



# DISCHARGE SUMMARIES AND EQUIPMENT CARE

## Section 661: NEWBORN AND INFANT SCREENING AND TREATMENT CODE Section 661.610 Responsibilities of Medical Care Facilities Excerpts

### Resources:



[Illinois Sound Beginnings](#)



[Illinois Department of Public Health Newborn Hearing](#)



[PART 661 Newborn and Infant Screening Code](#)



● **After completion of the newborn hearing screening, medical care facilities shall provide to parents, legal guardians, or caregivers, orally and in writing, the following information:**

- Time, date, screening technology and individual-ear screening results for the final screening session prior to discharge; and
- Follow-up plan of care, including the coordination of follow-up screening or diagnostic appointments and service locations.

● **A medical care facility shall maintain newborn hearing screening equipment that is approved by the Food and Drug Administration for Newborn Hearing Screening and meets the following requirements:**

- Measures a physiologic response; is implemented with objective response criteria; uses a procedure that measures the status of the peripheral auditory system and is highly correlated with auditory function; and is approved for newborn hearing screening; and
- Detects, at a minimum, any unilateral or bilateral hearing losses equal to or greater than 35dB HL. The methodology used should have a false-positive rate and no less than 1% and no greater than 4%. For this purpose, false positive rate means the proportion of newborns or infants without hearing loss who are identified incorrectly by the screening process as having significant hearing loss.

● **Medical care facilities shall calibrate hearing screening equipment in the timeframe and manner recommended by the manufacturer. Calibration should occur annually, or more frequently, per manufacturer guidelines.**

● **A medical care facility shall report to the Department when equipment is out of service for greater than 48 hours.**

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