

August 9, 2024

**GENERAL LETTER NO. 18-A1-7**

ISSUED BY: Bureau of Child Protective Services  
Division of Family Well-Being and Protection

SUBJECT: Employees' Manual, Title 18, Chapter A(1), ***Child Protective Services Intake***, Title Page, Contents Page 1 and 2, 1-43, 44 and 45, 46-75, 76-81, 82-90, revised; 91-103, new.

**Summary**

This chapter is revised to update information relating to SBC removal, legislative updates, references to forms, and other information relating to intake, and to update style and formatting throughout.

**Effective Date**

Immediately.

**Material Superseded**

Remove the following pages from Employees' Manual, Title 18, Chapter A(1), and destroy them:

<u>Page</u>	<u>Date</u>
Title Page	March 10, 2023
Contents Page 1 and 2	March 10, 2023
1-43	March 10, 2023
44 and 45	February 2, 2024
46-75	March 10, 2023
76-81	February 2, 2024
82-90	March 10, 2023

**Additional Information**

Refer questions about this general letter to your service area administrator.

# Child Protective Services Intake

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## **Life of the Case Phase: Intake**

Children in Iowa need protection from abuse. Child protection and strong families are the responsibility not only of the family itself, but also of the larger community, including formal and informal service networks.

In accordance with Iowa Code Section 232.67, it is the legal purpose and policy of this state to provide the greatest possible protection to children who may have been abused or are at risk for abuse and those children in need of assistance. Practice carrying out these policies shall be guided by the principle: **child safety comes first**.

The purpose of the Department of Health and Human Services' (Department) child welfare intake process is to obtain information to ensure requests for child protective services (CPS) or a child in need of assistance (CINA) that meet the criteria for assessment are accepted and that reports that do not meet the legal requirements are appropriately rejected.

The Iowa Code defines child abuse in section 232.68 and specifies duties of the Department upon receipt of report in sections 232.70 and 232.71B. The Department is to make a determination as to whether the report constitutes an allegation of child abuse as defined in Iowa Code Section 232.68. As the gatekeeper to the child welfare system in Iowa, your work in the intake phase begins the life of a child welfare case. Intake decisions determine if an assessment will occur in response to reports of suspected child abuse, concerns of safety for children, or requests for non-protective services.

Calls to intake that do not meet the criteria for either a child protective services assessment or child in need of assistance assessment may be referred to an appropriate community agency, or you may provide the caller with other helpful information.

While safety is the paramount focus of the intake process, intake also has a unique customer-service function. As the initial point of contact for community members in law enforcement, health care, education and child care as well as other concerned citizens, the call to intake provides the first impression of the level of public service available through the Department.

A thorough intake improves the public awareness of the Department's roles and responsibilities. Gathering accurate information during the initial contact with the caller is crucial along with accurately assessing the situation to ensure you offer the best assistance in the initial contact. This is true whether the person is requesting services for the person's own child and family, asking to make a report of suspected child abuse, inquiring about the closest food pantry, or wondering about cash assistance to needy families.

For accepted reports of suspected child abuse, the intake phase provides the foundation for the beginning of the child welfare case and provides critical initial information to guide the assessment process.

This chapter summarizes state policies, procedures, and practice guidance for child welfare intake services.

### **Centralized Service Intake Unit**

There is one intake call center, referred to as the Centralized Service Intake Unit (CSIU or intake unit), for the state. The intake unit is staffed with dedicated line service intake workers, meaning the staff have no other caseload. Intake workers are classified as Social Worker 3s.

The intake unit has dedicated intake supervisors. The supervisors may be assigned other duties, but may not be responsible for supervising ongoing assessments.

The intake supervisors should review every intake decision for quality assurance purposes. While the intake worker makes a preliminary decision, the intake supervisor makes the final decision to accept or reject a referral.

When there is disagreement from local office staff on a case being accepted or rejected, the assessment supervisor who disagrees may contact their local Social Work Administrator who in turn may contact the Social Work Administrator of the supervisor who made the decision to discuss and come to agreement.

The intake unit shall:

- Notify the Social Worker 3 and the worker's supervisor on an open assessment when a relevant intake is rejected or accepted;
- Notify the Social Worker 2 and the worker's supervisor on active cases when a relevant intake is rejected or accepted;
- Notify foster care licensing staff of assessments on licensed foster parents when a relevant intake is rejected or accepted;
- Notify licensing or child care staff of assessments on licensed centers and registered homes when a relevant intake is rejected or accepted;
- Notify the Home and Community Based Services (HCBS) Waiver Program of any rejected intakes that involve someone receiving waiver services;
- Notify the Department of Inspections, Appeals, and Licensing (DIAL) licensing staff of any rejected intakes that involve facilities;
- Notify law enforcement of any rejected intakes that involve a criminal act harming a child;
- Notify the appropriate service area of the assessment needing case assignment, documented on the form [470-0607, Child Protective Services Intake](#), within the STAR Intake module of JARVIS (see [RC-0143, JARVIS Reference](#)).

The assessment worker shall coordinate joint assessments with law enforcement; collaborate with any assigned Social Worker 2, licensing, HCBS, or DIAL staff involved with the child; and keep licensing staff informed of progress and findings.

### **Intake Outcomes**

- Child safety
- Appropriate reports of suspected child abuse or requests for a child in need of assistance (CINA) are accepted for assessment

The outcomes of child safety and the acceptance of appropriate cases for assessment are clearly stated and supported by laws, rules, policy, procedures, and the Department's Child Welfare Model of Practice, which describes the standard for intake as follows:

“When a child abuse report or request for a CINA is received, the intake focuses on child safety and captures information necessary to make an informed decision on whether to accept or reject the report.”

Iowa's Model of Practice identifies four guiding principles: customer focus, excellence, accountability, and teamwork. The application of these principles to the intake phase is described below.

- **Customer Focus** is accomplished through customer-friendly engagement that emphasizes an open and accessible approach for gathering information regarding the report of suspected child abuse and demonstrates to the caller that the caller is being taken seriously and the intake worker is carefully listening to the caller's concerns.
- **Excellence** is accomplished through the use of interviewing skills, respectful and nonjudgmental communication, and the consistent and clear application of the Department's criteria for the taking of a report and arriving at an appropriate decision.
- **Accountability** is accomplished through the supervisory oversight required during the intake phase and through the fulfillment of the requirement that the reporter receive verbal and written notification of the acceptance or rejection of the intake.
- **Teamwork** is evident when the intake worker has worked in a collaborative manner with the caller to gather the most complete information available, and, if the report is accepted, to provide the child protection worker with sufficient information to prepare for the assessment process.

### **Intake Decisions**

- Accept or reject reports of suspected child abuse or requests for a CINA assessment
- Establish response timeframe
- Determine transfer

### **Criteria for CPS Assessment**

- Victim is a child under 18 years of age
- Person responsible is a caretaker, or a person 14 years of age or older if the allegations is sexual abuse, or a person who engages in or allows child sex trafficking
- Incident or allegation falls within Iowa's legal definition of child abuse

### **Criteria for CINA Assessment**

- Child is under 18 years of age
- CINA screen on [RC-0076, CPS and CINA Intake Decision Tree](#) indicates a possible basis for CINA petition

### **Scope of Chapter**

This chapter includes **“high level” statements that summarize the essence of the associated law, rule, or Department-required practice for the intake phase of a child welfare case. The administrative rule and state law references are linked to the actual state rule or law chapter.** This chapter describes state procedures for carrying out the intake process for child protective services and describes state procedures for the intake phase of a child in need of assistance case.

This chapter also includes practice guidance, which provides background information to support the procedures or policy and the clinical or programmatic rationale for the actions that are required during the intake phase.

### **Legal Basis**

Federal laws related to child welfare services include:

- Public Law 93-247, the “Child Abuse Prevention and Treatment Act of 1974”
- Public Law 98-457, the “Child Abuse Amendments of 1984”
- Public Law 99-401, the “Children’s Justice and Assistance Act of 1986”Public Law 100-294, the “Child Abuse Prevention, Adoption, and Family Services Act of 1988”
- Public Law 102-295, the “Child Abuse, Domestic Violence, Adoption, and Family Services Act of 1992”
- Public Law 103-252, the “Human Services Amendments of 1994”Public Law 104-235, the “Child Abuse Prevention and Treatment Act of 1996”
- Public Law 105-89, the “Adoption and Safe Families Act of 1997”
- Public Law 108-36, the “Keeping Children and Families Safe Act of 2003”
- Public Law 111-320, the “CAPTA Reauthorization Act of 2010”



- Public Law 113-183, the “Preventing Sex Trafficking and Strengthening Families Act” of 2014
- Public Law 114-22, the “Justice for Victims of Trafficking Act of 2015”
- Public Law 114-198, the “Comprehensive Addiction and Recovery Act of 2016”
- Public Law 115-271, the “Substance Use-Disorder Prevention That Promotes Opioid Recovery and Treatment for Patients and Communities Act or the SUPPORT for Patients and Communities Act”, 2018
- Public Law, 115-424, the “Victims of Child Abuse Act Reauthorization Act of 2018”

Federal regulations pursuant to these laws are found in Title 45 Code of Federal Regulations (CFR) 1340, “Child Abuse and Neglect Prevention and Treatment.”

State laws related to child welfare services include:

- Iowa Code Chapter 232 “Juvenile Justice”, Division I “Construction and Definitions, Division III, Part 1 “General Provisions”, Part 2 “Child Abuse Reporting, Assessment, and Rehabilitation”, and section 232.81 lay the foundation for the reporting and assessment of child abuse.
- Iowa Code Chapter 232B “Indian Child Welfare Act”.
- Iowa Code Chapter 233 “Newborn Infant Custody Release Procedures (SAFE HAVEN ACT)”.
- Iowa Code Chapter 234 “Child and Family Services”, vests the authority in the Department to use funds for protective services.
- Iowa Code Section 235 “Child Welfare”, defines the Departments responsibilities for child welfare services.
- Iowa Code Section 235A “Child Abuse”, authorizes the child abuse prevention program and the child abuse information registry.

Departmental rules related to child welfare services include:

- 441 Iowa Administrative Code Chapter 175 “Abuse of Children” provides Departmental rules concerning the intake and assessment of child abuse.

### **Definition of Terms Used for Intake and Assessment**

“**ACAN**” is the acronym for the Automated Child Abuse and Neglect System, which is the database for child abuse information placed on the Central Abuse Registry before July 1, 1997.

**“Adequate food, shelter, clothing, medical or mental health treatment, supervision, or other care”** means food, shelter, clothing, medical or mental health treatment, supervision, or other care which if not provided **within five years of a report to the department (intake date)** would constitute a denial of critical care. (441 IAC 175.21(232,235A))

**“Allegation”** means a statement setting forth a condition or circumstance yet to be proven. (441 IAC 175.21(232,235A))

**“Allows access by a registered sex offender”** (See [“Child Abuse.”](#))

**“Allows access to obscene material”** (See [“Child Abuse.”](#))

**“Assessment”** means the process by which the department responds to all accepted reports of alleged child abuse. An “assessment” addresses child safety, family functioning, and culturally competent practice, identifies the family strengths and needs, and engages the family in services if needed. The department’s assessment process occurs either through a child abuse assessment or a family assessment. (441 IAC 175.21(232,235A))

**“Assessment data”** (See [“Child Abuse Information.”](#))

**“Assessment intake”** means the process by which the Department receives and records reports of suspected child abuse. (441 IAC 175.21(232,235A))

**“Basic needs”** are food, shelter, clothing, medical or mental health treatment, supervision, or other care necessary for a child’s health and welfare.

**“Bestiality”** (See [“Child Abuse.”](#))

**“Business Day”** means any day other than a Saturday, Sunday, or State holiday as specified by Iowa Code § 1C.2.

**“CAPTA”** is the acronym for the Child Abuse Prevention and Treatment Act, which is key Federal legislation addressing child abuse and neglect. CAPTA was originally enacted in 1974 as Public Law 93-247 and has been amended numerous times to:

- Provide federal funding to states for support of prevention, assessment, investigation, prosecution, and treatment activities.
- Set forth minimum definitions on child abuse and neglect.
- Identify federal roles in supporting research, evaluation, technical assistance, and data collection activities.

- Establish the Office of Child Abuse and Neglect.
- Mandate the National Clearinghouse on Child Abuse and Neglect Information.

“**Caretaker**” (See [“Person Responsible for the Care of a Child.”](#))

“**Case**” means a report of suspected child abuse that has been accepted for assessment services. (441 IAC 175.21(232,235A))

“**Child**” means any person under the age of 18 years. (Iowa Code Section 232.68(1))

“**Child Abuse**” means:

- “**Physical abuse**”: Any nonaccidental physical injury, or injury which is at variance with the history given of it, suffered by a child as the results of the acts or omissions of a person responsible for the care of the child. (Iowa Code Section 232.68(2)(a)(1))
- “**Mental injury**”: Any mental injury to a child’s intellectual or psychological capacity as evidenced by an observable and substantial impairment in the child’s ability to function within that child’s normal range of performance and behavior as the result of the acts or omissions of a person responsible for the care of the child, if the impairment is diagnosed and confirmed by a licensed physician or qualified mental health professional. (Iowa Code Section 232.68(2)(a)(2))
- “**Sexual abuse**”: The commission of a sexual offense with or to a child pursuant to Iowa Code Chapter 709 section 726.2 or section 728.12(1), as a result of the acts or omissions of the person responsible for the care of the child or of a person who is 14 years of age or older and resides in a home with the child. Notwithstanding Iowa Code Section 702.5, the commission of a sexual offense under this paragraph includes any sexual offense referred to in this paragraph with or to a person under the age of 18 years. (Iowa Code Section 232.68(2)(a)(3))

The sexual offenses (listed according to Iowa Code order) are:

- Sexual abuse 1st degree (Iowa Code Section 709.2)
- Sexual abuse 2nd degree (Iowa Code Section 709.3)
- Sexual abuse 3rd degree (Iowa Code Section 709.4)
- Lascivious acts with a child (Iowa Code Section 709.8)
- Indecent exposure (Iowa Code Section 709.9)
- Assault with intent to commit sexual abuse (Iowa Code Section 709.11)
- Indecent contact with a child (Iowa Code Section 709.12)
- Lascivious conduct with a minor (Iowa Code Section 709.14)
- Sexual exploitation by a counselor or therapist (Iowa Code Section 709.15)
- Sexual misconduct with offenders and juveniles (Iowa Code Section 709.16)
- Incest (Iowa Code Section 726.2)
- Sexual exploitation of a minor (Iowa Code Section 728.12)

- Invasion of privacy (nudity) (Iowa Code Section 709.21)
- Continuous Sexual Abuse of a Child (Iowa Code Section 709.23)
- Grooming (Iowa Code Section (Iowa Code Section 709.8A))
- **“Denial of critical care”**: The failure, **within five years of a report to the department (intake date)**, on the part of a person responsible for the care of a child to provide for the adequate food, shelter, clothing, medical or mental health treatment, supervision, or other care necessary for the child’s health and welfare when financially able to do so or when offered financial or other reasonable means to do so.

A parent or guardian legitimately practicing religious beliefs who does not provide specified medical treatment for a child for that reason alone shall not be considered abusing the child. However, this provision does not preclude a court from ordering that medical service be provided to the child where the child’s health requires it. (Iowa Code Section 232.68(2)(a)(4))

This type of abuse includes any of the following:

- **“Failure to provide adequate food”** and nutrition to such an extent that there is danger of the child suffering injury or death.
- **“Failure to provide adequate shelter”** to such an extent that there is danger of the child suffering injury or death.
- **“Failure to provide adequate clothing”** to such an extent that there is danger of the child suffering injury or death.
- **“Failure to provide adequate health care”** to such an extent that there is danger of the child suffering injury or death. A parent or guardian legitimately practicing religious beliefs who does not provide specified medical treatment for a child for that reason alone shall not be considered abusing the child and shall not be placed on the Central Abuse Registry. However, a court may order that medical service be provided where the child’s health requires it.
- **“Failure to provide mental health care”** necessary to adequately treat an observable and substantial impairment to the child’s ability to function.
- **“Gross failure to meet the emotional needs”** of the child necessary for normal development.
- **“Failure to provide for the adequate supervision”** of the child that a reasonable and prudent person would provide under similar facts and circumstances when the failure results in direct harm or creates a risk of harm to the child.
- **“Failure to respond to an infant’s life-threatening conditions”** (also known as withholding of medically indicated treatment) by providing treatment (including appropriate hydration, nutrition, and medication) which in the treating physician’s reasonable medical judgment will be most likely to be effective in ameliorating or correcting all conditions.

EXCEPTION: This term does not include the failure to provide treatment to an infant (other than appropriate nutrition, hydration or medication) when, in the treating physician's reasonable medical judgment, any of the following circumstances apply:

- The infant is chronically and irreversibly comatose.
  - The provision of such treatment would merely prolong dying, not be effective in ameliorating or correcting all of the infant's life-threatening conditions, or otherwise be futile in terms of the survival of the infant.
  - The provision of such treatment would be virtually futile in terms of the survival of the infant and the treatment itself under the circumstances would be inhumane.
- **“Prostitution of a child”**: The acts or omissions of a person responsible for the care of a child that allow, permit, or encourage the child to engage in acts prohibited pursuant to Iowa Code Section 725.1. Notwithstanding Iowa Code Section 702.5, acts or omissions under this paragraph include an act or omission referred to in this paragraph with or to a person under the age of 18 years. (Iowa Code Section 232.68(2)(a)(5))
  - **“Presence of illegal drugs”**: An illegal drug is present in a child's body as a direct and foreseeable consequence of the acts or omissions of the person responsible for the care of the child. (Iowa Code Section 232.68(2)(a)(6))
  - **“Dangerous substance”**: The person responsible for the care of a child did any of the following within five years of a report to the department (intake date):
    - In the presence of a child, as defined in Iowa Code Section 232.96A(e), unlawfully uses, possesses, manufactures, cultivates, or distributes a dangerous substance, as defined in Iowa Code Section 232.96A, or
    - Knowingly allows such use, possession, manufacture, cultivation, or distribution by another person in the presence of a child; or
    - Possesses a product with the intent to use the product as a precursor or an intermediary to a dangerous substance in the presence of a child;
    - Or unlawfully uses, possesses, manufactures, cultivates, or distributes a dangerous substance, specified in Iowa Code Section 232.96A(f)(1), (2), or (3), in a child's home, on the premises, or in a motor vehicle located on the premises.

NOTE: See definitions of [“dangerous substance”](#) and [“in the presence of a child”](#) for clarification.

- **“Bestiality in the presence of a minor”**: Commission of a sex act with an animal in the presence of a minor by a person who resides in a home, with a child, as a result of the acts or omissions of a person responsible for the care of the child. (Iowa Code Section 232.68(2)(a)(8)).
- **“Allows access by a registered sex offender”**: A person who is responsible for the care of a child knowingly allowing another person custody of, control over, or unsupervised access to a child under the age of fourteen or a child with a physical or mental disability, after knowing the other person is required to register or is on the sex offender registry under chapter 692A.

This type of abuse does not apply in any of the following circumstances:

- A child living with a parent or guardian who is a sex offender required to register or on the sex offender registry under chapter 692A.
- A child living with a parent or guardian who is married to and living with a sex offender required to register or on the sex offender registry under chapter 692A.
- A child who is a sex offender required to register or on the sex offender registry under chapter 692A who is living with the child’s parent, guardian, or foster parent and is also living with the child to whom access was allowed.

For purposes of this type of abuse, “control over” means any of the following:

- A person who has accepted, undertaken, or assumed supervision of a child from the parent or guardian of the child.
- A person who has undertaken or assumed temporary supervision of a child without explicit consent from the parent or guardian of the child. (Iowa Code Section 232.68(2)(9))
- **“Allows access to obscene materials”**: A person responsible for the care of a child:
  - Knowingly allows child access to obscene material.
  - Knowingly exhibits or disseminates obscene material to a child.

For the purpose of this type of abuse, **“obscene materials”** is any material depicting or describing the genitals, sex acts, masturbation, excretory functions or sadomasochistic abuse which the average person, taking the material as a whole and applying contemporary community standards with respect to what is suitable material for minors, would find appeals to the prurient interest and is patently offensive; and the material, taken as a whole, lacks serious literary, scientific, political or artistic value. (Iowa Code Section 232.68(2)(a)(10))

- **“Child Sex Trafficking”**: The recruitment, harboring, transportation, provision, obtaining, patronizing, or soliciting of a child for the purpose of commercial sexual activity. (Iowa Code Section 232.68(2)(a)(11))

For the purpose of this type of abuse “**commercial sexual activity**” means any sex act or sexually explicit performance for which anything of value is given, promised to, or received by any person and includes, but is not limited to, prostitution, participation in the production of pornography, and performance in strip clubs.

NOTE: These definitions of child abuse shall not be construed to hold a victim responsible for failing to prevent a crime against the victim. The intent is to protect the victim of domestic violence from a founded or confirmed child abuse report for failure to protect children from exposure to or involvement in domestic violence instances.

“**Child abuse assessment**” means an assessment process by which the Department responds to all accepted reports of child abuse other than denial of critical care or which allege denial of critical care with imminent danger, death, or injury to a child. (441 IAC 175.21(232,235A))

“**Child abuse information**” means any or all of the following data maintained by the Department in a manual or automated data storage system and individually identified: (Iowa Code Section 235A.13(1))

- “**Report data**” means any of the following information pertaining to an assessment of an allegation of child abuse in which the Department has determined the alleged abuse meets the definition of child abuse:
  - The name and address of the child and the child’s parents, or other person responsible for the child’s care.
  - The age of the child.
  - The nature and extent of the injury, including evidence of any previous injury.
  - Additional information as to the nature, extent, and cause of the injury and the identity of the person or people alleged to be responsible for the injury.
  - The names and conditions of other children in the child’s home.
  - A recording made of an interview conducted under chapter 232 in association with a child abuse assessment.
  - Any other information believed to be helpful in establishing the nature, extent, and cause of the injury and the identity of the person or people alleged to be responsible for the injury. (Iowa Code Section 235A.13(10))
- “**Assessment data**” means any of the following information pertaining to the Department’s evaluation of a family:
  - Identification of the strengths and needs of the child, and of the child’s parent, home, and family.

- Identification of services available from the Department and informal and formal services and other support available in the community to meet identified strengths and needs. (Iowa Code Section 235A.13(1))
- **“Disposition data”** means information pertaining to an opinion or decision as the occurrence of child abuse, including:
  - Any intermediate or ultimate opinion or decision reached by assessment personnel.
  - Any opinion or decision reached in the course of judicial proceedings.
  - The present status of any case. (Iowa Code Section 235A.13(5))

**“Child protection assistance team”** means a group of people convened by the county attorney, involving the county attorney, law enforcement personnel, and Department personnel, established for each county or a multi-county area.

To the greatest extent possible, the team may be consulted in cases involving a forcible felony against a child younger than age 14 by a person responsible for the care of a child. The team may also be utilized in cases involving a violation of Iowa Code Chapter 709 or 726 or other crimes committed upon a victim. (Iowa Code Section 915.35(4))

**“Child protection worker”** or **“CPW”** means an individual designated by the Department to perform an assessment in response to a report of child abuse. (Iowa Code Section 232.68(2A))

**“Child Protective Services Assessment Summary”** means the written document completed, for a child abuse assessment within 20 business days and for a family assessment within 10 business days from the date a report of suspected child abuse becomes a case. (441 IAC 175.26(232))

**“Child In Need Of Assistance”** or **“CINA”** means an unmarried child who meets criteria set forth in Iowa Code Section 232.96A.

**“Child Safety Conferences”** or **“CSC”** means a conference facilitated for children at imminent risk of removal and placement in foster care. CSCs are held within three business days from the date of referral and again 10 calendar days from the date of the initial CSC, unless this date falls on a Saturday, Sunday, or State holiday.

**“Child Sex Trafficking”** (See [“Child Abuse.”](#))

**“Collateral contact”** means any contact with a person other than a subject of a report. (Iowa Code Section 232.71B(8))



**“Collateral report”** is a report of child abuse in which the allegations being made are exactly the same as allegations of abuse currently being assessed, or which have been previously investigated or assessed. (441 IAC 175.26(232))

**“Confidentiality”** is the requirement that all verbal or written information relating to Department records be released only under conditions set forth by the Code of Iowa.

**“Confidential access”** means access to a child during an assessment of an alleged act of child abuse, who is alleged to be the victim of the child abuse. The access may be accomplished by interview, observation, or examination of the child. (Iowa Code Section 232.68(3))

NOTE: 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. (Iowa Code Section 232.71B(7))

- **“Interview”** means the verbal exchange between the child protection worker and the child for the purpose of developing information necessary to protect the child. A child protection worker is not precluded from recording visible evidence of abuse. (Iowa Code Section 232.68(3)(a))
- **“Observation”** means:
  - Direct physical viewing of a child under the age of four by the child protection worker, where viewing is limited to the child’s body other than the genitalia and pubes. (Iowa Code Section 232.68(3)(b))
  - Direct physical viewing of a child age four or older by the child protection worker without touching the child or removing any article of clothing, and doing so without consent of the child’s parent, custodian, or guardian.

A child protection worker is not precluded from recording evidence of abuse obtained as a result of a child’s voluntary removal of an article of clothing without inducement by the child protection worker.

However, if prior consent of the child’s parent or guardian, or an ex parte court order is obtained, “observation” may include viewing the child’s unclothed body other than the genitalia and pubes. (Iowa Code Section 232.68(3)(b))

- **“Physical examination”** means direct physical viewing, touching and medically necessary manipulation of any area of the child’s body by a licensed physician or physician assistant. (Iowa Code Section 232.68(3)(c))

**“Confirmed”** means that the Department has determined by a preponderance of credible evidence (greater than 50%) that child abuse occurred, pursuant to Iowa Code Section 232.71D(3).

**“Confirmed but not placed on the Registry”** means that the Department has determined by a preponderance of credible evidence (greater than 50%) that abuse has occurred, but the circumstances did not meet the criteria specified for placement on the Central Abuse Registry, pursuant to Iowa Code Section 232.71D(3).

**“Counselor or therapist”** means a physician, psychologist, nurse, professional counselor, social worker, marriage or family therapist, alcohol or drug counselor, member of the clergy, or any other person, whether or not licensed or registered by the state, who provides or purports to provide mental health services. (Iowa Code Section 709.15(1)(a))

NOTE: This definition includes staff in residential facilities who have the titles of “counselor,” “treatment worker,” “therapist,” “cottage parent,” or other terms designating a position of authority over and responsibility for treatment services to children who are residing in the facility, even if these people do not have professional degrees or training.

**“Custodian”** means:

- A stepparent or a relative within the fourth degree of consanguinity (same blood or origin) to a minor child who has assumed responsibility for that child, or
- A person who has accepted a release of custody pursuant to a proceeding to terminate parental rights, or
- A person appointed by a court or juvenile court having jurisdiction over a child.

The rights and duties of a custodian with respect to a child are as follows:

- To maintain or transfer to another the physical possession of that child.
- To protect, train, and discipline that child.
- To provide food, clothing, housing, and medical care for that child.
- To consent to emergency medical care, including surgery.
- To sign a release of medical information to a health professional.

All rights and duties of a custodian are subject to any residual rights and duties remaining in a parent or guardian. (Iowa Code Section 232.2(11))

**“Danger Indicators”** means behaviors or conditions that describe a child being in imminent danger or serious harm (see the SDM Safety Assessment).

**“Dangerous substance”** means any of the following:

- Amphetamine, its salts, isomers, or salts of its isomers;
- Methamphetamine, its salts, isomers, or salts of its isomers;
- A chemical or combination of chemicals that poses a reasonable risk of causing an explosion, fire, or other danger to the life or health of persons who are in the vicinity while the chemical or combination of chemicals is used or is intended to be used in any of the following:
  - The process of manufacturing an illegal or controlled substance;
  - As a precursor in the manufacturing of an illegal or controlled substance;
  - As an intermediary in the manufacturing of an illegal or controlled substance.
- Cocaine, its salts, isomers, salts of its isomers, or derivatives;
- Heroin, its salts, isomers, salts of its isomers, or derivatives;
- Opium and opiate, and any salt, compound, derivative, or preparation of opium or opiate. (Iowa Code Section 232.96A)

**“DARES”** is an acronym for the Dependent Adult Reporting and Evaluation System, which is the Departments dependent adult information database and repository for reports of dependent adult abuse.

**“Denial of critical care”** (See [“Child Abuse.”](#))

**“Department”** means the Iowa Department of Health and Human Services and includes the local offices of the Department. (441 IAC 175.21(232,235A))

**“Differential response”** means an assessment system in which there are two discrete pathways to respond to accepted reports of child abuse, a child abuse assessment and a family assessment. The child abuse assessment pathway shall require a determination of abuse and a determination of whether criteria for placement on the central abuse registry are met. (441 IAC 175.21(232,235A))

**“Direct contact”** means face-to-face contact or voice-to-voice contact by telephone.

**“Disposition data”** (See [“Child Abuse Information.”](#))

**“Evidence-Based Interventions”** or **“EBI”** means practices or programs that have peer-reviewed, documented empirical evidence of effectiveness. Evidence-based interventions use a continuum of integrated policies, strategies, activities, and services whose effectiveness has been proven or informed by research and evaluation.

**“Expungement”** means the process of destroying child abuse information. (Iowa Code Section 235A.13(6))

**“Facility providing care to a child”** means any public or private facility, including:

- An institution, hospital, health care facility, intermediate care facility for persons with an intellectual disability, residential care facility for persons with an intellectual disability, or skilled nursing facility;
- A group home, mental health facility, residential treatment facility, shelter care facility, or detention facility;
- A child-care facility, which includes licensed child-care centers, registered child-care homes, and licensed family foster homes.

A public or private school is not a facility providing care to a child, unless it provides overnight care.

NOTE: The Department of Inspections, Appeals, and Licensing assesses allegations of abuse in public facilities operated by the Department of Health and Human Services. (441 IAC 175.21(232,235A))

**“FACS”** is an acronym for Family And Child Services, which is the Department’s child welfare information database for case management services.

**“Family assessment”** means an assessment process by which the Department responds to all accepted reports of child abuse which allege denial of critical care, but do not allege imminent danger, death, or injury to a child. A “family assessment” does not include a determination of whether a case meets the definition of child abuse and does not include a determination of whether criteria for placement on the central abuse registry are met. (441 IAC 175.21(232,235A))

**“Family Centered Services”** or **“FCS”**: See [18-C\(3\), Family-Centered Services](#).

**“Family Preservation Services”** means short-term, intensive, home-based, crisis interventions targeted to families who have children at imminent risk of removal and placement in foster care.

**“Fictive Kin”** means an adult person who is not a relative of a child but who has an emotionally positive significant relationship with the child or the child’s family.

**“Founded”** means that a preponderance of credible evidence (greater than 50%) indicates that child abuse occurred and the circumstances meet the criteria for placement on the Central Abuse Registry, pursuant Iowa Code Section 232.71D.

**“Guardian”** means a person who is not the parent of a child, but who has been appointed by a court having jurisdiction over the child, to:

- Have a permanent self-sustaining relationship with the child,
- Make important decisions which have a permanent effect on the life and development of that child, and
- Promote the general welfare of that child.

A guardian may be a court. “Guardian” does not mean conservator, as defined in Iowa Code Section 633.3, although a person who is appointed to be a guardian may also be appointed to be a conservator.

Unless otherwise enlarged or circumscribed by a court having jurisdiction over the child or by operation of law, the rights and duties of a guardian with respect to a child shall be as follows:

- To consent to marriage, enlistment in the armed forces of the United States, or medical, psychiatric, or surgical treatment.
- To serve as custodian, unless another person has been appointed custodian.
- To make periodic visitations if the guardian does not have physical possession or custody of the child.
- To consent to adoption and to make any other decision that the parents could have made when the parent-child relationship existed.
- To make other decisions involving protection, education, and care and control of the child. (Iowa Code Section 232.2(21))

**“Health practitioner”** includes:

- A licensed physician and surgeon, osteopathic physician or surgeon, dentist, dental hygienist, optometrist, podiatric physician, or chiropractor;
- A resident or intern in any of such professions;
- A licensed dental hygienist;
- A registered nurse or licensed practical nurse;
- A physician assistant;
- An emergency medical care provider certified under Iowa Code Section 147A.6. (Iowa Code Section 232.68(6))

**“Health care facility”** means a residential care facility, a nursing facility, an intermediate care facility for persons with mental illness, or an intermediate care facility for persons with intellectual disability. (Iowa Code Section 135C.1)

**“Home”** means a permanent or temporary structure where one resides, including a licensed foster family home.

For the purpose of this chapter, “home” shall not be construed to include any public or private facility, such as an institution, hospital, health care facility, intermediate care facility for persons with an intellectual disability, residential care facility for persons with an intellectual disability, skilled nursing facility, group care, mental health facility, residential treatment facility, shelter care facility, detention facility, licensed day care center, or child foster care provided by an agency. (441 IAC 175.21(232,235A))

**“Human Trafficking”** means participating in a venture to recruit, harbor, transport, supply provisions, or obtain a person for any of the following purposes:

- Forced labor or service that results in involuntary servitude, peonage, debt bondage, or slavery,
- Commercial sexual activity through the use of force, fraud, or coercion, except that if the trafficked person is under the age of eighteen, the commercial sexual activity need not involve force, fraud, or coercion.

Human trafficking” also means knowingly purchasing or attempting to purchase services involving commercial sexual activity from a victim or another person engaged in human trafficking. (Iowa Code Section 710A.1)

**“Identifiable minor”** is a person who was a minor at the time the visual depiction was created, adapted, or modified, or whose image as a minor was used in creating, adapting, or modifying the visual depiction and is recognizable as an actual person by the person’s face, likeness, or other distinguishing features. Proof of the actual identity of the identifiable minor is not required.

**“Illegal drug”** means cocaine, heroin, amphetamine, methamphetamine, or other illegal drugs, including marijuana, or combinations or derivatives of illegal drugs that were not prescribed by a health practitioner. (Iowa Code Section 232.77(2)) (441 IAC 175.21(232,235A))

**“Imminent danger”**: (See [“immediate threat.”](#))

**“Immediate threat”** means conditions which, if no response were made, would be more likely than not to result in sexual abuse, injury, or death to a child. (441 IAC 175.21(232,235A))

**“Impending danger”** means a foreseeable state of danger in which family behaviors, attitudes, motives, or emotions or the child’s physical environment poses a threat of maltreatment.

**“Infant”** generally means a child less than one year of age. As used in the definition of “denial of critical care: failure to respond to an infant’s life-threatening condition” (also known as withholding of medically indicated treatment), an “infant” is a child less than one year of age **or** a child over one year of age who:

- Has been hospitalized continuously since birth, or
- Was born extremely prematurely, or
- Has a long-term disability. (441 IAC 175.21(232,235A))

**“Infant affected by substances”** means a newborn or infant, discovered by a health practitioner involved in the delivery or care, to have physical or behavioral symptoms consistent with the effects of prenatal drug exposure or fetal alcohol spectrum disorder. A health practitioner shall report such information to the Department. (Iowa Code Section 232.77(2)(b))

**“Intent”** means a mental state, emotion, or condition of the mind with a design, resolve, or determination that the doing of an act shall be with a certain purpose. In determining intent of a person, it may be inferred that the person intended to cause the natural and probable consequence of the person’s action.

**“Intermediate care facility for persons with mental illness”** means an institution, place, building, or agency designed to provide accommodation, board, and nursing care for a period exceeding 24 consecutive hours to 3 or more individuals who primarily have mental illness and are not related to the administrator or owner within the third degree of consanguinity. (Iowa Code Section 135C.33.1)

**“Intermediate care facility for persons with an intellectual disability”** means an institution or distinct part of an institution with a primary purpose to provide health or rehabilitative services to 3 or more individuals, who primarily have an intellectual disability or a related condition, who are not related to the administrator or owner within the third degree of consanguinity, and which meets the requirements of state and federal standards for intermediate care facilities for persons with an intellectual disability established pursuant to the federal Social Security Act, §1905(c)(d), as codified in 42 U.S.C. §1396d, which are contained in 42 C.F.R.483(D), §410 – 480. (Iowa Code Section 135C.1)

**“Intervention Specialist”** or **“IS”** means an individual responsible for providing Evidence Based Interventions.

**“Interview”**: (See [“confidential access.”](#))

**“In the presence of a child”** means:

- in the physical presence of a child; or
- occurring under other circumstances in which a reasonably prudent person would know that the use, possession, manufacture, cultivation, or distribution may be seen, smelled, ingested, or heard by a child. (232.96A)

**“JARVIS”** is the acronym for Joining Applications and Reports from Various Information Systems and is the Department’s web-based application which houses individual modules for multiple child welfare programs.

**“Kin”** means one’s family and relations.

**“KinderTrack”** is the Department’s child care information system, which is designed to manage child care services, including the Child Care Assistance (CCA) program and regulation of child development homes.

**“Kinship Caregiver”** means relative (e.g. grandparent, sibling, etc.) and Fictive Kin (e.g. godparents, close family friends, etc.) providing care for a child.

**“Mandatory reporter”** means a person who is required by law to report suspected child abuse. (Iowa Code 232.69)

**“Mental health professional”** means a person who meets the following requirements:

- Holds at least a master’s degree in a mental health field, including but not limited to, psychology, counseling, nursing, or social work or is licensed to practice medicine pursuant to Iowa Code Chapter 148.
- Holds a license to practice in the appropriate profession.
- Has at least two years of post-degree experience supervised by a mental health professional in assessing mental health problems and needs of individuals used in providing appropriate mental health services for those individuals. (Iowa Code 232.68(7))

**“Mental health service”** means the treatment, assessment, or counseling of another person for a cognitive, behavioral, emotional, mental or social dysfunction, including an intrapersonal or interpersonal dysfunction. (Iowa Code Section 709.15(1)(d))

NOTE: This definition covers virtually all child placement facilities and their services, even if they are providing only assessment, as in shelter or detention facilities.

**“Mental injury”** (See [“Child Abuse.”](#))



**“Motivational Interviewing (MI)”** is the evidence-based intervention used within Family Casework to support families through change. MI is client-centered, evidence-based practice designed to enhance client motivation for behavior change. The practice focuses on exploring and resolving ambivalence through the increase of internal motivation to change. MI can help families identify what is not working, skills and resources they possess to address the problem, and finally the steps of progress that will indicate success.

**“Multidisciplinary team”** means a group of individuals who:

- Possess knowledge and skills related to the diagnosis, assessment, and disposition of child abuse cases, and
- Are professionals practicing in the disciplines of medicine, nursing, public health, substance abuse, domestic violence, mental health, social work, child development, education, law, juvenile probation, or law enforcement, or a group established pursuant to Iowa Code Section 235B.1(1). (Iowa Code 235A.13(8))

**“Near fatality”** means an act that places the child in serious or critical condition, as certified by a physician. (CAPTA (10-3-96), section 106 (b)(4)(A) and Iowa Code Section 235A.13(9))

**“Neglect”** means the failure on the part of a person responsible for the care of a child to provide for adequate food, shelter, clothing, medical or mental health treatment, supervision, or other care necessary for the child's health and welfare when financially able to do so or when offered financial or other reasonable means to do so, as defined in Iowa Code section 232.2.

**“Non-Agency Case”** means nobody in the household is involved with a Department assigned social work case manager. These cases may be eligible for Voluntary Services. Case management and decision-making responsibility on these cases is assigned to the family-centered services contractor.

**“Nonaccidental physical injury”** means an injury which:

- Was the natural and probable result of a caretaker's actions which the caretaker could have reasonably foreseen, or
- A reasonable person could have foreseen in similar circumstances, or
- Resulted from an act administered for the specific purpose of causing an injury. (441 IAC 175.21(232,235A))

**“Not confirmed”** means that there was not a preponderance of credible evidence (greater than 50%) indicating that child abuse occurred.

**“Observation”** (See [“confidential access.”](#))

**“Parent”** means a biological or adoptive mother or father of a child; or a father whose paternity has been established by operation of law due to the individual’s marriage to the mother at the time of conception, birth, or at any time during the period between conception and birth of the child, by order of a court of competent jurisdiction, or by administrative order when authorized by state law. “Parent” does not include a mother or father whose parental rights have been terminated. (Iowa Code Section 232.2(39))

**“Peace officer”** means a law enforcement officer or a person designated as a peace officer by a provision of the Iowa Code. (Iowa Code Section 232.2(40))

**“Permissive reporter”** means a person who believes a child has been abused and makes a report of suspected child abuse, but is not required by law to do so. This includes a mandatory reporter who makes a report of suspected abuse outside of the scope of their professional practice or their employment responsibilities. (Iowa Code 232.69)

**“Person responsible for the care of a child”** (also referred to as [“caretaker”](#)) means:

- A parent, guardian, or foster parent.
- A relative or any other person with whom the child resides and who assumes care or supervision of the child, without reference to the length of time or continuity of such residence.
- An employee or agent of any public or private facility providing care for a child, including an institution, hospital, health care facility, group home, mental health center, residential treatment center, shelter care facility, detention center, or child care facility.
- Any person providing care for a child, but with whom the child does not reside, without reference to the duration of the care. (Iowa Code Section 232.68(8))

NOTE: A person who assumes responsibility for the care or supervision of the child may assume such responsibility through verbal or written agreement, or implicitly, through the willing assumption of the care-taking role.

**“Petition”** means a pleading the filing of which initiates formal judicial proceedings in the juvenile court. (Iowa Code Section 232.2(41))

**“Physical abuse”** (See [“Child Abuse.”](#))

**“Physical examination”** (See [“confidential access.”](#))

**“Physical injury”** means:

- Damage to any bodily tissue to the extent that the tissue must undergo a healing process in order to be restored to a sound and healthy condition, or
- Damage to any bodily tissue which results in the death of the person who has sustained the damage. (441 IAC 175.21(232,235A))

**“Preponderance of evidence”** means evidence which is of greater weight or more convincing (greater than 50%) than the evidence that is offered in opposition to it. (441 IAC 175.21(232,235A))

The evidence is not as to quantity (number of witnesses), but as to quality (believability and greater weight of important facts proved).

**“Presence of illegal drugs”** (See [“Child Abuse.”](#))

**“Present danger”** means immediate, significant and clearly observed maltreatment occurring to a child in the present or an immediate threat of maltreatment requiring immediate action to protect the child.

**“Proper supervision”** means that supervision which a reasonable and prudent person would exercise under similar facts and circumstances, but in no event shall the person place a child in a situation that may endanger the child’s life or health, or cruelly or unduly confine the child.

Dangerous operation of a motor vehicle is a failure to provide proper supervision when the person responsible for the care of a child is driving recklessly, or driving while intoxicated with the child in the motor vehicle. The failure to restrain a child in a motor vehicle does not, by itself, constitute a cause to assess a child abuse report. (441 IAC 175.21(232,235A))

**“Prohibited sexual act”** means any of the following:

- A sex act as defined in (Iowa Code) section 702.17.
- An act of bestiality involving a minor.
- Fondling or touching the pubes or genitals of a minor.
- Fondling or touching the pubes or genitals of a person by a minor.
- Sadoomasochistic abuse of a minor for the purpose of arousing or satisfying the sexual desires of a person who may view a visual depiction of the abuse.
- Nudity of a minor for the purpose of arousing or satisfying the sexual desires of a person who may view a visual depiction of the nude minor. (Iowa Code 728.1(7)(a)-(g))

**“Prostitution of a child”** (See [“Child Abuse.”](#))

**“Putative father”** means a man who is alleged to be or who claims to be the biological father of a child born to a woman to whom the man is not married at the time of the birth of the child. (Iowa Code 144.12A(1)(d))

**“Registry”** means the central registry for child abuse information established in Iowa Code Section 235A.14. (Iowa Code 232.68(9))

**“Rejected intake”** means a report of suspected child abuse that has not been accepted for assessment. (441 IAC 175.21(232,235A))

**“Removal”** means the placement of a child from the setting in which they were living by order of the Court or Voluntary Placement Agreement.

**“Report data”** (See [“Child Abuse Information.”](#))

**“Reporter”** means the person making a verbal or written statement to the Department alleging child abuse. (441 IAC 175.21(232,235A))

**“Report of suspected child abuse”** means a verbal or written statement made to the Department by a person who suspects that child abuse has occurred. (441 IAC 175.21(232,235A))

**“Reside”** or **“resides”** means to habitually sleep or live. A person’s subjective intent as to where the person resides is not relevant. (441 IAC 175.21(232,235A))

**“Restraint”** means direct physical contact to prevent a child from hurting themselves, others, or property.

**“Safe”** means no danger indicators were identified at this time, no children are likely in immediate danger of serious harm, and no safety interventions are needed.

**“SafeCare®”** means an evidence-based training curriculum for parents who are at-risk or have been reported for child maltreatment. Parents receive weekly home visits to improve skills in several areas, including home safety, health care, and parent-child interaction.

**“Safety assessment”** means a process, at a point in time, to assess whether any child is likely to be in imminent danger of serious harm or maltreatment and if safety interventions must be initiated or maintained to provide appropriate protection to the child.

**“Safety plan”** means a short-term, time-limited agreement entered into between the department and a child’s parent designed to address signs of impending danger to a child identified by the Department, in accordance with Iowa Code section 232.79. A safety plan is not a removal. The Department may enter into a safety plan with the child’s parent upon determination that potential harm to a child may be mitigated by the development of a safety plan.

**“Safe with a plan”** means one or more danger indicators are present and a safety plan is required to initiate safety interventions which mitigate the danger.

NOTE: If a child is safe with a plan, a safety plan must be developed with the family. Safety interventions must be initiated, as identified and agreed upon by all necessary parties in the written safety plan. The safety interventions may include the parent arranging informal temporary care of the child.

**“Sealing”** means the process of removing child abuse information from authorized access as provided by Iowa Code Chapter 235A. (Iowa Code 235A.13(11))

**“Serious”** means having dangerous possible consequences.

**“Serious injury”** (as defined in Iowa Code Section 702.18) means any of the following:

- Disabling mental illness.
- Bodily injury which does any of the following:
  - Creates a substantial risk of death,
  - Causes serious permanent disfigurement,
  - Causes protracted loss or impairment of the function of any bodily member or organ.
- Any injury to a child that requires surgical repair and necessitates the administration of general anesthesia.
- Includes but is not limited to skull fractures, rib fractures, and metaphyseal fractures of the long bones of children under the age of four years.

**“Sex act”** or **“sexual activity”** means any sexual contact between two or more persons by:

- Penetration of the penis into the vagina or anus;
- Contact between the mouth and genitalia or by contact between the genitalia of one person and the genitalia or anus of another person;
- Contact between the finger or hand of one person and the sexual genitalia or anus of another person, except in the course of examination or treatment by a person licensed pursuant to Iowa Code Chapter 148, 148C, 151, or 152;

- Ejaculation onto the person of another.
- Use of artificial sexual organs or substitutes therefor in contact with the genitalia or anus. (Iowa Code 702.17)

“**Sexual abuse**” (See “[Child Abuse](#).”)

“**Sexual offense**” means a sex act or other sexual behavior prohibited by Iowa Code Chapter 709 or sections 702.17, 726.2, 728.1(7) or 728.12(1).

“**SOR**” is the acronym for the Sex Offender Registry.

“**STAR**” is the acronym for the Statewide Tracking of Assessment Reports, which is the Department’s child welfare information database and repository for reports of child abuse.

“**Structured Decision Making (SDM)**” is a research and evaluation-based decision-support system that provides reliability, validity, equity, and utility.

“**Subjects of a report of child abuse**” mean any of the following:

- A child named in a report as having been abused, or the child’s attorney or guardian ad litem.
- A parent or the attorney for the parent of a child named in a child abuse assessment summary as having been abused.
- A guardian or legal custodian of a child named in a child abuse assessment summary as having been abused, or the attorney of the guardian or legal custodian.
- A person named in a child abuse assessment summary as having abused a child or the attorney for that person. (Iowa Code Section 235A.15(2)(a)) and (441 IAC 175.21 (232, 235A))

NOTE: A putative father, a stepparent, or a paramour is not automatically a subject of a report of child abuse unless the person meets one or more of criteria above.

“**Unduly**” means improper or unjust, or excessive. (441 IAC 175.21(232,235A))

“**Unsafe**” means one or more danger indicators are present and removal is the only protecting intervention possible for one or more children because safety interventions do not adequately ensure the child’s safety.

NOTE: Removal sanctioned by court order or voluntary placement agreement for placement into foster care is the only controlling safety intervention possible.

“**Visual depiction of a minor**” includes any visual depiction that has been created, adapted, or modified to give the appearance that an identifiable minor is engaged in a prohibited sexual act or the simulation of a prohibited sexual act.

## **CPS Intake Policy, Procedures, and Practice Guidance**

### **CSIU Contact Information**

Legal reference: 441 IAC 175.22, Iowa Code Section 235A.14(3)

**Policy statement:** The department shall maintain a toll-free telephone line, available on a twenty-four hour a day, seven-day a week basis, to report cases of suspected child abuse.

### **CSIU Main Number**

The primary phone number for reporting abuse or neglect to the Centralized Service Intake Unit is (800) 362-2178. The number is available to callers nationwide.

### **CSIU Fax Number**

The primary fax number for CSIU is 515-564-4011.

### **CSIU Mailing Address**

The mailing address is: Centralized Service Intake Unit, PO Box 4826 Des Moines, Iowa 50305

### **CSIU Phone System**

Calls to the CSIU are handled by an Automatic Call Distribution (ACD). When a person calls 800-362-2178, the ACD system offers recorded information and several options. The choices made by the caller help to route the call to appropriate staff in the shortest possible time. Callers are given the option of making a report in English or Spanish.

The ACD system distributes calls through the phone network, and routes calls to the next available intake worker. All calls are answered in the order received. Each call is held within the system until answered or abandoned by the reporter.

### **Sources of Reports**

Legal Reference: 441 IAC 175.23, Iowa Code Section 232.67

**Policy statement:** The purpose of Iowa legislation is to provide the greatest possible protection to victims or potential victims of abuse through encouraging the increased reporting of suspected cases of abuse.

The Child Abuse Hotline (800-362-2178) accepts calls 24 hours a day, all seven days of the week and receives initial inquiries from law enforcement, schools, service agencies, directly from a person requesting assistance, or from any concerned person in the general public.

### **Mandatory Reporters**

Legal reference: 441 IAC 175.23(1), Iowa Code Sections 232.67 and 232.69

**Policy statement:** Every person as defined in Iowa law is a mandatory reporter of child abuse when within the scope of the person's professional practice or employment responsibilities the person examines, attends, counsels, or treats a child and reasonably believes the child has been abused.

To provide the greatest possible protection to children and encourage reporting, Iowa has designated some professionals as mandatory reporters who must report when they "reasonably believe the child has been abused."

NOTE: "Reasonably believe" is a minimal standard set for people who are required to report (mandatory reporters) and an optional standard for permissive reporters. It does not preclude people from making a report on a lower standard, based on a "guess" or "suspicion." The report of suspected abuse may or may not constitute an accepted case of child abuse.

Mandatory reporters include every health practitioner who in the scope of professional practice, examines, attends, or treats a child and has reason to believe the child has been abused:

- Physician, surgeon, osteopath, osteopathic physician or surgeon
- Physician's assistant
- Dentist, dental hygienist, optometrist, podiatrist or chiropractor
- Registered nurse or licensed practical nurse
- Emergency medical care provider
- Resident or intern in any of the professions listed above

Mandatory reporters also include any of the following persons who, in the scope of professional practice or in their employment responsibilities, examines, attends, counsels, or treats a child and have reason to believe the child has been abused:

- A social worker
- An employee or operator of a public or private health care facility as defined in Iowa Code Section 135C.1
- A certified psychologist



- A licensed school employee, certified Para educator, holder of a coaching authorization issued under Iowa Code Section 272.31, or an instructor employed by a community college
- An employee or operator of a licensed child care center, registered child development home, Head Start program, Family Development and Self-Sufficiency Grant program under Iowa Code Section 216A.107, or Healthy Opportunities for Parents to Experience Success – Healthy Families Iowa program under Iowa Code Section 135.106
- An employee or operator of a licensed substance abuse program or facility licensed under Iowa Code Chapter 125
- An employee of an institution operated by HHS listed in Iowa Code Section 218.1
- An employee or operator of a juvenile detention or juvenile shelter care facility approved under Iowa Code Section 232.142
- An employee or operator of a foster care facility licensed or approved under Iowa Code Chapter 237
- An employee or operator of a mental health center
- A peace officer
- A counselor or mental health professional
- An employee or operator of a provider of services to children funded under a federally approved medical assistance home- and community-based services waiver
- An employee, operator, owner, or other person who performs duties for a children's residential facility certified under chapter 237C
- A massage therapist licensed pursuant to chapter 152C.

#### Duties of a Mandatory Reporter

Legal reference: 441 IAC 175.23(1), Iowa Code Sections 232.69 and 232.70

**Policy statement:** A mandatory reporter is required to make an oral report to the Department within 24 hours of becoming aware of an abusive incident. A mandatory reporter must contact law enforcement if there is reason to believe that the child needs immediate protection.

Any person who meets the criteria as a mandatory reporter is required to:

- Make an oral report of the suspected child abuse to the Department within 24 hours of becoming aware of possible abuse. (Iowa Code Section 232.69(1))

- Make an oral report to the appropriate law enforcement agency, if there is reason to believe that the immediate protection of the child is advisable. (Iowa Code Section 232.70(3))
- Make a report of suspected sexual abuse or suspected prostitution of a child for any child who is under 12 years of age even when the abuse resulted from the acts or omission of a person other than a caretaker. (Iowa Code Section 232.69(1))
- Cooperate and assist with the assessment upon the Department's request, whether or not the person made the report of suspected abuse. (Iowa Code Sections 232.71B(8))
- Complete the core child abuse mandatory reporter training, as provided by the Department, within six months of initial employment or self-employment and every three years thereafter. (Iowa Code Section 232.69(3))

A mandatory reporter who knowingly and willfully fails to report a suspected case of child abuse or knowingly interferes with the making of a child abuse report may be guilty of a simple misdemeanor. A mandatory reporter may also be civilly liable for damages caused by a failure to report or interference with a report. (Iowa Code Section 232.75)

The employer or supervisor of a person who is a mandatory or permissive reporter shall not apply a policy, work rule, or other requirement that interferes with the person making a report of child abuse. (Iowa Code Section 232.73A)

When a mandatory reporter has reason to believe that a child has been abused, but the concern has come to the reporter's attention outside of the scope of the reporter's professional practice, making a report is not mandatory. For example:

1. A therapist at a mental health center provides counseling to a woman who discloses that she abused her child. Since the therapist is not examining, attending, counseling, or treating the child, the therapist is not a mandatory reporter for this incident and may report permissively.
2. A teacher befriends a neighborhood child who discloses that her father is sexually abusing her. Since the teacher did not obtain the information during the performance of her professional duties, the teacher is not a mandatory reporter for this incident and may report permissively.

3. A clergy member is not considered to be a mandatory reporter unless functioning as a social worker, a counselor, or in another role described as a mandatory reporter. If a member of clergy provides counseling services to a child, the child discloses an abuse allegation, then the clergy member is mandated to report as a counselor.

### Content of a Mandatory Report

Legal reference: Iowa Code Section 232.70(6)

**Policy statement:** The oral report shall contain as much information as the person making the report is able to furnish.

Carefully ask questions to determine if the report of suspected child abuse meets criteria to be accepted for assessment.

When conducting an intake, the critical information needed includes:

- The allegation of child abuse,
- The identity and location of the child, parents, or caretaker,
- The safety of and risk to the child, and
- The identity and location of the person allegedly responsible for the abuse and that person's access to the child.

The oral report shall include as much of the following information as possible:

- **Child:** Name, home address, phone number, current location or residence, date of birth, age, physical condition, injuries, previous injuries, name of school or child care.
- **Parents:** Name, home address, phone number, current location or residence.
- **Caretaker** (if other than parent): Name, address, phone number, current location or residence.
- **Person alleged allegedly responsible for the abuse:** Name, address, phone number, current location or residence.
- **Other children:** Name, date of birth, age, and condition of other children in the same household.
- **Others in the household:** Name, age, and relationship of other adults in the same household.

- **Incident:** Condition of child, other children in household, and other household members; conduct and condition of parent or caretaker and person responsible for the abuse; cause of child's condition and details of the alleged incident.
- **Collaterals:** Name, home address, phone number, relationship to the child, and how they are knowledgeable about the child's circumstances.
- **Reporter:** Name, home address, phone number, relationship to the child, and how they are knowledgeable about the concerns being reported.

### **Others Required to Report**

Legal reference: 441 IAC 175.23(2)

**Policy statement:** Income maintenance workers and certified adoption workers are required to report suspected child abuse within the course of their employment duties.

Two other categories of people are required by rule to report child abuse:

- A Department income maintenance worker who in the course of employment believes a child has been abused must make an oral report of the abuse allegations to the Department within 24 hours of suspecting abuse.
- A certified adoption investigator is required to report if through the adoption investigation duties the person identifies information indicating that a child has been abused.

Income maintenance workers and certified adoption investigators are "mandated," not mandatory, reporters.

They are not entitled to written notification that the assessment has been completed or to a copy of information placed on the Registry.

**NOTE:** If an adoption investigator is also a licensed social worker, or another professional category included as a mandatory reporter, then policies for mandatory reporters apply.

### **Permissive Reporters**

Legal reference: 441 IAC 175.23(3), Iowa Code Sections 232.69(2), 232.70(1)(7)

**Policy statement:** Any person who believes that a child has been abused may make a report to the Department.

Any person who suspects child abuse may make a report to the Department. A permissive reporter is not required by law to report abuse and there are no sanctions imposed upon a permissive reporter for failing to report suspected child abuse.

When mandatory reporters suspect child abuse outside the scope of their professional duties of examining, attending, treating, or counseling a child, they may make a permissive report of child abuse to the Department. When mandatory reporters are not legally required to make a report of child abuse, they are not entitled to the same access to child abuse information that pertains to mandatory reporters.

#### Anonymous Reporters

Legal reference: 441 IAC 175.23(3), Iowa Code Section 232.70(7)

**Policy statement:** Permissive reporters may remain anonymous.

Anonymous reports of suspected child abuse are handled in the same manner as all other reports of suspected child abuse.

NOTE: Mandatory reporters are not to report anonymously.

#### Media Reports

Legal reference: Iowa Code Section 232.69

**Policy statement:** The Department can initiate a child protection assessment based on a report that appears in the newspaper or other media.

A child protection assessment can be accepted on a situation that appears in the newspaper or other media that raises concerns about child abuse. Open the assessment naming the Department as the reporter.

### Receiving the Report

Legal reference: 441 IAC 175.23 and 175.24, Iowa Code Sections 232.69, 232.70, 232.73

Policy statement: The Department shall receive child abuse reports from mandatory, permissive, and anonymous reporters. Only the reporter(s) may be contacted during the intake process. Additional contacts, outside of the Department, automatically cause the report to be accepted for assessment.

Intake is a legally mandated function of the Department. Intake also has a customer-service function, as it is often the only contact the community will have with the

Department, and performs other Department duties pursuant to Iowa Code. The intake staff provides the first impression of the level of public service available through the Department.

The Department may receive initial inquiries from law enforcement, schools, or service agencies; directly from a person requesting assistance; or from any concerned party in the general public.

The Department may not ask a reporter to observe, interview, or perform other duties in evaluating the child reported as an alleged victim of abuse before accepting the case for assessment. Asking for observation, interviews, or other evaluations of the child automatically causes the report to be accepted for assessment.

### **Handling Contacts with CSIU**

CSIU receives information in several different ways. Information is called in, sent via e-mail, faxed, or mailed into the unit. Each contact is reviewed and assessed. If the contact is a report of suspected abuse it must be documented.

This section provides information about how to handle various methods of reporting.

- **Phone calls:** When a call is made to the CSIU, callers will be connected with the first available intake worker through the Automatic Call Distributor (ACD).
  - When a call is made to the CSIU, callers will be connected with the first available intake worker through the Automatic Call Distributor (ACD).
  - Intake workers answer the telephone and complete the intake process by gathering pertinent information and utilizing a structured interview process. (See [RC-0145, Structured Interview.](#))
  - On **all** calls, intake workers must ask the reporter for his or her name and the phone number he or she is calling from to ensure that dropped calls can be called back. If the reporter expresses concern about disclosing his or her name, the intake worker should encourage the reporter to provide this information and:
    - Let the reporter know that if they choose not to disclose their identify it will limit what information we can provide to them (e.g. intake decision notification),
    - Explain that the reporter's information is confidential unless court ordered to release,
    - Stress that field staff may need critical information during the assessment that only the reporter can provide, and

- Referral information for Child Abuse and CINA referrals are entered directly entered into an electric child welfare information system, formally known as the STAR module within JARVIS (see [RC-0143, JARVIS Reference](#)).
- Upon gathering all information, Intake Workers provide a preliminary intake decision to the person making the report, for all reports made.
- The decision is reviewed by a supervisor.
- If the final supervisory decision is different than the initial decision provided, the intake worker shall call the reporter back to inform them (unless the reporter was anonymous).
- **FAX, E-Mail, Postal Referrals:** Referrals may be received through FAX, e-mail or U.S. postal services. CSIU will monitor for fax, e-mail or postal mail. All information received will be processed as follows:
  - Screen to determine if the information is written follow up to a verbal report (Written reports from reporters, Police Reports, etc.).
  - Determine if additional information is needed and attempt to contact reporter.
  - If it's determined that the information is not a written follow up to a verbal report, then the information will be considered as a new report of suspected abuse and the intake worker will begin the intake process.
- Referrals Received at Local County Offices During Normal Business Hours:
  - Local staff should forward any written abuse related concerns to the CSIU upon receipt.
  - If a person walks in to a local office to make a report of suspected abuse, local office procedure should include:
    - The person should be provided the hotline number to call CSIU and make a report, or
    - Local staff may assist the person in making the phone call to CSIU, or
    - Local staff shall take the individuals information and immediately forward to CSIU.
- Calls Made Outside of 8:00am to 4:30pm M-F and Holidays
  - The calls are answered by the answering service at Eldora State Training School.
  - The CPW is contacted by the answering service at Eldora State Training School.
  - The CPW shall answers or returns call from the answering service.

- The CPW shall gather all information provided by the answering service, including:
  - Concerns expressed by the caller, and specifically any reports of suspected child abuse.
  - The name and contact information for the reporter (unless reporter is anonymous and left no contact information)
  - The CPW shall contact the reporter (unless reporter is anonymous and left no contact information)
  - The CPW shall engage the reporter in a structured interview. (See [RC-0145, Structured Interview](#))
  - The CPW consults with a supervisor within 1 or 12 hours (see [Time Limit for Supervisory Decision](#)) to obtain a supervisory decision.
  - The CPW then completes the intake form in the STAR Intake module in JARVIS (see [RC-0143, JARVIS Reference](#)).
  - The on-call supervisor then enters an accept or reject decision in the STAR Intake module in JARVIS (see [RC-0143, JARVIS Reference](#)).
  - The Service Area shall assign an accepted report to a CPW, if accepted, within timeframes established in policy (see [RC-0143, JARVIS Reference](#)).
- **CSIU Review of Decisions:** The CSIU will review after hours rejected decisions to ensure consistent decisions are made at both intake and the local level.

### **Structured Interview**

A structured interview (see [RC-0145, Structured Interview](#)) is a standardized way of asking questions based on the need to obtain specific information. Depending on the reporter, the questions may vary. However, structured interview questions should be open-ended. Carefully ask questions to determine if the report of suspected child abuse meets criteria to be accepted for assessment.

When conducting an intake, the critical information needed includes:

- The allegation of child abuse,
- The identity and location of the child, parents, or caretaker,
- The safety of and risk to the child, and
- The identity and location of the person allegedly responsible for the abuse and that person's access to the child.

Obtain as much of the following information as possible from the reporter:

- Child: Name, home address, phone number, current location, date of birth, age, physical condition, injuries, previous injuries, school or child care attending
- Parents: Name, home address, phone number, and current location



- Caretaker (if other than parent): Name, address, phone number, and current location
- Person allegedly responsible for the abuse: Name, address, phone number, and current location
- Other children: Name, age, and condition of other children in the same household
- Others in the household: Name and age of other adults in the home
- Incident description: Condition of child, other children in household, and other household members; conduct and condition of parent, caretaker, or person allegedly responsible for the abuse; and the cause of the child's condition, and details of the alleged incident
- Other sources: Names, phone numbers, and addresses of people knowledgeable about the child's circumstances
- Reporter: Name, phone number, address, and relationship to the child and incident being reported

During the intake call, attempt to determine a child's current safety and initiate safeguards via the intake decision for children who are at risk or have been abused.

When a reporter calls, the reporter may not report a specific allegation. Through your engagement and interviewing skills, collect enough information for you to be able to identify the allegation and determine the abuse category, if possible. The [RC-0076, CPS and CINA Intake Decision Tree](#) contains questions that help elicit enough information about the incident to determine if it falls within one of the types of abuse defined by law.

### **Documenting the Intake**

Complete form [470-0607, Child Protective Services Intake](#) for every intake allegation received by the Department, regardless of whether the report contains all necessary information to become a case.

- NARRATIVE DESCRIPTION/CHILD SAFETY CONCERN Section

The only information that should be included in the *Narrative Description/Child Safety Concern* on the intake form is the **allegations as reported by the caller**.

It is important to document the allegation as reported (as opposed to a synopsis) and to write in complete sentences.

Allegations need to be descriptive of the concerns stated from the reporter and must identify the child victim, alleged person responsible and the category of abuse.

Use appropriate language (proper words instead of slang words, etc.) to describe the information reported unless a direct quote is necessary or relevant to the allegations or the safety of the child or others.

Document with quotation marks if you include a direct quote.

De-identify the reporter during documentation of allegations. The allegation should not include any information that would disclose the reporter's identity.

All other information should be recorded in the "Additional Information" section of the form.

NOTE: The allegation on the intake transfers verbatim to the Child Protective Assessment and will appear on the completed assessment which goes to all subjects.

- Beginning the Allegation

Allegations should indicate that the abuse is alleged. "It is alleged that" ...

EXAMPLE: It is alleged that Jane, mother, used a wooden board...

- Identifying Alleged Person(s) Responsible

If the alleged person responsible is known, this should be included in the allegation. If there is no name associated with the alleged person responsible, the role of the caregiver should be included. This is particularly important when the alleged person responsible is not in the household.

- EXAMPLE, It is alleged John Doe, babysitter...
- EXAMPLE: It is alleged the mother's paramour...

- Identifying Alleged Victim(s)

Allegations should include the name and age of the child victim if known. If the name is unknown, attempt to identify descriptive characteristics:

- EXAMPLE: It is alleged that Jane, mother, hit her son, Jason, age 6,
- EXAMPLE: It is alleged that the mother left her infant son unattended...

- Including Who, What, Where, When

Allegations should include specific information about the incident of alleged abuse.

EXAMPLE: It is alleged that on Sunday, Jane, mother, hit her son, Jason, age 6, with a wooden board. As a result, Jason has a dark blue bruise on his left outer thigh.

- Identifying Category of Abuse

Allegations should be completed with a statement of the abuse category (i.e. Denial of critical care, supervision or physical abuse)

EXAMPLE: It is alleged that on Sunday, Jane, mother, hit her son, Jason, age 6, with a wooden board. As a result, Jason has a dark blue bruise on his left outer thigh. *Physical abuse is alleged.*

Below is a list of standard abuse category statements.

NOTE: It is not necessary at intake to identify the subcategory of abuse. The subcategories for Denial of Critical Care may be clear at the time of intake, however, identifying which subcategory is up to the CPW. For example, Sexual Abuse 3rd Degree should be written as "Sexual Abuse is alleged."

- Denial of Critical Care, Failure to Provide Proper Supervision is alleged.
- Denial of Critical Care, Failure to Provide Adequate Shelter is alleged.
- Denial of Critical Care, Failure to Provide Adequate Food is alleged.
- Denial of Critical Care, Failure to Provide Adequate Clothing is alleged.
- Denial of Critical Care, Failure to Provide Adequate Medical Care is alleged.
- Denial of Critical Care, Failure to Provide Adequate Mental Health Care is alleged.
- Denial of Critical Care, Gross Failure to Meet Emotional Needs is alleged.
- Failure to Respond to an Infant Life Threatening Condition is alleged.
- Mental Injury is alleged.
- Sexual abuse is alleged.
- Prostitution of a Child is alleged.
- Physical abuse is alleged.
- Presence of Illegal Drugs in a Child is alleged.
- Dangerous Substance is alleged.
- Bestiality in the Presence of a Minor is alleged.
- Allows Access by Registered Sex Offender is alleged.
- Allows Access to Obscene Material is alleged.
- Child Sex Trafficking is alleged.
- ADDITIONAL INFORMATION Section

This section is designed for intake workers to document the allegations in more detail as well as any other concerns that do not rise to the level of abuse. Other collateral information can also be documented in this section (i.e. teacher's name, other witnesses to the incident etc.). Be sure that this information makes sense, using names instead of pronouns (i.e. "Jane told Jason" rather than "she told him")

Document the answers to the questions asked of the reporter. If the reporter does not have any information for a specific question, the intake worker should note “unknown by reporter”, rather than just “unknown” in that section so that it is clear that the question was asked of the reporter.

NOTE: Assure that the information documented in this section is **not** an abuse allegation that needs to be written up in this intake or a separate intake.

- **HOW DOES THE REPORTER KNOW THE INFORMATION?**

Document specifically how the reporter knows the alleged information without revealing the reporter’s name or relationship to the child

NOTE: Document the role of the reporter in the *Collateral Sources* section

EXAMPLE: “The child told the reporter directly” or “The reporter witnessed the mother smoking meth.”

- **WHEN WILL THE ALLEGED PERSON RESPONSIBLE HAVE NEXT CONTACT WITH THE CHILD VICTIM?**

If child and alleged person responsible are in the same household, noting “household” is sufficient. Otherwise note when contact will occur.

EXAMPLE: “Next visit with father is Friday at 6:00pm” or “Child no longer has any contact with the previous babysitter.”

- **SCHOOL/DAYCARE CHILD ATTENDS**

Note where the child attends and any additional information provided by the reporter.

EXAMPLE: “Hoover Middle School, dismisses 3:05pm, no school this Friday” or “Child attends ABC child care Monday – Thursday and is generally brought in by mom around 9am and picked up by maternal grandma around 3pm.”

- **INDICATORS FOR POTENTIAL HUMAN TRAFFICKING**

Document any identifiers, enhancers, or additional red flags to highlight high risk victims. While it is okay to ask if the reporter has concerns or knowledge of law enforcement contact related to commercial sexual exploitation/human trafficking of the child(ren), inquire about known indicators (see [Human Trafficking Indicators](#)).

EXAMPLE: “Does the child have a history of running away or going missing for lengths of time?” If yes, “How many times has the child run in the past 12 months? How old was the child when they first ran/went missing? What is the longest time the child has ever been on the run/missing?”

NOTE: Information learned about human trafficking could result in an additional allegation or a separate intake.

- HISTORY OR KNOWLEDGE OF DOMESTIC VIOLENCE

Inquire whether there is any domestic violence occurring within the family (including the threat or use of physical force or coercive behavior) or if the child is exposed to any other violence between adults.

If so, ask clarifying questions such as the following:

- “Has anyone been hurt or assaulted?” If so, “Describe the assault (who, what, when, where, and why)?”
- “Has anyone made threats to hurt or kill anyone in the family or themselves?”
- “Have weapons been used to threaten or to injure anyone?”
- “Have police ever been called to the house for violence against adults or children? If so, “Have arrests ever been made?”
- “Has anyone threatened to take the children?”
- “Has anyone stalked a family member?”
- “Is there anyone who can or does help protect the children when domestic violence occurs?”

NOTE: Information learned about domestic violence could result in an additional allegation or a separate intake.

- HISTORY OR KNOWLEDGE OF SUBSTANCE ABUSE

Ask the reporter and document any current or past concerns about substance abuse by caretakers, other household members, and the child(ren) (see [Framework for Decision-Making Regarding Drug Referrals](#))

NOTE: Information learned about substance abuse could result in an additional allegation or a separate intake.

- HISTORY OR KNOWLEDGE OF LANGUAGE BARRIERS/DISABILITIES

Document any known issues that could result in communication issues or any accommodations that need to be made for interviewing. This includes (but is not limited to) the need for an interpreter or considerations for developmental or physical disabilities.

- ICWA

Document any Native American ancestry and any tribe affiliation by child and/or parents. Include the specific tribe if known.

- RELATIVE SUPPORTS

Document any positive relative supports or fictive kin for the family. Include names, relationships, and any known contact information (see [Kinship Care](#)).

To gather information about family resources or significant others that may be needed for a safety plan or emergency placement for the child, ask the reporter the following questions:

- “Are you aware of any extended family members or close friends of the parents or the children that offer support or help to the family?” If so, “Do you know how to contact them or know where they live?”
- “Can you tell me about anyone who visits the family and whom the children seem to trust?”
- “Could you tell me any times that you have observed the family interacting well together or taking care of one another?” (to elicit information about family strengths and capabilities)

If school personnel are calling, also ask:

- “Could you tell me who is on the emergency contact list for the family?”
- “Is there a teacher or other staff in the school that the child(ren) feel especially close to?”

- SAFETY CONCERNS OF OTHER CHILDREN IN THE HOUSEHOLD

Inquire about concerns regarding any other children in the home as well as any children in the non-custodial parent’s home if they are the alleged person responsible.

- WORKER SAFETY

Document any safety concerns for the CPW, including (but not limited to) vicious animals, drugs, weapons, and violent histories.

- INFANT AFFECTED BY SUBSTANCES

Document any concerns that an infant is affected by prenatal substance use and any substance abuse treatment needs of the infant, caregivers, or other family members.

NOTE: The ALLEGATION screen on the STAR intake module in JARVIS (see [RC-0143, JARVIS Reference](#)) will prompt to identify if there is an infant in the household that is affected by substance abuse. This section will only display on the allegation screen if there is an infant listed in the household that is under the age of 1.

If this question is answered “yes,” and there is an open service case on the infant or a sibling, and the information in the allegation does not meet criteria to accept for assessment, the case should be marked by selecting “Rejected. Referred to HHS Services” as the reason. In cases when the question on the Allegation tab is answered “yes” and this rejection reason is selected, a field will display for the Intake Worker to enter the FACS ID of the open service

case. The Assigned Case Worker's name will populate when the Intake Worker Decision Section is saved and/or submitted.

The INTAKE SUPERVISOR DECISION screen will function in the same way. Once the Intake Supervisor has completed required entries and clicks "Save," an email will be auto-generated to the Ongoing Case Manager and their Supervisor to notify them that an infant who is a member of a family on their caseload has been affected by substance abuse, withdrawal symptoms, or Fetal Alcohol Spectrum Disorder and prompt a reminder to document a Safe Plan of Care in the Family Case Permanency Plan.

- ADDRESS WHERE ABUSE OCCURRED Section

Knowing the address where the abuse occurred is helpful information, especially for law enforcement if the incident occurred outside of the household.

- PRELIMINARY DECISION FROM INTAKE WORKER PROVIDED TO REPORTER Section

Document what preliminary decision is given to the reporter. If a supervisor gives a different decision, this will be noted in the *Supervisory Decision* section.

- SYSTEM CHECKS Section

Copy and paste appropriate information from system checks into the appropriate system heading. (See [RC-0146, System Checks for Child and Dependent Adult Abuse Intakes](#), and [RC-0147, System Checks Guidance for Intake](#).)

When a report is received in the office after normal business hours via the fax machine, mail, or e-mail, the intake will be completed and entered by the intake unit upon receipt of the report (typically the next business day). The time frames for ensuring safety of the children will be assigned according to the allegations at the time of the report. For example:

A fax alleging child abuse comes in to the office on a Saturday. The next business day is Monday. The intake unit receives the fax on Monday morning when the office opens, and that date and time is recorded as the date and time of the intake.

The allegation requires a one-hour intake decision. The one-hour intake decision time frame begins at 8:00 a.m. Monday, not when the faxed allegation arrived on Saturday. The intake supervisor assigns a one-hour observation time according to the allegation. The observation response time begins at 8:00 a.m. Monday, the time of the intake.

### **Evaluating Intake Information**

Legal reference: 441 IAC section 175.24, Iowa Code Sections 232.67, 232.70

**Policy statement:** The primary purpose of the intake process, when evaluating intake information, is to accurately obtain available and pertinent information regarding an allegation of child abuse, provide the greatest possible protection to victims of abuse, determine whether a report of suspected child abuse becomes accepted for assessment or a rejected intake, and ensure the thorough and prompt assessment of any accepted report.

During the intake process:

- Assess whether the information being provided by the reporter is based on a guess, suspicion, belief, or knowledge.
- Apply a reasoning process to reach a conclusion on the quality of this information.
- Determine if you need to re-contact the original reporter. Contact the original reporter again when:
  - Any of the information in the initial report is unclear or incomplete.
  - Any of the information in the initial report is called into question once the assessment has been initiated.
  - Other circumstances indicate the need to re-contact the reporter.
- Review Department records for information already assessed or known about the child, family, and alleged person responsible.
- Use critical thinking to assess if the information amounts to a report of child abuse which should be accepted.

Reporters frequently are not familiar with child abuse definitions or the terminology such as “belief” and “suspected.” Be aware that “reasonably believe” is a minimum standard for mandatory reporters and an optional standard for permissive reporters. This does not preclude people from making a report based on a “guess” or “suspicion.”

Reporters may not know that Iowa law does not have a definition for “neglect.” Callers may not view “neglect” as abuse, or simply may not understand that the Department will consider some “neglect” as abuse.

You must be capable of determining the type of abuse being alleged even when the reporter does not use specific terminology. It may be possible to make reasonable inferences that would cause a report to become a case based upon descriptions of what occurred, so detailed and accurate information is essential.



For example:

1. A person states that he witnessed a child being beaten by a caretaker with a baseball bat. This reporter does not have to identify visible injuries in order for you to reasonably infer that the activity described would have resulted in an injury.
2. A person states that a three-year-old has a sexually transmitted disease. You may reasonably infer that the three-year-old may have been a victim of sexual abuse.
3. A person indicates that a six-year-old is left to care for her two-year-old brother while parents work. You may reasonably infer that children this young may be incapable of self-supervision, even in the absence of reported injury.

Advantages of thoroughly evaluating the intake information include:

- Improved safety for children,
- More complete information at the outset for the assigned worker,
- Faster response times to locate and observe child victims, and
- Improved public awareness of the Department's roles and responsibilities.

### **Gathering History Information**

Legal reference: 441 IAC section 175.24, Iowa Code Sections 235A.14, 232.70(5)

**Policy statement:** Upon receipt of a report of suspected child abuse, the intake worker shall search the records of the Central Child Abuse Registry and obtain all available and pertinent information to determine whether a report a child abuse becomes accepted for assessment or a rejected intake.

Reports of abuse may not have all of the demographic and historical information about a family. Record checks may supply additional critical information essential to ensuring child and worker safety. Gathering this information is critical to the assessment process.

### **Conducting System Checks**

Legal reference: 441 IAC 175.24, Iowa Code Section 232.70(5)

**Policy statement:** Upon receipt of a report of suspected abuse, the intake worker shall obtain available and pertinent information regarding an allegation of child abuse.

Reports of abuse may not have all of the demographic and historical information about a family. Record checks of various systems may supply additional critical information essential to ensuring child and worker safety. Gathering this information is critical to the assessment process.

(See [RC-0146 System Checks for Child and Dependent Adult Abuse Intakes](#), and [RC-0147, System Checks Guidance for Intake](#))

#### Use of Completed Assessments and Rejected Intake Information

For the greatest protection of children, all available and pertinent HHS records must be reviewed to determine whether a report of suspected child abuse becomes accepted for assessment or a rejected intake.

Intake staff and CPWs must review and consider all information known to the Department, including information maintained in the completed assessments as well as rejected intakes (regardless of whether the information was received during the most recent referral) to ensure a comprehensive thought process to the intake decision.

Not only will accessing the information contained in the HHS records assist with the intake decision, but it will also assist with any assessment accepted. Use the available information to protect children as follows:

**Intake workers** shall retrieve, analyze, and assess the information contained in completed assessments and rejected intakes to determine:

- Whether or not the allegation has been previously assessed, and
- Whether or not previously rejected information, combined with the current allegation, meets the legal threshold for acceptance.

Include all previous assessments and rejected intake history on the intake form.

**Assessment workers** will use the information contained in completed assessments and rejected intakes to be alert to possible other concerns.

NOTE: Do not specifically reference rejected intakes on the assessment summary. The legal access to intake information is more limited legal access than the child abuse assessment report.

Document fulfillment of the duty to review and consider the HHS records in the assessment summary by including a statement such as, "Worker has reviewed all available records as required."

### **Reports From Multiple Reporters**

Legal reference: Iowa Code Section 232.70(8)

**Policy statement:** When there is more than one report of suspected abuse regarding the same incident, the Department may advise the subsequent reporters that the report has already been received.

When more than one reporter separately makes a report of suspected child abuse on the same incident and the first report is currently being assessed:

- Advise the subsequent reporters that the report of child abuse they are making has already been accepted as a case and orally notify them within 24 hours of receiving the report that this report of suspected abuse will also be accepted (either opened as a separate assessment or added/linked to the current assessment).
- Obtain supervisory approval to either accept as a separate assessment or link the intake as “Accept to current assessment” and document the incident number the new intake is being linked to as well as the Child Protection Worker assigned to the open assessment.
- Within five working days, also send each reporter form [470-3789, Notice of Intake Decision](#), stating the report of suspected child abuse has been accepted for assessment.

When you receive a report of child abuse from a mandatory reporter regarding allegations that have been previously investigated or assessed, and the reporter has **no new information**:

NOTE: “No new information” means that the report of child abuse is **exactly the same** as the one contained in a previous assessment or investigation, including the same child, caretaker, alleged abuse, and incident dates.

- Advise the reporter that no action will be taken because the report was previously assessed.
- Obtain supervisory approval to mark the Intake as a “duplicate prior report” and document the incident number which previously assessed the current allegation.
- Within 24 hours of receiving the report, orally notify each mandatory reporter that the report has been rejected.
- Within five working days, also send each reporter form [470-3789, Notice of Intake Decision](#), stating the report of suspected child abuse will not result in an assessment.

### **Making the CPS Intake Decision**

Legal reference: 441 IAC section 175.24, Iowa Code Sections 232.67, 232.70

**Policy statement:** Upon receipt of a report, the department shall do all of the following:

- Immediately make a determination as to whether the report constitutes an allegation of child abuse as defined in Iowa Code Section 232.68.
- Evaluate the safety of and risk to the child victim and any other children in the same home as the parents or other person responsible for their care.
- Notify the appropriate county attorney of the receipt of the report

Once the intake contact is completed, the following options are available:

- **Information.** The person is ineligible for services through the Department. Give the person information on community resources to contact.
- **Child Protective Assessment.** Accepted criteria are met to initiate an assessment to examine whether abuse of a child has occurred.
- **CINA Assessment.** The person appears to have a child in need of assistance and to meet basic eligibility factors. Initiate local procedures to complete the CINA assessment process.

In special circumstances, it is up to a supervisor to determine the response to a contact that isn't alleging abuse yet requires action. Refer to a supervisor or follow established procedure when the scope of the situation is beyond the intake action options. Such situations may include but are not limited to:

- An interstate situation (See [When a Report Involves Another State](#)).
- An abandoned child.

The intake worker provides the information gathered to the intake supervisor (or supervisor on call for intake) to make the intake decision. The supervisor will make the decision to accept or reject the report of child abuse as a Child Protective Service (CPS) assessment. In the interest of child safety, it may be necessary for the acceptance of a CPS assessment to occur without supervisory approval.

In order for a report of suspected child abuse to be accepted for assessment, there must be reasonable belief that the following three elements are present:

- The alleged abuse occurred to a child (child is under 18 years of age or child's age is unknown).
- The alleged abuse falls within Iowa's [definition of child abuse](#).

- The alleged abuse was caused by acts or omissions of the child's [caretaker](#), a person 14 years of age or older who resides in a home with the child if the allegation is sexual abuse, or a person who engages in or allows child sex trafficking.

**NOTE:** Your task is to determine whether the allegations made in the report of suspected child abuse meet the criteria to be accepted for assessment, not to determine if the allegations are true or false. **You must accept a report when there is reasonable belief to suspect abuse or neglect occurred.** The assessment will determine whether the allegations are true or false.

### **Compelling Circumstances**

Circumstances may be sufficiently compelling to infer that there is danger of the child suffering injury or death. In these situations, the report of suspected child abuse shall be accepted. For example:

**Report:** The police call to report a case involving three children. Police state that they investigated a discharge of a weapon the previous evening. The police report indicates that a 44-year-old woman was arrested for discharging a firearm in her backyard and she is in jail pending a hearing.

The police report states that when police arrived, the woman and her husband were fighting. The husband had been drinking, and he had thrown the living room furniture through the front picture window. Both were yelling that the other had started it. The police report that the children were with grandparents for the night.

The police indicate that they have been called to the home four other times in the last year, and in three of those incidents the husband has been arrested. The husband is currently on probation for domestic violence assault.

**Action:** This report of child abuse should be accepted for denial of critical care by failure to provide proper supervision, with both parents being named as person allegedly responsible for the abuse.

The compelling circumstances are:

- The discharge of a weapon during a domestic violence incident.
- The act of throwing the living room furniture through the front window.
- The history of five episodes of domestic violence, including the latest incident.
- The fact that the latest incident has occurred in spite of the husband being on probation for domestic violence assault.

While the children may not have been present during this most recent incident, one cannot assume that they were not present during the four previous incidents based on the information provided. In addition, even if the children were absent, the level and frequency of violence suggests caretakers who are “out-of-control,” and actions that would place the children in danger of suffering injury, or death or harmed or at risk of harm, if they were present.

In the absence of confirmation that the children have never been witness or impacted in any way by the domestic violence incidents, this report of child abuse should be accepted.

Accept a report of child abuse for assessment even if the alleged victim or the person alleged responsible for the abuse is deceased.

### **Time Limit for Supervisory Decision**

Legal reference: 441 IAC Sections 175.21, 175.24, and 175.25, Iowa Code Sections 232.70(4) and (5) and 232.71B(1) and (19)

**Policy statement:** Depending on the information provided at the time of intake and the immediate threat to the child’s safety, the decision on whether to accept or reject a report of suspected child abuse must be made within one hour or 12 hours from receipt of the report.

Determine the supervisory [time frame](#) for making a CPS intake decision:

- One hour: There is an immediate threat to the child’s safety (See [Assessment Response Time](#)).

The decision to accept the report of suspected child abuse must be made within **one hour** from receipt of the report when a report indicates that there is an **immediate threat** to the child. The Department must act immediately to address the child’s safety.

Critical thinking will need to be utilized to determine if the information provided by the reporter indicates there is an immediate threat to the child’s safety. Examples of immediate threat may include, but are not limited to situations in which, without a one-hour response, a child is about to be sexually abused, injured, or die.

When the report **does not meet the criteria** to be accepted, such as the person alleged responsible is not a caretaker, but a child’s safety appears to be in jeopardy, there is injury, or immediate threat, the Department must act immediately to address the child’s safety (for example, call law enforcement). A supervisor shall review and approve the decision to reject the report of suspected child abuse within **one hour** from receipt of the report.

- 12 hours: There is no immediate threat to the child's safety.

When a report indicates that the child has been abused, but there is **no immediate threat** to the child's safety, the Department must still act promptly. The decision to accept the report of suspected child abuse and supervisory approval on that decision must be made within **12 hours** from receipt of the report.

When the report **does not meet the criteria** to be accepted, and the child's safety is not considered to be in jeopardy, and there is no injury or immediate threat, a supervisor shall review and approve the decision to reject the report of suspected child abuse within **12 hours** from receipt of the report and the Department shall make a referral to law enforcement within 72 hours if the information alleged a criminal act harming a child. An example could include a report where the alleged victim is not a child, or the person alleged responsible is not a caretaker, or the allegation is not child abuse.

#### Considering Caretaker Status

The caretaker or the "person responsible for the care of a child" may be:

- A parent, guardian, or foster parent.
- A relative or any other person with whom the child resides and who assumes care or supervision of the child, without reference to the length of time or continuity of that residence.
- An employee or agent of any public or private facility providing care for a child, including an institution, hospital, health care facility, group home, mental health center, residential treatment center, shelter care facility, detention center, or child care facility.
- Any person providing care for a child, but with whom the child does not reside, without reference to the duration of the care.
- A person who assumes responsibility for the care or supervision of the child may assume such responsibility through verbal or written agreement, or implicitly, through the willing assumption of the caretaking role.
- A perpetrator of child abuse can also be:
  - A person 14 years of age or older who resides in a home with the child, if the allegation is sexual abuse; or
  - A person who engages in or allows child sex trafficking

The following questions may be helpful in determining the caretaker status of the person allegedly responsible for the abuse:

- At the time the alleged abuse occurred, were any of the child's basic needs (including food, shelter, clothing, medical or mental health treatment, supervision, or other care necessary for the child's health and welfare) being met by the person allegedly responsible for the abuse, even if only temporarily?
- Did the person allegedly responsible for the abuse consider himself or herself to be a caretaker for the child at the time the alleged abuse occurred?
- At the time the alleged abuse occurred, was authority over the child delegated either explicitly or implicitly to the person allegedly responsible for the abuse by a person who could be considered a caretaker?
- Did the person allegedly responsible for the abuse assume authority or other caretaker responsibilities of the child, either explicitly or implicitly?
- Were there previous incidents when the person allegedly responsible for the abuse acted as a caretaker for the child, and would the child's perception be that person allegedly responsible for the abuse was still in the role of caretaker at the time the alleged abuse occurred?
- What are the indications that the role of caretaker was either accepted or rejected by the person allegedly responsible for the abuse?
- Is sexual abuse alleged by a person 14 years of age or older who resides in a home with the child?
- Did the person alleged responsible engage in or allow child sex trafficking?

Additional Considerations:

- The spouse of a person who is under age 18 is not considered a caretaker to the other spouse.
- Typically, a teacher in a public or private school is not considered responsible for providing care to a child. However, a public or private school teacher escorting a group of students on an overnight school trip would be considered a caretaker.
- School bus drivers and public transportation drivers are generally not considered caretakers, except in unusual circumstances where they expand their transportation role to one of caretaker (i.e. they are contracted to provide transportation to a specific child).



- Iowa Code 726.6 defines a person who operates a motor vehicle with a child (under age 14) or a minor (under age 18 with a physical or mental disability) present in the vehicle as “a person having control over a child or a minor” for the crime of child endangerment. Refer allegations to law enforcement and to the driver’s employer.

**NOTE:** Iowa Code Section 280.17 requires the board of directors of a public school and the authorities in control of nonpublic schools to prescribe procedures for handling reports of child abuse (physical, sexual, or prostitution of a child) alleged to have been committed by an employee or agent of the school.

The Department of Education has adopted rules at 281 Iowa Administrative Code Chapter 102 to create a uniform procedure for investigating reports of child abuse alleging acts of the school employee on school grounds, on school time, on a school-sponsored activity or in a school-related context.

Teachers in residential facilities may also have child care responsibilities that would make them caretakers. Staff of child-caring facilities generally have child-care responsibilities in addition to transporting, so they are considered caretakers.

### **Determining the Allegation Type**

When making the intake decision, determine the specific category and subcategory of child abuse being reported. Iowa law has defined eleven categories of abuse:

- [Physical abuse](#)
- [Mental injury](#)
- [Sexual abuse](#)
- [Denial of critical care](#)
- [Prostitution of a Child](#)
- [Presence of illegal drugs](#)
- [Dangerous Substances](#)
- [Bestiality in the presence of a minor](#)
- [Allows access by a registered sex offender](#)
- [Allows access to obscene material](#)
- [Child Sex Trafficking](#)

Some allegations can be easily classified into specific categories and subcategories, while others are more difficult. For example, an allegation of a child being unsupervised is easily categorized as denial of critical care by failure to provide proper supervision. An allegation that a child’s father “touched her vagina” may be more difficult to subcategorize.

Therefore, in allegations such as sexual abuse, it is acceptable during the intake process simply to indicate that the abuse category is sexual abuse and omit stating the subcategory.

You must be able to determine the type of abuse being alleged even when the reporter does not use specific terminology. It may be possible to make reasonable inferences that would cause a report to become a case based upon descriptions of what occurred, so detailed and accurate information is essential.

#### Framework for Decision-Making Regarding Drug Referrals

The Department uses the child welfare intake process for gathering information and making a decision to accept or reject a report.

Allegations that caretakers are using drugs are common. Caretaker substance abuse increases the risk of abuse to children and such an allegation may or may not constitute an allegation of abuse.

Illegal drug use by caretakers may not, by itself, meet the definition of child abuse at Iowa Code 232.68 (unless the drug being used is a [Dangerous Substance](#)). However, parental use of drugs may make a child imminently likely to suffer harmful effects as a result of the failure of the child's parent, guardian, custodian, or other member of the household in which the child resides to exercise a reasonable degree of care in supervising the child.

Intake staff will query the reporter for information on the caretaker's ability to provide necessary care for the child. If a person could reasonably infer from the alleged allegation that supervision or other care necessary for child's life or health is not adequate, then the allegation should be accepted as denial of critical care allegation.

If the reporter states that the caretaker uses drugs, the intake staff will ask additional questions, such as (but not limited to) the following:

- Did the caretaker use illegal substances in the presence of the children?

NOTE: As used in these circumstances, the "presence of a child" means:

- The physical presence of a child during the use, possession, manufacture, cultivation, or distribution; or
- The usage occurred under other circumstances in which a reasonable prudent person would know that use, possession, manufacture, cultivation, or distribution of illegal drugs may be seen, smelled, ingested, or heard by a child; or

- The usage, possession, manufacture, cultivation, or distribution occurred in a child's home, on the premises, or in a motor vehicle located on the premises.
- Where were the children while the caretaker was using illegal substances?
- When did the caretaker assume responsibility over the children after the usage of illegal substances?
- What illegal substances is the caretaker using?
- How do you know the caretaker is using drugs?
- What behaviors are the caretakers displaying?
- What is the effect of the usage on the caretaker's ability to care for children?
- Is the caretaker not providing proper supervision or care due to the impact the drug usage has on the caretaker?
- What is the appearance of the caretakers?
- What statements have the caretakers made?
- Have you noticed any odors coming from the house?
- What are your concerns regarding the caretaker's use of substances?
- Is the child likely to have ingested drugs?
- Does child have access to drugs or drug paraphernalia?
- Where are the drugs and drug paraphernalia kept when the caretakers are not using?

#### Meth Lab Allegations

When there are allegations of a meth lab where children are present or reside, ask the reporter the following additional questions as applicable:

- What are the indicators that a meth lab exists? What have you observed?
- What types of meth ingredients have been observed?
- Where are the meth ingredients being stored?
- What kind of containers are the ingredients stored in?
- Do the children have access? To what?
- Do the children have access to any explosive, flammable, or toxic ingredients?
- Is the meth lab active? Is meth currently being produced?

- What are the conditions of the home?
- Are there loaded weapons or booby traps in the home?
- Are there people going in and out of the home frequently?
- Do you know anything about the people going in and out of the home? What do you know and what have you observed about them?
- Are the adults in the home exhibiting any of the following behaviors? If so, please describe the behavior in detail.
  - Extreme mood fluctuations
  - Violent behavior
  - Depression
  - Poor impulse control
  - Bizarre behaviors
  - Lack of attention to hygiene
  - Psychotic episodes
  - Other drug use
  - What are the adults' behaviors toward the children?
- What is the current condition of the children?
  - Do the children have any health (including dental) issues?
  - Are the children getting fed? Do the children appear to be underweight, extremely thin, or in poor physical health?
  - Do the children have any developmental disabilities?
  - Do the children have any behavioral disorders (i.e. ADHD)?
  - If the children are school age, are the children attending school?
  - How are the children performing in school?
  - Have the children been harmed? If so, how?
  - Have law enforcement been called regarding the meth lab (today or in the past)?

General guidelines for accepting intakes involving illegal drugs include the following:

- There are allegations that the caretaker uses, possesses, manufactures, cultivates, or delivers/sells a dangerous substance. (See [Criteria for Accepting an Allegation of Dangerous Substance](#))
- There are allegations indicating presence of an illegal drug in a child's system. (See [Criteria for Accepting an Allegation of Presence of Illegal Drugs.](#))

- Compelling circumstances are sufficient to infer that there is a danger of the child suffering injury or death. (See [Compelling Circumstances](#).)
- There are allegations that a child has access to the drugs (i.e., drugs are within reach of child) and based upon the child's developmental level and the parent's lack of supervision, there is a clear risk that the child could ingest the drugs. (See [Criteria for Accepting an Allegation of Denial of Critical Care, failure to provide proper supervision](#).)
- Children are in a motor vehicle that is operated by a caretaker using an illegal drug or is operated by another person using an illegal drug with the caretaker's knowledge. (See [Motor Vehicles](#))
- There is alleged drug usage with alleged impairment present **and** the impairment has led to actions that would constitute denial of critical care (i.e., the child's health and welfare are at risk). (See [Denial of Critical Care and Illegal Drug Usage by Caretaker](#))
- There are other allegations that would constitute child abuse in Iowa (e.g., sexual abuse, physical abuse, sex offender in home). (See [Criteria for Accepting Reports of Suspected Child Abuse](#))
- There are allegations that the person in role as a caretaker is dealing (buying or selling) drugs where child may be present. (See [Denial of Critical Care and Illegal Drug Usage by Caretaker](#))
- The caretaker uses drugs in the presence of the child. (See [Denial of Critical Care and Illegal Drug Usage by Caretaker](#))
- The caretaker uses drugs and assumes responsibility for a child while the caretaker may be under the influence of illegal drugs. (See [Denial of Critical Care and Illegal Drug Usage by Caretaker](#))

Cases such as those described above are accepted based on less than adequate supervision or food or clothing or shelter for child's health and welfare (unless otherwise stated).

Referrals involving illegal drugs other than a [Dangerous Substance](#) generally should be rejected if, after careful questioning:

- You determine that the **only** allegation is:
  - The presence of drugs in the home or another environment, or
  - Usage of drugs by the caretaker, AND
  - You cannot reasonably infer that:
    - The child has access to the drugs, or
    - The caretaker uses in the presence of the child, or

- The usage is impairing the caretaker's ability to provide adequate food, shelter, clothing, medical or mental health treatment, supervision, or other care necessary for the child's health and welfare.

When in doubt, intake decision-making should always err on the side of safety.

### **Criteria for Accepting Reports of Suspected Child Abuse**

Legal reference: 441 IAC 175.24(1), Iowa Code Sections 232.71B(1), 232.68(2), and 232.68(8)

**Policy statement:** The Department shall accept a report of suspected child abuse for assessment when the following three elements are present:

- The alleged abuse occurred to a child,
- The alleged abuse falls within the definition of child abuse, and
- The alleged abuse was caused by acts or omissions of:
  - the child's caretaker; or
  - a person 14 years of age or older who resides in a home with the child, if the allegation is sexual abuse; or
  - a person who engages in or allows child sex trafficking.

Accept the report for assessment when:

- The factors required for an allegation of the specific type of abuse are present; or
- The child is receiving less than adequate care that endangers the child's life or health; or
- There is insufficient information to determine whether a reasonable belief exists to suspect abuse or neglect occurred; or
- [Compelling circumstances](#) are sufficient to infer that there is danger of the child suffering injury or death.

Accept a report of child abuse for assessment even if the alleged victim or the person allegedly responsible for the abuse is deceased.

**NOTE:** You cannot ask law enforcement to perform a "child welfare check" on a child reported as an alleged victim of abuse before accepting the report of suspected abuse for assessment. Asking for a "child welfare check" automatically means the report shall accepted as a case.

You also cannot ask a mandatory reporter to observe, interview, or perform other duties in evaluating the child reported as an alleged victim of suspected abuse before accepting the case for assessment. Asking for observation, interviews, or other evaluations of the child automatically means the report has been accepted as a case.

#### Criteria for Accepting an Allegation of Physical Abuse

Legal reference: 441 IAC 175.21 and 175.22(1), Iowa Code Section 232.68(2)(a)(1)

**Policy statement:** A report of suspected child abuse constitutes an allegation of physical abuse if, as a result of nonaccidental physical injury, there is damage to any bodily tissue that would require a healing process or there is damage to the body that results in the death of the child.

When physical abuse is alleged, inquire about the:

- Type of injury
- Location of injury
- Description (size, color, pattern)
- Healing process required
- Circumstances of how the injury occurred

For a situation to be assessed as physical abuse, there must be a reasonable belief of the following:

- A nonaccidental physical injury has occurred, or an injury at variance with the history given of it has occurred, and
- The injury has been suffered by a child or an injury is likely to have occurred given the information reported, and
- The child has been injured as a result of acts or omissions of the person responsible for the child's care.

Physical injuries that require a healing process include, but are not limited to:

- Abrasions
- Bruises
- Burns
- Dislocations
- Eye injuries (including detached retina)
- Fractures
- Hyperemia (reddening of surface tissue) lasting 24 hours or more

- Internal injuries, including:
  - Abdominal or chest injuries
  - Brain damage
  - Subdural hemorrhage or hematoma
  - Other central nervous system damage
  - Lacerations
  - Scalds
  - Sprains
  - Welts (raised area on surface tissue, caused by a blow)

Some injuries may occur which are not evident at the time of the assessment (such as nosebleed or injury to the inside of the mouth) but must still be documented as damage to bodily tissue that must undergo a healing process.

NOTE: Hyperemia is the only type of injury that must last 24 hours to be confirmed as child abuse. If a report of child abuse indicates that a hyperemia injury occurred, additional questions need to be asked about the reporter's knowledge of the time or age of the injury. If the reporter does not know the time or the age of the injury, accept the report.

Use deductive reasoning or inference to determine if the information amounts to a report of child abuse which should be accepted. The reporter does not have to indicate specific injuries for you to reasonably infer that injuries could have resulted from the activity described and therefore, this is an allegation of physical abuse.

The presence of a visible, physical injury, in and of itself, shall not be the sole determinant for whether a report of child abuse is rejected or accepted, since there are situations where an injury may not be visible (e.g., internal injuries). Also, the physical injury itself may be minor compared to the risk of injury to which the child was exposed, such as an infant slapped in the head or face.

A report may allege physical abuse as the result of the use of physical restraint at a facility. Facilities may physically restrain a child to prevent the child from injuring self, or others, damaging property, or engaging in extremely disruptive behaviors.

NOTE: When a child is restrained by a caretaker because of a child's behavior, and the child suffers a physical injury requiring a healing process as a result of the restraint, the only issue is whether the injury was nonaccidental or at variance with the history given.



Accept reports for assessment unless there is no doubt that the injury was accidental. Consider:

- The reasonableness of the degree of force used in relation to the situation.
- The degree of injury to the child.
- Whether the injury was foreseeable.
- Whether attempts were made to avoid injury to the child.

#### Female Genital Mutilation

Accept a report of suspected abuse for physical abuse when there is reasonable belief that a caretaker performed or knowingly allowed another person to circumcise, excise, or infibulate, in whole or in part, the labia majora, labia minora, or clitoris of a child.

#### Criteria for Accepting an Allegation of Mental Injury

Legal reference: 441 IAC 175.22(1), Iowa Code Section 232.68(2)(a)(2)

**Policy statement:** A report of suspected child abuse constitutes an allegation of mental injury when a child's intellectual or psychological capacity is injured.

For a situation to be assessed as mental injury, there must be a reasonable belief that a child's intellectual or psychological capacity is injured, as evidenced by the following:

- There has been an observable and substantial impairment in ability to function within the child's normal range of performance and behavior, **and**
- The impairment has been suffered by a child, **and**
- The impairment has resulted from the acts or omissions of a person responsible for the child's care.

NOTE: It is not necessary that the person making an allegation of mental injury be a mental health practitioner for the allegation to be accepted for assessment.

#### Criteria for Accepting an Allegation of Sexual Abuse

Legal reference: 441 IAC 175.22(1), Iowa Code Section 232.68(2)(a)(3)

**Policy statement:** A report of suspected child abuse constitutes an allegation of sexual abuse if it concerns any sexual behavior between a caretaker or any household member 14 years of age or older and a child.

For a situation to be assessed as sexual abuse, there must be a reasonable belief of the following:

- A sexual offense has occurred, **and**
- The sexual offense has been suffered by a child, **and**
- The sexual offense has occurred as a result of acts or omissions of the person responsible for the child's care or any household member 14 years of age or older.

For the purposes of intake, a sexual offense is child abuse if it concerns any sexual behavior between a child and a caretaker or any household member 14 years of age or older.

Not all sexual offenses involve the commission of a sex act. The term "sex act" is significant only when dealing with sexual abuse in the first, second, or third degree.

It is not necessary for either the reporter or the intake person to know the specific details of the alleged sexual offense, beyond meeting the criteria set forth above.

The following sections explain additional considerations when:

- [The person allegedly responsible for the abuse is also a child.](#)
- [There is a question on whether the report should be classified as denial of critical care by failure to provide proper supervision, instead of sexual abuse.](#)
- [The child is 16 or older.](#)

#### When the Person Allegedly Responsible Is a Child

When the person allegedly responsible for the sexual abuse is also a child, solicit information from the reporter regarding any past history. The person allegedly responsible for the sexual abuse may also be a possible victim of sexual abuse by a caretaker. The information may result in two reports of child abuse and two cases.

- One naming a child as allegedly responsible for sexual abuse upon another child.
- One naming the child allegedly responsible for the sexual abuse as an alleged victim of past sexual abuse.

### Sexual Abuse by Omission vs. Denial of Critical Care

All sexual abuse allegations must be screened for potential allegations of denial of critical care, failure to provide proper supervision as well as sexual abuse by omission on the part of the parent(s) or other caretaker(s).

“Sexual abuse by omission” means a caretaker allowing, or failing to protect a child from, the commission of a sexual offense by another caretaker, any household member 14 years of age or older, or by a person the caretaker should have reasonably known would be likely to sexually abuse a child.

- If a sexual offense has already occurred through the caretaker’s omission, then the appropriate allegation is sexual abuse by omission.
- If the child has been exposed to danger of sexual abuse through the caretaker’s omission, but no abuse has yet occurred, then the appropriate allegation is denial of critical care by failure to provide proper supervision.

### Children Age 16 or Older

When a child who is 16 years of age or older, has no a mental or physical disability, and is able to give consent engages in consensual sexual activity with a person aged 16 or older, reject the allegation of sexual abuse because the sexual activity is not considered to result from the acts or omissions of the person responsible for the child’s care.

NOTE: The only exception to this is when the allegations include any household member 14 years of age or older and the child victim is unable to give consent. Such allegations must be accepted at intake.

If the child victim is unable to give consent, consider the reported activity as an allegation of denial of critical care by the caretaker of the child and sexual abuse if the person alleged responsible is 14 years of age or older and resides in the household as wither a caretaker or non-caretaker.

### Criteria for Accepting an Allegation of Denial of Critical Care

Legal reference: 441 IAC 175.21 and 175.22(1), Iowa Code Section 232.68(2)(a)(4)

**Policy statement:** A report of suspected child abuse constitutes an allegation of denial of critical care when, **within five years of a report to the department (intake date)**, a person responsible for the care of a child fails to provide adequate food, shelter, clothing, medical or mental health treatment, supervision, or other care necessary for the child's health and welfare.

For a situation to be assessed as denial of critical care, there must be a reasonable belief of the following:

- A circumstance exists or has occurred, within five years of a report to the department (intake date), which indicates a failure to provide food, shelter, clothing, medical or mental health treatment, supervision, or other care necessary to a child **and**
- The circumstance places a child's health and welfare at risk **and**
- The circumstance has been caused as the result of acts or omissions of the person responsible for the child's care.

The standard for accepting or rejecting an allegation of child abuse requires the Department to make a determination as to whether the report constitutes an allegation of child abuse as defined in Iowa Code Section 238.68.

Use the care standard "adequate for the child's health and welfare" in accepting or rejecting a report of child abuse regarding failure to provide food, shelter, clothing, medical or mental health treatment, supervision, or other care to a child. There are eight subcategories of denial of critical care:

- [Failure to provide adequate food and nutrition](#)
- [Failure to provide adequate shelter](#)
- [Failure to provide adequate clothing](#)
- [Failure to provide adequate health care](#)
- [Failure to provide adequate mental health care](#)
- [Failure to meet the emotional needs of the child](#)
- [Failure to provide proper supervision](#)
- [Failure to respond to infant's life-threatening condition](#)

The reporter may not know other factors, such as the family's income and religious affiliation, at the time of intake. For intake purposes, it is not necessary to know whether the family has sufficient funds to provide for the adequate care of the children or is failing to provide medical care due to religious beliefs.

### Failure to Provide Adequate Food and Nutrition

In allegations of failure to provide adequate food and nutrition, inquire about the caretaker's practice regarding food and how it has affected the child's health and welfare. For example:

- There is no food in the home.
- The food is contaminated or spoiled, resulting in physical ailments or the risk of physical ailments.
- The child is suffering from physical conditions or disease resulting from nutritional deficiencies.
- The child's lack of weight gain or loss of weight is due to the lack of food.

### Failure to Provide Adequate Shelter

In allegations of failure to provide adequate shelter, inquire about the child's physical living arrangement, environmental hazards, and transient behaviors and how those factors affect the child's health and welfare. For example:

- The child has no home.
- The child lives in a home that lacks heat in the winter.
- The home has unsanitary conditions, such as:
  - Toilets not functioning
  - An overflowing amount of trash or garbage
  - Spoiled food that can be accessed by children
  - Infestation by cockroaches or rats
- The home has structural damage, such as:
  - Broken stairs
  - Missing railings
  - Large holes in ceilings or floors
  - Windows or doors with broken glass
- The child is living in overcrowded conditions, resulting in inadequate sleeping arrangements.
- The home has hazardous conditions, such as:
  - Exposed or frayed wiring
  - Fuel containers stored in living areas
  - Paper or clothes piled near heat source
  - Chemicals or drugs within easy access of children

### Failure to Provide Adequate Clothing

In allegations of failure to provide adequate clothing, inquire about both the clothing description and the weather conditions for the time when the allegation is being made, and how those factors affected the child's health and welfare. For example:

- The child lacks clothing to adequately provide protection against prevailing weather elements, such as a winter coat during a blizzard.
- The child has footwear that is too small or too large.

### Failure to Provide Adequate Health Care

In allegations of failure to provide adequate health care, inquire about the specific ailment or health condition of the child, health care suggestions or recommendations and by whom, and how this has affected the child's health and welfare. For example:

- The caretaker is refusing to provide medical evaluation for conditions detected through a school screening.
- The caretaker is not following through with necessary medical treatment.
- There is a pattern of the child not being bathed for a lengthy period.
- The child is not being provided available preventive medical and dental care.
- The caretaker is overusing emergency services to deal with their child's most minimal health care issues.
- The caretaker refuses to provide mental health evaluation after receiving recommendation from school psychologist.
- The caretaker does not follow through with a treatment plan recommended by a mental health professional.

### Failure to Provide Adequate Mental Health Care

In allegations of failure to provide mental health care necessary to treat an impairment of the child's ability to function adequately, inquire about a child's social maladjustment or other behavior, and what that caretaker knows or should reasonably know about the child's maladjustment or other behavior. For example:

- The caretaker refuses to provide mental health evaluation after receiving a recommendation from the school psychologist.

- The caretaker does not follow through with a treatment recommended by a mental health professional.
- The caretaker does not adequately respond to a child displaying self-harm or suicide/homicide ideation.

#### Failure to Meet the Emotional Needs of the Child

In allegations of failure to meet the emotional needs of the child necessary for normal development, inquire about the child's age, developmental and emotional needs, and observable development problems with the child.

For example:

- The child is failing to thrive.
- The child has delays that appear to be due to parental inattention.
- The child appears to have emotional injury that seems to be due to behavior by a caretaker, such as domestic violence.

#### Failure to Provide Proper Supervision

In allegations of failure to provide proper supervision of a child (supervision that a reasonable and prudent person would exercise), inquire about the reason that a child is unsafe in a given situation and the age and physical and developmental ability of the child. For example:

- A caretaker has left an infant unattended in a bathtub, near an open flame, or in a precarious physical position.
- A caretaker has left a child who is incapable of self-supervision without supervision.
- A caretaker has knowingly selected a babysitter who is incapable of ensuring the safety of the child.
- A caretaker over-medicates the child.
- A caretaker locks the child in a closet or attic.
- A caretaker chains or ties the child.
- A child is abandoned.
- A caretaker's use of alcohol or illegal drugs has impacted the caretaker's ability to provide proper supervision of the child. (See [Denial of Critical Care and Illegal Drug Usage by Caretaker.](#))

A report may also be assessed for failure to provide adequate supervision when a caretaker knowingly either:

- Selects a person to provide care who may pose a danger to children due to a significant child abuse or criminal history, or

- Allows a person with a history of significant child abuse to have unsupervised access to the child, or
- Allows a person who is listed on the Sexual Offender Registry to provide care or supervision to the child (unless the child is the sex offender's own child or the child of the sex offender's spouse whom they are living with or the child is the sex offender living with their own parent, guardian, or foster parent. Accept an allegation of this situation as denial of critical care by failure to provide proper supervision.

NOTE: You may add the additional allegation of "allows access by a registered sex offender" if circumstances determined in the course of the assessment meet the criteria for that allegation. (See [Allows Access by a Registered Sex Offender](#))

Conversely, if any registered sex offender has unsupervised access to or has control or custody of a child by the acts or omissions of a caretaker, accept the allegation based on failure to provide proper supervision that endangers child's life or health. In the assessment, evidence will need to be documented regarding:

- **Caretaker's knowledge of person's history.** Information that the caretaker knows (or should know) of the person's history. This knowledge must have been imparted to the caretaker by a reliable source.
- **Caretaker's selection of that person** to provide substitute care or to allow that person to have independent, unsupervised access to the child.
- **Severity or significance of previous abusive acts.** The abuse history must be significant. Consider frequency, type, need for medical attention, previous reports, no-contact orders, criminal charges or previous criminal convictions. Also consider these factors before determining if abuse occurred to a child:
  - Time elapsed since the last or most recent offense.
  - History (or lack of history) of similar offenses, including placement on the sexual offender registry.
  - Whether the person successfully completed treatment.
  - The likelihood of the person repeating the abuse or offense. (Determine this by contact with the treatment provider.)

Assess the situation to determine whether the caretaker is taking necessary measures to safeguard the children from the person who may pose a risk.



Typically, a paramour (such as a live-in boyfriend) has access to children as an occasional caretaker, or has occasional unsupervised access to the children (mother is sleeping, running errands, etc.).

Note: Do not assess a parent who allows court-ordered visitation when the visiting parent has a child abuse or criminal history. The parent is complying with a court's order.

In some cases, information from the reporter may appear to fit into more than one allegation category. Use the information below to aid in the process of determining which allegation type(s) to accept for assessment.

#### Denial of Critical Care and Illegal Drug Usage by Caretaker

Accept reports meeting criteria for denial of critical care due to the caretaker using substances and alleged or inferred allegations of failure to provide proper supervision. (See [Framework for Decision-Making Regarding Drug Referrals](#))

Whenever a report of suspected child abuse is made regarding illegal drugs being used in the presence of a child, **also** consider whether the information received alleges or infers an allegation of [Presence of Illegal Drugs in a Child's Body](#).

Whenever a report of suspected child abuse is made regarding a caretaker's use, possession, manufacturing, cultivation, or distribution of a dangerous substance, **also** consider whether the information received alleges or infers an allegation of [Dangerous Substance](#).

Accept reports of suspected child abuse involving children having access to illegal drugs as denial of critical care by failure to provide proper supervision as well as dangerous substance. Based on the information obtained during the assessment, the CPW can make a decision about testing the child for the presence of illegal drugs and an additional allegation of [Presence of Illegal Drugs in a Child's Body](#).

If the reporter states that the caretaker uses drugs but does not know if the child is present when this occurs, ask additional questions. The allegation could meet criteria for dangerous substance, even when the child is not present, if amphetamine, methamphetamine, or such chemicals are used, possessed, manufactured, cultivated, or distributed in a child's home, on the premises, or in a motor vehicle located on the premises. (See [Dangerous Substance](#))

If you cannot reasonably infer that drugs would be present in a child's body based upon the information provided, accept the report as a case with allegations of denial of critical care and dangerous substance if it meets criteria.

Alcohol, tobacco, drugs prescribed to the individual taking them, or other legal but potentially harmful substances are not illegal drugs. Reports involving a child's ingestion of these substances may be assessed for failure to provide proper supervision. Take into account the age, functioning level, and physical condition of the child in order to determine if an abusive situation exists.

### Motor Vehicles

In allegations of risks to children while riding in a motor vehicle, inquire about the driver and the nature of the behavior that placed the child at risk. The driver of the motor vehicle must be a caretaker of the child. The child does not need to be injured but the child's life or health must be endangered. Examples include:

- The person was driving recklessly and had the child in the vehicle at the time.
- The person was driving under the influence of drugs or alcohol with a child in the motor vehicle.

Dangerous operation of a motor vehicle is a failure to provide proper supervision when the person responsible for the care of a child is driving recklessly or driving while under the influence of drugs or alcohol with the child in the motor vehicle. This may constitute child endangerment per Iowa Code Section 726.6. The report should also be made to law enforcement.

NOTE: Failure to restrain a child with seat belts or child restraints, in and of itself, does not warrant an assessment according to Iowa Code Section 321.446(6).

### Truancy

Truancy alone does not constitute grounds for initiating a child protective assessment. The information must suggest that exceptional circumstances exist, such as a professional evaluation determining that a child has a special need to be in school because of a diagnosed disability such as:

- Intellectual Disability
- Autism
- Cerebral palsy

- Down's syndrome
- Deafness or hearing impairment
- Visual impairment
- Speech and language disorder
- Epilepsy
- Spina bifida
- Traumatic brain injury

These reports should be assessed under the abuse subcategory of failure to provide necessary mental health care or failure to meet the child's emotional needs.

#### Lice

The fact that a child has head lice, body lice, or pubic lice (pediculosis), alone, does not constitute grounds for initiating a child protective assessment. However, other circumstances may cause the report to be accepted for assessment, such as lack of treatment resulting in, or placing a child at risk of, an infection or medical condition.

#### Failure to Respond to an Infant's Life Threatening Condition

In allegations of failure to respond to an infant's life threatening condition, inquire about disabilities or other conditions that are life-threatening to the infant and how the caretaker is failing to provide treatment such as hydration, nutrition, medication, or other medical services recommended.

#### Criteria for Accepting Allegations of Prostitution of a Child

Legal reference: 441 IAC 175.22(1), Iowa Code Section 232.68(2)(a)(5)

**Policy statement:** A report of suspected child abuse constitutes an allegation of prostitution of a child when there is reasonable belief the services of a child as a partner in a sex act were sold, purchased, or offered for sale or purchase and the caretaker of the child allows, permits, or encourages the child to engage in prostitution.

For a situation to be assessed as child prostitution, there must be a reasonable belief of the following:

- The services of a child as a partner in a sex act were sold or purchased, or offered for sale or purchase, and
- The caretaker of the child allows, permits, or encourages the child to engage in prostitution.

The child does not have to engage in a sex act. The offer of a child as a partner in a sex act is sufficient for a report of this type of child abuse. The offer does not have to be made by the child's caretaker. The caretaker can be reported as being responsible for child abuse simply for "allowing, permitting, or encouraging" the child's exploitation as a prostitute by someone else.

The "purchase or offer to purchase" of the child's services as a partner in a sex act does not have to be made with money alone. There may be an exchange of goods or other services that fits the definition of "purchase," as long as it is understood that the exchange is in return for the child's sexual services.

#### Criteria for Accepting an Allegation of Presence of Illegal Drugs

Legal reference: 441 IAC 175.22(1), Iowa Code Section 232.68(2)(a)(6)

**Policy statement:** A report of suspected child abuse constitutes an allegation of the presence of illegal drugs when an illegal drug is alleged to be present in a child's body or a child is alleged to have been exposed to an illegal drug that would result in the drug being present in the child's body.

For a situation to be assessed as presence of illegal drugs in a child's body there must be reasonable belief of the following:

- An illegal drug is alleged to be present in a child's body or a child is alleged to have been exposed to an illegal drug in a way that is reasonably believed would result in the drug being present in the child, and
- The alleged victim is a child, **and**
- The presence of the illegal drug is a direct and foreseeable consequence of the acts or omissions of the child's caretaker.

A report of presence of illegal drugs in a **caretaker's** body or use of illegal drugs by a caretaker, in and of itself, does not constitute grounds for initiating an assessment on the presence of illegal drugs.

Ways for a child to be exposed to illegal drugs that could be considered for assessment on the presence of illegal drugs include:

- Prenatal exposure:
  - The mother uses an illegal drug while pregnant or exposes herself to an environment where illegal drugs are being used, resulting in the child's exposure in utero, and the child is born with illegal drugs present in the child's body; or

- A caretaker's acts or omissions result in the direct and foreseeable consequence of the child being born with illegal drugs present in the child's body.
- Postnatal exposure:
  - The mother uses illegal drugs and passes the illegal drug to the child through body fluids (i.e. breast milk); or
  - A caretaker's acts or omissions allow the child to be in an environment where the child has access to and ingests illegal drugs or where exposure to illegal drug usage or presence results in the presence of illegal drugs in the child's body.

Accept reports of suspected child abuse involving prenatal exposure when there is an allegation that the acts or omissions of the child's caretakers have caused the child to be born with illegal drugs present in the child's body.

Accept reports of suspected child abuse involving postnatal exposure when there is an allegation that the acts or omissions of the child's caretaker have exposed a child to illegal drugs in a manner that causes the child to ingest the drug or to absorb the chemicals of the drug through the hair, skin, or lungs). Reports of postnatal exposure may be assigned both as presence of illegal drugs in a child's body and as denial of critical care by failure to provide proper supervision, depending on the information the reporter provides.

Accept reports as presence of illegal drugs in a child's body when:

- There is a reasonable belief that an illegal drug **is** present in a child's body or that a child has been exposed to an illegal drug in a way that is reasonably believed **would** result in the drug being present in the child; **and**
- The presence or exposure is reasonably believed to be a direct and foreseeable consequence of the acts or omissions of the child's caretaker.

Passive exposure includes the child being present during the usage of the illegal drugs or being in contact with the chemical residue of the illegal drug usage in the child's environment.

Assess an allegation of passive exposure as denial of critical care by failure to provide proper supervision. Based on the information obtained during the assessment, the child protection worker will make a decision about testing the child for presence of illegal drugs and adding a second allegation.

Consider detection of drugs on a child's body or clothes by screening devices, such as those used in correctional facilities, as sufficient evidence to initiate a child protective assessment. (However, this alone is not sufficient to found a report on presence of illegal drugs.)

#### Presence of Illegal Drugs and Illegal Drug Usage by Caretaker

Accept reports of suspected child abuse involving children having access to illegal drugs as denial of critical care by failure to provide proper supervision. Based on the information obtained during the assessment, the child protection worker will make a decision about a testing the child for presence of illegal drugs and secondary allegations of presence of illegal drugs. (See [Framework for Decision-Making Regarding Drug Referrals](#))

Accept reports of suspected child abuse involving a caretaker's use, possession, manufacturing, cultivation, or distribution of a dangerous substance as an allegation of dangerous substance, **if the activity occurred within five years of a report to the department (intake date).**

NOTE: The allegation could meet criteria for dangerous substance, even when the child is not present, if amphetamine, methamphetamine, or such chemicals are used, possessed, manufactured, cultivated, or distributed in a child's home, on the premises, or in a motor vehicle located on the premises. (See [Dangerous Substance](#))

Whenever a report of suspected child abuse is made regarding illegal drugs being present in the child, **also** consider whether the information received alleges or infers denial of critical care by failure to provide proper supervision or dangerous substance. If so, also accept the report as denial of critical care by failure to provide proper supervision.

Evaluate information regarding a caretaker's alleged usage and known effects of the specific drug used and potential impact on the caretaker's ability to provide proper supervision for the child.

Consider the known effect of the drug named, and the caretaker's addiction, health, involvement in criminal activity, involvement in manufacturing and sales of illegal drugs, and weapons kept in the home.

Some illegal drugs have a greater impact on the supervision abilities of the caretaker than others. For example, methamphetamine usage by a child's caretaker has inherent risk to the child, given the known effects of methamphetamines.

If the reporter states that the caretaker uses drugs but does not know if the child is present when this occurs, ask additional questions to ascertain if:

- The child is likely to be ingesting the drugs.
- The child is not provided proper supervision due to the effect the drug usage has had on the caretaker.

If, after careful questioning, the reporter is unable to provide specific information other than the caretaker uses illegal drugs and the child may be present, do not accept this report as an assessment for presence of illegal drugs. You cannot reasonably infer that drugs would be present in a child's body based upon the information provided. Accept the report as a case with allegations of denial of critical care and dangerous substance if it meets criteria.

Alcohol, tobacco, drugs prescribed to the individual taking them, or other legal but potentially harmful substances are not illegal drugs. Reports involving a child's ingestion of these substances may be assessed for failure to provide proper supervision. Take into account the age, functioning level, and physical condition of the child in order to determine if an abusive situation exists.

#### Safe Plans of Care for Infants Affected

In July of 2016, the Child Abuse Prevention and Treatment Act (CAPTA) was enhanced with the addition of the Comprehensive Addiction and Recovery Act (CARA), aimed to help states address the effects of substance abuse disorders on infants, children, and families. In order to ensure safety and well-being following release from the care of medical providers, the requirements mandate Safe Plans of Care be developed for infants born and identified as being affected by substance abuse or withdrawal symptoms or Fetal Alcohol Spectrum Disorder.

- If a child is born positive for an illegal substance, and the allegation is reported to the Department, accept as a child abuse assessment for Presence of Illegal drugs in a Child's Body (PID).

NOTE: An allegation of PID alone does not constitute an infant "affected" by substance abuse or withdrawal symptoms. Additional information from the medical provider would be needed to say the infant was showing such symptoms.

- If abuse criteria is not met, **there is no current open child welfare case** for the infant's family, and the infant (defined as a child one year of age or younger) is affected by substance use or withdrawal symptoms or Fetal Alcohol Spectrum Disorder, accept as a CINA assessment under 232.96A.

- If abuse criteria is not met, **there is a current open child welfare case** for the infant's family, and the infant (defined as a child one year of age or younger) is affected by substance use or withdrawal symptoms or Fetal Alcohol Spectrum Disorder, reject the intake to the SWCM so they may develop the Safe Plan of Care in the existing open child welfare case.

**NOTE:** Only reports from a medical provider (or their designated reporter) that has determined a child meets the criteria for being affected by substance abuse or withdrawal symptoms of a legally prescribed drug or alcohol will be accepted for a CINA assessment or to be handled by a SWCM during an existing open child welfare case.

#### Criteria for Accepting an Allegation of Dangerous Substance

Legal reference: 441 IAC 175.22(1), Iowa Code Sections 232.68(2)(a)(7) and 232.96A(16)

**Policy statement:** A report of suspected child abuse constitutes an allegation of dangerous substance when the caretaker does any of the following within five years of a report to the department (intake date): unlawfully uses, possesses, manufactures, cultivates, or distributes a dangerous substance, or, knowingly allows another person to do so, or possesses a product that contains elements used in manufacturing a dangerous substance, with the inferred intent of using the product as a precursor or an intermediary in the presence of a child. An allegation of dangerous substance also includes the following activities when they occur within five years of a report to the department (intake date) in a child's home, on the premises, or in a motor vehicle located on the premises (even if a child was not present): when a caretaker unlawfully uses, possesses, manufactures, cultivates, or distributes amphetamine, methamphetamine, or any chemical used or intended to be used in the manufacturing of a controlled substance that poses a reasonable risk of explosion, fire, or other danger.

For a situation to be assessed as an allegation of dangerous substance there must be a reasonable belief that the caretaker did any of the following within five years of a report to the department (intake date):

- In the presence of a child:
  - Unlawfully used, possessed, manufactured, cultivated, or distributed a dangerous substance, or
  - Knowingly allowed the use, possession, manufacture, cultivation, or distribution of a dangerous substance by another person, or



- Possessed a product with intent of using the product as a precursor or an intermediary to a dangerous substance.
- In a child's home, on the premises, or in a motor vehicle located on the premises (even if a child was not present):
  - Unlawfully used, possessed, manufactured, cultivated, or distributed amphetamine, methamphetamine, or a chemical or combination of chemicals that poses a reasonable risk of causing an explosion, fire, or other danger to the life or health of persons who are in the vicinity while the chemical or combination of chemicals used or intended to be used in the manufacturing of an illegal or controlled substance.

NOTE: At intake, it is **not** required for the reporter to allege the **intent** of the caretaker to use the product in the manufacturing of the illegal drug.

The intended use of the products will be addressed in the assessment process and by law enforcement.

**“Dangerous Substance”** includes:

- Amphetamine, its salts, isomers, or salts of its isomers;
- Methamphetamine, its salts, isomers, or salts of its isomers;
- A chemical or combination of chemicals that poses a reasonable risk of causing an explosion, fire, or other danger to the life or health of persons who are in the vicinity while the chemical or combination of chemicals is used or is intended to be used in any of the following:
  - The process of manufacturing an illegal or controlled substance;
  - As a precursor in the manufacturing of an illegal or controlled substance;
  - As an intermediary in the manufacturing of an illegal or controlled substance.
- Cocaine, its salts, isomers, salts of its isomers, or derivatives;
- Heroin, its salts, isomers, salts of its isomers, or derivatives;
- Opium and Opiate, and any salt, compound, derivative, or preparation of opium or opiate.

**“In the presence of a child”** means:

- In the physical presence of a child, or
- Occurring under other circumstances in which a reasonably prudent person would know that the use, possession, manufacture, cultivation, or distribution may be seen, smelled, ingested, or heard by a child.

**NOTE:** The second part of this definition means that a child does not have to be standing in the midst of the use, possession, manufacturing, cultivating, or distribution. If the child is in another room, on another level of the home, or even outside at the time of the use, possession, manufacturing, cultivating, or distribution that is “In the presence of a child”.

Any allegation that includes cocaine, heroin, opium/opiates, methamphetamine, or chemicals/chemical combinations that pose a reasonable risk of explosion, fire, or other danger must be accepted for assessment of Dangerous Substance **if the incident occurred within five years of a report to the department (intake date).**

NOTE: While Dangerous Substance requires a caretaker to be accepted for a child abuse assessment, CINA criteria is met and must be accepted for a CINA assessment when the allegation of Dangerous Substance involves any other adult member of the household in which a child resides, and the parent or caretaker was not aware.

Criteria for Accepting an Allegation of Bestiality in the Presence of a Minor

Legal reference: 441 IAC 175.22(1), Iowa Code Section 232.68(2)(a)(8)

**Policy statement:** A report of suspected child abuse constitutes an allegation of bestiality in the presence of a minor when the act occurs in the presence of a child and was due to the acts or omissions of the person responsible for the care of the child, and the person committing the act resides in a home with the child.

For a situation to be assessed as an allegation of bestiality (a sexual act between a person and an animal), there must be a reasonable belief that:

- The act occurred in the presence of a child, and
- The person committing the sex act resides in a home with the child, and
- The commission of the bestiality was due to the acts or omissions of the person responsible for the care of the child.

Iowa law defines “animal” for this type of abuse to mean any nonhuman vertebrate, either dead or alive:

Iowa law defines “sex act” for this type of abuse as any sexual contact between a person and an animal by:

- Penetration of the penis into the vagina or anus, or
- Contact between the mouth and genitalia of the person and the animal, or
- Contact between the genitalia of one and the genitalia or anus of the other.

**NOTE:** A person who performs a sex act with an animal is guilty of an aggravated misdemeanor.

Refer the report information to law enforcement for investigation.

Criteria for Accepting Allegations of Allows Access by a Registered Sex Offender

Legal reference: 441 IAC 175.22(1), Iowa Code Section 232.68(2)(a)(9)

**Policy statement:** A report of suspected child abuse constitutes an allegation of this type of abuse when a caretaker knowingly allows unsupervised contact or custody or control of a child by a registered sex offender or a person required to register who is not the registered sex offenders minor child or spouse, not the minor child of the caretaker the registered sex offender is married to and living with, and not a minor child who is a registered sex offender living with their own parent, guardian, or foster parent.

For a situation to be assessed as an allegation of allows access by a registered sex offender, there must be a reasonable belief of the following:

- Victim is a child under 14 years of age or a child with a physical or mental disability.
- Caretaker knowingly allowed custody of, control over, or unsupervised access by a person required to register or on the Sex Offender Registry under Iowa Code Section 692A.
- None of the following exceptions apply:
  - Victim is living with a parent/guardian required to register or on the Sex Offender Registry, under Iowa Code Section 692A.
  - Victim is living with a parent/guardian who is married to **and** living with a sex offender required to register or on the Sex Offender Registry, under Iowa Code Section 692A.
  - Victim is living with a child who is a sex offender required to register or on the Sex Offender Registry, under Iowa Code Section 692A, and the sex offender is living with their own parent, guardian, or foster parent.
- The caretaker knew or should have known the person was required to register or on the Sex Offender Registry.

For the purposes of this abuse type, a person having “control over” a child means any of the following:

- A person who has accepted, undertaken, or assumed supervision of a child from the parent or guardian of the child.

- A person who has undertaken or assumed temporary supervision of a child without explicit consent from the parent or guardian of the child.

This type of abuse does not apply when the child is 14 years old or older unless the child has a physical or mental disability. However, the applicability of Denial of Critical Care should be considered for all allegations of this type of abuse.

Denial of critical care by failure to provide proper supervision applies if:

- **Within five years of a report to the department (intake date)**, the person responsible for the care of the child is not providing proper supervision to protect the child from sexual abuse by the sex offender parent or stepparent or the minor sex offender in the home or other registered sex offender, regardless of whether the offender resides in the home.
- The sex offender exposes the offender's own child or other children in the home to the endangerment of sexual abuse by having unsupervised access to the child or children.

At intake, it may not be possible to determine if the criteria are met for an allegation of allows access by a registered sex offender. Accept an allegation as denial of critical care due to lack of proper supervision. The child protection worker may determine through the course of the assessment that an additional allegation of "allows access by a registered sex offender" is also appropriate.

The denial of critical care finding will require exploration of the danger the registered sex offender poses to the child. At intake, make the decision on the type of abuse alleged based on information elicited from the reporter as well as history known to the Department.

NOTE: Report all allegations made under these circumstances to law enforcement, whether a caretaker or noncaretaker is allowing access. This abuse type has similar criteria as child endangerment in Iowa Code Section 726.6.

#### Criteria for Accepting Allegations of Allows Access to Obscene Material

Legal reference: 441 IAC 175.22(1), Iowa Code Section 232.68(2)(a)(10)

**Policy statement:** A report of suspected child abuse constitutes an allegation of this type of abuse when a caretaker is knowingly allowing access, exhibiting, or disseminating obscene material to the child.

For a situation to be assessed as an allegation of allows access to obscene material, there must be a reasonable belief that the person responsible for the care of a child knowingly:

- Allowed the child to view obscene material as defined, or
- Disseminated obscene material as defined, or
- Exhibited obscene material as defined.

Use the following definitions for this type of abuse:

- **“Access”** means a way or means of approaching, getting, or using; the opportunity to enter or get into. NOTE: Incidental or accidental access does not constitute an allegation under this abuse type.
- **“Disseminate”** means to transfer possession, with or without consideration.
- **“Exhibit”** means to offer or expose to view, to display, to present for inspection, or to place on show.
- **“Knowingly allows”** means being aware of the character of the matter; to consciously, with knowledge, or scienter\*, let or permit.

\*Scienter is a legal term that refers to intent or knowledge of wrongdoing. This means that the caretaker has knowledge of the “wrongness” of an act or event before committing it.

- **“Material”** means:
  - Any book, magazine, newspaper or other printed or written material; or
  - Any picture, drawing, photograph, motion picture, or other pictorial representation; or
  - Any statue or other figure; or
  - Any recording, transcription or mechanical, chemical or electrical reproduction; or
  - Any other articles, equipment, or machines
- **“Obscene material”** is any material which:
  - Depicts or describes the genitals, sex acts, masturbation, excretory functions or sadomasochistic abuse;
  - The average person, taking the material as a whole and applying contemporary community standards with respect to what is suitable material for minors, would find appeals to the prurient interest and is patently offensive; and
  - Taken as a whole, lacks serious literary, scientific, political or artistic value.

The reporter will likely not be able to give sufficient information to address whether the access was “knowingly allowed” or was to “obscene material.”

This type of abuse will usually be accompanied by caretaker behaviors resulting in less than adequate care for the child. Elicit information from the reporter regarding any knowledge or concern about sexual abuse, sexual exploitation, or lack of adequate care for the child.

Report **all** allegations made under this category to law enforcement within 24 hours. This conduct may be a violation of Iowa Code 728.2 (“*Any person, other than the parent or guardian of the minor, who knowingly disseminates or exhibits obscene material to a minor, including the exhibition of obscene material so that it can be observed by a minor on or off the premises where it is displayed, is guilty of a public offense...*”)

#### Criteria for Accepting Allegations of Child Sex Trafficking

Legal reference: 441 IAC 175.22(1), Iowa Code Section 232.68(2)(a)(11)

**Policy statement:** A report of suspected child abuse constitutes an allegation of child sex trafficking when any person recruits, harbors, transports, provides, obtains, patronizes, or solicits a child for the purpose of commercial sexual activity.

For a situation to be assessed as an allegation of child sex trafficking, there must be a reasonable belief that a caretaker or other person engaged a child in any of the following acts for the purpose of commercial sexual activity:

- Recruit
- Harbor
- Transporting
- Supplying Provisions
- Obtaining a Child
- Patronizing
- Soliciting

As defined in Iowa Code Section 710A.1, “Commercial sexual activity” means any sex act or sexually explicit performance for which anything of value is given, promised to, or received by any person and includes, but is not limited to, prostitution, participation in the production of pornography, and performance in strip clubs.

NOTE: This category of abuse does not require the person responsible to be a caretaker for the child. An allegation that any person engages in or allows Child Sex Trafficking must be accepted for assessment.

### Human Trafficking Indicators

Use the list of indicators below to guide you in asking further questions, making further inquiry about the concerns being reported, or to determine whether a referral should be made to the appropriate law enforcement agency.

This is just a sample of possible indicators of child trafficking of a minor. One indicator in and of itself does not determine that human trafficking is occurring, but rather should cause the worker to ask the next logical question.

- Chronic runaway/homeless youth
- Is not enrolled in or attending school, or has significant gaps in schooling
- Over-sexualized demeanor or promiscuous behaviors
- Any information about child being placed on the internet for purpose of solicitation (e.g. online ads)
- Child possesses or has access to excessive amount of cash and/or hotel keys
- Unable/unwilling to give local address or information about parents
- Presence of older adult or boyfriend/girlfriend who seems controlling
- Any reference to a pimp or manager or “daddy” or “bottom girl”
- Cannot or will not speak on own behalf or is not allowed to speak to others alone
- Inability or fear to make eye contact or demeanor shows anxiety, depression, submissiveness, tension, or nervousness
- Unusual monitoring of child’s location or environment (ex. Tracking devices, use of multiple phones, or closed-circuit cameras)
- Has heightened sense of fear or distrust of authority
- Child threatened to be reported to police or immigration
- Inter or intra state transportation of a child seems suspect
- Lives at workplace, or with employer, or lives with many people in confined area, or living arrangements seem suspect
- Child “pay” goes directly towards rent, debt, living expenses, necessities, or fees
- Forced to peddle

- Lying about age, or false ID, or no form of identification
- Does not have access to identity or travel documents or documents appear fraudulent

### Human Trafficking Intake Guidance

The first point of contact for a child victim of trafficking will most likely be law enforcement and/or a state child welfare agency. The primary goal is to ensure that trafficked children are correctly identified and that they receive the appropriate protections and referrals. Iowa Code (sections 232.70 and 232.71B) provides the authority to refer potential trafficking information to the appropriate local law enforcement agency.

Cases of trafficking present as complex and time-consuming and are often overlooked or mislabeled. Many older minors walk, talk, and appear to be mini-adults. Society often writes these teenagers off as delinquent or criminals, believing they have the capacity to be complicit in prostitution and promiscuity. Under federal and state laws, a 16 or 17 year-old trafficking victim is to be treated the same as a 12 year-old trafficking victim.

Victims of human trafficking often do not immediately seek help or self-identify as victims. They may also try to protect the trafficker and have a sense of loyalty or positive feelings toward the trafficker, even referencing them as a “boyfriend” or relative.

Remember, sex trafficking cases of minors does not require the use force, fraud, or coercion. Any minor involved with prostitution is considered a victim of trafficking.

### Intake Process for Allegations of Human Trafficking

- Be familiar with the indicators to human trafficking. Refer to [RC-0141, Child Trafficking Indicators](#).
- Use indicators to guide your questions of the reporter regarding human trafficking.
  - Have [RC-0141, Child Trafficking Indicators](#), readily available as a reference during the intake call.
  - Document the reporter’s knowledge or concerns regarding human trafficking or indicators of human trafficking as “HUMAN TRAFFICKING” in the “Additional Information” section of the intake document.



- When the intake is accepted as a child protective assessment (child abuse assessment or family assessment) or as a CINA Assessment:  
Human trafficking information will be transmitted to the CPW via special communication which highlights the need for the CPW to refer the human trafficking information to the appropriate law enforcement agency.
- When the intake is rejected:  
The designated intake staff refers the human trafficking information to the appropriate law enforcement agency.

### **Rejecting a Report of Suspected Child Abuse**

Legal reference: 441 IAC 175.21 and 175.24, Iowa Code Sections 232.70, 232.71B(1), 235A.18(3)

**Policy statement:** The Department shall gather sufficient information at intake to determine if a report of suspected child abuse meets the intake criteria and shall accept the report when there is insufficient information to reject it. Reports of suspected child abuse that do not meet criteria for an assessment shall be reviewed to determine if the report constitutes criteria of a child in need of assistance. Rejected intake information shall be maintained by the Department for three years from the date the report was rejected and shall then be destroyed.

Do not accept reports for CPS assessments if the report does not meet the necessary criteria. For example:

A reporter has witnessed a neighbor spanking her five-year-old child with an open hand upon the child's buttocks. Absent any additional information, this allegation is not acceptable for assessment.

Advise the reporter that the Department is not legally able to make a CPS assessment for a spanking such as described, unless the child has injuries from the spanking.

To reject an intake for assessment:

1. Provide the reporter with a preliminary reject decision. Inform the reporter that the supervisor will make the final determination about acceptance or rejection of the report and they will receive a call back within 24 hours if the final decision is different from the preliminary decision they were provided.
2. Obtain supervisory review and approval of the report to obtain a final determination about rejecting the report for CPS assessment within the required time frame (one hour or 12 hours).

3. Refer a case to law enforcement within one hour if the report does not meet the criteria for CPS assessment but a child's safety appears to be in jeopardy, there is a high-risk injury, or immediate threat. All other referrals to law enforcement shall be made orally as soon as practicable and in writing within 72 hours of receiving the report.
4. Document the date, time, and reason for the rejection, the name of the supervisor approving the rejection, and any further action taken on form, [470-0607, Child Protective Services Intake](#).
5. Review the rejected intake to determine if the report constitutes criteria to be accepted as a CINA assessment.
6. When a report does not rise to the level of abuse or meet the CINA definition, provide information or information and referral if necessary. Document information or information and referral on the intake form.
7. Retain rejected intake information for three years from the date the report was rejected.

### **False Reports**

Legal reference: Iowa Code Section 232.71B(18)

**Policy statement:** If a fourth report of suspected child abuse is received from the same person, regarding the same child victim and same person responsible, and the Department determines the report to be entirely false or without merit due to the report's spurious or frivolous nature, the Department may at its discretion terminate the assessment of the report. In such instance, the Department shall provide information concerning the reports to the county attorney for consideration of criminal charges.

Accept a report of child abuse that meets the criteria to be accepted unless the report is determined to be false or without merit due to its spurious or frivolous nature, in accordance with Iowa Code Section 23271B.

The supervisor, in consultation with the service area manager or designee, may determine that a report is false or without merit when:

- The same person has made three earlier reports that resulted in child abuse assessments, and
- The reporter named the same person responsible for the care of the child as the alleged abuser of the same child in those three earlier reports, and
- The three earlier child abuse assessments found that the allegations were entirely false or without merit (no evidence to support the allegations).

If an assessment is terminated due to a false report, the information concerning the reports shall be provided to the county attorney for the consideration of criminal charges.

### **Accepting a Report of Suspected Child Abuse for Assessment**

Legal reference: Iowa Code Sections 232.70, 232.71(b)

**Policy statement:** When it is determined that a report of suspected child abuse shall be accepted, it shall be assigned to a child protection worker for assessment.

1. Provide the reporter with a preliminary accept decision. Inform the reporter that the supervisor will make the final determination about acceptance or rejection of the report and they will receive a call back within 24 hours if the final decision is different from the preliminary decision they were provided.
2. Obtain supervisory review and approval of the report to obtain a final determination about accepting the report for CPS assessment within the required time frame (one hour or 12 hours).
3. Determine the appropriate assessment type and [CPS observation timeframe](#) for the child.
4. Document the date, time, the name of the supervisor accepting the report for assessment, the type of assessment and observation timeframe assigned, and any further action taken on form [470-0607, Child Protective Services Intake](#).
  - When the report of child abuse involves multiple unrelated people allegedly responsible for the abuse of the same child victim, create a separate case for each unrelated person responsible for the abuse.
  - When allegations involve multiple nonsibling victims, create a separate case for each child subject.
  - When allegations involve blended families, parents have access to assessments when the parent is an alleged perpetrator and parents have access to assessments when their child is a victim.
5. The intake supervisor will assign the case to the appropriate service area for assignment to a CPW.

### **Determining the Assessment Type**

When the Department identifies that a report of suspected child abuse constitutes a child abuse allegation, the Department shall use [RC-0142, Intake Screening Tool](#), to determine whether the assessment will be assigned as a child abuse assessment or a family assessment.

- **Child Abuse Assessment:** If one or more of the statements on the [RC-0142, Intake Screening Tool](#) are known to be true then the accepted allegation is not eligible for a family assessment and must be assigned as a Child Abuse Assessment.
- **Family Assessment:** If none of the statements on the [RC-0142, Intake Screening Tool](#) are known to be true then the accepted allegation must be assigned as a Family Assessment.

### **Assigning Timeframes for Observation**

Legal reference: 441 IAC Sections 175.21, 175.24(2), and 175.25(1), Iowa Code Sections 232.70(4) and (5), 232.71B(1) and (19)

**Policy statement:** When a report of suspected child abuse is accepted for assessment, a time limit for the response shall be assigned that begins with completion of the receipt of the report.

Time frames for observation of the child by the child protection worker are assigned at intake. The criteria for these time frames are based upon the child's immediate safety and if there is no immediate threat to the child's safety, then access to the child by the person named as responsible for the abuse is considered.

The intake supervisor determines the appropriate response time frame based on the information provided. If the supervisor determines there is an immediate threat to the child's safety, the supervisor will call the appropriate service area notifying of the one-hour contact timeframe.

#### **Child Abuse Assessment Timeframes for Observation**

For a child abuse assessment, assign one of the following CPS observation timeframes for the child:

- One hour: There is immediate threat to the child's safety.
- 24 hours: There is no immediate threat to the child's safety but the person alleged responsible is unknown or has access to the child.
- 96 hours: There is no immediate threat to the child's safety and the alleged person responsible is known and clearly does not have access to the child and no current injuries are alleged.

### When There Is an Immediate Threat

When there is an immediate threat to the child's safety, assign an observation timeframe of **one hour** from receipt of the report. All one-hour timeframes are called out to the field.

Examples of immediate threat situations may include, but are not limited to situations in which, without a one-hour response, a child is about to be sexually abused, injured, or die.

### When There Is No Immediate Threat

When it appears that there is no immediate threat to the child's safety, assign an observation timeframe of **24 hours** from receipt of the report.

An observation timeframe of **96 hours** from receipt of the report may be assigned **if**:

- There is no immediate threat to the child's safety, **and**
- The child does not have any current physical injuries which require documentation or require medical attention within 24 hours, **and**
- Credible evidence exists that the person allegedly responsible clearly will not have access to the child, **and**
- The person allegedly responsible for the abuse is not considered to be a risk to other children.

Certain 24-hour and 96-hour timeframes will be called out to the field for a supervisor to review and determine whether an earlier response is needed. Examples include, but are not limited to:

- Fatality or Near Fatality of a child
- Law enforcement request assistance with placement of a child and/or a child is taken into custody which requires a response, in accordance with Iowa Code section 232.79
- Safe Haven (Newborn Infant Release Procedures), in accordance with Iowa Code chapter 233

### Family Assessment Timeframes for Observation

For a family assessment, assign a CPS observation timeframe of **72 hours** from receipt of the report.

### **Additional Allegations**

Subjects rather than multiple reporters determines when a new assessment is required. When additional allegations of child abuse are reported or identified and accepted while a child protective assessment is being conducted:

- 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, incorporate the additional allegations into the current assessment by linking the new incident number to the incident number of the current assessment, unless there is not enough time to evaluate the additional allegations before completing form [470-3240, \*Child Protective Assessment Summary\*](#). In such instance, treat the additional allegations as a new case.
  - If a sibling of the original victim is identified, you may document and incorporate the allegation regarding the sibling by linking the incidents when:
    - The original victim and the sibling have the same parents, and
    - The alleged person responsible is the same as named in the original allegation or is the other parent.
  - In all other circumstances, treat the additional allegations as a new case. Example: The allegation involves a sibling, but a different nonparent person is named responsible.

**NOTE:** Additional allegations of child abuse assigned to the case still require:

- Observation and response within time frames, and
- Oral notification to the reporter within 24 hours regarding 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.

### **Determining Jurisdiction**

Legal reference: 441 IAC 175.35, Iowa Code Sections 232.72 and 235A.15(6)

**Policy statement:** The assessment unit serving the county where the child subject's home is located has primary responsibility for completing the assessment.

The child's home household address and composition is listed despite where the abuse occurred, whether at home or in an out-of-home setting. The case is assigned to a child protection worker in the county where the child's home is located.

EXCEPTION: If the child is abused in a relative placement or other facility placement, and the child continues to reside with that relative or in that facility, the county of the facility or relative has jurisdiction. The table below provides information regarding jurisdiction of an assessment.

<b>Child resides:</b>	<b>and abuse took place:</b>	<b>jurisdiction is with:</b>
At home	In the custodial parent's home	Home county (court)
At home	In the noncustodial parent's home	Home county (court)
At home	In a former placement	Home county (court)
At home	In an out-of-home setting	Home county (court)
With relatives	At home	Home county (court)
With relatives	At relatives' home	Relatives' county
In placement	At home	Home county (court)
In placement	In that placement	Placement county
In placement	In a former placement	Home county (court)

- If the child resides at home or if the abuse took place in the child's home, assign primary responsibility for completing the child abuse assessment to the unit serving the county where the child subject's home is located.
- If the child is abused in a relative placement or other facility placement, and the child continues to reside with that relative or in that facility, the county of the facility or relative has jurisdiction.
  - See [Out-of-Home Settings](#) for information on who has responsibility for the assessment of child abuse allegations in specific types of facilities.
  - The assessment unit whose jurisdiction encompasses the location of a facility or placement where the child is living has primary responsibility for completing the assessment when:
    - The child is placed in a residential facility and the abuse occurs in the facility, or
    - The child resides or is placed away from the parental home, and the abuse occurs in the current placement or residence. Refer to the jurisdiction table above.
- If the child's county of residence is unknown, the intake unit will determine which county has primary responsibility for conducting the assessment until the actual county of residence can be determined.

When the county of residence is determined, transfer the responsibility for completing the assessment to that county.

### Out-of-Home Settings

The chart below summarizes responsibility for assessment and notification in the various types of out-of-home settings. County attorney notification is required as usual.

<b>Facility</b>	<b>Regulated by:</b>	<b>Assessed by:</b>	<b>Notify of Assessment and Outcome:</b>
Child-care center	Licensed by HHS	HHS child protection worker	Parents, facility administrator, HHS child care consultant
Child development home (excluding nonregistered)	Registered by HHS	HHS child protection worker	Parents, HHS registration staff
Foster family home	Licensed by HHS	HHS child protection worker	Parents, foster parents, HHS foster care licensor, child-placing agency, HHS case manager or JCO
Group care facility	Licensed by HHS; inspected by DIAL	HHS child protection worker	Parents, facility administrator, DIAL surveyor, HHS case manager or JCO, HHS project manager
Hospital or nursing facility	Licensed by DIAL	HHS child protection worker	Parents, facility administrator, DIAL surveyor, HHS case manager
ICF/MR	Licensed by DIAL	HHS child protection worker	Parents, facility administrator, DIAL surveyor, HHS case manager
Juvenile detention center	Approved by HHS; inspected by DIAL	HHS child protection worker	Parents, facility administrator, DIAL surveyor, HHS case manager or JCO
Juvenile shelter care facility	Licensed by HHS; inspected by DIAL	HHS child protection worker	Parents, facility administrator, DIAL surveyor, HHS case manager or JCO
PMIC	Licensed by DIAL; licensed by HHS	HHS child protection worker	Parents, facility administrator, DIAL surveyor, HHS case manager or JCO
State-operated facility	Approved by HHS	DIAL surveyor	Parents, facility administrator, HHS case manager or JCO



<b>Facility</b>	<b>Regulated by:</b>	<b>Assessed by:</b>	<b>Notify of Assessment and Outcome:</b>
Substance abuse facility	Licensed by HHS	HHS child protection worker	Parents, facility administrator, DIAL surveyor, HHS case manager or JCO, DPH substance abuse licenser

Report Involves a Department Facility

The Department of Inspections, Appeals, and Licensing (DIAL) 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.

<b>If the alleged abuse of child residing in a state-operated facility...</b>	<b>Jurisdiction of the assessment is with...</b>
Took place in a state-operated facility	DIAL
Took place in a former placement	HHS (home county)
Took place at home	HHS (home county)

When DIAL Has Jurisdiction of the Assessment

- Refer the report to the DIAL complaint and abuse hotline at 1-877-686-0027. DIAL will make an intake decision and respond accordingly.
- E-mail the intake information received to DIAL at [DIANotificationFromDHS@dhs.state.ia.us](mailto:DIANotificationFromDHS@dhs.state.ia.us) or fax the information to (515) 281-7106. Include in the e-mail and fax cover letter the information that this is a child abuse referral.
- If there is an immediate threat to the physical safety of the child, make reasonable efforts to make personal contact with the child when DIAL 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.

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

- If DIAL 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.
- Consult the Service Help Desk and central office program staff to determine if a situation involves caretaker status.
- 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.

#### Report Involves a Department Employee

When the report involves a Department employee, take the following steps:

- The worker receiving the report determines the county where the child subject resides.
- The worker's supervisor or designee notifies the service area manager of the report.
- The service area manager or designee:
  - Informs the Field Operations Support Unit of the report, and
  - Assigns the assessment to a local office within the service area or requests that an office outside of the service area conduct the assessment, and
  - May request assistance from outside agencies, such as the Department of Inspections, Appeals, and Licensing.

#### Report Involves Another State

If a report of suspected child abuse is made concerning a child who lives in another state, but is present in this state, the Department shall:

- Ensure the safety of the child, and
- Contact the child's state of legal residency to coordinate the assessment and offer assistance in the completion of the assessment, and

- Conduct an assessment in this state if the child's state of legal residency refuses to do so, unless it can be confirmed that the incident has been assessed previously.

If a report of suspected child abuse is made concerning a person alleged responsible who resides in this state and a child who lives in another state, the Department shall:

- Assist in conducting the assessment or
- Conduct an assessment in this state if the child's state of residency refuses to do so.

If a report of suspected child is made concerning a child who lives in Iowa, but has allegedly been abused in another state:

- Obtain the information from the reporter needed to complete form [470-0607 Child Protective Services Intake](#).
- Make an oral report to the office of the other state's public protective service agency for the area in which the abuse allegedly occurred. Request assistance from that state in completing the assessment.
- Send a copy of the form [470-0607, Child Protective Services Intake](#), to the agency from the other state that is assisting in the assessment.
- The assessment will be completed with the assistance of the other state, unless it can be confirmed that the incident has been assessed previously.

(See [Reports of Child Abuse Involving Other States](#) for additional guidance.)

### **Making Appropriate Referrals**

There are instances where further action must be taken and information from an intake (accepted or rejected) needs to be referred to another agency or another unit within the Department.

#### **Referral to Law Enforcement**

Involvement with law enforcement may occur multiple times during the life of the case.

### Engaging Law Enforcement When the Report Is Accepted for Assessment

It is the responsibility of the assigned child protection worker to make a referral to law enforcement in the following circumstances:

- If you believe that the child is in a circumstance or condition that presents an **imminent danger** to the child's life or health unless removed from the parental home, immediately contact a peace officer and request assistance. The peace officer has the authority to remove the child from the parental home and it is the peace officer's decision to conduct an emergency removal.
- When a report indicates that the child has suffered a **"high risk"** injury or there is an **immediate threat** to the child, contact law enforcement to take action necessary to safeguard the child named in the report and any other children in the same home as the parents or people allegedly responsible for the child's care. The Department must act immediately to address the child's safety, and contacting law enforcement for an immediate response is the first step.

Refer the report allegation to law enforcement when a criminal act is alleged. If child abuse by a caretaker is alleged, HHS assesses the abuse allegation and law enforcement investigates the criminal act. Refer to your locally established protocols for joint assessment of child abuse and criminal investigation.

### Making a Referral to Law Enforcement When the Report Is Not Accepted for Assessment

When the report alleges the child is at high risk and the child's safety appears to be in jeopardy, but the report does not meet the criteria to be accepted (such as the person allegedly responsible is not a caretaker), it is the responsibility of the intake worker to respond immediately by contacting law enforcement.

### Contacting Law Enforcement Whether or Not the Report Is Accepted for Assessment

Always refer the following allegations to law enforcement:

- Allegations of criminal acts of harm to a child, whether the report has been accepted for assessment or rejected
- Allegations of sexual abuse
- Allegations of prostitution of a child, bestiality in the presence of a minor by a caretaker or noncaretaker, or incest

- All fatalities, near fatalities, and serious injuries
- Methamphetamine lab allegations
- Allegations of reckless motor vehicle operation
- Allegations of cohabitation with a registered sex offender

When the report alleges **noncaretaker sexual abuse** allegations:

1. Document the information on form 470-0607, *Child Protective Services Intake*.
2. Reject the intake.
3. Make a referral to the law enforcement agency having jurisdiction to investigate the allegations.
  - Make the report orally as soon as possible (within 24 hours) and in writing within 72 hours.
  - Respond immediately when the report alleges the child is at high risk.
  - You may use form [470-0607, Child Protective Services Intake](#) to make the referral with the reporter de-identified.

When the report alleges **reckless or drunken driving** by a cab driver or school bus driver, refer the report to law enforcement and to the business or school that employs the driver.

**NOTE:** These people are not considered caretakers except in the most unusual circumstances. Iowa Code 726.6, subparagraph 3, defines a person having control over a child or a minor to include a person who is operating a vehicle with a child under age 14, or under age 18 if the child has a mental or physical disability.

### Referral to DIAL

The Department of Inspections, Appeals, and Licensing (DIAL) 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 intake worker will complete the intake which will then be sent to DIAL for their consideration.

### Referral to the Child Protection Agency of Another State

When the child who is the subject of an allegation of abuse is a legal resident of another state, but is present within Iowa, the intake unit will refer the case to the appropriate service area for a child protection worker to be assigned to:

- Address the safety of the child.
- Contact the child's state of legal residency to coordinate the assessment of the report, and to offer assistance to the state of legal residency in its completion of the assessment.
- Commence an assessment if the state of legal residency refuses to or declines to conduct an assessment, unless it can be confirmed that the incident has been assessed previously.

NOTE: When the child subject physically resides in Iowa, but has allegedly been abused in another state, a child protection worker will be assigned to the assessment. The CPW will request assistance from the other state to complete their assessment. (See [Report Involves Another State.](#))

### Referral to the HHS HCBS Waiver Program

When an intake, whether accepted or rejected, involves an individual receiving services through the Home and Community Based Services (HCBS) waiver program, HCBS shall be notified.

It is the responsibility of the HCBS waiver program to determine what action may need to be taken.

- If rejected, the intake unit will notify HCBS.
- If accepted, the CPW assigned to the assessment shall collaborate with worker assigned to the waiver service case.

### Referral to the HHS CPW with an Open Assessment

Whether an intake is accepted or rejected and there is a current open Child Abuse Assessment, Family Assessment, or CINA Assessment, the CPW and their Supervisor shall be notified by the intake unit.

### Referral to the HHS SWCM

Whether an intake is accepted or rejected and there is a current open HHS service case, the SWCM and their Supervisor shall be notified by the intake unit and the CPW assigned to the assessment shall collaborate with the SWCM.

#### Referral to the HHS Foster Care Licensing

When an intake, whether accepted or rejected, involves a family foster home, foster care licensing shall be notified by the intake unit.

It is the responsibility of the service area to determine what action may need to be taken.

If accepted, the CPW assigned to the assessment shall collaborate with foster care licensing and the SWCM(s) who have children placed within the foster home.

#### Referral to the HHS Child Care Center Licensing

When an intake, whether accepted or rejected, involves a licensed child care center, child care center licensing shall be notified by the intake unit.

It is the responsibility of the service area to determine what action may need to be taken.

If accepted, the CPW assigned to the assessment shall collaborate with child care center licensing.

#### Referral to the HHS Child Care Home Compliance

When an intake, whether accepted or rejected, involves a registered or unregistered daycare home, child care home compliance shall be notified by the intake unit.

It is the responsibility of the service area to determine what action may need to be taken.

If accepted, the CPW assigned to the assessment shall collaborate with child care home compliance.

#### Referral to the HHS Local Office for Addendum/Additional Information for a Prior Report

When an intake is accepted for an addendum to be completed on a prior report, the CPW and their Supervisor shall be notified by the intake unit.

## **Notice of Intake Decisions**

### **Information Provided to Reporters**

Legal reference: Iowa Code Sections 232.70, 232.71B, 235A.15, 235A.17(2)

**Policy statement:** The Department shall:

- Within 24 hours of receipt of the report of suspected child abuse, orally notify the reporter, if known, whether the report has been accepted or rejected.
  - The intake worker or the supervisor may provide this oral notification at the time that the report is made if the report is accepted immediately.
  - When a report is rejected, advise the reporter that the report must meet all criteria and that the report is being rejected for one of the following reasons:
    - The reported victim is not a child.
    - The person alleged to have abused the child is not a caretaker, or (if allegations are sexual abuse) not a person 14 years or older who resides in a home with the child, or not a person involved in child sex trafficking.
    - The incident did not occur within five years of a report to the department/intake date (if allegations are denial of critical care or dangerous substance)
    - A reasonable belief does not exist to suspect abuse or neglect (as defined by Iowa Code) occurred.
    - The State does not have jurisdiction.
    - The allegation already has been or is being assessed.
  - If the reporter has concerns regarding the intake decision, advise the reporter to contact the intake supervisor and give contact information.
  - Document the date and time the oral notification was issued to the reporter using form [470-0607, Child Protective Services Intake](#) in the “Additional Information” section.
- Prepare and send a written notice to the reporter within five working days, indicating the decision to accept or reject the report, using form [470-3789, Notice of Intake Decision](#).
- Advise all reporters to call law enforcement immediately if they have immediate concerns for child safety, and then recontact the intake unit.
- Inform mandatory reporters that they will receive a written notice of the assessment outcome and may request a copy of founded assessment reports.



- Notify the following staff as appropriate to the circumstances of the case:
  - The HHS CPW or SWCM and their supervisor when a subject of the report is part of an on open assessment or child welfare service case.
  - HHS licensing or child care registration staff when assessments have been initiated on a licensed foster family home, child care center, or registered child care setting.

**NOTE:** The CPW is responsible for coordinating joint assessments and keeping licensing staff informed of progress and findings. The licensing worker will inform the child-placing agency or the Department's recruitment and retention contractor if allegations are received regarding a foster family home or approved adoptive home.

- DIAL licensing staff, when assessments have been initiated on facilities.
- See [Out-of-Home-Settings](#) for a chart summarizing jurisdiction and notification for assessments in facilities.

#### **Notification to County Attorney**

Legal reference: 441 IAC 175.24(5), Iowa Code Sections 232.70(5) and 232.71b)(19)

**Policy statement:** The Centralized Service Intake Unit (CSIU) shall notify the county attorney of reports of suspected child abuse regardless of the intake decision.

A copy of the accepted or rejected intake information is available, through a portal accessible in JARVIS (see [RC-0143, JARVIS Reference](#)), to the county attorney for the county where the child resides. This information includes:

- Identifying information about the subjects of the report,
- The whereabouts of the subjects, if known,
- A description of the abuse allegations reported, and
- The name and relationship of the reporter.

#### **Confidentiality of the Identity of the Reporter**

Legal reference: 441 IAC 175.30, Iowa Code Sections 232.71B

**Policy statement:** The Department shall not reveal the identity of the reporter of child abuse to a subject of a child abuse report in the written notification to the parents or otherwise.

Assure the identity of the reporter is omitted in any documentation provided to subjects of the report.

Additionally, when the department has rejected an intake or an intake is accepted for a family assessment, only the information collected at intake (excluding reporter information) may be shared with law enforcement.

### **Access by Subject**

A rejected intake is not considered child abuse information. Rejected intakes have more limited legal access than the assessment reports. This information is confidential and protected and it is governed by the same confidentiality provisions as service case records.

Upon request, a subject (parent, guardian, or custodian of the alleged victim, the victim child, or the person alleged responsible) may have access to the printed intake after the identity of the reporter has been de-identified. The reporter's name must not be revealed.

### **Retention of Child Abuse Intake Information**

All intakes, whether rejected or accepted for assessment, are maintained on the STAR Intake module in JARVIS (see [RC-0143, JARVIS Reference](#)).

Intakes are retained so that the information contained within the intake record can be considered in future intake decisions and in future protective assessments.

Retain the following documents associated with each intake:

- Form 470-0607, *Child Protective Services Intake*,
- Form 470-3789, *Notice of Intake Decision*, and
- any other information provided by the reporter.

### **Retaining Intakes Rejected for Assessment**

Retain intakes rejected before March 1, 2010, for six months from the date of the decision to reject.

Retain intakes rejected on or after March 1, 2010, three years from the date of the decision to reject.

### **Retaining Intakes Accepted for Assessment**

Intakes accepted for assessment are retained in accordance with the outcome of the assessment:

- Family Assessment: Retained for five years from the date of intake or five years from the date of closure of the service record, whichever occurs later.

- Not confirmed: Retained for five years from the date of intake or five years from the date of closure of the service record, whichever occurs later.
- Confirmed (but not placed on the Child Abuse Registry): Retained for five years from the date of intake or five years from the date of closure of the service record, whichever occurs later.
- Founded (confirmed and placed on the Child Abuse Registry): Retained for ten years (or ten years after the most recent confirmed abuse for the same victim or same person responsible).