NOTICE AND INSTRUCTIONS
FOR ALL EMPLOYEES OF SOUTH SUBURBAN COLLEGE

1. Under a recent amendment to the Illinois Abused and Neglected Child Reporting Act, all "personnel of institutions of higher education" are now "Mandated Reporters" of child abuse or neglect. As an employee of South Suburban College, you are required to review and complete the following "Acknowledgement of Mandated Reporter Status" form and otherwise follow the instructions in this Notice.

2. Print your name in the first blank line, your position or job title in the second blank line, sign and date at the bottom and return the form to:
   South Suburban College
   Human Resources Office, Room 1245
   15800 S. State Street
   South Holland, IL 60473

3. Keep a copy of the form and this Instruction Sheet with your personnel records.

4. If you have reasonable cause to believe that a child may be abused or neglected, call the DCFS Child Abuse Hotline at 1-800-25A-BUSE, which is 1-800-252-2873.

5. If you report suspected abuse/neglect to the Hotline telephone number, call the South Suburban College Human Resources Office at 708-596-2000 ext. 2402, within 24 hours, so that you can complete the "Written Confirmation of Suspected Child Abuse/Neglect Report," which Human Resources will make available to you. Completion of this report is a part of your duties as a Mandated Reporter.

6. For the purposes of this law and your duties as a Mandated Reporter, a "child" is any person under the age of 18; "child abuse" is the mistreatment of a child, which can be physical, sexual, or emotional in nature; and "child neglect," happens when a parent or caretaker fails to provide adequate supervision, food, clothing, shelter or other basics for a child.

7. Finally, you are strongly encouraged to take an online training tutorial regarding your responsibilities as a Mandated Reporter of child abuse and child neglect. The training tutorial can be accessed at http://www.state.il.us/dcfs/index.shtml
ACKNOWLEDGEMENT OF MANDATED REPORTER STATUS

I, ____________________________________________, understand that when I am employed as a

(Employee Name)

__________________________________________, I will become a mandated reporter under the

(Type of Employment)

Abused and Neglected Child Reporting Act [325 ILCS 5/4]. This means that I am required to report or cause a
report to be made to the child abuse Hotline number at 1-800-252-2873 (1-800-25A-BUSE) whenever I have
reasonable cause to believe that a child known to me in my professional or official capacity may be abused or
neglected. I understand that there is no charge when calling the Hotline number and that the Hotline operates
24-hours per day, 7 days per week, 365 days per year.

I further understand that the privileged quality of communication between me and my patient or client is not
grounds for failure to report suspected child abuse or neglect, I know that if I willfully fail to report suspected
child abuse or neglect, I 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.

I also understand that if I am subject to licensing under but not limited to the following acts: the Illinois
Nursing Act of 1987, the Medical Practice Act of 1987, the Illinois Dental Practice Act, the School Code, the
Acupuncture Practice Act, the Illinois Optometric Practice Act of 1987, the Illinois Physical Therapy Act, the
Physician Assistants Practice Act of 1987, the Podiatric Medical Practice Act of 1987, the Clinical Psychologist
Licensing Act, the Clinical Social Work and Social Work Practice Act, the Illinois Athletic Trainers Practice
Act, the Dietetic and Nutrition Services Practice Act, the Marriage and Family Therapy Act, the Naprapathic
Practice Act, the Respiratory Care Practice Act, the Professional Counselor and Clinical Professional Counselor
Licensing Act, the Illinois Speech-Language Pathology and Audiology Practice Act, I may be subject to license
suspension or revocation if I willfully fail to report suspected child abuse or neglect.

I affirm that I have read this statement and have knowledge and understanding of the reporting requirements,
which apply to me under the Abused and Neglected Child Reporting Act.

__________________________________________
Signature of Applicant/Employee

__________________________________________
Date

CANTS 22
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Office of the Director
406 E. Monroe Street • Springfield, Illinois 62701

ACREDITED • COUNCIL ON ACCREDITATION FOR CHILDREN AND FAMILY SERVICES