CANTS 4
10/00

State of Illinois
Department of Children and Family Services

Appendix D

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

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

Child's Name _____

Sex _____ Age _____

Address _____ _____ _____ _____

(Street) (City) (Zip) (County)

Parent's/Custodian's Name _____

Address _____ _____ _____ _____

(Street) (City) (Zip) (County)

Where first seen _____ Date _____

Brought In by _____ Relationship _____

Nature of child's condition:

Evidence of previous suspected abuse(s)/neglect:

Reporter's immediate plan for child including whereabouts:

Remarks:

Person presumed to have abused/neglected child:
◯ Father ◯ Mother ◯ Stepfather ◯ Stepmother ◯ Sibling ◯ Other _____

PERSON MAKING REPORT

Name (Please Print)

Medical Facility

Address

Date

PERSON MAKING REPORT (Check Appropriate Box)

- ☐ Attending Physician
- ☐ Surgeon
- ☐ Hospital Administrator
- ☐ Medical Examiner
- ☐ Coroner
- ☐ Registered Nurse
- ☐ Licensed Practical Nurse
- ☐ Dentist
- ☐ Osteopath
- ☐ Podiatrist
- ☐ Chiropractor
- ☐ Christian Science Practitioner
- ☐ Social Worker
- ☐ Social Services Administrator
- ☐ Registered Psychologist
- ☐ Psychiatrist
- ☐ Advanced Practice Nurse
- ☐ Other _____

Signature _____

(MAILING INSTRUCTIONS ON REVERSE SIDE)

INSTRUCTIONS

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

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

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

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

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

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

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

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

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

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

MAILING INSTRUCTIONS

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