Section 300.10 Purpose

Child Protection Services is a specialized component of the broader public welfare system of services to children and families. The purpose of these procedures is to define the intervention process and provide instruction to staff for all steps of that process, from the point a report is received alleging that a child may be abused or neglected to the completion of the investigation. Allegations received by the Department shall be investigated to identify families in need of protective services consistent with laws and policies pertaining to child abuse or neglect. Child Protection Specialists will ensure that all assessments will be individualized to meet the specific needs of each client to provide meaningful and equal access to programs and services. The Department's intake system encompasses all service and investigative activities, whether a child has been abused, neglected, is dependent or is at risk of harm.

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Section 300.15 Definitions

"*Adult resident*" *means any person between 18 and 22 years of age who resides in any facility licensed by the Department under the Child Care Act of 1969. For purposes of this Act* [ANCRA], *the criteria set forth in the definitions of "abused child" and "neglected child" shall be used in determining whether an adult resident is abused or neglected.* [325 ILCS 5/3]

"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 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 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 or, in the case of a person working for an agency who is prohibited from using corporal punishment, inflicts corporal punishment upon a child or adult resident with whom the person is working in his or her professional capacity;

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 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]

"Call Floor Worker (CFW)" means a Child Welfare Specialist employed by the Department's State Central Register to answer calls on the Child Abuse and Neglect Hotline.

"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]

"Collateral" means a person identified by any subject of a report or other involved party that has knowledge about the subject's situation that serves to support, corroborate, or disprove information provided by the subject. Collaterals may be family members, friends or neighbors, or professionals.

"Exculpatory Evidence" means evidence tending to establish a person's innocence, lack of involvement, or fault in the abuse or neglect of a child.

"Good Faith Attempt" means a diligent and honest effort to make in-person contact with an alleged child victim and all subjects of a report.

"Inculpatory Evidence" means evidence showing or tending to show a person's involvement in or responsibility for an act of abuse or neglect of a child.

"Involved Subject of report" *means any child reported to the* Department's State Central Register [SCR] … *as an alleged victim of child abuse or neglect and the parent or guardian of the alleged victim or other person responsible for the alleged victim's welfare who is named in the report or added to the report as an alleged perpetrator of child abuse or neglect.* [325 ILCS 5/3]

"Mexican" means any person who is a national of Mexico, regardless of immigration status in the United States. For consular notification purposes, a minor reported as born in Mexico will be assumed to be a Mexican national.

"Mexican minor" means any unmarried person who is under the age of 18 and was born in Mexico.

"Mexican-American minor" means any unmarried person who is under the age of18, was born in the United States, and who is eligible for Mexican nationality as the biological child of at least one Mexican national.

"*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 (*, 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

the likely harm to the child is the result of a blatant disregard of parent, caretaker or agency 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.

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]

"*Perpetrator*" *means a person who, as a result of investigation, has been determined by the Department to have caused child abuse or neglect.* [325 ILCS 5/3]

"*Person responsible for the child's welfare*" *means the child's parent; guardian; foster parent; relative caregiver; any person responsible for the child's welfare in a public or private residential agency or institution; any person responsible for the child's welfare within a public or private profit or not for profit child care facility; or any other person responsible for the child's welfare at the time of the alleged abuse or neglect, 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* [720 ILCS 5], *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]

"Person search" means a search for persons in any of the Department databases for the purpose of determining any prior Department involvement.

"Reasonable cause to believe" is defined as what a "reasonable person", in similar circumstances, would conclude from such things as: any injuries to the child, any statements made by those involved in the situation, and the conditions known about the home and family environment.

"Sudden Infant Death Syndrome (SIDS)" refers to the death of an infant less than one year of age that remains unexplained after a thorough investigation of the death scene, complete forensic autopsy, and review of the clinical history (i.e., a diagnosis of exclusion, meaning all other causes have been eliminated from consideration). SIDS is classified as a natural cause and a natural manner of death.

"Sudden Unexplained Death in Infancy (SUDI)" means a cause of death classification that coroners/ medical examiners will use when an infant death appears to meet the criteria for SIDS, but 1) there is evidence of a disease condition whose contribution to the death is unknown or cannot be excluded as a causative or contributing factor; or 2) there is evidence of an external condition or risk factor (such as bed sharing with adults, sleeping face down on a soft pillow or sleeping on an adult mattress) whose contribution

to the death is unknown or cannot be excluded as a causative or contributing factor; or 3) something in the investigation precludes a diagnosis of SIDS, but the cause and manner of death have not been determined. SUDI is classified as an undetermined/unknown cause of death and an undetermined manner of death and does not rule out the possibility of an indicated finding of abuse or neglect.

"Sudden Unexpected Infant Death (SUID)" describes an infant death before a thorough investigation assists a coroner or medical examiner in determining a cause of death.

"Supervisor on Duty" means a supervisor assigned to work the supervisor desk on the SCR call floor. The supervisor on duty provides coverage, oversight, approvals and monitoring of call floor workers and other staff of the Child Abuse Hotline; takes calls from medical personnel to the hotline requesting medical consent to treat children in the custody or guardianship of the Department; and provides consultation with call floor workers as needed. Supervisors at SCR are assigned as the supervisor on duty on a rotating basis according to a schedule posted by the SCR Administrator or his/her designee.

"Witness" means a person who sees or observes an incident.

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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 26-1of 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.

Section 300.20 Reporting and Documenting Child Abuse or Neglect to the Department

a) Reporting Child Abuse and Neglect to the Department

Reports of suspected child abuse or neglect may be made to the State Central Register (SCR) hotline 24-hours per day, 7 days per week via the 1-800-25-ABUSE (800-252-2873) toll-free telephone number or to a local DCFS office during regular business hours. Persons that call local offices to report suspected abuse or neglect should be encouraged to call the toll-free hotline to make their reports. In instances when the caller contacts the assigned caseworker of an open service case or the Child Protection Specialist of a previous report and provides information that qualifies as a new report of suspected abuse or neglect, the employee shall take the information from the caller and file the report with SCR. The report shall identify the original caller as the reporter and the employee who placed the call as an Other Person with Information (OPWI).

When a parent or community member walks into a Department office with a concern about child abuse or neglect, the person will be invited to and assisted with making a report to the hotline. The person shall also be allowed to talk to a Child Protection Supervisor if he or she has questions or concerns about making the report.

Note: Field staff requesting a case consolidation, person merge, Chicago Police Department (CPD) log, or other assistance, must use Outlook to transmit the request and instructions to the SCR mailbox. **The SCR mailbox should not be used for any other purpose.** Staff reporting suspected child abuse or neglect should use the SCR hotline number (800-252-2873).

b) Persons Mandated to Report Child Abuse or Neglect

1) Types of Mandated Reporters

Any mandated reporter who has reasonable cause to believe that a child known to them in their professional or official capacity may be an abused or neglected child shall immediately report or cause a report to be made to the Department. Per ANCRA, the list of mandated reporters includes:

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/podiatric physicians*;

J) *Christian Science practitioners*;

K) *coroners*;

L) *medical examiners*;

M) *emergency medical technicians*;

N) *crisis line or hotline personnel*;

O) *school personnel (including administrators and both certified and non-certified school employees)*;

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) *psychiatrists;*

BB) *assistants working under the direct supervision of a psychologist*;

CC) *field personnel of the Illinois Departments of Healthcare and Family Services, Human Services, Public Health, Corrections, Children and Family Services or Human Rights*;

DD) *probation officers*;

EE) *foster parents, homemakers or any other child care worker*;

FF) *supervisors and administrators of General Assistance under the Illinois Public Aid Code*;

GG) *substance abuse treatment personnel*;

HH) *funeral home directors or their employees*;

II) *members of the clergy;*

JJ) *licensed professional counselors or licensed clinical professional counselors;*

KK) *acupuncturists;*

LL) *genetic counselors;*

MM) *respiratory care practitioners*;

NN) *animal control officers or Illinois Department of Agriculture Bureau of Animal Health and Welfare field investigators;*

OO) *member of a school board or the Chicago Board of Education or the governing body of a private school;*

PP) *medical technicians or certified nursing assistants of any office, clinic or any other physical location that provides abortions, abortion referral or contraceptives*;

QQ) *personnel of institutions of higher education; and*

RR) *early intervention provider 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 item (c) of the definition of "abused child" in Section 3 of [ANCRA] *shall immediately report or cause a report to be made to the Department.* [325 ILCS 5/4]

3) Acknowledgment of Reporting Responsibility

Upon request, the local office is to provide one copy of the **CANTS 22**, **Acknowledgment of Mandated Reporter Status** and **CANTS 22A**, **Acknowledgment of Mandated Reporter Status (Clergy)**, to entities that employ mandated reporters hired on or after July 1, 1986. The employer shall permanently maintain the signed original in a file and use the original as a facsimile that may be duplicated on the employer's letterhead as needed. The **CANTS 22** and **CANTS 22A** are also available on the Department's website.

All DCFS field personnel hired on or after July 1, 1986, or transferred to a different field position shall sign the **CANTS 22**. The original shall be permanently maintained in a file in the regional office.

4) Interference with Reporting Prohibited

Whenever such person is required to report under [ANCRA] *in his capacity as a 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* [ANCRA] *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 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 his designated agent to whom such notification has been made, exercise any control, restraint, modification or other change in the report or the forwarding of such report to the Department.* [325 ILCS 5/4]

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) Written Confirmation of Reports

The Call Floor Worker (CFW) who takes a report of suspected child abuse or neglect shall inform mandated reporters that:

A) The verbal report must be confirmed in writing and submitted to the local investigative office **within 48 hours** after the verbal report on a **CANTS 4**, **Written Confirmation of Suspected Child Abuse/Neglect Report for Medical Professionals**, or **CANTS 5**, **Written Confirmation of Suspected Child Abuse/Neglect Report, Mandated Reporter**, for all other mandated reporters; and

B) The written confirmation of a report may be admitted as evidence in any administrative or judicial proceeding related to that specific child abuse or neglect investigation.

The Child Protection Specialist shall remind the mandated reporter of the need to complete and submit a **CANTS 4** or **CANTS 5** to the local investigative unit and shall, if necessary, help the mandated reporter complete the form by indicating what information should be included. The original **CANTS 4** or **CANTS 5** shall be placed in the investigative file. Should the mandated reporter fax or mail the **CANTS 4** or **CANTS 5** to SCR, SCR shall send a copy of the **CANTS 4** or **CANTS 5** to the appropriate Region/Site/Field (RSF). Mandated reporters shall be encouraged to keep a copy of the **CANTS 4/5** for their records.

6) Consequences of Failure to Report

When any Department staff person has reason to believe that a mandated reporter failed to report suspected child abuse or neglect to the Department, the staff person shall send a memorandum to the SCR administrator, if the report is indicated. The memorandum shall be completed within 48 hours of making an indicated final finding and shall include the following:

A) Name, office address, and telephone number of the mandated reporter;

B) The names of the children the mandated reporter should have reported to the Department;

C) How staff became aware of the failure to report;

D) An indication of what written or oral documentation exists to support the assertion that the mandated reporter failed to report child abuse or neglect;

E) The time span or dates involved in the failure to report;

F) If known, the mandated reporter's explanation for failing to make the report; and

G) The memorandum must include the name, telephone number and address of the staff person completing the memorandum.

H) If the SCR Administrator determines that circumstances of willful failure to report exist, the Administrator shall report non-licensed mandated reporters to the State's Attorney for the reporter's locale.

If the SCR Administrator determines that circumstances of willful failure to report exist and the mandated reporter holds a professional license, the SCR Administrator shall report physicians to the Illinois State Medical Disciplinary Board and those licensed by the Illinois Department of Professional Regulation to that agency for further investigation and consideration of disciplinary action. The SCR administrator shall report teachers and school personnel to the Illinois State Board of Education.

If a mandated reporter is a Department or POS field staff, the SCR Administrator shall review the information contained in the memorandum, complete a **CFS 119 Unusual incident Reporting Form**, per **Procedures 331 Unusual Incidents** and report the information to the local State's Attorney and Child Welfare Employee Licensure Division (CWEL).

c) Other Persons May Report

Persons other than those designated as mandated reporters may report suspected child abuse or neglect if they have *reasonable cause to believe* that a child may be or may have been 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 subsection (a)(7) of Section 26-1 of the Criminal Code of 2012 . A violation of this provision is a Class 4 felony. [325 ILCS 5/4]

Subsection **300.20(g)(6), Possible Intentional False Reports**, provides additional information for CFWs handling possible false reports.

e) The Report Narrative

The CFW must elicit enough information in a telephone interview to accurately assess a situation and determine that the four criteria required to qualify as a report of abuse or neglect is met. For additional information, please refer to **Procedures 300.30(a)(1)**, **Criteria for a Report of Abuse or Neglect**.

The function of the narrative is to identify and document information required by law that allows DCFS to intervene, to provide sufficient background information to the Child Protection Specialist to support the allegation(s) of abuse or neglect and to help focus the scope of the investigation. Narratives should be concise yet include all necessary and pertinent information available. At a minimum, the narrative must support the assigned allegation in order to clearly reflect what happened to the child during the alleged incident of harm or risk of harm and identify the eligible perpetrator.

Note: An intake narrative is an official document of the Department and may be used in court.

Desirable narratives should:

- be brief and factual;
- be easily read and understood;
- flow logically and clearly;
- describe the incident of harm and support the allegation;
- clearly identify the roles of the subjects of the report;
- keep the use of DCFS acronyms, jargon, or pronouns (e.g., he/she) to a minimum;
- include detailed directions to rural locations;
- use quotation marks for direct quotes of reporters or subjects; and
- **not** contain extraneous information or editorial comments (i.e., the hotline worker's own thoughts or perspective).

Note: The Call Floor Worker (CFW) is **required** to document the current location of all subjects, if known.

f) Supervisory Consultation

Before requesting supervisory guidance or review when assessing or processing an intake, the CFW should perform required person searches and complete the intake prior to notifying the supervisor on duty of the need for consultation. Once a consultation is started with one Call Floor Supervisor, the CFW should make every effort to complete the consultation with the same supervisor. **The Call Floor Supervisor on duty shall have final say in the assessment/processing of the intake.**

g) Calls Requiring Special Documentation/Handling

1) Death Intakes

A) Taking a Death Intake

i) When a call is received and the CFW determines that the child's death may have resulted from alleged abuse or neglect and there is an eligible perpetrator, a report of death by abuse or neglect must be taken, per **Procedures 300 A ppendix B, Allegation 01/51 Death**.

ii) When the deceased child has prior indicated reports of child abuse or neglect, the CFW shall add Allegation (1/51), via a Related Information report (RI), if evidence indicates the child died as a result of the same or related injuries as those previously indicated. (Additional information may be found in **Procedures 300.30(h)(3)**, **Related Information Report (RI.**)

Example: a child has been hospitalized for an extended period of time for serious head injuries that resulted in an indicated report and the child subsequently died as a result of the original injuries. Upon the death of the child, Allegation 1/51 shall be added in a Related Information (RI). The local Child Protection Services unit shall then obtain medical verification that the death was due to the original injury and not some other cause.

iii) If the information assessed by the CFW does not qualify as a report of death by abuse or neglect, the CFW shall document the information as a SUID/Unusual Death and send the intake to the Call Floor Supervisor on duty for review. All death intakes automatically go to the supervisor for approval upon completion.

Note: The CFW must immediately hand-deliver all death cases to the Call Floor Supervisor on duty and verbally inform the supervisor if a report has an emergency response code. **(See Procedures 300.30 (f)(1) for report response codes)**

Note: **For Southern Region ONLY**: Once reviewed by the supervisor on duty, the CFW shall contact the appropriate Area Administrator and determine the need to consult with the Southern Illinois Child Death Investigation Task Force Commander about possibly sending out the Task Force to assist on the case.

B) Documenting a Death Intake

- Obtain and document in the intake the following information (if available): Cause of death (abuse, neglect, SUID, or Unusual Death), history of illness;
- Location/position in which child was found (i.e. sleeping on a couch, in bed with a parent or other caregiver, face down or face up);
- Name of the physician who pronounced the child dead, time of death and name and address of facility where death was pronounced;
- Name of person(s) responsible for the child's care at time of death;
- When the child was last seen alive and by whom;
- Names of other household members residing in the child's home, as well as the location of the child's death, including children who reside there part-time, or who were present at time of death;
- Identify any other child who should be considered at risk of harm;
- Current location of deceased child or if child is en route to the county medical examiner's office;
- If there is police involvement, officers' names, star numbers, telephone numbers, report number, if available;
- If fire department or ambulance is involved, obtain the engine or ambulance number;
- If the coroner/medical examiner has or will be conducting a scene investigation; and
- Date of autopsy, if one is scheduled.

Note: It is crucial that the CFW identify if the deceased child is a ward or a ward lives in the home of a deceased child. The CFW shall ensure each case involving a ward is so identified.

Other information/activities relevant to Death Intakes:

- The CFW shall verbally inform the Call Floor Supervisor of a death case with an Emergency Response. The Call Floor Supervisor shall email the Death Intake to the SCR Administrator, SCR Assistant Administrator, and the Deputy Chief of Child Protection.

- Redacted Indicated and Pending reports may be released to coroners/medical examiners, consulting physicians, law enforcement and Child Protection staff. Relevant information contained in Unfounded reports can also be shared with coroners/medical examiners, consulting physicians, law enforcement and Child Protection staff.

- If a report of any allegation is pending, and the child dies, the CFW shall record the information as an RI and add Allegation 51 to the deceased child, if the cause of death is attributable to the pending allegation.

- The existence of indicated prior reports of abuse or neglect for the family of a child who has died, does not automatically qualify a death as a report of death by abuse or neglect. Each case must be assessed individually based on the information available.

- Either Allegation 1 or 51 may be assigned for each perpetrator of a child death, but no perpetrator may be assigned both allegations simultaneously. When two or more perpetrators are on one report, both Allegation 1 and 51 may be used.

- Other children residing in the home, or who were being cared for in the home at the time of a child death, may be considered to be at risk of harm and assigned **Allegation 10 Substantial Risk of Physical Injury and/or Allegation 60, Environment Injurious to Health and Welfare.** Whether a child is considered to be at risk shall be based on the CFWs assessment of the caller's information regarding the safety of the child. The correct response code when there are surviving children of a death report is an **Emergency Response**.

- For reports of child death by abuse or neglect in Chicago, a Chicago Police Department (CPD) notification form **must** be completed and the notification documented in the narrative of the intake.

- The CFW shall complete a person search and document the search results in the intake narrative. If the deceased child is a DCFS ward, check the ward box on the decision tab.

- Request an immediate LEADS check if the death qualifies as a report for initiating an investigation and document the results of the check in the narrative. **SUID and Unusual Death cases do not require a LEADS check.**

C) Southern Illinois Child Death Investigation Task Force

The Southern Illinois Child Death Investigation Task Force must be notified fo**r the following child deaths:**

- **A child dies and resides or** is physically located at the time of death in one of the following counties: Madison, St. Clair, Bond, Fayette, Effingham, Jasper, Crawford, Clinton, Marion, Clay, Richland, Lawrence, Monroe, Washington, Jefferson, Wayne, Edwards, Wabash, Randolph, Perry, Franklin, Hamilton, White, Jackson, Williamson, Saline, Gallatin, Union, Johnson, Pope, Hardin, Alexander, Pulaski, or Massac.

- A child has been seriously injured and the injury will likely cause the child to die (e.g., severe head injuries, serious internal injury.) and the child resides or is injured in the following counties: Madison, St. Clair, Bond, Fayette, Effingham, Jasper, Crawford, Clinton, Marion, Clay, Richland, Lawrence, Monroe, Washington, Jefferson, Wayne, Edwards, Wabash, Randolph, Perry, Franklin, Hamilton, White, Jackson, Williamson, Saline, Gallatin, Union, Johnson, Pope, Hardin, Alexander, Pulaski, or Massac.

i) Notifying the Southern Illinois Child Death Investigation Task Force

The CFW shall contact the identified Area Administrator (AA) of the appropriate county. The CFW shall provide the AA with the following information:

- The city/county where the incident occurred;

- The current location/county of the child (hospital, school, etc);

- The law enforcement agency handling the case;

- Any prior reports on the child or family, including Unfounded reports, when available; and

- The DCFS Field Office phone number that will receive and respond to the SCR report, if the Southern Illinois Child Death Investigation Task Force is not activated. If the report comes in after hours, include the name and contact information of the supervisor on call.

ii) Transmitting a Report to the Southern Illinois Child Death Investigation Task Force

Once the CFW has notified the appropriate Area Administrator of a child death, the report or intake should be **emailed** to the Task Force Commander or designee. After the report or intake is faxed to the Southern Illinois Child Death Investigation Task Force Commander, the Call Floor Supervisor on duty shall place the report or intake into the Southern Region Death Task Force binder at the Call Floor Supervisor's desk.

Prior to transmitting the report, the CFW should document in the intake narrative that the report has been referred to an Area Administrator. The first line of the report should read:

"This case has been referred to the Southern Illinois Child Death Investigation Task Force and Area Administrator (insert name of AA on (date) at (time). The contact number the Area Administrator was reached at was (phone number)."

D) Reports of a Stillborn Child

Calls reporting the death of a stillborn child should be processed as follows:

- If there are no other children residing in the home with the mother, process and document the death as an Unusual Death; or

- If there are other children residing or staying in the home and the child death was related to actions of the parent/caregiver and there are other safety factors present that could pose a risk of alleged abuse or neglect to the other children, the CFW shall take a report of suspected abuse or **Do not** allege death by abuse/neglect on behalf of the stillborn child.

2) Parallel Reports and Courtesy Interviews

A parallel investigation is necessary when subjects reside in more than one Region/Site/Field (RSF) or subjects reside in one RSF but are temporarily located in another. If SCR has information that indicates a parallel investigation is needed, the CFW shall assign case responsibility to the team where the child resides and assign parallel responsibility to the other RSF. If the report is taken after hours it must be called out to all involved counties, per the SCR after hours, on-call guidelines.

When a report subject is located in another state, a parallel assignment is not required if the report is taken during regular business hours. If the report is taken after hours, the CFW is responsible to call the other state's Child Protection Services and request that they initiate the report. If the out-of-state subject is the child victim and the initiation mandate has not been met, the CFW should include in the report narrative the phone number of the child protection services of the other state in order to assist the Child Protection Specialist in making arrangements for the mandate to be met.

A) If the CFW accepts case responsibility on behalf of the State of Illinois for an investigation involving another state and the subject of the report in the other state is the child victim, the CFW is responsible to call and request the other state's department of child protection services to initiate the investigation. The CFW shall note in the narrative that this call was made and document the number called and the name of the person with whom the CFW spoke. If the other state's child protection service is unavailable (i.e., weekends, holidays, after hours), the CFW shall note their good faith attempt to contact them in the report narrative and include the other state's child protection services contact information for the DCFS Child Protection Specialist. When a subject other than the victim is out of state, the CFW shall note the phone number for the other state's Child Protective Services in the narrative and the Child Protection Specialist will request the parallel investigation when he/she has gathered enough information to make that request.

B) When another state has accepted case responsibility for an investigation but one of the subjects is located in Illinois, the other state may call the Hotline and request a courtesy interview for child protection purposes. The CFW shall complete the intake as an Information Only (IO), noting in the first line of the narrative "Courtesy Interview." The IO must be approved by the Call Floor Supervisor on duty and a copy of the intake must be printed. The CFW shall print, "Courtesy Interview" and the appropriate RSF across the top of the page.

3) "Possible Media" Cases

When the Office of Communications is contacted for a child protection case that appears likely to be brought to the attention of the media, Director's office, or Governor's office, the CFW must immediately bring the report to the attention of the Call Floor Supervisor on duty at the Call Floor desk. If any one of the following criteria is present, check "Possible Media" on the decision tab and print a copy for the supervisor.

- Children at home alone, especially very young children and/or several children;
- Serious environmental neglect reports, especially if there is an open DCFS case;
- Inadequate shelter reports that are taken because there is no heat in the home during periods of extreme cold;
- Serious abuse to young children, especially if there are pending or indicated priors;
- Any serious abuse to children in foster homes;
- Any serious abuse to children placed with relatives by DCFS, whether or not the home is licensed;
- Abandoned babies; or
- Any case of serious harm or other serious situations involving a DCFS ward.

4) Facility Reports

It is crucial that the CFW identify in any report of suspected abuse or neglect when the victim and/or perpetrator is a ward. The CFW shall ensure each case involving a ward is so identified.

A facility report shall be taken when the alleged perpetrator of a report of suspected child abuse or neglect is a staff person in an institution, day care center, day care home, group home, foster home or school and is believed to have abused or neglected a child while acting in their professional capacity or a position of trust with the alleged victim. When the child's relationship with a facility staff person comes from having a professional capacity or position of trust with the child, the staff person is considered an eligible perpetrator **even if he/she is not acting in an official capacity at the time of the alleged abuse and/or neglect**. The CFW shall process such reports per the instructions in **Procedures 300.30(b), Multiple Perpetrators: When to Document as Single or Multiple Reports**.

Examples of alleged perpetrators in facility reports include, but are not limited to: teachers, principals, child care staff, or other school personnel such as, bus drivers, janitors, or cafeteria staff.

A) Multiple Perpetrators

If there are indicated or pending prior reports on a facility, any new report must be a Subsequent Oral Report (SOR) to the corresponding facility SCR number, regardless whether the victims and/or staff perpetrators are not the same as prior reports.

Facility report subjects may list only one alleged perpetrator **per report sequence**; however, reports involving foster homes are an exception and may list multiple perpetrators in a single report sequence. When a facility report involves more than one alleged perpetrator, an SOR should be added to the facility SCR number for each perpetrator. CFWs should reference in the report narrative when there are SOR(s) with additional perpetrators.

There is no requirement for additional SORs when there are multiple child victims of one perpetrator documented in the same report.

B) Coding the Report as a Facility

All facility reports must be indicated as a facility by checking the facility box at the top of the intake. The CFW must ensure that the facility code and the relationship code agree and the report is linked to the correct facility. In cases where a facility has multiple locations, the CFW must match the address of the specific location with the address of the facility in the report.

C) Group Homes and Child Care Facilities

Residents of group homes and institutions are not eligible perpetrators to one another (child on child) unless one child is in a caretaker role.

D) Foster Homes or Day Care Homes

When a report alleging child abuse or neglect in a foster home or day care home is received, the CFW shall process the report in the same manner as institutions and day care centers, except the foster parent or day care home operator shall be the report's case name. Children in foster homes may be perpetrators based on the same criteria as a report in a family home setting. **If the caller's information includes foster parent, foster home, foster child, adoptive parent, adoptive home, or DCFS ward, the CFW shall conduct a Provider Name Search and check for placements.**

Note: Linking anyone in a report who is coded as a "Provider" requires the intake to be processed as a facility report.

E) Taking Reports on Youth Ages 18 to 22 in a DCFS Licensed Facility

DCFS investigates reports on youth ages 18 to 22 living in DCFS licensed facilities, whether or not they are a ward of DCFS. To qualify as a report of suspected abuse or neglect in this situation, the alleged perpetrator must be an employee of or a volunteer at the facility. This type of report is processed in the same manner as reports for youth under age 18.

5) DCFS/POS Employees and Other Sensitive Cases

Reports alleging child abuse or neglect by DCFS or Purchase of Service (POS) agency employees, their relatives or other persons whose investigation may require sensitive handling **must** be brought to the attention of the Call Floor Supervisor on duty and approved before being sent to a field office for investigation. Supervisory approval is required whether or not the alleged perpetrator was acting in an official capacity at the time of the alleged abuse or neglect. The SCR Administrator in conjunction with the respective Regional Administrator shall the need to assign the report to a different RSF than the one that would normally be assigned in order to avoid a possible conflict of interest.

Note: No employee report or other sensitive case may be transmitted without the approval of the SCR Administrator.

6) Possible Intentional False Reports

A) Reading the False Report Notice

If in the process of assessing a caller's information for a report of child abuse or neglect the CFW determines the caller previously made a report that was retained as intentionally false, the CFW shall read to the caller the false reporting provision from ANCRA and ask if the caller wishes to proceed with their report.

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. [325 ILCS 5/4]

If the reporter maintains he/she still wants to make a report after having been given the false report warning, and the information meets the criteria for a report according to **Procedures 300.30(a)(2)**, the report shall be taken and transmitted to the appropriate RSF.

B) Maintaining Records of Intentional False Reports.

i) Notices of Retention of Report Sent

When a report has been unfounded, SCR shall send a notice to the child subject's custodial parent(s) or the child's legal caregiver, the unfounded perpetrator, and the non-custodial parent. For additional information regarding the perpetrator's right to have an unfounded report retained as intentionally false, refer to subpart C) of this subsection and **Procedures 300.160, Notifications.**

ii) Retention of Intentionally False Reports

Records of unfounded reports shall be retained for 5 years when the unfounded perpetrator of the report requests retention because he/she believes the report was an intentional false report. SCR shall document receipt of all requests for retention of records pursuant to this subsection. Child Protection Service teams shall maintain Intentional False reports in the local index file.

When a Child Protection Specialist or Supervisor checks **Factors Contributing to Unfounded Allegations "Probable Intentional False"** in the Investigation Screen, the report shall be classified as an Intentional False Report and is coded as FS in the database.

iii) Notification to the State's Attorney

In addition, SCR shall forward all of the information about intentional false reports to the State's Attorney in the county where the subject of the report was located. SCR shall request the local Child Protection Service unit forward a copy of the completed and approved investigation to the relevant local State's Attorney for consideration of criminal prosecution.

Note: If the investigation reveals that the reporter placed the call from another county, the State's Attorney in the county where the call was placed also has jurisdiction to pursue charges against the reporter.

C) Reporter Notification

Any time an unfounded report is retained as intentionally false, the Department is obligated to send written notification to the reporter. The written notice informs the reporter of their right to make a statement regarding the report being retained as an intentional false report. Any statement made by the reporter of an unfounded report that is retained as intentionally false shall be retained by SCR. For additional information regarding reporter notification, please refer to **Procedures 300.160, Notifications.**

7) Out of State Reports

Occasionally SCR receives calls in which all of the subjects lived in Illinois at the time of an alleged incident, but have since moved to another state. Though the information may meet the criteria for a report of abuse/neglect, DCFS no longer has jurisdiction when the subjects are no longer Illinois residents. These situations may warrant an investigation by the child protection authorities of the subjects' current state of residence, and that state may choose to do so based on the incident that occurred in Illinois or because the reported incident indicates an ongoing risk of harm to the child. It is also not unusual for SCR to receive calls that contain information that does not qualify as a report in Illinois, but may contain child protection issues that qualify in the other state. For additional clarification, staff should refer to the Guidelines for Assigning Case Responsibility grid in this subsection.

In the above situation, the CFW should encourage the caller to contact the appropriate state directly, and give the caller the telephone number for the other state's Child Protection Services. **If the caller will not make a call to the other state, the CFW shall document the information in a MCNRT (mandated reporter) or an I & R (non-mandated reporter) and call the other state to make the report.** CFWs must be sure to include in their documentation the date/time they make the call to the other state, the name and contact information of the out of state worker with whom they spoke, and whether the other state took a report.

If there is need for an Illinois Child Protection Specialist to interview a subject for the other state's investigation, the CFW shall give the out-of-state worker the phone number and supervisor's name of the Illinois Child Protection team that would handle the interview. The CFW shall then complete the required documentation and processing of an Information Only to be sent to the Child Protection Supervisor of the appropriate RSF to arrange for a Courtesy Interview. Additional information concerning a Courtesy Interview may be found in subsection 300.20(g)(2).

GUIDELINES FOR ASSIGNING CASE RESPONSIBILITY WHEN ANOTHER STATE IS INVOLVED

Incident Occurred		Perpetrator's Residence		Victim's Residence		Assign SCR #?
In	Out	In	Out	In	Out	
	X		X	X		Only if the other state refuses and there is a current protective issue
X			X	X		Yes
X		X			X	Yes
X			X		X	No – Unless PC is taken in Illinois or protection action is required
	X	X		X		Yes
	X	X			X	CPS Parallel Only – No SCR#

8) Chicago Police Department (CPD Youth Division) Notifications

Complete a CPD Notification and document "CPD Notified" at the end of the report narrative when a report occurring in Chicago meets any of the following criteria:

- The incident qualifies as a report of abuse or neglect and is assigned any of the following allegations: 1/51, 2/52, 4/54, 5/55, 6/56, 7/57, 9/59, 16, 19, 20, or 21;
- The incident of harm caused the subject child or children to be hospitalized;
- A subject child under the age of six has allegedly been physically abused or is at risk of harm **(Allegation 10 Substantial Risk of Physical Injury)**;
- A subject child under the age of six is alleged to have injuries to the face, head, neck, or soft body tissue area; or
- A subject child of any age allegedly receives serious injuries or scarring.

Note: If the address of occurrence is unknown, a CPD log cannot be completed.

9) Police Officers as Perpetrators While Acting in their Official Capacity

A police officer is a "person in a position of trust" and, as such, may be considered an eligible perpetrator. However, SCR will not take a report on a police officer who injures a youth in the process of apprehending and/or restraining the youth. CFWs should advise callers to contact the Chief of Police and/or the local State's Attorney to report allegations of rough treatment by an officer or alleged "police brutality". Any other allegations of child abuse/neglect involving a police officer in his/her professional capacity should be screened for a possible report.

Chicago Police Officers as Perpetrators

DCFS has an agreement with the Chicago Police Department (CPD) to inform them when a report lists a Chicago Police Officer as a suspected perpetrator, whether or not the alleged harm occurred in the line of duty or in private life. In the event such a report is taken, the CFW shall perform the usual steps in completing the report, including the CPD notification, and then call the CPD's Youth Central (**312-745-6004**) and ask for the on-duty supervisor at Youth Division Headquarters. On weekends and holidays, the on-duty supervisor may not be on site; however, CPD staff will be able to direct the CFW to the on-duty supervisor. Once the CPD on-duty supervisor is reached, the CFW shall provide the supervisor with the details of the report. CPD notification shall be documented in the narrative and the report shall then be completed and processed as usual.

10) Law Enforcement Agency Data Systems (LEADS) Checks

Law Enforcement Agency Data Systems (LEADS) checks are required for all child abuse or neglect reports and shall be requested for all subjects of the report who are age 13 and older. To obtain a LEADS check, the first and last name, gender and date of birth of the subject is required. When the required identifying information is not available, document "Insufficient information for LEADS check" at the bottom of the report narrative and process the report as usual. LEADS printouts mailed from SCR must be labeled, "LEADS printouts may not be disseminated beyond DCFS/POS Agencies."

11) License Plate Checks

The hotline frequently receives calls in which a child is observed being abused or neglected and the caller has no information about the subjects except for a license plate number. If the caller's information meets the criteria for a report of suspected abuse or neglect, the CFW shall take a report making sure to fully and specifically document the incident that was observed and the location. The perpetrator(s) and the victim(s) shall be listed as "Unknown, Unknown" and as many identifying characteristics as possible (e.g., race, approximate age, gender, height, weight, description of the vehicle including color and make, etc.) shall be

documented in the narrative. The CFW shall then call the Office of the Illinois Secretary of State (SOS) at **217-782-8841** or **217-782-8842**, identify themselves, and request a license plate check. SOS staff will call back to the SCR supervisor's desk with the license plate information and the supervisor shall forward the call to the requesting CFW. The CFW shall document in the report narrative the registration information received from the SOS, including the vehicle owner's name and address, the license plate number, and the make, model and color of the car. The report shall then be assigned to the RSF where the vehicle is registered. CFWs must conduct a person search for the vehicle owner **and list in the narrative** any prior reports as "possible priors," but **do not** add a SOR to any indicated prior reports on the vehicle owner. Child Protection staff will contact SCR for a SCR number consolidation, as needed, upon verifying the owner of the vehicle is the alleged perpetrator of the report.

12) Undocumented Persons

Occasionally, calls to the hotline involve children who are undocumented residents living in Illinois. Legal status (American citizenship) is not addressed in ANCRA [325 ILCS 5] and is therefore not to be considered in any way as criteria for whether the hotline accepts a report for investigation. The CFW shall take a report of suspected child abuse or neglect or a referral for services that involves an undocumented child, when the criteria for taking a report or a referral is met.

13) Babies Born to Correctional Center Inmates

For women incarcerated in DOC facilities who give birth, the CFW shall:

A) Take a CWS dependency or child abuse or neglect report, whichever is appropriate; and

B) Assign the CWS dependency to the RSF where the mother and baby are currently located or if a child abuse or neglect report is taken, assign the primary case responsibility to the RSF where the mother resided prior to incarceration and make a parallel assignment to the county where the hospital and baby are located.

14) Abandoned Baby Protocol

This protocol implements procedures to meet the requirements of the Abandoned Newborn Infant Protection Act [325 ILCS 2]. In order to qualify for protection under the Abandoned Baby Protocol, the abandoned baby must be a newborn infant who:

- has been left with personnel in a hospital, police station, fire station, or emergency medical facility;
- a licensed physician reasonably believes is no more than 30 days old at the time of relinquishment; and
- is not an abused or neglected child.

Note: In order to meet the requirements of the Abandoned Baby Protocol, an infant **must** be left with personnel from one of the referenced facilities. Should the relinquishing person leave the infant without making arrangements with facility personnel to do so, they may qualify as a perpetrator in a report of child abuse or neglect.

After the relinquishment of the infant to a fire station or emergency medical facility, the fire station or emergency medical facility's personnel must arrange for the transportation of the infant to the nearest hospital as soon as transportation can be arranged. Within 12 hours after accepting the infant, the accepting hospital must report to SCR for the purpose of transferring physical custody of the infant from the hospital to either a child-placing agency or the Department.

A) Processing a Call Under the Abandoned Baby Protocol

When a CFW receives a call of an abandoned baby that meets the above criteria, the CFW shall document the call as “Information Only” (IO) and state in the narrative that the mother gave up the infant under the “Safe Haven Law”. The completed IO shall be sent to the Call Floor Supervisor on duty for review and approval. The supervisor or supervisor’s designee shall contact a child-placing agency, which shall be selected on a rotating basis, to make the referral and then fax the IO to the accepting agency and authorize transfer of physical custody to that agency. If no child-placing agency is able to accept the infant during regular business hours, the IO shall be referred to the local DCFS Field Office serving the county where the infant was abandoned.

Note: For after hours, holidays and weekends, the after-hours Child Protection Specialist on duty shall be notified of the IO.

On the following business day after receiving the intake, the SCR Administrator shall request assistance from the Illinois State Police to determine that the infant is not listed as a missing child. The SCR Administrator shall then write a letter authorizing the adoption agency to accept physical custody of the infant and proceed with placement.

B) When the Abandoned Baby Protocol Does Not Apply

If there is suspected child abuse or neglect that is not based solely on the infant's relinquishment to the personnel of a hospital, police station, fire station, or emergency medical facility, the personnel of said facilities, who are mandated reporters, must call the SCR to file a report of suspected abuse or neglect.

If an abandoned baby is more than 30 days old, the hospital and the Department **must** proceed as if the infant is an abandoned child, per **Procedures 300, Appendix B, Allegation 75**.

15) Post Adoption Notification

When a report is taken and one or more alleged perpetrators are identified as receiving adoption assistance or subsidized guardianship, the CFW shall, via email, notify the assigned adoption/post adoption worker of the pending investigation. The notification shall contain the SCR number, and document that the alleged perpetrator is involved in an open adoption assistance or subsidized guardianship case. Copies of the notification shall be forwarded to the Post Adoption worker's supervisor and the Area Administrator.

16) Illinois Child in St. Louis Area Hospitals

Child Protection investigations involving Illinois children, who reside in Madison or St. Clair County and are admitted to a hospital in the city of St. Louis or St. Louis County, shall be handled by Illinois Child Protection Specialists only. Missouri Child Protection Services shall **not** be contacted to assist in the investigation.

For children residing in counties other than Madison or St. Clair or for children who are not in a hospital in the city of St. Louis or St. Louis County, the assigned Illinois Child Protection Specialist **shall** contact Missouri Child Protection to request a child protection courtesy interview.

Note: In either situation, **CFWs are not to contact Missouri CPS**.

h) Non-Discrimination, Alternate Communication Needs and Cultural Awareness

It is the policy of the Department to provide services to all persons without regard to race, color, national origin, sex, sexual orientation, marital status, religion, ancestry, inability to speak or comprehend the English language, handicaps or age. Such services shall be provided in compliance with Titles VI and VII of the Civil Rights Act of 1973 (29 U.S.C. 793 and 794), the U.S. Constitution, the 1970 Act [775 ILCS 5/1-102], and Illinois Constitution, Section 1-102 of the Illinois Human Rights Act, as well as other applicable state and federal laws, regulations and court orders prohibiting discrimination in the delivery of services.

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Section 300.30 Content of Child Abuse and Neglect Reports

a) Report Screening

1) Criteria for a Report of Abuse or Neglect

Assessment of a potential report of child abuse or neglect is a critical skill; it requires the CFW to gather, sort and process relevant information from the caller in an expedient manner and to then decide:

- Whether child protection services (CPS) is needed; and
- The response time, if child protection services are needed.

The following criteria must be met in order for a report of abuse or neglect to be taken:

- The alleged child victim must be under 18 years of age or be between the ages of 18-22 while living in a DCFS licensed facility;
- There must be an incident of harm or a set of circumstances that would lead a reasonable person to suspect that a child was abused or neglected as interpreted in the allegation definitions contained in **Procedures 300, Appendix B**; and
- The person committing the action or failure to act must be an eligible perpetrator.
    - For a report of suspected abuse, the alleged perpetrator must be the child's parent, immediate family member, any individual who resides in the same home as the child, any person who is responsible for the child's welfare at the time of the incident, a paramour of the child's parent, or any person who came to know the child through an official capacity or is in a position of trust.
    - For a report of suspected neglect, the alleged perpetrator must be the child's parent or any other person who was responsible for care of the child at the time of the alleged neglect.
    - **Special Note Concerning Very Young Perpetrators:**

      ANCRA and **Rule 300, Reports of Child Abuse and Neglect,** do not set a minimum age for a perpetrator, with the exception of **Allegation #10 Substantial Risk of Physical Injury**, therefore any case involving a young perpetrator must be assessed on an individual basis according to the dynamics of the case. When assessing information regarding a very young perpetrator, the CFW shall seek supervisory consultation.

Note: Lack of a complete address of residence or current location of the alleged child victim is never grounds for refusing to accept a report. In lieu of a full residential address, the following can be used to locate the subjects of

a report: city or county of residence, school child or siblings attend, workplace address/phone number for adults, cell phone numbers, or directions to the home.

If the CFW's assessment of the caller's information does not qualify as a report of alleged child abuse or neglect, the CFW shall inform the caller that a report will not be taken. If the reporter is a mandated reporter, the decision that the caller's information does not qualify as a report must have supervisory approval. The mandated reporter shall be told he/she may request to speak to a supervisor if the CFW does not accept the report and the mandated reporter wants to dispute that decision.

2) Information from the Reporter

The Call Floor Worker (CFW) shall secure from the caller all information required to complete a report of suspected child abuse or neglect. Examples of information required for a report include, but are not limited to:

- The identity, age, and location of the alleged child victim(s);
- Directions to any rural route address, apartment numbers or other relevant information relevant to the location of the report subjects;
- Demographics of the family including whether there is a non-custodial parent;
- Identity of those who reside in the home and their relationship to the child victim, to include whether the alleged perpetrator is in a caretaker role. Document the location/residence/contact information of other subjects or involved parties who **do not** reside in the home;
- What is the reporter's basis for reasonable cause to believe a child has been abused or neglected, including the source of the reporter's information;
- Any information regarding substance use or misuse in the child's home;
- Any information regarding a history of domestic violence;
- Whether any report subjects have a history of involvement with law enforcement;
- Reporter information, when the reporter is mandated or non-mandated and willing to provide such information (e.g., contact information that includes an after-hours phone number, professional capacity or other relationship to alleged child victim, etc);
- Any knowledge the reporter has regarding a current risk of harm to the child. Document all identified safety issues known to the reporter;

- Any knowledge the reporter has about potential danger or threat to Child Protection staff, especially whether gang violence, weapons or drug manufacturing/distribution may be involved;
- Any knowledge the reporter has about the mental, emotional and physical condition of the alleged perpetrator;
- Any knowledge the reporter has about the mental and physical condition of the alleged child victim(s) (i.e., Does the child have any self-care skills? Is the child verbal? Is the child disabled in any respect? Are there any other conditions that may adversely impact the child's health and safety);
- Any information the reporter has about communication needs of the child, family or alleged perpetrator (e.g., non-English speaking, Spanish-speaking, hearing impaired, etc.) and the subject's preferred language or method of communication;
- whether any subject of the report has a Native American tribal affiliation; and
- The identity and location of possible witnesses to, or persons with information about, the alleged abuse or neglect.

3) Risk and Safety Factors

The CFW must carefully assess risk and safety threats when assessing a potential report of child abuse or neglect. Threats to **immediate** safety must always be given highest priority.

The CFW should consider the factors below when assessing alleged abuse/neglect of a child. The factors include, but are not limited to:

Assessment Factors:

- Age, gender, physical and mental abilities of the child;
- The child's ability to protect him/herself or seek a "safe haven";
- Severity of incident as well as location and type of injury;
- Location of the alleged incident;
- History of incidents, including frequency of incidents and approximate date of last known incident;
- Believable threats made to the child by the alleged perpetrator, both current and past;
- Whether the child is fearful;
- Current location of the child;
- Current location of the alleged perpetrator;

- Nature of the relationship between alleged perpetrator and child;
- History of domestic violence or the alleged perpetrator's history of violence, if any;
- Need for immediate medical attention or medical attention for a chronic condition;
- Potential for the family to flee;
- Child currently alone or unprotected;
- Child, alleged perpetrator, and support persons' perception of the alleged incident;
- Whether there are mental/emotional illness concerns or specific diagnoses of individuals residing in the home;
- Where the child was when viewed by the reporter;
- Where the child was when he/she was being abused or neglected;
- Whether there is a substance use/abuse issue in the home, including drug manufacturing; and
- Whether there are other children who have been harmed or are at risk.

If, during the assessment process, the CFW identifies safety threats in accordance with Procedures 300, Appendix G, CERAP, the safety threats must be documented in the intake narrative.

Special Assessments in Cases of Egregious Acts

The Department has identified certain acts of maltreatment deemed egregious that require a special assessment by the Office of Legal Services (OLS) and the Division of Clinical Practice and Professional Development. This special assessment will determine the need to by-pass reunification, seek a permanency goal other than reunification, and/or seek expedited termination of parental rights. If information identifying an egregious act is gathered at the time of the intake by SCR or during the course of the investigation, the report must be flagged as an egregious act case to alert the Child Protection Specialist and the Child Protection Supervisor that the case must be referred to OLS and Clinical. Call Floor Workers must document in the intake narrative that the report information contains an egregious act.

Maltreatment is considered egregious if it is an egregious, sadistic, or torturous act that inflicts significant pain, causes extensive external and/or internal bruising, serious injury, or death.

Egregious acts include:

- Perpetrator repeatedly thrown or slammed an infant or toddler against a hard surface using a strong degree of force creating a likelihood of abusive head trauma or multiple injuries including bruising or fractures over time.
- Perpetrator caused abusive abdominal injuries, especially in very young children.
- Perpetrator submerged and held a young child's head under water or repeatedly submerged a child's head creating a significant real or imminent risk of harm.
- Perpetrator beat up or hit a child with an object using a degree of force that could be reasonably expected to cause serious injury or death.
- Perpetrator attempted to or actually smothered, choked, strangled, or applied any other severe thoracic compression to a child.
- Perpetrator extensively burned or scalded a child on purpose.
- Perpetrator threatened or attached a child with a weapon, such as a knife, gun, or combustible substance.
- Perpetrator took a child hostage.
- Sadistic injury to a child.
- Homicide of a child.
- Non-accidental poisoning.

b) Multiple Perpetrators: When to Document as Single or Multiple Reports

When the caller identifies multiple perpetrators for a single incident of abuse/neglect, the CFW shall determine whether the alleged perpetrators reside in the child's household, the address of incident, or other residence. When all alleged perpetrators are household members, the CFW shall list them in one report. When there are two independent families residing in the same household and both families are involved in the alleged abuse or neglect, then the CFW shall take two separate reports. When one or more alleged perpetrators reside in different locations, the CFW shall document in the narrative that an additional report will be added for each perpetrator. **When** the alleged perpetrator residing outside the home of the child victim has children in his/her own home **and** those children are known to have been abused or are considered to be at risk of physical or sexual injury or environment injurious, a report will be taken on those children.

When abuse or neglect is alleged to have occurred in a facility and the caller identifies multiple perpetrators, the CFW shall document in the report narrative that a separate sequence shall be added to the facility SCR number for each perpetrator, as per **Section 300.110(b), Child Abuse and Neglect in Child Care Facilities.**

c) Child Advocacy Center (CAC) Referrals

Calls alleging serious harm or sexual abuse that do not qualify as a report should be referred to the local Child Advocacy Center when the alleged perpetrator is ineligible and the incident may qualify for criminal charges. The CFW shall consult with the Call Floor Supervisor on duty whenever there is a question regarding an alleged harm rising to the level of possible criminal charges. Upon completion and supervisory approval, the CFW shall transmit the referral (IO) to the local DCFS field office to forward to the appropriate Child Advocacy Center. The CFW **shall not** personally contact the CAC to make the referral. If a service area does not have a CAC, the referral (IO) must be sent to the local DCFS field office to be given to local law enforcement.

d) Law Enforcement Referrals

When a CFW determines that law enforcement should be contacted regarding a call that does not qualify as a report, the CFW shall advise the caller to call the appropriate local law enforcement agency and offer to provide the caller with the phone number for that agency. The CFW shall not contact law enforcement if the caller refuses to contact law enforcement or to request a child welfare check, unless the CFW determines the child needs to be seen in order to assess immediate safety.

e) Request for Quick Referral of Information

Callers are sometimes in need of quick reference information, such as hotline numbers for other states, local DCFS office numbers, or general questions about the allegation system and DCFS. If time allows, the CFW monitoring incoming calls can provide such information, however the CFW **should not** spend significant time answering questions or providing information.

For general questions about DCFS, callers should be referred to the DCFS website (www.DCFS.illinois.gov) or the local field office. All inquiries from the public or media regarding a specific case **must** be referred to the Office of Communications at 312-814-6847.

f) Report Response Codes

There are 3 Response Codes possible for each report of suspected child abuse or neglect. Each Response Code has a required timeframe for the initiation of the report; however, the Action Needed Response Code **requires clear and concise information** for the response to be included in the report narrative. Each Response Code requires a Response Indicator to be selected in order to identify the basis for the Response Code. Response Codes and Response Indicators are listed and defined below:

1) **Emergency Response** means the Child Protection Specialist must **immediately** respond to the home or current location of the child; **immediately** means the Child Protection Specialist shall depart and be en route to the child's home/location within 15 minutes of SCR transmitting the report to the field office or after-hours staff. **The CFW must clearly support the reason for this response in the narrative of the report**.

2) **Action Needed.** This Response Code is used for situations that require special handling but do not qualify as an emergency response. The CFW **must** give clear and concise information in the report narrative to support the "Action Needed" response. The Child Protection Specialist and Child Protection Supervisor are required to review the report within 60 minutes of SCR transmitting the report to the field office or after-hours staff in order to determine what action is necessary and to establish a time frame for the action. The Child Protection Supervisor makes the final determination after reviewing the report as to what actions are actually required.

3) **Normal**. Reports with a Normal response must be initiated within 24 hours.

g) Response Indicators

Each report of alleged child abuse or neglect has response indicators that provide the basis for an Emergency or Action Needed Response. The indicators and their required responses are as follows:

- **Child Death:** Requires an Emergency Response.

  Note: If there are no surviving siblings or other children residing in the home, the Child Protection Supervisor must determine the current status of investigation activities by other law enforcement entities and determine the nature of the emergency response.

- **Family May Flee**: The parent/caregiver intends to leave the home or move from the area to prevent Child Protection Services from having contact with the alleged child victim. Requires an Emergency Response.

- **Immediate Danger**: The child is considered to be in immediate risk of being harmed and an Emergency Response is required. "**Immediate danger**" may mean the child is being assaulted as the caller makes the report; the child is in **imminent** danger

- **Reports from Hospital Staff Regarding Children 6 years and younger:** SCR receives a report from hospital staff of injuries to a child ages 6 years and younger and there has been a previous report of serious injury involving any of the subjects of the pending report. Requires an Emergency Response.

- **Child Being Held by Police/Physician:** Requires an Emergency Response.

- **Child Needs Immediate Medical Attention**: The child's health and well-being is considered to be at risk. Requires an Emergency Response.

- **Child Under 5 Alone/Unsupervised**: A child too young to provide self-care is unsupervised. Requires an Emergency Response. The CFW should call local law enforcement for assistance, as needed.

- **Child Alone/Unsupervised Age 5 and Older**: This Indicator is for children age 5 and **over** who are alone now. An "Action Needed" response code may be required for this situation. The timeframe to initiate a report with this Indicator shall be based upon the ages of the children, time of day, location, and other safety threats identified in the narrative. If the Child Protection Specialist cannot initiate within this timeline, the Child Protection Specialist should notify the Child Protection Supervisor and call local law enforcement to request assistance.

  In Cook County, and during daytime hours downstate, the Child Protection Supervisor will establish a timeframe for initiation with the assigned Child Protection Specialist. **In downstate regions after hours, this Indicator requires an immediate initiation or a call to the police for assistance in initiating**.

- **Child at the Hospital with Perpetrator Present**: The Child Protection Supervisor or designee shall contact the hospital within 60 minutes after receipt of the report to determine whether immediate initiation is necessary. An Action Needed response code is required for these situations, with the exception of reports regarding a substance affected infant.

  In the instance when the child victim is at a hospital with the alleged perpetrator present and the perpetrator is either interfering with treatment of the child, threatening to take the child against medical advice (AMA) or presents some other safety threat and emergency response must be applied.

- **None or Other**: These Indicators should be used only for Normal or Action Needed Responses and when the Indicators listed above do not apply.

h) Classification of Reports

1) Initial Oral Report (IOR)

A report received at SCR involving subjects in a family unit with no pending or previously indicated reports or unfounded reports held on file as intentional false reports. Each IOR is assigned a new SCR identification number with an "A." sequence.

2) Subsequent Oral Reports (SOR)

A SOR is a report of a new incident of abuse or neglect involving the same family unit (i.e. one previously reported adult and at least one previously reported child) in a report that is pending, in "pending approval" status or retained as either indicated or intentionally false. In assigning a SOR, the same SCR number is used and a new letter sequence is added. Previously indicated perpetrators reported for abusing and/or neglecting children not previously listed in their prior reports, shall be assigned an SOR of their SCR number.

If a report is in "20-day hold" status, the CFW shall create an IOR. **If a report is in "pending approval" status, the CFW shall create a SOR of that SCR number.**

SOR sequences sometimes appear to skip letters in the data base (e.g., skipping from "A" to "D"). The apparent disappearance of sequences is due to sequences ("B" and "C") having been expunged. SCR numbers that complete all A to Z letter sequences will be assigned double-letter sequences, such as "AA" or "AB" when additional SORs are required.

Note: Effort must be made to ensure facility reports are linked properly. When in doubt of a proper linkage of facility reports and subjects, the CFW should refer to **Section 300.110(b), Child Abuse and Neglect in Child Care Facilities**, or consult with the Call Floor Supervisor on duty.

3) **Related Information Report (RI)**

If the information presented by the caller does not qualify as a new report of suspected child abuse or neglect, but there is a pending or undetermined investigation involving one of the subjects and the reporter's information is related to the pending investigation, the CFW shall document the information in a RI. New or additional allegations may be added to a pending report via a RI, if the newly reported incident relates to the pending investigation.

New subjects unrelated to the pending investigation should never be added to the investigation on the RI. Additional allegations or perpetrators shall not be added to a previously indicated report via an RI, **except in death by abuse or neglect cases.**

Adding a death allegation to an indicated report:

In death cases **only,** it is permissible to add allegations to an indicated report without taking a SOR. **Example**: A child has been hospitalized for ten months for serious head injuries that resulted from an indicated incident of abuse. Upon the death of the child, **Allegation #1** should be added in a RI, if the child's death is the result of the child's original injury. Verification that the child's original injury resulted in the child's death **must** be provided by a medical examiner, pathologist, coroner, or by the treating physician.

The CFW shall document the information in a RI intake, assign the new allegation, link the RI to the corresponding SCR number and sequence and transmit the RI to the applicable Child Protection unit within one hour of receipt. In doing so, the CFW shall also complete all other procedures for taking reports of Death by abuse or neglect.

Note: Child Protection units shall notify the SCR if they determine that an RI report forwarded to them should have been taken as an SOR or an IOR.

i) Information That Does Not Meet Criteria for Investigation

1) Information Only (IO)

SCR will not accept information (IO) from field staff when the call is made for case documentation purposes.

A) The CFW shall perform the required person searches for all intakes. If there is an open case, document the information in an Information Only intake, print the supervisor approved IO, write "Attn: (caseworker's name)" and the worker's RSF on the top of the printed intake, scan and then email the completed IO to the caseworker.

B) An IO can be appropriate when an investigation is completed, but is on a 20-day hold as SACWIS will not allow an RI to be completed for investigations on 20-day hold. An IO for this purpose should be forwarded to the attention of the Child Protection Supervisor of the applicable RSF.

C) The CFW shall generate an IO in order to create a CAC referral when the caller attempts to make a report of sexual abuse or sexual assault but the perpetrator is not eligible. After documenting the caller's information and supervisory approval, the IO must be printed, at the top of the page cross off "Information Only" and write "CAC referral" across the top of the page. The IO is now ready to fax to the appropriate RSF. If a service area does not have a CAC, the referral (IO) must be sent to the local DCFS field office to be given to local law enforcement.

D) Requests for child protection courtesy interviews are completed as IOs. Such requests are completed when a child protection services agency from another state requests the Department's assistance for one of their cases. Courtesy interviews usually involve one or more subjects of the other state's investigation either residing in Illinois or being temporarily located in Illinois.

To complete a courtesy interview request as an IO, the CFW shall document the same information as a child abuse or neglect report, including the names and contact information of the subjects and the subject's current location in Illinois. The supervisor approved IO should be printed, "Information Only" struck thru, and "CPS Courtesy Interview" written across the top of the page. The completed IO must then be faxed to the appropriate RSF.

Note: When assessing a potential case of child abuse or neglect where one or more subjects is living or temporarily staying in another state, consult the in-state/out-of-state grid chart located in **Procedures 300.20 (g)(7) Out of State Reports**.

2) Child Welfare Services (CWS) Referrals

A CWS Referral may be appropriate when the caller describes a situation that does not qualify for a report of suspected child abuse or neglect, but nevertheless presents circumstances that indicate a service need (e.g. dependency, home management and life skills assistance, emotional support, parenting and parent/child conflict, etc.).

Note: A CWS referral can be accepted to assess the family for service needs and linkage to available local community resources.

A) Who May Refer

CWS referrals may only be taken from the adult subjects of the referral, others residing in the subject's home or a mandated reporter. A child who lives in the residence may request services in certain circumstances. Neighbors, friends, relatives, **cannot** make a CWS referral; however the CFW shall explain to an ineligible caller who is eligible to make the referral. A CWS referral can be made to the Hotline or directly to the local field office.

SCR will not complete referrals at the request of DCFS field staff. Field staff can create CWS intakes on their own.

B) Response to Requests for Child Welfare Services

Department staff who provide child welfare services, including Child Protection Specialists, shall address CWS referrals which are forwarded by the SCR as well as those received directly from police, social service agencies, schools, medical personnel, other public or private agencies, or household/family members.

C) Types of CWS Referrals

Types of CWS referrals include, but are not limited to:

i) Dependency

Under the Juvenile Court Act of 1987 [705 ILCS 405], only police can take limited custody of dependent children. The date and time of the limited custody should be documented in the narrative of a CWS dependency intake with an Action Needed response code, when appropriate.

ii) Extended Family Support Program (EFSP)

A child is not considered neglected if he/she is left in the care of a relative who is willing to continue their care and there are no other risk factors present. The Extended Family Support Program (EFSP) provides short term services to a child residing in the care of a relative for the foreseeable future for which short-term interventions will stabilize the relative household and allow for continued care of the child in the household. Children served by this program may not have a legal relationship with the Department and must be referred for EFSP services by the caregiver they currently reside with by contacting either the State Central Register, local Child Protection staff, or the Post Adoption Unit. EFSP services may consist of guidance in obtaining legal guardianship of the child, counseling services, benefits advocacy, educational advocacy, medical advocacy, housing advocacy, mediation, and referrals for legal services.

For eligibility requirements to EFSP, refer to **Procedures 302.389, Extended Family Support Program**

The following information should be included in an EFSP intake:

- Date of the caregiver/child(ren)'s last contact with the biological parent(s) or legal guardian;
- Service needs of the child/caregiver;
- How and why the child came to live with the caregiver;
- Length of time the child has been living with the caregiver;
- Child's physical and/or mental disabilities, if any;
- Other services currently being received by the child, if any;
- Behavior problems the child regularly exhibits, if any; and
- Names, birthdates and any other identifying information for both biological parents, if available. Include at least one biological parent as a participant; if one parent has custody of the child in question, that parent should be the one included.

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 26-1of 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.

iii) **Minors Requiring Authoritative Intervention (MRAI)** MRAI services are for children/youth ages 11 to 17 who are chronic runaways and/or beyond the control of their parents. The MRAI program is intended to divert these children/youth from the judicial system. The Department of Human Services contracted agencies provide services to children/youth who are unwilling to return home **or** whose parent is unable to control their behavior.

- Making the Referral: **When a child/youth is unwilling to return home** and there has been no police involvement, the caller should be directed to contact local law enforcement for assistance or take the child to a police station. Should an officer take limited custody of the child/youth, the officer should involve the MRAI agency serving the geographical area. In situations where the parent refuses to allow the child to return home **and** refuses to arrange for an appropriate alternative placement, the CFW shall take a report of alleged neglect, **Allegation #84, Lockout**. **The decision to accept a Lockout report is based solely on the actions of the parent and not on whether the child/youth is willing to return home.**

  When an MRAI referral is based on a child/youth's out of control behavior and the parent has been unable to contact the local MRAI agency on his/her own, or when a referral is coming from law enforcement, the CFW should make the referral by completing a CWS intake and checking "MRAI" on the decision tab.

  If law enforcement does not know how to contact the MRAI agency serving their area, instruct the officer to contact the **Comprehensive Community Based Youth Services (CCBYS) Information Line** at 800-786-2929 for assistance. **Under no circumstance should the CFW give the after-hours phone numbers for MRAI agencies to the general public.**

- Younger Children Out of Control: When the out of control child is under 11 years of age, a CWS referral may be taken to assess the service needs of the family and to link them to available local community resources.

D) Changing a Referral Type

i) Upon completion of person searches, if a pending report is discovered regarding any subject, the CFW shall change the CWS to a RI of the pending report and forward the RI to the assigned Child Protection Specialist.

ii) If a CWS referral is made regarding a family who has an open service case or a pending CWS referral, the CFW shall document the information in an IO and send to the assigned caseworker at the appropriate RSF. When there is an identified service need for open cases involving an adoption subsidy or subsidized guardianship, a new CWS referral may be completed.

Note: It is not appropriate to link an unrelated CWS referral to a pending investigation as a RI even though they may involve the same child. (e.g., during a pending facility investigation, the family of a victim calls requesting assistance totally unrelated to the pending investigation.)

Note: CFWs shall not request a LEADS check for a CWS referral, **except** when notified by the police that a child is in custody and a LEADS check is necessary for placement purposes.

3) Licensing Referrals

A) If a caller's information does not meet the criteria for a report of suspected child abuse or neglect, but does identify problems in a licensed child care facility, the call shall be taken as a "Licensing Referral" intake. These intakes must be printed and transmitted to the Central Office of Licensing (COoL) in order to be sent to the local licensing unit. Licensing issues for facilities include, but are not limited to, corporal punishment, use of inappropriate language, inadequate staffing patterns, inadequate space, or a facility over capacity. Any person who has knowledge of a possible licensing violation occurring in a child care facility licensed by the State of Illinois can make this type of report.

B) A Licensing Referral should be completed for an unlicensed day care facility where it appears the day care owner provides care for too many children to be exempt from licensure. To be exempt from licensing as a day care home, **Rule 377, Facilities and Programs Exempt from Licensure**, stipulates:

"Family homes that care for no more than 3 children under the age of 12 or that receive only children from a single household, for less than 24 hours per day, are exempt from licensure as day care homes. The three children to whom this exemption applies includes the family's natural or adopted children and any other persons under the age of 12 whether related or unrelated to the operator of the day care home." **In almost all other circumstances, the home must be licensed.**

4) Deaths that may not meet the criteria for investigation

If a caller's information regarding the death of a child does not meet the criteria for a report, the death shall be documented as an Unusual death.

See **Procedures 300, Appendix K**, for definitions of unsafe sleep conditions and definitions that relate to the unusual death of an infant.

Documenting an Unusual Death

- SCR documents all child deaths in an intake. The CFW shall document the information as a SUID/Unusual Death, print the intake and write "Death" across the top, and immediately walk the printed intake up to the Call Floor Supervisor on duty.

  The CFW or a Call Floor Supervisor on duty shall complete the Death Log and all person searches, but shall **not** request a LEADS check for SUID or Unusual Deaths. If the deceased child is a DCFS ward, the CFW shall document the name and contact information of the caseworker in the intake narrative, check the ward box on the intake decision tab and write "Death of a Ward" at the top of the printed intake.

- All calls concerning a SUID/Unusual Death report require documentation in an intake, even if the caller is only requesting a person search.

5) Mandated Caller/No Report Taken (MCNRT)

When a mandated reporter calls SCR and reports an incident or situation that does not qualify as a report of suspected child abuse or neglect, referral for services, licensing referral, or any other type of intake, the CFW shall document the call as a Mandated Caller No Report Taken (MCNRT). Examples of reasons a CFW might document a MCNRT include, but are not limited to:

- An perpetrator who is not eligible;

- A victim age 18-22 who does not reside in a licensed facility (after ensuring the reporter has been directed to call the Office of the Inspector General of the Department of Human Services);

- No child abuse or neglect issues are reported; or

- The need for additional information to determine whether the reporter's concern qualifies as a child abuse or neglect report.

To complete a MCNRT, the CFW must perform a person search, briefly describe the situation reported and document the reason(s) the report was not accepted. If there is an open DCFS case or pending child protection investigation a MCNRT should **not** be taken. The CFW should send an IO to the appropriate caseworker or an RI to the assigned Child Protection Specialist, if the caller's information is relevant to the pending investigation.

The CFW shall inform the caller that their information will not be taken as a report of suspected child abuse or neglect, the reason why the call was not accepted as a report and that the caller's information will be documented and retained on file at SCR for six months. The mandated reporter should be given the intake number of the MCNRT for future reference. If the mandated reporter wishes to dispute the CFWs decision, the CFW shall forward the MCNRT to the supervisor on duty for review **with a note in the narrative section stating that the mandated reporter disputes the decision**. The supervisor on duty shall then call the mandated reporter for further consultation.

A supervisor must review and approve all MCNRTs. The completed MCNRT serves as documentation and protection for both the mandated reporter and the CFW. MCNRTs are never transmitted to an RSF.

6) Calls Concerning Unprofessional Behavior of a Child Protection Specialist

Any call received from a **mandated reporter** regarding alleged unprofessional behavior by a Child Protection Specialist (e.g., apparent intoxication, a threatening demeanor or other similar unprofessional behavior) shall be documented in an I & R, upon consultation with the Call Floor Supervisor on duty, and shall then be immediately communicated to the appropriate Area Administrator so that the Area Administrator may respond to the mandated reporter's concern.

7) Information and Referral (I & R)

This intake type is used when providing general information and/or making a verbal referral to the caller to use the services of another agency.

8) Hang Up/Wrong Number

This intake type is used when receiving an incoming call and the caller identifies they have called the wrong number or just hang up with no response.

9) Crank Calls/Harassment

This intake type is used when it is quickly evident the caller has no serious intention for using the Hotline for its intended purposes.

10) Transfer

This intake type is used to transfer the caller to another SCR staff, supervisor, or other Department unit.

11) SCR Maintenance

This intake type is primarily used to assist field staff with a particular SCR number or SACWIS issue. It would be appropriate to use this category when completing a background check and releasing information about a pending case to a police officer, physician, or another state's child protection unit.

12) Miscellaneous Calls

This intake type should be used rarely. It should only be used for calls which do not fit any other category.

j) Documentation of Unusual Incident Reports Concerning DCFS Wards with Sexually Problematic Behaviors

When a caller alleges that a DCFS ward (regardless of age) has been sexually aggressive or has exhibited sexually problematic behaviors, including consensual sex involving another ward, the CFW shall complete a **CFS 119, Unusual Incident Report**. A **CFS 119** is completed only when a caller reports sexual abuse or exploitation **by** a ward, including situations in which a ward is exhibiting sexually aggressive or problematic behavior. A **CFS 119 must be accompanied by an IO** to the caseworker documenting the incident and the notation "**CFS 119** completed" in the narrative.

Note: CFWs should remind POS workers who complete the unusual incident report to use the **CFS 119** rather than the private agency's UIR form.

k) Educational Neglect

DCFS does not accept or investigate reports of educational neglect. Each school district employs truant officers who handle issues involving school attendance. CFWs should refer all callers to the child's school or the school's district office to report chronic non-attendance.

The CFW **shall** complete an Educational Neglect form to document calls from individuals who are not school staff but know of children who are of age and are not enrolled in school. Designated SCR staff shall mail the Educational Neglect forms to the appropriate Regional Superintendent of Schools for follow-up. CFWs should **not complete an educational neglect form without enough identifying information to locate the child.**

l) Reporting Unusual Incidents

CFWs periodically need to document unusual calls to the hotline, such as callers who threaten staff or make persistent crank/obscene calls. The CFW shall alert the Call Floor Supervisor on duty or an SCR Administrator when such a call is received. The Call Floor Supervisor on duty or SCR Administrator shall contact appropriate Department personnel, when necessary. If a CFW believes that someone's life is in immediate danger, based on a caller's threat or information about a threat, the CFW shall call the appropriate law enforcement agency to report the danger and notify the Call Floor Supervisor on duty of the incident.

To document an unusual incident, the CFW shall send an email to the Call Floor Supervisor on duty. The email should include the following information, if available:

- Name and other identifying information of the caller;
- Date and time of the call and the telephone number from which the call was received;
- The content of the telephone call;
- The number of previous calls made, as well as dates, times and content of the previous calls, if known;
- If a threat was made, and the reason the caller might wish to threaten DCFS/POS staff or a service provider; and
- Any other pertinent information.

m) Crank Calls

If a crank call is received, inform the caller that this is the Child Abuse Hotline, if the caller does not hang up right away, do not hesitate to hang up. If a crank caller persistently calls the hotline, the CFW shall notify the Call Floor Supervisor on duty of the crank calls via email and consult with the Call Floor Supervisor on duty, as needed.

n) Referrals Involving Developmentally Delayed Adults (Age 18 – 59) Who Do Not Live in a DCFS Licensed Facility

When SCR receives a report of suspected abuse, neglect or financial exploitation of a disabled adult between the ages of 18 and 59 years who does **not** reside in a DCFS licensed facility, the CFW shall instruct the caller to contact the Department of Human Services (DHS) Office of Inspector General and shall provide the caller with the state-wide 24-hour toll free number (866-800-1409). If the caller provides the CFW with enough information, the CFW may contact the DHS OIG to make the report of possible disabled adult abuse/neglect.

o) Referrals Involving Elder Caregivers and Adults over Age 60

When SCR receives a report of suspected abuse, neglect or financial exploitation of older caregivers and adults over age 60, the CFW shall instruct the caller to contact the Department on Aging's Senior Helpline (800-252-8966). If the caller provides the CFW with enough information, the CFW may contact the Senior Helpline to make a report of possible elder abuse/neglect.

p) Informal Referrals

If the caller desires services or information not appropriate for a CWS referral, use the resource information available in the reference fan located at each call floor work station and refer the caller to the most appropriate agency or service provider.

q) Requests for Information

1) Confidentiality of Child Abuse or Neglect Information

All information regarding reports of child abuse or neglect received by the hotline is confidential. Only five categories of individuals (listed below) are permitted to receive report information by telephone without the consent of the report subjects. Information can be provided only when DCFS receives an appropriate written or oral request for information. See **Rule 431.80 and 431.90,** as well as **Procedures 431.40, Release of Client Record Information to Persons or Entities with Appropriate Written or Oral Request.**

A) Individuals Who Are Able to Receive Information From Hotline Staff:

- Child Protection staff, when the information sought is relevant to a pending report of child abuse or neglect;
- Law enforcement officials investigating a report of child abuse/neglect or determining whether a child should be taken into protective custody;
- A Physician examining or treating a child who needs information to determine whether a child is abuse or neglected, or to determine whether a child should be taken into protective custody;
- Coroners and Medical Examiners who are performing autopsies or scene investigations on subjects of a death report; and
- Out-of-state child protection agencies involved in a child abuse or neglect investigation.

See **Rule 431.80, Disclosure of Records of Child Abuse and Neglect Investigations**.

Verification of Caller's Identity: The requestor's identity and authority to receive the information must be verified prior to providing any requested information. **CFWs MUST NEVER PROVIDE INFORMATION TO UNKNOWN REQUESTORS.**

B) Verifying Caller's Identity

i) At times, law enforcement officers call the hotline to obtain information regarding DCFS involvement with a family. In an emergency situation, it may be necessary for the CFW to assist law enforcement by providing essential information regarding the family in order for the officer to make immediate and vital decisions regarding a child's safety. Only pertinent information concerning the current emergency situation should be released. **Information can only be released after identity verification of the caller**.

Regarding closed service cases and indicated investigations, the CFW may release limited information to a law enforcement officer when such information is directly related to a police investigation and only once the CFW has verified the officer's identity with his/her police department or precinct.

In non-emergency situations, it is **not** required for the CFW to release information concerning a pending report over the phone. An officer investigating a case related to a pending report should be given the assigned Child Protection Specialist's contact information and urged to contact him/her or his/her supervisor.

ii) Verification of a caller's identity can usually be obtained by checking an official telephone listing or checking with a third party at the main phone number of the requestor's reported place of employment.

The CFW shall obtain the requestor's name, official capacity, an official business phone number through which his identity and authority to receive the information can be verified, and the phone number of his/her current location. If a police officer in the field has provided his contact number in the field, this number must also be verified with police station personnel. When in doubt of the requestor's identity or authority to receive such information, the CFW shall deny the telephone request and instruct the requestor to send a notarized written request (**See Procedures 431.130(b)**) or refer the requestor to the Child Protection Specialist investigating a pending report.

CFWs shall verify the identity of the caller requesting information by the following methods:

- DCFS and private agency staff – Ask for the worker's name and identification number and compare to the information in the DCFS database. The ID number and name **must** match in order to release information to the requestor. Upper-level DCFS administrative staff with a valid ID number can receive any information, including information regarding Undetermined and Unfounded investigations.

- Law Enforcement Officer – Obtain the badge number, present location of the officer, officer's beat number for the day, and/or the current location telephone number as well as the police station or precinct main non-emergency number. Call the main non-emergency number to verify the officer's identity.

- Physician/Coroner/Cook County Medical Examiner (CCME) – Request the hospital main phone number or the hospital department phone number from the requestor. Verify the main number with directory assistance or other resource and ask to be transferred to the appropriate department. Once caller's identity is verified, the physician, coroner or medical examiner should be called back and provided the information requested.

- If the caller is a hospital or clinic staff member calling on behalf of the physician, verify that both the staff member **and** the physician are employees and are on duty. Release information **only** if the caller is able to provide information verifying that the physician has reasonable cause to believe that the child before him/her may be abused or neglected or the person search is related to a SUID/Unusual Death report.

C) For an Incoming Call

The only time information can be released on an incoming call to the hotline is when the caller is a DCFS or POS employee with a valid ID number. The CFW must call back all others, including doctors and police officers, to verify their identities. With the exception of police officers in the field, no information can be released to anyone who is not at their place of employment, as the CFW has no way to verify the caller's identity. When a judge requests information, the CFW shall refer the judge to the Office of Legal Services. Requests for information from any source (including probation officers) other than one of the five previously identified **must** be in writing and mailed to the SCR Administrator at 406 E. Monroe, Station #30, Springfield, IL, 62701 or faxed to SCR at **217-782-2701**.

Note: Only Child Protection Specialists, Child Protection Supervisors, and Area Administrators currently involved with an investigation, as well as upper-level DCFS administrative staff and law enforcement may be given the reporter's name. Intact and Permanency Supervisors and Administrators shall **NEVER** release the reporter's name.

2) Caseworker Information

While much of the information related to DCFS services is confidential by law, the CFW may share limited information with certain callers to assist with the provision of services, particularly emergency services.

Mandated callers requesting information should be referred to the local field office, downstate requestors should be referred to the local office; Cook County requestors should be referred to case tracking at **773-371-6161**. The CFW must verify the caller's identity and determine the purpose of the request before referring the caller to the local field office or releasing information over the telephone.

Requests from **mandated reporters** for information from the database must concern one of two issues:

1) whether the child is a ward; or

2) whether there is an open service case on a specific family.

NON-MANDATED REPORTERS SHOULD NEVER BE GIVEN INFORMATION.

DCFS/POS staff should have access to this information in their own offices and/or from their laptop computers. However, in after-hours emergency situations, Child Protection Specialists and Intact/Permanency Workers may call SCR for information such as legal status, placement and name of the current caseworker.

Emergency medical and law enforcement personnel may be given information on the legal status of a child in care. For additional assistance, refer these callers to the local field office or, if necessary, contact the appropriate on-call Child Protection Specialist.

School personnel should be aware if a child in their school is a DCFS ward and should know the name of the caseworker and contact information of the foster parent. The CFW should **not** discuss with school personnel whether there is an open family service case. If school personnel want to forward information to the caseworker, the CFW should take an IO and forward the information on to the child's caseworker.

Youth Crisis Agency personnel may need to determine the legal status of a child with whom they are working and the child's caseworker, if one is involved. The CFW may release this information in this circumstance, upon verification of the Youth Crisis Agency worker's identity.

3) Out-of-State Requests for History

Out-of-state child protection/welfare agencies and private adoption agencies often contact the Hotline to request background information/history on families with whom Illinois DCFS has been involved in the past. CFWs can facilitate the out-of-state agencies' efforts to obtain information by providing the caller with the following information:

- Out-of-state child protection/welfare agencies: Instruct the caller to write the request on their agency letterhead and fax it to the Placement Clearance Unit Supervisor **217-782-3991**. Have the requestor include the names of the family members, dates of birth, and the family's previous Illinois address.

- Out-of-state adoption agencies: Instruct the caller to complete **a CFS 689, Authorization for Background Check for Programs NOT Licensed by DCFS.** The **CFS 689** is available on the DCFS Website.

If the out-of-state child protection/welfare agency or adoption agency cannot wait for a reply from the Placement Clearance Unit Supervisor (e.g., the information is necessary for a court hearing that day), the CFW may provide background information to the agency if the requestor faxes a written request to SCR **217-782-2701** on the requesting agency's letterhead.

r) Requests from Medical Providers for DCFS Guardian's Consent

1) Where and When to Call for Consent

Downstate medical providers must call the SCR after hours consent line **217-782-6533**, when requesting after hours consent for routine and ordinary medical care for wards and children who are under the age of 18 and in protective custody. The SCR after hours consent line is used after 5:00 PM weekdays as well as holidays and weekends. SCR staff shall document the request on a consent form and ensure a copy is sent to the DCFS or POS field office that has case management responsibilities for the child.

Cook County medical providers seeking medical consent for wards and children under the age of 18 who are in protective custody during afterhours, weekends and holidays, must call the DCFS After Hours Service Phone **773-538-8800**.

Any after-hours requests other than routine and ordinary medical consents are to be handled by CIRU in Cook County. SCR staff shall refer medical providers to that unit.

During regular business hours, all medical providers statewide who need to request **medical consent for wards, and children under the age of 18** who are in protective custody, should be instructed to call the Consent Unit **800-828-2179**.

Refer to **Procedures 327, Guardianship Services,** for additional information.

2) Youth Age 18 and Older

If a youth age 18 or older does not have the capacity to consent to medical treatment, a court order must be obtained to allow the DCFS Guardian/Authorized Agent to consent on the youth's behalf. The medical provider should work with the youth's Permanency Worker and a DCFS Regional Counsel to obtain a court order for this purpose.

3) Psychiatric Consents

Medical personnel requesting consent to prescribe/administer psychotropic medications must complete the **CFS 431-A, Psychotropic Medication Request** and **CFS 431-A Cover, Psychotropic Medication Request Fax Cover Sheet** and fax these two forms to the **DCFS Consent Unit (312-814-7015)** Monday through Friday from 8:30 a.m. to 4:30 p.m., or to the **DCFS After Hours Service (773-538-8835)** on on weekends and holidays. The **CFS 431-A** and **CFS 431-A Cover** are available on the DCFS Website (www.DCFS.illinois.gov).

Consent for all **psychiatric hospital admissions** can only be provided by Authorized Agents of the **DCFS Consent Unit.** The **Consent Unit** will provide consent for all psychiatric hospitalizations statewide.

Consent Unit Phones: 800-828-2179 or 866-503-0184
Faxes: 312-814-4128: Ordinary Medical
312-814-7015: Psychiatric
312-814-1391: Medication

DCFS After Hours Service Phone: 773-538-8800
Fax: 312-328-2124

s) Assessment of Correspondence Reporting Child Abuse or Neglect

Assessment and Processing

When the Department receives correspondence that has been mailed, faxed, or e-mailed to DCFS for the purpose of reporting suspected child abuse or neglect, the CFW shall follow the same procedures for assessing the information and processing reports as assessing reports received at the hotline by phone. The CFW shall perform the following when a report is generated based on the information in the correspondence:

1) If the information in the correspondence qualifies as a report or RI, a copy of the correspondence shall be faxed by the Production Control Unit (PCU) to the appropriate field office with the SCR number written across the top of the copy.

   When a **CANTS 1** is faxed to SCR from a DCFS field office and is accepted as a report, the **CANTS 1** information shall be entered into the database and the CFW shall write the SCR # or Intake ID # on and "entered by___" (name of CFW) across the top of both pages of the **CANTS 1**. A copy of the report and the original **CANTS 1** shall be faxed back to the field office of origin.

2) If the information contained in the correspondence **does not meet the criteria for a report or RI to a pending report**, then the CFW must document so in one of the following ways:

   - **IO**: The CFW shall complete an IO to be sent to the assigned caseworker if any of the subjects of the correspondence has an open service case;

   - **Referral for Services:** The CFW shall take a CWS referral if the correspondence meets the criteria for a referral, there is a need for services and the written correspondence is from a mandated reporter, the child's primary caregiver, or an immediate family member who resides in the household;

   - **MCNRT**: If the information is from a mandated reporter and is not appropriate for a report of child abuse or neglect, License Referral, CWS or IO, the CFW shall complete a MCNRT and submit the MCNRT for supervisory approval.

   - **IO not transmitted**: If the correspondence is from a non-mandated reporter, the CFW shall complete an IO. The completed and supervisor approved IO with attached correspondence shall be filed by the PCU, but **shall not** be faxed to an RSF.

t) Runaways/ Child Intake and Recovery Unit (CIRU)

1) Illinois DCFS Wards / CIRU

CFWs shall refer calls regarding runaway wards to the DCFS Child Intake and Recovery Unit (CIRU).Operating 7 days/week, 24 hours/day, CIRU staff will contact the assigned DCFS/POS Permanency Worker and/or the DCFS on-call worker, as needed. A CFW may be asked to assess information concerning a parenting ward on run with her child for a possible report of child abuse or neglect. For additional information concerning runaway wards, CFWs shall refer to **Procedures 329, Locating and Returning Missing, Runaway, and Abducted Children**.

2) Out-of-State Runaway Wards

When a runaway child for whom another state has legal responsibility, has been located in Illinois, the return of that child to his/her home state must be coordinated through Comprehensive Community Based Youth Services (CCBYS) Interstate Commission. CFWs who receive a call concerning a runaway should direct the caller to contact the National Runaway Safeline at 1-800-786-2929 in order to connect with CCBYS.

3) All Other Runaway Children (Non-Wards)

When SCR receives a call regarding a child who has run away from home or a facility and the caller does not allege an incident of abuse or neglect, the CFW shall refer the caller to local law enforcement. The law enforcement officer should in turn make arrangement for the child to be handed over to CCBYS for an eventual return. If the caller is a law enforcement officer, the CFW shall direct the officer to contact CCBYS at 1-800-786-2929.

u) Interstate Compact on the Placement of Children (ICPC)

If an out-of-state agency requests a home study in order to place a child with a relative in Illinois or to monitor an out-of-state family while the family is in Illinois, the CFW should **not** take a CWS referral. The CFW shall refer the caller to the ICPC office. For calls received after hours, provide the caller with the ICPC phone number **217-785-2680** and advise the caller to contact ICPC the next business day.

v) Appeals of Indicated Reports

All calls regarding appeals of indicated findings, administrative hearings, amendment or expungement of records should be referred to the Administrative Hearing Unit, Chicago: 312-814-5540/ Downstate: 217-782-6655.

w) Communications/Public Relations

All calls from the media must be referred to the DCFS Office of Communications at **312-814-6847**. Staff should **never** answer any media questions, regardless of how simple the inquiry may seem. Any requests for information about statistics or general functions of DCFS should also be referred to the Office of Communications. Any time the hotline receives an after-hours request for statistical or general information or a call from the media, the call should be transferred to the Call Floor Supervisor on duty.

x) Retention of Reports

Retention schedules for indicated, unfounded, undetermined and pending child abuse and neglect records are found in **Rule 431.30, Maintenance of Records**. All retained records are confidential and shall not be made available to the general public except as provided in **Rule 431.85, Public Disclosure of Information Regarding Abuse or Neglect of a Child**.

Note: Within 10 days of the date of notification, the alleged perpetrator of a report that has an unfounded final finding may request a record of an unfounded report be retained as intentionally false. The intentional false report shall be maintained in the SCR database for a period of five years, as well as the SCR hard file, the field office's child abuse and neglect investigative file and the local index. The Department is not obligated to honor written requests for unfounded reports to be retained as intentionally false postmarked more than 10 days after the date on the SCR notice. SCR shall notify the local Child Protection unit when to destroy records of reports retained as intentionally false. See **Rule 431.30(b)(5), Unfounded Allegations**

y) Protective Service Alerts

Protective Service Alerts shall be forwarded to the SCR Administrator or designee for processing. The SCR Administrator will check the DCFS and Department of Human Services (DHS) data bases for the names of the persons listed in the alert. If a pending report or open service case is found, the information will be forwarded to the assigned Child Protection Specialist or Intact/Permanency caseworker. If no information is found, the information will be forwarded to the DCFS Help Desk and placed on the message board for no less than 30 days.

z) Protective Custody

ANCRA [325 ILCS 5/5] gives Child Protection staff, police officers and physicians the authority to take temporary protective custody (PC) of a child whom they believe has been abused or neglected or is at substantial risk of physical injury. Protective custody is valid for 48 hours (excluding weekends and holidays), within which time a court hearing (shelter care) must be held. If a caller informs a CFW that PC is being taken of a child, a report of suspected abuse or neglect should be generated or if a report is pending the protective custody screen must be completed. When PC is taken by law enforcement or a

physician, the name of the person who has taken PC and the time of PC **must** be documented in the report narrative. When a physician notifies the hotline that protective custody has been taken of a minor because the parents' religious beliefs do not permit them to consent to necessary medical procedures, the physician shall be directed to contact the local State's Attorney's Office for a petition without an intervening investigation, unless additional information in the report suggests abuse or neglect.

Children and allegations may be added to a pending report in an RI; however **the IOR/SOR/RI must contain allegations for each child who is taken into PC.**

Section 300.40 Assignments to the Field

a) Transmitting Reports from SCR to the Field

The Call Floor Worker (CFW) shall transmit all child abuse and neglect reports to the field within 1 hour of receipt of the report. During after-hours operations, the CFW shall verbally notify the on-call Child Protection Supervisor of reports received, per the after-hours protocol established by the Deputy Chief of Child Protection. As Cook County Child Protection Specialists are available on a 24 hour basis, CFWs are not required to notify them verbally of after-hours reports, but shall transmit after-hours reports according the after-hours protocol established by the Deputy Chief of Child Protection.

b) Reports Taken at a Local DCFS Office

When a person calls a local DCFS office to make a report of suspected child abuse or neglect and the local office has call-transferring capability, the call shall be transferred to the toll-free hotline number as soon as local office staff determines the caller's intent and the caller agrees to be transferred. The Department shall make every effort to accommodate the communication needs of those who are limited/non-English speaking or hearing impaired (e.g., use of interpreters, the Illinois Relay System, TDD/TTYs). Persons appearing at field offices with questions or concerns about potential child abuse or neglect should be referred to a Child Protection Specialist or caseworker who will answer the questions and/or assist the person in making an oral report to the SCR or take the report information and transmit it to SCR in accordance with these procedures.

If the local office does not have call-transferring capability and the person wanting to make a report cannot or will not call SCR, a Child Protection Specialist or caseworker shall document the report information and immediately contact SCR to make the report on behalf of the caller. The local worker shall make a report to SCR by phone or fax a completed **CANTS 1** within one hour of receipt. If an emergency response is necessary, the local worker shall transmit the report to SCR within two hours of the emergency response being met by Child Protection staff.

The CFW shall perform the following tasks upon receipt of a report of suspected child abuse or neglect that is received at the local DCFS office:

- Complete a person search of all names contained in the report;
- Request a LEADS check in accordance with **Procedures 300.20(g)(10)**;
- Assign an SCR number and/or sequence; and
- Transmit the report to the appropriate Child Protection team.

c) Reports Made by Local Field Staff

If any DCFS staff person is in the field and obtains information that appears to qualify as a report of suspected child abuse or neglect, the staff person shall call the report in to the hotline or fax a completed **CANTS 1** to the hotline. If the staff person is a Child Protection Specialist, the Child Protection Specialist should inform the CFW of the actions that he or she has taken or will take to respond to the report being made. Each staff person must complete a **CANTS 5, Written Confirmation of a Suspected CA/N Report** after making a report to SCR.

d) Transferring Reports from One RSF to a Different RSF

Call Floor Workers must use the following guidelines to make decisions for transferring reports from one RSF to another. CFWs should consult with the supervisor on duty for situations that do not fall into the categories below.

1) When SCR makes an original case assignment, the report shall be assigned to the RSF where the child victim resides. If there are child victims in multiple RSFs, assignment should be made based on the residence of the primary victim, if there is one. Example: One child is sexually abused and other children are considered to be at risk of sexual injury. In such an investigation, primary assignment would go to the RSF of the sexually abused child and the RSF of the children at risk would be the parallel assignment.

   Other factors that must be given consideration when making case assignment are:

   - which RSF has the most victims;
   - where the incident occurred; and
   - where the perpetrator lives.

2) Reports are frequently made involving children (usually children in Department care) who are in placement in a different RSF than where they originated. The CFW shall determine if the caller is referring to a current incident of harm or a past incident of abuse or neglect and where the incident occurred. If the incident of harm occurred in the substitute care placement, the case shall be assigned to the RSF where the placement is located and the incident occurred. If the incident occurred prior to placement or during a home or family visit, the primary assignment shall be made as if the child were living in their home RSF, with their placement/current location as the parallel assignment.

3) Call Floor Workers shall call local law enforcement to confirm the county in which a reported address is located when making case assignment and there is uncertainty of the location of the reported address. When county identification is in doubt, confirmation of the county of the reported address must be made prior to making primary or parallel assignment.

4) All changes of case assignment due to an incorrect assignment by SCR do not require acceptance by the Child Protection team of the correct RSF, if the location of the child/family is not in dispute. In such cases the Child Protection Supervisor of the erroneously assigned RSF must send prompt notification to SCR of the need for case reassignment in order to avoid or minimize any delay in meeting the initiation mandate. The Child Protection Supervisor of the erroneously assigned RSF may transmit the report directly to the correct RSF, however he/she must have a discussion with the Child Protection Supervisor of the correct RSF at least 4 business hours before the expiration of the initiation mandate. **Reports that have less than 4 hours to meet the initiation mandate must be initiated by the Child Protection Specialist of the originally (erroneously) assigned RSF.**

5) Examples of cases that require the concurrence of the accepting Child Protection Supervisor (or designee) include, but are not limited to:

- When the address of a report subject is incomplete, questionable, or there is conflicting information regarding the address of residence; and

- Reports where the report subjects were not initially located, but once located, it is determined that they live in an area covered by another RSF.

6) SCR may receive notification from a Child Protection Supervisor that a change of assignment is required.

When there is disagreement between Child Protection Supervisors regarding the need for a change of case assignment, the following procedures shall be followed.

- If the disagreement is between two Child Protection Supervisors in the same Region, the decision will be made by the Area Administrator (AA).

- If the disagreement is between two Child Protection Supervisors in different Regions, attempts should first be made to resolve the issue between the respective AAs. If the AAs are unable to resolve the conflict, the decision shall be referred to the appropriate Associate Deputy Director of Child Protection.

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Section 300.50 Investigative Process

The Department has designated staff persons who act, either full-time or part-time, as Child Protection Specialists, or who function in after-hours positions as Child Protection Specialists. These designated staff are responsible for investigating reports of suspected child abuse or neglect and are the only Department staff permitted to take children into temporary protective custody.

Some reports of suspected child abuse or neglect require additional activities and include special provisions. Those reports include situations involving youths in care, a child death, facilities, schools, child care workers, clergy, state facilities and state employees, sexually aggressive youths in care, disabled infants, and children with special healthcare needs. Staff should refer to **Procedures 300.110**, **Special Types of Reports**, for instructions for conducting investigations of these reports.

a) Time Frames

The following activities must be completed within the time frames indicated. The time the report was received at the State Central Register (SCR) begins the investigative process.

- **24 hours:** In-person contact, or good faith attempt, with the alleged child victim and in-person examination of the environment for inadequate shelter and environmental neglect reports only.

- If at all possible, efforts to interview the parent/caregiver must be made on the same day the Child Protection Specialist has in-person contact with the child victim.

- **14 days:** A good faith determination that the alleged abuse and/or neglect exists must be made within 14 days of receipt of the report. If a good faith report exists, the investigation continues. If a good faith report does not exist, the report shall be terminated by day 14.

- **45 days:** The Child Protection Supervisor and the Child Protection Specialist shall evaluate the status of the investigation and identify pending activities that need to be completed in order to reach a final finding.

- **55 days:** The Child Protection Specialist shall submit the completed investigation and Final Determination to the Child Protection Supervisor within 55 days of receipt of the report. **If a 30-day extension to complete the investigation is necessary, the Child Protection Specialist shall submit (prior to the 55th day) an extension request to the Child Protection Supervisor who will evaluate the request. If the Child Protection Supervisor approves the request, he/she shall submit the request to the Area Administrator for review and final approval of the extension.** (See **Subsection (h), Preliminary Report of the Investigation** for complete instructions regarding requesting an extension to complete an investigation.)

- **60 days:** The Child Protection Supervisor shall return or approve the report within two days of submission by the Child Protection Specialist or by day 60, unless the report is extended for good cause. If a 30 day extension was granted, the Child Protection Supervisor must approve or reject the completed investigation before the 90th elapsed calendar day of the investigation, unless the Area Administrator has granted further extensions.

b) Initial Investigative Activities

1) Good Faith Report

The purpose of the initial investigative activities is for the Child Protection Specialist to confirm that there is a good faith basis for belief that abuse or neglect occurred and a formal investigation is warranted.

2) Activities

Child Protection Specialists must complete the following investigative activities to determine whether a good faith report exists:

- Initiate the report within the 24-hour mandate by in-person contacts or good faith attempts;

- In-person contact with the alleged victim or victims and in-person examination of the environment for inadequate shelter and environmental neglect reports only, and a completed a safety assessment;

- In-person or telephone contact with the reporter, if the reporter's identity and whereabouts are known or the source of the report, if the source's identity is known; and

  If the child has an injury or illness consistent with the allegation and has been seen by a medical professional, the Child Protection Specialist **must** have a conversation with the examining medical professional.

  Note: Child Protection Specialist shall not request that a child remain in a hospital pending further investigative activities when the child has been medically cleared for discharge. Complete a person search and LEADS check (LEADS is for persons over 13 years of age) on the subjects of the report and all members of the household.

3) Good Faith Determination

A) Within 14 days of receipt of the report, if any one of the factors listed below is **not** present, a determination will be made that the report is not a good faith report of alleged child abuse or neglect and the investigation will be terminated. The Child Protection Specialist shall "initial unfound" the report after consultation with the Child Protection Supervisor and Area Administrator.

Factors that must be present to determine that a report of abuse or neglect is a good faith report of alleged abuse or neglect include the following:

- The alleged victim or victims must be less than 18 years of age, or youth 18-22 years of age residing in a DCFS licensed facility;
- The alleged victim or victims must have been harmed or must be at substantial risk of physical injury;
- There must be an abusive or neglectful incident or set of circumstances as defined in **Procedures 300.Appendix B, The Allegations System,** that caused the alleged harm or substantial risk of physical injury to the child; and
- There must be an eligible perpetrator of the alleged abuse or neglect. 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. 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, which can include the paramour if the parent is not present.

B) The Department shall notify the following persons upon determining a report will be initially unfounded due to not meeting the good faith criteria and will inform them that further investigation will not proceed:

1) Mandated reporters;

2) Custodial parents, personal guardians, and legal custodians of the alleged child victim(s); and

3) Alleged perpetrators.

Note: Any report without face-to-face contact with the child victim may be terminated and unfounded only with the approval of the Area Administrator.

C) The Child Protection Specialist shall confer with the Child Protection Supervisor regarding contact with law enforcement and/or the State's Attorney prior to revealing a finding of "initial unfound" to any of the subjects of the report. If there is no criminal investigation, but there is evidence of a crime, the Child Protection Specialist shall consult with the supervisor and then refer the matter to law enforcement.

4) Unqualified Reports

An unqualified report is a report where it has been determined that there is not an alleged victim and/or eligible perpetrator of alleged abuse or neglect as defined in **Procedures 300.15, Definitions**. A report determined to be an unqualified report must be reviewed by the Area Administrator within 24 hours after the determination is made by the Child Protection Specialist and the Child Protection Supervisor.

5) Continued Activities

The investigation continues when the initial investigative activities show that the report is a "good faith" determination of alleged child abuse or neglect. Child Protection Specialists do not begin the time frame cycle over again once the good faith determination has been made. The contacts made during the initial investigative activities will not need to be repeated unless there are changes in circumstances and assessed information and/or the Child Protection Supervisor identifies the need to redo an activity. If the family has resided outside Illinois, the Child Protection Specialist is required to request out of state LEADS as described in **Administrative Procedure 6.3**.

c) Initiation of the Investigation

1) Initiation (24-Hour Mandate)

The investigation is initiated by in-person contact with the alleged child victim or victims **within 24 hours** of the receipt of the report, or by a good faith attempt to contact the alleged child victim or victims. Where the soonest possible opportunity for the Child Protection Specialist to engage the alleged child victim through in-person contact occurs in a school setting, school personnel are required to cooperate with the Child Protection Specialists in their responsibility to gather and assess child safety in a pending investigation. Child Protection Specialists may present school staff with the documentation of agreement between the Department and the Illinois School Board of Education (CANTS 101). For **Allegation #77 (Inadequate Shelter)** or #**82 (Environmental Neglect),** the investigation is initiated by in-person contact with the alleged child victim AND examination of the environment.

The Child Protection Specialist is responsible for prioritizing risk to the alleged child victim and determining the actions to be taken to establish in-person contact with the child. In determining whether the child should be seen sooner than the next day, all available information (e.g., child's age, allegation information, person search and LEADS history) must be assessed to make an interim determination of the child's safety.

A) The 24-hour initiation mandate may be met by law enforcement. Police-only contact with the alleged victim is not sufficient if the investigation is determined to not be a "good faith" report **unless the investigation has been delegated** to law enforcement**.** The Child Protection Specialist shall document the date and time of the initial in-person contact with each alleged child victim or the examination of the environment in a contact note. For additional information and instruction regarding delegated initiations, see **Subsection (d)(1), Delegated Initiation of the Investigation**.

B) When investigating the death of a child, the Child Protection Specialist is able to meet the initiation mandate by collecting information regarding the child's death from the Coroner or Medical Examiner.

C) If it appears that the immediate safety or well-being of a child is endangered, that the family may flee or the child disappear, or that the facts otherwise so warrant, the Child Protection Specialist shall initiate an investigation immediately, regardless of the time of day or night. In all other cases, the investigation shall be initiated within 24 hours of receipt of the report.

D) If the adult caregiver refuses to allow the Child Protection Specialist to see or speak with the alleged child victim or victims, the Child Protection Specialist shall explain that ANCRA [325 ILCS 5/7.5] gives the Child Protection Specialist authority to see the children. If the Child Protection Specialist is still denied access to the children, the Child Protection Specialist shall immediately contact local law enforcement to assist in contacting the child. If necessary to obtain access, the Child Protection Specialist shall consult with the Office of Legal Services to pursue a court order.

E) An investigation is not in compliance with statutory requirements for initiation until the safety of the alleged child victims has been assessed and their safety assured, or there have been good faith attempts to assess the safety of all the alleged child victims. **The safety of all alleged child victims must be assessed before an investigation is considered initiated.**

Note: When investigating abuse or neglect that is alleged to have occurred to a child while being cared for by a babysitter, the Child Protection Specialist shall determine and identify the names of all other children for whom the babysitter provides care, including the babysitter's own children. When appropriate, the other children should be interviewed and added to the investigation as additional child victims.

2) Good Faith Attempt to Initiate an Investigation

The Child Protection Specialist shall document in a contact note each good faith attempt to establish in-person contact with the alleged child victims and the reason each attempt was unsuccessful.

The following circumstances constitute a good faith attempt to initiate an investigation:

- The Child Protection Specialist learns, upon proceeding to the location given for the alleged child victim in the report, that the child has disappeared, the family has fled, the address does not exist, no one is at the location, or not all of the alleged child victims are at the given location.
- **The Child Protection Specialist shall take whatever steps are necessary to obtain the current location of the alleged child victims and proceed immediately to their location.**
- Good faith attempts must be made every 24 hours or sooner, including weekends and holidays, until the child victim is seen, unless a waiver is granted by the Child Protection Supervisor. The fact that a good faith attempt was made and that the 24-hour mandate was technically met does not relieve the Child Protection Specialist of the responsibility for continuing to attempt to establish in-person contact with the alleged child victim as soon as possible.

Note: A Child Protection Specialist cannot be considered to have made a good faith attempt by continued attempts to see the child at the same location at the same time daily, without also taking additional steps to determine where and when the child may be seen (e.g., school or daycare).

Note: Child Protection Supervisors shall manage and triage alerts for their Child Protection teams. The Child Protection Supervisor shall immediately address an alert indicating that a child victim has not been seen within 5 days of a report being taken and shall ensure that the child is seen and that the child is safe or that ongoing attempts to see the child continue per these procedures.

Note: The Regional Administrator, Area Administrator and Child Protection Supervisor shall be responsible for tracking non-compliance of the 24 hour initiation.

3) Attempts to Locate the Child Victim

If the report does not contain information that the Child Protection Specialist can use to quickly locate the alleged child victim or victims (e.g., names, current locations), the Child Protection Specialist shall take whatever steps are necessary, including but not limited to the following actions, to locate and establish in-person contact with the alleged child victims:

- Ask the local, county, and state law enforcement agencies to check their records for information that would provide the location of the child/family;
- Conduct a records check of the Department of Human Services and Secretary of State records (if a license plate number is known);
- Conduct a diligent search in accordance with **Administrative Procedure #22**;
- Contact the reporter or source of the report, if listed on the Intake;
- Ask relatives and friends of the subjects to provide information to help locate the subjects;
- Contact the child's school or the school district to determine where the child is enrolled; or
- Contact the local post office and utility companies to request a check of their records.

4) In-Person Contact with Alleged Child Victims

Forensic Interviewers and Working with Child Advocacy Centers

Child Protection investigators play an important role with their Child Advocacy Center as part of a multidisciplinary team (MDT) approach. If possible, a multidisciplinary team approach to an investigation is preferred. If a child victim has a developmental disability, a forensic interview should be arranged through the local CAC, if available. When a Child Protection Specialist is also acting as a Forensic Interviewer for the team, the Child Protection Specialist must first complete 32 hours of approved initial training and maintain a minimum of 8 hours continuing education every two years. To maintain Forensic Interviewer status, the Child Protection Specialist must also participate in the peer review process of their work twice yearly. As a member of an MDT, the Child Protection Specialist shall participate in monthly reviews of their cases. If the Child Protection Specialist not available, the Child Protection Supervisor should attend. To hone skills as part of an MDT, the Child Protection Specialist shall also participate in educational opportunities that are cross-discipline in nature. The Department shall designate a person who will be responsible for formalizing inter-agency agreements and policies across Child Advocacy Centers and MDTs.

The Child Protection Specialist shall interview, observe, and thoroughly assess every alleged child victim and any other child subjects individually. If the child is hearing impaired or does not speak English, the method of communication that the child uses shall be employed (e.g., sign language, foreign language interpreter). **(See subsection (c)(9), Persons with Special Communication Needs).** Efforts shall be documented in a contact note.

The Child Protection Specialist shall ask each child if there is an extended family member, other adult or caregiver with whom the child feels safe or to whom the child is important or special. The Child Protection Specialist shall conduct an interview with the person(s) identified by the child. The interviews shall focus on the child's family life, needs, strengths as well as the child's safety. These interviews shall be documented in a contact note.

Note: A positive relationship with a caring, non-abusive adult is a protective factor in the life of a child. Child-selected collaterals can be good candidates to gather information, monitor a safety plan, provide mentorship, keep eyes and ears on the child, and provide a possible placement option. Any knowledge the collateral has concerning the child's behavior, current situation, family life, needs, strengths and challenges is valuable when determining safety threats.

A person whom the child trusts, but who is not the child's caregiver, the alleged perpetrator or another alleged child victim (e.g., an older sibling) may be present during the interview if it will make the child more comfortable.

It is recognized that some children by virtue of their age or physical/emotional condition are non-verbal or are otherwise incapable of being interviewed. The Child Protection Specialist shall thoroughly observe and assess all non-verbal children. Any child age 6 and under who is asleep at the time of contact shall be awakened and then observed. All children who are awakened for observation must be undressed. All observations must be documented in a contact note.

The Child Protection Specialist shall complete a safety assessment in accordance with **Procedures 300.Appendix G**, using the Child Endangerment Risk Assessment Protocol (CERAP).

5) Observation of the Alleged Victim

The Child Protection Specialist shall observe the child if:

- The child victim is alleged to have external marks/injuries (e.g., cuts, bruises, welts, burns, scratches, sores, etc.) as the result of abuse or neglect. **All children age 6 and under must be awakened and undressed for observation.**

- For further instructions on the observation of external marks and injuries and how to assess the information gathered from observations, refer to **Procedures 300.100, Medical Requirements for Reports of Child Abuse and Neglect**.

Note: If the child needs to be examined by a medical provider, the Child Protection Specialist shall refer to and comply with the instructions in **Procedures 300.100(c)(2), Medical Examinations**.

A) Observable External Marks/Injuries

There should always be a parent/guardian/caregiver or other professional person, preferably of the same sex as the child, present when a Child Protection Specialist observes a child, regardless of the child's age. A Child Protection Specialist shall not observe any part of a child's body that would normally be covered by a bikini bathing suit if the child is age 7 or older unless the Child Protection Specialist is the same sex as the child. If not the same sex as the child, the Child Protection Specialist can attempt to locate someone of the same sex to observe or arrange with a parent to take the child to a physician for observation. Children who are verbal shall be told the purpose of the observation and the necessity for it in words they can understand. If the child is hearing impaired or does not speak English, the method of communication that the child uses shall be employed (e.g., sign language, foreign language interpreter). All observations shall be documented on the **CANTS 2A/2B, SUSPECTED ABUSE AND INJURY NOTESHEET**.

Note: Should a child age 6 and under be asleep at the time of contact, the Child Protection Specialist shall ensure that the child is awakened, undressed and observed.

Photographs of a child's injuries may also be taken and used to support the descriptive documentation contained on the **CANTS 2A** or **2B**. Photographs may **never** be used as a substitute for completing the **CANTS 2A** or **2B**.

When the child's parent/guardian is available, the Child Protection Specialist shall notify the child's parent/guardian that the Department has the right to obtain photographs, audiotapes, and videotapes. Such notification may be by telephone.

i) Photographs

The Child Protection Specialist shall take or obtain photographs (black and white or color) of the child and the child's environment as a part of the investigative process. Photographs shall be taken as a part of gathering inculpatory and exculpatory evidence of abuse or neglect or the lack of abuse or neglect. Photographs shall be uploaded into the investigative file within 48 hours of receipt or of taking the photo.

Note: Child Protection Specialists may only use Department issued cameras when photographing a child during the investigative process.

Note: Photographs can be used to document a child's injuries or the lack of injuries. The Child Protection Specialist must ensure that the safeguards described in preceding **Subsection (c)(5), Observation of the Alleged Victim** are followed.

ii) Request Assistance

If the alleged child victim is in the hospital, the Child Protection Specialist shall request assistance from hospital staff in obtaining photographs.

iii) Obtaining Video and Audio Recordings from Other Sources

Child Protection staff may have the opportunity to view and/or receive video or audio recordings of child victims during the course of an investigation. Subjects of the report, family members or collaterals may share video/audio recordings from personal electronic devices. In those instances, Child Protection staff shall document in a contact note the content of the recording, including what was seen or heard, who was in possession of the video/audio, and the circumstances that led to the recording.

Law enforcement or child protection services may share audio/video recordings of interviews conducted in other states. In those instances, Child Protection staff should review the recording and document a summary of the interview in a contact note.

Note: DVD recordings of Child Advocacy Center interviews shall **not** be maintained in the investigative file. DVD recorded CAC interviews shall be returned to the CAC of origin.

iv) Proper Labeling and Storage of Photos, Videotapes or Audiotapes

When photographs, videotapes or audiotapes of an alleged child victim and/or the child's environment have been taken, each photograph, videotape or audiotape shall be labeled with the following information:

- The name of the child;
- The SCR number and case name (if there is an open case);
- The date and time the photograph, videotape or audiotape was taken, if known;
- The place where the photograph, videotape or audiotape was taken;
- The name(s) of all persons present when the photograph, videotape or audiotape was taken; and
- All photographs, videotapes or audiotapes provided to the Department by other sources, (e.g., schools, hospitals, law enforcement) become the property of the Department, shall be labeled by the Child Protection Specialist as noted above, and placed in the investigative file. Photographs, taken by child protection staff shall be uploaded into the SACWIS investigative file within 48 hours of taking the photo.

B) Internal Injuries

Child Protection Specialists shall **never** attempt to examine an alleged child victim for internal injuries or attempt to move a child with internal injuries. Refer to **Procedures 300.100, Medical Requirements for Reports of Child Abuse and Neglect,** for instructions regarding assessing children with or suspected of having internal injuries.

C) Sexual Abuse

The Child Protection Specialist shall **never** attempt to examine an alleged child victim who may have been sexually abused. Refer to **Procedures 300.100, Medical Requirements for Reports of Child Abuse and Neglect,** for instructions regarding assessing children who have been or suspected of having been sexually abused.

Interviews and observations shall be conducted in conjunction with the local Child Advocacy Center (CAC) protocol and/or law enforcement.

6) Contact with Parents, Caretakers and Alleged Perpetrators

A) The Child Protection Specialist shall attempt to establish in-person contact with the parents or caregivers of the alleged child victims the same day that the children are interviewed. If same day contact is not possible, contact must be attempted no later than 24 hours after the Child Protection Specialist observes and assesses the safety of the children. The Child Protection Specialist must document all good faith attempts to see the parents or caregivers in a contact note. If the parent/caregiver is of Hispanic decent or primarily Spanish-speaking, the Child Protection Specialist must complete the **CFS 1000-1**, **Hispanic Client Language Determination Form,** at the very first contact with the parent/caregiver. (Refer to **Procedures 300, Appendix E**).

If the Child Protection Specialist has determined that the children are safe and the alleged perpetrators are different from the parents or caregivers, the Child Protection Specialist shall contact the alleged perpetrators **within 7 calendar days** of the receipt of the report, unless law enforcement requests that the contact be delayed. Law enforcement requests must be documented in a contact note and the request immediately discussed with the Child Protection Supervisor to determine if the delay will jeopardize the safety of the children.

B) The Child Protection Specialist shall request the social security number and one form of picture identification (e.g., driver's license, employee identification) from alleged perpetrators, adult household members, and frequent adult visitors to the home. Collateral contacts should be used to verify the identity of those persons unwilling or unable to produce verification of identity. The Child Protection Specialist should have the persons verify the spelling of their names verbally and through picture identification.

The Child Protection Specialist shall inquire how long a family has resided in their present address and obtain information, including the address, of any previous residence. Contact with law enforcement in cities and towns in which a family recently resided is required and may provide valuable information regarding a history of violence that may impact child safety and decision making.

Note: In cases where an arrest has been made for domestic violence, the Child Protection Specialist **must** contact pretrial services to determine bail conditions.

C) Notification

The Child Protection Specialist shall give the parent/guardian and alleged perpetrator a dated **CANTS 8, Notification of a Report of Suspected Child Abuse and/or Neglect.** As part of the notification discussion, the Child Protection Specialist shall inquire if the alleged perpetrator is a child care worker as defined in the CANTS 8. The Child Protection Specialist shall also provide the parent/guardian and alleged perpetrator the **CFS 1050-54, What You Need to Know About a Child Abuse/Neglect Investigation.**

The Child Protection Special shall also distribute the **CFS 1050-26, Guide for Parents who Are Mexican Nationals** to all Hispanic subjects of a report.

The Child Protection Specialist must document these notifications in a contact note.

D) Obtain Any Mental Health Records of Parents/Caregivers

i) During initial contact with parents/caregivers who are listed as subjects of the report, the Child Protection Specialist shall ask the parents/caregivers about their overall mental health, current and previous medications to treat mental health issues (type, dosage, prescribing doctor, reason, medication compliance, etc.), prior mental health-related hospitalizations (when, where, reason, length of time, etc.), currently involved mental health professionals (name, contact information, last visit, etc.), compliance with treatment and support systems. The Child Protection Specialist shall refer to the **CFS 440-12, Investigation/Intact Parental Mental Health Case Matrix,** during the interview as a guide to types of information to be obtained regarding the parents/caregivers' mental health. All information obtained from the parents/caregivers shall be documented in a contact note.

ii) When a parent/caregiver discloses, or information suggests, that he/she or the other parent/caregiver has a known or suspected mental health or substance abuse issue (including treatment and/or hospitalization), the Child Protection Specialist shall first ask the affected parent/caregiver to sign a **CFS 600-3, Consent for Release of Information** authorizing the Child Protection Specialist to obtain his/her medical and/or mental health records from the identified hospitals, physicians and therapists. The Child Protection Specialist shall request the consent in order to obtain information verification of a mental health diagnosis or developmental disability where there has been an assertion of a mental health or developmental disability issue, including in

Allegation #60 cases. The Child Protection Specialist shall also request the parent/caregiver consent to the release of current prescription information and/or information regarding compliance with treatment where any allegation of non-compliance with medication and/or treatment has been alleged during the investigation. If a parent or caregiver refuses to sign a **CFS 600-3**, the Child Protection Specialist shall request an Administrative Subpoena or send a HIPPA Letter (**CFS 600-5, Request for Records**) for these records within **two business days** of the refusal.

Note: Refer to **Subsection (j), Authority to Receive Information and Records,** for instructions for requesting an Administrative Subpoena, and follow-up actions to be taken if a mental/medical health facility does not comply with the subpoena.

iii) The Child Protection Specialist shall send the signed **CFS 600-3** and a **CFS 600-5, Request for Records** to the identified hospitals, physicians and therapists. All efforts to obtain mental health records shall be documented in the investigation file.

iv) Requests for mental health records shall be made within **2 business days** after initial contact with the affected family member whether by a signed **CFS 600-3** or Administrative Subpoena. Upon receipt, records must be reviewed and assessed for any actions needed to ensure safety. Investigations **shall not be approved and closed** until all formal requests for mental health records have been made and the requested or subpoenaed records received and reviewed.

v) When the Child Protection Specialist interviews the treatment provider, the Child Protection Specialist shall request information about the parent's or caregiver's mental health condition or developmental disability on the parent's or caregiver's ability to care for their children. The Child Protection Specialist shall ask for specific, detailed information and shall ask the basis upon which the information is formed (i.e., has the provider seen the parent with the child, how many times and in what context has the provider seen the parent, etc.)

vi) When it is found during the course of the investigation that any family member has been admitted to a psychiatric facility; the Child Protection Specialist shall contact the appropriate staff of the facility to acquire any information that could impact the safety of a child victim. The Child Protection Specialist shall participate in any discharge planning and recommendations and shall follow up with community providers identified during the staffing.

E) Alleged Perpetrator

Child Protection Specialists are required to interview an alleged perpetrator individually and in person. Care must be taken by the Child Protection Specialist to avoid the appearance of acting as an agent of the police or of giving alleged perpetrators the impression that they are not free to leave the interview. Because Child Protection Specialists are not law enforcement officers, they are not to give Miranda Warnings to alleged perpetrators. (A Miranda Warning is a statement of rights given by law enforcement officers to any suspect in custody before law enforcement can initiate any questioning of the suspect). Issues with the Miranda Warning are most likely to arise with death, physical abuse, and sexual abuse harm allegations that involve joint investigations by DCFS and the police when criminal prosecution is a possibility. In these instances the Child Protection Specialist must make it clear that he/she is not an agent of law enforcement. It may be advisable for law enforcement to conduct or participate in the interview with the alleged perpetrator, in which case law enforcement will determine if it is necessary to give the Miranda Warning to the alleged perpetrator.

i) When the Child Protection Specialist conducts the interview with the alleged perpetrator, the following precautions should be taken:

- Alleged Perpetrator Not in Police Custody

  Assure the alleged perpetrator that he or she is free to end the interview at any time. This is especially true for juvenile subjects or those who are emotionally or intellectually handicapped.

  If it is safe to do so, consider interviewing the alleged perpetrator in the home.

  The Child Protection Specialist should make clear that he/she is not a law enforcement officer and that his/her task is to determine whether abuse or neglect occurred and to protect children.

- Alleged Perpetrator in Police Custody

  Interviews of subjects in police custody should be conducted in conjunction with law enforcement through a multidisciplinary investigative approach.

ii) Polygraphs

A polygraph or lie detector is an instrument that measures and records several physiological indices such as blood pressure, pulse, respiration, breathing rhythms/ratios, and skin conductivity while the subject is asked and answers a series of questions, in the belief that deceptive answers will produce physiological responses that can be differentiated from those associated with non-deceptive answers.

Child Protection Specialists shall **not** request that subjects of an investigation take a polygraph or use polygraph results in making determinations regarding allegations of child abuse or neglect. Subjects who suggest or offer to take a polygraph must be told that polygraphs are **not** part of Department policy or practice.

7) Observation of the Environment

The Child Protection Specialist must observe the environment and complete the **CFS 2027, Home Safety Checklist**. Observations, including photographs, of all relevant environments must be used as evidence to support or negate the abuse or neglect allegation. A scene investigation must be completed. Refer to **Procedures 300.60, Scene Investigations and Time Lines,** for further instructions on conducting a scene investigation. All observations and scene investigation results must be documented in a contact note.

Note: If the coroner and/or law enforcement are conducting an investigation, the Child Protection Specialist shall coordinate and/or defer to the scene investigation completed by the coroner and/or law enforcement. The Child Protection Specialist shall obtain a copy of the written report. (Refer to Procedures 300.60, Scene Investigation and Time Lines)

8) Other Contacts

A) Other Required Investigative Contacts

In addition to the required contacts with the subjects of the report, refer to **Procedures 300.Appendix B, The Allegation System** for required contacts for each allegation.

When contacting law enforcement for a police report or information about a specific incident on a pending investigation, the Child Protection Specialist shall **also inquire about the availability of other reports involving the family**. The Child Protection Specialist shall request a copy of all such reports and review the reports with the Child Protection Supervisor in order to make more informed safety and service referral decisions. The supervisor must ensure that the Child Protection Specialist reconciles any difference in household composition between information on the intake narrative and the police report.

The Child Protection Specialist shall document the following in a contact note:

- Requests for and receipt of available police reports. In cases where an arrest has been made for domestic violence, the Child Protection Specialist **must** contact pretrial services to determine bail conditions;
- Summarization of review of these reports;
- Comparison of household composition and any required follow-up with family to discuss whereabouts of household members;
- Identification of any need to follow-up with local courts and State's Attorneys regarding outcomes of any hearings and referrals for treatment. When the Child Protection Specialist learns, through self-reporting or official documentation, that a family member completed or was to complete court-ordered treatment, the Child Protection Specialist shall consult with the Office of Legal Services to contact the court or contact the treating facility to verify whether the family member completed that court-ordered treatment and to determine if there are any restrictions in place that would apply to contact with any subjects of the investigation; and
- How any type or pattern of a history of violence may impact the current safety assessment?

When law enforcement has an ongoing investigation, the Child Protection Supervisor shall facilitate and participate in a joint child protection conference with law enforcement. The conference must occur within the first 5 days of the child protection investigation. Past and current information shall be exchanged at the conference and participants must discuss how the information can be utilized to maintain the safety of child/children in the future. For further instruction regarding the law enforcement conference, staff should refer to **Subsection (k), Referrals to Law Enforcement and State's Attorney.**

B) Collateral Contacts

During the course of the investigation, the Child Protection Specialist is required to interview neighbors and other persons identified as having information relevant to the investigation. In addition, each allegation in **Appendix B** identifies required collateral contacts based on the harm alleged.

Note: See **Procedures 300.160, Notifications** for instructions concerning investigative finding information that may be released to extended family members and collaterals interviewed during the course of the investigation.

C) Other Persons

Other persons who may be listed in the subject section of the report summary are the other members of the household where the child resides.

If all of the subjects and other adults and children who are regular members of the alleged child victim's household, as well as the involved non-custodial parent, are not listed on the report summary at the time the report is taken, the Child Protection Specialist shall add them to the investigation within 24 hours.

D) Non-Custodial Parent

The Child Protection Specialist shall identify, locate and interview non-custodial parents.

E) Non-DCFS Attorneys

Child Protection staff shall direct inquiries from private attorneys requesting information on reports of child abuse or neglect to the DCFS Office of Legal Services for a response.

9) Persons with Special Communication Needs

A) Effective Communication

During all stages of the investigation when dealing with limited/non-English speaking persons or persons with audio/visual impairments, the Department shall facilitate effective communication between the Child Protection Specialist and subjects of the report by:

- Assigning a Child Protection Specialist who has demonstrated the ability to communicate in the language (foreign or sign) of the subjects; or

- Procuring the services of an interpreter (audio or visual) who has agreed to respect the confidential nature of the investigation prior to any investigative activity when a limited/non-English speaking, vision-impaired, or hearing impaired person will be interviewed.

Note: In no circumstances may family members or friends be used as interpreters. Children may NEVER be used as interpreters.

B) If a child is at imminent risk of harm and there is absolutely no means of communicating effectively with the child and family (i.e., no bilingual Child Protection Specialist or interpreter is available and there is no telephone to call for interpreter assistance or to call the Online Interpreters), the child may be taken into temporary protective custody. The Child Protection Specialist shall return to the home with an interpreter as soon as possible. In these instances the imminent risk of harm must exist independently of the Child Protection Specialist's inability to communicate with the family. **Protective custody shall not be taken for the sole reason that the Child Protection Specialist cannot communicate with the family.**

C) If the Child Protection Specialist learns that one or more of the subjects do not speak English, is hearing or visually impaired or has a special communication need, the Child Protection Specialist shall:

- Determine the preferred language of the subjects;
- Determine the preferred mode of communication (e.g., interpreter, lip-reading, writing notes);
- Take steps to secure an interpreter or other auxiliary aids as appropriate; and
- Issue all notices in the subjects' preferred language, if available.

Note: Letters, forms, or other printed materials to persons who have visual impairments may have to be typed in Braille, tape recorded or read to the person. Refer to **Procedures 302.30(c), Accessibility of Services to All Person,** and **Procedures 305.50(6), Planning With Parents and/or Children Who Are Limited/Non-English Speaking or Hearing Impaired.**

D) Hearing Impaired

Note: See **Procedures 302.Appendix L**, **Services for Deaf and Hard of Hearing Clients,** for sign language interpretation requirements.

Each region shall develop contracts or working agreements with sign language interpreter services or individual interpreters to ensure that each field office has access to an interpreter when needed. Assistance in identifying resources for interpreter services is available from the Department of Human Services, Division of Rehabilitation Services. If an interpreter is not available, other resources shall be contacted. Other resources include churches, schools, universities, social service agencies and local Centers for Independent Living.

Each region shall compile a list of providers who provide services to persons who are hearing impaired and make the list available to direct service staff. These services include but are not limited to interpreter services, counseling, advocacy, foster care and adoption, homemaker, case management, residential and psychological services. The Department will develop and provide needed services not available in the community from public and private agencies.

Technical assistance can be obtained from the Department's Statewide 504 Coordinator in the Office of Affirmative Action. Each region shall identify one staff member to act as a liaison for the hearing impaired and to work directly with the 504 Coordinator in identifying and locating services for clients and their families.

Note: Please refer to **Procedures 302, Appendix L**, **Services for Deaf and Hard of Hearing Clients,** for sign language interpretation requirements.

E) Persons Whose Language Preference is Spanish

DCFS is required to provide services in Spanish to Hispanic clients whose preferred language is Spanish. "Hispanic" is defined as any person of Puerto Rican, Mexican, Central American, South American, or other Hispanic origin. The Child Protection Specialist shall complete the **CFS 1000-1, Hispanic Client Language Determination Form** and refer to **Procedures 300.Appendix E, Burgos Consent Decree** for instructions on securing interpreter and other translation services for Hispanic clients.

10) Documentation

A) Interview Note

The Child Protection Specialist shall complete a contact note for every completed or attempted contact/interview throughout the life of the investigation. All contacts/interviews recorded in the contact note shall be in chronological order. The contact note shall be entered as soon as possible, but no later than **48 hours** after the contact is completed or attempted. Completed contact note entries should contain a summary of the facts obtained during the interview, a description of the alleged victim's injuries, if applicable, a description of the environment, and identified cultural and communication issues. The date and time of each attempted contact and the reason each attempt was unsuccessful shall be documented in a contact note.

B) Suspected Abuse Injury Note Sheet (**CANTS 2A** or **2B**)

If a child has been alleged to have external marks/injuries, the Child Protection Specialist shall complete a **CANTS 2A, Suspected Abuse Injury Note Sheet-Infant** or **CANTS 2B, Suspected Abuse Injury Sheet-Child**. Photographs of a child's injuries may also be taken and used to support the descriptive documentation contained on the **CANTS 2A** or **2B**. Photographs may never be used as a substitute for completing the **CANTS 2A** or **2B**. If the child is seen or needs to be seen by a medical professional, the **CANTS 65-A** must be completed if required for the allegation being investigated. Staff should reference **Procedures 300.100(a) Allegations Requiring Medical Consultation** and the **CANTS 65-A**.

C) Medical Reports

The Child Protection Specialist shall obtain a copy of all medical reports related to the investigation and the alleged injuries/harm. If the medical provider fails to provide requested documents, an Administrative Subpoena should be issued. If the medical provider fails to comply with an Administrative Subpoena, the Child Protection Specialist shall immediately notify the DCFS Office of Legal Services to pursue enforcement of the subpoena.

d) Preempted Investigations

In some instances a law enforcement agency, the State's Attorney, the Medical Examiner, or the Coroner may investigate an incident or circumstances that form the basis of a report received by the Department. The Department's investigation may be preempted by the other investigating agency if the situation is such that it constitutes a criminal investigation, and the other investigating agency directs the Department to refrain from interviewing certain report subjects or delay interviewing report subjects beyond the time frames required in these procedures. The Child Protection Specialist must document contact with the law enforcement or investigating agency in a contact note and must state that the investigation is preempted and identify the subsequent actions requested of the Department. The Child Protection Specialist and the Child Protection Supervisor shall contact the Area Administrator to determine what role the Department will play in the investigation. While it is entirely possible that the criminal investigation will supersede the Department's investigation, it must be made clear to the other investigating agency that the Department may not relinquish its responsibility for assuring the safety of the alleged child victim or meeting required time frames. Therefore, the Child Protection Supervisor and Child Protection Specialist shall attempt to develop a plan with the law enforcement or investigating agency that will allow the Department to fulfill its responsibilities for protecting children while not interfering with the other agency's criminal investigation. The Child Protection Specialist shall document all established plans, or efforts to establish plans, in a contact note. If a safety plan has been established, the Child Protection Specialist must notify the law enforcement or investigating agency of the requirement for the reassessment of the safety plan every 5 days.

1) Delegated Initiation of the Investigation

After consultation with the Child Protection Supervisor, the Child Protection Specialist may delegate the initiation of the investigation to a law enforcement agency when:

- The law enforcement agency is already involved in the situation, an officer had in-person contact with the alleged child victim no longer than one hour prior to the date and time the report was made to the Department, and the officer can attest to the current condition and safety of the alleged child victim; or
- The law enforcement agency is already involved in the situation, an officer had in-person contact with the alleged child victim within 24 hours after the date and time of receipt of the Department's report, and the officer can attest to the current condition and safety of the alleged child victim; or
- A circumstance beyond the control of the Child Protection Specialist prevents the Child Protection Specialist from meeting the 24-hour mandate or from making an emergency response (e.g., there is a snowstorm, there are two emergencies at the same time, a law enforcement officer can reach the child faster in the event of an emergency) and the law enforcement agency agrees to assume the initiation function; or
- When the child victim is at a location in another state, the Child Protection Specialist shall contact child protective services in that state to request a courtesy interview with the child to check on the child's safety and well-being. If the agency is unable to meet the Department's 24-hour mandate, the Child Protection Specialist shall use the time of contact with the agency to document a good faith attempt to initiate the investigation. The Child Protection Specialist shall document the acceptance of the delegation and all contacts with the agency in a contact note. (Also see the instructions in Subsection **(l)(8), Out-of-State Parallel Investigation Requests)**.

Note: Delegating the initiation of the investigation does not release the Child Protection Specialist of the responsibility for assuring the safety of the alleged child victim, interviewing the alleged child victim during the course of the investigation, and meeting all investigative and documentation requirements. The safety of the child victim must be verified weekly and documented in a contact note when the initiation of the investigation has been delegated.

Note: Agencies that have been delegated investigative responsibilities must be able to communicate in the primary language of the subjects of the report in accordance with **Subsection (c)(9), Persons with Special Communication Needs**.

2) Delegating Responsibility for the Investigation of a Report

A) Contact with Alleged Child Victims in Out-of-Home Facilities

Contact with alleged child victims in out-of-home facilities may be delegated to another investigative agency with supervisory approval when the agency agrees to meet Department time frames, and provide the Child Protection Specialist with written and/or verbal documentation of the contact and the information obtained. The agreement must be documented in a contact note.

B) Delegated Investigative Contacts with Alleged Perpetrators and Collaterals

The Child Protection Specialist may delegate contacts with alleged perpetrators or other persons with information when the delegated law enforcement or investigative agency already involved in the situation agrees to make the investigative contact and agrees to cover the necessary investigative questions. The delegated agency must also agree to provide the Child Protection Specialist with written or verbal documentation of the contact and the information obtained. This agreement must be documented in a contact note.

Note: Investigations shall not be approved for closure when alleged perpetrators have not been interviewed by the Child Protection Specialist, due to a police investigation, without obtaining and reviewing a copy of the police investigation, including interview reports.

C) When a child dies as a result of alleged abuse or neglect and there are no other children in the home, the investigation of the report may be delegated to a law enforcement or investigative agency when the agency agrees to the following requirements and the Child Protection Specialist has obtained supervisory and management approval: the agency must agree to accept the delegated investigative responsibilities, meet Department investigative requirements, and provide the Child Protection Specialist with documentation of investigative contacts and information obtained.

D) The Child Protection Specialist must also provide the law enforcement or investigating agency with a redacted copy of the report and a confirmation letter within 48 hours after agency verbally agrees to accept responsibility for investigating the report. The letter must inform the agency of the Department's 60-day time frame for the completion of reports. A copy of the letter must be placed in the hard copy file and a contact note must be completed that documents all delegated investigative activities.

E) When the delegated investigation involves surviving siblings, the Child Protection Specialist retains responsibility for the ongoing safety of the children and for meeting all investigation and documentation requirements.

F) Time Frames for the Completion of Delegated Investigations

When a **criminal investigation** exceeds 60 days, the Child Protection Specialist must attempt to obtain sufficient information to make a finding. If there is insufficient information available to allow the Child Protection Specialist to make a finding, the Child Protection Specialist must request an extension for the completion of the investigation. (See Subsection **(h) Preliminary Report of the Investigation** for instructions for requesting an extension.) The Child Protection Specialist must remain in communication with the person(s) conducting the delegated investigation to obtain information necessary to make a final finding.

G) **CANTS 8** and **CFS 1050-54**

The Child Protection Specialist should request that the law enforcement or investigative agency provide the CANTS 8 and CFS 1050-54 to the alleged perpetrator. If the law enforcement or investigative agency cannot or will not provide the notifications, the Child Protection Specialist must provide the **CANTS 8** and the **CFS 1050-54** brochure to the alleged perpetrator via certified mail and regular mail and document such in a case note.

3) Cooperative Investigations

When a law enforcement agency, State's Attorney, Coroner or Medical Examiner is investigating an incident or circumstances that establish the basis of a report received by the Department, there may be a joint investigation with the approval of the law enforcement or investigative agency. The Child Protection Specialist, the agency's investigator, and the Child Protection Supervisor must plan the cooperative investigation. The Child Protection Specialist shall document the joint investigation plan in a contact note.

The Child Protection Specialist shall initiate and convene a case conference with the law enforcement or investigative agency in joint investigations. The Child Protection Specialist shall document the conference in a contact note.

When a child is hospitalized for injuries or conditions that are suspected to be the result of abuse or neglect by an eligible perpetrator and there is a concurrent law enforcement investigation, the Child Protection Specialist shall recommend all involved parties, including law enforcement, are invited to the discharge planning conference. The Child Protection Specialist shall document the conference in a contact note.

Note: The Child Protection Specialist retains responsibility for all investigation and documentation requirements and shall not exceed or expand the scope of those requirements by documenting or investigating beyond the jurisdictional authority of the Department.

e) Gathering Evidence

For the purpose of making investigative decisions, assessing safety and supporting a final finding, Child Protection Specialists must gather evidence and be objective in the gathering of both inculpatory and exculpatory evidence. Gathering evidence is allegation specific and includes, but is not limited to:

- verifying the identity of investigation subjects;
- completing all person searches and LEADS checks;
- directly observing and photographing the child victim's environment and the child victim(s);
- conducting in-person interviews of other subjects of the investigation;
- conducting interviews of reporters/sources/other persons with information (OPWI), witnesses;
- obtaining pertinent information and documentation from medical experts;
- obtaining and documenting descriptive statements from the perpetrator, victim, witnesses, and OPWI;
- obtaining and reviewing law enforcement reports and findings; and
- obtaining and reviewing (when possible) photographs or other recordings taken by law enforcement or medical professionals.

Note: If investigative activities reveal an additional allegation is needed or a more appropriate allegation is needed to replace the allegation originally assigned, the Child Protection Specialist shall identify and assign the most appropriate allegation.

Child Protection Specialists shall gather Direct and/or Indirect Evidence to support an investigative finding. An example of **Direct Evidence** would be a statement given by an eyewitness. **Indirect (Circumstantial) Evidence** is evidence that **infers** the existence or nonexistence of certain facts. An example of **Indirect (Circumstantial) Evidence** is that a child's caregiver is the perpetrator of abuse when the child is diagnosed with abusive head trauma and is known to have been in the sole care of that caregiver during the timeframe of the alleged incident.

f) Assessing the Credibility of Evidence

For purposes of making child abuse and neglect investigation decisions, "credibility of evidence" means the likelihood that information gathered during the course of a child abuse and neglect investigation is accurate.

The Child Protection Specialist and supervisor must evaluate the value and relevance of case information to determine what information is credible and can be used as evidence.

1) Factors Affecting the Credibility of Evidence Obtained from All Sources

When determining investigative findings, the credibility of each piece of evidence must be evaluated according to the factors below. **The more credible the information, the more weight the information should be given in reaching a final finding.**

Factors affecting the credibility of evidence include, but are not limited to, the following:

A) **Corroborating Evidence:** Corroborating evidence is evidence that supports someone's prior statement or other evidence that may point to a certain determination of fact. Evidence is more credible than information that has not been verified or supported by independent sources. Example: a mother's statement that a physician has seen her child is made far more credible when the physician (corroborating witness) verifies that he or she has seen the child. Another example would be a child's claim that someone hit him/her on the back with an extension cord, and upon visual inspection you observe linear loop marks on the child's back (corroborating physical evidence).

B) **Source of Information:** The more direct the source of information that serves as the basis for a source's opinion, the more reliable is the opinion. Example: a physician rendering an opinion based on a review of medical records is more credible than a physician rendering an opinion based on the description of an injury by the Child Protection Specialist. Even more credible is an opinion rendered by a physician based on her or his direct physical evaluation of the child.

C) **Direct Interest:** Information from a source who has something to lose or gain from a particular investigative outcome may be less credible than information from a source that has no direct interest or bias in providing an account that may not be accurate. Example: a neighbor who has had no previous relationship to a family and who reports that the young children have been left alone is more credible than a neighbor who has been feuding with the family and makes the same report. It should not be surprising that adults named as alleged perpetrators of abuse or neglect would want to present themselves in the best possible light.

Evidence of bias should be corroborated whenever possible. Example: a mother's claim that a grandmother's allegations against her are suspect should not be presumed to be true just because the mother claims that the grandmother never liked the mother's boyfriend.

D) **Basis of Knowledge:** When a witness gives information to a Child Protection Specialist, it is critical to determine the basis of the witness' knowledge. Example: if a mother claims that her child was injured when her boyfriend accidentally fell on a bed where the child was laying, the Child Protection Specialist should determine whether the mother directly observed the event or was told by the boyfriend how the event occurred. If a physician determines the child's injury could not have occurred in the manner described, the Child Protection Specialist must decide if the mother can be considered as a trusted source of information.

Note: Subjects of a pending child abuse/neglect investigation, who self-report behaviors that may pose safety threats, such as the use of alcohol/drugs or involvement in a relationship where domestic violence is a concern, may deny or minimize their behavior or the behavior of others when interviewed by the Child Protection Specialist. The Child Protection Specialist **must** seek out additional collaterals to verify self-reports, such as information developed through personal observation, reports from professionals, reports from law enforcement, or required interviews in order to establish the accuracy of self-reports. **There is no substitute for independent verification. If collateral information shows a subject has not been truthful, the subject's credibility must be taken into account when assessing their protective capacity.**

2) Factors Affecting the Credibility of Evidence Obtained from Professional Sources

Mandated reporters/sources/OPWIs often become aware of issues regarding incidents of alleged child abuse/neglect due to the role their profession plays in the life of an alleged child victim. There is rarely any reason for mandated reporters to lie or falsify information to the Department. However, not all mandated reporters provide equally credible information. Factors that can influence the degree to which a mandated reporter's information is credible include **first-hand observation of the incident of alleged harm, training, experience, and specialization.**

3) Factors Affecting the Credibility of Evidence Obtained from Adult Non-Professional Sources

The credibility of information obtained from non-professional sources, especially subjects of investigations, must be carefully evaluated. Particular consideration must be given to any direct interest non-professional sources may have in the outcome of an investigation. **When weighing the credibility of non-professional sources of evidence, there is no substitute for independent**

verification of the evidence with additional sources. Factors influencing the degree of credibility of information provided by non-professional sources include, but are not limited to:

A) **Consistency:** Information reported in a consistent manner is more credible than information reported inconsistently. For example, a non-professional source that provides a **significantly** different description of an incident to a police officer or a physician from the account given to the Child Protection Specialist is less credible than a person whose description of the incident remains constant. In order to verify the consistency of any previous obtained statements, it is crucial that the Child Protection Specialist not share information obtained from other sources with a source being interviewed.

B) **Plausibility:** A plausible statement is one that is superficially fair or appearing worthy of belief, but requires further investigation. Example: the statement that a child fell out of bed and bruised his face is plausible, but requires further investigation to determine whether the explanation is a truthful account of what actually happened. Example: a hand-shaped bruise on a child's face caused by a fall would not be considered to be a plausible explanation for the injury. As a rule, qualified physicians must verify whether explanations given for physical injuries are plausible.

4) Factors Affecting the Credibility of Evidence Obtained from Children

The factors in the subsections above and the following should be considered when assessing evidence obtained from children:

A) **Assessing The Child's Credibility:** Factors enhancing the child's credibility include detailed descriptions in the child's own language and from the child's point of view; spontaneity; appropriate degree of anxiety; inclusion of idiosyncratic or sensorimotor detail; consistency of allegations over time (minor details and descriptive terms may change but the child's account of events should remain basically the same); behavioral changes consistent with the abuse; absence of motivation or undue influence for fabrication; and corroborating evidence. The evaluator needs to be aware of the child's cognitive and emotional development and how this may affect the interpretation and the recall of events.

B) **Evidence That the Child's Account Of The Facts Has Been Influenced By Others:** A child's information is more credible when the child is interviewed out of the presence of others who have the ability and motivation to coerce, coach or otherwise influence the child's statement. The Child Protection Specialist and Supervisor should discuss any concerns regarding attempts to influence a child's statements and the motivation to do such. This discussion should be documented within a supervisory note during the course of regular supervision and again at the time of the final finding determination when assessing all evidence gathered.

Child protection staff shall not use their belief that a parent or other person is influencing, coaching or pressuring a child to make a specific statement during the course of a child abuse or neglect investigation as the basis for indicating an allegation of child abuse or neglect. Concerns that a child's statements may have been influenced should be considered, **in addition** to all of the other evidence gathered, during the course of a child abuse or neglect investigation in order to make a determination whether to indicate or unfound an allegation and discussed with the Supervisor when making a final finding determination.

g) Assessment of Case Information and Evidence

The Child Protection Specialist and the Child Protection Supervisor must assess the value and relevancy of case information to determine which information will be used as evidence, and which evidence is more or less credible. The Child Protection Specialist and the Child Protection Supervisor must assess the credibility of evidence and identify it as either inculpatory or exculpatory. Inculpatory evidence is evidence showing or tending to show a person's involvement in or responsibility for an act of abuse or neglect. Exculpatory evidence is evidence tending to show a person's lack of involvement in or lack of responsibility for an act of abuse or neglect

The Child Protection Specialist and Child Protection Supervisor must assess all exculpatory and inculpatory evidence when making an investigative finding.

Note: The decision to indicate or unfound an investigation should not be based on whether law enforcement or a medical doctor took protective custody.

The Child Protection Supervisor must review the SACWIS and hard-copy files. All information obtained during the investigation and determined to be relevant is to be used as inculpatory or exculpatory evidence to make a determination. It is of critical importance that all evidence suggesting that an incident of abuse or neglect **did not occur** be given the same consideration as evidence suggesting that an incident of abuse or neglect **did occur**. The Child Protection Specialist and the Child Protection Supervisor must evaluate each piece of information to determine its relevance, credibility and weight of importance in proving or disproving the pending allegations.

The Child Protection Supervisor shall review all inculpatory and exculpatory evidence with the Child Protection Specialist to determine whether the evidence is ***sufficient to lead a reasonable person to believe*** that the incident occurred or that the set of circumstances is or was present. ***Equal consideration shall be given to all information considered***.

Assessment of Evidence

The following may *never* be used as the sole basis to unfound or indicate a report.

- **Intent to Harm the Child:** The fact that the perpetrator expresses that he/she did not intend to hurt, leave a mark or endanger a child is not a factor to be considered in making a final finding determination. The law is clear that the showing of intent is not required to prove abuse, but that the abuse occurred by **other than accidental means**. In reviewing the specific circumstances surrounding an allegation of abuse, the focus must be on whether the caregiver failed to fulfill their responsibility as a caregiver and what happened to the child, not the caregiver's intent.

- **One Time Incident:** There is nothing in ANCRA that provides for a report to be unfounded solely because an incident of abuse or neglect was a one-time or isolated incident. The incident must be evaluated according to the evidence gathered and the consideration of all applicable factors. Example: It is inappropriate to unfound the case of an infant who was left alone simply because it had not happened before.

- **The Family's Need for Services:** The decision to indicate a report must be based on evidence and not used as a device to obtain services for a family.

- **Agreement or Failure to Accept Services**: The fact that a perpetrator agrees to receive or refuse **services** (or is already receiving them) shall have no effect on the decision to indicate or unfound an allegation. The final determination is based upon the incident that occurred. Services can impact the safety and risk assessments, **but not the final finding decision**. Example: the investigation of a mother who hit a two-year old in the face with a belt should not be unfounded simply because the mother is receiving anger-management counseling or indicated because she refuses anger-management counseling.

- **Economic Status or Neighborhood**: Child protection decisions must **never** be influenced by a family's economic status or by the condition of the neighborhood in which they live. The fact that families are wealthy and live in an affluent neighborhood or poor and live in a disadvantaged neighborhood, should play no part in the decision to indicate or unfound a report.

- **Attitude Toward the Child Protection Specialist or Other Involved Workers**: The attitude family members express toward the Child Protection Specialist must not influence a final finding determination. Reports must never be unfounded because the family is agreeable and cooperative with the Child Protection Specialist, or other involved workers, nor should they be indicated because the family is disagreeable and uncooperative.

- **Conflicting Information**

  Conflicting information should never be used solely as a basis to unfound or indicate a report. The Child Protection Specialist must determine which statements are more likely to be credible by applying the following factors:

  - Various family members may have motivation to be untruthful if they will benefit from it. Example: a grandparent may exaggerate a situation because he or she wants custody of the child. Many times relatives want custody because of valid concerns regarding a child's safety and cannot be presumed to be acting in bad faith.

  - Whose "story" most closely fits the facts provided by objective witnesses and the Child Protection Specialist's observations? Which version most closely fits what the Child Protection Specialist already knows to be factual about the case? What set of statements is most plausible?

  - Is the subject's statement based upon expertise in an area that he or she makes reference to? Example: an emergency medical technician giving a medical opinion about an incident of sexual abuse would be considered less reliable than the medical opinion of a physician who performed the sexual abuse examination. However, the EMT may be the best source of information on how the child or household appeared when the EMT arrived at the scene.

  - Is the information provided based upon first-hand knowledge, second-hand hearsay or only the feelings and attitudes of the person being interviewed? A statement made from first hand observation is more likely to be accurate.

- **Personal Biases of the Child Protection Specialist:** Child Protection Specialists should be aware of their own personal biases and how those biases affect their decisions. Child Protection Specialists, in consultation with their supervisors, must ensure that their own personal biases do not influence the determination of a final finding. Examples of such personal biases include, but are not limited to, issues of:

  - Culture;
  - Race;
  - Gender;
  - Sexual orientation;
  - Religion; or
  - Ethnic heritage.

- **Death of a Perpetrator During an Investigation**

  The death of a perpetrator during the course of an investigation should not influence a final finding determination. The final finding must be based on the evidence gathered and whether or not that evidence supports a finding that child abuse or neglect occurred.

  If there is not sufficient evidence to lead a reasonable person to believe that the incident occurred or that a set of circumstances is or was present, the report shall be unfounded. If there is sufficient evidence to lead a reasonable person to believe that the incident occurred or that a set of circumstances is or was present, the incident or set of circumstances must be compared to the definitions of all relevant allegations and the established standard for indicating them to determine that the report shall be indicated.

h) Preliminary Report of the Investigation

1) If the Child Protection Specialist is unable to make a final finding determination within 55 calendar days of the receipt of the report, the Child Protection Specialist must submit a good cause extension request to the Child Protection Supervisor. The Child Protection Supervisor shall review the extension request and if approved, in turn submit the good cause extension request to the Area Administrator, **prior to the 55th elapsed calendar day** of the investigation.

2) All requests and approvals for extensions must be documented. In the narrative section on the extension request, the Child Protection Specialist shall list the reasons the investigation cannot be completed within 55 days, activities to be completed, who is responsible for completing each activity, and the expected date of completion. The extension request shall be reviewed and approved by the Child Protection Supervisor and Area Administrator. The date and time of the Area Administrator's approval of additional extensions must be documented in a contact note. **There must be information and activities contained within contact and supervisory notes documenting the progress of the investigation and plans for completion.**

3) Good cause for extending the period for making a determination an additional 30 days may include, but is not limited to, the following reasons:

   - State's Attorneys or law enforcement officials have requested that the Department delay making a determination due to a pending criminal investigation;
   - Medical autopsy reports, or mental health records needed to make a determination are still pending after the initial 60 day period or there is conflicting medical opinions to resolve;
   - The report involves an out-of-state investigation and the delay is beyond the Department's control;
   - Multiple alleged perpetrators or victims are involved necessitating more time in developing evidence and conducting interviews;

- The investigation requires analysis of conflicting medical opinions;
- Reports requiring a GAL review; or
- Reports requiring a DuPuy review;

i) Final Determinations

1) When the Child Protection Specialist has completed all required investigative contacts and has gathered all inculpatory and exculpatory evidence, the Child Protection Specialist shall, in consultation with the Child Protection Supervisor, make a final finding determination. This determination shall be based upon whether the evidence gathered during the investigation and from the direct observations made by the Child Protection Specialist constitutes credible evidence of child abuse or neglect.

   When assessing evidence and direct observation in order to determine a final finding, the Child Protection Specialist should apply the following 6 critical thinking steps:

   - What information is available?
   - What am I being asked to believe or accept?
   - What evidence is available to support the assertion; is it reliable and valid? What evidence is there to negate the assertion?
   - Are there alternative ways of interpreting the information?
   - What additional information would help to evaluate the alternatives?
   - What conclusions are most reasonable based on the information and the number of alternative explanations?

   Note: Investigations shall not be approved for closure when alleged perpetrators have not been interviewed by Child Protection staff, due to a police investigation, without obtaining and reviewing a copy of the police investigation, including interview reports.

2) When the evaluation of all inculpatory and exculpatory evidence leads a reasonable person to believe that an incident of abuse or neglect did occur, the allegation is indicated.

3) When there is evidence that the parent, caretaker, immediate family member, paramour or person responsible for the child's welfare failed to make reasonable efforts to stop another person from harming a child, the final finding of abuse against the individual should be documented as **Indicated Allowed**. This is used when the individual had no direct responsibility for the abuse, but the individual's **failure to protect** allowed harm to be inflicted. Example: a mother who watches her paramour inflict bruises on her child and makes no effort to intervene would receive a final finding of Indicated Allowed for Allegation #11 Cuts, Bruises, Welts, Abrasions and Oral Injuries.

4) When the evaluation of all inculpatory and exculpatory evidence leads a reasonable person to believe that an incident of abuse or neglect **did not** occur, the allegation is unfounded.

Note: If the recommended finding is to unfound a report, but the parent/caregiver has been arrested and charged on the same facts leading to the child abuse/neglect allegations, an investigation **shall not** be closed until the criminal court ruling is obtained.

5) Once a final determination has been made and the Child Protection Supervisor has approved the investigation, the investigation can only be re-opened for the exceptions listed below.

Note: The Child Protection Specialist and Child Protection Supervisor are **NEVER** to contact OITS to open a closed investigation.

A) An investigation may be re-opened, after approval from the of Deputy of Child Protection, under the following exceptions:

- Technical error (i.e., Child Protection Specialist chose a wrong drop-down; Child Protection Supervisor meant to return the investigation but selected approve instead); or
- Technical error that does not impact the Final Finding (i.e., removal of a note; correction within a note; failed to complete the protective custody section).

B) A request to re-open a closed investigation must be made in writing by the Child Protection Specialist within 24 hours of the investigation being approved by the Child Protection Supervisor. The Child Protection Supervisor shall submit approved requests to the Deputy of Child Protection or designee, Area Administrator, Regional Administrator, and SCR Administrator (the chain of approval must be documented in the request submitted to the Deputy of Child Protection).

C) The Deputy of Child Protection or designee shall review and approve or reject the request to re-open an investigation within 24 hours of receipt of the request. If approved, the Deputy of Child Protection or designee shall notify the SCR Administrator to re-open the investigation. The SCR Administrator shall notify the Child Protection Supervisor that the investigation has been re-opened.

Note: Once an investigation is completed and a final finding notification letter is sent, a case **cannot** be reopened.

j) Authority to Receive Information and Records

When conducting investigations, Child Protection Specialists, Child Protection Supervisors, and Area Administrators are entitled to receive information and records concerning subjects of the investigation and their environments that are relevant to the investigation. This includes medical records. [The federal Health Insurance Portability and Accountability Act of 1996 (HIPAA) allows protected health information about a subject of an investigation to be disclosed without written authorization to an *appropriate government authority authorized by law to receive reports of child abuse or neglect*.]

When appropriate, the Child Protection Specialist shall use the **CFS 600-5, Request for Records,** to communicate the Department's authority to receive information and records. If the keeper of the records will not release the requested records, the Child Protection Specialist shall issue a **CANTS 7, Administrative Subpoena,** to obtain the records.

1) Authorization to Use Subpoenas

The Children and Family Services Act [20 ILCS 505/21(b)] authorizes qualified Department staff to secure by its subpoena both the attendance and testimony of witnesses and the production of books and papers relevant to abuse and neglect investigations.

2) When to Use

When a Child Protection Specialist has been denied access to information pertinent to an investigation, the Child Protection Specialist shall consult with the Child Protection Supervisor regarding the issuance of an administrative subpoena. The administrative subpoena can be used to obtain access to documents or require appearance of persons to give evidence. The Child Protection Specialist shall ensure that persons with a limited ability to read or understand English, comprehend the subpoena or visually impaired persons shall have the subpoena read to them or translated into Braille. Spanish language forms shall be used for Spanish speaking clients.

3) Directions for Completing an Administrative Subpoena

Enter the following information in the indicated sections of the subpoena:

- Re: Type or legibly write the case name;
- SCR No: Type or write the SCR identification number;
- To: Type or legibly write the name and address of the person responsible for providing the requested documents or evidence. Address the subpoena to the Keeper of Records when requesting documents from hospitals or police departments;

- YOU ARE HEREBY ORDERED: After the words duly designated representative, type or legibly write the Child Protection Specialist's name, office address, and the date the documents and information must be provided to the Child Protection Specialist;
- Documents and/or information: After the words all recipient claim detail pertaining to: type or legibly write the specific documents being sought and the name, date of birth, and Social Security number and Public Aid number (if known) of the person the evidence or information is being sought.
- Direct all inquiries and responses concerning this matter to: type or legibly write the Child Protection Specialist's name and office address under the Department of Children and Family Services.

4) Examples of Competent Requests

The Child Protection Specialist must be sure that the request for records is thorough and completely describes the records sought. A few common examples are shown below.

A) Medical Records

"Any and all medical records concerning name (maiden and known aliases), date of birth and Social Security number, from (date) to (date), including but not limited to: treatment records, laboratory results reports, discharge summaries, admission report, nursing notes, physician notes, orders reports, correspondence, diagnoses and consultation reports, hospital records, diagnostic and screening reports, report of radiological tests and procedures, mediation records, log notes, emergency medical reports, and prognosis reports."

The Child Protection Specialist should request the mother's medical records when requesting the medical records for her newborn child.

The DCFS Guardian's consent is required when requesting HIV or STI records for a youth for whom the Department has legal responsibility.

Administrative Subpoenas requesting records related to Medicaid benefit claims shall be directed to General Counsel, Department of Healthcare and Family Services, 100 W. Randolph, Suite 10-300, Chicago, IL 60601.

B) Mental Health Records

"Any and all mental health records concerning name (maiden and known aliases), date of birth and social security number, from (date) to (date), including but not limited to: reports of evaluations, examination, diagnosis, treatment prognosis, medication and therapies."

Note: The Mental Health and Developmental Disabilities Act [740 ILCS 110/11(i)] permits mental health information to be released in accordance with the provisions of the Abused and Neglected Child Reporting Act.

C) School Records

"Any and all school records concerning name, date of birth and Social Security number, from (date) to (date), including but not limited to: application and admission records, performance reports, grades, test results, discipline records, medical reports, accident and unusual incident reports and attendance records."

D) Criminal History & Call Reports

"Criminal history and call reports concerning name (maiden and known aliases), address, date of birth and social security number, from (date) to (date), including but not limited to: arrest reports, bail bond notification, case reports, and supplemental reports; and transcripts or data base printouts of call records, calls for service or transcripts, database printouts of police/emergency dispatch 911 or requests for non-emergency assistance at (address) to (date) or records of reports naming (name and known aliases, date of birth) as the complainant or victim."

5) Issue the Administrative Subpoena

A) Provide Information to Authorized Administrators

The Senior Deputy of Operations has designated certain Area Administrators to authorize issuance of Administrative Subpoenas pursuant to this section.

Prior to issuing the **CANTS 7**, the Child Protection Supervisor or designee shall review the subpoena to ensure that it is complete and contains the following information before providing it to an authorized Area Administrator for his or her signature:

- The case name and SCR number;
- The names of the person/agency to whom the subpoena is being directed;
- The due date that will appear on the subpoena. (This date should be reasonable and is usually 10 to 14 days from the date of receipt of the subpoena.);
- The name of the Child Protection Specialist issuing the subpoena;

- The completed subpoena which includes the specific request for records and/or information; and

- A copy of the allegation(s) and a synopsis of the investigation for the authorized Area Administrator's assessment. (The allegation and synopsis of investigation are **not** sent out with the Administrative Subpoena. They are for the Area Administrator's review only.

Authorized Area Administrators have subpoena signature authority for the Senior Deputy of Operations and the subpoena is not valid until it is signed by the authorized Area Administrator. The Child Protection Specialist must provide a copy of the allegation(s) and a summary of the investigation for review by the Child Protection Supervisor and authorized administrator in conjunction with the subpoena to ensure that the documents and/or information requested are valid and necessary. The Child Protection Specialist must also enter his or her name and office address in the "inquiries and responses" section directly below the Senior Deputy of Operation's signature line.

B) Service, Notarization and Copies of the Subpoena

When there is an immediate need for the documents and/or the information, the Child Protection Specialist shall hand deliver the administrative subpoena to the person or entity to which the subpoena is directed. The administrative subpoena may be served by certified mail if there is no immediate need for the documents and/or the information.

The Child Protection Specialist shall complete the bottom section of the file copy of the administrative subpoena in the presence of a Notary Public after it has been served, place the notarized copy in the investigative file and complete a contact note to document completion of the activity.

Note: If an investigative finding is made and the subpoenaed information is no longer needed, the Child Protection Specialist shall notify the person or entity to which the subpoena was issued that the requested documents and/or information are no longer required.

C) Notification If No Response

If the subpoenaed documents and/or information are not forwarded to the Child Protection Specialist by the date identified on the subpoena, the Child Protection Specialist must contact the Keeper of Records to determine if there is a valid reason for the delay. Document all contacts with the Keeper of the Records in a contact note. If the Keeper of the

Records fails or refuses to comply with the subpoena, the Child Protection Supervisor shall immediately notify the DCFS Regional Counsel of the situation and provide documentation why the information is important to the investigation.

If the subpoena requested mental health records of a parent/caregiver, and the Keeper of the Records fails or refuses to comply with the subpoena, the Child Protection Supervisor shall immediately notify both the DCFS Regional Counsel and the Office of Inspector General (OIG) of the situation and provide documentation explaining why the information is important to the investigation.

Consultation with the Regional Counsel and/or the OIG regarding subpoenaed records/information shall be documented in a contact note.

k) Referrals to Law Enforcement and State's Attorney

1) Reports of Death, Physical Abuse and Sexual Abuse Harms

The Child Protection Specialist shall notify the appropriate law enforcement agency and State's Attorney, verbally and in writing, of the receipt of reports of Death, Physical Abuse and Sexual Abuse, in accordance with **Procedures 300, Appendix B, the Allegation System**. This notification shall take place prior to commencement of the investigation and requires written confirmation of notification to be provided within 24 hours of the commencement of the investigation.

Notification shall include all reports alleging the death of a child or allegations of serious injury to a child. Allegations of serious injury include, but are not limited to:

- ✓ head injuries
- ✓ skull fractures
- ✓ subdural hematoma
- ✓ second degree burns
- ✓ internal injuries
- ✓ torture of a child
- ✓ malnutrition of a child
- ✓ sexual abuse to a child

The **CANTS 14, Child Abuse Law Enforcement Notification** shall be completed for all reports alleging the death or serious injury of a child. The **CANTS 14** shall be utilized to notify local law enforcement and the State's Attorney of these reports.

Note: Field offices served by a Child Advocacy Center (CAC) may have different notification procedures that Child Protection Specialists must follow.

There are several reasons for this notification:

- To provide notification that a possible criminal act was committed;
- To request assistance in protecting the child and the Child Protection Specialist;
- To request assistance in taking temporary protective custody;
- To request assistance in preserving evidence; or
- To request assistance in conducting the investigation.

The Child Protection Specialist must document the verbal notification to law enforcement and the State's Attorney in a contact note. The Child Protection Specialist must also confirm the notification by sending written confirmation (**CANTS 14**) within 24 hours to the law enforcement agency and State's Attorney. A redacted copy of the completed Intake may be attached to the written confirmation that is sent to the law enforcement agency. A copy of the written confirmation sent to law enforcement and the State's Attorney must be placed in the investigative file.

2) State's Attorney

A) Serious Harms

The Child Protection Specialist shall refer to law enforcement and the State's Attorney those reports in which the suspected harm to the alleged child victim is severe. See **Procedures 300, Appendix B, the Allegation System,** for specific allegations that contain law enforcement/State's Attorney notification requirements.

B) Second Indicated Report of Abuse

Within 48 hours after indicating the second report of child abuse on a family, regardless of severity and regardless of whether the same person was indicated, the Child Protection Specialist shall send to the State's Attorney a redacted and completed report along with a completed **CANTS 12 Notification to State's Attorney Of A Second Indicated Child Abuse Report**.

C) Juvenile Perpetrators

The following actions shall be taken to ensure that Department staff, POS providers, and juvenile court personnel have access to relevant information that may augment safety planning, risk assessment and ongoing service needs in cases involving juvenile perpetrators (youth under 18 years of age and not a caregiver) and their families.

- The Child Protection Specialist shall request that the State's Attorney office staff cases involving juvenile perpetrators who are known to be, or suspected of being, juvenile offenders. Staffing requests and related information shall be documented in a contact note and placed in the investigative file.
- Department and POS staff shall attempt to coordinate service planning with the appropriate juvenile court services for all cases involving juvenile perpetrators indicated of sexual or physical abuse who have an active case with juvenile court services. Service coordination requests and related information shall be documented in a contact note.

D) Failure to Protect

The Child Protection Specialist shall request that the State's Attorney petition cases for juvenile court intervention where there is evidence that the non-offending caregiver:

- Was told, was otherwise aware or should have been aware of the abuse prior to the report but failed to take reasonable steps to protect the victim;
- Does not believe that the abuse occurred;
- Is not supportive of the victim, as evidenced by attempts to convince the victim to recant or blame the victim;
- Has a history of alcohol or substance abuse, mental illness, developmental delay, or abusive interpersonal relationships that would be likely to impede adherence to a protective plan;
- Was aware or should have been aware that the perpetrator had previously been convicted or indicated of sex offenses or other violent crimes, yet allowed the perpetrator to have access to the children;
- Is a victim of domestic abuse, but denies being abused by the perpetrator or has not taken reasonable steps to protect him or herself;
- Would have serious difficulty in maintaining a safety plan; or
- There are multiple family perpetrators.

The State's Attorney should be asked to petition for juvenile court intervention of any second indicated report of a sexual abuse or physical abuse allegation where the child is in the care of the same non-offending caregiver who previously failed to protect the child and the perpetrator is found to have continued access to the victim or the victim's siblings in violation of an existing court order or protective plan. This includes reports of substantial risk of sexual injury.

Child Protection Specialists and Child Protection Supervisors shall assess all death, physical abuse, and sexual abuse harm cases for referral to the State's Attorney. The following factors must be considered on a case-by-case basis:

- The presence of a strong extended family willing to provide support to the victim and the non-offending caregiver;
- The presence of a strong extended family willing to monitor the safety plan;
- The family's treatment progress;
- The severity of the abuse;
- The early evidence of the non-offending caregiver's willingness to cooperate;
- The degree to which the perpetrator is likely to have access to the victim and the victim's siblings; and
- Whether the non-offending caregiver has provided false information in the past in an effort to protect the abuser.

E) Waiver

A waiver must be obtained from the Area Administrator for all cases not petitioned in accordance with these procedures. The Child Protection Specialist shall document the Area Administrator's decision in a contact note.

3) Additional Circumstances that Require Notification of Law Enforcement

The following are examples of additional circumstances that **require** law enforcement notification:

- When a child is hospitalized for injuries or conditions suspected to be the result of abuse or neglect by an eligible perpetrator and there is a concurrent law enforcement and child protection investigation. There must be a conference between law enforcement and child protection **prior to** the child's discharge to discuss safety threats;
- When a case involves domestic violence and/or drug abuse/misuse, all law enforcement agencies with jurisdiction (i.e. local police, sheriff, Illinois State Police) must be notified; or
- After contact with a family during which illegal drugs were observed.

Upon assignment of the investigation or determination that circumstances warrant completing and submitting a **CANTS 14** form, the Child Protection Supervisor must immediately, but no later than within 1 business day, fax the completed **CANTS 14** form to local law enforcement. Efforts to obtain law enforcement's decision to become involved must be documented within 24 hours of the notification.

l) Parallel Investigations

A parallel investigation is a joint investigation involving more than one investigative team. A parallel investigation may be initiated by the SCR or a Child Protection Supervisor for the purpose of completing an investigative requirement involving a subject or subjects located outside the region/site/field (RSF) of the assigned investigative team. The primary Child Protection Specialist retains the responsibility for all notifications.

1) SCR Initiated Parallel Investigations

When SCR determines that the current location of the alleged child victim or other report subjects is outside the RSF of the assigned investigative unit, SCR shall assign a parallel investigation to the unit responsible for initiating the report. The SCR Call Floor Worker will document information related to the parallel investigation in the narrative box of the Intake. Supervisors of local investigative units will make other parallel investigation requests when the need is identified.

Child Protection Supervisors or their designees shall immediately correct any parallel investigation assignment errors made by SCR. Corrective activities shall include verbal notification to the primary investigative team supervisor of the error, and transmission of the parallel investigation request to the appropriate investigative team. These activities shall be completed in a timely manner to ensure that all applicable procedural timeframes and requirements are met.

Note: SCR shall assign case responsibility in accordance with the following when another state is involved in an incident of abuse or neglect.

- Assign an SCR case number only if the other state refuses and there is a current protective issue when:
  The incident occurred out-of-state;
  The perpetrator's residence is out-of-state; and
  The victim's residence is in Illinois.

- Assign an SCR case number when:
  The incident occurred in Illinois;
  The perpetrator's residence is out-of-state; and
  The victim's residence is in Illinois.

- Assign an SCR case number when:
  The incident occurred in Illinois;
  The perpetrator's residence is in Illinois; and
  The victim's residence is out-of-state.

- Do not assign an SCR case number unless protective custody is taken in Illinois when:
  The incident occurred out-of-state;
  The perpetrator's residence is out-of-state; and
  The victim's residence is out-of-state.

- Assign an SCR case number when:
  The incident occurred out-of-state;
  The perpetrator's residence is in Illinois; and
  The victim's residence is in Illinois.

- Make the case a Child Protective Service parallel investigation, but do not assign an SCR case number when:
  The incident occurred out-of-state;
  The perpetrator's residence is in Illinois; and
  The victim's residence is out-of-state.

In-State/Out-of-State Case Responsibility Matrix

Incident Occurred		Perpetrator's Residence		Victim's Residence		Assign SCR #?
In	Out	In	Out	In	Out	
	X		X	X		Only if the other state refuses and there is a current protective issue
X			X	X		Yes
X		X			X	Yes
X			X		X	No – Unless PC is taken in Illinois or protection action is required
	X	X		X		Yes
	X	X			X	CPS Parallel Only – No SCR#

2) Child Protection Supervisor Requested Parallel Investigations

Child Protection Supervisors may request a parallel investigation for any activity requiring in-person contact with alleged victims, alleged perpetrators, other report subjects or other persons with information. If the request is to initiate an investigation, the request shall be made as soon as the requirement is known in order to allow the parallel team supervisor time to integrate the investigation into their team's workflow. All other requests should be made within 24 hours after the need is identified.

A) Prior to making a parallel investigation request, the Child Protection Supervisor shall consider the following factors to determine the practicability of having the assigned Child Protection Specialist travel to another RSF to initiate the investigation or complete a contact:

- Travel time and distance;
- Benefits to the family and Department in maintaining investigation continuity; and
- Elimination of the possible need to have a Child Protection Specialist from the other RSF travel to testify in court.

B) To make a parallel investigation request, the Child Protection Supervisor shall complete the narrative section in the assignment window describing the reason or reasons for the request, special instructions, updated locations and telephone numbers of subjects to be seen, and forward the request to the appropriate investigative team. The Child Protection Supervisor shall also verbally alert the receiving team supervisor of the parallel investigation request to:

- Verify receipt of the report and determine when a parallel team Child Protection Specialist will initiate the investigation;
- Clarify any issues involving the parallel investigation request and associated procedural requirements;
- Verify the team responsibilities with the State's Attorney and law enforcement; and
- Provide information regarding current addresses of subjects and LEADS information.

3) Parallel Investigation Conference

When the parallel team initiates the investigation, the Child Protection Supervisors and Child Protection Specialists shall teleconference as soon as possible, but no later than 24 hours after the investigation is initiated and the parallel request was made. When necessary, the teleconference may proceed when only one member of each team is in attendance. The following shall be addressed during the teleconference:

- The safety assessment determination and supporting documentation (i.e., statements made by children, observations of children, caregivers' statements, etc.);
- The determination of any additional children who may be at risk;

  Note: The primary Child Protection Specialist shall enter the CERAP in accordance with **Procedures 300, Appendix G**. The primary Child Protection Specialist shall compile the safety assessment information and complete the safety assessment in conjunction with information received from, and discussion with, the parallel Child Protection Specialist.

- Provisions of the safety plan if one has been implemented;
- Persons responsible for monitoring the plan;

  Note: If the child or children are at a location other than their permanent residence, a Child Protection Specialist from the area in which the child or children are temporarily residing will be assigned the parallel investigation and will monitor the safety plan.

- Timeframe and monitoring of the plan;
- Alternative living arrangement (include names of caregivers, address, telephone, and results of LEADS checks and person searches);
- Other persons interviewed, their relationship to the family and quality of information provided (e.g., first hand information, hearsay, Child Protection Specialist's direct observations);
- Verification of identity of persons and update the Person Management screens as necessary.; and
- The completion date for the parallel investigation if it is not completed at the time of the conference.

Note: Child Protection Specialists shall follow the procedures set out above in **(b) Initial Investigative Activities** when the investigation has been initiated with a Good Faith Attempt.

Note: A parallel case assignment cannot end without a conversation between the primary and parallel supervisors. If the supervisors cannot resolve an assignment issue they shall consult with their respective Area Administrators.

4) Parallel Investigation Safety Determinations

It is the responsibility of the primary Child Protection Supervisor to ensure that the safety assessment is completed in accordance with **Procedures 300, Appendix G Child Endangerment Risk Assessment Protocol** (CERAP).

In accordance with the CERAP, the Child Protection Specialist that initiates the in-person contact with the alleged children victims should complete the safety assessment. However, when the parallel Child Protection Specialist initiates contact with the alleged child victims, the Child Protection Specialist and his or her supervisor shall contact the primary Child Protection Supervisor to discuss which Child Protection Specialist shall complete the safety assessment. When there are multiple alleged child victims in more than 3 RSFs, the primary Child Protection Specialist is responsible for completing the safety assessment.

When the Child Protection Supervisors disagree about which Child Protection Specialist should complete the safety assessment, the Area Administrators must be consulted. When an agreement cannot be reached, the primary Area Administrator shall make the decision.

When a child victim is seen by a Child Protection Specialist during a parallel investigation, and the child has been assessed unsafe and a safety plan has been implemented, it is the responsibility of the parallel team to complete 5-day safety reassessments and related requirements. The parallel team shall also participate in weekly teleconferences with the primary team.

Discussions concerning reassignment of primary responsibility of the investigation to the parallel team may occur when the parallel team has completed the majority of the investigation requirements.

5) Verification of Identifying Information

A Child Protection Specialist conducting a parallel investigation must verify the dates of birth; correct spelling of names, Social Security numbers, and primary addresses for all alleged perpetrators, adult household members and frequent visitors to the home. Collateral contacts should be used to verify the identity of those persons unwilling or unable to produce verification of identity. The Child Protection Specialist conducting the parallel investigation shall update this information in the Person Management window.

6) Hard Copy Documentation

The Child Protection Specialist conducting the parallel investigation must forward any hard copy information to the primary Child Protection Specialist within 72 hours or sooner after receipt of the document.

7) Parallel Investigations within the City of Chicago

Parallel investigation requests are not permitted between investigative teams serving the City of Chicago. The assigned Child Protection Specialist will complete all investigation requirements regardless of where the subject or collateral contact is located in the city.

8) Out-of-State Parallel Investigation Requests

When a subject of an investigation resides in another state or an in-person collateral contact is required in another state, the Child Protection Specialist shall contact the appropriate child protection agency in the state where the subject or collateral contact is located to request the parallel investigation contact. Depending on the case circumstances, the request may be made by telephone or in writing. The Child Protection Specialist shall document the request in a contact note. Copies of written correspondence shall be filed in the investigative file.

If the agency does not respond in a timely manner with the requested information, the Child Protection Specialist shall contact the agency to determine the reasons, and document the reasons for the delay and actions taken to secure the requested information in a contact note. When appropriate, the Child Protection Specialist shall contact the agency weekly until the information is obtained. The Child

Protection Specialist shall consult with the Child Protection Supervisor when the requested information is not received prior to the end of the 60-day final determination time frame in order to determine whether a final finding can be made without the requested information.

Note: SCR shall take reports of alleged incidents of abuse or neglect that occur in other states when the criteria for such assignment are met. The Department's criteria for accepting case responsibility for out-of-state incidents of harm are located in the In-State/Out-of-State Case Responsibility Matrix in (1) of this subsection.

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Section 300.60 Scene Investigations and Time Lines

a) Scene Investigations

Many abuse and neglect allegations require "observation of the environment" or a "scene investigation." The Child Protection Specialist must conduct a scene investigation when it is required by the allegation being investigated. **(Refer to Procedures 300, Appendix B for allegation specific instructions**.) Scene investigations can include the observation and assessment of more than one location, depending on the incident of harm. The Child Protection Specialist should consult with the Child Protection Supervisor to determine which environments require a scene investigation.

The Child Protection Specialist must contact local law enforcement when it is important to preserve physical evidence from a scene. However, that does not relieve the Child Protection Specialist from the responsibility to carefully and thoroughly describe this evidence in a contact note.

The Child Protection Specialist conducts a scene investigation by observing, photographing, and documenting the vicinity and surroundings where an incident of child abuse or neglect is alleged to have occurred. The scene investigation should include:

- A description of what is visible or present at the scene. Note the time of day the environment is observed, describe important visible objects and estimate distances. If a distance or height is a crucial fact in an investigation, the Child Protection Specialist should measure it or make arrangements for it to be measured. When an injury shows a pattern (e.g., a striped bruise), look at the scene for an instrument that may have caused that pattern.

  Example: A baby had a head injury that left a pronounced pattern mark on top of head. Dad admitted having the child in his sole custody during the previous 24 hours, and that he was playing on his PlayStation. The Child Protection Specialist noticed the dimensions of the pattern mark matched perfectly with TV remote control. Dad later admitted throwing the remote at baby.

- The Child Protection Specialist shall take photographs of the scene and items located at the scene in accordance with these procedures. If items are needed for physical evidence, the Child Protection Specialist must contact local law enforcement for assistance. When photographing the scene, the Child Protection Specialist shall also ask to photograph a child, caregiver, or witness who is reenacting what he/she did or saw when that photograph would help explain what happened to the child. To be admissible in court or at an administrative hearing, a witness must state that a photograph fairly and accurately portrays the scene. If the scene changed before the photo was taken (e.g., law enforcement removed an object, or parent cleaned the room), the photograph may still be admissible if the Child Protection Specialist, child or any witness can explain the changes between what is depicted in the photograph and the condition of the location when the

witness saw it. Because of this, the Child Protection Specialist should not hesitate to take photographs after a scene has been changed (e.g., "processed" by law enforcement/coroner or cleaned by the family). Witnesses should be asked whether and how the scene is different from the scene at the time of the incident.

- Document the presence or absence of any objects, such as furniture or instruments that were alleged to cause an injury. Note the presence of any obstructions (e.g., shrubbery, walls) that may have limited a witness' ability to view the child or incident. The Child Protection Specialist should ask to see items that may not be visible but are identified to be related to the alleged harm (i.e. an instrument such as a spatula or wooden spoon allegedly used to cause an injury).

- In some investigations, the presence or absence of sounds or odors may also be relevant. Note any unexpected or unusual sound, noise or odors (e.g., whether the sound of children playing outside is easily heard inside the home, or the smell of rotting garbage).

Scene evidence is an essential component of a thorough investigation. Scene evidence can help the Child Protection Specialist assess the credibility of various explanations of the incident or injury, and to consider other possible explanations/causes. More specifically, written descriptions of the scene are essential to:

- Determine and help prove environmental circumstances surrounding the incident (e.g., establish times, distances and visibility.);

- Determine how an injury occurred (e.g., instrument or object used to hit a child, a fall against a blunt object, a fall from a height);

  Example: In a scalding case involving the bathroom sink, view the temperature setting of the hot water heater. When the hot water is turned on in that sink, how quickly does the water get hot? If the sink is metal, does the sink itself get hot? Does the water temperature fluctuate if the toilet flushes or water is turned on elsewhere in the house?

  The hot water temperature at the site of the burn/scalding incident shall be measured by the Child Protection Specialist as soon as possible, but no later than 24 hours after he or she has determined reasonable cause. If the subjects refuse to allow the Child Protection Specialist to test the water, the Child Protection Specialist shall request assistance to gain access from the building's maintenance person, the local building department or law enforcement when law enforcement is involved in the investigation.

  In accordance with guidelines established by the National Institute of Occupational Safety and Health, water temperature is accurately measured by placing an approved (DCFS issued) thermometer in the stream of hot water that has been running for two minutes, and holding it in the stream until the temperature recorded by the thermometer stops rising. The following index identifies those water

temperatures and corresponding exposure times at which scalding will occur. Note that the skin of infants and young children is thinner than an adult's skin, so serious burning occurs more rapidly and at lower temperatures. Skin thickness reaches adult levels by the age of five years. The Child Protection Specialist shall share information gathered at the site with the physicians evaluating the injury.

The following chart lists temperature and duration of exposure time sufficient to cause partial to full thickness burns in *infants* and *young children*.

Water Temperature	**Exposure Time to Full Thickness Burns**
130F	10 seconds
135F	4 seconds
140F	1 second
149F	0.5 second

The following chart lists temperature and duration of exposure time sufficient to cause full thickness burns in *children over five years of age*.

Water Temperature	**Exposure Time to Full Thickness Burns**
120F	5-10 minutes
124F	4 minutes
125F	2 minutes
130F	30 seconds
140F	5 seconds
158F	Less than 1 second

- Document the presence (location and condition) at the scene of the instrument or object (or suspected item) used to injure the child;

- Determine whether there are environmental factors (e.g., exposed wiring, unusable sinks or toilets, feces, garbage, lack of food, dirty dishes, bugs, rodents, broken glass) in the child's home or other location where the child was found that affect safety and risk to the child or other children;

- Corroborate a child's and caregiver's statements about what was or was not present at the scene where the injury or incident occurred (or where the child was immediately prior to or after the injury or incident occurred);

- Corroborate or disprove an alleged perpetrator's or witness' statement about the environment, or an object in the environment, where the injury/incident occurred or in which the child was found; and

- Refresh the child's or a witness' recollection about the scene.

If the Child Protection Specialist has reasonable cause to believe that an area of the child's home will reveal evidence supporting the child allegation of child abuse or neglect, and the Child Protection Specialist has determined that the report is a good faith report of alleged abuse or neglect, the Child Protection Specialist shall observe those specific areas of the home reasonably related to the allegation. "Reasonable cause", as used in this paragraph, includes, but is not limited to:

i) a report by a mandated reporter;

ii) information previously obtained in the investigation; or

iii) credible evidence known to the Child Protection Specialist.

If the investigation involves a death or serious injury, the Child Protection Specialist must communicate with the coroner or medical examiner (Cook only) and/or law enforcement to determine who will complete the scene investigation and **shall immediately and carefully document all discussions about the scene investigation and/or any aspects of the investigation. In death cases, the coroner or medical examiner has primary responsibility for the scene investigation but often defers the investigation to law enforcement.** The Child Protection Specialist shall request that law enforcement and the coroner/medical examiner share the results of their scene investigation. To avoid discrepancies, the Child Protection Specialist should offer to conduct serious harms scene reenactment with the police rather than examining the scene separately. The Child Protection Specialist shall always defer to the coroner/medical examiner for recreation/investigation of a death scene.

If the coroner/medical examiner or law enforcement scene investigation was insufficient for purposes of the investigation, the Child Protection Specialist shall consult with the investigative body about whether the Child Protection Specialist may conduct a follow-up scene investigation.

If told by law enforcement and the coroner/medical examiner that they will not make a scene investigation, the Child Protection Specialist must complete the scene investigation immediately.

Scene evidence is also important to document changes made to the scene after DCFS involvement.

If there is a difference of opinion about where the injury occurred, such as the child's school, the Child Protection Specialist shall conduct a scene investigation at the school and interview witnesses at the school to verify or rule out the parent/caregiver's explanation of the incident.

b) Timeline of Events Leading to and Following the Injury/Incident

The Child Protection Specialist shall establish a timeline describing what happened at least 24 to 48 hours immediately preceding the injury or incident of abuse or neglect. Timelines are essential to determining how an injury or incident occurred. The timeline should begin when the child was symptom free. When the timing of the injury or incident is unclear, the Child Protection Specialist may need to establish a time frame longer than 48 hours in order to determine the cause of the injury or incident. It is also important to document what happened after an injury or incident, especially how the child and adult(s) responded after an injury or incident.

A timeline documenting "who/what/where/when" statements from persons interviewed during an investigation is also useful to compare accounts of events obtained during separate interviews with different sources. This enables the Child Protection Specialist to examine the consistency and credibility of accounts of the events leading up to the injury or incident.

A timeline can be helpful when assessing whether an individual's account of events changes over time, and may provide information about a parent's or caregiver's behavior. The Child Protection Specialist should review entries on the timeline to look for critical risk and safety issues (e.g., events that suggest there may be domestic violence, substance abuse, mental health issues) and patterns of parenting or supervision that may require follow-up interviews or need to be addressed in the Family Service Plan.

The timeline should document the following information provided by each interviewed individual (when discrepancies exist, the timeline should include each witness' separate account of the disputed information):

1) The names and relationships of each person (adult or child) who was present with the child, or was aware of the child's location during that time period;

2) Who was supervising (or responsible for supervising) the child;

3) Any events or evidence of concern to the parents or caregivers, especially related to parenting, or safety/risk factors;

4) When the child first demonstrated symptoms of injury and a description of those symptoms;

5) Each place the child was placed or observed by caregivers during the 24 to 48 hours before the injury occurred, and the approximate time (e.g., "show me where the child was", "show me the position the child was in"; ask to photograph the caregiver demonstrating how the child was placed). Always ask the interviewee whether the information they provide is from personal knowledge or whether they are providing information that is second-hand;

6) Each place the child was observed by witnesses (including other children) during the 24 to 48 hours before the injury occurred, and the approximate time (e.g., "show me where the child was", "show me the position the child was in"; ask to photograph the witness demonstrating how the child was placed);

7) The child's condition each time the above persons saw the child (e.g., health, emotional state, cleanliness, any restriction in movement);

8) The name of the adult who was caring for the child when the persons last saw the child.

9) If the child left the scene, the name of all persons who accompanied the child, and the name of the adult, if any, in a caregiver role at that time.

10) If the child left the scene, whether the child was accompanied by anyone (check for existence and condition of door locks; describe and photograph evidence of drugs or alcohol at scene), or whether the child, adult or anyone accompanying the child stated where they were going or what they were going to do.

11) Where was the child found? How did the child get there? What was the child's condition? (e.g., describe environmental factors such as traffic and weather conditions, whether the child was dressed appropriately for the season. If the child walked, when appropriate, recreate how the child arrived at the location where he/she was found.)

Example: Report from primary care physician states the child suffered a serious head injury. When asked about activity during the past 72 hours, the mother states 2 days ago, when she went to wake the child up in the morning that was the first time she noticed the child fussy and vomiting. She took the child to the Emergency Room (ER) to be checked (the head injury was undetected at the ER) and returned home. Over the next two days, the child continued to be fussy and occasionally vomit, and then became lethargic. Mom took the child to the primary care physician, who called in the report. When making the time line, show the date and approximate time that the mother identified the first symptoms (vomiting, fussy behavior). Have her walk through her morning – where in the house did she sleep that night, and what time did she get up? What did she do prior to going to the child's room? Ask her to describe both her and the child's activities the day and night before. Who, besides Mom, had access to the child during that time? Who, besides Mom and the child were in the house overnight? Determine what if any interaction did each person have with the child? Ask Mom what she did during the time after noticing the child was ill until she took the child to the ER.

The Child Protection Specialist should also determine and document:

- When and to whom did the child first complain about or show signs of the injury?
- Who first noticed a symptom of the injury (e.g., fussiness, crying, lethargy, seizure, vomiting, lack of appetite, etc.)? When did they notice? What exactly did they do in response?
- Did the child say how he/she was injured, or describe the incident? (Include an observation of the symptoms for non-verbal children.)
- Where was the child when the complaint was made?
- If the child was injured, did the person receiving the complaint observe the child's injury?
- The presence or absence of objects, surfaces, furniture described by the child or that may have caused an injury (the Child Protection Specialist should note size, color, texture, hard/soft surfaces, etc., of objects that may have caused injury.)

Scene reenactment should be conducted when needed to further assess the credibility of explanations of the injury or incident. The Child Protection Specialist should ask the child, caregiver and witnesses to reenact parts of the timeline, such as the progression of actions and positions of involved subjects and objects at the scene, by using dolls or demonstrations. (e.g., when reenacting a scene involving scalding that occurred when the parent bathed the child, ask to see the tub. Have the parent point to show how deep the water was. Using a doll, ask the parent to show how he/she placed the child in the tub.)

If the injury occurred outside of the child's home, the Child Protection Specialist should determine if there is any chance the incident was captured on a video surveillance camera. Ask law enforcement about outdoor surveillance in public places. For private businesses, ask a security officer, staff member, or owner about the existence of video surveillance. Most businesses will allow the Child Protection Specialist to watch the video feed. The Child Protection Specialist may need to send an Administrative Subpoena to obtain copy of the video.

Example: Inadequate supervision report states: "Mom wasn't supervising the child. The child escaped from the laundromat and got hit by car." Video was available and showed a non-involved individual opening the door at the laundromat and the child immediately running out. The video showed that, just before door opened, Mom and child were standing together next to a washing machine. The child ran when Mom turned sideways to pick up a detergent bottle.

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Section 300.70 Role of the Child Protection Supervisor

The Child Protection Supervisor plays a crucial role in the investigation of alleged abuse or neglect of a child by providing guidance and instruction of Child Protection staff throughout the life of the investigation. The duties and responsibilities of the Child Protection Supervisor are comprehensive and extensive.

a) Supervisory Duties and Responsibilities

The primary duties and responsibilities of the Child Protection Supervisor include, but are not limited to:

- Providing guidance and direction for all investigations of alleged child abuse and neglect by planning, supervising, reviewing and coordinating the activities of the Child Protection Specialists under their supervision;
- Ensuring that all investigations are conducted within the existing framework of statutes and policies of the Department and that all investigative contacts, activities and documentation are completed within the allotted timeframes;
- Serving as liaison with other disciplines, agencies and community resources;
- Providing regular and on-going supervision to the Child Protection Specialist;
- Ultimately, ensuring that all children reported to the Department are safe; and
- Ensuring compliance with guidelines outlined in **300.75, Area Administrator Requirements** identifying those investigations requiring Area Administrator review and approval.

b) Supervisory Conferences

Supervisory conferences are to occur at critical milestones throughout the life of the investigation and shall provide guidance and consultation for all critical and clinical decisions. In-person supervision is preferred; however, supervision can be conducted by phone. Under no circumstance may supervision be conducted by email.

1) Supervision Milestones:

- At the time of assignment to the Child Protection Specialist;
- The 24-hour Safety Determination;
- 14 days after receipt of the report to approve the good faith determination;

- Every five days when a CERAP is unsafe and a safety plan is implemented to determine that a basis for protective custody continues to exist
- 45-days after receipt of the report;
- The closing CERAP; and
- The final supervisory conference.

2) Frequency of Supervision

In addition to the key milestones, supervision should be fluid throughout the life of the investigation and occur at least weekly or when circumstances warrant.

3) Content

During the life of the case and prior to supervisory approval, the following components of an investigation shall be included in the supervisory conference, but not be limited to:

- Investigative plan;
- Initiation mandate (including good faith attempts every 24 hours or sooner);
- Safety assessment;
- Identification of special types of reports (i.e., death, youths in care, DuPuy class members, etc.)
- Critical decisions;
- Protective custody;
- Review and assessment of inculpatory and exculpatory evidence;
- Completion dates; and
- Final determination.

4) Elements of Guidance and Supervision

The Child Protection Supervisor must provide guidance and consultation for all critical and clinical decisions. Examples include, but are not limited to:

- Recognition of what information is relevant to the investigation and the investigative process;
- Ability to ask exploratory questions of subjects and collateral contacts;
- Analyze and apply all available information to determine relevance in decision-making for child safety and service needs;

- On-going safety and the clinical nature of the family's situation must be discussed with the Child Protection Specialist throughout the life of the case;
- Ability to evaluate contradictory information whether observed and/or reported;
- Clearly and accurately communicate the rationale for investigative decisions, both verbally and in writing;
- Determine how a family's history is relevant to current observations and information;
- Assess safety and risk based upon the totality of available information and evidence;
- Determine if evidence and documentation gathered in the course of the investigation is factually based and consistent;
- Revise decisions when there is verifiable evidence to the contrary; and
- Critically review and analyze all documentation in SACWIS and the hard-copy file prior to approving the investigation. Supervisory review shall be completed within 2 business days after submission by the Child Protection Specialist and/or prior to day 60, unless the investigation is extended for good cause.

5) Critical Decisions

Critical decisions are time sensitive and made throughout the life of an investigation. Making decisions regarding child safety is dependent upon information gathering and an analysis of all the available information and factors. Child Protection Supervisors are to make critical decisions after a review of all the known information and in consultation with the Child Protection Specialist. All critical decisions must be documented in SACWIS within 24 hours. Situations that require a critical decision include, but are not limited to:

- Safety determinations;
- Adding allegations;
- Taking protective custody;
- Safety plan implementation;
- Referral for opening a service case;
- A good faith determination; and
- The final finding determination.

Note: The Area Administrator must review the supervisory decision regarding a good faith determination if child victims are not seen.

6) Documentation

- Supervisory Conferences are to be written and documented by the Child Protection Supervisor in a supervisory note;
- Supervisory notes are to be investigation specific and address family functioning and dynamics; and
- Supervisory Conference notes are to be recorded within 48 hours after supervision.

c) Case Assignment

1) Primary

The Child Protection Supervisor or designee shall assign all reports to Child Protection staff. Primary case assignment should be based upon rotation, with due consideration given to the experience, expertise and availability of staff. The Supervisor is responsible for maintaining the case assignment log. The Child Protection Supervisor shall also be responsible for ensuring coverage of investigative duties and child safety during the absence of the primary Child Protection Specialist by reviewing the workload and assigning parallel responsibility to other available staff as appropriate.

2) Parallel

Child Protection Supervisors may request a parallel investigation for any activity requiring in-person contact with alleged victims, alleged perpetrators or other persons with information. If the request is to initiate an investigation, the request shall be made as soon as the requirement is known in order to allow the parallel team supervisor time to integrate the investigation into the team's workflow. All other requests should be made within 24 hours after the need is identified. Refer to **Procedures 300.50** for further instructions regarding parallel assignments.

3) SOR

A SOR reported within six months or less should be assigned to a different Child Protection Specialist than the one assigned to the previous report, unless there is a current pending investigation and it is determined necessary for continuity of safety decisions and evidence gathering to assign the SOR to the same Child Protection Specialist.

d) Investigative Plan

Upon receipt of a child abuse and neglect report, the Child Protection Supervisor shall develop an investigative plan with the assigned Child Protection Specialist. The plan shall be allegation specific. The development and discussion of the investigative plan should be specific to the report received and documented in a supervisory note. The contents of the investigative plan shall include, but are not limited to:

- Review the Intake summary;
- Contact with the reporter;
- Identify any special communication requirements for any/all of the subjects of the report;
- Identify any special accommodation needs for any/all of the subjects of the report;
- Review prior history;
- Formulate questions for the victim, parent and alleged perpetrator;
- See child victims and observe the environment;
- Complete the safety assessment;
- Obtain medical exam if required/warranted;
- Interview parent and provide notification;
- Interview the alleged perpetrator and provide notification;
- Conduct Person Search and request LEADS;
- Notify law enforcement and/or State's Attorney;
- Coordinate multidisciplinary team activities (i.e., CAC, law enforcement, medical team), if required by the allegation; and
- Notify the GAL if the child is a youth in care.

e) Factors and Activities to be Considered During Supervision

Supervisors are responsible for monitoring all aspects of a child abuse or neglect investigation. The Child Protection Supervisor shall ensure the following factors are considered by the Child Protection Specialist while gathering evidence. The factors include, but are not limited to:

- Family/Household composition;
- The need for Norman Class Certification for Allegations #76 Inadequate Food, #77 Inadequate Shelter, #78 Inadequate Clothing, and #82 Environmental Neglect;
- Report subjects who have prior involvement with the Department;

- Allegation and age of the child;
- The educational status of the child in order to ensure enrollment in an educational program;
- Criminal history/LEADS;
- Ethnic and cultural issues;
- Overcoming communication and language barriers;
- Contact with non-custodial parents;
- Referrals and notification to law enforcement;
- State's Attorney notification;
- Information about an alleged perpetrator's arrest if it is related to the investigation (i.e., court dates, incarceration status, potential witnesses, judicial rulings, bond information)
- Medical needs, disabilities or mental health issues of alleged victims and family household members;
- Ensure collateral contacts are completed within the required time frames;
- All required notifications are completed;
- Assess need for case openings and/or service referrals;
- Extension requests for pending reports;
- Ensure that a copy of shelter care petitions and subsequent TC orders are scanned to the DCFS Initial Court Order/Petition Mailbox;
- Final finding recommendations following a review of the hard copy investigative file and all inculpatory/exculpatory evidence; and
- All critical decisions of the investigation.

f) Supervisory Responsibility for Reports Involving Children 6 Years of Age and Younger

Child Protection Supervisors are responsible for ensuring the following investigative activities are completed and critical thinking is applied when investigating reports of the **serious harm** of a child 6 years of age and younger. The Supervisor shall ensure:

- The Area Administrator is notified once a report involving a child 3 years of age and younger with the following allegations has been assigned;

#1	Death	#51	Death
#2	Head Injuries	#52	Head Injuries
#4	Internal Injuries	#54	Internal Injuries
#5	Burns	#55	Burns
#6	Poison/Noxious Substances	#56	Poison/Noxious Substances
#7	Wounds	#57	Wounds
#9	Bone Fractures	#59	Bone Fractures
#11	Cuts, Bruises, Welts, Abrasions and Oral Injuries		

  Note: All Allegations of #1/51 require immediate verbal notification regardless of the age of the child.

- When a report is a SOR, the Child Protection Supervisor shall discuss the case with the Child Protection Specialist in order to ensure that all information pertaining to prior reports, including other pending reports, is reviewed;
- The Child Protection Supervisor shall request a petition with the local State's Attorney, when an allegation so requires, and when there is evidence of previous serious injuries to a child 6 years of age and younger and the primary caregiver is the alleged perpetrator of the previous and pending report; and
- For infants 0-6 months with physical injuries, the Child Protection Supervisor must assess the critical issues of the case in order to determine if protective custody should be taken and discuss the case with the Area Administrator. When the decision to take protective custody is made by the Supervisor, immediate contact with the Area Administrator is not required. Critical issues include, but are not limited to:
  - Confirmation of the infant's mobility (i.e., crawling, sitting up, rolling over) by direct observation of the Child Protection Specialist or a professional collateral;

- Medical provider opinion that the injury was likely caused by abuse or neglect;
- Collateral statements from adults **not residing in the home** of the infant or caregiver;
- Thorough scene investigation;
- Corroboration of the parent's statement of how the injury occurred; or
- Corroborated evidence that the infant received the injury while under the supervision and care of a secondary caregiver (e.g., non-custodial parent, paramour, babysitter, or daycare provider), that the secondary caregiver does not reside in the home of the infant, and that the primary caregiver was not present at the time of injury.

g) Safety Plans and Protective Custody

1) Child Protection Supervisors shall review, approve, and oversee monitoring of all safety plans. The Child Protection Supervisor must also ensure the Child Protection Specialist monitors the safety plan per **Procedures 300, Appendix G, Child Endangerment Risk Assessment Protocol**. The supervisory review shall include but not be limited to:

- Documentation that provides information on the dynamics of the family;
- Documentation of the participants capacity and resources to fully comply with the safety plan;
- Ensuring the safety plan controls the present safety threats;
- Identifying and immediately addressing any inadequacy within the home or family dynamic that might threaten the safety of a child;
- 5-day monitoring of the safety plan by the Child Protection Specialist;
- Ensuring all participants of the safety plan receive a copy of the written plan; and
- Ensuring timely termination of the safety plan once the child is assessed as safe.

2) Child Protection Supervisors shall approve all protective custodies. The following points regarding protective custody must be discussed during the supervisory conference:

- Imminent and urgent necessity; and
- Reasonable efforts to prevent removal.

3) Whenever protective custody is taken and the case results in a shelter care hearing with temporary custody (TC) being given to the Department, the Child Protection Supervisor shall ensure copies of the petition and TC order are scanned to the Title IV-E Unit mailbox with a label of "DCFS Initial Court Order/Petition Mailbox". The scanned copy of the TC order shall be sent to the mailbox within **5 days of the shelter care hearing**. TC orders must contain "reasonable efforts to prevent placement" and "placement and care" language.

h) Service Referrals

The Supervisor shall ensure a reported family is provided an appropriate service referral or that the need for preventive services is assessed, which may include, but is not limited to the following:

- Educational services, including early education;
- Substance abuse assessment and treatment;
- Domestic violence services;
- Housing assistance;
- Mental Health services;
- Nursing referrals; or
- Other community services (e.g., Family Advocacy Center services, Safe Families, substance abuse assessment/treatment, mental health assessment/treatment, or domestic violence services).

i) Waivers

Supervisors are responsible for reviewing and approving waivers.

A waiver is an action granted after careful consideration by a Child Protection Supervisor or Area Administrator allowing a Child Protection Specialist to proceed in an investigation finding without making a contact, performing an investigative activity or obtaining documentation that is required by procedure. Waivers shall only be granted when the lack of the required contact/activity/documentation does not significantly impact the ability of the investigative team to complete a thorough investigation and make an informed final finding decision. Waivers should never be utilized as a way to manage the timely completion of an investigation.

j) Final Supervisory Conference

The Child Protection Specialist and Child Protection Supervisor shall meet for a final supervisory conference prior to issuing a final finding. This conference shall be documented in a supervisory note. The final supervisory conference shall include, but is not limited to:

- Review of all inculpatory and exculpatory evidence;
- A decision that the recommended determination is consistent with the information contained in the investigative file;
- The recommended determination is consistent with the allegation definition, criteria, and factors;
- Confirmation that all investigative activities have been met or a waiver was approved;
- That the investigative file contains all required reports and documentation;
- All required notifications (i.e., **CANTS 8**, GAL, custodial parent, etc.) have been completed;
- Discussion of the family's need for services or referral to community-based services;
- Discussion of law enforcement involvement and concurrent investigations;
- Discussion of requested waivers;
- If the recommended final finding is to indicate and there is a pending criminal investigation, consultation must occur with law enforcement prior to closing the investigation;
- The final supervisory conference shall not occur if the recommended final finding is to unfound and a criminal investigation is pending; and
- If the investigation is subject to Area Administrator approval, no information about the finding shall be shared with anyone until the Area Administrator provides approval to do so.

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

POLICY GUIDE 2018.09

MODEL OF SUPERVISORY PRACTICE

DATE: May 10, 2018

TO: All DCFS & POS Intact Family Service Workers, Permanency Workers, Child Protective Services Workers, and their Supervisors, Managers and Administrators.

FROM: Beverly J. Walker, Acting Director

EFFECTIVE: **Immediately**

I. PURPOSE

The purpose of this Policy Guide is to issue a comprehensive Model of Supervisory Practice for all Department and Purchase of Service Agency (POS) Intact Family Service, Permanency and Child Protective Services staff. This Model sets out expectations required of Supervisors in each of these direct service areas.

This Policy Guide describes:

- a comprehensive model of supervision applicable to all DCFS/POS Intact Family Service, Permanency and Child Protective Services staff;
- the four functions of supervision (administrative; developmental; supportive; and clinical); and
- expectations for the framework and format of supervision.

II. PRIMARY USERS

The primary users of this Policy Guide are All DCFS & POS Intact Family Service Workers, Permanency Workers, Child Protective Services Workers, and their Supervisors, Managers and Administrators.

III. BACKGROUND

Currently, the roles of direct service supervisors are addressed in:

- Procedures 300.70, Role of the Child Protection Supervisor;
- Procedures 302.388(f), Responsibilities of the Assigned Intact Family Services Supervisor; and
- Procedures 315.300, Role of the Permanency Supervisor.

This Model of Supervisory Practice expands these existing Procedures in order to address a "deficient audit finding" in the area of supervision identified during the Council on Accreditation (COA) Interim Review (completed October, 2017).

The Department's Model of Supervisory Practice provides a context for supervision in which the Department's values, philosophy and structure for conducting child welfare practice is supported by Best Practice principles, policy, and training for the purposes of achieving the Department's Mission:

- To protect children who are reported to be abused or neglected and to increase their families' capacity to safely care for them;
- To provide for the well-being of children in our care;
- To provide appropriate, permanent families as quickly as possible for those children who cannot safely return home;
- To Support early intervention and child abuse prevention activities; and
- To work in partnerships with communities to fulfill this Mission.

The Model of Supervisory Practice also reflects the components of the Department's Family-Centered, Trauma-Informed, Strength-Based Child Welfare Practice Model. This Child Welfare Practice Model supports race-informed practice and strives to improve the outcomes for children of color by reducing and/or eliminating race-based disproportionality and disparities in practice.

IV. MODEL OF SUPERVISORY PRACTICE

In the context of child welfare practice, "supervision" describes a formal, agreed-upon process of professional support and learning that enables subordinate practitioners to develop knowledge and competence. Supervision allows the supervisee (subordinate practitioner) to assume responsibility for his or her own practice, with the intended goal providing enhanced services for the service recipient. Good supervision should assist and enable a supervisee to meet Department objectives.

The Department's commitment to accountability and effectiveness has impacted the focus of child welfare practice. Supervisors play a pivotal role in ensuring safety, permanency and well-being for children and families involved in the child welfare system. They are responsible for ensuring effective service delivery and are accountable for achieving the desired outcomes of safety, permanency and well-being for children and families in consideration of the child's sense of time. Supervisors are not only required to manage change - they must lead change. Direct service supervisors are expected to provide the guidance, development and support required for direct service staff to carry out the Department's mandate.

Administrative and management personnel are responsible to support the work of the direct service supervisor and direct service staff. All administrative and management staff must be cognizant of how their actions and responsibility impact direct service supervisors, direct service workers, and the children and families they serve.

a) Overview of the Model of Supervisory Practice

The Model of Supervisory Practice seeks to ensure that the duties and boundaries of supervision are clear and that Supervisors have up-to-date knowledge of legislation; national and state policies; data and research relevant to child welfare that promote the safety, permanency and well-being for children served by the Department.

Model of Supervisory Practice Tenets and Approach

1) **Excellence.** Each DCFS/POS direct service employee has a duty to strive for and achieve excellence in job performance and service provision. Striving beyond the minimum-required compliance allows direct service staff to focus on the needs of children and families and tailor services to meet their individualized needs in a timely manner.

2) **Accountability.** Professional accountability is a key element of protecting children and strengthening families. There are multiple facets to accountability in a supervisory role.

   - First and foremost, Supervisors are accountable to the children and families they serve. They are responsible for ensuring the safety, timely permanency and well-being of children in care, and that the services provided minimize the impact of trauma on children and families while children are in care.

   - Supervisors are accountable to the Department's Mission and policies, as well as standards set out by federal, state, and accrediting bodies.

   - Supervisors are accountable to their subordinate staff. They provide leadership, administrative oversight, and clinical guidance and support so their staff are best able to effectively do their jobs.

   - Supervisors are accountable to themselves. Direct service supervisors generally hold their positions because they are dedicated to improving the lives of children and families. Their internal measure of their job performance may be the factor that most significantly affects how they carry out their job responsibilities on a daily basis. They hold themselves accountable for ensuring the highest standard of service delivery.

   - Supervisors are accountable to their peers. Through their leadership and actions, supervisors positively impact the culture of their agency and the office in which they work by interacting in a positive and supportive manner with their other supervisors.

3) **Evidence-Informed Practice.** This Model of Supervisory Practice is based on evidence-informed practice. Evidence-informed practice involves questioning and assessing the way that child welfare is currently done, and seeking additional research, information, resources, and interventions to guide practice that is ethically and culturally appropriate. It is a process for doing work in a strategically sound way. Evidence-informed practice seeks to produce the same level of stringency as evidence-based practice; however, because research is not always readily available, other valuable resources may be used as part of the evidence-based movement. These are concrete steps leading in the direction on the road to evidence-based practice.

4) **Race-Informed Practice.** Race-informed practice is a method of viewing and serving families of color which takes into account implicit bias and the dynamics of institutional racism as child welfare professionals and other system stakeholders develop policy, make decisions about, and provide services.

5) **Agency Culture.** Supervisors are in a unique position to have a significant influence on agency culture. Supervisors have a responsibility to model and support a culture of respect with children and families, foster and adoptive parents, staff, peers, colleagues, administration and the community.

b) Vision Statement for Department's Child Welfare Practice Model

The Department supports a Family-Centered, Trauma Informed, and Strength-Based Child Welfare Practice Model. The Vision of the Practice Model is to identify, intervene, and mitigate the effects of adverse and traumatic experiences of children served by the Department and to build parental capacity by focusing on family and individual strengths. This Vision also continues with efforts to prevent or alleviate secondary trauma experienced by Department/POS direct service staff.

c) Core Values, Principles and Standards of Family-Centered, Child-Focused, Trauma-Informed and Strength-Based Practice

The Department's practice principles are family-centered, child-focused, strength-based and trauma-informed. Each of these principles is described below.

1) **Family-Centered and Child-Focused Practice.** Family-centered practice is a way of working with the family, both formally and informally, across service systems to enhance the family's capacity to care for and protect the child. It focuses on the child's safety and needs within the context of the family and community and builds on family strengths to achieve optimal outcomes. Family is defined broadly to include birth, blended, kinship, foster and adoptive families and fictive kin.

Family-centered practice:

- strengthens, enables, and empowers the family to protect and nurture the children;
- safely preserves family relationships and connections when appropriate;
- recognizes the strong influence that social systems have on individual behavior;
- enhances family autonomy;
- recognizes the family's right to define who they consider family;
- respects the rights, values, religious beliefs and culture of the family; and
- focuses on the entire family rather than select individuals within the family.

The family unit, including the child as an individual and continuing member, is the focus of intervention.

The child remains a member of the family even while living in substitute care. Family-centered intervention looks to the extended family members and relatives, not only as caregivers for the family's child, but also as supporters of the family in their work toward reunification.

Through visitation and shared parenting, committed extended family members and relatives provide a wealth of opportunities to support the parents while keeping the child attached as a family member.

The family must be an active participant in all assessment, intervention, review, evaluation and decision processes. Through individual contact with the parents and Child and Family Team Meetings (that may include extended family members and relatives), direct service staff provide:

- engagement, full disclosure and ongoing feedback;
- open, inclusive and frequent planning;
- immediate response to the crisis of placement; and
- review and evaluation of progress toward reunification or an alternative permanency goal.

Family-centered practice provides an opportunity for the family to discuss their progress, casework support, clinical intervention and the effectiveness of the services provided.

2) **Strength-Based Practice.** A key to implementing strength-based practice is to begin identifying and documenting observable strengths that can serve to support the family in achieving their goals for safety, permanency and well-being.

All families have strengths and needs. Most parents want to resolve the problems and issues that confront them, and they want to be as effective as possible in their role as parents. Most families have had some success at solving past problems. Drawing on successful experiences helps identify skills already available within the family and gives the family hope for the future. Most families can be guided to draw upon their strengths and resources to resolve the problems and issues confronting them and will be able to engage in some or all of the services needed.

Direct service staff must document the family's identified strengths and discuss openly how the family can use and build upon those strengths to support positive change. This discussion should occur on an ongoing basis and be shared with the family as part of full disclosure regarding case progression and family prognosis in support of permanency for all children in the family.

3) **Trauma-Informed Practice.** The Department has stated the following vision for a trauma-informed practice model:

> *The vision of the practice model is to identify, intervene, and mitigate the effects of adverse and traumatic experiences of children who are entering protective care or currently living in* a substitute care placement. *This vision also continues with efforts to reduce, if not alleviate, secondary trauma experienced by children while living in out-of-home care.* (DCFS Strategic Plan for Trauma, 2007)

A child's reaction to traumatic stress:

- may have both short- and long-term consequences for the child's mental and physical health;
- may adversely impact the child's ability to protect himself/herself from abuse;
- may have both short- and long-term consequences for the child's life trajectory; and
- can adversely impact the child's stability in placements.

The need for placement as a safety intervention must be balanced against the trauma of removal and prolonged separation from the family with whom the child shares membership, tradition and identity. The child's attachment to his/her family, even in the face of maltreatment, is critical to the child's emotional security.

V. Functions of Supervision

There are four interwoven functions of supervision:

- administrative;
- developmental;
- supportive; and
- clinical.

These functions should be in balance over time, even though one or the other may be more in evidence. If this balance is not achieved and one function (e.g., administrative) is emphasized at the expense of the other three, supervision can become a cold management tool. Similarly, if the supportive function is emphasized, the boundaries between supervision and counseling may become blurred.

An overarching function of supervision is to build and maintain relationships, including relationships with supervisees, peers, administrators, families, colleagues in the organization, and community partners. Building and maintaining these relationships provide a framework for each of the functions of supervision described below.

a) Administrative Supervision

Administrative supervision focuses on promoting high standards of work and adherence to rules, policies, and procedures. Administrative supervision involves the supervisor's ability to effectively manage the supervisee's workload to achieve desired outcomes for children and families. Effective supervision requires workload standards that are manageable and in compliance with Council on Accreditation standards, federal and state requirements, as well as Department policies.

Supervisors act as a vehicle to assist communication up and down the chain of command, and serve to link the supervisee to the agency. This communication may be about agency developments, changes or new policies interpreting and enforcing procedures, briefing agency management about resource deficits, advocating on behalf of the team or individual supervisee and encouraging positive intra- and inter-agency relationships.

Responsibilities in administrative supervision include but are not limited to:

- Establishing objectives and priorities within the team that reflect the Department's Strategic Plan, agency policies, federal and state laws and consent decrees;
- Explaining the rationale supporting policies and procedures and the agency's Mission and Child Welfare Practice Model;
- Supervising field placements and internships to attract qualified staff;
- Summarizing and evaluating data to identify problems and trends for team planning and achieving outcomes; and
- Knowing and complying with laws and policies related to fair hiring and selection processes.

b) Developmental Supervision

The fundamental component of developmental supervision is anchored in life-long professional learning. It is the supervisor's role to create a learning environment, to continue the learning on the job after traditional classroom or online learning, and to use individual and group supervision to foster continued growth and professional development. The most basic component of developmental supervision is on-the-job training and coaching to ensure the transfer of learning from classroom to the field, including both college or university classrooms and the Department training classroom. Research indicates that without continual reinforcement, students retain only about 15% of what they learn in the classroom. Through modeling, coaching and reinforcement, the skills learned in the classroom become integrated into a worker's daily practice. In the quest for excellence, supervisors must help their staff strive for excellence. This includes identifying and building on staff strengths and providing learning opportunities so that staff can reach their full potential. Additionally, supervisors shall work with their supervisees to complete ongoing strength-based staff performance evaluations accordance with agency policy.

Recognizing that staff turnover occurs and promotional opportunities become available, succession planning is necessary at all levels. Supervisors assist staff in developing skills necessary to move up in their careers and continue to carry out the Department's Mission. Learning from one's experiences in child welfare is a significant factor that helps prevent or alleviate secondary trauma, to which direct service staff are exposed. The supervisor is responsible to assist supervisees in learning from their experiences in child welfare, thereby recognizing the risk of secondary trauma in the workforce and taking action to prevent or alleviate the trauma.

Responsibilities in developmental supervision include, but are not limited to:

- Evaluating and monitoring the quality, quantity and timeliness of staff performance;
- Providing frequent, timely and specific feedback to keep staff apprised of their performance;
- Providing a written performance evaluation of staff a minimum of once per year;
- Preparing new staff for foundational training and providing activities to aid in the transfer of learning from classroom to the field;
- Assessing the knowledge, skills and learning styles of new staff;
- Assessing with staff their personal and professional goals and assisting staff in finding and utilizing educational opportunities;
- Encouraging development of specialized expertise and innovation on new projects staff may embrace;
- Encouraging staff creativity and innovation in new projects and roles;

- Encouraging staff to serve on relevant committees to broaden their perspective;
- Supporting staff in their efforts to obtain positions of greater responsibility and to make other needed transitions; and
- Working with staff to develop and maintain a professional development plan.

c) Supportive Supervision

An effective supervisor is one whose staff are supported to maximize their potential. A supervisor is responsible for the maintenance of harmonious working relationships between staff members and other teams and functions in the Department. A supervisor needs to focus on staff morale and job satisfaction, and attend to vicarious trauma and to the high risk of burnout in the child welfare field.

Supportive supervision is not therapy or counseling, but recognizes the critical role that feelings and emotions play in direct service staff's ability to successfully carry out their work. In some cases, supportive supervision may identify the need for counseling independent of supervision. Clearly, this is a very important function; however, it must be kept in balance with the others.

Responsibilities of supportive supervision include, but are not limited to:

- Acknowledging effective performance, staff efforts, client progress, accomplishments and individual contributions;
- Creating and modeling high standards of practice and motivating staff to meet those standards;
- Acknowledging that we work with families who experience trauma and this work has traumatic effects on both clients and staff;
- Being attuned to one's own needs and practice self-care;
- Supporting staff in self-care;
- Treating staff with genuineness, empathy and respect;
- Supporting a climate of trust and openness that promotes personal and professional growth;
- Creating an environment in which cultural and other differences are respected and appreciated;
- Referring staff to employee assistance or other services when identified;
- Using mistakes and challenges as opportunities to teach and learn;
- Promoting a "can-do" attitude for staff;
- Assisting staff in professionally managing conflict;
- Seeking supervision and consultation to enhance one's own effectiveness;
- Increasing awareness of how one's life experiences and cultural background can impact the supervisor/supervisee relationship;
- Helping staff identify their own biases and the impact of biases on service delivery; and
- Exhibiting flexibility and accepting change in a positive manner.

d) Clinical Supervision

Clinical supervision is the provision of guidance designed to support the work that direct service staff do with children and families. During clinical supervision, family engagement, assessment and service provision of cases are reviewed in relation to safety, timely permanency and well-being. Decisions are made regarding how to facilitate the desired goals for change in families in order to best achieve timely outcomes.

Clinical supervision also reinforces positive social work ethics and values, encourages self-reflection and critical thinking skills, builds upon training to enhance performance, and supports direct service staff through day-to-day casework practice and decision-making.

Responsibilities in clinical supervision include, but are not limited to:

- Using sound professional judgments to make case decisions and promote evidence-based and evidence-informed practice;
- Assessing and considering direct service workers' skills, strengths, interests, areas of needed development and the client's strengths and needs in assigning cases;
- Assisting staff in case assessment, including identifying strengths, needs and safety issues, the dynamics of child abuse and neglect contributing to the underlying needs and safety issues, and the strategies for intervention and development of the plan with the family;
- Assisting and teaching staff the effective clinical application of assessment tools as they relate to individual children and families;
- Increasing staff awareness of how their own attitudes and approaches, life experiences and cultural background potentially impact the relationship with the client and the outcome of intervention;
- Assisting staff in assessing progress towards case goals;
- Supporting staff in making critical case decisions regarding safety, permanency and well-being;
- Encouraging staff to identify and respect the cultural diversity of all families and helping staff develop plans to address individual differences;
- Accompanying each worker in the field once per quarter and provide structured feedback;
- Helping the supervisee explore any emotional blocks to their work; and
- Assessing the supervisee in dealing with job stresses and secondary trauma.

VI. Objectives of Supervision

The objectives of supervision are to ensure that:

- Clinical practice protects and promotes the Illinois Child Welfare Model of Practice;
- Supervision reflects an ethos of equality, embraces diversity and promotes anti-oppressive practice;
- Race-informed practice is developed so that the supervisor and supervisee are culturally aware and responsive to each other, their clients, the community and other professionals.
- The voices of the child and family are included and evidenced as part of the supervisory process;
- Sound professional judgments are made, and evidence-informed, evidence-based and race-informed practices are promoted;
- Practice will reflect state and national strategies and legislation on protecting children and will be consistent with Department policies;
- Supervision will be carried out in a reflective manner and provide a safe environment where attitudes and feelings may be challenged or explored as necessary;
- Clarity and objectivity in relation to the presenting issues are achieved in order to ensure that decisions are made in the best interests of the child;
- Staff fully understands their roles and responsibilities. The process of supervision will be underpinned by the principle that each staff member remains accountable for his or her own professional practice and that the supervisor is accountable for the advice he or she gives and decisions made;
- Supervision will provide a process of professional learning and support to enable staff to develop and enhance knowledge and competencies; and
- Supervision will provide a process to identify individual training needs, and any areas of practice where improvements can be made.

VII. Framework for Supervision

a) **Individual Supervision.** Individual supervision is required to be provided to each direct service worker and non-direct service staff on a weekly basis. Individual supervision should include administrative, developmental, clinical and supportive supervision. Case-related supervision shall be documented in SACWIS case notes as required in Department procedures. A supervisor shall document supervision that is not case-related in the supervisory file, including the date and duration of the meeting and a brief summary of what was discussed.

b) **Group Supervision.** Group supervision is a process where team members come together in an agreed-upon format to share skills, experience and knowledge in order to improve both individual and group capacities. Group supervision is required to be held with the entire team a minimum of once per month. Group supervision should address administrative, developmental, supportive, and clinical supervision. A supervisor shall document group supervision in the supervisory file, including the date and duration of the meeting and a brief summary of the topics discussed and presented in group supervision/team meetings.

Note: Managers and administrators should regularly monitor that case-specific supervision, non-case related supervision and group supervision are conducted and properly documented on a routine basis.

VIII. Format for Supervision

a) **Uninterrupted (Protected) Time.** Supervisors should ensure that the time slot identified for each individual's supervision is protected from interruptions and distractions.

b) **Planned and Scheduled Supervision.** Both individual and group supervision should be scheduled in a regular, consistent manner, giving both the supervisor and staff ample time to ensure that they are prepared and available.

IX. Functions and Job Responsibilities of Supervisees in Relation to Supervision

Supervisees also have a responsibility in the supervisor-supervisee relationship. Among the responsibilities of the supervisee are the following:

- Actions agreed upon should be completed within agreed or required timeframes;
- Supervision is critical and this time should be protected;
- Be prepared for the supervision session;
- Supervision that is not case-related will include the identification of critical operational issues, professional development, training, assignments, and follow-up on previous instruction;
- Case-specific supervision will include cases to be discussed, with a brief historical summary, outlining the current safety and risk factors, concerns, protective factors and follow up on previous case instruction;

- Record case related supervision and actions agreed upon in SACWIS;
- The supervisee is responsible for ensuring all follow-up actions;
- The supervisee has a responsibility to raise with the supervisor those instances when the supervisee is not able to fulfill agreed-upon or required actions; and
- The supervisee has a responsibility to foster a healthy and collaborative relationship with the supervisor and team.

X. QUESTIONS

Questions regarding this Policy Guide may be directed to the Office of Child and Family Policy at 217-524-1983 or e-mail to DCFS.Policy on Outlook. Persons and agencies not on Outlook can e-mail questions to DCFS.Policy@illinois.gov.

XI. FILING INSTRUCTIONS

Place this Policy Guide immediately following these Procedures:

- Procedures 300.70, Role of the Child Protection Supervisor;
- Procedures 302.388(f), Responsibilities of the Assigned Intact Family Services Supervisor; and
- Procedures 315.300, Role of the Permanency Supervisor.

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Section 300.75 Area Administrator Requirements

During the course of an investigation, the Area Administrator is required to provide a comprehensive level of analysis, review, and approval of certain identified cases. This additional level of oversight is necessary to make decisions that ensure the safety of children. When reviewing and approving investigations, the Area Administrator shall review all information contained within the investigation, including the SACWIS and the hard copy files, before giving their final approval.

a) Cases Requiring Area Administrator Review and Approval

Area Administrators are to review and approve, in SACWIS, the following types of investigations:

1) Unqualified reports;

2) Initial Unfounded (not a good faith) reports where child victims have not been seen;

3) Reports that include the following allegations:

#1	Death	#51	Death
#2	Head Injuries	#52	Head Injuries
#4	Internal Injuries	#54	Internal Injuries
#5	Burns	#55	Burns
#6	Poison/Noxious Substances	#56	Poison/Noxious Substances
#7	Wounds	#57	Wounds
#9	Bone Fractures	#59	Bone Fractures

4) Facility reports; and

5) Reports involving wards

The above cases must be verbally discussed by the Area Administrator with the supervisor during weekly supervision (within the first week of the investigation) and prior to the Final Finding determination. The supervisor shall discuss case dynamics and the reason for Final Finding with the Area Administrator.

b) Cases Requiring Area Administrator Review

The following cases shall be discussed and collaboratively reviewed by the supervisor with the Area Administrator during regular, on-going supervision for the life of the investigation:

1) At the time of the safety decision, children ages 3 and under, all children who are non-verbal, children with medically complex conditions, and children with severe developmental delays;

2) For children 0-6 months with physical injuries, the supervisor must review and discuss the case with the Area Administrator. If protective custody is ruled out, a collaborative discussion must first also occur between the Child Protection Supervisor and the Area Administrator. The following case information shall be reviewed:

   - Confirmation of the child's mobility (i.e., crawling, sitting up, rolling over) through observation by the Child Protection Specialist or professional collateral;
   - Medical provider opinion that the injury was likely caused by accident rather than abuse or neglect;
   - Collateral statements from adults not residing in the home of the infant or caregiver;
   - Thorough scene investigation;
   - Corroboration of the parent's statement of how the injury occurred; and
   - Corroborated evidence that the child received the injury while under the supervision and care of a secondary caregiver, such as non-custodial parent, paramour, babysitter, or daycare provider and this secondary caregiver does not reside with the child.

3) Facility reports (including facilities where minors are placed); also requires weekly supervision to move to completion;

4) Reports involving wards; also requires weekly supervision to move to completion;

5) Unfounded reports for GAL review;

6) Reports involving DuPuy class members; and

7) Unknown Perpetrator Investigations

Note: The above investigation types must be reviewed by the Area Administrator during weekly substantive supervision. For these investigation types, weekly supervision should include a dialogue regarding recently made safety decisions, and a focused discussion prior to the Final Finding determination. Discussions must include the case dynamics and rationale for Final Finding and be collaborative in nature between the Supervisor and the Area Administrator.

c) Investigative Activities Requiring Area Administrator Support

The Area Administrator must support and monitor the following investigative activities:

1) GAL notifications and reviews;

2) Provide Administrative Subpoena Signature Authority;

3) Extension Requests;

4) Consult with the assigned Child Protection Specialist and Supervisor if there is disagreement about final finding decisions. If consensus is not reached, the Area Administrator will determine the final finding;

5) Waivers outlined in **Procedures 300.80**;

6) Tracking action taken on missed mandates on 24-hour initiation and on overdue completions; and

7) Re-opening a closed investigation.

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Section 300.80 Child Protection Supervisor/Area Administrator Waivers

A waiver is an action granted after careful consideration by a Child Protection Supervisor or Area Administrator allowing a Child Protection Specialist to proceed in an investigation finding without making a contact, performing an investigative activity or obtaining documentation that is required by procedure. Waivers shall only be granted when the lack of the required contact/activity/documentation does not significantly impact the ability of the investigative team to complete a thorough investigation and make an informed final finding decision. Waivers should never be utilized as a way to manage the timely completion of an investigation.

a) Information Required for a Waiver

Information required for a waiver may include, but is not limited to the following:

- The number of attempts (if any) and methods used to obtain required information;
- The exploration of alternative avenues to obtain the required information;
- Evaluation of the importance of the information as evidence;
- The Child Protection Specialist has attempted to notify the non-cooperative subject of the Department's responsibility and authority, under Illinois law, to investigate the report; and the local law enforcement agency and/or the State's Attorney's Office have either exhausted their authority in attempts to get the subject to cooperate, or have refused to become involved.

The Child Protection Specialist shall document in a case or contact note all of the steps that have been taken to secure information. This information shall be assessed by the Child Protection Specialist and Child Protection Supervisor. Department procedures should be followed to determine if an administrative subpoena should be issued or if the contact may be waived.

1) Required Approval to Waive Contacts

ALLEGATION	SUPERVISOR APPROVAL REQUIRED	AA APPROVAL REQUIRED
1/51 Death		X
2/52 Head Injuries		X
4/54 Internal Injuries		X
5/55 Burns		X
6/56 Poison/Noxious Substances	X	
7/57 Wounds		X
9/59 Bone Fractures		X
10 Substantial Risk of Physical Injury/Environment Injurious to Health and Welfare	X	

ALLEGATION	SUPERVISOR APPROVAL REQUIRED	AA APPROVAL REQUIRED
11/61 Cuts, Bruises, Welts, and Abrasions	X	
12/62 Human Bites	X	
13/63 Sprains/Dislocations	X	
14 Tying/Close Confinement	X	
15/65 Substance Misuse	X	
16 Torture		X
17/67 Mental Injury	X	
18 Sexually Transmitted Diseases	X	
19 Sexual Penetration	X	
20 Sexual Exploitation	X	
21 Sexual Molestation	X	
22 Risk of Sexual Injury	X	
60 Environment Injurious to Health and Welfare	X	
74 Inadequate Supervision	X	
75 Abandonment/Desertion	X	
76 Inadequate Food	X	
77 Inadequate Shelter	X	
78 Inadequate Clothing	**X**	
79 Medical Neglect	**X**	
81 Failure to Thrive		X
82 Environmental Neglect	**X**	
83 Malnutrition	**X**	
84 Lock-Out	**X**	
85 Medical Neglect of Disabled Infants		X

Note: At the Initial Unfounded (not a good faith determination) stage of the investigation, contacts may not be waived regardless of the allegation if child victims have not been seen.

2) **When In-Person Contacts Are Not Required**

In-person contact is not required when:

- Any adult subject of a child abuse and neglect report ***refuses*** to meet with or speak to the Child Protection Specialist, **AND** the Child Protection Specialist has attempted to involve the local law enforcement agency or the State's Attorney, but this has failed to gain the subject's cooperation;
- In-person contact is not required when it is documented that a child abuse or neglect subject is ***inaccessible*** for more than 45 days; and
- In-person contact is not required when it is documented that the Child Protection Specialist has made a **good faith attempt** to locate the subjects of the reports, but cannot, after a diligent search, locate them.

A) Subject Is Inaccessible/Unable To Locate

i) When Inaccessible

In-person contact is not required when the Child Protection Specialist has conducted sufficient investigative activities and has determined that the child victim or adult subjects will be ***inaccessible*** (i.e., the location of the child victim may be known, but the Child Protection Specialist is unable to make contact).

Further investigative activities may include, but are not limited to the following:

- Request local, county, and state law enforcement agencies to conduct a well-being check on the child;
- Request the child protection agency of another state to make a courtesy interview, when the child or adult subject is staying in their state; or
- Contact identified adult caregivers of the child for additional information and confirmation of child's or adult subject's location.

ii) When Unable to Locate

If the Child Protection Specialist is ***unable to locate*** the subject of the report, the Child Protection Specialist shall complete a ***diligent search.*** The diligent search should include, but is not limited to the following:

- Request local, county, and state law enforcement agencies to check their records;
- Contact the child's school. If the specific school is unknown, contact the district for school information;

- Conduct a records check of the Illinois Department of Human Services and Secretary of State (if a vehicle license number is known) records;
- Ask the reporter to provide as much additional information as possible to help locate the subject;
- Ask relatives and friends of the subject;
- Contact the local post office and utility companies to request a check of their records; and
- Utilize the diligent search service center.

The Child Protection Specialist shall document all efforts to contact subjects and the facts and the reason why those efforts were unsuccessful in a contact note.

B) Completion of an Investigation

Completion of an investigation in which a child victim is inaccessible and/or is unable to be located requires the review of the AA.

b) Documentation of Required Contacts/Waiver Requests

1) Contact Notes

The Child Protection Specialist shall make a contact note for every completed or attempted contact/interview made during the course of the investigation.

If the Child Protection Specialist and the Child Protection Supervisor determine a required contact will be waived, the Child Protection Supervisor will document that decision and the rationale for the waiver in a supervisory note. The Child Protection Specialist will complete the appropriate waiver fields on the SACWIS Checklist Tab, noting whether the contact is being waived (WR) and why; or is not applicable (N/A) to the investigation; or NONE if there is no such contact to be made. Do not select WR for N/A situations (e.g., Requesting a waiver for school contacts when the children are home schooled).

Do not use N/A or NONE without providing a specific explanation for the waiver request (e.g., required school contacts cannot be made due to summer recess.).

2) Supervisory Notes

Investigation Supervisors and Area Administrators must document their rationale for approving or denying a waiver request in a supervisory note at the time of their consultation with the Child Protection Specialist regarding the requested waiver and prior to making the final finding decision.

Section 300.90 Special Considerations for Children Age Six Years and Younger

Children who are age 6 years and younger are vulnerable and at great risk of suffering serious injuries and harm. It is imperative that when these children are reported to the Department, diligent efforts are made to review and synthesize all the information available to make comprehensive decisions to ensure child safety.

Factors Regarding Harms to Children Age 6 Years and Younger

The following investigative activities shall be completed when investigating reports of serious harms and physical abuse of a child age 6 years and younger:

- The Child Protection Supervisor shall notify the Area Administrator of reports of alleged serious harms or physical abuse of a child age 3 years and younger at the time the report is received;

- When a report is an SOR, the Child Protection Specialist shall discuss the case with the Child Protection Supervisor in order to ensure that all information regarding prior reports (including other pending reports) is reviewed and considered as part of the safety assessment and final finding determination;

- Screen/Petition the report with the local State's Attorney when there is evidence of previous serious injuries to a child age 6 years and younger and when the primary caregiver is the alleged perpetrator; and

- For infants 0-6 months with physical injuries, assess the critical issues of the case to determine if protective custody should be taken. This assessment must be conducted in consultation with the Child Protection Supervisor. If protective custody is not taken, a collaborative discussion must also occur between the Child Protection Supervisor and the Area Administrator. Critical issues include, but are not limited to:

    - Confirmation of the child's mobility (i.e., crawling, walking, sitting up, rolling over) through observation by the Child Protection Specialist or professional collateral;

    - Medical provider opinion that the injury was likely caused by abuse or neglect;

    - Collateral statements from adults not residing in the home of the infant or caregiver;

    - Thorough scene investigation;

    - Corroboration of the parent's statement of how the injury occurred; or

    - Corroborated evidence that the infant received the injury while under the supervision and care of a secondary caregiver, such as non-custodial parent, paramour, babysitter, or daycare provider and this secondary caregiver does not reside with the infant.

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Section 300.100 Medical Requirements for Reports of Child Abuse and Neglect

The purpose of this section is to provide procedural guidelines for child protection staff to address the medical requirements and concerns raised during a child abuse and neglect investigation.

a) Allegations Requiring Medical Examination

A medical exam is required in the following allegations of abuse and neglect (unless waived by the supervisor):

- 1/51 Death
- 2/52 Head Injuries
- 4/54 Internal Injuries
- 5/55 Burns
- 6/56 Poison/Noxious Substances
- 7/57 Wounds
- 9/59 Bone Fractures
- 11/61 Cuts, Bruises, Welts, Abrasions and Oral Injuries
- 12/62 Human Bites
- 13/63 Sprains/Dislocations
- 15/65 Substance Misuse
- 16 Torture
- 18 Sexually Transmitted Diseases
- 19 Sexual Penetration
- 79 Medical Neglect
- 81 Failure to Thrive (Non-Organic)
- 83 Malnutrition (Non-Organic)
- 85 Medical Neglect of Disabled Infants

*Other allegations may require a medical consultation as a result of supervisory direction.

Note: The absence of a mark or injury in and of itself is not a reason to waive a medical exam for any child.

b) Request for Medical Records

The federal Healthcare Insurance Portability and Accountability Act (HIPPA) has an exception that allows protected health information about a subject of an investigation to be disclosed without written authorization to an *appropriate government authority authorized by law to receive reports of child abuse and neglect*. [45 C.F.R. 164.512(b)(1)(ii)] **When appropriate**, child protection staff should use the **CFS 600-5, Request for Records,** to communicate the Department's authority to receive information and records.

The Department may have access to any and all medical records including but not limited to:

- Admission and discharge summaries;
- Progress notes by all professionals, including social work, MD, consultants, etc.;
- Laboratory results;
- Imaging reports (i.e. x-rays, scans);
- Procedure results (i.e. endoscopy); and
- Outpatient, ER, and Hospitalization records

Note: Request the mother's medical records when requesting the medical records for her newborn child. The guardianship administrator's consent is required when requesting HIV or STD records for a youth for whom the Department has legal responsibility.

Note: X-rays may be requested but can only be authorized by a physician as part of the physical examination or treatment of a child who has been alleged to have been abused or neglected.

c) Medical and Mental Health Consultations and Examinations during an Investigation

1) Medical and Mental Health Consultation

A "medical or mental health consultation" means meeting in person or by phone with a medical or mental health professional with expertise in the treating and/or diagnosing of the injury/condition that is present. A medical consultation is required with the physician, physician assistant, registered nurse or other medical professional who completed the required medical exam for allegations identified in **subsection a)**. A mental health consultation may be requested with the therapist, licensed mental health professional, psychologist or psychiatrist, when mental health concerns are known. If the child or family has a caseworker, the caseworker may request to attend the consultation with the appropriate consent. Other allegations may require a consultation as a result of supervisory direction.

When a child is hospitalized at a hospital or psychiatric/mental health facility, at the onset or during the course of any investigation, the Child Protection Specialist must convene a case conference with the treating medical team and/or psychiatric/mental health team and the social work team in order to address child safety and discharge planning. Child Protection Specialist shall not request that a child remain in a hospital pending further investigative activities when the child has been medically cleared for discharge. The following factors are to be discussed during the conference and the Child Protection Specialist must document the conference in a contact note including:

- Medical or Mental Health Diagnosis;
- Medical evidence of abuse/neglect;
- Environmental factors affecting the child's mental/physical health;
- Ongoing medical and/or mental health treatment needs;
- After care plan to address physical and/or mental health needs;
- Medical and/or mental health referrals; and
- Any medical/mental health follow up required.

2) Medical Examinations

Medical examinations are required for all child subjects of a report if they are the surviving siblings or household members of a deceased child victim when the death is alleged to be result of abuse/neglect.

Medical examinations are also required for all child subjects of a report if they are siblings or household members of a child victim suffering from a head injury, torture, or internal injury alleged to be the result of abuse/neglect.

Medical examinations are required for all alleged child victims of the allegations identified in section a) above unless a Child Protection Supervisor waives the exam after careful consideration of the incident and injury/condition. These exams **cannot** be waived when the alleged child is an:

- Infant;
- Non-verbal child of any age; and
- Child of any age who have a developmental delay

Note: Medical examinations may be warranted in other situations and shall be requested in consultation with the Child Protection Supervisor.

Prior to the examination occurring, the Child Protection Specialist shall have a discussion with the medical provider to alert him/her the child is coming and for what reason. The Child Protection Specialist shall also consult with the medical provider to discuss the outcome of the exam.

The Child Protection Specialist is expected to attend all medical examinations of children who are alleged victims of the report unless the Child Protection Supervisor has been consulted and waives the Specialist's presence at the exam. If, after supervisory consultation, arrangements are made for the parent to obtain the medical examination and the Child Protection Specialist does not attend, the Child Protection Specialist shall convene a conference with the medical provider within 24 hours to discuss the outcomes of the examination.

The **CANTS 65-A, Referral Form for Medical Evaluation of a Physical Injury to a Child,** is to be provided to the treating physician by the Child Protection Specialist. Attached to the **CANTS 65-A** should be the **CANTS 2A/2B** body chart as well as any photographs of the child's injury taken by the Child Protection Specialist. If the child protection situation is urgent and the Child Protection Specialist does not have time to go back to the office and print the relevant photographs, the photographs should be provided to the physician as soon as possible. The Child Protection Specialist shall fill out the form with all available information, forward to treating physician, and then contact the physician by phone or in person to confirm receipt of the form.

A) With Parental Consent

Medical examinations of children alleged to be abused or neglected can only be obtained with parental consent as long as the child remains in the parents' custody. If the parent/guardian refuses to consent to the examination and there is no imminent risk of harm to the child sufficient to justify temporary protective custody, the medical examination cannot be obtained.

The Child Protection Specialist shall ask the parent/guardian to sign consent forms for the release of information obtained through these medical examinations. Reports of the medical examinations and copies of parental consent shall be placed in the investigative file.

B) Without Parental Consent

If a parent refuses to allow for a medical examination of the alleged child victim and the child is in imminent risk of harm, a critical decision must be made as to whether protective custody shall be taken in order for the examination to occur.

3) Observation of External Marks or Injuries

A) Observable External Marks or Injuries

When physical abuse is alleged, it is the Child Protection Specialist's responsibility to observe the marks or injuries and document the observations on the **CANTS 2A/2B** and in a contact note. The Child Protection Specialist shall also take photographs of the marks or injuries and attach the photographs to the **CANTS 2A/2B.**

There should always be a parent/guardian/caregiver or other professional person, preferably of the same sex as the child, present when a Child Protection Specialist observes a child, regardless of the child's age. A Child Protection Specialist shall not observe any part of a child's body that would normally be covered by a bikini bathing suit if the child is age 6 or older unless the Child Protection Specialist is the same sex as the child. Children who are verbal shall be told the purpose of the observation and the necessity for it in words they can understand. If the child is hearing impaired or does not speak English, the method of communication that the child uses shall be employed (e.g., sign language, foreign language interpreter). All observations shall be documented on the **CANTS 2A/2B**.

Photographs of a child's injuries may also be taken and used to support the descriptive documentation contained on the **CANTS 2A** or **2B**. Photographs may **never** be used as a substitute for completing the **CANTS 2A** or **2B**.

When the child's parent/guardian is available, the Child Protection Specialist shall notify the child's parent/guardian that the Department has the right to obtain photographs, audiotapes, and videotapes. Such notification may be by telephone.

The Child Protection Specialist shall observe the child if:

i) The child victim is alleged to have external marks/injuries (e.g. cuts, bruises, welts, burns, scratches, sores, etc.) as the result of alleged abuse or neglect;

ii) Based on information previously obtained in the investigation or credible evidence known to the Child Protection Specialist, there is reasonable cause to believe that an observation will reveal marks/injuries supporting the allegation; and

iii) The Child Protection Specialist secures information that would lead him or her to believe that the child has external marks/injuries on some other part of his or her body, the Child Protection Specialist shall also observe that part of the child's body.

The Child Protection Specialist shall make a good faith effort to obtain parental or guardian consent to observe the child for marks/injuries when clothing must be adjusted or removed. These efforts shall include, but are not limited to:

- If the parent/guardian is present, the Child Protection Specialist shall ask the parent/guardian to assist with moving or removing any of the child's clothing;

- If the child is to be observed in any setting when the parent/guardian is not present, the Child Protection Specialist shall attempt to notify the child's parent/guardian that the Child Protection Specialist must observe the child for external marks/injuries. The Child Protection Specialist shall make every effort to obtain contact information for the parent/guardian.

- If all the above efforts fail, the Child Protection Specialist shall proceed to observe the child in accordance with this procedure.

- If the child's parent refuses to cooperate with or allow the Child Protection Specialist to observe the child for external marks/injuries, the Child Protection Specialist shall inform the parent that pursuant to ANCRA [325 ILCS 5/7.5] the Child Protection Specialist has the responsibility and authority to observe the child. The Child Protection Specialist shall then offer the parent/ guardian the following options:

    - The parent/guardian may take the child to a physician or hospital emergency room for a physical examination within a reasonable time. The Child Protection Specialist will secure a written report from the examining physician;

    - The parent/guardian may give consent to allow the Child Protection Specialist and another professional (e.g. a school nurse, school teacher, policeman) to observe the child; or

    - If the parent/guardian refuses to cooperate, and the Child Protection Specialist determines that the child is in imminent risk of harm if left in the custody of the parent/guardian, the Child Protection Specialist shall, in consultation with the Child Protection

Supervisor, take the child into protective custody and proceed to have the child examined by a physician. **If the child is not at imminent risk and the parents refuse to cooperate, the Child Protection Specialist may not take protective custody and may not observe the child's body**.

B) Questions and Documentation regarding external marks or injuries

Questions that the Child Protection Supervisor should use, as a component of supervision that will better guide decision making include, but are not limited to: (The supervisory conference and the investigator's response to these questions must be documented in a contact note.)

- What is the injury? (Type, severity, etc.)
- When did the child first show signs of injury and what were those signs?
- When and where did the injury occur? What happened? How did it happen? Who was present when the injuries occurred?
- Did the injury occur at other locations (e.g. home, school, day care, etc.)?
- Is the explanation of the injury consistent with the injury? Who provided the opinion and what facts were provided in support of the opinion?
- Were conflicting explanations given for the injury? How did the explanations conflict, who provided the information and to whom were the explanations given?
- Were there any witnesses to the injury? What did the witnesses report? Who were the witnesses? What actions, if any, did the witnesses take?
- Did anyone provide corroborating information for the explanations of the injury? What was the corroborating information and who provided it?
- Have there been a series of injuries to the child or children in the home during the previous six months? What or who is the source of this information?
- Has there been a delay in seeking medical care for the child or children with the injury? What was the reason given for the delay? What or who is the source of this information? Were there any adverse medical issues resulting from the delay?

- Has the child or children been taken to multiple medical facilities for treatment? Is there a reasonable explanation for the use of multiple facilities or does it appear to have been done to avoid detection of a pattern?
- Have there been any changes in the household composition or caretaking that correspond with the onset of the injury? What were the changes? Have background checks been completed on these individuals?
- Is the injury occurring with one particular parent/caregiver? If so, what is the name of the parent/caregiver, what is his or her relationship to the child, and does the parent/caregiver live in the home with the child? What is the basis for this determination?

C) Internal Injuries

If the child victim is alleged to have internal injuries as a result of abuse or neglect, and if a physician has not already examined the child, the Child Protection Specialist shall attempt to secure the cooperation of the child's parent/guardian in arranging for examination and treatment, and secure a written report of the examination from the physician.

Note: With reports of abdominal injury or pain, the child should be seen by a physician, even if there is no observable mark. The **CANTS 65A** should clearly document any indication of being hit in the stomach or abdomen.

If the parent/guardian is not present, the Child Protection Specialist shall call the emergency telephone numbers the parent/guardian has left. The Child Protection Specialist shall make every attempt to obtain contact information and contact the parent/guardian. However, such attempts shall not delay the seeking of necessary emergency medical treatment for the child.

If the Child Protection Specialist is able to contact the child's parent/guardian, the Child Protection Specialist shall ask the parent/guardian to take the child for an examination immediately. If the parent/guardian refuses to take the child for a physical examination and the child is in imminent risk of harm, the Child Protection Specialist shall take the child into temporary protective custody and make arrangements to have the child taken to a hospital emergency room for examination and ensure the emergency room is notified.

A Child Protection Specialist shall never attempt to examine an alleged child victim for internal injuries or attempt to move a child with internal injuries. The Child Protection Specialist should call 911 in an emergency.

D) Sexual Abuse

- Child advocacy centers are available to a number of Department field offices to provide a coordinated multidisciplinary approach to the identification, treatment, and legal aspects of sexual abuse allegations in accordance with the Children's Advocacy Center Act. The Child Protection Specialist and Child Protection Supervisor should be knowledgeable of advocacy center resources and procedures in their area to ensure timely notification of team members, ongoing investigative plan development, and investigation and prosecution of perpetrators.

- If a Department field office does not have access to advocacy center resources, the Child Protection Specialist must notify law enforcement and the State's Attorney to coordinate a multidisciplinary investigation.

- The Child Protection Specialist ***will not*** physically examine any child alleged to have been sexually abused. The Child Protection Specialist must follow local office procedures to arrange for the child's medical examination and treatment. Contact law enforcement for assistance if procedures have not been established to address this issue.

4) Obtaining Second Medical Opinions

A) A second medical opinion is required when:

i) The treating physicians are unable or unwilling to offer an opinion regarding the cause of the injury;

ii) There are conflicting opinions among treating physicians; or

iii) The case has been staffed with a supervisor and the Child Protection Specialist is unable to make a well-supported finding based on the totality of the information gathered.

B) Who can Provide the Second Opinion

The Child Protection Specialist shall request a second opinion from a physician/medical provider with the most relevant specialization and experience. The opinion of this expert should be given the greatest weight. All second opinions shall be documented in a contact note. The Child Protection Specialist shall request a written copy of the provider's medical opinion.

d) DCFS Nurse Referrals

1) Reports of Medical Neglect of Disabled Infant

Reports of medical neglect of disabled newborns and infants under one year of age must be referred by the Child Protection Specialist to the regional nurse. If the situation is an emergency, the regional nurse shall be notified of the report via telephone. The Child Protection Specialist shall provide the nurse with copies of any medical records, reports or recommendations about the involved newborn or infant. The Child Protection Specialist and/or Supervisor shall consult with the Regional Nurse regarding the protective custody decision of the disabled newborn or infant, if the imminent danger to life and health is related to the child's disability or medical condition.

When the Department has assumed legal responsibility for the disabled newborn or infant, the nurse is responsible for securing treatments and evaluations, if needed, and shall refer the child to a perinatal center, when necessary, to obtain specialized care or an independent evaluation. The nurse shall provide professional judgment whether there is evidence of medical neglect for each report involving a disabled newborn or infant less than one year of age. However, the Child Protection Specialist is responsible for recommending a final finding based upon the nurse's judgment and other evidence gathered during the course of the investigation.

2) Children with Special Health Care Needs

When an alleged child victim of a report of medical neglect is identified by the Child Protection Specialist as having or possibly having special health care needs or a child with special health care needs is living in the home of an alleged perpetrator, the Child Protection Specialist must refer the child for nursing consultation services no later than 48 hours after case assignment. To refer a child for nursing consultation services, the Child Protection Specialist must complete a **CFS 399-1, Clinical Referral Form,** and email the completed form via Outlook to DCFS.ClinicalRef. To access nursing services after hours, call 312-718-5177.

Note: A child with special health care needs living in the home of an alleged perpetrator, but not named as a victim in the pending investigation, must be added to the pending investigation as a newly identified alleged victim under **Allegation #10, Substantial Risk of Physical Injury, #60, Environment Injurious to Health and Welfare, #79 Medical Neglect**, or any other allegation supported by investigation information.

Emergency referrals for nursing consultation services involving children with special health care needs include protective custody situations as well as any situation involving a child that the worker suspects may have unmet health care needs. Emergency referrals may be made in the same way as non-emergency referrals during business hours by checking "Emergency" in the Reason for Referral section of the **CFS 531**. Emergency referrals may be made after business hours and on weekends by contacting the Chief of Nursing Services at 312-718-6657. The Chief of Nursing Services has the sole authority to evaluate referrals and authorize nursing consultation services. Written or verbal notification authorizing or denying nursing consultation services will be provided to referring workers within 12 hours after receipt of the referral by the Chief of Nursing Services for all emergency referrals, and within five days within receipt of the referral by the Chief of Nursing Services for all non-emergency referrals.

Note: Children identified as having or suspected of having any of the diagnoses or existing health conditions listed in **Procedures 302, Appendix O**, may be referred for nursing consultation services regardless of the allegation being investigated.

3) Failure to thrive

When an allegation of failure to thrive is made, the Child Protection Specialist must consult with the child's primary care physician and other medical professionals, as needed. The Child Protection Specialist must also consult with a DCFS nurse and provide for the nurse any medical records, reports or recommendations concerning the involved child. This consultation should include discussion regarding any imminent danger to the life and health of the child and the need for a referral of intact services, if appropriate.

e) Investigations involving children with special health care needs

1) Identification

For Department purposes, children with special health care needs are children who have a chronic physical, developmental, or behavioral condition and who also require health and related services of a type or amount beyond the norm.

Examples of a child with special health care needs include, but are not limited to:

- Children who are dependent on a medical device to sustain life (e.g. tracheostomy, gastrostomy, or ventilator dependent);
- Children with health conditions requiring medical supervision and/or intervention to prevent and or treat such illness or improve functional and developmental impairment; or
- Children with conditions requiring home-health nursing care.

2) Conference

When conducting an investigation involving medically complex children whose home health care is at issue, the Child Protection Specialist shall convene a telephone or in-person conference with relevant parties (i.e. parents, nursing care agency, child's primary care physician, and other medical providers) to facilitate communication, establish facts, and design a plan of action. DCFS nursing staff should be included when appropriate.

3) Protective Custody

When information obtained from the child's primary care physician and other health related resources indicate that the child is at risk of serious harm and the harm cannot be managed through a safety plan, the Child Protection Specialist shall consult with their supervisors to determine if the child should be taken into protective custody. If necessary the Child Protection Supervisor may consult with the Area Administrator regarding the protective custody decision. The Department's Medical Director may also be consulted.

When protective custody is determined to be the only option to ensure the safety of a child with special health care needs, the Child Protection Specialist shall involve the DCFS Regional Nurse in the planning and preparation for safely taking the child into protective custody.

Note: When there is an urgent and immediate necessity to take a child with special health care needs into temporary protective custody, do not delay the course of action until a DCFS Regional Nurse can become involved.

Preparation and planning for the protective custody shall include the following:

A) Health Care Plan

The child's health care plan must be documented in the investigative file, and a copy of the plan must accompany the child to a medical facility and/or placement resource. The health care plan should include:

- the child's medical diagnosis;
- known allergies;
- current medication list (dosages and schedules);
- therapies (appointment schedules, names, addresses, and telephone numbers of providers);
- name, address, and telephone number of the child's primary care physician and specialists;
- scheduled appointments with the primary care physician and specialists;
- transportation plans for the child's medical appointments;

- any medical devices (e.g. apnea monitors, glucose monitors, and nebulizers) and/or medications necessary to implement the child's health plan, if available; and
- any other relevant information.

B) Transportation of Technology Dependent Children

Children with a tracheostomy or who are ventilator dependent must be transported by advanced life support ambulance to the nearest acute care facility for evaluation and treatment. If a DCFS Regional Nurse is providing nursing consultation services to the case, the DCFS Regional Nurse will call 911 to arrange for the child's specialized transportation. The child's health care plan must accompany the child to the facility.

f) Medical care for children taken into Protective custody

When protective custody is taken of a child, the Child Protection Specialist shall ensure that there is an immediate medical exam with either their primary care physician or emergency care provider prior to placement in a foster home or shelter. The Child Protection Specialist shall accompany the child to the examination.

1) The Initial Health Screening

When available, all known information, medication and a list of equipment shall accompany the child to the Initial Health Screening (IHS).

2) Emergency Medical Care

After taking a child into temporary protective custody, the Child Protection Specialist shall determine whether the child requires emergency medical care. Examples of a child requiring medical care may include, but not be limited to:

- The child is having difficulty breathing;
- The child is having a seizure;
- The child appears seriously ill, injured, or is unresponsive (not moving, not responding to his/her name);
- The child has a high fever;
- The child has unusual or severe bleeding;
- The child has had prolonged diarrhea, or vomiting, or may be dehydrated;
- The child is unable to move an extremity or limb;
- The child has been sexually abused;
- The child is a newborn with a developmental disability or handicapping condition;
- The child is found at an illicit/illegal drug laboratory; or
- The child appears to be malnourished.

3) Consent for Emergency Medical Care

The parents or legal guardian of the child should consent to any needed emergency medical care. If the parents or legal guardian are unavailable or unwilling to consent to emergency medical care and there is not enough time to secure a juvenile court order to obtain the care, the Child Protection Specialist shall ask the physician or hospital to proceed under the Consent by Minors to Medical Operations Act [410 ILCS 210/3] which is quoted in part below:

(a) Where a hospital or a physician, licensed to practice medicine or surgery, renders emergency treatment or first aid or a licensed dentist renders emergency dental treatment to a minor, consent of the minor's parent or legal guardian need not be obtained if, in the sole opinion of the physician, dentist or hospital, the obtaining of consent is not reasonably feasible under the circumstances without adversely affecting the condition of such minor's health.

(b) Where a minor *is the victim of a predatory criminal sexual assault of a child, aggravated criminal sexual assault, criminal sexual assault, aggravated criminal sexual abuse or criminal sexual abuse, as provided in Sections 11-1.20 through 11-1.60 of the Criminal Code of 2012, the consent of the minor's parent or legal guardian need not be obtained to authorize a hospital, physician, advanced practice nurse, physician assistant, or other medical personnel to furnish medical care or counseling related to the diagnosis or treatment of any disease or injury arising from such offense. The minor may consent to such counseling, diagnosis or treatment as if the minor had reached his or her age of majority. Such consent shall not be voidable, nor subject to later disaffirmance, because of minority. [410 ILCS 210/3]*

In addition, the Child Protection Specialist shall advise the physician or hospital of the immunity provision added to the Abused and Neglected Child Reporting Act [325 ILCS 5/5] for minors in temporary protective custody, which is quoted in part below:

Any person authorized and acting in good faith in the removal of a child under this Section shall have immunity from any liability, civil or criminal that might otherwise be incurred or imposed as a result of such removal. Any physician authorized and acting in good faith and in accordance with acceptable medical practice in the treatment of a child under this Section shall have immunity from any liability, civil or criminal, that might otherwise be incurred or imposed as a result of granting permission for emergency treatment. [325 ILCS 5/5]

4) Ordinary Medical Care

"Ordinary medical care" means those medical procedures which are administered or performed on a routine basis and which do not involve hospitalization, surgery, or use of anesthesia and include, but are not limited to inoculations, physical examinations, and remedial treatment for minor illnesses and injuries. The Child Protection Specialist shall ask the Guardianship

Administrator or designee to consent to any ordinary medical care, needed by children taken into temporary protective custody. The Child Protection Specialist shall ensure that a child taken into temporary protective custody receives a medical examination prior to placing the child in a foster home or shelter.

5) Major Medical Care

"Major medical care" means those medical procedures which are not administered or performed on a routine basis and which involve hospitalization, surgery, or use of anesthesia. These procedures include, but are not limited to, tonsillectomies, appendectomies, provision of blood transfusions, psychiatric hospitalization, administration of psychotropic medications, use of life support systems, and organ transplants. **The Guardianship Administrator or designee cannot consent to major medical care while a child is in temporary protective custody.** The parents' or legal guardian's consent shall be obtained for major medical care, or the Department shall seek temporary custody with the right to consent to major medical care.

6) Payment for Medical Services

A Temporary Recipient Identification Number (RIN) shall be obtained by contacting the Medical Card Unit during business hours or the Placement Clearance Desk (PCD) after hours, weekends and holidays. The RIN will be documented on the **CFS 930-C Notice of Medicaid Coverage for DCFS clients** and provided to the medical provider at time of the exam. Detailed information concerning health care services is located in **Procedures 302.360**.

7) Disabled Infants

Newborn children (not more than 30 days old) taken into temporary protective custody whose life or development may be threatened by a developmental disability or a handicapping condition may need to be referred to a perinatal center for evaluation and treatment. The Child Protection Specialist shall contact the designated perinatal center for the area in which the infant resides for consultation. **Procedures 300, Appendix C, List of Perinatal Centers and Community Hospitals They Serve**, identifies the appropriate perinatal center for each community hospital.

Note: "Developmental disability" means intellectual disability, cerebral palsy, epilepsy, or other neurological handicapping conditions found to be closely related to intellectual disability, that are expected to continue indefinitely, that interrupts or delays the sequence and rate of normal growth, development and maturation, and that constitutes a substantial impairment to the individual.

8) Children with Asthma

Upon taking a child into temporary protective custody, the Child Protection Specialist is responsible for asking the parents/available caregivers and the child if the child has any health issues or medical conditions. As part of this process, the Child Protection Specialist shall:

- Ask if the child currently has any known allergies, asthma or respiratory problems or has ever had these conditions in the past;
- If any of these conditions exist, request the name of the child's physician and an explanation of the current treatment regime; and
- Request the child's current medication, Asthma Action Plan (AAP), and equipment. Equipment for a child with asthma may include items such as an inhaler, spacer, nebulizer, humidifier, peak flow meter or oxygen.

If the parent is not available or refuses to provide information at the time of temporary protective custody, the Child Protection Specialist shall pursue this information in later interviews. The Child Protection Specialist shall document all pertinent medical information in the investigative file and report this information to the assigned caseworker at case handoff.

A) If a child was diagnosed with asthma prior to custody and has an existing AAP, the Child Protection Specialist shall present the AAP to the examining physician for review. If no changes are made to the AAP, the Child Protection Specialist shall:

- retain a copy for the investigative file;
- provide a copy to the child's substitute caregiver;
- send a copy to the HealthWorks Lead Agency; and
- fax a copy to the Division of Health Policy (fax number 217/557-5796).

Note: The HealthWorks Lead Agency will retain a copy of the AAP to include in the child's HealthWorks file.

B) If an AAP does not exist for a child with an asthma diagnosis or if the examining physician changes the AAP, a provisional, temporary Asthma Action Plan shall be obtained from the examining physician. The Child Protection Specialist shall give a copy of the temporary AAP to the child's substitute caregiver when the initial placement is made. Distribution of the temporary AAP is the same as noted in the above paragraph for an existing AAP.

Whenever a child is known to have asthma, the Child Protection Specialist shall review the IHS Encounter form before leaving the site to verify that the doctor documented an asthma diagnosis, asthma severity classification, and medications.

9) Placement of Children Diagnosed with Asthma

When a child is known to have asthma, the Child Protection Specialist shall take the child's health issues and medical conditions into consideration when determining a placement and ensure that any necessary medication and equipment, as well as the AAP, is provided to the caregiver.

A) The Child Protection Specialist shall determine whether allergens (such as a cat or dog) to which the child is allergic are present in the prospective foster or relative caregiver home so that corrective action can be taken prior to placing the child. The Child Protection Specialist should determine whether a smoker resides in the house. The physical environment of the prospective foster or relative caregiver home must be taken into consideration in order to protect the child's health.

Asthma can be a life-threatening condition, and the child cannot be placed with the prospective caregiver family if the child's life and well-being are threatened. If a caregiver is unable or unwilling to adhere to a physician's environmental recommendations, the Child Protection Specialist must immediately seek another placement.

B) If available at placement, the Child Protection Specialist shall provide the substitute caregiver with the child's medication, prescribed equipment, and existing AAP or the temporary asthma plan obtained at the IHS. The Child Protection Specialist shall also:

- review the content of the temporary asthma plan or AAP with the caregiver;
- reinforce, in the event of an emergency, the need to take the child to the emergency room;
- provide the caregiver the list of potential allergens and stimuli;
- complete the **CFS 690, Asthma Action Plan** and **CFS 691, Identification of a Child Diagnosed with Asthma**; and
- reinforce the importance of posting the AAP in a conspicuous, easily accessible place.

C) Prior to leaving the child's placement, the Child Protection Specialist shall ensure that the caregiver has the child's medical card and remind the caregiver to contact the HealthWorks Lead Agency the next business day to enroll the child with a primary care physician and schedule the Comprehensive Health Evaluation as early as possible within the next 21 days.

g) Resources

Dependent upon the medical coverage of the child, non-emergency medical examinations are often required to be coordinated through the Primary Care Physician (PCP). The PCP can make appropriate referrals to any needed specialists in regards to specific injuries. It is important that when a child has a significant injury that he or she be examined by an appropriate medical professional that can assist in making a determination of abuse or neglect. All four DCFS Regions have abuse and neglect medical providers that can assist in the determination of abuse and neglect, offer second opinions on cases of abuse and neglect, and offer other related services through the course of investigation. Provided below are brief descriptions of the four providers. Child Protection Specialists should consult with their Supervisor and/or Area Administrator regarding the appropriate times for which the assistance and involvement of one of the below providers should be sought.

1) Multidisciplinary Pediatric Education and Evaluation Consortium (MPEEC)

AREAS SERVED: Chicago and Cook County for Second Opinions

This program participates in activities related to the coordination of multidisciplinary investigations between DCFS and Chicago Police Department investigators and provides expert abuse pediatricians in allegations of severe physical abuse of children up to 36 months of age. The identified allegations include:

- 2/52 Head trauma;
- 9/59 Bone fractures;
- 4/54 Internal injuries;
- 5/55 Burns – children who present for care at an MPEEC hospital; and
- 11/61 Cuts, welts, bruises, and abrasions – children who present for care at an MPEEC hospital

MPEEC hospitals include:

- John H. Stronger Jr. Hospital of Cook County
- Lurie Children's Hospital and
- University of Chicago Comer Children's Hospital

MPEEC provides mandated medical expert consultation and written opinions for cases in **Chicago** that fit the above criteria. MPEEC also provides second opinions on cases outside of Chicago as requested by DCFS. These requests are generated from the Child Protection Specialist after consultation with a supervisor. There are no injury or age criteria for the receipt and medical evaluation of second opinions. These cases are taken on a case-by-case basis, and the children involved may reside outside of the City of Chicago. SCR identifies cases for MPEEC for children under the age of three who reside in Chicago only.

2) Medical Evaluation Response Initiative Team (MERIT)

AREAS SERVED: Northern Region

Counties of Winnebago, Boone, Lee, Ogle, Jo Daviess, Whiteside, Carroll, Kendall, McHenry, Lake, DeKalb, Kane, Stephenson, Will

This program provides medical advocacy for children (DCFS and non-DCFS) ages 0-17 who are alleged victims of sexual or physical abuse, and/or neglect. Referrals are accepted from Law Enforcement, DCFS, primary care providers, ER providers and Child Advocacy Centers. Cases include, but are not limited to:

- Sexual abuse cases;
- Physical Abuse cases, including head injuries, bone fractures, internal injuries, and burns; and
- Severe neglect cases that are under investigation for child maltreatment.

3) Children's Medical and Mental Health Resource Network (CMMHR)

AREAS SERVED: Southern Regions (Counties in Central Region Included)

- Effingham, Jasper - Family Care Associates of Effingham
- Clark, Coles, Cumberland, Douglas, Edgar, Effingham, Fayette, Jasper, Jersey, Macoupin, Shelby –Sarah Bush Lincoln Memorial, Mattoon
- Franklin, Hamilton, Jackson, Randolph, Saline, Williamson – Rea Clinic, Christopher
- Madison, Monroe, St. Clair – Mother Child Center, Centerville
- Alexander, Franklin, Gallatin, Hamilton, Hardin, Jackson, Johnson, Massac, Perry, Pope, Pulaski, Randolph, Saline, Union, White, Williamson, Bond, Clay, Clinton, Jefferson, Marion, Randolph, Wayne – Children's Medical Resource Network, Anna
- Crawford, Edwards, Lawrence, Richland, Wabash – Lawrence County Memorial Hospital – Lawrenceville

Children's Medical and Mental Health Resource Network provides specialized medical evaluations and psychosocial assessments for children birth-17 who are reported victims of child maltreatment (physical abuse, sexual abuse, and/or neglect) and their siblings, who may be at risk. Referrals are accepted from DCFS, Law Enforcement, CACs and community medical providers (Primary Care Providers). Referrals are also encouraged from hospital Emergency Departments for detailed and/or follow-up exams. CMMHRN will provide case reviews as requested by DCFS. CMMHRN provides professional training to support DCFS and the MDT in protecting children using trauma informed care including evidence based modalities for mental health providers, such as trauma focused cognitive behavioral therapy.

4) Pediatric Resource Center

AREAS SERVED: Central Region

Counties of Fulton, Henry, Knox, LaSalle, Macon, Mason, McLean, Peoria, Rock Island, Sangamon, Tazewell, Woodford, and other counties within central region.

The Pediatric Resource Center provides medical evaluations and social services to any child under 18 years of age who is an alleged victim of child abuse or neglect in a report being investigated by DCFS and/or law enforcement. Whenever one of the above listed programs has been involved with a child that has been taken into protective custody during a pending investigation, the Child Protection Specialist and medical program coordinator shall arrange a phone conference with the placement agency supervisor to review any preliminary findings. A copy of any written report resulting from the phone conference should be given to the placement agency once a final finding determination has been completed.

Section 300.110 Special Types of Reports

a) Death of a Child

1) Notification of Child Deaths

A) Notification to the Director's Office

The Director's office shall be informed of all child deaths occurring as a result of alleged abuse or neglect, whenever the death involves a child on a pending report, or there has been other previous or current DCFS involvement with that child or family. This notification is in accordance with the requirements of **Rule and Procedures 331, Unusual Incidents**.

B) The Regional Administrator or Designee

The Regional Administrator or designee is responsible for coordinating all information from the field to the Director's office. Upon receiving notification from State Central Register or the responsible Area Administrator of a child death, the Regional Administrator or designee shall make immediate notification to the Senior Deputy of Operations and the Deputy of Child Protection via phone call within two hours. Notification should include age of victim, SCR number, suspected cause of death, location of surviving siblings to include safety decisions, and other pertinent information known at time of communication and prior DCFS contact. The Senior Deputy of Operations or Deputy of Child Protection will provide notification to the Director's office.

The Child Protection Supervisor or designee shall be responsible for the completion of a **CFS 114, Morning Report**, which shall include case chronology and a summary of the facts of the case that shall include current and past investigations, intact family and/or placement service cases. The **CFS 114** is to be submitted to the Regional Administrator and to the Director's office via the Outlook distribution list called "Morning Report" as soon as possible but no later than four hours of initiation of the report. A copy of the information contained in the Morning Report shall also be filed in the case record at the local field office.

The Director's office shall contact the Regional Administrator or designee when it receives child death information from SCR prior to notification by the region. The Regional Administrator or designee will designate a member of his or her staff to communicate with the Director's office in his or her absence.

C) Area Administrator

The Area Administrator shall be responsible for the coordination of all information gathering relative to a death investigation, including the morning report and chronology required in accordance with **Procedures 331, Unusual Incidents**. A summary chronology of all prior DCFS contact with the family shall be prepared immediately for DCFS managed cases. For cases served by Purchase of Service (POS) agencies, the Area Administrator will notify the Agency Performance Team and/or the POS agency to request the case chronology. Upon completion, the chronology will be transmitted in writing to the Regional Administrator, who shall distribute the summary as needed. The Area Administrator will ensure the morning report is updated as significant information is learned.

D) SCR

The SCR Administrator shall ensure that the following, as appropriate, are notified of all child fatalities:

- The Director's office;
- The Deputy of Child Protection;
- The Office of the Inspector General; and
- The Senior Deputy of Operations.

These notifications will occur the day of the receipt of the report or the next working day, if the report is received after hours or on a weekend.

2) File an Unusual Incident Report

For all reports where death is alleged to have resulted from abuse or neglect, the Child Protection Supervisor or designee shall immediately complete a **CFS 119** in accordance with **Procedures 331, Unusual Incidents** unless the UIR has previously been completed by SCR staff.

3) Special Investigative and Reporting Procedures

The following subsections describe the actions to be taken by a Child Protection Specialist investigating the death of a child.

A) No Prior DCFS Involvement

If there has been no prior DCFS involvement with the subjects of a pending death report and there are no other children in the home, the investigation may be delegated to a law enforcement agency, the Coroner or the Medical Examiner.

B) Prior Reports of Child Abuse or Neglect

i) Case Assignment

The Child Protection Specialist assigned to investigate the child's death shall not be the same person who conducted any prior investigation involving the deceased child, the child's family or the alleged perpetrator.

ii) Child Protection and Intact/Permanency Supervisors Combined Analysis of Prior Investigative and Service Involvement

The Child Protection Supervisor whose team has responsibility for the pending death investigation shall review the investigative file of all prior investigations within 48 hours of receipt of the death report. The Child Protection Supervisor shall prepare a chronology of past investigative involvement and a factual analysis of those investigations and submit via an updated morning report.

A combined chronology of prior or current service involvement needs to be compiled into an updated **CFS 114** by the last assigned Intact/Permanency or Child Protection Supervisor. The Area Administrator and Agency Performance Team will request the case chronology. The **CFS 114**, factual analysis and investigative file shall be prepared within two working days of the receipt of the report of the child's death, and shall be transmitted to the Regional Administrator, in accordance with **Procedures 331**.

The **CFS 114** shall also be sent to:

- The Deputy of Child Protection or designee;
- The Senior Deputy of Operations or designee;
- The appropriate Area Administrator.
- The current Child Protection Specialist; and
- The Intact or Permanency worker, if there is an open service case.

iii) Autopsy Report

The Child Protection Specialist assigned to investigate the child's death shall contact the coroner or medical examiner's office and request a copy of the autopsy report. This request shall be documented in a contact note. When the autopsy report is received prior to the completion of the investigation, it shall be placed in the hard copy file and the details of the report shall be documented on a case note.

C) Pending Investigations

This section applies to situations where there is a pending report with no death allegation, and a child subject of the report dies during the course of the investigation.

i) Add the Death Allegation

If it is suspected that the child's death resulted from the abuse or neglect currently under investigation, the Child Protection Specialist shall add the allegation of Death (**#1 or #51**) to the pending report. If the death is not related to the pending report, but is suspected have resulted from abuse or neglect, a Subsequent Oral Report (SOR) must be filed.

ii) Notification of SCR and Other Authorities

If it is suspected that the child's death resulted from abuse or neglect, the Child Protection Specialist shall notify the following authorities:

- SCR: Via telephone or fax within one hour of learning of the child's death, or as soon as possible after assuring the safety of the other children in the home;
- Law Enforcement: Via telephone within one hour of learning of the child's death, or as soon as possible after assuring the safety of the other children in the home;
- State's Attorney: Via telephone, immediately during regular business hours or next business day if the death occurred or was reported after hours; and
- Coroner/Medical Examiner: Via telephone, immediately during regular business hours or next business day if the death occurred or was reported after hours.

All information about the circumstances related to the death of the child shall be shared with the above authorities.

- The telephone notification to the above authorities shall be **documented** in a contact note.
- The telephone notification of law enforcement, the State's Attorney, and the Coroner or Medical Examiner shall be **confirmed** in a case note.

D) Current or Prior Open Service Case

When a child's death is attributed to alleged abuse or neglect and the Department has a current open service case or had a prior service case involving the child and/or the child's family, the Child Protection Specialist shall contact the Intact/Permanency Worker/Supervisor within one business day of receiving the report. The purpose of the contact is to notify the worker/supervisor of the child's death, if the Intact/Permanency Worker was not the reporter, and to obtain all pertinent information known by the worker/supervisor. Any information obtained from the Intact/Permanency Worker shall be documented in a contact note.

4) Child Death Review Teams (CDRT)

A) Referrals to the CDRT

In accordance with **Rules 300**, **Section 300.170**, the Department shall refer to the child death review teams the death of any child who is:

- A child for whom the Department is legally responsible;
- A child being served in an open service case either by the Department or through a POS contract;
- The subject of a pending child abuse or neglect investigation;
- 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;
- A child whose death was reported to the SCR hotline as a result of alleged child abuse or neglect **and** if the report was indicated; or
- Any sudden, unexplained, or unexpected child death.

B) Child Death Review Team Attendance

A Child Death Review Team may request that the Child Protection Specialist or Permanency Worker of the deceased child attend the death review meeting for that child. Any DCFS or POS staff requested to attend the meeting is expected to attend promptly, having reviewed the entire file and be prepared to present the facts of the case and respond to any questions posed by the team members.

C) Reports to the Governor and the General Assembly

The Department shall prepare individual death review reports and issue an annual cumulative report to the Governor and General Assembly incorporating the data, findings and recommendations from the individual reports.

i) 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:

- Cause of death;
- Identification of child protection or child welfare services in the home, as well as any care or other assistance provided or actions taken on behalf of the child and his or her family, prior to the child's death;
- Extraordinary or pertinent information concerning the circumstances of the child's death;
- Actions or further investigation undertaken by the Department since the death of the child; and
- Recommendations concerning child protection, child welfare, or prevention issues.

ii) 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.

iii) Reports concerning the death of a child as well as the cumulative reports of the CDRT shall be made available to the public after completion or submittal.

- The Department may honor a child-specific request for a report 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.

- 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.

iv) 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 and/or the child's family, any information they are authorized to provide to enable the Department to prepare its report.

b) Child Abuse and Neglect in Child Care Facilities

This section applies to child protection investigations in licensed, unlicensed and license-exempt day care centers, day care homes/babysitters, foster homes, group homes, residential treatment centers and child care institutions (whether public or private) and youth emergency shelters.

Note: Subsection 300.110 (d) provides specific procedures that must be followed for career entrants and child care workers. Individuals who are employed in a child care facility should be considered to be a child care worker. Foster parents are not child care workers, but foster parents who also hold a license for a day care home or other child care facility may be considered as child care workers.

The conduct of investigations in out-of-home facilities, including schools (See **Procedures 300.110 (c), Child Abuse and Neglect in Schools,** for additional procedures regarding schools.), is unique because of the diversity and variety of each setting. As in all investigations resulting from reports of suspected abuse or neglect, it is crucial for Child Protection Specialists to initiate in-person contact with alleged child victims as soon as possible. Workers in schools, shall collaborate with Child Protection Specialists in a manner consistent with the agreement between the Department and the Illinois State Board of Education (CANTS 101). Therefore, Facility Reports must be conducted with sensitivity and a minimum of disruption to the facility and its program. Wherever possible and appropriate, all interviews shall be conducted in a private room where confidentiality can be assured or away from the facility. Whenever interviews must be conducted at the facility the timing of these interviews shall be coordinated with the facility administrator.

1) Taking and Initiating the Report

When the alleged perpetrator or perpetrators of a report of suspected child abuse or neglect is identified as an employee or volunteer of a facility responsible for the child's welfare, the Call Floor Worker (CFW) shall code and complete the intake as a Facility Report. **In every report, the name of the facility shall be the SCR Case Name.** Proper documentation of the intake as a Facility Report notifies local Child Protection staff that special handling of the report is required. Special handling of Facility Reports includes, but is not limited to:

- When a caller's information identifies multiple perpetrators of a Facility Report (day care centers, group homes and institutions and youth emergency shelters only), the CFW shall assign a separate sequence to the facility's SCR number, for each alleged perpetrator and the child each perpetrator is alleged to have abused or neglected. If during the course of an investigation of a Facility Report the Child Protection Specialist identifies additional perpetrators, the Child Protection Specialist shall contact SCR to have a sequence added to the facility's SCR number for each additional perpetrator identified and the child each perpetrator is alleged to have abused or neglected. **This requirement sometimes necessitates listing children as alleged victims in more than one report.**

  Note: Reports involving foster homes are an exception and may list multiple perpetrators in a single report sequence.

- The Department investigates reports on youth between ages 18-22 living in a DCFS licensed residential facility, whether or not they are a ward. To qualify as a report, **the alleged perpetrator must be an employee or volunteer of the facility**. This type of facility report is processed in the same manner as facility reports for minors under age 18.

- The Permanency Worker of each ward identified in a Facility Report as an alleged victim and/or perpetrator must be identified in the report narrative.

2) Notification of Investigations Involving Child Care Facilities

A) Law Enforcement

Per the allegation, law enforcement notification is required.

For reports in the City of Chicago only, the CFW shall notify the Chicago Police Department (CPD) Youth Division immediately after taking the report. For all reports outside the City of Chicago, the Child Protection Specialist shall notify the appropriate law enforcement agency and local State's Attorney within 24 hours of receipt of a report alleging

death of a child or the serious injury to a child including, but not limited to:

- ✓ head injuries
- ✓ skull fractures
- ✓ subdural hematomas
- ✓ second degree burns
- ✓ internal injuries
- ✓ torture of a child
- ✓ malnutrition of a child
- ✓ sexual abuse to a child

When the Child Protection Specialist notifies a law enforcement agency of a report, he/she shall establish a time to meet with the assigned law enforcement officer to plan a cooperative investigation. If the local law enforcement agency declines participation in a cooperative investigation, for any reason, the Child Protection Specialist shall send notification of the report by phone or fax to the Illinois State Police and request their participation in a cooperative investigation.

Upon completion of verbal notification to law enforcement by the Child Protection Specialist, the Child Protection Supervisor must complete and fax the CANTS 14, Child Abuse Law Enforcement Notification to the law enforcement agency.

B) Guardian Ad Litem

If the alleged perpetrator or alleged victim is a DCFS ward, the Child Protection Specialist shall contact the minor's guardian ad litem upon initiation of the investigation and when a recommended final finding has been determined.

C) DCFS Licensing

If the investigation is conducted at a facility that is licensed by the Department, such as a foster home, child care institution, day care center, residential treatment facility or group home, the Child Protection Specialist shall immediately notify the local DCFS Licensing Representative of the investigation.

A concurrent licensing complaint investigation shall be performed for all Department and private agency foster homes, day care homes and all other licensed facilities named in reports of alleged incidents of abuse or neglect, as is required in **Procedures 383.37, Additional Requirements**

for Concurrent Investigations. The Child Protection Specialist and Licensing Representative shall jointly plan their respective investigations and exchange investigative information weekly. Child Protection and Licensing Representatives are not required to conduct investigative activities together, although such cooperation is encouraged.

D) The Child Protection Specialist shall complete the CANTS 21 at the time the report is assigned. Notification shall be distributed to all individuals outlined on the form, including but not limited to the Licensing Coordinator, Area Administrator, Regional Administrator and Caseworker of record.

3) The Investigative Process

A) Planning a Concurrent Investigation with Law Enforcement

When a law enforcement officer conducts a concurrent investigation, the Child Protection Specialist shall contact the assigned law enforcement officer within 24 hours of receiving the report in order to develop a plan for a cooperative investigation. In addition to the investigative requirements laid out in **Procedures 300.50, The Investigative Process and Appendix B, The Allegation System**, the plan shall establish the mechanism for the sharing of information between the Department and law enforcement.

The Investigation Supervisor shall document the investigative plan between DCFS and law enforcement in a contact note within 24 hours of establishing the plan.

B) Investigative Activities for Facility Reports

The following activities pertain specifically to Facility Reports and include, but are not limited to:

- Contacting the Licensing Representative to plan concurrent and cooperative investigative activities and to coordinate development and monitoring of protective plans as outlined in **Procedure 383.45**;

- Obtaining information from relevant Licensing staff about the facility, where appropriate;

- Assessing the risk of harm to other potential victims (children who attend or reside in the facility but who have not been named as alleged victims);

- Notifying the director or designee of the facility of the report;

- Taking appropriate action during the course of the investigation to restrict the alleged perpetrator from the facility premises and staff, and from contact with the children who attend or reside in the facility;

- Requesting and obtaining all medical information and unit notes for the relevant time period, whenever a child is injured by alleged abuse or neglect at a residential facility;

- Interviewing the child's parents or guardians; and

  Note: When the child resides at home, an interview with the child's parents or guardians shall be conducted before interviewing the child whenever possible. The Child Protection Specialist shall make every reasonable effort to notify the parent/guardian prior to interviewing the child.

- Having contact and discussion with the assigned Intact or Permanency Worker**.**

C) Contact with the Facility Director or Designee

In accordance with the investigative plan at the onset of the investigation, the facility director or designee must be notified that an investigation is being conducted. The name of the alleged perpetrator (if other than the facility director) can be disclosed and the facility director or designee shall be informed that they should make a plan to immediately take steps to restrict the alleged perpetrator from contact with children and facility staff/premises, once the investigation has begun. Guidelines concerning the development of protective plans in licensed facilities are located in **Procedures 383.45, Protective Plan.** If the facility director is the alleged perpetrator, the Child Protection Supervisor shall contact the appropriate Area Administrator or Licensing Administrator to seek guidance regarding the required notification. The Child Protection Supervisor shall document the contact on a contact note. Employment decisions, including whether to retain the employee or place the employee on a leave, shall be made solely by the employer/facility.

D) To the Parents or Guardian (Non-DCFS Wards)

When an alleged child victim does not live with a parent or guardian, the Child Protection Specialist shall notify the parent or guardian of each child in the report. Such notification shall be in the preferred language or communication method of the parent/guardian.

The Child Protection Specialist shall provide the child's parent or guardian with the **CANTS 8 Notification of a Report of Suspected Child Abuse and/or Neglect** and the **CFS 1050-54 What You Need to Know About a Child Abuse or Neglect Investigation** brochure. The Child Protection Specialist shall document in a case note that the parent/guardian was provided the **CFS 1050-54** and **CANTS 8**. A copy of the CANTS 8 shall be placed in the investigative file.

E) Special Procedures for Department Wards

Refer to subsection **300.160 (a)(3), Investigations Involving DCFS Wards,** for special notification procedures that are required when a Department ward is the subject of a child abuse or neglect report while in placement.

4) The Investigation

A) Interviewing Child Victims Who are Department Wards

Child Protection Specialists should always attempt to minimize the number of times a child victim is interviewed. Coordination with law enforcement and Child Advocacy Centers (CAC) is critical for ensuring that forensic interviews are conducted and to appropriately limit the number of times a child victim is interviewed.

B) Assessing the Risk of Harm to Other Potential Victims

If the initial interview with a ward who is an alleged child victim produces evidence to support a good faith report of abuse or neglect, or if the result of the initial interview is inconclusive, arrangements shall be made to interview other children in the facility with whom the alleged perpetrator has had contact. Each child shall be interviewed **individually and in person** in a neutral setting, whenever possible.

Note: If the Child Protection Specialist determines the alleged perpetrator of a report is running an unlicensed daycare home, the safety of all children in the home must be assessed. Those children determined to have been harmed or at risk should be added to the report as alleged victims. The Child Protection Specialist shall notify the Licensing Representative and law enforcement that additional child victims have been identified.

C) Removing Children from a Facility

If in the course of an investigation, the Child Protection Specialist determines that remaining in a facility or home presents an imminent danger to any child, the Child Protection Specialist shall take protective custody of the child if the Department does not already have a legal relationship with the child and immediately remove him or her from the care of the home or facility. If the child is already a DCFS ward, the Child Protection Specialist and assigned caseworker shall immediately make arrangements to remove the child and place in an alternative setting, and when appropriate, a **CFS 151-B** notice of decision will be provided. The factors supporting the decision for removal shall be documented in a contact or supervisory note.

In circumstances where DCFS already has custody or guardianship of a child, the decision whether to maintain or move a child **for reasons other than imminent danger** shall be made by the Permanency r Supervisor, in accordance with **Procedures 301.60 (b)(3)**. This decision shall be made only after receiving information and advice from the Child Protection Specialist, Licensing Administrator, or the child's Permanency Worker. The facility or home shall then be given 14 days notice of the intent to move the child.

D) Due Process Rights and Representation When Interviewing the Alleged Perpetrator

While it is stipulated in **Procedures 300.50 T he Investigative Process** and in **Appendix B, The Allegation System,** that an alleged perpetrator be interviewed in-person and individually, such procedure does not preclude the presence of a Union or other representative during the interview. Facility employees accused of child abuse or neglect shall be advised of their due process rights, of the steps in the investigative process and the right to have a supervisor, association or union representative and/or attorney present during interviews. Such representation should be scheduled so as to not unreasonably delay the investigation or compromise the integrity of the investigation. Licensee/employees shall be given up to four hours to have a union or other representative present and up to 24 hours for an attorney. In cases where an attorney will be brought to the interview, the interview should be scheduled to occur as soon as possible after an attorney is secured.

The Child Protection Specialist shall ensure that if a representative is present during the perpetrator interview that confidentiality of case information is preserved. The Child Protection Specialist shall require the representative to sign a **CANTS 23, Acknowledgment of Nondisclosure of Information** form. If the representative refuses to sign the form, the Child Protection Specialist shall not disclose details about the investigation so long as the representative is present.

In every other respect, each alleged perpetrator shall be interviewed in accordance with established investigative practice. Every alleged perpetrator shall be provided a copy of the **CFS 1050-54** and **CANTS 8** and the letter shall be explained to the alleged perpetrator. A copy of the completed **CANTS 8** shall be placed in the hard copy of the investigative file.

Due to potential employment and licensing concerns, Child Protection Specialists should attempt to make a recommended final finding determination within 14 days from the date of the report (see subsection (d) of this section).

Note: If a DuPuy class member is removed from their position by suspension or reassignment or a facility is closed as a result of a pending investigation, efforts shall be made to prioritize and complete the investigation within 14 days. The Child Protection Specialist and supervisor must document the reasons why reaching a final finding extends beyond 14 days.

E) Development of a Protective Plan in a DCFS Licensed Facility

The Child Protection Specialist shall orally notify the licensee or facility administrator that a plan must be developed to ensure that the alleged perpetrator is restricted from contact with children in the facility during the course of the investigation. For detailed information concerning protective plans see **Procedures 383.45, Protective Plan**. The **CANTS 21B, Notification of Initial Protective Action Plan -- Foster Homes and Day Care Homes**, or **CANTS 21C, Notification of Initial Protective Action Plan -- Day Care Centers, Child Care Institutions, Group Homes, Youth Emergency Shelters, Child Welfare Agencies and Day Care Agencies**, shall be used to document in writing the provisions of the protective plan. The protective plan shall be developed jointly by the Child Protection Specialist and the Licensing Representative, when possible.

i) Developing and Implementing a Protective Plan

The Child Protection Specialist shall make every effort to minimally disrupt out-of-home care, so long as the safety and emotional well-being of the alleged child victims are ensured. Protective plans should minimally disrupt the care setting while ensuring the safety and emotional well-being of the child. The protective plan should be focused on limiting the alleged perpetrator's contact with the children while maintaining the ability of the licensee to continue to operate.

The protective plan for restriction of contact may include, but is not limited to:

- barring the alleged perpetrator from the facility;
- limiting the alleged perpetrator's access to certain parts of the facility;
- limiting the alleged perpetrator's access to the home when children are present;
- requiring the presence of another adult in the home to protect the children; and
- removing the children unrelated to the licensee from the home.

The Child Protection Specialist and/or Licensing staff shall document the plan in writing on a **CANTS 21B** and have the licensee sign and date the plan. The Child Protection Specialist will sign and date the plan and send a copy of the **CANTS 21B** to Licensing within 24 hours of the initial in-person contact with the licensee, if Licensing is not present when the protective plan is developed. The Licensing Representative shall approve or disapprove the plan within 72 hours and notify the licensee of the decision.

ii) Approval of the Protective Plan

If the licensee does not agree with the protective plan, appropriate licensing enforcement action or temporary protective custody must be taken. When the protective plan involves temporary closure of a day care home or center, the day care resource and referral agency will be notified and requested to provide assistance to those parents impacted by the protective plan.

iii) Monitoring of the Protective Plan

The Child Protection Specialist shall be responsible for monitoring the protective plan until the Licensing Representative has been notified. Upon notification, it is the responsibility of the Licensing Representative to establish a plan for ongoing monitoring of the provisions of the protective plan during the investigation. The Child Protection Specialist and Licensing Representative shall remain in weekly contact regarding the investigation and protective plan.

F) When Additional Report Sequences are Required

If interviews uncover additional alleged **perpetrators**, additional sequences of the pending report shall be filed with the SCR. Each SOR has its own separate investigative time frames and final finding determinations.

If information obtained during an investigation provides reasonable cause to believe that other **children** have been abused or neglected in the past, or are currently at risk of harm by a perpetrator for whom there is a pending investigation, the newly identified victim(s) shall be added to the pending investigation provided the harm is related to the same incident or set of circumstances. If the newly identified victim(s) suffered harm or is at risk unrelated to the pending investigation, the newly identified victim shall be the subject of a SOR of the pending investigation.

The notification of new reports that is made to the local law enforcement agency and/or the Illinois State Police, Division of Criminal Investigation, shall be handled as per subsection (b) (2) above. The Child Protection Specialist shall also contact the parents of any additional victims added to the pending report or named in a SOR.

G) Interviewing Facility Staff and Other Collaterals

The Child Protection Specialist shall interview facility staff or other collateral persons who are likely to have knowledge of the reported incident, the alleged child victim, the alleged perpetrator or any other information pertinent to the report.

H) Obtain Medical Examinations if Necessary

Medical examinations of children alleged to be abused or neglected can only be obtained with parental consent as long as the child remains in the parents' custody. Parents shall be asked to sign consent forms for the release of information obtained through these medical examinations. Reports of the medical examinations and copies of parental consent shall be placed in the investigative hard file.

If the parent refuses to consent to the examination and there is no imminent risk of harm to the child sufficient to justify temporary protective custody, the medical examination cannot be obtained.

I) Interviewing Other Children (Sexual Abuse Only)

The Child Protection Specialist shall contact a reasonable sample of the parents of children who attended or resided in the reported facility during the time of the alleged perpetrator's employment, but who no longer attend or reside in the facility. If information obtained during the investigation reveals that the alleged perpetrator has had contact with other children (e.g., Boy Scouts, Big Brother/Big Sister, church groups, etc.), parents of those children shall be contacted and permission sought to interview their children. If parental permission is granted, interviews with these children shall be used to establish whether any additional abuse or neglect is alleged. All additional abuse or neglect reports shall be reported to SCR.

J) Notification of Findings

The Child Protection Specialist shall complete the **CANTS 21A** at the time the investigation is submitted for supervisory review. Once the supervisor approves the investigation, the **CANTS 21A** should be sent to the Licensing Representative (licensed facilities only) and all others who received notification on the **CANTS 21**. The following persons must be notified when there is an indicated final finding:

- The appropriate Licensing Representative (licensed facilities only);
- Permanency Workers for any involved DCFS wards;
- The Administrator of the facility; and
- The guardian ad litem of any involved DCFS ward, per **Procedures 300.160, Notifications**.

Note: Copies of indicated reports should be sent to only those persons who do not have computer access to the investigation.

c) Child Abuse and Neglect in Schools

1) Taking the Report

When a report is taken by SCR and the alleged perpetrator is identified as a teacher or other school personnel (janitors, cooks, school bus drivers, school volunteers, etc.), the call floor worker shall enter the appropriate information in the facility tab.

If the report contains more than one alleged perpetrator, the Call Floor Worker (CFW) shall complete an SOR of the facility SCR number for each alleged perpetrator and respective child victim. This may necessitate listing some or all alleged child victims in more than one report.

Note: Reports of abuse or neglect in a school can include victims who are adults between ages 18-22 residing in a DCFS licensed residential facility that attend school in a traditional setting or special education classes.

In every case the name of the school shall take the place of the case name (e.g., Jefferson Elementary School).

2) Notification of the Report

Notification of Law Enforcement shall be in accordance with **Procedures 300, Appendix B**, as outlined in each allegation, and shall follow the same procedures as set forth in subsection **300.110(b), Child Abuse and Neglect in Child Care Facilities**.

The Child Protection Specialist shall make telephone notification to the appropriate school administrator and district school superintendent that an investigation is being commenced. Oral notification shall be followed up with written notification in a **CANTS 8** within 48 hours.

3) The Investigation

The same procedures as outlined in subsection **300.110(b)** are to be followed for an investigation of alleged abuse in schools, except that there is no requirement that the alleged perpetrator be restricted from contact with children during the course of the investigation. The investigation shall, to the extent possible, be conducted so as to minimize disruption of the school day.

A) Reasonable Force

The Child Protection Specialist shall determine whether a teacher used reasonable force in accordance with rules established by the local board of education, as authorized by the School Code [105 ILCS 5], when an alleged incident of abuse occurs in the course of the teacher's efforts to maintain safety for other students and use of force was necessary.

The Child Protection Specialist shall request and review a copy of the rules governing reasonable force from the school's administrator when making the determination.

B) Due Process and Right to Representation During the Interview of the Alleged Perpetrator

School employees accused of child abuse or neglect shall be advised of their due process rights, of the steps in the investigative process and the right to have a supervisor, association or union representative and/or attorney present during interviews. The employee shall be given up to four hours to arrange to have the union representative present and up to 24 hours for an attorney. The Child Protection Specialist shall ensure that if a representative is present during the perpetrator interview that confidentiality of case information is preserved.

The Child Protection Specialist shall require the representative to sign a **CANTS 23, Acknowledgment of Nondisclosure of Information** form prior to the interview. If the representative refuses to sign the form the Child Protection Specialist shall not disclose details about the investigation so long as the representative is present.

C) Redacted Copy of Investigative File

Prior to a recommended final finding determination to indicate a report, the school employee shall be provided a redacted copy of the investigative file and any other materials or evidence subsequently obtained by the Department, in accordance with **Procedures 431.40**, **Release of Client Record Information to Persons or Entities with Appropriate Writen or Oral Request**. The employee shall also be given an opportunity to request an informal conference at which the employee may present additional evidence.

4) Informal Conference

An informal conference may be scheduled at the request of the school employee after the employee has received a redacted copy of the investigative file. Unless otherwise requested by the school employee, the conference will be scheduled after school hours in a neutral setting away from the school grounds.

No such conference shall 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.

A) Presentation of Additional Evidence

When the purpose of the informal conference is to present additional evidence, the school employee, his or her representative and Department representatives, including the Child Protection Specialist, must be present.

B) Confrontation of Accuser

The accuser is the person who made the allegation of abuse or neglect and may or may not be the reporter. The Department shall not allow the school employee to confront an accuser who is under 14 years of age. With the permission of the child's parent or guardian, the Department may permit the employee to confront a child that is 14 years of age or older, only after the Department has assessed any documented mental health and/or developmental issues the child may have and determined whether the confrontation would cause trauma to the child. The Department shall ensure that information provided to the school employee is redacted and that confidential information is not released.

Prior to the conference, the Department shall notify the child and the child's parents or guardian in writing that they may decline to attend the conference, may refuse to answer any questions posed during the conference and that the child may be represented by an attorney or other person at the conference, in addition to the child's parents or guardian. The Department is also required to provide the same information orally to the child and the child's parents or guardian at the conference. A child or parent's refusal to attend a conference or to answer questions shall not be considered as a factor to unfound a good faith report.

In addition to the school employee, the employee's representative and Department representatives, the following persons shall be notified of and allowed to attend the informal conference:

i) The accuser, and the accuser's parents or guardian, when the accuser is a minor who is age 14 or older;

ii) A representative of a Child Advocacy Center, when involved in the case;

iii) Representatives of the State's Attorney's Office or law enforcement agency in the county where the alleged incident occurred, when they are involved in the investigation and/or considering filing criminal charges in the case; and

iv) Other persons identified by the school employee who have information relevant to the report. These persons shall only have access to those portions of the conference that pertain to their testimony and shall be required to sign a **CANTS 23, Acknowledgement of Non-Disclosure of Information**.

C) The school employee shall be allowed five calendar days after the informal conference to present any additional evidence before a final finding determination of the report is made.

D) The proceedings of informal conferences 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.

E) Additional evidence presented at the conference relevant to the final finding of the investigation shall be documented in a contact note.

F) The school employee retains all appeal rights provided in the Abused and Neglected Child Reporting Act [325 ILCS 5/7.16] regardless of whether an informal conference is requested and held.

5) Notification of Findings

Upon completion of the investigation, the Child Protection Supervisor shall send a notification of the recommended final finding to the general superintendent of the school district or in the case of a private school, the administrator of the school.

d) Child Abuse and Neglect Investigations Involving Career Entrants and Child Care Workers

1) Definitions of Career Entrants and Child Care Workers

"Career entrants" means persons actively engaged in the job placement process as a child care worker, a person currently enrolled in an academic program which leads to a position as a child care worker, or a person who has applied for a license required for a child care worker position. A person shall qualify as a career entrant only if, at the time of notice of investigation, that person (1) has applied or will apply, within 180 days, for a position as a child care worker; (2) is enrolled in or will commence, within 180 days, an academic program which leads to a position as a child care worker; or (3) has applied for a license as a child care worker.

"Child care workers" means those persons who work directly with children, or owners/operators of facilities regardless of whether the facility is licensed by the Department of Children and Family Services. Types of facilities and persons that work with children 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;
- School personnel, including school teachers or administrators (but not tenured public school teachers or administrators who have other processes available to them); and
- Employees who work with children in before and after-school programs, recreational programs, summer camps, or as full-time nannies.

Child care workers may also include persons employed in one of the above settings or persons seeking employment, enrolled in an academic program or applying for a license for a child care position who are alleged to be responsible for child abuse or neglect outside of their employment. If the investigation pertains to an alleged perpetrator's personal life but the alleged perpetrator is employed as a child care worker in one of the above settings, the alleged perpetrator must request that the investigation be treated as an employment related investigation.

The Child Protection Specialist shall not base child care worker status on whether the child care worker is represented by a union or whether the child care worker's employment is the main source of income. School employees, including school aides and bus drivers, shall be considered child care workers, unless they are tenured.

Persons who work more than 15 hours a week in a child care position shall be considered to be child care workers.

2) Determining Child Care Worker Status for Non-Facility Reports

i) During the course of an investigation that is not coded as a Facility Report, should it become obvious to the Child Protection Specialist that the alleged perpetrator works in a facility or position where he/she has direct contact with children through the course of his/her work, the alleged perpetrator shall be considered a child care worker. For example: Should the Child Protection Specialist interview an alleged perpetrator in a home setting and notice that the home has a state license or that the alleged perpetrator provides care for children, the Child Protection Specialist shall consider that person to be a child care worker.

Child care licenses and owners and operators of child care facilities shall be treated as child care workers regardless of licensure and compliance with state law.

ii) A person may be investigated for alleged abuse and neglect of their biological children, but work in a position where they have direct contact with other children. There are various ways to determine if a person works in a position in which they have direct contact with children and should be considered a child care worker. Examples of how child care worker status is determined include, but shall not be limited to:

- A Child Protection Specialist interviewing an alleged perpetrator in their home setting and observes other children present or objects present that would indicate the alleged perpetrator provides care for children in their home. Where there are obvious signs that an individual cares for children in a home setting, the Child Protection Specialist should consider the alleged perpetrator to be a child care worker and continue the investigation as a DuPuy case.

- A Child Protection Specialist may interview an alleged perpetrator who is alleged to have abused or neglected their biological children and who, during the course of the interview, states that they work at a day care center or other position where they have direct contact with children and that they want to be treated as a child care worker. In such situations, the Child Protection Specialist shall document the perpetrator's information in a contact note and continue the investigation as a DuPuy case. The Child Protection Specialist should immediately contact the Child Care Worker Administrator to complete the documentation denoting the investigation as a DuPuy case.

- A Child Protection Specialist may interview an alleged perpetrator who is alleged to have abused or neglected their biological children and during the course of the interview the alleged perpetrator states that they work in a position in which they have direct contact with children such as a day care center or other position where they have direct contact with children, but the alleged perpetrator **does not** specifically indicate they want to be treated as a child care worker. In such a situation, the Child Protection Specialist should ask the alleged perpetrator about his or her direct contact with children during the course of his employment for the specific purpose of determining whether the person is a child care worker and the investigation should be considered a DuPuy case.

3) Child Care Worker Alerts

Appropriate Child Protection Specialists, Child Protection Supervisors and other designated staff shall receive an alert via Outlook within 24 hours of receipt of a report that may involve a career entrant or child care worker. The alert will direct the Child Protection Specialist to determine if the alleged perpetrator is a career entrant or child care worker during his or her initial contact with the person and respond with his or finding. The Child Protection Specialist must also document his or her findings and all attempts to make a finding in a case note. The e-mail alerts will continue until the Child Protection Specialist makes a determination.

Note: Questions concerning a person's career entrant or child care worker eligibility shall be referred to the Office of Legal Service's Regional Counsel. Child Protection staff shall maintain attorney/client confidentiality when documenting Regional Counsel contacts in a contact note.

4) Notification of Administrator's Teleconference and Expedited Administrative Appeal for Child Care Workers

The Child Protection Specialist shall provide the alleged perpetrator the **CFS 1050-54** and **CANTS 8** at the time of the initial interview and explain the information contained on the documents. The Child Protection Specialist shall also explain that persons who are actively engaged in the job seeking process for a child care position, currently enrolled or soon to be enrolled in an academic program which leads to a position as a child care worker, or a current applicant for a license for a child care worker position and persons investigated in their personal life whose employment or license may be affected by an indicated finding, should identify themselves to the Child Protection Specialist. Persons identified as career entrants or child care workers shall be provided the following information:

A) Administrator's Teleconference

The one hour Administrator's Teleconference provides the alleged perpetrator the opportunity to present documentary evidence or other information that supports his or her position and to provide information to assist the Department in making the most accurate decision regarding the allegations of child abuse and/or neglect.

All evidence that has been gathered during a child abuse and neglect investigation shall be documented in the Investigative Summary form.

Note: The Administrator's Teleconference is not a hearing; therefore the alleged perpetrator cannot present the testimony of witnesses. However, the alleged perpetrator can provide other information and documentary evidence.

B) Expedited Administrative Appeal

In the event that the allegation of child abuse and/or neglect is indicated, an Expedited Administrative Appeal provides the child care worker with a final administrative decision within 35 days of the receipt of his or her request for an appeal, absent any continuances requested by the child care worker. 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 filed with the Administrative Hearings Unit (AHU). Any written request for an appeal that is received by the AHU that does not expressly request an expedited appeal will automatically be treated as a regular appeal.

If the career entrant or child care worker appeals the indicated final finding, but does not request and expedited appeal, the requirements and stipulations of **Rule 336, Appeal of Child Abuse and Neglect Findings** apply.

Alleged perpetrators named in reports of abuse or neglect that are unrelated to their child care employment may choose to participate in the 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) 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 AHU that does not expressly request an expedted appeal will automatically be treated as a regular appeal.

5) Administrator's Teleconference Procedures

After the Child Protection Specialist has gathered all of the evidence, and made a recommended final finding to indicate the investigation, the Child Protection Supervisor and Area Administrator shall review the investigative file. If the supervisor and administrator concur with the Child Protection Specialist's recommendation to indicate, the child care worker shall be contacted to schedule an Administrator's Teleconference.

A) Documentation for the Administrator's Teleconference

The teleconference date, time and contact information shall be entered on the **CANTS 9, Notification of Intent to Indicate Child Care Worker for Report of Child Abuse and/or Neglect**. The Child Protection Specialist shall enter into the notification information regarding the children reported to be abused and/or neglected; the location where the reported abuse and/or neglected is alleged to have occurred; a description of the allegation that the Department intends to find the alleged perpetrator responsible for, including the name of the allegation and the allegation number; and the number of years that the report to be indicated will be retained in the State Central Register.

The Child Protection Specialist shall print the Investigative Summary and redact all portions of the summary identifying the reporter, source, other persons with information, protective custody section and the report narrative. **The reporter's information MUST be redacted from the Contact Information section.**

Note: In the event the alleged perpetrator does not call into the Administrator's Teleconference at the scheduled time, the Administrative Case Convener shall wait a minimum of one-half hour for the alleged perpetrator and/or representative to call. After waiting one-half hour, the Administrative Case Convener shall review the investigation and make a final determination to either indicate or unfound or return the case for further investigation.

B) Meeting with the Alleged Perpetrator

The Child Protection Specialist shall meet in person with the alleged perpetrator and provide him/her a copy of the **CANTS 9, CANTS 10, Notification of Intent to Indicate Child Care Worker for Report of Child Abuse and/or Neglect** and the redacted Investigative Summary. The Child Protection Specialist shall complete the final page of the **CANTS 9** by including the SCR number and ask the alleged perpetrator to sign the acknowledgement of receipt. If the alleged perpetrator refuses to sign the acknowledgment of receipt of the documents on the **CANTS 9** form, the Child Protection Specialist shall note that on the acknowledgement form and in a case note. The Child Protection Specialist shall review the information concerning the Administrator's Teleconference and expedited appeal process with the alleged perpetrator.

It is important that the Investigative Summary provided to the alleged perpetrator in advance of the Administrator's Teleconference contains a full and detailed explanation of the information and evidence that has been gathered and provides a rationale for why the case is recommended to be indicated. Documentation listed in the Investigative Summary shall

include all of the evidence that has been gathered during the investigation that suggests that the perpetrator is responsible for the alleged abuse or neglect and/or the evidence that suggests an incident did not occur or that the alleged perpetrator is not responsible.

If the Child Protection Specialist has made two unsuccessful attempts to meet with the alleged perpetrator in person, the Child Protection Specialist shall obtain a new date for the Administrator's Teleconference and send the completed **CANTS 9, CANTS 10** and the redacted Investigation Summary via certified mail to the alleged perpetrator. The Child Protection Specialist shall use a case note to document all attempts to meet with the alleged perpetrator.

C) The Role of the Administrative Conference Convener

The Child Protection Specialist shall forward any hard copy documents to the Administrative Conference Convener (ACC), in advance of the scheduled Administrator's Teleconference. Child Protection staff is encouraged to attend the Administrator's Teleconference.

The ACC shall convene the teleconference at the scheduled date and time. If the alleged perpetrator fails to attend the teleconference at the scheduled time, the ACC shall extend the start of the teleconference a minimum of one-half hour. The ACC is no longer required to convene the teleconference if the alleged perpetrator fails to attend during the extended time frame, but shall review the investigative file and make a final finding determination. The ACC has the authority to indicate, unfound or send the case back for further investigation.

The ACC retains the authority to make a final decision in the case if the case is returned for further investigation. If the ACC sends the case back for further investigation, he/she shall provide the Child Protection Specialist with instructions regarding further investigatory steps to be taken and provide due dates for the additional steps to be completed. The ACC shall reconvene the Administrator's Teleconference within seven days from the completion of the investigation for additional review. The reconvened Administrator's Teleconference shall not be rescheduled except for **extraordinary** circumstances.

D) CANTS 11

If a recommended final finding is determined after the Administrator's Teleconference, the Child Protection Specialist shall confirm the date of the final finding letter sent from SCR and complete the **CANTS 11** form using that date. The Child Protection Specialist shall mail the **CANTS 11** form to the perpetrator.

e) Investigations Involving Clergy and Religious Groups or Organizations

1) Restricting the Alleged Perpetrator's Contact with Children

When a report of suspected child abuse or neglect involves a member of the clergy, or any other person employed or actively involved within a religious organization, the Child Protection Specialist must determine if the alleged perpetrator has access to or contact with children as a part of their employment or involvement. If yes, the Child Protection Specialist must notify the appropriate religious official or hierarchical authority within the religious institution of the investigation. The Child Protection Specialist shall develop a plan with the authority of that organization, and the alleged perpetrator, to restrict the alleged perpetrator's contact with the children identified during the course of the investigation.

The Child Protection Supervisor shall send written notification of the final finding to the religious institution or religious official or hierarchical authority over the alleged perpetrator, when:

- Contact has been made with the religious institution or religious official or hierarchical authority during the course of the investigation; and
- The abuse allegation has been unfounded or indicated.

The Child Protection Supervisor shall also provide written documentation of this notification to the alleged perpetrator.

2) Identification of Religious Authorities

Directory information regarding religious organizations may be obtained from local telephone directories, local community organization directories, or the Any Who Online Directory found on the D-net resource links. The online directory allows geographical searches for names, addresses, and telephone numbers.

f) Investigations Involving DCFS Employees

1) Taking a Report on Department Employees Acting in Their Official Capacity

When a child abuse or neglect report is received alleging abuse or neglect of a child by any Department employee acting in their official capacity, the SCR Call Floor Supervisor on duty shall immediately verbally notify the SCR Administrator in Springfield, and the Deputy of Child Protection or designee, who will assign the investigation.

2) Assigning and Investigating Reports Involving DCFS Employees

These procedures apply to reports involving DCFS employees regardless of whether they are acting in their official capacity or outside of their official capacity.

A) The SCR Administrator or designee shall be notified immediately when staff receive a report concerning a DCFS employee. The SCR Administrator or designee is to instruct all staff aware of the report that the investigation is confidential and that the unlawful release of confidential information is a Class A misdemeanor. If information is released unlawfully, the person who released the information is subject to criminal action pursuant to the Abused and Neglected Child Reporting Act [325 ILCS 5/11].

B) The SCR Administrator shall notify the Office of Employee Licensure if the involved employee is licensed as a direct services employee and the reporter makes that identification at the time of the Intake. If the subject is identified as an employee during the course of the investigation, field staff will notify the Office of Employee Licensure.

C) All reports involving Department employees will be assigned to a Child Protection Specialist outside the employee's work address and residence, if necessary. If a report is generated by the SCR, the SCR Administrator or designee will contact the Deputy of Child Protection or designee, who will make the investigation assignment, and notify the appropriate Regional Administrator. The Regional Administrator or shall ensure that a thorough investigation is conducted. If an employee report becomes known to field staff after assignment, the Area Administrator or his/her designee shall be informed of the situation and reassign the report, as needed.

D) The Child Protection Supervisor or Area Administrator of assignment shall contact the SCR Administrator to arrange for confidential handling of all information about the report. This handling of information may include but is not limited to:

- Confidential mailing of all documents to and from SCR;

  Note: All such mailings are to be in envelopes to administrative/supervisory staff, as directed, and clearly marked **Confidential**.

- Securing the file both at SCR and at the local office. In the local office, the investigative file should be maintained in a location with limited, controlled access;

- The employee's name shall be entered as the perpetrator upon request from the employee to have the unfounded report held on file as intentionally false;
- Information regarding indicated reports involving DCFS employees may only be released in accordance with **Procedures 431, Confidentiality of Personal Information of Persons Served by the Department**. When an inquiry is received about a DCFS employee and the investigation has not been completed, staff shall consult with their supervisor prior to releasing such information; and
- Removing the name of the reporter from the SCR database and ensuring the confidentiality of the reporter.

E) SCR staff shall file an **Unusual Incident Report, CFS 119,** as required by **Procedures 331, Unusual Incidents Involving Department Clients, Employees and Facilities**, when a report involves death or SACY child., Child Protection staff shall file the **CFS 119** when:

- A report involves physical or sexual abuse and notification of external agencies (state's attorney, local law enforcement agency) is required;
- A report alleges unprofessional conduct or incidents of misconduct involving violations of the Illinois Criminal Code;
- A report has prompted or is likely to prompt inquiries from the media;
- The report involves a Department facility or Department employees acting in their official or personal capacity; or
- The Department has been contacted by the media about a report when the alleged perpetrator of the report is an employee of the Department.

F) When a report involves Department employees, whether acting in a personal or official capacity, Child Protection staff shall inform the employee's supervisor or administrator that a report has been taken. The employee shall be restricted from contact with children during the investigation process in accordance with state law and, where appropriate, the provisions of the collective bargaining agreement.

Note: Whether the alleged perpetrator is a Department or POS employee, subject to CWEL licensure, the CWEL Division shall be notified and the Child Protection Specialist shall verbally notify the employee that he or she must notify his or her immediate supervisor of the pending investigation. The notification shall be documented in a contact note.

G) The investigative hard file shall be retained within the office where the investigation was originally assigned. The investigative file shall be filed separately from other investigative files and shall be kept by the Area Administrator. Access by staff to any records or files of an investigation involving a Department employee shall be restricted.

Note: SCR hard copy files shall be filed separately from other SCR files. The SCR Administrator or designee will be responsible for the confidentiality of these records.

3) Investigations Involving Other State Facilities or Other State Employees

A) Notification of the State Police

When a report alleges abuse or neglect that results in physical injury to a child within a state facility by a state employee acting in his or her official capacity, the Child Protection Specialist shall notify the Illinois State Police (ISP), Division of Internal Investigation and make a plan for conducting a concurrent investigation. If the investigation is delegated completely to the Illinois State Police, ISP shall inform the Child Protection Specialist of their findings in order for a final finding to be determined within the established time frames.

B) Follow Requirements of Inter-Agency Agreements

The Department has entered into inter-agency agreements that require Child Protection staff to notify other state agencies when a child abuse or neglect report involves their agency or agency staff. However, Child Protection Specialist staff shall not give another state agency (except for the Illinois State Police) information about the reporter or others who cooperate in the investigation.

g) Incidents Involving Sexually Aggressive Wards

1) Making the Report

When an employee of the Department or of a private agency that contracts with the Department suspects that a ward is alleged to have committed sexually aggressive behavior, as defined below, the employee shall report their information to the SCR.

"Sexually aggressive behavior" means sexual activity between two or more children that includes one or more of the children having power or influence over the other child or children. Such power or influence may be due to age, size, having a position of influence, physical and/or mental capacity or other factors.

Sexual aggression involves sexual activities such as fondling, frottage (bumping, touching, or rubbing against others for sexual satisfaction), exploitation and penetration and may involve use of aggression, force, coercion or exploitation. This type of aggression may or may not cause visible evidence or physical injury.

The Call Floor Worker should describe the following in the report narrative:

A) The sexual behavior prompting the report;

B) The time of day, location of incident, number of incidents, identification of any objects used, as well as any other related specific pertaining to the reported behavior;

C) The social context in which the behavior occurred, such as who was present, what relationships were involved, what other activities were going on when the abuse occurred;

D) The problematic or aggressive aspects of the behavior; and

E) The caregiver's supervision plan and/or information identifying the lack of adequate supervision of the child.

2) Developing a Protective Plan

The Child Protection Specialist shall cooperate with the Permanency Worker of the sexually problematic or aggressive ward, as the Permanency Worker has responsibility to ensure that a protective plan is developed in accordance with **Procedures 302, Subpart B,** and **Section 302.240, Reports Involving Sexually Problematic or Sexually Aggressive Wards**. Once the investigation has been completed, the continuance or modification of the protective plan shall be the responsibility of the Permanency Worker.

h) Reports of Medical Neglect of Disabled Infants

1) Definitions and Requirements for a Report of the Medical Neglect of a Disabled Infant

"Disabled infant" means an infant less than one year of age who has a physical or mental impairment, that substantially limits one or more major life activities, that is expected to result in death, or that can be expected to last for a continuous period of not less than twelve months. Disabled infants who have been hospitalized continuously since birth, infants who were born extremely premature, or infants who have a long-term disability are included in this definition.

"Medical neglect of a disabled infant" means 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 have 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.

Allegation #85, Medical Neglect of Disabled Infants, is separated from general reports of **Allegation #79, Medical Neglect** by the following criteria:

- The infant must be disabled;
- The condition must be life-threatening; and
- The parents or caregivers or other person responsible for the child's welfare have failed to ensure that the infant receives nutrition, hydration, medication, or other medically indicated treatment, including independent consultations and evaluations.

2) Reports of Medical Neglect of Disabled Infants and the DCFS Regional Nurse

Reports of medical neglect of disabled newborns and infants under one year of age must be referred by the Child Protection Specialist to the DCFS regional nurse within 48 hours after case assignment. To refer a child for nursing consultation services, complete the **CFS 531, DCFS Regional Nurse Referral Form** and e-mail the completed form to "nurseref".

If the situation is an emergency, the DCFS regional nurse must be notified of the report via telephone. **Emergency referrals may be made after business hours and on weekends by contacting the Chief of Nursing Services (312-718-6657).** The Child Protection Specialist shall provide the nurse with copies of any medical records, reports or recommendations about the involved infant. The nurse shall advise the Child Protection Specialist if the infant needs to be taken into protective custody due to medical concerns that place the child in real, significant and imminent danger. When the Department has assumed legal responsibility for the disabled infant, the nurse is responsible for securing treatments and evaluations and shall refer the child to a perinatal center to obtain specialized care or an independent evaluation, as needed. Staff should refer to **Procedures 300, Appendix C** for a list of perinatal centers.

The nurse shall provide professional judgment whether there is evidence of medical neglect for a report involving a disabled newborn or infant less than one year of age. However, the Child Protection Specialist is responsible for making a recommended final finding based upon the nurse's judgment and the inculpatory/exculpatory evidence gathered.

i) Children with Special Health Care Needs

For Department purposes, children with special health care needs are children who have a chronic physical, developmental or behavioral condition and who also require health and related services of a type or amount beyond that normally required by children. Examples include, but are not limited to:

- Children who are dependent on a medical device to sustain life (e.g., tracheostomy, gastrostomy, ventilator dependent);
- Children with health conditions requiring medical supervision and/or intervention to prevent and/or treat illness or improve functional and developmental impairment; or
- Children with conditions requiring home health nursing care.

When an alleged child victim of a report of medical neglect is identified by the Child Protection Specialist as having or possibly having special health care needs or a child with special health care needs is living in the home of an alleged perpetrator, the Child Protection Specialist **must refer the child for nursing consultation services no later than 48 hours after case assignment**. To refer a child for nursing consultation services, complete the **CFS 531, DCFS Regional Nurse Referral Form** and e-mail the completed form to "nurseref".

Note: A child with special health care needs living in the home of an alleged perpetrator, but not named as a victim in the pending investigation, should be seen, assessed and, when appropriate, added to the pending investigation as an alleged victim.

Emergency referrals for nursing consultation services involving children with special health care needs include protective custody situations, as well as any emergency situation involving a child that the Child Protection Specialist suspects may have unmet health care needs. Emergency referrals may be made in the same way as non-emergency referrals during business hours by checking Emergency in the Reason for Referral section of the **CFS 531**. **Emergency referrals may be made after business hours and on weekends by contacting the Chief of Nursing Services (312-718-6657).**

The Chief of Nursing Services has the sole authority to evaluate referrals and authorize nursing consultation services. Written or verbal notification authorizing or denying nursing consultation services for an **emergency referral** shall be provided to the referring Child Protection Specialist within 12 hours after receipt of the referral by the Chief of Nursing Services. For all **non-emergency referrals**, notification shall occur within five days of receipt of the referral by the Chief of Nursing Services.

Section 300.120 Taking Children into Protective Custody

a) Who May Take Protective Custody

Authorized Department staff, law enforcement and treating physicians are empowered to take temporary protective custody under the authority of the Abused and Neglected Child Reporting Act (ANCRA) [325 ILCS 5/5]. Law enforcement officers have much broader powers of custody under the Juvenile Court Act of 1987 [705 ILCS 405/205].

b) When Protective Custody Can Be Taken

1) Legal Requirements To Consider When Determining Whether to Take Protective Custody

Before taking protective custody, the Child Protection Specialist must have reason to believe that:

- Leaving the child in the home or in the care and custody of the child's caregiver(s) presents an immediate safety threat to the child's life or health, even if services are provided to the family; and
- There is insufficient time to obtain a juvenile court order under the Juvenile Court Act authorizing protective custody.

2) Safety Plans

The Child Protective Specialist may determine/assess whether a safety plan can protect the alleged child victim. In such circumstances, the Child Protective Specialist may choose to develop a safety plan with the custodial caregiver(s) in lieu of taking protective custody.

All safety plans must be developed and monitored in accordance with the requirements of **Procedures 300, Appendix G, Child Endangerment Risk Assessment Protocol**.

3) Evaluating Services

The Child Protection Specialist contemplating taking a child into protective custody (PC) must evaluate the services available to the family. If the family has an open service case with the Department (e.g., Intact Family, independent living, residential, etc.), the Child Protection Specialist must also consider the degree of parental cooperation with services and the extent to which the provided services address the current allegation.

Before the Child Protection Specialist considers taking the child into protective custody, the Child Protection Specialist and the Child Protection Supervisor must consult and conclude that in-home services would not protect the child from real and significant harm. The Child Protection Supervisor must document the consultation in a supervisory note; the Child Protection Specialist shall document the consultation in a contact note.

The Child Protection Specialist shall consider offering services to the family that include, but are not limited to:

- Assistance in locating and securing housing;
- Cash assistance;
- Food, clothing, furniture and other goods and services;
- Child care;
- Emergency caretakers;
- Advocacy with public and community agencies that provide social services;
- Homemaker services; and/or
- Referral to DHS, including the Temporary Assistance to Needy Families (TANF) program.

4) Documenting the Reasons for Protective Custody

If the Child Protection Specialist determines that protective custody should be taken, the Child Protection Specialist shall document the following in a contact note:

- the reasons for removing the child;
- the reasons why services that were offered or rendered were not successful in preventing placement; or if services were not offered, why such services would not be successful in preventing placement; and
- the supervisory consultation of the decision to take protective custody.

Note: The Supervisory consultation of the decision to take protective custody should also be documented by the supervisor on a supervisory note

Note: The Child Protection Specialist and Child Protection Supervisor should not base their decision to take protective custody or recommend a final finding determination based on whether **non-Department professionals** did or did not take protective custody of the involved children.

c) When Absence of the Parent is a Factor in the Decision to Take Protective Custody

When the absence of a parent is a factor in determining to take PC, the Child Protection Specialist or Permanency Worker shall, after ensuring the safety of the child, make reasonable attempts to locate the absent parent. Such efforts shall be in accordance with **Administrative Procedure #22**, **Diligent Search**.

d) Protective Custody When Poverty is a Factor

The Department shall make reasonable efforts to prevent the removal of any child because of the family's living conditions, inability to provide for their child's subsistence needs (e.g., lack of income, shelter, utility services, food, clothing, furniture) or any other safety concern with respect to the family's physical environment that the Department has considered in the decision to remove the child.

Reasonable efforts to prevent the removal of the child when poverty is a factor include providing assistance, as noted in **(b)(2)** of this section, in locating and securing temporary shelter, permanent housing, cash assistance, food, clothing, child care, emergency caretakers or advocacy with public and community agencies providing such services. The Department shall serve those DCFS-referred families who have been certified as members of the Norman class and for whom housing services are appropriate, as confirmed by the Norman Liaison or designee.

1) Certification of Norman Class Members

When Child Protection Specialists and Child Protection Supervisors identify families who are subjects of pending or indicated child abuse and neglect reports in which the family is at risk of having a child taken into custody due to one or more of the allegations listed below, the Child Protection Specialist shall complete the Norman Certification questions in the investigation decisions tab and submit it to the Child Protection Supervisor. It is the Child Protection Supervisor's responsibility to approve and certify the case as a member of the Norman class.

#76, Inadequate Food

#77, Inadequate Shelter

#78, Inadequate Clothing

#82, Environmental Neglect

2) Notice of Class Membership

Following Norman certification, a **CFS 370-4, Notice to Class Members**, shall be sent to the family informing the family of the Department's policy. The notice also informs the family of the available services, their right to request services and how to appeal the Department's decision.

3) Accessing Housing, Cash Assistance or Other Hard Services

When a Child Protection Specialist determines that the provision of housing advocacy, cash assistance or other hard services (e.g., food, clothing, furniture) will decrease the risk of putting a child into placement and that the services required by the family can only be provided through Norman housing advocacy or cash assistance, the Child Protection Specialist and Child Protection Supervisor shall complete the **CFS 370-5, Request for Cash Assistance and/or Housing Advocacy** and forward the request to an authorized Department supervisor or Norman Program Coordinator for approval. If the request is approved, the Coordinator will fax the **CFS 370-5** to the appropriate housing advocacy provider.

A) Housing Advocacy

Housing advocacy providers are community-based organizations located throughout the state that the Department has contracted with to provide services to Norman class members. The services that Housing Advocacy providers should be expected to offer include:

i) When needed, a referral to an emergency or domestic violence shelter will allow a parent to stay together with the children, especially in situations where the parent is fleeing a domestic violence situation;

ii) Assistance in securing affordable housing that may include providing the family:

- Consumer education on how to locate suitable housing;
- Current listings of known housing vacancies or assistance in identifying vacant units;
- Help in applying for housing, including subsidized housing;
- Help with transportation to obtain housing or shelter, when necessary; and
- Help when negotiating with a landlord.

iii) Assistance in applying for income assistance to meet initial or ongoing rental obligations;

iv) Linkages to community resources to meet subsistence needs such as food, clothing, or utilities assistance; and

v) Follow-up with the family to identify housing concerns before they reach the crisis stage.

B) Cash Assistance

Information concerning the purpose, amount and type of cash assistance needed by the family must be included on the **CFS 370-5** submitted to an authorized Department supervisor or DCFS Norman Program Coordinator for approval. Information concerning payment instructions for Norman services is located in **Procedures 359.57, Payment for Norman Services**.

i) Amount of Cash Assistance

Depending on need, an authorized DCFS supervisor may approve a total of $800 in cash assistance during a 12-month period to a family that is certified as a member of the Norman class. These funds may be provided in addition to DHS funds, other Department cash funds or funds provided by local community resources. The total amount of the cash assistance approved for the family may be disbursed to the family in a single payment or multiple payments over a 12-month period.

When a family's need exceeds $800, a DCFS Norman Liaison may approve cash assistance requests up to $1,200. A DCFS Regional Norman Liaison may approve requests up to $2,000. The Norman Program Coordinator or designee may approve requests up to $2,400. The Deputy of Placement and Community Services or designee's approval is required for any request over $2,400.

ii) Appropriate Use of Norman Cash Assistance

Norman cash assistance provided to Norman-certified families may be used by the family to purchase services or goods that will decrease the risk of placement of their children or remove barriers preventing the return home of their children.

The Child Protection Supervisor should direct questions concerning the appropriateness of an item to be purchased with Norman cash assistance to the Regional Norman Liaison. An authorized DCFS supervisor can approve cash assistance for any of the following items, when appropriate to the needs of the family:

- Security deposit
- First month's rent
- Rent arrears
- Housing repairs
- Utility arrears

- Utility start-up costs
- Food
- Clothing
- Beds for the children
- Transportation
- Stoves and refrigerators
- Extermination services and house-cleaning

iii) Notice of Decision Regarding Request for Cash Assistance

When a decision has been made to grant, delay, reduce or deny a request for cash assistance, the Department shall notify the applicant via the **CFS 370-6**, **Notice of Determination of Norman Cash Assistance Request**, of the action to be taken. The **CFS 370-6** will also inform the family of their right to appeal the Department's decision and how to file a service appeal. A copy of the **CFS 370-6** shall be placed in the case record.

4) Department of Human Services (DHS) Norman Temporary Assistance to Needy Families (TANF) Application Program (DHS-NAP)

DHS-NAP allows families with children in Department care to apply for TANF benefits and food stamps within 90 days of the expected date that their children will be returned home. DHS-NAP also allows families receiving TANF benefits to retain those benefits if their children are in care, but are expected to be in care less than 90 days. DHS-NAP is only for Norman-certified families who are currently receiving or would otherwise be eligible to receive TANF, if their children were with them.

To apply for this program, the Child Protection Specialist must complete a **CFS 370-8, DCFS Referral to the Illinois Department of Human Services for the Norman TANF Application Program** and submit the form to the Child Protection Supervisor. An authorized Department supervisor or a Norman Liaison must make the final approval and forward the form to the DHS-NAP Liaison. The following information must be entered on the form for cases involving children taken into protective custody:

- Parent/guardian's name and birth date;
- Names and birth dates of the children taken into protective custody;
- The address where the family resides or will be residing; and
- The DHS case number.

The Norman Liaison or authorized Department supervisor will then inform the Norman Program Coordinator of the intent to refer a family for the program and forward the **CFS 370-8** to the client's local DHS caseworker. The liaison or supervisor will also write "Norman" on the top of the **CFS 1868**, **Notice of Foster Care Placement** or at the top of the client's **CFS 930-C, Notice of Medicaid Coverage for DCFS Clients**, and forward it to the local DHS office. The supervisor or liaison shall then inform the family that the child will be removed from the TANF grant, but an adult-only grant should continue for up to 90 days, and notify the local DHS office of the court's decision to return the children no later than three working days following the court date.

Note: If a court date is scheduled within the fourth month of the child's removal, the Child Protection Specialist or Child Protection Supervisor shall contact the local DHS office for a 90-day extension and inform DHS that a court hearing will be held within 90 days. **Each family may receive only one 90-day extension.**

e) Special Factors to be Considered

The Child Protection Specialist should determine, based on a review and consideration of all the evidence gathered during the investigation, whether protective custody should be taken in the following circumstances, which involve special circumstances. Even if the special circumstances exist, the Child Protection Specialist must ensure that the legal requirements for taking protective custody have been satisfied.

1) Immediately Dangerous Situation

Immediately dangerous situations could include those situations where the alleged perpetrator has access to the alleged child victim; those situations where the alleged perpetrator has access to the alleged child victim who is non-verbal or unable to protect themselves, those situations where the alleged perpetrator has access to the alleged child victim and the parent or guardian is not willing to believe or protect the child.

2) Injury to an Infant Age 6 Months or Younger

The Child Protection Specialist must consider the evidence gathered during the investigation, including:

- Direct observation of the infant to determine the infant's mobility;
- Any professional's direct observation of the infant's mobility;
- Any collateral's direct observation of the infant's mobility;
- All possible times when the infant could have received the injury and who was providing supervision of the infant during all possible times when the infant could have received the injury; and
- Any medical opinion regarding the cause of injury.

In all investigations involving allegations of abuse and/or neglect in which the issue of protective custody is considered, the Child Protection Specialist and Child Protection Supervisor must assess all of the evidence gathered during the investigation, including all inculpatory and exculpatory evidence, the ability to take other measures to maintain the alleged child victim's safety and the legal requirements for taking protective custody.

f) How to Take Protective Custody

If the Child Protection Specialist determines that a child should be taken into protective custody, the Child Protection Specialist shall:

- Seek prior supervisory approval, except in emergency situations. In an emergency situation, approval must be sought immediately after protective custody is taken and the child is no longer in immediate danger of being harmed;

- Contact the local law enforcement agency for assistance, if necessary to assure the safety of the Child Protection Specialist and the child;

- Make every reasonable attempt to notify the child's parent, guardian or legal custodian, including the use of interpreters for limited/non-English speaking or hearing impaired persons. If the parent/guardian is in the home when the child is taken into protective custody, the parent/guardian shall be given the Parent Handbook, **CFS 1050-73**, **Substitute Care and Your Child**. The date the Parent Handbook was given and precisely whom it was given to shall be documented in a contact note;

- If the child taken into protective custody is age 10 or older, the Child Protection Specialist must provide the child with a copy of the Youth Handbook that is written in the child's language of preference. The child shall be encouraged to keep the handbook to help them while living apart from their parent/guardian. The Child Protection Specialist must document in a contact note the date and place the handbook is given to each child.

  The Child Protection Specialist shall document **Protective Custody/Legal Status** in the investigative file and enter in the Decision Tab within 24 hours of taking protective custody; and.

  Help the child deal with the effects of separation and loss. **See Appendix F, Casework Responsibilities in Minimizing the Effects of Separation and Loss in Substitute Care**.

- Take photographs of all children and upload the photographs within 24 hours into the electronic file

g) Sibling Groups

The following procedures address the importance of encouraging and maintaining relationships among siblings, whether siblings are now or have ever been involved with the Department.

1) Siblings Defined

"Siblings" are children who have at least one parent in common. Children are still considered siblings after parental rights have been terminated, after one or more siblings have been adopted, or after one or more siblings have been placed in guardianship, when the sibling(s) were in DCFS care under Article II of the Juvenile Court Act immediately prior to the adoption or guardianship.

Step-siblings may be considered siblings when the children enter into substitute care together and have a positive relationship. For placement purposes, step-siblings who enter care together shall be placed together initially, and continued joint placement shall be re-evaluated after the Integrated Assessment.

All efforts are to be made to place siblings together, however, in some instances the members of a sibling group may be in several different living arrangements. The Child Protection Specialist shall include all siblings in the Visitation and Contact Plan, regardless of their living arrangements, if the siblings become known to the Child Protection Specialist before handoff to the Permanency Worker. Living arrangements may include a child:

- living in an intact family;
- living in substitute care, including out of state placement;
- in an ILO/TLP, Youth in College, or Placement Alternative Contract living arrangement;
- long-term hospitalization;
- residing in a group home or residential placement;
- who has been adopted (even when birth siblings are not adopted together, or when one or more siblings remain in care*);
- who is under legal guardianship (even when birth siblings are not in guardianship together or when one or more siblings remain in care*);
- who is emancipated; or
- who has attained adulthood.

2) Maintaining Sibling Relationships

The Department recognizes the importance of maintaining sibling relationships in those situations when children must be placed away from their parents. For many children, separation from their siblings causes stress, separation anxiety and loss comparable to that caused by separation from parents. In families where parental functioning has broken down, siblings often compensate by relying on one another, meeting each other's dependency needs and providing emotional support. When placed together or, at the very minimum, allowed frequent contact and visitation, siblings can provide at least one predictable element in a stressful situation, as well as providing an important link with the past. For additional information and instruction, staff should reference **Procedures 300.Appendix F, Casework Responsibilities in Minimizing the Effects of Separation and Loss in Substitute Care.**

The initial placement decision can prove to be critical in the life of a case. When a sibling group must be removed from their home, the Department should do everything in its power to place the children together in substitute care. The Child Protection Specialist shall place siblings together whenever possible unless it is in their best interests to place them apart pursuant to **Procedures 301.70**, a court has ordered that the children be placed apart, or after a diligent search, the Child Protection Specialist is unable to locate a joint placement for the siblings. The Child Protection Specialist shall:

- Select a foster family or relative caregiver (licensed or unlicensed) or fictive kin who can accept all the children for placement. This may require the Child Protection Specialist to initiate a diligent search for family members or a licensed foster family home that will accept all the children. Staff should reference **Procedures 301.70(c) Diligent Search Upon Initial Placement** for information and instruction for diligent search requirements when placing sibling groups;

- The Child Protection Specialist shall ask the parents, other caregivers, relatives, and children to identify placement resources and positive supports for the child. The Child Protection Specialist shall document all relatives identified by the family on the **CFS 458-B, Relative Resources and Positive Supports Worksheet**. (See **Procedures 301.80, Relative Home Placement**)

- Place step-siblings together when they initially enter care together (the assigned Permanency Worker will re-evaluate continued joint placement after the Integrated Assessment); and

- Identify relative caregivers or foster family homes who will support frequent sibling contact and visitation, when siblings or step-siblings must be separated.

An unrelated foster home that will accept the entire sibling group shall be given higher priority over a relative who wants to care for only part of the sibling group, unless extraordinary circumstances exist. Example: If prior to entering care, a sibling group had informally been cared for by two maternal aunts and the children had regular and frequent contact at family functions, church, etc., it may be in the children's best interest to continue living with the two aunts than to be moved to a non-relative home.

Deciding whether children shall be placed apart from siblings who are also placed in substitute care is a critical decision. The Child Protection Specialist must play an active role in the placement decision-making process. Supervisory consultation and approval is required for a decision to place siblings apart. The Child Protection Specialist shall document in a contact note and in the Visitation and Contact Plan the efforts made to find a joint placement and, if the siblings are placed apart, the basis of the decision to do so. The Child Protection Supervisor shall document the basis for that decision in a supervision note. If the basis for separation is pursuant to subsection **(e)(1)** or **(e)(2)** of **Rule 301.70 Sibling Placement,** the Child Protection Specialist shall obtain input from the Department's Clinical Services division within one business day of the placement decision.

The Child Protection Specialist shall ensure that each member of the sibling group receives the DCFS publication **CFS 1050-95, How to Connect With Your Brothers and Sisters.**

3) Add-Ons

Efforts to place siblings together shall apply even when children come into the Department's care after other siblings have been adopted or placed in private guardianship. The Child Protection Specialist shall determine, in consultation with the child's parents, whether it would be in the child's best interests to explore placement with the adopted sibling, sibling in guardianship, or emancipated sibling who is at least 21 years of age. If the Child Protection Specialist determines it is in the child's best interest to explore the placement, the Child Protection Specialist shall contact the adoptive parent or guardian of the sibling or emancipated sibling to determine whether they are willing and able to be considered as a placement resource for the child and to determine whether it is in the best interests of the child to be placed in the home with the sibling.

The Child Protection Specialist shall request a waiver of home capacity for the purpose of bringing additional siblings into the home of a sibling already in placement, when such a request is in the child's best interests.

Note: Placement of a child with his/her sibling who has been adopted or in subsidized guardianship is considered a relative placement. The family home is not required to be licensed to accept immediate placement of

these children. If the family is licensed and the license has expired, they should be encouraged to apply for licensure after the additional children have been placed.

For children who were adopted and have been subsequently returned to the temporary custody or guardianship of the Department, a "relative" may include any person who would have qualified as a relative under this definition prior to the adoption. The Child Protection Specialist and Child Protection Supervisor must determine that it would be in the best interests of the child to consider such person as a relative.

h) Protective Custody in Special Cases

1) Custody of Substance Exposed Newborns

Child Protection Specialists shall not request that hospitals postpone discharge of infants who are medically ready for discharge. Child Protection Specialists are to advise hospitals that if they keep a baby beyond the number of medically-needed days allowed by DHS, that DCFS will not pay for the extra days of care unless the Child Protection Specialist takes the child into protective custody and the child remains hospitalized for medically required care. The Child Protection Specialist **shall not** take substance exposed infants into protective custody or accept a voluntary placement agreement just because the mother used illegal drugs during her pregnancy.

For protective custody of a substance exposed infant to be taken there must be other circumstances present that clearly demonstrate that leaving the infant in the care and custody of the mother presents an imminent danger to the infant's life or well-being. The decision to take protective custody in this situation must be determined by a complete safety assessment when there is not enough time to take the matter before the juvenile court.

2) Disabled Infants

Newborn infants (not more than 28 days old) taken into protective custody, whose life or development may be threatened by a developmental disability or a handicapping condition, may need to be referred to a perinatal center for evaluation and treatment. The Child Protection Specialist shall contact the designated perinatal center in the area where the infant resides for consultation. **Procedures 300, Appendix C, List of Perinatal Centers and Community Hospitals They Serve,** identifies the appropriate perinatal center for each community hospital.

Note: "Developmental disability" means intellectual disability, cerebral palsy, epilepsy, or other neurological handicapping conditions found to be closely related to intellectual disability, that are expected to continue indefinitely, that interrupts or delays the sequence and rate of normal growth, development and maturation, and that constitutes a substantial impairment to the individual.

3) Families Residing in Shelters

A child shall not be removed from a parent or guardian living in a shelter, unless the Child Protection Specialist determines that the circumstances or conditions are such that continuing in the shelter or in the care and custody of the parent or guardian presents a real and substantial risk of harm to the child's life or health.

If protective custody is ruled out, the Child Protection Specialist must determine whether the child should remain in the shelter and that an appropriate and safe sleeping arrangement is provided.

4) Domestic Violence

When a child is at risk of placement because the caregiver is unable to protect the child or themselves from the violence of another person in the household, attempts must be made to prevent placement through the provision of hard services. Other alternatives for victims of domestic violence may include referrals to obtain orders of protection, exploring alternative housing with friends or relatives, requiring the violent person in the household to leave or locating and transporting the family to a domestic violence shelter.

5) Children with Special Health Care Needs

When information obtained from the child's primary care physician and other health-related resources indicate that a child with special health care needs is at substantial risk of harm and that the harm cannot be managed through a safety plan, Child Protection Specialists shall consult with their supervisors to determine if the child should be taken into protective custody. Area Administrators may waive taking the child into protective custody after reviewing all documentation and discussing the child's health condition with the child's primary care physician or the Department's Regional Nurse.

When protective custody is determined to be the only option to ensure the safety of a child with special health care needs, the Child Protection Specialist shall involve the DCFS Regional Nurse in the planning and preparation for safely taking the child into protective custody. When there is an urgent and immediate necessity to take a child with special health care needs into protective custody, the Child Protection Specialist **shall not** delay the course of action until a DCFS Regional Nurse can become involved.

Preparation and planning for the protective custody shall include the following:

A) Health Care Plan

The child's health care plan must be documented in the investigative file and a copy of the plan must accompany the child to a medical facility and/or placement. The health care plan shall include:

- the child's medical diagnosis;
- known allergies;
- current medication list (dosages and schedules);
- therapies (appointment schedules, names, addresses, and telephone numbers of providers);
- name address, and telephone number of the child's primary physician, specialists and other medical providers;
- scheduled appointments with the primary physician and specialists; transportation plans for the child's medical appointments; and
- all other relevant healthcare information.

The child's medical devices (e.g., apnea monitors, glucose monitors, and nebulizers) and medications shall accompany the child, when available.

B) Children with Compromised Breathing Conditions

When protective custody is determined to be the only option to ensure the safety of a child with compromised breathing conditions, the Child Protection Specialist shall involve the DCFS Regional Nurse in the planning and preparation for safely taking the child into protective custody. If anyone in the family identified for placement smokes and the child is known at the time of placement to be officially diagnosed with: premature birth, wheezing due to environmental allergens, chronic colds, recurring pneumonia, asthma, cystic fibrosis, chronic lung disease of infancy, hypoventilation syndrome, interstitial lung disease, lung transplant, lung problems when immunocompromised, lung problems associated with neuromuscular disorders, respiratory control and sleep disorders, or respiratory failure, placement is not possible and shall be denied by the Placement Clearance Desk (PCD). If the family smokes and these health conditions are found to exist after placement, the worker shall assess each situation individually, looking at both the medical and emotional issues related to moving a child and consult with the Medical Director for direction.

C) Specialized Foster Care Review

The Child Protection Specialist shall complete the **CFS 418-J**, **Checklist for Children at Initial Placement,** and email the completed form to the DCFS Specialized Foster Care Unit at "Spec FosterCare" in Outlook, along with all supporting documentation of the child's needs prior to protective custody being taken. After receiving approval from the DCFS gatekeeper, the Child Protection Specialist shall contact the Placement Clearance Desk to receive authorization to place a child with a specific licensed provider in accordance with **Procedures 301, Appendix E**. The Child Protection Specialist should review **Rule 301.90, Foster Family Home Care** for detailed information concerning assessment of specialized foster care cases.

D) Transportation of Technology Dependent Children

A child with a tracheostomy or who is ventilator dependent must be transported by advanced life support ambulance to the nearest acute care facility for evaluation and treatment. When a DCFS Regional Nurse is providing nursing consultation services to the case, the nurse shall call 911 to arrange for the child's specialized transportation. The child's health care plan must accompany the child to the facility.

E) Transportation of Children Who Are Not Technology Dependent

If a DCFS Regional Nurse is providing nursing consultation services to the case, the Child Protection Specialist and the DCFS Regional Nurse must jointly arrange for transportation that is appropriate for the specific health care needs of the child. The child's health care plan must accompany the child to his or her placement and the child must receive an initial health screen.

6) Mexican or Mexican American Minors in the Custody of the Department

Child Protection Specialists are required to establish ancestry of every child taken into protective custody. At the beginning of an investigation, Child Protection Specialists will distribute the pamphlet **CFS 1050-26, Guide for Parents who are Mexican Nationals**, to all Hispanic subjects of reports. The Child Protection Specialist is to notify the DCFS Office of Latino Services when a child of Mexican ancestry is taken into protective custody. In addition, the Department is required to notify the Mexican Consulate **in writing within ten working days of the decision to take protective custody** of a Mexican or Mexican American minor or at any time one of the following occurs:

- A child for whom the Department is legally responsible, including protective custody, is identified as having Mexican ancestry;
- A parent or custodian of a Mexican or Mexican American minor requests that the consulate be notified; or
- The Department learns that a non-custodial parent resides in Mexico.

A) Required Consent to Release Information

In order for the Department to notify the Mexican Consulate of a child in protective custody who is of Mexican ancestry, the Child Protection Specialist must obtain the written consent of the parent/guardian with the **CFS 600-3, Consent for the Release of Information**. If the parent/guardian refuses to sign the consent, the worker shall document the refusal in the space provided on the **CFS 1000-6, Notification to Mexican Consulate**.

Note: While information cannot be released to the Mexican Consulate without the consent of the parent or custodian, workers are still required to submit the **CFS 1000-6** to the Office of Latino Services.

B) Notification to the Office of Latino Services

Child Protection Specialists and Permanency Workers are required to notify the Office of Latino Services **within five working days of taking protective custody** of a child who is a Mexican or Mexican American minor. Once the child is determined to be of Mexican ancestry, the Child Protection Specialist must submit the completed and signed **CFS 1000-6** and **CFS 600-3** by fax to: Chief, DCFS Office of Latino Services.

i) Obtaining Placement Services

If the Child Protection Specialist places a child, the Child Protection Specialist shall:

- Follow the placement guidelines contained in **Procedures 301.70, Sibling Placement**; **Procedures 301, Appendix E, Placement Clearance Process**; **Administrative Procedures #6.5(d), Use of LEADS for Child Protection and Child Welfare Purposes**, and **6.10, Applying LEADS Information for Placement**;
- Ensure the child receives an initial health screening;
- Complete the **CFS 418-J, Checklist for Children at Initial Placement**;
- Complete the **906-1/E, Placement/Payment Authorization**, as appropriate; and
- Update appropriate investigation screens, including entry of subject identifications for all children of a child case and for the Head of Household of a family case, when the subject identifications are not present. If a head of household is not the subject of the investigation, a perpetrator must be designated using the perpetrator code (P).

The Child Protection Specialist making the placement shall forward the original **CFS 906** or **906-1** and Handoff document to Data Processing. A copy of the documents shall be sent to the appropriate Permanency Worker.

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

POLICY GUIDE 2020.13

MEXICAN CONSULATE NOTIFICATION OF MEXICAN OR MEXICAN AMERICAN MINORS IN THE CUSTODY/GUARDIANSHIP OF THE DEPARTMENT

DATE: October 2, 2020

TO: DCFS Child Protection Staff and Supervisors and all DCFS and POS Intact Family Services Workers, their Supervisors, Managers and Administrators

FROM: Marc D. Smith, Acting Director

EFFECTIVE: Immediately

I. PURPOSE

This Policy Guide replaces Policy Guide 2008.02, Mexican Consulate Notification of Mexican or Mexican American minors in the Custody of the Department. The Memorandum of Understanding between the State of Illinois, Department of Children and Family Services and the Consulate General of Mexico in Chicago, provides for early identification of Mexican or Mexican American minors taken into protective custody by the Department. The child welfare practice issues inherent in the Memorandum of Understanding are directed toward ensuring that the needs of Mexican or Mexican American minors are met when their families are temporarily or permanently unavailable. This revised policy addresses procedures that will facilitate the early coordination of legal and social services to children and their relatives that may be necessary to achieve permanency for the child, including providing the least restrictive placement and supportive services to maintain family ties, ensure appropriate visitation and maintain the child's ethnic, religious and cultural identity.

The Memorandum of Understanding between the Department of Children and Family Services and the Consulate General of Mexico requires DCFS to notify the Mexican Consulate when a child is determined to be of Mexican ancestry. In order to comply with this requirement DCFS child protection and child welfare and POS workers are to notify the Office of Latino Services which is responsible for notification to the Mexican Consulate.

II. PRIMARY USERS

DCFS Child Protection Staff and Supervisors and all DCFS and POS Intact Family Services Workers, their Supervisors, Managers and Administrators.

III. BACKGROUND AND SUMMARY

The Consular Convention between the United States of America and the United Mexican States (Bilateral Convention) and the Vienna Convention on Consular Relations (Vienna Convention) provide for consular notification and access in cases where foreign nationals are involved in legal proceedings. These treaties establish the right of representatives or agents of any embassy or consulate of a foreign government to freely communicate with, and have access to, its nationals without interference from the host state.

The Department recognizes the importance of early identification of Mexican or Mexican American minors taken into protective custody in order to protect the fundamental rights of Mexican Nationals and, to the extent possible, provide all of the protections afforded to them by the Vienna Convention, the Bilateral Convention and all other applicable treaties and laws.

IV. DEFINITIONS

"Mexican" means any person who is a national of Mexico, regardless of immigration status in the United States. For consular notification purposes, a minor reported as born in Mexico will be assumed to be a Mexican national.

"Mexican minor" means any unmarried person who is under the age of eighteen and was born in Mexico.

"Mexican American minor" means any unmarried person who is under the age of eighteen, was born in the United States, and who is eligible for Mexican nationality as the biological child of at least one Mexican national.

"Mexican custodian" means the non-parental caretaker of a Mexican minor, who has been entrusted by a parent(s) with the day-to-day care of the minor for any period of time.

"DIF" means the Agency for Integral Family Development. This is the agency in Mexico charged with ensuring the welfare of minors.

V. DETERMINATION OF MEXICAN LINEAGE

Child protection workers are required to establish ancestry of every child taken into protective custody. At the beginning of an investigation, **child protection workers will distribute the pamphlet CFS 1050-26, Guide for Parents who are Mexican Nationals,** to all Hispanic subjects of reports. In addition, the Memorandum of Understanding between the Illinois Department of Children and Family Services and the Consulate General of Mexico requires the Department to notify the Mexican Consulate in writing within ten working days of the decision to take protective custody of a Mexican or Mexican American minor or at any time one of the following occurs:

- A child for whom the Department is legally responsible (including protective custody) is identified as having Mexican ancestry.
- A parent or custodian of a Mexican or Mexican American minor requests that the consulate be notified.
- The Department learns that a non-custodial parent resides in Mexico.

VI. RIGHTS OF CHILDREN AND FAMILIES OF MEXICAN ANCESTRY

The DCFS Office of Latino Services is notified of every case that has been opened for a Hispanic child. Children who are determined to be of Mexican ancestry and who are age appropriate, and their parents or custodians shall be advised that:

- They have the right to freely communicate with consular officers of their country.
- The Mexican Consular Representatives may interview Mexican or Mexican American minors in the custody of the Department.
- The Mexican Consulate can receive specific information, otherwise confidential regarding the reason protective custody of the Mexican minor was taken.
- The Mexican Consulate can assist the Mexican child, parents or custodians in legal proceedings.

VII. INFORMATION PROVIDED TO THE MEXICAN CONSULATE

The DCFS Office of Latino Services is responsible for the notification to the Mexican Consulate and to the Guardianship Administrator that a Mexican or Mexican American minor is in the custody/guardianship of the Department. The initial notification provided to the Mexican Consulate by the Office of Latino Services shall include the name of the minor; the minor's date of birth, if known; the names, emails, address and telephone number of the parents or custodians, if known; the consent of the parents or custodian to the disclosure; and the name, email and telephone number of the assigned Department caseworker and the caseworker's supervisor. Workers are to complete the **CFS 1000-6, Notification to Mexican Consulate** (attached) and submit it to the Office of Latino Services as indicated in section XI of this Policy Guide.

VIII. CONSULATE ACCESS TO MEXICAN OR MEXICAN AMERICAN MINORS IN THE CUSTODY OF THE DEPARTMENT

Although Consular Representatives have the right to interview Mexican minors in the custody of the Department, they must first obtain the approval of the Office of the Guardianship Administrator to interview Department children in care who are of Mexican American ancestry. All interview requests must be submitted to the Guardianship Administrator or designee.

IX. SPECIAL IMMIGRANT JUVENILE STATUS FOR MEXICAN MINORS

The Mexican Consulate will assist the Department in obtaining the necessary documentation from Mexico for Mexican minors in the Department's custody who are eligible for Special Immigrant Juvenile status.

X. ASSISTANCE PROVIDED BY MEXICAN CONSULATE REGARDING DIF

The Mexican Consulate can assist DCFS and POS caseworkers in obtaining appropriate home studies of families in Mexico who may be resources for these Mexican minors by contacting the DIF. The Mexican Consulate will also ensure that the DIF provides appropriate and necessary services to Mexican minors for whom the Department is legally responsible when they are placed in Mexico, including having monitoring reports forwarded to DCFS and POS caseworkers.

XI. INSTRUCTIONS TO DCFS AND POS STAFF

A. Identification of Children of Mexican Ancestry

DCFS and POS child protection workers and permanency workers are required to notify the Office of Latino Services within five working days of:

- Taking protective custody of a Mexican or Mexican American minor;
- Identifying a child for whom the Department is legally responsible as having Mexican ancestry;
- Receiving a request from the parent or custodian of a Mexican or Mexican American minor to notify the consulate; or
- Learning that a non-custodial parent lives in Mexico.

B. Required Consent to Release Information

In order for the Department to notify the Mexican Consulate of a child(ren) of Mexican ancestry, the child protective services worker or the permanency worker must obtain the written consent of the parent(s) or custodians using the **CFS 600-3 Consent for the Release of Information.** If the parent(s) or custodian(s) refuse to sign the consent, the worker shall document the refusal in the space provided on the **CFS 1000-6.** While information cannot be released to the Mexican Consulate without the consent of the parent or custodian, workers are still required to submit the **CFS 1000-6** to the Office of Latino Services.

C. Notification to the Office of Latino Services

When a child is determined to be of Mexican ancestry, the DCFS or POS worker is required to:

1. Complete the **CFS 1000-6;**

2. Obtain the written consent of the parent or custodian to notify the Mexican Consulate by completing the **CFS 600-3;** and

3. Submit the **CFS 1000-6** and **CFS 600-3** (when signed) by fax to; Chief, DCFS Office of Latino Services at (312) 808-5134.

4. Provide the Office of Latino Services with updates on the case when requested by the Mexican Consulate staff.

The Office of Latino Services is responsible for informing the Mexican Consulate of Mexican or Mexican American minors protected by the Memorandum of Understanding between the Illinois Department of Children and Family Services and the Consulate General of Mexico.

XII. RELATED POLICIES

A. Procedures 327, Appendix F Immigration/Legalization Services for Foreign-Born DCFS Children in Care describes the application process for attaining legal (citizenship) status for a child born outside of the United States. **Attachment 1, Immigration Services Alert,** informs DCFS and POS workers of the requirement to determine a child's legal (citizenship) status and explains the benefits and services that may be unavailable to a child who does not become a legal permanent resident of the United States. **Attachment 2, Emergency Care Plan for Children with Undocumented Caregivers,** describes the DCFS or POS worker's responsibility to develop an emergency care plan for children in the event that their caregiver is detained due to his or her undocumented legal status in the United States. Attachment 2 also includes a list of resources and advocates for immigrants and the consulates in Illinois.

B. Procedures 301.80 (i) Placement of Children with Undocumented Relatives provides DCFS and POS staff with step-by-step instructions on the placement of children with undocumented relatives; the procedures that must be followed for the caregiver to receive reimbursement for the child's care and on the single change in the licensing application when the caregiver's legal status is undocumented.

XIII. NEW, REVISED AND/OR OBSOLETE FORMS

CFS 1000-6, Notification to Mexican Consulate has been updated and is available on the DCFS Website and "T" Drive

IX. QUESTIONS

Questions concerning this Policy Guide should be directed to the Office of Child and Family Policy by emailing the DCFS.Policy on Outlook. Persons and agencies not on Outlook can e-mail questions to DCFS.Policy@illinois.gov.

X. FILING INSTRUCTIONS

File this Policy Guide behind Page 16 of Procedures 300.120.

Remove and recycle Policy Guide 2008.02 found behind Procedures 301.60 and replace with this Policy Guide.

Remove and recycle Procedures 327 Appendix F **Attachment 2** and replace with the newly attached updated **Attachment 2**. The list of resources, advocates and consulates in Illinois have been updated with current contact information.

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j) Arranging for a Shelter Care Hearing

1) Filing the Petition

The Child Protection Specialist shall initiate proceedings to obtain a Shelter Care Hearing under the provisions of the Juvenile Court Act within 48 hours of taking protective custody, excluding Saturdays, Sundays, and holidays. The Child Protection Specialist shall request and/or file a petition for the Shelter Care Hearing with the State's Attorney as soon as possible after taking protective custody. The Child Protection specialist may contact the Office of Legal Services for consultation and assistance as needed when requesting a petition.

Whenever the result of a shelter care hearing is that Temporary Custody (TC) of a child is granted to the Department, the Child Protection Supervisor shall ensure that within 5 days of the shelter care hearing the TC order is scanned and sent to the Title IV-E Unit mailbox DCFS.InitialCourtOrder/Petition@Illinois.gov with a label of "DCFS Initial Court Order/Petition Mailbox". The TC order **must** contain "reasonable efforts to prevent placement" and "placement and care" language.

2) Providing the Parent Handbook

If the parent/guardian did not receive the Parent Handbook, **CFS 1050-73, Substitute Care and Your Child**, when the child was taken into temporary protective custody, the Parent Handbook shall be given to them at the shelter care hearing. The date the Parent Handbook was given and to whom it was given to shall be documented in a contact note.

Note: If the parent/guardian or a child age 10 and over has not received the Parent Handbook or Youth Handbook by the date of the 45-day Administrative Case Review (ACR), a copy shall be provided at the ACR. If the parent/guardian or child is absent from the ACR, the handbook shall be mailed to him/her.

k) Reunification Efforts During the Period of Protective Custody

When it is necessary to take protective custody during investigations where the only or primary allegations were related to the living conditions of the family, the Child Protection Specialist shall continue to make attempts to provide services as described in **(b)**, **(c)**, **(d)** and **(e)** of this section in order to reunite the family prior to the shelter care hearing.

l) Medical Care

Detailed information concerning health care services is located in **Procedures 302.360, Health Care Services**. Refer to **Procedures 300.100**, **Medical Requirements for Reports of Child Abuse and Neglect,** for further instructions on medical exams and consultations during an investigation.

Medical Consent

Parental consent for a child to continue ongoing medication is sufficient authorization during the time the child is in protective custody. The Child Protection Specialist shall ensure consent is obtained from the child's parent or legal guardian. In the absence of verbal or written consent from the parent/guardian, the medication should be continued until the parent/guardian's consent can be obtained and /or a medical assessment is performed when the child is brought into protective custody.

If possible to obtain, the parents or legal guardian of the child should consent for any needed emergency medical care/medication administration. If the parents or legal guardian are unavailable or unwilling to consent to emergency medical care, and there is not enough time to secure a juvenile court order to obtain such care, the Child Protection Specialist shall request that the physician or hospital proceed under the Consent by Minors to Medical Procedures Act [410 ILCS 210].

The Child Protection Specialist shall instruct medical personnel to contact the DCFS Consent Unit to obtain written consent of the DCFS Guardian for any ordinary medical care needed by children who have been taken into protective custody. The Child Protection Specialist shall ensure that a child taken into protective custody receives an initial health screening within **24 hours** of the Department assuming legal custody of the child **and before placement.** The child shall receive a comprehensive medical evaluation within the first 21 days of placement.

The DCFS Guardian cannot consent to major medical care while a child is in protective custody. The Child Protection Specialist or placing worker must obtain consent from the child's parent or legal guardian for major medical care or request the court for an order granting temporary custody with the right to consent to major medical care.

m) Local Law Enforcement Agency or Physician Takes Protective Custody

A law enforcement officer or physician examining the child, who takes protective custody of the child under the authority of the Abused and Neglected Child Reporting Act is required to:

1) Make every reasonable attempt to notify the child's parent/guardian; and

2) Immediately contact the State Central Register.

Note: Law enforcement taking children into limited custody due to **dependency** should contact SCR to make a referral for services.

SCR shall document on the Decision Tab the date/time protective custody was taken by law enforcement or physician. The Child Protection Specialist shall complete the protective custody documentation in the investigation Decision Tab to reflect the date/time the Child Protection Specialist and the Department assumed custody of the child from law enforcement or physician. This is documented under PC approval date/time.

n) Approval for Lapse of Protective Custody

When a Child Protection Specialist, law enforcement officer, or physician has taken a child into protective custody, the Child Protection Supervisor must approve any decision to allow the protective custody to lapse and such decisions must be made as soon as evidence is gathered that dissipates the need for protective custody. The Child Protection Specialist shall immediately discuss lapsing protective custody with the Child Protection Supervisor. Once the decision to allow protective custody to lapse has been made by the Child Protection Supervisor and Child Protection Specialist, the decision should be IMMEDIATELY communicated to the family and the Child Protection Specialist must complete the assessment factors in the investigation decision tab and safety assessment on the assessment tab.

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DEPARTMENT OF CHILDREN AND FAMILY SERVICES

POLICY GUIDE 2016.01

PROCEDURES 300 REPORTS OF CHILD ABUSE AND NEGLECT
PROCEDURES 301 PLACEMENT AND VISITATION SERVICES

DATE: February 8, 2016

TO: Child Protection Specialists/Supervisors and Permanency Workers/Supervisors

FROM: George H. Sheldon, Director

EFFECTIVE: Immediately

I. PURPOSE

The purpose of this Policy Guide is to provide Child Protection and Permanency staff with information and instruction regarding OIG Report #13-1567, Recommendation #2. This recommendation addresses the responsibilities of Child Protection and Permanency staff in the temporary custody screening process for high risk cases where a parent has demonstrated such dangerous behaviors as abduction; torture; threats to kill with a plan; taking a child hostage; and severe mental illness, and the Department has made the Critical Decision to substantially restrict visitation. This recommendation will be added in a pending revision of **Procedures 300.120**, **Taking Children into Protective Custody**, **Procedures 301.210**, **Family-Child Visiting** and **Procedures 301 Appendix A**, **Family Visit Planning-Critical Decisions and Documentation Protocol.**

This Policy Guide is effective immediately.

II. PRIMARY USERS

Primary users of this Policy Guide are Child Protection Specialists/Supervisors and Permanency Workers/Supervisors.

III. SUMMARY

OIG recommendation #2 of report #13-1567 seeks to ensure that for such high risk cases as when a parent has demonstrated dangerous behavior and the Department has made the Critical Decision to substantially restrict visitation, that the Visitation Plan be filed with the court and parties within 10 days of the Department being named Temporary Custodian; that the Visitation Plan clearly state the reasons for such restriction; that the Visitation Plan include all supporting documentation; and that the Department intends to share information regarding the restriction with necessary persons.

V. INSTRUCTIONS

As part of the temporary custody screening process for such high risk cases as when a parent has demonstrated dangerous behavior, such as abduction; torture; threats to kill with plan; taking children hostage; and cases involving severe mental illness, and the Department has made the Critical Decision to substantially restrict visitation, the Child Protection Specialist or the assigned Permanency Worker shall be responsible for filing a Visitation Plan with the Court and Parties within 10 days of the Department being named Temporary Custodian in accordance with 705 ILCS 405/2-10(2). The Visitation Plan must comply with the requirements of **Procedures 301, Appendix A, Family Visit Planning-Critical Decisions and Documentation Protocol** and shall include:

1. Supporting documentation such as police reports, psychological or psychiatric reports or case notes documenting observations; and
2. A statement that the Department intends to share information on the restriction with necessary persons, such as school or daycare staff and the child's pediatrician.

VI. FILING INSTRUCTIONS

File this Policy Guide immediately after **Procedures 300.120, Taking Children into Protective Custody**, after **Procedures 301.210, Family-Child Visiting** and after **Procedures 301 Appendix A, Family Visit Planning-Critical Decisions and Documentation Protocol**.

VII. 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

Section 300.130 Referral for Services

a) Identification of Families Appropriate for Child Welfare Services

Timely case openings and accurate identification of service needs and appropriate available services enable the Department to assist families in the development of their protective capacities and decrease child safety and risk concerns. The decision to open a case shall be made by the Child Protection Specialist in consultation with his or her immediate supervisor or can be court-ordered; however acceptance of services by the family is voluntary. No matter the recommended final finding of a report of abuse or neglect, if the Child Protection Specialist has identified a need for services they shall make every effort to engage the family in services appropriate for them.

1) Service Referrals When a Report has an Unfounded Recommended Finding (No Child Placed)

When the Child Protection Specialist identifies a need for the family and the investigation is unfounded then the Child Protection Specialist shall consult with the Child Protection Supervisor and discuss a community service referral with the family. The family shall be informed on what service need is identified and how to access that service. Services include but are not limited to: substance abuse assessment/treatment, Family Advocacy Centers, Safe Families, mental health assessment/treatment, and domestic violence services. These referrals must be documented in a case note.

The Child Protection Specialist and Child Protection Supervisor may request an Intact Family Service case opening on an unfounded investigation if the service needs are significant and cannot be met via community resources. Such requests require approval of the Area Administrator and the Statewide Intact Family Services Administrator. (See **Procedures 302.388, Intact Family Services**)

No further action is required of the Child Protection Specialist when a child abuse or neglect report is unfounded and the family has not requested child welfare services. The hand-off document and the investigative file will be destroyed upon receipt of the notice to expunge.

2) Service Referrals When a Report has a Recommended Finding of Indicated (No Child Placed)

A) Opening the Service Case

Child Protection Specialists are required to comprehensively discuss with the family all concerns impacting the safety and well-being of their children. The Child Protection Specialist has responsibility to discuss and offer the family intact family services if the final finding of indicated has been recommended. The family should also be informed of community

services. If the family agrees to accept Intact Family Services, the Child Protection Specialist will complete all case opening activities in accordance with the Case Opening Protocol (**Procedures 302, Appendix R**), which will include up-to-date documentation of all investigative activities.

B) Services Declined by the Family

In the event service needs are identified and the family refuses services, the Child Protection Specialist and Child Protection Supervisor shall consult to determine whether the case should be screened with the State's Attorney for court ordered services. If a case is screened with the State's Attorney for court ordered services but the State's Attorney declines to file a petition for court ordered services or consideration of a shelter care hearing, then the Child Protection Specialist and Supervisor shall consult with the DCFS Office of Legal Services. In addition, if consultation with another Department division (e.g., the Division of Clinical Practice and Development) is desired, the Child Protection Specialist and Supervisor shall make a request for such consultation thru the Area Administrator. The Area Administrator shall determine if the additional consultation is necessary.

C) When an Intact Family Service Case is Already Open

If there is already an open Intact Family Service case, the Child Protection Specialist shall ensure that investigative information is communicated to the assigned Intact Family Service Worker.

3) Service Referrals during a Pending Investigation

Child Protection Specialists may offer services or refer the child and family for services while an investigation is still pending. Services may consist of community-based services, Intact Family Services, or placement of the child. If warranted, the Child Protection Specialist may consult with the Child Protection Supervisor about completing a referral for Intact Family Services (IFS) for a specific identified service need. The family's willingness to accept services while the investigation is pending is voluntary and **shall not** be considered in making a determination to indicate or unfound. (See **Procedures 302.388, Intact Family Services**)

b) Types of Service

The Department shall provide families with the type of service that best meets the health and safety needs of the child.

1) No Services Needed

This type of service intervention is indicated when children have been assessed to be at no or low risk and the family is capable of managing risk issues using their own strengths and resources.

Selection Criteria

- The children have been assessed "safe" in accordance with the CERAP.
- The risk assessment indicates no significant risks such as domestic violence, substance abuse, mental illness, sex abuse or developmental delays.
- Minimum parenting standards are being met.
- The family has many strengths and resources and is capable of resolving family issues without referral to community resources.
- If there has been an indicated finding of abuse or neglect, the incident was isolated and not severe or the perpetrator no longer has access to the children.
- There is no juvenile court involvement.
- Safety and service plans are not required.

2) Referral for Community-Based Services

This type of service intervention is appropriate when children have been assessed to be at low to medium risk and the family is capable of using support services provided through community resources without further Department intervention. The purpose of Department involvement is to actively link the family with those services and resources that effectively address their needs. The Child Protection Specialist shall actively be involved in the referral/linkage process and shall document this involvement in a contact note.

Referral/linkage activities include, but are not limited to:

- Initiating contact with providers;
- Advocating on the family's behalf;
- Documentation of the frequency of and duration of services recommended for the specific members of the family and the conditions/circumstances that the services are designed to mitigate;

- Documentation of the date and time of the intake session;
- Assistance with the family's transportation issues;
- Participation in the intake process when necessary; and
- Verification that the family is following through and utilizing the services provided.

Selection Criteria

- The children have been assessed "safe" in accordance with the CERAP.
- The family has sufficient strengths, extended family resources and community resources to address any identified needs or problems such as domestic violence, substance abuse, mental illness or developmental delays. The presence of any of these issues, in and of itself, does not threaten the immediate safety of the children.
- Minimum parenting standards are being met.
- If there has been an indicated finding of abuse or neglect, the incident was isolated and not severe, or the perpetrator no longer has access to the children, and the family displays remorse and accepts responsibility for the incident and is willing and capable of resolving the issue with community support.
- The family does not have a history of serious or chronic harm of a child.
- There is no past or current juvenile court involvement.
- There is the presence of a protective and reliable parent.
- The services and resources needed by the family are available and accessible in the community.
- The family has demonstrated that they are capable and willing to follow through with all needed services.
- The family is capable and willing to make necessary changes to assure the safety, permanency and well-being of the children.
- A safety plan is not required.

A perpetrator's access to a child shall be measured by the caretaker's willingness and ability to protect the child in the future, the level of involvement of the perpetrator in the child's life, and whether the perpetrator is incarcerated. If a perpetrator's incarceration is relied upon to determine access, the worker shall consider the length of incarceration and shall reassess risk whenever the situation changes.

The Child Protection Specialist will remain involved with the family long enough to ensure that the family is receiving appropriate community resources. A case may be opened for Department services when services are not available to the family through community resources. It is expected that these types of investigations will be resolved within 60 days.

3) Intact Family Services (IFS)

Short-term intact services are indicated when children in the family are at risk and services could successfully mitigate the risk factors in an average of 6-12 months.

"Intact Family Services (IFS)" are services provided to a family with the family's consent:

- As the result of a referral from an **indicated** report of child abuse or neglect**;**
- Pursuant to an order of supervision from a court of competent jurisdiction as the result of a referral from an **indicated** child abuse or neglect investigation;
- During a pending investigation of a report of child abuse or neglect when the assigned Child Protection Specialist determines that a family needs Department services to ensure the safety of a child(ren) in the family and the Child Protection Specialist's Supervisor approves the recommendation; or
- As the result of a child(ren) who was in placement less than 30 days being returned home to parent(s)/guardian(s) without a legal relationship with the Department pursuant to a court decision or lapse in protective custody.

Selection Criteria

- Family has agreed to voluntarily accept services;
- Department has no current legal relationship with any children in the family/household;
- Minimum parenting standards are being met and/or the parents are capable of meeting the standards after short-term intervention by the Department;
- The children have been assessed safe or unsafe and can be made safe with a safety plan, in accordance with the CERAP;

- The risk assessment indicates that the family is facing problems such as domestic violence, substance abuse, mental illness or developmental issues. The family is also likely to have multiple and complex child welfare needs. The family has sufficient strengths and resources to address identified issues with the assistance of Department interventions;
- The family may have a history of chronic or serious harm to a child and the current incident of abuse or neglect has been assessed to be of low to moderate severity or a situational crisis has led to the behaviors or conduct that threatens the safety of the children;
- Children with Failure to Thrive allegations;
- The family has little or no support system; and
- The family may not have accepted responsibility for the incident of harm and may be resistive/unmotivated to change or accept Department involvement. However, there are indications that the family is likely to be able to change with Department support.

Refer to **Procedures 302.388, Intact Family Services,** for additional information.

4) Substitute Care

This type of care is appropriate for families where there are safety threats that cannot be controlled or mitigated through the service provision and it is necessary for the removal of the children from the children's caregiver via a juvenile court order. Substitute care cases shall receive permanency services.

Note: Child and family service cases must be opened whenever a child is taken into protective custody.

Refer to **Procedures 301, Placement and Visitation Services**, for additional information.

c) Processing the IFS Referral

When the assigned investigator of a pending investigation determines that a family needs IFS in order to ensure the safety of a child and the Child Protection Supervisor approves the recommended services the family has agreed to accept, the Child Protection Specialist shall complete a **CFS 2040, Intact Family Services Case Referral and Assignment Form**. The Child Protection Supervisor shall then forward the **CFS 2040**, and if applicable, a **CFS 1441-A, Safety Plan** as an email attachment to the Area Administrator for approval. **(See Procedures 302.388, Intact Family Services)**

If the Child Protection Supervisor declines the service referral, the Child Protection Supervisor shall promptly inform the Child Protection Specialist of the reasons the referral was declined and to provide explicit directions for any actions necessary for child safety and the ongoing investigation. The Supervisor shall document the decision and subsequent communication with the Child Protection Specialist in a supervisory note.

1) The Area Administrator Decision

The Area Administrator shall approve or disapprove the service referral within two (2) working days of receipt. Pending the Area Administrator's decision, the assigned Child Protection Specialist remains responsible for the safety of each child in the family and shall review each referral to determine if it is appropriate for services and that all documentation is included.

When the Area Administrator declines the referral, the Area Administrator shall promptly notify the assigned Child Protection Specialist and Child Protection Supervisor of the reasons the referral was declined and provide explicit directions regarding any actions the Child Protection Specialist and Child Protection Supervisor are to take regarding child safety and the ongoing investigation.

When the Area Administrator approves a referral for prevention/placement services, the Child Protection Supervisor shall complete case opening requirements in accordance with the Case Opening Protocol (**Procedures 302, Appendix R**) which will include up-to-date documentation of all investigative activities and send the approved case via email "DCFS.IntactReferral" to the Intact Family Services unit to be assigned to the appropriate agency. Once assigned, the Intact Family Services unit shall send back to the Area Administrator and Child Protection Supervisor the name and contact information of the assigned agency and their contact person.

2) Additional Requirements for Opening an Intact Family Services Case:

A) Consent to Obtain Mental Health Records

Obtaining the mental health records of the family members is required when the case is opened. Records may be obtained by consent of the parent or through pursuit of records via an administrative subpoena. Mental health records are required as the information they contain may determine the course of service delivery and need for juvenile court intervention.

B) Subpoena of Mental Health Records

When subpoenaed documents and information have not been forwarded to the Child Protection Specialist within 10 days of the date of issuance of the subpoena, the Child Protection Specialist must immediately contact the Keeper of Records at the medical/mental health facility to determine if there is a valid reason for the delay. All contacts with the Keeper of Records regarding subpoenaed files must be documented on a contact note. If the Keeper of Records fails or refuses to comply with the subpoena, the Child Protection Supervisor shall immediately notify the

DCFS Regional Counsel and the Office of the Inspector General and provide documentation explaining why the information is important to the investigation. Consultation with the Regional Counsel and the OIG regarding subpoenaed records/information shall be documented on a contact note.

Area Administrators shall take into consideration any identified safety and risk issues and determine whether it is appropriate to open an IFS case before receipt of requested mental health records, when consents have been obtained or subpoenas issued.

At the case hand-off meeting, the Child Protection Specialist shall share all parent/caregiver mental health information and records with the IFS specialist.

If mental health records are received by the Child Protection Specialist after the case hand-off meeting, a conference including the Child Protection and IFS Supervisors shall occur immediately to address safety and risk implications noted in subpoenaed records and required protective action, up to and including involvement of juvenile court. The Child Protection Supervisor shall note in a supervisory note if any specific safety decisions were shared with the IFS Supervisor.

During the case hand-off meeting, the Child Protection and IFS Supervisors shall use the **CFS 440-12 Investigation/Intact Parental Mental Health Case Matrix** to determine urgent service planning needs for the family. The supervisors shall document, in the investigation and IFS files, the topics on the Matrix checklist reviewed at the meeting, as well as any other relevant topics not listed in the Matrix.

d) Case Transition

1) Hand-Off Conference/Staffing

Within one (1) business day of case assignment notification from the DCFS Area Administrator, the Child Protection Supervisor will contact the appropriate DCFS/POS Intact Family Services Supervisor and have a complete case hand-off discussion about the safety needs of the child(ren), the dynamics of the case, the strengths of the family, and the service needs of the family. Whenever possible the case hand-off staffing shall involve the Child Protection Specialist and the assigned Intact Family Services Worker. At the case hand-off conference, the Child Protection Supervisor and IFS Supervisor shall agree on a tentative date when the assigned Child Protection Specialist and the assigned IFS Worker will conduct the transitional visit with the family at the family's primary residence. The tentative date must be confirmed with the family before being set.

The following documents will be provided by the Child Protection Specialist or their Supervisor for the Case Hand-off Staffing:

- SACWIS Hand-off Document;
- All available applicable records (e.g., medical, school, etc.);
- **CFS 2025** - Home Safety Check List;
- **CANTS 18DV** - Domestic Violence Screen;
- **CFS 440-5** Adult Substance Abuse Screen;
- **CFS 600-3** Signed consent(s) for release of information;
- **CFS 1000-1 or CFS 1000-1/S,** copies of completed Hispanic Client Language Determination Form (if applicable);
- **CFS 370-1,** Norman certification (if applicable);
- DCP/Intact Parental Mental Health Case Checklist (if applicable);
- **CFS 2040,** Intact Family Services Case Referral and Assignment Form;
- **CFS 1441, CERAP** Safety Determination Form; and
- **CFS 1441-A, Safety Plan,** (if applicable)

During the case hand-off staffing the following will occur (if applicable):

A) The safety needs of the child(ren), the dynamics of the case, the strengths of the family, and the service needs of the family will be discussed;

B) The Child Protection Specialist will discuss any safety decisions. The Child Protection Supervisor shall note in the investigation file if any specific safety decisions were shared with the Intact Family Services Supervisor at the hand-off staffing;

C) The Child Protection Specialist shall share all parent/caregiver mental health information and records with the Intact Family Services Worker;

D) The Child Protection Supervisor and Intact Family Services Supervisor will use the **CFS 440-12, Investigation/Intact Parental Mental Health Case Matrix** to determine urgent service planning needs for the family. The Child Protection Supervisor and Intact Family Services Supervisor shall document in the investigation and Intact Family Services files, the topics on the Matrix checklist reviewed at the case hand-off staffing as well as any other relevant topics not listed in the Matrix; and

E) The Child Protection Specialist will bring dates and times when it is possible for the family and Child Protection Specialist to meet for the Transitional visit within the next 48 hours.

It is the responsibility of the Child Protection Specialist and Intact Family Services teams to ensure continuity of intervention and oversight of services during the transfer process to ensure that children's safety is not jeopardized or placed at risk. Assessment of safety threats shall be comprehensive and ongoing during case transfer. If child(ren) are deemed unsafe but protective custody is ruled out, a supervisor-approved **CFS 1441-A, Safety Plan** must be implemented as specified in Department **Procedures 300. Appendix G, Child Endangerment Risk Assessment Protocol** (see in these procedures **Section g),4) CERAP Safety Plan Process).**

The Child Protection Specialist transferring the case maintains the responsibility for monitoring the Safety Plan until the Investigation is closed. The Child Protection Specialist shall notify the Intact Family Services Worker if the Safety Plan is still in effect when the case is closed, if the Safety Plan is modified or if the Safety Plan is terminated prior to the investigation closing.

If the indicated investigation is appealed and overturned then the Child Protection Specialist shall notify the Intact Family Services Worker

The Child Protection Specialist transferring the case maintains the responsibility for delivery of services to the family until the transitional visit occurs.

The Child Protection Specialist transferring the case shall notify the Intact Family Services Worker of the outcome and completion date of the investigation. If the investigation on the Intact Family Case is unfounded the Child Protection Specialist shall also notify the Statewide Intact Family Administrator within 24 hours of closing the investigation.

The Intact Family Services Worker assigned to the case shall assume responsibility for service planning, and service delivery at the transitional visit with the family.

2) Transitional Visit

A Contact note documenting the transitional visit will be recorded by the Child Protection Specialist in the investigation record and also by the DCFS/POS Intact Family Services Worker in the family case record.

A face-to-face Transitional Visit involving the Child Protection Specialist, the Intact Family Services Worker and all of the parent(s) and caregiver(s) must occur within two (2) business days of the intact case referral. The Child Protection Specialist and Intact Family Services Worker will conduct the Transitional Visit at the family's primary residence. This is required for all cases. If the first attempt to meet with the family is unsuccessful, then a second Transitional Visit

must be made no later than 48 hours after the unsuccessful visit. If the second attempt is unsuccessful then the Intact Family Services Worker shall make daily in-person attempts to meet with the family through the first five (5) business days of case assignment. If the Intact Family Services Worker has not met with the family within the first five (5) business days of case assignment then the Intact Family Services Supervisor will immediately email the Area Administrator and Office of Intact Family Services so that a resolution to the situation can be determined.

If the Child Protection Specialist has difficulty scheduling/attending the Transitional Visit within the requirements of these procedures, the Child Protection Supervisor shall facilitate the Transitional Visit for the Child Protection Specialist.

The Transitional Visit shall be held for the purpose of introducing the Intact Family Services Worker to the family and to review the following with parents/caregivers:

- Final finding determination(s) or presenting issue(s) that led to the Department's initial involvement and continued involvement;
- **CFS 600-3**, Consent for Release of Information forms (as needed);
- **CFS 1441,** CERAP Safety Determination Form;
- **CFS 1441-A,** Safety Plan (if applicable);
- Risk Assessment;
- **CANTS 18DV**, Domestic Violence Screen, (if applicable);
- **CANTS 18-Paramour,** Paramour Assessment Checklist, (if applicable);
- **CFS 440-5** Adult Substance Abuse Screen, (if applicable);
- Family's strengths and resources available to them;
- Family's perception of the problem;
- Family's expectations of the Department;
- Department's expectations of the family;
- Parental Protective Factors;
- Recommended services;
- Service referrals;
- Interim service agreement;
- Full disclosure of agreed upon outcomes that need to be achieved and the consequences of failing to achieve said outcomes;
- **CFS 496,** Client Rights and Responsibilities form;
- **CFS 1050-32,** Service Appeal Process brochure;

- Infant Safe Sleep Information verified for all children under 1 year old; and
- All parent/caregiver mental health information and records including the **CFS 440-12**, (if applicable).

If mental health records are received by the Child Protection Specialist after the case hand-off meeting, a conference including the Child Protection Supervisor and Intact Family Services Supervisor shall occur immediately to address safety and risk implications noted in subpoenaed records and required protective action, up to and including involvement of juvenile court.

The Intact Family Worker shall reassess the initial services put into place by the Child Protection Specialist. The Intact Family Specialist shall meet with the family and determine the continued appropriateness of the services and/or need for revised and/or additional services. If in the judgment of the Intact Family Services Worker safety threats identified by the Child Protection Specialist have been resolved, it is the responsibility of the Intact Family Services Worker to document how they arrived at this assessment. Resolution of safety and/or risk factors shall be documented through the life of the case.

The Child Protection Specialist **and** the Intact Family Services Worker shall each enter a Contact note documenting the Transitional Visit.

e) Referrals to Comprehensive Community Based Youth Service Agencies (CCBYS)

1) Youth/Situations Appropriate for Referral

This section applies to situations involving youth who are ages 11-17 and who meet one or both of the following criteria:

A) The youth is absent from home without parental consent; or

B) The youth is beyond the control of his/her parents and is involved in circumstances, which pose a substantial or immediate danger to the youth's physical safety.

2) General Guidelines

Most often the calls to SCR regarding the youth, as described above, are received from law enforcement officers who have a youth in limited police custody under the auspices of 705 ILCS 405/3-7 or 405/4-4 of the Juvenile Court Act of 1987, as amended. The Call Floor Worker (CFW) may refer the caller to a local CCBYS crisis intervention agency **only when there are no allegations of suspected child abuse or neglect.**

3) Types of Calls

A) Calls with No Abuse or Neglect Allegations (Youth in Limited Police Custody)

If the CFW determines that the information presented by the caller does not meet the criteria for a report, and the youth is in limited police custody, the CFW shall advise the caller to contact the appropriate CCBYS crisis intervention agency, if the following conditions are met:

i) The youth meets one or more of the criteria identified in (e)(1) above; and

ii) The law enforcement officer has been unable to obtain an agreement between the youth and his/her family for family reunification.

B) Calls with No Abuse or Neglect Allegations (Youth Not in Limited Police Custody)

If the CFW determines that the information presented by the caller does not meet the criteria for a report, and the youth is not in limited police custody but meets one or more of the criteria identified in (e)(1) above, the CFW shall refer the caller to the appropriate law enforcement agency so that law enforcement can contact the appropriate CCBYS crisis intervention agency on behalf of the adolescent. A crisis intervention agency may take custody of an adolescent referred by a law enforcement agency for up to 48-hours excluding Saturdays, Sundays and court-designated holidays.

If **both of the following conditions exist** and the crisis intervention agency is not able to resolve the matter, the crisis worker shall immediately call SCR to report suspected neglect (**Allegation #84, Lockout**) of the child. The conditions required to qualify as a Lockout are:

i) The adolescent's parent/guardian refuses to take the child home; and

ii) The adolescent's parent/guardian refuses to agree to an alternative placement.

4) Referrals to Community-Based Counseling Agencies

If the caller resides in the same home as the referenced adolescent and does not allege abuse or neglect, but indicates that he/she or another household member requires counseling or other supportive services in order to resolve problems a family and adolescent may be having, the CFW shall document the information provided by the caller in the narrative of a CWS intake and then transmit to the local field office.

5) Procedures for Handling Lock-Outs **(Allegation #84)** with No Prior Crisis Intervention Services

A) All initial reports of lock-outs shall be taken at SCR as neglect reports and transmitted to the local investigation unit. SCR shall direct that the alleged victim go, or be transported to, the nearest police station. The police will then contact the crisis intervention agency.

B) The crisis intervention agency worker shall respond to the police station and provide crisis intervention services to all youth ages 11 through 17 and their families for up to 48 hours excluding weekends and holidays. Placement by crisis intervention agencies of children who have been locked out requires parental consent. If the parents refuse to consent to the crisis intervention agency placement, the procedures in subsection (E) below shall be immediately implemented.

C) The Child Protection Specialist shall initiate the report within **24 hours** of receipt of the report. If the lockout cannot be resolved within 48 hours from the time the report was taken, the Child Protection Specialist shall take protective custody of the child.

D) If, after the provision of crisis intervention services, the parents agree to take the child home or make provisions for an alternative living arrangement for the child, the Child Protection Specialist shall unfound the initial investigation.

E) If, after the provision of crisis intervention services, the parents still deny the child access to the home and refuse or fail to make provisions for another living arrangement, the crisis intervention worker should contact and notify SCR to file a report.

f) Refusal of Child Welfare Services Referrals During a Pending Investigation

If the parents/caregivers/guardians are unwilling to cooperate with an assessment of service needs, the Child Protection Specialist shall consult with the Child Protection Supervisor to determine if the CWS services referral needs:

1) To be changed to a report of suspected abuse or neglect;

2) Additional attempts to be made to engage the family or to screen the situation with service providers already involved with the family;

3) The family to be referred to the local State's Attorney for a court order to services; or

4) To close the referral with no other attempts to engage the family.

g) Extended Family Support Program (EFSP)

The Extended Family Support Program (EFSP) provides short term services to a child residing in the care of a relative for the foreseeable future for which short-term interventions will stabilize the relative household and allow for continued care of the child in the household. Children served by this program must not have a legal relationship with the Department and must be referred for EFSP services by the State Central Register, Child Protection, the Post Adoption Unit, or the Intact Family Worker.

EFSP services may consist of assistance obtaining guardianship, assistance obtaining hard goods such as beds for the child, counseling services, benefits advocacy, educational advocacy, medical advocacy, housing advocacy, mediation, and referrals for legal services.

To qualify for EFSP, the caller must be a relative with whom the child has resided for more than 14 days prior to the date of the EFSP referral.

Refer to **Procedures 302.389, Extended Family Support Program,** for further information.

Note: When considering a referral for any type of services, the Child Protection Specialist should never utilize a Short Term Guardianship form when it appears that the problem requiring guardianship will not be resolved within one year.

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Section 300.140 Consultations

a) Purpose

The purpose of this section is to provide guidelines and expectations for consultations with other disciplines within the Department and the community. In addition to collaboration regarding safety concerns, the purpose of consultation is to ensure there is no redundancy in, or conflict with, service provision. It is imperative that Child Protection Specialists and Child Protection Supervisors engage fully in the exchange of ideas and information sharing.

Note: The Child Protection Specialist must document efforts to consult with an involved professional within two business days of being informed of their involvement with the family in a contact note. **There must be a request for a multidisciplinary consultation when three or more agencies or disciplines are involved with the family.**

b) Definition

Consultation, for DCFS purposes, means a supportive clinical activity where cases are reviewed and analyzed to provide guidance and insight. Multidisciplinary consultations are collaborations with all stakeholders involved in decisions that ultimately affect child safety. Consultation is not meant to replace supervisory decision making or existing clinical processes of the Department or POS agencies. Consultation may consist of, but is not limited to:

- Client advocacy and empowerment;
- Diagnostic clarification and treatment/service recommendations;
- Procedural and policy clarification;
- Resource and service linkage;
- Education in clinical specialty areas; and/or
- Systems facilitation and coordination of collateral providers.

c) Consultation with Law Enforcement

Upon assignment of an investigation or a determination that circumstances warrant completing and submitting a **CANTS 14, Child Abuse Law Enforcement Notification,** Child Protection Supervisors must immediately, but no later than within one business day, fax the completed **CANTS 14** form to local law enforcement. Efforts to obtain law enforcement's decision to become involved shall be documented within 24 hours of the notification.

When contacting law enforcement to obtain a police report or information about a pending investigation, the Child Protection Specialist shall also inquire about the availability of other reports, including calls for service, involving the family. If available,

the Child Protection Specialist must request a copy of all reports and review them with the supervisor in order to make informed safety and service referral decisions. Supervisors must ensure Child Protection Specialists reconcile any difference in household composition between the SCR report and police reports. All consultations must be documented in a contact note.

1) Reports Involving Methamphetamine

The DCFS/Law Enforcement/Illinois State Board of Education **Drug Endangered Child (DEC) Statewide Protocol** must be followed for all investigations involving methamphetamine (METH). Attempts for consultation with involved law enforcement should occur immediately upon assignment and be on-going throughout the life of the investigation, as needed. The Child Protection Specialist shall consult with law enforcement and the local State's Attorney' Office in a pre-finding conference to discuss plans for pending criminal charges. All consultations or other contact with law enforcement and the State's Attorney' Office shall be documented in a contact note.

Note: Per the **DEC:**

- When a Child Protection Specialist discovers an apparent methamphetamine lab in a home where a child resides or frequents, the Child Protection Specialist must leave the premises immediately. After leaving the premises, the Child Protection Specialist must immediately contact local law enforcement and, where applicable, the clandestine lab team. If there is not a pending investigation of the family residing in the home, the Child Protection Specialist shall then contact SCR to make a report.

- If law enforcement reports to SCR that they have located a methamphetamine lab with children present, the Child Protection Specialist shall travel immediately to the scene once the report is taken and assigned.

- The Child Protection Specialist shall work with law enforcement in identifying evidence that would support the child protection investigation and substantiate the criminal investigation.

- Law enforcement and the Child Protection Specialist shall complete their investigation in a manner that will enhance both criminal prosecution and juvenile court adjudication. This will include courtroom testimony in each other's proceedings and the exchange of appropriate DCFS and Law Enforcement reports.

If children are present at the scene, the Child Protection Specialist shall assess the safety of the children. The Child Protection Specialist shall determine whether protective custody of the children is required and assure that the children are in a safe environment. **If the clandestine lab team, law enforcement officers, or other appropriate first responders determine that the children were exposed to METH lab chemicals and require decontamination, the Child Protection Specialist shall arrange for a medical evaluation of the children in accordance with the medical protocol.** If there is a child who has been to the scene of the METH lab who meets the criteria for a hotline report, but that child is not present during the time the Child Protection Specialist is there, the Child Protection Specialist shall make a report to SCR on behalf of that child and then locate the child to determine safety as well as the need for medical assessment.

- The Child Protection Specialist shall follow the medical protocol for children found at METH lab sites (see Medical Protocol). The Child Protection Specialist will request assistance from law enforcement, as needed, to meet the requirements of the medical protocol. If there is any indication that the children may not or will not be enrolled in school, the Child Protection Specialist shall notify ISBE as soon as possible and request assistance as needed from ISBE to ensure that the children are enrolled in school. Drug Endangered Children shall be enrolled in school under applicable laws which may include (a) federal and state homelessness laws and/or (b) any appropriate residency provision included in the Illinois School Code (such as 105 ILCS 5/10-20.12b, 105 ILCS 5/14-1.11 or 105 ILCS 5/14-1.11a.

- The Child Protection Specialist shall, with supervisory consultation, forward any case determined to be appropriate to the State's Attorney's Office for a neglect/abuse petition. If Law Enforcement determines that criminal charges will be filed, law enforcement should refer the case to the State's Attorney's Office for that purpose.

- If a child who has been exposed to METH lab chemicals is taken into custody, the Department or POS worker who makes the placement shall provide a copy of the medical protocol to the foster parent/relative home caregiver and advise them of the special follow-up needs of the child and that the caregiver should contact ISBE if he or she requires assistance in enrolling the child in school. The Child Protection Specialist shall staff the case with the child welfare worker who will receive the case and provide him/her with a copy of the medical protocol and provide advice for the special follow-up needs of the child.

2) Reports Involving Domestic Violence

For cases involving domestic violence, the Child Protection Specialist shall consult with law enforcement and request all reports, including calls for service, conditions of bail, involving any subjects of the investigation. All consultations with law enforcement must be documented in a contact note.

3) Reports Involving the Department of Juvenile Justice

For cases involving youth who have a probation officer or after care specialist, the Child Protection Specialist must consult with the assigned probation officer and/or the after care specialist within 24 hours of investigation assignment.

Note: If the minor is 10 years of age or older, he/she may have Juvenile Justice Involvement that can be determined through the Clerk of the Court or the police department where they reside.

d) DCFS Regional Nurses

1) Required Referrals

The Child Protection Specialist shall make a referral to the DCFS Regional Nurse within 48 hours of case assignment, when a child is identified as having a chronic or acute health condition requiring medical supervision or intervention beyond normal medical care. A listing of such conditions is included in **Procedures 302, Appendix O, Referral for Nursing Consultation Services.** All consultations must be documented in a contact note.

2) Requested Services

DCFS Regional Nurses may provide the following consultation/assistance services when a referral for services is approved by the Chief of Nursing Services:

- Assessment of presenting medical conditions to determine if a child has special health care needs;
- Identification of a child's specific health care needs that must be fulfilled by his or her caregiver/parent;
- Act as a liaison with health care professionals to obtain required medical information;
- Act as a liaison with the child's medical providers;
- Review the child's treatments and medications, and interpret the effects on the child's condition when such medications, treatments or medical appointments are altered without medical consent;

- Identification of safety issues linked to the child's medical condition that should be explored with health professionals in order to make an informed safety assessment;
- Consultation regarding the effects of medication and medication compliance issues; and/or
- Identification of the need for medical consultation services.

3) Assessing the Caregivers and the Home

Upon the Chief of Nursing Services' consent of the referral, the DCFS Regional Nurse may conduct a concurrent visit with the Child Protection Specialist in the home of the child. The DCFS Regional Nurse may assess the home for the following:

- To assess the knowledge and/or ability of the parent/guardian or other caregiver to provide for the child's special health care needs; and
- To assess the child's home to determine if it is safely equipped and configured to meet the special health care needs of the child.

4) Children with Special Health Care Needs

A) **When nursing consultation services are provided to a child with special health care needs, the Child Protection Specialist is required to consult with the assigned DCFS Regional Nurse prior to making a recommended final finding to unfound.** The DCFS Regional Nurse may make recommendations concerning the need to review the child's health information, the need to interview additional health related sources or the need to initiate a staffing. **The DCFS Regional Nurse's recommendations must be followed prior to completion of the investigation.**

B) **Protective Custody of a Child with Special Health Care Needs:** When protective custody is determined to be the only option to ensure the safety of a child with special health care needs, the Child Protection Specialist shall involve the DCFS Regional Nurse in the planning and preparation for safely taking the child into protective custody, if time permits (e.g., the child is hospitalized). When there is an urgent and immediate necessity to take a child with special health care needs into protective custody, the Child Protection Specialist **shall not delay** the course of action until a DCFS Regional Nurse can become involved.

Note: Child Protection staff should reference **Procedures 300.100, Medical Requirements for Reports of Child Abuse and Neglect,** for additional information concerning required medical consultations.

e) Division of Clinical Services

The Division of Clinical Practice's Specialty Services Programs is responsible for supporting the field through the provision of expert clinical consultations on specialty service issues. The Specialty Services Program Consultants accomplish this mission through direct consultation with workers. All consultations must be documented in a contact note.

1) The Division of Clinical Practice Specialty Services Unit offers an array of services to all DCFS/POS staff for the following types of case situations:

- Investigations involving Allegation #17/#67 Mental Injury;
- Addictions;
- Appropriate drug testing screens, including those for anabolic steroids, opioids, and designer drugs;
- Chronic Blood Disorder;
- Deaf and Hard of Hearing;
- Developmental Disabilities;
- Domestic Violence;
- Lesbian, Gay, Bisexual, Transgender, Questioning Youth; and
- Mental Health.

2) The Referral Process

Specialty Services clinical consultations may be requested by DCFS/POS staff and court personnel acting on behalf of DCFS youth in care. To request a consultation, the requesting staff shall complete a **CFS 399-1, Clinical Referral Form** and send via DNET email to "DCFS.Clinicalref" mailbox.

3) Worker and Supervisor Responsibility

The caseworker and supervisor will be responsible for providing all requested supporting documentation to the Specialty Services Consultant. If all documentation requested by the Specialty Services Consultant is not provided within 10 business days of the Consultant's request for information, the referral will be closed.

Note: Involved Clinical Division staff must be made aware of and invited to participate in any multi-disciplinary consultations. For additional information, refer to **Procedures 302.320, Counseling or Casework Services**.

f) Legal

The DCFS Office of Legal Services must be consulted and/or notified when an investigation involves the concerns listed below. All consultations must be documented in a contact note.

The following list of examples of how the Office of Legal Services provides support for direct service includes, but is not limited to:

- Answering questions about membership in the DuPuy class of child welfare workers;
- Handling contact from attorneys representing subjects of investigation (information regarding pending investigations shall remain confidential);
- Answering case specific legal questions;
- Handling GAL unfounded reviews;
- Answering questions about eligibility of perpetrators;
- Answering questions about the issue and receipt of documents regarding administrative subpoenas;
- Handling the receipt of subpoenas naming "DCFS" as the respondent;
- Handling subpoenas for records or depositions;
- Providing guidance for the servicing or processing of complaints; and
- Advising on questionable court orders.

g) Coroner/Medical Examiner

When investigating a report involving the death of a child, the Child Protection Specialist is **required** to consult with the Coroner or Medical Examiner regarding the cause and manner of child death. Consultation shall include, but not be limited to, what is known about the child's death, the caregiver at time of death, the scene investigation, explanations provided by report subjects/collaterals, as well as the likelihood of the explanations provided. All consultations must be documented in a contact note.

h) Licensing

When investigating a home or facility licensed by DCFS, the Child Protection Specialist must consult and collaborate with the Licensing Representative regarding any safety issues, plans concerning the home, concurrent investigation with the Licensing Representative (if any) and the recommended final finding. All consultations must be documented in a contact note.

i) Human Trafficking Program Manager

When investigating a report involving the human trafficking of a child, the Child Protection Specialist may consult and collaborate with the Human Trafficking Program Manager regarding the provision of services, clarification on elements of the investigation, or for any ongoing assistance as needed while investigating the case. All consultations must be documented in a contact note.

Section 300.150 Child Abuse and Neglect Investigative File

a) The Investigative File

All investigative files shall include those documents applicable to the case that are listed in subsection (1) below. When the investigative file is released to those persons authorized to receive information, in accordance **Procedures 431, Confidentiality of Personal Information of Persons Serviced by the Department of Children and Family Services** those documents in subsection (2) that are applicable to the case shall also be included in the file.

1) Case specific documents maintained in investigative files include, but are not limited to:

- Copies of all correspondence related to the investigation, including required notifications;
- **CANTS 2A** and/or **2B**, **Suspected Abuse/Injury Note** sheet;
- Notice of Right to an Interpreter;
- **CANTS 4/5**, **Written Confirmation from Mandated Reporter**;
- **CANTS 8, 9**, **10** & **11;**
- **CANTS 21, Notification of CA/N Investigation in a Licensed Foster Home or Facility;**
- **CANTS 21A**, **21B** and/or **21C, Notification of Results of Investigation/Initial Protective Plan;**
- **CFS 370-4**, **Notice to Class Members**;
- **CFS 370-5**, **Request for Cash and/or Housing Assistance**;
- **CFS 370-6**, **Notice of Determination of Norman Cash Assistance Request**;
- **CFS 418-J, Checklist for Children at Initial Placement**;
- **CFS 444**, **Voluntary Placement Agreement**;
- **CFS 906**, **Placement/Payment Authorization Form**;
- **CFS 458**, **Relative Caregiver Placement Agreement**;
- **CFS 854**, **Disclosure of LEADS Information**;
- **CFS 2027**, **Home Safety Checklist**;
- **CFS 2040**, **Intact Family Services Case Referral and Registration Form**;
- **CANTS 18-Paramour, Paramour Assessment Checklist**;
- **CANTS 19**, **Data Check**;
- **CFS 600-3**, **Consent for Release of Information**;
- **CANTS 2F**, **SCR Notification Form**;
- **CANTS 23**, **Acknowledgement of Nondisclosure of Information**;
- **CFS 1000-1**, **Hispanic Client Language Determination Form**;
- Copies of all written confirmations sent to law enforcement, the State's Attorney, etc.;
- Coroner or Medical Examiner's Report;
- Copies of all medical, police, emergency response and other relevant reports;
- Copies of all relevant court documents (i.e., juvenile and other court orders, petitions, etc.);
- Other documents relevant to the completion of an investigation;

- Color copies of photographs, videotapes, audiotapes (not if contained in the electronic file);
- CFS 1441, **Child Endangerment Risk Assessment Protocol**; and
- Copies of all signed **CFS 1441-A and B, Safety Plans Form/Safety Plan Termination Agreement**.

Note: Video recording of CAC interviews **shall not** be filed in the investigative file.

2) If the investigative file is to be released to persons authorized to receive the information, in accordance with **Procedures 431**, the following case specific documents, in addition to those listed in subsection (1), shall be maintained in the investigative file:

- SCR hotline report;
- Electronic file documents;
- **CANTS 13, Police Report Redaction Notice** (only if the file is released);
- Person Search/LEADS check printouts;
- Other office specific forms;
- Shelter Care Notifications;
- **CFS 462-1, Cook County Temporary Custody Hearing Results Form;**
- **CFS 680, Child Identification Form;**
- Healthworks;
- Healthworks Information Sheet;
- Medical Cards;
- Placement Clearance Verification;
- **CFS 2010, Placement Clearance Agreement;**
- **Family Service Plan Visitation and Contact Plan** (to give to the family)
- **CFS 2017, Child-Caregiver Matching Tool;**
- Other placement materials;
- **CFS 454, HMR Placement Safety Checklist** (relative placement cases); and
- **CFS 458A, Affidavit of Relationship** (relative placement cases)

3) Redacted Police Reports, LEADS and Criminal History Printouts

When the subject of a report requests a copy of his/her file from the local field office, all police reports, LEADS and criminal history printouts (rap sheet) shall be redacted from the file. The **CANTS 13, Police Report Redaction Notice**, shall be completed to either document the removal of police reports, LEADS and criminal history printouts or that the investigative file did not include police reports, LEADS and criminal history printouts. The redacted report shall be sent to the requestor and a copy of the report, **CANTS 13** and **CFS 600-3A** shall be placed in the investigative file.

b) Child Endangerment and Risk Assessments

All Investigations

The Child Protection Specialist shall complete the **Child Endangerment Risk Assessment Protocol (CERAP)** via a **CFS 1441, Safety Determination Form**, in accordance with **Procedures 300 Appendix G, Child Endangerment Risk Assessment Protocol (CERAP)**. Completed CERAP forms and agreements shall be documented in a contact note and retained in the investigative file.

c) Retention Schedule

When completing the investigation, the Child Protection Specialist shall also derive from the lists below the appropriate case retention schedule for indicated cases. The assignment of retention codes is applied using the following guidelines derived from **Rule 431.30 Maintenance of Records**:

1) 50 Years

All indicated reports that are indicated for the following allegations shall be retained for 50 years:

#1/51	Death
#16	Torture
#18	Sexually Transmitted Diseases
#19	Sexual Penetration
#20	Sexual Exploitation
#21	Sexual Molestation

2) 20 Years

All indicated reports for the serious physical injury of the child subject shall be retained for 20 years.

A) The following allegations shall be retained for 20 years:

#2/52	Head Injuries
#4/54	Internal Injuries
#5/55	Burns/Scalding (Third/Fourth Degree Only)
#7/57	Wounds
#9/59	Bone Fractures (Multiple or Spiral Fractures Only)
#40/90	Human Trafficking of Children
#81	Failure to Thrive
#83	Malnutrition
#85	Medical Neglect of Disabled Infants

B) The following allegations may be retained for 20 years after the report is indicated or for 20 years after a subsequent case or report is closed **depending** on the seriousness of the injury:

#5/55	Burns/Scalding (First/Second degree only)
#6/56	Poison/Noxious Substances
#9/59	Bone Fractures (Other than Multiple or Spiral)
#11/61	Cuts, Bruises, Welts, Abrasions and Oral Injuries
#12/62	Human Bites
#13/63	Sprains, Dislocations
#14	Tying/Close Confinement
#15/65	Substance Misuse
#75	Abandonment/Desertion
#79	Medical Neglect

To determine whether to retain the above allegations for 20 years complete the severity screen application and identify:

- Extent of the injuries. Are the injuries limited to one spot on the child's body or are there multiple injuries on many parts of the child's body?
- Long-term effects of the injuries. Will the child be left with scars, deformities or permanent disabilities?
- Medical treatment required. Does the child require hospitalization, surgery, emergency medical treatment or other major medical treatment as a result of the injuries?
- Pattern or chronicity of injuries. Is there an ongoing history or pattern of harsh punishment or neglect that resulted in injury? Are there severe injuries at different stages of healing?
- Criminal charges have been filed and are either pending or have resulted in a conviction.

If none of the above factors are applicable, the allegations listed in (B) above shall be retained for 5 years, in accordance with the instructions below. If **any** of the above factors are applicable, the allegations in (B) shall be retained for 20 years, in accordance with the instructions below.

3) 5 Years

All indicated reports that are not being retained for 50 or 20 years shall be retained for 5 years.

The following allegations shall be retained for five years only:

#17/67	Mental Injury
#10	Substantial Risk of Physical Injury
#22	Substantial Risk of Sexual Injury
#60	Environment Injurious to Health and Welfare
#74	Inadequate Supervision
#76	Inadequate Food
#77	Inadequate Shelter
#78	Inadequate Clothing
#82	Environmental Neglect
#84	Lock-Out
#86	Neglect by Agency

4) Subsequent Indicated Reports

All subsequent indicated reports involving any of the same subjects or the sibling or offspring shall be maintained after the last report was indicated in accordance with retention periods specified in this subsection.

5) Unfounded Allegations

A) All identifying information concerning records of any and all unfounded reports shall be maintained in the State Center Register for a minimum of 5 years after the date the final finding report is entered.

B) Within 10 days of the date of notification, the alleged perpetrator of a report that has an unfounded final finding may request a record of an unfounded report be retained as intentionally false. The intentional false report shall be maintained in the SCR database for a period of five years, as well as the SCR hard file, the field office's child abuse and neglect investigative file and the local index. The Department is not obligated to honor written requests for unfounded reports to be retained as intentionally false postmarked more than 10 days after the date on the SCR notice. SCR shall notify the local Child Protection unit when to destroy records of reports retained as intentionally false. For additional information, please reference **Rule 431.30(b)(5), Unfounded Allegations.**

d) Supervisory Review and Approval of the Completed Investigative File

1) Child Protection Specialist Review

Upon submitting the electronic file to the Child Protection Supervisor, the system will check whether required activities have been completed or waived. The Child Protection Specialist shall review the completed investigation to make certain that:

- The file contains all of the required forms and reports; and
- All of the forms/reports contained in the file have been accurately and thoroughly completed, including verification of subjects address for notification purposes.

2) Investigative File to Supervisor

The Child Protection Specialist shall submit the completed investigation to the Child Protection Supervisor for review and approval. The completed investigative file shall include both the electronic investigative documents and any hard-copy documents listed in section (a).

3) Supervisory Review and Approval

A) The Child Protection Specialist and Child Protection Supervisor shall meet for a final supervisory conference prior to issuing a final finding in order to review the completed investigative file. The Supervisor MUST review both the SACWIS and hard copy file. The final supervisory conference shall ensure that:

- All investigative requirements have been met or waived:
- The file contains all of the required forms and reports;
- All of the forms/reports contained in the file have been accurately and thoroughly completed;
- There is discussion of any law enforcement involvement and concurrent investigations;

  Note: If there is a concurrent criminal investigation, Child Protection staff **shall not** disclose a recommended final finding to unfound a report before conferring with law enforcement.

- The recommended determination is consistent with the information contained in the file;

- Discuss the family's need for services or referrals to community based services; and

- The recommended final finding is consistent with the allegation definition, criteria (where applicable), and factors.

If all of the above requirements have been met, the Child Protection Supervisor shall approve and forward the completed investigative file with duplicates of any hard copy documents to the appropriate Intact Family or Permanency Worker. A hard copy of the investigative file shall be forwarded to the appropriate Intact Family or Permanency Worker if the investigation was indicated and the worker does not have access to the investigative file.

Note: Supervisory approval or the last required management approval for the investigation type shall populate the final finding date on the decision tab of the investigation.

B) If the investigation is subject to Area Administrator approval, no information concerning the finding shall be released until the Area Administrator gives approval to do so.

C) If the investigation involved a child in Department custody, the Child Protection Specialist shall forward a copy of the completed investigative file to the Division of Program Monitoring.

e) Records of Child Abuse and Neglect Investigations

1) Electronic Investigative File

The electronic investigative file is created when the report is electronically transmitted from SCR to the responsible Child Protection unit. Investigative activities are documented by making selections and entering information in the various computer screens.

2) Hard-Copy File

The hard-copy file shall contain all paper/hard copy documents associated with the investigation, as outlined in section (a) of these procedures.

Note: When completing approval of the electronic file, an attestation is presented indicating that in completing and approving this investigation all information has been reviewed, which includes review of both the electronic AND hard copy file. If in accepting the attestation both these actions have not been completed, this could be considered an act of falsification.

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Section 300.160 Notifications

During the course of a child abuse and neglect investigation, the Child Protection Specialist is required to provide certain notifications to the child's family, the alleged perpetrator and others.

a) Notifications During an Investigation

1) Initial contact with the child victim and child victim's family:

A) The **CANTS 8**

The **CANTS 8, Notification of a Report of Suspected Child Abuse and/or Neglect** contains information that explains:

- the Department's legal mandate to investigate all reports of suspected abuse and neglect;
- the Department's legal mandate to maintain a State Central Register (SCR) of all reports of suspected abuse and neglect, as well as the final finding determination of those reports;
- information about persons investigated by the Department is confidential; certain persons identified in **Procedures 300 Reports of Child Abuse and Neglect** have the right to access information contained in their investigative file with the exception of information that would identify the reporter; and
- the right to appeal a final finding determination and how to request and receive an administrative hearing to appeal the final finding.

B) The Parent/Guardian of the Child

During the initial in-person contact with the parent/guardian of the alleged child victim and the parent/guardian of any other child who resides in the same household as the child victim, the Child Protection Specialist shall provide a copy of the **CANTS 8** and the **CFS 1050-54, What You Need To Know About A Child Abuse And Neglect Investigation**.

The **CANTS 8** must be dated and completed by the Child Protection Specialist prior to handing it off to the parent/guardian of the alleged child victim and should include the names of the children involved in the alleged incident and the specific allegations made. The Child Protection Specialist shall discuss the contents of the letter with the parent/guardian of the alleged child victim. A contact note shall be used to document the delivery of the **CANTS 8** and any additional discussion.

Note: When child victims are added to the investigation at a later date, their parent/guardian must be notified of the pending investigation.

C) Extended Family

An extended family member interviewed by a Child Protection Specialist for information relevant to a pending report may, during the course of an investigation, request and receive the following information regarding the findings and actions taken by the Department to ensure the safety of the children who are subjects of the investigation:

- Name of the child victim of the report;
- The final finding determination;
- Whether the Department took protective custody;
- Whether a child welfare services case was opened for the family or children;
- What Department services are being provided the family or children; and
- Whether a safety plan has been established and is in force.

D) The Alleged Perpetrator

The Child Protection Specialist must also provide the **CANTS 8** and the **CFS 1050-54** to the alleged perpetrator at the time of the initial interview. The Child Protection Specialist shall date the **CANTS 8** and complete the additional information required by including the names of the alleged child victims and the allegations of the report. The Child Protection Specialist shall discuss the contents of the **CANTS 8** letter with alleged perpetrator. A contact note shall be used to document the delivery of the **CANTS 8** and any additional discussion.

At the initial interview with the alleged perpetrator, the Child Protection Specialist shall discuss whether the alleged perpetrator is a child care worker. The Child Protection Specialist shall review with the alleged perpetrator the definition of a child care worker, including whether the alleged perpetrator is actively engaged in the job seeking process for a child care position, currently enrolled or soon to be enrolled in an academic program which leads to a position as a child care worker or a current applicant for a license for a child care worker position.

2) Notification to Employers

A) Facilities

Child Protection Specialists shall, upon commencement of the investigation, notify the appropriate supervisor or administrator of an alleged perpetrator who is identified as a child care worker that an investigation has begun that may result in an indicated report. This notification may be waived if the Department Director determines the notification would be detrimental to the investigation. If the alleged perpetrator is employed in a child care facility, the facility administrator or licensee shall be advised that the alleged perpetrator is to have restricted contact with children. For additional information and instruction regarding the investigation of reports involving child care workers, staff should reference **Procedures 300.110 Special Types of Reports**.

At the conclusion of the investigation, The Child Protection Specialist shall notify the child care worker's employer in writing of the final finding of the investigation. If the final finding is to unfound the report, the employer shall be instructed to expunge any record of the investigation from the employee file. The Child Protection Specialist shall also inform the unfounded perpetrator that their employer has been notified that the investigation resulted in an unfounded final finding and that the employee has the right to take the notice to the employer to ensure any record of the investigation is expunged from the employee's personnel file.

B) Department Employees

When the alleged perpetrator is a Department or POS employee, the Child Protection Specialist shall verbally notify the employee that he/she is required to notify their immediate supervisor of the pending investigation. These activities are to be documented on a contact note. When the alleged perpetrator holds a Direct Child Welfare Services Employee license, the Child Protection Specialist shall notify the Office of Employee Licensure.

C) School Employees

Prior to the closure of an investigation of a school employee that has a recommended indicated final finding, the alleged victim is to be notified of the recommended finding and allowed an opportunity to review the facts of the case and provide any additional information to be considered. See **Procedures 300.110** for additional information and instruction. For all facility reports involving school employees, the Child Protection Specialist shall send a copy of their final finding to the general superintendent of that school district.

D) Foster Homes and Relative Placement Settings

When a child abuse and neglect investigation of a foster home or approved relative placement is unfounded, the Child Protection Specialist shall, with the consent of the foster parent, inform any collaterals who were contacted during the course of the investigation that the report was unfounded. The Child Protection Specialist must document in a contact note their discussion with the foster parent regarding the notification. The notification to collaterals should be sent by letter immediately after the decision of the Child Protection Supervisor to unfound the report and the foster parent's decision to consent to the notification.

E) Regarding Interviews of Children Who Are Not Victims

During the course of a facility investigation where it is necessary to interview a random sampling of children who are not identified as child victims, notification and a request to interview the parents of such children shall be completed by the Child Protection Specialist and documented in a contact note prior to the interview. **No interviews should take place without parental consent**.

F) Department of Defense Family Advocacy Program

Per ANCRA (325 ILCS 5/4.4b) it is the Department's duty to notify the geographically closest Department of Defense Family Advocacy Program whenever the Department receives a report of suspected abuse or neglect of a child and the child's parent or guardian is a service member who is named in the report as the alleged perpetrator. It is the Department's responsibility to determine the military status of a parent or guardian.

If the Department determines that the parent/guardian is a member of the Illinois National Guard, the Department shall also notify the office of the Adjutant General that there is a pending report of alleged abuse or neglect against the parent/guardian who is a service member.

3) Investigations Involving DCFS Youths in Care

If the alleged victim of an investigation is a DCFS youth in care, the Child Protection Specialist shall determine whether the child named in the report is the subject of an abuse and/or neglect petition pending in Juvenile Court.

When a youth in care is reported to have been abused or neglected while in a foster home or relative foster home (whether by the foster parent, caregiver, or any person residing in the home), the Child Protection Specialist shall promptly notify the following persons when the report was accepted and that the investigation is pending and later inform them of the final finding determination:

- Parent/guardian of the alleged victim;
- all Department or POS Permanency Workers responsible for the alleged victim and for any other children residing in the placement;
- those designated by the Director as responsible for evaluating the investigation and disposition of the report; and
- Department staff responsible for licensing and making placement with the facility.
- When the alleged perpetrator is the prospective adoptive parent of a child in the custody or guardianship of the Department, the Child Protection Specialist shall contact the child's Permanency Specialist or Adoption Worker supervising the adoptive placement to discuss the pending allegations. The Child Protection Specialist shall also provide any information obtained during the investigation that is relevant to determining the prospective adoptive parent's suitability to adopt the child.
- When the alleged victim resides in a residential facility or group home, the same notifications are to be made, however the case managers of all other children in the facility shall not be notified. **Only Permanency Workers of the victim, alleged perpetrator, and witness to the incident are to be notified.**

The Department shall also notify the following when a report involving a youth in care is indicated:

- The involved Juvenile Court, including the name and location of the office serving the child; and
- The Department Administrative Case Reviewer responsible for reviewing the case; and
- The youth in care's guardian ad litem, regardless of the final finding determination of the investigation.

4) **GAL Notification**

When the alleged child victim is a DCFS youth in care, the Child Protection Specialist shall notify the youth in care's guardian ad litem early in the course of the investigation.

A) When a Report is Indicated

If the final finding determination is to **indicate**, the Department shall transmit a copy of the completed report to the guardian ad litem appointed for the child under Section 2-17 of the Juvenile Court Act. ANCRA 5/7.14

B) When a Report is Unfounded

i) GAL Notification and Right to Review

If the Child Protection Specialist recommends an **unfounded** final finding determination, the Child Protection Specialist shall verbally notify the guardian ad litem (GAL) of the recommended unfounded determination, after the recommended finding has been reviewed by the Child Protection Supervisor and Area Administrator, and discuss the recommended determination with the GAL. If the GAL disagrees with the recommended determination, the Child Protection Specialist shall immediately notify the Child Protection Supervisor of the concerns raised by the GAL. The Child Protection Supervisor shall contact the GAL to attempt to resolve his/her concerns and to determine if there are additional investigation activities that need to be completed. If a resolution cannot be reached, the Child Protection Supervisor shall inform the GAL of his/her right to request a review of the intent to unfound the investigation. The Child Protection Supervisor and Child Protection Specialist shall document the notification of the recommended determination and all attempts to resolve any concerns identified by the GAL in a contact note.

The Department is required to verbally notify a child's GAL of any recommended final finding determination involving a child the GAL represents, including those cases where the child is named as a perpetrator in the report. **The GAL has the right to review an investigation when the recommended final finding determination is to unfound**. Should a GAL request a review of the intent to unfound an investigation, such review shall take place prior to the final determination being entered and shall be conducted by the Division of Child Protection Statewide Compliance Administrator or designee.

In order to ensure that the required notification takes place, the Child Protection Specialist shall add the child's GAL to the investigation as a collateral contact. Child Protection Specialists must confirm or obtain the name of the GAL representing the child from the juvenile court in the county where the child resides.

- The Child Protection Specialist shall enter interviews with a GAL into a contact 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 Child Protection Specialist has completed all required investigative tasks and **intends to unfound** an

investigation involving a youth in care, the case must be reviewed by the Child Protection Supervisor and Area Administrator, who will verify documented discussions with the GAL regarding the recommended finding and efforts to resolve any issues of contention.

- The Child Protection Specialist shall enter the recommended final finding determination to unfound in the allegation tab, however the case will remain in pending status until the final finding is entered.

- The Child Protection Specialist shall verify that the GAL's address is correct and then complete the **CANTS 9A, Notification of Intent to Unfound a Report of Child Abuse and/or Neglect Involving a Youth-in-Care**.

- If a **mandated reporter** requests a review after an unfounded final finding, SCR shall notify the Division of Child Protection Statewide Compliance Administrator to conduct the review. If the Statewide Compliance Administrator already conducted a GAL review or DUPUY Administrative Conference on the investigation, the mandated reporter review will be assigned to an Associate Deputy of Child Protection or an Area Administrator to conduct the mandated reporter review.

ii) Processing the **CANTS 9A, Notification of Intent to Unfound a Report of Child Abuse and/or Neglect Involving a Youth-in-Care**

The **CANTS 9A** and all hard copy documents not stored electronically 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 in:

- **Cook County:** Office of Legal Services; and

- **Downstate**: SCR.

Note: The SCR contact person shall be copied on all emails of the **CANTS 9A** and hard copy documents.

For Cook County: The Office of Legal Services contact person shall deliver the redacted investigation and hard copy documents, including a completed **CANTS 13, Police Report Redaction Notice** 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. For cases a GAL requests for a review, once the signed acknowledgment of receipt is obtained, the file must be emailed to the SCR contact person.

Downstate: After the Child Protection Supervisor and Area Administrator have reviewed a recommended finding to **unfound** a report, the Child Protection Specialist shall complete the **CANTS 9A** and then print and redact the file and all hard copy documents. The Child Protection Specialist shall scan and email the redacted documents, including a completed **CANTS 13** when a police report is part of the file, to the SCR contact person.

5) **Unfounded Reports of Alleged Abuse Involving Members of the Clergy**

When an investigation involves a member of the clergy as an alleged perpetrator, the Child Protection Specialist must determine if the cleric has access to or contact with children. If the cleric has access to or contact with children, the Child Protection Specialist shall notify the religious institution or religious official or hierarchical authority over the cleric of the investigation.

The Child Protection Supervisor shall send written notification of an **unfounded** final finding determination (only) to the same religious institution or religious official or hierarchical authority notified of the investigation. The Child Protection Supervisor shall also provide written documentation of this notification to the alleged perpetrator.

6) **Mandated Reporters**

A) **CANTS 4 or CANTS 5, Written Confirmations of Suspected Child Abuse/Neglect Report**

The SCR Call Floor Worker shall remind mandated reporters to follow up their report in writing by using the appropriate **CANTS** form provided by the Child Protection Specialist.

The Child Protection Specialist shall provide the mandated reporter with a **CANTS 4, Written Confirmation of Suspected Child Abuse/Neglect Report: Medical Professionals** or **CANTS 5, Written Confirmation of Suspected Child Abuse/Neglect Report: Mandated Reporters** when a report is called in by the respective mandated reporter and shall remind the mandated reporter of the need to complete the form and submit it to the local Child Protection unit. If necessary, the Child Protection Specialist shall help the mandated reporter complete their form by indicating what information is required. The original **CANTS 4 or CANTS 5** shall be placed in the investigative file.

B) Information Provided to the Mandated Reporter

Prior to completion of the investigation, the Child Protection Specialist shall verbally notify the mandated reporter of the recommended final finding determination and the actions taken to ensure child safety.

Whenever the Child Protection Specialist makes a recommended final finding determination to unfound, the mandated reporter will receive notification from SCR of the final finding and the mandated reporter may request a review of the investigation within 10 days of notification. This review shall be conducted by Statewide Compliance Administrator.

Mandated reporters may also receive additional information from SCR by submitting a written request to know whether a child or family services case has been opened for the reported family or children and what services are being provided. The mandated reporter's request to SCR must be in writing and include:

- the requestor's identify;
- notary attestation of the identity of the requestor;
- the subject name for whom the record is requested; and
- the purpose of the request.

b) Notifications by the Child Protection Specialist

1) Subjects of the Report

Within 5 calendar days of the Child Protection Supervisor approving the recommended final finding, the Child Protection Specialist shall make reasonable efforts to verbally notify the custodial and/or non-custodial parents, personal guardians or legal custodians of child subjects who have been added to the report by the Child Protection Specialist and the alleged perpetrator of the final finding and that the allegations were either:

- **Unfounded**, and that the investigative files will be retained in accordance with **Rule 431 Confidentiality of Personal Information of Persons Served by the Department of Children and Family Services**; or
- **Indicated**, and all Department records will be retained intact in accordance with **Rule 431 Confidentiality of Personal Information of Persons Served by the Department of Children and Family Services**.

The Child Protection Specialist shall communicate with limited/non-English speaking or hearing impaired persons as well as persons with other disabilities, using a method by which they can understand the notice (e.g., interpreters, TDD/TTYs, etc.). The Child Protection Specialist shall document all efforts to make such verbal notification and the method used in a contact note.

2) Mandated Reporters

After the Child Protection Supervisor has approved the recommended final finding, the Child Protection Specialists shall verbally notify the mandated reporter and Guardian Ad Litem (GAL), if applicable, of the recommended finding. If either the mandated reporter or the GAL disagrees with the recommended determination, the Child Protection Specialist shall immediately notify the Child Protection Supervisor of the concerns raised. The Child Protection Supervisor shall contact the reporter or guardian to resolve their issues and/or to determine if there are additional investigation activities that need to be completed. When a resolution cannot be reached, the Child Protection Supervisor shall inform the reporter or guardian of their right to appeal the recommended finding. The Child Protection Supervisor and Child Protection Specialist shall use contact notes to document the notification of the recommended determination and all attempts to resolve any issues identified by the reporter or guardian.

3) Collaterals

After supervisory approval of a recommended final finding to unfound a report, the Child Protection Specialist shall, with the consent of the adult subjects of the investigation, inform any collaterals who were contacted during the investigation that the report was unfounded. As approval of the parents, foster parents/relative caretakers is required, the Child Protection Specialist shall ask the parents, foster parents/relative caretakers during the course of the investigation whether they wish collaterals to be notified in writing if the report is unfounded. The Child Protection Specialist must document in a contact note his or her interview with the adult subject and the decision of the parents, foster parents/relative caretakers.

The notification to the collaterals shall be sent by letter on the **CFS 459, Child Investigator Letter**. Provided the parents, foster parents or relative caretakers, have consented to the notification, the **CFS 459** should be sent to collaterals immediately after the decision is made by the Child Protection Supervisor to unfound the report. Notification to limited/ non-English speaking persons as well as persons with disabilities shall be given in a manner in which they prefer, e.g., the notification shall be translated into the language of non-English speaking persons, notification to visually impaired persons shall be read to them or typed in Braille.

4) Extended Family

Once the Child Protection Supervisor has approved the recommended final finding, any extended family member interviewed by the Child Protection Specialist for relevant information during the course of the investigation may request and receive the following information about the findings and actions taken to ensure the safety of the child or children who were the subjects of the investigation:

- Name of the child who was the subject of the abuse or neglect report;
- The final finding of the investigation;
- Whether the Department took protective custody;
- Whether a child or family service case has been opened;
- What services are being provided to the family or child; and
- Whether a safety plan has been established.

5) School Notifications

The Child Protection Specialist shall inform the school the child is currently attending when protective custody has been taken and whether or not temporary custody is granted. School personnel to be included in this notification shall include the school nurse and counselor.

c) State Central Register (SCR) Notifications of the Final Finding

1) Notification to Subjects of a Report

Upon completion and closure of every investigation, SCR sends notification letters. The letters include official notifications to:

- alleged perpetrators regarding the final finding determination of the report;
- a non-involved parent/guardian regarding the final finding determination of the report;
- the non-custodial parent regarding the final finding determination of the report;
- the guardian ad litem regarding the final finding determination of the report;
- the mandated reporter regarding a recommended final finding; and
- the alleged perpetrator and parent/guardian, of the recommendation to unfound an unqualified report.

2) Activity Required of the Child Protection Specialist

While notification letters are sent by SCR, they require activity by the Child Protection Specialist prior to closure. The Child Protection Specialist shall ensure the address for all parties and subjects is correct by identifying the primary MAILING address and checking the address verification box in the person management screen. Child Protection Specialists must also list non-custodial parents who are not subjects of the report. This can be done by going to the Decision tab in the report and listing the name and address of all parent/guardians.

Note: Notification letters will not be printed and sent without verifying the addresses and listing non-custodial parent/guardians.

3) Notification to Schools of Indicated Child Victims

When a child who attends a public school is an indicated victim of physical or sexual abuse, the Child Protection Specialist shall enter the name and address of the child's school in the investigation summary. The Child Protection Specialist shall notify SCR of the school's contact information using the **CANTS 2F, SCR Notification Request Form**. SCR will order a special print of the investigation summary that will be sent to the child's school where it will be maintained in accordance with the Illinois School Student Records Act. SCR shall provide instructions to the school that the investigation summary is to be returned to the Department when the child turns 18 years of age or five years after the final finding date, whichever occurs first. The school will also receive notification from SCR to return the investigation summary if the finding is overturned on appeal by the Administrative Hearings Unit. The child's parents will receive SCR notification of the Department's legal requirement to notify the school of the indicated finding.

4) Notification to Department of Professional Regulations/State Board of Education

A) Notification to the Illinois Department of Professional Regulations

SCR is required to notify the Illinois Department of Professional Regulations of any indicated perpetrator (whether indicated with respect to their professional or personal life) who holds a certificate or licensure for further assessment.

The Child Protection Specialist shall inquire during the interview with the alleged perpetrator, if he/she holds any type of licensure. Such inquiry shall be made whether the incident of abuse or neglect occurred within the private or professional life of the alleged perpetrator. SCR is required to notify the Illinois Department of Professional Regulations of any indicated perpetrator who holds a certificate or licensure for further assessment, regardless of whether the perpetrator's involvement was in their professional capacity or private life.

B) Notification to the Illinois State Board of Education

SCR sends notification to the Illinois State Board of Education regarding any indicated perpetrator employed by a school system. If the perpetrator is employed by a school system, the Child Protection Specialist shall complete a **CANTS 2F** and fax it to the State Central Register for notification to the Illinois State Board of Education, regardless of whether the report involved the employee's professional capacity or private life.

When a Call Floor Worker receives a call stating a child is not enrolled and attending school, notification is made by SCR to the local District Superintendent where the child resides.

5) Special Notifications

A) Reports of Animal Abuse or Neglect

During the course of an investigation, if the Child Protection Specialist observes or reasonably believes an animal is being abused or neglected in violation of the Humane Care for Animals Act, the Child Protection Specialist shall contact the Department of Agriculture's Bureau of Animal Health and Welfare (217-782-6657 or 217-524-3006) to make a report. Such calls must be documented in a contact note

B) Notifications to the Mexican Consulate

i) Notification of the Mexican Consulate

The Memorandum of Understanding between the Illinois Department of Children and Family Services and the Consulate General of Mexico requires the Department to notify the Mexican Consulate in writing within ten working days of the decision to take protective custody of a Mexican or Mexican American minor or at any time one of the following occurs:

- A child for whom the Department is legally responsible (including protective custody) is identified as having Mexican ancestry;
- A parent or custodian of a Mexican or Mexican American minor requests that the consulate be notified; or
- The Department learns that a non-custodial parent resides in Mexico.

ii) Required Consent to Release Information

In order for the Department to notify the Mexican Consulate of a child in protective custody who is of Mexican ancestry, the Child Protection Specialist must obtain the written consent of the parent/guardian with the **CFS 600-3, Consent for the Release of Information**. If the parent/guardian refuses to sign the consent, the Child Protection Specialist shall document the refusal in the space provided on the **CFS 1000-6, Notification to Mexican Consulate**.

Note: While information cannot be released to the Mexican Consulate without the consent of the parent or custodian, workers are still required to submit the **CFS 1000-6** to the Office of Latino Services.

iii) Notification to the Office of Latino Services

Child Protection Specialists and Permanency Workers are required to notify the Office of Latino Services **within five working days of taking protective custody** of a child who is a Mexican or Mexican American minor. Once the child is determined to be of Mexican ancestry, the Child Protection Specialist must submit the completed **CFS 1000-6** and **CFS 600-3** (when signed) by fax to: Chief, DCFS Office of Latino Services at (312) 808-5134.

6) Notification to Law Enforcement

A) Upon the Child Protection Specialist's verbal notification to law enforcement, a **CANTS 14, Child Abuse Law Enforcement Notification** shall be completed for all reports alleging the death or serious injury of a child. Allegations of serious injury include, but are not limited to:

- ✓ Head injuries
- ✓ Skull fracture
- ✓ Subdural hematoma
- ✓ Second degree burns
- ✓ Internal injuries
- ✓ Torture of a child
- ✓ Malnutrition of a child
- ✓ Sexual abuse to a child

Note: The **CANTS 14** may also be utilized to notify the local State's Attorney office.

B) When quantities of illegal drugs are observed during the course of an investigation or are noted within the narrative report from the State Central Register, the Child Protection Specialist shall notify local law enforcement and document the notification in a contact note.

7) **Notification To State's Attorney Of A Second Indicated Child Abuse Report**

Within 48 hours after indicating the second report of child abuse on a family, regardless of severity and regardless of whether the same person was indicated, the Child Protection Specialist shall send to the State's Attorney a redacted and completed investigative report along with a completed **CANTS 12 Notification To State's Attorney Of A Second Indicated Child Abuse Report**.

8) Other Notifications

There are other notifications required during the course of an investigation that are allegation specific and can be referenced in **Procedures 300, Appendix B The Allegations System** or **Procedures 300.110, Special Types of Reports**. It is necessary to refer to those sections for individual, specific notifications required under those circumstances. Notifications made by the Child Protection Specialist should always be documented in a contact note.

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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.dcfsreporting@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.