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Employees' Manual
Title 17
Chapter B(1)

Child Welfare

CPS ASSESSMENT PROCEDURES



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Life of the Case Phase: Assessment

The primary purpose of the assessment shall be the protection of the child named in the report of abuse. During the child abuse assessment, the worker assesses the safety of the child named in the report and of other children in the home, including:

- ◆ The risk of harm to the child,
- ◆ Underlying conditions and contributing factors that may affect the risk of harm,
- ◆ Factors related to the child's vulnerability, and
- ◆ The family's protective capacities.

Assessment is an ongoing process and is solution-focused. The worker makes the process transparent to the family, openly sharing information about the process and tools used.

Link to [Legal Basis](#)

Link to [Definitions](#)

Assessment Outcomes

- Child safety: child and family well-being
- Accurate finding regarding the allegation of abuse or neglect
- Appropriate type, level, and intensity of DHS intervention and services

Assessment Decisions

- Child safe or unsafe
- Risk level
- Allegation finding
- Court involvement

Criteria for CPS Assessment

- Safety factors
- Risk factors
- Age of the child
- Circumstances and impact of alleged abuse/neglect incident
- Environment
- Parent and child capacity

Scope of Chapter

This chapter describes state procedures for carrying out the assessment process for child protective services. The organization of the Policy and Procedures chapters are aligned. For some topics in the procedures, there are no associated laws, rules, or Department-required policies.

Links to “Policy” in this chapter refer to Chapter 17-B, which summarizes the essence of the associated laws, rules, and Department-required practice for the assessment phase of a child welfare case.

Links to “Practice Guidance” refer to Chapter 17-B(3), which provides background information to supports the procedures or policy and the clinical or programmatic rationale for the actions that are required.

Preparing for the CPS Assessment

Link to [Policy](#)

Link to [Practice Guidance](#)

Link to [How-Do-I? Guide](#)

Link to [Intake Decision Tree](#)

Link to [Domestic Violence](#)

Link to [Substance Abuse](#)

Link to [Mental Health Issues](#)

1. Review intake information and history:
 - ◆ Review [Child Protective Services Intake, form 470-0607](#), for child safety action necessary, observation time frame assigned, [abuse allegation](#), and worker safety issues.
 - ◆ Determine if the child named in the report, or any other children in the same home or facility as the person responsible for that child’s care, is under immediate threat.
 - ◆ Review information from systems checks (STAR, FACS, ABC) and from the on-line criminal records check.
2. Recontact the reporter if appropriate. See [Guidance](#).

3. Determine if there are collaterals that should be contacted before you observe and interview the subjects of the report.
4. If necessary, conduct additional records checks on the ABC, FACS, and STAR systems and other state information systems (e.g., VRT).
 - ◆ To determine if a child care provider is licensed registered, access <http://dhscmisintra/KinderTrack/BaseWebPages/Home/Home.aspx?ap=100>.
 - ◆ At a minimum, ensure that criminal records checks are completed on all adult subjects. You may use on-line criminal record checks or contact local law enforcement. Click here to access [case type codes](#).

Conduct criminal records checks on line at <http://www.iowacourts.state.ia.us/>.
 - Select ENTER on the "Start a Case Search Here" screen.
 - Under "Trial Court," select Case Search.
 - Enter the last and first name and select ENTER.
 - ◆ If you receive information to suspect that the family has moved to Iowa from another state or another Iowa county, check the CABA screen on STAR for protective service alerts.
5. Plan when, where, and how the observation of the child will take place. Requirements for observation depend on the level of risk to the child posed by the allegation. Consider:
 - ◆ Worker safety
 - ◆ Child safety
 - ◆ The response time to observe the child
 - ◆ The current physical condition of the child
 - ◆ The location of the person allegedly responsible for the abuse
 - ◆ Access to the child by the person allegedly responsible for the abuse
 - ◆ Coordination with law enforcement or licensing authorities
 - ◆ Whether the child can be observed with parental consent or if the use of confidential access is necessary
6. If the report alleges child abuse in an out-of-home setting, follow the instructions in [Procedures for Child Abuse Assessments in Out-of-Home Settings](#). For a quick reference to requirements for notifications and access to assessment information, see the table [Child Abuse Assessment in Out-of-Home Settings](#).

7. If in reviewing the intake information or during the assessment process, you discover information that may affect the [jurisdiction of the child abuse assessment](#), notify the jurisdiction that has responsibility for the assessment.
8. Conduct [courtesy interviews](#) as requested by the responsible jurisdiction.

Child Safety

Link to [Practice Guidance](#)

Link to [Policy](#)

1. Note the observation time assigned by the supervisor at intake:
 - ◆ **One hour** when the report involves an immediate threat or high risk to the child's safety
 - ◆ **24 hours** when the report doesn't involve immediate threat or high risk to the child but the person alleged responsible has access to the child
 - ◆ **96 hours** when the report doesn't involve an immediate threat or high risk to the child and the person alleged responsible clearly does not have access to the child

Response time starts from the time when the intake contact is concluded.

2. You **must** get prior supervisory approval if you will not observe the child within the specified time. If necessary, your supervisor may delegate observation of the child to other casework staff of the Department. Use local administrative procedures.

One-Hour Observation

1. When a report alleges injury to a child or alleges that a child is at high risk for injury, act immediately to address the child's safety. Situations that require a one-hour response include, but are not limited to:
 - ◆ Fatality or near fatality
 - ◆ Manufacturing of methamphetamine
 - ◆ Sexual abuse when the alleged perpetrator has access to the child
 - ◆ Child is currently unsupervised
 - ◆ Injuries resulting from abuse or denial of critical care which required or may require medical attention

NOTE: Although an infant who is voluntarily relinquished or is placed under the Safe Haven Act may not meet the criteria for assessment, immediate response is required. See [Abandoned Child](#).

2. Address child safety. Observation of the child, by itself, is not sufficient to address safety. Take the necessary actions so that the person allegedly responsible for these circumstances does not continue to have access to the child until a more complete evaluation and safety plan can be established. (See [Emergency Removal of a Child](#).)

- ◆ Contact law enforcement for assistance in most cases involving immediate threat or high risk to safeguard the child and you if the situation is volatile or dangerous.
- ◆ If at any time during the assessment you believe that there is an immediate threat, immediately contact proper authorities and communicate these concerns. The proper authorities may include any or all of the following:
 - Law enforcement
 - Juvenile court
 - Physicians

Document the date and time of this communication in the [Child Protective Services Assessment Summary, form 470-3240](#).

3. When child will not be seen in one hour:
 - ◆ You must get prior supervisory approval. If necessary, your supervisor may delegate observation of the child to other casework staff of the Department. Use local administrative procedures.
 - ◆ You must address and document child safety even when observation of the child is not possible within one hour. Document how the safety of the child was addressed.
 - ◆ Make reasonable efforts to observe the child as soon as possible and within 24 hours of receipt of the report.
 - ◆ Document your rationale and your supervisor's rationale for not observing the child within one hour (e.g., child's safety would be further jeopardized by meeting that time frame or law enforcement assistance is advised and not immediately available). Supervisory approval is required.

- ◆ Describe the efforts you made to observe the child within one hour, the circumstances that made it impossible to observe the child within one hour, or how the child is not in immediate threat or high risk or how safety was addressed. If the child's safety is addressed, the one-hour observation time may not apply.
- ◆ If you are denied access to a child and you have concerns for the child's well-being or safety, either:
 - Seek immediate assistance of law enforcement authorities, or
 - Request a court order authorizing access to the place where the child is located for the purpose of observing the child and evaluating the child's safety.

24-Hour Observation

1. Initiate an assessment and make reasonable efforts to observe the child within 24 hours from the date and time of intake when it appears that:
 - ◆ There is no immediate threat or high risk to the child.
 - ◆ Physical injury is alleged (no medical attention required).
 - ◆ Person alleged responsible has access to the child named or other children in the same home or facility.

NOTE: Physical injuries that do not require medical attention must be observed within 24 hours. A child needing medical attention for a physical injury requires a one-hour response.

2. If the child will not be seen within 24 hours:
 - ◆ You must get prior supervisory approval. If necessary, your supervisor may delegate observation of the child to other casework staff of the Department. Use local administrative procedures.
 - ◆ If you are denied access to a child and you have concerns for the child's well-being or safety, either:
 - Seek immediate assistance of law enforcement authorities, or
 - Request a court order authorizing access to the place where the child is located for the purpose of observing the child and evaluating the child's safety.
 - ◆ With supervisory approval, you may delay contact with the child beyond 24 hours, if meeting that time limit would further jeopardize the child's safety. Document your rationale and your supervisor's rationale for delaying observation beyond 24 hours.

96-Hour Observation With Supervisory Approval

1. Observation of a child may to be delayed to within 96 hours of intake date and time **if you have supervisory approval** and:
 - ◆ There are no conditions placing the child at high risk, and
 - ◆ The child does not have any physical injuries, and
 - ◆ Credible evidence exists that the person allegedly responsible clearly will not have access to the child before you observe the child, and
 - ◆ The person allegedly responsible for the abuse is not considered to be a risk to other children in the same home or facility.

2. If the child is not seen within 96 hours:
 - ◆ You must get prior supervisory approval. If necessary, your supervisor may delegate observation of the child to other casework staff of the Department. Use local administrative procedures.
 - ◆ If you are denied access to a child and you have concerns for the child's well-being or safety, either:
 - Seek immediate assistance of law enforcement authorities, or
 - Request a court order authorizing access to the place where the child is located for the purpose of observing the child and evaluating the child's safety.
 - ◆ If the child is not seen at all, document either:
 - The date and time that efforts were made to observe the child, or
 - The rationale and supervisory approval for not observing the child.

NOTE: The observation requirement may be waived in extremely limited and rare circumstances and only with supervisory approval.

Worker Safety

Link to [Practice Guidance](#)

1. Assess for worker safety when conducting an assessment.
 - ◆ Determine the risk of the situation before making the initial contact with the family. Consider the following:
 - Is there a history of domestic violence?
 - Is the family's geographic location extremely isolated or dangerous?
 - Does the reporter indicate the possibility of a family member being mentally ill, using drugs or being volatile?
 - Is the initial contact with the family going to take place after normal working hours?
 - Are there firearms or other weapons in the home?
 - Is there any information to suggest the manufacturing of illegal drugs, such as methamphetamines?
 - ◆ Consult with your supervisor on the involvement of law enforcement when any element of risk to worker safety is identified.
2. Consult with the Iowa Division of Narcotics Enforcement or the local drug enforcement task force when there is any information suggesting that there is a "meth lab," methamphetamine manufacturing, or other alleged illegal drug involvement.

Involving Law Enforcement

Link to [Policy](#)

1. Always contact law enforcement when you believe that:
 - ◆ The child must be separated from the person responsible for the abuse.
 - ◆ Contact by the child protection worker with the family will result in a volatile and dangerous response by the child or family members.
 - ◆ The abuse may require a criminal investigation and subsequent prosecution.

2. When you identify elements of risk to your personal safety, consult with your supervisor regarding the involvement of law enforcement during the initial contact with the family or the initial visit to the home.

NOTE: Law enforcement personnel can take a child into custody on an emergency basis, if necessary. DHS cannot remove the child from parental custody without an order from the court directing the removal.

3. Attempt to secure safety for the child (for example, by requesting a CINA petition, seeking removal with law enforcement assistance, or by a physician treating a child) if at any time during the assessment process you believe that a child is not safe. Document your efforts in the summary report.
4. Seek immediate assistance from law enforcement authorities, or request a court order authorizing access if you are denied access to a child and you have concerns for the child's well-being. Observing the child may require coordination with law enforcement or licensing authorities.
5. If the person thought to be responsible for the abuse of a child is in custody of law enforcement or corrections, conduct an interview with the assistance of law enforcement. Consult with law enforcement and the county attorney before conducting the interview.
6. When the Department is jointly conducting a child abuse assessment with law enforcement personnel:
 - ◆ The Department may share information gathered during the assessment process when the assessment is conducted in conjunction with a criminal investigation or the reported abuse has been referred to law enforcement.
 - ◆ Provide law enforcement with the notice of child abuse assessment to specify the finding of the assessment and a copy of the [Child Protective Services Assessment Summary, form 470-3240](#).

Reports Involving Department Employees

The Department of Inspection and Appeals (DIA) investigates reports of abuse in Department-operated facilities. Department-operated facilities caring for children include:

- ◆ The State Training School
- ◆ Woodward Resource Center
- ◆ Glenwood Resource Center
- ◆ Cherokee Mental Health Institute
- ◆ Independence Mental Health Institute

The chart below identifies the jurisdiction of assessments.

If the alleged abuse of child residing in a state-operated facility took place...	Jurisdiction of the assessment is with...
In a state-operated facility	Inspections and Appeals
In a former placement	Human Services (home county)
At home	Human Services (home county)

When DIA has jurisdiction of the assessment:

1. Refer the report to the DIA complaint and abuse hotline at 1-877-686-0027. DIA will make an intake decision and respond accordingly.
2. Fax the intake information received to DIA at (515) 281-7106. Include in the fax cover letter the information that this is a child abuse referral. Do not enter the intake into STAR/Case Flow.
3. If DIA is not available, immediately contact the facility administrator or designee to ensure safety of the child. The administrator or designee must ensure that:
 - ◆ The safety needs of all children in the facility are addressed, and
 - ◆ Any information necessary for a complete assessment is gathered and remains intact.

4. If there is an immediate threat to the physical safety of the child, make reasonable efforts to make personal contact with the child when DIA staff are not able to respond within one hour of the receipt of the report. Take any lawful action necessary and advisable for the protection of the child. See [Child Safety](#).

NOTE: This observation may be delegated to Department staff who work within the facility.

5. Consult the Service Help Desk and central office program staff to determine if a situation involves caretaker status.
6. Contact Central Office program staff if:
 - ◆ There are concerns about the safety of the children residing in the facility; or
 - ◆ A report naming a person employed at a Department-operated facility as responsible for abuse is placed on the Central Abuse Registry.

Evaluating the Alleged Abuse

The steps to evaluating the alleged abuse are:

- ◆ [Observing the victim](#)
- ◆ [Making the initial safety assessment and making a safety plan](#), if the child is conditionally safe
- ◆ [Consulting with medical or other professionals](#)
- ◆ [Conducting interviews](#)
- ◆ [Gathering documentation of the contacts and observations](#)
- ◆ [Addressing any additional allegations that arise](#)

Observing the Child Victim

Link to [Policy](#)

Link to [Practice Guidance](#)

Link to [Definitions](#)

Whenever possible, attempt to observe and interview the child named in the report when you interview the parents, when the parents are not the alleged persons responsible. If you must observe and interview a child named in the report away from the parental home, attempt to obtain parental consent.

Observing the Child Victim Without Parental Consent

1. Observe or interview children without prior parental consent (see [Confidential Access Approval and Documentation](#)) if the following conditions are present:
 - ◆ The parents have a history of violence or flight.
 - ◆ The person allegedly responsible for the abuse is the child's parent or guardian or resides in the child's home, and the injury or risk of injury may be significant.
 - ◆ The child's condition requires immediate observation.
 - ◆ You believe that the child will be in danger of abuse if you contact the parent or guardian first.
 - ◆ You believe that the integrity of information obtained during the assessment will be jeopardized if you contact the parent or guardian first.
 - ◆ The children need attention or placement assistance, and the parents' whereabouts are unknown.
2. Consult supervisory staff if the parent or guardian advises you that you may not access the child confidentially (e.g., the parent states that you may not go to the child's school to observe or interview the child).
3. Request the juvenile court to order access to the child if the child's safety is in question. If the court refuses to issue an order, consult with supervisory staff.

4. Document your attempts to access the child.

NOTE: Supervisory staff may contact program staff or legal staff to determine a course of action.

5. Determine the use of confidential access with siblings of the alleged victims when you receive information after the initial report that alleges the siblings may also be victims of child abuse (see [Confidential Access Approval and Documentation](#)):
 - ◆ Document the additional allegations regarding siblings.
 - ◆ Address the allegations at the conclusion of the assessment.

Confidential Access Approval and Documentation

Make reasonable efforts to secure prior supervisory approval when accessing a child without parental consent.

- ◆ Notify the supervisor as soon as possible following the access if it is necessary to complete confidential access without prior supervisory approval.
- ◆ Document when you received supervisory approval and your rationale for access without parental consent in the [Child Protective Services Assessment Summary, form 470-3240](#).
- ◆ Make reasonable efforts to contact the parent or guardian on the same day that you see the child, except when doing so would endanger the child or others.
- ◆ Document in the *Child Protective Services Assessment Summary* the date and time this contact is made and any unsuccessful efforts made to initiate this contact.

NOTE: If a child is home alone, you cannot enter the residence without permission from an adult who resides in the home. EXCEPTION: A law enforcement officer can request you to enter the home to assist the officer.

If a child is home alone and you conduct an interview with the child (other than the most cursory information), this is considered an exercise of confidential access.

Confidential Access at a Facility or School

Facilities and schools have responsibility for the care and supervision of children set in the Iowa Code, much like the Department. Presenting your state identification when you arrive will assist facility and school personnel in confirming you have the statutory authority to confidentially access a child.

If additional information is requested, you may want to cite the legal reference which states that confidential access can be used in a facility or a public or private school during a child protective assessment. Administrators of a facility or a public or private school shall cooperate by allowing confidential access to the alleged child victim and other children having relevant information.

Iowa Code section 232.71B, subsection 6, states the following:

Facility or school visit. The assessment may include a visit to a facility providing care to the child named in the report or to any public or private school subject to the authority of the department of education where the child named in the report is located. The administrator of a facility, or a public or private school shall cooperate with the child protection worker by providing confidential access to the child named in the report for the purpose of interviewing the child, and shall allow the child protection worker confidential access to other children for the purpose of conducting interviews in order to obtain relevant information. The child protection worker may observe a child named in a report in accordance with the provisions of section 232.68, subsection 3, paragraph "b." A witness shall be present during an observation of a child. Any child aged ten years of age or older can terminate contact with the child protection worker by stating or indicating the child's wish to discontinue the contact. The immunity granted by section 232.73 applies to acts or omissions in good faith of administrators and their facilities or school districts for cooperating in an assessment and allowing confidential access to a child.

Procedures for Observing the Alleged Victim

1. When you observe a child, have a witness present (however, it is not necessary that a witness be present during the interview with the child).
 - ◆ When observing a child aged four or older, do not touch the child, remove the child's clothing, or induce the child to remove clothing. Removal or adjustment of clothing to permit observation must be voluntary on the child's part.
 - ◆ If the child is under age four, you may view the child's unclothed body other than the genitalia and pubes. If a child has injuries near the genital area, do not attempt to observe these injuries unless the parent or guardian gives permission.
2. In a report of physical abuse, carefully describe and document all injuries observed, including the exact location, size, color, and shape.

Note the child's and the caretaker's explanations as to how each injury occurred.

- ◆ With a mentally retarded or developmentally disabled child, the observation may proceed as long as the child consents and the child appears to have a developmental age of four or older. (Ask school or facility personnel for assistance in determining the developmental age of the child.)
- ◆ If a child aged ten or older expresses a desire to end contact with you, you must terminate the contact.

Observation of Other Children

1. Observe other children who are in the care of the person alleged responsible for the abuse when concerns regarding the protection of these children are identified. This means children who are:
 - ◆ In the same home as the parents who are alleged to be responsible for the abuse;
 - ◆ In the same facility (such as a child-care home or center) where the person alleged to be responsible for the abuse works or lives; or
 - ◆ Under the care of a person who is not registered to provide child care.

2. When observing the other children, follow the same timeframes and guidelines used for observing the child named in the report. See [Confidential Access Approval and Documentation](#).
3. Document the information that supports your concern regarding the protection of children by a parent or person alleged responsible for the abuse (e.g., caretaker is a sexual offender or parent has extensive history of violence).

Observing a Child in a Domestic Violence Shelter

Link to [Domestic Violence](#)

NOTE: Due to confidentiality requirements set forth in Iowa Code 236A, you may not be able to obtain information from staff of a domestic violence shelter. When the child and parent are at a domestic violence shelter, shelter staff may decline to confirm their presence to you.

1. If shelter staff declines to share the information, indicate that you have reason to believe that the parent and child are present at the shelter.
2. Leave a message with the shelter staff for the parent to contact you to arrange for observation of the child and interviews with the parent and the child.
3. If the parent has not contacted you within one working day after leaving the message with shelter staff, contact the shelter staff again and request to speak with the parent.
4. If necessary, consult with supervisory staff regarding denial of access to the child and the need to seek juvenile court intervention.

Assessing Child Safety

Link to [Policy](#)

Link to [Practice Guidance](#)

Assess child safety throughout the life of the case using three elements:

- ◆ [Threats of maltreatment](#)
- ◆ [Child vulnerability](#)
- ◆ [Caretaker's protective capacities](#)

Safety assessments are required:

- ◆ Within 24 hours of first contact with child during a child protective assessment.
- ◆ At completion of the child protective assessment.
- ◆ Whenever circumstances suggest the child is in an unsafe situation.
- ◆ Before the decision to recommend unsupervised visitation.
- ◆ Before the decision to recommend reunification.
- ◆ Before the decision to recommend closure of protective services.

All safety assessments require supervisory consultation. When the safety decision is that the child is conditionally safe, a [Safety Plan, 470-4461](#), is required.

1. Complete an initial safety assessment with family participation regarding the immediate safety of the child or children within 24 hours of first contact during a child protective assessment.
 - ◆ Document this assessment on form [470-4132, Safety Assessment](#), by indicating the presence or absence of signs of [present danger](#) or [impending danger](#).
 - The initial safety assessment requires a face-to-face contact with the child and the family and supervisory consultation.
 - Use [Safety Assessment Guidance, RC-0104](#), to guide the completion of the safety assessment. Document the date and time safety assessment was completed.
 - ◆ Describe the [threats of maltreatment](#) that are present at this time (i.e., aggravating factors that combine to produce a potential dangerous situation).
 - ◆ Describe the [child's vulnerability](#) to maltreatment (i.e., the degree that a child cannot on the child's own avoid, negate, or minimize the impact of present or impending danger).
 - ◆ Describe the [caretaker's protective capacities](#) (i.e., the family strengths, or resources that reduce, control or prevent threats of maltreatment from arising as well as factors and deficiencies that have a negative impact on child safety).

NOTE: *Safety Assessment*, form 470-4132, and *Safety Plan*, form 470-4461, are not used for facility assessments. A nonregistered child care home is not considered facility, so complete a safety assessment on the child's own home.

2. Consult with your supervisor within 24 hours regarding your assessment of the child's safety and the safety plan. Document the date, time, and manner of consultation on the safety assessment form.
3. Make a safety decision and document it on the *Safety Assessment*. Determine whether the child is:

- ◆ **Safe:** No signs of present or impending danger are identified, or one or more signs of present or impending danger are identified and the child's lack of vulnerability or the caregiver's protective capacities offset the current danger. The child is not likely to be in imminent danger of maltreatment.
- ◆ **Unsafe:** One or more signs of present or impending danger are identified. The child's level of vulnerability and the caregiver's protective capacities do not offset the impending danger of maltreatment, or the caretaker has refused access to the child.
- ◆ **Conditionally safe:** One or more signs of present or impending danger of maltreatment are identified. The situation is not expected to place the child in impending danger, because the caregiver's protective capacities or the lack of child vulnerability offset the threat of imminent danger to the child or the identified signs of present or impending danger.

The child's level of vulnerability and the caregiver's protective capacities do not offset the present or impending danger of maltreatment.

Controlling safety interventions have been initiated as identified and agreed upon by all necessary parties in the written safety plan.

The implementation of the safety interventions offsets the need to take more restrictive actions at this time. Failure to follow the safety interventions or a change in circumstances may result in the need to take more formal actions to ensure child safety in the future.

NOTE: The *Safety Plan*, form 470-4461, must identify:

- Who will participate to ensure safety of the child, and
- Who will monitor the safety plan and duration of the safety plan.

Document the actions taken or services initiated to address each identified sign of present or impending danger. Address how behaviors, conditions, and circumstances associated with the sign of present or impending danger will be controlled.

4. If the child is **unsafe**, removal sanctioned by court order or voluntary agreement for foster care placement are the only controlling safety interventions possible. See [Emergency Removal and Reasonable Efforts](#).

Do a safety assessment for visitation supervision if the child is removed from parental care while the child abuse assessment is open and the case has not yet been transitioned to the social work case manager.

5. If the child is **conditionally safe**, initiate controlling safety interventions. The controlling safety interventions may include the parent arranging informal temporary care of the child. Develop a *Safety Plan* jointly with the family. Consider reasonable efforts to prevent placement. See [Safety Plan](#) and [Emergency Removal and Reasonable Efforts](#).
6. Repeat the safety assessment whenever circumstances suggest the child is in an unsafe situation. Follow procedures outlined above.
7. Repeat the safety assessment before completing the child abuse assessment in all cases except assessments on an out-of-home setting, where safety assessment is not required.

The formal written safety assessment performed at the end of the child protection assessment requires supervisory consultation, but does not require another face-to-face contact.

It is a worker/supervisory judgment decision when a face-to-face contact is advised on safety assessments completed at the end of the child protection assessment. It will depend on your discussion of the specific assessment information gathered.

As guidance, the supervisor will assist you in evaluating the information using the safety construct, child vulnerability, caregiver protective capacities, and threat of maltreatment.

8. If the child is determined to be conditionally safe or unsafe at any time during the life of a case, use professional judgment in deciding if the child is imminently likely to be abused or neglected.
 - ◆ Refer the information to the county attorney if a CINA adjudication or removal order or other court action is necessary to protect the child.
 - ◆ Update the *Safety Plan* as needed.

Safety Plan

Link to [Practice Guidance](#)

1. When a safety assessment decision is that the child is conditionally safe, develop a [safety plan](#) with the primary caretaker responsible for the safety of the child within **24 hours** of first contact with the child. Document the plan on [Safety Plan, form 470-4461](#).
2. In the safety plan, identify safety concerns. Use the five family functioning domain areas (child behavior, family safety, family interactions, parental capabilities, and home environment) to provide a common lens through which to collect and analyze information.
3. Document the actions taken or services initiated to address each identified sign of present or impending danger. Address how:
 - ◆ Behaviors associated with the sign of present or impending danger will be controlled.
 - ◆ Conditions associated with the sign of present or impending danger will be controlled.
 - ◆ Circumstances associated with the sign of present or impending danger will be controlled.

NOTE: The following services are available to families on a voluntary basis during a child abuse assessment before a founded determination or a court order adjudicating the child:

- ◆ Safety plan services (if the child is conditionally safe)
- ◆ Family team meeting facilitation
- ◆ Relative home study services
- ◆ Protective child care
- ◆ Drug testing
- ◆ Service area-specific services

4. Determine and document tasks to be performed:
 - ◆ Determine and document services to be provided.
 - ◆ Indicate what tasks will be performed.
 - ◆ Indicate who will perform the task.
 - ◆ Indicate how frequently the task will be performed.
 - ◆ Describe how the task will control each specific sign of present or impending danger.
5. Determine how the plan will be monitored.
6. Identify a back-up plan.
7. Obtain family agreement with the *Safety Plan*:
 - ◆ Obtain signature of the primary caretaker responsible for the safety of the child.
 - ◆ Obtain signatures of individuals directly involved in implementing or monitoring the safety plan.
8. Obtain supervisory approval of the *Safety Plan* within 24 hours of first contact with the child.
9. Provide the family a copy of the *Safety Plan*.

Safety Plan Services

The [Safety Plan, form 470-4461](#), may include safety plan services when:

- ◆ There is an open child abuse or CINA assessment, and
- ◆ You and your supervisor have determined that:
 - A child is conditionally safe; and
 - The family is in need of services to move them from “conditionally safe” status to “safe” status; and
 - Without the services, the removal of the child from the home or current placement would be necessary.

1. Initiate a referral for safety plan services when the case meets the eligibility criteria and either:
 - ◆ The parent accepts safety plan services by signing form [470-0615 or 470-0615\(S\), Application for All Social Services](#). The caretaker must sign the application for services to begin and signs a release of information to allow communication between DHS and the provider.
 - ◆ A court has ordered safety plan services.

NOTE: If the *Safety Plan* specifies safety plan services are necessary for the child to be safe but the parent refuses to accept services and the child is unsafe without them, notify the court for removal of the child.

2. Telephone the safety plan services contractor whose turn it is to take a case in the area's case assignment rotation. Provide a verbal referral of the family that includes name, address, and names and dates of birth for household members.
3. Document the date and time of your contractor contact on the *Safety Plan*. The date of referral is considered the beginning date of Safety Plan services. Contractor staff are required to call you within one hour and take the case referral information.
4. Fax the completed and signed *Safety Plan*, form 470-4461, and form [470-3055, Referral and Authorization for Child Welfare Services](#), to the provider of safety plan services, approving the delivery of a unit (15 calendar days) of safety plan services. Provide form [470-4132, Safety Assessment](#), upon completion.
5. When the contractor calls you, provide referral information, including accurate directions to the family home and highlights of the safety concerns and safety plan.

You should be able to identify a clear connection between the type and level of service interventions and supports you are requesting from the contractor and a specific safety and permanency issue in the case.

If the court has ordered a specific level of service, contact, or parent and child or sibling visitation in the case, that expected level should be clearly communicated to the contractor and becomes an expectation of the contractor's involvement in the case.

6. Once the referral is made, the contractor is responsible for:
 - ◆ Making face-to-face contact with the alleged child victims and the family within 24 hours.
 - ◆ Meeting all required safety plan service delivery and reporting expectations.
7. Contact with DHS is required in one hour after referral. If possible, you should attend the provider's initial face-to-face meeting with the family.
8. Make FACS entries to authorize the service.

The service code for safety plan services is A350. Each service unit represents 15 calendar days of services. The first day of the service unit is the date of the Department's referral to the contractor, as recorded on the *Safety Plan*.

Up to two 15-calendar-day units of services can be approved and provided during a child protective or CINA assessment. If two units of services are approved, a separate FACS entry is required for each unit.

9. Provide the family with a [Notice of Decision: Services, form 470-0602](#).

Case Meetings and Case Planning

Throughout the period of service delivery by the contractor, do the following:

1. Complete the child protective or CINA assessment.
2. Share information and perceptions concerning the case with contractor staff. Make sure that the contractor has the most current information on:
 - ◆ Core concerns and issues that need to be addressed,
 - ◆ Behavioral changes that must occur, and
 - ◆ Any court-ordered expectations.

3. Be sure that the contractor seems to have a clear understanding of the significant issues, safety concerns, and risk factors in the case and that the contractor has communicated these issues to any subcontractors that will be involved with the case.
4. Participate in face-to-face meetings between the family and contractor staff whenever possible. Participation in the first face-to-face meeting with the family will set a positive and coordinated tone for the case and provide you an additional opportunity to share information and expectations with contractor staff.
5. Maintain close communication with the provider. This is essential to maintaining safety and revising the *Safety Plan* as needed. Request provider's input concerning revisions that would make the safety plan more effective.
6. Communicate in the safety plan expectations for the provider to participate in family team meetings and court hearings when requested by the court or as specified in the *Safety Plan*.

Normally the social work case manager initiates family safety, risk, and permanency services after the case has been transferred to the ongoing worker.

However, you may initiate family safety, risk, and permanency services when the family is eligible and has the need for the services after the child abuse assessment. A founded abuse report and either a signed application or a court order required. Follow the same procedures as for initiating safety plan services.

If the child is removed from the home while receiving safety plan services, you may, if necessary, either:

- ◆ Terminate the safety plan services and initiate family safety, risk, and permanency services immediately; or
- ◆ Continue the safety plan services until the end of the 15-day service period and then initiate family safety, risk, and permanency services.

NOTE: If you refer a case for family safety, risk, and permanency services, you retain responsibility for the case until the *Child Protective Assessment Summary* is completed. An ongoing child welfare case manager cannot be assigned until the report is completed, consistent with the Better Results for Kids Redesign case processing protocol.

Monitoring Service Delivery

Throughout the period of contractor service delivery:

1. Continue monitoring of case-specific outcomes achieved by the child and family.
2. Consult with the children and family about their progress.
3. Monitor provider contact summaries to determine if the safety plan is effective for maintaining and improving safety.
4. Review with the assigned contractor care coordinator remaining tasks to be completed and outcomes that need to be achieved before services can be safely closed.

Safe Plan of Care for Infants Born With Presence of Illegal Drugs

1. Complete a "safe plan of care" (safety plan) for infants who are born positive for illegal drugs or exhibit withdrawal symptoms.
 - ◆ Establish a safety plan whenever a safety concern is identified. The mother's substance abuse is a safety concern.
 - ◆ If the safety assessment determines that a safety plan can address all safety concerns identified, the infant's removal is not necessary.
2. Develop the "safe plan of care" to include referral to appropriate services. In addition to identification of informal support systems, appropriate services may include:
 - ◆ Substance abuse evaluation or treatment
 - ◆ Visiting nurse services
 - ◆ Home visitor parenting programs
 - ◆ Early access
 - ◆ Safety plan services
 - ◆ Family safety, risk, and permanency services

Emergency Removal and Reasonable Efforts

Link to [Policy](#)

1. Before determining a child to be unsafe and initiating [emergency removal](#) of the child, consider reasonable efforts to prevent placement, including:
 - ◆ Bringing protective relatives to the child's home while the parents leave the home.
 - ◆ Initiating community services such as public health visitor or visiting nurse services.
 - ◆ Initiating homemaker services or family-centered services, dependent on abuse finding or court order.
 - ◆ Implementing intensive services, such as family preservation dependent on abuse finding or court order.
 - ◆ Placing the child voluntarily with relatives or friends.
 - ◆ Placing the child in voluntary foster or shelter care.
 - ◆ Obtaining a court order requiring that the person responsible for the abuse leave the home, when other family member are willing and able to adequately protect the child.
 - ◆ Have the nonabusing caretaker move to a safe environment with the child.
2. If reasonable efforts cannot ensure the safety of the child:
 - ◆ Notify the supervisor,
 - ◆ Remove the child, and
 - ◆ Document the action.
3. If an emergency removal is required, provide the following information, if available, to the foster parent, agency, or other person caring for the child:
 - ◆ Any history of violence on the part of the child
 - ◆ Whether or not the child is a victim of sexual abuse
 - ◆ Any information on the child's perpetration of sexual abuse
 - ◆ Placement as voluntary or court ordered
 - ◆ Pertinent health and behavioral information regarding the child

4. Provide the information at the time of placement if available.

NOTE: The foster care worker will need the above information to include in the child's case permanency plan, social history report to the court and any dispositional court report. The documentation of reasonable efforts and exploration of relative care are critical to the needs and well-being issues of the child.

5. When a breastfed infant is removed from the infant's home, the mother must be allowed to continue breastfeeding the infant when this contact is in the best interest of the infant.
 - ◆ The opinion of the child's physician is critical in determining the best interest of the infant, particularly when the mother has a history of substance use or takes prescription medication.
 - ◆ Drug testing is advisable under these circumstances.

Consulting With Medical and Other Professionals

Link to [Policy](#)

Link to [Practice Guidance](#)

Link to [Child Protection Centers](#)

Link to [Reimbursement for Procedures Required During Assessment](#)

NOTE: DHS may contact any person with professional expertise to consult on the allegations and injuries or condition. No release is required as the expert has access to the information as a professional involved in the assessment of abuse allegations and treatment planning.

1. Contact experts in the evaluation of the alleged abuse who have particular knowledge regarding the abuse including, but not limited to, multidisciplinary teams and professionals in medicine, psychiatry, psychology, and law enforcement.
2. Inform any medical or other professionals contacted for consultation of the explanation the subjects of the report have given for the injury. Ask the professional consulted if the injury is consistent with the explanation.

3. When professionals provide varying opinions about the cause of a child's injury or condition, seek to resolve the differing opinions through further questioning of those professionals. Explain the other opinions being offered and ask them if they can come to agreement regarding their opinions.

When this is not possible, seek additional professional opinions regarding the child's condition or consult with supervisory staff, the Service Help Desk, and program staff.

4. Inform the physician of:
 - ◆ The nature of the child abuse allegations, and
 - ◆ Any other relevant information about the child and the family.
5. If you refer a child to a physician for an examination or test, contact the physician before the scheduled appointment. Contact the physician within 24 hours following the child's physical examination for the results. If the results are not yet available, contact the physician again before completing the assessment.

Relevant procedures that the physician may provide include:

- ◆ Documentation of all bruising, burns, abrasions, or skin lesions.
- ◆ Examination of ears, nose, and throat and documentation of any bleeding, tears of frenulum, or bruising or abrasion inside the lips or in the pharynx.
- ◆ Checking the chest and abdominal area for evidence of blunt injury, rib tenderness, lung contusions, or intra-abdominal injury.
- ◆ Palpating the long bones and examining the joints for swelling and tenderness.
- ◆ A skeletal survey to look for occult fractures in children under age two.
- ◆ Computed tomography (CT) imaging to pick up acute injuries when a head injury to a child is suspected, reported, or documented.
- ◆ Magnetic resonance imaging to date subdural hematomas and pick up lesions missed by CT imaging that may be more than five days old.

6. Ask the physician to contact you immediately if:
 - ◆ The parents or caretakers fail to take the child to the appointment.
 - ◆ There is any confirmation or evidence of physical abuse.
 - ◆ The child has any medical conditions that require immediate medical attention.
7. Consider the types and severity of the injuries or medical condition to determine if more acute or specialized medical attention is needed.
8. When medical attention to a child is advisable, provide specific instructions to the parent or caretaker about expectations and time frames for setting up a medical appointment for the child. (See [Drug Testing Guidelines](#) and [Emergency Removal and Reasonable Efforts](#).)
 - ◆ Inform the parent or caretaker that any delays, lack of cooperation, or missed appointments may result in the Department requesting a court order for a medical examination (physical or mental), medically relevant tests, or an emergency removal.
 - ◆ The refusal or failure of the caretaker to comply with the request of a peace officer, juvenile court officer, or child protection worker to obtain and provide to the requester the results of a physical or mental examination of the child may result in the removal of the child.
9. When a medically relevant test such as a drug test for the caretaker is advisable, provide specific instructions to the caretaker regarding expectations and timeframes for completion. Explain to the caretaker that the result of this testing will be returned to the Department.

The refusal or failure of the caretaker, or another adult in the caretaker's home to comply with the request of a peace officer, juvenile court officer, or child protection worker to submit to a medically relevant test and provide the results to the requester may result in the removal of the child.

Conducting Interviews

Link to [Policy](#)

Link to [Practice Guidance](#)

Link to [Courtesy Interviews for Child Abuse Assessment](#)

Interview of the Alleged Child Victim

Interview the alleged victim to determine the safety of and risk to the child named in the report. Conduct the child interview that addresses specific allegations away from the person allegedly responsible for the abuse when possible. Determine the following:

- ◆ What happened
- ◆ When and where it occurred
- ◆ Who was present
- ◆ Who was in a caretaker role at the time of alleged abuse
- ◆ The child's current condition
- ◆ The child's developmental level
- ◆ The type, severity, and duration or frequency of the abuse
- ◆ The effects of abuse
- ◆ The identity of others who have information about:
 - The child's condition
 - The family situation
 - The child's characteristics, such as functioning level
 - Others who reside in the home
- ◆ The child's relationship with and feelings toward the parents and siblings
- ◆ The child's perception of family strengths
- ◆ The child's perception of how family needs and problems are addressed
- ◆ The child's relationship with:
 - Peers
 - Extended family
 - Other significant people
- ◆ The child's routine
- ◆ The child's support system
- ◆ The child's perception of the safety of the community
- ◆ A description of the community and available resources

Interview of Siblings and Other Children

Interview siblings of the alleged victim and other children under the care of the alleged perpetrator to determine the safety of and risk to them. Gather information about:

- ◆ The sibling's characteristics, behaviors, and feelings.
- ◆ Confirmation of the caretaker and the alleged abuse.
- ◆ Any abuse that siblings have experienced.
- ◆ Parents and caretakers.
- ◆ The family's characteristics, dynamics, and functioning.

Interview of the Parents or Caretakers

Persons Not Allegedly Responsible for the Abuse

1. Determine if [protective disclosure](#) is necessary.
2. Interview the caretaker who is not alleged to be responsible for the abuse to determine their knowledge of the alleged abuse. Gather information related to the risk of abuse.
3. Determine this parent's capacity to protect the child and meet the child's needs. Ask about the parent's:
 - ◆ Knowledge of the alleged abuse and the caretaker.
 - ◆ Feelings regarding alleged abuse.
 - ◆ Acceptance of the child's version of what might have happened.
 - ◆ Relationship with the person allegedly responsible for the abuse.
 - ◆ Role in the household, if living with the person alleged responsible.
 - ◆ Capacity to protect the child.
 - ◆ Safety plan and plan of action.
 - ◆ Personal characteristics.
 - ◆ History of abuse, [domestic violence](#), or criminal activity.
 - ◆ [Substance abuse](#), [mental health](#), or other significant concerns.

- ◆ Stress factors (unemployment, financial difficulties, interpersonal conflicts).
- ◆ Description of the characteristics, feelings, and behavior of the children in the home.

Persons Allegedly Responsible for the Abuse

1. Determine if [protective disclosure](#) is necessary.
2. Interview the persons allegedly responsible for the abuse. Provide the person with the opportunity to explain or rebut the allegation of a child abuse report or other allegations made during the assessment.

At first contact, inform the person of the nature of the allegations in a manner that protects the safety of the child and the confidentiality rights of any person who provided information as part of the assessment process.

The person allegedly responsible for the abuse of a child must be offered an interview. Make the offer of interview to the person's legal representative if DHS has received notice of representation.

The offer of interview or reasonable efforts to make the offer of interview must be documented before a finding can be made that the person is responsible for the abuse unless a court order has been issued that waives the interview.

The child protective assessment supervisor shall not approve the completed report unless the offer of interview requirements has been met. Place copy of court order in the file.

3. Depending on the allegations, it may be necessary to conduct an interview with the assistance of law enforcement.
 - ◆ If a person thought to be responsible for the abuse is in custody of law enforcement or corrections, consult with law enforcement and the county attorney before conducting any interviews.
 - ◆ Be aware of the local protocol for joint investigation roles and responsibilities.

NOTE: Law enforcement must provide a "Miranda" warning before you interview a person in custody. Follow locally established procedures for providing the "Miranda" warning. Law enforcement personnel may wish to assist in the interview.

4. Gather information in order to determine if abuse occurred and determine the risk that this person may present to the alleged victim, other children, or others residing in the household.
5. Make reasonable efforts to contact the person allegedly responsible for the abuse of the child. Reasonable efforts require making more than one type of effort to identify, locate, and contact the person allegedly responsible for the abuse.

Document your efforts to contact the person in the *Child Protective Services Assessment Summary*, form 470-3240.

6. If the person cannot be located or refuses to be interviewed, document this in the *Child Protective Services Assessment Summary*.

If the person comes forward and requests an interview after the assessment is completed, grant the interview. Then complete an addendum to the assessment summary that contains the information provided and any effects this information has on your previous conclusions or recommendations. See [Assessment Summary Addendum](#).

7. If law enforcement requests that DHS delay an offer of an interview with the alleged person responsible during a joint investigation (and a court order waiving the requirement is not appropriate), make a finding the abuse has occurred if there is a preponderance of evidence.

The person responsible for the abuse must be listed as unknown until the person can be offered an interview. Put the report put on the addendum list to allow 20 business days for law enforcement to retract or extend the request to delay the offer of interview.

A court order to waive the interview may be appropriate in some cases, upon consultation with law enforcement and the county attorney.

8. The supervisor shall not approve a founded or confirmed abuse report unless the child protection worker has offered the person alleged responsible an interview or has documented reasonable efforts to interview.
 - ◆ The report finding must be “not confirmed,” and
 - ◆ The report must be put on the addendum list to allow 20 business days to offer the person alleged responsible an interview.
9. Gather information on the person’s:
 - ◆ Role, attitude, and relationship with the alleged victim.
 - ◆ Response to the abuse allegation.
 - ◆ Description of what occurred.
 - ◆ Acceptance of the child’s version of what might have happened.
 - ◆ Role in the household, if living in the same household.
 - ◆ Perception of the child and other children in the home, if residing there.
 - ◆ Approach to solving problems and willingness to seek help, if suggested.
 - ◆ History of abuse, [domestic violence](#), or criminal activity.
 - ◆ [Substance abuse](#), [mental health](#), or other significant concerns.
 - ◆ Stress factors (unemployment, financial difficulties, interpersonal conflicts).
10. The court may waive the requirement to interview the person allegedly responsible for the abuse for good cause. When the court waives the requirement, document this in the report and place the court order in the file.
11. If the person alleged responsible for the abuse is a resident at the State Training School, the resident shall be represented by legal counsel during any interview being conducted to obtain information that will be used or may be used against the resident. Contact the superintendent of the facility to initiate contact with the resident’s counsel.

NOTE: Counsel for the child may waive presence after consultation with the resident. Likewise, counsel may deny access to the child being interviewed. (Iowa Code section 232.11)

12. Obtain parental permission to interview a minor child who is the person allegedly responsible for the abuse unless the use of confidential access authority applies. See [Observing the Child Victim Without Parental Consent](#) for information on procedures.

Making Collateral Contacts

Link to [Policy](#)

Link to [Practice Guidance](#)

Interview individuals and professionals who are familiar with the child and family and can provide additional information. These collateral contacts may include:

- ◆ Contacts identified by the family.
- ◆ Contacts identified by the child protection worker assessment staff.
- ◆ Neighbors.
- ◆ Teachers and day care staff.
- ◆ Physicians and other medical professionals.
- ◆ Other service providers.
- ◆ Law enforcement personnel.

NOTE: Once a report of child abuse becomes a case, rules around confidentiality and privileged communication are waived during the assessment process.

County attorneys, local law enforcement officers, social service agencies, and all mandatory reporters (whether or not they made the report of suspected abuse) are obligated to cooperate and assist with the assessment upon the Department's request.

Iowa Code sections [622.9](#) (on communication between husband and wife) and [622.10](#) (on communications in professional confidence) do not apply to evidence regarding a child's injuries or the cause of the injuries in any civil or criminal judicial proceeding resulting from a report of child abuse.

This is also true of any statute or rule of evidence that excludes or makes privileged the testimony of health practitioners or mental health professionals as confidential communications.

EXCEPTION: Iowa Code [236A](#) provides for and protects "confidential communication" between a "victim" of domestic violence and a "victim counselor." By law, a victim counselor cannot be required to provide any information regarding confidential communication. This includes information shared between victim and victim counselor within the counseling relationship.

Documenting Contacts and Observations

Link to [Policy](#)

Link to [Practice Guidance](#)

Document all contacts and enter them into the Case Flow System by the completion of the assessment.

Verify Report Data

1. For all allegation types, gather physical and documentary evidence relevant to each allegation, victim, and person allegedly responsible for the abuse. For each allegation of abuse, you must identify the child subject and the person responsible (or not) for the abuse.
2. The following report data is considered critical. Document your efforts to secure this data when it is not available:
 - ◆ Full name
 - ◆ Birth date
 - ◆ Race
 - ◆ Social security number
 - ◆ Current address
 - ◆ FACS number

Interviews

Document the following information for each interview conducted:

- ◆ The time, place, and date the statement was taken
- ◆ Demographic information about the interviewee, including name, address, age, employment, marital status, and relationship to the victim, if any
- ◆ The basis of interviewee's knowledge:
 - Victim
 - Witness
 - Expert
 - Indirect
 - Third party
 - Hearsay

Handwritten Statements

If handwritten statements are taken:

- ◆ The statement should be written in ink.
- ◆ The statement should always carry over from one page to the next.
- ◆ Each page of the statement should have the time, place, page number, and the number of pages.
- ◆ Each page of the statement should be signed.
- ◆ Any corrections to the statement should be initialed and witnessed.
- ◆ The statement should include a declaration that it has been read, that is complete, and that it is true.

Electronic Recordings

If the interview process is recorded (audio or video), the recording shall include:

- ◆ Your statement informing the interviewee that the interview is being recorded.
- ◆ The interviewee's statement acknowledging that the interview is being recorded and consenting to the recording.

- ◆ The voice (for an audio recording) or image (for a video recording) should be clearly identified.
- ◆ Recorded statements that occupy more than one tape should have a carryover message.

Physical and Documentary Evidence

1. Document evidence gathered regarding each type of alleged abuse. Documentation may include, but is not limited to:
 - ◆ Descriptions of injuries
 - ◆ Photographs (see note below)
 - ◆ Medical reports and records
 - ◆ Reports from child protection centers
 - ◆ Other written reports

NOTE: Documentation that is placed in the file in addition to the [Child Protective Services Assessment Summary, form 470-3240](#), such as photographs, and medical reports, must be made available to subjects of the report upon request.

EXCEPTION: Substance abuse, HIV, and mental health information can be released only to the subject of the information. See [1-C](#).

2. For allegations of physical abuse, provide measurements, color description, the exact location on the body, and the shape of the injury. Rulers, thermometers, bruise color charts, human anatomy diagrams, and photographs may be helpful.

You may take photographs to show injuries to the child or to document conditions in the household, especially in situations that are likely to result in placement on the Registry. Other common sources for photographic documentation are police departments and hospitals.

NOTE: There are restrictions for observing and photographing child victims. See [Procedures for Observing the Alleged Victim](#).

Photographs used to document evidence in an assessment become part of the case file. Document photographs in ink with a number, the date and time they were taken, and a brief description of the content of the photograph.

3. For other allegations, careful documentation of conditions of the home environment may be less intrusive than taking photographs or be more practical for descriptions beyond the scope of media, such as odors.

Additional Allegations

When a child protective assessment is being conducted and additional allegations of child abuse are reported or identified and accepted, determine if the additional allegations identify exactly the same child victim and alleged person responsible:

- ◆ If exactly the same child victim and alleged person responsible are identified, consult with your supervisor. (Example: Denial of critical care is the initial allegation and presence of illegal drugs in a child's body is added as an additional allegation during the assessment.)

Incorporate the additional allegations into the current assessment unless there is not enough time to evaluate the additional allegations before completing the [Child Protective Assessment Summary, form 470-3240](#). In that case, treat the additional allegations as a new case.

- ◆ Incorporate an allegation regarding a sibling into the current assessment when the original victim and the sibling have the same parents and the person alleged responsible is the person named in the original allegation or is the other parent.
- ◆ If exactly the same child victim and alleged person responsible are not identified, treat the additional allegations as a new case. (Example: A different non-parent person responsible is named regarding a sibling.)

Additional subjects rather than additional reporters determine when a new assessment is required.

NOTE: Additional allegations of child abuse that are reported or identified by someone other than the child protection worker assigned to the case still require:

- ◆ Observation and response within time frames, and
- ◆ Oral notification to the reporter within 24 hours about the Department's decision to accept or reject the report, and
- ◆ Written notification to the reporter within five working days about the Department's decision to accept or reject the report.

The assessment supervisor will make the decision whether additional allegations are new cases to be assigned through intake to the same child protection worker or to other child protection workers.

Making an Allegation Finding

Link to [Policy](#)

Link to [Practice Guidance](#)

1. Before making a determination of whether abuse occurred, gather all necessary information from observations, interviews and documentation, and determine the credibility of subjects, collateral sources, and other documentary evidence gathered during the assessment process.
 - ◆ Determining credibility is a process in which you gather or receive information or arguments, and then determine the truth or falsity of the information or arguments.
 - ◆ Make the determination of whether abuse occurred based on a preponderance of credible evidence.
2. For each category and subcategory of abuse, gather credible evidence to determine whether or not the alleged abuse occurred:
 - ◆ [Physical abuse](#)
 - ◆ [Mental injury](#)
 - ◆ [Sexual abuse](#)
 - ◆ [Denial of critical care](#)
 - ◆ [Child prostitution](#)
 - ◆ [Presence of illegal drugs in a child's body](#)
 - ◆ [Manufacturing or possession of a dangerous substance](#)
 - ◆ [Bestiality in the presence of a minor](#)
 - ◆ [Allows access by a registered sex offender](#)
3. Each category or subcategory requires that specific factors be present in order to conclude that abuse occurred. For a report of child abuse to be confirmed, you must:
 - ◆ Determine that a preponderance of credible evidence indicates that the allegations are true.
 - ◆ Demonstrate the presence of all factors necessary for this type of abuse.
 - ◆ Document the rationale for your determination.
 - ◆ Be explicit in addressing the necessary factors.
 - ◆ Provide supporting statements to explain how each of the criteria has been met.

4. If the report is **confirmed**, document on the [Child Protective Services Assessment Summary, form 470-3240](#), the following:
 - ◆ A preponderance of credible evidence that the allegations are true.
 - ◆ The presence of all factors necessary for this type of abuse.
 - ◆ The rationale for your determination.
 - ◆ How each of the criteria was met (the child, the caretaker, and the circumstance of abuse, as defined by the Iowa Code).

5. If the report is **not confirmed**, document on the *Child Protective Services Assessment Summary*, form 470-3240, the following:
 - ◆ There is insufficient evidence (less than a preponderance) to conclude that the allegations are true, OR
 - ◆ At least one of the factors necessary to determine that this type of abuse occurred is absent, and
 - ◆ The rationale for the determination.

Placement on the Registry

Link to [Policy](#)

Link to [Practice Guidance](#)

Document your rationale for the determination to place or not to place the report on the Registry, according to the specified criteria, on the [Child Protective Services Assessment Summary, form 470-3240](#).

NOTE: Only two allegation types can be confirmed but not placed on the Registry. These are physical abuse and denial of critical care (lack of supervision and lack of clothing). These allegation types are subject to the minor, isolated, unlikely to recur criteria for placement on the child abuse registry.

Confirmed and Placed on the Registry

1. Determine if the report of child abuse is to be placed on the Registry.
2. Place all of the following allegations, if confirmed, on the Registry:
 - ◆ Mental injury
 - ◆ Presence of illegal drugs
 - ◆ Child prostitution
 - ◆ Sexual abuse committed by a person age 14 or older at the time of abuse
 - ◆ Manufacturing or possession of dangerous substances (as defined) with the intent to use product as precursor or intermediary
 - ◆ Bestiality in the presence of a minor
 - ◆ Allows access by a registered sex offender
 - ◆ Six of the eight categories of denial of critical care:
 - Failure to provide adequate food and nutrition
 - Failure to provide adequate shelter
 - Failure to provide adequate health care
 - Failure to provide adequate mental health care
 - Gross failure to meet emotional needs
 - Failure to respond to an infant's life-threatening condition
3. Place allegations of physical abuse and denial of critical care (lack of supervision and lack of adequate clothing), if confirmed, on the Registry when the following circumstances exist:
 - ◆ The case was referred for juvenile or criminal court action.
 - ◆ Within 12 months of the report, court action was initiated that resulted in adjudication or criminal conviction.
 - ◆ The person responsible continues to pose a danger to a child.
 - ◆ Within the last 18 months the same person has been determined responsible for abuse in a previous report.

Confirmed and Not Placed on the Registry

Link to [minor, isolated, and unlikely to reoccur](#)

Do not place a report of physical abuse or denial of critical care (lack of supervision and lack of adequate clothing), on the Registry when all of the following conditions are met:

- ◆ The injury was minor.
- ◆ The injury was isolated.
- ◆ The injury is unlikely to reoccur.

Physical Abuse

1. Determine if an allegation of physical abuse was **minor** by considering:
 - ◆ The location and size of the injury.
 - ◆ The force used to inflict the injury.
 - ◆ The potential of greater injury to the child.
 - ◆ The age, medical condition, mental and physical maturity, and functioning level of the child.
2. Determine if an injury was **isolated** by considering:
 - ◆ There are no other reports of child abuse confirmed, or
 - ◆ The information gathered in the current assessment supports the evidence that the incident was an isolated occurrence.
3. Determine if the injury is **unlikely to reoccur** by considering:
 - ◆ The responsible caretaker's response to the incident of abuse and receptiveness to alternative methods of discipline.
 - ◆ Whether any factors contributing to the abuse continue to exist, are ongoing, or are no longer present.

Denial of Critical Care

1. Determine if an allegation of denial of critical care (lack of supervision or lack of adequate clothing) was **minor** by considering:
 - ◆ The length of time the endangerment occurred.
 - ◆ The likelihood that the child would have suffered injury or death.
 - ◆ The age, medical condition, mental and physical maturity, and functioning level of the child.

2. Determine if an allegation of denial of critical (lack of supervision or lack of adequate clothing) was **isolated** by considering:
 - ◆ There are no other reports of child abuse confirmed, or
 - ◆ The information gathered in the current assessment supports the evidence that the incident was an isolated occurrence.

3. Determine if an allegation of denial of critical care (lack of supervision or lack of adequate clothing) is **unlikely to reoccur** by considering:
 - ◆ The responsible caretaker's response to the abuse, and receptiveness to alternative methods of care or supervision.
 - ◆ Whether any factors contributing to the denial of critical care continue to exist, are ongoing, or are no longer present.

Making Service Recommendations

To make service recommendations, you must:

- ◆ [Analyze the safety and risk factors affecting the child and family](#)
- ◆ [Determine what available services are appropriate](#)
- ◆ [Determine whether court involvement is needed](#)

Analysis of Safety and Risk Factors

Link to [Policy](#)

Link to [Practice Guidance](#)

1. Document a full description of information gathered regarding the evaluation of the safety of and risk to the child on the [Child Protective Services Assessment Summary, form 470-3240](#), including the severity of the incident or condition.
 - ◆ Consider both the actual injury and the potential for severe injury from the event that the child experienced, even when the child receives minor injuries.
 - ◆ Consider the chronicity of the incident or condition and your assessment of the immediate safety of the child.
2. Include the safety decision from [Safety Assessment, form 470-4132](#).
3. Complete the [Family Risk Assessment, form 470-4133](#). Use the instructions in 17-Appendix for guidance in documenting the risk factors.
 - ◆ Determine the family's risk score.
 - ◆ Determine policy overrides.
 - ◆ Assign the family's risk level.
 - ◆ Obtain supervisory review.
4. Document any actions you took to address safety issues and your assessment of future risk to the child. Include the family's risk score from *Family Risk Assessment*. Document the initial and any subsequent safety assessment concerns and safety plan services implemented to address those concerns (i.e., *Safety Plan*, form 470-4461).
5. Determine how long or how frequently abuse has occurred by considering the number of previous confirmed child abuse incidents and the period over which they occurred. Consider:
 - ◆ The age, medical condition, mental and physical maturity, and functioning level of the child.
 - ◆ The attitude of the person allegedly responsible.

6. Determine whether the caretaker responsible for the abuse accepts responsibility for the abuse, demonstrates remorse, and requests or accepts suggested services.
7. Determine both the willingness and ability of a caretaker not responsible for the abuse to protect the child.
8. Consider the frequency, severity, and type of abuse:
 - ◆ Implicit or explicit coercive behavior by the person allegedly responsible
 - ◆ Any prior abuse history of the person allegedly responsible for the abuse
 - ◆ Indications that the caretaker (if other than the person responsible) would allow the person allegedly responsible for abuse access to the child
9. Consider factors or situations contributing to the abuse:
 - ◆ Consider special events, situations, or circumstances that may have created immediate stress, tension, or anxiety in the family or household.
 - ◆ Determine if the contributing factors were unusual or isolated (and therefore possibly easier to alleviate) or ongoing and likely to reoccur.
 - ◆ Consider access of the person allegedly responsible for the abuse to the child.
10. Document the risks of child abuse for the child subject and any other children residing in the same home or other children the person allegedly responsible has access to.

Assessment of Family Strengths and Needs

1. Document your assessment of the family's strengths and needs that apply, using the [Family Functioning Domain Criteria, form 470-4138](#). The family functioning domains are:
 - ◆ Child well-being
 - ◆ Parental capabilities (includes use of drugs or alcohol)
 - ◆ Family safety (includes domestic violence)
 - ◆ Family interactions
 - ◆ Home environment
2. Identify and address strengths, problems, and needs under each specific subsection that applies to the family. It is not necessary that all assessments address every item listed. Address items that are relevant to the given situation. You are not limited to only the items listed.

Use all DHS records for the protection of children. Review and consider information gathered from child and family interviews, collateral contacts, Department service records, and all prior child abuse assessments.

Access the information contained in prior rejected intakes to assist you with the assessment.

- ◆ Review rejected history by accessing Life of the Case History in Case Flow.
 - ◆ Analyze and assess the information contained in rejected intakes to be alert to possible other concerns.
 - ◆ Add a statement to the effect that, "Worker has reviewed all available records and considered their relevance in analyzing the current situation and decisions."
 - ◆ Do not include rejected intake history data in the assessment summary, since it must be expunged in three years from the date of that specific intake decision.
3. Conduct a home visit with the permission of the child's parent or guardian to evaluate the home environment and assess the strengths and needs of the child, parent, home, and family.
 - ◆ If the child's parent or guardian refuses access to the home, but has allowed observation and interview of the child, document the refusal of the home visit.
 - ◆ If the parent or guardian denies permission for a home visit, and safety factors related to the home environment have been identified, contact the juvenile court to seek a court order, showing the necessity for the home visit.
 4. Where there are no identified protective concerns, summarize the strengths that support that conclusion. Remember to identify where the information was obtained (Department case file, worker observation, family members).
 5. Consider current resources, services, and supports:
 - ◆ Consider if there are current resources, services, and supports available to the family that can meet the family's needs and increase protection for the child.

- ◆ Identify services and supports that have been provided to the family but have failed to prevent the child from being abused or re-abused.
 - ◆ Consider if caretakers refuse needed services or supports despite protective concerns, increasing the risk to the children.
6. Completion of domains may be waived with supervisory approval in the following circumstances:
- ◆ There is an open service case and there is no new domain information, or
 - ◆ After initial assessment of the allegation, it is determined the criteria for an assessment are not met because there is not a child, not a caretaker, or no alleged abuse, or
 - ◆ There are no protective or safety concerns and no risk factors identified, or risk factors have been mitigated without DHS intervention.

A thorough and complete assessment, including analysis of family strength and needs, court recommendations and recommendations for services, is required even if the supervisor has approved waiving of domains. Interview all necessary parties and assure child safety.

Collect sufficient information to complete the *Safety Assessment*, form 470-4132, and the *Family Risk Assessment*, form 470-4133. Accurate completion of the risk assessment will help you determine if you need to document information in the domain section.

If any risk concerns become apparent, then the related domains need to be addressed in the child protective summary. Address mitigated concerns in the Analysis of Risk and Safety section of the summary. Summarize the strengths that support the conclusion there are not identified protective concerns.

NOTE: A formal safety assessment and a formal family risk assessment are not required when abuse occurred in an out-of-home setting, which includes child-care centers, child development homes, foster family homes, group care facilities, hospital or nursing care facilities, ICFs/MR, PMICs, state-operated facilities, and substance abuse facilities.

A nonregistered child care home or a noncustodial parent's home is **not** an out-of-home setting.

Protective Service Alert

1. Determine the need for a [Protective Services Alert](#).
2. Document the date and time of this communication in the [Child Protective Services Assessment Summary, form 470-3240](#).

Service Eligibility, Referrals, and Case Transfer

Link to [Policy](#)

Link to [Case Disposition Decision Tree](#)

NOTE: The type of services the child protection worker recommends depends upon the finding of the abuse assessment, risk score, and age vulnerability of the child. Services available to families after the assessment is completed include:

- ◆ [Department services](#),
- ◆ [An offer of referral to community care services](#),
- ◆ [Information and referral](#), or
- ◆ [Information only](#)

1. Determine the age of the youngest victim child, the highest finding of abuse, and the risk assessment score (from form [470-4133](#)) to determine eligibility for service referral.
2. Refer families to the type of services for which the family is eligible, based upon the criteria below.

Department Services

NOTE: Families with children that have founded abuse and moderate to high risk of abuse and families with victim children under age six that have founded abuse and low risk of abuse are offered Department services on a voluntary basis.

1. Recommend family safety, risk, and permanency services to the family to be provided by the Department, either directly or through contracted agencies.
2. If the family is willing to receive DHS services, ensure that the family completes and signs the [Application for All Social Services, form 470-0615](#).

3. Advise families that a referral for court-ordered services will be made if services are refused. Refer families refusing voluntary services to a child in need of assistance (CINA) action through juvenile court.
4. Prepare the transfer packet to initiate a referral to Department services:
 - ◆ [Child Protective Services Assessment Summary, form 470-3240](#)
 - ◆ Life of the Case – Case History
 - ◆ [Family Risk Assessment, form 470-4133](#)
 - ◆ [Safety Assessment, form 470-4132](#)
 - ◆ [Safety Plan, form 470-4461, if applicable](#)
 - ◆ [Application for All Social Services, form 470-0615](#)
5. Make the social work case manager aware that children under 3 years of age have been automatically referred to Early ACCESS when abuse is confirmed or founded (i.e., the parent has been sent a letter offering an EARLY ACCESS screening) and that follow-up is needed to ensure that the screening has been completed.
6. Make reasonable efforts to transition the case to the social work case manager with a face-to-face meeting with the family.

Community Care Services

Link to [Community Care Referral](#)

Link to [Community Care Practice Guide](#)

Link to [Community Care Supervisor Checklist](#)

Community care services are provided in all areas of the state through a single statewide performance-based contract. The community care contractor provides child and family-focused services and supports to families referred from the Department. Services are geared toward:

- ◆ Keeping the children in the family safe from abuse and neglect;
- ◆ Keeping the family intact;
- ◆ Preventing the need for further intervention by the Department, including removal of the child from the home; and
- ◆ Building ongoing linkages to community-based resources that improve the safety, health, stability, and well-being of families served.

1. Determine whether the family meets the age and risk factors to be eligible for community care services:
 - ◆ Families with children (regardless of age) when abuse is not confirmed, and the risk of abuse is moderate to high, and service needs are identified
 - ◆ Families with children (regardless of age) when abuse is confirmed, the risk of abuse is moderate to high, and service needs are identified
 - ◆ Families with children with founded abuse, when a victim child is six years of age or older, and the risk of abuse is low, and service needs are identified
2. Determine whether the family meets **all** of the following eligibility criteria:
 - ◆ There is not an open DHS case.
 - ◆ There is not a court action pending.
 - ◆ The abuse did not take place in an out-of-home setting.
 - ◆ The family needs assistance to prevent future incidents of abuse.
 - ◆ The family needs support beyond current formal or informal systems.
 - ◆ The parent is willing to be referred to Community Care Services.
3. If the family is willing to accept a Community Care referral, describe the Community Care program and give the family the Community Care explanation letter and release of information, [Community Care Explanation and Referral, form 470-4128](#).
4. Within 45 days of the date of intake, complete the referral to the community care contractor.
5. Enter the community care referral into the STAR system. Send the community care referral through the Case Flow system.

Information and Referral

Provide families with children of all ages who have confirmed abuse and low risk with information and referral, if applicable.

1. Identify the family's service needs and recommend new or continuing community services to the family.
2. Discuss with the family their need for services and describe providers that are able to provide those services.
3. Contact potential providers to confirm the availability of services, eligibility requirements, cost factors, location and hours of service, and share this information with the family to help them make a provider selection.
4. Determine the provider's referral process including required referral information. Record "Information and Referrals" provided to the family as part of the Service History section of the *Life of the Case – Case History*.
5. Secure releases of information from the family for each document to be sent to the service provider.
6. Document the name of the community agency and the services it will provide in the [Child Protective Services Assessment Summary, form 470-3240](#). Explain:
 - ◆ Who will make the referral.
 - ◆ When the referral will be made.

Information Only

When abuse is not confirmed and the risk is low, families with children of all ages may be provided information only. In these cases, no service needs have been identified and you recommend no services.

Provide information on informal community resources.

Recommendations for Court Involvement

Link to [Policy](#)

Juvenile Court Involvement

1. Determine if juvenile court action is indicated, such as:
 - ◆ A court order for the emergency protective removal of a child.
 - ◆ A court order for physical or mental examination of a child.
 - ◆ A court order mandating services when the caretakers do not voluntarily agree to participate in services.
2. Make the recommendation in the [Child Protective Services Assessment Summary, form 470-3240](#), regarding juvenile court action based on your evaluation of the safety of and risk to the child. If your recommendation is for no juvenile court action, document the rationale.
3. Provide the *Child Protective Services Assessment Summary* to the county attorney and the juvenile court. Include a summary of the status of any current juvenile court involvement if the child is already adjudicated or if adjudication is pending.

Criminal Court Action

Document in the [Child Protective Services Assessment Summary, form 470-3240](#), a statement regarding your recommendation for criminal court action and your rationale for the recommendation. Include in this section:

- ◆ Your specific recommendation to the county attorney regarding the initiation of any criminal prosecution.
- ◆ The rationale to support that recommendation (whether or not you are recommending criminal court action).
- ◆ Reference to any joint assessment with law enforcement.
- ◆ The current status of the criminal investigation, when charges have already been filed in the matter.

Documenting the Assessment

Completion of the Assessment Summary

Link to [Policy](#)

Complete the [Child Protective Services Assessment Summary, form 470-3240](#), within 20 business days from the intake even if you do not have all of the information necessary regarding the assessment of abuse allegations.

1. Document the following:
 - ◆ A description of the allegations made in the report of child abuse
 - ◆ Whether abuse did or did not occur
 - ◆ Identification of the type of abuse that occurred, if any, and its severity or significance
 - ◆ Identification of the child subject and the person responsible for the abuse
 - ◆ Identification of the people responsible for the alleged abuse (if applicable)
 - ◆ Analysis of safety/risk factors, strengths, needs, and recommendations for services
 - ◆ A determination (based on preponderance of the evidence) regarding whether an abuse is confirmed)
 - ◆ Rationale for why Registry placement is warranted or not warranted according to the specified criteria
 - ◆ Rationale regarding whether you are requesting juvenile or criminal court action

2. Transfer all relevant information from notes taken during the course of the assessment to the *Child Protective Services Assessment Summary*:
 - ◆ Family and child identification, with a list of household members by name, and relationship to one another (e.g., Jane Doe, mother to Johnny Doe)
 - ◆ The date and time you observed the child subject or your efforts to observe the child

- ◆ Your rationale for using confidential access, if applicable
- ◆ Your rationale for delaying observation of the child beyond 24 hours or for not observing the child (if applicable)
- ◆ Physical evidence pertaining to the abuse allegations
- ◆ A summary of contacts made during the assessment
- ◆ Identification of those interviewed and a summary of their remarks
- ◆ Your efforts to locate and interview the person alleged to be responsible for the abuse, if unavailable while conducting the assessment
- ◆ Documents requested and examined pertaining to the abuse allegations
- ◆ Information about all previous confirmed incidents of child abuse (both founded and confirmed not placed on Registry) involving all of the subjects of the current assessment. Include:
 - The completion date
 - The incident number
 - The type of abuse including the subcategory
 - The children's names
 - The person responsible
 - Relevant information regarding the incident, relationships, and recommendations to address identified protective concerns
 - Relevant information from any previous Department contact with the child or family

NOTE: When parental rights to the child have been terminated but there is child abuse information from before the termination, document this but refer to the parents as "biological parents" rather than referencing them by name.

3. Upon completion of the *Child Protective Services Assessment Summary*, form 470-3240, destroy any notes.

4. Maintain in the case file tools used to assess the family, such as:
 - ◆ Genogram
 - ◆ Ecomap
 - ◆ Findings from other states, if the family has moved to Iowa from elsewhere
5. Obtain supervisory review.

Assessment Summary Addendum

An addendum to a [Child Protective Services Assessment Summary](#) is necessary in two situations:

- ◆ When you do not have all the information needed to complete the assessment in the 20 days allowed, for reasons such as:
 - A subject or significant collateral source is unavailable for an interview.
 - Law enforcement recommends a delay in interviewing a subject of the report.
 - Necessary information or interview results from another jurisdiction are not yet available.
 - Necessary medical or psychological information (such as a laboratory report on drug testing) is not yet available.
 - Recently acquired information necessitates additional interviews or inquiries.
 - Documentation that relates to the report arrives beyond the 20 business days allowed.
- ◆ When additional information is acquired after the *Child Protective Services Assessment Summary* is completed, in circumstances such as:
 - A person alleged to be responsible for the abuse who was previously unavailable for an interview comes forward and requests an interview to address the report allegation.
 - New information becomes available which changes the information provided and supports or alters the finding, conclusion, or recommendation of the summary.
 - A final appeal decision or a review decision that modifies the original summary.

When you know that information is missing:

1. Address what information you do have regarding the evaluation of the abuse allegations and the child and family functioning.
2. At the end of the "Summary of Contacts" section:
 - ◆ Document that the assessment process is not complete.
 - ◆ Provide rationale for the need for an addendum.
 - ◆ Indicate that an addendum will be forthcoming.
3. Enter an addendum flag on the STAR STAT2 screen.
4. Write and submit an addendum in 20 business days from the date of completion of the *Child Protective Services Assessment Summary*.

When additional information has been acquired or an appeal decision has been received:

1. The supervisor shall immediately reassign the addendum on STAR. The supervisor may find it necessary to assign other staff to complete an addendum timely, if the original worker is absent.
2. The assigned worker shall complete the addendum within 20 business days of receipt of the information.

Notifications and Dissemination

Link to [Policy](#)

Link to [Dissemination Desk Aid](#)

Parental Notification Upon Commencing an Assessment

Provide written notice to the parents of a child who is the subject of a child abuse assessment within five working days of commencing an assessment. Use form [470-3239, Child Abuse Assessment Parental Notification](#).

- ◆ Notify both custodial and noncustodial parents, if you know their whereabouts.
- ◆ If the identity and location of the noncustodial parent are available in public records (phone book, etc.) or Department (income maintenance) records, send the notice.
- ◆ Do not send the parental notification to a stepparent or putative father.

NOTE: If it is believed that notification will result in danger to the child or others, an emergency order to prohibit parental notification shall be sought from juvenile court.

Notification Upon Completion of an Assessment

At the conclusion of the assessment or the completion of an addendum:

1. Prepare the appropriate notification form:
 - ◆ [Notice of Child Abuse Assessment: Not Confirmed, form 470-3242.](#)
 - ◆ [Notice of Child Abuse Assessment: Founded, form 470-3243.](#)
 - ◆ [Notice of Child Abuse Assessment: Confirmed Not Registered, form 470-3575.](#)

2. Provide this notice and a copy of the [Child Protective Services Assessment Summary, form 470-3240,](#) to all subjects of a child abuse assessment or their attorneys. Subjects include:
 - ◆ The custodial and noncustodial parents or guardians of that child
 - ◆ The person alleged to be responsible for the abuse
 - ◆ The child who is the alleged victim:
 - If the child is residing in an out-of-home placement or an “informal” living arrangement such as a relative placement without custody guardianship, send a notice to the alleged victim where the child resides.
 - If the child is adjudicated or adjudication is pending, send the notice to the child’s guardian ad litem.
 - When the Department has custody or guardianship, send the notice to the assigned Department worker.

3. Provide this notice to the mandatory reporter who made the report.

If the report is founded, the mandatory reporter may be provided the *Child Protective Services Assessment Summary* upon request.

4. Provide this notice and a copy of the *Child Protective Services Assessment Summary* to a child protection center under contract with the Department to conduct examinations and interviews with children alleged to have been abused, when the center has conducted interviews during the assessment process at the Department's request.
5. Provide this notice and a copy of the *Child Protective Services Assessment Summary* to the juvenile court and the county attorney.
6. Provide this notice to a DHS worker who conducted a courtesy interview for the case at the request of the assigned worker.

Notifying Parents of Children in Nonregistered Child Care Homes

Provide form [470-4384, *Founded Abuse in Nonregistered Child Care Parent Letter*](#), notification to parents whose children were in care at a nonregistered child care home when founded abuse occurred to another child in care at the nonregistered home.

When abuse is founded in a nonregistered child care home, the child protection worker shall send a letter to the parents of each child in the care of the childcare provider to inform the parents that abuse has occurred in the child care home. Name the type of abuse and the date of intake. Do not include the name of the person responsible for the abuse or the victim.

Acquire the names and addresses of parents of all children in care in the nonregistered child care home. Send a signed and dated letter to the parents of each non-victim child in care. Include in the letter to parents the following information:

- ◆ The name of their child in care,
- ◆ A statement that founded abuse has occurred in the child care home,
- ◆ The type of abuse founded,
- ◆ A statement that a person named as responsible for abuse has the right of appeal, and that the parent will again be notified if the finding of the abuse assessment is changed, and
- ◆ Your name and phone number.

Do not include:

- ◆ The name of person responsible for the abuse; or
- ◆ The name of the victim or other circumstances.

Case Records for Child Abuse Assessments

Ensure that the case record contains the following documents and information:

- ◆ [Child Protective Services Intake, form 470-0607.](#)
- ◆ [Notice of Intake Decision, form 470-3789.](#)
- ◆ [Child Abuse Assessment Parental Notification, form 470-3239.](#)
- ◆ [Child Protective Services Assessment Summary, form 470-3240.](#)
- ◆ [Family Risk Assessment, form 470-4133.](#)
- ◆ [Safety Assessment, form 470-4132.](#)
- ◆ [Safety Plan, 470-4461](#), if applicable.
- ◆ Any related correspondence or written information, audio and video recordings, and photographs that pertains either to the abuse allegation or to the family assessment.
- ◆ Any tape made during the course of an assessment. EXCEPTION: Child protection centers retain tapes created at the centers. DHS must authorize access before release.
- ◆ Applicable written notifications.
- ◆ IV-A emergency assistance application, [Application for All Social Services, form 470-0615](#), only if the family is referred for child welfare services or applying for a [CINA assessment](#).
- ◆ Any criminal or juvenile court orders pertaining to the incident.

Access to Child Abuse Information

NOTE: Access to child abuse information by entities and individuals is specified by abuse assessment finding. Refer to the [Dissemination Desk Aid, RC-0049](#), for specific guidance.

Access to Electronic Recordings

Follow the requirements below for the retention and dissemination of electronic recordings of interviews.

- ◆ Electronic audio or video recordings and their transcripts become part of the case file and are to be retained for the retention period of the report (either five years or ten years). A child protection center shall maintain the electronic recordings or videotapes it records during a child abuse assessment.
- ◆ If an audio or video tape recording is made during the course of an assessment, do not destroy the tapes when the assessment report is completed. Subjects have access to the audio or video recordings upon request. Reasonable reproduction cost may be charged to the subject. The reporter's identity is not to be released.
- ◆ The Department must authorize the child protection center to release electronic recordings to a subject of the child abuse assessment. This authorization must be in writing.
- ◆ The authorization may be made using the [Request for Child and Dependent Adult Abuse Information, form 470-0643](#), but any written statement of authorization will suffice if it includes at least the requester name, subject role, the electronic recording authorized to be released, signature, and date.
- ◆ When necessary, phone authorization may be made before the written authorization. However, the written authorization must be submitted as soon as is reasonably possible.
- ◆ DHS may fax the written authorization to the child protection center stating the center can release the electronic recording. Both the Department and the center may retain a copy of the written authorization for their record stating that a subject received the electronic recording.
- ◆ The child protection center copies the electronic recording, collects reasonable reproduction costs, and provides the electronic recording to requester by mail or in person.
- ◆ If a criminal investigation is conducted concurrently or jointly with the assessment, consult with the county attorney regarding the disposition of the evidentiary material. For example, it may be advisable to give videotapes of interviews made about an allegation of sexual abuse to the county attorney at the conclusion of the assessment.

Court Orders and Subpoenas for Child Abuse Assessment Records

1. If the county attorney issues a subpoena for child abuse records, produce the specific records requested.

NOTE: Out-of-state subpoenas are not valid in Iowa. If the out-of-state subpoena is in regard to a criminal proceeding, contact the person who issued the subpoena and refer them to Iowa Code 819, Uniform Act to Secure Witnesses.

2. If any other attorney or other party issues a subpoena for child abuse records, notify the attorney or other party initiating the subpoena that you cannot provide the information unless a court orders the Department to produce the assessment records.
3. Do not ignore a subpoena. Follow local procedure to contact the Service Help Desk to request assistance from the Attorney General's office. The Attorney General's office may file a motion to quash the subpoena.
4. If the judge issues an order to produce the records, provide only the records specifically requested.
 - ◆ Do not provide the identity of the reporter in written form unless specifically ordered by the judge hearing the case.
 - ◆ Whenever you provide written information in non-juvenile court cases regarding a founded assessment, notify the Central Abuse Registry either orally or in writing.

NOTE: If the court subpoenas all records pertaining to an assessment, provide the file contents. Under no circumstances should any contents of a file be destroyed after a subpoena is issued for the record.

Court Testimony in Juvenile Court Cases

1. When preparing to testify in juvenile court, carefully review the case record. Be prepared to review the information developed during the assessment and to identify the suggested plan of action and the rationale for this plan.
2. Since the county attorney and the juvenile court have the entire written assessment report, testify regarding all aspects of the assessment, without concern about release of child abuse or other confidential information.

3. However, if the judge asks you to identify the reporter from an assessment case, provide a statement to the judge that essentially says the following:

"The disclosure of the identity of the reporter in a child abuse assessment case is addressed by Iowa Code sections 232.71B and 235A.19, and 441 Iowa Administrative Code 175.41(2).

"It is my belief that providing the requested information may be in violation of Iowa Code section 232.71B, subsection 2, which requires that the Department shall not reveal the identity of the reporter of child abuse to a subject of a child abuse report either in the written notification to the parents or otherwise."

4. If the judge then orders you to disclose the identity of the reporter, provide the information as requested.

If you have concerns that providing the reporter or another person at risk, convey these concerns to the court. Consider asking the court for a recess to allow consultation with the Attorney General's office.

Court Testimony in Non-Juvenile Court Cases

1. If an Iowa county attorney issues a subpoena for worker testimony in a deposition or in a criminal hearing, attend the deposition or criminal hearing and provide requested testimony.
2. If you receive subpoena for your testimony in a deposition or an Iowa civil or criminal (non-juvenile) court proceeding, notify the attorney or other party that you will not provide testimony regarding a child abuse assessment unless you are directed to do so by the judge assigned the case.
3. Do not ignore a subpoena. Follow local procedures to contact the Service Help Desk to request assistance from the Attorney General's office. The Attorney General's office may file a motion to quash the subpoena.

4. Testify only when directed by the judge to do so. Before testifying, provide a statement to the judge that essentially says the following:

"It is my belief that providing the requested testimony may be in violation of Iowa Code section 235A.15(2), and in violation of Iowa Code section 217.30, unless the information is necessary to resolve an issue which is relevant to this court proceeding.

"If I provide the requested information without proper authorization, I may be liable for civil or criminal penalties as provided in Iowa Code sections 235A.20 and 21. I will provide the requested testimony only if the judge indicates that the testimony is necessary to this proceeding and directs me to testify."

5. Do not provide the identity of the reporter in a child abuse case in any court testimony, unless specifically ordered to do so by the judge hearing the case.
6. However, if the judge asks you to identify the reporter from an assessment case, provide a statement to the judge that essentially says the following:

"The disclosure of the identity of the reporter in a child abuse assessment case is addressed by Iowa Code sections 232.71B and 235A.19, and 441 Iowa Administrative Code 175.41(2).

"It is my belief that providing the requested information may be in violation of Iowa Code section 232.71B, subsection 2, which requires that the Department shall not reveal the identity of the reporter of child abuse to a subject of a child abuse report either in the written notification to the parents or otherwise."

7. If the judge then orders you to disclose the identity of the reporter, provide the information as requested.

If you have concerns that providing the reporter or another person at risk, convey these concerns to the court. Consider asking the court for a recess to allow consultation with the Attorney General's office.

8. Whenever you testify in non-juvenile court cases regarding a founded assessment, notify the Central Abuse Registry either orally or in writing.

Media and Legislative Contacts

1. When responding to calls from the media about a particular case, do not divulge details about a particular case or verify whether an assessment is being conducted.
2. Provide general information about the abuse assessment:
 - ◆ Who mandatory reporters are
 - ◆ How people can contact the Department
 - ◆ How an assessment is conducted
 - ◆ What happens to the information gathered during an assessment
3. Complete a summary (contact notation) of the questions asked and the answers given and immediately send an electronic message to:
 - ◆ Your supervisor
 - ◆ Your service area manager
 - ◆ Your area social work administrator
 - ◆ The Field Operations Support Unit
 - ◆ The child protective service program manager
 - ◆ The administrator of the Division of Child and Family Services
 - ◆ The deputy director for operations
 - ◆ The Department director
 - ◆ The Office of Communications

Reviews and Appeals

Link to [Policy](#)

NOTE: Any subject of a report may request correction of the report within 90 days of the date of the outcome notice. Procedures are outlined on forms:

- ◆ [470-3242, Notice of Child Abuse Assessment: Not Confirmed](#)
- ◆ [470-3243, Notice of Child Abuse Assessment: Founded](#)
- ◆ [470-3575, Notice of Child Abuse Assessment: Confirmed Not Registered](#)

The review process consists of:

- ◆ Local service area review of request for correction (if applicable)
- ◆ Administrative appeal
- ◆ Appeal through the district or higher court systems

1. If a subject disagrees with the information contained within the [Child Protective Assessment Summary, form 470-3240](#), regardless of the finding, the assessment worker or supervisor may meet with the subject to discuss the summary and any changes or corrections the subject wishes to submit. If the assessment worker and supervisor agree with making the requested corrections, the corrections will be completed in an addendum.
2. If the assessment worker and supervisor do not feel that a meeting is appropriate, or after such a meeting, decide that the report should not be changed, they will advise the subject as follows:
 - ◆ If the subject requesting correction is a person alleged responsible for the abuse, they have the right to request an appeal as previously advised in the outcome notice.
 - ◆ If the subject requesting correction is a subject other than a person alleged responsible for the abuse, they have the right to file a motion to intervene in the appeal hearing, if one is granted, as previously advised in the outcome notice.

NOTE: If any local DHS office receives a written request for correction and the assessment worker and supervisor do not make the changes as requested, the request must be referred to the DHS Appeals Section within 24 hours. For more details see [RC-0038, Worker's Guide to the Appeals Process](#), in 1-E-Appendix. The outcome notice also contains information that tells the subject how to file. No appeal form is necessary, although the subject may choose to complete one. Also advise of legal services available in the community.

Subjects are not required to request local or service area review before requesting an appeal or a motion to intervene in the appeal hearing. The subject has 90 days from the date of the notice of child abuse assessment to request an appeal.

3. Do not advise subjects about their chances of obtaining the correction or expungement they seek or try to discourage them from appealing, even if it seems likely their request will be denied due to timeliness or some other factor.
4. Upon receipt of an appeal request, Appeals staff will issue a written acknowledgment to the requester and a motion to intervene notice to all other subjects.
5. When the Appeals Section requests additional information, provide this information within ten working days.

Role of the Child Protection Worker and Supervisor

1. When a subject requests an appeal or motion to intervene in an appeal hearing, instruct the subject to send the request, in writing, dated and signed by the subject to: DHS, Appeals Section, 1305 E Walnut St, Des Moines, IA 50319-0114.
2. If the subject submits an appeal or motion to intervene in an appeal hearing to the local office, send it to the address above within 24 hours. Keep a copy in the case record.
3. The Department of Inspections and Appeals provides administrative law judges to hear appeals on child abuse assessments and issue decisions. The Department of Inspections and Appeals will send you and your supervisor a copy of:
 - ◆ The notice of prehearing conference.
 - ◆ The notice of hearing.
 - ◆ The proposed decision.
4. Provide requested information within the time limit specified by the attorney.
5. An assistant attorney general represents you and your supervisor during the appeal process. The assistant attorney general may contact you or your supervisor directly with questions about the assessment or the *Child Protective Assessment Summary*, form 470-3240.
6. A prehearing conference is scheduled to determine voluntary settlement potential, the appeal issue, exhibits, and witness lists. When you receive a notice of prehearing conference:
 - ◆ Contact the administrative law judge to provide a telephone number where you can be reached at the time and date of the conference.
 - ◆ Contact the attorney representing you about three weeks before the prehearing conference date.

NOTE: Upon request of any party to the appeal proceeding, the administrative law judge may stay the hearing until the conclusion of the adjudicatory phase of a pending juvenile or district court case relating to the data or findings. An adjudication of a child in need of assistance or a criminal conviction in a district court case relating to the child abuse data or findings may be determinative in the appeal proceeding.

7. At the prehearing conference or administrative hearing:
 - ◆ You and your supervisor may be asked to provide testimony at the appeal prehearing and hearing. The hearing may be held at the county office or by telephone.
 - ◆ The assistant attorney general may also ask you and your supervisor to assist in locating and issuing subpoenas to other witnesses who are asked to provide testimony.

NOTE: Payment for expenses of witnesses subpoenaed for appeals is provided through service area administrative funds, if available. Obtain prior approval from the service area manager before authorizing the Attorney General's office to issue a subpoena.

8. The appeal may be settled without needing to go to hearing if the assistant attorney general and the appellant or the appellant's attorney are able to reach a mutually acceptable compromise. Generally, the assistant attorney general consults with the worker and supervisor before such a compromise is agreed upon.

NOTE: If an appeal is dismissed due to a settlement agreement, the administrative law judge issues an "Order Implementing Settlement Agreement and Dismissing Appeal." This is the final decision. Take immediate action to ensure that the decision is implemented within seven business days. The supervisor shall track that the addendum is completed, approved and on the system within seven business days of the date of the decision.

9. After the appeal hearing, the administrative law judge issues a proposed decision. You and your supervisor will receive a copy of the proposed decision.

NOTE: This decision becomes final within 10 days, unless within that 10 day period, a party to the appeal proceeding requests that the director of the Department review the decision. The director has 45 days from the date of the proposed decision to issue a ruling. If the director does not rule within that 45 day period, the proposed decision becomes the final decision.

10. If you disagree with the proposed decision, immediately contact the program manager, the service help desk, or the assistant attorney general who represented DHS at the hearing to discuss the proposed decision. The attorney representing the Department will make the final decision on submitting a request for director's review of a proposed decision.

NOTE: The Appeals Advisory Committee meets weekly to review requests submitted by the assistant attorney general and make recommendations to the director to review proposed decisions issued during that week. If the Appeals Advisory Committee approves the request, the Director's Office will review the proposed decision and issue a final decision. You and your supervisor will receive a copy of the final decision.

11. If the final appeal decision changes the content of the *Child Protective Assessment Summary*, form 470-3240, or removes a report from the Registry, take the following steps within seven working days of the date on the decision:
- ◆ Delete, add, or provide corrected information to the original *Child Protective Services Assessment Summary*, by issuing an addendum as directed by the appeal decision. Reference the appeal decision in the addendum.
 - ◆ Send the addendum to the subjects of the report, the juvenile court, the county attorney, and other persons who received a copy of the original *Child Protective Services Assessment Summary*.
 - ◆ Send a *Notice of Child Abuse Assessment* (outcome notice) to the subjects, the county attorney, juvenile court, and other persons notified of the outcome of the original report.
 - ◆ Make the necessary changes in the STAR system and save the addendum on the Case Flow system.
 - ◆ If there is an open service case, notify the assigned caseworker of the changes to the original *Child Protective Services Assessment Summary*.

District and Higher Courts

NOTE: If a person alleged responsible for the abuse is still dissatisfied with the summary after the administrative appeal process, that person named responsible for the abuse has the option of taking the appeal to the district court and pursuing the case through the court system.

The Attorney General's office represents the Department in court. The worker and supervisor are usually not required to present testimony or provide information at this stage of the process. However, you will be notified of the outcome of the court case.

If a court order is issued that changes the *Child Protective Services Assessment Summary*, form 470-3240, you and your supervisor will be notified.

- ◆ Take the steps outlined for modification of the *Child Protective Services Assessment Summary* after an appeal decision.
- ◆ Complete this within seven days of the date of the court order.

Record Check Evaluation

NOTE: A "record check evaluation" is an evaluation of the abuse report to determine if the person found to be responsible for child abuse is suitable for employment in a regulated setting.

People named on the Central Abuse Registry as responsible for the abuse of a child are entitled to an evaluation of the Registry placement decision before prohibition of licensure, registration, or employment.

The evaluation determines a person's suitability for continued work as:

- ◆ A registered or nonregistered home child care provider
- ◆ An employee of a licensed or registered child care facility, including:
 - Child care center
 - Foster family home
 - Foster group care facility
- ◆ An employee of a psychiatric facility for children
- ◆ An employee of a shelter care facility
- ◆ An employee of a detention facility
- ◆ An employee of a state-operated facility
- ◆ An employee of a hospital or health care facility
- ◆ A school of nursing student

NOTE: The evaluation of the abuse is performed according to the statutory criteria specific to the regulated setting. The record check evaluation is in addition to the right of administrative appeal and court review process. The appeal and court processes are to address the correction or expungement of the report, rather than suitability for specific employment.

Advise the person to seek an evaluation by completing form [470-2310, Record Check Evaluation](#), and returning the form to the regulatory staff person for processing.

NOTE: Department staff responsible for issuing licenses or registrations may use open or closed child abuse assessment case files to address suitability for the license or registration. For example:

During a child abuse assessment case, it is disclosed that both parents have serious substance abuse problems. The incident is not placed on the Central Abuse Registry, since it is determined that no abuse occurred.

Nonetheless, information about substance abuse by parents would affect the Department's decision to license or register a person as a child caretaker. This is particularly true if the care was to be provided in a private home, such as a foster family or registered child-care home.

The assessment information would not automatically result in denial or revocation of a license or registration. However, assessment information should be considered during the licensing or registration process.