

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

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

Child's Name \_\_\_\_\_

Sex \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City) (Zip) (County)

Parent's/Custodian's Name \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City) (Zip) (County)

Where first seen \_\_\_\_\_ Date \_\_\_\_\_

Brought In by \_\_\_\_\_ Relationship \_\_\_\_\_

Nature of child's condition:

Evidence of previous suspected abuse(s)/neglect:

Reporter's immediate plan for child including whereabouts:

Remarks:

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

## INSTRUCTIONS

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

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

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

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

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

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

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

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

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

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

## MAILING INSTRUCTIONS

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

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

DATE: \_\_\_\_\_

ABOUT: \_\_\_\_\_  
Child's Name Child's Birthdate

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

\_\_\_\_\_  
Street Address City Zip Code

Parent/Custodians: \_\_\_\_\_  
Name

\_\_\_\_\_  
Address (if different than the child's address)

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

1. What injuries or signs of abuse/neglect are there?
2. How and approximately when did the abuse/neglect occur and how did you become aware of the abuse/neglect?
3. Had there been evidence of abuse/neglect before now?  Yes  No
4. If the answer to question 3 is "yes," please explain the nature of the abuse/neglect.
5. Names and addresses of other persons who may be willing to provide information about this case.
6. Your relationship to child(ren):
7. Reporter Action Recommended or Taken:

**PLEASE CHECK THE APPROPRIATE RESPONSE:**

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

\_\_\_\_\_  
(Name Printed) (Signature)

\_\_\_\_\_  
(Title) (Organization/Agency)

**INSTRUCTIONS**

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

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

**MAILING INSTRUCTIONS**

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

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2<sup>nd</sup> Child's Name (If Any)

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2<sup>nd</sup> Child's Birth Date

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3<sup>rd</sup> Child's Name (If Any)

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3<sup>rd</sup> Child's Birth Date

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Illinois Department of Children & Family Services

ACKNOWLEDGMENT OF MANDATED REPORTER STATUS

I, \_\_\_\_\_, understand that when I am employed as a \_\_\_\_\_, I will become a mandated reporter under the \_\_\_\_\_

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

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

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

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

\_\_\_\_\_  
Signature of Applicant/Employee

\_\_\_\_\_  
Date

CANTS 22  
Rev. 11/2012

Office of the Director  
406 E. Monroe Street • Springfield, Illinois 62701



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Illinois Department of Children & Family Services

**ACKNOWLEDGMENT OF MANDATED REPORTER STATUS (CLERGY)**

I, \_\_\_\_\_, understand that as a member of the clergy  
(Name)

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

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

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

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date









Illinois Department of Children & Family Services

**ACKNOWLEDGMENT OF MANDATED REPORTER STATUS (FOSTER PARENTS)**

I, \_\_\_\_\_, understand that as a licensed foster  
(Foster Parent's Name)

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

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

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

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

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

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date





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