

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

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

ABOUT: \_\_\_\_\_  
Child's Name Child's Birth Date

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

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

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

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

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

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

**PLEASE CHECK THE APPROPRIATE RESPONSE:**

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

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

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

## INSTRUCTIONS

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

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

## MAILING INSTRUCTIONS

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

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

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

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

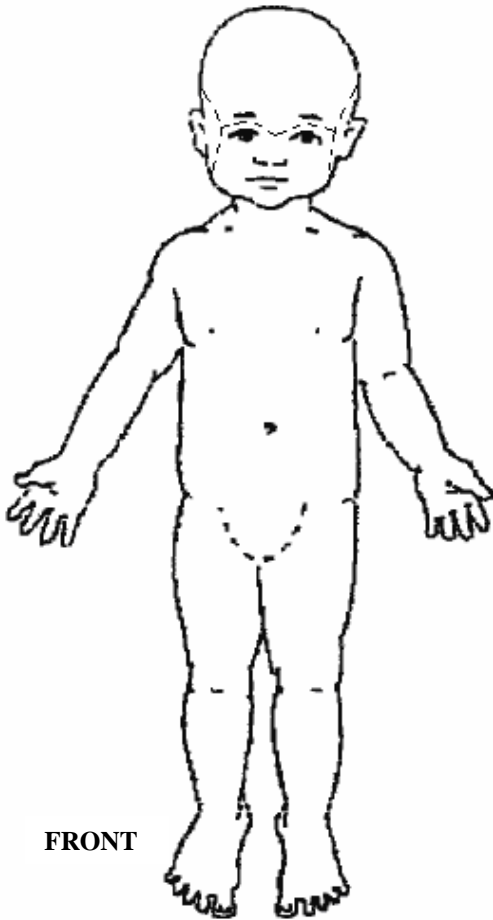
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3<sup>rd</sup> Child's Birth Date

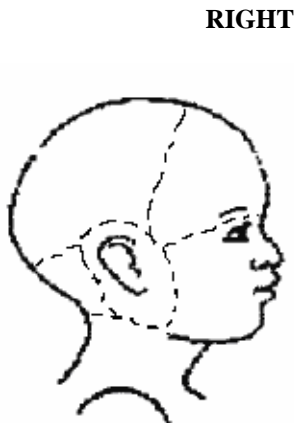
Date: November 2014

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

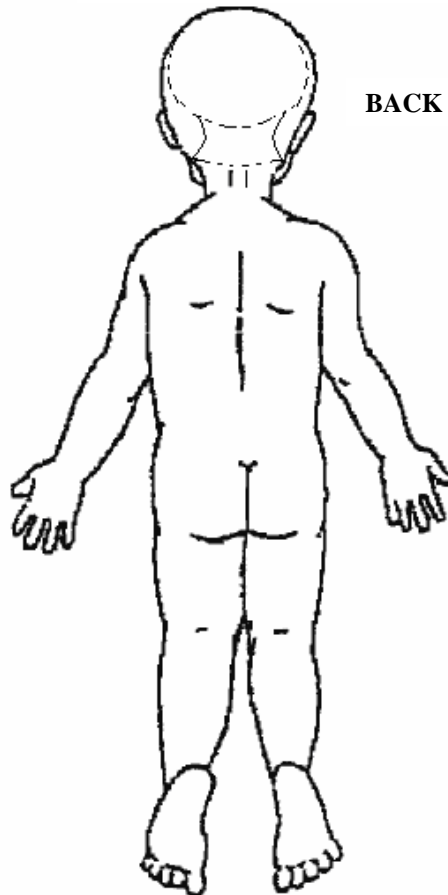
State of Illinois  
Department of Children and Family Services  
**SUSPECTED ABUSE INJURY NOTESHEET**



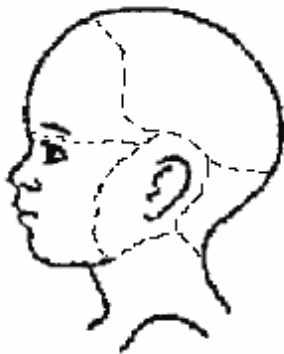
FRONT



RIGHT



BACK



LEFT

SCR. No. \_\_\_\_\_

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

Investigator \_\_\_\_\_

Date \_\_\_\_\_

Using the table below, indicate and describe on the figure(s) the type, location and size of all marks and injuries.

- Abrasion – Scrape on skin
- Burn – Heat, electric, chemical
- Blister – Thin rounded swelling of the skin that contains fluid
- Bruise\* Skin not broken (describe)
  - Swelling
  - Redness
  - Blue/purple
  - Green
  - Yellow

Petechiae – Tiny, purple or red spots under the skin

Rash – Skin eruption with little or no elevation

Scar – Mark left after healing

Welt – Elevation on unbroken skin produced by whip, lash or blow

(One inch)

(\_\_\_\_\_)

\*Because the coloring of a bruise is dependent upon the depth, size, thickness, skin coloring and amount of blood at the site of the injury, aging of bruises is highly inaccurate. However, redness and swellings are signs of newer bruising; while yellow is the color commonly accepted as the shade of a bruise before it disappears.

I witnessed the observation of

\_\_\_\_\_

Location: \_\_\_\_\_

Time: \_\_\_\_\_

I have reviewed the drawings and they fairly represent the appearance of the child's injuries at this time.

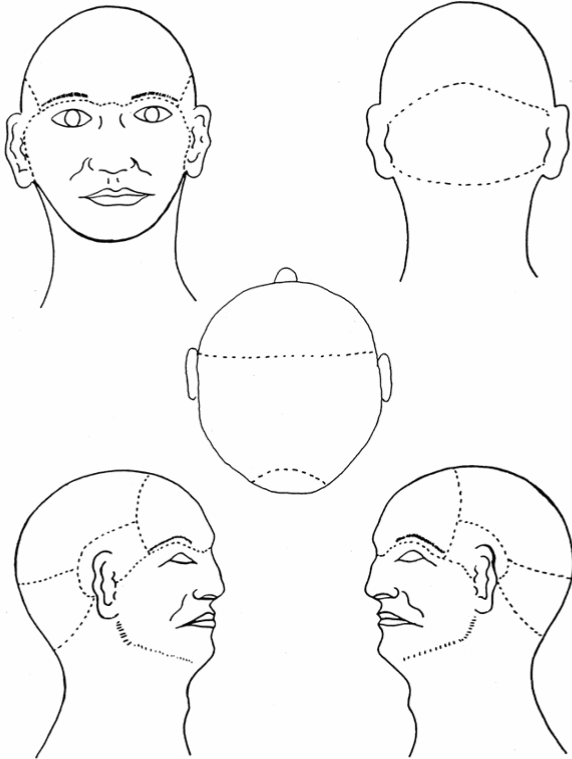
Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

The patient's hand (palm plus digits) represents approximately 1% of the body surface area.

State of Illinois  
Department of Children and Family Services  
**SUSPECTED ABUSE AND INJURY NOTESHEET**



SCR. No. \_\_\_\_\_

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

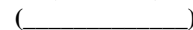
Investigator \_\_\_\_\_

Date \_\_\_\_\_

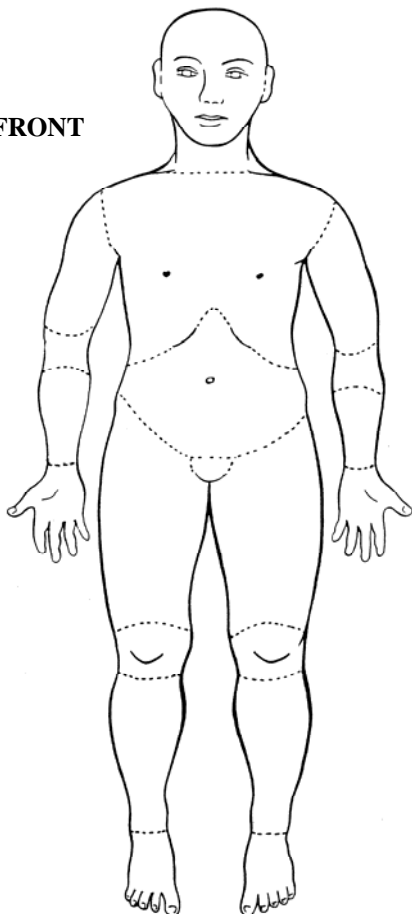
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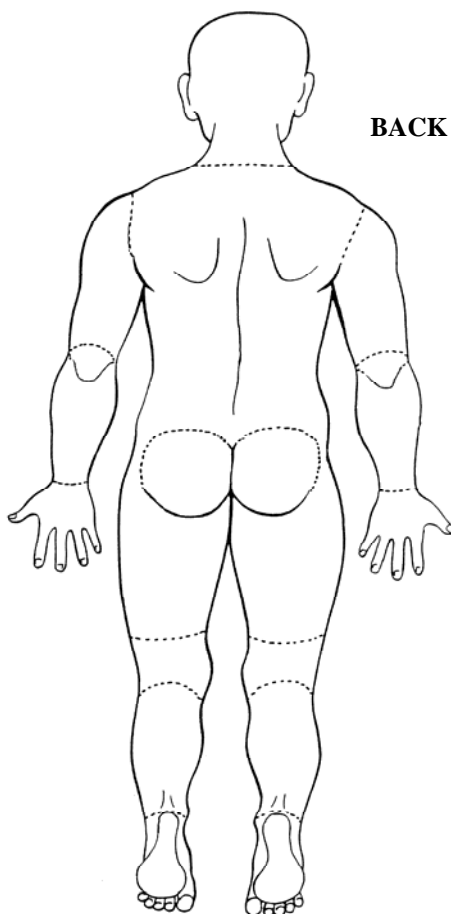
(One inch)



**FRONT**



**BACK**



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