



A Manual for Mandated Reporters

October 2000

Revised Edition



Children's Justice
Task Force

Guidelines for Calling the Child Abuse Hotline

Mandated reporters and other persons should call the Hotline when they have reasonable cause to suspect that a child has been abused or neglected. 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 or any person responsible for the child's welfare at the time of the alleged abuse or 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.

**Child Abuse Hotline
1-800-25-ABUSE or 1-800-252-2873
1-800-358-5117 (TTY)**

The Hotline operates 24 hours per day, 365 days a year. The Hotline is less busy in the early morning hours, and reporters may be able to get through more quickly during these times. 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.

October 15, 2000

Dear Mandated Reporters:

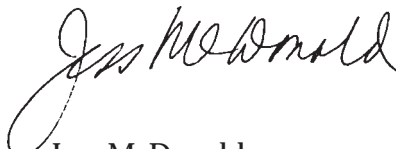
The Department of Children and Family Services is pleased to provide you with a copy of our newly revised and updated mandated reporter manual. The manual, which was first published in 1996, has been designed to help you understand your responsibility to report suspected child abuse and neglect to the DCFS Child Abuse Hotline. If your report is accepted, DCFS will begin an investigation to determine if abuse or neglect occurred.

The manual includes a copy of the Abused and Neglected Child Reporting Act (ANCRA), the Illinois state law which defines the Department's intake and investigation of child abuse and neglect reports received through the Hotline. Some changes have been made to ANCRA since 1998 when this manual was last printed, and the revisions which are of particular interest to mandated reporters are highlighted for you here.

1. Reports of serious child abuse (i.e. sexual abuse, serious physical injury, death) that are "unfounded" following a thorough investigation will be retained on file at the State Central Register for three years now instead of one year. With the longer retention period, DCFS is better able to protect children who may be at high risk of further abuse or neglect even though the investigation did not produce enough evidence to indicate a situation of abuse or neglect.
2. When a child who is a DCFS ward (i.e. living in a foster home or residential facility) has been the subject of an "unfounded" report of abuse or neglect, the child's court-appointed guardian ad litem may request an administrative review of the investigation if the GAL feels the finding is incorrect.
3. Mandated reporters who do not agree with an "unfounded" report of abuse or neglect and feel that important information has been overlooked may request that the investigation be reviewed. In certain cases, DCFS may use a multidisciplinary committee of experienced professionals to conduct the review.

In conjunction with the distribution of this manual, the Department of Children and Family Services continues to provide a variety of training opportunities for all mandated reporters in Illinois. The Attorney General's Task Force on Violence to Children and the Illinois Children's Justice Task Force have contributed their leadership to this training effort, as have many other state and local agencies and professional groups. To request additional information, please contact the DCFS Office of Communications at 217-785-1700 (phone) or 217-524-0014 (fax).

Sincerely,



Jess McDonald

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**The Illinois
Children's Justice
Task Force**

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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.

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.

Child Welfare Laws and Their Impact

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 60% 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 20 years. Reports of abuse and neglect have risen sharply nationwide. Illinois has been no exception. The number of calls to the DCFS Hotline has risen steadily. For example, in 1980 DCFS accepted reports of abuse or neglect on about 37,000 children. The number has gone up each year since, with more than 103,000 children reported in FY 2000. This represents an increase of 280% that has placed large strains on the child protection system.

Despite the huge 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 best interests of the child, offer protective services in order to prevent any further abuse to the child and to other children in the same environment or family, stabilize the home environment, preserve family life whenever possible and protect the health and safety of children in all situations in which they are vulnerable to child abuse or neglect”.

(ANCRA, sec.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 focuses on 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) which is included with this manual.

Mandated reporters are professionals who may work with children in the course of their professional duties. There are six groups of mandated reporters as defined in the ANCRA, sec.4:

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

School Personnel: for example, teacher, principal, school counselor, school nurse, school social worker, assistant principal, truant officer, school psychologist

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 program personnel, foster parents

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”. (ANCRA sec.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 report suspected child abuse or neglect **immediately**.
- 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. Further, professionals may be subject to penalties by their regulatory boards.
- You may have to testify regarding any incident you report if the case becomes the subject of legal or judicial action.
- 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.
- 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.

Physical Abuse as defined by ANCRA, (Sec.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

What is abuse?

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, violating orders for the perpetrator to remain apart from the child, and a history of past sexual abuse which 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 as meeting 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. (ANCRA Sec.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. Children can suffer injuries that are the result of “blatant disregard” and are considered neglect. According to DCFS,

“Blatant disregard is a situation in which the risk of harm to a child is so imminent and apparent that it is unlikely that any parent or caretaker would expose the child to such without taking precautionary measures to protect the child.” (DCFS Proc.300 App.B)

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.

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

- 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 accidental 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 is probably not 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 with parental supervision, it is not necessary to make the report.

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

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

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 reports, however, will be kept on file for six months.

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 constitutes abuse or neglect under the State's definition and can be investigated by DCFS. It is not the job of the Hotline intake worker to make a determination that the suspected abuse has actually occurred. This is the function of the DCFS Child Protection Investigator.

Talking to the Hotline

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. Reports made by the general public that are unfounded are expunged from the State Central Register (SCR) computer files, unless the subject of the report believed the report was falsely filed and requested it be retained. Reports alleging sexual abuse or serious physical abuse made by mandated reporters are kept by SCR for a period of three years. 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.

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)**. The TTY number for the hearing impaired is **1-800-358-5117**. 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.

Ideally, the mandated reporter with the most direct knowledge of the suspected abuse should be the one to make the call. 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 (ANCRA Sec.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.

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.

The State Central Register Hotline

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

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

SCR Hotline Procedures

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.

When a Hotline intake worker answers a call, the worker will 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 intake 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, constitutes abuse or neglect under the law and Department guidelines.

Due to the large number of calls, Hotline intake 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.

If the Hotline intake 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, there is no record of the allegation entered into the computer and no investigation is initiated. A paper record of your call is filed and maintained for six months at SCR. The Hotline worker will often refer you to the police (for investigation of a crime outside DCFS mandates) or to other agencies which can provide helpful services to the family or the child. As the mandated reporter, you should request information from the Hotline worker that will identify community-based resources and services to meet the needs of the child or the particular family situation. In some instances, the family may be referred for voluntary child welfare services through the DCFS local field office.

If a report is taken by the Hotline worker, an investigation is commenced within 24 hours. As a mandated reporter, you will be asked to supply a written confirmation of your verbal report within 48 hours. The local DCFS field office can provide the form (CANTS 4 or 5) for this purpose or you may copy the CANTS forms that are included in this manual as Appendix D. This report may be used as evidence in any judicial proceeding that results from the incident.

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

What happens if a report is taken?

How DCFS Investigates Reports

When a Hotline intake worker takes a report, a form with information from the reporter and any information from the DCFS computer system is faxed immediately 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 the State's Attorney be notified of the report as a possible criminal act. The allegations include:

- Death
- Brain damage, skull fracture
- Head injuries
- Internal injuries
- Wounds
- Torture
- Sexually transmitted diseases
- Sexual penetration
- Sexual exploitation
- Sexual molestation
- Failure to thrive (infants) (State's Attorney only)
- Medical neglect of disabled infants
- Malnutrition

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.

All investigations of abuse and neglect require that the DCFS child

protection investigators contact the mandated reporter. This contact will verify information that was taken down 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.

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 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 require alternate living arrangements for the alleged perpetrator or for the child victim.

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 that the State’s Attorney will press criminal charges against the alleged perpetrator of the abuse.

It is often a difficult decision whether or not to tell the parents/

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

Who else will be contacted by investigators?

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

caretakers that you have made a report. In the end, a mandated reporter's professional judgment and professional obligations under institutional rules will determine whether or not the reporter discloses the report to parents/caretakers. State law does not require that the mandated reporter notify parents of the report. The opinion among mandated reporters and among DCFS investigators is divided on this question, so you should use your best judgment and abide by any policies that have been established by your institution.

On the side of notifying the parents, some reporters and investigators 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 investigators and reporters 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

Because the nature of physical abuse, sexual abuse, and neglect investigations are different, these types of inquiries are discussed separately.

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, beating 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 of similar injuries over time.

You may find it easier to use a body chart or draw a body on which you can record the location and the nature (cuts, welts, burns, bruises, broken bones) of the injury. Photographs of the injury should also be taken. This type of documentation is particularly important when the child had a visible injury (a bruise, for example) that may have disappeared or changed in nature by the time the investigator sees the child. Non-medical reporters should not undress a child to view injuries.

In addition to your observations of the injury, your statements of what the child said happened are 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

Sexual Abuse Investigations

trying to assess the degree of risk of further harm to the child.

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 sensitively. 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. About 45 counties in Illinois are served by child advocacy centers or victim-sensitive intervention programs 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 such stressful topics, and they know how to gather information in a thorough and non-traumatizing way. Interviewers may use a number of aids such as anatomically detailed dolls or drawings that help children convey 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 expected 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 a case or not 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.

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. 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 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

Neglect Investigations

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. This latter explanation 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.

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 serious 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 toward 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.

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**.

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). In addition, where it is appropriate, DCFS workers will suggest follow-up 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**

What happens as a result of the investigation?

Indicated Cases

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.

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, while neglect reports involving inadequate food, shelter, environment, and clothing are kept for 60 days. 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. Unfounded reports made by other than mandated reporters are expunged after 30 days (60 days if the alleged victim is a ward of DCFS).

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.

It is important to point out that even unfounded cases are frequently referred to voluntary child welfare services in order to resolve a problem that the family is experiencing. Child protection investigators may assist the family in contacting the local DCFS office for services or may help the family in finding other community support systems.

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”. (ANCRA Sec.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.

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 Child 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 ward 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.

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

**Are perpetrators
in indicated cases
of abuse ever
prosecuted?**

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

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

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

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 about six percent of the cases reported in 1999, children were removed from the family into **temporary protective custody** by DCFS. Children can be removed only when the investigator believes they are in imminent danger 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.

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, such as the actions taken (e.g. removing the children from the family) will not be included in that letter, but can be received by special request. (ANCRA Sec.11.2) 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.

Appendix A: Abused and Neglected Child Reporting Act

Appendix B: Checklist for Mandated Reporters

Appendix C: DCFS Allegations System

Appendix D: Reporting Forms

Appendices

Abused and Neglected Child Reporting Act

Published as a public service by the Illinois Department of Children and Family Services

Title: An Act creating the Abused and Neglected Child Reporting Act and repealing and amending other Acts.

Cite: 325 ILCS 5/1 et seq.

(Source: P.A. 79-65.)

Date: Approved June 26, 1975.

Short title: Abused and Neglected Child Reporting Act.

(325 ILCS 5/1)

Sec. 1. This Act shall be known and may be cited as the Abused and Neglected Child Reporting Act.

(Source: P.A. 79-65.)

(325 ILCS 5/2)

Sec. 2. The Illinois Department of Children and Family Services shall, upon receiving reports made under this Act, 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. Recognizing that children also can be abused and neglected while living in public or private residential agencies or institutions meant to serve them, while attending day care centers or schools, or when in contact with adults who are responsible for the welfare of the child at that time, this Act also provides for the reporting and investigation of child abuse and neglect in such instances. In performing any of these duties, the Department may utilize such protective services of voluntary agencies as are available.

(Source: P.A. 90-28, eff. 1-1-98.)

(325 ILCS 5/2.1)

Sec. 2.1. Any person or family seeking assistance in meeting child care responsibilities may use the services and facilities established by this Act which may assist in meeting such responsibilities. Whether or not the problem presented constitutes child abuse or neglect, such persons or families shall be referred to appropriate resources or agencies. No person seeking assistance under this Section shall be required to give his name or any other identifying information.

(Source: P.A. 81-1077.)

(325 ILCS 5/3)

Sec. 3. As used in this Act unless the context otherwise requires:

“Child” means any person under the age of 18 years, unless legally emancipated by reason of marriage or entry into a branch of the United States armed services.

“Department” means Department of Children and Family Services.

“Local law enforcement agency” means the police of a city, town, village or other incorporated area or the sheriff of an unincorporated area or any sworn officer of the Illinois Department of State Police.

“Abused child” means a child whose parent or immediate family member, or any person responsible for the child’s welfare, or any individual residing in the same home as the child, or a paramour of the child’s parent:

a. 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;

b. creates a substantial risk of physical injury to such child by other than accidental means which would be likely to cause death, disfigurement, impairment of physical or emotional health, or loss or impairment of any bodily function;

c. commits or allows to be committed any sex offense against such child, as such sex offenses are defined in the Criminal Code of 1961, as amended, and extending those definitions of sex offenses to include children under 18 years of age;

d. commits or allows to be committed an act or acts of torture upon such child;

e. inflicts excessive corporal punishment; or

f. commits or allows to be committed the offense of female genital mutilation, as defined in Section 12-34 of the Criminal Code of 1961, against the child; or

g. causes to be sold, transferred, distributed, or given to such child under 18 years of age, a controlled substance as defined in Section 102 of the Illinois Controlled Substances Act in violation of Article IV of the Illinois Controlled Substances Act, except for controlled substances that are prescribed in accordance with Article III of the Illinois Controlled Substances Act and are dispensed to such child in a manner that substantially complies with the prescription.

“Neglected child” means any child who is not receiving the proper or necessary nourishment or medically indicated treatment including food or care not provided solely on the basis of the present or anticipated mental or physical impairment as determined by a physician acting alone or in consultation with other physicians or otherwise is not receiving the proper or necessary support or medical or other remedial care recognized under State law as necessary for a child’s well-being, or other care necessary for his or her well-being, including adequate food, clothing and shelter; or who is abandoned by his or her parents or other person responsible for the child’s welfare without a proper plan of care; or who is a newborn infant whose blood, urine, or meconium contains any amount of a controlled

substance as defined in subsection (f) of Section 102 of the Illinois Controlled Substances Act or a metabolite thereof, with the exception of a controlled substance or metabolite thereof whose presence in the newborn infant is the result of medical treatment administered to the mother or the newborn infant. A child shall not be considered neglected for the sole reason that the child's parent or other person responsible for his or her welfare has left the child in the care of an adult relative for any period of time. A child shall not be considered neglected or abused for the sole reason that such child's parent or other person responsible for his or her welfare depends upon spiritual means through prayer alone for the treatment or cure of disease or remedial care as provided under Section 4 of this Act. A child shall not be considered neglected or abused solely because the child is not attending school in accordance with the requirements of Article 26 of The School Code, as amended.

"Child Protective Service Unit" means certain specialized State employees of the Department assigned by the Director to perform the duties and responsibilities as provided under Section 7.2 of this Act.

"Person responsible for the child's welfare" means the child's parent; guardian; foster parent; relative caregiver; any person responsible for the child's welfare in a public or private residential agency or institution; any person responsible for the child's welfare within a public or private profit or not for profit child care facility; or any other 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, including but not limited to health care professionals, educational personnel, recreational supervisors, and volunteers or support personnel in any setting where children may be subject to abuse or neglect.

"Temporary protective custody" means custody within a hospital or other medical facility or a place previously designated for such custody by the Department, subject to review by the Court, including a licensed foster home, group home, or other institution; but such place shall not be a jail or other place for the detention of criminal or juvenile offenders.

"An unfounded report" means any report made under this Act for which it is determined after an investigation that no credible evidence of abuse or neglect exists.

"An indicated report" means a report made under this Act if an investigation determines that credible evidence of the alleged abuse or neglect exists.

"An undetermined report" means any report made under this Act in which it was not possible to initiate or complete an investigation on the basis of information provided to the Department.

"Subject of report" means any child reported to the central register of child abuse and neglect established under Section 7.7 of this Act and his or her parent, guardian or other person responsible who is also named in the report.

"Perpetrator" means a person who, as a result of investigation, has been determined by the Department to have caused child abuse or neglect.

(Source: P.A. 89-21, eff. 7-1-95; 90-239, eff. 7-28-97; 90-684, eff. 7-31-98; 91-802.)

(325 ILCS 5/4)

Sec. 4. Any physician, resident, intern, hospital, hospital administrator and personnel engaged in examination, care and treatment of persons, surgeon, dentist, dentist hygienist, osteopath, chiropractor, podiatrist, physician assistant, substance abuse treatment personnel, Christian Science practitioner, funeral home director or employee, coroner, medical examiner, emergency medical technician, acupuncturist, crisis line or hotline personnel, school personnel, educational advocate assigned to a child pursuant to the School Code, truant officers, social worker, social services administrator, domestic violence program personnel, registered nurse, licensed practical nurse, advanced practice nurse, home health aide, respiratory care practitioner, director or staff assistant of a nursery school or a child day care center, recreational program or facility personnel, law enforcement officer, registered psychologist and assistants working under the direct supervision of a psychologist, psychiatrist, or field personnel of the Illinois Department of Public Aid, Public Health, Human Services (acting as successor to the Department of Mental Health and Developmental Disabilities, Rehabilitation Services, or Public Aid), Corrections, Human Rights, or Children and Family Services, supervisor and administrator of general assistance under the Illinois Public Aid Code, probation officer, or any other foster parent, homemaker or child care worker having reasonable cause to believe a child known to them in their professional or official capacity may be an abused child or a neglected child shall immediately report or cause a report to be made to the Department. Whenever such person is required to report under this Act in his capacity as a member of the staff of a medical or other public or private institution, school, facility or agency, he shall make report immediately to the Department in accordance with the provisions of this Act and may also notify the person in charge of such institution, school, facility or agency or his designated agent that such report has been made. Under no circumstances shall any person in charge of such institution, school, facility or agency, or his designated agent to whom such notification has been made, exercise any control, restraint, modification or other change in the report or the forwarding of such report to the Department. The privileged quality of communication between any professional person required to report and his patient or client shall not apply to situations involving abused or neglected children and shall not constitute grounds for failure to report as required by this Act. In addition to the above persons required to report suspected cases of abused or neglected children, any other person may make a report if such person has reasonable cause to believe a child may be an abused child or a neglected child. Any person who enters into employment on and after July 1, 1986 and is mandated by virtue of that employment to report under this Act, shall sign a statement on a form prescribed by the Department, to the effect that the employee has knowledge and understanding of the reporting requirements of this Act. The statement shall be signed prior to commencement of the employment. The signed statement shall be retained by the employer. The cost of printing, distribution, and filing of the statement shall be borne by the employer. The Department shall provide copies of this Act, upon request, to all employers employing

persons who shall be required under the provisions of this Section to report under this Act.

Any person who knowingly transmits a false report to the Department commits the offense of disorderly conduct under subsection (a)(7) of Section 26-1 of the "Criminal Code of 1961". Any person who violates this provision a second or subsequent time shall be guilty of a Class 4 felony.

Any person who knowingly and willfully violates any provision of this Section other than a second or subsequent violation of transmitting a false report as described in the preceding paragraph, shall be guilty of a Class A misdemeanor.

A child whose parent, guardian or custodian in good faith selects and depends upon spiritual means through prayer alone for the treatment or cure of disease or remedial care may be considered neglected or abused, but not for the sole reason that his parent, guardian or custodian accepts and practices such beliefs.

A child shall not be considered neglected or abused solely because the child is not attending school in accordance with the requirements of Article 26 of the School Code, as amended.

(Source: P.A. 89-363, eff. 1-1-96; 89-507, eff. 7-1-97; 89-706, eff. 1-31-97; 90-116, eff. 7-14-97; 91-259, eff. 1/1/00; 91-516, eff. 8/13/99.)

(325 ILCS 5/4.02)

Sec. 4.02. Any physician who willfully fails to report suspected child abuse or neglect as required by this Act shall be referred to the Illinois State Medical Disciplinary Board for action in accordance with paragraph 22 of Section 22 of the Medical Practice Act of 1987. Any dentist or dental hygienist who willfully fails to report suspected child abuse or neglect as required by this Act shall be referred to the Department of Professional Regulation for action in accordance with paragraph 19 of Section 23 of the Illinois Dental Practice Act. Any other person required by this Act to report suspected child abuse and neglect who willfully fails to report such shall be guilty of a Class A misdemeanor. (Source: P.A. 86-1004; 91-197, eff. 1/1/00.)

(325 ILCS 5/4.1)

Sec. 4.1. Any person required to report under this Act who has reasonable cause to suspect that a child has died as a result of abuse or neglect shall also immediately report his suspicion to the appropriate medical examiner or coroner. Any other person who has reasonable cause to believe that a child has died as a result of abuse or neglect may report his suspicion to the appropriate medical examiner or coroner. The medical examiner or coroner shall investigate the report and communicate his apparent gross findings, orally, immediately upon completion of the gross autopsy, but in all cases within 72 hours and within 21 days in writing, to the local law enforcement agency, the appropriate State's attorney, the Department and, if the institution making the report is a hospital, the hospital. The child protective investigator assigned to the death investigation shall have the right to require a copy of the completed autopsy report from the coroner or medical examiner.

(Source: P.A. 85-193.)

(325 ILCS 5/4.2)

Sec. 4.2. Departmental report on death of child.

(a) In the case of the death of a child whose care and custody or custody and guardianship has been transferred to the Department, or in the case of a child abuse or neglect report made to the central register involving the death of a child, the Department shall (i) investigate or provide for an investigation of the cause of and circumstances surrounding the death, (ii) review the investigation, and (iii) prepare and issue a report on the death.

(b) The report shall include (i) the cause of death, whether from natural or other causes, (ii) identification of child protective or other services provided or actions taken regarding the child and his or her family, (iii) any extraordinary or pertinent information concerning the circumstances of the child's death, (iv) whether the child or the child's family had received assistance, care, or services from the social services district prior to the child's death, (v) any action or further investigation undertaken by the Department since the death of the child, and (vi) as appropriate, recommendations for State administrative or policy changes.

The report shall contain no information that would identify the name of the deceased child, his or her siblings, the parent or other person legally responsible for the child, or any other members of the child's household, but shall refer instead to the case, which may be denoted in any fashion determined appropriate by the Department. In making a fatality report available to the public pursuant to subsection (c) of this Section, the Department may respond to a child specific request for a report if the Department determines that the disclosure is not contrary to the best interests of the deceased child's siblings or other children in the household. Except as it may apply directly to the cause of the death of the child, nothing in this Section shall be deemed to authorize the release or disclosure to the public of the substance or content of any psychological, psychiatric, therapeutic, clinical, or medical reports, evaluation, or like materials or information pertaining to the child or the child's family.

(c) No later than 6 months after the date of the death of the child, the Department shall complete its report. The Department shall notify the President of the Senate, the Minority Leader of the Senate, the Speaker of the House of Representatives, the Minority Leader of the House of Representatives, and the members of the Senate and the House of Representatives in whose district the child's death occurred upon the completion of each report and shall submit an annual cumulative report to the Governor and the General Assembly incorporating the data in the above reports and including appropriate findings and recommendations. The reports concerning the death of a child and the cumulative reports shall be made available to the public after completion or submittal.

(d) To enable the Department to prepare the report, the Department may request and shall timely receive from departments, boards, bureaus, or other agencies of the State, or any of its political subdivisions, or any duly authorized agency, or any other agency which provided assistance, care, or services to the deceased child any information they are authorized to provide.

(Source: P.A. 90-15, eff. 6-13-97.)

(325 ILCS 5/4.3)

Sec. 4.3. DCFS duty to report. The Department shall report the disappearance of any child under its custody or guardianship to the local law enforcement agency working in cooperation with the I SEARCH Unit located nearest the last known whereabouts of the child.

(Source: P.A. 90-27, eff. 1-1-98.)

(325 ILCS 5/5)

Sec. 5. An officer of a local law enforcement agency, designated employee of the Department, or a physician treating a child may take or retain temporary protective custody of the child without the consent of the person responsible for the child's welfare, if (1) he has reason to believe that the child cannot be cared for at home or in the custody of the person responsible for the child's welfare without endangering the child's health or safety; and (2) there is not time to apply for a court order under the Juvenile Court Act of 1987 for temporary custody of the child. The person taking or retaining a child in temporary protective custody shall immediately make every reasonable effort to notify the person responsible for the child's welfare and shall immediately notify the Department. The Department shall provide to the temporary caretaker of a child any information in the Department's possession concerning the positive results of a test performed on the child to determine the presence of the antibody or antigen to Human Immunodeficiency Virus (HIV), or of HIV infection, as well as any communicable diseases or communicable infections that the child has. The temporary caretaker of a child shall not disclose to another person any information received by the temporary caretaker from the Department concerning the results of a test performed on the child to determine the presence of the antibody or antigen to HIV, or of HIV infection, except pursuant to Section 9 of the AIDS Confidentiality Act, as now or hereafter amended. The Department shall promptly initiate proceedings under the Juvenile Court Act of 1987 for the continued temporary custody of the child.

Where the physician keeping a child in his custody does so in his capacity as a member of the staff of a hospital or similar institution, he shall notify the person in charge of the institution or his designated agent, who shall then become responsible for the further care of such child in the hospital or similar institution under the direction of the Department.

Said care includes, but is not limited to the granting of permission to perform emergency medical treatment to a minor where the treatment itself does not involve a substantial risk of harm to the minor and the failure to render such treatment will likely result in death or permanent harm to the minor, and there is not time to apply for a court order under the Juvenile Court Act of 1987.

Any person authorized and acting in good faith in the removal of a child under this Section shall have immunity from any liability, civil or criminal that might otherwise be incurred or imposed as a result of such removal. Any physician authorized and acting in good faith and in accordance with acceptable medical practice in the treatment of a child under this Section shall have immunity from any liability, civil or criminal, that might otherwise be incurred or imposed as a result of granting permission for

emergency treatment.

With respect to any child taken into temporary protective custody pursuant to this Section, the Department of Children and Family Services Guardianship Administrator or his designee shall be deemed the child's legally authorized representative for purposes of consenting to an HIV test if deemed necessary and appropriate by the Department's Guardianship Administrator or designee and obtaining and disclosing information concerning such test pursuant to the AIDS Confidentiality Act if deemed necessary and appropriate by the Department's Guardianship Administrator or designee and for purposes of consenting to the release of information pursuant to the Illinois Sexually Transmissible Disease Control Act if deemed necessary and appropriate by the Department's Guardianship Administrator or designee.

Any person who administers an HIV test upon the consent of the Department of Children and Family Services Guardianship Administrator or his designee, or who discloses the results of such tests to the Department's Guardianship Administrator or his designee, shall have immunity from any liability, civil, criminal or otherwise, that might result by reason of such actions. For the purpose of any proceedings, civil or criminal, the good faith of any persons required to administer or disclose the results of tests, or permitted to take such actions, shall be presumed. (Source: P.A. 90-28, eff. 1-1-98.)

(325 ILCS 5/6)

Sec. 6. Any person required to investigate cases of suspected child abuse or neglect may take or cause to be taken, at Department expense, color photographs and x-rays of the child who is the subject of a report, and color photographs of the physical environment in which the alleged abuse or neglect has taken place. The person seeking to take such photographs or x-rays shall make every reasonable effort to notify the person responsible for the child's welfare.

(Source: P.A. 84-611.)

(325 ILCS 5/7)

Sec. 7. Time and manner of making reports. All reports of suspected child abuse or neglect made under this Act shall be made immediately by telephone to the central register established under Section 7.7 on the single, State-wide, toll-free telephone number established in Section 7.6, or in person or by telephone through the nearest Department office. The Department shall, in cooperation with school officials, distribute appropriate materials in school buildings listing the toll-free telephone number established in Section 7.6, including methods of making a report under this Act.

Wherever the Statewide number is posted, there shall also be posted the following notice:

"Any person who knowingly transmits a false report to the Department commits the offense of disorderly conduct under subsection (a)(7) of Section 26-1 of the Criminal Code of 1961. A first violation of this subsection is a Class A misdemeanor, punishable by a term of imprisonment for up to one year, or by a fine not to exceed \$1,000, or by both such term and fine. A second or subsequent violation is a

Class 4 felony.”

The report required by this Act shall include, if known, the name and address of the child and his parents or other persons having his custody; the child’s age; the nature of the child’s condition including any evidence of previous injuries or disabilities; and any other information that the person filing the report believes might be helpful in establishing the cause of such abuse or neglect and the identity of the person believed to have caused such abuse or neglect. Reports made to the central register through the State-wide, toll-free telephone number shall be immediately transmitted to the appropriate Child Protective Service Unit. The Department shall within 24 hours orally notify local law enforcement personnel and the office of the State’s Attorney of the involved county of the receipt of any report alleging the death of a child, serious injury to a child including, but not limited to, brain damage, skull fractures, subdural hematomas, and, internal injuries, torture of a child, malnutrition of a child, and sexual abuse to a child, including, but not limited to, sexual intercourse, sexual exploitation, sexual molestation, and sexually transmitted disease in a child age twelve and under. All oral reports made by the Department to local law enforcement personnel and the office of the State’s Attorney of the involved county shall be confirmed in writing within 48 hours of the oral report. All reports by persons mandated to report under this Act shall be confirmed in writing to the appropriate Child Protective Service Unit, which may be on forms supplied by the Department, within 48 hours of any initial report.

Written confirmation reports from persons not required to report by this Act may be made to the appropriate Child Protective Service Unit. Written reports from persons required by this Act to report shall be admissible in evidence in any judicial proceeding relating to child abuse or neglect. Reports involving known or suspected child abuse or neglect in public or private residential agencies or institutions shall be made and received in the same manner as all other reports made under this Act. (Source: P.A. 89-187, eff. 7-19-95.)

(325 ILCS 5/7.1)

Sec. 7.1. (a) To the fullest extent feasible, the Department shall cooperate with and shall seek the cooperation and involvement of all appropriate public and private agencies, including health, education, social service and law enforcement agencies, courts of competent jurisdiction, and agencies, organizations, or programs providing or concerned with human services related to the prevention, identification or treatment of child abuse or neglect.

Such cooperation and involvement shall include joint consultation and services, joint planning, joint case management, joint public education and information services, joint utilization of facilities, joint staff development and other training, and the creation of multidisciplinary case diagnostic, case handling, case management, and policy planning teams. Such cooperation and involvement shall also include consultation and planning with the Illinois Department of Human Services regarding referrals to designated perinatal centers of newborn children requiring protective custody under this Act, whose life or

development may be threatened by a developmental disability or handicapping condition.

For implementing such intergovernmental cooperation and involvement, units of local government and public and private agencies may apply for and receive federal or State funds from the Department under this Act or seek and receive gifts from local philanthropic or other private local sources in order to augment any State funds appropriated for the purposes of this Act.

(b) The Department may establish up to 5 demonstrations of multidisciplinary teams to advise, review and monitor cases of child abuse and neglect brought by the Department or any member of the team. The Director shall determine the criteria by which certain cases of child abuse or neglect are brought to the multidisciplinary teams. The criteria shall include but not be limited to geographic area and classification of certain cases where allegations are of a severe nature. Each multidisciplinary team shall consist of 7 to 10 members appointed by the Director, including, but not limited to representatives from the medical, mental health, educational, juvenile justice, law enforcement and social service fields. (Source: P.A. 89-507, eff. 7-1-97.)

(325 ILCS 5/7.2)

Sec. 7.2. The Department shall establish a Child Protective Service Unit within each geographic region as designated by the Director of the Department. The Child Protective Service Unit shall perform those functions assigned by this Act to it and only such others that would further the purposes of this Act. It shall have a sufficient staff of qualified personnel to fulfill the purpose of this Act and be organized in such a way as to maximize the continuity of responsibility, care and service of the individual workers toward the individual children and families.

The Child Protective Service Unit shall designate members of each unit to receive specialty training to serve as special consultants to unit staff and the public in the areas of child sexual abuse, child deaths and injuries, and out-of-home investigations. (Source: P.A. 85-1440.)

(325 ILCS 5/7.3)

Sec. 7.3. The Department shall be the sole agency responsible for receiving and investigating reports of child abuse or neglect made under this Act, except where investigations by other agencies may be required with respect to reports alleging the death of a child, serious injury to a child or sexual abuse to a child made pursuant to Sections 4.1 or 7 of this Act, and except that the Department may delegate the performance of the investigation to the Department of State Police, a law enforcement agency and to those private social service agencies which have been designated for this purpose by the Department prior to July 1, 1980. (Source: P.A. 85-1440.)

(325 ILCS 5/7.3a)

Sec. 7.3a. The Director of the Department shall appoint a Perinatal Coordinator who shall be a physician licensed to practice medicine in all its branches with a specialty

certification in pediatric care. Such coordinator, or other designated medical specialists, shall review all reports of suspected medical neglect involving newborns or infants, coordinate the evaluation of the subject of such report, and assist in necessary referrals to appropriate perinatal medical care and treatment. When the Perinatal Coordinator or other designated medical specialists, alone or in consultation with an infant care review committee established by a medical facility, determine that a newborn or infant child is being neglected as defined in Section 3 of this Act, a designated employee of the Department shall take the steps necessary to protect such newborn or infant child's life or health, including but not limited to taking temporary protective custody.
(Source: P.A. 83-1248.)

(325 ILCS 5/7.3b)

Sec. 7.3b. All persons required to report under Section 4 may refer to the Department of Human Services any pregnant person in this State who is addicted as defined in the Alcoholism and Other Drug Abuse and Dependency Act. The Department of Human Services shall notify the local Infant Mortality Reduction Network service provider or Department funded prenatal care provider in the area in which the person resides. The service provider shall prepare a case management plan and assist the pregnant woman in obtaining counseling and treatment from a local substance abuse service provider licensed by the Department of Human Services or a licensed hospital which provides substance abuse treatment services. The local Infant Mortality Reduction Network service provider and Department funded prenatal care provider shall monitor the pregnant woman through the service program. The Department of Human Services shall have the authority to promulgate rules and regulations to implement this Section.
(Source: P.A. 88-670, eff. 12-2-94; 89-507 (Sections 9C-25 and 9M-5), eff. 7-1-97.)

(325 ILCS 5/7.3c)

Sec. 7.3c. Substance abuse services for women with children.

The Department of Human Services and the Department of Children and Family Services shall develop a community based system of integrated child welfare and substance abuse services for the purpose of providing safety and protection for children, improving adult health and parenting outcomes, and improving family outcomes.

The Department of Children and Family Services, in cooperation with the Department of Human Services, shall develop case management protocols for DCFS clients with substance abuse problems. The Departments may establish pilot programs designed to test the most effective approaches to case-management. The Departments shall evaluate the effectiveness of these pilot programs and report to the Governor and the General Assembly on an annual basis.

(Source: P.A. 89-268, eff. 1-1-96; 89-507, eff. 7-1-97.)

(325 ILCS 5/7.4)

Sec. 7.4. (a) The Department shall be capable of receiving reports of suspected child abuse or neglect 24 hours a day, 7 days a week. Whenever the Department

receives a report alleging that a child is a truant as defined in Section 26-2a of The School Code, as now or hereafter amended, the Department shall notify the superintendent of the school district in which the child resides and the appropriate superintendent of the educational service region. The notification to the appropriate officials by the Department shall not be considered an allegation of abuse or neglect under this Act.

(b) (1) The following procedures shall be followed in the investigation of all reports of suspected abuse or neglect of a child, except as provided in subsection (c) of this Section.

(2) If it appears that the immediate safety or well-being of a child is endangered, that the family may flee or the child disappear, or that the facts otherwise so warrant, the Child Protective Service Unit shall commence an investigation immediately, regardless of the time of day or night. In all other cases, investigation shall be commenced within 24 hours of receipt of the report. Upon receipt of a report, the Child Protective Service Unit shall make an initial investigation and an initial determination whether the report is a good faith indication of alleged child abuse or neglect.

(3) If the Unit determines the report is a good faith indication of alleged child abuse or neglect, then a formal investigation shall commence and, pursuant to Section 7.12 of this Act, may or may not result in an indicated report. The formal investigation shall include: direct contact with the subject or subjects of the report as soon as possible after the report is received; an evaluation of the environment of the child named in the report and any other children in the same environment; a determination of the risk to such children if they continue to remain in the existing environments, as well as a determination of the nature, extent and cause of any condition enumerated in such report; the name, age and condition of other children in the environment; and an evaluation as to whether there would be an immediate and urgent necessity to remove the child from the environment if appropriate family preservation services were provided. After seeing to the safety of the child or children, the Department shall forthwith notify the subjects of the report in writing, of the existence of the report and their rights existing under this Act in regard to amendment or expungement. To fulfill the requirements of this Section, the Child Protective Service Unit shall have the capability of providing or arranging for comprehensive emergency services to children and families at all times of the day or night.

(4) If (i) at the conclusion of the Unit's initial investigation of a report, the Unit determines the report to be a good faith indication of alleged child abuse or neglect that warrants a formal investigation by the Unit, the Department, any law enforcement agency or any other responsible agency and (ii) the person who is alleged to have caused the abuse or neglect is employed or otherwise engaged in an activity resulting in frequent contact with children and the alleged abuse or neglect are in the course of such employment or activity, then the Department shall, except in investigations where the Director determines that such notification would be detrimental to the Department's investigation, inform the appropriate supervisor or administrator of that employment or activity that the Unit has commenced a formal investigation pursuant to this Act,

which may or may not result in an indicated report. The Department shall also notify the person being investigated, unless the Director determines that such notification would be detrimental to the Department's investigation.

(c) In an investigation of a report of suspected abuse or neglect of a child by a school employee at a school or on school grounds, the Department shall make reasonable efforts to follow the following procedures:

(1) Investigations involving teachers shall not, to the extent possible, be conducted when the teacher is scheduled to conduct classes. Investigations involving other school employees shall be conducted so as to minimize disruption of the school day. The school employee accused of child abuse or neglect may have his superior, his association or union representative and his attorney present at any interview or meeting at which the teacher or administrator is present. The accused school employee shall be informed by a representative of the Department, at any interview or meeting, of the accused school employee's due process rights and of the steps in the investigation process. The information shall include, but need not necessarily be limited to the right, subject to the approval of the Department, of the school employee to confront the accuser, if the accuser is 14 years of age or older, or the right to review the specific allegations which gave rise to the investigation, and the right to review all materials and evidence that have been submitted to the Department in support of the allegation. These due process rights shall also include the right of the school employee to present countervailing evidence regarding the accusations.

(2) If a report of neglect or abuse of a child by a teacher or administrator does not involve allegations of sexual abuse or extreme physical abuse, the Child Protective Service Unit shall make reasonable efforts to conduct the initial investigation in coordination with the employee's supervisor.

If the Unit determines that the report is a good faith indication of potential child abuse or neglect, it shall then commence a formal investigation under paragraph (3) of subsection (b) of this Section.

(3) If a report of neglect or abuse of a child by a teacher or administrator involves an allegation of sexual abuse or extreme physical abuse, the Child Protective Unit shall commence an investigation under paragraph (2) of subsection (b) of this Section.

(d) If the Department has contact with an employer in the course of its investigation, the Department shall notify the employer, in writing, when a report is unfounded so that any record of the investigation can be expunged from the employee's personnel records. The Department shall also notify the employee, in writing, that notification has been sent to the employer informing the employer that the Department's investigation has resulted in an unfounded report.

(e) Upon request by the Department, the Department of State Police and law enforcement agencies are authorized to provide criminal history record information as defined in the Illinois Uniform Conviction Information Act and information maintained in the adjudicatory and dispositional record system as defined in Section 2605-355 of the Department of State Police Law (20 ILCS 2605/2605-355) to properly designated employees of the

Department of Children and Family Services if the Department determines the information is necessary to perform its duties under the Abused and Neglected Child Reporting Act, the Child Care Act of 1969, and the Children and Family Services Act. The request shall be in the form and manner required by the Department of State Police. Any information obtained by the Department of Children and Family Services under this Section is confidential and may not be transmitted outside the Department of Children and Family Services other than to a court of competent jurisdiction or unless otherwise authorized by law. Any employee of the Department of Children and Family Services who transmits confidential information in violation of this Section or causes the information to be transmitted in violation of this Section is guilty of a Class A misdemeanor unless the transmittal of the information is authorized by this Section or otherwise authorized by law. (Source: P.A. 87-400; 88-614, eff. 9-7-94; 91-239, eff. 1/1/00.)

(325 ILCS 5/7.5)

Sec. 7.5. If the Child Protective Service Unit is denied reasonable access to a child by the parents or other persons and it deems that the health, safety, and best interests of the child so require, it shall request the intervention of a local law enforcement agency or seek an appropriate court order to examine and interview the child. (Source: P.A. 90-28, eff. 1-1-98.)

(325 ILCS 5/7.6)

Sec. 7.6. There shall be a single State-wide, toll-free telephone number established and maintained by the Department which all persons, whether or not mandated by law, may use to report suspected child abuse or neglect at any hour of the day or night, on any day of the week. Immediately upon receipt of such reports, the Department shall transmit the contents of the report, either orally or electronically, to the appropriate Child Protective Service Unit. Any other person may use the State-wide number to obtain assistance or information concerning the handling of child abuse and neglect cases.

Wherever the Statewide number is posted, there shall also be posted the following notice:

"Any person who knowingly transmits a false report to the Department commits the offense of disorderly conduct under subsection (a)(7) of Section 26-1 of the Criminal Code of 1961. A violation of this subsection is a Class B misdemeanor, punishable by a term of imprisonment for not more than 6 months, or by a fine not to exceed \$500, or by both such term and fine."

(Source: P.A. 84-1318.)

(325 ILCS 5/7.7)

Sec. 7.7. There shall be a central register of all cases of suspected child abuse or neglect reported and maintained by the Department under this Act. Through the recording of initial, preliminary, and final reports, the central register shall be operated in such a manner as to enable the Department to: (1) immediately identify and locate prior reports of child abuse or neglect; (2) continuously monitor the current status of all reports of child abuse or neglect being provided services under this Act; and (3) regularly evaluate the effectiveness of existing laws and programs

through the development and analysis of statistical and other information.

The Department shall maintain in the central register a listing of unfounded reports where the subject of the unfounded report requests that the record not be expunged because the subject alleges an intentional false report was made. Such a request must be made by the subject in writing to the Department, within 10 days of the investigation.

The Department shall also maintain in the central register a listing of unfounded reports where the report was classified as a priority one or priority two report in accordance with the Department's rules or the report was made by a person mandated to report suspected abuse or neglect under this Act.

The Department shall maintain in the central register for 3 years a listing of unfounded reports involving the death of a child, the sexual abuse of a child, or serious physical injury to a child as defined by the Department in rules. (Source: P.A. 90-15, eff. 6-13-97.)

(325 ILCS 5/7.8)

Sec. 7.8. Upon receiving an oral or written report of suspected child abuse or neglect, the Department shall immediately notify, either orally or electronically, the Child Protective Service Unit of a previous report concerning a subject of the present report or other pertinent information. In addition, upon satisfactory identification procedures, to be established by Department regulation, any person authorized to have access to records under Section 11.1 relating to child abuse and neglect may request and shall be immediately provided the information requested in accordance with this Act. However, no information shall be released unless it prominently states the report is "indicated", and only information from "indicated" reports shall be released, except that information concerning pending reports may be released to any person authorized under paragraphs (1), (2), (3) and (11) of Section 11.1. In addition, State's Attorneys are authorized to receive unfounded reports for prosecution purposes related to the transmission of false reports of child abuse or neglect in violation of subsection (a), paragraph (7) of Section 26-1 of the Criminal Code of 1961 and guardians ad litem appointed under Article II of the Juvenile Court Act of 1987 shall receive the classified reports set forth in Section 7.14 of this Act in conformance with paragraph (19) of Section 11.1 and Section 7.14 of this Act. The names and other identifying data and the dates and the circumstances of any persons requesting or receiving information from the central register shall be entered in the register record.

(Source: P.A. 86-904; 86-1293; 87-649.)

(325 ILCS 5/7.9)

Sec. 7.9. The Department shall prepare, print, and distribute initial, preliminary, and final reporting forms to each Child Protective Service Unit. Initial written reports from the reporting source shall contain the following information to the extent known at the time the report is made: (1) the names and addresses of the child and his parents or other persons responsible for his welfare; (2) the child's age, sex, and race; (3) the nature and extent of the child's abuse or neglect, including any evidence of prior

injuries, abuse, or neglect of the child or his siblings; (4) the names of the persons apparently responsible for the abuse or neglect; (5) family composition, including names, ages, sexes, and races of other children in the home; (6) the name of the person making the report, his occupation, and where he can be reached; (7) the actions taken by the reporting source, including the taking of photographs and x-rays, placing the child in temporary protective custody, or notifying the medical examiner or coroner; (8) and any other information the person making the report believes might be helpful in the furtherance of the purposes of this Act.

(Source: P.A. 84-611.)

(325 ILCS 5/7.10)

Sec. 7.10. Upon the receipt of each oral report made under this Act, the Child Protective Service Unit shall immediately transmit a copy thereof to the state central register of child abuse and neglect. A preliminary report from a Child Protective Service Unit shall be made at the time of the first of any 30-day extensions made pursuant to Section 7.12 and shall describe the status of the related investigation up to that time, including an evaluation of the present family situation and danger to the child or children, corrections or up-dating of the initial report, and actions taken or contemplated.

(Source: P.A. 86-904.)

(325 ILCS 5/7.12)

Sec. 7.12. The Child Protective Service Unit shall determine, within 60 days, whether the report is "indicated" or "unfounded" and report it forthwith to the central register; where it is not possible to initiate or complete an investigation within 60 days the report may be deemed "undetermined" provided every effort has been made to undertake a complete investigation. The Department may extend the period in which such determinations must be made in individual cases for additional periods of up to 30 days each for good cause shown. The Department shall by rule establish what shall constitute good cause.

(Source: P.A. 86-904.)

(325 ILCS 5/7.13)

Sec. 7.13. The reports made under this Act may contain such additional information in the furtherance of the purposes of this Act as the Department, by rule, may require.

(Source: P.A. 81-1077.)

(325 ILCS 5/7.14)

Sec. 7.14. All reports in the central register shall be classified in one of three categories: "indicated", "unfounded" or "undetermined", as the case may be. After the report is classified, the person making the classification shall determine whether the child named in the report is the subject of an action under Article II of the Juvenile Court Act of 1987. If the child is the subject of an action under Article II of the Juvenile Court Act, the Department shall transmit a copy of the report to the guardian ad litem appointed for the child under Section 2-17 of the Juvenile Court Act. All information identifying the subjects of an unfounded report shall be expunged from the register forthwith, except as provided in Section 7.7. Unfounded

reports may only be made available to the Child Protective Service Unit when investigating a subsequent report of suspected abuse or maltreatment involving a child named in the unfounded report; and to the subject of the report, provided that the subject requests the report within 60 days of being notified that the report was unfounded. The Child Protective Service Unit shall not indicate the subsequent report solely based upon the existence of the prior unfounded report or reports. Notwithstanding any other provision of law to the contrary, an unfounded report shall not be admissible in any judicial or administrative proceeding or action. Identifying information on all other records shall be removed from the register no later than 5 years after the report is indicated. However, if another report is received involving the same child, his sibling or offspring, or a child in the care of the persons responsible for the child's welfare, the identifying information may be maintained in the register until 5 years after the subsequent case or report is closed.

Notwithstanding any other provision of this Section, identifying information in indicated reports involving the sexual abuse of a child, the death of a child, or serious physical injury to a child as defined by the Department in rules, may be retained longer than 5 years after the report is indicated or after the subsequent case or report is closed, and may not be removed from the register except as provided by the Department in rules.

(Source: P.A. 90-15, eff. 6-13-97.)

(325 ILCS 5/7.15)

Sec. 7.15. The central register may contain such other information which the Department determines to be in furtherance of the purposes of this Act. Pursuant to the provisions of Sections 7.14 and 7.16, the Department may amend or remove from the central register appropriate records upon good cause shown and upon notice to the subjects of the report and the Child Protective Service Unit.

(Source: P.A. 90-15, eff. 6-13-97.)

(325 ILCS 5/7.16)

Sec. 7.16. For any investigation or appeal initiated on or after, or pending on July 1, 1998, the following time frames shall apply. Within 60 days after the notification of the completion of the Child Protective Service Unit investigation, determined by the date of the notification sent by the Department, a subject of a report may request the Department to amend the record or remove the record of the report from the register. Such request shall be in writing and directed to such person as the Department designates in the notification. If the Department disregards any request to do so or does not act within 10 days, the subject shall have the right to a hearing within the Department to determine whether the record of the report should be amended or removed on the grounds that it is inaccurate or it is being maintained in a manner inconsistent with this Act, except that there shall be no such right to a hearing on the ground of the report's inaccuracy if there has been a court finding of child abuse or neglect, the report's accuracy being conclusively presumed on such finding. Such hearing shall be held within a reasonable time after the subject's request and at a reasonable place and hour. The appropriate Child Protective Service Unit shall be given notice of the

hearing. In such hearings, the burden of proving the accuracy and consistency of the record shall be on the Department and the appropriate Child Protective Service Unit. The hearing shall be conducted by the Director or his designee, who is hereby authorized and empowered to order the amendment or removal of the record to make it accurate and consistent with this Act. The decision shall be made, in writing, at the close of the hearing, or within 45 days thereof, and shall state the reasons upon which it is based. Decisions of the Department under this Section are administrative decisions subject to judicial review under the Administrative Review Law.

Should the Department grant the request of the subject of the report pursuant to this Section either on administrative review or after administrative hearing to amend an indicated report to an unfounded report, the report shall be released and expunged in accordance with the standards set forth in Section 7.14 of this Act.

(Source: P.A. 90-15, eff. 6-13-97; 90-608, eff. 6-30-98.)

(325 ILCS 5/7.17)

Sec. 7.17. To the fullest extent possible, written notice of any amendment, expunction, or removal of any record made under this Act shall be served upon each subject of such report and the appropriate Child Protective Service Unit. Upon receipt of such notice, the Child Protective Service Unit shall take similar action in regard to the local child abuse and neglect index and shall inform, for the same purpose, any other individuals or agencies which received such record under this Act or in any other manner. Nothing in this Section is intended to require the destruction of case records.

(Source: P.A. 81-1077.)

(325 ILCS 5/7.18)

Sec. 7.18. Pursuant to Sections 7.15 and 7.16 and for good cause shown, the Child Protective Service Unit may amend any report previously sent to the State-wide center. Unless otherwise prescribed by this Act, the content, form, manner and timing of making the reports shall be established by rules of the Department.

(Source: P.A. 81-1077.)

(325 ILCS 5/7.19)

Sec. 7.19. Upon request, a subject of a report shall be entitled to receive a copy of all information contained in the central register pertaining to his case. However, the Department may prohibit the release of data that would identify or locate a person who, in good faith, made a report or cooperated in a subsequent investigation. In addition, the Department may seek a court order from the circuit court prohibiting the release of any information which the court finds is likely to be harmful to the subject of the report.

(Source: P.A. 81-1077.)

(325 ILCS 5/7.20)

Sec. 7.20. Inter-agency agreements for information. The Department shall enter into an inter-agency agreement with the Secretary of State to establish a procedure by which employees of the Department may have immediate access to driver's license records maintained by the Secretary of State if the Department determines the information is

necessary to perform its duties under the Abused and Neglected Child Reporting Act, the Child Care Act of 1969, and the Children and Family Services Act. The Department shall enter into an inter-agency agreement with the Illinois Department of Public Aid and the Department of Human Services (acting as successor to the Department of Public Aid under the Department of Human Services Act) to establish a procedure by which employees of the Department may have immediate access to records, files, papers, and communications (except medical, alcohol or drug assessment or treatment, mental health, or any other medical records) of the Illinois Department of Public Aid, county departments of public aid, the Department of Human Services, and local governmental units receiving State or federal funds or aid to provide public aid, if the Department determines the information is necessary to perform its duties under the Abused and Neglected Child Reporting Act, the Child Care Act of 1969, and the Children and Family Services Act.
(Source: P.A. 88-614, eff. 9-7-94; 89-507, eff. 7-1-97.)

(325 ILCS 5/7.21)

Sec. 7.21. Multidisciplinary Review Committee.

(a) The Department may establish multidisciplinary review committees in each region of the State to assure that mandated reporters have the ability to have a review conducted on any situation where a child abuse or neglect report made by them was “unfounded”, and they have concerns about the adequacy of the investigation. These committees shall draw upon the expertise of the Child Death Review Teams as necessary and practicable. Each committee will be composed of the following: a health care professional, a Department employee, a law enforcement official, a licensed social worker, and a representative of the State’s attorney’s office. In appointing members of a committee, primary consideration shall be given to a prospective member’s prior experience in dealing with cases of suspected child abuse or neglect.

(b) Whenever the Department determines that a reported incident of child abuse or neglect from a mandated reporter is “unfounded”, the mandated reporter may request a review of the investigation within 10 days of the notification of the final finding. Whenever the Department determines that a reported incident of child abuse or neglect from a mandated reporter or any other reporter is “unfounded”, the minor’s guardian ad litem appointed under the Juvenile Court Act of 1987 may request a review of the investigation within 10 days of the notification of the final finding if the subject of the report is also the minor for whom the guardian ad litem has been appointed. The review of the investigation requested by the guardian ad litem may be conducted by the Regional Child Protection Manager.

A review under this subsection will be conducted by the committee, except those requests for review that are made by the guardian ad litem, which shall be conducted by the Regional Child Protection Manager. The Department shall make available to the committee all information in the Department’s possession concerning the case. The committee shall make recommendations to the Department as to the adequacy of the investigation and of the accuracy of the final finding determination. These findings shall be forwarded to the Regional Child Protection Manager.

(c) The Department shall provide complete records of these investigations to the committee. Records provided to the committee and recommendation reports generated by the committee shall not be public record.

(c-5) On or before October 1 of each year, the Department shall prepare a report setting forth (i) the number of investigations reviewed by each committee during the previous fiscal year and (ii) the number of those investigations that the committee found to be inadequate. The report shall also include a summary of the committee’s comments and a summary of the corrective action, if any, that was taken in response to the committee’s recommendations. The report shall be a public record. The Department shall submit the report to the General Assembly and shall make the report available to the public upon request.

(d) The Department shall adopt rules to implement this Section.
(Source: P.A. 89-269, eff. 1-1-96; 90-239, eff. 7-28-97; 92-812, eff. 6/13/00.)

(325 ILCS 5/8.1)

Sec. 8.1. If the Child Protective Service Unit determines after investigating a report that there is no credible evidence that a child is abused or neglected, it shall deem the report to be an unfounded report. However, if it appears that the child or family could benefit from other social services, the local service may suggest such services, including services under Section 8.2, for the family’s voluntary acceptance or refusal. If the family declines such services, the Department shall take appropriate action in keeping with the best interest of the child, including referring a member of the child’s family to a facility licensed by the Department of Human Services or the Department of Public Health.
(Source: P.A. 88-85; 88-487; 88-670, eff. 12-2-94; 89-507, eff. 7-1-97.)

(325 ILCS 5/8.2)

Sec. 8.2. If the Child Protective Service Unit determines, following an investigation made pursuant to Section 7.4 of this Act, that there is credible evidence that the child is abused or neglected, the Department shall assess the family’s need for services, and, as necessary, develop, with the family, an appropriate service plan for the family’s voluntary acceptance or refusal. In any case where there is evidence that the perpetrator of the abuse or neglect is an addict or alcoholic as defined in the Alcoholism and Other Drug Abuse and Dependency Act, the Department, when making referrals for drug or alcohol abuse services, shall make such referrals to facilities licensed by the Department of Human Services or the Department of Public Health. The Department shall comply with Section 8.1 by explaining its lack of legal authority to compel the acceptance of services and may explain its concomitant authority to petition the Circuit court under the Juvenile Court Act of 1987 or refer the case to the local law enforcement authority or State’s attorney for criminal prosecution.

For purposes of this Act, the term “family preservation services” refers to all services to help families, including adoptive and extended families. Family preservation services shall be offered, where safe and appropriate, to

prevent the placement of children in substitute care when the children can be cared for at home or in the custody of the person responsible for the children's welfare without endangering the children's health or safety, to reunite them with their families if so placed when reunification is an appropriate goal, or to maintain an adoptive placement. The term "homemaker" includes emergency caretakers, homemakers, caretakers, housekeepers and chore services. The term "counseling" includes individual therapy, infant stimulation therapy, family therapy, group therapy, self-help groups, drug and alcohol abuse counseling, vocational counseling and post-adoptive services. The term "day care" includes protective day care and day care to meet educational, prevocational or vocational needs. The term "emergency assistance and advocacy" includes coordinated services to secure emergency cash, food, housing and medical assistance or advocacy for other subsistence and family protective needs.

Before July 1, 2000, appropriate family preservation services shall, subject to appropriation, be included in the service plan if the Department has determined that those services will ensure the child's health and safety, are in the child's best interests, and will not place the child in imminent risk of harm. Beginning July 1, 2000, appropriate family preservation services shall be uniformly available throughout the State. The Department shall promptly notify children and families of the Department's responsibility to offer and provide family preservation services as identified in the service plan. Such plans may include but are not limited to: case management services; homemakers; counseling; parent education; day care; emergency assistance and advocacy assessments; respite care; in-home health care; transportation to obtain any of the above services; and medical assistance. Nothing in this paragraph shall be construed to create a private right of action or claim on the part of any individual or child welfare agency.

The Department shall provide a preliminary report to the General Assembly no later than January 1, 1991, in regard to the provision of services authorized pursuant to this Section. The report shall include:

- (a) the number of families and children served, by type of services;
- (b) the outcome from the provision of such services, including the number of families which remained intact at least 6 months following the termination of services;
- (c) the number of families which have been subjects of founded reports of abuse following the termination of services;
- (d) an analysis of general family circumstances in which family preservation services have been determined to be an effective intervention;
- (e) information regarding the number of families in need of services but unserved due to budget or program criteria guidelines;
- (f) an estimate of the time necessary for and the annual cost of statewide implementation of such services;
- (g) an estimate of the length of time before expansion of these services will be made to include families with children over the age of 6; and
- (h) recommendations regarding any proposed legislative changes to this program.

Each Department field office shall maintain on a local

basis directories of services available to children and families in the local area where the Department office is located.

The Department shall refer children and families served pursuant to this Section to private agencies and governmental agencies, where available.

Where there are 2 equal proposals from both a not-for-profit and a for-profit agency to provide services, the Department shall give preference to the proposal from the not-for-profit agency.

No service plan shall compel any child or parent to engage in any activity or refrain from any activity which is not reasonably related to remedying a condition or conditions that gave rise or which could give rise to any finding of child abuse or neglect.

(Source: P.A. 89-21, eff. 6-6-95; 89-507, eff. 7-1-97; 90-14, eff. 7-1-97; 90-28, eff. 1-1-98; 90-608, eff. 6-30-98.)

(325 ILCS 5/8.3)

Sec. 8.3. The Department shall assist a Circuit Court during all stages of the court proceeding in accordance with the purposes of this Act and the Juvenile Court Act of 1987 by providing full, complete, and accurate information to the court and by appearing in court if requested by the court. Failure to provide assistance requested by a court shall be enforceable through proceedings for contempt of court.

(Source: P.A. 88-310.)

(325 ILCS 5/8.4)

Sec. 8.4. The Department shall provide or arrange for and monitor, as authorized by this Act, rehabilitative services for children and their families on a voluntary basis or under a final or intermediate order of the Court.

(Source: P.A. 84-611.)

(325 ILCS 5/8.5)

Sec. 8.5. The Child Protective Service Unit shall maintain a local child abuse and neglect index of all cases reported under this Act which will enable it to determine the location of case records and to monitor the timely and proper investigation and disposition of cases. The index shall include the information contained in the initial, progress, and final reports required under this Act, and any other appropriate information.

(Source: P.A. 81-1077.)

(325 ILCS 5/9)

Sec. 9. Any person, institution or agency, under this Act, participating in good faith in the making of a report or referral, or in the investigation of such a report or referral or in the taking of photographs and x-rays or in the retaining a child in temporary protective custody or in making a disclosure of information concerning reports of child abuse and neglect in compliance with Sections 4.2 and 11.1 of this Act shall have immunity from any liability, civil, criminal or that otherwise might result by reason of such actions. For the purpose of any proceedings, civil or criminal, the good faith of any persons required to report or refer, or permitted to report, cases of suspected child abuse or neglect or permitted to refer individuals under this Act or

required to disclose information concerning reports of child abuse and neglect in compliance with Sections 4.2 and 11.1 of this Act, shall be presumed.

(Source: P.A. 90-15, eff. 6-13-97.)

(325 ILCS 5/9.1)

Sec. 9.1. Employer discrimination. No employer shall discharge, demote or suspend, or threaten to discharge, demote or suspend, or in any manner discriminate against any employee who makes any good faith oral or written report of suspected child abuse or neglect, or who is or will be a witness or testify in any investigation or proceeding concerning a report of suspected child abuse or neglect.

(Source: P.A. 86-904.)

(325 ILCS 5/10)

Sec. 10. Any person who makes a report or who investigates a report under this Act shall testify fully in any judicial proceeding resulting from such report, as to any evidence of abuse or neglect, or the cause thereof. Any person who is required to report a suspected case of abuse or neglect under Section 4 of this Act shall testify fully in any administrative hearing resulting from such report, as to any evidence of abuse or neglect or the cause thereof. No evidence shall be excluded by reason of any common law or statutory privilege relating to communications between the alleged perpetrator of abuse or neglect, or the child subject of the report under this Act and the person making or investigating the report.

(Source: P.A. 86-904.)

(325 ILCS 5/11)

Sec. 11. All records concerning reports of child abuse and neglect or records concerning referrals under this Act and all records generated as a result of such reports or referrals, shall be confidential and shall not be disclosed except as specifically authorized by this Act or other applicable law. It is a Class A misdemeanor to permit, assist, or encourage the unauthorized release of any information contained in such reports, referrals or records.

Nothing contained in this Section prevents the sharing or disclosure of records relating or pertaining to the death of a minor under the care of or receiving services from the Department of Children and Family Services and under the jurisdiction of the juvenile court with the juvenile court, the State's Attorney, and the minor's attorney.

(Source: P.A. 90-15, eff. 6-13-97.)

(325 ILCS 5/11.1)

Sec. 11.1. Access to records.

(a) A person shall have access to the records described in Section 11 only in furtherance of purposes directly connected with the administration of this Act or the Intergovernmental Missing Child Recovery Act of 1984. Those persons and purposes for access include:

(1) Department staff in the furtherance of their responsibilities under this Act, or for the purpose of completing background investigations on persons or agencies licensed by the Department or with whom the Department contracts for the provision of child welfare services.

(2) A law enforcement agency investigating known

or suspected child abuse or neglect, known or suspected involvement with child pornography, known or suspected criminal sexual assault, known or suspected criminal sexual abuse, or any other sexual offense when a child is alleged to be involved.

(3) The Department of State Police when administering the provisions of the Intergovernmental Missing Child Recovery Act of 1984.

(4) A physician who has before him a child whom he reasonably suspects may be abused or neglected.

(5) A person authorized under Section 5 of this Act to place a child in temporary protective custody when such person requires the information in the report or record to determine whether to place the child in temporary protective custody.

(6) A person having the legal responsibility or authorization to care for, treat, or supervise a child or a parent, guardian, or other person responsible for the child's welfare who is the subject of a report.

(7) Except in regard to harmful or detrimental information as provided in Section 7.19, any subject of the report, and if the subject of the report is a minor, his guardian or guardian ad litem.

(8) A court, upon its finding that access to such records may be necessary for the determination of an issue before such court; however, such access shall be limited to in camera inspection, unless the court determines that public disclosure of the information contained therein is necessary for the resolution of an issue then pending before it.

(8.1) A probation officer or other authorized representative of a probation or court services department conducting an investigation ordered by a court under the Juvenile Court Act of 1987.

(9) A grand jury, upon its determination that access to such records is necessary in the conduct of its official business.

(10) Any person authorized by the Director, in writing, for audit or bona fide research purposes.

(11) Law enforcement agencies, coroners or medical examiners, physicians, courts, school superintendents and child welfare agencies in other states who are responsible for child abuse or neglect investigations or background investigations.

(12) The Department of Professional Regulation, the State Board of Education and school superintendents in Illinois, who may use or disclose information from the records as they deem necessary to conduct investigations or take disciplinary action, as provided by law.

(13) A coroner or medical examiner who has reason to believe that a child has died as the result of abuse or neglect.

(14) The Director of a State-operated facility when an employee of that facility is the perpetrator in an indicated report.

(15) The operator of a licensed child care facility or a facility licensed by the Department of Human Services (as successor to the Department of Alcoholism and Substance Abuse) in which children reside when a current or prospective employee of that facility is the perpetrator in an indicated child abuse or neglect report, pursuant to Section 4.3 of the Child Care Act of 1969.

(16) Members of a multidisciplinary team in the furtherance of its responsibilities under subsection (b) of Section 7.1. All reports concerning child abuse and neglect made available to members of such multidisciplinary teams and all records generated as a result of such reports shall be confidential and shall not be disclosed, except as specifically authorized by this Act or other applicable law. It is a Class A misdemeanor to permit, assist or encourage the unauthorized release of any information contained in such reports or records. Nothing contained in this Section prevents the sharing of reports or records relating or pertaining to the death of a minor under the care of or receiving services from the Department of Children and Family Services and under the jurisdiction of the juvenile court with the juvenile court, the State's Attorney, and the minor's attorney.

(17) The Department of Human Services, as provided in Section 17 of the Disabled Persons Rehabilitation Act.

(18) Any other agency or investigative body, including the Department of Public Health and a local board of health, authorized by State law to conduct an investigation into the quality of care provided to children in hospitals and other State regulated care facilities. The access to and release of information from such records shall be subject to the approval of the Director of the Department or his designee.

(19) The person appointed, under Section 2-17 of the Juvenile Court Act, as the guardian ad litem of a minor who is the subject of a report or records under this Act.

(b) Nothing contained in this Act prevents the sharing or disclosure of information or records relating or pertaining to juveniles subject to the provisions of the Serious Habitual Offender Comprehensive Action Program when that information is used to assist in the early identification and treatment of habitual juvenile offenders.

(c) To the extent that persons or agencies are given access to information pursuant to this Section, those persons or agencies may give this information to and receive this information from each other in order to facilitate an investigation conducted by those persons or agencies. (Source: P.A. 89-507, eff. 7-1-97; 90-15, eff. 6-13-97; 91-357, eff. 7/29/99.)

(325 ILCS 5/11.1a)

Sec. 11.1a. Disclosure of information.

(a) The Director or a person designated in writing by the Director for this purpose may disclose information regarding the abuse or neglect of a child as set forth in this Section, the investigation thereof, and any services related thereto, if he or she determines that such disclosure is not contrary to the best interests of the child, the child's siblings, or other children in the household, and one of the following factors are present:

(1) The subject of the report has been criminally charged with committing a crime related to the child abuse or neglect report; or

(2) A law enforcement agency or official, a State's Attorney, or a judge of the State court system has publicly disclosed in a report as part of his or her official duty, information regarding the investigation of a report or the provision of services by the Department; or

(3) An adult subject of the report has knowingly and voluntarily made a public disclosure concerning a Child Abuse and Neglect Tracking System report; or

(4) The child named in the report has been critically injured or died.

(b) Information may be disclosed pursuant to this Section as follows:

(1) The name of the alleged abused or neglected child.

(2) The current status of the investigation, including whether a determination of credible evidence has been made.

(3) Identification of child protective or other services provided or actions taken regarding the child named in the report and his or her family as a result of this report.

(4) Whether there have been past reports of child abuse or neglect involving this child or family, or both. Any such reports shall be clearly identified as being "Indicated", "Unfounded", or "Pending".

(5) Whether the Department has a current or past open service case with the family, and a history of what types of services have been, or are being, provided.

(6) Any extraordinary or pertinent information concerning the circumstances of the report, if the Director determines such disclosure is consistent with the public interest.

(c) Any disclosure of information pursuant to this Section shall not identify the name of or provide identifying information regarding the source of the report.

(d) In determining pursuant to subsection (a) of this Section, whether disclosure will be contrary to the best interests of the child, the child's siblings, or other children in the household, the Director shall consider the interest in privacy of the child and the child's family and the effects which disclosure may have on efforts to reunite and provide services to the family.

(e) Except as it applies directly to the cause of the abuse or neglect of the child, nothing in this Section shall be deemed to authorize the release or disclosure of the substance or content of any psychological, psychiatric, therapeutic, clinical, or medical reports, evaluations, or like materials pertaining to the child or the child's family. Prior to the release or disclosure of any psychological, psychiatric, or therapeutic reports pursuant to this subsection, the Deputy Director of Clinical Services shall review such materials and make recommendations regarding its release. Any disclosure of information pursuant to this Section shall not identify the health care provider, health care facility or other maker of the report or source of any psychological, psychiatric, therapeutic, clinical, or medical reports, evaluations, or like materials.

(f) Regarding child abuse or neglect reports which occur at a facility licensed by the Department of Children and Family Services, only the following information may be disclosed or released:

(1) The name of the facility.

(2) The nature of the allegations of abuse or neglect.

(3) The number and ages of child victims involved, and their relationship to the perpetrator.

(4) Actions the Department has taken to ensure

the safety of the children during and subsequent to the investigation.

(5) The final finding status of the investigation.

(Source: P.A. 90-75, eff. 1-1-98.)

(325 ILCS 5/11.2)

Sec. 11.2. Upon request, a mandated reporting source as provided in Section 4 of this Act may receive appropriate information about the findings and actions taken by the Child Protective Service Unit in response to its report.

(Source: P.A. 81-1077.)

(325 ILCS 5/11.3)

Sec. 11.3. A person given access to the names or other information identifying the subjects of the report, except the subject of the report, shall not make public such identifying information unless he is a State's attorney or other law enforcement official and the purpose is to initiate court action. Violation of this Section is a Class A misdemeanor.

(Source: P.A. 81-1077.)

(325 ILCS 5/11.4)

Sec. 11.4. Nothing in this Act affects existing policies or procedures concerning the status of court and criminal justice system records.

(Source: P.A. 81-1077.)

(325 ILCS 5/11.5)

Sec. 11.5. Within the appropriation available, the Department shall conduct a continuing education and training program for State and local staff, persons and officials required to report, the general public, and other persons engaged in or intending to engage in the prevention, identification, and treatment of child abuse and neglect. The program shall be designed to encourage the fullest degree of reporting of known and suspected child abuse and neglect, and to improve communication, cooperation, and coordination among all agencies in the identification, prevention, and treatment of child abuse and neglect. The program shall inform the general public and professionals of the nature and extent of child abuse and neglect and their responsibilities, obligations, powers and immunity from liability under this Act. It may include information on the diagnosis of child abuse and neglect and the roles and procedures of the Child Protective Service Unit, the Department and central register, the courts and of the protective, treatment, and ameliorative services available to children and their families. Such information may also include special needs of mothers at risk of delivering a child whose life or development may be threatened by a handicapping condition, to ensure informed consent to treatment of the condition and understanding of the unique child care responsibilities required for such a child. The program may also encourage parents and other persons having responsibility for the welfare of children to seek assistance on their own in meeting their child care responsibilities and encourage the voluntary acceptance of available services when they are needed. It may also

include publicity and dissemination of information on the existence and number of the 24 hour, State-wide, toll-free telephone service to assist persons seeking assistance and to receive reports of known and suspected abuse and neglect.

Within the appropriation available, the Department also shall conduct a continuing education and training program for State and local staff involved in investigating reports of child abuse or neglect made under this Act. The program shall be designed to train such staff in the necessary and appropriate procedures to be followed in investigating cases which it appears may result in civil or criminal charges being filed against a person. Program subjects shall include but not be limited to the gathering of evidence with a view toward presenting such evidence in court and the involvement of State or local law enforcement agencies in the investigation. The program shall be conducted in cooperation with State or local law enforcement agencies, State's Attorneys and other components of the criminal justice system as the Department deems appropriate.

(Source: P.A. 85-984.)

(325 ILCS 5/11.6)

Sec. 11.6. All final administrative decisions of the Department under this Act are subject to judicial review under the Administrative Review Law, as now or hereafter amended, and the rules adopted pursuant thereto. The term "administrative decision" is defined as in Section 3-101 of the Code of Civil Procedure.

(Source: P.A. 82-783.)

(325 ILCS 5/11.7)

Sec. 11.7. (a) The Director shall appoint the chairperson and members of a "State-wide Citizen's Committee on Child Abuse and Neglect" to consult with and advise the Director. The Committee shall be composed of individuals of distinction in human services, neonatal medical care, needs and rights of the disabled, law and community life, broadly representative of social and economic communities across the State, who shall be appointed to 3 year staggered terms. The chairperson and members of the Committee shall serve without compensation, although their travel and per diem expenses shall be reimbursed in accordance with standard State procedures. Under procedures adopted by the Committee, it may meet at any time, confer with any individuals, groups, and agencies; and may issue reports or recommendations on any aspect of child abuse or neglect it deems appropriate.

(b) The Committee shall advise the Director on setting priorities for the administration of child abuse prevention, shelters and service programs, as specified in Section 4a of "An Act creating the Department of Children and Family Services, codifying its powers and duties, and repealing certain Acts and Sections herein named", approved June 4, 1963, as amended.

(c) The Committee shall advise the Director on policies and procedures with respect to the medical neglect of newborns and infants.

(Source: P.A. 84-611.)

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

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.)

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 the ways that the Hotline worker will try to categorize the harm you describe.

Abuse	Neglect
#1 Death	#51 Death
#2 Brain Damage/Skull Fracture	#52 Brain Damage/Skull Fracture
#3 Subdural Hematoma	#53 Subdural Hematoma
#4 Internal Injuries	#54 Internal Injuries
#5 Burns, Scalding	#55 Burns/Scalding
#6 Poison/Noxious Substances	#56 Poison/Noxious Substances
#7 Wounds	#57 Wounds
_____	_____
#9 Bone Fractures	#59 Bone Fractures
_____	_____
#11 Cuts, Bruises, and Welts	#61 Cuts, Bruises, and Welts
#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 Injury
- #18 Sexually Transmitted Diseases
- #19 Sexual Penetration
- #20 Sexual Exploitation
- #21 Sexual Molestation
- #22 Substantial Risk of Physical Injury

- #67 Mental Injury
- _____
- _____
- _____
- _____
- #72 Substantial Risk of Physical Injury
- #74 Inadequate Supervision
- #75 Abandonment/Desertion
- #76 Inadequate Food
- #77 Inadequate Shelter
- #78 Inadequate Clothing
- #79 Medical Neglect
- #81 Failure to Thrive
- #82 Environmental Neglect
- #83 Malnutrition
- #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.

**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: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Stepfather <input type="checkbox"/> Stepmother <input type="checkbox"/> Sibling <input type="checkbox"/> Other _____	
PERSON MAKING REPORT Name (Please Print) _____ Medical Facility _____ Address _____ Date _____	PERSON MAKING REPORT (Check Appropriate Box) <input type="checkbox"/> Attending Physician <input type="checkbox"/> Podiatrist <input type="checkbox"/> Surgeon <input type="checkbox"/> Chiropractor <input type="checkbox"/> Hospital Administrator <input type="checkbox"/> Christian Science Practitioner <input type="checkbox"/> Medical Examiner <input type="checkbox"/> Social Worker <input type="checkbox"/> Coroner <input type="checkbox"/> Social Services Administrator <input type="checkbox"/> Registered Nurse <input type="checkbox"/> Registered Psychologist <input type="checkbox"/> Licensed Practical Nurse <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Dentist <input type="checkbox"/> Advanced Practice Nurse <input type="checkbox"/> Osteopath <input type="checkbox"/> Other _____ Signature _____

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

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

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

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

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George H. Ryan
Governor



Jess McDonald
Director

Illinois Department of Children & Family Services

ACKNOWLEDGMENT 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 (1-800-25A-BUSE) 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 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. 8/00

406 East Monroe Street • Springfield, Illinois 62701-1498
217-785-2509 • 217-524-3715/TTY



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