**Section 350.1050 Recreational and Activities Services**

a) The facility shall provide an ongoing program of activities to meet the interests and preferences and the physical, mental and psychosocial well-being of each resident, in accordance with the resident's comprehensive assessment. The recreational and activity services shall be coordinated with other services and programs to make use of both community and facility resources and to benefit the residents.

b) Activity Director and Consultation

1) A trained staff person shall be designated as activity director, and shall be responsible for planning and directing the activities program. This person shall be regularly scheduled to be in the facility at least four days per week. In a facility of 16 or fewer residents, the Qualified Intellectual Disability Professional (QIDP) may serve as the activity director. Additional activity personnel shall be provided as necessary to meet the needs of the residents and the program.

2) If the activity director is not a Certified Therapeutic Recreation Specialist (CTRS), Occupational Therapist (OT), or a Licensed Social Worker (LSW) or Licensed Clinical Social Worker (LCSW) who has specialized course work in social group work, the facility shall have a written agreement with a person from one of those disciplines to provide consultation to the activity director and/or activity department at least monthly, to ensure that the activity programming meets the needs of the residents of the facility.

3) Any person designated as activity director hired after November 1, 2000 shall have a high school diploma or equivalent.

4) Except for individuals qualified as a CTRS, OTR/L, LSW or LCSW as listed in subsection (b)(2), any person hired as an activity director shall have completed a 36-hour basic orientation course or shall register to take a 36-hour basic orientation course within 90 days after employment and shall complete the course within 180 days after employment. This course shall be recognized by an accredited college or university or a nationally recognized continuing education sponsor following the guidelines of the International Association for Continuing Education and Training and include at least the following: resident rights; activity care planning for quality of life, human wellness and self-esteem; etiology and symptomatology of persons who are aged, developmentally disabled or mentally ill; therapeutic approaches; philosophy and design of activity programs; activity program resources; program evaluation; practitioner behavior and ethics; resident assessments and supportive documentation; standards and regulations concerning activity programs; management and administration. Individuals who have previously taken a 36-hour basic orientation course, a 42-hour basic activity course or a 90-hour basic education course shall be considered to have met this requirement.

5) The activity director shall have a minimum of ten hours of continuing education per year pertaining to activities programming.

6) Consultation shall be required only quarterly when the activity director meets or exceeds the following criteria:

A) High school diploma or equivalent, five years of full-time or 10,000 hours of part-time experience in activities (three years of that experience as an activity director), and completion of a basic orientation course of at least 36 hours; or

B) A two-year associate's degree, three years of experience as an activity director, and completion of a basic orientation course of at least 36 hours; or

C) A four-year degree, one year of full-time experience as an activity director, and completion of a basic orientation course of at least 36 hours.

c) Activity personnel shall have a minimum of 6 hours of in-service training per calendar or employment year, directly related to recreation/activities. Habilitation aides who provide activities to residents shall also meet this requirement. In-service training may be provided by qualified facility staff and/or consultants, or may be obtained from college or university courses, seminars and/or workshops, educational offerings through professional organizations, similar educational offerings or any combination thereof.

d) Written permission, with any contraindications stated, shall be given by the resident's physician if the resident participates in the activity program. Standing orders will be acceptable with individual contraindications noted.

e) An assessment of each resident shall be conducted, which shall include the following:

1) Background information, including education level, cultural/social issues, and spiritual needs;

2) Current functional status, including communication status, physical functioning, cognitive abilities, and behavioral issues; and

3) Leisure functioning, including attitude toward leisure, awareness of leisure resources, knowledge of activity skills, and social interaction skills and activity interests, both current and past.

f) The activity staff shall participate in the development of an individualized habilitation plan that addresses the needs and interests of the residents including activity/recreational goals and interventions.

g) The facility shall provide a specific, planned program of individual (including self-initiated) and group activities that are aimed at improving, maintaining, or minimizing decline in the resident's functional status, and at promoting well-being. The program shall be designated in accordance with the individual resident's needs, based on past and present lifestyle, cultural/ethnic background interests, capabilities, and tolerance. Activities shall be held daily and shall reflect the schedules, choices, and rights of the residents (e.g., morning, afternoon, evenings and weekends). The residents shall be given opportunities to contribute to planning, preparing, conducting, concluding and evaluating the activity program.

h) The activity program shall be multifaceted and shall reflect each individual resident's needs and be adapted to the resident's capabilities. The activity program philosophy shall encompass programs that provide stimulation or solace; promote physical, cognitive, and emotional health; enhance, to the extent practicable, each resident's physical and mental status; and promote each resident's self-respect by providing, for example, activities that support self-expression and choice. Specific types of activities may include:

1) Physical activity (e.g., exercise, fitness, adapted sports);

2) Cognitive stimulation/intellectual/educational activity (e.g., discussion groups, guest speakers, films, trivia, quizzes, table games, puzzles, writing, spelling, newsletter);

3) Spiritual/religious activity (e.g., religious services, spiritual study groups, visits from spiritual support groups);

4) Service activity (e.g., volunteer work for the facility, other individuals or the community);

5) Sensory stimulation (e.g., tactile, olfactory, auditory, visual and gustatory);

6) Community involvement (e.g., community groups coming into the facility for intergenerational programs, special entertainment and volunteer visits; excursions outside the facility to museums, sporting events, entertainment, parks);

7) Expressive and creative arts/crafts (adapted to the resident's capabilities), music, movement/dance, horticulture, pet-facilitated therapy, drama, literary programs, art, cooking;

8) Family involvement (e.g., correspondence, family parties, holiday celebrations, family volunteers); and

9) Social activity (e.g., parties and seasonal activities).

i) If residents participate in regularly scheduled therapeutic programs outside the facility (e.g., school, employment, or sheltered workshop), the residents' needs for activities while they are in the facility shall be met.

j) Residents' participation in and response to the activity program shall be documented at least quarterly and included in the clinical record. The facility shall maintain current records of resident participation in the activity program.

(Source: Amended at 48 Ill. Reg. 2546, effective January 30, 2024)