the person responsible for dispensing the medication.
- 5) Identify the following with respect to individuals accompanying the youth during transport:
 - Identify the caseworker or mental health professional, known to the youth, who will accompany the youth during transport.

Note: If the plan must be approved by the court and the youth is being driven in a passenger vehicle at any point during transport, there must be at least one caseworker or mental health professional known to the youth, other than the person driving the vehicle, to ensure the youth’s emotional and physical well-being during transport.
 - Identify any additional individuals who will accompany the youth to ensure the youth’s emotional and physical well-being during transport.
- 5) Set forth the plan for handling emergencies that may arise during transport.
- 6) Identify when and how the plan will be explained to the youth.

Section 32.6 Required Approvals for Trauma-Sensitive Transportation Plans for Youth

When any of the following circumstances applies, the written individualized trauma-sensitive transportation plan must be **approved in writing** by i) the Department’s Chief Deputy Director of Permanency and Intact Services; and ii) the Department’s Chief Deputy Director of Clinical and Child Services; **and** iii) the juvenile court in accordance with Section 1-4.2 of the Juvenile Court Act:

- a) The youth is being transported to an out-of-state residential treatment center;
- b) The youth is being transported from an out-of-state residential treatment center to another residential treatment center or psychiatric hospital in any state;
- c) The youth is being transported from a psychiatric hospital to a residential treatment center in this State and the anticipated travel time is greater than 3 hours; **or**
- d) A court has ordered that the transportation plan be approved by the court.