

## HOW TO EXPLAIN YOUR CRIMINAL OR ABUSE HISTORY (on the 470-2310)

DHS must review history to decide if applicants may work in health care, child care or foster/adoptive care.

**DHS must consider the following:**

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li>• How many crimes or abuses have been committed</li> <li>• What was the severity of the crimes or abuses</li> <li>• What happened during each of those crimes or abuses</li> <li>• What was the relationship to the victim of the crimes or abuses</li> <li>• How long has it been since crimes/abuses were committed</li> </ul> | <ul style="list-style-type: none"> <li>• Did the person take responsibility for what was done</li> <li>• What efforts have been made to change</li> <li>• What is the risk of additional offenses</li> </ul> |
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**Here are a few examples to support your response:**

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| <ul style="list-style-type: none"> <li>• Reference letters from sponsors, therapists or other professionals</li> <li>• Reference letters from employers</li> <li>• Work History</li> </ul> | <ul style="list-style-type: none"> <li>• Completion of continued education or course work</li> <li>• Certificates of completion (for instance: probation parenting classes, substance abuse treatment, batter's education, and mental health services)</li> </ul> |
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***Below are examples of how to fill out the explanation of your crimes or abuses on the Record Check Evaluation Form.***

Applicants are expected to be thorough in their explanations. The more serious the crime and abuse history, the more explanation and supporting documentation should be provided.

<b>ASSAULT</b>	<ul style="list-style-type: none"> <li>• <b>What was your relationship to the victim? Your spouse, child, parent, friend, stranger?</b></li> <li>• <b>If the person was injured, what was the injury?</b></li> <li>• <b>If you used a weapon, what was it?</b></li> <li>• <b>What have you done since then that demonstrates rehabilitation?</b></li> </ul>
<p><b>Example:</b> I was angry at my girlfriend because she wouldn't let me see our child. We argued and I hit her with my fist. I gave her a black eye and she had a small cut under her eye. She didn't need stitches. She called the police and I was charged with assault and later convicted of that. I completed anger management classes as part of my probation. I know I was wrong to lose my temper and I have not done that since. The classes taught me other ways of dealing with my anger. I'm sending in a letter from my probation officer so you can see I completed the classes.</p>	
<b>POSSESSION OF A CONTROLLED SUBSTANCE</b>	<ul style="list-style-type: none"> <li>• <b>What was the controlled substance?</b></li> <li>• <b>How did you come to have the controlled substance/paraphernalia in your possession?</b></li> <li>• <b>What is your drug history? How long did you use and when did you stop?</b></li> <li>• <b>What are you doing to maintain sobriety?</b></li> </ul>
<p><b>Example:</b> I had been at a friend's house smoking meth. I bought some from him and left. I got stopped by the police for speeding. They searched my car and found what I had bought. I had a substance abuse problem for about 4 years but I have been through in-patient treatment and have been clean for 3 years. I still go to meetings and see a</p>	

counselor once a month. I am giving you a certificate from my treatment program and a letter from my counselor. I know I had a problem and I don't ever want to go back to that again.

**MINOR IN POSSESSION**

- **What was in your possession?**
- **How did you come to have the drugs/alcohol in your possession?**
- **What have you been doing since then to show responsibility and maintain sobriety?**

**Example:** When I was 17 I went to my senior class keg. Police gave everyone a Minor in Possession charge. After that I stopped drinking alcohol until I turned 21. I'm 26 now and moderately drink on special occasions. Since my possession charge I've been working and holding jobs. I worked at Walmart for 2 years and a receptionist at a doctor's office for the last 3 years.

**THEFT, FORGERY, DEPENDENT ADULT ABUSE - EXPLOITATION etc.**

- **What was your relationship to the victim? Your spouse, child, parent, friend, stranger?**
- **How did you get the person's possessions or identity?**
- **What have you done since then that demonstrates rehabilitation?**

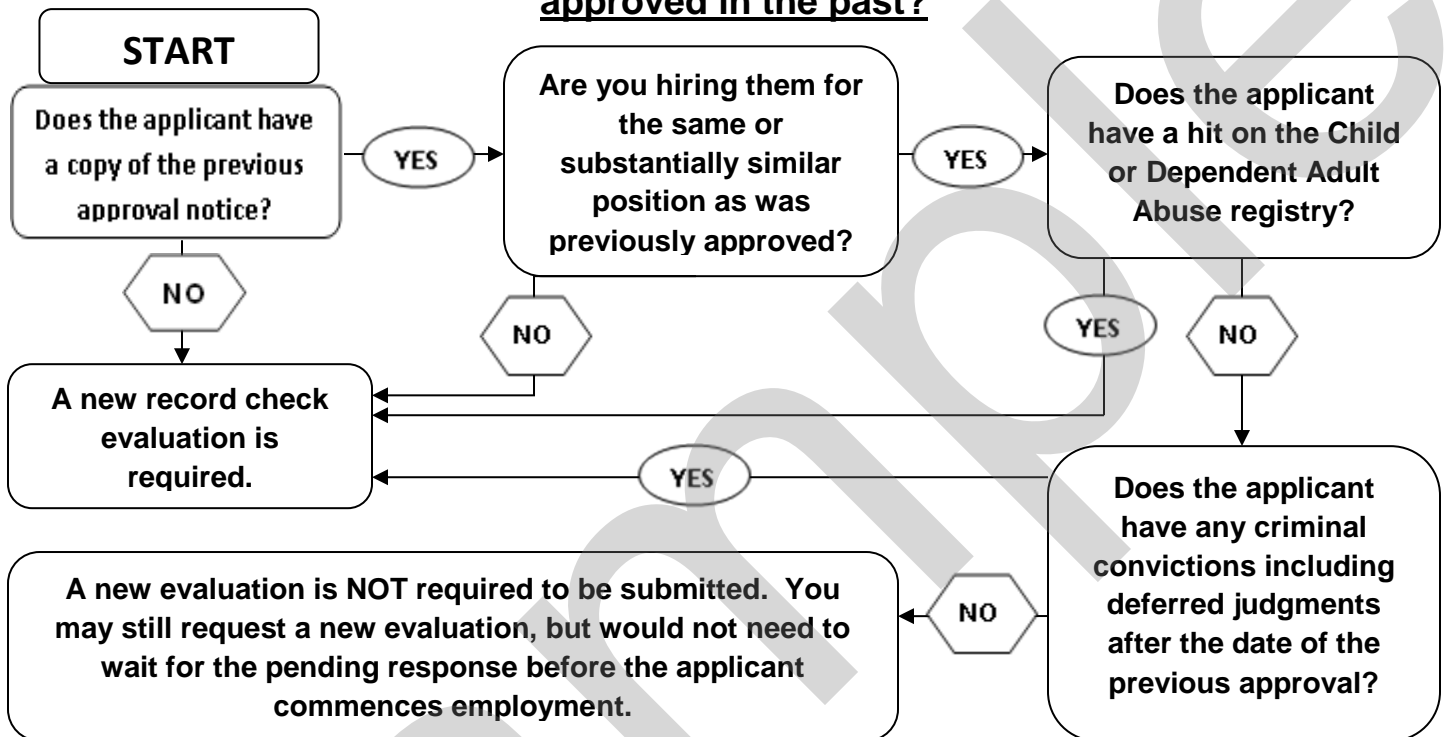
**Example:** I wasn't working and I was behind on my rent. I went to my mom's house and stole a check out of her checkbook when she left the room. I forged her signature on the check so I could pay my rent. I also wrote down her credit card information and used that to pay some other bills. My sister found out what I did and called the police. I went to jail for 6 months, paid my fines, paid restitution and did community service. I completed my probation and have not done anything like that again. I feel bad about what I did to my mom and I feel bad that I took advantage of her. I know I was wrong and no matter how desperate I was there were other ways I could have handled it.

**ABUSE – CHILD AND DEPENDENT ADULT**

- **What was your relationship to victim (spouse, child, parent, friend, stranger)?**
- **What did you do to the victim?**
- **What have you done since then that demonstrates rehabilitation?**

**Example:** I was watching my 1 year old while my wife worked overnight. The baby was really fussy and I couldn't do anything to stop him from crying. I tried to call my wife but I couldn't get a hold of her. I let him cry for a long time but then I lost my temper and spanked him. He quieted down and I put him in bed. The next morning when his mom came home, she saw that there was a bruise on his leg. We argued about it and she called DHS. They investigated and I ended up with a founded abuse report against me. DHS offered us some services and I took advantage of those. I know I was wrong and I know now that there are other ways to handle my frustration with my child. I'm attaching a letter from my FSRP provider to show you that I am cooperating with her.

**Does an applicant need an evaluation if they have already been approved in the past?**



**When Applicants can be hired *pending* a record check evaluation**

Applicants may be hired for up to 60 days pending the results of an evaluation if their only criminal history is OWI 1<sup>st</sup> offense according to IA code [321J.2\(1\)](#) OR simple misdemeanors under IA code [123.47](#), which include supplying alcohol to minors and minors in possession of alcohol, IF their position does not involve the operation of a motor vehicle.

Code sections referenced: Section [135C.33](#), Section [135B.34](#) and IAC [441-119](#)



# Request for Child and Dependent Adult Abuse Information

Persons or agencies with authorized access to child or dependent adult abuse information must use this form to request information about a child or dependent adult abuse report. **Complete a separate form for each family or individual** and email to [dhsabuseregistry@dhs.state.ia.us](mailto:dhsabuseregistry@dhs.state.ia.us), or fax to (515) 564-4112, or mail to the Iowa Department of Human Services, Central Abuse Registry, P.O. Box 4826, Des Moines, IA 50305.

Please specify your type of request by checking the appropriate box below:

- Child abuse request     
  Dependent adult abuse request     
  Both

Please specify your preferred **method of response** by checking a box and completing the information in Section 1.

- Address     
  Fax     
  Email

**Section 1: To be completed by the person or agency requesting the information.**

Requester: Last	First	Agency Name		Telephone Number ( )
Address			Fax Number ( )	
City	State	Zip Code		Email
Relationship to the persons listed in Section 2 or 3:				
Purpose for request:				
State the Iowa Code section that allows access to the child or dependent adult abuse information requested:				
I have read and understand the legal provisions for handling child or dependent adult abuse information which is printed on the second page of this form. I understand that this request will not be approved unless I have authorized access.				
Signature of Requester			Date	

Complete Section 2 if the purpose of this record check is employment, licensing or registration, or payment approval.

**Section 2: List the name and address of the person whose record is being checked.**

Last	First	Middle	Birth Date	Social Security Number	
Address		City	County	State	Zip Code
List maiden name, any previous married names, and any alias:					

Complete Section 3 if the request is for a copy of the written summary of the abuse investigation or assessment.

**Section 3: List the name of the persons for whom you are requesting information. Attach pages for additional family members.**

Last	First	Middle	County	Birth Date	Social Security #
Address			City	State	Zip Code
List maiden name, any previous married names, and any alias:					

**Section 4: Registry or designee decision.**

- This request for information is approved.  
 This request for information is denied because:

Signature of Registry or Designee	Date
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## **LEGAL PROVISIONS FOR HANDLING CHILD AND DEPENDENT ADULT ABUSE INFORMATION**

### **Redissemination of Child and Dependent Adult Abuse Information (Iowa Code sections 235A.17 and 235B.8)**

A person, agency, or other recipient of child or dependent adult abuse information shall not disseminate (release) this information, except that dissemination is permitted when **ALL** of the following conditions apply:

- ◆ The dissemination is for official purposes in connection with prescribed duties or, in the case of a health practitioner, pursuant to professional responsibilities.
- ◆ The person to whom such information would be disseminated would have independent access to the same information under Iowa Code sections 235A.15 or 235B.6.
- ◆ A written record is made of the dissemination, including the name of the recipient and the date and purpose of the dissemination.
- ◆ The written record is forwarded to the Central Abuse Registry within 30 days of the dissemination.

### **Criminal Penalties (Iowa Code sections 235A.21 and 235B.12)**

A person is guilty of a criminal offense when the person:

- ◆ Willfully requests, obtains, or seeks to obtain child or dependent adult abuse information under false pretenses, or
- ◆ Willfully communicates or seeks to communicate child or dependent adult abuse information to any agency or person except in accordance with Iowa Code sections 235A.15, 235A.17, 235B.6, and 235B.8, or
- ◆ Is connected with any research authorized pursuant to Iowa Code sections 235A.15 and 235B.6 and willfully falsifies child or dependent adult abuse information or any records relating to child or dependent adult abuse.

Upon conviction for each offense, the person is guilty of a serious misdemeanor punishable by a fine or imprisonment.

Any person who knowingly, but without criminal purposes, communicates or seeks to communicate child or dependent adult abuse information except in accordance with Iowa Code sections 235A.15, 235A.17, 235B.6, and 235B.8 is guilty of a simple misdemeanor punishable, upon conviction for each offense, by a fine or imprisonment.

Any reasonable grounds for belief that a person has violated any provision of Iowa Code Chapters 235A or 235B shall be grounds for the immediate withdrawal of any authorized access that person might otherwise have to child or dependent adult abuse information.

## **REQUESTS FOR CORRECTION OR EXPUNGEMENT OF A CHILD OR DEPENDENT ADULT ABUSE REPORT**

**To request an administrative appeal hearing of a child or dependent adult abuse report**, please submit a request in writing to: Department of Human Services, Appeals Section, 5th Fl, 1305 E Walnut St, Des Moines, Iowa 50319-0114. You will be notified in writing acknowledging receipt of your request; time, date, and place of your hearing; and any decisions regarding your request. If you disagree with this decision, the written notice will explain how you may request an administrative hearing about the report and its conclusions per Iowa Code sections 235A.19 or 235B.10.



## Record Check Evaluation

<b>A. Agency/Provider/Person Requesting Evaluation</b>			
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Entity Requesting Evaluation	Requestor's Name	Phone	Fax
Street	City	State	Zip Code

The agency/provider/person listed above is requesting a Record Check Evaluation (RCE) on the following person after a background check revealed a criminal conviction (or deferred judgment), founded abuse (child or dependent adult), or a combination thereof. *In order to complete the evaluation, we need to have all information, including form 470-2310, SING, and Rap Sheet. Please ensure that all forms are dated within the 30 day period. All evaluation materials must be sent in together.*

<b>B. Person Being Evaluated</b>		
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Last Name, First Name, Middle Initial	Maiden/Previous Names	Role/Position Applying For
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The individual listed above requests an evaluation to determine whether they can be permitted to perform duties under the section "Role/Position Applying For."

**I realize that the information I provide in Section D. may be verified with local law enforcement agencies, the district court, Iowa Department of Human Services, or other persons having knowledge of the incident.**

Signature of Person Being Evaluated	Telephone	Email	Date
Street Address	City	State	Zip Code

<b>C. Evaluation Determination/Notice of Decision</b>	<b>FOR DHS USE ONLY</b>
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### Authorization for Release of Child and Dependent Adult Abuse Information

This form must be used to authorize release of child or dependent adult abuse information when the person requesting the information does not have independent access to it under Iowa law. Complete a separate form for each person for whom information is requested and email to [dhsabuseregistry@dhs.state.ia.us](mailto:dhsabuseregistry@dhs.state.ia.us), or fax to (515) 564-4112, or mail to the Iowa Department of Human Services, Central Abuse Registry, P.O. Box 4826, Des Moines, IA 50305.

Please specify which abuse registry you are requesting by checking the appropriate box below:

- Child Abuse Registry                       Dependent Adult Abuse Registry                       Both

Please specify your preferred **method of response** by checking a box and completing the information in Section 1.

- Address                       Fax                       Email

**Section 1: To be completed by the person or agency requesting the information.**

Requester: Last	First	Agency Name		Telephone Number (    )
Address			Fax Number (    )	
City	State	Zip Code	Email	
List the name and address of the person whose information is being requested:				
Name (last, first, middle)		Birth Date	Social Security Number	
Address		City	County	State      Zip Code
List maiden name, previous married names, and any alias:				
What is the purpose of your request for child or dependent adult abuse information?				
I have read and understand the legal provisions for handling child and dependent adult abuse information which is printed on the second page of this form.				
Signature of Requestor			Date	

**Section 2: To be completed by the person authorizing the Department of Human Services to release their child or dependent adult abuse information.**

I understand that my signature authorizes the requester to receive information to verify whether I am named on the Child Abuse or Dependent Adult Abuse Registry as having abused a child (Iowa Code section 235A.15) or dependent adult (Iowa Code section 235B.6). To the best of my knowledge, the information contained in Section 1 of this form is correct.

Signature of Person Authorizing	Date
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**Section 3: To be completed by the Central Abuse Registry or designee.**

- The person whose information is being requested is listed on the Child Abuse Registry as having abused a child.
- The person whose information is being requested is not listed on the Child Abuse Registry as having abused a child.
- The person whose information is being requested is listed on the Dependent Adult Abuse Registry as having abused a dependent adult.
- The person whose information is being requested is not listed on the Dependent Adult Abuse Registry as having abused a dependent adult.
- This request for information is denied because the form is incomplete.

Signature of Registry Staff or Designee	Date
Comments	



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- ◆ The redissemination is for official purposes in connection with prescribed duties or, in the case of a health practitioner, pursuant to professional responsibilities.
- ◆ The person to whom such information would be redisseminated would have independent access to the same information under Iowa Code sections 235A.15 or 235B.6.
- ◆ A written record is made of the redissemination, including the name of the recipient and the date and purpose of the redissemination.
- ◆ The written record is forwarded to the Central Abuse Registry within 30 days of the redissemination.

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- ◆ Willfully communicates or seeks to communicate child or dependent adult abuse information to any agency or person except in accordance with Iowa Code sections 235A.15, 235A.17, 235B.6, and 235B.8, or
- ◆ Is connected with any research authorized pursuant to Iowa Code sections 235A.15 and 235B.6 and willfully falsifies child or dependent adult abuse information or any records relating to child or dependent adult abuse.

Upon conviction for each offense, the person is guilty of a serious misdemeanor punishable by a fine or imprisonment.

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