



Iowa Department of Human Services

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

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Director

DEPENDENT ADULT ABUSE CHECKLIST FOR FACILITY, AGENCY OR PROGRAM

DATE:

TO: Facility, Program or Agency Director, Administrator, or Other Person in Charge

ATTENTION:

FROM: Department of Human Services

SUBJECT: Allegation of Dependent Adult Abuse in Facility, Program or Agency

There has been an allegation of abuse of a dependent adult in this facility, agency or program. It is necessary to arrange for the safety of any alleged victims and others that may be at risk of harm.

Plan of action:

- Arrange for safety of alleged victim and others
- Arrange interviews with alleged victims
- Identify a contact person
- Identify others who need to be interviewed
- Other: _____

Please arrange to make the following documents available to the DHS Protective Service Worker:

- Table of organization
- Staffing records for specified dates
- Relevant policy and procedure of facility, program or agency
- Relevant internal logs including medical logs
- Relevant incident reports
- Dependent adult's case record
- Internal review
- Other: _____

Please arrange to make the following information from alleged perpetrator's personnel file available to the DHS protective service worker:

- Job description including requirements and responsibilities
- Clarifications, reprimands, and disciplinary actions
- Dependent adult abuse registry check and criminal history check
- Policy and procedure 'check list'
- Relevant training history
- Mandatory reporter training certificate
- Other: _____

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