

TITLE 89: SOCIAL SERVICES
CHAPTER III: DEPARTMENT OF CHILDREN AND FAMILY SERVICES
SUBCHAPTER a: SERVICE DELIVERY

PART 300
REPORTS OF CHILD ABUSE AND NEGLECT

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AUTHORITY: Implementing and authorized by the Abused and Neglected Child Reporting Act [325 ILCS 5], the Abandoned Newborn Infants Protection Act [325 ILCS 2] and Section 3 of the Consent by Minors to Medical Procedures Act [410 ILCS 210/3].

SOURCE: Adopted and codified as 89 Ill. Adm. Code 302 at 5 Ill. Reg. 13188, effective November 30, 1981; amended at 6 Ill. Reg. 15529, effective January 1, 1983; recodified at 8 Ill. Reg. 992; peremptory amendment at 8 Ill. Reg. 5373, effective April 12, 1984; amended at 8 Ill. Reg. 12143, effective July 9, 1984; amended at 9 Ill. Reg. 2467, effective March 1, 1985; amended at 9 Ill. Reg. 9104, effective June 14, 1985; amended at 9 Ill. Reg. 15820, effective November 1, 1985; amended at 10 Ill. Reg. 5915, effective April 15, 1986; amended at 11 Ill. Reg. 1390, effective January 13, 1987; amended at 11 Ill. Reg. 1151, effective January 14, 1987; amended at 11 Ill. Reg. 1829, effective January 15, 1987; recodified from 89 Ill. Adm. Code 302.20, 302.100, 302.110, 302.120, 302.130, 302.140, 302.150, 302.160, 302.170, 302.180, 302.190, and Appendix A at 11 Ill. Reg.

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3492; emergency amendment at 11 Ill. Reg. 4058, effective February 20, 1987, for a maximum of 150 days; amended at 11 Ill. Reg. 12619, effective July 20, 1987; recodified at 11 Ill. Reg. 13405; amended at 13 Ill. Reg. 2419, effective March 1, 1989; emergency amendment at 14 Ill. Reg. 11356, effective July 1, 1990, for a maximum of 150 days; amended at 14 Ill. Reg. 17558, effective October 15, 1990; amended at 14 Ill. Reg. 19827, effective November 28, 1990; emergency amendment at 15 Ill. Reg. 14285, effective September 25, 1991; amended at 15 Ill. Reg. 17986, effective December 1, 1991; emergency amendment at 17 Ill. Reg. 15658, effective September 10, 1993, for a maximum of 150 days; emergency expired February 7, 1994; amended at 18 Ill. Reg. 8377, effective May 31, 1994; amended at 18 Ill. Reg. 8601, effective June 1, 1994; amended at 19 Ill. Reg. 3469, effective March 15, 1995; amended at 19 Ill. Reg. 10522, effective July 1, 1995; amended at 20 Ill. Reg. 10328, effective July 19, 1996; amended at 22 Ill. Reg. 18847, effective October 1, 1998; amended at 23 Ill. Reg. 13590, effective November 15, 1999; amended at 24 Ill. Reg. 7707, effective June 1, 2000; amended at 25 Ill. Reg., 12781, effective October 1, 2001; amended at 26 Ill. Reg. 7435, effective May 15, 2002; amended at 26 Ill. Reg. 11730, effective August 1, 2002; amended at 27 Ill. Reg. 1114, effective January 15, 2003; amended at 27 Ill. Reg. 9431, effective June 9, 2003; preemptory amendment at 29 Ill. Reg. 21065, effective December 8, 2005; amended at 33 Ill. Reg. 7862, effective June 15, 2009; amended at 34 Ill. Reg. 6373, effective May 1, 2010; amended at 35 Ill. Reg. 1599, effective January 15, 2011; amended at 35 Ill. Reg. 2861, effective February 8, 2011; amended at 36 Ill. Reg. 4026, effective March 5, 2012; amended at 36 Ill. Reg. 16756, effective November 15, 2012; emergency amendment at 38 Ill. Reg. 1100, effective January 1, 2014, for a maximum of 150 days; amended at 38 Ill. Reg. 1962, effective December 31, 20013; amended at 38 Ill. Reg. 13214, effective June 11, 2014; amended at 40 Ill. Reg. 648, effective December 31, 2015; amended at 40 Ill. Reg. 7682, effective May 16, 2016; amended at 41 Ill. Reg. 4681, effective April 21, 2107; amended at 42 Ill. Reg. 2141, effective January 17, 2018.

Section 300.10 Purpose

The purpose of this Part is to describe how the Department of Children and Family Services (Department) administers and provides child protective services through a State Central Register and local child protective service units. This Part governs how child abuse and neglect is reported and how such reports are handled and investigated.

(Source: Added at 11 Ill. Reg. 12619, effective July 20, 1987)

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Section 300.20 Definitions

"Abandonment" means parental conduct that demonstrates the purpose of relinquishing all parental rights and claims to the child. Abandonment is also defined as any parental conduct that evinces a settled purpose to forego all parental duties and relinquish all parental claims to the child.

"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:

inflicts, causes to be inflicted, or allows to be inflicted upon such child physical or mental injury, by other than accidental means, which causes death, disfigurement, impairment of physical or emotional health, or loss or impairment of any bodily function;

creates a substantial risk of physical or mental 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 of or impairment of any bodily function;

commits or allows to be committed any sex offense against such child, as such sex offenses are defined in the Criminal Code of 2012 [720 ILCS 5] or in the Wrongs to Children Act [720 ILCS 150], and extending those definitions of sex offenses to include children under 18 years of age;

commits or allows to be committed an act or acts of torture upon such child;
inflicts excessive corporal punishment;

commits or allows to be committed the offense of female genital mutilation, as defined in Section 12-34 of the Criminal Code of 2012, against the child;

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 [720 ILCS 570] in violation of Article IV of the Illinois Controlled Substances Act or in violation of the Methamphetamine Control and Community Protection Act [720 ILCS 646], 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; or

commits or allows to be committed the offense of involuntary servitude, involuntary sexual servitude of a minor, or trafficking in persons for forced labor or services as defined in Section 10-9 of the Criminal Code of 2012 against the child.

A child shall not be considered abused for the sole reason that the child has been relinquished in accordance with the Abandoned Newborn Infant Protection Act [325 ILCS 2]. [325 ILCS 5/3]

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"Act" means the Abused and Neglected Child Reporting Act [325 ILCS 5].

"Blatant disregard" means an incident where the real, significant, and imminent risk of harm would be so obvious to a reasonable parent or caretaker that it is unlikely that a reasonable parent or caretaker would have exposed the child to the danger without exercising precautionary measures to protect the child from harm. [325 ILCS 5/3]

"CANTS/SACWIS 8" or "C/S8" means the Department's document titled Notification of a Report of Suspected Child Abuse and/or Neglect. This document explains the Department's child abuse/neglect allegation investigation process.

"CANTS/SACWIS 9" or "C/S9" means the Department's document titled Notification of Intent to Indicate Child Care Worker for Report of Child Abuse and/or Neglect. This document is used to notify a person that the Department plans to indicate that person as a perpetrator of child abuse/neglect.

"CANTS/SACWIS 10" or "C/S10" means the Department's document titled Notice of Intent to Indicate a Child Care Worker for Report of Child Abuse and/or Neglect-Questions and Answers. This is an informational document explaining the impact of a determination of indicated child abuse/neglect and the appeal process.

"CANTS/SACWIS 11" or "C/S11" means the Department's document titled Notification of Indicated Decision in an Employment Related Report of Suspected Child Abuse and/or Neglect. This is the document by which the Department notifies a person that the Department has determined that there is credible evidence that he or she is responsible for the child abuse or neglect described in that document.

"Caregiver" means the child's parents, guardian, custodian or relative with whom the child lives and who has primary responsibility for the care and supervision of the child.

"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. [325 ILCS 5/3]

"Child care facility" means any person, group of persons, agency, association, organization, corporation, institution, center or group, whether established for gain or otherwise, who or which receives or arranges for care or placement of one or more children, unrelated to the operator of the facility, apart from the parents, with or without the transfer of the right of custody in any facility as defined in the Child Care Act of 1969 [225 ILCS 10], established and maintained for the care of children.

"Child care facility" includes a relative who is licensed as a foster family home under Section 4 of the Child Care Act of 1969. [225 ILCS 10/2.05]

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"Child care worker" means any person who is employed to work directly with children and any person who is an owner/operator of a child care facility, regardless of whether the facility is licensed by the Department. Child care facilities, for purposes of this definition, include child care institutions; child welfare agencies; day care/night care centers; day care/night care homes; day care/night care group day care homes; group homes; hospitals or health care facilities; schools, including school teachers and administrators, but not tenured school teachers or administrators who have other disciplinary processes available to them; and before and after school programs, recreational programs and summer camps. "Child care worker" also means persons employed as full-time nannies. A child care worker may, at his or her discretion, be subject to this Part if alleged to be responsible for child abuse or neglect outside of his or her employment. "Child care worker" includes a person: currently employed as a child care worker; currently enrolled in an academic program that leads to a position as a child care worker; or who has applied for a license required for a child care worker position. A person will be considered to be "employed as a child care worker" under this Part if, at the time of the notice of the investigation, he or she: has applied for, or will apply within 180 days for, a position as a child care worker; is enrolled in, or will commence within 180 days, an academic program that leads to a position as a child care worker; or has applied for a license as a child care worker.

"Child-placing agency" means a licensed public or private agency that receives a child for the purpose of placing or arranging for the placement of the child in a foster family home or other facility for child care, apart from the custody of the child's parents. [325 ILCS 2/10]

"Child Protective Service Unit" or "CPS" means certain specialized State employees of the Department assigned by the Director or his or her designee to perform the duties and responsibilities described under this Part. [325 ILCS 5/3] CPS staff are also referred to as child protection staff.

"Children for whom the Department is legally responsible" means children for whom the Department has temporary protective custody, custody or guardianship via court order, or children whose parents have signed an adoptive surrender or voluntary placement agreement with the Department.

"CPSW" means a Child Protective Service Worker.

"Collateral contact" means obtaining information concerning a child, parent, or other person responsible for the child from a person who has knowledge of the family situation but was not directly involved in referring the child or family to the Department for services.

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"Contact between siblings" means contact between or among siblings who are residing apart from one another, and may include, but is not limited to: telephone calls; video conferencing; in person visitation; sending/receiving cards, letters, emails, text messages, gifts, etc.; sharing photographs or information; use of any approved social media (e.g., Facebook); and any other agreed upon forms of communication technology.

"Credible evidence of child abuse or neglect" means that the available facts, when viewed in light of surrounding circumstances, would cause a reasonable person to believe that a child was abused or neglected.

"Delegation of an investigation" means the investigation of a report of child abuse or neglect has been deferred to another authority. The Department maintains responsibility for determining whether the report is indicated or unfounded, entering information about the report in the State Central Register and notifying the subjects of the report and mandated reporters of the results of the investigation.

"Department" or "DCFS" means the Department of Children and Family Services.

"Determination" means a final Department decision about whether there is credible evidence that child abuse or neglect occurred. A determination must be either "indicated" or "unfounded".

"DR Specialist" means a Differential Response Specialist as described in Section 300.45(e)(1).

"Disfigurement" means a serious or protracted blemish, scar, or deformity that spoils a person's appearance or limits bodily functions.

"Ecomap" means a pictorial representation of family connections to different systems and community and other resources to identify significant people and/or systems around the family to illustrate the strengths, impact and quality of each connection. (Hartman, A., Diagrammatic Assessment of Family Relationships. Social Casework, 59, 465-476 (1978).)

"Emergency medical facility" means a freestanding emergency center or trauma center, as defined in the Emergency Medical Services (EMS) Systems Act [210 ILCS 50]. [325 ILCS 2/10]

"Emergency medical professional" includes licensed physicians, and any emergency medical technician-basic, emergency medical technician-intermediate, emergency medical technician-paramedic, trauma nurse specialist, and pre-hospital RN, as defined in the Emergency Medical Services (EMS) Systems Act. [325 ILCS 2/10]

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"Fictive kin" means any individual, unrelated by birth or marriage, who:

is shown to have significant and close personal or emotional ties with the child or the child's family prior to the child's placement with the individual;
or

is the current foster parent of a child in the custody or guardianship of the Department pursuant to the Child and Family Services Act and the Juvenile Court Act of 1987, if the child has been placed in the home for at least one year and has established a significant and family-like relationship with the foster parent, and the foster parent has been identified by the Department as the child's permanent connection. [20 ILCS 505/7(b)]

"Fire station" means a fire station within the State with at least one staff person. [325 ILCS 2/10]

"Formal investigation" means those activities conducted by Department child protection staff necessary to make a determination as to whether a report of suspected child abuse or neglect is indicated or unfounded. Those activities 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 the Act in regard to amendment or expungement. [325 ILCS 5/7.4(b)(3)]

"Genogram" means a pictorial representation of an individual's family relationships.

"Godparent" is a person who sponsors a child at baptism or one in whom the parents have entrusted a special duty that includes assisting in raising a child if the parent cannot raise the child. If the person is considered to be the child's godparent, in order for placement to occur, the same placement selection criteria as contained in 89 Ill. Adm. Code 301.60 (Placement Selection Criteria) must be met. If the godparent is not a licensed foster parent, all the conditions currently in effect for placement with relatives in 89 Ill. Adm. Code 301.80 must be met.

"Hospital" has the same meaning as in the Hospital Licensing Act [210 ILCS 85].

"Indicated report" means any report of child abuse or neglect made to the Department for which it is determined, after an investigation, that credible evidence of the alleged abuse or neglect exists.

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"Initial investigation" means those activities conducted by Department child protection staff to determine whether a report of suspected child abuse or neglect is a good faith indication of abuse or neglect and, therefore, requires a formal investigation. Good faith in this context means that the report was made with the honest intention to identify actual child abuse or neglect.

"Initial oral report" means a report alleging child abuse or neglect for which the State Central Register has no prior records on the family.

"Involved subject" means a child who is the alleged victim of child abuse or neglect or a person who is the alleged perpetrator of the child abuse or neglect.

"Legal custody" means the relationship created by a court order in the best interest of a newborn infant that imposes on the infant's custodian the responsibility of physical possession of the infant, the duty to protect, train, and discipline the infant, and the duty to provide the infant with food, shelter, education, and medical care, except as these are limited by parental rights and responsibilities. [325 ILCS 2/10]

"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.

"Mandated reporters" means those individuals required to report suspected child abuse or neglect to the Department. A list of these persons and their associated responsibilities is provided in Section 300.30.

"Member of the clergy" means a clergyman or practitioner of any religious denomination accredited by the religious body to which he or she belongs. [325 ILCS 5/3]

"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 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 (including when there is harm or substantial risk of harm to the child's health or welfare), or other care necessary for a child's well-being, including adequate food, clothing and shelter; or

who is subjected to an environment that is injurious insofar as:

the child's environment creates a likelihood of harm to the child's health, physical well-being, or welfare; and

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the likely harm to the child is the result of a blatant disregard of parent or caretaker responsibilities; 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 has been provided with interim crisis intervention services under Section 3-5 of the Juvenile Court Act of 1987 [705 ILCS 405/3-5] and whose parent, guardian, or custodian refuses to permit the child to return home and no other living arrangement agreeable to the parent, guardian, or custodian can be made, and the parent, guardian, or custodian has not made any other appropriate living arrangement for the child; or

who is a newborn infant whose blood, urine or meconium contains any amount of controlled substance as defined in Section 102(f) of the Illinois Controlled Substances Act [720 ILCS 570/102(f)] 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 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 for the sole reason that the child has been relinquished in accordance with the Abandoned Newborn Infant Protection Act [325 ILCS 5].

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 under Section 4 of the Abused and Neglected Child Reporting Act. When the circumstances indicate harm or substantial risk of harm to the child's health or welfare and necessary medical care is not being provided to treat or prevent that harm or risk of harm because the parent or other person responsible for the child's welfare depends upon spiritual means alone for treatment or cure, the child is subject to the requirements of the Act for the reporting of, investigation of, and provision of protective services with respect to the child and his or her health needs, and in such cases spiritual means through prayer alone for the treatment or cure of disease or for remedial care will not be recognized as a substitute for necessary medical care, if the Department or, as necessary, a juvenile court determines that medical care is necessary.

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 [105 ILCS 5]. [325 ILCS 5/3]

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"Newborn infant" means a child who a licensed physician reasonably believes is 30 days old or less at the time the child is initially relinquished to a hospital, police station, fire station, or emergency medical facility, and who is not an abused or a neglected child. [325 ILCS 2/10]

"Permanent connection" means a family-like relationship, consistent with a child's best interests, health, safety and well-being, that provides:

safe, stable and committed parenting;

unconditional love and lifelong support; and

a permanent legal status between child and family.

For a child for whom the Department is legally responsible, a permanent connection may be the child's parents or another caregiver in the child's home of origin. When the child cannot be safely returned home, a permanent connection may be the current or former foster parent or relative caregiver, an individual identified as an adoptive or legal guardianship placement resource, or another individual from among the child's or family's lifelong connections with whom a child has developed a familial relationship.

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

"Person responsible for the child's welfare" means:

the child's parent, guardian, foster parent or relative caregiver;

*an operator, supervisor or employee of a public or private residential agency or institution or 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, including:

any person that is the custodian of a child under 18 years of age who commits or allows to be committed, against the child, the offense of involuntary servitude, involuntary sexual servitude of a minor, or trafficking in persons for forced labor or services, as provided in Section 10-9 of the Criminal Code of 2012;

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, members of the clergy and volunteers or support personnel in any setting where children may be subject to abuse or neglect. [325 ILCS 5/3]

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"Police station" means:

a municipal police station;

a county sheriff's office;

a campus police department located on any college or university owned or controlled by the State or any private college or private university that is not owned or controlled by the State when employees or the campus police department are present; or

any of the district headquarters of the Illinois State Police. [325 ILCS 2/10]

"Private guardianship" means an individual person appointed by the court to assume the responsibilities of the guardianship of the person as defined in Section 1-3 of the Juvenile Court Act of 1987 [705 ILCS 405/1-3] or Article XI of the Probate Act of 1975 [755 ILCS 5].

"Relative", for purposes of placement of children for whom the Department is legally responsible, means any person, 21 years of age or over, other than the parent, who:

is currently related to the child in any of the following ways by blood or adoption: grandparent, sibling, great-grandparent, uncle, aunt, nephew, niece, first cousin, first cousin once removed (children of one's first cousin to oneself), second cousin (children of first cousins are second cousins to each other), godparent (as defined in this Section), great-uncle, or great-aunt;

is the spouse, or party to a civil union, of such a relative;

is the child's step-father, step-mother, step-grandfather, step grandmother, or adult step-brother or step-sister;

is the partner, or adult child of a partner, in a civil union with the child's mother or father; or

is a fictive kin as defined in this Section.

"Relative" also includes a person related in any of the foregoing ways to a sibling of a child, even though the person is not related to the child, when the child and its sibling are placed together with that person. For children who have been in the guardianship of the Department, have been adopted, and are subsequently returned to the temporary custody or guardianship of the Department, a "relative" may also include any person who would have qualified as a relative under this definition prior to the adoption, but only if the Department determines that it would be in the best interests of the child to consider this person a relative. [20 ILCS 505/7(b)]

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"Relinquish" means to bring a newborn infant, who a licensed physician reasonably believes is 30 days old or less, to a hospital, police station, fire station, or emergency medical facility and to leave the infant with personnel of the facility, if the person leaving the infant does not express an intent to return for the infant or states that he or she will not return for the infant. In the case of a mother who gives birth to an infant in a hospital, the mother's act of leaving that newborn infant at the hospital:

without expressing an intent to return for the infant; or

stating that she will not return for the infant is not a "relinquishment" under the Abandoned Newborn Infant Protection Act. [325 ILCS 2/10]

"Siblings" mean children who have at least one parent in common. Children continue to be considered siblings after parental rights are terminated, if parental rights were terminated while a petition under Article II of the Juvenile Court Act of 1987 was pending. Children continue to be considered siblings after one or more of the children are adopted or placed in private guardianship, if they were in the custody or guardianship of the Department pursuant to Article II of the Juvenile Court Act of 1987 [705 ILCS 405] immediately prior to the adoption or guardianship. Step-siblings may be considered "siblings" when the children enter into substitute care together have a positive relationship and share at least one parent in common.

"Strengthening and Supporting Families service period" means a level of service intervention that will average 90 days, but no more than 120 days.

"State Central Register" is the record of child abuse and/or neglect reports maintained by the Department pursuant to the Act.

"Subject of a report" means any child reported to the child abuse/neglect State Central Register, and his or her parent, personal guardian or other person responsible for the child's welfare who is named in the report.

"SSF worker" means a Strengthening and Supporting Families worker.

"Temporary protective custody" means custody within a hospital or other medical facility or a place previously designated by the Department, subject to review by the Court. Temporary protective custody cannot exceed 48 hours, excluding Saturdays, Sundays and holidays.

"Undetermined report" means any report of child abuse or neglect made to the Department in which it was not possible to complete an investigation within 60 days on the basis of information provided to the Department.

"Unfounded report" means any report of child abuse or neglect for which it is determined, after an investigation, that no credible evidence of the alleged abuse or neglect exists.

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"Visitation" means face-to-face contact:

between parents and their children who are in substitute care;

between siblings in substitute care who are placed apart from one another; or

between siblings in substitute care with siblings who are not in substitute care (e.g., emancipated, case closed due to independence, adopted, placed in private guardianship, living in home of parent, etc.).

(Source: Amended at 42 Ill. Reg. 2141, effective January 17, 2018)

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DEPARTMENT OF CHILDREN AND FAMILY SERVICES

POLICY GUIDE 2020.08

RULES AND PROCEDURES 300, REPORTS OF CHILD ABUSE AND NEGLECT

DATE: April 13, 2020
TO: All DCFS and POS Staff
FROM: Marc D. Smith, Acting Director
EFFECTIVE: Immediately

I. PURPOSE

The purpose of this policy guide is to inform staff and mandated reporters of changes pursuant to **Public Act 101-0564** and **Public Act 101-0237** which amend the Abused and Neglected Child Reporting Act and require amendments to **Rules 300, Reports of Child Abuse and Neglect**. These statutory changes are effective January 1, 2020.

To the extent that any of the required activities in Section IV and V differ from Rules 300.20 and 300.30 or Procedures 300.15 and 300.30, this Policy Guide controls.

Amendments to the Rules and Procedures 300 are being drafted and will be released in the near future.

II. PRIMARY USERS

DCFS Staff, POS Staff and Mandated Reporters

III. BACKGROUND AND SUMMARY

Public Act 101-0564 redefines who is statutorily recognized as Mandated Reporters in the State of Illinois, and what is to be considered “a child known to them in their professional or official capacities”. It prescribes reporting requirements when there are two or more persons working together who share concerns about whether a child is abused or neglected and who else can make a report with reasonable cause. It also adds mandated reporter training frequency and requirements, including sources of training for mandated reporters and licensed practitioners and reporting of completed training.

Public Act 101-0237 establishes that when a Mandated Reporter makes a report to the State Central Register and there is a prior indicated report of abuse or neglect or there is a prior open service case involving any member of the household that the Department must minimally accept a report as a child welfare services referral. If the family refuses to cooperate or refuses access to the home or children, then a child protection service investigation shall be initiated if the facts meet the criteria to accept a report.



IV. NEW RULE/PROCEDURE SECTION

(Statutory changes that are direct quotes from the Act are *italicized* and underlined. All other changes are underlined.)

Pursuant to Public Act 101-0564 the following revisions will be included in Rules 300:

Rules 300.20 and Procedures 300.15, Definitions

(The following two definitions have been added into Rules 300.20 and Procedures 300.15)

"Child welfare services referral" means an assessment of the family for service needs and linkage to available local community resources for the purpose of preventing or remedying or assisting in the solution of problems which may result in the neglect, abuse, exploitation, or delinquency of children, and as further defined in Department rules and procedures. [325 ILCS 5/7.01.]

"Prior open service case" means a case in which the Department has provided services to the family either directly or through a purchase of service agency. [325 ILCS 5/7.01.]

Rule Section 300.30 Reporting Child Abuse or Neglect to the Department

(The following is the proposed Rule Section 300.30 in its entirety. Staff should be using this Guide for Rule Section 300.30.)

a) Reports of suspected child abuse or neglect may be immediately made to the State Central Register via its toll-free number [1-800-25ABUSE] at any time, day or night, or on any day of the week. Reports may also be made to the nearest Department office. The Department encourages use of the toll-free hotline number.

b) Persons Mandated to Report Child Abuse or Neglect

The following persons are required to immediately report to the Department when they have reasonable cause to believe that a child known to them in their professional or official capacities may be an abused child or a neglected child:

1) *Medical personnel, including any: physician licensed to practice medicine in any of its branches (medical doctor or doctor of osteopathy); resident; intern; medical administrator or personnel engaged in the examination, care, and treatment of persons; psychiatrist; surgeon; dentist; dental hygienist; chiropractic physician; podiatric physician; physician assistant; emergency medical technician; acupuncturist; registered nurse; licensed practical nurse; advanced practice registered nurse; genetic counselor; respiratory care practitioner; home health aide; or certified nursing assistant.*

2) *Social services and mental health personnel, including any: licensed professional counselor; licensed clinical professional counselor; licensed social worker; licensed clinical social worker; licensed psychologist or assistant working under the direct supervision of a psychologist; associate licensed marriage and family therapist; licensed marriage and family therapist; field personnel of the Departments of Healthcare and Family*

Services, Public Health, Human Services, Human Rights, or Children and Family Services; supervisor or administrator of the General Assistance program established under Article VI of the Illinois Public Aid Code; social services administrator; or substance abuse treatment personnel.

- 3) Crisis intervention personnel, including any: crisis line or hotline personnel; or domestic violence program personnel.
- 4) Education personnel, including any: school personnel (including administrators and certified and non-certified school employees); personnel of institutions of higher education; educational advocate assigned to a child in accordance with the School Code; member of a school board or the Chicago Board of Education or the governing body of a private school (but only to the extent required under Section 4 (d) of the Abused and Neglect Reporting Act [325 ILCS 5/4(d)]; or truant officer.
- 5) Recreation or athletic program or facility personnel.
- 6) Child care personnel, including any: early intervention provider as defined in the Early Intervention Services System Act; director or staff assistant of a nursery school or a child day care center; or foster parent, homemaker, or child care worker.
- 7) Law enforcement personnel, including any: law enforcement officer; field personnel of the Department of Juvenile Justice; field personnel of the Department of Corrections; probation officer; or animal control officer or field investigator of the Department of Agriculture's Bureau of Animal Health and Welfare.
- 8) Any funeral home director; funeral home director and embalmer; funeral home employee; coroner; or medical examiner.
- 9) Any member of the clergy.
- 10) Any physician, physician assistant, registered nurse, licensed practical nurse, medical technician, certified nursing assistant, licensed social worker, licensed clinical social worker, or licensed professional counselor of any office, clinic, or any other physical location that provides abortions, abortion referrals, or contraceptives. [325 ILCS 5/4]

c) When 2 or more persons who work within the same workplace and are required to report under this Act share a reasonable cause to believe that a child may be an abused or neglected child, one of those reporters may be designated to make a single report. The report shall include the names and contact information for the other mandated reporters sharing the reasonable cause to believe that a child may be an abused or neglected child. The designated reporter must provide written confirmation of the report to those mandated reporters within 48 hours. If confirmation is not provided, those mandated reporters are individually responsible for immediately ensuring a report is made. Nothing in this Section precludes or may be used to preclude any person from reporting child abuse or child neglect. [325 ILCS 5/4]

d) As used in this Section, "a child known to them in their professional or official capacities" means:

- 1) the mandated reporter comes into contact with the child in the course of the reporter's employment or practice of a profession, or through a regularly scheduled program, activity, or service;
- 2) the mandated reporter is affiliated with an agency, institution, organization, school, school district, regularly established church or religious organization, or other entity that is directly responsible for the care, supervision, guidance, or training of the child; or
- 3) a person makes a specific disclosure to the mandated reporter that an identifiable child is the victim of child abuse or child neglect, and the disclosure happens while the mandated reporter is engaged in his or her employment or practice of a profession, or in a regularly scheduled program, activity, or service.

Nothing in this Section requires a child to come before the mandated reporter in order for the reporter to make a report of suspected child abuse or child neglect.
[325 ILCS 5/4]

e) **Mandated Reporter Training**

- 1) Persons required to report child abuse or child neglect as provided under this Section must complete an initial mandated reporter training within 3 months of their date of engagement in a professional or official capacity as a mandated reporter, or within the time frame of any other applicable State law that governs training requirements for a specific profession, and at least every 3 years thereafter. The initial requirement only applies to the first time they engage in their professional or official capacity. In lieu of training every 3 years, medical personnel, as listed in paragraph (1) of Section 4(a) of the Abused and Neglected Child Reporting Act, must meet the requirements described in subsection (k) of the Act. [325 ILCS 5/4]
- 2) The trainings shall be in-person or web-based, and shall include, at a minimum, information on the following topics:
 - A) indicators for recognizing child abuse and child neglect, as defined under this Act;
 - B) the process for reporting suspected child abuse and child neglect in Illinois as required by this Act and the required documentation;
 - C) responding to a child in a trauma-informed manner; and

D) understanding the response of child protective services and the role of the reporter after a call has been made. Child-serving organizations are encouraged to provide in-person annual trainings.

- 3) The mandated reporter training shall be provided through the Department, through an entity authorized to provide continuing education for professionals licensed through the Department of Financial and Professional Regulation, the State Board of Education, the Illinois Law Enforcement Training Standards Board, or the Department of State Police, or through an organization approved by the Department to provide mandated reporter training. The Department must make available a free web-based training for reporters.

A free online mandated reporter training is available on the DCFS Website for all mandated reporters and the general public.

- 4) Each mandated reporter shall report to his or her employer and, when applicable, to his or her licensing or certification board that he or she received the mandated reporter training. The mandated reporter shall maintain records of completion.
- 5) Beginning January 1, 2021, if a mandated reporter receives licensure from the Department of Financial and Professional Regulation or the State Board of Education, and his or her profession has continuing education requirements, the training mandated under this Section shall count toward meeting the licensee's required continuing education hours.
- 6) Medical personnel, as listed in paragraph (1) of Section 4(a) of the Abused and Neglected Child Reporting Act who work with children in their professional or official capacity, must complete mandated reporter training at least every 6 years. Such medical personnel, if licensed, must attest at each time of licensure renewal on their renewal form that they understand they are a mandated reporter of child abuse and neglect, that they are aware of the process for making a report, that they know how to respond to a child in a trauma-informed manner, and that they are aware of the role of child protective services and the role of a reporter after a call has been made.
- 7) In lieu of repeated training, medical personnel, as listed in paragraph (1) of Section 4(a), of the Abused and Neglected Child Reporting Act, who do not work with children in their professional or official capacity, may instead attest each time at licensure renewal on their renewal form that they understand they are a mandated reporter of child abuse and neglect, that they are aware of the process for making a report, that they know how to respond to a child in a trauma-informed manner, and that they are aware of the role of child protective services and the role of a reporter after a call has been made. Nothing in this paragraph precludes medical personnel from completing mandated reporter training and receiving continuing education credits for that training. [325 ILCS 5/4]

f) Acknowledgment of Reporting Responsibility

Individuals who became mandated reporters on or after July 1, 1986, by virtue of their employment shall sign statements acknowledging that they are mandated to report suspected child abuse and neglect in accordance with Section 4 of the Act. The statement shall be on a form prescribed by the Department but provided by the employer. (See Appendix A.) The statement shall be signed before beginning employment and shall be retained by the employer as a permanent part of the personnel record.

Note: 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. [325 ILCS 5/4]

g) Interference with Reporting Prohibited

1) *Whenever such person is required to report under the Act in his or her capacity as member of the staff of a medical or other public or private institution, school, facility or agency, or as a member of the clergy, he shall make report immediately to the Department in accordance with provisions of the Act and may also notify the person in charge of such institution, school, facility or agency, or church, synagogue, temple, mosque, or other religious institution, or his designated agent that such a report has been made. Under no circumstances shall any person in charge of such institution, school, facility or agency, or church, synagogue, temple, mosque or other religious institution, or 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.* [325 ILCS 5/4]

2) *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 2012. A violation of this provision is a Class 4 felony.*

Any person who knowingly and willfully violates any provision of [Section 4 of the Act] other than a second or subsequent violation of transmitting a false report as described in the preceding paragraph, is guilty of a Class A misdemeanor for a first violation and a Class 4 felony for a second or subsequent violation. [325 ILCS 5/4]

3) *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.* [325 ILCS 5/9.1]

h) Consequences of Failure to Report

- 1) *The privileged quality of communication between any professional person required to report and his or her 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 the Act or constitute grounds for failure to share information or documents with the Department during the course of a child abuse or neglect investigation. If requested by the professional, the Department shall confirm in writing that the information or documents disclosed by the professional were gathered in the course of a child abuse or neglect investigation. [325 ILCS 5/4]*

Mandated reporters who willfully fail to report suspected child abuse or neglect are subject to license suspension or revocation in accordance with, but not limited to, the following statutes:

- A) Nurse Practice Act of 1987 [225 ILCS 65];
 - B) Medical Practice Act of 1987 [225 ILCS 60];
 - C) Podiatric Medical Practice Act of 1987 [225 ILCS 100];
 - D) Clinical Psychologist Licensing Act [225 ILCS 15];
 - E) Clinical Social Worker and Social Work Practice Act [225 ILCS 20];
 - F) The School Code [105 ILCS 5];
 - G) The Illinois Dental Practice Act [225 ILCS 25];
 - H) Physician Assistant Practice Act of 1987 [225 ILCS 95];
 - I) Illinois Optometric Practice Act of 1987 [225 ILCS 80];
 - J) Illinois Physical Therapy Act [225 ILCS 90]; and
 - K) Illinois Athletic Trainers Act [225 ILCS 5].
- 2) *Any physician who willfully fails to report child abuse or neglect shall be referred to the Illinois State Medical Disciplinary Board for action and similar referrals are required for dentists and dental hygienists. Any other person required to report suspected child abuse or neglect who willfully fails to report such abuse or neglect shall be guilty of a Class A misdemeanor for a first violation and a Class 4 felony for a second or subsequent violation. [325 ILCS 5/4.02]*
- 3) Members of clergy of any religious denomination accredited by the religious body to which he or she belongs shall not be compelled to disclose a confession or admission made to him or her in his or her professional character or as a spiritual advisor.

i) Written Confirmation of Reports

Mandated reporters shall confirm their telephone report in writing on a form prescribed by the Department within 48 hours after the oral report. The Department shall provide forms to mandated reporters--one for the exclusive use of medical professionals (**CANTS 4 Written Confirmation of Suspected Child Abuse/Neglect Report: Medical Professionals**) and another for use by all other mandated reporters (**CANTS 5 Written Confirmation of Suspected Child Abuse/Neglect Report: Mandated Reporters**). These confirmation reports shall be admissible as evidence in any administrative or judicial proceeding related to child abuse or neglect. Local investigative staff shall transmit confirmation reports to the State Central Register within 24 hours after receipt.

j) Other Persons May Report

In addition to the persons required to report suspected cases of child abuse or child neglect under this Section, 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.
[325 ILCS 5/4]

k) Consequences of False Reporting

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 2012. A violation of this provision is a Class 4 felony.

Any person who knowingly and willfully violates any provision of [Section 4 of the Act] other than a second or subsequent violation of submitting a false report as described in the preceding paragraph is guilty of a Class A misdemeanor for a first violation and a Class 4 felony for a second or subsequent violation. [325 ILCS 5/4]
The Department shall refer cases of false reporting to the local State's Attorney when the reporter is known.

l) Cooperation in Court or Administrative Hearings

Any person who makes a report or who investigates a report under the Act shall testify fully in any judicial proceeding or administrative hearing 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 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 and any person who is required to report a suspected case of abuse or neglect or the person making or investigating the report. [325 ILCS 5/10]

m) Referrals to Public Health

All mandated reporters listed in subsection (b)(1) through (10) of this rule may refer to the Department of Public Health any pregnant person in Illinois who is addicted as defined in the Alcoholism and Other Drug Abuse and Dependency Act [20 ILCS 301].

n) Depending upon Spiritual Means Through Prayer Alone for the Treatment or Cure of Disease or Remedial Care

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. [325 ILCS 5/4] Where the circumstances indicate harm or substantial risk of harm to the child's health or welfare and medical care necessary to treat or prevent that harm or risk of harm is not being provided because a parent or other person responsible for the child's welfare depends upon such spiritual means, the child shall be subject to the requirements of the Act for the reporting of, investigation of, and provision of protective services with respect to the child and his or her health needs.

Pursuant to Public Act 101-0237 the following revisions will be included in Procedures 300 Section 300.30 (i)(2):

Child Welfare Services (CWS) Referrals

When a Call Floor Worker receives information from a mandated reporter and the information reported to the Hotline does not meet the requirements under ANCRA for an investigation, and there is a prior indicated report of abuse or neglect, or there is a prior open service case involving any member of the household, a CWS referral will be completed.

Response to Requests for Child Welfare Services

If the family refuses to cooperate or refuses access to the home or children, then a child protective services investigation shall be initiated, if the facts otherwise meet the criteria to accept a report.

V. NEW, REVISED AND/OR OBSOLETE FORMS

There are no known form changes at this time.

VI. QUESTIONS

Questions regarding this Policy Guide may be directed to the Office of Child and Family Policy at 217-524-1983 or via Outlook at DCFS.Policy. Non-Outlook users may e-mail questions to DCFS.Policy@illinois.gov. During the Department's response to COVID-19 the listed phone number is being checked remotely, but we do ask that if you need immediate assistance Monday – Friday (8:30 – 5:00) please utilize the email address provided.

VII. FILING INSTRUCTIONS

File this Policy Guide after Rules 300.20; Rules 300.30; and Procedures 300.15 and Procedures 300.30.

REPORTS OF CHILD ABUSE AND NEGLECT
January 22, 2014 – PT 2014.03

Section 300.30 Reporting Child Abuse or Neglect to the Department

a) Reports of suspected child abuse or neglect may be immediately made to the State Central Register via its toll-free number [1-800-25A-BUSE] at any time, day or night, or on any day of the week. Reports may also be made to the nearest Department office. The Department encourages use of the toll-free hotline number.

b) Persons Mandated to Report Child Abuse or Neglect

1) Types of Mandated Reporters

Any of the following individuals who have reasonable cause to believe that a child known to them in their professional or official capacity may be abused or neglected shall immediately report or cause a report to be made to the Department. These mandated reporters include:

- A) *physicians, residents, interns and physician assistants;*
- B) *hospitals;*
- C) *hospital administrators and personnel engaged in the examination, care and treatment of persons;*
- D) *surgeons;*
- E) *dentists;*
- F) *dentist hygienists;*
- G) *osteopaths;*
- H) *chiropractors;*
- I) *podiatrists;*
- J) *Christian Science practitioners;*
- K) *coroners;*
- L) *medical examiners;*
- M) *emergency medical technicians;*
- N) *crisis line or hotline personnel;*

REPORTS OF CHILD ABUSE AND NEGLECT

January 22, 2014 – PT 2014.03

- O) school personnel;*
- P) educational advocate assigned to a child pursuant to the School Code;*
- Q) truant officers;*
- R) social workers;*
- S) social services administrators;*
- T) domestic violence program personnel;*
- U) registered nurses;*
- V) licensed practical nurses, advanced practice nurses, home health aides;*
- W) directors or staff assistants of nursery schools or child day care centers;*
- X) recreational or athletic program or facility personnel;*
- Y) law enforcement officers;*
- Z) registered psychologists;*
- AA) assistants working under the direct supervision of a psychologist or psychiatrist;*
- BB) field personnel of the Illinois Departments of Healthcare and Family Services, Human Services, Public Health, Corrections, Children and Family Services or Human Rights;*
- CC) probation officers;*
- DD) foster parents, homemakers or any other child care worker;*
- EE) supervisors and administrators of General Assistance under the Illinois Public Aid Code;*
- FF) substance abuse treatment personnel;*
- GG) funeral home directors or their employees;*
- HH) members of the clergy;*

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- II) licensed professional counselors or licensed clinical professional counselors;*
- JJ) acupuncturists;*
- KK) animal control officers or Illinois Department of Agriculture Bureau of Animal Health and Welfare field investigators;*
- LL) member of a school board or the Chicago Board of Education or the governing body of a private school;*
- MM) medical technicians or certified nursing assistants of any office, clinic or any other physical location that provides abortions, abortion referral or contraceptives;*
- NN) personnel of institutions of higher education;*
- OO) early intervention providers as defined in the Early Intervention Services System Act. [325 ILCS 5/4]*

2) Members of the Clergy

Any member of the clergy having reasonable cause to believe that a child known to that member of the clergy in his or her professional capacity may be an abused child, as defined in this Part, shall immediately report or cause a report to be made to the Department. [325 ILCS 5/4]

3) Acknowledgment of Reporting Responsibility

- A) Individuals who became mandated reporters on or after July 1, 1986, by virtue of their employment shall sign statements acknowledging that they are mandated to report suspected child abuse and neglect in accordance with Section 4 of the Act. The statement shall be on a form prescribed by the Department, but provided by the employer. (See Appendix A.) The statement shall be signed before beginning employment and shall be retained by the employer as a permanent part of the personnel record.
- B) The Department shall provide, upon request at a reasonable cost of \$.50 each, copies of the Act to all employers employing persons who are mandated to report under the Act.

REPORTS OF CHILD ABUSE AND NEGLECT

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4) Interference with Reporting Prohibited

- A) *Whenever such person is required to report under the Act in his or her capacity as member of the staff of a medical or other public or private institution, school, facility or agency, or as a member of the clergy, he shall make report immediately to the Department in accordance with provisions of the Act and may also notify the person in charge of such institution, school, facility or agency, or church, synagogue, temple, mosque, or other religious institution, or his designated agent that such a report has been made. Under no circumstances shall any person in charge of such institution, school, facility or agency, or church, synagogue, temple, mosque or other religious institution, or 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. [325 ILCS 5/4]*
- B) *Any person who knowingly transmits a false report to the Department commits the offence of disorderly conduct under Section 26-1(a)(7) of the Criminal Code of 2012. A violation of this provision is a Class 4 felony. Any person who knowingly and willfully violates any provision of subsection (b)(4) other than a second or subsequent violation of transmitting a false report as described in this subsection (b)(4)(B), is guilty of a Class A misdemeanor for the first violation and a Class 4 felony for a second or subsequent violation. [325 ILCS 5/4]*
- C) *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. [325 ILCS 5/9.1]*

5) Consequences of Failure to Report

- A) *The privileged quality of communication between any professional person required to report and his or her 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 the Act or constitute grounds for failure to share information or documents with the Department during the course of a child abuse or neglect investigation. If requested by the professional, the Department shall confirm in writing that the information or documents disclosed by the professional were gathered in the course of a child abuse or neglect investigation. [325 ILCS 5/4]*

REPORTS OF CHILD ABUSE AND NEGLECT

January 22, 2014 – PT 2014.03

Mandated reporters who willfully fail to report suspected child abuse or neglect are subject to license suspension or revocation in accordance with, but not limited to, the following statutes:

- i) Nurse Practice Act of 1987 [225 ILCS 65];
 - ii) Medical Practice Act of 1987 [225 ILCS 60];
 - iii) Podiatric Medical Practice Act of 1987 [225 ILCS 100];
 - iv) Clinical Psychologist Licensing Act [225 ILCS 15];
 - v) Clinical Social Worker and Social Work Practice Act [225 ILCS 20];
 - vi) The School Code [105 ILCS 5];
 - vii) The Illinois Dental Practice Act [225 ILCS 25];
 - viii) Physician Assistant Practice Act of 1987 [225 ILCS 95];
 - ix) Illinois Optometric Practice Act of 1987 [225 ILCS 80];
 - x) Illinois Physical Therapy Act [225 ILCS 90]; and
 - xi) Illinois Athletic Trainers Act [225 ILCS 5].
- B) *Any physician who willfully fails to report child abuse or neglect shall be referred to the Illinois State Medical Disciplinary Board for action. Any other person required to report suspected child abuse or neglect who willfully fails to report such abuse or neglect shall be guilty of a Class A misdemeanor.* [325 ILCS 5/4]
- C) Members of clergy of any religious denomination accredited by the religious body to which he or she belongs shall not be compelled to disclose a confession or admission made to him or her in his or her professional character or as a spiritual advisor.

6) **Written Confirmation of Reports**

Mandated reporters shall confirm their telephone report in writing on a form prescribed by the Department within 48 hours after the oral report. The Department shall provide forms to mandated reporters--one for the exclusive use of medical professionals and another for use by all other mandated reporters. These confirmation reports shall be admissible as evidence in any administrative or judicial proceeding related to child abuse or neglect. Local investigative staff shall transmit confirmation reports to the State Central Register within 24 hours after receipt.

REPORTS OF CHILD ABUSE AND NEGLECT

January 22, 2014 – PT 2014.03

c) Other Persons May Report

Other persons may report suspected child abuse or neglect if they have reasonable cause to believe a child may be abused or neglected.

d) Consequences of False Reporting

Any person who knowingly transmits a false report to the Department commits the offense of disorderly conduct under Section 26-1(a)(7) of the Criminal Code of 2012. A violation of this provision is a Class 4 felony. Any person who knowingly and willfully violates any provision of this Section other than a second or subsequent violation of submitting a false report is guilty of a Class A misdemeanor for a first violation and a Class 4 felony for a second or subsequent violation. [325 ILCS 5/4]
The Department shall refer cases of false reporting to the local State's Attorney when the reporter is known.

e) Cooperation in Court or Administrative Hearings

Any person who makes a report or who investigates a report under the Act shall testify fully in any judicial proceeding or administrative hearing 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 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 and any person who is required to report a suspected case of abuse or neglect or the person making or investigating the report. [325 ILCS 5/10]

f) Referrals to Public Health

All mandated reporters listed in subsection (b)(1) may refer to the Department of Public Health any pregnant person in Illinois who is addicted as defined in the Alcoholism and Other Drug Abuse and Dependency Act [20 ILCS 301].

g) Depending upon Spiritual Means Through Prayer Alone for the Treatment or Cure of Disease or Remedial Care

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. [325 ILCS 5/4]
Where the circumstances indicate harm or substantial risk of harm to the child's health or welfare and medical care necessary to treat or prevent that harm or risk of harm is not being provided because a parent or other person responsible for the child's welfare depends upon such spiritual means, the child shall be subject to the requirements of the Act for the reporting of, investigation of, and provision of protective services with respect to the child and his or her health needs.

(Source: Amended at 36 Ill. Reg. 1962, effective December 31, 2013)

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

POLICY GUIDE 2020.08

RULES AND PROCEDURES 300, REPORTS OF CHILD ABUSE AND NEGLECT

DATE: April 13, 2020
TO: All DCFS and POS Staff
FROM: Marc D. Smith, Acting Director
EFFECTIVE: Immediately

I. PURPOSE

The purpose of this policy guide is to inform staff and mandated reporters of changes pursuant to **Public Act 101-0564** and **Public Act 101-0237** which amend the Abused and Neglected Child Reporting Act and require amendments to **Rules 300, Reports of Child Abuse and Neglect**. These statutory changes are effective January 1, 2020.

To the extent that any of the required activities in Section IV and V differ from Rules 300.20 and 300.30 or Procedures 300.20 and 300.30, this Policy Guide controls.

Amendments to the Rules and Procedures 300 are being drafted and will be released in the near future.

II. PRIMARY USERS

DCFS Staff, POS Staff and Mandated Reporters

III. BACKGROUND AND SUMMARY

Public Act 101-0564 redefines who is statutorily recognized as Mandated Reporters in the State of Illinois, and what is to be considered “a child known to them in their professional or official capacities”. It prescribes reporting requirements when there are two or more persons working together who share concerns about whether a child is abused or neglected and who else can make a report with reasonable cause. It also adds mandated reporter training frequency and requirements, including sources of training for mandated reporters and licensed practitioners and reporting of completed training.

Public Act 101-0237 establishes that when a Mandated Reporter makes a report to the State Central Register and there is a prior indicated report of abuse or neglect or there is a prior open service case involving any member of the household that the Department must minimally accept a report as a child welfare services referral. If the family refuses to cooperate or refuses access to the home or children, then a child protection service investigation shall be initiated if the facts meet the criteria to accept a report.

IV. NEW RULE/PROCEDURE SECTION

(Statutory changes that are direct quotes from the Act are *italicized* and underlined. All other changes are underlined.)

Pursuant to Public Act 101-0564 the following revisions will be included in Rules 300:

Rules and Procedure Sections 300.20 Definitions

(The following two definitions have been added into Sections 300.20.)

"Child welfare services referral" means an assessment of the family for service needs and linkage to available local community resources for the purpose of preventing or remedying or assisting in the solution of problems which may result in the neglect, abuse, exploitation, or delinquency of children, and as further defined in Department rules and procedures. [325 ILCS 5/7.01.]

"Prior open service case" means a case in which the Department has provided services to the family either directly or through a purchase of service agency. [325 ILCS 5/7.01.]

Rule Section 300.30 Reporting Child Abuse or Neglect to the Department

(The following is the proposed Rule Section 300.30 in its entirety. Staff should be using this Guide for Rule Section 300.30.)

a) Reports of suspected child abuse or neglect may be immediately made to the State Central Register via its toll-free number [1-800-25ABUSE] at any time, day or night, or on any day of the week. Reports may also be made to the nearest Department office. The Department encourages use of the toll-free hotline number.

b) Persons Mandated to Report Child Abuse or Neglect

The following persons are required to immediately report to the Department when they have reasonable cause to believe that a child known to them in their professional or official capacities may be an abused child or a neglected child:

1) *Medical personnel, including any: physician licensed to practice medicine in any of its branches (medical doctor or doctor of osteopathy); resident; intern; medical administrator or personnel engaged in the examination, care, and treatment of persons; psychiatrist; surgeon; dentist; dental hygienist; chiropractic physician; podiatric physician; physician assistant; emergency medical technician; acupuncturist; registered nurse; licensed practical nurse; advanced practice registered nurse; genetic counselor; respiratory care practitioner; home health aide; or certified nursing assistant.*

2) *Social services and mental health personnel, including any: licensed professional counselor; licensed clinical professional counselor; licensed social worker; licensed clinical social worker; licensed psychologist or assistant working under the direct supervision of a psychologist; associate licensed marriage and family therapist; licensed marriage and family therapist; field personnel of the Departments of Healthcare and Family*

Services, Public Health, Human Services, Human Rights, or Children and Family Services; supervisor or administrator of the General Assistance program established under Article VI of the Illinois Public Aid Code; social services administrator; or substance abuse treatment personnel.

- 3) Crisis intervention personnel, including any: crisis line or hotline personnel; or domestic violence program personnel.
- 4) Education personnel, including any: school personnel (including administrators and certified and non-certified school employees); personnel of institutions of higher education; educational advocate assigned to a child in accordance with the School Code; member of a school board or the Chicago Board of Education or the governing body of a private school (but only to the extent required under Section 4 (d) of the Abused and Neglect Reporting Act [325 ILCS 5/4(d)]; or truant officer.
- 5) Recreation or athletic program or facility personnel.
- 6) Child care personnel, including any: early intervention provider as defined in the Early Intervention Services System Act; director or staff assistant of a nursery school or a child day care center; or foster parent, homemaker, or child care worker.
- 7) Law enforcement personnel, including any: law enforcement officer; field personnel of the Department of Juvenile Justice; field personnel of the Department of Corrections; probation officer; or animal control officer or field investigator of the Department of Agriculture's Bureau of Animal Health and Welfare.
- 8) Any funeral home director; funeral home director and embalmer; funeral home employee; coroner; or medical examiner.
- 9) Any member of the clergy.
- 10) Any physician, physician assistant, registered nurse, licensed practical nurse, medical technician, certified nursing assistant, licensed social worker, licensed clinical social worker, or licensed professional counselor of any office, clinic, or any other physical location that provides abortions, abortion referrals, or contraceptives. [325 ILCS 5/4]

c) When 2 or more persons who work within the same workplace and are required to report under this Act share a reasonable cause to believe that a child may be an abused or neglected child, one of those reporters may be designated to make a single report. The report shall include the names and contact information for the other mandated reporters sharing the reasonable cause to believe that a child may be an abused or neglected child. The designated reporter must provide written confirmation of the report to those mandated reporters within 48 hours. If confirmation is not provided, those mandated reporters are individually responsible for immediately ensuring a report is made. Nothing in this Section precludes or may be used to preclude any person from reporting child abuse or child neglect. [325 ILCS 5/4]

d) As used in this Section, "a child known to them in their professional or official capacities" means:

- 1) the mandated reporter comes into contact with the child in the course of the reporter's employment or practice of a profession, or through a regularly scheduled program, activity, or service;
- 2) the mandated reporter is affiliated with an agency, institution, organization, school, school district, regularly established church or religious organization, or other entity that is directly responsible for the care, supervision, guidance, or training of the child; or
- 3) a person makes a specific disclosure to the mandated reporter that an identifiable child is the victim of child abuse or child neglect, and the disclosure happens while the mandated reporter is engaged in his or her employment or practice of a profession, or in a regularly scheduled program, activity, or service.

Nothing in this Section requires a child to come before the mandated reporter in order for the reporter to make a report of suspected child abuse or child neglect.
[325 ILCS 5/4]

e) **Mandated Reporter Training**

- 1) Persons required to report child abuse or child neglect as provided under this Section must complete an initial mandated reporter training within 3 months of their date of engagement in a professional or official capacity as a mandated reporter, or within the time frame of any other applicable State law that governs training requirements for a specific profession, and at least every 3 years thereafter. The initial requirement only applies to the first time they engage in their professional or official capacity. In lieu of training every 3 years, medical personnel, as listed in paragraph (1) of Section 4(a) of the Abused and Neglected Child Reporting Act, must meet the requirements described in subsection (k) of the Act. [325 ILCS 5/4]
- 2) The trainings shall be in-person or web-based, and shall include, at a minimum, information on the following topics:
 - A) indicators for recognizing child abuse and child neglect, as defined under this Act;
 - B) the process for reporting suspected child abuse and child neglect in Illinois as required by this Act and the required documentation;
 - C) responding to a child in a trauma-informed manner; and

D) understanding the response of child protective services and the role of the reporter after a call has been made. Child-serving organizations are encouraged to provide in-person annual trainings.

- 3) The mandated reporter training shall be provided through the Department, through an entity authorized to provide continuing education for professionals licensed through the Department of Financial and Professional Regulation, the State Board of Education, the Illinois Law Enforcement Training Standards Board, or the Department of State Police, or through an organization approved by the Department to provide mandated reporter training. The Department must make available a free web-based training for reporters.

A free online mandated reporter training is available on the DCFS Website for all mandated reporters and the general public.

- 4) Each mandated reporter shall report to his or her employer and, when applicable, to his or her licensing or certification board that he or she received the mandated reporter training. The mandated reporter shall maintain records of completion.
- 5) Beginning January 1, 2021, if a mandated reporter receives licensure from the Department of Financial and Professional Regulation or the State Board of Education, and his or her profession has continuing education requirements, the training mandated under this Section shall count toward meeting the licensee's required continuing education hours.
- 6) Medical personnel, as listed in paragraph (1) of Section 4(a) of the Abused and Neglected Child Reporting Act who work with children in their professional or official capacity, must complete mandated reporter training at least every 6 years. Such medical personnel, if licensed, must attest at each time of licensure renewal on their renewal form that they understand they are a mandated reporter of child abuse and neglect, that they are aware of the process for making a report, that they know how to respond to a child in a trauma-informed manner, and that they are aware of the role of child protective services and the role of a reporter after a call has been made.
- 7) In lieu of repeated training, medical personnel, as listed in paragraph (1) of Section 4(a), of the Abused and Neglected Child Reporting Act, who do not work with children in their professional or official capacity, may instead attest each time at licensure renewal on their renewal form that they understand they are a mandated reporter of child abuse and neglect, that they are aware of the process for making a report, that they know how to respond to a child in a trauma-informed manner, and that they are aware of the role of child protective services and the role of a reporter after a call has been made. Nothing in this paragraph precludes medical personnel from completing mandated reporter training and receiving continuing education credits for that training. [325 ILCS 5/4]

f) Acknowledgment of Reporting Responsibility

Individuals who became mandated reporters on or after July 1, 1986, by virtue of their employment shall sign statements acknowledging that they are mandated to report suspected child abuse and neglect in accordance with Section 4 of the Act. The statement shall be on a form prescribed by the Department but provided by the employer. (See Appendix A.) The statement shall be signed before beginning employment and shall be retained by the employer as a permanent part of the personnel record.

Note: 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. [325 ILCS 5/4]

g) Interference with Reporting Prohibited

1) *Whenever such person is required to report under the Act in his or her capacity as member of the staff of a medical or other public or private institution, school, facility or agency, or as a member of the clergy, he shall make report immediately to the Department in accordance with provisions of the Act and may also notify the person in charge of such institution, school, facility or agency, or church, synagogue, temple, mosque, or other religious institution, or his designated agent that such a report has been made. Under no circumstances shall any person in charge of such institution, school, facility or agency, or church, synagogue, temple, mosque or other religious institution, or 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.* [325 ILCS 5/4]

2) *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 2012. A violation of this provision is a Class 4 felony.*

Any person who knowingly and willfully violates any provision of [Section 4 of the Act] other than a second or subsequent violation of transmitting a false report as described in the preceding paragraph, is guilty of a Class A misdemeanor for a first violation and a Class 4 felony for a second or subsequent violation. [325 ILCS 5/4]

3) *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.* [325 ILCS 5/9.1]

h) Consequences of Failure to Report

- 1) *The privileged quality of communication between any professional person required to report and his or her 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 the Act or constitute grounds for failure to share information or documents with the Department during the course of a child abuse or neglect investigation. If requested by the professional, the Department shall confirm in writing that the information or documents disclosed by the professional were gathered in the course of a child abuse or neglect investigation. [325 ILCS 5/4]*

Mandated reporters who willfully fail to report suspected child abuse or neglect are subject to license suspension or revocation in accordance with, but not limited to, the following statutes:

- A) Nurse Practice Act of 1987 [225 ILCS 65];
 - B) Medical Practice Act of 1987 [225 ILCS 60];
 - C) Podiatric Medical Practice Act of 1987 [225 ILCS 100];
 - D) Clinical Psychologist Licensing Act [225 ILCS 15];
 - E) Clinical Social Worker and Social Work Practice Act [225 ILCS 20];
 - F) The School Code [105 ILCS 5];
 - G) The Illinois Dental Practice Act [225 ILCS 25];
 - H) Physician Assistant Practice Act of 1987 [225 ILCS 95];
 - I) Illinois Optometric Practice Act of 1987 [225 ILCS 80];
 - J) Illinois Physical Therapy Act [225 ILCS 90]; and
 - K) Illinois Athletic Trainers Act [225 ILCS 5].
- 2) *Any physician who willfully fails to report child abuse or neglect shall be referred to the Illinois State Medical Disciplinary Board for action and similar referrals are required for dentists and dental hygienists. Any other person required to report suspected child abuse or neglect who willfully fails to report such abuse or neglect shall be guilty of a Class A misdemeanor for a first violation and a Class 4 felony for a second or subsequent violation. [325 ILCS 5/4.02]*
- 3) Members of clergy of any religious denomination accredited by the religious body to which he or she belongs shall not be compelled to disclose a confession or admission made to him or her in his or her professional character or as a spiritual advisor.

i) Written Confirmation of Reports

Mandated reporters shall confirm their telephone report in writing on a form prescribed by the Department within 48 hours after the oral report. The Department shall provide forms to mandated reporters--one for the exclusive use of medical professionals (**CANTS 4 Written Confirmation of Suspected Child Abuse/Neglect Report: Medical Professionals**) and another for use by all other mandated reporters (**CANTS 5 Written Confirmation of Suspected Child Abuse/Neglect Report: Mandated Reporters**). These confirmation reports shall be admissible as evidence in any administrative or judicial proceeding related to child abuse or neglect. Local investigative staff shall transmit confirmation reports to the State Central Register within 24 hours after receipt.

j) Other Persons May Report

In addition to the persons required to report suspected cases of child abuse or child neglect under this Section, 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.
[325 ILCS 5/4]

k) Consequences of False Reporting

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 2012. A violation of this provision is a Class 4 felony.

Any person who knowingly and willfully violates any provision of [Section 4 of the Act] other than a second or subsequent violation of submitting a false report as described in the preceding paragraph is guilty of a Class A misdemeanor for a first violation and a Class 4 felony for a second or subsequent violation. [325 ILCS 5/4]
The Department shall refer cases of false reporting to the local State's Attorney when the reporter is known.

l) Cooperation in Court or Administrative Hearings

Any person who makes a report or who investigates a report under the Act shall testify fully in any judicial proceeding or administrative hearing 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 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 and any person who is required to report a suspected case of abuse or neglect or the person making or investigating the report. [325 ILCS 5/10]



m) Referrals to Public Health

All mandated reporters listed in subsection (b)(1) through (10) of this rule may refer to the Department of Public Health any pregnant person in Illinois who is addicted as defined in the Alcoholism and Other Drug Abuse and Dependency Act [20 ILCS 301].

n) Depending upon Spiritual Means Through Prayer Alone for the Treatment or Cure of Disease or Remedial Care

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. [325 ILCS 5/4] Where the circumstances indicate harm or substantial risk of harm to the child's health or welfare and medical care necessary to treat or prevent that harm or risk of harm is not being provided because a parent or other person responsible for the child's welfare depends upon such spiritual means, the child shall be subject to the requirements of the Act for the reporting of, investigation of, and provision of protective services with respect to the child and his or her health needs.

Pursuant to Public Act 101-0237 the following revisions will be included in Procedures 300 Section 300.30 (i)(2):

Child Welfare Services (CWS) Referrals

When a Call Floor Worker receives information from a mandated reporter and the information reported to the Hotline does not meet the requirements under ANCRA for an investigation, and there is a prior indicated report of abuse or neglect, or there is a prior open service case involving any member of the household, a CWS referral will be completed.

Response to Requests for Child Welfare Services

If the family refuses to cooperate or refuses access to the home or children, then a child protective services investigation shall be initiated, if the facts otherwise meet the criteria to accept a report.

V. NEW, REVISED AND/OR OBSOLETE FORMS

There are no known form changes at this time.

VI. QUESTIONS

Questions regarding this Policy Guide may be directed to the Office of Child and Family Policy at 217-524-1983 or via Outlook at DCFS.Policy. Non-Outlook users may e-mail questions to DCFS.Policy@illinois.gov. During the Department's response to COVID-19 the listed phone number is being checked remotely, but we do ask that if you need immediate assistance Monday – Friday (8:30 – 5:00) please utilize the email address provided.

VII. FILING INSTRUCTIONS

File this Policy Guide after Rules 300.20; Rules 300.30; and Procedures 300.20 and Procedures 300.30.

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Section 300.40 Content of Child Abuse or Neglect Reports

The State Central Register or the local report-taker shall attempt to secure the following information from the reporter:

- a) family composition, including the name, age, sex, race, ethnicity, and address of the children named in the report and any other children in the environment;
- b) name, age, sex, race, ethnicity and address of the children's parents, caregiver, if different from the parent(s), and if different, the relationship of the caregiver to the child(ren), and of the alleged perpetrator and his/her relationship to the child subjects;
- c) the physical harm to the involved children and an estimation of the children's present physical, medical, and environmental condition. This estimation should include information concerning any previous incidents of suspected child abuse or neglect; and
- d) the reporter's name, occupation and relationship to the children, actions taken by the reporter, where the reporter can be reached, and other information the reporter believes will be of assistance.

(Source: Amended at 19 Ill. Reg.10522, effective July 1, 1995)

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Section 300.45 Five Year Demonstration of the Differential Response Program

- a) Differential Response recognizes that there are variations in the severity of reported maltreatment and allows for an investigation or family assessment response to reports of child neglect. Both responses focus on the safety and well-being of the child; promote permanency within the family whenever possible; and recognize the authority of child protection to make decisions about protective custody and court involvement when necessary.

An investigation response involves gathering forensic evidence and requires a formal determination regarding whether there is credible evidence that child maltreatment has occurred. A family assessment response involves assessing the family's strengths and needs and offering services to meet the family's needs and support positive parenting.

b) **Differential Response Criteria**

During the demonstration period, reports of neglect that meet all the following criteria may be assigned to an assessment pathway:

- 1) Identifying information for the family members and their current address is known at the time of the report;
- 2) The alleged perpetrators are birth or adoptive parents, legal guardians or responsible relatives;
- 3) The family has no pending or prior indicated reports of abuse and/or neglect or prior indicated reports have been expunged within the timeframe or timeframes established by the Department for the indicated allegation or allegations;
- 4) The alleged victims, or other siblings or household members, are not currently in the care and custody of the Department or wards of the court;
- 5) Protective custody of the children has not been taken or required in the current or any previous case; and
- 6) Allegations
 - A) The reported allegation or allegations shall only include Mental and Emotional Impairment (neglect only), Inadequate Supervision, Inadequate Food, Inadequate Shelter, Inadequate Clothing, Medical Neglect, and Environmental Neglect. The following circumstances involving the allegations of Mental and Emotional Impairment, Inadequate Supervision, and Medical Neglect prohibit the report from being assigned to a family assessment pathway.

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- i) Mental and Emotional Impairment reports taken as abuse (Allegation #17) will be assigned an investigation pathway.
- ii) Inadequate Supervision reports involving a child or children under the age of eight, or a child older than eight years of age with a physical or mental disability that limits his or her skills in the areas of communication, self-care, self-direction, and safety will be assigned an investigation pathway.
- iii) Medical Neglect reports that involve a child with a severe medical condition that could become serious enough to cause long-term harm to the child if untreated will be assigned an investigation pathway.

B) All other allegations are considered to involve substantial child abuse and neglect, and are ineligible for assignment to the assessment pathway.

c) Differential Response Team (DRT) Supervisors

Prior to assigning reports to Differential Response (DR) Specialists, DRT Supervisors will review all reports assigned to their teams within two hours after receipt in the team's electronic mailbox, excluding evenings, weekends and holidays to determine their appropriateness for Differential Response. DRT Supervisors will also contact reporters of medical neglect reports, and may contact reporters of other allegations to confirm the information reported to the State Central Register and obtain any additional information that will enable the supervisor to determine the appropriateness of the report for Differential Response. Reports determined to be inappropriate for Differential Response will be redirected by the supervisor to the State Central Register for investigation in accordance with subsection (e).

d) Initial and Ongoing Contacts with the Family

The initial Differential Response contact will occur in the family's home within three business days from the time the report is received at the State Central Register excluding weekends and holidays, and the contact shall involve the DR Specialist, Strengthening and Supporting Families (SSF) worker, adult family members and all children.

- 1) If a family accepts assessment pathway services, the DR Specialist must do the following at the initial meeting with the family:
 - A) Verify identifying information and legal relationships of all household members.
 - B) Complete a Child Endangerment Risk Assessment Protocol Safety Assessment.

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- C) Obtain the names and addresses of any non-custodial parents.
- D) Complete a home safety checklist.
- E) Obtain consent for release of information signed by a family member with the authority to give consent.

AGENCY NOTE: If the family will not allow the DR Specialist access to the child or children, the family has declined family assessment services and the requirements of subsection (e) will be followed.

- 2) The SSF worker will provide intensive strength-based family-focused services during the Strengthening and Supporting Families service period, which will include the following:

- A) A comprehensive and collaborative evaluation of the family's strengths and needs that will include the family's financial status, basic educational screening for the children, and physical health, mental health and behavioral health screening for all family members. Information obtained will be used to construct a Genogram and Ecomap for use with the family;
- B) Services to meet any immediate needs of the family, including food, shelter and clothing;
- C) A minimum of twice weekly contacts with the family, which will include the children in the household;
- D) Service planning;
- E) Services to mitigate or control the causes of neglect;
- F) Child Endangerment Risk Assessment Protocol Safety Assessments completed in accordance with the requirements for intact families established by the Child Endangerment Risk Assessment Protocol;

AGENCY NOTE: The Child Endangerment Risk Assessment Protocol (CERAP) is used within the larger protocol of child protection practice to identify information consistent with threats to child safety; to analyze safety threats to determine how they are occurring within a particular family; and for safety planning to control identified safety threats. The major steps that are required to apply the protocol include an assessment and analysis of the safety factors using the Safety Determination Form (CFS 1441).

- G) Assessment of the family's reasonable progress in resolving the issues that brought them to the attention of the Department;

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H) Advocacy services; and

I) Discharge planning.

AGENCY NOTE: If at anytime during the service period the family denies the SSF worker access to the child or children, the SSF worker will follow the requirements of Subsection 300.45 (e).

3) Strengthening and Supporting Families supervisors will provide management services that will include review and approval of assessments, service plans, Child Endangerment Risk Assessment Protocol Safety Assessments, cash assistance requests, appropriateness of service referrals, case file documentation, requests for assessment service extensions, and requests to close family assessment cases.

A) Supervisory review and approval of Child Endangerment Risk Assessment Protocol Safety Assessments will be in accordance with the Child Endangerment Risk Assessment Protocol.

B) Families receiving Family Assessment services are eligible for cash assistance through the Differential Response Cash Assistance Program. The Differential Response Cash Assistance Program provides cash assistance to families facing environmental issues (i.e. inadequate food, shelter, or clothing, or environmental neglect) to address an immediate need due to environmental issues, which may be addressed by the delivery of some immediate cash assistance.”

The program provides cash assistance to families in the assessment pathway. Cash assistance requests are granted based upon the identified need of the applicant. An SSF worker submits a completed DR cash assistance form to his or her SSF Supervisor who forwards the form to the Regional DR Supervisor. Regional DR Supervisors are authorized to approve requests for \$400 or less. Requests over \$400 must be approved by the DCFS DR Project Director. Requests will be approved within 24 hours of application excluding holidays and weekends.

C) Supervisory monitoring of service provider reports to assess service delivery and appropriateness of services.

D) Approval of service extensions shall be based on the child’s safety and well-being, family’s needs and progress made in mitigating those conditions that contributed to their involvement with the Department.

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- E) The following documents must be submitted to the SSF Supervisor before formalizing case closing with the family:
- i) Case Closing Summary
 - ii) Child and Family Service Aftercare Plan
 - iii) Case note documentation of required child interviews and documentation
 - iv) Provider treatment reports
 - v) CFS 1441, Safety Determination Form
 - vi) Completed LEADS and SACWIS/CANTS checks for all adult members of the household and all adults who are frequently in the home

e) Pathway Reassignment

1) Differential Response Specialist

If a Differential Response Specialist determines that a child is unsafe, that there is an immediate need for intervention, or that maltreatment allegations are not within the scope of differential response, the Differential Response Specialist shall contact his or her supervisor within one hour after completion of the initial contact with the family to discuss case information and possible referral to the investigation pathway. If the supervisor determines that the report should be re-directed to an investigation pathway, he or she will contact the State Central Register Supervisor without delay to have the report transferred to investigations. The State Central Register Supervisor will enter the date and time of the contact with the supervisor as the report taken date and time and enter an appropriate response code.

2) Strengthening and Supporting Families Worker

If the family refuses services anytime during the service period and/or the SSF Supervisor and worker have reasonable cause to believe that a child has been or is being abused or neglected and at risk of harm at anytime during the service delivery period, the supervisor will contact the State Central Register Supervisor without delay to make a report of abuse or neglect. The State Central Register Supervisor will enter the date and time of the contact with the SSF Supervisor as the report taken date and time and enter an appropriate response code.

AGENCY NOTE: A case assigned to the investigation pathway may not be reassigned to an assessment pathway.

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f) Families May Refuse Assessment Pathway Services

A family may refuse to accept assessment pathway services. However, if it is determined by the DR Supervisor after review of available assessment and safety information that the child's safety is compromised by the refusal, the DR Supervisor will re-direct the report to the investigation pathway in accordance with subsection (e) (1). If no safety concerns are identified, the case will be closed.

g) No Formal Determination of Maltreatment

Family members whose case follows an assessment pathway are not labeled as perpetrators. Children in an assessment pathway case are not labeled victims. Names of children or family members involved in the assessment pathway are not entered in the State Central Register, and services are provided without a formal substantiation of alleged maltreatment.

(Source: 35 Ill. Reg. 1599, effective January 15, 2011)

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Section 300.50 Transmittal of Child Abuse or Neglect Reports

- a) The State Central Register, upon receipt of a report of suspected child abuse or neglect, shall immediately transmit to the appropriate investigative staff;
 - 1) the contents of the report;
 - 2) information on any previous indicated, pending, or undetermined reports involving the subjects of a current report; and
 - 3) other pertinent information.
- b) Local investigative staff shall immediately notify the State Central Register of any report (including duplicate reports and additional information) received from a source other than the State Central Register, or if the child is in danger, shall notify the State Central Register immediately after assuring the child's safety.

(Source: Recodified from 89 Ill. Adm. Code 302.120 at 11 Ill. Reg. 13405)

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Section 300.70 Referrals to the Local Law Enforcement Agency and State's Attorney

The Department will immediately refer reports, including but not limited to the following types, to the local law enforcement agency and the appropriate State's Attorney for consideration of criminal investigation or other action:

- a) reports regarding a child who may have died as a result of abuse or neglect;
- b) reports in which the injury to the child suspected to be abused or neglected is severe; such as, but not limited to: multiple or spiral fractures, third degree burns, internal injuries, subdural hematomas, brain damage, and skull fractures;
- c) indicated reports in which credible evidence is found that a child has been abused a second time, regardless of severity;
- d) reports of physical injury when the evidence indicates that the child has been tortured;
- e) reports in which a child is the alleged victim of sexual abuse; or
- f) reports in which a child is alleged to be suffering from malnutrition.

(Source: Recodified from 89 Ill. Adm. Code 302.140 at 11 Ill. Reg. 3492)

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DEPARTMENT OF CHILDREN AND FAMILY SERVICES

POLICY GUIDE 2020.03

RULES AND PROCEDURES 300, REPORTS OF CHILD ABUSE AND NEGLECT

DATE: January 6, 2020
TO: DCFS AND POS Agencies
FROM: Marc D. Smith, Acting Director
EFFECTIVE: Immediately

I. PURPOSE

The purpose of this policy guide is to advise staff of changes pursuant to **Public Act 101-0043** and **Public Act 101-0583** that amend the Abused and Neglected Child Reporting Act, which therefore require amendments to Department Rules and Procedures 300, Reports of Child Abuse and Neglect.

II. PRIMARY USERS

The primary users of this Policy Guide will be State Central Register and Child Protection Staff, Supervisors and Administrators.

III. BACKGROUND AND SUMMARY

Public Act 101-0043 amends the Abused and Neglected Child Reporting Act (ANCRA) [325 ILCS 7.4, 7.8, 11.1 and by adding 4.4c] by requiring the Department, upon receipt of a report of suspected abuse or neglect of a child *and the child is alleged to have been abused or neglected while receiving care in a hospital, including a freestanding psychiatric hospital licensed by the Department of Public Health*, to notify the Directors of Public Health and Healthcare and Family Services of the report, and to send them a copy of the final finding. The Department of Public Health shall receive information from such reports, including when the reports are unfounded, to conduct its own licensing investigation.

Public Act 101-0583 amends ANCRA [325 ILCS 7, 7.3] by requiring that *any report received by the Department alleging the abuse or neglect of a child by a person who is not the child's parent, a member of the child's immediate family, a person responsible for the child's welfare, an individual residing in the same home as the child, or a paramour of the child's parent shall immediately be referred to the appropriate local law enforcement agency for consideration of criminal investigation or other action.*



IV. STATUTORY CHANGES

➤ **Pursuant to Public Act 101-0043:**

A new section will be added into **Rule 300 Section 300.130, Notices Whether Child Abuse or Neglect Occurred.**

Duty to Notify Director of Public Health and Director of Healthcare and Family Services

- Whenever the Department receives, by means of its statewide toll-free telephone number, for the purpose of reporting suspected child abuse or neglect or by any other means or from any mandated reporter, a report of suspected abuse or neglect of a child and the child is alleged to have been abused or neglected while receiving care in a hospital, including a freestanding psychiatric hospital licensed by the Department of Public Health, the Department shall notify the Director of Public Health and the Director of Healthcare and Family Services of the report. [325 ILCS 5/4]
- *Whenever a report alleges that a child was abused or neglected while receiving care in a hospital, including a freestanding psychiatric hospital licensed by the Department of Public Health, the Department shall send a copy of its final finding to the Director of Public Health and the Director of Healthcare and Family Services. [325 ILCS 5/4]*
- *The Department of Public Health shall receive information from unfounded reports involving children alleged to have been abused or neglected while hospitalized, including while hospitalized in freestanding psychiatric hospitals licensed by the Department of Public Health, as necessary for the Department of Public Health to conduct its licensing investigation. [325 ILCS 5/7.8]*

A new section will be added to **Procedures 300 Section 300.160, Notifications.**

Notification to Public Health and Healthcare and Family Services

- SCR sends notification to the Director of Public Health and to the Director of Healthcare and Family Services any time a report is received alleging a child has been abused or neglected while receiving care in a hospital, including a freestanding psychiatric hospital licensed by the Department of Public Health.
- SCR sends notification of final findings to the Director of Public Health and to the Director of Healthcare and Family Services upon receipt of notification from the assigned Child Protection Specialist via the **CANTS 2F, SCR Notification Request Form.**

➤ **Pursuant to Public Act 101-0583**

Rules 300 Section 300.70, Referrals to the Local Law Enforcement Agency and State's Attorney, will be revised to include the following subsection

- *report received by the Department alleging the abuse or neglect of a child by a person who is not the child's parent, a member of the child's immediate family, a person responsible for the child's welfare, an individual residing in the same home as the child, or a paramour of the child's parent shall immediately be referred to the appropriate local law enforcement agency for consideration of criminal investigation or other action.*[325 ILCS 5/7]

Procedures 300.160, Notification to Law Enforcement, will be revised to include the new language:

When a Call Floor Worker receives information from a Non-Law Enforcement Reporter where a child is alleged to have been abused or neglected but the alleged perpetrator of the abuse or neglect does not meet the criteria as an eligible perpetrator under ANCRA, the information reported to the Hotline meets the requirement for the Hotline to complete an immediate referral to Local Law Enforcement. A perpetrator is ineligible when he/she is:

- Not the child's parent
- Not an immediate family member
- Not a person responsible for the child's welfare
- Not an individual residing in the same home as the child
- Not a paramour of the child's parent

Per the assessment, the Call Floor Worker will complete a No Report Taken Intake (NRT) and complete a **CANTS 25A, SCR Other Law Enforcement Notification Form**. The Call Floor Worker will document at the end of the NRT narrative that a **CANTS 25A** was completed and name the Local Law Enforcement Agency notified.

Special Note: If a child is assessed with immediate safety concerns and the caller is not a Law Enforcement professional, the Call Floor Worker will contact local law enforcement for assistance and request an immediate Child Welfare Check to the child's reported location.

During the hours of 8:00 a.m. and 4:30 p.m. Monday through Friday, the Call Floor Worker will complete the **CANTS 25A** and e-mail it to the DCFS IO Processing Mailbox. The subject line of the e-mail will read "Law Enforcement Notification: (Name of Local Law Enforcement Agency to be Notified)".

During the hours of 4:30 p.m. and 8:00 a.m. Monday through Friday (as well as all hours on Holidays and Weekends), the Call Floor Worker will refer to the Law Enforcement Agency list on the SCR Rolodex to locate a fax number for the appropriate Local Law Enforcement Agency and the Call Floor worker will fax the **CANTS 25A** notification form.

Procedures 300.160, Other Notifications, will be revised to include new language:

Upon receipt of the Child Abuse/Neglect Intake marked **Other Law Enforcement Notification (CANTS 25A)**, Production Control staff at SCR will be responsible to print and fax the intake to the Local Law Enforcement Agency in the subject line of the e-mail. The fax shall be recorded on the Other Law Enforcement Notification Fax log and the hard copy shredded.

V. INSTRUCTIONS/PROCEDURES FOR STAFF

The following are instructions/procedures for workers, supervisors and administrators. Rules and Procedures 300 will be updated in the near future. A Policy Transmittal and D-Net Announcement will notify staff when these statutory changes have been adopted into Rules and Procedures 300.

When required to report to Public Health and Health & Human Services.

A. Child Welfare Specialists at SCR

Upon the completion of a Child Abuse/Neglect Investigation intake where a child is alleged to have been abused or neglected while receiving care in a hospital, including a freestanding psychiatric hospital licensed by the Department of Public Health, the SCR Child Welfare Specialist shall copy and paste the CA/N intake into an Outlook message and e-mail it to the DCFS IO Processing Mailbox. The ~~in~~ subject line of the e-mail will read *"Public Health Notification: SCR Number"*.

B. Office Associates in Production Control Unit at SCR

Upon receipt of the Child Abuse/Neglect Investigation marked for Public Health Notification, Production Control staff at SCR will be responsible to redact the reporter information from the intake and email the intake to both of the following:

Director of Public Health
dph.dcsreporting@illinois.gov

Director of Healthcare & Family Services
HFS.Director@illinois.gov

Production Control Staff at SCR will record the information on the Public Health Notification Fax log and the hard copy will be shredded.

C. Child Protection Specialist in the field

At the conclusion of the investigation on the hospital, including a freestanding psychiatric hospital licensed by the Department of Public Health, the Child Protection Specialist shall make notification by using the **CANTS 2F, SCR Notification Request Form**. Child Protection Specialists are required to make this notification regardless of the final finding (indicated or unfounded) and must return the **CANTS 2F** to SCR.

When required to report to Local Law Enforcement:

A. Call Floor Procedures:

When a Call Floor Worker receives information from a Non-Law Enforcement Reporter where a child is alleged to have been abused or neglected but the alleged perpetrator of the abuse or neglect does not meet the criteria as an eligible perpetrator under ANCRA, the information reported to the Hotline meets the requirement for the Hotline to complete an immediate referral to Local Law Enforcement. A perpetrator is ineligible when he/she is:

- Not the child's parent
- Not an immediate family member
- Not a persona responsible for the child's welfare
- Not an individual residing in the same home as the child
- Not a paramour of the child's parent

Per the assessment, the Call Floor Worker will write up a No Report Taken Intake (NRT) and complete a **CANTS 25A** form. The Call Floor Worker will document at the end of the NRT narrative that a **CANTS 25A** was completed and name the Local Law Enforcement Agency notified.

Special Note: If a child is assessed with immediate safety concerns and the caller is not a Law Enforcement professional, the Call Floor Worker will contact local law enforcement for assistance and request an immediate Child Welfare Check to the child's reported location.

During the hours of 8:00 a.m. and 4:30 p.m. Monday through Friday, the Call Floor Worker will complete the **CANTS 25A** and e-mail it to the DCFS IO Processing Mailbox. The subject line of the e-mail will read "Law Enforcement Notification: (Name of Local Law Enforcement Agency to be Notified)".

During the hours of 4:30 p.m. and 8:00 a.m. Monday through Friday (as well as all hours on Holidays and Weekends), the Call Floor Worker will refer to the Law Enforcement Agency list on the SCR Rolodex to locate a fax number for the appropriate Local Law Enforcement Agency and the Call Floor worker will fax the **CANTS 25A** notification form.

B. Production Control Unit Procedures:

Upon receipt of the Child Abuse/Neglect Intake marked **Other Law Enforcement Notification (CANTS 25A)**, Production Control staff at SCR will be responsible to print and fax the intake to the Local Law Enforcement Agency in the subject line of the e-mail. The fax shall be recorded on the Other Law Enforcement Notification Fax log and the hard copy shredded.

VI. NEW, REVISED AND/OR OBSOLETE FORMS

CANTS 2-F, Notification Request Form (Rev 1/2020)

CANTS 25A, SCR Law Enforcement Notification (New 1/2020)

VII. QUESTIONS

Questions regarding this Policy Guide may be directed to the Office of Child and Family Policy at 217-524-1983 or via Outlook at DCFS.Policy. Non-Outlook users may e-mail questions to DCFS.Policy@illinois.gov.

VIII. FILING INSTRUCTIONS

File this Policy Guide behind Rules 300 Section 300.70 and Rules 300 Section 300.130 and also behind Procedures 300, Section 300.160.

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Section 300.80 Delegation of the Investigation

The Department may delegate the investigation of the child abuse or neglect report to:

- a) the local police, sheriff's office, other law enforcement agency, or the State's Attorney, when they are concurrently conducting a criminal investigation of the same incidents and allegations; or
- b) a coroner or medical examiner who is investigating the cause of death of a child who may have been the victim of child abuse or neglect; or
- c) private social service agencies which had been designated for this purpose by the Department prior to July 1, 1980; or
- d) the Department of State Police, when the investigation involves suspected child abuse or neglect perpetrated by State employees acting in their official capacity or in State facilities or institutions.

(Source: Recodified from 89 Ill. Adm. Code 302.150 at Ill. Reg. 3492)

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Section 300.90 Time Frames for the Investigation

The following activities must be completed within the time frames indicated, except as exempted in [Section 300.110\(d\)](#). The time the report was received at the State Central Register begins the investigative process.

- | | | |
|----|---|----------|
| a) | In-person contact with alleged child victim or in-person examination of the environment for inadequate shelter and environmental neglect reports only or in-person contact with mothers of infants who are hospitalized with controlled substances in their systems. Contact with mother of hospitalized infants shall be in the environment in which the mother intends to reside with the infant. | 24 hours |
| | Good faith attempt/Begin the initial investigation. The investigation shall begin immediately if the child is believed to be in immediate danger of physical harm or it is likely that the family may flee with the child. | |
| b) | In-person contacts with the alleged perpetrator, the children's caretaker and the alleged child victim if not completed sooner | 7 days |
| c) | Begin the Formal Investigation (Written) | 14 days |
| d) | Final Determination -- Formal Investigation (Written) | 60 days |
| e) | Preliminary Investigation Report -- If a 30-day extension to the formal investigation is necessary | 60 days |

(Source: Amended at 14 Ill. Reg. 19827, effective November 28, 1990)

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Section 300.100 Initial Investigation

- a) When a report of child abuse or neglect is received, Department investigative staff will make an initial investigation to validate whether there is reasonable cause to believe that child abuse or neglect exists.
- b) The initial investigation will consist of the following steps:
 - 1) in-person contact with all alleged child victims or in-person examination of the environment for inadequate shelter and environmental neglect reports only, and
 - 2) in-person or telephone contact with the reporter, if the reporter's identity and whereabouts are available and
 - 3) data checks of Departmental and law enforcement records.
 - 4) If the initial investigation is not completed within seven days, the alleged perpetrator and the children's caretaker shall be contacted.
- c) Investigative staff shall begin an investigation within 24 hours after the Department receives a report alleging child abuse or neglect. An investigation shall begin immediately when:
 - 1) a child is believed to be in immediate danger of physical harm; or
 - 2) it is likely that the family may flee with the child.
- d) An investigation normally shall be started by in-person contact with all the children alleged to have been abused or neglected. When the incident occurred in a group setting and a number of perpetrators or children are alleged to be involved, contact may be delayed while a comprehensive investigative plan is developed with other investigative bodies (e.g. local law enforcement, the Department of State Police, out-of-state law enforcement, the Federal Bureau of Investigation) as long as the children's safety can be assured during the delay.
- e) However, in some instances, the Department's good faith attempt to contact the children alleged to have been abused or neglected shall be sufficient to start the investigation. The following constitute good faith attempts to begin the investigation:
 - 1) when investigative staff learns, upon proceeding to the location given for the children alleged to have been abused or neglected, that the children have disappeared, the family has fled, the address does not

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exist, no one is at the location, or not all of the children alleged as abused or neglected are at the location; or

- 2) when the involved child subjects are not accessible; or
 - 3) when the adult caretaker refuses to let child protective service staff see or speak with the involved child subject.
- f) Although a good faith attempt to contact the children alleged to be abused or neglected begins the investigation, this good faith attempt does not relieve investigative staff of the responsibility to complete the contacts required by Department rule. Investigative staff will continue to attempt to establish in-person contact with the alleged child victim, conducting a diligent search to locate the child.
- g) Investigative staff will examine the following criteria to determine whether there is a good faith indication to believe that abuse or neglect exists:
- 1) the alleged victim(s) must be less than 18 years of age; and
 - 2) the alleged victim(s) must either have been harmed or must be in substantial risk of harm; and
 - 3) there must be an abusive or neglectful incident or set of circumstances as defined in Appendix B of this Part which caused the alleged harm or substantial risk of harm to the child.
 - 4) for abuse, the alleged perpetrator must be the child's parent, foster parent, guardian, immediate family member, any individual who resides in the same house as the child, the paramour of the child's parent or any person responsible for the child's welfare at the time of the alleged abuse;
 - 5) for neglect, the alleged perpetrator must be the child's parent, guardian, foster parent or any person responsible for the child's welfare at the time of the alleged neglect.
- h) If any one of the above criteria is not present, a determination will be made that the report does not provide a good faith indication that child abuse or neglect exists, and the investigation will be terminated. If the above criteria are present, investigative staff will begin a formal investigation.
- i) If, after the initial investigation, investigative staff determine that:
- 1) there is good faith indication that child abuse or neglect exists, and

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- 2) the person who is alleged to have caused the abuse or neglect is employed or otherwise engaged in activity resulting in frequent contact with children; and
 - 3) the alleged child abuse or neglect occurred in the course of that employment or activity; then upon commencement of the formal investigation the Department shall inform the appropriate supervisor or administrator of that employment or activity that a formal investigation has been commenced which may or may not result in an indicated report unless the Director determines that such notification would be detrimental to the Department's investigation. The Department may also notify the person being investigated, unless the Department determines that such notification would be detrimental to the Department's investigation.
- j) The Department will notify the following persons when an initial investigation determines that a report does not contain a good faith indication that child abuse or neglect exists and, therefore, a formal investigation will not be commenced:
- 1) mandated reporters,
 - 2) custodial parents, personal guardians and legal custodians of the alleged child victims, and
 - 3) alleged perpetrators.
- k) The subjects of the report may request that a report which was not validated by the initial investigation be retained in the Department's computer and local index files, if the subjects of the report believe that the report was made for harassment purposes. The Department shall honor all such written requests and shall retain these records for five years, as allowed in the Abused and Neglected Child Reporting Act.

(Source: Amended at 14 Ill. Reg. 17558, effective October 15, 1990)

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Section 300.110 The Formal Investigative Process

a) Beginning the Formal Investigation

The formal investigation begins as soon as investigative staff make a determination following the initial investigation that there is reasonable cause to believe that child abuse or neglect exists. Any actions described below which were taken during the initial investigation need not be repeated. Any time frames listed in [Section 300.90](#) which apply to the formal investigation mentioned below are retroactive to the beginning of the initial investigation.

b) Notifications During the Formal Investigation

- 1) During the first contact, after the formal investigation has begun, with the child's custodial parent, personal guardian, or legal custodian and the alleged perpetrator, the investigative staff shall notify them in writing that:
 - A) the Department has received a report alleging abuse or neglect of their child; and
 - B) the Department is legally mandated to investigate all child abuse or neglect reports; and
 - C) information concerning the report has been entered into the Department's files; and
 - D) the Department will work confidentially with them unless it becomes necessary to share information with authorized individuals or agencies as provided by law in 89 Ill. Adm. Code 431; and
 - E) the subjects have the right of access to the information in the report with the exception of information which would identify the reporter or persons who cooperated in the investigation.
- 2) Department investigative staff shall not give Miranda warnings to alleged perpetrators.

c) Required Investigative Contacts

Investigative staff shall have direct, in-person contact with the alleged child victim, the alleged perpetrator, and the child's caretaker within seven days after the date the report was received, except in those situations noted in [Section 300.110\(d\)](#). If the subjects of the report do not speak the English

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language, an interpreter shall be obtained or a worker assigned who speaks the same language as the subjects of the reports.

d) Situations Where the Contact Requirement is Waived

- 1) In-person contact is not required when:
 - A) any subject of a child abuse or neglect report refuses to meet with or speak to the investigative worker; and
 - B) the worker has attempted to involve the local law enforcement agency or the State's Attorney, but this has failed to gain cooperation.
- 2) In-person contact is not required when it is documented that a child abuse or neglect subject is inaccessible.
- 3) In-person contact is not required when it is documented that the investigative worker has made a good faith attempt to locate the subjects of the report, but cannot, after a diligent search, locate them.

e) Collateral Contacts

The Department may make collateral contacts with persons other than the subjects of the report or the reporter to obtain further information regarding suspected child abuse or neglect. When determining whether collateral contacts should be made, the Department shall weigh:

- 1) the allegations contained in the report;
- 2) the severity of the incident; and
- 3) the likelihood that the collateral contact will have relevant information about the allegations or the incident.

f) Administrative Subpoenas

If a mandated reporter who is believed to have information about the subject of a report is not allowed or refuses to speak with or provide documents to a child protective service worker about the reported child or family, an administrative subpoena may be issued to obtain the necessary information. This applies regardless of whether the mandated reporter made the report being investigated. In addition, if a parent, personal guardian, legal custodian, or alleged perpetrator refuses to meet with or speak to a child protective service worker, a subpoena may be issued to obtain the necessary information.

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g) Photographs and X-rays

- 1) Department investigative staff may take or obtain color photographs and x-rays of a child who is the subject of an abuse or neglect report when the child has observable marks or injuries believed to be caused by abuse or neglect. When the child's environment creates a substantial risk of injury or other harm, photographs may be taken of the child's environment.
- 2) If the child's parents, personal guardian, or legal custodian can be located, he or she shall be notified of the Department's intent to secure the photographs or x-rays.

h) Immunity from Liability

- 1) Any persons, institutions, or agencies shall have immunity from any liability if they, in good faith:
 - A) report suspected child abuse or neglect;
 - B) assist in the investigation of a child abuse or neglect report;
 - C) take temporary protective custody in accordance with [Section 300.120](#); or
 - D) take photographs or x-rays to substantiate the abuse or neglect report.
- 2) For purpose of any civil or criminal liability, a person's good faith in taking the above actions shall be presumed.

i) Final Determinations Regarding Child Abuse or Neglect

- 1) Investigative staff in their role as mandated reporters may add allegations of abuse or neglect or subjects to a report during the course of the investigation.
- 2) Upon completion of a formal investigation of abuse or neglect, investigative staff shall make a final determination as to whether a child was abused or neglected. This determination shall be based upon whether the information gathered from other persons during the investigation and the direct observations made by the investigative staff during the investigation constitute credible evidence of child abuse or neglect.

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- 3) Allegations may be determined to be indicated, undetermined, or unfounded.
- A) When credible evidence of abuse or neglect has been obtained pertinent to an allegation, the allegation is indicated.
- i) If any allegation of child abuse or neglect is indicated, the report is indicated;
 - ii) investigative staff shall not determine that a report is indicated based solely upon the existence of a prior unfounded report or reports.
 - iii) A court finding of child abuse or neglect shall be presumptive evidence that the report is indicated.
- B) When credible evidence of abuse or neglect has not been obtained, the allegation is unfounded. If all allegations of child abuse or neglect are unfounded, the report is unfounded.
- C) When investigative staff have been unable, for good cause, to gather sufficient facts to support a decision within 60 days after the date the report was received, the allegation shall be considered undetermined. Additional periods of 30 days shall then be permitted to complete the investigation, after which a determination shall be made. In the absence of credible evidence of abuse or neglect, the allegations and the report shall be designated unfounded.
- D) Good cause for extending the period for making a determination an additional 30 days may include but is not limited to the following reasons:
- i) State's attorneys or law enforcement officials have requested that the Department delay making a determination due to a pending criminal investigation.
 - ii) Medical or autopsy reports needed to make a determination are still pending after the initial 60 day period.
 - iii) The report involves an out-of-state investigation and the delay is beyond the Department's control.

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- iv) Multiple alleged perpetrators or victims are involved necessitating more time in gathering evidence and conducting interviews.

(Source: Amended at 22 Ill. Reg. 18847, effective October 1, 1998)

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January 25, 2016 – PT 2016.02

Section 300.120 Taking Children Into Temporary Protective Custody

- a) Local law enforcement officers, Department child protection staff, and physicians treating a child may take temporary protective custody of a child without the consent of the persons responsible for the child's welfare, if they have reason to believe that:
 - 1) leaving the child in the home or in the care and custody of the child's caregiver presents an imminent danger to the child's life or health. The child shall not be taken into protective custody for the sole reason that the child was left with a relative, so long as the relative is willing to keep the child, and the Department has reason to believe that the relative can adequately and safely care for the child; and
 - 2) there is insufficient time to obtain a Juvenile Court order authorizing temporary custody.
- b) In addition to the above requirements, Department child protection staff shall ensure and document that reasonable efforts were made to prevent or eliminate the need to remove a child from the child's home. However, it may be that due to the individual circumstances of the family and the child's best interest, safety and well-being, no efforts reasonably can be made to maintain the child in the child's home. Reasonable efforts shall not be required if there exists any of the grounds for expedited termination of parental rights as described in 89 Ill. Adm. Code 309 (Adoption Services for Children for Whom the Department of Children and Family Services Is Legally Responsible). Such a determination that no efforts reasonably can be made must be documented. If no efforts reasonably can be made to safely prevent or eliminate the removal of the child, the child shall be taken into protective custody.
- c) Local law enforcement officers or physicians who take temporary protective custody of a child must immediately notify the Department of their action.
- d) When taking temporary protective custody of a child or receiving a child who was taken into temporary protective custody by the local law enforcement officer or by a physician, Department child protection staff shall:
 - 1) immediately notify the State Central Register of this action;
 - 2) make every reasonable effort to notify the child's parents, personal guardian, legal custodian, and any relative caregiver from whom the child was removed, of the action;
 - 3) request that the Guardianship Administrator or designee authorize any ordinary medical care or treatment necessary for those children taken into temporary protective custody;

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- 4) if the child needs treatment of an emergency nature and the parent or guardian is unavailable or unwilling to provide consent, the physician or hospital shall be asked to proceed under the Consent by Minors to Medical Procedures Act [410 ILCS 210], which allows treatment to be given to minors without consent; and
 - 5) obtain a shelter care hearing under the provisions of the Juvenile Court Act within 48 hours, excluding Saturdays, Sundays, and holidays, in order to retain custody for more than 48 hours.
- e) The Department recognizes the importance of maintaining sibling relationships in those situations in which children must be placed away from their parents. The Department shall provide training for child protection specialists, their supervisors and managers regarding the importance of maintaining sibling relationships and the child's sense of attachment to his/her siblings, the importance of maintaining sibling relationships over the child's lifespan, and the impact on the child if those relationships are severed.
- f) At any time during the investigation, but no later than 30 days prior to the date of the scheduled adjudicatory hearing, the child protection specialist shall request a legal screening to determine whether the State's Attorney should be asked to file a petition for expedited termination of parental rights, if:
- 1) it becomes known that there is present one or more of the grounds for seeking expedited termination of parental rights described in 89 Ill. Adm. Code 309.50 (Identification of Children for Potential Adoption Planning); and
 - 2) the parents are unwilling to voluntarily surrender the child for adoption or consent to the adoption of the child by a specified person.

(Source: Amended at 40 Ill. Reg. 648, effective December 31, 2015)

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June 9, 2003 – PT 2003.17

Section 300.130 Notices Whether Child Abuse or Neglect Occurred

a) Written Notices of Decision

The Department provides a written notice to mandated reporters who reported suspected child abuse or neglect as well as to the child's parent, personal guardian, or legal custodian; the Juvenile Court Judge (when a State ward is involved); and the alleged perpetrator concerning the final determination of the report.

b) Mandated Reporters

- 1) Mandated reporters who have reported suspected child abuse or neglect are informed via a written notice that a formal investigation was conducted. The written notice also provides an explanation of how further information on an indicated report may be secured. Department staff will notify them in writing:
 - A) of the name of the child who was the subject of a report of abuse or neglect;
 - B) whether the report was indicated or unfounded;
 - C) whether the Department took temporary protective custody.
- 2) Requests for additional information must be directed, in writing, to the State Central Register and must include:
 - A) the identity of the requestor;
 - B) the subject's name for whom the record is requested;
 - C) a notary public's attestation as to the identity of the requestor;
 - D) the purpose of the request.
- 3) Upon receipt of an appropriate request, only the following information will be disclosed to the mandated reporter:
 - A) whether a Department case has been opened for the family or children; and
 - B) what Department services are being provided to the family or children.

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- 4) All requested information is sent in writing through certified mail and is deliverable only to the mandated reporter who made the request.
- 5) 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 ten days after the notification of the final findings. Multi-disciplinary Review Committees established in each of the Department's regions shall conduct requested reviews.
- 6) Multi-disciplinary Review Committees shall draw upon the expertise of the Child Death Review Teams (See Section 300.170 of this Part). Each committee shall be composed of a health care professional, Department employee, law enforcement official, licensed social worker, and a representative of a State's Attorney's office. When appointing committee members, primary consideration shall be given to candidates with prior child abuse and neglect case experience.
- 7) Multi-disciplinary Review Committees will have access to all information in the Department's possession related to the case being reviewed. Committee recommendations concerning the adequacy of the investigation and accuracy of the final finding determination shall be made to the regional Child Protection Manager.
- 8) Department records of investigations provided to committees and committee recommendation reports shall not be public record.

c) Parents, Personal Guardians, Legal Custodians, and Alleged Perpetrators

- 1) Custodial and non-custodial parents, personal guardians, or legal custodians of child subjects, and alleged perpetrators shall receive notification within five calendar days after the report has been indicated or unfounded which indicate that the allegations were either:
 - A) unfounded, and that all identifying information in the computer and local index files will be retained in accordance with 89 Ill. Adm. Code 431 (Confidentiality of Information of Persons Served by the Department) or
 - B) indicated, and all Department records will be maintained intact.
- 2) In addition, written notices shall explain that:
 - A) the subjects of the report have access to the Department's records on the report, with the exception of the identity of the reporter or other persons who cooperated in the investigation;

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- B) the subjects of the report have the right to request a review of the determination that the report was indicated including the decision to maintain a record of the report in the Department's computer and local index files. 89 Ill. Adm. Code 336 (Appeal of Child Abuse and Neglect Investigation Findings) fully explains the Department's review and appeal process; and
- C) the subjects of the report may request, within 10 days of the date on the written notice, that an unfounded report be retained in the Department's computer and local index files, if the subjects of the report believe the report was not made in good faith. All such requests will be honored.

d) **Extended Family**

An extended family member interviewed for relevant information during the course of an investigation by the Child Protective Service Unit may request and receive the following information about the findings and actions taken by the Child Protective Service Unit to ensure the safety of the child or children who were the subjects of the investigation:

- 1) name of the child who was the subject of the abuse or neglect report;
- 2) whether the report was indicated or unfounded;
- 3) whether the Department took protective custody;
- 4) whether a Department case has been opened for the family or children;
- 5) what Department services are being provided the family or children; and
- 6) whether a safety plan has been established.

e) **Child's School**

(Subsection added May 15, 2002)

- 1) The Department shall send a copy of final finding reports involving indicated allegations of physical or sexual abuse to the indicated victim's school within ten days after the investigation is completed. Reports completed during the summer months shall be sent to the last known school attended by the child.
- 2) The final finding report shall be sent confidential and the school shall ensure that the report remains confidential in accordance with the Illinois School Student Records Act.

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- 3) The victim's school shall purge the final finding report from the student's record and return the report to the Department upon notification from the Department that the report was overturned in an appeal or hearing or an indicated finding has been expunged from the State Central Register or that the Department has determined that the child is no longer at risk of physical or sexual harm.

f) Other Parties

The Department shall notify, in writing, those supervisors or administrators referenced in Section 300.100(i) of this Part whether a report involving the persons they supervise was indicated or unfounded and, if unfounded, that Section 13 of the Personnel Record Review Act [820 ILCS 40/13] requires that any record of the investigation must 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. The notice to the employee shall also contain a statement of the employee's right to take the notice to the employer to have any record of the investigation expunged from the employee's record.

g) Child Abuse and Neglect Reports on Children in Department Custody

- 1) When a child is reported to the Department as being abused or neglected while in a foster home or relative home placement, whether by the foster parent, caregiver, or any other person residing in the home, the Department shall promptly notify the following persons when the report has been made, when an investigation is pending, and when the report has been indicated or unfounded:
 - A) the parents or private guardians of the alleged abuse or neglect victim;
 - B) all Department caseworkers or case managers responsible for the alleged victim and for any other children in the same foster home or relative home placement;
 - C) those persons designated by the Director as responsible for evaluating the investigation and the disposition of the report;
 - D) Department staff responsible for licensing and making placements with the facility.
- 2) When a child is reported to the Department as being abused or neglected while in residential placement, the Department shall promptly notify the following persons when the report has been made, an investigation is pending, and when the report has been indicated or unfounded:

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- A) the parents or private guardians of the alleged abuse or neglect victim;
 - B) those Department caseworkers or case managers responsible for the alleged victim, for each child alleged to be a witness to the incident, and for each child alleged to be a perpetrator of the incident;
 - C) those persons designated by the Director responsible for evaluating the investigation and the disposition of the report.
 - D) Department staff responsible for licensing and making placements with the facility.
- 3) The Department shall notify the following when a report involving a child in Department custody is indicated:
- A) the Juvenile Court. If services are being provided by the Department or its providers, the notice shall also give the name and location of the Department office serving the children;
 - B) the Department's administrative case reviewer responsible for reviewing the case plans of the children involved.
- 4) The Department shall transmit a copy of the report to the guardian ad litem appointed under the Juvenile Court Act of 1987 when a report has been indicated, unfounded, or undetermined and the minor who is the subject of the report is also the minor for whom the guardian ad litem has been appointed.

(Source: Amended 27 Ill. Reg. 9431, effective June 9, 2003)

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Section 300.140 Transmittal of Information to the Illinois Department of Professional Regulation and to School Superintendents

- a) The Department will transmit to the Illinois Department of Professional Regulation information regarding perpetrators of indicated reports of child abuse or neglect who are known to be subject to licensure or registration by the Department of Professional Regulation under the following Acts:
- 1) Section 23 of The Illinois Dental Practice Act [225 ILCS 25/23];
 - 2) Section 25 of The Illinois Nursing Act of 1987 [225 ILCS 65/25];
 - 3) Section 24 of The Illinois Optometric Practice Act of 1987 [225 ILCS 80/24];
 - 4) Section 17 of The Illinois Physical Therapy Act [225 ILCS 90/17];
 - 5) Section 22 of the Medical Practice Act of 1987 [225 ILCS 60/22];
 - 6) Section 21 of the Physician Assistant Practice Act of 1987 [225 ILCS 95/21];
 - 7) Section 24 of the Podiatric Medical Practice Act of 1987 [225 ILCS 100/24];
 - 8) Section 15 of the Clinical Psychologist Licensing Act [225 ILCS 15/15];
 - 9) Section 19 of the Clinical Social Work and Social Work Practice Act [225 ILCS 20/19]; and
 - 10) Section 16 of the Illinois Athletic Trainers Practice Act [225 ILCS 5/16].
- b) The Department will transmit to district school superintendents in Illinois and private school administrators information regarding any persons known to be employed in a school or who otherwise come into frequent contact with children in a school who are determined to be perpetrators of indicated reports of child abuse and neglect.
- c) The Department will transmit to regional superintendents and the State Superintendent of Education information that a person known to be a holder of a certificate issued by the State Board of Education has been named as a perpetrator in an indicated report of child abuse or neglect.

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- d) If a request for a review and fair hearing is received within 60 calendar days of the date on the written notice that the report is indicated, information regarding the request will be sent to the Department of Professional Regulation or district and regional school superintendents and the State Superintendent of Education in accord with applicable law.

- e) Whenever the Department receives a report alleging that a child is a truant as defined in Section 26-2a of the School Code (Ill. Rev. Stat. 1989, ch. 122, par. 126-a), the Department shall notify the superintendent of the school district in which the child resides and the superintendent of the educational service region in which the child resides.

(Source: Amended at 14 Ill. Reg. 19827, effective November 28, 1990)

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Section 300.150 Referral for Services

- a) When an investigative worker determines that a report is indicated, the parents or caregivers may be given the opportunity to cooperate with the Department through services provided or arranged for by the Department. When the parents or caregivers are unwilling to cooperate, or when legal custody or guardianship through the Department is necessary to protect the child, the worker may seek court intervention.
- b) When the investigative worker determines that a report is unfounded but the family, including a relative caregiver, may need services, the worker shall:
 - 1) inform the family of available child welfare services and refer the family for services, if requested; or
 - 2) provide information regarding other community resources.
- c) If the report is unfounded and the family does not want services, the worker shall make no recommendation for additional services.
- d) The Department may offer services to any child or family, including a relative caregiver, who is the subject of the report of child abuse or neglect prior to making a determination of indicated or unfounded when the family is in immediate need of services or there is an imminent danger to the child's life or health. However, the child's or family's willingness to accept services shall not be considered in making the determination of indicated or unfounded.
- e) When the State Central Register does not accept a report of abuse or neglect because the sole reason for the report was that a child was left in the care of a relative, the State Central Register shall:
 - 1) inform the relative of available child welfare services and refer the relative for services, if requested; or
 - 2) provide information to the relative regarding other community resources.

(Source: Amended at 19 Ill. Reg.10522, effective July 1, 1995)

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Section 300.160 Special Types of Reports

Six types of child abuse or neglect reports shall receive special attention as specified in subsections (a) through (f):

- a) Incident Involving the Death of a Child
 - 1) The Department shall immediately contact the appropriate medical examiner or coroner, the local law enforcement agency, and the State's Attorney when there is reasonable cause to suspect that a child has died as a result of abuse or neglect. The child protective investigator assigned to the investigation shall require a copy of the completed autopsy report from the coroner or medical examiner.
 - 2) The Department shall refer to the child death review teams described in Section 300.170 of this Part the death of any child who is:
 - A) a child for whom the Department of Children and Family Services is legally responsible;
 - B) a child being served in an open service case either by the Department or through purchase of service contracts with private agencies;
 - C) the subject of a pending child abuse or neglect investigation; or
 - D) a child who was the subject of an abuse or neglect investigation at any time during the 12 months immediately preceding the child's death; or
 - E) any other child whose death is reported to the State central register as a result of alleged child abuse or neglect if the report is subsequently indicated.
 - 3) The Department shall cooperate with the work of the Office of the Inspector General and the child death review teams by:
 - A) providing to the team all records and case information relevant to the review, including records and information concerning all available previous reports or investigations of suspected child abuse or neglect. Other records and case information relevant to the review include:
 - i) birth certificates;
 - ii) all relevant medical and mental health records;
 - iii) records of law enforcement agency investigations;
 - iv) records of coroner or medical examiner investigations;

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- v) records of the Department of Corrections concerning a person's parole;
 - vi) records of a probation and court services department, and records of a social service agency that provided services to the child or the child's family;
- B) assisting the Office of the Inspector General and the team in its review of the child's death;
- C) reporting on any follow-up interventions suggested by the Office of the Inspector General or the team;
- D) providing follow-up on death cases where circumstances surrounding the death suggest other children may be at risk. Follow-up may include, but is not limited to:
- i) further investigation;
 - ii) risk assessment;
 - iii) grief counseling for other children in the family;
 - iv) referrals for other services as appropriate;
- E) providing information and consultation regarding the juvenile court process and the availability of the court to protect or intervene with surviving siblings; and
- F) assisting with making arrangements for the date, time, and location of team meetings.
- 4) The Department shall prepare individual death review reports and issue an annual cumulative report to the Governor and General Assembly incorporating the data, appropriate findings and recommendations from the individual reports.
- A) Child death review reports shall be completed no later than six months after the date of the death of the child. Upon completion of each 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. Reports shall address:
- i) cause of death;
 - ii) identification of child protective or other services provided or actions taken regarding the child and his or her family;

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- iii) extraordinary or pertinent information concerning the circumstances of the child's death;
 - iv) whether the child or the child's family received assistance, care, or other social services prior to the child's death;
 - v) actions or further investigation undertaken by the Department since the death of the child; and
 - vi) recommendations concerning child protective, child welfare, or prevention issues.
- B) Reports shall not contain information identifying the name of the deceased child, his or her siblings, parents or other persons legally responsible for the child, or any other members of the child's household.
- C) Reports concerning the death of a child and the cumulative reports shall be made available to the public after completion or submittal.
- i) A child-specific request for a report may be honored by the Department when the Department determines that disclosure of the information is not contrary to the best interest of the deceased child's siblings or other children in the household.
 - ii) The Department shall not release or disclose to the public the substance or content of any psychological, psychiatric, therapeutic, clinical, or medical report pertaining to the deceased child or the child's family except as it may apply directly to the cause of the child's death.
- D) The Department may request and shall receive in a timely fashion 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 that provided assistance, care or services to the deceased child any information they are authorized to provide to enable the Department to prepare the report.
- b) Reports Involving Child Care Facilities
- Reports alleging abuse or neglect of children in child care facilities shall be made and received in the same manner as other reports. The appropriate supervisor or administrator at the facility shall be notified once the formal investigation has been commenced. Department licensing staff will be notified of all reports on licensed facilities upon commencement of the formal investigation. The Department shall advise the supervisor or administrator of their responsibility to take reasonable action necessary, based on all relevant circumstances and the allegations being investigated, to insure that the alleged perpetrator of the reported abuse or neglect is restricted from contact with children in the facility during the course of the formal investigation.

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- c) Reports Involving Child Care Workers
- 1) DCFS investigators, their supervisors and designated legal staff will be sent notification via e-mail within 24 hours after receipt of reports that may pertain to child care workers. The notification will advise DCFS staff to determine, during the initial investigation, if the alleged perpetrator is a child care worker. Investigators will provide the alleged perpetrator the SACWIS/CANTS 8 forms at the time of the initial interview and explain the information contained in these forms. The Child Protection Service Worker (CPSW) shall also explain that persons who are actively engaged in the job seeking process for a child care position; who are currently enrolled or will, within 180 days, be enrolled in an academic program that leads to a position as a child care worker; who are currently applying for a license for a child care worker position; or who are investigated in a capacity that is not employment related but whose employment or licensure may be affected by an indicated finding must identify themselves to the investigator. Child care workers who are the subject of a child abuse and/or neglect report (alleged perpetrator) shall be provided the following information.
- A) Administrator's Teleconference
A one hour administrator's teleconference is held after the investigator, the investigator's supervisor and Child Protection Manager have concurred with the decision to recommend that the case be indicated. The administrator's teleconference provides the alleged perpetrator the opportunity to present documentary evidence or other information that supports his or her position and provides information to assist the Department in making the most accurate decision regarding the allegations.
- B) Expedited Administrative Appeal
In the event that the allegation of child abuse and/or neglect is indicated, an expedited administrative appeal provides the alleged perpetrator with a final administrative decision within 35 days after receipt of his or her request for an appeal, absent any continuances requested by the child care worker.
- C) Reports Not Related to Employment
Alleged perpetrators who are named in reports of abuse and/or neglect that are not related to their child care employment may choose to participate in an expedited process by informing the investigator that they would like the investigation treated as an employment related investigation subject to the procedures of this subsection (c).

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- 2) Recommendation to Indicate a Report of Abuse or Neglect
 - A) The investigator must evaluate every piece of information and evidence obtained during a child abuse and/or neglect investigation, including both inculpatory and exculpatory evidence. Inculpatory evidence is evidence showing or tending to show a person's involvement in an act or tending to establish guilt. In child abuse and/or neglect investigations, inculpatory evidence means evidence showing or tending to show that a person abused or neglected a child. Exculpatory evidence is evidence tending to establish a person's innocence or evidence that tends to justify or clear a person from alleged fault or guilt. In child abuse and/or neglect investigations, exculpatory evidence means evidence showing or tending to show that a person did not abuse and/or neglect a child.
 - B) The investigator shall also complete the investigative summary, including all of the evidence that the investigator has gathered demonstrating that an incident of child abuse and/or neglect has:
 - i) occurred and the person recommended to be indicated is the person responsible for that abuse and/or neglect; or
 - ii) not occurred or that the person recommended to be indicated is not responsible for the child abuse and/or neglect.
 - C) The investigator shall print the investigative summary for use in the administrator's teleconference. All information identifying the reporter and/or source and other persons with information shall be redacted. The intake narrative, reporter/source/other person with information section, and the protective custody section shall also be redacted.
 - D) The investigator shall schedule an in-person meeting with the alleged perpetrator prior to the administrator's teleconference to inform him or her of the decision to recommend that the case be indicated, and to provide the alleged perpetrator with the SACWIS/CANTS 9, the redacted investigative summary and the SACWIS/CANTS 10. The investigator shall complete the final page of S/C10. The investigator shall complete the final page of the S/C9 by including the State Central Register number and shall ask the alleged perpetrator to sign the acknowledgment of receipt. If the alleged perpetrator refuses to sign the acknowledgement form, the investigator shall note that refusal on the form and in a SACWIS case note. The investigator shall also use the in-person meeting to review the information concerning the administrator's teleconference and explain the right to request an expedited appeal under subsection (c)(5)(A) if the case is indicated.

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E) If the investigator has made two unsuccessful attempts to meet in person with the alleged perpetrator to deliver the S/C9, redacted investigative summary and S/C10, the investigator shall work with the Child Protection Administrator (CPA) to obtain a new date and time for the administrator's teleconference within the next two weeks. The investigator shall send the completed S/C9, S/C10 and redacted investigative summary to the alleged perpetrator by certified mail. The investigator shall document in a SACWIS case note all attempts to meet in person with the alleged perpetrator and the fact that the S/C9 and 10 and the redacted investigative summary were sent to the alleged perpetrator by certified mail.

3) Scheduling an Administrator's Conference

A) After the approval to indicate the report is given to the investigator, an administrator's teleconference shall be scheduled in accordance with the appropriate CPA's schedule. Administrator's teleconferences should be scheduled on Wednesdays and at the earliest possible date, but can be scheduled on other days to accommodate the schedule of the administrator or the alleged perpetrator and his or her representative.

B) The investigator shall enter the date and time for the administrator's teleconference on the S/C9. The CPSW shall also enter information regarding the children reported to be abused and/or neglected; the location where the reported abuse and/or neglect is alleged to have occurred; a description of the allegations for which the Department intends to find the person responsible, including the name of the allegation, the allegation number and the number of years that the allegation recommended to be indicated will remain on the State Central Register.

C) Prior to the administrator's teleconference, the investigator shall forward to the CPA copies of any hard copy documents obtained during the course of the child abuse and/or neglect investigation. On the scheduled date and time, the alleged perpetrator shall contact the CPA at the number contained on the S/C9. Field staff is encouraged to attend the administrator's teleconference.

D) It is important that the investigative summary that is provided to the alleged perpetrator in advance of the administrator's teleconference contain a full and detailed explanation of the information and evidence that has been gathered and provide a rationale as to why the case is being recommended to be indicated. Documentation shall be

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listed in the investigative summary of all of the evidence that has been gathered during the investigation that suggests an incident did occur and that the alleged perpetrator is responsible and/or the evidence that suggests an incident did not occur or that the alleged perpetrator is not responsible.

- E) The administrator's teleconference is not a hearing and the alleged perpetrator cannot present the testimony of witnesses. The alleged perpetrator can provide other information and documentary evidence.
- 4) Administrator's Teleconference
- A) The CPA shall convene the administrator's teleconference on the date and time listed in the S/C9. When the alleged perpetrator and/or his or her representative calls in, the CPA shall explain the purpose of the teleconference, ask all persons to identify themselves, and allow the alleged perpetrator and/or his or her representative to provide the CPA with any information that will help the Department make the most accurate decision regarding the current allegations. The CPA shall provide the alleged perpetrator and/or his or her representative the ability to fax any documentary evidence that the alleged perpetrator believes is necessary for the Department to make the most accurate decision regarding the allegations of child abuse and/or neglect.
 - B) The CPA shall also document the persons who attended the teleconference, all information provided by the alleged perpetrator and any documentary evidence received from the alleged perpetrator on the Administrator's Teleconference Form. The CPA shall send a copy of the form to the investigator who shall ensure that the form is placed in the investigative file maintained in the case file.
 - C) If the CPA sends the case back for further investigation, he or she shall provide the investigator with instructions regarding further investigatory steps to be taken. The CPA shall also give the investigator a due date by which the additional investigatory steps are to be completed. When the CPA has been provided with the additional information, he or she shall find the allegation to be indicated or unfounded.
 - D) The CPA shall send a letter to the alleged perpetrator advising him or her of the Department's decision that the allegation of child abuse and/or neglect is unfounded or is indicated. This information shall also be provided to the responsible Child Protection Manager.

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- E) For those cases in which the recommendation to indicate has been upheld by the CPA, the investigator shall confirm that the case has been closed in SACWIS and the date that the final finding letter was sent from SACWIS, and shall complete the S/C11. The investigator shall then mail the S/C11 to the alleged perpetrator. This letter will be sent in addition to the formal notification letter from the State Central Register.
 - F) In the event that the alleged perpetrator does not call into the administrator's teleconference at the scheduled time, the CPA shall wait a minimum of one-half hour for the alleged perpetrator and/or his or her representative to call. After waiting one-half hour for the alleged perpetrator to call, the CPA shall review the investigation and make a determination to find the allegation to be indicated or unfounded or to return the case for further investigation. The CPA shall indicate in the administrator's teleconference form that the alleged perpetrator failed to call and shall include the reasons for his or her decision that the alleged violation is indicated or unfounded or the reasons for his or her decision to return the case for further investigation.
- 5) Administrative Appeals
- A) Expedited Appeals
Child care workers have the right to request an expedited appeal of an indicated finding through the Department's Administrative Hearings Unit. An expedited appeal requires that the Director issue a final administrative decision within 35 days after the date of receipt of the child care worker's appeal. The 35 day time period excludes any time attributable to an appellant's request for a continuance or to any continuance or date set by the agreement of the parties. An appellant must specifically request an expedited appeal in writing at the time of the initial request for appeal filed with the Administrative Hearings Unit. Any written request for an appeal that is received by the Unit that does not expressly request an expedited appeal will automatically be treated as a regular appeal.
 - B) Regular Appeals
If the appellant does not request an expedited appeal, but does appeal the indicated finding, he or she is entitled to have a final administrative decision within 90 days after the date of receipt of the appeal. The 90 day time period excludes any time attributable to an appellant's request for a continuance or to any continuance or date set by the agreement of the parties. Any written request for an appeal that is received by the Unit that does not expressly request an expedited appeal will automatically be treated as a regular appeal.

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d) Reports Involving Schools

When a report is received alleging abuse or neglect of a child by a school employee known to the child through the employee's official or professional capacity, the Department will take the following actions:

- 1) To the extent possible, conduct an investigation involving a teacher at a time when the teacher is not scheduled to conduct classes.
- 2) Conduct investigations involving other school employees in such a way as to minimize disruption of the school day.
- 3) Make reasonable efforts to conduct the initial investigation in coordination with the employee's supervisor, if the report does not involve allegations of sexual abuse or extreme physical abuse.
- 4) When a report of alleged abuse involving a teacher occurred in the course of the teacher's efforts to maintain safety for other students, determine whether the teacher used reasonable force in accordance with rules established by the local board of education as authorized by the School Code [105 ILCS 5].
- 5) Advise school officials that they may, in accordance with the School Code, withhold from any person, information on the whereabouts of any child removed from school premises, when the child has been taken into protective custody as a victim of suspected child abuse and that they may direct persons seeking information to the Department or to the local law enforcement agency.
- 6) Advise school employees accused of child abuse or neglect of their due process rights, of the steps in the investigative process, and that they may have their superior, association or union representative, and attorney present at any interview or meeting at which the school employee is present.
- 7) Prior to indicating a report involving a school employee, the Department will take the following steps:
 - A) send the employee a copy of the investigative file with identifying information deleted. Any materials and evidence submitted to the Department subsequent to sending the employee a copy of the investigative file shall be sent to the employee upon receipt by the Department;

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- B) allow the school employee, prior to the final finding, an opportunity to:
 - i) present evidence to the contrary regarding the report; and
 - ii) request an informal conference at which the employee may present the additional evidence and/or, subject to the discretion of the Department, confront the accuser, provided the accuser is 14 years of age or older.

- 8) If an informal conference is requested, the Department shall schedule the conference after receipt by the employee of the copy of the investigative file, and shall:
 - A) conduct the conference in a neutral setting away from the school grounds during hours when school is not in session, unless requested otherwise by the school employee;
 - B) notify the following persons of the conference, if the purpose of the conference is merely to submit additional evidence:
 - i) the school employee and representative;
 - ii) Department representatives including the investigative worker;
 - C) notify the following additional persons if the employee wishes to confront the accuser and the Department has approved such a confrontation;
 - i) the accuser, provided the accuser is 14 years of age or older, and the accuser's parents, guardian and/or representative of a Child Advocacy Center, when involved in the case. (The accuser is the person who has made the allegation of abuse or neglect. The accuser is not necessarily the same as the reporter.);
 - ii) representatives of the State's Attorney's Office or law enforcement agency in the county where the alleged incident occurred, when the State's Attorney's Office or law enforcement agency are currently involved in the investigation and/or are considering filing criminal charges in the case;

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- iii) persons identified by the employee who have information relevant to the report, who will be included in only those portions of the conference pertaining to their testimony;
 - D) following the conference, allow the school employee at least five calendar days to present additional evidence to the Department;
 - E) make a final determination with regard to the report in accordance with Section 300.110 of the Part.
- 9) No such conference will be allowed when there is a criminal investigation pending and the Department has been advised by law enforcement authorities or the State's Attorney not to allow a face-to-face confrontation between the accused and the accuser.
- 10) When determining whether to allow the school employee to confront an accuser who is 14 years or older, the Department shall take the following into consideration:
 - A) whether, due to the nature of the allegation, a confrontation with the accused school employee would cause excessive trauma to the child, and
 - B) whether the child has a documented history of mental, emotional or developmental problems.
- 11) The Department shall inform the child and the child's parents in writing prior to the conference and orally at the conference that:
 - A) they may decline to attend or proceed with the conference, and
 - B) if they do attend, they may refuse to answer any questions posed, and
 - C) if the child attends, he or she has the right to have an attorney or other person representing his or her interests present at the conference, in addition to his or her parents or guardian.
- 12) Child's or parent's refusal to attend a conference or to answer questions shall not be grounds for unfounding an otherwise credible report.
- 13) All proceedings shall be confidential and no statement, summary, transcript, recording or other investigative product shall be released except on written order of the court, or in compliance with the confidentiality provisions of the Abused and Neglected Child Reporting Act. Violations of these provisions is a Class A misdemeanor (see 325 ILCS 5/11).

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- 14) Whether or not an informal conference has been conducted, the school employee retains all other appeal rights provided in the Abused and Neglected Child Reporting Act [325 ILCS 5/7.16] and 89 Ill. Adm. Code 336 (Appeal of Child Abuse and Neglect Investigation Findings).
- e) Reports Involving State Facilities and State Employees Acting in Their Official Capacity

When reports are received alleging abuse or neglect of children by any State of Illinois Department or any State employee acting in his or her official capacity, the report-taker will immediately notify the Director of the Department or designee. The Director or designee will transmit the details of the report to the Division of Internal Investigation, Illinois Department of State Police.

- f) Reports Involving Juvenile Alleged Perpetrators

Reports of abuse or neglect in which a juvenile (anyone under 18 years of age) has been named as the alleged perpetrator shall be handled as follows:

- 1) Juvenile Parents of Alleged Victims

All calls received by State Central Register (SCR) that meet the Department's criteria to be accepted for investigation, and in which the alleged perpetrator is a juvenile who is also the parent of the alleged victim, will be investigated and maintained on the State Central Register without regard to the age of the alleged perpetrator.

- 2) All other Children Under the Age of 18

Calls received at SCR alleging that children under the age of 18 are responsible for abuse or neglect will be accepted for investigation. SCR will consider situations in which children under the age of 18 are allegedly responsible for abuse or neglect to determine whether there is reasonable cause to suspect that the maltreatment is the result of blatant disregard on the part of an adult who is an eligible perpetrator. If so, a report will be accepted alleging inadequate supervision with the adult as the alleged perpetrator.

- 3) Indicated Findings

- A) If after an investigation, reports are indicated and children under the age of 10 are determined to be the perpetrator, the child will not be named as the perpetrator for purposes of retaining the report in the State Central Register.

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- B) If after an investigation, reports are indicated and children between the ages of 10 and 18 are determined to be the perpetrator, reports that carry a five-year retention schedule will be expunged from the State Central Register after five years or at the perpetrator's twenty-first birthday, which ever is sooner.
- C) In the event that the same child between the ages of 10 and 18 is determined to be an indicated perpetrator of another report that requires a five year retention schedule, the information concerning the previous report(s) and the subsequent report will be maintained at the State Central Register for a period of five years from the date of the subsequent report or at the perpetrator's twenty-first birthday, which ever is sooner.
- D) Reports that carry a 20 or 50 year retention schedule will be expunged from the State Central Register after five years or at the perpetrator's twenty-third birthday, which ever is sooner.
- E) In the event that the same child between the ages of 10 and 18 is subsequently determined to be an indicated perpetrator of an allegation carrying a 20 or 50 year retention schedule, the information concerning the previous reports and the subsequent report will be maintained at the State Central Register for a period of five years from the date of the subsequent report or at the perpetrator's twenty-third birthday, which ever is sooner.

(Source: Peremptory amendment at 29 Ill. Reg. 21065, effective December 8, 2005)

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DEPARTMENT OF CHILDREN AND FAMILY SERVICES

POLICY GUIDE 2020.03

RULES AND PROCEDURES 300, REPORTS OF CHILD ABUSE AND NEGLECT

DATE: January 6, 2020
TO: DCFS AND POS Agencies
FROM: Marc D. Smith, Acting Director
EFFECTIVE: Immediately

I. PURPOSE

The purpose of this policy guide is to advise staff of changes pursuant to **Public Act 101-0043** and **Public Act 101-0583** that amend the Abused and Neglected Child Reporting Act, which therefore require amendments to Department Rules and Procedures 300, Reports of Child Abuse and Neglect.

II. PRIMARY USERS

The primary users of this Policy Guide will be State Central Register and Child Protection Staff, Supervisors and Administrators.

III. BACKGROUND AND SUMMARY

Public Act 101-0043 amends the Abused and Neglected Child Reporting Act (ANCRA) [325 ILCS 7.4, 7.8, 11.1 and by adding 4.4c] by requiring the Department, upon receipt of a report of suspected abuse or neglect of a child *and the child is alleged to have been abused or neglected while receiving care in a hospital, including a freestanding psychiatric hospital licensed by the Department of Public Health*, to notify the Directors of Public Health and Healthcare and Family Services of the report, and to send them a copy of the final finding. The Department of Public Health shall receive information from such reports, including when the reports are unfounded, to conduct its own licensing investigation.

Public Act 101-0583 amends ANCRA [325 ILCS 7, 7.3] by requiring that *any report received by the Department alleging the abuse or neglect of a child by a person who is not the child's parent, a member of the child's immediate family, a person responsible for the child's welfare, an individual residing in the same home as the child, or a paramour of the child's parent shall immediately be referred to the appropriate local law enforcement agency for consideration of criminal investigation or other action.*



IV. STATUTORY CHANGES

➤ **Pursuant to Public Act 101-0043:**

A new section will be added into **Rule 300 Section 300.130, Notices Whether Child Abuse or Neglect Occurred.**

Duty to Notify Director of Public Health and Director of Healthcare and Family Services

- Whenever the Department receives, by means of its statewide toll-free telephone number, for the purpose of reporting suspected child abuse or neglect or by any other means or from any mandated reporter, a report of suspected abuse or neglect of a child and the child is alleged to have been abused or neglected while receiving care in a hospital, including a freestanding psychiatric hospital licensed by the Department of Public Health, the Department shall notify the Director of Public Health and the Director of Healthcare and Family Services of the report. [325 ILCS 5/4]
- *Whenever a report alleges that a child was abused or neglected while receiving care in a hospital, including a freestanding psychiatric hospital licensed by the Department of Public Health, the Department shall send a copy of its final finding to the Director of Public Health and the Director of Healthcare and Family Services. [325 ILCS 5/4]*
- *The Department of Public Health shall receive information from unfounded reports involving children alleged to have been abused or neglected while hospitalized, including while hospitalized in freestanding psychiatric hospitals licensed by the Department of Public Health, as necessary for the Department of Public Health to conduct its licensing investigation. [325 ILCS 5/7.8]*

A new section will be added to **Procedures 300 Section 300.160, Notifications.**

Notification to Public Health and Healthcare and Family Services

- SCR sends notification to the Director of Public Health and to the Director of Healthcare and Family Services any time a report is received alleging a child has been abused or neglected while receiving care in a hospital, including a freestanding psychiatric hospital licensed by the Department of Public Health.
- SCR sends notification of final findings to the Director of Public Health and to the Director of Healthcare and Family Services upon receipt of notification from the assigned Child Protection Specialist via the **CANTS 2F, SCR Notification Request Form.**

➤ **Pursuant to Public Act 101-0583**

Rules 300 Section 300.70, Referrals to the Local Law Enforcement Agency and State's Attorney, will be revised to include the following subsection

- *report received by the Department alleging the abuse or neglect of a child by a person who is not the child's parent, a member of the child's immediate family, a person responsible for the child's welfare, an individual residing in the same home as the child, or a paramour of the child's parent shall immediately be referred to the appropriate local law enforcement agency for consideration of criminal investigation or other action.*[325 ILCS 5/7]

Procedures 300.160, Notification to Law Enforcement, will be revised to include the new language:

When a Call Floor Worker receives information from a Non-Law Enforcement Reporter where a child is alleged to have been abused or neglected but the alleged perpetrator of the abuse or neglect does not meet the criteria as an eligible perpetrator under ANCRA, the information reported to the Hotline meets the requirement for the Hotline to complete an immediate referral to Local Law Enforcement. A perpetrator is ineligible when he/she is:

- Not the child's parent
- Not an immediate family member
- Not a person responsible for the child's welfare
- Not an individual residing in the same home as the child
- Not a paramour of the child's parent

Per the assessment, the Call Floor Worker will complete a No Report Taken Intake (NRT) and complete a **CANTS 25A, SCR Other Law Enforcement Notification Form**. The Call Floor Worker will document at the end of the NRT narrative that a **CANTS 25A** was completed and name the Local Law Enforcement Agency notified.

Special Note: If a child is assessed with immediate safety concerns and the caller is not a Law Enforcement professional, the Call Floor Worker will contact local law enforcement for assistance and request an immediate Child Welfare Check to the child's reported location.

During the hours of 8:00 a.m. and 4:30 p.m. Monday through Friday, the Call Floor Worker will complete the **CANTS 25A** and e-mail it to the DCFS IO Processing Mailbox. The subject line of the e-mail will read "Law Enforcement Notification: (Name of Local Law Enforcement Agency to be Notified)".

During the hours of 4:30 p.m. and 8:00 a.m. Monday through Friday (as well as all hours on Holidays and Weekends), the Call Floor Worker will refer to the Law Enforcement Agency list on the SCR Rolodex to locate a fax number for the appropriate Local Law Enforcement Agency and the Call Floor worker will fax the **CANTS 25A** notification form.

Procedures 300.160, Other Notifications, will be revised to include new language:

Upon receipt of the Child Abuse/Neglect Intake marked **Other Law Enforcement Notification (CANTS 25A)**, Production Control staff at SCR will be responsible to print and fax the intake to the Local Law Enforcement Agency in the subject line of the e-mail. The fax shall be recorded on the Other Law Enforcement Notification Fax log and the hard copy shredded.

V. INSTRUCTIONS/PROCEDURES FOR STAFF

The following are instructions/procedures for workers, supervisors and administrators. Rules and Procedures 300 will be updated in the near future. A Policy Transmittal and D-Net Announcement will notify staff when these statutory changes have been adopted into Rules and Procedures 300.

When required to report to Public Health and Health & Human Services.

A. Child Welfare Specialists at SCR

Upon the completion of a Child Abuse/Neglect Investigation intake where a child is alleged to have been abused or neglected while receiving care in a hospital, including a freestanding psychiatric hospital licensed by the Department of Public Health, the SCR Child Welfare Specialist shall copy and paste the CA/N intake into an Outlook message and e-mail it to the DCFS IO Processing Mailbox. The ~~h~~ subject line of the e-mail will read *“Public Health Notification: SCR Number”*.

B. Office Associates in Production Control Unit at SCR

Upon receipt of the Child Abuse/Neglect Investigation marked for Public Health Notification, Production Control staff at SCR will be responsible to redact the reporter information from the intake and email the intake to both of the following:

Director of Public Health
dph.dcsreporting@illinois.gov

Director of Healthcare & Family Services
HFS.Director@illinois.gov

Production Control Staff at SCR will record the information on the Public Health Notification Fax log and the hard copy will be shredded.

C. Child Protection Specialist in the field

At the conclusion of the investigation on the hospital, including a freestanding psychiatric hospital licensed by the Department of Public Health, the Child Protection Specialist shall make notification by using the **CANTS 2F, SCR Notification Request Form**. Child Protection Specialists are required to make this notification regardless of the final finding (indicated or unfounded) and must return the **CANTS 2F** to SCR.

When required to report to Local Law Enforcement:

A. Call Floor Procedures:

When a Call Floor Worker receives information from a Non-Law Enforcement Reporter where a child is alleged to have been abused or neglected but the alleged perpetrator of the abuse or neglect does not meet the criteria as an eligible perpetrator under ANCRA, the information reported to the Hotline meets the requirement for the Hotline to complete an immediate referral to Local Law Enforcement. A perpetrator is ineligible when he/she is:

- Not the child's parent
- Not an immediate family member
- Not a persona responsible for the child's welfare
- Not an individual residing in the same home as the child
- Not a paramour of the child's parent

Per the assessment, the Call Floor Worker will write up a No Report Taken Intake (NRT) and complete a **CANTS 25A** form. The Call Floor Worker will document at the end of the NRT narrative that a **CANTS 25A** was completed and name the Local Law Enforcement Agency notified.

Special Note: If a child is assessed with immediate safety concerns and the caller is not a Law Enforcement professional, the Call Floor Worker will contact local law enforcement for assistance and request an immediate Child Welfare Check to the child's reported location.

During the hours of 8:00 a.m. and 4:30 p.m. Monday through Friday, the Call Floor Worker will complete the **CANTS 25A** and e-mail it to the DCFS IO Processing Mailbox. The subject line of the e-mail will read "Law Enforcement Notification: (Name of Local Law Enforcement Agency to be Notified)".

During the hours of 4:30 p.m. and 8:00 a.m. Monday through Friday (as well as all hours on Holidays and Weekends), the Call Floor Worker will refer to the Law Enforcement Agency list on the SCR Rolodex to locate a fax number for the appropriate Local Law Enforcement Agency and the Call Floor worker will fax the **CANTS 25A** notification form.

B. Production Control Unit Procedures:

Upon receipt of the Child Abuse/Neglect Intake marked **Other Law Enforcement Notification (CANTS 25A)**, Production Control staff at SCR will be responsible to print and fax the intake to the Local Law Enforcement Agency in the subject line of the e-mail. The fax shall be recorded on the Other Law Enforcement Notification Fax log and the hard copy shredded.

VI. NEW, REVISED AND/OR OBSOLETE FORMS

CANTS 2-F, Notification Request Form (Rev 1/2020)

CANTS 25A, SCR Law Enforcement Notification (New 1/2020)

VII. QUESTIONS

Questions regarding this Policy Guide may be directed to the Office of Child and Family Policy at 217-524-1983 or via Outlook at DCFS.Policy. Non-Outlook users may e-mail questions to DCFS.Policy@illinois.gov.

VIII. FILING INSTRUCTIONS

File this Policy Guide behind Rules 300 Section 300.70 and Rules 300 Section 300.130 and also behind Procedures 300, Section 300.160.

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Section 300.170 Child Death Review Teams

- a) The Director of the Department shall appoint a child death review team in each subregion of the Department outside Cook County and at least one child death review team in Cook County.
- b) Every child death shall be reviewed by the team in the Department subregion that has primary case management responsibility when the deceased child meets one of the criteria described in [Section 300.160\(a\)\(2\)](#) of this Part. The child death review team may, at its discretion, review other sudden, unexpected, or unexplained child deaths.
- c) The purposes of the child death reviews are to:
 - 1) *assist in determining the cause and manner of the child's death, when requested;*
 - 2) *evaluate means by which the death might have been prevented;*
 - 3) *report its findings to appropriate agencies;*
 - 4) *make recommendations that may help to reduce the number of child deaths caused by abuse or neglect;*
 - 5) *promote continuing education for professionals involved in investigating, treating, and preventing child abuse and neglect as a means of preventing child deaths due to abuse or neglect; and*
 - 6) *make specific recommendations to the Director and the Inspector General of the Department of Children and Family Services concerning the prevention of child deaths due to abuse or neglect and the establishment of protocols for investigating child deaths. [20 ILCS 515/20(b)]*
- d) *A child death review team shall review a child death as soon as practical upon receiving notification from the Department and not later than 90 days following the completion by the Department of the investigation of the death. When there has been no investigation by the Department, the child death review team shall review a child's death within 90 days after obtaining the information necessary to complete the review from the coroner, pathologist, medical examiner, or law enforcement agency, depending on the nature of the case. [20 ILCS 515/20(c)]*
- e) Following the review, the team shall forward its recommendations, on forms provided by the Department, to the Director of the Department.

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- f) *The Director shall, within 90 days, review and reply to recommendations made by a team pursuant to subsection (c)(6) of this Section. The Director shall implement recommendations as feasible and appropriate and shall respond in writing to the death review team to explain the implementation or nonimplementation of the recommendations.* [20 ILCS 515/20(d)]
- g) *A child death review team shall have access to all records and information that are relevant to the team's review of a child's death and in the possession of a State or local government agency.* [20 ILCS 515/25(b)] Other records and case information relevant to the review include:
- 1) birth certificates;
 - 2) all relevant medical and mental health records;
 - 3) records of law enforcement agency investigations;
 - 4) records of coroner or medical examiner investigations;
 - 5) records of the Department of Corrections concerning a person's parole;
 - 6) records of a probation and court services department, and records of a social service agency that provided services to the child or the child's family.

(Source: Added at 22 Ill. Reg. 18847, effective October 1, 1998)

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Section 300.180 Abandoned Newborn Infants

- a) Parental Relinquishment of a Newborn Infant
- 1) In accordance with the Abandoned Newborn Infants Protection Act [325 ILCS 2], a parent of a newborn infant may relinquish the infant to a hospital, police station, fire station or emergency medical facility within 30 days after the child's birth. Relinquishment of a newborn infant in accordance with the Abandoned Newborn Infants Protection Act does not render the infant abused, neglected or abandoned solely because the newborn infant was relinquished to a hospital, police station, fire station, or emergency medical facility.
 - 2) Hospital, police station, fire station and emergency medical facility personnel are mandated reporters under the Abused and Neglected Child Reporting Act. If personnel of the hospital, police station, fire station or emergency medical facility to which the newborn infant is relinquished suspect child abuse or neglect that is not solely based on the newborn infant's relinquishment, they must report the suspect abuse or neglect to the Department's State Central Register.
 - 3) Neither a child protective investigation nor a criminal investigation may be initiated solely because a newborn infant is relinquished in accordance with the Abandoned Newborn Infants Protection Act.
 - 4) Newborn infants relinquished to a police station, fire station or emergency medical facility will be transported to the nearest hospital as soon as transportation can be arranged by the facility. If the parent of a relinquished infant returns to the facility to reclaim the infant within 72 hours, the facility must provide the parent with the name and location of the hospital to which the infant was transported.
- b) Medical Examination
- 1) In accordance with the Abandoned Newborn Infants Protection Act, hospitals will have temporary protective custody of relinquished infants and will examine and perform medically reasonable tests that are appropriate to determine if the newborn infant has been abused or neglected.
- If the medical examination determines that there is no evidence of abuse or neglect and that the infant is no older than 30 days, the relinquishing parent, if present, will be verbally notified by the facility that he or she can remain anonymous, and he or she will have to petition the court if he or she desires to prevent the termination of parental rights and regain custody of the child. The relinquishing parent will also be offered a packet of information that includes:

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- A) Illinois Adoption Registry and Medical Information Exchange application;
 - B) Medical Information Exchange Questionnaire;
 - C) The Illinois Adoption Registry web site address and toll-free telephone number;
 - D) A resource list of providers of counseling services including grief counseling, pregnancy counseling, and counseling regarding adoption and other available infant placement options;
 - E) A notice that no sooner than 60 days after the initial relinquishment of the infant the child-placing agency or Department will commence proceedings to terminate parental rights and place the infant for adoption; and
 - F) A notice that failure of the parent to contact the placing agency or Department and petition for the return of custody of the infant before termination of parental rights bars any future action asserting legal rights with respect to the child.
- 2) If the medical examination of the relinquished child reveals that the child is abused or neglected or is not a newborn infant, the hospital and Department must proceed as if the child is an abused or neglected child.
- c) Notification to the Department's State Central Register (SCR)

Within 12 hours after a hospital accepts a newborn infant from a relinquishing parent, police, fire or emergency medical facility personnel, the hospital will report the infant in its custody to the State Central Register. The SCR will do the following:

- 1) Maintain a list of licensed child-placing agencies willing to take legal custody of relinquished newborn infants on a rotational basis;
- 2) Notify a licensed child-placing agency of the relinquished infant. If no licensed child-placing agency is able to accept the infant, the Department must assume responsibility for the infant as soon as practicable;
- 3) Request assistance from law enforcement officials to investigate the incident using the National Crime Information Center to ensure that the relinquished infant is not a missing child. The check will be requested within 24 hours after receiving notification from a hospital.

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d) Child-Placing Agencies or the Department

1) Acceptance of Abandoned Newborn Infants

Child-placing agencies must accept an abandoned newborn infant, if the agency has the accommodations to do so, and place the infant in an adoptive home when possible. If no licensed child-placing agency is able to accept the infant, the Department must assume responsibility for the infant.

2) Petition for Legal Custody

Within three business days after assuming physical custody of the infant, the child-placing agency or Department shall file a petition in the division of the circuit court in which petitions for adoption are heard. The petition shall allege that the newborn infant has been relinquished in accordance with the Abandoned Newborn Infants Protection Act, and shall state that the child-placing agency intends to place the child in an adoptive home. The custody order issued shall remain in effect until a final adoption order based on the infant's best interests is issued in accordance with the Abandoned Newborn Infants Protection Act and the Adoption Act [750 ILCS 50].

3) Putative Father Registry

Within 30-days after the estimated date of birth of the relinquished newborn infant, the child-placing agency or Department must complete a search of the Department's Putative Father Registry in accordance with 89 ILCS 309 (Adoption Services for Children for Whom the Department of Children and Family Services is Legally Responsible).

4) No sooner than 60-days following the initial relinquishment of the infant to a hospital, police station, fire station or emergency medical facility; the child-placing agency or Department shall initiate proceedings to:

A) Terminate the parental rights of the relinquished newborn infant's known or unknown parent;

B) Appoint a guardian for the infant; and

C) Obtain consent to the infant's adoption.

e) Petition for Return of Custody

A parent of a newborn infant relinquished in accordance with the Abandoned Newborn Infants Protection Act may petition the court for the return of custody of the infant prior to the termination of the parental rights.

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- 1) A parent of a relinquished newborn infant must contact the SCR to obtain the name of the child-placing agency to determine if a petition for termination of parental rights is pending. The parent must then file a petition for the return of custody in the appropriate circuit court.
 - 2) The circuit court may hold the proceeding for the termination of parental rights in abeyance for a period not to exceed 60 days from the date that the petition for the return of custody was filed without a showing of good cause. During that period:
 - A) The court will order genetic testing to establish maternity or paternity, or both;
 - B) The Department shall conduct a child protective investigation and home study to develop recommendations to the court;
 - C) When indicated as a result of the Department's investigation and home study, the court may conduct other proceedings under the Juvenile Court Act of 1987 [705 ILCS 405] that the court determines appropriate.
 - 3) If a parent fails to file a petition for return of custody prior to the termination of parental rights, the parent is barred from any future action asserting his or her legal rights with respect to the infant unless the parent's act of relinquishment that led to the termination of his or her parental rights involved fraud perpetrated against and not stemming from or involving the parent. No action to void or revoke the termination of parental rights of a parent of a new born relinquished in accordance with the Act, including an action based on fraud, may be initiated after 12 months from the date that the newborn was initially relinquished to a hospital, police station, fire station, or emergency medical facility.
- f) Report to the Governor and General Assembly
- 1) The Department shall collect and evaluate information concerning the effect of the Abandoned Newborn Infants Protection Act in the prevention of injury to or death of newborn infants. Child-placing agencies shall provide the following information to the Department:
 - A) The number of newborn infants served by the agency;
 - B) The services provided to the infants;
 - C) The outcome of the care for the infants;

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- D) The disposition of the newborn infant cases;
 - E) Other relevant information requested by the Department.
- 2) The Department shall submit a report the Governor and General Assembly by January 1 of every year regarding the prevention of injury to or death of newborn infants and the effect of placements of infants under the Abandoned Newborn Infants Protection Act. The report shall include:
- A) A summary of collected data;
 - B) Analysis of the data and conclusions regarding the effectiveness of the Abandoned Newborn Infants Protection Act;
 - C) A determination of whether the purposes of the Abandoned Newborn Infants Protection Act are being achieved;
 - D) Recommendations for changes necessary to improve administration and enforcement of the Abandoned Newborn Infants Protection Act; and
 - E) Other information determined necessary by the Department.
- g) **Public Information Program**
- The Department will initiate a public information program to promote safe placement alternatives for newborn infants and inform the public of the Abandoned Newborn Infants Protection Act. The Department may use any media elements appropriate for the dissemination of the information.
- h) **Confidentiality**
- Personal information of persons relinquishing an infant in accordance with the Abandoned Newborn Infants Protection Act is confidential and shall not be released to the general public.

(Source: Amended at 34 Ill. Reg. 6373, effective May 1, 2010)

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300.APPENDIX A Acknowledgement of Mandated Reporter Status

I, _____ (Employee name) _____, understand that when I am employed as a (Type of Employment), I will become a mandated reporter under the Abused and Neglected Child Reporting Act (Ill. Rev. Stat. 1985, ch. 23, pars. 2051 et seq.) 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, the Medical Practice Act, the Psychologist Registration Act, the Social Workers Registration Act, the Illinois Dental Practices Act, the School Code, or "AN ACT to regulate the practice of Podiatry in the State of Illinois," 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

(Source: Recodified from 89 Ill. Adm. Code 302, Appendix A, at 11 Ill. Reg. 3492)

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300.APPENDIX B Child Abuse and Neglect Allegations

This Appendix describes the specific incidents of harm which must be alleged to have been caused by the acts or omissions of the persons identified in Section 3 of the Abused and Neglected Child Reporting Act before the Department will accept a report of child abuse or neglect. The allegation definitions focus upon the harm or the risk of harm to the child. Many of the allegations of harm can be categorized as resulting from either abuse or neglect. All abuse allegations of harm are coded with a one or two digit number under 50. All neglect allegations of harm are coded with a two digit number greater than 50. The allegations of harm are defined as follows:

Allegation# Definition

1/51 Death

Death means the permanent cessation of all vital functions.

The following definitions of death are also commonly used:

- Total irreversible cessation of cerebral function, spontaneous function of the respiratory system, and spontaneous function of the circulatory system;
- The final and irreversible cessation of perceptible heart beat and respiration.

Verification of death must come from a physician or coroner.

2/52 Head Injuries

As used in this Part head injury means a serious head injury causing skull fracture, brain damage or bleeding on the brain, such as a subdural hematoma. Brain damage, skull fractures, hematomas and subdural hematomas are considered head injuries.

Brain Damage

Brain damage means injury to the brain contained within the cranium skull.

Skull Fracture

Skull fracture means a broken bone of the skull.

Hematoma

Hematoma means a swelling or mass of blood (usually clotted) confined to an organ, tissue or space and caused by a break in a blood vessel.

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Subdural Hematoma

Subdural means beneath the dura mater (the outer membrane covering the spinal cord and brain).

A subdural hematoma is located beneath the membrane covering the brain and is usually the result of head injuries or the shaking of a small child or infant. It may result in the loss of consciousness, seizures, mental or physical damage, or death.

Additional abusive head trauma includes subarachnoid subgaleal and epidural hematomas.

Shaken Baby Syndrome

Abusive head trauma in infants and children is the medical diagnosis and communication to describe the historical term shaken baby syndrome.

Shaking of an infant causes stretching and tearing of blood vessels in the brain causing subdural hematoma, bleeding in the brain and retinal hemorrhage. These injuries may occur with or without obvious evidence of impact.

Verification of head injuries and the presence or absence of any predisposing medical condition that may have caused or contributed to the injuries must come from a physician, preferably a neurosurgeon or radiologist.

4/54

Internal Injuries

An internal injury is an injury which is not visible from the outside, e.g., an injury to the organs occupying the thoracic or abdominal cavities. Such injury may result from a direct blow or a penetrating injury. A person so injured may be pale, cold, perspiring freely, have an anxious expression, or may seem semi comatose. Pain is usually intense at first, and may continue or gradually diminish as patient grows worse.

Verification of internal injuries must come from a physician.

5/55

Burns

Burns

Burns are tissue injuries resulting from excessive exposure to thermal, chemical, electrical or radioactive agents. The effects vary according to the type, duration and intensity of the agent and the part of the body involved. Burns are usually classified as first, second, third or fourth degree.

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– First Degree (Partial Thickness)

First degree burns are superficial burns in which damage is limited to the outer layer of the epidermis (skin) and are characterized by scorching or painful redness of the skin.

– Second Degree (Partial Thickness)

Second degree burns are burns where the damage extends through the outer layer of the skin into the inner layers (dermis). Blistering will be present within 24 hours.

– Third Degree (Full Thickness)

Third degree burns are burns in which both layers of the skin (epidermis and dermis) are destroyed with damage extending into underlying tissues, which may be charred or coagulated.

– Fourth Degree (Full Thickness)

Fourth degree burns are burns that extend beyond skin and underlying tissues into bone, joints and muscles.

Scalding

Scalding is a burn to the skin or flesh caused by moist heat and hot vapors, as steam.

Verification must come from a physician.

6/56

Poison/Noxious Substances

Poison

A poison is any substance, other than mood altering chemicals or alcohol, taken into the body by ingestion, inhalation, injection, or absorption that interferes with normal physiological functions. Virtually any substance can be poisonous if consumed in sufficient quantity. Therefore the term poison more often implies an excessive amount rather than the existence of a specific substance.

Noxious Substances

Any substance deemed to be harmful, injurious, not wholesome.

Verification must come from a physician or by a direct admission from the alleged perpetrator that the poison/noxious substance was given to the minor by other than accidental means.

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Wounds

A wound is a gunshot or stabbing injury.

Verification must come from a physician, a law enforcement officer or by a direct admission from the alleged perpetrator.

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Bone Fractures

A fracture is a broken bone or certain cartilage injuries such as a broken nose.

Metaphyseal/Epiphyseal Fractures

Fractures located at the end of bones. They are commonly described as corner fractures, chipped fractures or bucket – handle fractures.

Diaphyseal Fractures

Diaphyseal fractures are located in the bone shaft. Fractures in the shaft of long bones of the extremities are spiral (oblique) or transverse. A spiral fracture is caused by twisting or rotational force. Transverse fractures results from a direct blow or bending force.

Verification of the injury and the likely cause, including presence or absence of any predisposing medical conditions that may have caused or contributed to the injury, must come from a physician, preferably an orthopedist or radiologist.

10/60

Substantial Risk of Physical Injury (Abuse)/Environment Injurious to Health and Welfare (Neglect)

10 – Substantial Risk of Physical Injury (Abuse)

Substantial risk of physical injury means that the *parent, caregiver, immediate family member* aged 16 or over, other person *residing in the home* aged 16 or over, or the *parent's paramour* has created a real and significant danger of *physical injury by other than accidental means that would likely cause death, disfigurement, impairment of physical health or loss or impairment of any body function* [325 ILCS 5/3]. This allegation of harm is to be used when the type or extent of harm is undefined but the total circumstances lead a reasonable person to believe that the child is at substantial risk of physical injury. This allegation of harm also includes incidents of violence or intimidation directed toward the child that have not yet resulted in injury or impairment but that clearly threaten injury or impairment.

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Incidents

Examples of incidents that can cause a substantial risk of physical injury include, but are not limited to:

- Choking the child;
- Smothering the child;
- Pulling the child’s hair out;
- Violently pushing or shoving the child into fixed or heavy objects;
- Throwing or shaking a smaller child;
- Subjecting the child to participation in or witnessing the physical abuse or restraint of another person when it is used by the perpetrator to intimidate the child (e.g., this could happen to you, this will happen to you); or
- Other violent or intimidating acts directed toward the child that cause excessive pain or fear.

Circumstances

- Examples of circumstances that place the child in substantial risk of physical injury include, but are not limited to:
- A perpetrator of child abuse who has been ordered by a court to remain out of the home returns home and has access to the abused child;
- Anyone living in the home has a documented history of violence toward children or has been arrested for violence to a child;
- Domestic violence in the home when the child has been threatened and the threat is believable, as evidenced by a past history of violence or uncontrolled behavior on the part of the perpetrator;
- Allowing or encouraging a child to be involved in a criminal activity; or
- The circumstances surrounding the death of one child provides reason to believe that another child is at real and significant risk of harm.

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60 – Environment Injurious to Health and Welfare (Neglect)

Environment injurious means that a *child's environment creates a likelihood of harm to the child's health, physical well-being or welfare and that the likely harm to the child is the result of a blatant disregard of parent or caretaker responsibilities* [325 ILCS 5/3]. This allegation shall be used when the type or extent of harm is undefined but the totality of circumstances, including inculpatory and exculpatory evidence, leads a reasonable person to believe that the child's environment may likely cause harm to the child's health, physical well-being or welfare due to the parent's or caretaker's blatant disregard. Blatant disregard is defined as *an incident where the real, significant and imminent risk of harm would be so obvious to a reasonable parent or caretaker that it is unlikely that a reasonable parent or caretaker would have exposed the child to the danger without exercising precautionary measures to protect the child from harm* [325 ILCS 5/3]. This allegation of harm shall also be used when there are conditions that create a real, significant and imminent likelihood of harm to the child's health, well-being or welfare (i.e., domestic violence, intimidation, or a child's participation in a criminal act) and the parent or caretaker blatantly disregarded his/her parental responsibility by failing to exercise reasonable precautionary measures to prevent or mitigate the imminent risk of moderate to severe harm.

Circumstances

Examples of circumstances that may create real, significant and imminent risk of moderate to severe harm include, but are not limited to:

- exposure to toxic vapors resulting from flammable or corrosive chemicals used in the manufacture of illicit drugs;
- the circumstances surrounding the death of one child provides reason to believe that another child is at real, significant and imminent risk of harm;
- exposing a child to an environment that significantly affects the health and safety of the child, based on the sale or manufacture of illegal drugs;
- a court has adjudicated a parent as unfit and the parent has not completed services that would correct the conditions or behavior leading to the court finding;
- situations that place a child at substantial risk of harm due to the effects of being subjected to participation in or the witnessing of the use of physical force or restraint of another.

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Examples of circumstances that may, though not by themselves, create a real, significant and imminent risk of moderate to severe harm include, but are not limited to:

- Domestic Violence: The Illinois Domestic Violence Act defines domestic violence as a crime in which *physical abuse, harassment, intimidation of a dependent, interference with personal liberty or willful deprivation* [750 ILCS 60/103(1) and (3)] is perpetrated by one family or household member against another. *Family or household members include spouses, former spouses, parents, children, stepchildren and other persons related by blood or by present or prior marriage, persons who share or formerly shared a common dwelling, persons who have or allegedly have a child in common, persons who shared or allegedly share a blood relationship through a child, persons who have or have had a dating or engagement relationship, persons with disabilities and their personal assistants and caregivers as defined in Section 12-4.4a of the Criminal Code of 2012 [720 ILCS 5/12-4.4a]. [720 ILCS 5/12-0.1]*
 - An incident of past or current domestic violence may qualify for an allegation of environment injurious if the domestic violence creates a real, significant and imminent risk of moderate to severe harm to the child's health, physical well-being, or welfare, and the parent or caregiver has failed to exercise reasonable precautionary measures to prevent or mitigate the risk of harm to the child.
 - Domestic violence is also referred to as "intimate partner violence". The adult victim of domestic violence, who is the non-offending parent or caregiver, is presumed to not be neglectful or to have created an environment injurious to the child so long as he or she has exercised precautionary measures to prevent or mitigate the real, significant and imminent risk of moderate to severe harm to the child.
- Mental Health: A parent's or caregiver's mental illness and behavior may qualify for an allegation of environment injurious if an incident or behavior that is symptomatic of the mental illness creates a real, significant and imminent risk of moderate to severe harm to the child's health, physical well-being or welfare, and if the parent or caregiver has failed to exercise reasonable precautionary measures to prevent or mitigate the risk of harm to the child. To indicate an allegation based on this factor, the Investigation Specialist must rule out dependency, as defined in the Juvenile Court Act of 1987 [705 ILCS 405], as the presenting problem.
- Substance Abuse/Dependence: A parent's or caregiver's substance abuse/dependence and behavior may qualify for an allegation of environment injurious if an incident or behavior caused by the substance abuse/dependence

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creates a real, significant and imminent risk of moderate to severe harm to a child's health, physical well-being or welfare, and if the parent or caregiver has failed to exercise reasonable precautionary measures to prevent or mitigate the risk of harm to the child.

- Prior Harm to a Child: Prior harm to a child may qualify for an allegation of environment injurious on behalf of another child if the prior incidents of harm create a real, significant and imminent risk of moderate to severe harm to the child's health, physical well-being or welfare and if the parent or caregiver has failed to exercise reasonable precautionary measures to prevent or mitigate the risk of harm to the child.

Factors To Be Considered

Whether there is a real and significant danger to justify taking a report is determined by the following factors. All factors need not be present to justify taking the report. One factor alone may present sufficient danger to justify taking the report. The list of factors does not constitute child abuse or neglect in every instance. All factors must be given consideration in order to identify potential aggravating or mitigating circumstances.

- The child's age;
- The child's medical condition, behavioral, mental or emotional problems, developmental disability or physical handicap, particularly related to his or her ability to protect himself or herself;
- The severity of the occurrence;
- The frequency of the occurrence;
- The alleged perpetrator's physical, mental and emotional abilities, particularly related to his or her ability to control his or her actions;
- The dynamics of the relationship between the alleged perpetrator and the child;
- The alleged perpetrator's access to the child;
- The previous history of indicated abuse or neglect;
- The current stresses or crisis in the home;
- The presence of other supporting persons in the home; or
- The precautionary measures exercised by a parent or caregiver to protect the child from harm.

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11/61 Cuts, Bruises, Welts, Abrasions and Oral Injuries

Cut (Laceration)

A cut is an opening, incision or break in the skin made by some external agent.

Bruise

A bruise is an injury that results in bleeding under the skin, where the skin is discolored but not broken. A bruise is also referred to as a contusion.

Welt

A welt is an elevation on the skin produced by a lash, blow, or allergic stimulus. The skin is not broken and the mark is reversible.

Abrasion

An abrasion is the scraping away of the skin.

Oral Injuries

Oral injuries are injuries to the child's mouth, including broken teeth.

Factors To Be Considered

Not every cut, bruise, welt, abrasion, or oral injury constitutes an allegation of harm. The following factors should be considered when determining whether an injury which resulted in cuts, bruises, welts, abrasions, or oral injuries constitute an allegation of abuse or neglect:

- The child's age, mobility and developmental stage. Bruises on children younger than six months are suspicious due to the limited mobility often seen in children 0 to 6 months of age.
- The child's medical condition, behavioral, mental, or emotional problems, developmental disability, or physical handicap, particularly as they relate to the child's ability to seek help.
- A single incident or pattern or chronicity of similar incidents.
- The severity/extent of the cuts, bruises, welts, abrasions, or oral injuries (size, number, depth, extent of discoloration). Some bruises may fade quickly such as around a young child's mouth, but still be considered serious if the type of bruise (e.g., fingerprint marks) suggest intentionality.

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- The location of the cuts, bruises, welts, abrasions, or oral injuries. Accidental bruises are frequently seen over bony areas such as knees, shins, the forehead, and other exposed bony surfaces. Bruises located on padded areas such as the buttocks, cheeks, genitalia; or on relatively protected areas like the ear lobes, neck or upper lip, or on soft areas such as the stomach are highly suspicious.
- The pattern of the injury.
- Whether the injury was caused by an instrument used on the child.
- Previous history of indicated abuse or neglect or history of previous injuries.

If the child has been treated by a physician, verification of the injury and the likely cause including the presence or absence of any predisposing medical conditions that may have caused or contributed to the injury, must come from the physician who treated the child. Direct admission of the alleged perpetrator.

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Human Bites

A human bite is a bruise, cut or indentation in the skin caused by seizing, piercing, or cutting the skin with human teeth.

Previous history of indicated abuse or neglect or history of previous injuries.

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Sprains/Dislocations

Sprain

A sprain is a trauma to a joint that causes pain and disability depending upon the degree of injury to ligaments and/or surrounding muscle tissue. In a severe sprain, ligaments and/or muscle tissue may be completely torn. The signs are rapid swelling, heat and disability, often discoloration and limitation of function.

Dislocation

A dislocation is the displacement of any part, especially the temporary displacement of a bone from its normal position in a joint. Types of dislocations include complicated, compound, closed, and complete.

- Complicated. A complicated dislocation is associated with other major injuries.
- Compound. A compound dislocation is one in which the joint is exposed to the external air.
- Closed. A closed dislocation is a simple dislocation.
- Complete. A complete dislocation is a dislocation which completely separates the surfaces of a joint.

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The injury was inflicted or allowed to be inflicted through other than accidental means or was a result of blatant disregard of parental or caregiver responsibilities.

Verification of the injury and likely cause, including the presence or absence of any predisposing medical condition that may have caused or contributed to the injury, must come from a physician, preferably an orthopedist or radiologist.

14 **Tying/Close Confinement**

Tying/close confinement is the unreasonable restriction of a child's mobility, actions or physical functioning by tying the child to a fixed (or heavy) object, tying limbs together or forcing the child to remain in a closely confined area which restricts physical movement. Examples include, but are not limited to:

- Locking a child in a closet or small room;
- Tying one or more limbs to a bed, chair, or other object, except as authorized by a licensed physician;
- Tying a child's hands behind his or her back;
- Putting a child in a cage;
- Locking or blocking exits with the intention of preventing the child's ability to escape in case of an emergency.

15/65 **Substance Misuse**

Option A

The consumption of a mood altering chemical capable of intoxication to the extent that it harmfully affects the child's health, behavior, motor coordination, judgment, or intellectual capability. Mood altering chemicals include cannabis (marijuana), hallucinogens, stimulants (including cocaine and methamphetamine), sedatives (including alcohol and Valium), narcotics, or inhalants (abuse/neglect).

Abuse occurs if the parent provides the substance to the child. Neglect occurs if the parent allows the use or fails to protect the child from consumption.

Option B

A diagnosis of fetal alcohol syndrome or drug withdrawal at birth caused by the mother's addiction to drugs is included in this definition and is considered child neglect (neglect).

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Option C

Any amount of a controlled substance or a metabolite hereof that is found in the blood, urine or meconium (newborn's first stool) of a newborn infant. A controlled substance is defined in subsection (f) of Section 102 of the Illinois Controlled Substances Act [720 ILCS 570/102] (neglect). The presence of such substances shall not be considered as child neglect if the presence is due to medical treatment of the mother or infant.

NOTE: Methadone withdrawal or other withdrawal verified as under the auspices of a drug treatment program is not included under drug withdrawal at birth.

Examples:

- Giving a minor (unless prescribed by a physician) any amount of heroin, cocaine, morphine, peyote, LSD, PCP, pentazocine, or methaqualone or encouraging, insisting, or permitting a minor's consumption of the above substances.
- Giving any mood altering substance, including alcohol or sedatives, unless prescribed by a physician, to an infant or toddler.
- Encouraging, insisting or permitting any minor to become intoxicated by alcohol, drugs, or another mood altering substance even if on an infrequent basis.

Parents supervising children permitted to drink a small amount of alcohol as part of a religious or family celebration should not be considered abusive/neglectful.

Factors To Be Considered

- Age of the child;
- Frequency of substance misuse;
- Amount of substance consumption;
- Whether the substance is illegal for general population use;
- Degree of behavioral dysfunction, or physical impairment linked to substance misuse;
- The child's culture, particularly as it relates to use of alcohol in religious ceremonies or on special occasions;
- Whether the parent or caregiver's attempts to control an older child's substance misuse or to seek help for the child's substance misuse were reasonable under the circumstances;
- Whether the parent or caregiver knew or should have known of the child's substance misuse.

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16 Torture

Torture means inflicting or subjecting the child to intense physical and/or mental pain, suffering, or agony that can be a one time incident or is severe, repetitive, increased, or prolonged. This definition includes genital mutilation.

17/67 Mental and Emotional Impairment

Mental and emotional impairment means injury to the intellectual, emotional or psychological development of a child as evidenced by observable and substantial impairment in the child's ability to function within a normal range of performance and behavior, with due regard to his or her culture.

Verification that a child has been mentally injured must come from a medical doctor, psychiatrist, registered psychologist, certified social worker, registered nurse, or a therapist or counselor of a community mental health agency or a licensed therapist in private practice.

18 Sexually Transmitted Diseases

A sexually transmitted disease is a disease which was acquired originally as a result of sexual penetration or sexual conduct with an individual who is afflicted with the disease. The diseases may include, but are not limited to:

- Acquired Immune Deficiency Syndrome (AIDS)
- AIDS Related Complex (ARC)
- Chancroid
- Chlamydia Trachomatis
- Genital Herpes
- Genital Warts
- Gonorrhea
- Granuloma Inguinale
- HIV Infection
- Lymphogranuloma Venereum
- Neisseria Gonorrhea
- Proctitis
- Syphilis
- Trichomonas Vaginalis (Symptomatic)

Sexual penetration is defined in the Illinois Criminal Sexual Assault Act as "any contact, however slight, between the sex organ or anus of one person by an object, the sex organ, mouth or anus of another person, or any intrusion, however slight, of any part of the body of one person or any animal or object into the sex organ or anus of another person, including but not limited to cunnilingus, fellatio or anal penetration."

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Sexual conduct is defined in the Act as "any intentional or knowing touching or fondling of the victim or the perpetrator, either directly or through clothing of the sex organs, anus or breast of the victim or the accused, or any part of the body of a child for the purpose of sexual gratification or arousal of the victim or the accused."

Verification of sexually transmitted diseases must come from a medical source.

19 Sexual Penetration

Sexual penetration is any contact, however slight, between the sex organ or anus of one person by an object, the sex organ, mouth or anus of another person, or any intrusion, however slight, of any part of the body of one person or any animal or object into the sex organ or anus of another person. This includes acts commonly known as oral sex (cunnilingus, fellatio), anal penetration, coition, coitus, and copulation.

In order to indicate this allegation, benign touching for the purpose of rendering normal, routine and reasonable care must be ruled out.

20 Sexual Exploitation

Sexual exploitation is the use of a child for sexual arousal, gratification, advantage, or profit. This includes, but is not limited to:

- Indecent solicitation of a child;
- Child pornography;
- Intentionally exposing a child to sexually explicit material in any form;
- Exposing sexual organs to a child for the purpose of sexual arousal or gratification;
- Forcing the child to watch sexual acts;
- Self masturbation in the child's presence;
- Other behavior by an eligible perpetrator that when considered in the context of the circumstances would lead a reasonable person to conclude that sexual exploitation of a child has occurred.

NOTE: Sexual penetration and molestation are excluded from this allegation. They are listed as separate allegations.

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21 Sexual Molestation

Sexual molestation is sexual conduct with a child when such contact, touching or interaction is used for arousal or gratification of sexual needs or desires. Parts of the body, as used in the examples below, refer to the parts of the body described in the definition of sexual conduct found in the Illinois Criminal Sexual Assault Act [720 ILCS 5/12-12] as quoted above under Allegation 18, Sexually Transmitted Diseases. Examples include, but are not limited to:

- Fondling;
- The alleged perpetrator inappropriately touching or pinching parts of the child's body generally associated with sexual activity;
- Encouraging, forcing, or permitting the child to touch parts of the alleged perpetrator's body normally associated with sexual activity.

22 Substantial Risk of Sexual Injury

Substantial risk of sexual injury means that the parent, caregiver, immediate family member, other person residing in the home, or the parent's paramour has created a real and significant danger of sexual abuse as explained in the following options.

Option A

An indicated, registered, or convicted sex perpetrator has significant access to children, and the extent/quality of supervision during contact is unknown or suspected to be deficient.

Option B

There are siblings or other children in the same household as the alleged perpetrator of a current allegation of sexual abuse; or there is there is credible information/evidence of a child sexual abuse that did not meet Department eligibility requirements for a report to be taken (e.g., an ineligible victim or the victim discloses after attaining the age of 18) and the alleged perpetrator has current access to children.

Option C

Persistent, highly sexualized behavior or knowledge in a very young child (e.g., under the age of 5 chronologically or developmentally) that is grossly age inappropriate, and there is reasonable cause to believe that the most likely manner in which this behavior or knowledge was learned is in having been sexually abused.

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Reports of risk of sexual harm are not to be taken solely on the inappropriate or suggestive behavior of the alleged offender or because there is insufficient information for an allegation of specific sexual abuse.

If during the course of the investigation a specific allegation of harm is identified, the appropriate allegation must be added and a determination made on all the allegations. If another allegation is determined to be more appropriate, the allegation should be utilized and the risk of sexual injury allegation unfounded.

Option D

A member of the household is suspected of, or known to possess or engage in, the making and/or distribution of child pornography and has significant access to the children and the extent/quality of the supervision is unknown or suspected to be deficient.

A member of the household has engaged in child pornography activities outside and/or inside the residence and has significant access to the child and the extent/quality of the supervision is unknown or suspect to be deficient.

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Human Trafficking of Children

Federal law defines severe forms of trafficking of persons as: *sex trafficking in which a commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such act has not attained 18 years of age; or the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage or slavery.* [U.S.C. § 7102(8)]

Incidents of Maltreatment

- Coerced labor exploitation (ABUSE)
- Domestic Servitude (ABUSE)
- Commercial sexual exploitation (i.e. prostitution) (ABUSE)
- Anyone in the home exposes the child to an environment which significantly influences the child's health and safety. (Neglect)

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Factors To Be Considered

All factors need not be present to justify taking a report. One factor alone may present sufficient danger to justify taking a report.

- The child’s age.
- The child’s inability to attend school on a regular basis due to actions of the perpetrator.
- The child who is chronic runaway has been recruited, enticed, harbored, and transported for the purpose of forced labor and/or commercial sexual exploitation.
- The child makes references to frequent travel to other cities.
- The child makes reference to having a pimp.
- The child makes reference to being coerced into performing illegal activities.
- The child exhibits bruises or other physical trauma, withdrawn behavior, depression or fear.
- The child lacks control over his or her identification documents.
- The child shows signs of exposure to drug manufacturing.

Additional factors that may indicate sex-related trafficking include the following.

- The child has a sudden change in attire, behavior, or material possessions (e.g. expensive items).
- The child makes references to sexual situations that are beyond age-specific norms.
- The child has a “boyfriend/girlfriend” who is noticeably older (10+ years).
- The child makes references to terminology of the commercial sex industry that are beyond age-specific norms; engages in promiscuous behavior and may be labeled “fast” by peers.

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Inadequate Supervision

Inadequate supervision occurs when a child is placed at a real, significant and imminent risk of likely harm due to a parent's or caregiver's blatant disregard of parental or caregiver responsibilities of care and support, including supervision.

"Blatant disregard" means an incident where the real, significant, and imminent risk of harm would be so obvious to a reasonable parent or caretaker that it is unlikely that a reasonable parent or caretaker would have exposed the child to the danger without exercising precautionary measures to protect the child from harm. [325 ILCS 5/3]

Option A – Children Left Home Alone, Outside or in the Community

This option may be used when a child has been placed at a real, significant and imminent risk of likely harm by being left alone at home, outside or in the community due to a parent's or caregiver's blatant disregard of his or her duty of care.

Option B – Children Left in Vehicles

This option may be used when a child has been placed at a real, significant and imminent risk of likely harm by being left alone inside a vehicle due to a parent's or caregiver's blatant disregard of his or her duty of care.

Option C – Children Left in the Care of an Inadequate Caregiver

This option may be used when a child has been placed at a real, significant and imminent risk of likely harm by being left in the care of an individual whose age, impairment, lack of qualifications or insufficient capabilities posed an obvious risk of likely harm to the child due to a parent's or caretaker's blatant disregard of his or her duty of care.

Option D – General Category

This option may be used when a child has been placed at a real, significant and imminent risk of likely harm when the child is not receiving proper care or support, including supervision due to a parent's or caregiver's blatant disregard of his or her duty of care.

Factors to Be Considered

To determine if the child is placed at a real, significant and imminent risk of likely harm due to a parent's or caregiver's blatant disregard of parental or caregiver responsibilities, the following factors should be considered. The list of factors does

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not constitute child neglect in every instance and all factors need not be present when making a final finding determination.

- Age of the child;
- Special needs of the child;
- Maturity level of the child;
- The duration of time and frequency of occurrence the child was left without care and support, including supervision;
- The time of day or night the child was left without care and support, including supervision;
- Weather conditions, including whether the child was left in a location with adequate protection from the natural elements, such as adequate heat, light or shelter;
- Condition or location of the place where the child was left without care and support, including supervision;
- The location and accessibility of the parent or guardian to the child;
- The physical distance the child was from the parent or guardian at the time the child was without care and support, including supervision;
- Whether the child was given a phone number of a person or location to call in the event of an emergency and whether the child was capable of making an emergency call;
- Whether the child's movement was restricted;
- The child's access to or ability to access provisions necessary for his or her physical well-being, such as food, water, necessary medication or medical treatments;
- The age and physical and mental capabilities of the caregiver;
- The number and ages of the children left at the location;
- Other factors that may endanger the health and safety of the child;
- Other factors that demonstrate that the parent or caregiver took other precautionary measures to prevent or mitigate the risk of any harm to the child.

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Abandonment/Desertion

Abandonment

Abandonment is parental/legal guardian conduct that demonstrates the purpose of relinquishing all parental/legal rights and claims to the child. Abandonment is also defined as any parental or caregiver conduct that evinces a settled purpose to forego all parental/legal claims to the child.

Desertion

Desertion is any conduct on the part of a parent or legal guardian which indicates that the parent or legal guardian has no intention, now or in the future, to maintain any degree of interest, concern or responsibility for the child. Desertion includes leaving a child with no apparent intention to return unless the child has been left in the care of a relative.

Examples:

- Leave a baby on a doorstep;
- Leave a baby in a garbage can;
- Leave a child with no apparent intention to return;
- Leave a child with an appropriate caregiver without a proper plan of care.

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Inadequate Food

Inadequate food means that there is a lack of food adequate to sustain normal functioning. It is not as severe as malnutrition or failure to thrive, both of which require a medical diagnosis.

Examples:

- The child frequently and repeatedly misses meals or who is frequently and repeatedly fed insufficient amounts of food;
- The child frequently and repeatedly asks neighbors for food and other information substantiates that the child is not being fed;
- The child is frequently and repeatedly fed unwholesome foods when his or her age, developmental stage, and physical condition are considered.

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Factors To Be Considered

Child Factors

- The child's age;
- The child's developmental stage;
- The child's physical condition, particularly related to the need for a special diet;
- The child's mental abilities, particularly related to his or her ability to obtain and prepare his or her own food.

Incident Factors

- The frequency of the occurrence;
- The duration of the occurrence;
- The pattern or chronicity of occurrence;
- Previous history of occurrences;
- The availability of adequate food.

Investigative decisions must never be influenced in any way by the family's economic status. The fact that a family is poor should play no part in the decision to indicate or unfound the report. In order to indicate a report for this allegation, the investigator must determine that the allegation is due to some reason other than financial circumstances alone.

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Inadequate Shelter

Inadequate shelter means there is a lack of shelter that is safe and that protects the children from the elements.

Examples

- No housing or shelter;
- Condemned housing;
- Housing with exposed, frayed wiring;
- Housing with structural defects that endanger the health or safety of a child;
- Housing with indoor temperatures consistently below 50 F;

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- Housing with broken windows in sub-zero weather;
- Housing that is an obvious fire hazard to a reasonable person;
- Housing with an unsafe heat source that poses a fire hazard or threat of asphyxiation.

Factors To Be Considered

Child Factors

- The child's age;
- The child's developmental stage;
- The child's physical condition, particularly when it may be aggravated by the inadequate shelter;
- The child's mental abilities, particularly related to the child's ability to comprehend the dangers posed by the inadequate shelter.

Shelter Factors

- Seriousness of the problem;
- Frequency of the problem;
- Duration of the problem;
- Pattern or chronicity of the problem;
- Previous history of shelter-related problems.

Investigative decisions must never be influenced in any way by the family's economic status. The fact that a family is poor should play no part in the decision to indicate or unfound the report. In order to indicate a report for this allegation, the investigator must determine that the allegation is due to some reason other than financial circumstances alone.

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Inadequate Clothing

Inadequate clothing means a lack of appropriate clothing to protect the child from the elements.

Factors To Be Considered

Child Factors

- The child's age;
- The child's developmental stage;
- The child's physical condition, particularly related to conditions that may be aggravated by exposure to the elements;
- The child's mental abilities, particularly related to his or her ability to obtain appropriate clothing.

Incident Factors

- Frequency of the incident;
- Duration of the incident;
- Chronicity or pattern of similar incidents;
- Weather conditions such as extreme heat or extreme cold.

Investigative decisions must never be influenced in any way by the family's economic status. The fact that a family is poor should play no part in the decision to indicate or unfound the report. In order to indicate a report for this allegation, the investigator must determine that the allegation is due to some reason other than financial circumstances alone.

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Medical Neglect

Medical or Dental Treatment

Lack of medical or dental treatment for a health problem or condition that, if untreated or not treated as prescribed, could become severe enough to constitute serious or long-term harm to the child; lack of follow-through on a reasonable prescribed medical or dental treatment plan for a condition that could become serious enough to constitute serious or long-term harm to the child if the treatment or treatment plan goes unimplemented.

- Treatment is the administration of a remedy to cure a health condition.
- Management is the practice of providing care of a chronic medical condition.
- Lack of medical or dental management for a health problem or condition that, if unmanaged or not managed as prescribed, could become severe enough to constitute serious or long-term harm to the child.
- Lack of proper or necessary health care recognized under state law as necessary for the child's well-being.
- Proper and necessary preventive health care to include preventive health care, such as HIV and newborn screening tests that place children at serious risk of illness due to lack of early detection and treatment.
- Health care professionals include physicians, nurse practitioners, nurses, dentists, physical therapists, infant development specialists and nutritionists.

Factors To Be Considered

- The child's age, particularly as it relates to the child's ability to obtain and implement a treatment/management plan;
- The child's developmental stage;
- The child's physical condition;
- The seriousness of the current health problem;
- The probable outcome if the current health problem is not treated and the seriousness of that outcome;
- The generally accepted health benefits of the prescribed treatment;

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- The generally recognized side effects/harms associated with the prescribed treatment;
- Whether the parent has been informed about the availability of preventive health care services and how services can be obtained.

It must be verified that the child has/had an untreated health problem, or that a prescribed treatment plan was implemented. Such verification must come from a physician, registered nurse, dentist, or by a direct admission from the alleged perpetrator. It must further be verified by a physician, registered nurse or dentist that the problem or condition, if untreated, could result in serious or long-term harm to the child.

81 Failure to Thrive (Non-Organic)

Failure to thrive is a serious medical condition most often seen in children under one year of age. The child's weight, height and motor development fall significantly short of the average growth rates of normal children (i.e., below the fifth percentile). In a small percentage of these cases, there is an organic cause such as a serious kidney, heart, or intestinal disease, a genetic error of metabolism or brain damage. Usually in non-organic failure to thrive cases there is a disturbed parent/child relationship that manifests itself as physical and emotional neglect of the child. Diseases that may prevent growth and psychosocial reason that cause growth failure are not mutually exclusive. They are often found together. Non-organic failure to thrive requires a medical diagnosis before it may be indicated.

Verification of failure to thrive must come from a physician who has the relevant information to make a diagnosis.

Factors That Must Be Present

- The infant or child's weight and head circumference do not match standard growth charts. The person's weight falls lower than 3rd percentile (as outlined in standard growth charts) or 20% below the ideal weight for his or height.
- There is emotional deprivation as a result of parental withdrawal, rejection or hostility.
- The physician has made a diagnosis of failure to thrive after eliminating medical causes such as Down syndrome and Turner syndrome or diseases involving major organs (e.g., heart, kidney, intestinal).

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82 Environmental Neglect

The child's person, clothing, or living conditions are unsanitary to the point that the child's health may be impaired. This may include infestations of rodents, spiders, insects, snakes, etc., human or animal feces, rotten or spoiled food or rotten or spoiled garbage that the child can reach.

Factors To Be Considered

Special attention should be paid to the child's physical condition and the living conditions in the home in order to determine whether the report constitutes an allegation of harm. In addition, the following factors should be considered.

Child Factors

- The child's age (children aged 6 and under are more likely to be harmed);
- The child's developmental stage;
- The child's physical condition;
- The child's mental abilities.

Incident Factors

- The severity of the conditions;
- The frequency of the conditions;
- The duration of the conditions;
- The chronicity or pattern of similar conditions.

83 Malnutrition (Non Organic)

Malnutrition is the lack of necessary or proper food substances in the body caused by inadequate food, lack of food, or insufficient amounts of vitamin or minerals. This is also known as marasmus or kwashiorkor. Non-organic malnutrition requires a medical diagnosis before it may be indicated. The various physical signs of malnutrition:

- A decrease in lean body mass or fat; very prominent ribs; the child may often be referred to as skin and bones;
- Hair is often sparse, thin, dry, and is easily pulled out or falls out spontaneously;
- The child is often pale and suffers from anemia;

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- Excessive perspiration, especially about the head;
- The face appears lined and aged, often with a pinched and sharp appearance;
- The skin has an old, wrinkled look with poor turgor and typically skin folds hang loose on the inner thigh and buttock.
- The abdomen is often protuberant;
- There are abnormal pulses, blood pressure, stool patterns, intercurrent infections, abnormal sleep patterns and a decreased level of physical and mental activity.

Verification of malnutrition must come from a physician.

84 Lock-Out

The parent or caregiver has denied the child access to the home and has refused or failed to make provisions for another living arrangement for the child.

85 Medical Neglect of Disabled Infants

Medical neglect of a disabled infant is the withholding of appropriate nutrition, hydration, medication or other medically indicated treatment from a disabled infant with a life-threatening condition. Medically indicated treatment includes medical care that is most likely to relieve or correct all life-threatening conditions and evaluations or consultations necessary to assure that sufficient information has been gathered to make informed medical decisions. Nutrition, hydration, and medication, as appropriate for the infant's needs, are medically indicated for all disabled infants. Other types of treatment are not medically indicated when:

- The infant is chronically and irreversibly comatose;
- The provision of the treatment would be futile and would merely prolong dying;
- The provision of the treatment would be virtually futile and the treatment itself would be inhumane under the circumstances.

In determining whether treatment will be medically indicated, reasonable medical judgments, such as those made by a prudent physician knowledgeable about the case and its treatment possibilities, will be respected. However, opinions about the infant's future "quality of life" are not to bear on whether a treatment is judged to be medically indicated.

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Factors To Be Considered

- The infant's physical condition;
- The seriousness of the current health problem;
- The probable medical outcome if the current health problem is not treated and the seriousness of that outcome;
- The generally accepted medical benefits of the prescribed treatment;
- The generally recognized side effects associated with the prescribed treatment;
- The opinions of the Infant Care Review Committee (ICRC) if the hospital has an ICRC;
- The judgment of the Perinatal Coordinator regarding whether treatment is medically indicated and whether there is credible evidence of medical neglect;
- The parent's knowledge and understanding of the treatment and the probable medical outcome.

Verification that treatment was medically indicated must come from a physician and may come from experts in the field of neonatal pediatrics.

86 Neglect by Agency

Neglect by Agency means children or adult residents are exposed to harm, risk of harm or a lack of other necessary care that includes, but is not limited to:

- failure to provide adequate supervision;
- failure to provide food, clothing and shelter; or
- subjecting a child or adult resident to an environment that is injurious, as a result of the failure of an agency to implement practices that ensure the health, physical well-being, or welfare of the children or adult residents residing in the facility.

This neglect exists when there are conditions at the agency, such as inadequate staffing, lack of management training or lack of supervision of staff, that are to such an extent that staff culpability for abuse or neglect is mitigated by systemic problems. This neglect also includes instances in which an incident of abuse or neglect occurs against a child or adult resident and the perpetrator of such harm cannot be identified.

(Source: Amended at 41 Ill Reg. 4681, effective April 21, 2017)

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

POLICY GUIDE 2013.09

**PART 300 REPORTS OF CHILD ABUSE AND NEGLECT
PART 336 APPEAL OF CHILD ABUSE AND NEGLECT INVESTIGATION FINDINGS**

DATE: December 31, 2013

TO: DCFS and POS Agency Staff

FROM: Denise Gonzales, Acting Director



EFFECTIVE: January 1, 2014

I. PURPOSE

The purpose of this Policy Guide is to provide staff with instruction for the implementation of pending amendments to **Rule 300 Reports of Child Abuse and Neglect** and **Rule 336 Appeal of Child Abuse and Neglect Investigation Findings** that were brought about by changes made to ANCRA in PA 98-0453 and 98-0487. This Policy Guide shall remain in effect pending the completion of the rulemaking process and until the subsequent revision of **Procedures 300** is complete.

II. PRIMARY USERS

Primary users of this Policy Guide are the Department's Investigation Specialists/ Investigation Supervisors and State Central Register (SCR) staff.

III. OVERVIEW

Public Act 98-453 amends Sections 7.7, 7.14, 7.16, and 7.21 of the Abused and Neglected Child Reporting Act. The Department will initiate rulemaking to implement the following requirements:

- The Department shall establish criteria and standards for labeling an “unfounded” report as an “intentional false report.” Per PA 98-453, the reporter of a case retained as intentionally false will be permitted to submit a statement regarding the report, unless the reporter has been convicted of knowingly transmitting a false report to the Department.
- Within 45 days of classifying a report as “indicated” or “unfounded”, the Department shall transmit a copy of the report to the child’s guardian ad litem (GAL), when the child is the subject of a juvenile court proceeding and the GAL has been appointed to represent the child in that proceeding.



- A child shall have the right to participate and be heard in an administrative (appeal) hearing through his/her attorney or GAL, when i) the child is the victim named in the report that is the subject of the appeal hearing; ii) the child is the subject of a juvenile court proceeding; and iii) the report was made while a GAL was appointed to represent the child in that proceeding.
- When the Department determines that a report is "unfounded", the child's attorney or GAL may request a review of the investigation within 10 days of the date of notification of the proposed final finding, if the child named in the report is also a child for whom the attorney or GAL has been appointed. The GAL shall send a written request, via U.S. Mail or fax, within 10 days of the date of notification of the proposed final finding. The "date of notification of the final finding" is the date the attorney or GAL receives a copy of the report from the Department. The review must be conducted by a Department employee outside the supervisory chain of the assigned investigation specialist and shall be conducted before entering a final finding (i.e., "indicated" or "unfounded") for the report in SACWIS.

The Department will also initiate rulemaking to implement Public Acts 98-487, amending the following provisions in Section 7.16 of ANCRA:

- The perpetrator named in the notification of the completion of an investigation may request the Department to amend or remove the record of a report from the register (SCR). (The underlined language replaces "subject of the report.")
- The 60-day deadline for filing a request for an appeal hearing shall be tolled until after the conclusion of any criminal court action in the circuit court or after adjudication in any juvenile court action concerning the circumstances that give rise to an "indicated" report.
- The perpetrator shall have the right to a timely hearing within the Department.
- There shall be no right to a hearing on the ground of the report's inaccuracy if there has been a court finding of child abuse or neglect or a criminal finding of guilt as to the perpetrator.
- The decision resulting from the appeal hearing shall be made, in writing, at the close of the hearing, or within 60 days thereof. (Section 7.16 previously required a decision within 45 days.)

IV. INSTRUCTIONS

GAL Review of Unfounded Reports

State Central Register (SCR) Staff

When taking a report of alleged abuse or neglect, it is crucial that SCR (hotline) staff identify in SACWIS those reports involving wards as an alleged victim and/or perpetrator. Hot line staff shall ensure **each** case involving a ward is so identified.

SCR shall be responsible for tracking the 10 day time period for all GAL requests to review an **unfounded** investigation.

- For Cook County- Tracking shall be based on the date of acknowledgement of receipt of the CANTS 9a in the Public Guardian's Office. (Due to the proximity of the Public Guardian's Office, hard copy documents with the CANTS 9a and the complete redacted investigative file, including a completed CANTS 13 when a police report is part of the file, will be delivered there by the designated DCFS Legal staff person.)
- For Downstate counties- Designated SCR staff shall send the CANTS 9a and complete redacted investigative file, including a completed CANTS 13 when a police report is part of the file, to the GAL via certified mail or UPS. Tracking shall be based on the date of acknowledgement of receipt of the CANTS 9a via certified mail return card or UPS signature of receipt.

Investigative Specialists and Supervisors

The Investigation Specialist shall verbally notify the GAL of the recommended **unfounded** determination, after the recommended finding has been reviewed by the Investigation Supervisor and Area Administrator, and discuss the recommended determination with the GAL. If the GAL disagrees with the recommended determination, the Investigation Specialist shall immediately notify his or her supervisor of the concerns raised by the GAL. The Investigation Supervisor shall contact the GAL to resolve his/her issues and to determine if there are additional investigation activities that need to be completed. When a resolution cannot be reached, the supervisor shall inform the GAL of his/her right to request a review of the intent to **unfound** the investigation. The supervisor and Investigation Specialist shall use SACWIS collateral notes to document the notification of the recommended determination and all attempts to resolve any issues identified by the GAL. Should a GAL request a review of the intent to unfound the investigation, such review shall take place prior to the final

determination being entered into SACWIS and shall be conducted by one of the designated Area Administrators outside the supervisory chain of the assigned investigator.

Department rules and procedures already require the Department to verbally notify a child's GAL of a recommended investigation determination (i.e., indicated, unfounded, or undetermined) of reports involving the child, including a child who has been named as a perpetrator in the report (the GAL has the right to review an investigation only when the intent is to **unfounded**). In order to ensure that the required notification takes place, the Investigation Specialist shall add the child's GAL to the SACWIS investigation as a collateral. In Cook County the GAL will always be the person fulfilling the role of the Public Guardian in the Office of the Cook County Public Guardian, Juvenile Division. Downstate Investigation Specialists will have to determine the name of the GAL representing the child from the juvenile court in the county where the child resides.

- The Investigative Specialist shall enter interviews with a GAL into a collateral note, including the GAL's mail address. (Adding the mail address into a note will generate the address into the final finding letter sent to the GAL.)
- Once the Investigative Specialist has completed all required investigative tasks and **intends to unfound** an investigation involving a ward, the case must be reviewed by their supervisor and Area Administrator, who will verify documented discussions with the GAL regarding the finding and efforts to resolve any issues of contention.
- The Investigative Specialist shall enter the recommended finding to 'unfounded' on the allegation tab in SACWIS and the case will remain in a pending status until a final finding is entered.
- The Investigative Specialist shall verify that the GAL's address is correct and then complete the CANTS 9a.
- If a **mandated reporter** requests a review after an unfounded final finding, SCR will notify the Area Administrator who conducted the GAL review, if one has been conducted, to contact the mandated reporter and conduct that review as well.

Processing of CANTS 9a and hard copy documents

The CANTS 9a and all hard copy documents not contained in SACWIS shall be scanned and emailed to designated DCFS staff within 48 hours (two business days) of the Area Administrator's review. The contact persons responsible for processing the CANTS 9A and all hard copy documents are:

Cook County- Rhonda Laye in the Office of Legal Services; and

Downstate- Polly Gahr in SCR.

Note: All emails of the CANTS 9a and hard copy documents should be cc'd to Polly Gahr.

FOR COOK- Rhonda Laye will deliver the redacted SACWIS investigation and hard copy documents, including a completed CANTS 13 when a police report is part of the file, with the CANTS 9a to the Office of the Public Guardian, notifying them of intent to **unfound**, and request a signed **acknowledgment of receipt** of the investigative file/documents. In case of a GAL request for a review, once the signed acknowledgment of receipt is obtained the file must be emailed to Polly Gahr at SCR.

DOWNSTATE: After the Investigative Supervisor and Area Administrator have reviewed a recommended finding to **unfound** a report, the Investigative Specialist shall complete the CANTS 9a, print and redact the SACWIS file and all hard copy documents, then scan and email those documents, including a completed CANTS 13 when a police report is part of the file, to Polly Gahr at SCR.

Unfounded Reports Retained as Intentionally False Reports

State Central Register (SCR)

The perpetrator in a report with an unfounded final determination has the right to request the unfounded case be retained as intentionally false. SCR retains such reports in SACWIS for a period of 5 years if the perpetrator's request was submitted to the Department in writing within 10 days of being notified of the final finding of the investigation.

- Designated SCR staff shall notify the reporter of such cases that a request has been made to retain the identified report as intentionally false **and** that the reporter has the right to make a statement regarding the report, unless the reporter has been convicted of knowingly transmitting a (previous) false report to the Department.
- Statements made by reporters of unfounded cases held as intentionally false shall be retained by SCR. SCR shall transmit a copy of the statement to the assigned investigative specialist and refer the case to the local State's Attorney, when appropriate. Statements made by a reporter must be submitted to the Department in writing within 10 days of notification.

V. QUESTIONS

Questions concerning these revisions may be directed to the Office of Child and Family Policy at 217/524-1983 or e-mail through Outlook at OCFP-Mailbox or for non-Outlook users at cfpolicy@idcfs.state.il.us

VI. ATTACHMENT

CANTS 9a Notification of Intent to Unfound a Report of Child Abuse and/or Neglect of a Ward

This form can be accessed on the T Drive.

VII. FILING INSTRUCTIONS

Place one copy of this Policy Guide behind **Rule 300 Reports of Child Abuse and Neglect** and behind **Rule 336 Appeal of Child Abuse and Neglect Investigation Findings**.

State of Illinois
Department of Children and Family Services

**NOTIFICATION OF INTENT TO UNFOUND A REPORT OF CHILD ABUSE AND/OR
NEGLECT INVOLVING A WARD**

TO: (GAL) _____

DATE: _____

The Illinois Department of Children and Family Services has investigated the report of suspected child abuse and/or neglect listed below, and intends **to UNFOUND** the report.

Please read this carefully.

Attached is a copy of a **PENDING** investigative file on a report of abuse/neglect of a ward, with a recommendation to unfound. This file is **CONFIDENTIAL** and **CANNOT** be re-disclosed or redistributed for any purpose other than to request a review.

Investigation Name: _____

Address _____

City, State, Zip Code _____

SCR No: _____

1. Children reported to be abused or neglected or involved as a perpetrator:

2. The reported abuse or neglect is alleged to have occurred at:

3. The Department intends to UNFOUND the report for the following allegation(s):

4. An unfounded report for the above allegations will be kept on the State Central Register for 1-3years, pursuant to statute 325 ILCS 7.7.

ADMINISTRATOR'S REVIEW

Before the decision to UNFOUND this report is made, you, as the minor's attorney and GAL, have the opportunity to request a review with a Child Protection Administrator who has not been involved in the investigation. The Administrator's Review will allow you to respond to the allegations and the basis of the intent to unfound. You can provide any additional information you may have, ask questions, seek clarification, and provide any facts to be explored regarding the incident and provide written statements and documents.

You must request the Administrators Review, IN WRITING, within 10 days of RECEIPT of this notice and the pending investigation file. You may use the attached form to submit your request for review.

The assigned Administrator will then contact you by phone to schedule a date and time for the review.

The Administrator's Review provides you with an opportunity to present any information that you believe can or should help the Department make the most accurate decision regarding the current allegations of child abuse and/or neglect.

After the Administrator's Review, you will be given written notice of the final finding decision.

COOK COUNTY ONLY

ACKNOWLEDGEMENT OF RECEIPT

THIS COPY TO BE COMPLETED, SIGNED AND RETURNED TO DCFS

In connection with SCR Number, _____ I acknowledge that I received the following:

1. Notice of Intent to UNFOUND, CANTS 9a
2. The Investigative File

Printed Name _____

Printed Address _____

Telephone Number _____

Signature _____

Date _____

COOK COUNTY

ACKNOWLEDGEMENT OF RECEIPT OF INVESTIGATIVE FILE

THIS COPY TO BE COMPLETED, SIGNED AND RETURNED TO DCFS

**REQUEST FOR REVIEW OF INTENT TO UNFOUND A REPORT OF CHILD
ABUSE/NEGLECT OF A WARD**

TO: SCR Administrator
406 E. Monroe, Mail Station #30
Springfield, IL 62701-1498
FAX: 217-785-0395

RE: GAL REQUEST FOR ADMINISTRATOR'S REVIEW

I have been advised that the Department intends to UNFOUND its investigation for SCR NUMBER: _____.

I am the court appointed Guardian Ad Litem and wish to request a review of the intent to unfound this report.

I am attaching copies of documentation/other relevant information I wish to be considered or will do so at the time of the review, if deemed necessary.

I may be contacted per below to schedule a date and time for an Administrator's review:

GAL NAME: _____

GAL PHONE NUMBER: _____

I prefer the following dates/times:
