**Section 300.APPENDIX B Child Abuse and Neglect Allegations**

This Appendix describes the specific incidents of harm which must be alleged to have been caused by the acts or omissions of the persons identified in Section 3 of the Abused and Neglected Child Reporting Act before the Department will accept a report of child abuse or neglect. The allegation definitions focus upon the harm or the risk of harm to the child. Many of the allegations of harm can be categorized as resulting from either abuse or neglect. All abuse allegations of harm are coded with a one or two digit number under 50. All neglect allegations of harm are coded with a two digit number greater than 50. The allegations of harm are defined as follows:

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| **ALLEGATION #** | **DEFINITION** |

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| **1/51** | **Death** |
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|  | Death means the permanent cessation of all vital functions. |
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|  | The following definitions of death are also commonly used: |
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|  | ● | Total irreversible cessation of cerebral function, spontaneous function of the respiratory system, and spontaneous function of the circulatory system; |
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|  | ● | The final and irreversible cessation of perceptible heartbeat and respiration. |
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|  | Verification of death must come from a physician or coroner. |

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| **2/52** | **Head Injuries** |
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|  | As used in this Part, head injury means a serious head injury causing skull fracture, brain damage or bleeding on the brain, such as subdural hematoma. Brain damage, skull fractures, hematomas and subdural hematomas are considered head injuries. |
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|  | Brain Damage |
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|  | Brain damage means injury to the brain contained within the cranium skull. |
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|  | Skull Fracture |
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|  | Skull fracture means a broken bone of the skull. |
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|  | Hematoma |
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|  | Hematoma means a swelling or mass of blood (usually clotted) confined to an organ, tissue or space and caused by a break in a blood vessel. |
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|  | Subdural Hematoma |
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|  | Subdural means beneath the dura mater (the outer membrane covering the spinal cord and brain). |
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|  | A subdural hematoma is located beneath the membrane covering the brain and is usually the result of head injuries or the shaking of a small child or infant. It may result in the loss of consciousness, seizures, mental or physical damage, or death. |
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|  | Additional abusive head trauma includes subarachnoid subgaleal and epidural hematomas. |
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|  | Shaken Baby Syndrome  |
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|  | Abusive head trauma in infants and children is the medical diagnosis and communication to describe the historical term shaken baby syndrome. |
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|  | Shaking of an infant causes stretching and tearing of blood vessels in the brain causing subdural hematoma, bleeding in the brain and retinal hemorrhage. These injuries may occur with or without obvious evidence of impact. |
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|  | Verification of head injuries and the presence or absence of any predisposing medical condition that may have caused or contributed to the injuries must come from a physician, preferably a neurosurgeon or radiologist. |

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| **4/54** | **Internal Injuries** |
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|  | An internal injury is an injury which is not visible from the outside, e.g., an injury to the organs occupying the thoracic or abdominal cavities. Such injury may result from a direct blow or a penetrating injury. A person so injured may be pale, cold, perspiring freely, have an anxious expression, or may seem semicomatose. Pain is usually intense at first, and may continue or gradually diminish as patient grows worse. |
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|  | Verification of internal injuries must come from a physician. |

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| **5/55** | **Burns** |
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|  | Burns |
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|  | Burns are tissue injuries resulting from excessive exposure to thermal, chemical, electrical or radioactive agents. The effects vary according to the type, duration and intensity of the agent and the part of the body involved. Burns are usually classified as first, second, third or fourth degree. |
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|  | ● First Degree (Partial Thickness) |
|  | First degree burns are superficial burns in which damage is limited to the outer layer of the epidermis (skin) and are characterized by scorching or painful redness of the skin.  |
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|  | ● Second Degree (Partial Thickness) |
|  | Second degree burns are burns in which the damage extends through the outer layer of the skin into the inner layers (dermis). Blistering will be present within 24 hours. |
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|  | ● Third Degree (Full Thickness) |
|  | Third degree burns are burns in which both layers of the skin (epidermis and dermis) are destroyed with damage extending into underlying tissues, which may be charred or coagulated. |
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|  | ● Fourth Degree (Full Thickness) |
|  | Fourth degree burns are burns that extend beyond skin and underlying tissues into bone, joints and muscles. |
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|  | Scalding |
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|  | Scalding is a burn to the skin or flesh caused by moist heat and hot vapors, as steam. |
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|  | Verification must come from a physician. |

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| **6/56** | **Poison/Noxious Substances** |
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|  | Poison |
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|  | A poison is any substance, other than mood altering chemicals or alcohol, taken into the body by ingestion, inhalation, injection, or absorption that interferes with normal physiological functions. Virtually any substance can be poisonous if consumed in sufficient quantity. Therefore, the term poison more often implies an excessive amount rather than the existence of a specific substance. |
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|  | Noxious Substances  |
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|  | Any substance deemed to be harmful, injurious, not wholesome. |
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|  | Verification must come from a physician or by a direct admission from the alleged perpetrator that the poison/noxious substance was given to the minor by other than accidental means. |

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| **7/57** | **Wounds** |
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|  | A wound is a gunshot or stabbing injury. |
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|  | Verification must come from a physician, a law enforcement officer or by a direct admission from the alleged perpetrator. |

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| **9/59** | **Bone Fractures** |
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|  | A fracture is a broken bone or certain cartilage injuries such as a broken nose. |
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|  | Metaphyseal/Epiphyseal Fractures |
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|  | Fractures located at the end of bones. They are commonly described as corner fractures, chipped fractures or bucket-handle fractures. |
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|  | Diaphyseal Fractures |
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|  | Diaphyseal fractures are located in the bone shaft. Fractures in the shaft of long bones of the extremities are spiral (oblique) or transverse. A spiral fracture is caused by twisting or rotational force. Transverse fractures results from a direct blow or bending force. |
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|  | Verification of the injury and the likely cause, including presence or absence of any predisposing medical conditions that may have caused or contributed to the injury, must come from a physician, preferably an orthopedist or radiologist. |

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| **10/60** | **Substantial Risk of Physical Injury (Abuse)/Environment****Injurious to Health and Welfare (Neglect)** |
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|  | **10 − Substantial Risk of Physical Injury (Abuse)** |
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|  | Substantial risk of physical injury means that the *parent*, caregiver, *immediate family member* aged 16 or over, other person *residing in the* *home* aged 16 or over, or the *parent's paramour* has created a real and significant danger of *physical injury by other than accidental means that would likely cause* *death,* *disfigurement, impairment of physical health or loss or impairment of* *any body function* [325 ILCS 5/3]. This allegation of harm is to be used when the type or extent of harm is undefined but the total circumstances lead a reasonable person to believe that the child is at substantial risk of physical injury. This allegation of harm also includes incidents of violence or intimidation directed toward the child that have not yet resulted in injury or impairment but that clearly threaten injury or impairment.  |
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|  | Incidents |
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|  | Examples of incidents that can cause a substantial risk of physical injury include, but are not limited to: |
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|  | ● | Choking the child; |
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|  | ● | Smothering the child; |
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|  | ● | Pulling the child's hair out; |
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|  | ● | Violently pushing or shoving the child into fixed or heavy objects; |
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|  | ● | Throwing or shaking a smaller child; |
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|  | ● | Subjecting the child to participation in or witnessing the physical abuse or restraint of another person when it is used by the perpetrator to intimidate the child (e.g., this could happen to you, this will happen to you); or |
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|  | ● | Other violent or intimidating acts directed toward the child that cause excessive pain or fear. |
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|  | Circumstances |
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|  | Examples of circumstances that place the child in substantial risk of physical injury include, but are not limited to: |
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|  | ● | A perpetrator of child abuse who has been ordered by a court to remain out of the home returns home and has access to the abused child; |
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|  | ● | Anyone living in the home has a documented history of violence toward children or has been arrested for violence to a child; |
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|  | ● | Domestic violence in the home when the child has been threatened and the threat is believable, as evidenced by a past history of violence or uncontrolled behavior on the part of the perpetrator; |
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|  | ● | Allowing or encouraging a child to be involved in a criminal activity; or |
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|  | ● | The circumstances surrounding the death of one child provides reason to believe that another child is at real and significant risk of harm. |
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|  | **60 − Environment Injurious to Health and Welfare (Neglect)**Environment injurious means that a *child's* *environment creates a likelihood of harm to the child's health, physical well-being or welfare and* that *the likely harm to the child is the result of a blatant disregard of parent or caretaker responsibilities* [325 ILCS 5/3]. This allegation shall be used when the type or extent of harm is undefined but the totality of circumstances, including inculpatory and exculpatory evidence, leads a reasonable person to believe that the child's environment may likely cause harm to the child's health, physical well-being or welfare due to the parent's or caretaker's blatant disregard. Blatant disregard is defined as *an incident where the real, significant and imminent risk of harm would be so obvious to a reasonable parent or caretaker that it is unlikely that a reasonable parent or caretaker would have exposed the child to the danger without exercising precautionary measures to protect the child from harm* [325 ILCS 5/3]*.* This allegation of harm shall also be used when there are conditions that create a real, significant and imminent likelihood of harm to the child's health, well-being or welfare (i.e., domestic violence, intimidation, or a child's participation in a criminal act) and the parent or caretaker blatantly disregarded his/her parental responsibility by failing to exercise reasonable precautionary measures to prevent or mitigate the imminent risk of moderate to severe harm. |
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|  | Circumstances |
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|  | Examples of circumstances that may create real, significant and imminent risk of moderate to severe harm include, but are not limited to: |
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|  | ● | exposure to toxic vapors resulting from flammable or corrosive chemicals used in the manufacture of illicit drugs; |
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|  | ● | the circumstances surrounding the death of one child provides reason to believe that another child is at real, significant and imminent risk of harm; |
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|  | ● | exposing a child to an environment that significantly affects the health and safety of the child, based on the sale or manufacture of illegal drugs; |
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|  | ● | a court has adjudicated a parent as unfit and the parent has not completed services that would correct the conditions or behavior leading to the court finding; |
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|  | ● | situations that place a child at substantial risk of harm due to the effects of being subjected to participation in or the witnessing of the use of physical force or restraint of another. |
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|  | Examples of circumstances that may, though not by themselves, create a real, significant and imminent risk of moderate to severe harm include, but are not limited to: |
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|  | ● | Domestic Violence: The Illinois Domestic Violence Act defines domestic violence as a crime in which *physical abuse, harassment, intimidation of a dependent, interference with personal liberty or willful deprivation* [750 ILCS 60/103(1) and (3)] is perpetrated by one family or household member against another. *Family or household members include spouses, former spouses, parents, children, stepchildren and other persons related by blood or by present or prior marriage, persons who share or formerly shared a common dwelling, persons who have or allegedly have a child in common, persons who shared or allegedly share a blood relationship through a child, persons who have or have had a dating or engagement relationship, persons with disabilities and their personal assistants and caregivers as defined* *in* Section 12-4.4a of the Criminal Code of 2012 [720 ILCS 5/12-4.4a]. [720 ILCS 5/12-0.1] |
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|  |  | ● An incident of past or current domestic violence may qualify for an allegation of environment injurious if the domestic violence creates a real, significant and imminent risk of moderate to severe harm to the child's health, physical well-being, or welfare, and the parent or caregiver has failed to exercise reasonable precautionary measures to prevent or mitigate the risk of harm to the child. |
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|  |  | ● Domestic violence is also referred to as "intimate partner violence". The adult victim of domestic violence, who is the non-offending parent or caregiver, is presumed to not be neglectful or to have created an environment injurious to the child so long as he or she has exercised precautionary measures to prevent or mitigate the real, significant and imminent risk of moderate to severe harm to the child. |
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|  | ●  | Mental Health: A parent's or caregiver's mental illness and behavior may qualify for an allegation of environment injurious if an incident or behavior that is symptomatic of the mental illness creates a real, significant and imminent risk of moderate to severe harm to the child's health, physical well-being or welfare, and if the parent or caregiver has failed to exercise reasonable precautionary measures to prevent or mitigate the risk of harm to the child. To indicate an allegation based on this factor, the Investigation Specialist must rule out dependency, as defined in the Juvenile Court Act of 1987 [705 ILCS 405], as the presenting problem. |
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|  | ●  | Substance Abuse/Dependence: A parent's or caregiver's substance abuse/dependence and behavior may qualify for an allegation of environment injurious if an incident or behavior caused by the substance abuse/dependence creates a real, significant and imminent risk of moderate to severe harm to a child's health, physical well-being or welfare, and if the parent or caregiver has failed to exercise reasonable precautionary measures to prevent or mitigate the risk of harm to the child. |
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|  | ●  | Prior Harm to a Child: Prior harm to a child may qualify for an allegation of environment injurious on behalf of another child if the prior incidents of harm create a real, significant and imminent risk of moderate to severe harm to the child's health, physical well-being or welfare and if the parent or caregiver has failed to exercise reasonable precautionary measures to prevent or mitigate the risk of harm to the child. |
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|  | Factors To Be Considered |
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|  | Whether there is a real and significant danger to justify taking a report is determined by the following factors. All factors need not be present to justify taking the report. One factor alone may present sufficient danger to justify taking the report. The list of factors does not constitute child abuse or neglect in every instance. All factors must be given consideration in order to identify potential aggravating or mitigating circumstances. |
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|  | ● | The child's age; |
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|  | ● | The child's medical condition, behavioral, mental or emotional problems, developmental disability or physical handicap, particularly related to his or her ability to protect himself or herself; |
|  |  |  |
|  | ● | The severity of the occurrence; |
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|  | ● | The frequency of the occurrence; |
|  |  |  |
|  | ● | The alleged perpetrator's physical, mental and emotional abilities, particularly related to his or her ability to control his or her actions; |
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|  | ● | The dynamics of the relationship between the alleged perpetrator and the child; |
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|  | ● | The alleged perpetrator's access to the child; |
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|  | ● | The previous history of indicated abuse or neglect; |
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|  | ● | The current stresses or crisis in the home; |
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|  | ● | The presence of other supporting persons in the home; or |
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|  | ● | The precautionary measures exercised by a parent or caregiver to protect the child from harm. |

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| **11/61** | **Cuts, Bruises, Welts, Abrasions and Oral Injuries** |
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|  | Cut (Laceration) |
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|  | A cut is an opening, incision or break in the skin made by some external agent. |
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|  | Bruise |
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|  | A bruise is an injury that results in bleeding under the skin, in which the skin is discolored but not broken. A bruise is also referred to as a contusion. |
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|  | Welt |
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|  | A welt is an elevation on the skin produced by a lash, blow, or allergic stimulus. The skin is not broken and the mark is reversible. |
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|  | Abrasion |
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|  | An abrasion is the scraping away of the skin. |
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|  | Oral Injuries |
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|  | Oral injuries are injuries to the child's mouth, including broken teeth. |
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|  | Factors To Be Considered |
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|  | Not every cut, bruise, welt, abrasion, or oral injury constitutes an allegation of harm. The following factors should be considered when determining whether an injury that resulted in cuts, bruises, welts, abrasions or oral injuries constitutes an allegation of abuse or neglect: |
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|  | ● | The child's age, mobility and developmental stage. Bruises on children younger than 6 months are suspicious due to the limited mobility often seen in children 0 to 6 months of age. |
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|  | ● | The child's medical condition, behavioral, mental, or emotional problems, developmental disability, or physical handicap, particularly as they relate to the child's ability to seek help.  |
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|  | ● | A single incident or pattern or chronicity of similar events. |
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|  | ● | The severity/extent of the cuts, bruises, welts, abrasions, or oral injuries (size, number, depth, extent of discoloration). Some bruises may fade quickly, such as around a young child's mouth, but still be considered serious if the type of bruise (e.g., fingerprint marks) suggest intentionality. |
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|  | ● | The location of the cuts, bruises, welts, abrasions, or oral injuries. Accidental bruises are frequently seen over boney areas such as knees, shins, the forehead, and other exposed bony surfaces. Bruises located on padded areas such as the buttocks, cheeks, genitalia, or on relatively protected areas like the ear lobes, neck or upper lip, or on soft areas such as the stomach are highly suspicious. |
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|  | ● | The pattern of the injury. |
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|  | ● | Whether the injury was caused by an instrument used on the child. |
|  |  |  |
|  | ● | Previous history of indicated abuse or neglect, or history of previous injuries. |
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|  | If the child has been treated by a physician, verification of the injury and the likely cause, including the presence or absence of any predisposing medical conditions that may have caused or contributed to the injury, must come from the physician who treated the child. Direct admission of the alleged perpetrator. |

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| **12/62** | **Human Bites** |
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|  | A human bite is a bruise, cut or indentation in the skin caused by seizing, piercing, or cutting the skin with human teeth. |
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|  | Previous history of indicated abuse or neglect or history of previous injuries. |

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| **13/63** | **Sprains/Dislocations** |
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|  | Sprain |
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|  | A sprain is a trauma to a joint that causes pain and disability, depending upon the degree of injury to ligaments and/or surrounding muscle tissue. In a severe sprain, ligaments and/or muscle tissue may be completely torn. The signs are rapid swelling, heat and disability, often discoloration and limitation of function. |
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|  | Dislocation |
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|  | A dislocation is the displacement of any part, especially the temporary displacement of a bone from its normal position in a joint. Types of dislocations include complicated, compound, closed and complete. |
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|  | ● | Complicated. A complicated dislocation is associated with other major injuries. |
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|  | ● | Compound. A compound dislocation is one in which the joint is exposed to the external air. |
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|  | ● | Closed. A closed dislocation is a simple dislocation. |
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|  | ● | Complete. A complete dislocation is a dislocation that completely separates the surfaces of a joint. |
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|  | The injury was inflicted or allowed to be inflicted through other than accidental means or was a result of blatant disregard of parental or caregiver responsibilities. |
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|  | Verification of the injury and likely cause, including the presence or absence of any predisposing medical condition that may have caused or contributed to the injury, must come from a physician, preferably an orthopedist or radiologist. |

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| **14** | **Tying/Close Confinement** |
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|  | Tying/close confinement is the unreasonable restriction of a child's mobility, actions, or physical functioning by tying the child to a fixed (or heavy) object, tying limbs together or forcing the child to remain in a closely confined area that restricts physical movement. Examples include, but are not limited to: |
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|  | ● | Locking a child in a closet or small room; |
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|  | ● | Tying one or more limbs to a bed, chair, or other object, except as authorized by a licensed physician; |
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|  | ● | Tying a child's hand behind his or her back; |
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|  | ● | Putting a child in a cage; |
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|  | ● | Locking or blocking exits with the intention of preventing the child's ability to escape in case of an emergency. |

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| **15/65** | **Substance Misuse** |
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|  | Option A |
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|  | The consumption of a mood altering chemical capable of intoxication to the extent that it harmfully affects the child's health, behavior, motor coordination, judgment, or intellectual capability. Mood altering chemicals include cannabis (marijuana), hallucinogens, stimulants (including cocaine and methamphetamine), sedatives (including alcohol and Valium), narcotics, or inhalants (abuse/neglect). Abuse occurs if the parent provides the substance to the child. Neglect occurs if the parent allows the use or fails to protect the child from consumption. |
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|  | Option B |
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|  | A diagnosis of fetal alcohol syndrome or drug withdrawal at birth caused by the mother's addiction to drugs is included in this definition and is considered child neglect (neglect). |
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|  | Option C |
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|  | Any amount of a controlled substance or a metabolite thereof that is found in the blood, urine or meconium (newborn's first stool) of a newborn infant. A controlled substance is defined in subsection (f) of Section 102 of the Illinois Controlled Substances Act [720 ILCS 570/102] (neglect). The presence of such substances shall not be considered as child neglect if the presence is due to medical treatment of the mother or infant. |
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|  | NOTE: | Methadone withdrawal or other withdrawal verified as under the auspices of a drug treatment program is not included under drug withdrawal at birth. |
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|  | Examples |
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|  | ● | Giving a minor (unless prescribed by a physician) any amount of heroin, cocaine, morphine, peyote, LSD, PCP, pentazocine, or methaqualone or encouraging, insisting, or permitting a minor's consumption of the above substances. |
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|  | ● | Giving any mood altering substance, including alcohol or sedatives, unless prescribed by a physician, to an infant or toddler. |
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|  | ● | Encouraging, insisting or permitting any minor to become intoxicated by alcohol, drugs, or another mood altering substance even if on an infrequent basis. |
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|  | Parents supervising children permitted to drink a small amount of alcohol as part of a religious or family celebration should not be considered abusive/neglectful. |
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|  | Factors To Be Considered |
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|  | ● | Age of the child; |
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|  | ● | Frequency of substance misuse; |
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|  | ● | Amount of substance consumption; |
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|  | ● | Whether the substance is illegal for general population use; |
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|  | ● | Degree of behavioral dysfunction, or physical impairment linked to substance misuse; |
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|  | ● | The child's culture, particularly as it relates to use of alcohol in religious ceremonies or on special occasions; |
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|  | ● | Whether the parent or caregiver's attempts to control an older child's substance misuse or to seek help for the child's substance misuse were reasonable under the circumstances; |
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|  | ● | Whether the parent or caregiver knew or should have known of the child's substance misuse. |

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| **16** | **Torture** |
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|  | Torture means inflicting, or subjecting the child to, intense physical and/or mental pain, suffering or agony that can be a one time incident or is severe, repetitive, increased or prolonged. This definition includes genital mutilation. |

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| **17/67** | **Mental and Emotional Impairment** |
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|  | Mental and emotional impairment means injury to the intellectual, emotional or psychological development of a child as evidenced by observable and substantial impairment in the child's ability to function within a normal range of performance and behavior, with due regard to his or her culture. |
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|  | Verification that a child has been mentally injured must come from a medical doctor, psychiatrist, registered psychologist, certified social worker, registered nurse or a therapist or counselor of a community mental health agency or a licensed therapist in private practice. |

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| **18** | **Sexually Transmitted Diseases** |
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|  | A sexually transmitted disease is a disease that was acquired originally as a result of sexual penetration or sexual conduct with an individual who is afflicted with the disease. The diseases may include, but are not limited to: |
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|  | ● | Acquired Immune Deficiency Syndrome (AIDS) |
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|  | ● | AIDS Related Complex (ARC) |
|  |  |  |
|  | ● | Chancroid |
|  |  |  |
|  | ● | Chlamydia Trachomatis |
|  |  |  |
|  | ● | Genital Herpes |
|  |  |  |
|  | ● | Genital Warts |
|  |  |  |
|  | ● | Gonorrhea |
|  |  |  |
|  | ● | Granuloma Inquinale |
|  |  |  |
|  | ● | HIV Infection |
|  |  |  |
|  | ● | Lymphogranuloma Venereum |
|  |  |  |
|  | ● | Neisseria Gonorrhea |
|  |  |  |
|  | ● | Proctitis |
|  |  |  |
|  | ● | Syphilis |
|  |  |  |
|  | ● | Trichomonas Vaginalis (Symptomatic) |
|  |  |
|  | Sexual penetration is defined in the Illinois Criminal Sexual Assault Act as "any contact, however slight, between the sex organ or anus of one person by an object, the sex organ, mouth or anus of another person, or any intrusion, however slight, of any part of the body of one person or any animal or object into the sex organ or anus of another person, including but not limited to cunnilingus, fellatio or anal penetration." |
|  |  |
|  | Sexual conduct is defined in the Act as "any intentional or knowing touching or fondling of the victim or the perpetrator, either directly or through clothing of the sex organs, anus or breast of the victim or the accused, or any part of the body of a child…for the purpose of sexual gratification or arousal of the victim or the accused." |
|  |  |
|  | Verification of sexually transmitted diseases must come from a medical source. |

|  |  |
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| **19** | **Sexual Penetration** |
|  |  |
|  | Sexual penetration is any contact, however slight, between the sex organ or anus of one person by an object, the sex organ, mouth or anus of another person, or any intrusion, however slight, of any part of the body of one person or any animal or object into the sex organ or anus of another person. This includes acts commonly known as oral sex (cunnilingus, fellatio), anal penetration, coition, coitus, and copulation. |
|  |  |
|  | In order to indicate this allegation, benign touching for the purpose of rendering normal, routine and reasonable care must be ruled out. |

|  |  |
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| **20** | **Sexual Exploitation** |
|  |  |
|  | Sexual exploitation is the use of a child for sexual arousal, gratification, advantage, or profit. This includes, but is not limited to: |
|  |  |
|  | ● | Indecent solicitation of a child/explicit verbal enticement; |
|  |  |  |
|  | ● | Child pornography; |
|  |  |  |
|  | ● | Intentionally exposing a child to sexually explicit material in any form; |
|  |  |  |
|  | ● | Exposing sexual organs to a child for the purpose of sexual arousal or gratification; |
|  |  |  |
|  | ● | Forcing the child to watch sexual acts; |
|  |  |  |
|  | ● | Self-masturbation in the child's presence; |
|  |  |  |
|  | ● | Other behavior by an eligible perpetrator that, when considered in the context of the circumstances, would lead a reasonable person to conclude that sexual exploitation of a child has occurred. |
|  |  |
|  | NOTE: | Sexual penetration and molestation are excluded from this allegation. They are listed as separate allegations. |

|  |  |
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| **21** | **Sexual Molestation** |
|  |  |
|  | Sexual molestation is sexual conduct with a child when the contact, touching or interaction is used for arousal or gratification of sexual needs or desires. Parts of the body, as used in the examples below, refer to the parts of the body described in the definition of sexual conduct found in the Illinois Criminal Sexual Assault Act [720 ILCS 5/12-12] as quoted above under Allegation 18, Sexually Transmitted Diseases. Examples include, but are not limited to: |
|  |  |
|  | ● | Fondling; |
|  |  |  |
|  | ● | The alleged perpetrator inappropriately touching or pinching parts of the child's body generally associated with sexual activity; |
|  |  |  |
|  | ● | Encouraging, forcing, or permitting the child to touch parts of the alleged perpetrator's body normally associated with sexual activity. |

|  |  |
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| **22** | **Substantial Risk of Sexual Injury** |
|  |  |
|  | Substantial risk of sexual injury means that the parent, caregiver, immediate family member, other person residing in the home, or the parent's paramour has created a real and significant danger of sexual abuse as explained in the following options. |
|  |  |
|  | Option A |
|  |  |
|  | An indicated, registered, or convicted sex perpetrator has significant access to children, and the extent/quality of supervision during contact is unknown or suspected to be deficient. |
|  |  |
|  | Option B |
|  |  |
|  | There are siblings or other children in the same household as the alleged perpetrator of a current allegation of sexual abuse. There is credible information/evidence of a current or previous incident of child sexual abuse that did not meet Department eligibility requirements for a report to be taken (e.g., an ineligible victim or the victim discloses after attaining the age of 18) and the alleged perpetrator has current access to children.  |
|  |  |
|  | Option C |
|  |  |
|  | Persistent, highly sexualized behavior or knowledge in a very young child (e.g., under the age of 5 chronologically or developmentally) that is grossly age inappropriate, and there is reasonable cause to believe that the most likely manner in which this behavior or knowledge was learned is in having been sexually abused. |
|  |  |
|  | Reports of risk of sexual harm are not to be taken solely on the inappropriate or suggestive behavior of the alleged offender or because there is insufficient information for an allegation of specific sexual abuse. |
|  |  |
|  | If, during the course of the investigation, a specific allegation of harm is identified, the appropriate allegation must be added and a determination made on all the allegations. If another allegation is determined to be more appropriate, that allegation should be utilized and the substantial risk of sexual injury allegation unfounded.  |
|  |  |
|  | Option D |
|  |  |
|  | A member of the household is suspected of, or known to possess or engage in, the making and/or distribution of child pornography and has significant access to the children and the extent/quality of the supervision is unknown or suspected to be deficient. |
|  |  |
|  | A member of the household has engaged in child pornography activities outside and/or inside the residence and has significant access to the child and the extent/quality of the supervision is unknown or suspected to be deficient. |

|  |  |
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| **40/90** | **Human Trafficking of Children** |
|  |  |
|  | Federal law defines severe forms of trafficking of persons as: sex trafficking in which a commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such act has not attained 18 years of age; or the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage or slavery. (22 USC 7102(8)) |
|  |  |
|  | Incidents of Maltreatment |
|  |  |
|  | ● | Coerced labor exploitation (abuse); |
|  |  |  |
|  | ● | Domestic servitude (abuse); |
|  |  |  |
|  | ● | Commercial sexual exploitation (i.e., prostitution) (abuse); |
|  |  |  |
|  | ● | Anyone in the home exposes the child to an environment that significantly influences the child's health and safety (neglect). |
|  |  |
|  | Factors To Be Considered |
|  |  |
|  | All factors need not be present to justify taking a report. One factor alone may present sufficient danger to justify taking a report. |
|  |  |
|  | ● | The child's age. |
|  |  |  |
|  | ● | The child's inability to attend school on a regular basis due to actions of the perpetrator. |
|  |  |  |
|  | ● | A child who is a chronic runaway has been recruited, enticed, harbored and transported for the purpose of forced labor and/or commercial sexual exploitation. |
|  |  |  |
|  | ● | The child makes references to frequent travel to other cities. |
|  |  |  |
|  | ● | The child makes reference to having a pimp. |
|  |  |  |
|  | ● | The child makes reference to being coerced into performing illegal activities. |
|  |  |  |
|  | ● | The child exhibits bruises or other physical trauma, withdrawn behavior, depression or fear. |
|  |  |  |
|  | ● | The child lacks control over his or her identification documents. |
|  |  |  |
|  | ● | The child shows signs of exposure to drug manufacturing. |
|  |  |
|  | Additional factors that may indicate sex-related trafficking include the following: |
|  |  |
|  | ● | The child has a sudden change in attire, behavior or material possessions (e.g., expensive items). |
|  |  |  |
|  | ● | The child makes references to sexual situations that are beyond age-specific norms. |
|  |  |  |
|  | ● | The child has a "boyfriend/girlfriend" who is noticeably older (10+ years). |
|  |  |  |
|  | ● | The child makes references to terminology of the commercial sex industry that are beyond age-specific norms or engages in promiscuous behavior and may be labeled "fast" by peers. |

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| **74** | **Inadequate Supervision** |
|  |  |
|  | Inadequate supervision occurs when a child is placed at a real, significant and imminent risk of likely harm due to a parent's or caregiver's blatant disregard of parental or caregiver responsibilities of care and support, including supervision.*"Blatant disregard" means an incident where the real, significant, and imminent risk of harm would be so obvious to a reasonable parent or caretaker that it is unlikely that a reasonable parent or caretaker would have exposed the child to the danger without exercising precautionary measures to protect the child from harm.* [325 ILCS 5/3] |
|  |  |
|  | Option A − Children Left Home Alone, Outside or in the CommunityThis option may be used when a child has been placed at a real, significant and imminent risk of likely harm by being left alone at home, outside or in the community due to a parent's or caregiver's blatant disregard of his or her duty of care. Option B − Children Left in VehiclesThis option may be used when a child has been placed at a real, significant and imminent risk of likely harm by being left alone inside a vehicle due to a parent's or caregiver's blatant disregard of his or her duty of care. Option C − Children Left in the Care of an Inadequate CaregiverThis option may be used when a child has been placed at a real, significant and imminent risk of likely harm by being left in the care of an individual whose age, impairment, lack of qualifications or insufficient capabilities posed an obvious risk of likely harm to the child due to a parent's or caretaker's blatant disregard of his or her duty of care. Option D – General Category This option may be used when a child has been placed at a real, significant and imminent risk of likely harm when the child is not receiving proper care or support, including supervision due to a parent's or caregiver's blatant disregard of his or her duty of care. |
|  |  |
|  | Factors to Be ConsideredTo determine if the child is placed at a real, significant and imminent risk of likely harm due to a parent's or caregiver's blatant disregard of parental or caregiver responsibilities, the following factors should be considered. The list of factors does not constitute child neglect in every instance and all factors need not be present when making a final finding determination. |
|  |  |
|  | ● | Age of the child; |
|  |  |  |
|  | ● | Special needs of the child; |
|  |  |  |
|  | ● | Maturity level of the child; |
|  |  |  |
|  | ● | The duration of time and frequency of occurrence the child was left without care and support, including supervision; |
|  |  |  |
|  | ● | The time of day or night the child was left without care and support, including supervision; |
|  |  |  |
|  | ● | Weather conditions, including whether the child was left in a location with adequate protection from the natural elements, such as adequate heat, light or shelter; |
|  |  |  |
|  | ● | Condition or location of the place where the child was left without care and support, including supervision; |
|  |  |  |
|  | ● | The location and accessibility of the parent or guardian to the child; |
|  |  |  |
|  | ● | The physical distance the child was from the parent or guardian at the time the child was without care and support, including supervision; |
|  |  |  |
|  | ● | Whether the child was given a phone number of a person or location to call in the event of an emergency and whether the child was capable of making an emergency call; |
|  |  |  |
|  | ● | Whether the child's movement was restricted; |
|  |  |  |
|  | ● | The child's access to or ability to access provisions necessary for his or her physical well-being, such as food, water, necessary medication or medical treatments; |
|  |  |  |
|  | ● | The age and physical and mental capabilities of the caregiver; |
|  |  |  |
|  | ● | The number and ages of the children left at the location; |
|  |  |  |
|  | ● | Other factors that may endanger the health and safety of the child; |
|  |  |  |
|  | ● | Other factors that demonstrate that the parent or caregiver took other precautionary measures to prevent or mitigate the risk of any harm to the child. |
|  |  |  |

|  |  |
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| **75** | **Abandonment/Desertion** |
|  |  |
|  | Abandonment |
|  |  |
|  | Abandonment is parental/legal guardian conduct that demonstrates the purpose of relinquishing all parental/legal rights and claims to the child. Abandonment is also defined as any parental or caregiver conduct that evinces a settled purpose to forego all parental/legal claims to the child. |
|  |  |
|  | Desertion |
|  |  |
|  | Desertion is any conduct on the part of a parent or legal guardian that indicates that the parent or legal guardian has no intention, now or in the future, to maintain any degree of interest, concern or responsibility for the child. Desertion includes leaving a child with no apparent intention to return unless the child has been left in the care of a relative. |
|  |  |
|  | Examples |
|  |  |
|  | ● | Leave a baby on a doorstep; |
|  |  |  |
|  | ● | Leave a baby in a garbage can; |
|  |  |  |
|  | ● | Leave a child with no apparent intention to return; |
|  |  |  |
|  | ● | Leave a child with an appropriate caregiver without a proper plan of care. |

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| **76** | **Inadequate Food** |
|  |  |
|  | Inadequate food means that there is a lack of food adequate to sustain normal functioning. It is not as severe as malnutrition or failure to thrive, both of which require a medical diagnosis. |
|  |  |
|  | Examples |
|  |  |
|  | ● | The child frequently and repeatedly misses meals or is frequently and repeatedly fed insufficient amounts of food; |
|  |  |  |
|  | ● | The child frequently and repeatedly asks neighbors for food and other information substantiates that the child is not being fed; |
|  |  |  |
|  | ● | The child is frequently and repeatedly fed unwholesome foods when his or her age, developmental stage and physical condition are considered. |
|  |  |
|  | Factors To Be Considered |
|  |  |
|  | Child Factors |
|  |  |
|  | ● | The child's age; |
|  |  |  |
|  | ● | The child's developmental stage; |
|  |  |  |
|  | ● | The child's physical condition, particularly related to the need for a special diet; |
|  |  |  |
|  | ● | The child's mental abilities, particularly related to his or her ability to obtain and prepare his or her own food. |
|  |  |
|  | Incident Factors |
|  |  |
|  | ● | The frequency of the occurrence; |
|  |  |  |
|  | ● | The duration of the occurrence; |
|  |  |  |
|  | ● | The pattern or chronicity of occurrence; |
|  |  |  |
|  | ● | Previous history of occurrences; |
|  |  |  |
|  | ● | The availability of adequate food. |
|  |  |  |
|  | Investigative decisions must never be influenced in any way by the family's economic status. The fact that a family is poor should play no part in the decision to indicate or unfound the report. In order to indicate a report for this allegation, the investigator must determine that the allegation is due to some reason other than financial circumstances alone. |

|  |  |
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| **77** | **Inadequate Shelter** |
|  |  |
|  | Inadequate shelter means there is a lack of shelter that is safe and that protects the children from the elements. |
|  |  |
|  | Examples |
|  |  |
|  | ● | No housing or shelter; |
|  |  |  |
|  | ● | Condemned housing; |
|  |  |  |
|  | ● | Housing with exposed, frayed wiring; |
|  |  |  |
|  | ● | Housing with structural defects that endanger the health or safety of a child; |
|  |  |  |
|  | ● | Housing with indoor temperatures consistently below 50ºF; |
|  |  |  |
|  | ● | Housing with broken windows in sub-zero weather; |
|  |  |  |
|  | ● | Housing that is an obvious fire hazard to a reasonable person; |
|  |  |  |
|  | ● | Housing with an unsafe heat source that poses a fire hazard or threat of asphyxiation. |
|  |  |
|  | Factors To Be Considered |
|  |  |
|  | Child Factors |
|  |  |
|  | ● | The child's age; |
|  |  |  |
|  | ● | The child's developmental stage; |
|  |  |  |
|  | ● | The child's physical condition, particularly when it may be aggravated by the inadequate shelter; |
|  |  |  |
|  | ● | The child's mental abilities, particularly related to the child's ability to comprehend the dangers posed by the inadequate shelter. |
|  |  |
|  | Shelter Factors |
|  |  |  |
|  | ● | Seriousness of the problem; |
|  |  |  |
|  | ● | Frequency of the problem; |
|  |  |  |
|  | ● | Duration of the problem; |
|  |  |  |
|  | ● | Pattern or chronicity of the problem; |
|  |  |  |
|  | ● | Previous history of shelter-related problems. |
|  |  |  |
|  | Investigative decisions must never be influenced in any way by the family's economic status. The fact that a family is poor should play no part in the decision to indicate or unfound the report. In order to indicate a report for this allegation, the investigator must determine that the allegation is due to some reason other than financial circumstances alone. |

|  |  |
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| **78** | **Inadequate Clothing** |
|  |  |
|  | Inadequate clothing means a lack of appropriate clothing to protect the child from the elements. |
|  |  |
|  | Factors To Be Considered |
|  |  |
|  | Child Factors |
|  |  |
|  | ● | The child's age; |
|  |  |  |
|  | ● | The child's developmental stage; |
|  |  |  |
|  | ● | The child's physical condition, particularly related to conditions that may be aggravated by exposure to the elements; |
|  |  |  |
|  | ● | The child's mental abilities, particularly related to his or her ability to obtain appropriate clothing. |
|  |  |
|  | Incident Factors |
|  |  |
|  | ● | Frequency of the incident; |
|  |  |  |
|  | ● | Duration of the incident; |
|  |  |  |
|  | ● | Chronicity or pattern of similar incidents; |
|  |  |  |
|  | ● | Weather conditions such as extreme heat or extreme cold. |
|  |  |  |
|  | Investigative decisions must never be influenced in any way by the family's economic status. The fact that a family is poor should play no part in the decision to indicate or unfound the report. In order to indicate a report for this allegation, the investigator must determine that the allegation is due to some reason other than financial circumstances alone. |

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| **79** | **Medical Neglect** |
|  |  |
|  | Medical or Dental Treatment |
|  |  |
|  | Lack of medical or dental treatment for a health problem or condition that, if untreated or not treated as prescribed, could become severe enough to constitute serious or long-term harm to the child; lack of follow-through on a reasonable prescribed medical or dental treatment plan for a condition that could become serious enough to constitute serious or long-term harm to the child if the treatment or treatment plan goes unimplemented. |
|  |  |
|  | Treatment is the administration of a remedy to cure a health condition. |
|  |  |
|  | Management is the practice of providing care of a chronic medical condition. |
|  |  |
|  | Lack of medical or dental management for a health problem or condition that, if unmanaged or not managed as prescribed, could become severe enough to constitute serious or long-term harm to the child. |
|  |  |
|  | Lack of proper or necessary health care recognized under State law as necessary for the child's well-being. |
|  |  |
|  | Proper and necessary preventive health care to include preventive health care, such as HIV and newborn screening tests that place children at serious risk of illness due to lack of early detection and treatment.  |
|  |  |
|  | Health care professionals include physicians, nurse practitioners, nurses, dentists, physical therapists, infant development specialists and nutritionists. |
|  |  |
|  | Factors To Be Considered |
|  |  |
|  | ● | The child's age, particularly as it relates to the child's ability to obtain and implement a treatment/management plan; |
|  |  |  |
|  | ● | The child's developmental stage; |
|  |  |  |
|  | ● | The child's physical condition; |
|  |  |  |
|  | ● | The seriousness of the current health problem; |
|  |  |  |
|  | ● | The probable outcome if the current health problem is not treated and the seriousness of that outcome; |
|  |  |  |
|  | ● | The generally accepted health benefits of the prescribed treatment; |
|  |  |  |
|  | ● | The generally recognized side effects/harms associated with the prescribed treatment; |
|  |  |
|  | ● | Whether the parent has been informed about the availability of preventive health care services and how services can be obtained. |
|  |  |
|  | It must be verified that the child has/had an untreated health problem, or that a prescribed treatment plan was implemented. The verification must come from a physician, registered nurse, dentist, or by a direct admission from the alleged perpetrator. It must further be verified by a physician, registered nurse or dentist that the problem or condition, if untreated, could result in serious or long-term harm to the child. |

|  |  |
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| **81** | **Failure to Thrive (Non-Organic)** |
|  |  |
|  | Failure to thrive is a serious medical condition most often seen in children under one year of age. The child's weight, height and motor development fall significantly short of the average growth rates of normal children (i.e., below the fifth percentile). In a small percentage of these cases, there is an organic cause such as a serious kidney, heart or intestinal disease, a genetic error of metabolism or brain damage. Usually in non-organic failure to thrive cases there is a disturbed parent/child relationship that manifests itself as physical and emotional neglect of the child. Diseases that may prevent growth and psychosocial reasons that cause growth failure are not mutually exclusive. They are often found together. Non-organic failure to thrive requires a medical diagnosis before it may be indicated. |
|  |  |
|  | Verification of failure to thrive must come from a physician who has the relevant information to make a diagnosis. |
|  |  |
|  | Factors That Must Be Present |
|  |  |
|  | ● | The infant or child's weight and head circumference do not match standard growth charts. The person's weight falls lower than 3rd percentile (as outlined in standard growth charts) or 20% below the ideal weight for his or her height. |
|  |
|  | ● | There is emotional deprivation as a result of parental withdrawal, rejection or hostility. |
|  |
|  | ● | The physician has made a diagnosis of failure to thrive after eliminating medical causes such as Down syndrome and Turner syndrome or diseases involving major organs (e.g., heart, kidney, intestinal). |

|  |  |
| --- | --- |
| **82** | **Environmental Neglect** |
|  |  |
|  | The child's person, clothing, or living conditions are unsanitary to the point that the child's health may be impaired. This may include infestations of rodents, spiders, insects, snakes, etc., human or animal feces, rotten or spoiled food or rotten or spoiled garbage that the child can reach. |
|  |  |
|  | Factors To Be Considered |
|  |  |
|  | Special attention should be paid to the child's physical condition and the living conditions in the home in order to determine whether the report constitutes an allegation of harm. In addition, the following factors should be considered. |
|  |  |
|  | Child Factors |
|  |  |
|  | ● | The child's age (children aged 6 and under are more likely to be harmed); |
|  |  |  |
|  | ● | The child's developmental stage; |
|  |  |  |
|  | ● | The child's physical condition; |
|  |  |  |
|  | ● | The child's mental abilities. |
|  |  |
|  | Incident Factors |
|  |  |
|  | ● | The severity of the conditions; |
|  |  |  |
|  | ● | The frequency of the conditions; |
|  |  |  |
|  | ● | The duration of the conditions; |
|  |  |  |
|  | ● | The chronicity or pattern of similar conditions. |

|  |  |
| --- | --- |
| **83** | **Malnutrition (Non-Organic)** |
|  |  |
|  | Malnutrition is the lack of necessary or proper food substances in the body caused by inadequate food, lack of food, or insufficient amounts of vitamin or minerals. This is also known as marasmus or kwashiorkor. Non-organic malnutrition requires a medical diagnosis before it may be indicated. There are various physical signs of malnutrition: |
|  |  |
|  | ● | A decrease in lean body mass or fat; very prominent ribs; the child may often be referred to as skin and bones; |
|  |  |  |
|  | ● | Hair is often sparse, thin, dry, and is easily pulled out or falls out spontaneously; |
|  |  |  |
|  | ● | The child is often pale and suffers from anemia; |
|  |  |  |
|  | ● | Excessive perspiration, especially about the head; |
|  |  |  |
|  | ● | The face appears lined and aged, often with a pinched and sharp appearance; |
|  |  |  |
|  | ● | The skin has an old, wrinkled look with poor turgor and typically skin folds hang loose on the inner thigh and buttock; |
|  |  |  |
|  | ● | The abdomen is often protuberant; |
|  |  |  |
|  | ● | There are abnormal pulses, blood pressure, stool patterns, intercurrent infections, abnormal sleep patterns and a decreased level of physical and mental activity. |
|  |  |
|  | Verification of malnutrition must come from a physician. |

|  |  |
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| **84** | **Lock-Out** |
|  |  |
|  | The parent or caregiver has denied the child access to the home and has refused or failed to make provisions for another living arrangement for the child. |

|  |  |
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| **85** | **Medical Neglect of Disabled Infants** |
|  |  |
|  | Medical neglect of a disabled infant is 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 has 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. Other types of treatment are not medically indicated when: |
|  |  |
|  | ● | The infant is chronically and irreversibly comatose; |
|  |  |  |
|  | ● | The provision of the treatment would be futile and would merely prolong dying; |
|  |  |  |
|  | ● | The provision of the treatment would be virtually futile and the treatment itself would be inhumane under the circumstances. |
|  |  |
|  | In determining whether treatment will be medically indicated, reasonable medical judgments, such as those made by a prudent physician knowledgeable about the case and its treatment possibilities, will be respected. However, opinions about the infant's future "quality of life" are not to bear on whether a treatment is judged to be medically indicated. |
|  |  |
|  | Factors To Be Considered |
|  |  |
|  | ● | The infant's physical condition; |
|  |  |  |
|  | ● | The seriousness of the current health problem; |
|  |  |  |
|  | ● | The probable medical outcome if the current health problem is not treated and the seriousness of that outcome; |
|  |  |  |
|  | ● | The generally accepted medical benefits of the prescribed treatment; |
|  |  |  |
|  | ● | The generally recognized side effects associated with the prescribed treatment; |
|  |  |  |
|  | ● | The opinions of the Infant Care Review Committee (ICRC), if the hospital has an ICRC; |
|  |  |  |
|  | ● | The judgment of the Perinatal Coordinator regarding whether treatment is medically indicated and whether there is credible evidence of medical neglect; |
|  |  |  |
|  | ● | The parent's knowledge and understanding of the treatment and the probable medical outcome. |
|  |  |  |
|  | Verification that treatment was medically indicated must come from a physician and may come from experts in the field of neonatal pediatrics. |
|  |  |
| **86** | **Neglect by Agency** |
|  |  |
|  | Neglect by Agency means children or adult residents are exposed to harm, risk of harm or a lack of other necessary care that includes, but is not limited to: |
|  |  |
|  | ● failure to provide adequate supervision; |
|  |  |
|  | ● failure to provide food, clothing and shelter; or |
|  |  |
|  | ● subjecting a child or adult resident to an environment that is injurious, as a result of the failure of an agency to implement practices that ensure the health, physical well-being, or welfare of the children or adult residents residing in the facility. |
|  |  |
|  | This neglect exists when there are conditions at the agency, such as inadequate staffing, lack of management training or lack of supervision of staff, that are to such an extent that staff culpability for abuse or neglect is mitigated by systemic problems. This neglect also includes instances in which an incident of abuse or neglect occurs against a child or adult resident and the perpetrator of such harm cannot be identified. |

(Source: Amended at 41 Ill. Reg. 4681, effective April 21, 2017)