

Mandated Reporter – Definition

A Mandated Reporter for purposes of this document usually refers to a healthcare provider as defined as “any licensed health care professional – public or private health care facility – in the State of Illinois.”

Mandated Reporter

1. As healthcare providers, we are required by law to report if a child is suspected of being abused in any way. We are also required to report suspected abuse of an elderly person (usually over the age of 60) if that person is unable to report the abuse on their own as described below. If any mandated reporter has reason to believe than an eligible adult, who because of dysfunction is unable to seek assistance for himself or herself, has, within the previous 12 months, been subjected to abuse, neglect, or financial exploitation, the mandated reporter shall, within 24 hours after developing such belief, report this suspicion to an agency designated to receive such reports. We are also required to offer a person suspected to be a victim of abuse immediate and adequate information regarding services available to victims of abuse.
2. Any person who makes a report in good faith is exempt from criminal and liability disciplinary actions.
3. Failure to report such an incident can result in a class A misdemeanor and/or review from the Illinois State Medical Disciplinary Board.
4. Elder Abuse and Neglect Programs provide around the clock service, and are designated locally by the Area Agency on Aging and the Department on Aging.
5. Suspected abused child or neglected child must be reported immediately to DCFS Central Register at 1-800-25-ABUSE or in person or by phone to the nearest DCFS Office.
6. All licensed personnel must sign the Illinois Domestic Violence Act Acknowledgment of Duty to Disclose, as well as the Illinois Abuse and Neglected Child Reporting Act Acknowledgement of Mandated Reporter Status Forms.
7. The original signed form will be kept in the Human Resource Department as an official record. A copy of the form may be kept in the departmental personnel file. Forms are located at: <http://Intranet.siumed.edu/forms/fna/hrforms.html>. Scroll down to the Illinois Abuse & Neglected Child Reporting Act Acknowledgment of Mandated Reporters Status, and the Illinois Domestic Violence Act Acknowledgment of Duty to Disclose forms.
8. Unlicensed health care personnel are not required to sign either form, but are still required to report suspected abuse or neglect to a licensed person.

A. Steps to Reporting Elder Abuse – (Elder is defined as anyone age 60 or over)

1. Contact local Elder Abuse Program –
 - ✓ Senior Services of Illinois (217) 528-4035. For locations outside of Sangamon County call, The Illinois Department on Aging at **1-800-252-8966, (1-800-279-0400 after hours)**
2. The reporter should acquire as much information about the case including: The name, address, telephone number, sex, and condition of the alleged victim. As well as the name, sex, age, and relationship to the victim of the alleged abuser. The reporter should also note the circumstances leading him or her to believe the alleged victim was abused, whether or not that person is in immediate danger, if the client is capable of self-reporting, other witnesses involved, and any other relevant information regarding the case.
3. Depending on the nature and seriousness of the case, a trained caseworker from the local elder abuse agency will make face-to-face contact with the alleged victim.
4. The case worker can monitor the situation for up to 15 months from the date of incident, and reassess as necessary.
5. All reports are kept confidential.

Types of Elder Abuse

- Physical abuse

- The non-accidental use of force that results in bodily injury, pain or impairment, including but not limited to, being slapped, burned, cut, bruised or improperly physically restrained.
- Sexual abuse
 - Non-consensual sexual contact of any kind, including forcing sexual contact.
- Emotional abuse
 - Willful infliction of mental or emotional anguish.
 - May include threats, humiliation, and intimidation.
 - Frightening or isolating an adult.
 - Active or passive neglect.
 - May be “active” if done willfully, “passive” if it occurs because of inadequate caregiver knowledge or ability.
 - Deprivation of food, water, heat, clean clothing and bedding, eyeglasses, dentures
 - Denial of health related services.
 - Abandonment.
- Self neglect
 - An adult’s inability, due to an impairment, to perform tasks necessary to self care, maintain physical and mental health, obtain everyday essentials, or manage finances.
- Financial exploitation
 - Improper use of an adult’s funds, property, or resources by an individual.
 - Includes fraud, false pretenses, embezzlement, conspiracy, forgery, falsifying records, coercing property transfers, denying access to assets.

Indicators of Abuse From Caregiver/Family Member

1. Indifference or hostility to the client.
2. Excessive blaming of client.
3. Problems with alcohol or drugs.
4. Previous history with violence.
5. Failure to comply with the care plan.
6. Social isolation of the victim; withholding affection.
7. Conflicting accounts of the incidents.
8. Threats and intimidation of client.

Indicators of Abuse From Client

1. Withdrawn, depressed, resigned, and/or helpless.
2. Hesitates to talk openly.
3. Gives implausible stories about injuries or events.
4. Denies Problems.
5. Appears fearful of caregiver or family member.
6. Has lost touch with family and friends other than caregiver or alleged abuser.

B. Steps to Reporting Child Abuse or Neglect – (Anyone under the age of 18)

1. Immediately contact **DCFS Central Register (188-25-ABUSE) (1-800-252-2873)** or in person. The hot line # operates 24 hours a day, 7 days a week, 365 days a year.
2. The reporter should acquire as much information about the case including: name, address, telephone number, sex and condition of the alleged victim, as well as the name, sex, age and relationship to the victim of the alleged abuser. The reporter should also note the circumstances leading him/her to believe the alleged victim was abused, whether or not the person is in immediate danger and any other relevant information regarding the case.
3. If mandated reporter willfully fails to report suspected child abuse or neglect, the person may be found guilty of a Class A misdemeanor. This does not apply to physicians, who will be referred to the Illinois State Medical Disciplinary Board for action.
4. A mandated reporter subject to licensing under the Illinois Nursing Act, the Medical Practice Act, the PA practice Act, the Psychologist Registration, the Social Workers Registration Act, may be

subject to license suspension or revocation if the mandated reporter willingly fails to report suspected child abuse or neglect.

C. Steps for Domestic Violence Requirements

Any person who is licensed, certified or otherwise authorized by the law of Illinois to administer health care in the ordinary course of business or practice of a profession shall offer to a person suspected to be a victim of abuse immediate and adequate information regarding services available to victims of abuse including, shelters or agencies located near School of Medicine locations such as **Carbondale Women's Center (800) 334-2094, Decatur Dove Domestic Violence Program (217) 423-2238, Quincy Quanada, (217) 223-2030 and Springfield Sojourn Center (217) 726-5200.**

D. Other Mandated Reporting Requirements – (IDPH reporting, call 1-800-252-4343. For Sangamon County, call 217-782-4977 for locations outside of Sangamon County please call the 800 number).

1. Abused and Neglected Long Term Care Facility Resident Reporting Act, 210 ILCS 30, and Central Complaint Registry, 77 IAC 400 and the ETC.
A Mandated reporter, who has reasonable cause to believe any resident with whom they have direct contact has been subjected to abuse or neglect, must immediately report his/her belief by telephone to **IDPH Central Register (1-800-252-4343)** or in person or by telephone to the nearest IDPH office. The report must also be made in writing, deposited in the USA Mail, postage prepaid, within 24 hours. Report may be made to local law enforcement, reporter shall immediately inform IDPH.
2. Lead Poisoning Prevention Act, 410 ILCS 45/7; and Lead Poisoning Prevention Code, 77 IAC 845.1
A mandated reporter must report a confirmed lead level of 10 micrograms per deciliter or higher to the IDPH, in writing or electronically, within 48 hours after receipt of verification. The form used to report can be located at http://www.idph.state.il.us/envhealth/pdf/Blood_Lead_Test_Result.pdf
3. Autism Spectrum Disorders Reporting Act, 410, ILCS 201/15
A mandated reporter must report the diagnosis of any individual that resides in the State with an autism spectrum disorder to the IDPH within 30 days.
4. Infant Eye Disease Act, 410 ILCS 215
A mandated reporter, observing or having a reasonable opportunity to observe the condition known as ophthalmia neonatorum, must report the condition, in writing or by telephone followed by a written report, with 6 hours, to the local health authorities where the mother resides.
5. Pertussis Vaccine Act, 410 ILCS 235/8
A mandated reporter, who within 30 days of administering a Pertussis vaccine, has reason to believe that the recipient has had a major adverse reaction, must report the adverse reaction, the manufacturer and Lot number of the vaccine to the IDPH.
6. Reye's Syndrome Reporting Act, 410 ILCS 245 and Rules Governing The Reporting of Reye's Syndrome, 77 IAC 663
A mandated reporter, who either diagnoses or confirms the existence of Reye's Syndrome, must report the diagnosis or confirmation, within 1 week, to the local health authority or the IDPH.
7. Control of Tuberculosis Code, 77 IAC 696
A mandated reporter must report suspected or confirmed cases of TB to the Local TB control authority or the IDPH, within 7 calendar days, by telephone or fax followed by a written report by mail.

8. STD Control Act, 410 ILCS 325/4 and Control of STD Code, 77 IAC 693.
A mandated reporter must report the diagnosis, treatment, or positive test result of an STD within 7 days to the local health authority or the IDPH.
 9. Consent by Minors to Medical Procedures Act, 410 ILCS 210
A mandated reporter must report an STD diagnosis for minors 12 years of age and older to the IDPH or the local board of health.
 10. Control of Communicable Diseases Code, 77 IAC 690
A mandated reporter must report a known or suspected case or carrier of a communicable disease, a communicable disease death, or in the case of a laboratory, certain positive test results to the local health authority via mail, telephone, fax or electronically. Class 1A communicable diseases must be reported immediately, within 3 hours of initial suspicion. Class 1B communicable diseases must be reported as soon as possible during normal business hours but within 24 hours. Class 2 communicable diseases must be reported as soon as possible during normal business hours but within 7 days.
 11. Criminal Identification Act, 20 ILCS 2630
A mandated reporter must notify the local law enforcement agency, as soon as treatment permits when it reasonably appears that any person (who is not accompanied by a law enforcement officer) is requesting treatment for (1) any injury resulting from the discharge of a firearm, or (2) any injury sustained in the commission of or as a victim of a criminal offense.
 12. Counties Code. 55 ILCS 5/3-3020
A mandated reporter must notify the coroner promptly if he/she is in attendance upon a decedent at the time of his/her death, where the death is suspected of being I(a) a sudden or violent death where apparently suicidal, homicidal or accidental, including but not limited to deaths apparently caused or contributed to by thermal, traumatic, chemical, electrical or radiation injury, or a complication of any of them, or by drowning or suffocation, or as a result of domestic violence as defined in the Illinois Domestic Violence Act of 1986; (b) a maternal or fetal death due to abortion, or any death due to a sex crime or a crime against nature; (c) a death where the circumstances are suspicious, obscure, mysterious or otherwise unexplained or where, in the written opinion of the attending physician, the cause of death is not determined; (d) a death where addiction to alcohol or to any drug may have been a contributory cause.
- Information obtained and reported shall remain confidential

*(sos—mandated reporter)
Last updated 4/16/09 – reviewed by legal
Approved by Clinic Ops: 5/21/09*