

## Guidelines for Calling the Child Abuse Hotline

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

### Criteria needed for a child abuse or neglect investigation

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

### Information the reporter should have ready to give to the Hotline

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

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

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

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

## What is required of mandated reporters?

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

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

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

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

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

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

## Appendix B

### Checklist for Mandated Reporters

#### I. Alleged Victim(s)

Name(s) of victim(s):

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

Address (or approximate address):

#### II. Alleged Perpetrator(s)

Name(s)

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

Relationship to Victim(s)

Address

#### III. Harms to Victim(s)

Physical Abuse

Sexual Abuse

Risk of Harm

Neglect

Death

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

#### IV. Description of Incident(s)

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

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

#### V. Date and time of when Hotline call is made

Name of Hotline worker taking the call

What action, if any, will be taken by DCFS

**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

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

