Manual for Mandated Reporters

May 2015
Revised Edition

Illinois Department of
DCFS
Children & Family Services

Children's Justice
Task Force

Guidelines for Calling the Child Abuse Hotline

Mandated reporters are required to call the Hotline when they have **reasonable cause to believe** that a child known to them in their professional or official capacity may be an abused or neglected child. The Hotline worker will determine if the information given by the reporter meets the legal requirements to initiate an investigation.

Criteria needed for a child abuse or neglect investigation

- The alleged victim is a child under the age of 18.
- The alleged perpetrator is a parent, guardian, foster parent, relative caregiver, paramour, any individual residing in the same home, any person responsible for the child's welfare at the time of the alleged abuse or neglect, or any person who came to know the child through an official capacity or position of trust (for example: health care professionals, educational personnel, recreational supervisors, members of the clergy, volunteers or support personnel) in settings where children may be subject to abuse and neglect.
- There is a specific incident of abuse or neglect or a specific set of circumstances involving suspected abuse or neglect.
- There is demonstrated harm to the child or a substantial risk of physical or sexual injury to the child.

Information the reporter should have ready to give to the Hotline

- Names, birth dates (or approximate ages), races, genders, etc. for all adult and child subjects.
- Addresses for all victims and perpetrators, including current location.
- Information about the siblings or other family members, if available.
- Specific information about the abusive incident or the circumstances contributing to risk of harm—for example, when the incident occurred, the extent of the injuries, how the child says it happened, and any other pertinent information.

If this information is not readily available, the reporter should not delay a call to the hotline.

Illinois Child Abuse Hotline
1-800-25-ABUSE (1-800-252-2873)

The Hotline operates 24 hours per day, 365 days a year. Reporters should be prepared to provide phone numbers where they may be reached throughout the day in case the Hotline must call back for more information.

May 2015

Dear Mandated Reporters:

The Department of Children and Family Services has designed this manual to help you understand your responsibility to report suspected child abuse and neglect to the DCFS Child Abuse Hotline. If your report is accepted, DCFS child protection specialists will begin an investigation to determine the occurrence of abuse or neglect. You will be informed of the investigation results, and you may request a review of "unfounded" investigations if there is important information that was overlooked during the investigation (see ANCRA, 325 ILCS 5/7.21). If the Hotline does not accept your report, you may ask to speak with a Hotline supervisor and have your information reassessed as stated on page 13 of this manual.

This manual contains a link to a copy of the *Abused and Neglected Child Reporting* Act (ANCRA) which defines the department's intake and investigation of child abuse and neglect reports. Some of the most significant changes to this law that have taken effect since this manual was last revised are noted below.

1. The list of mandated reporters required by the Act to report child abuse and neglect has been broadened and clarified to now include: ***"licensed professional counselors of any office, clinic, or any other physical location that provides abortions, abortion referrals, or contraceptives."*** [325 ILCS 5/4]

2. **The definition for "Police station" now means a municipal police station, a county sheriff's office, a campus police department located on any college or university owned or controlled by the State or any private college or private university that is not owned or controlled by the State when employees of the campus police department are present, or any of the district headquarters of the Illinois State Police. [315 ILCS 2/10]**
   (The above definition has a direct effect on Section 300.180, Abandoned Newborn Infants)

3. Personnel of institutions of higher education, athletic program or facility personnel, and early intervention providers are now mandated reporters.

4. Possibly one of the most disturbing issues of our times worldwide and one that has affected us here at home as well is the worldwide epidemic of "Human Trafficking." No longer seen only in Eastern Europe or Asia, but now here in Illinois, allegation #40/90 Human Trafficking of Children has been added to ANCRA and it is defined as follows: *"Federal law defines severe forms of trafficking of persons as: sex trafficking in which a commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such act has not attained 18 years of age; or the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage or slavery." [U.S.C.§ 7102(8)]*

In addition to distributing this manual, the Department of Children and Family Services provides training opportunities for all mandated reporters in Illinois. To request training or to obtain needed information, please contact the DCFS Division of Child Protection at 217-785-4010. The ***Manual for Mandated Reporters*** is also available in both English and Spanish versions on the department's website at www.DCFS.illinois.gov.

Sincerely,

George H. Sheldon, Acting Director

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Table of Contents

INTRODUCTION 1
- Child Welfare Laws and Their Impact 1
- Difficulties in Reporting Child Abuse and Neglect 2

RESPONSIBILITIES OF MANDATED REPORTERS 4
- Who are mandated reporters? 4
- What is required of mandated reporters? 5
- What is abuse? 6
- What are the guidelines to determine whether there is reasonable cause to believe physical abuse, sexual abuse, or neglect may have occurred? 7
- When can the Department of Children & Family Services become involved in suspected cases of child abuse or neglect? 9
- Talking to the Hotline 9

MAKING A REPORT: Calling the DCFS Hotline 10
- The State Central Register Hotline 11
- In an organization such as a school or a hospital, who should make the report? 11
- What happens if I call and all the lines are busy? 11
- SCR Hotline Procedures 12
- What if I do not agree with the Hotline about whether a report should be taken? 13
- What happens if a report is taken? 13

HOW DCFS INVESTIGATES REPORTS 14
- Will I as a mandated reporter be contacted by DCFS? 15
- Who else will be contacted by investigators? 15
- Should I contact anyone, such as parents, after I make a report? 16
- What evidence is needed to indicate a report? 16
  - Physical Abuse Investigations 16
  - Sexual Abuse Investigations 18
  - Neglect Investigations 20
- What happens as a result of the investigation? 21
  - Indicated Cases 21
  - Unfounded Cases 22
- What happens when a professional or a child care facility is involved as the perpetrator in an indicated finding of child abuse? 22
- Are perpetrators in indicated cases of abuse ever prosecuted? 23
- What are child welfare services, and what do they have to do with child abuse investigations? 23
- In what circumstances are children removed from their families as a result of abuse allegations? 24
- Will I find out what decisions are made in cases I reported? 24

CONCLUSION 25

WEB-BASED RESOURCES AND APPENDICES 26
- Appendix A: Instructions for accessing the Abused and Neglected Child Reporting Act
- Appendix B: Checklist for Mandated Reporters
- Appendix C: DCFS Allegations System
- Appendix D: Reporting Forms

Disclaimer

This manual is provided as a public service by the Illinois Department of Children and Family Services and is intended for the informational use and convenience of interested persons and should not be considered a substitute for the advice of legal counsel.

Although the information found in this manual is believed to be reliable as of the time of this manual's publication, no warranty, expressed or implied, is made regarding the accuracy, completeness, or legality of any information, either isolated or in the aggregate. The information is provided "as is". Changes may be periodically made to the information contained herein; these changes may or may not be incorporated into this manual; and information contained in the manual may quickly become out of date. Therefore, we encourage you to consult an attorney of your choice for legal advice and for the most recent versions and interpretations of the applicable law.

Further, if you find any errors or omissions, we encourage you to report them to the DCFS Office of Child and Family Policy by email at cfpolicy@idcfs.state.il.us or phone 217-524-1983.

Introduction

A professional with the legal responsibility to report suspected child abuse or neglect carefully considers the decision to make a report. Sometimes the case is clear cut; other times there are issues which make reporting less certain. The goal of this manual is to help guide you in making that critical decision. Professionals who work with children need to know:

- Who must report suspected abuse or neglect of children?
- What happens when a report of child abuse or neglect is made?
- Why are some cases accepted for investigation while others are not?
- What are the legal definitions of abuse and neglect and how are they interpreted?
- What legal protections are afforded mandated reporters?
- What are the possible penalties for failure to report?
- What happens after a report is accepted?

The purpose of this manual is to answer these questions and to acquaint you with the operation of the child protection system in Illinois.

Child Welfare Laws and Their Impact

The ability of the state to intervene in families to protect children comes from the authority granted to the State by law. Both legislation and case law established by the courts set the limits of State intervention. While there are many laws guiding child protection and child welfare interventions, the most important in Illinois is the **Abused and Neglected Child Reporting Act** (ANCRA). Illinois (and all other states) require a wide range of professionals to report suspected child maltreatment. These professionals and any other person required by law to report suspected abuse or neglect are called **mandated reporters.** In Illinois, the definition of abuse and neglect and the definition of mandated reporters and some of the "rules" for investigating and responding to abuse and neglect are spelled out in the Abused and Neglected Child Reporting Act (ANCRA) of 1975. This act has been amended numerous times and forms the basis for all child protection policies and activities throughout the State.

Difficulties in Reporting Child Abuse and Neglect

The Department of Children and Family Services (DCFS) is the state agency given the responsibility by ANCRA to conduct investigations of child maltreatment and to arrange for needed services for children and families where credible evidence of abuse or neglect exists ("Indicated" cases). In Illinois, approximately 65 percent of all calls to report abuse or neglect to DCFS's Hotline (the central registry for reporting) come from mandated reporters.

The requirement that professionals report child maltreatment, together with a growing public awareness of child abuse and neglect, have had a significant impact over the past 25 years. Reports of abuse and neglect have risen sharply nationwide. An estimated 125,000 Illinois children are abused or neglected each year, and one in five kids are abused before age 18. DCFS receives, investigates and acts upon a report of child abuse or neglect every five minutes, child sex abuse every two hours, and a child death by abuse or neglect every day-and-a-half.

Despite the increase in reports, many serious cases of child maltreatment go unreported, even by mandated reporters. On the other hand, many calls to the Hotline are not accepted as reports to be investigated or are found to lack credible evidence of abuse or neglect when investigated ("Unfounded" cases). There are a number of issues which help explain this seeming inconsistency.

- Some reporters believe that "it doesn't do any good" to make a report. This concern may come from the experience of having a report not accepted or from not seeing any clear beneficial result from the report.

- Reporters may not be open to the possibility of child maltreatment and may therefore deny its presence.

- The lack of specificity in the law and its definitions of abuse and neglect create many "gray areas", leading to confusion for reporters. While this lack of specificity may make judgment about what must be reported unclear, it also allows for some flexibility in interpretation. This is important in covering all possible situations.

- Reporters may lack a thorough understanding of the limits of the authority of DCFS to intervene in certain kinds of situations which fall outside DCFS's legal jurisdiction.

- Finally, concern about a child's well-being or a fear of being accused of failing to report may lead mandated reporters to "err on the side of caution", reporting incidents that may not meet the definition of abuse or neglect.

When mandated reporters make good faith efforts and their reports are either not accepted by the DCFS Hotline or are not indicated upon investigation, reporters can feel frustrated and distrustful. Yet, due to the limitations of its legal jurisdiction, DCFS cannot accept some cases.

Careful screening of reports by Hotline staff is in order. The investigation of abuse or neglect is necessarily very intrusive into family life. The state must exercise its authority cautiously and appropriately in order to respect the rights of parents. The guiding principle used is "minimally acceptable parenting standards." The State has the authority to intervene in family life when basic standards of care and protection from harm are not met. Not only the law, but the courts constrain DCFS intervention. It is important to remember that many decisions about child protection are made in conjunction with the court. In Illinois the Juvenile Court determines if there is sufficient evidence to adjudicate a child abused or neglected under the law. The court also determines if children will be removed from their homes and placed in foster care. In making its decisions, the Juvenile Court must have a preponderance of evidence that abuse or neglect has occurred.

Mandated reporters express concern that children who have been abused or neglected often remain in their parents' care. This fact illustrates the philosophy and law of the State of Illinois as well as federal law that the majority of children are best served in their own homes by their own families, with specialized services and monitoring of child safety provided by the State. According to ANCRA, DCFS shall

> *"protect the health, safety, and best interests of the child in all situations in which the child is vulnerable to child abuse or neglect, offer protective services in order to prevent any further harm to the child and to other children in the same environment or family, stabilize the home environment, and preserve family life whenever possible."*

(325 ILCS 5/2)

DCFS is often limited in its ability to intervene in family life, both by the law which defines its operations and by the resources available. In making a report, mandated reporters are in the best position to identify signs of harm to children and to take the steps necessary to help protect them. This manual should increase your understanding of the procedure for making a report and your knowledge of what happens once a report is accepted. By making the most effective reports, the available resources for protecting children can be put to the best use.

Responsibilities of Mandated Reporters

Who are mandated reporters?

This section identifies the responsibilities of mandated reporters to report child maltreatment and the basic types of maltreatment that must be reported. The information in this chapter comes from the Abused and Neglected Child Reporting Act (325 ILCS 5/4).

Mandated reporters are professionals who may work with children in the course of their professional duties. There are seven groups of mandated reporters as defined in 325 ILCS 5/4:

Medical Personnel: for example, physician, dentist, LPN, RN, medical social worker, emergency medical technician, nurse practitioner, chiropractor, hospital administrator

School Personnel: includes administrators and certified and non-certified staff such as the superintendent, teacher, principal, school counselor, school nurse, school social worker, assistant principal, teacher's aide, truant officer, school psychologist, and secretary, including personnel of institutions of higher education

If an allegation of abuse is raised to a school board member, the school board as a governing body or the individual member has the authority to direct the superintendent of the school district, or other equivalent school administrator, to report the abuse as required by the Abused and Neglected Child Reporting Act.

Social Service/Mental Health Personnel: for example, mental health personnel, social workers, psychologists, domestic violence personnel, substance abuse treatment personnel, staff of state agencies dealing with children such as Department of Human Services, Department of Public Aid, Department of Public Health, Department of Corrections, and Department of Children and Family Services

Law Enforcement Personnel: for example, employees of the court, parole/probation officer, emergency services staff, police, states attorney and staff, juvenile officer

Coroner/Medical Examiner Personnel

Child Care Personnel: includes all staff at overnight, day care, pre-school or nursery school facilities, recreational or athletic program or facility personnel, early intervention providers as defined in the Early Intervention Services System Act, and foster parents

Members of the Clergy: includes any member of the clergy that has reasonable cause to believe that a child known to him or her in a professional capacity may be an abused child

It should be noted that the protection of children is the responsibility of the entire community and that the law provides that **anyone** may make a report to the Hotline.

What is required of mandated reporters?

Mandated reporters are **required** to report suspected child maltreatment immediately when they have "**reasonable cause to believe"** that a child known to them in their professional or official capacity may be an abused or neglected child". (325 ILCS 5/4) This is done by calling the DCFS Hotline at **1-800-252-2873** or **1-800-25ABUSE.**

As professionals who work with children, mandated reporters are assumed to be in the best position to recognize and report child abuse and neglect as soon as possible. Mandated reporters are the state's "early warning system" to identify probable abuse early enough to avoid serious and long-term damage to a child. The State's primary goal is to protect the child and, whenever possible, to stabilize and preserve the family so that it may remain intact.

The Abused and Neglected Child Reporting Act places several requirements on you as a mandated reporter.

- You are required to *"immediately report or cause a report to be made to the department"* of suspected child abuse or neglect.
- **Privileged communication between professional and client is not grounds for failure to report**. Willful failure to report suspected incidents of child abuse or neglect is a misdemeanor (first violation) or a class 4 felony (second or subsequent violation). Further, professionals may be subject to penalties by their regulatory boards for willful failure to report. A member of the clergy may claim privilege under Section 8-803 of the Code of Civil Procedure.
- State law protects the identity of all mandated reporters, and you are given immunity from legal liability as a result of reports you make in good faith; however, you may have to testify regarding any incident you report if the case becomes the subject of legal or judicial action.
- Reports must be confirmed in writing to the local investigation unit within 48 hours of the Hotline call. Forms may be obtained from the local DCFS office or you may duplicate and use the forms in Appendix D of this manual.

What is abuse?

Physical Abuse as defined by 325 ILCS 5/3 occurs when a parent or a person responsible for the child's welfare:

- *"inflicts, causes to be inflicted, or allows to be inflicted upon such child physical injury, by other than accidental means, which causes death, disfigurement, impairment of physical or emotional health, or loss or impairment of any bodily function". Such common injuries include bruises, human bites, bone fractures, and burns.*

- *"creates a substantial risk of physical injury" likely to have the physical impacts listed above. Examples in DCFS allegation definitions include such incidents as choking or smothering a child, shaking or throwing a small child, and violently pushing or shoving a child into fixed objects. Other circumstances include incidents of domestic violence in which the child was threatened, violations of orders for the perpetrator to remain apart from the child, and a history of past sexual abuse that may place other children at risk.*

- *"acts of torture" which is defined by DCFS as "deliberately and/or systematically inflicting cruel or unusual treatment which results in physical or mental suffering".*

- *"inflicts excessive corporal punishment" is included in ANCRA, but is not specifically further defined by DCFS. However, bruises inflicted on a child, especially a young child, are usually considered to meet this definition.*

- *"commits or allows to be committed the offense of female genital mutilation."*

- *"causes to be sold, transferred, distributed, or given to such child under 18 years of age, a controlled substance" (i.e. illegal drugs) except when prescribed by a physician.*

Sexual Abuse occurs when a person responsible for the child's welfare commits any of the following acts:

- sexually transmitted diseases are by DCFS definition "diseases which were acquired originally as a result of sexual penetration or conduct with an individual who was afflicted"

- sexual penetration includes any contact between the sex organ of one person and the sex organ, mouth, or anus of another person. Typical acts include vaginal, oral and anal sex.

- sexual exploitation is defined by DCFS as "sexual use of a child for sexual arousal, gratification, advantage, or profit". This includes such acts as explicit verbal enticements, child pornography, self masturbation in the child's presence, and forcing a child to watch sex acts.

- sexual molestation is defined by DCFS as "sexual conduct with a child when such contact, touching, or interaction is used for arousal or gratification of sexual needs or desires". Examples include fondling a child or having the child touch the perpetrator sexually. (DCFS Procedures 300.Appendix B)

For both physical and sexual abuse, parents and caretakers are charged with the responsibility to take reasonable steps to stop abuse. If they do not, they may be charged with abuse themselves. (325 ILCS 5/3)

Neglect occurs when a person responsible for the child deprives or fails to provide the child with adequate food, clothing, shelter, or needed medical treatment. Neglect is also alleged when an adult provides inadequate supervision of a child. This can occur when children are left either unsupervised or in the care of someone unable to supervise due to his/her condition. ANCRA also includes the following when defining neglected child; "a child "who is subjected to an environment which is injurious insofar as (i) the child's environment creates a likelihood of harm to the child's health, physical well-being, or welfare and (ii) the likely harm to the child is the result of a blatant disregard of parent or caretaker responsibilities." Children can suffer injuries that are the result of "blatant disregard" and are considered neglect. According to DCFS, "Blatant disregard" means an incident where the real, significant, and imminent risk of harm would be so obvious to a reasonable parent or caretaker that it is unlikely that a reasonable parent or caretaker would have exposed the child to the danger without exercising precautionary measures to protect the child from harm. (**Rules 300.20, Definitions**)

What are the guidelines to determine if there is reasonable cause to believe physical abuse, sexual abuse, or neglect may have occurred?

The definitions in ANCRA are not perfectly clear in helping mandated reporters (or DCFS investigators later) in distinguishing between inappropriate/undesirable parenting and those acts which constitute abuse and neglect. It is clear that there are many points at which judgments must be made. What is excessive corporal punishment? At what age is it safe to leave children alone? At what point does a dirty house become a health and safety concern? How do you distinguish

poverty from neglect? A question to ask yourself is "Has the child been harmed or been at substantial risk of harm?" This helps focus the issue and moves away from value judgments and attitudes about lifestyles.

In considering whether there is "reasonable cause" to make a report, there are some issues that are important for mandated reporters to consider in deciding whether to report an incident as suspected abuse or neglect. While it is not the function of the mandated reporter to investigate, enough information must be obtained to determine if a Hotline call is needed.

- Did you observe evidence that some damage was done to the child? In physical abuse, this is most often some physical evidence of harm — a bruise, a fracture, or cuts. In sexual abuse cases, it is usually information from the victim about a specific incident of molestation, penetration, or exploitation. With neglect, there are concrete observations of a failure to provide for physical needs.

- What communication has the child provided? Is the information consistent and plausible with what you have observed?

- If the explanation comes from someone other than the child, how credible and/or complete is the information?

- Since the signs of sexual abuse can be uncertain, if a child tells you he/she is being abused by a caretaker or person responsible for the child's welfare, report it.

- Have there been past incidents which, in retrospect, may have been suspicious?

The law says that physical injury or the risk of injury that is <u>accidental</u> does not constitute abuse. This does not include the "I didn't mean to hit him so hard" excuse as accidental, but it does mean that injury to a child caused in reasonable circumstances may not be abuse. Children do engage in activities and behaviors in which they receive injuries but for which no one is responsible. On the other hand, some "accidental" injuries are preventable and can be attributed to "blatant disregard". What this means to the mandated reporter is that any information you have about the circumstances of the alleged abuse is important for the Hotline worker to know. When it is possible to determine, however, that a cut or a bruise or even a broken bone was due to an accident that might be understandable even <u>with</u> parental supervision, it is not necessary to make the report.

When can the Department of Children and Family Services become involved in suspected cases of child abuse or neglect?

The law in Illinois is quite clear about the circumstances under which DCFS can investigate and intervene when abuse or neglect of a child is suspected. The following conditions must be present:

1. the victim must be under the age of 18;
2. the alleged perpetrator (the person alleged to have committed the abuse/neglect) must be a parent, step-parent, paramour of the natural parent, guardian, foster parent, immediate family member (siblings and grandparents), any person living in the home of the child, a person who came to know the child through an official capacity or position of trust (such as a teacher, health care professional, or volunteer in a youth program), or a person who is responsible for the welfare of the child (such as a babysitter, day care facility, or residential facility);
3. there must be a specific incident of abuse or neglect or a specific set of circumstances involving suspected abuse or neglect; and
4. there must be either demonstrated harm or a substantial risk of physical or sexual injury to the child.

These conditions are very important. If a case does not contain all of these elements, the department has no jurisdiction and cannot investigate the allegation. In such cases the Hotline intake worker may refer the reporter to a community agency (domestic violence shelter, youth crisis center) or to the police. If the reporter's call is not accepted for investigation, the Hotline worker must notify the reporter that the information is not sufficient for a report and will not be investigated. Such attempted reports, however, will be kept on the computer data base for six months.

Talking to the Hotline

Your role as a mandated reporter is to inform the department when you determine there is reason to believe that a child has been harmed or is in danger of being harmed — physically, sexually, or through neglect — and that a caretaker either committed the harm or should have taken steps to protect the child from the harm. You need to make the call immediately and no one within your employment setting is permitted to restrain the call. The function of the Hotline worker is to determine whether or not the harm to the child as described by the reporter qualifies as abuse or neglect under the State's definition and can be investigated by DCFS. It is not the job of the Hotline worker to make a determination that the suspected abuse has actually occurred. This is the function of the DCFS child protection specialist.

Making A Report

Calling the DCFS Hotline

Most mandated reporters know that they are required to report suspected incidents of abuse, but they are not sure to whom they are reporting or what happens as a result of reports they make. This section provides an introduction to the State Central Register Hotline, where all calls reporting suspected abuse or neglect are taken. The discussion covers how the Hotline works in taking calls and how the Hotline workers screen calls to decide whether a report will be taken.

It is helpful to know some key terms as they are used by the department.

allegation of harm - The content of the reporter's concern about a child is coded by the Hotline worker into one or more allegations which define the nature of the harm or the risk of harm to the child. The allegations are listed in Appendix C.

report - If the Hotline worker concludes that the allegation is one the department is legally empowered to investigate and that there is sufficient information to warrant investigation, a **report** will be taken. This means that DCFS will initiate an investigation of the allegation. Every call to the Hotline does not necessarily result in a report.

credible evidence - means that the available facts when viewed in light of surrounding circumstances would cause a reasonable person to believe that a child may have been abused or neglected.

indicated - Cases are called "**indicated**" when an investigation has determined that credible evidence of the alleged abuse or neglect can be documented.

unfounded - Cases are called "**unfounded"** when an investigation has determined that credible evidence of the alleged abuse or neglect cannot be documented. All unfounded reports alleging sexual abuse or serious physical abuse are kept by the State Central Register (SCR) for a period of three years. With few exceptions, all other unfounded reports from mandated reporters are retained for one year. In addition, mandated reporters may request a review of an unfounded report within 10 days of notification if they have concerns about the adequacy of the investigation or if they feel that specific information has been overlooked. Reports that are unfounded are expunged from the SCR computer files when the retention period expires, unless the subject of the report believes the report was falsely filed and requests that it be retained.

The State Central Register Hotline

All calls to report suspected abuse or neglect must be made to the statewide Hotline. The toll-free number is **1-800-252-2873 (1-800-25-ABUSE)**. At the Hotline, specially trained intake workers answer the phones and handle calls from anyone who wishes to report an incident of suspected child abuse or neglect. The Hotline is available 24 hours per day, seven days per week, 365 days a year.

In an organization such as a school or a hospital, who should make the report?

Ideally, the mandated reporter with the most direct knowledge of the suspected abuse should be the one to make the call, however this is not a requirement. Having more information and details of the situation may make the difference between getting a report taken or not. Sometimes someone else in the organization is asked to make the actual call. This practice must not delay the making of the report. In addition to calling the Hotline, a mandated reporter may also notify his/her supervisors in the organization that a report has been made. It must be noted, however, that ANCRA prohibits any individual, even a supervisor, from suppressing, changing, or editing a report (325 ILCS 5/4).

When someone other than the person who directly observed the evidence of abuse is reporting, it is helpful for the staff member(s) with direct information to write it down. You may wish to use the checklist in Appendix B as a way to organize the information. This will ensure that both the Hotline and DCFS investigative workers have complete and accurate information on which to base decisions.

What happens if I call and all the lines are busy?

When too many calls come in to the Hotline to be taken immediately, a recording will engage your call and a system is implemented to screen and re-call reporters who are waiting. A "call back" will be made just as soon as an intake worker becomes available. However, if your call is an emergency or a child is in immediate danger, you should tell the message taker, and your call will be taken. The Hotline system tries to assure that all call backs are made just as soon as possible, but mandated reporters should take two steps when dealing with the Hotline at a busy time:

1. Reporters should remain on the line, even when lines are busy and a recording is heard; a worker will break in after a short time to take call back information.
2. When giving call back information, try to anticipate where you will be for the next several hours and give the worker not only your present number, but any number(s) where you may be reached at a later time.

Also, mandated reporters should anticipate that their callback may be delayed. Therefore, calls should be made to the Hotline well before the end of a working day. It is always important to report suspected abuse or neglect as soon as any evidence is observed. If children are in danger of harm, it is important to begin the investigation quickly. Seeing children as soon as possible is critical because perishable evidence such as bruises may fade rapidly, or the willingness of the child to talk about the incident may disappear. If possible, Hotline reports should be made during the week, especially if it is desirable to see the children at school or at a day-care facility during the week. A call made late Friday will result in the child being seen at home on the weekend, making it harder to speak privately. Depending on the allegation, this may not be the best situation for open disclosure.

SCR Hotline Procedures

When a Hotline worker answers a call, the worker should identify himself/herself. If the worker forgets to do that, you are entitled to ask for the worker's name so you will know with whom you spoke. You may wish to note the worker's name, particularly if a report is not taken and you wish to talk further with a supervisor. As explained earlier, it is the job of the Hotline worker:

- to talk with callers to get as much information about the allegation, the alleged victim(s), and the alleged perpetrator(s) as possible; and

- to determine whether the harm, as described by the reporter, qualifies as alleged abuse or neglect under the law and department guidelines.

Due to the large number of calls, Hotline workers are instructed to handle calls efficiently and quickly. All Hotline calls are audiotaped for purposes of quality assurance. You will be asked to provide the following information:

- Name, address and age of victim(s)
- Name and address of parent(s)/caretaker(s) and siblings
- Relationship of caretaker(s) to victim(s)
- Details of the abuse, including specifics of the incident(s), location and severity of injuries, any pattern of neglect or abuse, and any physical evidence.
- Any explanation provided by the child
- Any other relevant information that would expedite the investigation, such as directions to the victim's house (especially in rural areas) or information about potential risks to the investigator.

The Hotline worker will use the SCR computer system to determine if there are any pending investigations on the family or any reports which have been "indicated" previously since this information is critical to an accurate assessment of risk.

What if I do not agree with the Hotline worker about whether a report should be taken?

If the Hotline worker does not accept your call as a report, you will be informed of that fact and given the reason. Most often the explanation will relate to DCFS' legal jurisdiction or to the evaluation of risk of harm to the child. If you disagree with the conclusions of the Hotline worker, you may ask to speak with a Hotline supervisor. Explain the details of the case situation, the reasons you were given for the report being refused, and why you think the worker's assessment was inaccurate.

If the Hotline worker does not take a report, the information is entered into the computer data system, reviewed and either approved or caused to be turned into a report by a Hotline supervisor. Calls from mandated reporters which do not result in a report being taken are maintained on file for six months at SCR. If a report is not taken, the Hotline worker will often refer you to the police (for investigation of a crime outside DCFS mandates).

What happens if a report is taken?

If a report is taken by the Hotline worker, an investigation will normally be initiated within 24 hours. **As a mandated reporter, you should supply a written confirmation of your verbal report within 48 hours.** You may access the forms (CANTS 4 or 5) on the DCFS website at: http://www.state.il.us/dcfs/library/com_communications_forms.shtml. If you do not have access to the internet, please contact the local DCFS field office for assistance in obtaining copies of the forms. **Your written confirmation may be used as evidence in any judicial proceeding that results from the incident.**

How DCFS Investigates Reports

When a Hotline intake worker takes a report, the information from the reporter is entered into the DCFS computer database system and sent electronically to the DCFS field office responsible for the area in which the child resides. An investigator from DCFS' Division of Child Protection then attempts to make contact with the victim within 24 hours. If there is a possibility that the family may flee or if the immediate well-being of the child is endangered, an investigation will commence immediately. After the initial contact, if a child is determined not to be at immediate risk, further investigative contacts may be delayed for a few days, or even weeks in some parts of the state. Local offices must assess the degree of risk and balance it against their existing caseloads.

Serious allegations have a requirement that the local law enforcement agency and/or the State's Attorney be notified of the report as a possible criminal act. These allegations include:

Death	Sexually transmitted diseases
Burns	Sexual penetration
Bone fractures	Sexual exploitation
Head injuries	Sexual molestation
Internal injuries	Failure to thrive (infants) (State's Attorney only)
Wounds	Medical neglect of disabled infants
Torture	Malnutrition

Additionally child protection supervisors are required to notify law enforcement when the following circumstances are present:

- When a child is hospitalized for injuries or conditions suspected to be the result of abuse or neglect by a primary caregiver and there is a concurrent law enforcement and child protection investigation;
- When a case involves domestic violence and/or drug abuse/ misuse, all law enforcement agencies with jurisdiction (i.e. local police, sheriff, Illinois State Police) must be notified;
- After contact with a family during which large quantities of illegal drugs were observed;
- When a suspected child victim of abuse has suffered second degree burns.

For cases of sexual abuse and serious physical abuse, most counties have established protocols for handling the investigation. Many counties have established Children's Advocacy Centers or special child-friendly interviewing rooms for coordinating the contacts with child abuse victims and their families in ways that assist the investigative efforts of DCFS and law enforcement agencies.

Will I, as a mandated reporter, be contacted by investigators?

All investigations of abuse and neglect require that the DCFS child protection investigators contact the mandated reporter. This contact will verify information that was documented by the Hotline worker and obtain any additional information that you may have about the case. Usually, investigators will contact you soon after the report is filed, especially if the child can be contacted through you. This is particularly likely when school personnel or day care workers make the allegation or when medical personnel report suspected abuse or neglect in the case of a child who is hospitalized. However, in cases in which the risk of harm to the child is not judged to be severe, investigators may not contact the mandated reporter for some time after the initial allegation is made. For this reason, you may find it helpful to keep notes on each report you make.

Who else will be contacted by investigators?

In a small percentage of cases, the investigator may determine after the initial contact with the child that there is no validity to the report. After contacting the reporter and the alleged perpetrator, this kind of investigation is terminated and determined to be "Unfounded". DCFS may refer to this as an "Initial" investigation. The majority of reports require more investigation than this and are termed "Formal" investigations. In these cases the investigator will contact the alleged victim, the mandated reporter, the alleged perpetrator, non-involved parents/caretakers, other adults living in the home, siblings, and other collateral sources. There are some instances in which investigators will not be able to contact all the parties in an investigation, but will document their "good faith" efforts to meet this requirement.

When beginning an investigation of all Hotline reports, the child protection investigator must conduct a safety assessment immediately following the first contact with the child. If safety concerns are identified, the investigator must work with the family to develop and implement a "safety plan" in order for the child to remain at home. The safety plan may include temporary alternate living arrangements for the alleged perpetrator, family members or for the alleged child victim. An alternate living arrangement for the child as part of a safety plan is voluntarily agreed to by parents/caretakers to ensure the child's immediate safety during the early stages of an investigation. If safety alternatives are not available, DCFS may assume temporary protective custody of the child.

Investigators may also talk with other family members, potential witnesses, or professionals to obtain additional relevant information. As a mandated reporter, you may be able to suggest others with

information about the allegation to the investigator. In addition, investigators will coordinate with police who may be conducting a related but separate investigation. This happens when it is likely the State's Attorney will press criminal charges against the alleged perpetrator of the abuse.

Should I contact anyone, such as parents, after I make a report?

State law does not require that the mandated reporter notify parents of the report. There are various opinions among mandated reporters/professionals on this question, so you should use your best professional judgment and abide by any policies that have been established by your institution. However, it is often a difficult decision whether or not to tell the parents/caretakers that you have made a report.

On the side of notifying the parents, some mandated reporters/professionals point to the positive effect of maintaining open communication with the parents. Ethical considerations if the reporter is a counselor, mental health therapist, or physician may require sharing the necessity to report with the clients. The parents or child may know (or guess) who made the report anyway, and the reporter may find that long-term trust will be served by being open with parents about the necessity of reporting suspicion of abuse or neglect. Some investigators suggest that their job is a little easier if the parents already understand why they have been reported.

On the other hand, some mandated reporters/professionals suggest that notifying the parents, **especially when one or both are suspected of being the perpetrators of the abuse or neglect,** may increase their anxiety needlessly, leading to avoidant or hostile behavior. Telling might give them time to cover up evidence of the abuse or neglect and put pressure on the children to change the story or prevent further disclosures. Some reporters are particularly concerned about the possibility of retribution against the children combined with the improved ability of the perpetrators to avoid detection by DCFS. The child's safety should always be an important factor in deciding whether or not to inform the parent of your report.

What evidence is needed to indicate a report?

Physical Abuse Investigations

For allegations of physical abuse, the supporting evidence is the physical harm to the child. While some physical abuse may result in no visible physical harm (internal injuries, bruising on the bottom of the feet), the presence of an injury may be needed to find credible

evidence of abuse. As a mandated reporter, it will be very important to note any readily visible evidence of physical injury to the child or any pattern of abuse observed over a period of time.

You should note:

- location of the injury
- severity of the injury
- patterns and chronicity of similar injuries over time.

Mandated reporters may find it easier to use a body chart to record the location and nature (e.g., cuts, welts, burns, bruises, broken bones, etc) of a child's injury. Body charts can be obtained from the local DCFS field office or a medical facility. A photograph can also be an important part of the documentation of a child's injury, however photographs of a child's injury should only be taken by a DCFS child protection specialist, a medical professional or law enforcement. **Note: Non-medical reporters should not undress a child to view injuries.**

In addition to your observations of the injury, your statement concerning what the child said about the alleged incident is important. Again, it is helpful to make careful notes, using verbatim statements of the child whenever possible. Injuries that are the result of accidents do not have to be reported unless you have **reason to believe** the child's explanation is inconsistent with the injury.

Not all incidents resulting in physical injury are considered abuse. There are several factors that will be taken into account by investigators in deciding whether or not to indicate a report of physical abuse. The factors, related to specific allegations, include consideration of:

- the child's age (younger children are viewed as being at a greater risk of harm);
- the child's medical condition; behavioral, mental, or emotional problems; developmental disability; or physical handicap, particularly if these interfere with the child's ability to protect himself/herself;
- pattern or chronicity of similar incidents;
- severity of the occurrence;
- location of the injury;
- evidence that an instrument was used to inflict the injury;
- the dynamics of the relationship between the victim and the alleged perpetrator;
- alleged perpetrator's access to the child;
- previous history of abuse/neglect.

These factors are considered by investigators and represent ways of trying to assess the degree of risk of further harm to the child.

Sexual Abuse Investigations

Sexual abuse investigations are often more complex than investigations of physical abuse. Sexual abuse of children can include acts that leave little or no physical evidence. Fondling children (over or under clothing) and exploitation (such as making children watch sexual acts) may leave no physical evidence at all. Most sexual abuse is conducted in secrecy, and children are frequently cajoled, bribed, or threatened into silence by the perpetrators of the abuse. Witnesses are seldom available to corroborate the abuse. Therefore, determining credible evidence in sexual abuse cases usually depends heavily on the testimony of the victim.

A child's disclosure of sexual abuse is an important event in the subsequent investigation of the case, and it must be handled with sensitivity. For younger children, the telling of the abuse may happen accidentally, slipping out in conversation with another child or adult. But for many children, the disclosure is painfully deliberate. A mandated reporter who suspects that a child is struggling to communicate information about sexual abuse needs to observe the child closely and listen attentively while maintaining a calm and neutral demeanor. The child may be hesitant to continue if the adult expresses shock or anger either through verbal responses or facial reactions. Children are likely to feel embarrassment about disclosing sexual abuse and may disguise their involvement by saying the abuse happened to a friend or sibling. Finding a more private setting for following up with some observations (i.e. "Your friend must be feeling confused and upset by what is happening to her") may allow the child to relax and give a fuller disclosure.

A report of sexual abuse is frequently handled by a team of special investigators—one from DCFS and one from the police. More than 60 counties in Illinois are served by Children's Advocacy Centers that provide specially trained personnel to interview alleged victims of sexual abuse. These interviewers, DCFS investigators, and juvenile officers are skilled in the techniques of talking with children about stressful topics, and they know how to gather information in a thorough and non-traumatizing way. Interviewers are specially trained to cover all possibilities as to what has happened.

Just as in physical abuse investigations, there are several critical factors that investigators take into account when deciding whether or not to indicate a report of sexual abuse. These factors are:

- alleged victim's testimony, especially if:
    a. testimony is detailed;
    b. testimony reveals experience or knowledge beyond age or developmental levels;
    c. testimony provides information that can be corroborated.
- the alleged perpetrator's testimony, especially if there is a confession;
- physical evidence, especially in cases of sexual penetration of young victims;
- behavioral indicators of abuse, especially if the behaviors represent marked changes in normal behavior for the child;
- corroboration of elements of the victim's testimony by credible witnesses.

In a significant number of cases, the decision to indicate or unfound a case comes down to weighing the testimony of an alleged victim describing the sexual abuse and the testimony of an alleged perpetrator denying it. In these cases, the credibility of the alleged victim's testimony is critically important. It is critical that the mandated reporter pay very careful attention to the disclosure of the abuse by the victim.

Reporters should concentrate on taking very careful notes about what the victim discloses voluntarily. Every detail of the incident is potentially important. Such things as the time and place of the incident, the identity of the alleged perpetrator, and any potential witnesses or others told of the incident are critical pieces of information and may assist investigators in getting enough evidence to indicate the report and implement protection of the child.

In general, the mandated reporter who hears a child's disclosure should not encourage the victim to disclose additional information beyond what is given voluntarily. Further questioning may result in traumatizing the victim still further. In some instances, a mandated reporter will need to ask a clarifying question or two if a child's statement seems vague or lacking in detail. For example, a child may say "My mommy touched me there" (indicating the genital area). Further questions posed to the child ("Where were you when this happened?" and "What was mommy doing?") may reveal the mother touched the child with a washcloth

in bathing the child. Or a parent may take a young boy to the doctor for an injury on the end of his penis. A concerned doctor will want to ask the parent and the child, separately, a question like "How did this happen?" or "What was it that hurt your penis?" The questions might reveal that the child pinched himself on his tricycle and no report would need to be made. On the other hand, the child and parent may have differing versions of what happened or the child could indicate that some person pinched him or bit him. The latter explanations would warrant a call to the Hotline.

Medical reporters may be able to provide critical information about any physical evidence of sexual abuse. If females receive a physical examination that reveals evidence of sexual penetration, especially in children not expected to be sexually active, this evidence is extremely valuable in investigation. All physical evidence, for any alleged victim, should be noted carefully **and** conveyed both to the Hotline worker and to the DCFS investigator.

Neglect Investigations

These investigations can sometimes be among the most difficult for DCFS investigators because there are many areas subject to individual interpretation. Illinois law focuses on the minimum parenting standards required to provide for the basic physical needs of children. These may differ significantly from community standards. Accordingly, one must return again to the question of what is the harm, or potential harm, to the child.

Investigators attempting to determine whether or not a child has been neglected must verify:

- that an incident of neglect has occurred;
- that there is evidence that parents/caretakers have not fulfilled their responsibilities to provide for the child's basic needs; and
- that the neglect is serious enough, if it continues, to result in moderate to severe harm to the child.

Investigations of neglect allegations require that investigators get information about the child's environment. This includes the availability of resources in the household to meet the child's needs and the attitudes of the parents or caretakers to youth in care their responsibilities to provide for the child. For this reason, mandated reporters who call in allegations of neglect should know not only specific instances of neglect but should also note evidence that the alleged neglect either harmed the child or had the potential to cause serious harm to the child.

The factors that influence the outcome of neglect investigations:

- the child's age, developmental stage, and/or special needs;
- the severity, frequency, duration of the conditions; and
- the pattern of similar incidents.

Evidence provided by the mandated reporter relating to any of these factors is extremely valuable. Again, it is helpful to question the child thoroughly enough to elicit as many relevant details as possible. In some problem situations, reporters may want to contact the parents to discuss the problem before assessing whether neglect is a real issue.

What happens as a result of the investigation?

During an investigation, the DCFS child protection investigators gather information about the specific allegation(s) of harm to the child. At the end of that process, the worker must determine if the report is "indicated" or "unfounded". The standard of proof is **"credible evidence"**, a lower standard than that required for any judicial procedure. The lower standard of proof allows DCFS to serve families and protect children in many situations that could not be proven using the higher law enforcement or judicial standards. DCFS can **indicate** the case if the investigator finds that there is credible evidence that the perpetrator committed the abuse or neglect. If credible evidence is lacking, the case will be **unfounded**.

Indicated Cases

When child protection investigators establish that there is credible evidence to support the allegation of abuse or neglect, the case is "indicated" and the information is entered into the department's central computer system. This means that any further inquiry or allegation involving either the victim or the perpetrator which comes into the Hotline will reference the indicated finding(s), unless the legally-established retention period for the indicated report has expired (325 ILCS 5/7.12) or the indicated finding has been overturned by an administrative hearing (325 ILCS 5/7.16). In addition, where it is appropriate, DCFS workers will suggest services to stabilize the family and to protect the child. A family has the right to refuse such services. If the caseworker believes that such a refusal jeopardizes the child's welfare and safety, the worker may file a neglect or abuse petition in the Juvenile Court.

There are many services that are available to families with an indicated finding of child abuse. The parent(s) may receive counseling or assistance in developing parenting or homemaking skills. Parents with substance abuse problems or with difficulty in controlling their emotions may receive referrals to specialized agencies. When harm or risk to the child is so severe that the child cannot be left in the parents'

care safely, the child may be placed in a foster home or with relatives while attempts to rehabilitate the family are undertaken.

It is the department's legal mandate to give first priority to the **safety and protection of the child**. But the department is also obligated under law to **stabilize and preserve the family** so that the child may be returned home under improved circumstances. Balancing these considerations requires considerable judgment and effort by the department and its staff.

Indicated Victims of Physical or Sexual Abuse Attending Public Schools

When a child who is attending a public school is an indicated victim of physical or sexual abuse perpetrated by a member of his or her family, the State Central Register (SCR) will forward a copy of the confidential case investigative summary to the child's school where it will be maintained in accordance with the Illinois School Student Records Act. The SCR shall provide instructions to the school that the investigative summary is to be returned to the department when the child turns 18 years of age or five years after the final finding date, whichever occurs first. The school will also receive notification from the SCR to return the investigative summary if the finding is overturned on appeal by the Administrative Hearings Unit.

The parents will also receive SCR notification of the department's legal requirement to notify the school of the indicated abuse report.

Unfounded Cases

Retention of Reports

In cases of "unfounded" reports made by mandated reporters, the department will retain records of alleged abuse in serious situations (sexual abuse, serious physical injury, death) for 3 years. Records of less serious abuse are maintained for 1 year. After these time periods, the department will destroy all records of the case and all references to it will be removed from the State's central computer system. An exception to this occurs when the alleged perpetrator requests that an unfounded report be kept on file as evidence that the report was intentionally false or was made in order to harass him or her. All unfounded reports are held for 12 months, unless otherwise specified, except for allegations of sexual abuse and serious physical abuse, which are retained for three years.

Multidisciplinary Review

Mandated reporters will receive notification from the State Central Register that a report is "unfounded." If the mandated reporter disagrees with this finding, he or she may request a review of the investigation within 10 days of being notified. The steps to take in requesting such a review will be described in the notification letter.

Additional information from the mandated reporter that supports a reconsideration of the case must be sent to the Administrator of the State Central Register. The investigative file will be reviewed in light of the new information and may be referred to a multidisciplinary committee within the region for further recommendations.

What happens when a professional or a child care facility is involved as the perpetrator in an indicated finding of child abuse?

Professionals working with children may become the subject of a report as they are considered either "a person responsible for the child's welfare" or a "person who came to know the child through an official capacity or position of trust". (325 ILCS 5/3) While there are some special procedures which apply, the general requirements of the investigation and the standards for making a determination of "indicated" or "unfounded" are the same as for anyone else. When a licensed professional such as a physician, school teacher, or day care provider is indicated as a perpetrator of child abuse or neglect, the agency responsible for licensing and regulating that profession is notified. The employers and the regulatory agencies determine what steps should be taken according to their internal disciplinary processes.

Are perpetrators in indicated cases of abuse ever prosecuted?

The decision to prosecute a case in the criminal court system is a process distinct and separate from DCFS. The focus of law enforcement involvement is on prosecution of a criminal act while that of DCFS is on services to protect children. While information is often shared back and forth, the responsibility for prosecution rests with the police and State's Attorney. The State's Attorney must decide that enough evidence of criminal activity is present to pursue an indictment or issue a warrant for arrest. This will be followed by a trial at which the prosecutor (State's Attorney) will have to present evidence to a jury or judge to prove beyond a reasonable doubt that the **legal** standards for the criminal offense have been met. It is important to note that the standards for indicating a report by DCFS are different and much less stringent than the legal standards for prosecution.

By law, DCFS must notify both police and the state's attorney of serious physical abuse and sexual abuse reports. Sometimes, DCFS and law enforcement officials cooperate on an investigation; but in other cases their investigations may be independent and parallel. As a mandated reporter, you should not be surprised to be contacted by both DCFS and the police investigating an allegation of abuse, especially if the allegation is particularly serious and criminal prosecution may result. There is a growing emphasis on a multi-disciplinary investigation and tracking of these cases, particularly in counties served by a Children's Advocacy Center.

In addition, regional Child Death Review Teams formed in 1995 are mandated to review child deaths in situations where the deceased child 1) is a youth in care of DCFS; 2) has an open service case with DCFS; 3) is the subject of a pending child abuse or neglect investigation; 4) has been the subject of a child abuse or neglect investigation during the prior 12 months; or 5) is reported to the Hotline for abuse or neglect and the report is subsequently indicated.

What are child welfare services, and what do they have to do with child abuse investigations?

The Department of Children and Family Services has a statutory mandate to make a special effort to stabilize and preserve families that are involved in child abuse or neglect allegations. The department uses its own child welfare staff and private agencies to provide a variety of services to help the family survive and to change patterns of abusive or neglectful behavior. These efforts are based on experience that shows that some children, even in abusive or neglectful situations, may do better when kept with their families than when they are placed in foster care. The services provided include such things as:

- service referrals and linkages
- housing assistance
- substance abuse assessment and treatment
- homemaking assistance and training
- parenting education and support
- limited financial assistance
- mental health and family counseling
- day care or respite care

In what circumstances are children removed from their families as a result of abuse allegations?

Of the more than one million hotline calls received over the past four years, about one in four resulted in a formal report and an investigation. When formal investigations do occur, only four percent result in children being removed from their homes. Children can be removed only when the investigator believes they are unsafe if left in the home. If children are taken into temporary protective custody, this decision must be reviewed by the juvenile court within two working days.

The goal in most cases is to return children to their homes as soon as it is safe to do so. Sometimes, however, the children are not able to return home due to serious and ongoing circumstances that threaten their safety. In these cases, the department works with the parents and with extended family members to formulate other permanency plans for the children. Many of these are cases where the department, together with the Juvenile Court, will pursue procedures for the child's adoption. This occurs after a period of time in which the family has the opportunity to demonstrate a significant improvement.

Will I find out what decisions are made in cases I reported?

Mandated reporters receive a letter informing them of the finding in cases they reported. The only information that you will receive will be the finding — **indicated** or **unfounded.** Other information, about the case (e.g. removing the children from the family) will not be included in that letter, but mandated reporters can receive information on actions taken to ensure the child's safety by contacting the DCFS child protection supervisor responsible for the investigation (325 ILCS 5/11.2). Also, under new provisions in 325 ILCS 5/8.6, final finding reports on indicated investigations of a child's physical or sexual abuse will be forwarded to the child's public school and maintained as "confidential" information in the child's student record.

Other specific information about the report cannot be released. This is often frustrating to the mandated reporter who has a professional interest in the child's welfare. This is another instance in which the department has to balance the right of the family to privacy against the professional interests and obligations of mandated reporters.

Conclusion

Professionals working with children fulfill three distinct roles in protecting children from abuse and neglect. In your professional role:

- You may be the first to notice signs of abuse and neglect and will function as a mandated reporter in calling the Hotline to report your observations;
- You may be contacted as a collateral resource, one who may have information relating to an allegation under investigation;
- In ongoing contacts with the child, you may monitor the safety and welfare of a child in an indicated report, sharing information with the caseworker or making another report if there is a new incident.

The responsibility for protecting our children rests with the entire community. The general public and professionals working in specific disciplines have a unique role in ensuring the safety of our children and the strengthening of our families.

The Department of Children and Family Services hopes that this manual has answered some of your questions and has made you feel more comfortable with the responsibility and process of acting as a mandated reporter. While general procedures have been outlined, there are still some local variances that you may encounter. If you have additional questions, call your local DCFS office and ask for the child protection supervisor. This person is available to provide additional training and information.

Web-based Resources

Web-based Resources:

DCFS website - Home Page
http://www.DCFS.illinois.gov

DCFS website – Child Protection
http://www.state.il.us/dcfs/cPleahild/index.shtml

DCFS website – Policy and Rules
http://www.state.il.us/dcfs/policy/index.shtml

DCFS website – Policy & Rules – Laws (including ANCRA)
http://www.state.il.us/dcfs/policy/pr_policy_laws.shtml

DCFS website – Additional Resources
http://www.state.il.us/dcfs/l_links.shtml

Illinois General Assembly website - ANCRA
http://www.ilga.gov/legislation/ilcs/ilcs3.asp?ActID=1460&ChapterID=32.

Appendices

Appendix A: Instructions for Accessing the Abused and Neglected Child Reporting Act

Appendix B: Checklist for Mandated Reporters

Appendix C: DCFS Allegations System

Appendix D: Reporting Forms

Instructions for Accessing the Abused and Neglected Child Reporting Act (ANCRA)

(325 ILCS 5/1)

A copy of the Abused and Neglected Child Reporting Act may be accessed by going to the Internet at the following link:

http://www.ilga.gov/legislation/ilcs/ilcs3.asp?ActID=1460&ChapterID=32

If you do not have access to the Internet, you may also access the site at your local library. However, if you still cannot access an electronic copy of ANCRA, you may contact the Office of Child and Family Policy at 217-524-1983 for assistance.

Appendix B

Checklist for Mandated Reporters

I. Alleged Victim(s)

Name(s) of victim(s):

Birthdate(s) of victim(s) or approximate age:

Address (or approximate address):

II. Alleged Perpetrator(s)

Name(s)

Birthdate(s) or Age(s) or some approximation so role of DCFS can be determined

Relationship to Victim(s)

Address

III. Harms to Victim(s)

Physical Abuse

Sexual Abuse

Risk of Harm

Neglect

Death

NOTE: The Hotline worker will be able to put the allegation in the proper sub-category such as Physical Abuse/Cuts, Bruises, and Welts.

IV. Description of Incident(s)

Be prepared to give a brief description of the incident(s) of abuse. This description should include:

1. as much detail as you have about the actual incident
2. indication of intention (especially in physical abuse)
3. description of the time and place of the incident
4. information, if any, about possible witnesses to the abuse
5. evidence of abuse (physical evidence, behavioral indicators, disclosure by the victim, etc.)

V. Date and time of when Hotline call is made

Name of Hotline worker taking the call

What action, if any, will be taken by DCFS

Appendix C

DCFS Allegations System

You will note that some allegations (e.g. death of a child) may be made under either abuse or neglect, depending on the circumstances that led to harm to the child. As a mandated reporter, you will not need to know all the allegations, but they are presented here to give you an idea of how the Hotline worker will try to categorize the harm you describe.

Abuse		Neglect	
#1	Death	#51	Death
#2	Head Injuries	#52	Head Injuries
#4	Internal Injuries	#54	Internal Injuries
#5	Burns	#55	Burns
#6	Poison/Noxious Substances	#56	Poison/Noxious Substances
#7	Wounds	#57	Wounds
#9	Bone Fractures	#59	Bone Fractures
#10	Substantial Risk of Physical Injury/Environment Injurious to Health and Welfare	#60	Substantial Risk of Physical Injury/Environment Injurious to Health and Welfare
#11	Cuts, Bruises, Welts, Abrasions and Oral Injuries	#61	Cuts, Bruises, Welts, Abrasions and Oral Injuries
#12	Human Bites	#62	Human Bites
#13	Sprains/Dislocations	#63	Sprains/Dislocations
#14	Tying/Close Confinement		_____
#15	Substance Misuse	#65	Substance Misuse
#16	Torture		_____
#17	Mental and Emotional Impairment	#67	Mental and Emotional Impairment

#18 Sexually Transmitted Diseases _____

#19 Sexual Penetration _____

#20 Sexual Exploitation _____

#21 Sexual Molestation _____

#22 Substantial Risk of Sexual Injury _____

#40 Human Trafficking of Chldren

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

#90 Human Trafficking of Children

#74 Inadequate Supervision

#75 Abandonment/Desertion

#76 Inadequate Food

#77 Inadequate Shelter

#78 Inadequate Clothing

#79 Medical Neglect

#81 Failure to Thrive (non-organic)

#82 Environmental Neglect

#83 Malnutrition (non-organic)

#84 Lock-out

#85 Medical Neglect of Disabled Infants

NOTE: DCFS no longer takes reports on Educational Neglect which was formerly listed as a neglect allegation.

DCFS no longer takes reports on Lack of Immunizations, which was formerly a form of medical neglect.

CANTS 4
10/00

State of Illinois
Department of Children and Family Services

Appendix D

WRITTEN CONFIRMATION OF SUSPECTED CHILD ABUSE/NEGLECT REPORT: MEDICAL PROFESSIONALS

NOTE: Hospitals and medical personnel engaged in examination, care, and treatment of persons are required by the Abused and Neglected Child Reporting Act to report to the Illinois Department of Children and Family Services all suspected cases of child abuse or neglect. The Act provides that anyone participating in this report shall be presumed to be acting in good faith and in so doing shall be immune from liability, civil or criminal, that otherwise might be incurred or imposed.

Child's Name _____

Sex _____ Age _____
Address _____ _____ _____ _____
(Street) (City) (Zip) (County)

Parent's/Custodian's Name _____
Address _____ _____ _____ _____
(Street) (City) (Zip) (County)

Where first seen _____ Date _____

Brought In by _____ Relationship _____

Nature of child's condition:

Evidence of previous suspected abuse(s)/neglect:

Reporter's immediate plan for child including whereabouts:

Remarks:

Person presumed to have abused/neglected child:
❑ Father ❑ Mother ❑ Stepfather ❑ Stepmother ❑ Sibling ❑ Other _____

PERSON MAKING REPORT

Name (Please Print)

Medical Facility

Address

Date

PERSON MAKING REPORT (Check Appropriate Box)

❑ Attending Physician
❑ Surgeon
❑ Hospital Administrator
❑ Medical Examiner
❑ Coroner
❑ Registered Nurse
❑ Licensed Practical Nurse
❑ Dentist
❑ Osteopath
❑ Podiatrist
❑ Chiropractor
❑ Christian Science Practitioner
❑ Social Worker
❑ Social Services Administrator
❑ Registered Psychologist
❑ Psychiatrist
❑ Advanced Practice Nurse
❑ Other _____

Signature _____

(MAILING INSTRUCTIONS ON REVERSE SIDE)

INSTRUCTIONS

The Abused and Neglected Child Reporting Act states that any hospital, clinic or private facility to which a child comes or is brought suffering from injury, physical abuse or neglect apparently inflicted upon him, other than by accidental means, shall promptly report or cause reports to be made in accordance with provisions of the Act.

The report should be made immediately by telephone to the IDCFS Child Abuse Hotline (800-252-2873) and confirmed in writing via the U.S. Mail, postage prepaid, within 48 hours of the initial report.

This form is provided for the convenience of the hospital, clinic or private facility in making the written report. A form must be completed for each child.

Enter the full name of the child, sex, age and address. Give the first and last names of the parents or persons having custody of the child. If the address is the same as that of the child, indicate by "same."

Where first seen: Give the date the child was first seen; indicate if in-patient, clinic, emergency room, doctor's office or another specified place within the hospital, and by whom the child was brought in.

Nature of the child's condition and evidence of previous suspected abuse(s)/neglect: Self-explanatory.

Reporter's plan for child: Indicate whether child is to remain in the hospital and for how long, or be released and, if so, to whom. State any other pertinent information as to the plan.

Remarks: If a report was also made to a local law enforcement agency, state to which agency report was made. Include any additional information deemed appropriate to the case.

Give the name of the Attending Physician, name and address of the hospital, if report is from the hospital.

Signature: The report is to be signed by the person making the report.

MAILING INSTRUCTIONS

Mail the original to the nearest office of the Illinois Department of Children and Family Services, Attention: Child Protective Services

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CANTS 5
Rev. 10/00

State of Illinois
Department of Children and Family Services

WRITTEN CONFIRMATION OF SUSPECTED CHILD ABUSE/NEGLECT REPORT: MANDATED REPORTERS

DATE: _____

ABOUT: _____ _____
Child's Name Child's Birthdate

If you are reporting more than one child from the same family please list their names and birth date in the space provided on the reverse side of this form.

_____ _____ _____
Street Address City Zip Code

Parent/Custodians: _____
Name

_____
Address (if different than the child's address)

This is to confirm my oral report of _____ , _____ , made in accordance with the Abused and Neglected Child Reporting Act (325 ILCS 5 et seq). Please answer the following questions. (If you need more space, use the back of this page.)

1. What injuries or signs of abuse/neglect are there?

2. How and approximately when did the abuse/neglect occur and how did you become aware of the abuse/neglect?

3. Had there been evidence of abuse/neglect before now? ❑ Yes ❑ No

4. If the answer to question 3 is "yes," please explain the nature of the abuse/neglect.

5. Names and addresses of other persons who may be willing to provide information about this case.

6. Your relationship to child(ren):

7. Reporter Action Recommended or Taken:

PLEASE CHECK THE APPROPRIATE RESPONSE:

❑ I saw the child(ren)
❑ I heard about the child(ren) From whom?_____
I ❑ **have** ❑ **have not** told the child's family of my concern and of my report to the department.
I am ❑ **willing** ❑ **NOT willing** to tell the child's family of my concern and of my report to the department.
I ❑ **believe** ❑ **do NOT believe** the child is in immediate physical danger.

_____ _____
(Name Printed) (Signature)

_____ _____
(Title) (Organization/Agency)

(INSTRUCTIONS ON REVERSE SIDE)

INSTRUCTIONS

The Abused and Neglected Child Reporting Act states that mandated reporters shall promptly report or cause reports to be made in accordance with the provisions of the ACT.

The report should be made immediately by telephone to the IDCFS Child Abuse Hotline (800-252-2873) and confirmed in writing via the U.S. Mail, postage prepaid, within 48 hours of the initial report.

MAILING INSTRUCTIONS

Mail the original to the nearest office of the Illinois Department of Children and Family Services, Attention: Child Protective Services.

2nd Child's Name (If Any)	2nd Child's Birth Date
3rd Child's Name (If Any)	3rd Child's Birth Date

DCFS is an equal opportunity employer, and prohibits unlawful discrimination in all of its programs and/or services.

Illinois Department of
DCFS
Children & Family Services

ACKNOWLEDGEMENT OF MANDATED REPORTER STATUS

I, _____, understand that when I am employed as a
(Employee Name)

_____, I will become a mandated reporter under the
(Type of Employment)
Abused and Neglected Child Reporting Act [325 ILCS 5/4]. This means that I am required to report or cause a report to be made to the child abuse Hotline number at 1-800-25-ABUSE (1-800-252-2873) whenever I have reasonable cause to believe that a child known to me in my professional or official capacity may be abused or neglected. I understand that there is no charge when calling the Hotline number and that the Hotline operates 24-hours per day, 7 days per week, 365 days per year.

I further understand that the privileged quality of communication between me and my patient or client is not grounds for failure to report suspected child abuse or neglect, I know that if I willfully fail to report suspected child abuse or neglect, I may be found guilty of a Class A misdemeanor. This does not apply to physicians who will be referred to the Illinois State Medical Disciplinary Board for action.

I also understand that if I am subject to licensing under but not limited to the following acts: the Illinois Nursing Act of 1987, the Medical Practice Act of 1987, the Illinois Dental Practice Act, the School Code, the Acupuncture Practice Act, the Illinois Optometric Practice Act of 1987, the Illinois Physical Therapy Act, the Physician Assistants Practice Act of 1987, the Podiatric Medical Practice Act of 1987, the Clinical Psychologist Licensing Act, the Clinical Social Work and Social Work Practice Act, the Illinois Athletic Trainers Practice Act, the Dietetic and Nutrition Services Practice Act, the Marriage and Family Therapy Act, the Naprapathic Practice Act, the Respiratory Care Practice Act, the Professional Counselor and Clinical Professional Counselor Licensing Act, the Illinois Speech-Language Pathology and Audiology Practice Act, I may be subject to license suspension or revocation if I willfully fail to report suspected child abuse or neglect.

I affirm that I have read this statement and have knowledge and understanding of the reporting requirements, which apply to me under the Abused and Neglected Child Reporting Act.

_____
Signature of Applicant/Employee

_____
Date

CANTS 22
Rev. 8/2013

Office of the Director
406 E. Monroe Street • Springfield, Illinois 62701
www.DCFS.illinois.gov

Illinois Department of
DCFS
Children & Family Services

ACKNOWLEDGEMENT OF MANDATED REPORTER STATUS (CLERGY)

I, _____, understand that as a member of the clergy
(Name)
I am a mandated reporter under the Abused and Neglected Child Reporting Act [325 ILCS 5/4]. This means that I am required to report or cause a report to be made to the child abuse Hotline number at 1-800-25-ABUSE (1-800-252-2873) whenever I have reasonable cause to believe that a child known to me in my professional or official capacity may be a sexually abused child. ("Reasonable cause to believe means" that the concerned person, acting as a reasonable man or woman, believes that the described facts exist.) I understand that there is no charge when calling the Hotline number and that the Hotline operates 24-hours per day, 7 days per week, 365 days per year.

I further understand that I shall not be compelled to disclose a confession or admission made to me in my professional character or as a spiritual advisor if I am a member of the clergy of a religious denomination that is accredited by the religious body to which I belong.

I affirm that I have read this statement and have knowledge and understanding of the reporting requirements, which apply to me under the Abused and Neglected Child Reporting Act.

_____
Signature of Applicant

_____
Date

CANTS 22A
Rev 8/2013

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Illinois Department of
DCFS
Children & Family Services

ACKNOWLEDGEMENT OF MANDATED REPORTER STATUS

I, _____ (Foster Parent's Name), understand that as a licensed foster parent I am a mandated reporter under the Abused and Neglected Child Reporting Act [325 ILCS 5/4]. This means that I am required to report or cause a report to be made to the Child Abuse Hotline at 1-800-25-ABUSE (1-800-252-2873) whenever I have reasonable cause to believe that a child known to me in my foster parent capacity may be abused or neglected. I understand that there is no charge when calling the Hotline number and that the Hotline operates 24-hours per day, 7 days per week, 365 days per year.

I further understand that the privileged quality of communication I have with my foster child is not justifiable grounds for failure to report suspected child abuse or neglect. I know that if I willfully fail to report suspected child abuse or neglect, I may be found guilty of a Class A misdemeanor.

I may be subject to license suspension or revocation if I willfully fail to report suspected child abuse or neglect.

I am aware that any person who knowingly transmits a false report commits the offense of disorderly conduct. A first violation of this is a class A misdemeanor. A second or subsequent violation is a Class 4 felony. (This notification is required under the Abused and Neglected Child Reporting Act)

I affirm that I have read this statement and have knowledge and understanding of the reporting requirements, which apply to me under the Abused and Neglected Child Reporting Act.

_____
Signature of Applicant

_____
Date

CANTS 22B
Rev. 8/2013

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