Child Protective Services Assessment

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Overview

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**.

Whenever possible, rehabilitative services can help stabilize the home environment so that the family can remain intact without further danger to the child. The state recognizes removing a child from the child's family will cause the child harm and that the harm caused by a child's removal must be weighed against the potential harm in allowing a child to remain with the child's family.

The general purposes of child protective services (CPS) assessments, are to:

- Assess the safety and risk of harm to the child and to other children in the home
- Recommend services needed to assure the safety of the child

The primary purpose of a CPS assessment is to take action to protect and safeguard the child when necessary, by evaluating the safety and danger to the child named in the report and any other children in the same home as the parents or other person responsible for their care.

Each child protective services assessment must:

- Evaluate the safety of the child named in the report and any other children in the same home as the parents or other person responsible for their care, including:
  - The risk of harm to any of the children,
  - Underlying conditions and contributing factors that may affect the risk of harm,
  - Factors related to any of the children's vulnerability, and
  - The family's protective capacities.
- Take necessary steps to increase the safety of the child named in the report and any other children in the same home.
- Identify appropriate services or supports for the family.

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

The Iowa Department of Health and Human Services has identified in its "Model of Practice" four critical guiding principles: customer focus, excellence, accountability, and teamwork. The application of these principles to the assessment phase can be seen as follows:

- **Customer focus** is achieved through the engagement of the family in the assessment, recognizing that the family is the most important influence on the child's safety and healthy development.
- **Excellence** is evidenced by the consistent application of assessment criteria, using nonjudgmental and culturally competent interviewing methods.
- **Accountability** is accomplished through the supervisory oversight required at key decision points and the requirement that the family members, the reporters, and the court receive notification of the finding of the assessment.
- **Teamwork** is evident through handoffs and coordination efforts from the child protection worker (CPW) to the social work case manager (SWCM), the contracted agencies, or other referral agencies. Teamwork is further accomplished by the implementation of family-centered practice principles in the assessment phase.

This chapter includes "high level" statements that summarize the essence of the associated law, rule, and Department-required practice for the assessment phase of a child welfare case. The administrative rule and state law references are linked to the actual state rule or law chapter. In addition, this chapter describes state procedures for carrying out the assessment process for child protective services.

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 assessment phase.

Finally, this chapter provides the clinical or programmatic rationale for the actions that are required during the assessment phase of child welfare services.

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 95-608, 92 Stat. 3069, the "Indian Child Welfare Act of 1978"
- 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 115-123, the “Family First Prevention Services Act (FFPSA) of 2017”
- 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” and in Title 25 CFR 23, “Indian Child Welfare Act.”

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

Intergovernmental Agreement and Protocol with the Sac and Fox Tribe of the Mississippi in Iowa (Meskwaki Nation), defines the process of child protective processes for Meskwaki families and/or Native families living on the Meskwaki Nation Settlement.

Definitions

For definitions related to the content of this chapter, see 18-A(1), Definition of Terms Used for Intake and Assessment.

CPS Assessment Outcomes

The four outcomes critical in the assessment phase of the life of the case are:

- Child safety
- Child and family well-being
- Accurate finding regarding the allegation of abuse or neglect, if assigned as a Child Abuse Assessment (CAA)
- Ensuring the appropriate type, level, and intensity of Department interventions and services

Child safety is a fundamental and primary outcome of the child protection assessment process. Ensuring the safety and well-being of children is central to all decisions made within the context of child protection services.

The outcome of **child and family well-being** is introduced in the assessment phase and continues throughout the life of the case.

The activities and information gathered during the assessment phase build upon the intake phase. If the case continues to be served by the Department, the assessment provides the initial set of recommendations for working with the family to ensure:

- The safety of the child,
- The well-being of the child and family, and
- Expedited and appropriate permanency for the child.

In the assessment activities of a child abuse assessment (CAA), you need to gather sufficient information in a timely manner to ensure that an accurate **finding** is made regarding the allegation of abuse or neglect.

This is critical to meeting the safety and well-being needs of the child and to a fair and objective process for assessing the parents' or caregiver's alleged behavior identified in the intake report.

Note: The "finding" outcome is not applicable to assessments completed as a family assessment.

The **appropriate type, level and intensity of Department intervention and services** is accomplished through a clear understanding of and application of the criteria the Department has established for:

- The acceptance of a report,
- Conducting an assessment, and
- Determining the appropriate course of action for responding to the needs of the child and family, whether through:
  - Opening a Department case,
  - Referral to Family Centered Services, or
  - Basic information or referral to other community resources.

The primary responsibility of the Department is providing services to those children and families in which child abuse has occurred and where there is a high risk for future abuse and neglect.

Iowa requires that each child protective assessment:

- Evaluate the safety of the children identified in the intake report,
- Increase the safety of the children where necessary,
- Arrive at a finding regarding the allegation of abuse or neglect, and
- Determine the need for services.

CPS Assessment Decisions

- Child safety
- Risk level
- Allegation finding
- Court involvement

Criteria for CPS Assessment

- Safety factors
- Risk factors

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

Criteria for Services Following CPS Assessment

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

The worker makes the process transparent to the family, openly sharing information about the process and tools used.

CPS Assessment Policy, Procedures, and Practice Guidance

Preparing for the CPS Assessment

Differential Response (DR)

In 2014, Iowa Health and Human Services implemented differential response, which created two assignment pathways for a child protective services (CPS) assessment:

- Child Abuse Assessment (CAA)
- Family Assessment (FA)

Differences between the two child protective assessment pathways:

Family Assessment (FA)	Child Abuse Assessment (CAA)
72-hour timeframe for child subject observation	1-, 24-, or 96-hour timeframe for child subject observation
Applies only to Denial of Critical Care allegations	Covers other abuse/neglect categories, including some Denial of Critical Care
Focuses on family functioning and child development while ensuring safety	Primary focus on assessing abuse allegations
No abuse determination is made	Determination is made on whether abuse occurred
No names placed on the abuse registry upon completion	Perpetrator’s name added to registry if abuse is founded

Family Assessment (FA)	Child Abuse Assessment (CAA)
Non-custodial parent interview not required, unless they are a perpetrator or pertinent collateral contact	Non-custodial parent must be engaged, or reasonable efforts made to locate and engage them
Non-custodial parent may request assessment copy, but it's not automatically provided	All subjects receive a written copy of the child abuse assessment upon completion

Case Assignment

Legal reference: Iowa Code Section 232.68(2A), 232.70(5)(a), 232.71B(1), 441 IAC 175.25(232)

Policy: The Department shall promptly commence either a child abuse assessment within 24 or a family assessment within 72 hours of receiving a report that constitutes a child abuse allegation. The assessment shall be assigned to a child protection worker.

Based upon the information presented at intake and information that you discover and develop during the assessment process, you and your supervisor determine the exact response that will be made.

An incremental response is possible during the assessment process. The appropriate response for each case depends upon the unique characteristics of each family and situation. The purpose of each response is to:

- Evaluate the safety of the child named in the report and any other children in the same home as the parents or other person responsible for their care.
- Take necessary steps to increase the safety of the child named in the report and any other children in the same.
- Identify appropriate services or supports for the family.

Review of the CPS Intake

The intake document contains the framework information for you to begin your assessment. Thoroughly reviewing the intake document and any Department history may help you understand the unique characteristics of the family and the current situation.

- Review form 470-0607, Child Protective Services Intake for child safety action necessary, observation timeframe assigned, abuse allegation, and worker safety issues.
- Determine if the child named in the report, or any other children in the same home or facility as the person responsible for that child's care, is under immediate threat.

- Evaluate any known history from information identified on systems checks and if necessary, conduct additional checks of the state system or other information systems. (See RC-0146, System Checks for Child and Dependent Adult Abuse Intakes, and RC-0147, System Checks Guidance for Intake.)
- Access the information contained in prior rejected intakes to assist you with the assessment.
  - Analyze and assess the information contained in rejected intakes to be alert to other possible concerns.
  - Add a statement in the assessment summary to the effect that, "Worker has reviewed all available records and considered their relevance in analyzing the current situation and decisions."
  - Do not include rejected intake history data in the assessment summary, since there is a shorter retention time for that information compared to the retention period of the assessment summary.
  - Rejected intake information must be expunged in three years from the date of that specific intake decision.
- Take note of crucial, but incomplete information that you will need to gather during the assessment (i.e. current address, phone number, full names of household members, dates of birth, etc.).
- Weigh the need to re-contact with the reporter (see Contacting the Reporter and Additional Collaterals).
- Identify persons to observe and interview.
- Develop a contingency plan if the parent says no to observation or interview of the child.
- Make an initial list of collateral contacts that should be contacted.
- Establish a tentative plan to solely observe, or both observe and interview the child based on their ages and the nature of the reported concerns. Plan when, where, and how the observation and interview of the child will take place. Requirements for observation depend on the type of assessment and level of risk to the child posed by the allegation. Consider:
  - Worker safety
  - Child safety
  - The response time to observe the child
  - The current physical condition of the child
  - The location of the person allegedly responsible for the abuse
  - Access to the child by the person allegedly responsible for the abuse
  - Coordination with law enforcement, tribes, or licensing authorities
  - Whether the child can be observed with parental consent or if the use of confidential access is necessary

- As necessary, consult with your supervisor about the following:
  - Safety concerns for the child(ren),
  - Safety concerns for yourself,
  - Need to change the assessment path from Family Assessment to a Child Abuse Assessment,
  - Insufficient information to initiate the assessment.

If the report alleges child abuse in an out-of-home setting, follow the instructions in Procedures for Assessment in Out-of-Home Settings.

If in reviewing the intake information or during the assessment process, you discover information that may affect the jurisdiction of the child abuse assessment, notify the jurisdiction that has responsibility for the assessment and conduct courtesy interviews as requested by the responsible jurisdiction.

Contacting the Reporter and Additional Collaterals

Contact the reporter:

- To confirm any intake information that is unclear or incomplete.
- To gather additional information which may not have been provided during the intake process.
- To gather insight and veracity to allegations being made.

NOTE: When documenting the information obtained from a reporter, do not refer to them as the reporter or "confidential reporter". If confidential, they cannot be called as a witness if needed as the case proceeds. Rather, without identifying them as the reporter document that you contacted (name of reporter) or that you had a conversation with (name of reporter) and the information you learned from them.

Contact additional collaterals:

- To gather information as it relates to the allegations.
- To corroborate other information or evidence collected.

Contact Meskwaki Family Services:

- When the child victim is known to be a member or eligible for membership in the Sac & Fox Tribe of the Mississippi in Iowa (Meskwaki Nation), or if there is reason to believe there might be tribal membership or eligibility for membership, regardless if the child lives on or off the Meskwaki Nation Settlement.
- When there is a need to conduct the assessment within the Meskwaki Nation Settlement boundaries, regardless of the child's membership status or the applicability of the Indian Child Welfare Act (ICWA).

NOTE: For these children, the Department and Meskwaki Family Services conduct a joint investigation.

Child Safety and Timeframes for Observation of Child

Legal reference: Iowa Code Section 232.68(3) and 232.71B(1), 441 IAC 175.24 and 175.25

Policy: The primary purpose of either the child abuse assessment or the family assessment shall be the protection of the child. A timeframe for the response is based on the risk level identified through information gathered at intake and begins at the point when the intake worker ends the call with the reporter.

The physical observation of a child is an essential element to determine the safety of the child and if further protection steps are needed. In addition, observation serves as an opportunity to gather additional information. The overarching goal is to observe the child with the cooperation of the parents, when the process does not create additional safety concerns or preclude the CPW from obtaining an objective account about the reported concerns. Accordingly, confidential access to the child during a Family Assessment should be concurrently analyzed with the supervisor to determine the need to change the Family Assessment path to a Child Abuse Assessment.

The requirement for observation is determined by the type of abuse alleged and assessment pathway identified as well as the level of risk to the child, including consideration of the child's vulnerability and access to the child available to the alleged person responsible. If the allegation does not include an immediate threat, consider what efforts are required to address the safety of the child named in the report or any other children in the same home or facility as the person responsible for that child's care.

Supervisors must assign cases promptly to provide the CPW as much time as possible to observe the child and address their safety. Each service area must also maintain documentation of all cases assigned. CPWs must document in their assessment, the observation time assigned by the supervisor at intake:

- During a child abuse assessment, reasonable efforts shall be made to observe the alleged child victim and evaluate the safety of the child named in the report within **24 hours** of receipt of the report of suspected child abuse, unless one of the following is met:
  - When there is an immediate threat to the child's safety, the same reasonable efforts shall be made within **one hour**.

- When there is no immediate threat to the child's safety and the person alleged responsible clearly does not have access to the alleged child victim, the same reasonable efforts shall be made within **96 hours**.

- During a family assessment, reasonable efforts shall be made to observe the alleged child victim and evaluate the safety of the child named in the report within **72 hours**.

Identify any current danger indicators and consider the factors influencing child vulnerability as well as the caretaker's protective capacities and available safety interventions to assess the child's safety. The determination of which household is assessed depends on several factors, including the location of the household where the child resides, the location of where the abuse occurred, custodial status, etc. (See Initial Safety Assessment).

Observation of the child, by itself, is not sufficient to address safety. Take the necessary actions so that the person allegedly responsible for these circumstances does not continue to have access to the child until a more complete evaluation and safety plan can be established. See Removal of a Child or 18-C(5), Removal of an Indian Child From Their Home.

- Contact law enforcement for assistance in most cases involving immediate threat or high risk to safeguard the child and you if the situation is volatile or dangerous.
- If at any time during the assessment you believe that there is an immediate threat, immediately contact proper authorities and communicate these concerns. The proper authorities may include any or all of the following:
  - Law Enforcement
  - Juvenile court
  - Physicians or physician assistants
- Document the date and time of this communication in form 470-3240, Child Protective Services Child Abuse Assessment Summary.

Safety is paramount; therefore, addressing safety of the child must proceed timely even if you encounter barriers to observing the child, such as learning the child is visiting family out of town or being unable to reach Meskwaki Family Services staff, if applicable.

While timeframes to observe a child may be delayed, the timeframe to observe a child cannot be waived except in extremely limited and rare circumstances (e.g., child fatality, noting any surviving siblings must be observed within the assigned timeframe). When reasonable efforts have been made to observe the alleged child victim within assigned timeframes and the worker has established the alleged child victim is safe, the observation of the alleged child victim may be delayed with the supervisory approval.

If necessary, your supervisor may delegate observation of the child to other casework staff within the Department. Use local administrative procedures.

The appropriate reasons to delay timeframes include:

- Safety was addressed within timeframe
- Delayed due to worker safety issues
- Unable to locate child/family – reasonable efforts to locate documented
- Family fled – reasonable efforts to locate documented
- Parents uncooperative – court-ordered access denied
- Child on the run – police pick-up on record
- Delayed at request of law enforcement
- Family/child in another state
- Child deceased
- Identified as additional victim

Even if you cannot meet the observation timeframe, you must document the following in the assessment:

- Your reasonable efforts to observe the victims within the required timeframe,
- The barriers you encountered to meeting the timeframe,
- The steps taken to establish the child's safety, and
- The revised timeframe in which to see the child.

NOTE: You also must document the efforts to contact Meskwaki Family services, if applicable.

One-Hour Observation

When a report is assigned as a child abuse assessment and alleges immediate threat to a child's safety, act immediately to address the child's safety. Situations that require a one-hour response from the date and time of the intake 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.

NOTE: Although an infant who is voluntarily relinquished or is placed under the Safe Haven Act may not meet the criteria for assessment, immediate response is required (See 18-F(1), Safe Haven).

Supervisory consultation:

- The supervisor will evaluate the need to immediately contact the assigned CPW to:
  - Discuss the CPW's plan to observe the child victim(s),
  - Explore reasonable efforts,

- Identify potential barriers to meet the timeframe, and
- Problem-solve to meet timeframes as needed.

- The CPW will confirm the case assignment upon receipt. Prior to the expiration of the one-hour timeframe, the CPW must consult with a supervisor to:
  - Discuss reasonable efforts made to observe the child victim(s),
  - Disclose barriers to see the child,
  - Explore additional strategies to meet the observation timeframe,
  - Identify how safety was assured (even when unable to observe the child, e.g., collateral contact confirms the perpetrator will not have access to the child or consultation with the SWCM confirms that access will be appropriately supervised or discussion with the non-offending caretaker identifies how the child will be kept safe),
  - Obtain supervisory approval to delay contact, when appropriate,
  - Establish a revised timeframe (if supervisor approves a delay) and make reasonable efforts to observe the child as soon as possible and no later than 24 hours of receipt of the report. The supervisor and CPW **must** revisit efforts and barriers to see the child every additional 24 hours until the child is observed.

    NOTE: Supervisory discretion may be used to determine if the revised timeframe needs to be more or less than 24 hours based on the circumstances of the case (e.g., the CPW confirms the child is out of town with the non-offending parent, will not be returning for 3 days, request for a courtesy observation is denied, and the person alleged responsible will not have access to the child during this time).

Documentation:

- Document your rationale and your supervisor's rationale for not observing the child within one hour (e.g., child's safety would be further jeopardized by meeting that timeframe or law enforcement assistance is advised and not immediately available).
- Document the reasonable efforts made to observe the child within one hour as well as any barriers encountered or circumstances that made it impossible to observe the child within one hour.
- Document how the safety of the child was addressed even when observation of the child is not possible within one hour.
- Document the revised timeframe as well as the reasonable efforts that were made to observe the child as soon as possible and no later than every additional 24 hours.

If you are denied access to a child and you have concerns for the child's well-being or safety, either:

- Seek immediate assistance of law enforcement authorities, or
- Request a court order authorizing access to the place where the child is located for the purpose of observing the child and evaluating the child's safety.

24-Hour Observation

Initiate a child abuse assessment and make reasonable efforts to observe the child within 24 hours from the date and time of the intake when:

- There is no immediate threat to the child's safety.
- Person alleged responsible has access to the child named or other children in the same home or facility.

Supervisory consultation:

- 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
  - 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
- The supervisor will evaluate the need to immediately contact the assigned CPW to:
  - Discuss the CPW's plan to observe the child victim(s),
  - Explore reasonable efforts,
  - Identify potential barriers to meet timeframe, and
  - Problem-solve to meet the timeframes as needed.
- The CPW will confirm case assignment upon receipt. Prior to the expiration of the 24-hour timeframe, the CPW must consult with a supervisor to:
  - Discuss reasonable efforts made to observe the child victim(s),
  - Disclose barriers to see the child,
  - Explore additional strategies to meet the observation timeframe,

- Identify how safety was assured (even when unable to observe the child, e.g. collateral contact confirms the perpetrator will not have access to the child or consultation with the SWCM confirms that access will be appropriately supervised or discussion with the non-offending caretaker identifies how the child will be kept safe),
- Obtain supervisory approval to delay contact, when appropriate,
- Establish a revised timeframe (if supervisor approves a delay) and make reasonable efforts to observe the child as soon as possible and no later than 48 hours of receipt of the report. The supervisor and CPW must revisit efforts and barriers to see the child every additional 24 hours until the child is observed.

  NOTE: Supervisory discretion may be used to determine if the revised timeframe needs to be longer than 24 hours based on the circumstances of the case (e.g., the CPW confirms the child is out of town with the non-offending parent, will not be returning for 3 days, request for a courtesy observation is denied, and the person alleged responsible will not have access to the child during this time).

Documentation:

- Document your rationale and your supervisor's rationale for not observing the child within 24 hours (e.g. delayed at the request of law enforcement and child's safety would be further jeopardized by meeting that timeframe or delayed due to worker safety issues and law enforcement assistance is advised and not immediately available).
- Document the reasonable efforts made to observe the child within 24 hours as well as any barriers encountered or circumstances that made it impossible to observe the child within 24 hours.
- Document how the safety of the child was addressed even when observation of the child is not possible within 24 hours.
- Document the revised timeframe as well as the reasonable efforts that were made to observe the child as soon as possible and no later than every additional 24 hours.

If you are denied access to a child and you have concerns for the child's well-being or safety, either:

- Seek immediate assistance of law enforcement authorities, or
- Request a court order authorizing access to the place where the child is located for the purpose of observing the child and evaluating the child's safety.

96-Hour Observation with Supervisory Approval

Initiate a child abuse assessment and make reasonable efforts to observe the child within 96 hours from the date and time of the intake when:

- There is no immediate threat to the child's safety, and
- Credible evidence exists that the person allegedly responsible clearly will not have access to the child before you observe the child, and
- The person allegedly responsible for the abuse is not considered a risk to other children in the same home or facility.

Supervisory consultation:

- 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
  - 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
- The supervisor will evaluate the need to immediately contact the assigned CPW to:
  - Discuss the CPW's plan to observe the child victim(s),
  - Explore reasonable efforts,
  - Identify potential barriers to meet the timeframe, and
  - Problem-solve to meet timeframes as needed.
- The CPW will confirm case assignment upon receipt. Prior to the expiration of the 96-hour timeframe, the CPW must consult with a supervisor to:
  - Discuss reasonable efforts made to observe the child victim(s),
  - Disclose barriers to see the child,
  - Explore additional strategies to meet the observation timeframe,
  - Identify how safety was assured (even when unable to observe the child, e.g. collateral contact confirms the perpetrator will not have access to the child or consultation with the SWCM confirms that access will be appropriately supervised or discussion with the non-offending caretaker identifies how the child will be kept safe),

- Obtain supervisory approval to delay contact, when appropriate,
- Establish a revised timeframe (if supervisor approves a delay) and make reasonable efforts to observe the child as soon as possible and no later than 120 hours of receipt of the report. The supervisor and CPW must revisit efforts and barriers to see the child every additional 24 hours until the child is observed.

  NOTE: Supervisory discretion may be used to determine if the revised timeframe needs to be longer than 24 hours based on the circumstances of the case (e.g. the CPW confirms the child is out of town with the non-offending parent, will not be returning for 3 days, request for a courtesy observation is denied, and the person alleged responsible will not have access to the child during this time).

Documentation:

- Document your rationale and your supervisor's rationale for not observing the child within 96 hours (e.g. delayed at the request of law enforcement and child's safety would be further jeopardized by meeting that timeframe or delayed due to worker safety issues and law enforcement assistance is advised and not immediately available).
- Document the reasonable efforts made to observe the child within 96 hours as well as any barriers encountered or circumstances that made it impossible to observe the child within 96 hours.
- Document how the safety of the child was addressed even when observation of the child is not possible within 96 hours.
- Document the revised timeframe as well as the reasonable efforts that were made to observe the child as soon as possible and no later than every additional 24 hours.

If you are denied access to a child and you have concerns for the child's well-being or safety, either:

- Seek immediate assistance of law enforcement authorities, or
- Request a court order authorizing access to the place where the child is located for the purpose of observing the child and evaluating the child's safety.

<u>72-Hour Observation</u>

All family assessments require reasonable efforts to observe and evaluate safety of the child within 72 hours from the date and time of the intake.

Supervisory consultation:

- The supervisor will evaluate the need to immediately contact the assigned CPW to:
  - Discuss the CPW's plan to observe the child victim(s),
  - Explore reasonable efforts,
  - Identify potential barriers to meet the timeframe, and
  - Problem-solve to meet timeframes as needed.
- The CPW will confirm case assignment upon receipt. Prior to the expiration of the 72-hour timeframe, the CPW must consult with a supervisor to:
  - Discuss reasonable efforts made to observe the child victim(s),
  - Disclose barriers to see the child,
  - Explore additional strategies to meet the observation timeframe,
  - Identify how safety was assured (even when unable to observe the child, e.g. collateral contact confirms the perpetrator will not have access to the child or consultation with the SWCM confirms that access will be appropriately supervised or discussion with the non-offending caretaker identifies how the child will be kept safe),
  - Obtain supervisory approval to delay contact, when appropriate,
  - Establish a revised timeframe (if supervisor approves a delay) and make reasonable efforts to observe the child as soon as possible and no later than 96 hours of receipt of the report. The supervisor and CPW must revisit efforts and barriers to see the child every additional 24 hours until the child is observed.

    NOTE: Supervisory discretion may be used to determine if the revised timeframe needs to be longer than 24 hours based on the circumstances of the case (e.g. the CPW confirms the child is out of town with the non-offending parent, will not be returning for 3 days, request for a courtesy observation is denied, and the person alleged responsible will not have access to the child during this time).
- If a child victim is not observed by the 10th business day, when the written summary of the family assessment is due, the case must be reassigned as a child abuse assessment.

Documentation:

- Document your rationale and your supervisor's rationale for not observing the child within 72 hours (e.g., family/child in another state and the parent has confirmed a date/time to meet with the CPW upon their return).

- Document the efforts made to observe the child within 72 hours as well as any barriers encountered or circumstances that made it impossible to observe the child within 72 hours.
- Document how the safety of the child was addressed even when observation of the child is not possible within 72 hours.
- Document the revised timeframe as well as the reasonable efforts that were made to observe the child as soon as possible and no later than every additional 24 hours.

If at any time during a Family Assessment, you are denied access to a child, cannot confirm the safety of the child, if you have concerns for the child's well-being or immediate safety, or the facts otherwise warrant, the assessment must be reassigned as a child abuse assessment and if necessary:

- Seek immediate assistance of law enforcement authorities, or
- Request a court order authorizing access to the place where the child is located for the purpose of observing the child and evaluating the child's safety.

Worker Safety

Every child protective assessment case has the potential for unexpected confrontation. Difficulties may occur at any point during the assessment process, but threats and volatile situations are more likely to occur:

- During the initial period of the assessment
- During crisis situations
- When action such as removal of a child is taken

Continually evaluate your safety. While thorough intake information and preparation reduces the likelihood of danger, you should always remain alert to possible danger. **When a worker is unsafe, it is likely the child is also unsafe.**

Make a careful evaluation of allegations to address the immediate safety needs of all children and yourself. Determine risks of the situation before making initial contact with the family. Consider:

- Is there a history of domestic violence?
- Is the family's geographic location extremely isolated or dangerous?
- Does the reporter indicate the possibility of a family member being mentally ill, using drugs, being volatile, or being violent?
- Is the initial contact with the family going to take place after normal working hours?

- Are there firearms or other weapons in the home?
- Is there any information to suggest the manufacturing of dangerous substances, such as methamphetamines?

Establish a plan of safety for yourself, such as assuring your supervisor knows the location you plan to visit, having another child protection worker accompany you, having a coordinated emergency response plan to indicate a need for assistance, request the assistance of law enforcement, or other safety procedures. **Local offices should establish an emergency response protocol for all workers.**

Your appearance, verbal and nonverbal communication, and demeanor can all affect the client's response. In confrontational situations, if you appear calm (verbally and nonverbally), have control of the situation without being intimidating, and use anger reduction techniques, you may be able to diffuse the situation.

Note: Some of the chemicals used in the manufacturing of methamphetamines and their byproducts may present an immediate health hazard or be life-threatening due to their toxicity or the risk of explosion or fire. See Substance Abuse for more resources in evaluating worker safety in cases of drug use.

Consult with your supervisor on the involvement of law enforcement when any element of risk to worker safety is identified.

Consult with the Iowa Division of Narcotics Enforcement or the local drug enforcement task force when there is any information suggesting that there is a "meth lab," methamphetamine manufacturing, or other alleged illegal drug involvement.

Involving Law Enforcement in a Joint Investigation

Legal reference: Iowa Code Sections 232.71B(3) and 232.71B(4)(b)(4), 441 IAC 175.22(232), 175.29(232), and175.30(232)

Policy Statement: The child protection worker shall contact law enforcement when the abuse reported alleges a criminal act harming a child, or there is immediate threat to child or if the situation is potentially volatile or dangerous. Local Service Areas shall communicate with local law enforcement agencies and the county attorney to negotiate standards of practice for joint investigations, including if the allegation is a criminal act harming a child.

When establishing standards of practice with local law enforcement agencies, things to consider may include, but are not limited to, establishing a point of contact within each agency and determining how information will be shared.

The Iowa Department of Health and Human Services conducts child abuse assessments pursuant to definitions of child abuse found in the Iowa Code section 232.68. However, a child protection worker should have a basic understanding of how law enforcement may view the same abuse from a criminal perspective.

Child Abuse	Criminal Offense
Iowa Department of Health and Human Services Assessment	**Law Enforcement Agency - Possible Investigation**
Physical Abuse – 232.68(2)(a)(1)	Assault, Child Endangerment
Mental Injury – 232.68(2)(a)(2)	Assault, Child Endangerment
Sexual Abuse – 232.68(2)(a)(3)	From 1st degree Sexual Abuse being a class “A” felony to Invasion of privacy being considered an “aggravated misdemeanor”
Denial of Critical Care – 232.68(2)(a)(4)	Child Endangerment – 726.6 Neglect or Abandonment – 726.6
Prostitution of a Child – 232.68(2)(a)(5)	Prostitution
Presence of Illegal Drugs in a Child – 232.68(2)(a)(6) Dangerous Substance – 232.68(2)(a)(7)	The unlawful use, possession, manufacturing, cultivating, or distribution of a dangerous substance has a range of criminal penalties, and therefore warrants consultation with law enforcement and the county attorney.
Bestiality in the Presence of Minor – 232.68(2)(a)(8)	Because it relates to abuse of animals, please consult with law enforcement and the county attorney.
Allow Access by RSO – 232.68(2)(a)(9)	Consult with the county attorney to determine if there is a criminal charge to consider.
Allow Access to Obscene Materials – 232.68(2)(a)(10)	Criminal charges for these types of activities vary from serious misdemeanor to felony. Accordingly, consult with the county attorney to determine if there is a criminal charge to consider. This category of abuse may involve FBI if there has been any interaction crossing state lines.
Child Sex Trafficking – 232.68(2)(a)(11)	Generally, trafficking involves felony charges. Therefore, work with law enforcement. More often than in other categories of abuse, it may involve FBI.

Before involving law enforcement, it is important to understand how jurisdiction is defined for each agency; in Iowa, jurisdiction of Child Abuse Assessment vs. Criminal Investigation are not the same.

- For the Department of Health and Human Services the **residence of the child** determines jurisdiction. The Child Protection Unit serving the county where the child resides has primary investigative responsibility. This is in consideration of the fact that any juvenile court action resulting from an investigation would take place in the child's county of residence (Iowa Code Section 232.72).
- For law enforcement the **location of the alleged act of abuse** determines jurisdiction. The law enforcement agency having responsibility for the location where the act occurred has primary investigative responsibility. This is in consideration of the fact that any criminal court action resulting from the investigation would take place in the county where the incident took place.
- There are other situations which will require additional coordination beyond the scope of this document. When abuse that occurs in multiple locations, outside the State of Iowa, on the Meskwaki Nation Settlement, involve multiple perpetrators, or involve federal and state law enforcement, it does not preclude you from using this protocol as a guide including the suggestion to coordinate a meeting with the multiple agencies involved to assure that CPS and Criminal Investigative requirements are being addressed.

Always contact law enforcement when you believe that:

- The child must be separated from the person alleged responsible for the abuse.
- Contact by the child protection worker with the family will result in a volatile and dangerous response by the child or family members.
- The abuse may require a criminal investigation and subsequent prosecution.

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

NOTE: Law enforcement personnel can take a child into custody on an emergency basis, if necessary. The Department cannot remove the child from parental custody without an order from the court directing the removal; and then will still require the presence of law enforcement for the removal.

Attempt to secure safety for the child (for example, by requesting a removal order from the court, seeking removal with law enforcement assistance, or by a physician or physician assistant treating a child) if at any time during the assessment process you believe that a child is not safe. Document your efforts in the summary report.

Seek immediate assistance from law enforcement authorities or request a court order authorizing access if you are denied access to a child and you have concerns for the child's well-being. Observing the child may require coordination with law enforcement, the tribe, or licensing authorities.

When the person thought to be responsible for the abuse of a child is in custody of law enforcement or corrections, conduct an interview with the assistance of law enforcement. Consult with law enforcement and the county attorney before conducting the interview.

When the Department is jointly conducting a child abuse assessment with law enforcement personnel:

- The Department may share information gathered during the assessment process when the assessment is conducted in conjunction with a criminal investigation, or the reported abuse has been referred to law enforcement.
- Document law enforcement as a collateral in the report.
- Provide law enforcement with the notice of child abuse assessment to specify the finding of the assessment and a copy of form 470-3240, Child Protective Services Assessment Summary.

The following are types of cases where the involvement of both organizations is recommended:

- **Physical Abuse** allegations resulting in severe trauma to a child where the alleged perpetrator is the person responsible for the care of the child, including:
  - Fractures
  - Head trauma
  - Child has second- or third-degree burns
  - Multiple inflicted bruises and lacerations
  - Poisoning
  - Multiple cigarette burns
  - Adult human bite marks
  - Confinement or injury from confinement (ropes, chains, cages, etc.)
  - Stabbings or shootings
  - Any life-threatening injury
  - Any permanently disabling injury
  - Death
  - Any physical injury defined as a "serious injury", as provided in Iowa Code Section 702.18.
- **Sexual Abuse** of a child where the alleged perpetrator is a person responsible for the care of the child or a person 14 years of age or older who resides with the child in a household.

- **Denial of Critical Care** to a child where the alleged perpetrator is a person responsible for the care of the child, and the denial of critical care consists of:
  - Life-threatening or permanently disabling occurrences
  - Abandonment
  - Death
  - Requires the child or children to be removed.
  - Initial intervention is made by law enforcement because of the circumstanced.
- Prostitution of a Child
- Dangerous Substances
- Bestiality in the Presence of a Minor
- Allowing Access to Obscene Materials
- Child Sex Trafficking
- Other situations where the alleged perpetrator is a person responsible for the care of the child and the case involves any of the following:
  - The family has a history of violence.
  - The family has made threat of violence.
  - Immediate removal of a child is probable.
  - The family is threatening to abscond with the child
  - The family has a history of flight from investigations.

When a joint investigation and assessment is initiated, the child protection worker should:

- Communicate with law enforcement to brief each other of the circumstances and identify a safe plan of action regarding children that are identified as victims or potential victims.
- Identify which one of the two entities will interview the child victim, other children, parents, and other collaterals.
- Notify the alleged person responsible's attorney, if any, of the interview of the alleged person responsible and allow them to be present if they so desire.

  NOTE: Law enforcement must provide a "Miranda" warning before you interview a person in custody. Follow locally established law enforcement procedures for providing the "Miranda" warning. Without a "Miranda" warning or valid waiver of "Miranda" rights, incriminating statements are likely to be inadmissible at trial.
- Collect or document scene evidence.

- Discuss key timeframes of CPW and determine if court action is required, including statutory requirements to:
  - Provide Parental Notices within 5 business days, and
  - Provide outcome Notices and a copy of the Child Abuse Assessment within 20 business days.
- Inquire whether law enforcement believes that any of the information is considered "confidential" pursuant to Iowa Code section 22.7(5) to preclude the Department from issuing the Child Protective Summary Assessment as required by law.

Sharing information with law enforcement is crucial, both during an assessment and after.

- **During an open assessment:** Once a joint assessment and investigation case has been initiated, information can be shared with local police department personnel, Meskwaki Nation law enforcement, Iowa County Sheriff Deputies, Iowa Division of Criminal Investigation Special Agents, FBI agents, Iowa Medical Examiners, Iowa County Attorney, Iowa Assistant Attorney General, Meskwaki Nation Assistant Attorney General, and US District Attorney.
- **After an assessment is closed:** Whether or not there was a joint assessment and investigation, local police department personnel, Meskwaki Nation law enforcement, Iowa County Sheriff Deputies, Iowa Division of Criminal Investigation Special Agents, FBI agents, and Iowa Medical Examiners, Iowa County Attorney, Iowa Assistant Attorney General, Meskwaki Nation Assistant Attorney General, and US District Attorney, continue to have access as follow:
- If the report is Founded, Iowa Code section 235A.15(2)(b)(3) allows them access to the report.
- If the report is Confirmed but Not Placed on Registry, Iowa Code section 235A.15(3)(b) allows them access to the report.
- If the report is Not Confirmed, Iowa Code section 217.30(5)(b)(1) may allow them access to the report as follows:
  - These personnel are all public officials who can receive a copy of not confirmed reports by making their request in writing to the Director.
  - The CPW or supervisor forwards the request to the Service Help Desk.
  - Upon receipt of the request, the Service Help Desk will secure approval from Director, or director's designee, and return the approved form to the respective child protection worker who will then provide the information to the law enforcement or legal organization.

NOTE: Through the intergovernmental agreement and protocol, Meskwaki Family Services, through their attorney, Meskwaki Nation's Assistant Attorney General, receives all completed child abuse and family assessment reports, regardless of disposition.

Reports Involving Department Employees At Facilities

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
- Cherokee Mental Health Institute
- Independence Mental Health Institute

The chart below identifies the jurisdiction of assessments.

If the alleged abuse of child residing in a state-operated facility took place…	Jurisdiction of the assessment is with…
In a state-operated facility	DIAL
In a former placement	HHS (home county)
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.
- Fax the intake information received to DIAL at (515) 281-7106. Include in the fax cover letter the information that this is a child abuse referral. Do not enter the intake into JARVIS.
- 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.
- 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. See Child Safety.

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

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

Evaluating the Alleged Abuse

The steps to evaluating the alleged abuse are:

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

Observing the Child Victim

The purpose of observation of the alleged victim is to address the safety of the child and to determine if the child has visible symptoms of abuse.

Make reasonable efforts to observe the child victim within the timeframe assigned by the supervisor. Notify the supervisor if the timeframe will not be met so that the supervisor may determine if assignment of other staff is necessary according to local protocols. See Child Safety and Timeframes for Observation of a Child.

Common sense and critical thinking by the worker and supervisor will help to determine what constitutes “reasonable efforts.” Use two criteria to assist in determining reasonable efforts:

- What did you actually **do** to observe the child?
- Was this reasonable given the allegation?

Child safety must be addressed even if observation is not possible within the timeframe.

Determining reasonable efforts to observe the child within required timeframes is ultimately the responsibility of the supervisor. Notify your supervisor if timeframes will not be met. The supervisor will determine if other actions are necessary.

After the fact, if the supervisor does not believe that reasonable efforts were made, the supervisor should address those concerns and make a plan for future cases.

Using Confidential Access

Legal reference: Iowa Code Section 232.68(3) and 232.71B(7)

Policy: The child protection worker may observe and interview a child without parental consent if the child's safety is in jeopardy.

Full disclosure to the family during the assessment process would include prior parental consent for observing and interviewing children.

- During a Family Assessment, you are encouraged to call the family to arrange a visit to the home. However, use of confidential access is permitted during a Family Assessment if determined appropriate.
- During a Child Abuse Assessment, it is often necessary to make an unannounced visit to the home. If the parents are not the alleged person(s) responsible, attempt to observe and interview the child named in the report with the parents whenever possible. If you must observe and interview a child named in the report away from the parental home, attempt to obtain parental consent if it does not further endanger the child, does not jeopardize the safety of others, or does not jeopardize the criminal investigation.

There are situations when it is necessary to observe or interview children without prior parental consent. Confidential access to the child victim is sometimes needed when the child's safety or immediate needs warrant it. For example:

- The parents have a history of violence or flight.
- The person allegedly responsible for the abuse is the child's parent or guardian or resides in the child's home, and the injury or risk of injury may be significant.
- The child's condition requires immediate observation.
- You believe the child will be in danger of abuse if you contact the parent or guardian first.
- You have made numerous attempts to contact the family without success, and contact is necessary to observe the child within the assigned timeframe.
- The children need attention or placement assistance and the parents' whereabouts are unknown.

- You believe that the integrity of information obtained during the assessment will be jeopardized if you contact the parent or guardian first.
- You are asked by law enforcement for assistance pursuant to Iowa Code section 232.79A.

Any time you observe or interview a child without parental consent, make reasonable efforts to contact the parent or guardian on the same day that you see the child, unless when doing so would endanger the child or others, or jeopardize the criminal investigation. Document efforts to notify the parents within 24 hours that confidential access was used.

Consider the age and functioning level of the child victim when observing to determine the appropriateness of interviewing the child.

NOTE: If a child is home alone, you cannot enter the residence without permission from an adult who resides in the home except when a law enforcement officer is present and requests you to enter the home to assist the officer. If you conduct an interview with the child (other than the most cursory information), this is considered to be exercising confidential access.

You have the option of requesting the juvenile court to order "confidential access" to the child.

Observing the Child Victim Without Parental Consent

1. Observe or interview children without prior parental consent (see Confidential Access Approval and Documentation) if the following conditions are present:
   - The parents have a history of violence or flight.
   - The person allegedly responsible for the abuse is the child's parent or guardian or resides in the child's home, and the injury or risk of injury may be significant.
   - The child's condition requires immediate observation.
   - You believe that the child will be in danger of abuse if you contact the parent or guardian first.
   - You believe that the integrity of information obtained during the assessment will be jeopardized if you contact the parent or guardian first.
   - The children need attention or placement assistance, and the parents' whereabouts are unknown.

- You are asked by law enforcement for assistance pursuant to Iowa Code section 232.79A.

2. Consult supervisory staff if the parent or guardian advises you that you may not access the child confidentially (e.g., the parent states that you may not go to the child's school to observe or interview the child).
3. Request the juvenile court to order access to the child if concerns have been raised about the child's safety. If the court refuses to issue an order, consult with supervisory staff.
4. Document your attempts to access the child.

   NOTE: Supervisory staff may contact the Service Help Desk to determine a course of action.
5. Determine the use of confidential access with siblings of the alleged victims when you receive information after the initial report that alleges the siblings may also be victims of child abuse or in order to obtain relevant information (see Confidential Access Approval and Documentation).
6. Document the additional allegations regarding siblings.
7. Address the allegations at the conclusion of the assessment.

Confidential Access Approval and Documentation

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

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

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

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

Confidential Access at a Facility or School

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

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

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

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

Restrictions on Observation of Child

Legal reference: Iowa Code Section 232.68(3)

Policy: During an assessment, observation of a child may be accomplished by interview, observation, or examination.

When observing a child aged four or older, do not touch the child, remove the child's clothing, or induce the child to remove clothing. Removal or adjustment of clothing to permit observation must be voluntary on the child's part.

If the child is under age four, you may view the child's unclothed body other than the genitalia and pubes. If a child has injuries near the genital area, do not attempt to observe these injuries unless the parent or guardian gives permission.

When a child has an intellectual or developmental disability, the observation may proceed as long as the child consents and the child appears to have a developmental age of four or older. (Ask school or facility personnel for assistance in determining the developmental age of the child.)

If a child aged ten or older expresses a desire to end contact with you, you must terminate the contact.

When you **observe** a child, have a witness present. However, due to confidentiality laws and regulations, the presence of a third-party during interviews is not recommended.

Document the child's and the caretaker's explanations as to how each injury occurred. In a report of physical abuse, carefully describe and document all injuries observed, including the exact location, size, color, shape, stage of healing, or scar.

Observation of Other Children

Legal reference: Iowa Code Section 232.71B(4) and (6), 441 IAC 175.25(5)

Policy: The assessment shall include a description of the name, age, and condition of other children in the same home as the child named in the report. If protective concerns are identified, the child protection worker will evaluate the safety of other children in the same home.

Observe other children who are in the care of the person alleged responsible for the abuse when concerns regarding the protection of these children are identified. This means children who are:

- In the same home as the parents who are alleged to be responsible for the abuse;
- In the same facility (such as a child-care home or center) where the person alleged to be responsible for the abuse works or lives; or
- Under the care of a person who is not registered to provide childcare.

When observing the other children, follow the same timeframes and guidelines used for observing the child named in the report. See Confidential Access Approval and Documentation.

Document the information that supports your concern regarding the protection of children by a parent or person alleged responsible for the abuse (e.g., caretaker is a sexual offender, or parent has extensive history of violence).

Observation of a Child in a Domestic Violence Shelter

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

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

Courtesy Interview

If you need to interview someone who resides or is currently located out of your jurisdiction, contact the receiving county or state and request a courtesy interview, allowing ample time within the assigned timeframe for observation if the interview is of a victim in the assessment.

- Add the worker conducting the courtesy interview as a collateral in JARVIS.
- Confirm receipt of the courtesy interview information.
- Provide an outcome notice to the worker who conducted the courtesy interview when the assessment is complete.

Assessing Child Safety

Legal reference: Iowa Code sections 232.68, subsection 3; 232.71B, 441 IAC 175.25(5), 175.26(1)“b”, “e”, and “f”; 175.26(2)“b”

Policy: The child protection worker shall evaluate the safety of the child named in the report and the risk for occurrence or reoccurrence of abuse and shall evaluate the safety of any other children in the household or in the same home or facility as the person responsible for that child’s care as well as any other children the alleged person responsible has access to.

The primary purpose of the assessment is to take action to protect and safeguard the child. The evaluation of a child’s safety is an ongoing activity that begins the moment a report of abuse is accepted as a case and continues during the entire assessment process.

The Department formally evaluates child safety with a **Safety Assessment, form 470-4132** or **470-4132(S)**. The Safety Assessment provides criteria to describe a child’s current situation and identify any current danger indicators that exist.

The Safety Assessment provides a structured process to make a safety decision for the child identified in a protective assessment. The safety decision identifies the child as either safe, safe with a plan (requiring a safety plan), or unsafe (requiring a removal and reassignment to the child abuse assessment path if the case was originally a family assessment).

Safety and Risk

A “safety assessment” is:

- A **structured decision-making tool and documentation process** 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.
- An ongoing process, rather than a one-time event. Safety assessment will occur at critical points throughout the course of the Department’s involvement with a family.

A “safety plan” is:

- a Short-term, time-limited agreement entered into between the department and a child’s parent designed to address signs of imminent or impending danger to a child identified by the Department. (Iowa Code section 232.79B)
- NOT a removal.

- A **specific, formal, concrete strategy** for initiating safety interventions which mitigate the specific danger identified in the safety assessment.
- Employed immediately to identify actions needed right now to keep the child safe.
- Designed to mitigate the foreseeable danger in the least restrictive manner.

Safety plans and **case plans** are analogous to safety and risk. Safety assessments and plans address immediate issues, while risk and case plans address conditions that may require treatment or intervention, but do not pose an immediate danger of serious harm or maltreatment.

Safety Plan	Case Plan
Purpose is to control immediate danger of serious harm or maltreatment	Purpose is to change behaviors and conditions
Limited to foreseeable danger threats	Can address a wide range of family needs
Implemented immediately upon identifying foreseeable dangers	Put in place after thorough assessment
Activities are concentrated and intensive	Activities can be spread out over time
Must have immediate effect	Has long term effects achieved over time
Providers role and responsibilities are exact and focused on the threats	Provider's role and responsibility vary according to client need

Department practice is to conduct formal safety assessments to determine if a child is safe at key decision points throughout the life of the case. Safety assessments are required:

- Within 24 hours of first contact with child during a child protective services (CPS) assessment, including both family assessments and child abuse assessments.
- At completion of every child abuse assessment and at the completion of a family assessment if the initial safety assessment was conditionally safe.

  NOTE: If at the completion of a family assessment, the safety assessment does not verify the child is safe, the family assessment must be reassigned as a child abuse assessment.
- Whenever circumstances suggest the child is in an unsafe situation.
- Before the decision to recommend unsupervised family interaction.
- Before the decision to recommend reunification.

- Before the decision to recommend closure of protective services.

Safety is only one element considered with respect to case closure. Before an assessment is complete, also assess:

- Whether the family can manage remaining risks (i.e., are the family's protective capacity and community supports adequate to address any remaining risks);
- Whether the child's needs for permanency and stability have been addressed; and
- Whether any well-being issues that brought the child to the Department's attention have been resolved.

Elements of Evaluating Safety

Identify any current danger indicators and consider the factors influencing child vulnerability as well as the caretaker's protective capacities and available safety interventions to assess the child's safety.

Factors Influencing Child Vulnerability

Indicate whether any factors influencing the child's vulnerability are present. Consider these vulnerabilities when reviewing current danger indicators.

Vulnerability issues provide a context for assessing the impact of the dangers. The presence of one or more vulnerabilities does not automatically mean that the child is unsafe or that a safety intervention is required.

"Child vulnerability" refers to the child's susceptibility to suffer abuse or neglect based on the child's age, size, mobility, physical or mental health, social and emotional state, cognitive development, and the availability of readily accessible supports.

- **Age, medical condition, mental and physical maturity, and functioning level of the child:** Infants and toddlers are most at risk for severe injuries and death at the hands of a caretaker because of their physical vulnerability, their inability to communicate verbally, and their potential of isolation from others. Even minor bruising to infants, such as grab marks on upper arms, should result in swift action to safeguard the infant.

As children reach school age, they may be able to communicate verbally but continue to be physically vulnerable. A child who is not an infant or toddler may remain extremely vulnerable because of a medical condition, lack of mental or physical maturity, or the child's level of functioning.

- Does the age of the child make them more vulnerable? The younger the child, the more vulnerable—Children are at highest risk from birth to age five.
- Is the child healthy?
- Does the child demonstrate resiliency?
- Does the child have physical or mental health problems? How serious are they?
- Does the child show signs of developmental delay? How serious is the delay? Who diagnosed the delay?
- What is the child's ability to communicate?
- Does the child exhibit behaviors that are typical for the child's age? Are the child's behaviors unusual for the community or culture that the child comes from?

Certain developmental behaviors that are normal increase the child's vulnerability if the parent is unable or unwilling to provide an appropriate response. Examples:

- A 2-year-old says no to the mother,
- A child wets the bed at age 4 and the doctor states nothing is wrong,
- A 14-year-old defies parental rule on curfew.

- Does the child exhibit behaviors that are challenging, such as bullying, biting other children, etc.
- Does the child take risks that put them in danger (such as running away, engaging in unprotected sex, etc.)? What is the caregivers' response?
- Does the child abuse drugs or alcohol?
- What are the child's strengths (cognitive, motor, social emotional skills)? Are there specific talents the child is interested in or exhibits?
- Potential sources of information include:
  - Search of previous and current Department records
  - Hospital records

- Interview with the referent, parents, teachers, doctors, family members
- Interview the child
- Consultation with public health nurse or developmental psychologist
- Police records, probation records

- **Access of the person allegedly responsible for the abuse to the child:** Consider the frequency, severity, and type of abuse. Include any implicit or explicit coercive behavior by the person allegedly responsible. Also consider:
  - Any prior abuse history of the person allegedly responsible.
  - Indications or history that the caretaker (if other than the person responsible) would allow the person allegedly responsible for abuse to have access to the child.

Current Danger Indicators

Identify the behaviors or conditions that describe a child being in imminent danger of serious harm. Consider the vulnerability of all children in the home when identifying these danger indicators.

While the safety assessment provides specific danger indicators, not every conceivable danger indicator can be anticipated. Therefore, workers may indicate other circumstances that create danger.

Rely on information available at the time of the assessment. Make every effort to obtain sufficient information to assess danger prior to terminating contact.

Safety Response – Protective Capacities and Safety Interventions

*"*Protective capacities" are specific actions and/or activities that the caregiver has taken that directly address the danger indicator and are observed behaviors that have been demonstrated in the past and can be directly incorporated into the safety plan

It is important to note that any protective action taken by the child may be incorporated as part of a safety plan but must not be the sole basis for the plan. It is never a child's responsibility to keep themself safe.

Keep in mind that any single intervention may be insufficient to mitigate the danger indicators, but a combination of interventions may provide adequate safety.

Also keep in mind that the safety intervention is not the family case plan. It is not intended to solve the household's problems or provide long-term answers. A safety plan permits a child to remain home and avoid removal if the safety interventions mitigate the danger.

- **Protectiveness of the parent or caretaker who is not responsible for the abuse:** Determine both the willingness and ability of a caretaker not responsible for the abuse to protect the child.

  Situations where a parent expresses belief in the child's report of an injury or condition and is supportive to the child result in less concern than situations involving parents who offer excuses for the behavior of the person allegedly responsible for the abuse.

  In situations of domestic violence, the non-abusing parent or caretaker may be willing but unable to protect the child. See Domestic Violence.

- **Attitude of the person allegedly responsible for the abuse** regarding its occurrence**:** Determine whether the caretaker accepts responsibility for the abuse, demonstrates remorse, and requests or accepts suggested services.

  Caretakers who project blame, reject suggested services, and defend their right to their behavior pose greater danger and likelihood of repeated injuries than caretakers who acknowledge responsibility and indicate a desire to modify behavior.

- **Current resources services and supports:** Consider if there are current resources, services, and supports available to the family that can meet the family's needs and increase protection for the child. Document services and supports that have been provided to the family but have failed to prevent the child from being abused or re-abused.

  If services are initiated right away (such as Family Preservation Services), then the risk to the children in the household may be diminished. Conversely, if caretakers refuse needed services or supports despite protective concerns, the risk to the children is higher.

Assessing parental or caregiver capacities allows you to systematically consider the strengths of the parents or caregivers, and how they might mitigate safety and risk factors. Below are three categories of characteristics, with some questions to consider when assessing them.

Behavior Characteristics

"Behavior characteristics" are specific action, activity and performance that is consistent with, and results in parenting and protective vigilance. Questions to consider include:

- Does the caregiver have the physical capacity and energy to care for the child? If the caregiver has a disability (e.g., blindness, deafness, paraplegia, chronic illness), how has the caregiver addressed the disability in parenting the child?
- Has the caregiver acknowledged and acted on getting the needed supports to effectively parent and protect the child?
- Does the caregiver demonstrate activities that indicate putting aside one's own needs in favor of the child's needs?
- Does the caregiver demonstrate adaptability in a changing environment or during a crisis?
- Does the caregiver demonstrate appropriate assertiveness and responsiveness to the child?
- Does the caregiver demonstrate actions to protect the child?
- Does the caregiver demonstrate impulse control?
- Does the caregiver have a history of protecting the child given any threats to safety of the child?

Cognitive Characteristics

"Cognitive characteristics" are the specific intellect, knowledge, understanding and perception that contributes to protective vigilance." Questions to consider include:

- Is the caregiver oriented to time, place, and space? (Reality orientation)
- Does the caregiver have an accurate perception of the child? Does the caregiver view the child in an "integrated" manner (i.e., seeing strengths and weaknesses) or see the child as "all good" or "all bad."
- Does the caregiver have the ability to recognize the child's developmental needs or whether the child has "special needs"?
- Does the caregiver accurately process the external world stimuli, or is perception distorted (e.g., a battered woman who believes she deserves to be beaten because of something she has done).

- Does the caregiver understand the role of caregiver is to provide protection to the child?
- Does the caregiver have the intellectual ability to understand what is needed to raise and protect a child?
- Does the caregiver accurately assess potential threats to the child?

Emotional Characteristics

"Emotional characteristics" are specific feelings, attitudes and identification with the child and motivation that result in parenting and protective vigilance" (Action for Child Protection, 2004).

Questions to consider include:

- Does the caregiver have an emotional bond to the child? Is there a reciprocal connectedness between the caregiver and the child? Is there a positive connection to the child?
- Does the caregiver love the child? Does the caregiver have empathy for the child when the child is hurt or afraid?
- Does the caregiver have the ability to be flexible under stress? Can the caregiver manage adversity?
- Does the caregiver have the ability to control emotions? If emotionally overwhelmed, does the caregiver reach out to others or expect the child to meet the caregiver's emotional needs?
- Does the caregiver consistently meet the caregiver's own emotional needs via other adults, services?

Actions Speak Louder Than Words

When assessing the protective capacity of the caregiver, **actions speak louder than words**. A statement by the caregiver that the caregiver has the capacity or will to protect should be respected, but observations of this capacity are very important, as they may have serious consequences for the child.

When interviewing the caregiver, it is important to include questions and observations that support an assessment of behavioral, cognitive, and emotional functioning. Suggested questions and observations include:

- A history of behavioral responses to crises is a good indicator of what may likely happen. Does the caregiver "lose control?" Does the caregiver take action to solve the crisis? Does the caregiver believe crises are to be avoided at all costs, and cannot problem solve when in the middle of a crisis, even with supports?
- Watch for caregiver's reactions during a crisis. This often-spontaneous behavior will provide insight into how a caregiver feels, thinks, and acts when threatened. Does the caregiver become immobile to the point of inaction (failure to protect)? Does the caregiver move to protect the caregiver rather than the child? Does the caregiver actively blame the child for the crisis?
- Recognition of caregiver anger or "righteous indignation" at first is appropriate and natural. How a caregiver acts beyond the anger is the important key. Once the initial shock and emotional reaction subsides, does the caregiver blame everyone else for the "interference?" Can the caregiver recognize the protective and safety issues?
- What are the dynamics of the relationship of multiple caregivers? Does the relationship involve domestic violence? What is the nature and length of the domestic violence? What efforts have been made by the victim to protect the child? Does the victim align with the batterer?
- Does the caregiver actively engage in a plan to protect the child from further harm? Is the plan workable? Does the plan have action steps that the caregiver has made?
- Does the caregiver demonstrate actions that are consistent with verbal intent or is it contradictory?

Detailed interviewing and information gathering from other sources is critical for an accurate assessment. Suggestions for additional activities include:

- What do others say about the caregiver's parenting, ability to protect, and the history of protecting the child?
- What is the documented history that indicates the caregiver's actions in protecting the child?

Assessing Environmental Protective Capacities

While the assessment of the caregiver's protective capacities is critical, an assessment of environmental capacities may also mitigate the safety threats and risk of harm to a child. Categories of environmental protective capacities, with questions and considerations that may be considered when assessing them, include:

- Formal family and kinship relationships that contribute to the protection of the child: What are the formal kinships within a family? (grandparents, aunts, uncles, siblings, stepparents and their families, half-siblings, family and kin defined by the tribe, gay partners raising children, etc.)
- Informal family and kinship relationships: What are the informal relationships? (family friends, godparents, tribal connections, "pseudo" relatives (kin), mentors, divorced stepparent who maintains parental relationship with the child, etc.)
- Formal agency supports: What are the agencies that have been or currently involved with the family (drug treatment, children's hospital, nonprofit agencies, food banks, schools, employment training, parenting classes, domestic violence programs, etc.)?

Previous agency involvement may have been seen as beneficial and can be called upon again.

- Informal community supports: What are the community supports that may or may not be readily apparent (local parent support groups, informal mentors, neighbors, neighborhood organizations, babysitting clubs, library reading times, etc.)?
- Financial supports:
  - Employment, unemployment, disability, retirement benefits
  - Family Investment Program, general relief, SSI
  - Scholarships, grants
- Spiritual, congregational, or ministerial supports:
  - Churches, ministries, prayer groups, synagogues, temples, mosques
  - Spiritual leaders within a faith

- Native American tribe: Is the family a member of a tribe locally, or elsewhere? Are there tribal agencies that can provide services? (elders within a tribe, tribal chairpersons, liaisons to the tribes, Indian health agencies, tribal social services, etc.)
- Concrete needs being met such as food, clothing, shelter (low income housing, food banks, clothing stores, emergency shelters, subsidized housing)

*Information adapted from **Critical Thinking in Child Welfare Assessment** training curriculum from Berkeley.

Initial Safety Assessment

1. Complete an initial safety assessment face-to-face with the family participation. Evaluate the safety of the child named in the report and any other children in the same home as the parents or other person responsible for their care. Within 24 hours of first face-to-face contact during a child protective assessment (including both a family assessment and a child abuse assessment), complete the initial written safety assessment in Jarvis. Follow up the initial safety assessment with supervisory consultation.

   Observation of the child by itself is not sufficient to address safety. Take the necessary actions so that the person allegedly responsible for these circumstances does not continue to have unsupervised access to the child until a more complete evaluation and safety plan (if appropriate) can be established.

   NOTE: In situations where the parents of the child are divorced or were never married, consider the household of the child to be that of the parent who has primary physical care. When parents share physical care of the child 50/50, consider the household to be the one where the child was abused.

   - The *Safety Assessment* provides a list of behaviors or conditions that describe a child being in imminent danger of harm. Use the RC-0104, *Safety Assessment Guidance*, to complete the safety assessment and determine if there are current danger indicators.
   - Document this assessment on form **470-4132, Safety Assessment** by indicating the date the assessment was completed as well as the factors influencing child vulnerability, current danger indicators, any protective capacities and safety intervention taken, and the safety decision.
     - When danger indicators are identified, immediate action must be taken to ensure the child's safety.

This may include implementing a Safety Plan or consulting with a social work supervisor and working with the county attorney to determine if a removal affidavit and court action is necessary.

- A child is considered "safe" when the evaluation of all available information led to the conclusion that the child is not in imminent danger of serious harm.

- Describe the current factors influencing child vulnerability (conditions resulting in a child being more vulnerable to danger).
- Describe any current danger indicators you identified (behaviors or conditions that describe a child being in imminent danger of serious harm).
- Describe the caretaker's protective capacities and safety interventions that have been taken and how each protected or protects the child from the identified danger indicators.

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

2. Within 24 hours of child/family contact, consult with your supervisor regarding your assessment of the child's safety and the safety plan. Document the date and time of consultation on the child protective assessment summary form.
3. Make a safety decision and document it on the S*afety Assessment.* Determine whether the child is:

   - **Safe:** No danger indicators identified; do not complete a safety plan at this time. Based on currently available information, no children are likely in imminent danger of serious harm, and no safety interventions are needed at this time.

     Continuously assess for situational changes that affect child safety, consult with your supervisor as needed, and take whatever actions the situation requires if the child's situation deteriorates to safe with a plan or unsafe.
   - **Safe with a plan:** One or more danger indicators are present; safety plan required. Safety interventions have been initiated as identified and agreed upon by all necessary parties in the written safety plan. Removal will not be sought as long as the safety interventions mitigate the danger.

The controlling safety interventions may include the parent arranging informal temporary care of the child. Develop a *Safety Plan* jointly with the family. Consider reasonable efforts to prevent removal of the child or active efforts to prevent removal of an Indian child. See Safety Plan and Removal, and See 18-C(5), Indian Child Welfare Act (ICWA): Removing an Indian Child From Their Home, as applicable.

The reasonable or active efforts options should include the consideration of:

- Obtaining support from the non-custodial father or mother and his or her relatives (kin).
- Obtaining support from other family resources, neighbors, the tribe, or individuals in the community.
- Obtaining support from community agencies or services.
- Having the alleged perpetrator leave the home.
- Having the non-abusing caregiver move to a safe environment with the child.
- Family's agreed-upon participation in Family Preservation Services.

  When any of these reasonable or active efforts are used to protect the child, a safety plan must be completed reflecting the conditions and agreement by the parents as well as any individuals directly involved with implementing or monitoring the safety plan.

  The safety plan is a specific, formal, concrete strategy for initiating safety interventions which mitigate the specific danger identified in the safety assessment. The safety plan is employed immediately to identify actions needed right now to keep the child safe.

The safety plan must:

- Identify who will participate to assure safety of the child,
- Identify who will monitor the safety plan, and
- Identify the duration of the safety plan.
- Document the actions taken or services initiated to address each identified current danger indicator.
- Address how behaviors, conditions, and circumstances associated with the current danger indicators will be controlled.

A safety plan is designed to manage the foreseeable dangers in the least restrictive manner. The implementation of the safety interventions offsets the need to take more restrictive actions at this time. Failure to follow the safety interventions or a change in circumstances may result in the need to take more formal actions to ensure child safety in the future.

During a family assessment, if the primary parent or caregiver is willing and able to collaborate with you on a plan to ameliorate the safety concerns, you may be able to continue the assessment to remain a family assessment.

However, the child must be determined "safe" by the close of the family assessment or the assessment must be reassigned as a child abuse assessment.

- **Unsafe:** One or more danger indicators are present, and removal is the only protecting intervention possible for one or more children. Without removal, one or more children will likely be in imminent danger of serious harm. The child will be placed in custody because safety interventions do not adequately ensure the child's safety.

  Removal must be sanctioned by court order or voluntary agreement for foster care placement. You are required to take immediate steps to remove the child from imminent danger of serious harm.

  See Removal and 18-C(5), Indian Child Welfare Act (ICWA) as applicable.

  When a child is determined to be unsafe, a child abuse assessment is required. If the case was originally assigned as a family assessment, you must request your supervisor reassign the case as a child abuse assessment.

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

4. Repeat the safety assessment whenever circumstances suggest the child is in an unsafe situation. Follow procedures outlined above.
5. Repeat the safety assessment before completing the child abuse assessment in all cases except assessments on an out-of-home setting, where safety assessment is not required. A second safety assessment is not required before completing a family assessment unless the initial safety assessment decision was conditionally safe.

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

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

As guidance, the supervisor will assist you in evaluating the information to identify any current danger indicators, the factors influencing child vulnerability as well as the caretaker's protective capacities and available safety interventions.

6. If the child is determined to be safe with a plan or unsafe at any time during the life of a case, use professional judgment in deciding if the child is imminently likely to be abused or neglected.

   Refer the information to the county attorney if a CINA adjudication or removal order or other court action is necessary to protect the child.

   Update the **Safety Plan** as needed.

   The worker shall complete form 470-4132, Safety Assessment to document these evaluations.

   Safety Assessment Guidance

   Safety assessment begins when a referral is received. A thorough safety assessment is needed in order to determine the need for a safety response and a safety plan. Necessary system supports include:

   - Timely supervisory consultation regarding the safety and risk assessment of the child will support and validate the worker's professional observations and judgment.
   - Training that focuses on the difference between safety and risk factors, use of the assessments, and action-oriented safety plans is intended to promote the consistency of practice throughout the state.
   - Clear definitions of safety and risk that differentiate the two and assist workers in identifying those factors that require a safety response.
   - Clarification to the Safety Assessment tool and changes to the format of the Safety Plan that provide clearer guides to workers when utilizing the tools.
   - Implementation of emergency services during the assessment period that are immediate, easily accessible, hands-on, and directly related to safety issues specifically addressed in the safety plan.

   See RC-0104, Safety Assessment Guidance for assistance in completing the Safety Assessment.

Safety Plan

Legal reference: Iowa Code section 232.71B(4)

Policy: If the child is safe with a plan, the child protection worker shall develop a safety plan with the primary parent responsible for the safety of the child within 24 hours of the first contact with the child.

Safety Plans are employed when protective capacities and safety interventions are sufficient to manage immediate danger of serious harm to the child. Children reach their highest potential when raised by parents in a stable and nurturing environment. The use of a Safety Plan may allow a child to remain in the family home or prevent a formal removal process while the family works to resolve the danger identified.

A Safety Plan is a formal document, an agreement signed by the primary parent as well as others involved and remains in effect during the assessment until a Safety Assessment indicates a safe status for the child or until the close of the case (at which time a new safety plan would be written if there is a referral for Department services). Safety Plans are specific (address the safety concern), concrete (utilize action steps) strategies for controlling threats of danger to children.

Family involvement in the development of the safety plan is imperative. Family-centered principles support the premise that the greater the family's participation, the more ownership the family has in successful outcomes. Consider the family strengths and resources that can be built upon to reach a mutual agreement that reflects the shared goal of keeping the child safe.

1. When a safety assessment decision is that the child is safe with a plan, a safety plan is required. Develop a Safety Plan with the primary parent responsible for the safety of the child within **24 hours** of first contact with the child. Document the plan on form **470-4461, Safety Plan**.
2. In the **Safety Plan**, document the specific danger to the child's well-being. This specific danger must align with the danger indicators identified in the **Safety Assessment**.
3. Document the actions needed right now to keep the child(ren) safe. Repeat this for each specific danger to the child's well-being. Address how:
   - Behaviors associated with the current danger will be controlled.
   - Conditions associated with the current danger will be controlled.
   - Circumstances associated with the current danger will be controlled.

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

- Family Preservation Services (if the child is at imminent risk of removal and placement into foster care)
- Relative (kin) home study services
- Protective child care
- Drug testing
- Service area-specific services

4. Determine and document the following tasks to be performed for each action needed right now to keep the child(ren) safe:
   - Who will do this?
   - By when?
   - How will this be checked?
   - Initials of all involved in this action.
   - Identify a back-up plan.
5. Review the acknowledgement of rights and responsibilities section of the safety plan with the parents/guardians and have them initial to verify their understanding, agreement, and commitment.
6. If the child temporarily resides outside of the parental home during a **Safety Plan** review the temporary caregiver section of the **Safety Plan** with the parents/guardians.
7. Obtain family and participant agreement with the **Safety Plan**:
   - Obtain signature of the primary parent responsible for the safety of the child. Verbal agreement is not sufficient.
   - If a safety plan removes or keeps a child from his or her usual and customary home, the signature of both custodial parents must be obtained. If the signature of both custodial parents cannot be obtained, then the safety plan may not include the removal or keeping a child from his or her usual and customary home unless sanctioned by a court.
   - If a safety plan interferes with the custodial rights for a parent or otherwise prevents a parent from having physical contact with the child, the signature of that parent must be obtained. If the signature of that parent cannot be obtained, then the safety plan may not include language that interferes with the custodial rights for a parent or prevents the parent from having physical contact with the child unless sanctioned by a court.

- Obtain signatures of individuals directly involved in implementing or monitoring the safety plan.

  If a safety plan involves a third-party individual that is not a parent to the child, assure that you obtain the signature of the parents (as described above) as well as the signature of the individuals directly involved with implementing or monitoring the safety plan. Having other individuals sign the safety plan along with the parents does not interfere with the custodial rights of either parent.

8. Obtain supervisory approval of the **Safety Plan** within 24 hours of first contact with the child. Verbal agreement is not sufficient.
9. Provide a copy of the **Safety Plan** to the family, to all who have a role in implementing the **Safety Plan**, to the family-centered services worker upon referral, and to the social work case manager upon case transfer.
10. Upload a copy of the Safety Plan into File Manager under the relevant incident number.

Family Preservation Services (FPS)

FPS are available during a CPS Child Abuse Assessment, a Child in Need of Assistance (CINA) Assessment, and anytime during an open Department child welfare service case. FPS can be purchased as an additional service package under family-centered services.

Note: If FPS services are needed on a family assessment, the assessment must be re-assigned as a child abuse assessment.

FPS are short-term, intensive, home-based, crisis interventions targeted to families with children at imminent risk of removal and placement in foster care. FPS combine skill-based interventions and flexibility, so services are available to families according to their individual needs. The goal of FPS is to offer families in crisis the supports and skills needed to remain together safely, averting out-of-home placement of children whenever possible.

FPS function to modify the home environment and/or family behavior so that the child may remain safely in the parental household or in placement with kin or fictive kin caregivers. Services are focused on assisting in crisis management, restoring the family to an acceptable level of functioning, and gaining support within their community to remain safely together.

Child Safety Conferences (CSC) are only available during provision of Family Preservation Services. CSCs are utilized for children at risk of removal and placement in foster care. Parents will be invited to attend a CSC to help identify collaborative solutions that allow the children and family to remain together. If it is not possible for the children to remain in the home, the goal is to ensure that the children are placed with kin or fictive kin caregivers rather than in a foster care placement. The decisions from the CSC will direct the blend of Family Preservation Services and activities.

An initial CSC is required within three business days of referral to FPS. A follow-up CSC is facilitated within 10 calendar days from the date of the initial CSC. CSCs are facilitated in order to make key decisions on:

- The safety of the child,
- Service and treatment needs necessary for the child to remain with their parent or parents and/or natural supports,
- Developing a plan to prevent removal,
- The appropriate placement of the child if removal is necessary,
- The child's access and opportunities for normal activities based on the reasonable and prudent parenting standard.

Making a Referral to Family Preservation Services (FPS)

If a referral for FPS is warranted during an open child abuse assessment or CINA assessment, the CPW may authorize the first unit of service. If additional units of service are necessary, the CPW's supervisor must approve additional authorizations. Once approved, issue the 3055 authorization.

- Complete the required entries in FACS and generate the 3055 authorization in JARVIS. Refer to the JARIVS/FACS System Guidance Documents for steps in accurately making system entries in FACS and JARVIS.

  Authorize one unit of service delivery (10 calendar days). If safety concerns continue after the first unit of service, an additional unit of service may be authorized upon supervisory approval, up to a maximum of three consecutive units.
- Once system entries are completed, complete form **470-5150, Child Welfare Services Referral Face Sheet**.
- Ensure that all information contained in the 3055 and child welfare services referral face sheet is accurate.

- Contact the family-centered services contractor by phone to make the referral.
- Send the **470-3055, Safety Plan** and child welfare services referral face sheet.

A family may not be referred for more than three consecutive units of FPS. If a family received three units of FPS any time during life of the case, and FPS are later necessary to prevent removal and placement into foster care, any additional units of FPS must be authorized by the social work administrator (SWA).

Payment for Family Preservation Services (FPS)

The unit rate is the same for all contractors providing this service. The unit of service begins with the date of referral. FPS are purchased as one 10-calendar day unit of service.

The contractor may invoice the Department following the unit of service at the specified unit rate for each unit of service provided.

Refer to the JARVIS/FACS System Guidance Documents for steps in making payment for FPS.

Removal of Person Responsible for Abuse

Legal reference: Iowa Code Section 232.82

Policy: The child protection worker may petition the court for removal of a sexual offender or physical abuser from the residence of a child if the child protection worker believes the offender/abuser presents a danger to the child's life, or physical, emotional, or mental health.

Removing a child from the home is traumatic for parents and the child. If circumstances permit, talk to the parents about having the person responsible for the alleged abuse leave so that the children can remain in the home.

If necessary, the child protection worker may request the court order the person alleged responsible for the alleged abuse to vacate the residence. The court will make that decision based on probable cause. If an order is granted, the child protection worker must follow local procedures and ensure that a Child In Need of Assistance (CINA) petition is filed within three days of the date of the order.

Considerations Prior to the Removal of a Child

The state recognizes removing a child from the child's family causes the child harm and that the harm caused by a child's removal must be weighed against the potential harm in allowing a child to remain with the child's family. This includes weighing the physical, emotional, social, and mental trauma the removal may cause the child.

Prior to the removal of a child, always consider the four following questions:

1. What can be done to remove the danger instead of the child?
2. Can someone the child/family knows move into the home to remove the danger?
3. Can the caregiver and child go live with kin or fictive kin?
4. Can the child move temporarily to kin or fictive kin?

Consider making a referral to Family Preservation Services (FPS). If possible, utilize a Child Safety Conference (CSC) as part of the FPS to identify collaborative solutions to allow the child and family to remain together and if that's not possible, to make effort to place the child with kin or fictive kin caregivers.

Least Restrictive Placement

If placement is necessary to ensure the child's health and safety, the placement must be consistent with the best interests and special needs of the child and shall be made in the least restrictive, most family-like setting available in close proximity to the child's home. Make every reasonable effort to place the child with an adult relative or fictive kin of the child. Throughout any placement, the Department shall actively ensure that the child stays connected to the child's kin, culture, and community.

When placement is necessary, consider the following factors when choosing the placement that best meets the needs of the child:

- The engagement of the child's family for relative (kin) placement or suitable other (fictive kin) placement (see Diligent Search for Parents and Kin/Fictive Kin)
- The child's need to be placed with siblings (see 18-C(2), Making a Placement: Siblings)
- The child's need for an appropriate and stable educational setting
- The child's need for continuity with previous placements if applicable

- The ability of the placement resource to sustain the placement
- The success of the placement resource in serving children with similar needs
- The expected length of placement
- The cost of the placement and the availability of funding for the placement

If the court determines that a child should be removed from their home, the court shall first consider placing the child in the custody of the other parent of the child.

If the court determines that placing custody of the child with their parents is not in their best interests, the child's custody shall be transferred to the Department for placement of the child in the following order of priority:

1. An adult relative of the child (including but not limited to adult siblings and parents of siblings)
2. Fictive kin.
3. Any other suitable placement identified by the child's relatives.
4. An individual licensed to provide foster care (with decision-making authority assigned to the foster care provider for the purpose of applying the reasonable and prudent parent standard during the child's placement)
5. A group care facility, shelter care facility, or other residential treatment facility.

American Indian Heritage

If it is determined that the child or children need to be removed, you must first ask the parents and others if the children may be an American Indian or Alaska Native or have American Indian or Alaska Native heritage. Be alert to how the child and family self-identify their ancestry, as this may provide clues as to potential heritage. (For detailed information on American Indian or Alaska Native heritage and working with Native American children and families, please see 18-C(5), Indian Child Welfare Act (ICWA).

The CPW must ask the following questions and document the responses within the assessment:

1. Was mother asked about Native American heritage?
2. Was father asked about Native American heritage?

3. Was the child's Indian custodian asked about Native American heritage?
4. Was the child asked about Native American heritage?
5. Was information received from any other source?
6. Does the child, parent/Indian custodian reside or domicile on an Indian reservation?
7. Indicate whether the child is or has been a ward of a Tribal court.
8. Indicate whether the child is affiliated with Meskwaki Tribe.
9. Indicate whether a parent or the child possesses an identification card indicating membership in an Indian Tribe.
10. Based on answers to the above, is it possible the child is a Native American or has Native American ancestry?

If yes to answer 10 above is Yes, please explain and document the Native American heritage or Tribal Affiliation of each applicable child.

If the parents are unavailable or unable to provide a reliable answer regarding the American Indian or Alaska Native heritage of the child:

a. Review thoroughly all documentation in the case record to look for clues regarding American Indian or Alaska Native ancestry
b. Contact the previous worker(s), if applicable
c. Contact extended family, identified by the child, parents, or Indian custodian(s), and ask them about the family's heritage
d. Contact any Indian tribe in which the child may be a member or eligible for membership, and any other person whom you reasonably believe could have information to help in making this determination.

When American Indian heritage is indicated:

1. Develop a genogram or use form **470-5623, Ancestry Chart** if the child or the child's mother(s), father(s), grandparents, extended family members, or Indian custodian(s) indicate the child may have Indian heritage.

2. Some Tribes may provide enrollment information to you if you send form **470-5632, Tribal Membership Inquiry** along with form **470-5623, Ancestry Chart** to the Tribe's designated tribal service agent for ICWA notice. If unsure who the designated tribal service agent is, search the Bureau of Indian Affairs (BIA) directory at https://www.bia.gov/bia/ois/dhs/icwa/agents-listing/. Share any information received from the Tribe with the county attorney as soon as possible.

   Form **470-5632, Tribal Membership Inquiry** is not the official "Notice of Child Custody Proceeding for an Indian Child" to the Tribe. Tribes may not provide enrollment information separate from the official Notice to the Tribe. If the Tribe will not provide enrollment information, work with your county attorney to provide the official Notice as soon as possible.

3. For all children entering out-of-home placement, document in the assessment the dates that you have made inquiries regarding tribal membership or eligibility for tribal membership, what efforts you made to obtain a determination of the child's status, and the Tribe's determination of the child's status, if applicable. You may be required to provide this documentation to the court.

4. If there is a reason to believe that the child is an Indian Child or if the child is an Indian Child covered under ICWA, follow placement hierarchy as outlined in 18-C(5), Indian Child Welfare Act (ICWA): Placement Hierarchy.

Mexican National or Multi-Nationality

The United States is a party to the Vienna Convention on Consular Relations of 1963 (VCCR). As a result of VCCR, Federal, State, and Local Government officials may have obligation to provide information to foreign consular officers and to permit foreign consular officers to assist their nationals in the United States.

Accordingly, when there is removal of a child who is a foreign national, or there is information or indications to believe that the child may be a foreign national, follow guideline below for Mexican Nationals.

Contact the Service Help Desk regarding other foreign nationals.

There is a Memorandum of Agreement (MOA) with the country of Mexico and the State of Iowa.

When the Department takes custody of a child who is determined or is believed to be a Mexican national:

- Provide written information to the child and the child's parents, father and mother, or custodian, in both English and Spanish that explains the juvenile court process and the rights of children and parents or custodians in juvenile court.

  You can use the brochure, **Comm. 146, The State Has My Child! What Can I Do?** or **Comm. 146(S)** for this purpose.

- Let the family know that you will cooperate with staff of the Mexican Consulate officials in matters concerning Department involvement with the child.

- Provide the child and family with the address and phone number of the Mexican General Consulate Office in Omaha, Nebraska:

  Mexican General Consul
  Consulate of Mexico
  Protection Department
  7444 Farnam Street
  Omaha, Nebraska 68114

  Phone: (402) 595-1863, (402) 312-5006 (cell)
  Fax: (402) 595-1845
  Email: proteccionomh@sre.gob.mx

- Provide written notification to the Mexican Consulate Office in Omaha by completing form **470-4385, Mexican Consulate Notification** and send it within ten working days of the initial date the child entered state custody (see 18-Appendix for a sample form and instructions.) under the following circumstances:

  - The Department has identified that a child in its custody is a Mexican national,
  - A parent, father or mother, or custodian of a Mexican national has requested that the Department notify the Mexican Consulate Office, or
  - The Department learns that a noncustodial parent of a child in state custody resides in Mexico.

NOTE: If you become aware at some point after a child has entered state custody that the child is a Mexican national or multiple-nationality minor, send form 470-4385 to the Consulate immediately.

Share client-specific information such as court orders with the Consulate Office upon request. Document the provision of this information in the assessment and upload any documentation into the File Manager in JARVIS.

If the Consulate requests access to a child protective assessment report, inquire as to the reason for requesting the written report and consult with the Service Help Desk before releasing it.

Reasonable Efforts

Legal reference: 42 U.S.C. § 671(a)(15) and Iowa Code Section 232.102(4)

Policy: "Reasonable" efforts" refers to activities of State social services agencies that aim to provide the assistance and services needed to preserve and reunify families. The Federal title IV-E program requires States to make reasonable efforts to preserve and reunify families:

(i) prior to the placement of a child in foster care, to prevent or eliminate the need for removing the child from the child's home; and

(ii) to make it possible for a child to safely return to the child's home.

- Before determining a child to be unsafe and initiating removal of the child, reasonable efforts to prevent placement must be considered and could include:
  - Bringing protective relatives (kin) to the child's home while the parents leave the home.
  - Initiating community services such as public health visitor or visiting nurse services.
  - Initiating family-centered services, dependent on abuse finding or court order.
  - Implementing intensive services, such as family preservation services, if applicable.
  - Having the child stay with the non-custodial parent, if applicable and appropriate.
  - Having the child in voluntarily care with relatives (kin) or friends (see Diligent Search for Parents, Relatives (Kin), or Fictive Kin and Safety Plan).
  - Having the child in voluntary foster or shelter care (see 18-D(1), Foster Family Home and 18-D(2), Child Welfare Emergency Services).

- Obtaining a court order requiring that the person responsible for the abuse leave the home, when other family members are willing and able to adequately protect the child.
- Having a non-abusing caretaker move to a safe environment with the child.

- If reasonable efforts cannot ensure the safety of the child:
  - Immediately notify the supervisor, and consult on the situation, and
  - Seek removal of the child, and
  - Document the action.

NOTE: The Indian Child Welfare Act (ICWA) requires "active efforts" to prevent the removal of the Indian child or if removal is required, to promote reunification. Active efforts go beyond reasonable efforts. For definition and examples of active efforts, see 18-C(5), Indian Child Welfare Act (ICWA): Active Efforts.

Diligent Search for Parents, Relatives (Kin), or Fictive Kin

Legal reference: Public Law 110-351; Iowa Code Section 232.84

Policy: Within 30 days of removal, the Department must identify and provide notice to the child's grandparents, aunts, uncles, adult siblings, parents of the child's siblings, and adult relatives (kin) suggested by the child's parents, subject to exceptions due to the presence of family or domestic violence.

When there is an emergency need for the child to be moved from their home, a family genogram can assist in determining relatives (kin) and other suitable support persons (fictive kin) who have a kinship bond with the child. First consideration should be for the child to stay with the non-custodial parent, if applicable and no known concerns exist. Otherwise, attempt to identify a relative (kin) or fictive kin who would be willing to take the child on a temporary basis.

Initiate the search before placement of the child if possible.

1. Ask the parents or caretakers to identify both maternal and paternal relatives (kin) of the child. Besides the parents, this includes:
   - Maternal and paternal grandparents;
   - Adult maternal and paternal aunts and uncles;
   - Adult siblings of the child;

- Parents of the child's siblings; and
- Adult relatives (kin) of the child suggested by the parent.

Give each parent form **470-4840, Notice to Relatives Worksheet**, to identify relatives (kin) and give their opinions of the relatives' (kin) potential to assist with case planning or placement. Issue this form for each removal episode from the home even if the child returns home within 30 days of removal as this will assist in the future if removal of the child is needed again as a possible relative placement.

Child Safety Conferences also are useful in identifying relative (kin) or fictive kin placement possibilities. Ask parents what relatives (kin) or fictive kin they would choose to have the child placed with on a temporary basis if the safety plan or the family preservation services to prevent placement are not successful.

2. When a parent, relative (kin), or fictive kin is identified, obtain the person's name, address, and phone number. Initiate a search for the person as soon as you are made aware of the person's existence. A diligent search shall include:

   - Interviews with persons who are likely to have information about the identity or location of the person being sought;
   - Database searches, and
   - Record searches, including searches of employment, residence, utilities, Armed forces, vehicle registration, child support enforcement, law enforcement, corrections records, and any other records likely to result in identifying and locating the person being sought.

3. Contact the identified persons to determine their willingness to be a potential placement or support to the family. Iowa law does not require a signed parental release for this initial contact. The Department may share information as necessary to explore a child's potential placement with any adult relatives who may receive notice.

   Use form **470-4769, Notice to Relatives and Parents**, if the child has already entered care. The **Notice to Relatives and Parents** is required to be sent to relatives (kin) within 30 days of the removal of the child.

If a relative (kin) indicates willingness to be a support to the family or a potential placement, have the parent or guardian sign form **470-2115, Authorization for the Department to Release Information**, giving you permission to contact these relatives (kin). (If the parents have joint legal custody, you must get the permission of both parents to release the information.) If a parent or guardian refuses to sign the release, approach the court for authority.

4. If no relative (kin) placements are found, attempt to identify fictive kin, such as a friend of the family, neighbor, or daycare or school connection who has a significant relationship with the child.

   Have the parent or caretaker sign form **470-2115, Authorization for the Department to Release Information** to share information regarding the child, so you can contact the fictive kin. If the parent or guardian refuses to sign the release, approach the court for authority. Obtain the same information as listed above for relatives (kin).

5. Complete an assessment of each person who responds to determine the person's ability to provide the care and support required by the child, including placement.

   If appropriate to the child's developmental stage, ask the child the following:

   - Do you know this person?
   - Have you been to this person's house?
   - Would you feel safe with this person?

   Before facilitating the relative (kin) or fictive kin (non-relative) placement, complete the appropriate record checks (see Record Checks for Emergency Placements) and follow local policy regarding consultation with a supervisor before making the placement.

   If you determine that a person is unwilling or unable to assume care of the child, determine if the person is willing to provide other types of support to the child to maintain their connection to family and others with whom they have a significant relationship. This type of support could include postal mail or e-mail contact, phone calls, visits, respite, and participation in holiday or other gatherings.

If no relative (kin) or fictive kin (nonrelative) placement is identified, proceed with a court-ordered removal and placement of the child in an appropriate level of foster care. Document the efforts to place with a relative (kin) in the assessment report.

6. After the completion of the initial search, the Department has a continuing duty to search for kin and fictive kin with whom it may be appropriate to place the child until such relatives (kin) are found or until the child achieves permanency through adoption or guardianship.
7. If an adult relative entitled to notice is later discovered or identified, the Department shall provide notice to that relative within thirty days.

Siblings

The Department shall make a reasonable effort to:

- Place siblings together in the same placement, unless it would harm any child's physical, emotional, or mental well-being.
- Ensure frequent interaction between the child in placement and their sibling(s).
- If siblings cannot be placed together:
  - Explain the reasons and efforts made to keep them together, or why such efforts were inappropriate
  - Arrange for ongoing interaction, unless restricted by the court
- Document in the assessment report:
  - Efforts to prevent sibling separation.
  - Your reasons for separating siblings; and
  - Your plans to maintain sibling contact.

Persons indicating that they are siblings of a child in out-of-home placement may petition the juvenile court to request frequent ongoing interaction with that child. Arrange for interactions with the child in placement if the court finding:

- Affirms that the person is a sibling, and
- Does not indicate that interactions would not be in the child's best interests.

Record Checks for Emergency Placements

When the child will be moving to a non-custodial parent, relative's (kin's) home or to a fictive kin's (nonrelative's) home instead of entering foster care:

1. Obtain the person's date of birth and social security number.
2. Ask the person to disclose any child abuse or criminal record that the person may have. Inform the person that you will be checking child abuse registry and DCI records, and obtain the person's signature on form **595-1489** or **595-1489(S)**, **Non-Law Enforcement Record Check Request Form A.**
3. Since the child will be moving before the record checks are completed, have the person sign a statement confirming that the person has no prior criminal or child abuse record. Example:

   > No one in my household has been convicted of a crime or has a record of founded child abuse.

4. Advise the person that at any point during the placement process you will request the court to place the child elsewhere if:
   - There are any safety issues, or
   - The needs of the child are not being met.
5. Submit the record checks within 24 hours whenever possible (or the next working day).
   - In JARVIS, check STAR and DARES abuse history, as well as Child Services for any open or closed service files concerning the non-custodial parent or relatives (kin).
   - Check the sexual offender registry at www.iowasexoffender.com/ and document the results in the assessment.
   - For the criminal records check, use SING or submit **Criminal History Record Check Request Form, form DCI-77.**
     - Write "Relative (Kin) Placement" on each form.
     - Indicate on both forms the name and number of the county where the child resides (or was removed from parental care), so the Division of Fiscal Management can charge the cost to decategorization funds correctly.
     - Note on the billing form that this form is to be submitted to HHS Bureau of Purchasing, Payments, Receipts, and Payroll.

- Enter the codes: 0001 413 Pay Region # (01=Sioux City, 02=Waterloo, 03=Des Moines, 04=Council Bluffs, 05=Cedar Rapids).

Removal of Child

Legal reference: Iowa Code sections 232.78; 232.79(4)"b", 232.79A; Indian Child Welfare Act

Policy: The child protection worker shall take action to request emergency removal of a child if it is necessary to avoid imminent danger to the child's life or health.

Assessment workers do not have the legal authority to remove children from their home. Only a peace officer, a physician, or physician assistant treating a child may remove a child without a court order. You may recommend that the juvenile court order the removal of a child from the parental home when you believe that the removal is necessary to avoid immediate threat to the child's life or emotional well-being.

Circumstances or conditions that may indicate the presence of imminent danger include but are not limited to:

- The refusal or failure of the person responsible for the care of the child to comply with the request of a peace officer, juvenile court officer, or child protection worker to obtain and provide to the requester the results of a physical or mental examination of the child. The request for a physical examination of the child may specify the performance of a medically relevant test.
- The refusal or failure of the person responsible for the care of the child or a person present in the person's home to comply with the request of a peace officer, juvenile court officer, or child protection worker to submit to a medically relevant test and provide the results to the requester.

If child removal is necessary:

- Notify and consult with the supervisor and document the action in the assessment.
- If the child is removed from a FIP household, also notify the income maintenance worker assigned to the case of the removal.
- If the child is not returned to the care of the parent or guardian, follow locally established procedures to file a petition with the juvenile court within 72 hours after the child's removal.

- At the time of any removal:
  - Inform the parents that they may have parental liability obligations when their child is placed in foster care.
  - Inform the parents that the consequences of a permanent removal may include termination of the parent's right with respect to the child.
  - Provide the parents with the brochure, **Comm. 146, The State Has My Child! What Can I Do?**.
  - If the removal involves a child who you have reason to believe is an Indian Child or has been identified as an Indian Child, work with your county attorney and follow local protocol to Notice the tribe. (For more information, see 18-C(5), Indian Child Welfare Act (ICWA), Removing an Indian Child From Their Home).

NOTE: Federal Rule 45 CFR 1355.34(c)(1) requires that the Department's information system readily identify the status, demographic characteristics, location, and goals for placement for every child in foster care.

To ensure compliance as well as to ensure that the most recent information is available should an emergent need arise, entries shall be completed in JARVIS and FACS within three business days from:

- the date the child initially enters foster care, and
- the date of any foster care placement changes.
  - This requirement applies to placements by a CPW that occur during an assessment as well as placements by a SWCM during an open child welfare service case.
  - Local administration will determine the process by which this requirement is accomplished within their service area.
  - CPWs and SWCMs may be responsible for their own placement entries or there may be an alternate process established.

Removal Through Court Order

Legal reference: Iowa Code sections 232.71C; 232.78(1),(2), 232.79, 232.79A, 232.82, 232.95, and 232B.6

Policy: The child protection worker may request the court to enter an ex-parte order to remove the child.

Consider requesting an ex-parte order to separate the child from the person responsible for the abuse when you determine that:

- The child is in imminent danger (unless the child is separated from the person responsible for the abuse) AND

- Reasonable efforts (or active efforts for ICWA) to prevent emergency removal have been considered AND
- Those efforts will not adequately safeguard the child.

1. Follow local procedures for requesting the juvenile court to issue an ex-parte order for the removal of a child.
2. Regardless of local procedures, gather information to support all of the following:
   - The child's immediate removal is necessary to avoid imminent danger to the child's life or health;
   - There is not enough time to file a petition and hold a hearing concerning temporary removal under Iowa Code section 232.95 or 232B.5;
   - The child cannot either be returned to the place where the child was residing or be placed with the parent who does not have physical care of the child; AND
   - One of the following applies:
     - The person responsible for the care of the child is absent, or though present, was asked and refused to consent to the removal of the child and was informed of the intent to apply for an order to remove the child; OR
     - There is reasonable cause to believe that a request for consent would further endanger the child; OR
     - There is reasonable cause to believe that a request for consent will cause the parent, guardian, or legal custodian to take flight with the child.
3. Unless the juvenile court has designated this responsibility to another:
   - Make every reasonable effort to inform the parent or other person legally responsible for the child's care.
   - Follow up with any inquiries that may aid the court in disposing of the application.
4. Prepare and file a written report within five working days that includes documentation of:
   - Conferences you held.
   - Efforts to inform the parents or other person legally responsible for the child's care of the application.
   - Any inquiries made to aid the court in disposing of the application.

- All information communicated to the court.

5. Follow 18-C(5), Indian Child Welfare Act (ICWA): Emergency Removal if you know or have reason to know that the child is an Indian Child.

Removal by Peace Officer

Legal reference: Iowa Code sections 232.79(1) and 232.79A

Policy: A peace officer or juvenile court officer may take a child into custody without a court order to avoid imminent danger to a child's life or health.

1. During the course of an assessment, immediately contact a peace officer and request assistance 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. Whenever safely possible, consult the supervisor prior to contact a peace officer.
2. If you request that the peace officer conduct an emergency removal of the child, and the peace officer refuses, follow locally established procedures to contact juvenile court authorities to request an ex-parte order to remove the child. Document these steps in the assessment.
3. If a law enforcement officer is at a parental home where there is no parent or other caretaker, and requests the assistance of the Department, comply with the request. This includes a request from law enforcement for:
   - Making a report of child abuse,
   - Assisting in caring for or placing children, or
   - Entering the home.

NOTE: When a child is taken into custody by law enforcement because the child's parent, guardian, or other person responsible for the care of the child has been arrested and detained or has been unexpectedly incapacitated, and that no adult who is legally responsible for the care of the child can be located within a reasonable period of time, the peace officer shall attempt to place the child with an adult relative (kin) of the child, an adult person who cares for the child, or another adult person who is known to the child. Upon the request of the peace officer, the department shall assist in making the placement.

Removal by Physician or Physician Assistant

Legal reference: Iowa Code Section 232.79(1)

Policy: A physician, physician assistant, or medical security personnel may take a child into custody without a court order to avoid imminent danger to a child's life or health.

1. If a child receiving medical care is imminently likely to suffer significant injury or death if returned to the parental home, immediately request that the treating physician or physician assistant keep a child in custody, usually within the hospital setting.
2. If the physician or physician assistant keeps the child in custody in the hospital, inform the physician or physician assistant of the provisions of Iowa Code 232.79:
   - The physician or physician assistant must immediately orally inform the juvenile court of the emergency removal and the circumstances surrounding the removal.
   - Within 24 hours of orally informing the court of the removal, the physician or physician assistant shall inform the juvenile court in writing of the emergency removal and the circumstances surrounding the removal.
3. If the physician or physician assistant refuses to keep the child in protective custody, follow locally established procedures to contact juvenile court authorities to request an ex-parte order to place the child in custody. Document these steps in the **Child Protective Services Assessment Summary, form 470-3240.**

Placement Responsibility

Safety Notification

Legal reference: Iowa Code Supplement Section 232.2(4)"l"; 441 IAC 130.7(2)"c"(5) and 202.10(4)

Policy: If information that a child has been violent, been a victim of sexual abuse, or perpetrated sexual abuse is available at the time of placement, the Department must provide this information to the person caring for the child. The Department must also report whether the placement is voluntary or court ordered.

At the time of placement, provide the following information, if available, to the foster parent, agency, or other person caring for the child:

- Any history of violence on the part of the child

- Whether or not the child is a victim of sexual abuse
- Any information on the child's perpetration of sexual abuse
- Placement as voluntary or court ordered
- Pertinent health and behavioral information regarding the child

NOTE: The Social Work Case Manager will also need this information to include in the child's case permanency plan, social history report to the court, and any dispositional court report. The documentation of reasonable efforts (or active efforts for ICWA) and exploration of relative (kin)care are critical to the needs and well-being issues of the child.

Breastfed Infant

Legal reference: 2005 Iowa Acts, Chapter 175, Section 16; 441 IAC 202.10(4)"c", 202.11(3) and 202.12(5)

Policy: When a breastfed infant is removed from the infant's home, the infant's mother must be allowed to continue to breastfeed the infant when such contact is in the best interests of the infant.

The opinion of the child's physician or physician assistant is critical in determining the best interest of the infant, particularly when the mother has a history of substance use or takes prescription medication.

Drug testing is advisable under these circumstances.

Evaluating the Home Environment

Legal reference: Iowa Code Section 232.71B.4, 441 IAC 175.25(5)

Policy Statement: An evaluation of the home environment shall be conducted during the course of both a family assessment and a child abuse assessment. Domestic violence and substance abuse will be addressed.

A visit to the home is required and essential when you are completing a protective assessment of children and their family.

- Conduct a home visit with the permission of the child's parent or guardian to evaluate the home environment and assess the strengths and needs of the child, parent, home, and family.
  - If permission is refused, the juvenile court may authorize the worker to enter the home to observe or interview the child.
  - If the parent or guardian denies permission for a home visit, and safety factors related to the home environment have been identified, contact the juvenile court to seek a court order, showing the necessity for the home visit.

- If the child's parent or guardian refuses access to the home, but has allowed observation and interview of the child, document the refusal of the home visit.

  NOTE: If the parent or guardian refuses access to the home during a family assessment, the assessment must be re-assigned as a child abuse assessment.

- If you do not make a home visit, you must document the reason in the assessment.

- Identify any safety concerns observed and evaluate the relationships between all household members and include this information in the assessment.

  NOTE: When the alleged abuse has occurred at an out-of-home setting (such as a child-care center or residential facility), evaluate the environment where the alleged abuse occurred, not the child's home environment.

  NOTE: The Department has an intergovernmental agreement with Meskwaki Nation to conduct joint child abuse investigations, which includes home visits. Additionally, you must contact Meskwaki Family Services prior to entering the Meskwaki Nation Settlement. If unsuccessful in reaching Meskwaki Family Services staff, document your efforts and conduct the home visit.

  Domestic Violence

  "Domestic violence" is defined as a pattern of abusive, assaultive, or coercive behaviors, including physical, sexual, and psychological attacks, as well as economic coercion, which adults or adolescents use against their intimate partners to gain or maintain power and control over.

  Frequently child abuse and domestic violence occur in the same families. Domestic violence increases the risk of abuse to children. For that reason, information about domestic violence is included as an important part of the assessment of a family.

  Always inquire about domestic violence, whether or not there are allegations of domestic violence in the initial child abuse report. In making this inquiry, consider the safety of the domestic violence victim and the children.

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

Possible options in such circumstances may include filing a CINA or founding on the aggressor of the domestic violence. If you need further direction on this issue, contact the Service Help Desk.

Implications of Domestic Violence for Protective Services

Goals for child protective intervention in domestic violence cases are:

- To protect the children.
- To increase the safety and well-being of children by increasing the safety of their parents.
- To increase the safety of children by supporting the autonomy of the domestic violence victim.
- To hold the domestic violence perpetrator, not the victim, responsible for the abusive behavior and for stopping it.
- The following assumptions guide effective child protective interventions in domestic violence cases.

Many individuals who physically or sexually abuse or neglect children also abuse their intimate partner, so routine screening for domestic violence must be part of child protection efforts.

When the domestic violence perpetrator abuses an adult intimate partner, the perpetrator also emotionally injures the children.

Therefore, to protect the children, a child protective plan or other interventions must deal with the domestic violence.

As a consequence of the domestic violence or other problems, a victim of domestic violence may abuse or neglect the children. Protecting the victim from an assaultive partner should be considered as a way to reduce risk to children.

Domestic violence perpetrators, not their victims, must be held accountable for abusive behavior. Therefore, like sex offenders, domestic violence perpetrators need significant controls placed on them in the context of a child protective service intervention.

The volatility associated with domestic violence makes it imperative that you pay particular attention to the information gathered regarding domestic violence and the actions you take in response to this information.

If the perpetrator reveals information to you about domestic violence, discuss this with the domestic violence victim and develop a plan for safety with the domestic violence victim and children. Never discuss the plan for safety with the domestic violence victim or children while the perpetrator is present.

If safety can be reasonably assured, the relationship between the domestic violence victim and children should be supported and preserved. Support victims in efforts to protect their children and themselves. Help them use state domestic violence and stalking laws to protect themselves and their children.

Collaborate with domestic violence programs, batterers intervention programs, and the criminal justice system, both to increase safety for domestic violence victims and children and to hold the perpetrators responsible for the domestic violence. Use local domestic violence programs as a resource for both the domestic violence victim and the children.

The Child Welfare Information Gateway, the website for the National Clearing House for Child Abuse and Neglect, provides summaries of studies regarding the co-occurrence of child abuse and domestic violence and the impact on children. See:

https://www.childwelfare.gov/pubs/usermanuals/domesticviolence2018/

Identifying Domestic Violence

1. Gather information about domestic violence:

   - The threats or the use of physical force against the intimate partner.
   - The pattern of coercive and controlling behaviors.
   - Who is the domestic violence victim and who is the domestic violence perpetrator?

   NOTE: Given the prevalence of domestic violence and its impact on children, routinely inquire directly about domestic violence with **all** families during the initial reports and in assessment interviews with **every** adult family member, whether or not:

   - There are allegations of domestic violence, or
   - An adult male lives in the household.

   When asking about domestic violence, convey that these are routine questions asked in every case.

2. When possible, ask the referring agency or individual:
    - Has anyone else (beside the children being reported) in the family been hurt or assaulted? If so, describe the assault (who, what, when, where, why)?
    - Has anyone in the family made threats to hurt or kill another family member or themselves?
    - Do you know if weapons have been used to threaten or to injure a family member?
    - Have the police ever been called to the house to stop assaults against adults or children? Have arrests ever been made?
    - Has anyone threatened to take the children?
    - Has any family member stalked another family member?
    - Do you know who is protecting the children right now?
3. Observe possible **effects** of domestic violence, such as:
    - Injuries
    - Stress related illness
    - Damage to physical property
    - Behavior indicating parent's fear of partner or control by partner
    - Behavior indicating child's fear of one parent
    - Behavior indicating child's protectiveness for the other parent
    - Depression, anxiety, suicide attempts, substance abuse or repeated help-seeking by domestic violence victim
4. Seek information from collaterals, such as:
    - Direct observation of:
        - Acts of physical violence
        - Threats of physical violence
        - Other tactics of control
    - Reports from agencies and individuals (child welfare agencies, police or courts, counselors, domestic violence programs, schools, family, neighbors, etc.).
    - Family members' self-reports when being interviewed about violence or other issues.
    - Referral reports, written evaluations, telephone reports
    - Criminal records check

Planning for Safety with Families Experiencing Domestic Violence

1. When domestic violence is revealed, determine:
   - Are the children in danger?
   - What is the nature of the risk to the children?
   - Are there substance abuse problems?
   - Who is responsible for causing the children to be in danger?
   - Is emergency intervention necessary? Evidenced by:
     - Domestic-violence-related injuries to an adult or children;
     - A severe assault, frequent domestic violence assaults, or escalation of severity and frequency;
     - Display or use of weapons during domestic violence assault; Belief of domestic violence victim that self or children could be seriously injured or killed;
     - Domestic violence perpetrator's threats to kill or seriously injure self or others;
     - Domestic violence perpetrator's stalking of domestic violence victim or children;
     - Menacing conduct of domestic violence perpetrator and risk of children being assaulted or snatched;
     - Non-abusive parent forced to flee and leave children with domestic violence perpetrator (or parent and children have fled without a place to go); or
     - Domestic violence victim unable to care for children due to the trauma of a recent assault or to the trauma from a series of multiple incidents.
   - When is further assessment needed?
   - Which interventions would ensure the safety of the children?
   - How best can the risk to the children be monitored over time?
2. Immediately make a plan for safety for the adult and child victims.

   Explain to the victims that you are required to protect children and that victim disclosures will be used to plan for the children's safety.

   NOTE: A domestic violence victim may be reluctant to talk with you because of fears of losing the children or of being punished by the batterer. By focusing on the safety concerns, you can build an alliance with the domestic violence victim.

Ask:

- What are you already doing to create safety?
- In what way can we help you to protect yourself and your children? What can we do?
- What have you tried in the past to protect yourself and your children?
- What has worked to keep you and your family safe in the past?
- What do you need now to protect your children?
- What particular concerns do you have about your children's safety?
- What do you feel you need to be safe?
- Can we help you connect to a domestic violence agency, police, or court for help?
- Do you feel that a shelter or a protection order would be helpful? If so, do you want to use these options now?
- If a shelter or a protection order would not be helpful, what other ideas do you have about ways to keep your children safe? (e.g. they're temporarily staying with relatives (kin) or friends)
- Who in your support system will help you? How can they help? Can we involve them?

Give the victims contact numbers for victim advocacy services where the victim can discuss domestic violence issues confidentially.

3. If domestic violence is disclosed during a meeting with other family members present:
   - Acknowledge concern for family member's safety.
   - Try to determine if people are at immediate risk and plan for their safety.
   - If there is no immediate safety concern, explore the disclosure in separate, individual sessions with family members.
4. Determine the risk of lethality, based on:
   - The perpetrator's access to the victim.
   - The pattern of the perpetrator's abusive behavior, such as frequency or severity of abuse in current, concurrent, past relationships; use and presence of weapons; threats to kill; hostage taking or stalking; past criminal record.

- The perpetrator's state of mind, such as obsession with victim or jealousy; ignoring negative consequences of violence; and depression or desperation.
- Reduced behavioral control of either the victim or the perpetrator due to substance abuse, medications, psychosis or other major mental illness, or brain damage.
- Suicidality of the victim, children, or perpetrator.
- The victim's fear for life or safety.
- The victim's use of physical force.
- The children's use of violence.
- Situational factors such as separation violence (when the victim attempts to leave the batterer).
- Past failures of the system to respond appropriately.

5. If the domestic violence victim has separated from the domestic violence perpetrator, explore the following options together:
   - Changing locks on door and windows.
   - Teaching the children to call the police or family and friends if the perpetrator takes them or assaults again.
   - Talking to schools and childcare providers about who has permission to pick up the children and developing other special provisions to protect the children.
   - Finding a lawyer knowledgeable about family violence to explore custody, visitation, and divorce provisions that protect the children and the victim.
   - Obtaining an order of protection.
   - Asking neighbors to inform the victim if the perpetrator returns to the area.
   - Determining what the victim can do (or is willing to do) if the perpetrator returns.
6. If the victim is leaving the domestic violence perpetrator, review the following:
   - How and when can the victim most safely leave?
   - Does the victim have transportation? Money? A place to go?
   - Is the place the victim is fleeing to safe?

- Is the victim comfortable calling the police if needed?
- Who does the victim tell or not tell about leaving?
- Who in the victim's support network does the victim trust to protect them?
- What can the victim and others do so that the victim's partner will not find them?
- How will the victim travel safely to work or school or to pick up children?
- What custody and visitation provisions would keep the victim and children safe?
- Would an order of protection be a viable option?
- What community, shelter, and legal resources will help the victim feel safer?
  - Write down the addresses and phone numbers of the resources.
  - Help the victim call them.
  - Encourage the victim to use them.

7. If the victim is staying with the perpetrator, review the following:
   - In an emergency what works best to keep the victim and the children safe?

     Remind the victim that in the middle of a violent assault, it is always best to trust personal judgment. Sometimes it is best to flee, sometimes to placate the assailant--anything that works to protect the victim and the children.
   - Are there dangerous locations in the house? How can the victim avoid being trapped in them?
   - If there are weapons in the house, can they be removed?
   - Who can the victim call in a crisis?
   - Would the victim call the police if the violence starts again?
   - Is there a phone in the house, or can the victim work out a signal with the children or the neighbors to call the police or get help?
   - Would a protection order help the victim?
   - If the victim needs to flee, where are the escape routes from the house?

- If the victim needs to flee temporarily, where can the victim go?
  - Help the victim think through several places to go in a crisis.
  - Write down the addresses and phone numbers of family, friends, and community agencies.
- Advise the victim to make an extra set of car keys and to hide some money in case of an emergency.
- Gather things that it is advisable to have available in case flight is necessary include:
  - Birth certificates.
  - Savings passbooks.
  - Credit and ATM cards.
  - Social security cards.
  - Bank account number.
  - School and health records.
  - Medications and prescriptions.
  - Welfare and immigration documents.
  - Marriage and driver's licenses and car title.
  - Divorce papers or other court documents.
  - Clothing and comfort items for the victim and the children.

8. Gather information regarding the domestic violence perpetrator's assaultive and coercive conduct. Ask questions about:
   - Physical assaults, such as pushing, shoving, grabbing, and shaking; or one partner restraining or pinning the other down.
   - Sexual assaults, such as one partner pressuring the other for sex when the other did not want it or physically forcing the other to have sex or unsafe sex.
   - Psychological assaults, such as one partner threatening violence against the other, the children, or others; or one partner attacking property or pets, stalking, harassing, or intimidating the other.
   - Economic coercion, such as one partner controlling the other through money by not allowing the partner to work or spend money without permission.
   - Use of children to control the partner, such as one partner threatening or using violence against the children; or one partner making the children watch or participate in the abuse of the other partner.
   - Determine the impact on the domestic violence victim due to the domestic violence. Ask questions about:
     - Disturbances, headaches, bruises, and fractures.

- Psychological and emotional problems to the victim, such as depression, anxiety, fears, and feeling numb.
- Permission from one partner required regarding clothes the other wears, time to go to bed, daily schedule, going outside of the house, or discipline of children.

9. Determine the impact on the children due to the domestic violence. Ask questions about:
   - Injuries or health problems, such as bruises, broken bones, black eyes, burns, and recent health changes.
   - Psychological and emotional impact, such as withdrawal, depression, increased irritability, anxiety, nightmares, and suicidal expressions.
   - Behavioral problems, such as use of physical force or threats of physical force, problems eating or sleeping, running away, cutting themselves, and destroying toys.
   - Social disruptions, such as moves, changing schools, isolation from friends, and loss of family members, peers, or adults.
10. Determine the impact on domestic violence victim's parenting, such as ability to:
    - Take care of the children,
    - Consider the children's best interest, and
    - Keep the children safe.
11. Determine the impact on the domestic violence perpetrator's parenting, such as:
    - Failing to consider the children's best interest or to keep the children safe.
    - Undermining the parenting of the domestic violence victim.
    - Expecting the domestic violence victim to be the sole parent.
    - Using the children to control the domestic violence victim.
    - Using physical force against the children.
12. Explore the following **actions** with the domestic violence victim and the children, when appropriate:
    - How the children can find a safe adult and ask to help whenever they experience violence at home.
    - How the children can escape from the house if an assault is in progress. If they cannot escape, what room in the house is the safest for them?

- How the children can avoid getting in the middle of an assault.
- Where the children can go in an emergency. (Ask them to explain what they will do, step-by-step.)
- How to call the police.
- How to call family members, friends, or community agencies for help.

13. Gather information regarding protective resources in the situation, including:

- The victim's personal resources, such as:
- Resistance to the perpetrator.
- Belief in self and children.
- Willingness to seek help.
- Work skills.
- Parenting skills.
- Ability to plan for the children's safety.
- Knowledge of the abuses and the situation.
- Use of safety resources for self and children.
- The children's personal resources, such as:
  - Ages and developmental states.
  - Action during violence.
  - Help-seeking behavior.
  - Knowledge about "what to do" in domestic violence episodes.
  - Ability to carry out plans for safety.
- Positive relationships with the domestic violence victim, siblings, other family members, and neighbors.
- Community resources for the victim, such as:
  - Victim advocacy and support services.
  - Safe housing.
  - Community of faith.
  - Welfare and social services.
- Effective criminal justice response to domestic violence (policy, prosecutors, courts, and corrections).
- Community resources for the perpetrator, such as:
  - A batterer's education program.
  - Accessible substance abuse treatment.
  - Accessible mental health treatment.

- The perpetrator's ability to stop the abuse, such as:
  - Demonstrating that ability by resisting abusive behaviors during the child protective assessment process.
  - Acknowledgement of abusive behavior as a problem.
  - Acknowledgement of responsibility for stopping abuse.
  - Cooperation with current efforts to address abusive behavior.
  - Attendance and follow through with education programs.

14. Interview the domestic violence perpetrator:
    - Use police reports or other agency reports about the domestic violence in the interviews with perpetrator.
    - Do not confront the domestic violence perpetrator with information provided by a victim or use any information from a victim's statements.
    - If an identified perpetrator denies domestic violence, do not try to force disclosure.

    NOTE: Angry confrontations with the domestic violence perpetrators often result in retaliation against the children or domestic violence victims.

15. Evaluate the domestic violence **capacity** or plan for safety. Ask:
    - What do you intend to do to stop the violent behavior?
    - What actions will you take to ensure that the abuse stops, and your family is safe?
      - Respecting no-contact orders.
      - Removing weapons from your home, car, and environment.
      - Not using alcohol or drugs.
      - Leaving the house (like using time-outs).
      - Going to counseling.

<u>Working with Victim Advocates or Counselors</u>

1. Ask victim counselors to review options with domestic violence victims, including informing the victim about legal, counseling, public financial support, and other community services.
2. Ask the victim to sign a release so you may communicate with the Victim Advocate.

NOTE: All domestic violence programs have confidentiality policies that prohibit sharing information about domestic violence victims who use their services without a release from the victim.

Communication between victim counselors and domestic violence victims is confidential and cannot be disclosed to anyone, including child protection workers conducting child protective assessments.

This privilege includes all information about domestic violence victims who have used domestic violence program services, including information regarding whether the victim is currently a client or has ever been a client.

Additional Resources on Domestic Violence

For further information on practice issues regarding child abuse and domestic violence, link to:

- Tough Problems, Tough Choices: Guidelines for Needs-Based Service Planning in Child Welfare, addresses domestic violence at:

  https://www.acf.hhs.gov/sites/default/files/documents/cb/nccan14_think_tank_2.pdf

- A publication by the National Clearinghouse on Child Abuse and Neglect Information, *Children and Domestic Violence: A Bulletin for Professionals*, addresses the impact of domestic violence on children and resulting implications for professional practice. Resources such as websites and publications are also listed.

  The bulletin is available on line at:
  https://www.childwelfare.gov/pubs/factsheets/domestic-violence/ or can be ordered by contacting the Clearinghouse at (800) 394-3366 or nccanch@caliber.com.

- A publication of the Jordan Institute for Families at the University of North Carolina at Chapel Hill School of Social Work, *Practice Notes* provides an introduction to domestic violence and offers practical suggestions for talking with and protecting adults and children struggling with this issue:
  https://digital.ncdcr.gov/digital/collection/p249901coll22/id/319980/

- The Safe & Together Institute uses a perpetrator pattern-based framework that is at the intersection of domestic violence and children. They tackle the myth of “objective” or “gender neutral” practices, putting child healing, safety, stability, nurturance, rights, hopes and best interests at the center of their work; meaning they support the survivors and do not allow the perpetrator to be invisible. They offer free resources on their website:
  https://safeandtogetherinstitute.com/evidence-resources/free-resources/

Substance Abuse

Frequently child abuse and substance abuse occur in the same families. Caretaker substance abuse increases the risk of abuse to children. For that reason, information about substance abuse is part of the assessment of a family.

When alcohol and other drugs are being misused or abused within a family, it affects every member of the family. It may affect the health, education, and social life of each person within the immediate and extended family.

Risk Assessment for Substance Abuse

1. When a family member is misusing or abusing alcohol, legal drugs, or illegal drugs, address the following items:
   - The types and quantities of substances being misused or abused
   - The length of usage of substances, and change in quantities being used
   - The effect of substance use on the person's behavior
   - The effect of substance use on the person's physical and mental health
   - Any legal problems and criminal history created by the of substance use
   - The effect of substance use on the person's employment
   - The effect of substance use on the person's social relationships
   - Any concerns the person has regarding their use of substances
   - The effect of substance use on the person's ability to parent (if applicable)
2. Document the impact that the use of substances has had on other family members, including:
   - Family members' view the use of substances
   - Family members' denial or minimization of use or its impact
   - Family members' expressed anger and worries about the user
   - Children in the family exhibiting adult behaviors or assuming adult parenting roles
3. Document each family member's evaluations and treatment history for substance abuse, including:
   - Location and the length of evaluation and treatment

- Reason or motivation for seeking evaluation or treatment
- The outcome or results of the evaluation and treatment
- The family member's participation or use of support groups

NOTE: Information that the person or other family members provide to you directly may be included in the **Child Protective Services Assessment Summary, form 470-3240** without a signed release. A signed release from the parent or caretaker is required to include information obtained from an agency that provided the treatment or evaluation services.

Drug testing, sometimes necessary, to determine presence or usage of child subjects, persons responsible for care of the child subjects, or others is considered a "medical relevant test".

However, additional information regarding the identity, diagnosis, prognosis, or treatment of any subject in an alcohol or drug abuse program may be "substance abuse information" and subject to greater confidentiality restrictions requiring redaction when disseminating the report unless HIPAA compliant release has been signed by that person.

Any protected health information that is documented should be documented in the appropriate, redactable sections for that individual in the assessment.

Additional Resources on Substance Abuse

For further information on practice issues regarding substance abuse, link to:

- http://ncsacw.samhsa.gov/, the website of the National Center on Substance Abuse and Child Welfare of the U.S. Department of Health and Human Services.

  The Center has developed an on-line self-tutorials geared to:

  - Establish a baseline for knowledge on the subjects of substance abuse and child welfare;
  - Understand how parents' substance use disorders contribute to child abuse and neglect;
  - Know what steps to take when you identify substance abuse as a factor in cases of child abuse and neglect; and
  - Support and facilitate cross-systems work.
  - This on-line self-tutorial is available free of charge. Registration provides a username and password that will allow you to pause the tutorial (which consists of five modules) and return at your convenience.

- The National Association of Social Workers has approved the course for four continuing education units. A certificate for claiming continuing education units will be available upon successful completion of each tutorial, at no charge. Enroll at https://www.ncsacw.samhsa.gov/training/default.aspx

- https://odcp.iowa.gov/DEC, the website of the Iowa Drug Endangered Children (DEC) Initiative, which is administered by the Governor's Office of Drug Control Policy in collaboration with the Iowa Attorney General. The DEC program proposes to establish best practices in the Iowa to assist local communities in their efforts to address the growing problem of vulnerable children and their exposure to toxic chemicals and illicit substances. The program:

  - Emphasizes strong multidisciplinary collaboration in the provision of treatment services and medical intervention, and
  - Strives to track the health outcomes and long-term safety of children exposed to drugs.

  The website offers a wealth of information, including Iowa's DEC local community protocols and resources. DEC protocols represent best practices to ensure that children have improved screenings for toxic chemicals and developmental screenings.

  A forensic interview is conducted with the children in a safe environment and a medical exam is conducted to determine immediate safety and to collect evidence that will be used in abuse prosecutions and Child in Need of Assistance actions.

- https://www.wsp.wa.gov/breathtest/docs/webdms/DRE_Forms/Publications/drug/Human_Performance_Drug_Fact_Sheets-NHTSA.pdf, for drug and human performance fact sheets published by the National Highway Traffic Safety Administration. The fact sheet for each specific drug lists the source and dynamics of the drug and describes its behavioral effects, performance effects (including effects on driving), and side effects, and the duration of the effects.

  The way a drug affects an individual depends on many factors, including the purity of the drug, user tolerance, and factors that research has not yet determined. Individuals using drugs do so with the knowledge that the drug's effect is unknown and unpredictable. Stated have used a positive drug screen as a determination of drugged driving.

- https://yourlifeiowa.org/, the website for an initiative by the Iowa Department of Public Health, Bureau of Substance Abuse. This site lists professional resources and information about treatment resources.

- http://www.drugabuse.gov/, the website for the National Institute on Drug Abuse, which is part of the National Institutes on Health. This site contains links to much relevant information, including:

  http://www.drugabuse.gov/publications/finder/t/160/DrugFacts, which is a collection of science-based facts on drug abuse and addiction and on the health effects of specific drugs.

- http://www.drugabuse.gov/drugs-abuse, with links to brief descriptions and featured publications about commonly used drugs, such as alcohol, marijuana, and methamphetamine.

- https://www.pewtrusts.org/en/research-and-analysis/blogs/stateline/2019/04/09/as-drug-crises-surge-babies-enter-foster-care-at-higher-rate, report on "A Drug Crisis Surge, Babies Enter Foster Care at Higher Rate", published in 2017 by Stateline.

- http://www.childwelfare.gov/pubs/usermanuals/foundation/foundatione.cfm%20-%20protectivefactors, a chapter in "A Coordinated Response to Child Abuse and Neglect: The Foundation for Practice," by Goldman, Salus, Wolcott, and Kennedy, published by the Office on Child Abuse and Neglect (DHHS) in 2003.

- https://aspe.hhs.gov/pdf-report/substance-use-opioid-epidemic-and-child-welfare-system-key-findings-mixed-methods-study, "Substance Use, the Opioid Epidemic and the Child Welfare System: Key Findings From a Mixed Methods Study", published in 2018 by the U.S. Department of Health and Human Services, Office of the Assistant Secretary For Planning and Evaluation.

Mental Health

An estimated 22.1 percent of Americans ages 18 and older--about 1 in 5 adults--suffer from a diagnosable mental health disorder in any given year. The greatest number of these people suffer from depression and anxiety disorders and, unfortunately, a large percentage of them do not receive diagnosis and treatment.

The impact of mental health disorders, particularly depression, on family life is compounded by the fact that it is so often unrecognized. Women are twice as vulnerable to depression as men. Given that women tend to have a larger role in child caretaking, the impact on infants, toddlers, and children is of great concern.

Caretakers who are depressed or excessively anxious are less able to recognize and attend to the needs of their children and this can contribute to poor developmental outcomes.

Red Flags and Indicators

Depression does not always present itself as sadness and crying. Often, it looks more like lethargy, and may be misconstrued as laziness, lack of motivation, or lack of caring for children. Mothers who appear tired, have difficulty following through on tasks, and appear inattentive toward their children should be assessed for depression.

Several mental health disorders, including depression, bipolar disorder, schizophrenia, and anxiety disorders are responsive to medication. However, many people are not compliant with taking medications, due to the cost, the side effects, or the perceived stigma.

When you notice changes in the personality or functioning of a person who is taking medication for a mental health disorder, you may want to ask if the person has changed how the person is taking these medications.

Mental health disorders have a strong genetic component. Talking with parents about their own family health and functioning history can offer clues as to their vulnerability to specific mental health problems. We do not want to assume that because there is a family history, a person will experience a particular problem, but we want to be aware of the increased potential.

Tips for Responding

Many people find it hard to accept that they may have a mental health disorder and may be reluctant to seek diagnosis and treatment. You can help by “normalizing” the problem: pointing out the high incidence (i.e., depression has been called the “common cold” of mental health disorders) and letting clients know that effective treatment is available.

Many individuals who are depressed do not recognize that they are suffering from a highly treatable disorder. They may realize they are not functioning at their best but may compound the problem by blaming themselves. One important thing that you can do is to raise the possibility of depression openly with these individuals.

You can help caretakers to recognize that children need their responsive, nurturing care and encourage them to seek treatment for the benefit of the children. You can also enlist help with childcare and household responsibilities.

It is important to remember that culture plays a powerful role in people's beliefs about mental illness. When working with people from backgrounds that are unfamiliar, ask about how depression and other disorders are perceived and addressed within their culture.

Additional Resources on Mental Health

For further information on practice issues regarding mental health, link to:

- http://www.samhsa.gov, a website of the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration.
- https://www.nimh.nih.gov/index.shtml, the National Institute of Mental Health (formerly the National Mental Health Information Center).
- http://www.childwelfare.gov/, the Child Welfare Information Gateway (formerly the National Clearinghouse on Child Abuse and Neglect Information and the National Adoption Information Clearinghouse). This website is a service of the Children's Bureau that provides access to information and resources to help protect children and strengthen families. Related links are:
  - http://www.acf.hhs.gov/programs/cb for the Children's Bureau.
  - http://www.acf.hhs.gov/ for the Administration for Children and Families.
  - http://www.hhs.gov for the U.S. Department of Health and Human Services.
- http://promotingmentalhealthiowa.org/resources/, for the Iowa Association for Infant & Early Childhood Mental Health website. Find a number of state and national resources.

Consulting With Medical and Other Professionals

Legal reference: Iowa Code Section 232.71B(8) and 232.71B(9); 441 IAC 175.25(4) and 175.28(232)

Policy: The child protection worker shall contact a medical or mental health professional when advice is required in order to determine if the child requires or should have required medical or mental health care as the result of abuse.

You may deal with families experiencing many diverse and difficult problems. The parents may be addicted to drugs or may be psychotic; the child may have developmental delays or a medical condition; or there may be domestic violence in the family. You are not expected to have all the answers.

Seek professional consultation, including the use of multidisciplinary teams, when a determination is needed which is clearly outside your professional scope. For example, you may be able to identify a child who is underweight. However, “failure to thrive” is a diagnosis that only a physician or physician assistant can make.

A physician or physician assistant may be able to make a diagnosis of child abuse based on physical findings alone. However, the most thorough and accurate evaluation of a child’s injuries occurs when you have full coordination and cooperation with medical personnel.

Seek medical examinations, forensic interviews, and team planning from one of the Child Protection/Advocacy Centers serving the state when necessary for physical injury, sexual abuse, and substance abuse. You may seek medical consultation from your regional child protection centers expertise if available or from other resources (see Child Protection/Advocacy Centers).

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

1. Contact experts in the evaluation of the alleged abuse who have particular knowledge regarding the abuse including, but not limited to, multidisciplinary teams and professionals in medicine, psychiatry, psychology, and law enforcement.
2. Inform any medical or other professionals contacted for consultation of the explanation the subjects of the report have given for the injury or incident. Ask the professional consulted if the injury is consistent with the explanation.
3. When professionals provide varying opinions about the cause of a child’s injury or condition, seek to resolve the differing opinions through further questioning of those professionals. Explain the other opinions being offered and ask them if they can come to agreement regarding their opinions.

   When this is not possible, seek additional professional opinions regarding the child’s condition or consult with supervisory staff, the Service Help Desk, and program staff.
4. Inform the physician or physician assistant of:
   - The nature of the child abuse allegations, and
   - Any other relevant information about the child and the family.

5. If you refer a child to a physician or physician assistant for an examination or test, contact the physician or physician assistant before the scheduled appointment. Contact the physician or physician assistant within 24 hours following the child's physical examination for the results. If the results are not yet available, contact the physician or physician assistant again before completing the assessment.
    - Relevant procedures that the physician or physician assistant may provide include:
    - Documentation of all bruising, burns, abrasions, or skin lesions.
    - Examination of ears, nose, and throat and documentation of any bleeding, tears of frenulum, or bruising or abrasion inside the lips or in the pharynx.
    - Checking the chest and abdominal area for evidence of blunt injury, rib tenderness, lung contusions, or intra-abdominal injury.
    - Palpating the long bones and examining the joints for swelling and tenderness.
    - A skeletal survey to look for occult fractures in children under age two.
    - Computed tomography (CT) imaging to pick up acute injuries when a head injury to a child is suspected, reported, or documented.
    - Magnetic resonance imaging to date subdural hematomas and pick up lesions missed by CT imaging that may be more than five days old.
6. Ask the physician or physician assistant to contact you immediately if:
    - The parents or caretakers fail to take the child to the appointment.
    - There is any confirmation or evidence of physical abuse.
    - The child has any medical conditions that require immediate medical attention.
7. Consider the types and severity of the injuries or medical condition to determine if more acute or specialized medical attention is needed.
8. When medical attention to a child is advisable, provide specific instructions to the parent or caretaker about expectations and timeframes for setting up a medical appointment for the child. (See **RC-0090, Drug Testing Guidelines** and Reasonable Efforts.)
    - Inform the parent or caretaker that any delays, lack of cooperation, or missed appointments may result in the Department requesting a court order for a medical examination (physical or mental), medically relevant tests, or an emergency removal.
    - The refusal or failure of the caretaker to comply with the request of a peace officer, juvenile court officer, or child protection worker to obtain and provide to the requester the results of a physical or mental examination of the child may result in the removal of the child.

9. When a medically relevant test such as a drug test for the caretaker is advisable, provide specific instructions to the caretaker regarding expectations and timeframes for completion. Explain to the caretaker that the result of this testing will be returned to the Department.

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

NOTE: When necessary, special provisions exist for payment for:

- Photographs and x-rays
- Physical examinations or tests
- Sexual abuse examinations
- Mental health examinations
- Interpretive services
- Ongoing services for crime victims

Safe Plan of Care for Infants

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 a health practitioner, federal and state 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.

NOTE: An infant includes any child under the age of one year.

- Rely on the expertise of a health practitioner to determine whether an infant is affected.
- Complete a form **470-5616, Safe Plan of Care** for infants affected by substance abuse or withdrawal symptoms or Fetal Alcohol Spectrum Disorder.
  - A **Safe Plan of Care** is required for infants affected by all substance abuse, whether the substance is legal or illegal.
  - Whether or not a child is removed, a **Safe Plan of Care** must be completed if a health practitioner identifies an infant as affected by substance abuse or withdrawal symptoms, or Fetal Alcohol Spectrum Disorder.

- Establish a safety plan, in addition to the **Safe Plan of Care**, if the safety assessment determines that a child is conditionally safe, and a safety plan can address all safety concerns identified.

Elements of a Safe Plan of Care

Ensure the safety and well-being of infants following the release from the care of a health practitioner by:

- Identifying the health and substance use disorder treatment needs of the infant and affected family or caregiver; and
- **Developing the** Safe Plans of Care **for infants** affected by all substance abuse (legal and illegal substances); and
- **Identifying how these plans will be monitored** to determine whether and how local entities are
  - Making referrals, and
  - Delivering appropriate services to the infant and affected family or caregiver.

Recommendation for Services in a Safe Plan of Care

Develop the **Safe Plan of Care** to include referral to appropriate services. Identify who will make the service referral, date of service, who will be responsible for monitoring, the contact information of the person who will be monitoring, and the duration of monitoring needed.

In addition to identification of informal support systems, appropriate services may include:

- Substance abuse evaluation or treatment
- Medical care
- Visiting nurse services
- Home visitor parenting programs
- Early ACCESS
- Safe sleep education
- Mental health evaluation or treatment
- Victim advocacy (for domestic violence)
- State assistance program application
- Family Preservation Services

At the conclusion of a Family Assessment or Child Abuse Assessment:

- If the family is complying with the **Safe Plan of Care**, the current service eligibility remains.
- If the family is not complying with the **Safe Plan of Care**, a consultation with the County Attorney is required. Document the conclusion in the CPS or CINA Assessment Summary section.

Documenting a Safe Plan of Care

During the course of a Child Abuse Assessment or Family Assessment, consult with the health practitioner to confirm if the infant is affected by substance abuse or withdrawal symptoms or Fetal Alcohol Spectrum Disorder.

- If the infant is not affected, the consultation with the health practitioner confirming the infant is not affected must be captured within the assessment.
  - For a Child Abuse Assessment, document in the Summary of Contacts section
  - For a Family Assessment, document in the Analysis/Domain section
- If the infant is affected, document the consultation with the health practitioner within the assessment (as described above) and complete a form **470-5616, Safe Plan of Care**.
  - Ensure the health practitioner confirms that all relevant needs are adequately addressed.
  - Acquire signatures from the health practitioner and all participants, agreeing to fulfill their roles as identified in the **Safe Plan of Care**.
  - Distribute a copy of the **Safe Plan of Care** to all participants.
  - Upload the **Safe Plan of Care** into File Manger (located in the STAR Assessment module of JARVIS)
  - If the family is not willing to participate in the assessment to address a **Safe Plan of Care** for the infant, a consultation with the County Attorney is required. Document the conclusion in the CPS Assessment Summary section

On the Allegation tab of the STAR Assessment module in JARVIS (see **RC-0143, JARVIS Reference**), the “Infant Affected By Substances” box will populate.

- When the question, “Is there a concern reported that an infant is affected by substance abuse or withdrawal symptoms or Fetal Alcohol Spectrum Disorder?” is answered “yes at intake, or if the answer is changed to “yes” due to new information received during the assessment, the box will expand to include fields for the Child Protection Worker to document:
  - The number of infants affected and
  - Whether a **Safe Plan of Care** was created and
  - The number of infants the **Safe Plan of Care** was created for.

On the Assessment Disposition tab of the STAR Assessment module in JARVIS (see **RC-0143, JARVIS Reference**), a field will populate to record the number of infants affected for whom service referrals were made, including referrals for the affected parent or caregiver.

Multidisciplinary Teams

Legal reference: Iowa Code Sections 232.71B and 235A.13(8), 441 IAC 175.32 and 175.36

Policy Statement: The Department shall establish a multidisciplinary team in county or multicounty areas in which more than 50 child abuse cases are received annually. These teams may be used as an advisory group to assist the Department in conducting assessments and throughout case management services offered through the department.

Multidisciplinary Teams (MDT)s function as an advisory and consultation group to aid in resolving issues related to a case during the assessment process and throughout the Department’s service case.

MDTs include individuals with knowledge and experience in various fields (identified by law) who come together, at the Department’s request, for the purpose of assisting the child protection worker, social work case manager, and their supervisor in the assessment and disposition of a child abuse assessment, as well as diagnosis, coordination of services, and possible referral information to meet the needs of the specific child and their family

MDT members participate voluntarily and are approved by the Department. Each individual member who participates in an MDT, must agree to the terms of the contract that is captured on form **470-2328, Multidisciplinary Team (MDT) Agreement**.

RC-0131, Multidisciplinary Team Practice Guidance is available to provide additional information regarding the implementation and operation of an MDT.

Social Work Administrators (SWA) oversee all MDTs operating within their service area and are responsible for assuring MDT agreements remain current. Agreements expire annually on July 1 and must be renewed annually on or before July 1 of each year.

All new and renewed MDT agreements must be uploaded to the share at: http://dhssp/fo/SWA/Lists/MDT Agreement Tracking/AllItems.aspx.

Child Protection Assistance Teams

Legal reference: Iowa Code Section 915.35(4)

Policy Statement: The county attorney shall establish a child protection assistance team for each county, or two or more county attorneys shall establish a single team for a multicounty area, to consult in cases of forcible felony against a child under age 14 and sexual abuse cases.

The Department is required to participate in a child protection assistance team as requested by the county attorney in cases involving sexual abuse or any unlawful sexual conduct against a child by a caretaker, as defined by law.

All child protection assistance teams work with the Department to prioritize the actions taken in response to child abuse assessments and for law enforcement agencies working jointly with the Department at the local level.

Child Protection/Advocacy Centers

Legal reference: Iowa Code Section 135.118, 441 IAC 175.33(232)

Policy Statement: The Department may contract with designated child protection centers for assistance in conducting child abuse assessments for interviewing, physical examination, and treatment planning. Video or audio records are considered part of the assessment process and shall be maintained by the child protection center under confidentiality provisions.

Child Protection Centers, also referred to as Child Advocacy Centers (CPC/CACs), accept referrals from the Department or law enforcement to work collaboratively in the assessment/investigation, treatment, and prosecution of child abuse cases. CPC/CACs follow standards established by the National Children's Alliance (NCA) and exist to ensure that children are not re-victimized by the very system designed to protect them.

CPC/CACs offer a child-friendly setting where forensic interviews with the child are recorded in effort for them to only have them tell their story one time. CPC/CACs also provide physical examinations by a medical child abuse expert, drug exposure exams, fetal alcohol evaluations, team collaboration, and recommendations for appropriate referrals and services.

Iowa law and Administrative Rule grants HHS authority to conduct an assessment, including interviews and physical examination with the child, upon the acceptance of an allegation of suspected child abuse. These same legal citations allow HHS to request assistance from any mandatory reporter and to refer the child to a physician or physician assistant for a physical examination. HHS is not required to obtain consent for the interview but have made it practice obtaining consent for the physical examination. If no parent or guardian will be accompanying the child to the CPC/CAC, the CPW must secure a consent from the parent or guardian prior to the appointment and provide the consent to the center at the time of or prior to the appointment.

NOTE: CPC/CACs may not be utilized during a family assessment.

It is important to note that throughout the duration of a child protective assessment, parents and guardians retain full legal rights and may refuse to allow interview/observation or physical examination of the child. In such an event, HHS would be required to obtain a juvenile court or district court order either granting custody of the child or showing probable cause to authorize the interview/observation of the child. If HHS obtains custody of a child or secures a court order specifically allowing the examination of the child, then HHS may sign the consent.

Because a forensic interview would substitute interview by the CPW, it is expected that the CPW (or a designee) is present in the observation room to monitor the interview of the child. It is also recognized that the CPW is an important part of the pre and post staffings and is ultimately responsible for assuring the CPC/CAC has all of the information needed for the forensic interview.

Recordings and written summaries of the forensic interview created by the CPC/CAC are part of HHS child abuse report data and can only be released to persons authorized to receive child abuse information as defined by Iowa Code chapter 235A. If a CPW receives a subpoena or request for child abuse information or a CPC/CAC reaches out to a CPW about a subpoena or request for child abuse information they received, contact the HHS Service Help Desk, as they have a history of processing these types of requests.

CPC/CACs in Iowa include:

- Allen Child Protection Center,
  Unity Point Health Allen Hospital
  (Waterloo, serving northeast Iowa)
- Mason City Satellite Center,
  Unity Point Health Allen Hospital CPC
  (Mason City, serving north central Iowa)
- Blank Children's STAR Center,
  Unity Point Health Blank Children's Hospital
  (West Des Moines, serving central and south-central Iowa)
- Child Protection Response Center
  (Davenport, serving eastern Iowa)
- MercyOne Siouxland Child Advocacy Center,
  MercyOne Siouxland Medical Center
  (Sioux City, serving northwest Iowa)
- Mississippi Valley Child Protection Center,
  Child Abuse Council
  (Muscatine, serving southeastern Iowa)
- St. Luke's Child Protection Center,
  Unity Point Health St. Luke's Hospital
  (Hiawatha, serving east central and southern Iowa)
- While not in Iowa, Project Harmony is located in Omaha, Nebraska with satellite locations in western Iowa
  (serving southwestern Iowa)

Physical Examinations and Mental Health Assessments

Legal reference: Iowa Code Section 232.71B(10), 441 IAC 175.28(232)

Policy Statement: If the Department refers a child to a physician or physician assistant for a physical examination, the Department shall contact the physician or physician assistant regarding the examination within 24 hours of making the referral. If the physician or physician assistant who performs the examination reasonably believes the child has been abused, the physician or physician assistant shall report to the Department within 24 hours of performing the examination.

The child protection worker may contact a health practitioner or a mental health professional for an examination, assessment, or professional opinion in order to determine if the child requires or should have required medical, health, or mental health care as a result of suspected abuse.

Medically Relevant Tests

Legal reference: Iowa Code Sections 232.73; 232.77(2); 232.78; 232.106(2)

Policy Statement: A person required to report, a health practitioner, or a peace officer, juvenile court officer, or a child protection worker may request a person to submit to a medically relevant test or request the person responsible for the child to have the child receive a medically relevant test. A health practitioner may take a test on a child or cause a test to be taken.

A “medically relevant test” means a test that produces reliable results of exposure to cocaine, heroin, amphetamine, methamphetamine, marijuana, or other illegal drugs or combinations or derivatives of the illegal drugs, which were not prescribed by a health practitioner.

A person who takes any photographs or X rays or performs physical examinations or other tests pursuant to the law are required to notify the Department and retain them for a reasonable time following the notification. If applicable to the assessment, the child protection worker should collect copies or other documentation of this evidence and upload into the File Manager in JARVIS.

Payment for Photographs, X-Rays, Physical Examinations or Tests

Legal reference: Iowa Code Section 232.77

Policy Statement: The health practitioner examining the child may submit a bill for expenses to the Department for exams for a determination of child abuse.

Mandatory reporters may take or arrange for photographs of injuries at public expense. Health practitioners may perform medically indicated examinations or tests at public expense if necessary for the completion of a child abuse assessment.

Attempt to cover costs related to x-rays or other medical examinations or tests through Medicaid or other health insurance when available.

The Department will pay for drug testing of a child when:

- A health practitioner performed the test **before** or **during** a child abuse assessment because the practitioner determined that it was medically indicated.
- The test was performed **during** the assessment at the request of the Department.

The Department will pay for drug testing of the person alleged responsible for abuse when the test was performed **during** the assessment of an allegation of:

- Denial of critical care for failure to provide proper supervision, or
- Presence of illegal drugs in a child, or
- Manufacturing a dangerous substance or possession of a dangerous substance with the intent to manufacture.

Payment may also be made when:

- The drug test is scheduled before the conclusion of the assessment but cannot be administered before the completion of the assessment and the worker documents in the written report that an addendum will be submitted that addresses the result of the drug test; or
- There is documentation in the written report that the worker requested or attempted to have the drug test done before completing the assessment, but the test was performed after the conclusion of the assessment.

To obtain reimbursement for the cost of photographs and X-rays or other physical examinations or tests, the claimant must submit:

- An original invoice (required for payment of most services).
- Form General Accounting Expenditure (GAX) completed for each child.
- A cover letter directed to the Department Division of Adult, Child and Family Services that contains:
  - The child's name, age, and address.
  - The name of the worker or unit to whom the photographs, x-rays, examinations, or tests were provided.
  - The date the photographs, x-rays, examinations, or tests were done.
  - A statement agreeing to retain the photographs, x-rays, examinations, or test results for five years or to agree to provide them to the Department for retention.

The claimant submits two copies of these documents to:

Central Abuse Registry
HHS Division of Centralized Services Area
321 E. 12th Street
Des Moines, Iowa 50319.

Payment for Sexual Abuse Examinations

Legal reference: Iowa Code Section 915.84

Policy Statement: The facility performing the sexual abuse exam of the child may submit billings to Crime Victims Assistance according to Crime Victims Assistance policy and procedure.

Direct those conducting medical examinations to assess a report of sexual abuse to seek payment from the Iowa Crime Victim Assistance Program by submitting a claim within 45 days to:

Crime Victim Assistance Program
Compensation Program
Lucas Bldg. Ground Fl.,
321 E. 12th Street, Des Moines, IA 50319

Payment for Ongoing Services for Crime Victims

Legal reference: Iowa Code Section 915.84

Policy Statement: The facility performing the sexual abuse exam of the child may submit billings to Crime Victims Assistance according to Crime Victims Assistance policy and procedure.

Refer the family to local law enforcement authorities for information about accessing treatment funds from the Crime Victim Assistance Program.

When asked to pay for services related to a child abuse assessment, the Crime Victims Assistance Program will request verification that the child was a victim of child abuse and verification of services.

Information about the Crime Victim Assistance Program is also available by phone at (515) 281-5044 or 1-800-373-5044.

Payment for Mental Health Examinations

Legal reference: Iowa Code Section 232.141(4)

Policy Statement: There are funds available for mental health examinations through the court-ordered care and treatment fund, which is administered jointly by the Department of Health and Human Services and the judicial districts. After consultation with a supervisor, follow locally established procedures to secure the needed examination.

Payment for Interpretive Services

Use contracted services for interpretation during interviews with non- English speaking clients, deaf clients, or clients with any other interpretive service needs. Follow locally established procedures for using this contract and for securing services. Children should never be used as an interpreter.

Conducting Interviews

Legal reference: Iowa Code Sections 232.68(3); 232.71B, 441 IAC 175.25(3)

Policy Statement: The child protection worker shall attempt to conduct interviews with subjects and persons who have relevant information regarding the allegations on child abuse assessments (CAA).

NOTE: The primary purpose of interviews during a family assessment is to gather information on family functioning, child development, and to ensure safety. While it is important to address the reported concern through family engagement, determining the validity of the allegation(s) for potential placement on the registry is not an outcome of the family assessment.

The interview is an important tool for gathering information during the assessment process. In most cases, you will conduct multiple interviews in order to gain sufficient information and a variety of perspectives on the child and family.

The primary purpose of any interview conducted is to determine the safety of and risk to the child named in the report and any other children in the care of the person alleged responsible for the abuse. The secondary purposes are to:

- Address the concerns about the child and family.
- Assess credibility and determine if abuse occurred (for child abuse assessments)
- Assess the strengths and needs of the child, the child's caregivers, the home, the family, and the community.
- Develop a suggested plan of action.

When conducting interviews, clearly identify yourself to the person being interviewed and explain the purpose of the interview. Focus questions on the concerns expressed in the child abuse report and on the assessment of the strengths and needs of the child, the child's parent, home, family, and community.

When interviewing a child victim, attempt to hold the interview in a safe and neutral setting.

When interviewing a witness, ask:

- Where was the witness at the time of the incident?
- What did the witness actually see, smell, or feel?
- What did the witness actually hear? Try to obtain actual quotes that the witness can give of the conversation heard.
- How long did the witness observe the incident to last?
- What conditions were present that would affect the witness's ability to see or hear (dark, light, background noise, etc.)?
- What other witnesses were present?

Careful planning of interviews and using effective interviewing techniques will help to ensure that critical information is gathered through the interview process. Open-ended questions that require the person being interviewed to participate in a dialogue with you are preferable to questions that require only a "yes" or "no." Take into consideration the person's age, functioning level, and ability to communicate in conducting the interview.

When a subject asks to have a third party present during an interview, inform the subject that due to confidentiality laws and rules, you must limit the exchange of information if a third party is present. You cannot share child abuse information during the interview unless the third party has legal access to that information.

NOTE: The Department's intergovernmental agreement with Meskwaki Nation to conduct a joint investigation allows Meskwaki Family Services' staff to be present during interviews and gives them legal access to the information.

Interview of Alleged Child Victim

Legal reference: Iowa Code Section 232.71B, 441 IAC 175.25(232)

Policy Statement: The primary purpose of an interview with the child is to gather information regarding the abuse allegation, the child's immediate safety, and risk of abuse.

In addition to gathering information from the child about the alleged abuse, also ask the child about the parents, the person allegedly responsible for the abuse, and the family.

When possible, conduct the portion of the child's interview that addresses the specific allegations away from the person allegedly responsible for the abuse. This may enable the child to disclose information more freely.

Interview the alleged victim to determine the safety of and risk to the child named in the report. Determine the following:

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

Interview of Siblings and Other Children

The purpose of interviewing siblings is to determine if they have experienced abuse, to evaluate their vulnerability, to gather corroborating information regarding the alleged child victim, and to gather information to assist in the risk assessment.

Obtain parental consent to interview siblings of the child named in the report or other children in a home (unless these other children are also subjects of the report or are potential victims).

Interview other children who are in the care of the person alleged responsible for the abuse when you identify concerns regarding the protection of these children (such as other children in the same childcare or foster care facility).

Use the same guidelines as used for observing children to determine timeframes for interviewing other children named as victims. See Using Confidential Access and Interview of Alleged Child Victim for information on procedures.

NOTE: During a family assessment, the safety of all children must be evaluated. While observing all non-subject children is not required on a family assessment, it is considered best practice.

Document the information that supports your concern regarding the protection of these children from a parent or other person alleged responsible for abuse. Examples: The caretaker is a sexual offender, or the parent has an extensive history of violence. Gather information about:

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

Interview of Parents or Caretakers Not Allegedly Responsible for Abuse

Determine if Protective Disclosure is necessary. Interview the caretaker who is not alleged to be responsible for the abuse to determine their knowledge of the alleged abuse. Gather information related to the risk of abuse.

Determine this parent's capacity to protect the child and meet the child's needs. Ask about the parent's:

- Knowledge of the alleged abuse and the caretaker.
- Feelings regarding alleged abuse.
- Acceptance of the child's version of what might have happened.
- Relationship with the person allegedly responsible for the abuse.
- Role in the household, if living with the person alleged responsible.
- Capacity to protect the child.
- Safety plan and plan of action.
- Personal characteristics.
- History of abuse, domestic violence, or criminal activity.
- Substance abuse, mental health, or other significant concerns.
- Stress factors (unemployment, financial difficulties, and interpersonal conflicts).
- Description of the characteristics, feelings, and behavior of the children in the home.

Interviews of Person Allegedly Responsible for Abuse

Legal reference: Iowa Code Sections 232.71B(4)(b)(4) and 232.71B(3), 441 IAC 175.25(3)

Policy Statement: The child protection worker shall offer to interview the person alleged to have committed the child abuse before determining who is responsible for abuse. The child protection worker is required to inform the persons alleged responsible of the allegations of abuse in a manner that protects the safety of the child and the confidentiality of the reporter of the abuse.

Local Service Areas shall communicate with local law enforcement agencies and negotiate standards of practice for when law enforcement is present during an interview of an alleged person responsible that is not in law enforcement custody.

Determine if Protective Disclosure is necessary.

Interview the persons alleged responsible for the abuse. You must provide the person with the opportunity to explain or rebut the allegation of a child abuse report or other allegations made during the assessment.

- At first contact, inform the person alleged responsible of the nature of the allegations in a manner that protects the safety of the child and the confidentiality rights.

  NOTE: Under no circumstances shall you reveal or insinuate the identity of the reporter to the person alleged responsible.

- The person allegedly responsible for the abuse of a child must be offered an interview. Make the offer of interview to the person's legal representative the Department has received notice of representation.
- The offer of interview or reasonable efforts to make the offer of interview must be documented before a finding can be made that the person is responsible for the abuse unless a court order has been issued that waives the interview requirement.
- The child protective assessment supervisor shall not approve the completed report unless the offer of interview requirements has been met. Upload a copy of the court order into the File Manager (located in the JARVIS – STAR Assessment module).

Depending on the allegations, it may be necessary to conduct an interview with the assistance of law enforcement.

- Be aware of the local protocol with law enforcement for joint investigation roles and responsibilities.
- Prior to conducting the interview, the child protection worker shall review with the law enforcement official the procedures for taking the person into custody if a statement is made during the interview implicating the person's culpability.

  If the person is taken into custody during the interview, the interview may need to end and resume once the person has been read the "Miranda" warning and been given the opportunity to have an attorney present. This may mean the interview is resumed at a later date. See above protocol when a joint investigation and assessment is initiated.

Gather information to determine if abuse occurred and determine the risk that this person may present to the alleged victim, other children, or others residing in the household.

Make reasonable efforts to contact the person allegedly responsible for the abuse of the child. Reasonable efforts require making more than one type of effort to identify, locate, and contact the person allegedly responsible for the abuse.

- Document all efforts to contact the person on form **470-3240, Child Protective Services Child Abuse Assessment Summary**.
- If the person cannot be located or refuses to be interviewed, document this in the **Child Protective Services Child Abuse Assessment Summary**.
- If the person comes forward and requests an interview after the assessment is completed, grant the interview. Then complete an addendum to the assessment summary that contains the information provided and any effects this information has on your previous conclusions or recommendations. See Abuse Assessment Summary Addendum.

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

- The person responsible for the abuse must be listed as unknown until the person can be offered an interview. Allow 20 business days for law enforcement to retract or extend the request to delay the offer of interview, and then complete an addendum to the report.
- A court order to waive the interview requirement may be appropriate in some cases, upon consultation with law enforcement and the county attorney.

The supervisor shall not approve a founded or confirmed abuse report that determines a person responsible unless the child protection worker has offered the person alleged responsible an interview or has documented reasonable efforts to interview.

- The report finding must be “not confirmed,” and
- The child protection worker must continue to make reasonable efforts to offer the interview, and
- Issue an addendum within 20 business days documenting reasonable efforts to make an offer of an interview to the person allegedly responsible for the abuse and determining I fa change in the finding on the abuse is warranted.

Gather the following information from the person alleged responsible and document all information on form **470-3240, Child Protective Services Child Abuse Assessment Summary**:

- Role, attitude, and relationship with the alleged victim.
- Response to the abuse allegation.
- Description of what occurred.
- Acceptance of the child's version of what might have happened.
- Role in the household, if living in the same household.
- Perception of the child and other children in the home, if residing there.
- Approach to solving problems and willingness to seek help, if suggested.
- History of abuse, domestic violence, or criminal activity.
- Substance abuse, mental health, or other significant concerns.
- Stress factors (unemployment, financial difficulties, and interpersonal conflicts).

The court may waive the requirement to interview the person allegedly responsible for the abuse for good cause. When the court waives the requirement, document this in the report and upload the court order into the File Manager (located in the JARVIS – STAR Assessment module).

If the person alleged responsible for the abuse is a resident at the State Training School, the resident shall be represented by legal counsel during any interview being conducted to obtain information that will be used or may be used against the resident. Contact the superintendent of the facility to initiate contact with the resident's counsel.

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

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

Protective Disclosure

Legal reference: Iowa Code Section 232.71B

Policy Statement: If the Department determines that disclosure is necessary for the protection of a child, the Department may disclose to a subject of a child abuse report that an individual is listed in the child or Dependent Adult Abuse Registry or is required to register with the Sex Offender Registry.

This disclosure can be made only to a subject of a child abuse assessment (a parent, guardian or custodian of a child, the child, the person alleged responsible, or the attorneys) See Definition of Terms Used in Intake and Assessment for a list of people who are subjects of a child abuse report.

Making Collateral Contacts

Legal reference: Iowa Code Sections 232.71B(7) and 232.74

Policy Statement: The Department may request information from any person believed to have knowledge of a child abuse case. County attorneys, law enforcement officers, social services agencies, and all mandatory reporters (whether or not they made the report of suspected abuse) are obligated to cooperate and assist with the child abuse assessment upon the request of the Department.

Attempt to contact and interview all people who may have **relevant** information to share regarding the report of the alleged abuse and the assessment of the safety of and risk to the child. Interview individuals and professionals who are familiar with the child and family and can provide additional information. These collateral contacts may include:

- Contacts identified by the family.
- Contacts identified by the child protection worker assessment staff.
- Neighbors.
- Teachers and day care staff.
- Physicians or physician assistants and other medical professionals.
- Other service providers.
- Law enforcement personnel.
- A non-custodial parent on a family assessment

NOTE: Once a report of child abuse becomes a case, rules around confidentiality and privileged communication are waived during the assessment process and all mandatory reporters (whether or not they made the report of suspected abuse) are obligated to cooperate and assist with the assessment upon the Department's request. Iowa Code sections 622.9 (on communication between husband and wife) and 622.10 (on communications in professional confidence) do not apply to evidence regarding a child's injuries or the cause of the injuries in any civil or criminal judicial proceeding resulting from a report of child abuse.

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

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

- Obtain parental permission to interview a minor child who is a collateral contact unless the use of confidential access authority applies. See Using Confidential Access for information on procedures.

You may contact the county attorney, the juvenile court, or both as circumstances warrant. For example:

1. You require the assistance of the court or the county attorney to complete the assessment process, such as a court order to secure emergency health care for the child.
2. You believe that the child requires the court's protection as a result of the assessment of the allegations of the abuse, such as a no-contact order or an emergency removal order following a sexual abuse or physical abuse incident.

When interviewing collateral sources, it is important to assess the motivation and the credibility of the source. Reliable collateral contacts are those people who have the best interest of the child as their first priority.

When conducting interviews with collateral contacts, disclose only what is necessary to obtain information about the child's condition and safety. For example:

A worker receives a report that alleges a three-year-old is allowed to play unsupervised and repeatedly runs into the street. There is also an allegation that the child's father is sexually abusing her.

The worker may choose to interview a person in the child's neighborhood to obtain information about running into the street. The worker would not disclose the sexual abuse allegation with the neighbor, as it is unlikely that the neighbor would have relevant information about that allegation.

The worker may also choose to interview the child's physician or physician assistant. In that case, the worker would disclose the sexual abuse allegation, as the physician or physician assistant may have relevant information about it.

Courtesy Interviews

Legal reference: Iowa Code Section 232.71B(4, 6, and 7), 441 IAC 175.25

Policy Statement: The Department may request assistance with interviews when assessing allegations of child abuse.

Every family we serve is unique and the variables of our work with families are infinite. During the course of a child abuse assessment, that work may require the assistance of another service area or another state.

- Circumstances in which courtesy interviews might typically be requested:
  - The geographic location of a primary person is so far away that it is impractical for the assigned worker or someone from the worker's own service area to travel to conduct the interview.
  - A **face-to-face** interview of a **primary person** in the case is needed. In general, a primary person is the child, parent, or alleged perpetrator. Interviews of other persons (e.g. collateral sources of information) can and should be conducted by other means by the assigned child protection worker.
- Circumstances in which courtesy interviews should typically NOT be requested:
  - The amount of travel required would be roughly equal for the requesting area and the area being asked to conduct the interview.
  - Law enforcement from the requesting area is involved and will also be traveling to interview persons related to the case. In many cases that involve law enforcement, it is prudent to limit the number of persons involved to ensure consistency of information and chain of evidence. Thus, the assigned CPW might need to travel rather than request courtesy assistance.
  - One-hour contacts in which the child is known to be safe (e.g.: in hospital, already placed in care, with cops) and the child's safety status is stable. The assigned CPW has the ability and responsibility for ensuring safety via phone calls to hospital, law enforcement, and others rather than asking another area to see the child within one hour.

NOTE: When an assessment requires an interview with a subject who resides in another state, make every effort to secure the interview through a formal request to the child protection agency of the other state.

Locate this agency through contact with Iowa's Central Abuse Registry.

If the other state refuses to conduct the interview, first consult with supervisory staff, then the service help desk to determine the best way to obtain information from the out-of-state subject.

Request Procedure:

1. The CPW should consult with his/her supervisor to determine if a courtesy request is appropriate.
2. If the supervisor deems that the request is appropriate, a "minimal facts" e-mail shall be sent to the Outlook intake mailbox of the area to the request is being made.

   The intent is that the decision about the courtesy interview be made in a sup-to-sup telephone or e-mail dialogue, so the e-mail note simply needs to indicate that **"A courtesy interview request is being made for County XX. Please have the protective supervisor contact protective supervisor (name) at (number number.)"** County name should also be included in the subject line of the Email (e.g. **Courtesy Interview Request – Wapello County**.)
3. The person monitoring the intake mailbox will ensure that the request is given to the protective sup responsible for that county (or to the sup covering that county on that day.)
4. The receiving supervisor will contact the sending supervisor promptly via phone or e-mail to discuss the rationale and scope of the request. The supervisors will come to an agreement regarding if a courtesy interview will be done, the timeframes for the interviews to be completed, and any special specific expectations or work products (e.g. formal safety and risk assessments.)
   - Assigned timeframes for contact with alleged victims (i.e. 1, 24, 72, or 96 hours) remain applicable as do conditions under which timeframes may be extended.
   - Courtesy interviews of collateral contacts are to be completed within a week unless otherwise agreed-upon by the supervisors.
5. In circumstances where the supervisors cannot agree, the sups will notify their SWAs for assistance in achieving resolution.

NOTE: In cases where multiple interviews are needed, and all or most of the work related to the case will occur in the area in which the request is being made, consideration should be given to re-assigning the case to that area, rather than requesting a courtesy interview. The supervisors involved should discuss and resolve the issue, involving the related SWAs as needed.

Products from Courtesy Interviews:

1. The worker assigned to conduct the courtesy interview will complete the interview and any other activities agreed upon by the supervisors within the timeframes developed and approved by the supervisors. The worker completing the courtesy interview will immediately contact the requesting worker to share results of the interview or other activities.
2. If the worker assigned to conduct the courtesy interview identifies something additional that needs to be done immediately as a result of the courtesy interview (e.g.: develop a safety plan, interview a neighbor, call law enforcement to the house) they will do so and will promptly inform the requesting worker.
3. The worker conducting the courtesy interview will develop a written summary of the interview and will convey summary electronically to the requesting worker within five working days of completing the interview.
    - If the interview was recorded, the worker conducting the courtesy interview must forward the recording to the requesting worker. (This recording does not substitute for the written summary.)
    - The requesting worker maintains a copy of the written summary as well as any recording or other evidence received by uploading it into the JARVIS File Manager for the incident(s).
4. The requesting worker (CPW assigned to the assessment) sends the appropriate Notice of Child Abuse Assessment to the worker who conducted the courtesy interview to confirm receipt of the written report and inform that the assessment has been completed.
    - This notice will be maintained automatically if sent through JARVIS. If sent manually, a copy must be uploaded into the JARVIS File Manager for the incident(s).
    - Following receipt of the Notice of Child Abuse Assessment, indicating the assessment has been completed, the worker who conducted the courtesy interview shall destroy it’s copy of the written report and any notes taken in relation to the courtesy interview.

Documenting Contacts and Observations

Legal reference: Iowa Code Section 232.71B, 441 IAC 175.25(4)

Policy Statement: The child protection worker shall gather evidence. Documentation gathered during the assessment process serves two purposes:

- To assist in determining if the information contained within the report is accurate.
- To assist in completing the assessment of family strengths and needs and developing a suggested plan of action.

Documentation of all evidence should be relevant to the allegations in the report. For all allegation types, gather physical and documentary evidence relevant to each allegation, victim, and person allegedly responsible for the abuse. For each allegation, you must identify the child subject and the person responsible (or not) for the abuse.

Verification of Report Data

The following report data is considered critical. Collect this data for each subject of the report and document your efforts to secure this data when it is not available.

- Full name (first, middle, last)
- Birth date
- Sex
- Race
- Social security number
- Current address
- FACS number

Make every attempt to use complete, legal, and accurate names, addresses, dates of birth, and other identifying data. Locate these through public assistance records, driver's license records, city directories, etc.

If this information is not available at the time of intake, you must gather and verify it and enter it into the JARVIS – STAR Assessment module before completing the assessment.

First, attempt to secure and verify this information from the subjects (child, parents, person allegedly responsible for the abuse). When the data is not available, document your efforts to verify the data through Department records, other state information systems, or collateral sources.

Physical and Documentary Evidence

Document evidence gathered regarding each type of alleged abuse or family concern. Documentation may include, but is not limited to:

- Interviews
- Observations
- Handwritten Statements
- Photographs and Electronic Recordings
- Medical Reports and Records
- Reports from Child Protection Centers
- Other written reports
- Criminal History Record Check

Family Assessment (FA): In a family assessment, the documentation and evidence gathered are used to understand and address the family's needs and concerns. While evidence such as photographs, medical records, or statements may be collected, the primary purpose is not to prove or disprove allegations of abuse. These documents will inform service planning, resources, and supports but are not intended to establish whether abuse occurred.

Child Abuse Assessment (CAA): In a child abuse assessment, the documentation gathered is used to determine and support whether abuse occurred.

NOTE: Documentation that is placed in the file, such as photographs, and medical reports, must be uploaded to the File Manager on the JARVIS – STAR Assessment module and made available to subjects of the report upon request.

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

Interviews

Document the following information for each interview conducted:

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

- Expert
- Indirect
- Third party
- Hearsay

Child Abuse Assessment (CAA): In a child abuse assessment, interviews are a critical component of gathering evidence to determine whether or not abuse occurred. A thorough, **detailed** interview, as described above, is essential for documenting the facts, supporting the investigation, and determining the preponderance of evidence.

Family Assessment (FA): In a family assessment, interviews are still essential but serve a different purpose. While thoroughness is always best practice, the goal of the interview in a family assessment is not to prove or disprove allegations but to ensure the safety and well-being of the child. Interviews should focus on understanding the family dynamics, identifying any potential risks to the child, assessing child development and evaluating family functioning. The information gathered will inform decisions around providing services, support, and resources to the family.

Various techniques for documentation can be used during interviews.

- "Process" recording provides an exact detail of the exchange of information during the interview ("she said," "I asked," etc. applicable).
- "Summary" recording provides a briefer account of the interview and is more focused on the interviewee. It can include your observations and feelings, as well as your impressions, omitting irrelevant details from the documentation.

Observations

Describe the relevant objects, conditions, or behaviors you observe during the course of the assessment and link the description to the focus of the assessment.

Child Abuse Assessment (CAA): For allegations of abuse, document observations carefully and in detail, ensuring that they are relevant to the allegation. For physical abuse allegations, provide measurements, color descriptions, exact locations on the body, and shapes of injuries. Rulers, thermometers, bruise color charges, human anatomy diagrams, and photographs may be helpful in documenting injuries or household conditions, particularly in cases likely to result in placement on the Registry. Photographs and documentation from police or medical professionals should also be utilized when relevant.

Family Assessment (FA): In a family assessment, observations should be documented when relevant to the primary focus of assessing family functioning, child development, and ensuring the safety of the child. The documentation of the home environment may be less intrusive that of a child abuse assessment. While observations are still important in family assessments, they are not intended to prove or disprove the allegations of abuse. Instead, observations should inform the overall understanding of the family dynamics, child well-being, and any potential risks, with an emphasis on safety and providing appropriate services and supports to the family.

NOTE: There are restrictions for observing and photographing child victims. See procedures for Observing the Child Victim and Photographs and Electronic Recordings.

Handwritten Statements

If handwritten statements are taken:

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

> "I have read the preceding 21-page summary of my interview. They contain all the information I know regarding this matter and it is true."

Photographs and Electronic Recordings

When using photography, audio recording, videotaping, or other electronic recordings to document evidence, a careful description and documentation in the assessment complements that information and serves as back-up if the other media malfunctions.

Neither you nor a mandatory reporter is required to obtain parental permission before taking photographs during the course of a child abuse assessment or before making a report. See Observing the Child Victim, for restrictions in observing and photographing a child.

Photographs used to document evidence in an assessment become part of the case file. Document photographs with a number, the date and time they were taken, and a brief description of the content of the photograph. Upload all photographs into the File Manager on the JARVIS – STAR Assessment module.

You may use audio electronic recordings, video electronic recordings, and other electronic recording media to document your observations or conversations. Decide when the use of these recording media is most appropriate.

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

- Your statement informing the interviewee that the interview is being recorded.
- The interviewee's statement acknowledging that the interview is being recorded and consenting to the recording.
- The voice (for an audio recording) or image (for a video recording) should be clearly identified. Example:

> "I am John Doe, a child protection worker for Department, and you are…."

- Recorded statements that occupy more than one tape should have a carryover message. Example:

> "This statement will continue on the next electronic recording."
>
> "This is electronic recording number two of a recorded conversation between Jane Doe and John Brown taken at 123 Anywhere Street, City, State, on January 1, 2000, at 1:30 p.m. That is correct isn't it, Mr. Brown?"

There should be a closing statement by the interviewee, again acknowledging that:

- The interview was recorded,
- The information provided was given voluntarily, and
- The statement is complete and truthful.

Explicit Images

Periodically, HHS staff may learn of the existence of sexually explicit images of a child when conducting assessments. Under no circumstances should HHS staff ask for, request, or solicit sexually explicit images of a child. Under no circumstances should HHS staff ever accept anything that may be considered child sexual exploitive material.

The moment HHS staff ever accept such material, they are considered in possession of it and thereby could be prosecuted. There is no exception or protection for HHS staff under the Adam Walsh Child Protection and Safety Act.

Photos of buttocks, in and of themselves, do not necessarily meet the definition of sexually explicit material. State and Federal laws outline there may be differing purposes for documenting of such body part. When used for the purposes of documentation of a physical injury, this may not meet the criteria of sexually explicit material.

When there are injuries to genitalia, it is important to provide a narrative description of such injuries in the assessment, but CPWs should not ask for, request, possess, or solicit photos of genitalia. When such injuries occur, CPWs are expected to work to have the child seen by a medical professional (preferably the CPC/CAC) and gather information from their observation and treatment for the purposes of describing the injury and narrative.

In the event child sexual exploitive material is ever forwarded to HHS:

- HHS staff are to contact law enforcement, every time and immediately
- In the event explicit images of children are emailed to HHS, HHS staff should notify the Service Help Desk and contact law enforcement, but do not forward the email to anyone
- HHS staff should be aware and understand if someone sends sexually explicit images of children to their personal cell phone, they will never receive their phone back from law enforcement
- Explicit sexual images of children should never be uploaded to HHS file manager/servers

Medical Reports and Records

Obtain medical reports and records that are relevant to the information contained in the report. These may include, but are not limited to:

- X rays.
- Findings of physical examination.

- Medically relevant tests related to the presence of illegal drugs within a child's body or a caretaker's body.

Summarize these records in the assessment and document that the report or record is maintained in the File Manager on the JARVIS – STAR Assessment module.

Reports from Child Protection/Advocacy Centers

Social history and interpretive interviews are sometimes conducted during a child protection/advocacy center's assessment of the child's physical, mental, and emotional status.

Summarize social history and interview reports created by protection centers during the course of an assessment. Do not copy the reports into the assessment verbatim. Document that a copy of the child protection/advocacy center's report is maintained in the in the File Manager on the JARVIS – STAR Assessment module.

Subjects of the report and their attorneys are entitled to receive written summaries and an electronic recording of the interview **if** requested. "Subjects" are defined as parents, guardians, and custodians of the victim child; the victim child, and the person determined responsible for the abuse. (Reasonable reproduction costs may be assessed to the requester.)

(See Iowa Code 235A.13, "Subjects defined." See Iowa Code 235A.15 and 235A.13, subsection 10. Recordings of interviews are report data and subjects have access)

Release of Video Electronic Recordings

The child protection center is under agreement with the Department to perform official duties of the Department. The electronic recordings and reports created by the center are under the authority of Department.

The electronic recordings are released to subjects with the approval of the Department. The electronic recordings are a part of the Department's child abuse report data and can be released only to authorized persons who are subjects of the report.

The service area manager determines how the child protection center electronic recording release to the subject is handled. The procedure shall include written authorization for the release form the Department. The service area manager may arrange with the child protection center that:

- Only the Department will release the recording; or
- The child protection center will do the release if the Department has authorized the center to release the recording to an authorized person who is a subject of the report.
- If the Department handling the release, the service area manager arranges with the child protection center to have a copy of the electronic recording sent to the Department office and have the Department collect the reasonable reproduction cost and remit to the child protection center.
- In order for the child protection center to release an electronic recording directly to a subject, the Department must approve the release in writing. When necessary, phone authorization may be made before the written authorization. However, the written authorization must be submitted as soon as is reasonably possible.
- The written authorization may be made using form **470-0643, Request for Child and Dependent Adult Abuse Information** but any written statement of authorization will suffice. Minimally, the authorization would show the requesters name, subject role, the electronic recording authorized to be released, signature, and date.
- The Department may fax or e-mail the written authorization to the child protection center. Both the Department and the child protection center may retain a copy of the written authorization for their record, stating that a subject received the electronic recording.
- The child protection center copies the electronic recording, collects reasonable reproduction costs, and provides the electronic recording to requester by mail or in person.

Subpoena of Child Protection/Advocacy Center Records

When the child protection/advocacy center receives a subpoena for a video or electronic recording of the interview in a child abuse assessment, the child protection/advocacy center shall respond to the requester. Child protection/advocacy centers shall follow their own agency protocols on notifying their legal representative.

The following is sample language to assist the center with the response.

> "The child protection center has received your request for records for _____ (child).
>
> "The child protection center, pursuant to an agreement with the Department of Health and Human Services, performs victim interviews for the Department of Health and Human Services in the course of a child abuse assessment. The records produced of the interview are Department records and access is governed by Iowa Code section 235A.15. The county attorney and law enforcement investigating allegations have access to the records.
>
> "A person who is a parent or guardian or custodian of a victim child, the victim child, or the person alleged responsible for the abuse has the right to request the video electronic recording interview. Iowa Code authorizes the Department of Health and Human Services to release that information these people.
>
> "The child protection center has sent your request to Department to release the information or authorize the child protection center to release the information you requested. The Department will notify you of the Department's decision regarding your access to the information requested."

The center shall fax or e-mail the subpoena to the Department worker and supervisor who conducted the assessment. The Department is to respond to the person requesting access to the records.

Other Written Reports

Seek written reports, such as mental health evaluations, treatment records, criminal history data, law enforcement reports, etc., if they are relevant to the allegations being assessed or may be pertinent to maintain in history.

Child Abuse Assessment (CAA): in a child abuse assessment, written reports are typically used to support the investigations of whether or not abuse or serious neglect has occurred. These reports may include evaluations, treatment records, criminal history, or law enforcement documents, all of which should be reviewed for relevant information that could either prove or disprove the allegations. Summarize the significant findings in the assessment, clearly identifying the source of the information, and exclude any information not related to the child abuse assessment, Upload the reports into the File Manager on the JARVIS-STAR Assessment module.

If the reports are to be used for a service case, obtain a signed release from the parents so that the other agencies' reports can be maintained in the social work case management file. If you need further direction on this issue, contact the Service Help Desk.

Family Assessment (FA): In a family assessment, seeking written reports will generally be reserved for situations where concerns are identified that could be beneficial to maintain, in the event of a future assessment. While not typically a core component of the family assessment, documentation may be gathered to support the need or lack of need for recommended services. In such cases, ensure that any reports are linked to the family's safety and well-being, and upload them to the file manager as needed.

Criminal History Record Check

Criminal history record checks are completed at intake. Additional checks may later be obtained on any additional person alleged to be responsible for abuse who is identified in the course of an assessment.

Request a history check from local law enforcement or complete an on-line criminal history check when any information is presented to suggest that such a check is advisable to be considered for the safety of the child, other children, or others. These situations include, but are not limited to:

- Allegations of sexual abuse
- Allegations of domestic violence
- Allegations of abuse of alcohol or other drugs

Additional Allegations

Legal reference: Iowa Code Section 232.71B, 441 IAC 175.25(232)

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

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

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

  Rather than linking, the additional allegations may be opened as a new assessment if there is not enough time to evaluate the additional allegations before completing the current assessment.

- Additional allegations regarding a sibling may be linked into the current assessment when the original victim and the sibling have the same parents and the person alleged responsible is the person named in the original allegation or is the other parent.

  Again, rather than linking, the additional allegations may be opened as a new assessment if there is not enough time to evaluate the additional allegations before completing the current assessment.

- If exactly the same child victim and alleged person responsible are not identified, treat the additional allegations as a new assessment (Example: A different non-parent person responsible is named regarding a sibling).

Additional subjects rather than additional reporters determine whether the additional allegations can be linked or if a new assessment is required.

NOTE: Additional allegations of child abuse that are accepted for assessment and identified by someone other than the child protection worker assigned to the case still require:

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

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

Reassigning a Family Assessment (FA) as a Child Abuse Assessment (CAA)

Legal reference: Iowa Code section 232.71B, 441 IAC 175.24 and 175.25(1)(b)

Policy Statement: A child abuse assessment (CAA) is required for all accepted reports of suspected child abuse, which allege any type of abuse other than denial of critical care as well as any allegations of denial critical care, which also allege any of the additional criteria as defined by rule.

The Centralized Service Intake Unit (CSIU) or on-call supervisor will use **RC-0142, Intake Screening Tool** to determine the initial pathway for an accepted report of suspected abuse. The pathway assignment is based on information from the reporter and what is known to them at the time of the report, along with information available through Department records.

You have the responsibility to request the reassignment of a Family Assessment as a Child Abuse Assessment in certain situations. Continually screen for the situations that require reassignment. Consult with your supervisor as soon as possible when you believe a Family Assessment needs to be reassigned.

Situations in which a Family Assessment (FA) is required to be reassigned as a Child Abuse Assessment (CAA):

- You discover information that would cause you to answer “true” to any criteria on the Intake Screening Tool:
  - The alleged abuse type includes a category other than Denial of Critical Care.
  - Alleges imminent danger, death, or injury to a child.
  - The allegation requires a one-hour response.
  - There is a separate incident open on the household that requires a child abuse assessment.
  - The child has been taken into protective custody as a result of the allegation.
  - There is an open Department service case on the alleged child victim or any sibling or any other child who resides in the home or in the home of the non-custodial parent if they are the alleged person responsible.
  - The alleged person responsible is not a parent (birth or adoptive), legal guardian or a member of the child’s household.
  - There has been TPR (in juvenile court) on the alleged person responsible or any caretaker who resides in the home.
  - There has been prior Confirmed or Founded abuse within the past six months, which lists any caretaker who resides in the home as the person responsible.

- It is alleged that illegal drugs are being manufactured or sold from the family home.
- The allegation is failure to thrive or that the caregiver has failed to respond to an infant's life-threatening condition.
- The allegation involves an incident for which the caretaker has been charged with a felony under Chapter 726 of the Iowa Code (including neglect or abandonment of a dependent person; child endangerment resulting in the death, serious injury or bodily injury of a child or minor; multiple acts of child endangerment; or wanton neglect of a resident of a health care facility resulting in serious injury).

- You receive information of an additional allegation that would cause you to answer "true" to any criteria on the **Intake Screening Tool**.
- The family cannot be located.
- If it appears that family may flee or the child may disappear
- The family refuses to participate in the Family Assessment.
- The family refuses to allow you to observe and interview the children or interview them in a timely manner.
- The family requests the case be reassigned as a Child Abuse Assessment.
- The child is determined as unsafe on the Safety Assessment.
- A safety issues continues to require a child to reside outside of the child's home at the conclusion of the Family Assessment.
- The facts otherwise warrant.

Procedures for Assessment in Out-of-Home Settings

When the abuse report involves a child subject being cared for by a substitute caretaker away from the child's own home, there are several modifications to the requirements for completing the assessment.

Child abuse assessments in facilities have two distinct functions:

- To assess specific reports.
- To assess the relationship, if any, between the alleged abuse and the facility's policies and procedures.

When conducting a child abuse assessment in an out-of-home setting, determine the type of facility and the facility's licensing or regulating entity.

- The type of facility and the type of licensing will determine who is to be notified at the onset of an assessment and of the outcomes of the assessment.
- See Notification of Outcome of Assessment and Appeal Rights.

- The Department of Health and Human Services provides child abuse assessments in out-of-home settings with the following exceptions:
  - State-operated facilities such as the Glenwood and Woodward Resource Centers; the mental health institutes at Cherokee and Independence; the State Training School; and the Civil Commitment Unit for Sexual Offenders. (Refer reports of abuse in these facilities to the Department of Inspections, Appeals, and Licensing.)
  - Schools that are not also residential facilities.

Requirements Common to All Out-Of-Home Settings

1. When the abuse allegation involves any out-of-home setting, assess the environment where the abuse occurred (not the child's home environment).
2. Assess the relationships between the person responsible for the abuse and the child subject and any other children to whom that person provides care.
3. When allegations involve multiple children who are not siblings or involve unrelated staff responsible for the abuse, open a separate assessment for each person.
4. If additional information or new reports of suspected abuse surface, open a separate assessment or have the new report linked to a current assessment if appropriate.
5. As in all assessments, notify the child subject's parents in writing within five business days of receiving the report, unless the juvenile court issues an order prohibiting notification.

   Do **not** notify parents of other children for whom care is provided of the assessment or its outcome. (During the course of the assessment, you may interview other children or parents for information about the abuse, and thereby alert them and their parents to the abuse report and assessment.)
6. Because of statutory requirements for record checks, notify regulatory staff when abuse is founded.

   People named on the Central Abuse Registry as responsible for abuse are prohibited from being employed in child-care settings, unless they obtain a positive evaluation of their ability to continue to work with children. (See form **470-2310, Record Check Evaluation**.)

   NOTE: This requirement applies even when the abuse did not take place in the out-of-home setting. Therefore, you must notify the regulatory worker responsible for the facility when the following three conditions are met:

   - The person named responsible for abuse is employed at, lives at, or regularly has access to children at a setting where children are cared for (regardless of whether the abuse took place in the out-of-home setting or a private home), **and**

- The abuse was the result of the person's acts or omissions, and
- The assessment results in placement on the Central Abuse Registry.

7. If you discover illegal operation by a facility during the course of an assessment (such as a nonregistered child-care home caring for six or more children), notify the service area manager and the county attorney in writing.
8. If you become aware of an allegation of a criminal act harming a child, contact law enforcement. See Involving Law Enforcement.

Assessment Process in Out-Of-Home Settings

1. When you are assigned a child abuse assessment involving a facility, make the following contacts:

   - **Regulatory worker for the facility**. Provide information regarding the report to the worker responsible for licensing, registration, or approval of the facility by the end of the next business day.
   - Document your contacts with (or attempts to contact) the regulatory worker in the **Child Protective Services Child Abuse Assessment Summary, form 470-3240**.
   - Ask the regulatory worker to assist in conducting the assessment. The regulatory worker can provide information on whether the facility's policies and procedures comply with regulatory standards. This allows you to focus on the specific report of abuse.

     NOTE: It is not necessary for the regulatory worker to be present during every visit to the facility or for every interview conducted. Try to agree upon which aspects of the assessment you will do jointly or separately.
   - **Service caseworker for the child subject**. Contact the service caseworker for the child subject, if applicable. A child who resides in a foster care, juvenile detention, or substance abuse facility or in a psychiatric medical institution for children is likely to have a caseworker assigned.

     Document these contacts (or attempts to contact) in the written **Child Protective Services Child Abuse Assessment Summary, form 470-3240**. The caseworker can provide information about the child and the facility and may wish to participate in interviewing the child and other collateral sources.
   - **Contract monitoring worker** (program manager). When the Department purchases services from a facility, there is often a program manager assigned to the facility who needs to be informed about conditions there.
   - **Facility administrator**. Inform the facility administrator of the report. Arrange to interview the child subject and other relevant collateral sources. Keep the administrator of the facility or the administrator's designee informed as to the progress of the assessment.

If the facility administrator is alleged to be the person responsible for the abuse, consult with supervisory staff regarding how to proceed with the assessment.

2. In all out-of-home settings, take reasonable efforts to address the safety of the child subject and other children in care. Consult with the facility administrator or designee as to how to achieve safety. Steps to address safety may include, but are not limited to:
   - Curtailing contact between the child and the person alleged to be responsible for the abuse.
   - Moving the child to another facility.
3. As in any assessment, observe and interview the child subject as necessary to address safety and interview (or offer to interview) the person alleged to be responsible for the abuse.
4. Contact and interview:
   - People believed to have been in the area when the incident occurred,
   - People believed to have knowledge about the incident, and
   - The supervisor of the person alleged to be responsible for the abuse.
5. Review any additional sources of information, such as:
   - The facility log
   - The child's facility case record
   - That personnel file of the person alleged to be responsible for the abuse
   - The facility's incident report
   - The facts and findings of any internal review conducted by the facility

Assessment Interviews in Facilities

Attempt to interview the child named as having been abused, the person alleged to be responsible for the abuse, and other people who may have relevant information regarding child's safety and the allegations.

- You are encouraged to team the assessment interview with the regulatory worker or other appropriate personnel. You may also utilize expert consultation (such as the local multidisciplinary team).
- Interviews should be electronically recorded if possible. The witness should acknowledge that the statement is being recorded and consent to the recording. See Electronic Recordings.
- Fully inform people alleged responsible for abuse of their appeal and record check evaluation rights.
- Verify quotes or statements from interviews (especially of facility employees) before including them in a report.

Physical Evidence in Facilities

1. Review written material such as facility logs and medical or education records.
   - The facility shall supply copies of pertinent information.
   - Do not remove the originals from the facility without facility consent, a court order, or a search warrant.
2. Observe objects such as restraints, handcuffs, weapons, or a knife wielded by an out-of-control child.

   You may ask to have them turned over to you. However, do not remove objects from a facility without facility consent, a court order, or a search warrant.
3. You may take photographs of injuries, living arrangements, or other necessary items. Inform the facility before you take photographs.

Person Responsible for the Care of a Child in a Facility

Only an individual may be named as responsible for abuse of a child, not the facility itself.

1. To name supervisory or administrative personnel (up the chain of command) as responsible for the abuse of a child, you must establish that the person either:
   - Knew about the abusive situation and failed to respond to it, even though having the authority to do so; or
   - Implemented policies that were abusive and directed staff to follow those policies.
2. Seek supervisory consultation regarding this process. There must be clear documentation that these conditions existed in order to find that a person in higher level of authority is the person responsible for the abuse of a child.
3. Ask the following questions to help determine if such a finding is appropriate:
   - Did the person know about the abuse? When? Did the person take reasonable measures to protect the individual child? Was the child left in a high-risk situation? Did the abuse reoccur?
   - Did the person have the authority or the ability to intervene to protect the child? Did the person respond in a reasonable and prudent fashion?
   - Did the person participate in an act or decide to implement an act that resulted in injury to the child? Does the procedure as implemented fit the definition of child abuse?
   - Did the person direct another employee to commit an act that caused injury to a child or that could be considered abuse?

4. Give careful consideration before making a finding of abuse on a direct care worker when:
   - The worker is following the directive of the supervisor or the standard operating procedure at the facility, or
   - The abuse occurred because the facility has not implemented the regulatory standards in an appropriate manner.

Completion of Facility Assessments

1. Complete all required paperwork as in any other child abuse assessment. List the address and composition of the child's home household when abuse occurred in an out-of-home setting.
2. Share any registered incident with the licensing authority and with the facility administrator immediately.
3. If a child residing in a facility is adjudicated or pending adjudication as a child in need of assistance or as a delinquent, forward the written **Child Protective Child Abuse Assessment Summary, form 470-3240** to the county attorney and to the juvenile court where the child legally resides.

   NOTE: Following completion of the assessment, the licensing authority and the facility administrator have access to reports that are placed on the Central Abuse Registry.

   NOTE: Rules governing facilities prohibit employment of people named on the Central Abuse Registry as responsible for the abuse of a child. (The Department may determine through evaluation that the report should not prohibit the employee's continued involvement with children.)

Foster Family and Child-Care Homes

Form **470-3855, Facility Assessment Checklist for Foster Family Homes** lists the actions to be taken when assessing abuse allegations in a foster family home.

Form **470-3854, Facility Assessment Checklist for Child Care Homes** lists actions to be taken when assessing abuse allegations in a child care home.

1. When the report involves a licensed foster home, or a registered child development home, or a child care home that has a Child Care Assistance Provider Agreement with the Department, notify the Department's licensing or regulatory worker of the report by the end of the next business day.
   - Notify the Department's licensing worker even if the home study is conducted by a private child-placing agency.
   - Request the licensing or regulatory worker's assistance in conducting the assessment.

2. When a private social services agency did the licensing study for the foster home, notify the private agency's licensing worker of the report by the end of the next business day.

   Ask the agency licensing worker to assist in conducting the assessment.

3. Also notify:

   - The purchase of service unit supervisor, if applicable.
   - The quality assurance and technical assistance personnel, if applicable.
   - The child subject's service worker, if the child has one.

   NOTE: The licensing worker or regulatory childcare worker can provide information to assist in determining if the abuse occurred as a result of inadequate recruitment, screening, or training of foster care or registered child care providers. The role of the foster family licensing worker or regulatory child care worker during the assessment is to:

   - Aid in addressing the safety of the children being provided care;
   - Investigate for regulatory violations;
   - Provide relevant information regarding the home;
   - Assist in gathering assessment information, when possible;
   - Provide support to the foster parents or child-care provider, as appropriate.

Refer to 12-F, Assessments for Child Abuse Referrals for Department policy on the role of child-care registration staff in assessing reports of abuse in a child-care home. See 12-B, Reports of Mistreatment or Abuse for Department policy on the role of foster family home licensing staff.

Procedure for Joint Assessment with Regulatory Staff

1. Notify the regulatory childcare worker or foster family care licensing worker by the end of the next business day after receipt of the intake.
2. Plan a joint assessment with the regulatory staff, based on the known facts of the case, and initiate the assessment immediately.
   - The worker responsible for child care regulation or foster family care licensing shall focus on compliance issues with the law and rules governing registration or licensure. Consult with the regulatory staff to identify any regulatory violations.
   - Make the first visit to the facility jointly with the regulatory staff if possible. Other joint visits may be advantageous to both the regulatory complaint investigation and the child abuse assessment.

- All child abuse allegations in a regulated setting are considered a complaint and require a response from regulatory staff. After the Department regulatory worker has thoroughly investigated the referral, the regulatory worker documents findings on a complaint report in the CRIS system.
- This information will not identify individual people, including children. Language in the documentation will not relate to child abuse, but will address compliance issues. The provider or foster parent is to be notified immediately of any corrective action necessary to meet minimum requirements.

3. Once you have completed the assessment, notify the foster family licensing worker or the regulatory worker for the child development home immediately of your findings.

   NOTE: Continuation of the home's foster family license or childcare registration or payment may be prohibited if the name of any member of the household is placed on the Registry as a person responsible for the abuse of a child.

   The Department must complete an evaluation to determine whether the person would pose a risk to children within a child-care or family foster home setting. See Record Check Evaluation.

4. When an assessment of a **nonregistered** child-care home that receives child-care payment from the Department results in placement on the Registry, immediately notify the Child Care Assistance eligibility worker of that fact in writing.
   - Provide the name of the child subject, the name of the provider, and the names of other children who receive care, if known.
   - The Department must do a record check evaluation to determine if the founded report should prohibit payment for child care services.

Notifying Parents of Children in Nonregistered Child Care Homes

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

When abuse is founded in a nonregistered childcare home, the child protection worker shall send a letter to the parents of each child in the care of the childcare provider to inform the parents that abuse has occurred in the child

care home. Name the type of abuse and the date of intake. Do not include the name of the person responsible for the abuse or the victim.

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

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

Do **not** include:

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

Child Care Centers and Other Group Facilities

Procedures in this section apply to the following facilities that provide care to children:

- Child-care centers
- Community or comprehensive residential foster care facilities
- Shelter care facilities
- Juvenile detention centers
- Psychiatric medical institutions for children
- Substance abuse facilities

Form **470-3853, Facility Assessment Checklist for Child Care Centers** lists actions to be taken when assessing abuse allegations in a child care center setting.

Form **470-3856, Facility Assessment Checklist for Group Care** lists actions to be taken when assessing abuse allegations in a group residential facility.

1. If a report regarding a facility does not meet the criteria for assessment, notify the following as applicable:
   - Department of Inspections, Appeals, and Licensing (DIAL)
   - The childcare center licensing worker

- The placement worker
- The Department's contract monitoring personnel of the report

2. If a report regarding a facility does meet the criteria for assessment, notify the regulatory worker by the end of the next business day after receipt of intake.
3. Plan a joint assessment with the childcare center licensing consultant or the group care facility DIAL licensing surveyor, based on the known facts of the case, and initiate the assessment immediately.

   The role of the childcare center licensing consultant or the group care facility DIAL licensing surveyor during the joint assessment is to:

   - Aid in addressing the safety of the children being provided care,
   - Investigate for regulatory violations,
   - Provide relevant information regarding the facility,
   - Assist in gathering assessment information, when possible, and
   - Provide support to the facility as appropriate.

4. Consult with the childcare consultant, for child care centers, or the Department of Inspections, Appeals, and Licensing, licensing staff, for group care facilities, to identify regulatory violations and prepare a notice to the facility. See Notice to Facilities with Problems in Policy or Procedure.

   NOTE: As in any other report, all criteria must be present in order to accept a report of child abuse for assessment (child, caretaker, and category of abuse).

   A violation of a licensing rule does not automatically constitute a child abuse allegation. Violation of licensing standards may contribute to abuse. However, even an egregious disregard of a licensing standard does not automatically confirm that abuse occurred.

   Procedure for Joint Assessment with Child Care Consultant

   The role of the Department child-care center licensing consultant is specified at **12-E, Investigations for Child Abuse Referrals.**

   1. Notify the child care consultant by the end of the next business day after receipt of referral.
   2. Plan a joint assessment with the childcare consultant based upon the known facts of the case, and initiate the assessment immediately.
      - The childcare consultant's participation in assessment of the alleged abuse shall focus on compliance issues with the childcare law and the requirements for licensing.
      - Make the first visit to the facility jointly with the childcare consultant if possible. Other joint visits may be advantageous to both the regulatory investigation and the child abuse assessment. The first visit by the childcare consultant shall occur within 24 hours.

NOTE: After the child-care consultant has thoroughly investigated referral regarding compliance with licensing rules, the consultant will place documentation and summary information in the licensing file. The consultant will notify the facility immediately of:

- Any corrective action necessary to meet minimum requirements.
- Any adverse action to suspend or revoke the license.

Use of Physical Restraint in Facilities

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.

1. When assessing a report of physical abuse due to the use of physical restraint, consider:
   - Whether the restraint was reasonable, considering the precipitating situation.
   - The degree of injury to the child.
   - Attempts made to avoid injury.
   - Whether the injury is compatible with the explanation provided.
2. If a child living in a facility is adjudicated or pending adjudication as a child in need of assistance or as a delinquent, forward the written **Child Protective Child Abuse Assessment Summary, form 470-3240** to the county attorney and to the juvenile court where the child legally resides.

NOTE: Following completion of the assessment, the licensing authority and the facility administrator have access to reports that are placed on the Central Abuse Registry.

Notice to Facilities with Problems in Policy or Procedure

1. Consult with the licensing worker in assessing the relationship between the alleged abuse and the facility's policies and procedures.
2. Prepare a "notice to facility" letter for any assessment in which you find problems with facility policy, practice, or compliance with licensing rules, regardless of whether abuse occurred.
   - Include sufficient information to identify the problem areas. Do not include any personally identifiable information about the subjects of the assessment.

- The letter must contain information about any of the following that apply:
  - A violation of facility policy noted during the course of the assessment.
  - An instance where facility policy or lack of policy may have contributed to the abuse.
  - An instance where general practice in a facility appears to differ from the facility's written policy.
  - An instance where the facility practice appears to be in violation of licensing standards.
- Both you and your supervisor must sign the letter to the facility.

3. Send the letter to all of the following:

   - The governing body of the facility.
   - The facility administrator.
   - The licensing authority for the facility.

   For health care facilities not licensed or approved by the Department (such as hospitals), send the letter to the facility administrator and to the licensing or accrediting body for the facility.

   For child care centers and homes, the licensing authority includes:

   - Chief, Bureau of Child Care Services, HHS Division of Child and Family Services, 1305 E. Walnut St., Iowa 50319-0114.
   - The child-care consultant for the center or home.

   For facilities licensed to provide overnight care, the licensing authority includes the following:

   - Chief, Bureau of Child Welfare and Community Services, HHS Division of Adult, Child and Family Services, 321 E. 12th St., Des Moines, Iowa 50319.
   - Administrator, Division of Health Facilities, Department of Inspections, Appeals, and Licensing; 321 E. 12th St, Des Moines, Iowa 50319-0075.
   - Chief, Bureau of Service Contract Support, 1305 E. Walnut St., Des Moines, Iowa 50319-0114.

4. Offer the administrator of the facility an opportunity to meet with you to discuss findings of the report and any regulatory problems.

Making an Allegation Finding

Legal reference: Iowa Code Section 232.71B, 441 IAC 175.25(232)

Policy Statement: The child protection worker is to evaluate the alleged abuse on child abuse assessments (CAA) through the following procedures:

- Interviewing and observing the alleged victim
- Interviewing subjects of the report, and other sources
- Gathering of physical and documentary evidence
- Evaluating the safety of and risk to the child
- Determining credibility of the information

Before making a determination of whether abuse occurred, thoroughly and accurately gather all necessary information from observations, interviews and documentation, and determine the credibility of subjects, collateral sources, and other documentary evidence gathered during the assessment process.

- Determining credibility is a process in which you gather or receive information or arguments, and then determine the truth or falsity of the information or arguments.
- Make the determination of whether abuse occurred based on a preponderance of credible evidence.

If the family refuses to cooperate with the assessment process, complete the assessment with the information you have gathered from observations, reports, Department assessment and service records, collateral contacts, and visits to the home.

- Document the source where the information was obtained.
- Document in the report the family's unwillingness to participate in the assessment process and why, if known.

Determining if Abuse Occurred on Child Abuse Assessments (CAA's)

Legal reference: Iowa Code Section 232.68(2a), 232.71B, 232.71D, 441 IAC 175.25(6) and (7); 175.26(1)

Policy Statement: Evaluation of the information shall include an analysis that considers the credibility of the physical evidence observations, and interviews and results in a conclusion of whether or not to confirm the report of child abuse. The Department shall determine the acts of omissions meet the definition of child abuse.

The statement of determination of whether the allegation of child abuse was founded, confirmed or not confirmed shall include a rationale for placing or not placing the report on the Central Abuse Registry and shall document the factors that must be proven for each type of abuse.

Each category or subcategory requires that specific factors be present in order to conclude that abuse occurred. For a report of child abuse to be **confirmed or founded**, you must:

- Determine that a preponderance of credible evidence indicates that the allegations are true.
- Demonstrate the presence of all factors necessary for this type of abuse.
- Document the rationale for your determination.
- Be explicit in addressing the necessary factors.
- Provide supporting statements to explain how each of the criteria has been met (the child, the caretaker, and the circumstance of abuse, as defined by the Iowa Code).

If the report is **not confirmed**, document on form **470-3240, Child Protective Services Assessment Summary** the following:

- There is insufficient evidence (less than a preponderance) to conclude that the allegations are true, OR
- At least one of the factors necessary to determine that this type of abuse occurred is absent, and
- The rationale for the determination.

Factors Common to All Child Abuse Categories

Legal reference: Iowa Code Section 232.68(1), (2), and (7); 441 IAC 175.25(6) and (7); 175.26(1)

Policy Statement: Criteria common to all child abuse determinations are that the victim is a child, the person responsible for the abuse was responsible for the child (with a few exceptions), and the abuse or neglect meets the Code and rule definitions of abuse.

To make a determination that abuse is confirmed or founded, the report must be assigned as a child abuse assessment (CAA) and indicate:

- The alleged victim of child abuse is a child, and
- The alleged person responsible is:
  - A caretaker; or
  - A person 14 years of age or older who resides in a home with the child, if the allegation is sexual abuse (as defined in Iowa Code section 232.68); or
  - A person who engages in or allows child sex trafficking (as defined in Iowa Code section 232.68), and

- The incident falls within the definition of child abuse.

The following is an example of a report confirming that abuse occurred:

Allegation: Jessica Smith is 6 years old. According to the reporter, Jessica indicates that her father, William Smith, has been "touching her vagina when mom is at work." Sexual abuse is being alleged.

Narrative Highlights: Wilma Smith, Jessica's mother, works nights as a waitress. When I interviewed Jessica, she indicated that her father has been sitting her on his lap at night while watching television. Jessica reports that her father has inserted his finger into her vagina and that this has been happening for "a long time."

Jessica received a physical examination, which was inconclusive for sexual penetration. Police interviewed Mr. Smith. He denied "doing anything to her." Mr. Smith is named perpetrator in a previous founded child abuse report for sexual abuse regarding another child.

Determination: This report of alleged sexual abuse in the second degree is confirmed and placed on the registry (founded), as all necessary factors have been met by a preponderance of the evidence:

- **Factor 1:** Jessica Jean Smith was born on April 20, 2014, and by definition is a child.
- **Factor 2:** William Franklin Smith is the biological father of Jessica and is, by definition, responsible for her care.
- **Factor 3:** It is evident that a sex act occurred. During her interview, Jessica indicated that her father had digitally penetrated her vagina on numerous occasions. The child has provided consistent and detailed statements regarding those actions.

Although the child's father has denied the allegations, he is named perpetrator in a previous founded child abuse report for sexual abuse of another child regarding actions almost identical to those in this assessment.

According to her teacher, the child has a history of being truthful. The father, facing potential criminal charges, has every reason to be less than truthful. In his interview, he contradicted himself and revised his statements several times. Therefore, the child is considered more credible than her father is.

- **Factor 4:** Jessica Smith is currently 6 years of age. She is, therefore, under the age of 14 years.

All necessary factors have been met by a preponderance of credible evidence. Sexual abuse in the second degree, as defined in Iowa Code, is confirmed and placed on the registry (founded). William Smith is named the person responsible.

The following is a second example of a report confirming that abuse occurred:

Allegation: John Smith is 10 years old. He has bruising on his back that was allegedly caused by his mother, Mary Smith, hitting him with a fly swatter. If true, the allegations constitute physical abuse.

Determination: This report of alleged physical abuse is confirmed and placed on the registry (founded) as all necessary factors have been met by a preponderance of the evidence:

- **Factor 1:** John Edward Smith is a child, currently 8 years old, born April 20, 2010.
- **Factor 2:** Mary Ann Smith is John's biological mother, with whom he resides. By definition, she is a person responsible for the care of the child.
- **Factor 3:** The child protection worker observed two light gray bruises on John Smith's upper back that were in the shape a fly swatter. These bruises were photographed. (Photographs in the file accurately depict the injuries.)
- **Factor 4:** The injuries are determined to be nonaccidental. A reasonable and prudent person could foresee that injury would be the likely result of being struck with force by a fly swatter. When confronted with the allegation, the child's mother stated that she was not surprised that he had sustained injuries, because she was upset with him at the time and had struck him "quite hard."
- **Factor 5:** The child states that the injuries were the result of his mother hitting him with the fly swatter. The child's mother admits to striking him on the upper back with the fly swatter when he "mouthed off" to her. She has acknowledged doing so with considerable force.

All necessary factors have been met by a preponderance of credible evidence. Physical abuse, as defined in Iowa Code, is confirmed and placed on the registry (founded). Mary Ann Smith is named the person responsible.

Provide a clear and concise statement regarding the determination. When you determine that a report of child abuse is not confirmed, indicate the criteria (the child, the caretaker, or the circumstance of abuse as defined by the Iowa Code) in which a preponderance of credible evidence did not exist.

EXAMPLE:

Allegation: Jeffrey Smith is 8 years old. He has bruising on his back that was allegedly caused by his mother, Jane Smith, hitting him with a fly swatter. If true, the allegation constitutes physical abuse.

Determination: This report of alleged physical abuse is not confirmed, as all necessary factors have not been met by a preponderance of the evidence:

- **Factor 1:** Jeffrey James Smith is a child, currently 8 years old, born April 20, 2012.
- **Factor 2:** Jane Marie Smith is Jeffrey's biological mother, with whom he resides. By definition, she is a person responsible for the care of the child.
- **Factor 3:** Jeffrey Smith denied having injuries and had no bruises or other injuries on his back when observed by the child protection worker the day following the alleged incident.
- **Factor 4:** The child denied having injuries and there were no injuries present. Therefore, the 'nonaccidental' factor does not apply.
- **Factor 5:** The child states that his mother did hit him with the fly swatter the previous day. The child did not see any injury and had no lasting pain that would indicate an injury. The child's mother acknowledged striking him with the fly swatter, although not hard enough to result in injury.

Not all necessary factors have been met by a preponderance of credible evidence. Physical abuse, as defined by Iowa Code, is not confirmed. Therefore, no person responsible has been named.

When you determine that a child has been abused but are unable to determine the identity of the person responsible for the abuse, determine that the report of child abuse is confirmed or founded, and further state that the caretaker responsible could not be determined. Provide a supportive statement with the rationale for this determination.

EXAMPLE:

Allegation: Justin Smith has a bruise on his back in the shape of a handprint. He is 12 years old, cognitively impaired, and not verbal. The reporter believes that child received the bruise from his father, William Smith.

Narrative Highlights: I was unsuccessful at interviewing Justin, because he is non-verbal. With Mr. Smith's permission, I observed Justin's back. Justin does have a bruise on his mid-back in the shape of a small adult handprint. Both Mr. Smith and Ms. Flowers have small hands. When interviewed, William Smith indicated that he was not aware of the bruise until he gave Justin a bath.

Justin is William's only child. Mr. Smith works long hours, and so Justin spends most of the time with the nanny, Jasmine Flowers. When interviewed, Ms. Flowers indicated that she had not seen the bruise on Justin's back. She did not have any other explanation but believes that Mr. Smith could not have inflicted this injury to Justin since he is the "perfect father, kind and gentle."

Mr. Smith had nothing but praises for Ms. Flowers' care of the child. I believe that both William Smith and Jasmine Flowers are equally credible.

Determination: This report of alleged physical abuse is confirmed, as all necessary factors have been met by a preponderance of the evidence:

- **Factor 1:** Justin William Smith is a child, currently 12 years old, born April 20, 2008.
- **Factor 2:** William Smith is Justin's biological father, with whom he resides. By definition, he is responsible for the care of the child. Jasmine Veronica Flowers is the child's nanny and is responsible for the child's care while his father is at work. There are no occasions when the child is not in the care of one of these parties.
- **Factor 3:** The child protection worker observed Justin to have a bruise on his mid-back in the shape of a small adult handprint.
- **Factor 4:** The child has a cognitive impairment and is not verbal. He has not been able to provide any history for the injury. Both the child's father and his nanny have small hands. Both have denied that they inflicted the injury on the child. Neither party has any documented history of violence. There are no other people who provide care for the child.

- **Factor 5:** Clearly, the handprint-shaped bruise on the child's back was an injury that was inflicted. No other history about the injury being sustained in any accidental manner has been offered. One must conclude that it is the result of the child being struck with considerable force. A reasonable and prudent person would be aware that when you strike a child with such force, that injury would be the expected result.

  All necessary factors have been met by a preponderance of credible evidence. Physical abuse, as defined by Iowa Code, is confirmed and placed on the registry (founded), with the person responsible unknown. It is clear that a caretaker inflicted the injury to the child. However, it is not possible to determine specifically who inflicted the injury.

Additional Help in Determining Findings

More information about determining whether **physical** abuse has occurred is available at the American Academy of Family Physician website: "Evaluation of Physical Abuse in Children," http://www.aafp.org/afp/2000/0515/p3057.html

More information about determining whether **sexual** abuse has occurred is available at:

- Child Sexual Abuse: Intervention and Treatment," Appendix D: Guidelines for Determining the Likelihood Child Sexual Abuse Occurred, at: http://centerforchildwelfare.fmhi.usf.edu/kb/trpi/Child%20Sexual%20Abuse-%20Intervention-%20Investigation%20and%20Treatment%20Issues.pdf
- "The Child Abuse Accommodation Syndrome" by Roland C. Summit, M.D. (This article appeared in **Child Abuse & Neglect**, Vol. 7, Issue 2, 1983, pp.177-193, printed in the USA, copyright 1983, Pergamon Press Ltd. It is reproduced with the publisher's kind permission at: http://www.sciencedirect.com/science/article/pii/0145213483900704

Confirming Physical Abuse

Legal reference: Iowa Code Section 232.68(2)(a)(1), 441 IAC 175.21(232,235A)

Policy Statement: Any nonaccidental physical injury or injury that is at variance with the history given of it which is suffered by a child as the result of the acts or omissions of a person responsible for the care of the child constitutes physical abuse.

Physical abuse can take a variety of forms. While all instances of physical abuse result in injury to the child, not all child injuries are a result of physical abuse. It is important to analyze circumstances around an injury to determine whether or not the injury constitutes physical abuse.

To confirm any allegation of physical abuse, gather and document credible evidence that the following factors are present:

Factor 1: The victim is a **child**.

Factor 2: The person responsible for the abuse was a **caretaker** for the child at the time of the abuse.

Factor 3: A **physical injury** to the child has occurred.

Examples of credible evidence of physical injury include:

- Visual observation by the child protection worker of external visible injuries including, but not limited to:
  - Abrasions
  - Lacerations
  - Scalds
  - Burns
  - Eye injuries (including detached retina)
  - Bruises
  - Welts (raised area on surface tissue, caused by blow)
  - Hyperemia (reddening of surface tissue) lasting 24 hours or more (**NOTE:** This is the only injury that involves the 24-hour standard.)

  Supportive documentation must include a precise description of the size, shape, color, type and location of the injury.

  If minor injuries occur, consider consulting with a physician or physician assistant to determine whether these injuries would have required a healing process.
- Visual observation by a credible person of visible external injuries. If possible, information obtained from the person should include a precise description of the size, shape, color, type, and location of the injury. Photographs of visible external injuries, as long as:
  - The photograph was taken by a credible person who has maintained possession;
  - You can document the date the photograph was taken through information obtained from a credible person;
  - The identity of the subject of the photograph can be determined; and
  - The photograph adequately depicts the injury.

- Diagnosis or verification by a medical practitioner of the presence of an external or internal injury or an injury which is not readily visible, including but not limited to:
  - Brain damage
  - Damage from intentional poisoning
  - Dislocations
  - Eye injuries
  - Evidence of smothering
  - Fractures
  - Internal abdominal or chest injuries
  - Other central nervous system damage
  - Ruptured ear drum
  - Shaken or slammed baby syndrome
  - Sprains
  - Subdural hemorrhage or hematoma

  Information from the medical practitioner should include a complete description of the injury and, if possible, the practitioner's best professional judgment of the cause of the injury.

  For fractures and some other injuries, obtain the practitioner's estimation of the amount of force necessary to cause the injury, if possible.
- Observation of or verification by a credible person of the presence of scar tissue or other change in bodily tissue that results from healing of an injury. X-rays or other diagnostic tests which verify the presence of injury, if:
  - The tests were taken by a competent professional who has maintained possession,
  - A credible person can document the date of tests, and
  - You can document that tests were taken on the child who is the subject of the assessment.

Factor 4: The injury is **nonaccidental** or the history given is at **variance** with the injury.

Nonaccidental means that a reasonable and prudent person would have been able to foresee that injury to a child might result from the caretaker's acts.

NOTE: When minor injuries (red marks, faint bruising, etc.) occur because of the acts or omissions of a caretaker, consider whether the minor injuries could have been accidental in nature and not readily foreseen. If minor injuries occur, consider consulting with a physician or physician assistant to determine whether these minor injuries would have required a healing process.

To conclude that the injury is **at variance** with the history given for the injury, you must have credible evidence that the injury occurred in a manner which is not physically possible, or which is incongruous with the injury itself.

Factor 5: The injury resulted from the **acts or omissions** of the responsible caretaker.

Examples of credible evidence include:

- Admission by caretaker that the caretaker's act or omission resulted in the injury or could have resulted in the injury.
- Visual observation by a credible witness of acts or omissions of the responsible caretaker that (as the witness believes) resulted in the injury.
- Establishment through circumstantial information that the injuries occurred during the time that the caretaker was in actual control of the child and that injuries could not have occurred in the absence of abuse.

Physical Abuse by Omission

Physical abuse by omission may also be a valid determination. In order to establish physical abuse by omission, there must be a confirmation that:

- Physical abuse (or physical assault, if the assailant was not a caretaker) was committed against a child.
- The abuse or assault took place after the child's caretaker knew or should reasonably have known that the child was in danger of being physically abused by this person.
- The caretaker continued to allow the person access to the child or failed to take reasonable action to protect the child from being abused.

Injury During Discipline or Restraint

In no case is the statement that an injury occurred in the course of discipline or restraint a sufficient reason, in and of itself, for determining that physical abuse has occurred.

Restraint may be necessary when other methods fail to control a child's violent, aggressive, or destructive behavior. Restraint may be determined to be physical abuse when applied with cruelty or excessive force, or when used in a situation in which the child's behavior does not warrant such measures.

For example, use of physical restraint may be considered a form of physical discipline. A child may receive an injury while a caretaker is attempting to restrain the child from hurting himself or others or from destroying property. If this discipline technique was commensurate with the child's behavior and warranted under the circumstances, then the incidental injury is not considered physical abuse.

You must document and analyze:

- The behavior of the child that prompted the caretaker to use physical restraint.
- The type of restraint and degree of force that was used.
- Whether agency guidelines or professional advice sanctioned the type of restraint.
- Other types of nonphysical discipline that could have been used instead. The immediate outcome of the restraint tactic.

  A caretaker is attempting to spank a child's buttocks with a hand. Although no injury has occurred in previous spankings, the child in this instance moves in such a way as to lose balance. This causes both the child and the caretaker to fall onto a table, resulting in injury to the child.

  Even though it occurred while the caretaker was using physical discipline, the injury could under these circumstances be considered accidental.

- Whether both the child and the caretaker have basically the same perceptions as to the severity of past physical discipline and the circumstances of the present injury.

  The caretaker states there was no previous injury, but the child says that there have been bruises in the past from spankings. The child says the caretaker pushed the child into the table, but the caretaker says they both fell.

  Under these circumstances, if the child is considered more credible, the injury might more likely be inflicted than accidental, and an abuse finding is probably more appropriate.

- Whether the caretaker was disciplining with a higher degree of anger, energy or force than that used in previous discipline, or than that which a reasonable and prudent person would use. (This does not apply directly in the case above but should be considered when analyzing the child's reaction to the discipline tactic.)

- Whether a reasonable and prudent person would have:
  - Been able to foresee in the child's speech or behavior that the child might act in such a way as to lead to injury, and then
  - Been able to change disciplinary tactics soon enough to avoid causing injury.

  For example, knowing that a child was so emotionally distraught as to be on the verge of being out of control, a reasonable and prudent person would probably not attempt a physical intervention, unless there was no other alternative to prevent injury to the child or others.
- Whether the child was physically assaulting the caretaker, and the caretaker had no alternative but to respond physically in self-defense.

Injury During Self-Defense

People responsible for the care of child may exercise such reasonable force as may be, or appear at the time to be, necessary to protect themselves from bodily injury. Self-defense that results in injury to a child is not physical abuse if it can be established that the caretaker had no available alternative response to stop the child's assault.

However, in no case is the statement that an injury occurred in the course of self-defense a sufficient reason, in and of itself, for a finding that physical abuse has not occurred. Self-defense is tested by whether the force used to repel the attack was reasonable. The privilege is lost if the force becomes excessive. Abusive language is not sufficient to justify an assault and battery.

Female Genital Mutilation

Use the physical abuse factors when it is alleged 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.

NOTE: the person actually performing the FGM may be considered a caretaker depending on the age of the child and the presence of a parent during the act.

Use the physical abuse by omission factors when it is alleged that the caretaker is not the person who performed the FGM, but knowingly allowed the FGM.

Confirming Mental Injury

Legal reference: Iowa Code Section 232.68(2)(a)(2)

Policy Statement: Any mental injury to a child's intellectual or psychological capacity, as the result of the acts or omissions of a person responsible for the care of the child, constitutes mental abuse if:

- The injury is evidenced by an observable and substantial impairment in the child's ability to function within that child's normal range of performance and behavior, and
- The impairment is diagnosed and confirmed by a licensed physician or physician assistant or qualified mental health professional.

In order to establish that mental injury has occurred as a result of the actions of caretakers, there must be solid evidence in the form of a diagnosis by a licensed clinical professional as well as clear evidence of substantial impairment of child functioning.

For allegations of mental injury, gather and document credible evidence that the following factors are present:

Factor 1: The victim is a **child**.

Factor 2: The person responsible for the abuse was a **caretaker** for the child at the time of the abuse.

Factor 3: There is **observable and substantial impairment** in the child's ability to function within the normal range of performance and behavior.

Examples of credible evidence of impairment include:

- A verbal or written statement from a physician or physician assistant, or qualified mental health professional that the child has suffered an "observable and substantial impairment." (See the definition of "mental health professional" in **18-A(1), Definitions**.)
- A medical or psychological diagnosis that describes a condition that a reasonable and prudent person would be able to observe and would consider to be a substantial impairment.
- Observation by a credible person involved with the child that documents behavior that would constitute an "observable and substantial impairment."

Factor 4: This impairment is **diagnosed and confirmed** by a licensed physician or physician assistant or qualified mental health professional.

Examples of credible evidence include:

- A verbal or written statement from a physician or physician assistant or qualified mental health professional that the child has suffered an "observable and substantial impairment."
- A documented medical or psychological diagnosis that describes a condition that a reasonable and prudent person would be able to observe and would consider to be a substantial impairment.

Factor 5: This impairment was the result of the **acts or omissions** of the child's caretaker.

Examples of credible evidence include:

- A verbal or written statement from a physician or physician assistant or qualified mental health professional that the child's impairment is the result of the acts or omissions of the child's caretakers.
- A statement from a credible person that the child's impairment could not have happened except for the acts or omissions of the child's caretakers.

Confirming Sexual Abuse

Legal reference: Iowa Code Section 232.68(2)(a)(3) and 702.17

Policy Statement: The commission of sexual offense with or to a child pursuant to Iowa Code chapter 709, Iowa Code section 726.2, or Iowa Code section 728.12, subsection 1, as a result of the acts or omissions of the person responsible for the care of the child or a person who is fourteen years of age or older and resides in a home with the child constitutes sexual abuse. Notwithstanding Iowa Code section 702.5, the commission of a sexual offense includes any sexual offense with or to a person under the age of 18 years.

Child sexual abuse is defined in the Juvenile Code in terms of the offenses listed as sexual abuse in the Criminal Code. "Sexual abuse" is any sexual offense committed to or with a child as a result of the acts or omissions of a caretaker or a person who is fourteen years of age or older and resides in a home with the child.

Absent any information to the contrary in the factors under each sexual offense listed below, assume that for child abuse purposes, the definition of "child" is a person under the age of 18.

Iowa law establishes 14 subcategories of sexual abuse. If more than one sexual offense has occurred in a single incident, consider the most serious offense that fits the factors outlined below. There is no need for multiple determinations from a single offense.

EXAMPLE:

> It can be reasonably inferred that fondling of a child under age 12 occurred at the same time as sexual intercourse, but it is not necessary to make another determination in addition to second-degree sexual abuse for that incident.
>
> However, there may be incidents of fondling or other sexual behavior occurring at another time that can and should be addressed in addition to the determination for the incident of intercourse.

Sexual abuse by omission may also be a valid determination. In these situations, it must be established that:

- A sexual offense was committed to or with a child.
- The offense occurred after the child's caretaker knew or should reasonably have known that the offender was a past perpetrator of child sexual abuse or had a sexual proclivity for children.
- The caretaker continued to allow that offender access to the child or failed to take reasonable action to protect the child from the offender.
- Consensual sex between a noncaretaker and a child 16 years of age or older: If a child aged 16 or older is able to give consent and the other person is an adult and not a caretaker, the circumstance does not meet criteria for a child abuse sexual assessment ("Able to give consent" involves Iowa Code Sections 709.1 and 709.1A.)

For allegations of sexual abuse, gather and document credible evidence that the following factors are present for the relevant subcategory of sexual abuse:

Sexual Abuse in the First Degree

Legal reference: Iowa Code Section 709.2

Policy Statement: A person commits sexual abuse in the first degree when in the course of committing sexual abuse the person causes another serious injury.

Factor 1: The victim is a **child**.

Factor 2: The person responsible for the abuse was a **caretaker** or person 14 years or older who resides in a home with the child at the time of the abuse.

Factor 3: The person responsible committed a **sex act** with or to the child. Credible evidence may include:

- Information provided by a credible person (the victim, the person responsible, or a person who observed the sex act). Information obtained should include a precise description of the type of activity in which the participants engaged.
- Diagnosis or verification by a competent medical practitioner of the presence of genital injuries or a condition or disease that could not have occurred in the absence of a sex act.
- Verification by a competent professional of the presence of sperm in the child's anus, mouth, vagina, or genital area.
- Verification by a competent professional of the presence of body tissue of the person responsible on the child or body tissue of the child on the person responsible which could not have occurred in absence of a sex act.

Factor 4: A person other than the person responsible for the abuse suffers a **serious injury** as defined in Iowa Code section 702.18.

NOTE: For use in this factor only, "serious injury" means any of the following:

- Disabling mental illness.
- Bodily injury that creates a substantial risk of death, causes serious permanent disfigurement, or 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.

Sexual Abuse in the Second Degree

Legal reference: Iowa Code Section 709.3

Policy Statement: A person commits sexual abuse in the second degree when the person commits sexual abuse under any of the following circumstances:

- During the commission of sexual abuse, the person displays in a threatening manner a dangerous weapon or uses or threatens to use force creating a substantial risk of death or serious injury to any person.
- The other person is under the age of 14 or is suffering from a mental defect or incapacity that precludes giving consent lacks the mental capacity to know the right or wrong of conduct in sexual matters.

- The person is aided or abetted by one or more persons and the sex act is committed by force or against the will of the other person against whom the sex act is committed.

Factor 1: The victim is a **child**.

Factor 2: The person responsible for the abuse was a **caretaker** or person 14 years or older who resides in a home with the child at the time of the alleged abuse.

Factor 3: The person responsible committed a **sex act** with or to the child. Examples of credible evidence include:

- Information provided by a credible person (the victim, the person responsible, or a witness who observed the sex act). The information obtained should include a precise description of the type of activity in which the victim and the person responsible for the abuse were engaged.
- Diagnosis or verification by a competent medical practitioner of the presence of genital injuries or a condition or disease that could not have occurred in the absence of the sex act.
- Verification by a competent professional of the presence of sperm in the child's anus, mouth, vagina, or genital area.
- Verification by a competent professional of the presence of body tissue of the person responsible or body tissue of the child on the person responsible which could not have occurred in absence of a sex act.

Factor 4: One of the following conditions exists:

- The child is **under age 14**, OR
- The sex act was **committed by force** or against the child's will, and the person responsible was aided or abetted by one or more people, OR
- The person responsible **displayed a dangerous weapon** in a threatening manner, OR
- The person responsible **used or threatened to use force** creating a substantial risk of death or serious injury.

Examples of credible evidence include:

- Credible statement of a credible person (the victim or the person responsible) that one of the above circumstances happened in the course of the sex act.

- Statement of a credible witness (including people who aided and abetted the person responsible) who can verify that one of the above circumstances happened in the course of the sex act.
- Physical evidence of the presence of a dangerous weapon, use of force, or presence of one or more people who aided or abetted the person responsible.

Sexual Abuse in the Third Degree

Legal reference: Iowa Code Section 709.4

Policy Statement: A person commits sexual abuse in the third degree when the person performs a sex act under any of the following circumstances:

- The act was done by force or against the will of the child, or
- The person responsible knew or reasonably should have known that the child was under the influence of a controlled substance, or
- The child is mentally incapacitated, physically incapacitated, or physically helpless.
- Child is suffering from a mental defect or incapacity which precludes giving consent, or
- The sex act was to a child age 14 or 15 years old and either:
  - Child and person responsible are members of same household, **or**
  - Child and person responsible are related to each other, **or**
  - Person responsible in position of authority used authority to coerce child to submit, **or**
  - Person responsible four or more years older than the child**.**

Factor 1: The victim is a **child**.

Factor 2: The person responsible for the abuse was a **caretaker** or person 14 years or older who resides in a home with the child at the time of the abuse.

Factor 3: The person responsible committed a **sex act** with or to the child. Credible evidence may include:

- Information provided by a credible person (the victim, the person responsible, or a witness who observed the sex act). The information obtained should include a precise description of the type of activity in which the participants engaged.

- Diagnosis or verification by a competent medical practitioner of the presence of genital injuries or a condition or disease that could not have occurred in the absence of a sex act.
- Verification by a competent professional of the presence of sperm in the child's anus, mouth, vagina, or genital area.
- Verification by a competent professional of the presence of body tissue of the person responsible on the child or of body tissue of the child on the person responsible which could not have occurred in absence of a sex act.

Factor 4: One of the following conditions must be present:

- The sex act was done by force or against the will of the child; or
- The sex act was done while the child was under the influence of a controlled substance (e.g., flunitrazepam) that prevented the child from giving consent and the person responsible knew or reasonably should have known that the child was under the influence of the controlled substance; or
- The sex act was done while the child was mentally incapacitated (temporarily unable to control conduct due to the influence of a narcotic, anesthetic, or intoxicating substance); or
- The sex act was done while the child was physically incapacitated (unconscious, asleep, or otherwise physically limited); or
- The sex act was done while the child was physically helpless (meaning the child has a bodily impairment or disability that substantially limits the ability to resist or flee); or
- The person responsible and the victim are not cohabiting as husband and wife and either:
  - The child is suffering from a mental defect or incapacity, which precludes giving consent.
  - The child is 14 or 15 years old, and any of the following are true:
    - The child and person responsible are members of the same household, or
    - The child and person responsible are related to each other by blood or affinity to the fourth degree, or
    - The person responsible is in a position of authority over the child and used that authority to coerce the child to submit, or
    - The person responsible is four or more years older than the child, or

Credible evidence may include the following:

- Statements of the victim, the person responsible, or the victim's parents.
- Documentation of age from the birth certificate or other legal record of the child and of the caretaker.
- Verification by a credible person that the child and the person responsible were living in the same household at the time of the alleged abuse.
- Documentation of the blood or affinity relationship between the child and the person responsible.

NOTE: If the child is under age 14, see Sexual Abuse in the Second Degree.

Lascivious Acts with a Child

Legal reference: Iowa Code Section 709.8

Policy Statement: It is unlawful for any person 16 years of age or older to perform any of the following acts with a child with or without the child's consent for the purpose of arousing or satisfying the sexual desires of either of them unless they are married to each other:

- Fondle or touch the pubes or genitals of a child.
- Permit or cause a child to fondle or touch the person's genitals or pubes.
- Cause the touching of the person's genitals to any part of the body of a child.
- Solicit a child to engage in a sex act or solicit a person to arrange a sex act with a child.
- Inflict pain or discomfort upon a child or permit a child to inflict pain or discomfort on the person.

Factor 1: The victim is a **child**.

Factor 2: The person responsible for the abuse was a **caretaker** or person who resides in a home with the child at the time of the abuse.

Factor 3: The person responsible is age 16 years or older.

Credible evidence may include documentation of the person's age through family, school, or other official records or identification.

Factor 4: The person responsible has done **one of the following acts:**

- Fondled or touched the child's genitals or pubes, OR
- Permitted or caused the child to fondle or touch the genitals or pubes of the person responsible, OR
- Caused touching of the genitals of the person responsible to any part of the child's body, OR
- Solicited the child to engage in a sex act or solicited a person to arrange a sex act with the child, OR
- Inflicted pain or discomfort on the child or has allowed the child to inflict pain or discomfort on the person responsible (for the purpose of arousing or satisfying sexual desires of either the person responsible or the child).

Credible evidence may include statements of a credible person (the child, the person responsible, or a witness) that at least one of the above did occur between the child and the person responsible.

Factor 5: Either of the following:

- The intent of the person responsible in the course of performing these acts with the child was to arouse or satisfy the sexual desires of one or both of them; OR
- The person responsible or the child was sexually aroused.
- Examples of credible evidence include:
  - Statements of a credible person (the child, the caretaker, or a witness) that the acts were performed with sexual intent.
  - Physical evidence that indicates that sexual arousal was present, such as the presence of semen, nude photographs, or letters describing the sexual feelings of the caretaker or the victim.

Factor 6: The person responsible and the child are not **husband and wife**.

Credible evidence may include statements of the child, the person responsible, or the child's parents.

Indecent Exposure

Legal reference: Iowa Code Section 709.9

Policy Statement: A person who exposes the person's genitals or pubes to another not the person's spouse, or who commits a sex act in the presence of or view of a third person, commits a serious misdemeanor, if:

- The person does so to arouse or satisfy the sexual desires of either party; and the person knows or reasonably should know that the act is offensive to the viewer.

Factor 1: The victim is a **child**.

Factor 2: The person responsible for the abuse was a **caretaker** or person 14 years or older who resides in a home with the child at the time of the abuse.

Factor 3: The **intent** of the person responsible for the abuse was to arouse or satisfy sexual desires of the person responsible or the child.

Factor 4: The person responsible for the abuse knew or reasonably should have known the **act was offensive** to the viewer.

Examples of credible evidence include statements of a credible person (the child, the person responsible, or a witness) which indicate that:

- The child was offended, or
- The person responsible for the abuse behaved in such a way that any reasonable and prudent person would be offended.

Factor 5: One of the following acts occurred:

- The person responsible has exposed his or her pubes or genitals to the child, OR
- The person responsible has committed a sex act in the presence of or view of a third person. (Note that for child abuse purposes, the "third person" would most likely be the child victim, unless the sex act was with the child in front of someone else.)

Credible evidence may include statements of a credible person (the child, the person responsible, or a witness) that the person responsible did:

- Expose pubes or genitals to the child or
- Commit a sex act with the child in the presence or view of another person or with another person in the presence or view of the child.

Factor 6: The person responsible and the child are not **husband and wife**.

Credible evidence may include statements of the child, the person responsible, or the child's parents.

Assault With Intent to Commit Sexual Abuse

Legal reference: Iowa Code Section 709.11

Policy Statement: Any person who commits an assault, as defined in Iowa Code section 708.1, with the intent to commit sexual abuse is:

- Guilty of a class "C" felony if the person thereby causes serious injury to any person;
- Guilty of a class "D" felony if the person thereby causes any person a bodily injury other than a serious injury; or
- Guilty of an aggravated misdemeanor if no injury results.

Factor 1 : The victim is a **child**.

Factor 2: The person responsible for the abuse was a **caretaker** or person 14 years or older who resides in a home with the child at the time of the abuse.

Factor 3: The **intent** of the person responsible for the abuse was to commit sexual abuse. Examples of credible evidence include:

- Statements of a credible person (the child, the person responsible, or witnesses).
- Circumstantial evidence which indicates the intent of the person to commit sexual abuse.

Factor 4: One of the following acts occurred without justification (that is, in the absence of noncriminal sport or social activity):

- Any act which is intended to cause pain or injury to another, or which is intended to result in physical contact which will be insulting or offensive to another, coupled with the apparent ability to execute the act; OR
- Any act which is intended to place another in fear of immediate physical contact which will be painful, injurious, insulting, or offensive, coupled with the apparent ability to execute the act; OR
- The person responsible for the abuse represented to the victim that he or she was in immediate possession or control of a firearm, displayed a firearm in a threatening manner, or was armed with a firearm; OR

- The person responsible for the abuse displayed any dangerous weapon in a threatening manner.

Credible evidence may include:

- Statements of a credible person (the child, the person responsible, or a witness), which indicate that the person responsible intended to cause pain or injury, or commit insulting or offensive physical contact.
- Circumstantial evidence that indicates that the person responsible intended to cause pain or injury or to commit insulting or offensive physical contact.
- Documentation that the behavior did not occur as part of a non-criminal sport or social activity (meaning the behavior was not an unavoidable or accidental contact with no sexual connotations).
- Documentation from statements of a credible person (the child, the person responsible, or a witness) that the child did suffer pain, injury, or insulting or offensive physical contact (although if this is true, a more serious type of sexual abuse may have occurred) or was in fear of such consequences.
- Statements of child, the person responsible, a physician or physician assistant, or a witness that the person responsible for the abuse did have the ability to execute the intended assault.
- Documentation of presence of a firearm or other dangerous weapon that was displayed in a threatening manner at the time of the incident through statements of the victim, the person responsible for the abuse, or witnesses.

Indecent Contact With a Child

Legal reference: Iowa Code Section 709.12

Policy Statement: A person 18 years of age or older is guilty of an aggravated misdemeanor upon conviction if the person commits any of the following acts with a child, not the person's spouse, with or without the child's consent, for the purpose of arousing or satisfying the sexual desires of either of them:

- Fondle or touch the genitals, pubes, inner thigh, groin, buttock, anus, or breast of the child.
- Touch the clothing covering the immediate area of the genitals, pubes, inner thigh, groin, buttock, anus, or breast of the child.
- Solicit or permit a child to fondle or touch the genitals, pubes, inner thigh, groin, buttock, anus, or breast of the person.

- Solicit, permit, or cause a child to engage in:
  - Fondling or touching the child's pubes or genitals,
  - Fondling or touching a person's pubes or genitals, or
  - Inflicting pain or discomfort on the child or a person
- These provisions also apply to a person aged 16 or 17 who commits these acts with a child who is at least five years younger.

Factor 1: The victim is a **child**.

Factor 2: The person responsible for the abuse was a **caretaker** or person who resides in a home with the child at the time of the abuse.

Factor 3: The **person responsible** for the abuse is:

- Aged 18 or older, OR
- Aged 16 or 17 AND committed any of the acts indicated in Factor 5 with a child more than five years younger.

Factor 4: The intent of the person responsible for the abuse was to **arouse or satisfy the sexual desires** of the person responsible or of the child.

Factor 5: One of the following acts occurred:

- The person responsible for the abuse has solicited the child to or has fondled or touched the genitals, pubes, inner thigh, groin, buttock, anus, or breast of the child, or clothing covering the immediate area of the same body parts, OR
- The person responsible for the abuse has permitted, solicited, or caused the child to fondle or touch the person's genitals, pubes, inner thigh, groin, buttock, anus or breast, OR
- The person responsible for the abuse has solicited the child to allow that person to inflict pain or discomfort on the child, OR
- The person responsible for the abuse has solicited the victim to inflict pain or discomfort on the person.

Examples of credible evidence include:

- Statement of a credible person (the victim, the person responsible, or a witness) which indicate that:
  - The person responsible has fondled or touched the child in those ways or
  - The child has touched the person responsible in those ways.

- Medical documentation of fondling of genitalia which indicate that:
  - The person responsible has fondled or touched the child in those ways, or
  - The child has touched the person responsible in those ways.
- Statement of a credible person (the child, the person responsible, or a witness) that the person responsible solicited the child to:
  - Allow infliction of pain or discomfort on the child or
  - Inflict pain or discomfort on the person responsible.

Factor 6: The person responsible for the abuse and the child are **not husband and wife**.

Credible evidence may include statements of the child, the person responsible for the abuse, or the child's parents.

Lascivious Conduct With a Minor

Legal reference: Iowa Code sections 232.68(2c) and 709.14

Policy Statement: It is unlawful for a person over 18 years of age who is in a position of authority over a minor to force, persuade, or coerce a minor, with or without consent, to disrobe or partially disrobe for the purpose of arousing or satisfying the sexual desires of either of them.

It is unlawful for a person eighteen years of age or older who is in a position of authority over a minor to perform any of the following acts with that minor, with or without consent, for the purpose of arousing or satisfying the sexual desires of either of them:

- Fondle or touch the inner thigh, groin, buttock, anus, or breast of the minor.
- Touch the clothing covering the immediate area of the inner thigh, groin, buttock, anus, or breast of the minor.
- Solicit or permit the minor to fondle or touch the inner thigh, groin, buttock, anus, or breast of the person.
- Solicit or permit the minor to engage in any of the following acts:
  - Fondle or touch the pubes or genitals of the minor.
  - Permit or cause the minor to fondle or touch the person's genitals or pubes.
  - Cause the touching of the person's genitals to any part of the body of the minor.

It is unlawful for a person eighteen years of age or older who is in a position of authority over a minor to perform any of the following acts with that minor, with or without consent, for the purpose of arousing or satisfying the sexual desires of either of them:

- Fondle or touch the pubes or genitals of the minor.
- Permit or cause the minor to fondle or touch the person's genitals or pubes.
- Cause the touching of the person's genitals to any part of the body of the minor.
- Solicit the minor to engage in a sex act or solicit a person to arrange a sex act with the minor.
- Inflict pain or discomfort upon the minor or permit the minor to inflict pain or discomfort on the person.

Factor 1: The victim is a **child**.

Factor 2: The person responsible for the abuse was a **caretaker** or person who resides in a home with the child at the time of the abuse.

Factor 3: The person responsible is aged 18 or older.

Credible evidence may include documentation of the person's age through family, school, or other official records or identification.

Factor 4: The person responsible was in a position of authority over the child.

Factor 5: One of the following occurred:

- The person responsible used force, persuasion, or coercion with or without consent to have the **child disrobe or partially disrobe** for the purpose of **arousing or satisfying the sexual desires** of either of them, OR
- The person responsible performed any of the following acts with a child aged 14 or 15, with or without consent:
  - Fondled or touched the inner thigh, groin, buttock, anus, or breast of the child, or clothing covering the immediate area of the same body parts, OR
  - Solicited or permitted the child to fondle or touch the inner thigh, groin, buttock, anus, or breast of the person, OR
  - Solicited the child to allow the person to fondle or touch the pubes or genitals of the child, OR

- Solicited the child to permit or cause the child to fondle or touch the person's genitals or pubes, OR
- Solicited the child to cause the touching of the person's genitals to any part of the body of the child.

- The person responsible performed any of the following acts with a child aged 14 or 15, with or without consent:
  - Fondled or touched the pubes or genitals of the child, OR
  - Permitted or caused the child to fonder or touch the person's genitals or pubes, OR
  - Caused the touching of the person's genitals to any part of the body of the child, OR
  - Solicited the child to engage in a sex act or solicited a person to arrange a sex act with the child, OR
  - Inflicted pain or discomfort upon the child or permitted the child to inflict pain or discomfort on the person.

Examples of credible evidence include:

- Statement of a credible person (the child, the person responsible, or a witness) which indicates that the person responsible did attempt to have the child disrobe or partially disrobe or took advantage of the child's disrobed or partially disrobed state.
- Medical documentation of indications that the child was forced.
- Statement of a credible person (the child, the person responsible, or a witness) that the reason the child was forced, persuaded, or coerced to disrobe or partially disrobe was to arouse or satisfy the sexual desires of either the child or the person responsible. That is, either:
  - There was no other legitimate reason for the child to disrobe or for the person responsible to view the child in a disrobed or partially disrobed state, or
  - The person responsible or the child admitted that this action was for the purpose of sexual arousal.

Factor 6: The act was for the purpose of arousing or satisfying the sexual desires of either the person or the child.

Sexual Exploitation of a Minor

Legal reference: Iowa Code Section 728.12(1)

Policy Statement: Sexual exploitation of a minor is committed when the intent of the person responsible was to employ, use, persuade, induce, entice, coerce, solicit, knowingly permit, or otherwise cause or attempt to cause a child to engage in a prohibited sexual act or in the simulation of a prohibited sexual act.

Factor 1: The victim is a **child**.

Factor 2: The person responsible for the abuse was a **caretaker** or person 14 years or older who resides in a home with the child at the time of the abuse.

Factor 3: The **intent** of the person responsible was to employ, use, persuade, induce, entice, coerce, solicit, knowingly permit, or otherwise cause or attempt to cause a child to engage in a prohibited sexual act or in the simulation of a prohibited sexual act. (See the definition of "prohibited sexual act" in 18-A(1), *Definitions*.)

Factor 4: The person responsible intended, knew or had reason to know that the sexual act or simulated act may be or was being **photographed, filmed, or otherwise preserved** in a visual depiction of a minor (See the definition of "visual depiction of a minor" in 18-A(1), *Definitions)*.

NOTE: Proof of the actual identity of the identifiable minor is not required to meet the standard for a visual depiction of a minor.

Credible evidence may include:

- Statements of the child, person alleged responsible for the abuse or witness that indicate that the person alleged responsible for the abuse permitted the act and knew or should have known that it may be photographed or was being photographed or otherwise preserved.
- Photographic or other physical evidence of the sexual act.

Sexual Exploitation by a Counselor, Therapist or School Employee

Legal reference: Iowa Code section 709.15

Policy Statement: It is unlawful for a counselor, therapist, or school employee to commit sexual conduct with a child, including, but not limited to: kissing; touching of the clothed or unclothed inner thigh, breast, groin, buttock, anus, pubes, or genitals; or a sex act as defined in section 702.17.

Factor 1: The victim is a **child**.

Factor 2: The person responsible for the abuse was a **caretaker** or person 14 years or older who resides in a home with the child at the time of the alleged abuse.

Factor 3: The person responsible for the abuse:

- Is currently a **counselor or therapist** (see the definition of "counselor or therapist" in 18-A(1), *Definitions*) **providing mental health services** to the child, or
- Has been the child's counselor or therapist within the past year, or
- Is a school employee.

NOTE: "School employee" means:

(a) A person who holds a license, certificate, or statement of professional recognition issued under Iowa Code chapter 272.

(b) A person who holds an authorization issued under Iowa Code chapter 272.

(c) A person employed by a school district full-time, part-time, or as a substitute.

(d) A person who performs services as a volunteer for a school district and who has direct supervisory authority over the student with whom the person engages in conduct prohibited.

(e) A person who provides services under a contract for such services to a school district and who has direct supervisory authority over the student with whom the person engages in conduct prohibited.

(f) A person employed by a community college full-time, part-time, or as a substitute who provides instruction to high school students under a concurrent enrollment program offered in accordance with Iowa Code section 257.11 or 261E.8. (2)

"**School employee**" does not include a student enrolled in the school district. Additionally, it does not include a person who is employed by a school district attendance center if the student they engaged in contact with is not enrolled in the same school district attendance center that employs the person, the person does not have direct supervisory authority over the student, and the person does not hold a license, certificate, or statement of professional recognition issued under Iowa Code chapter 272.

A "**student**" is a child who is currently enrolled in or attending a public or nonpublic elementary or secondary school, or who was a attending school within 30 days of the sexual exploitation.

Credible evidence may include statements that the child and the person alleged responsible for the abuse have a counseling or therapeutic relationship now or have had such a relationship within the past year. These statements could be from:

- The child,
- The child's caretakers,
- The child's social worker, or
- Administrative staff at the facility where the child lives or receives counseling or therapy (or did so in the past).

Factor 4: Any of the following occurred:

- A pattern or practice of sexual conduct between the child and the counselor, therapist, or school employee, OR
- A scheme on the part of the counselor, therapist, or school employee to engage in sexual conduct with the child.

For the purpose of this factor, "sexual conduct" includes:

- Kissing.
- Touching of the clothed or unclothed inner thigh, breast, groin, buttock, anus, pubes, or genitals.
- A sex act.

NOTE: This is the only type of sexual abuse in which a person may receive a conclusion of founded child abuse for kissing or attempting to seduce a child.

Although such behavior may not be considered a sexual offense under other circumstances, it takes on overtones that are more serious in a therapeutic or student relationship because of its exploitative and potentially damaging aspects. This is true even if no sex act ever happens, and even if the child victim is not frightened or "offended" by the behavior.

Examples of credible evidence include:

- Statements of a credible person (the child, the counselor, therapist, school employee or a witness) that at least one of the above did occur between the child and the counselor, therapist or school employee.

- Statements of a credible person (the child, the counselor, therapist, or school employee, or a witness) that the counselor, therapist, or school employee had been planning with the child to engage in sexual conduct.
- Written statements of the child or the counselor, therapist or school employee in the form of notes or letters to each other or to other people which would lead a reasonable person to infer that sexual conduct between the two had happened or was being planned.

Factor 5: The **intent** of the counselor, therapist, or school employee was to arouse or satisfy the sexual desires of the child or of the counselor, therapist, or school employee. Credible evidence may include:

- Statements of a credible person (the child, the counselor, therapist, or school employee, or a witness), or circumstantial evidence indicating that the actions of the counselor, therapist, or school employee were performed with the child for the purpose of arousing or satisfying the sexual desires of either of them.
- Physical evidence indicating that the counselor, therapist or school employee was sexually aroused during contact with the child, such as:
  - Suggestive photographs or other depictions of the child.
  - Letters, e-mails, texts, or other means of communication describing the sexual feelings of the counselor, therapist, or school employee toward the child.
- Observation by people having knowledge of the therapeutic relationship or student relationship of the appearance, behavior, or statements of the counselor, therapist or school employee which indicate a sexual rather than a professional interest in the child.

  Such people could be other children in treatment, other students, coworkers of the person allegedly responsible for the abuse, the child's family, etc.

Factor 6: The conduct of the counselor, therapist, or school employee:

- Was **not part of a necessary examination or treatment** provided to the child by the counselor or therapist while acting within the scope of the practice or employment in which the counselor or therapist was engaged; or
- Was **not necessary** in the performance of the school employee's duties while acting within the scope of employment.

Credible evidence includes statements of a credible person (the child, the counselor or therapist, witnesses, or administrative staff at the facility) that the sexual conduct was **not**:

- Part of a legitimate physical or sexual examination or treatment for a physical or sexual problem or
- Sanctioned by the facility and approved by the child's parent, guardian, or custodian.

Sexual Misconduct with Juveniles

Legal reference: Iowa Code Section 709.16

Policy Statement: A sex act with a child committed to the custody of the Department of Corrections or a Judicial District Department of Correctional Services or juvenile placement facility constitutes sexual misconduct when committed by an employee or agent of the department or facility.

Factor 1: The victim is a **child**.

Factor 2: The person responsible for the abuse was a **caretaker** or person 14 years or older who resides in a home with the child at the time of the alleged abuse.

Factor 3: The person responsible for the abuse is an officer, employee, contractor, vendor, volunteer, or agent of a **juvenile placement facility**.

NOTE: For use in this section only, "juvenile placement facility" means any of the following:

- A child foster care facility.
- A juvenile detention or juvenile shelter care home.
- A psychiatric medical institution for children.
- A substance abuse facility as defined in Iowa Code Section 125.2.
- An institution controlled by the Department of Health and Human Services (or another facility not attached to the campus of the main institution, as program developments require):
  - Iowa State Training School (Eldora)
  - Glenwood and Woodward Resource Centers
  - Cherokee and Independence Mental Institutes

Factor 4: The child is **placed** at the juvenile placement facility.

Factor 5: The person responsible committed a **sex act** with or to the child. Credible evidence may include:

- Information provided by a credible person (the child, the person responsible, or a witness who observed the sex act) that includes a precise description of the type of activity in which the child and the person responsible for the abuse were engaged.
- Diagnosis or verification by a competent medical practitioner of the presence of genital injuries or a condition or disease that could not have occurred in the absence of the sex act.
- Verification by a competent professional of the presence of sperm in the child's anus, mouth, vagina, or genital area.
- Verification by a competent professional of the presence of body tissue of the child or the person responsible that could not have occurred in the absence of the sex act.

Invasion of Privacy-Nudity

Legal reference: Iowa Code Section 709.21

Policy Statement: A person who knowingly views, photographs, or films a child for the purpose of arousing or gratifying the sexual desires of any person commits invasion of privacy sexual abuse.

Factor 1: The victim is a **child**.

Factor 2: The person responsible for the abuse was a **caretaker** or person 14 years or older who resides in a home with the child at the time of the abuse.

Factor 3: The person responsible knowingly views, photographs or films a child for the purpose of arousing or gratifying the sexual desire of any person and all the following apply:

- The child does not consent or is unable to consent to being viewed, photographed, or filmed.
- The child is in a state of full or partial nudity.
- The child has a reasonable expectation of privacy while in a state of full or partial nudity.

As used in this section:

- "Full or partial nudity means the showing of any part of the human genitals or pubic area or buttocks, or any part of the nipple of the breast of a female, with less than fully opaque covering.

- "Photographs or films" means the making of any photograph, motion picture film, videotape, or any other recording or transmission of the image of a child.

NOTE: A Person who violates Iowa Code Section 709.21 commits a serious misdemeanor.

Incest

Legal reference: Iowa Code Section 726.2

Policy Statement: A person who performs a sex act with a child known to be related commits incest.

Factor 1: The victim is a **child**.

Factor 2: The person responsible for the abuse was a **caretaker** or person 14 years or older who resides in a home with the child at the time of the abuse.

Factor 3: The person responsible committed a **sexual act** with or to the child.

Credible evidence may include:

- Information provided by a credible child or person responsible for the abuse, including a precise description of the activity that occurred.
- Observation of the sex act by a credible person, including a precise description of the activity that occurred.
- Diagnosis or verification by a competent medical practitioner of the presence of genital injuries, condition, or disease that could not have occurred in the absence of a sex act.
- Verification by a competent professional of the presence of sperm in the child's anus, mouth, vagina, or genital area.
- Verification by a competent professional of the presence of body tissue of the person responsible, or body tissue of the child on the person responsible which could not have occurred in absence of a sex act.

Factor 4: The person responsible for the abuse was aged 14 or older at the time of the offense.

Credible evidence may include documentation of the person's age through family, school or other official records or identification.

Factor 5: The person responsible for the abuse knew that the child was related, legitimately or illegitimately, as an ancestor, descendant, brother or sister of the whole or half blood, aunt, uncle, niece, or nephew.

Credible evidence would include statements of a credible person (the child, the person responsible or family members, or others who would have knowledge or documentation of the family history).

Continuous Sexual Abuse of a Child

Legal reference: Iowa Code Section 709.23

Policy Statement: A person 18 years of age or older commits continuous sexual abuse of a child when the person engages in any combination of three or mor acts of sexual abuse with the same child, and at least thirty days have elapsed between the first and last acts of sexual abuse.

Factor 1: The victim is a **child**.

Factor 2: The person responsible for the abuse was a **caretaker** or person 18 years or older who resides in a home with the child at the time of the abuse.

Factor 3: The person responsible engages in any combination of **three or more** acts of sexual abuse (as defined in Iowa Code Section 709.1) with the same child.

Factor 4: At least **30 days** have elapsed between the first and last acts of sexual abuse.

NOTE: A Person who violates Iowa Code Section 709.211 commits a class “B” felony.

Grooming

Legal reference: Iowa Code Section 709.8A

Policy Statement: A person commits grooming when they knowingly perform an act in person or by conduct through a third party, uses a computer, internet service, or any other electronic storage or transmission device, or uses written communication to seduce, solicit, lure, or entice, or attempt to seduce, solicit. lure, or entice, a child or person believed to be a child to commit any unlawful sex act or engage in unlawful sexual conduct.

Factor 1: The victim is a **child**.

Factor 2: The person responsible for the abuse was a **caretaker** or person 14 years or older who resides in a home with the child at the time of the abuse.

Factor 3: The person responsible knowingly performs an act in person or through a third party, uses a computer, internet service, or any other electronic storage or transmission device, or uses written communication.

Factor 4: Performing the act was done to seduce, solicit, lure, or entice, or attempt to seduce, solicit, lure, or entice a child or a person believed to be a child to commit any unlawful sex act or to otherwise engage in unlawful sexual conduct.

NOTE: A Person who violates Iowa Code Section 709.8A commits a class "D: felony.

Confirming Denial of Critical Care

Legal reference: Iowa Code Section 232.68(2)(a)(4), 441 IAC 175.21(232,235A)

Policy Statement: The failure on the part of a person responsible for the care of a child, **within five years of a report to the department (intake date)**, 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.

It is important to separate issues of poverty from neglect when assessing allegations of denial of critical care. When the caregiver is financially unable to provide for the child's needs, the provision of or referral to community resources and services may resolve the situation.

Denial of critical care consists of several categories that address the basic needs of a child and the acts or omissions of the caretaker that deny that child these basic needs.

The subcategories of denial of critical care follow, with factors that must be present for a finding that denial of critical care has occurred for each category. For allegations of denial of critical care, gather and document credible evidence that the following factors are present for the subcategory of denial of critical care.

When there is more than one category that applies to an incident of denial of critical care, make a finding for each.

Failure to Provide Adequate Food and Nutrition

Legal reference: Iowa Code Section 232.68(2)(a)(4), 441 IAC 175.21(232,235A)

Policy Statement: Failure to provide adequate food and nutrition, within five years of a report to the department (intake date), to the extent that there is danger of the child suffering injury or death constitutes denial of critical care.

Factor 1: The victim is a **child**.

Factor 2: The person responsible for the abuse was a **caretaker** for the child at the time of the abuse.

Factor 3: The caretaker has **failed to provide for adequate food** and nutrition.

Examples of credible evidence include:

- A statement from a credible person regarding the amount, frequency of provision, or nutritional content of the child's food intake, or
- Evidence that the child has been ingesting spoiled or otherwise inedible or dangerous food items.

Factor 4: The failure occurred within five years of the intake date.

Factor 5: The child was placed in **danger of suffering injury or death.**

An example of credible evidence is a diagnosis by a medical practitioner that the child has been placed in danger of suffering injury or death due to nutritional deficiencies in the child's diet or due to ingestion of potentially dangerous food items.

Factor 6: The caretaker was **financially able** to provide for the child's critical care needs or refused to do so when offered financial and other reasonable means.

Examples of credible evidence include documentation of income or resources made available to the caretaker when the child's critical care needs were discovered.

Failure to Provide Adequate Shelter

Legal reference: Iowa Code Section 232.68(2)(a)(4),
441 IAC 175.21(232,235A)

Policy Statement: Failure to provide adequate shelter, within five years of a report to the department (intake date), to the extent that there is danger of the child suffering injury or death constitutes denial of critical care.

Factor 1: The victim is a **child**.

Factor 2: The person responsible for the abuse was a **caretaker** for the child at the time of the abuse.

Factor 3: The caretaker has **failed to provide for adequate shelter.**

Examples of credible evidence include:

- Statements regarding:
  - Inadequate provisions for sanitation or physical safety of children,
  - Lack of necessary utilities for normal household activities or protection from the elements, or
  - Environmental hazards present in the home.
- Observation by the child protection worker or another credible person that conditions existing at the family's place of residence are such that they would have to have been accumulating over time, rather than existing due to a crisis or disaster situation.

Factor 4: The failure occurred within five years of the intake date.

Factor 5: The child was placed in **danger of suffering injury or death.**

Examples of credible evidence include:

- Statement by a medical practitioner that:
  - The child as placed in danger of suffering injury or death as a result of exposure to hazardous or unsanitary conditions present in the physical environment where the child is living, OR
  - These conditions are likely to create such a condition or injury.
- Observation and documentation by photograph or videotape of conditions present in the physical environment where the child is living that a reasonable and prudent person would (or should) know would be hazardous to the child's health or physical safety.

- Statement from the county department of sanitation or the fire marshal that the residence has been declared unfit for human habitation.
- Documentation of weather conditions that created a hazardous environment for the child, given the inadequacies of the child's shelter, such as a family living in below-zero weather with no heat.

Factor 6: The caretaker was **financially able** to provide for the child's critical care needs or refused to do so when offered financial and other reasonable means.

Credible evidence may include documentation of income or resources made available to the caretaker when the child's critical care needs were discovered.

NOTE: Consider the condition of the shelter that endangers the child in light of the child's age, medical condition, mental and physical maturity, and functioning level.

Failure to Provide Adequate Clothing

Legal reference: Iowa Code Section 232.68(2)(a)(4), 441 IAC 175.21(232,235A)

Policy Statement: Failure to provide adequate clothing, within five years of a report to the department (intake date), to the extent that there is danger of the child suffering injury or death constitutes denial of critical care.

Factor 1: The victim is a **child**.

Factor 2: The person responsible for the abuse was a **caretaker** for the child at the time of the abuse.

Factor 3: The caretaker has **failed to provide for adequate clothing.**

Examples of credible evidence include:

- Observation and documentation by a credible person of the child's manner of dress indicating that the clothing provided was not adequate to meet the child's needs.
- Documentation of weather records that confirm weather conditions from which the child's manner of dress would not protect the child adequately.

Factor 4: The failure occurred within five years of the intake date.

Factor 5: The child was placed in **danger of suffering injury or death.**

Credible evidence may include a statement by a medical practitioner that the child was placed in danger of suffering injury or death, due to the caretaker's failure to provide adequate clothing.

Factor 6: The caretaker was **financially able** to provide for the child's critical care needs, or refused to do so when offered financial and other reasonable means.

Credible evidence may include documentation of income or resources made available to the caretaker when the child's critical care needs were discovered.

Failure to Provide Adequate Health Care

Legal reference: Iowa Code Section 232.68(2)(a)(4), 441 IAC 175.21(232,235A)

Policy Statement: Failure to provide adequate health care, **within five years of a report to the department (intake date)**, to the extent that there is danger of the child suffering injury or death constitutes denial of critical care.

Factor 1: The victim is a **child**.

Factor 2: The person responsible for the abuse was a **caretaker** for the child at the time of the abuse.

Factor 3: The caretaker has **failed to provide for adequate health care.**

Credible evidence may include:

- Statement by a medical practitioner that the recommendation was made for treatment of the child and that the caretaker failed to follow through with this treatment (unless the caretaker was following a contradictory recommendation from another practitioner at the time).
- Statement that the child had an ongoing (not emergency) condition or illness which a reasonable and prudent person would have known, or should have known, could be remedied by treatment, which was not provided, and the child's condition worsened.

Factor 4: The failure occurred within five years of the intake date.

Factor 5: The child was placed in **danger of suffering injury or death.**

Credible evidence may include a statement by a medical practitioner that the child was placed in danger of suffering injury or death, due to the caretaker's failure to provide or arrange for health care for the child.

Factor 6: The failure to provide medical treatment is **not based upon the religious beliefs** of the parent or guardian.

Credible evidence may include:

- Statement from the parent or guardian or other knowledgeable person that the parent or guardian did not follow religious beliefs or teachings or advice from a spiritual advisor in making the decision not to seek medical treatment for the child.
- Statements of people who are aware that the parent or guardian has never been a follower of the religious belief before the onset of the child's illness or condition.
- Statement of the parent or guardian's pastor, priest, rabbi, or other spiritual advisor, regarding this person's knowledge or approval of the religious beliefs of the parent or guardian regarding provision of traditional medical treatment for physical conditions or illness.

(See Withholding Medical Care Due to Religious Beliefs.)

Factor 7: The caretaker was **financially able** to provide for the child's critical care needs, or refused to do so when offered financial and other reasonable means.

Credible evidence may include documentation of income or resources made available to the parent or guardian when the child's critical care needs were discovered.

Failure to Provide Mental Health Care

Legal reference: Iowa Code Section 232.68(2)(a)(4), 441 IAC 175.21(232,235A)

Policy Statement: Failure to provide, within five years of a report to the department (intake date), the mental health care necessary to adequately treat an observable and substantial impairment in the child's ability to function constitutes denial of critical care.

Factor 1: The victim is a **child**.

Factor 2: The person responsible for the abuse was a **caretaker** for the child at the time of the abuse.

Factor 3: The caretaker has **failed to provide for mental health care** necessary to adequately treat the observable and substantial impairment in the child's ability to function.

Examples of credible evidence include:

- Statement from school staff or another professional showing that a recommendation for a mental health evaluation was made as a result of documentation of the child's behavior, statements, or appearance that indicated an observable and substantial impairment.
- Diagnosis from a mental health professional of a psychological condition or syndrome that would be considered by a reasonable and prudent person to be an example of observable and substantial impairment.

Factor 4: The failure occurred within five years of the intake date.

Factor 5: The **caretaker knew or should reasonably have known** of the child's observable and substantial impairment in the ability to function.

Examples of credible evidence include:

- Documentation that the caretaker:
  - Was informed that the child suffered from an observable and substantial impairment (or a condition which a reasonable and prudent person would identify as an observable and substantial impairment) and
  - Failed to follow through on a recommendation to obtain mental health care for the problem.
- Statement of the caretaker that in spite of being made aware of the child's observable and substantial impairment, the caretaker did not seek mental health care for the child, and did not intend to do so in the future. (Document the caretaker's reasoning, if possible.)

Factor 6: The caretaker was **financially able** to provide for the child's critical care needs; or refused to do so when offered financial and other reasonable means.

Credible evidence may include documentation of income or resources made available to the caretaker when the child's critical care needs were discovered.

Gross Failure to Meet Emotional Needs

Legal reference: Iowa Code Section 232.68(2)(a)(4), 441 IAC 175.21(232,235A)

Policy Statement: Failure, within five years of a report to the department (intake date), to provide the mental health care necessary to adequately treat an observable and substantial impairment in the child's ability to function constitutes denial of critical care.

Factor 1: The victim is a **child**.

Factor 2: The person responsible for the abuse was a **caretaker** for the child at the time of the abuse.

Factor 3: The caretaker has shown a **gross failure to meet emotional needs** necessary for normal development of the child.

Examples of credible evidence include:

- Statement from a physician or physician assistant or mental health professional that documents a psychological or physical condition that can be shown to be a direct result of the caretaker's failure to meet the child's emotional needs.
- Observation by the child protection worker or other professional that:
  - The caretaker does not appear to be interacting with the child in an appropriately nurturing fashion; or
  - There is a significant lack of "bonding" or "attachment" between the caretaker and the child; or
  - The caretaker ignores the child; or
  - The caretaker singles the child out for verbal insults, name-calling, or other demeaning or dehumanizing treatment.

Factor 4: The failure occurred within five years of the intake date.

Factor 5: The caretaker knew or should reasonably have known of the child's observable and substantial impairment in the ability to function within the normal range of performance and behavior.

Examples of credible evidence include:

- Statement from the caretaker or professionals that the child is developmentally delayed.

- Observation by the child protection worker or other professionals involved with the child that the child's appearance and behavior are indicative of substantial impairment (either significant emotional or physical delays), considering the child's age and apparent health.

Factor 6: The caretaker was **financially able** to provide for the child's critical care needs, or refused to do so when offered financial and other reasonable means.

Credible evidence may include documentation of income or resources made available to the caretaker when the child's critical care needs were discovered.

Failure to Provide Proper Supervision

Legal reference: Iowa Code Section 232.68(2)(a)(4),
441 IAC 175.21(232,235A)

Policy Statement: Failure to provide for the proper supervision of the child, **within five years of a report to the department (intake date)**, to the extent that there is danger of the child suffering injury or death, and which a reasonable and prudent person would exercise under similar circumstances constitutes denial of critical care.

"Failure to provide proper supervision" is a category that includes such actions as abandonment, child endangerment, and other forms of maltreatment that do not meet the definitions for other types of abuse.

"Failure to provide proper supervision" also includes situations when a child is harmed or is exposed to risk of harm or danger of abuse through the failure of the caretaker to protect the child from a person who is known to be abusive to children.

NOTE: If abuse has already occurred through the caretaker's failure to protect the child from a known perpetrator, consider a finding of abuse by omission.

Factor 1: The victim is a **child**.

Factor 2: The person responsible for the abuse was a **caretaker** for the child at the time of the abuse.

Factor 3: The caretaker **failed to provide** the type of **supervision** that a reasonable and prudent person would exercise under similar facts and circumstances.

Examples of credible evidence include:

- Documentation of the caretaker's failure to perceive the direct harm or potential risk of harm or danger to the child.
- Documentation of the caretaker's failure to take adequate safety precautions to protect the child when the caretaker perceived direct harm or risk of harm or danger to the child.
- Documentation of the child's physical, mental, psychological, emotional, and practical abilities and limitations as these factors relate to self-protection in a given situation.
- Documentation of the statements of witnesses to the incident, and comparison of these statements with those made by the caretaker and the child.
- Statements of professionals as to whether or not the caretaker's actions to address the safety of the child were reasonable and prudent under the circumstances.

Factor 4: The failure occurred within five years of the intake date.

Factor 5: The child was **directly harmed or** placed **at risk of harm.**

Examples of credible evidence include:

- Observation and documentation by the child protection worker or other credible person of the child's circumstances at the time of the abuse and analysis of the inherent risk of harm or danger of the situation.
- Statements from the child, the caretaker, or other witnesses as to the circumstances of the incident and the person's viewpoint as to whether or not the child was harmed or at risk of harm or danger.
- Statements of the child, the caretaker, or witnesses that a deadly weapon was intentionally aimed at the child, or the child was threatened with a weapon.
- Statements or medical records indicating that a child subject was provided consumable hemp or CBD, in a form or quantity that is not authorized under the Medical Cannabis or Consumable Hemp Regulation Programs, and the child suffered ill effects as a result.
- Law enforcement reports concerning an incident of assault, domestic violence, or another criminal act involving the child and caretaker, which document that the child was threatened with a deadly weapon.

- Statements of the child, the caretaker, or witnesses that in the course of assaulting or threatening another person's life or health, the caretaker harmed the child or placed the child at risk of harm or in danger of injury or death.
- Statements of the child, the caretaker, or witnesses that the child was involved in a domestic violence incident between the child's caretakers in which the child was forced or encouraged into the position of protecting one of the participants, exposing the child to direct harm, risk of harm, or life-threatening or health-threatening conditions.
- Law enforcement, medical, or domestic violence shelter reports concerning an incident of assault, domestic violence, or other criminal act involving the child and caretaker which document that the child was directly harmed or was placed at risk of harm or in a life-threatening or health-threatening situation due to the acts or omissions of the caretaker.
- Documentation that a child has been directly harmed or has been placed at risk of harm or in danger by being cruelly or unduly confined, either:
  - Physically, through binding, tying, or chaining;
  - Chemically, as in use of sedative medication; or
  - Indirectly, by locking a child in a room, closet, or restricted area.

Credible evidence that a child has been harmed or placed at risk of harm or in danger by confinement includes:

- Statements of the child, the caretaker, or witnesses that a child has been physically, chemically, or indirectly restrained or confined, either as a form of discipline or for punishment (not accidentally). Statements should indicate:
  - The length of the confinement or restraint.
  - The number of times the confinement or restraint occurred.
  - The reasons for the confinement or restraint.
  - The consequences to the child who was confined or restrained.
- Statement of a medical or mental health practitioner as to the condition of a child resulting from confinement or restraint imposed upon the child by a caretaker.
- Documentation that the confinement or restraint resulted in undue pain or emotional distress.

- Documentation that the confinement or restraint was unwarranted either by legal authorization or by medical sanction as a means of dealing with the child's behavior, such as:
  - Statement of the caretaker as to the caretaker's perceived authority to take such action with the child.
  - If the confinement or restraint occurred in a childcare facility, a copy of the facility regulations regarding discipline and use of restraint and confinement.
- Documentation that the confinement or restraint did not include "time-outs" or other sound disciplinary techniques that might be considered to restrict a child's movement.
- Documentation that the confinement or restraint placed the child in more danger than the child would have been in if not confined or restricted.

Factor 6: The caretaker was **financially able** to provide for the child's critical care needs, or refused to do so when offered financial and other reasonable means.

Credible evidence may include documentation of income or resources made available to the caretaker when the child's critical care needs were discovered.

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

Legal reference: Iowa Code Section 232.68(2)(a)(4),
441 IAC 175.21(232,235A)

Policy Statement: Failure, **within five years of a report to the department (intake date)**, to respond to the infant's life-threatening conditions by providing treatment (including appropriate nutrition, hydration and medication) which in the treating physician's or physician assistant's reasonable medical judgment will be most likely to be effective in ameliorating or correcting all conditions constitutes denial of critical care.

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

- The infant is chronically and irreversibly comatose;
- The provision of the 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 the treatment would be virtually futile in terms of the survival of the infant and the treatment itself under the circumstances would be inhumane.

Factor 1: The victim is an **infant**, defined as a child who:

- Is under the age of one year, or
- Is over the age of one year and
  - Has been continuously hospitalized since birth, or
  - Was born extremely prematurely, or
  - Has a long-term disability.

Factor 2: The person responsible for the abuse was a **caretaker** for the infant at the time of the abuse.

Factor 3: The caretaker has **failed to provide treatment** (including appropriate hydration, nutrition, and medication) to such an infant EXCEPT when any of the following apply:

- The child is chronically and irreversibly comatose.
- The provision of treatment would merely prolong dying.
- The provision of treatment would not be effective in ameliorating or correcting all of the child's life-threatening conditions.
- The provision of treatment would otherwise be futile in terms of the child's survival.
- The provision of treatment would be virtually futile in terms of the child's survival, and the treatment itself under such circumstances would be inhumane.

(See Withholding Treatment to Medically Fragile Children.)

Examples of credible evidence include:

- Medical diagnosis of the child's disability or life-threatening condition.
- Documentation of the condition of the child at the time that the attending medical staff or caretakers made or were considering a decision to withhold treatment to the child.
- If the child has died before commencement of the assessment or dies during the assessment, a copy of the medical examiner's report on the cause of death.
- Statements of the caretakers regarding their understanding of:
  - The extent of the child's life-threatening condition.

- The recommendations they received regarding withdrawal or withholding of life-saving water, food, or medical treatment.
- Their decision as to what course of action should be taken for the infant's treatment.
- How they communicated this decision to the medical personnel who were caring for the infant.

NOTE: Arrange medical consultation through your supervisor and the service help desk, who will request assistance from the child protection program. In no circumstance shall an assessment of an allegation of this nature be completed without consultation with medical specialists.

Factor 4: The failure occurred within five years of the intake date.

Factor 5: The caretaker was **financially able** to provide for the child's critical care needs, or refused to do so when offered financial and other reasonable means.

Credible evidence may include documentation of income or resources made available to the caretaker when the child's critical care needs were discovered.

Withholding Medical Treatment to Medically Fragile Children

Legal reference: Iowa Code Section 232.68; Pub .L. 93-247, 441 IAC 175.21(232,235A)

Policy Statement: Abuse is committed when of medically indicated treatment to a child with disabilities or life-threatening conditions is withheld. This situation involves only:

- Infants (under one year of age) with disabilities or life-threatening conditions.
- Children age one or over who:
  - Have been continuously hospitalized since birth;
  - Were born extremely prematurely; or
  - Have a long-term disability.

When you have received a report alleging the withholding of medically indicated treatment, notify the hospital or health care facility of the receipt of the report and that you will be conduct an assessment with the assistance of a neonatologist.

A child is born with Down's syndrome, a condition that usually results in a cognitive disability. The parents refuse to authorize hospital personnel to provide the child with any nutrition (infant formula). Although providing formula would not "correct" the probability of a diagnosis of cognitive impairment, failure to provide formula will ultimately result in the child's death. This report meets the criteria for assessment.

During the assessment, identify the following, where applicable:

- The name and address of the health care provider.
- The condition of the child.
- What decision the child's caretaker made regarding the child's care and treatment.
- The involvement and recommendation of the health care facility or provider.
- The extent to which the parents or guardians have consented to treatment.
- The source of the reporter's information.
- The identity of others with pertinent information.
- The diagnosis of the physical, mental, and medical condition of the child.
- The child's prognosis.
- The medical or surgical treatment and nutritional sustenance required by the child to sustain life, health, and safety.
- The special medical, surgical, and nutritional orders given by the child's physician or physician assistant.
- The date and time of day that the required medical or surgical treatment or nutritional sustenance was withheld or will be withheld.
- The anticipated result that the lack of treatment will have on the child's life, health, and safety.

Share all the information gathered with the assigned neonatologist for assistance in evaluating the report and determining future course of action.

Withholding Medical Care Due to Religious Beliefs

Legal reference: Iowa Code Section 232.68

Policy Statement: 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 child abuse registry. However, a court may order that medical service be provided where the child's health requires it.

During the assessment of a report that a parent or guardian is not providing necessary medical treatment for a child because of religious beliefs, examine the parent or guardian's religious beliefs that prohibit the provision of medical care. Consider these factors:

- Whether the parent or guardian belongs to a religion that prohibits all medical care or certain aspects of medical care.
- Whether the parent or guardian is active in that religion.
- Whether the religion makes exceptions for serious illness or injuries.

Confirming Prostitution of a Child

Legal reference: Iowa Code Section 232.68(2)(5) and 725.1

Policy Statement: Prostitution of a child is committed when:

- The caretaker sold or offered for sale or purchased or offered for purchase the services of a child as a participant in a sex act, or
- The caretaker allowed, permitted, or encouraged the child to engage in the sale or purchase or offer for sale or purchase of the child's services as a participant in a sex act.

Gather and document credible evidence that the following factors are present for an allegation of prostitution of a child.

Factor 1: The victim is a **child**.

Factor 2: The person responsible for the abuse was a **caretaker** for the child at the time of the abuse.

Factor 3: One of the following occurred:

- The caretaker **sold** or **offered** for sale or **purchased** or **offered** for purchase the services of a child as a participant in a sex act, OR
- The caretaker **allowed**, **permitted**, or **encouraged** the child to engage in the sale or purchase or offer for sale or purchase of the child's services as a participant in a sex act.

NOTE: The child does not have to engage in a sex act; the offer for sale or purchase is sufficient for a finding of child abuse.

The offer of the child's services as a participant in a sex act does not have to be made by the caretaker. The caretaker may have abused the child by "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 participant in a sex act does not have to be made with money alone. There may be credible evidence of an exchange of goods or other services that fit the definition of "purchase," as long as it is understood that the exchange is in return for the child's participation in a sex act.

Credible evidence may include the statements of a credible person (the child, the caretaker, or a witness) that there was an actual offer or purchase of the child's services as a participant in a sex act.

Confirming Presence of Illegal Drugs in a Child's Body

Legal reference: Iowa Code Sections 232.68(2)(a)(6) and 232.77(1)(2)

Policy Statement: Abuse is committed when 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.

For all allegations of illegal drugs in a child's body, gather and document credible evidence that the following factors are present:

Factor 1: The victim is a **child**.

Factor 2: The person responsible for the abuse was a **caretaker** for the child at the time of the abuse.

Factor 3: An **illegal drug** has been found **in the body** of a child. (See definition of "illegal drug" in 18-A(1), *Definitions*.)

Examples of credible evidence include:

- Statement of a medical practitioner that an illegal drug is present in the child's body, based upon medical testing.
- Laboratory report for the child that confirms the presence of an illegal drug in the child's body.

NOTE: When the alleged exposure took place in utero, and a test fails to find illegal drugs in the body of a newborn child, we cannot confirm for presence of illegal drugs, even though the mother may have admitted using illegal drugs during her pregnancy.

We also cannot confirm for denial of critical care on the mother for failure to provide proper supervision on the premise that the child was placed in a situation that endangered the child's health or life, since the danger occurred in utero.

Factor 4: The presence of the illegal drug is a **direct and foreseeable consequence** of the acts or omissions of the child's caretaker.

Credible evidence may include:

- Statement that the caretaker gave the child or caused the child to ingest the illegal drug which was found in the child's body, or knowingly allowed the child access to an illegal drug which the child then ingested.
- Statement from a medical practitioner that a newborn child has tested positive for the presence of illegal drugs, which were ingested by the mother when the child was in utero.
- Statement or other credible information that the child ingested a product that is not approved under the medical cannabis/CBD/Consumable Hemp program. Confirming Dangerous Substance

Legal reference: Iowa Code Section 232.68(2)(a)(7) and 232.96A

Policy Statement: Abuse is committed when the person responsible for the care of a child did any of the following withing five years of a report to the department (intake date): in the presence of a child, unlawfully uses, possesses, manufactures, cultivates, or distributes a dangerous substance or knowingly allow such use, possession, manufacture, cultivation, or distribution by another person in the presence of the child, or in the presence of the child possesses a product with the intent to use the product as a precursor or an intermediary to a dangerous substance. Abuse is also committed when the person responsible for the care of a child, within five years of a report to the department (intake date), unlawfully uses, possesses, manufactures, cultivates, or distributes a dangerous substance in a child's home, on the premises, or in a motor vehicle located on the premises.

For all allegations of dangerous substance, gather and document credible evidence that the following factors are present:

Factor 1: The victim is a **child**.

Factor 2: The person responsible for the abuse was a **caretaker** for the child at the time of the abuse.

Factor 3: The caretaker did any of the following within five years of the 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 the intent** to use 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 is used or intended to be used in the manufacturing of an illegal or controlled substance.

Credible evidence may include documentation that:

- The child was physically present during the use, possession, manufacture, cultivation, or distribution; or
- The use, possession, manufacture, cultivation or distribution occurred in the child's home, on the premises, or in a motor vehicle located on the premises; or
- The use, possession, manufacture, cultivation, or distribution occurred under other circumstances in which a reasonably prudent person would know that the use, possession, manufacture, cultivation, or distribution could be seen, smelled, ingested, or heard by a child.

NOTE: The following qualify as a "**dangerous substance**" for this factor:

- Amphetamine, its salts, amphetamine isomers, or salts of amphetamine isomers;
- Methamphetamine, its salts, methamphetamine isomers, or salts of methamphetamine isomers;
- Any chemical or combination of chemicals that poses a reasonable risk of causing an explosion, fire, or other danger to the life or health of people who are in the vicinity while the chemical or combination of chemicals is used or is intended to be used:
  - In the process of manufacturing an illegal or controlled substance; or
  - As a precursor or 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.

Confirming Bestiality in the Presence of a Minor

Legal reference: Iowa Code Section 232.68(2)(a)(8)

Policy Statement: Bestiality is committed when a sex act under Iowa Code section 717C.1 is committed 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.

For all allegations of bestiality in the presence of a minor, gather and document credible evidence that the following factors are present:

Factor 1: The victim is a **child**.

Factor 2: The person responsible for the abuse was a **caretaker** for the child at the time of the abuse or the abuse occurred due to the acts of omissions of the caretaker.

Factor 3: Any of the following **sex acts** occurred between a person and a living or dead nonhuman vertebrate animal:

(a) Any act involving physical contact between the sex organ, genital, or anus of one and the mouth, sex organ, genital, or anus of the other.

(b) Any touching or fondling by a person, either directly or through clothing, of the sex organ, genitals, or anus of an animal or any insertion, however slight, of any part of a person's body or any object into the vaginal or anal opening of an animal except for veterinarian advised care of the animal.

(c) Any insertion, however slight, of any part of an animal's body into the vaginal or anal opening of a person.

(d) Advertising, offering, selling, transferring, purchasing, or otherwise obtaining an animal with the intent that the animal be used for sexual contact in this state.

(e) Organizing, promoting, conducting, or participating as an observer of an act involving conduct described in factor 3 (a), (b), or (c).

(f) Knowingly permits conduct described in factor 3 (a), (b), or (c) to occur in any premises under the person's ownership or control.

(g) Photographing or filming obscene material, as defined in Iowa Code section 728.1, depicting a person engaging in conduct described in factor 3 (a), (b), or (c).

(h) Distributing, selling, publishing, or transmitting obscene material, as defined in Iowa Code section 728.1, depicting a person engaging in conduct described in factor 3 (a), (b), or (c).

(i) Possessing with the intent to distribute, sell, publish, or transmit obscene material, as defined in Iowa Code section 728.1, depicting a person engaging in conduct described in factor 3 (a), (b), or (c).

(j) Forcing, coercing, enticing, or encouraging a minor to engage in conduct described in factor 3 (a), (b), or (c).

Credible evidence may include statements of a credible person (the child, the caretaker, or a witness) indicating that the sex act did occur. The information obtained should include a precise description of the type of activity in which the participants engaged.

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.

Factor 4: The person who committed a sex act with an animal:

- **Resides** in a home with the child **and**
- Committed the sex act **in the presence** of the child.

Credible evidence may include statements of a credible person (the child, the caretaker, or a witness) indicating that:

- The child was present and
- The person who committed the sex act resides in the home with the child.

Confirming Allows Access by a Registered Sex Offender

Legal reference: Iowa Code Section 232.68(2)(a)(9), 600.17, 702.5, and 726.6; 441 IAC 175.22(232)

Policy Statement: Abuse is committed when a caretaker of a child knowingly allows unsupervised access to a child by a person required to register on the sex offender registry or knowingly allows registered sex offender to have custody or control of a child.

The finding of this type of abuse does not apply to:

- A child living with a parent or guardian who is a sex offender required to register or on the sex offender registry under Iowa Code 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 Iowa Code chapter 692A.
- A child who is a sex offender required to register or on the sex offender registry under Iowa Code 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.

NOTE: "Allows access by a registered sex offender" is considered child endangerment, as defined in Iowa Code section 726.6, and shall be reported to law enforcement within 24 hours of intake. Gather and document credible evidence that the following factors are present for the allegation of Allows access by a registered sex offender.

Factor 1: The victim is a **child under the age of 14 years** or a child up to the age of 18 years with a **physical or mental disability**.

- A person is considered to have a **physical** disability when the person has a medically diagnosed disability that substantially limits one or more major life activities and requires professional treatment, assistance in self-care, or the purchase of special equipment.
- A person is considered to have a **mental** disability when:
  - The person has been determined by a qualified mental health professional to have a cognitive disability; or
  - The person has been diagnosed by a qualified mental health professional to have a psychiatric condition that impairs the person's mental, intellectual, or social functioning, and for which the person requires professional services; or
  - The person has been diagnosed by a qualified mental health professional to have a behavioral or emotional disorder characterized by situationally inappropriate behavior, which deviates substantially from behavior appropriate to the person's age or significantly interferes with the person's intellectual, social and personal adjustment.

Factor 2: The person responsible for the abuse was a **caretaker** for the child at the time of the abuse.

NOTE: Consider the caretaker status of all adults who are responsible for the care of a child, including the registered sex offender and the parent, guardian, or custodian of the child. See "person responsible for the care of a child" in 18-A(1), *Definitions*.

Factor 3: The caretaker knowingly allowed custody of, control over, or unsupervised access by a person who is required to register or is on the Sex Offender Registry.

For the purposes of this abuse type, a "person having control over a child or a minor" means any of the following:

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

- A person who operates a motor vehicle with a child or minor present in the vehicle.

Factor 4: None of the following exceptions apply:

- A child living with a parent or guardian who is a sex offender required to register or on the sex offender registry under Iowa Code 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 Iowa Code chapter 692A.
- A child who is a sex offender required to register or on the sex offender registry under Iowa Code 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.

Factor 5: At the time when the custody of, control over, or unsupervised access occurred, the caretaker knew or should have known the person was required to register or was on the Sex Offender Registry.

To confirm this type of abuse, a preponderance of evidence is required to determine that the caretaker knew the person was registered on the Sex Offender Registry or knew the person was required to register.

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 children of all ages with allegations of this type of abuse.

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

- The person responsible for the care of the child, within five years of a report to the department (intake date), 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.

The denial of critical care finding will require exploration of the danger the registered sex offender poses to the child. Include:

- Information regarding the purpose of a public Sex Offender Registry, and
- Documentation of contact with the probation or parole officer,

- Documentation of:
  - The probation or parole terms regarding contact with children under age 18 and
  - The ongoing involvement with treatment or support was recommended to avoid reoffending.
- Document the presence or absence of any no-contact orders.
- Documentation of whether sex offender treatment was completed or not completed.
- Documentation of the written treatment recommendations for contact for children under age 18.
- Documentation of any re-offense or charges after treatment.

Protective disclosure policy allows you to inform the caretaker that a person has a record of founded child abuse or is registered or required to register on the Sex Offender Registry.

Confirming Allows Access to Obscene Material

Legal reference: Iowa Code Section 232.68(2)(a)(10)

Policy Statement: Caretaker knowingly allows child access to obscene material or knowingly exhibits or disseminates obscene material to the child.

Factor 1: The victim is a **child**.

Factor 2: The person responsible for the abuse was a **caretaker** for the child at the time of the abuse.

Factor 3: The caretaker has knowingly done one of the following:

- Permitted the child to view obscene material.
- Disseminated obscene material to the child.
- Exhibited obscene material to the child.

Credible evidence may include:

- Statements of a credible person (the child, the caretaker, or a witness) indicating that the child was allowed to view, observe, possess, or touch the obscene material.

  The information obtained should include a precise description of the access the child had to the material, including a description of the incident.
- Physical evidence of obscene material observed or documented by the worker.

NOTE: Report to law enforcement within 24 hours **all** allegations made under this category, for the act 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."

Definitions of related concepts include:

- "**Knowingly allows**" means being aware of the character of the matter; to consciously, with knowledge or scienter*, let or permit.
- "**Access**" means a way or means of approaching, getting, or using; the opportunity to enter or get into.

  NOTE: Accidental or incidental access does not constitute abuse.
- "**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.
- **"Obscene material"** means any material which:
  - Depicts or describe 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.
- "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.

* **Scienter** is a legal term that refers to intent or knowledge of wrongdoing. This means that an offending party has knowledge of the "wrongness" of an act or event prior to committing it.

Confirming Child Sex Trafficking

Legal reference: Iowa Code Section 232.68(2)(a)(11); Pub.L. 113-183 and 114-22, 441 IAC 175.21

Policy Statement: Abuse is committed when there is recruitment, harboring, transportation, provision, obtaining, patronizing, or soliciting of a child for the purpose of commercial sexual activity 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.

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 school, or is not 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 (ex. online ads on Backpage and Craigslist)
- Child possesses or has access to excessive amount of cash and/or hotel keys
- Unable or 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 Assessment 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 (kin).

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.

Assessment Process for Allegations of Human Trafficking

Be familiar with the indicators to human trafficking. Refer to RC-0141, *Child Trafficking Indicators*.

When the incident is assigned a child protective assessment (Child abuse assessment or family assessment):

- Upon review of the intake, the CPW will refer the human trafficking information received from intake (which is documented as "HUMAN TRAFFICKING" in the "Additional Information" section of the intake) to the appropriate law enforcement agency.

  NOTE: This referral must be made whether or not the CPW is conducting a joint assessment/investigation with law enforcement.

Use indicators to guide your questions during the course of the assessment.

- Have *Child Trafficking Indicators* readily available as a reference during the assessment.
- Document any subject or collaterals knowledge or concerns regarding human trafficking or indicators of human trafficking.
  - Document in the "Summary of Contacts" section of the assessment report if the information pertains to an allegation.
  - Document in the appropriate domain of the *Safety Assessment* if the information does not pertain to an allegation.

When additional human trafficking information is learned during the course of the assessment:

- The CPW will refer the human trafficking information to the appropriate law enforcement agency.

  NOTE: This referral must be made whether or not the CPW is conducting a joint assessment/investigation with law enforcement.

Placement on the Registry

Legal reference: Iowa Code Section 232.71D, 441 IAC 175.25(6), (7), 175.26(1)

Policy Statement: Document the rationale for the determination to place or not place the report on the Registry, according to the criteria specified in Iowa Code. Your rationale is to include documentation of all circumstances that exist that require placement of the report on the Registry (if applicable) and the determination of minor, isolated and unlikely to reoccur criteria.

Confirmed and Placed on the Registry (Founded)

1. Determine if the report of child abuse is to be placed on the Registry.
2. Place all of the following allegations, if confirmed, on the Registry:
   - Mental injury
   - Sexual abuse committed by a person age 14 or older at the time of abuse
   - Prostitution of a child
   - Presence of illegal drugs
   - Dangerous substance
   - Bestiality in the presence of a minor
   - Allows access by a registered sex offender
   - Allows access to obscene materials
   - Child sex trafficking
   - Six of the eight categories of denial of critical care:
     - Failure to provide adequate food and nutrition
     - Failure to provide adequate shelter
     - Failure to provide adequate health care
     - Failure to provide adequate mental health care
     - Gross failure to meet emotional needs
     - Failure to respond to an infant's life-threatening condition
3. Place allegations of physical abuse and denial of critical care (lack of supervision and lack of adequate clothing), if confirmed, on the Registry when the following circumstances exist:
   - The case was referred for juvenile or criminal court action.
   - Within 12 months of the report, court action was initiated that resulted in adjudication or criminal conviction.
   - Within the last 5 years, the same person has been determined responsible for abuse in a previous report.
   - The person responsible continues to pose a danger to a child.

Examples of rationale for placement on the Registry:

1. This report is confirmed for sexual abuse in the second degree. The named perpetrator is currently 37 years of age. All reports of child abuse confirmed for sexual abuse committed by a person age 14 and over shall be founded. Therefore, the report shall be placed on the Registry.
2. This report is confirmed for physical abuse. The child sustained a fractured right arm because of being struck by his father with the metal rod when being disciplined. The injury is isolated and is unlikely to reoccur but was not minor. Since the physical injury was not minor, the report meets the criteria to be founded. Therefore, the report shall be placed on the Registry.

Confirmed but Not Placed on the Registry

Only three allegation types can be confirmed but not placed on the Registry. These are **physical abuse** and denial of critical care (**failure to provide proper supervision** and **failure to provide adequate clothing**). These allegation types are subject to the minor, isolated, unlikely to recur criteria for placement on the child abuse registry.

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

- The injury was minor, and
- The injury was isolated, and
- The injury is unlikely to reoccur.

Examples of rationale for not placing on the Registry:

The report is confirmed for physical abuse but will not be placed on the Registry. By all accounts, the episode of physical abuse has never happened before. The child sustained only a minor bruise to the buttocks from being spanked. The light bruise was gone after a few days.

The child's mother has requested assistance from Department in order to improve her parenting. She has expressed remorse and has assured that such an event will not reoccur.

The physical injury was minor, isolated, and unlikely to reoccur. All of the criteria necessary for the report to not be placed on the Registry have been met. Therefore, the report is confirmed but is not placed on the Registry as a founded report.

Determining if Injury or Risk of Injury Was Minor

To determine whether a physical injury, supervision, or failure to provide adequate clothing was minor, consider:

- The location and size of the injury.
- The force used to inflict the injury.
- The potential of greater injury to the child.
- The age, medical condition, mental and physical maturity, and functioning level of the child.

"Minor" physical injuries may include injuries such as red marks and faint bruising, taking into account the child's age and the size and location of the injury. For example, grab marks on the upper arms of an adolescent may be considered minor, but the same type of injury on a toddler would not be minor.

To determine whether a report of child abuse confirmed for denial of critical care by failure to provide proper supervision or denial of critical care by failure to provide adequate clothing was minor, consider:

- The length of time the endangerment occurred.
- The likelihood that the child would have suffered injury or death.
- The age, medical condition, mental and physical maturity, and functioning level of the child.

If the injury was **not minor**, the confirmed report shall be **founded**, regardless of the isolated or likelihood of reoccurrence criteria.

Determining if Injury or Risk of Injury Was Isolated

To determine whether a report of child abuse confirmed for physical abuse or confirmed for denial of critical care for failure to provide proper supervision or for failure to provide adequate clothing was isolated, document that:

- There are no other reports of child abuse founded; or
- The information gathered in the current assessment supports the evidence that the incident was an isolated occurrence.

Determining if Injury or Risk of Injury Is Unlikely to Reoccur

To determine whether a report of child abuse confirmed for physical abuse or confirmed for denial of critical care for failure to provide proper supervision or for failure to provide adequate clothing is unlikely to reoccur, consider:

- The responsible caretaker's response to the incident of abuse and receptiveness to alternative methods of discipline, care, or supervision.
- Whether any factors contributing to the abuse continues to exist, is ongoing, or is no longer present.

Example of rationale:

> The report is confirmed for denial of critical care by failure to provide proper supervision. By all accounts, the child, age 5, was left home alone and unattended from approximately 7:30 a.m. to 9:30 a.m.
>
> The child was left alone because of inadequate childcare arrangements. The mother left for work at 7:30 a.m. as usual, believing that the babysitter was en route to the home. The babysitter had car trouble and was delayed about two hours.
>
> While the child was clearly not adequately supervised, all parties have assured that it has never happened previously, and that it will not reoccur. The mother will wait for the babysitter to arrive before leaving for work.
>
> The child clearly was placed at risk. However, the child is seen as relatively trustworthy and did have a telephone at his disposal. The child stated that in the event of an emergency, he would either vacate the house or call 911.
>
> The criteria of "minor, isolated, and unlikely to reoccur" have been met. Therefore, the report is confirmed but is not placed on the Registry as a founded report.

Placement Determination for Physical Abuse

1. Determine if an allegation of physical abuse was **minor** by considering:
   - The location and size of the injury.
   - The force used to inflict the injury.
   - The potential of greater injury to the child.
   - The age, medical condition, mental and physical maturity, and functioning level of the child.

2. Determine if an injury was **isolated** by considering:
    - There are no other reports of child abuse confirmed, or
    - The information gathered in the current assessment supports the evidence that the incident was an isolated occurrence.
3. Determine if the injury is **unlikely to reoccur** by considering:
    - The responsible caretaker's response to the incident of abuse and receptiveness to alternative methods of discipline.
    - Whether any factors contributing to the abuse continue to exist, are ongoing, or are no longer present.

Placement Determination for Denial of Critical Care

1. Determine if an allegation of denial of critical care (lack of supervision or lack of adequate clothing) was **minor** by considering:
    - The length of time the endangerment occurred.
    - The likelihood that the child would have suffered injury or death.
    - The age, medical condition, mental and physical maturity, and functioning level of the child.
2. Determine if an allegation of denial of critical (lack of supervision or lack of adequate clothing) was **isolated** by considering:
    - There are no other reports of child abuse confirmed, or
    - The information gathered in the current assessment supports the evidence that the incident was an isolated occurrence.
3. Determine if an allegation of denial of critical care (lack of supervision or lack of adequate clothing) is **unlikely to reoccur** by considering:
    - The responsible caretaker's response to the abuse, and receptiveness to alternative methods of care or supervision.
    - Whether any factors contributing to the denial of critical care continue to exist, are ongoing, or are no longer present.

Sexual Abuse Committed by a Person Under Age 14 or Age 14-17

Legal reference: Iowa Code Section 232.71D(3)"e"

Policy Statement: The name of an alleged perpetrator of sexual abuse younger than age 14 shall not be placed in the central registry. The name of an alleged perpetrator of sexual abuse age 14-17 may have their name withheld from the registry upon order by the court.

A report with a finding of sexual abuse in which the alleged perpetrator is **aged 13 or younger** shall be placed on the Registry. However, the name of the person responsible shall be withheld from the Registry.

A report with a finding of sexual abuse in which the alleged perpetrator is **aged 14 through 17** shall be placed on the Registry. However, the name of the person responsible shall be withheld from the Registry if the court has found there is good cause for the name of the person to be removed from the Registry. In such cases, only the name of the person shall be removed from the Registry.

Making Service Recommendations

To make service recommendations, you must:

- Analyze the safety and risk factors affecting the child and family
- Determine what available services are appropriate

Analysis of Safety and Risk Factors at the Close of an Assessment

The safety assessment and the risk assessment tools provide structure to professional decision-making regarding safety and risk throughout the life of a case.

- Collect sufficient information to complete the subsequent form 470-4132, *Safety Assessment* and form 470-4133, *Family Risk Assessment* prior to the close of an assessment.
  - Always err on the side of caution concerning a child's safety. When your professional judgment indicates that a child is unsafe, override the assessment tool, and take protective action.
  - REMINDER: Safety assessments and risk assessments are not required for out-of-home settings. When abuse occurred or is alleged in an out-of-home facility and child protective concerns do not exist in the child's household, do not complete the safety and risk assessment.
    - Out-of-home settings are: child-care centers, child development homes (but not unregistered child care homes), foster family homes, group care facilities, hospitals, nursing care facilities, ICFs/MR, PMICs, state-operated facilities, and substance abuse facilities.
    - A noncustodial parent's home and a nonregistered child care home is not considered an out-of-home setting. Safety and risk assessments are required when a child is allegedly abused in a noncustodial parent's home or a nonregistered child care home. The assessment is completed on the child's home environment.

- Discuss the safety and risk factors with the case manager if the case transfers to Department services.

Evaluating the Safety of a Child Prior to Closing an Assessment

Legal reference: Iowa Code Section 232.71B(1), 441 IAC 175.26(1)"b"

Policy Statement: The child protection worker shall evaluate the child's safety during the course of a child abuse assessment or family assessment.

Complete a subsequent form 470-4132, *Safety Assessment* prior to the close of a child abuse assessment and if the initial *Safety Assessment* identified the child as anything other than "safe", complete a subsequent *Safety Assessment* prior to the close of a family assessment.

NOTE: A child must be "safe" for a family assessment to close. If a child is "safe with a plan" or "unsafe" at the close of a family assessment, the family assessment must be reassigned as a child abuse assessment.

Document a full description of information gathered regarding the evaluation of the safety of the child in the assessment, including the severity of the incident or condition.

- Consider both the actual injury and the potential for severe injury from the event that the child experienced, even when the child receives minor injuries.
- Consider the chronicity of the incident or condition and your assessment of the immediate safety of the child.

Document any actions you took to address safety issues. Document the initial and any subsequent safety assessment concerns and services implemented to address those concerns (i.e., form 470-4461, *Safety Plan*).

Determine how long or how frequently abuse has occurred by considering the number of previous confirmed child abuse incidents and the period over which they occurred. Consider:

- The age, medical condition, mental and physical maturity, and functioning level of the child.
- The attitude of the person allegedly responsible.

Determine whether the caretaker responsible for the abuse accepts responsibility for the abuse, demonstrates remorse, and requests or accepts suggested services.

Determine both the willingness and ability of a caretaker not responsible for the abuse to protect the child.

Consider the frequency, severity, and type of abuse:

- Implicit or explicit coercive behavior by the person allegedly responsible
- Any prior abuse history of the person allegedly responsible for the abuse
- Indications that the caretaker (if other than the person responsible) would allow the person allegedly responsible for abuse access to the child

Consider factors or situations contributing to the abuse:

- Consider special events, situations, or circumstances that may have created immediate stress, tension, or anxiety in the family or household.
- Determine if the contributing factors were unusual or isolated (and therefore possibly easier to alleviate) or ongoing and likely to reoccur.
- Consider access of the person allegedly responsible for the abuse to the child.

Family Risk Assessment

Legal reference: Iowa Code Section 232.71B(4)(a), 441 IAC 175.25(1)

Policy Statement: During the course of a child abuse assessment or family assessment, the child protection worker shall evaluate the child's risk for occurrence or reoccurrence of abuse.

Risk assessment refers to the assessment of probability or likelihood a child will suffer maltreatment in the future. This process looks primarily at caregivers' stressors as well as functioning concerns that affect behaviors that research has shown correlate to the risk of maltreatment.

The identification of risk helps determine the focus of the change process. Some risk factors identify what needs to change for the family to reduce the risk of child maltreatment.

The first formal risk assessment in the life of a case is during a child protective services assessment of an abuse allegation. Complete a form 470-4133, *Family Risk Assessment*, on each family during a child protective assessment. The risk of abuse or re-abuse for child abuse assessments, as well as the finding, will determine service recommendations and referrals.

Document the risks of child abuse for the child subject and any other children residing in the same home or other children the person allegedly responsible has access to.

Document any actions you took to address your assessment of future risk to the child. Include the family's risk score from *Family Risk Assessment*.

Use the instructions in 18-Appendix for guidance in documenting the risk factors.

- Determine the family's risk score.
- Determine policy overrides.
- Assign the family's risk level.
- Obtain supervisory review.

Completion of Family Functioning Assessment

Legal reference: Iowa Code Section 232.71B.19, 441 IAC 175.21, 175.25, and 175.42

Policy Statement: The Department's assessment addresses family functioning, culturally competent practice, and identifies the family strengths and needs.

Evaluation of the family's functioning requires a thorough interview with the family to determine areas of strength or need when assessing safety, developing a safety plan, or developing a family plan to provide for the safety, well-being, and the permanency of the child.

Engage with the family and enlist the family's cooperation to complete an evaluation of the family's functioning, strengths, and needs. The family's participation is essential.

- Arrange to have the family household members available to participate in the gathering and identifying of strengths, possible rehabilitation needs of the child and family, and development of any plan for action.
- Evaluate the relationships between the person alleged responsible for the abuse, the child subject, and any other children to whom the person responsible for the abuse provides care.
- Review and consider information gathered from child and family interviews, collateral contacts, your observations during the assessment process, Department service records, and all prior rejected intakes and assessments.
- Document the family and household members who did and did not participate the assessment of the family's functioning, strengths, needs, and development of any plan. If a plan is not developed with the family, document the reason.

Identify and address strengths, problems, and needs under each specific subsection that applies to the family. It is not necessary that all assessments address every item listed. Address items that are relevant to the given situation. You are also not limited to only the items listed.

Accurate completion of the risk assessment will help you determine if you need to document information in the domain section.

- Assess child well-being

  Converse with the family to elicit strengths and needs around child well-being. Talk about the child(ren)'s mental health, behavior, school performance, relationship with parents/caregivers, relationship with siblings, relationship with peers, and motivation to maintain the family.

- Assess parental capabilities

  Converse with the family to elicit strengths and needs around parental capabilities. Talk about supervision of child(ren), disciplinary practices, developmental enrichment opportunities, and parents/caregivers physical health, mental health, and use of alcohol or drugs.

- Assess family safety

  Converse with the family to elicit strengths and needs around family safety. Talk about absence or presence of physical abuse, sexual abuse, emotional abuse, or neglect of children, as well as the absence or presence of domestic violence between parents/caregivers.

- Assess family interaction

  Converse with the family to elicit strengths and needs around family interaction. Talk about bonding with children, expectations of children, mutual support within the family, relationship between parents/caregivers.

- Assess home environment

  Converse with the family to elicit strengths and needs of the home environment. Talk about housing stability, safety in the community, habitability of housing, income/employment, financial management, food/nutrition, personal hygiene, transportation, and learning environment.

Evaluation of family functioning is the critical first step in understanding the underlying causes that may have led the family to the Department's attention. After synthesis and analysis, the family team uses the information from to develop a "big picture" understanding of the child and family.

This common core of shared team intelligence forms the basis for unifying efforts, planning joint strategies, sharing resources, finding what works, and achieving a good match of supports and services for the child and family.

Document your evaluation of the family's strengths and needs that apply, using form **470-4138, Family Functioning Domain Criteria**. Address mitigated concerns in the Analysis of Risk and Safety section of the summary. Summarize the strengths that support the conclusion there are not identified protective concerns.

Use domain information to:

- Identify key family issues and concerns with in the domains that tare the foundations of why the Department is involved in the case.
- Identify issues and levels of improvement that must be reached before Department involvement can be terminated.
- Communicate the key areas that require service intervention to contractor staff during the referral and case transition process.

Where there are no identified protective concerns, summarize the strengths that support that conclusion. Remember to identify where the information was obtained (i.e. Department case file, worker observation, family members, etc.).

Completion of domains may be waived with supervisory approval in the following circumstances:

- There is an open service case and there is no new domain information, or
- After initial assessment of the allegation, it is determined the criteria for an assessment are not met because there is not a child, not a caretaker, or no alleged abuse, or
- There are no protective or safety concerns and no risk factors identified, or risk factors have been mitigated without Department intervention.

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

Protective Service Alert

1. Determine the need for a protective services alert**.**
2. Contact the Central Abuse Registry to request the protective service alert.

3. Document the date and time of this communication in the assessment report.

The CABA (Child Abuse Alert) Person tab on the STAR Intake module in JARVIS contains information on both in-state and out-of-state protective service alerts. Protective service alerts are maintained for six months.

Contact the Central Abuse Registry and request a protective service alert when you have protective concerns about a family subject to an ongoing assessment who moves and cannot be located.

Do not request a protective service alert unless you believe this is necessary to protect the alleged victim. If you do not believe there is an immediate threat to the child subject, request assistance in completing the assessment from the unit that serves the location where the family has moved, if known.

Also notify juvenile court authorities of the family's move if:

- The family has an open juvenile court case, or
- You believe that the family's departure presents an immediate threat to the child subject's life or health.

To request an alert, provide Registry staff with as much information about the family as possible. Include:

- Names
- Birth dates
- Social security numbers
- Descriptions of family members, as available
- The assessment of potential danger to children within the family
- The possible location of the family, if known

Draft an individual memo to the Registry on Department letterhead, using the suggested format (see sample memo below). Mail, fax, or e-mail the memo to the Central Abuse Registry at:

Central Abuse Registry Iowa HHS
321 E. 12th Street
Des Moines, IA 50319
Fax: 515-564-4112
Email: iowaabuseregistry@hhs.iowa.gov

Upon receipt of this information, the Central Abuse Registry transmits your memo to all service area offices in Iowa and any child abuse offices in other states, as appropriate. Enters the information into the CABA Person tab on the STAR Intake module in JARVIS.

Protective Service Alert Sample Memo

Date:

Subject: Protective Service Alert

Caretakers:	Fred N	DOB: 4-1-60	SS#: xxx-xx-xxxx
	Carrie N	DOB: 11-3-61	SS#: xxx-xx-xxxx
Child:	Sheila N	DOB: 5-17-97	SS#: xxx-xx-xxxx

Relationship of caretakers to child: mother and father

Nature of Concerns: Sheila N is believed to be at risk as Fred N is a registered sex offender who has not completed sex offender treatment. There is also strong evidence suggestive of domestic violence in the home.

A CINA petition was filed with respect to Sheila and a hearing was scheduled for July 20, 2004. The family did not appear at the hearing and notice was never served on them, as they apparently moved out of the state the first week of July. Carrie N told someone they were moving to California. The court has subsequently issued a removal order for this child.

I am requesting this information be provided to all states' abuse registries for dissemination within the state agencies in attempt to locate this family. Should your records indicate any contact with this family, please call Jane T at the xxxxxx County HHS office, at 641-xxx-xxxx.

Service Eligibility, Referrals, and Case Transfer

Legal reference: Iowa Code Section 232.71B(11); 441 IAC 175.25(232), 175.25(8), 175.26(232)

Policy Statement: The assessment summary shall identify strengths and needs of the child and of the parent, home and family, services available from the Department, and informal services, formal services, and other support available in the community to address the strengths and needs identified in the assessment.

Services for children and families can be as simple as informal support networks that include extended family members or neighbors or as complex as a variety of community-based services. In either case, it is important to coordinate services and document how this coordination will take place.

The following is an example of how this process should work. Notice how it includes important information, such as who will make the referral, when the referral will be made, and how the community agency will meet the identified needs.

A single mother is having difficulty managing the behavior of her youngest child, age 5. She occasionally uses corporal punishment with the child, but has not caused injury to the child. The mother reports frustration and concern about her interactions with him. He is very active and seems delayed in his verbal skills.

The child protection worker and the mother discuss obtaining an evaluation of the child's communication skills through the local area education agency and the mother becoming involved in a Parents Anonymous group for support and assistance.

The worker assists the mother in contacting the area education agency before the end of their meeting today to schedule an evaluation. The mother agrees to follow through with the area education agency's recommendations. The worker documents the appointment and gets a signed release to discuss the evaluation with the mother.

The worker provides the mother with a phone number and list of meeting times for local Parents Anonymous groups. The worker offers assistance in connecting the mother with the local group. The worker documents that the mother attended one Parents Anonymous meeting and felt it was helpful and she plans to continue to go to the group.

Making a Case Decision and Determining Service Recommendations and Referrals

Legal reference: Iowa Code Sections 232.71B and 232.71D;
441 IAC 175.25(232) and 175.26(232)

Policy Statement: At the conclusion of an assessment, the Department may recommend information, information and referral, non-department or non-agency voluntary services, or services provided by the Department.

The JARVIS System automatically identifies whether a case is eligible for services based on the score from the *Family Risk Assessment*, form 470-4133, and for a child abuse assessment only, the highest finding of abuse. Services available to families after the assessment is completed include:

- Department services,
- Non-Department or non-agency voluntary services,
- Information and referral, or
- Information only

Evaluate the adequacy and effectiveness of current resources, services, and supports:

- Consider if there are current resources, services, and supports available to the family that can meet the family's needs and increase protection for the child.
- Identify services and supports that have been provided to the family but have failed to prevent the child from being abused or re-abused.
- Consider if caretakers refuse needed services or supports despite protective concerns, increasing the risk to the children.

Refer families to the type of service for which the family is eligible, based upon the criteria below.

Department Services with Family Casework

Family Casework is the core foundation for service delivery purchased on all cases referred by the Department to the family-centered services contractor**.**

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.

Department services are available to families when the following criteria is met:

- The child abuse assessment is founded (all risk levels); or
- The child abuse assessment is confirmed, not placed and the child is believed to be at high risk of future abuse or neglect.

NOTE: Department services are not available to families who receive a family assessment.

1. If the family is willing to receive Department services, ensure that the family completes and signs form 470-0615, *Application for All Social Services*.

2. If juvenile court is not already involved, advise families that a referral for court-ordered services will be made if Department services are refused. Refer families refusing Department services for a Child In Need of Assistance (CINA) petition as described in 18-B(2) through juvenile court.
3. Prepare form **470-5562, CPW to SWCM Transfer Packet Face Sheet** along with the required documents to initiate a referral to Department services.
4. Make the social work case manager aware that children under 3 years of age have been automatically identified for Early ACCESS services when abuse is confirmed or founded, and that follow-up is needed to ensure that the screening has been completed and any needed services are initiated.
5. Make reasonable efforts to transition the case to the social work case manager with a face-to-face meeting with the family by the fifth business day following the assessment.

Non-Agency Voluntary Services

Eligibility

Non-Agency Voluntary Services are available to families when the following criteria is met:

- A child abuse assessment has identified a need for Non-Agency Voluntary Services and the child abuse assessment findings are one of the following:
  - Abuse is not confirmed, but the child is believed to be at moderate to high risk of future abuse or neglect; or
  - Abuse is confirmed, not placed and the child is believed to be at moderate risk of future abuse or neglect.
- A family assessment has identified a need for Non-Agency Voluntary Services and the child is believed to be at moderate to high risk.
- The family has voluntarily agreed to be referred to Non-Agency Voluntary Services.

The Department will **not** refer a family for Non-Agency Voluntary Services when:

1. Any child in the household has an open child welfare service case with the Department (already engaged in Department services).
2. Any child in the household has been adjudicated a Child in Need of Assistance (CINA), a CINA petition was filed, or pending, or any child has been adjudicated delinquent/informal adjustment or involved with Juvenile Court Services (JCS).
3. The abuse occurred outside of the home. (i.e. any abuse that occurs in an out-of-home setting which includes any alleged abuse that occurs while the child is under the supervision of any caretaker other than the child's parent or guardian or in a childcare setting).

NOTE: In addition to the three (3) reasons above for not referring to Non-Agency Voluntary Services, families who meet the eligibility requirements may not be referred to Non-Agency Voluntary Services if any of the following exception reasons exist:

- Parent not willing to accept Non-Agency Voluntary Services;
- Family already engaged in Non-Agency Voluntary Services;
- Family does not need additional supports beyond current formal/informal systems; or
- Family resides out of state.

JARVIS System Entries

If a case is eligible for Non-Agency Voluntary Services, this box will automatically be checked.

If the family is willing to be referred and meets eligibility criteria, the CPW must complete the following on the Assessment Disposition screen in JARVIS:

- Manually check the box "Service recommendations were discussed with the family and a service plan is appropriate to address the following" and

- Document in the narrative field directly below this box, outlining recommendations on what the family-centered services contractor providing Non-Agency Voluntary Services should address with the family.

There is no requirement to select prevention services or complete the foster care prevention strategy on cases not referred to Department Services.

If a case is **not** being referred to Non-Agency Voluntary Services, the CPW must complete the following on the Assessment Disposition screen in JARVIS:

- Manually check the box “No referral to Non-Agency Voluntary Services was made due to the following exception reason” and
- Check the appropriate exception reason for not making a referral.

The following exception reasons are listed for child abuse assessments:

- Already engaged in HHS Services
- Court action by HHS or already engaged in JCS Services
- Abuse occurred in out of home setting
- Parent not willing to accept Non-Agency Voluntary Services
- Already engaged in Non-Agency Voluntary Services
- Family does not need additional supports beyond current formal/informal systems
- Resides Out of State

The following exception reasons are listed for family assessments:

- Parent not willing to accept Non-Agency Voluntary Services
- Already engaged in Non-Agency Voluntary Services
- Family does not need additional supports beyond current formal/informal systems
- Already engaged in JCS Services
- Resides Out of State

Case Assignment for Non-Agency Voluntary Services

There are two family-centered service contractors in each of the respective Department service areas to provide Non-Department Voluntary Services. Cases are system assigned to a contractor on a 50/50, every-other-case referral basis.

- The system allows case-specific assignment overrides to provide service continuity for cases in which a case previously received services from one of the contractors or its subcontractor, and either the family or Department worker believes it would be beneficial for services to be delivered by that contractor or subcontractor.
- If an override assigns a case outside of the alternating assignment order, the Case Referral Assignment Tracking System will recognize this change and equalize future referrals.

Complete the contractor assignment and required entries in FACS. Refer to the JARVIS/FACS System Guidance Documents for steps in accurately making system entries in FACS and JARVIS.

Making a Referral to Non-Agency Voluntary Services

At completion of the child abuse assessment summary or family assessment summary and contractor assignment, gather the necessary documents to complete the respective referral packet, which includes:

On child abuse assessments:

- Child Abuse Assessment Summary Report which led to the referral, and
- Family Risk Assessment, and
- Subsequent Safety Assessment (completed at the end of the child abuse assessment)

On family assessments:

- Family Assessment Summary Report which led to the referral and
- Family Risk Assessment
  - Once the respective assessment report is approved, CPWs have **three business days** to make the referral for services.

- Email the referral packet to the assigned family-centered services contractor, identifying potential dates and times the CPW is available for a case handoff/transition meeting. Include the family's availability whenever possible to ensure timeliness of the meeting.
- The family-centered services contractor assigns a family support specialist. If the family support specialist is successful and connects with the family, they will schedule the case handoff/transition meeting as soon as possible but **no later than 10 calendar days** from the date of referral.
- Attend and participate in the scheduled case handoff/transition meeting with the family and assigned family support specialist.

- The preferred method for CPW participation is an in-person case handoff/transition meeting. If there is a schedule conflict and the CPW is not able to participate in-person, the CPW may participate by videoconference and at a minimum, by phone. In order to have substantive conversations and accomplish outcomes, the case handoff/transition meeting may be approximately 30 minutes in length.
- If the CPW is not able to attend the case handoff/transition meeting, the CPW's direct supervisor must attend.
- The case handoff/transition meeting will occur in the family's home. However, consideration will be taken into account to accommodate unique circumstances.
- The case handoff/transition meeting allows for discussion regarding issues identified during the assessment, specifically family safety concerns and individual parent/caretaker concerns. It also ensures the family and the assigned family-centered services contractor understand the type of service being provided and expectations of such services.

Multiple Assessments

If there are multiple assessments completed simultaneously on one family who becomes eligible for Non-Agency Voluntary Services, only **one** referral is made per family household.

EXAMPLE: A CPW has three open assessments on a family who is eligible for Non-Agency Voluntary Services. The CPW selects one report (Incident #) that will be the primary assessment report to include with the referral packet.

On the Assessment Disposition Screen in JARVIS, under the one identified assessment report, the CPW must check the box "Service recommendations were discussed with the family and a service plan is appropriate to address the following" and then document in the narrative field what they recommend Non-Agency Voluntary Services should address with the family.

The additional reports require the CPW to manually check the box "No referral to Non-Agency Voluntary Services was made due to the following exception reason" and then check the appropriate exception reason for not making the referral on the additional reports. On these cases, the exception reason would be "Family does not need additional supports beyond current formal/informal systems". In the narrative field on the Assessment Disposition screen, the CPW would then enter "Non-Agency Voluntary Services Referred Under Incident #" and include the number of the one (1) selected report that was referred.

If information included within the additional assessment reports is different from what is included within the one identified assessment report being referred but applicable and necessary to meet service needs, copies of those reports may be included within the referral packet.

Conclusion of Assessment

Once a referral is made to a family-centered services contractor to provide Non-Agency Voluntary Services and a handoff meeting is held, the CPW's involvement ends for purposes of case oversight. The assigned family-centered services contractor provides case management on the case for a maximum of four months.

At conclusion of the case handoff/transition meeting, CPWs may not contact the family-centered services contractor to check on status of referrals. Contact may be made if another Department assessment is received and assigned to a CPW during the course of the Non-Agency Voluntary Services provision. (See Collateral Contacts below for additional guidance).

Upon receipt of the referral, the family-centered services contractor may contact the CPW if additional information or clarification is needed to make contact with the family. The CPW can provide this information.

Collateral Contacts

The family-centered services contractor providing Non-Agency Voluntary Services works directly with families referred by the Department under contract. The Department may request information from any person believed to have knowledge of a child abuse case. CPWs should interview individuals and professionals who are familiar with the child and family and can provide additional information. Rules around confidential and privileged communication are waived during the assessment process. When conducting interviews with collateral contacts, disclose only what is necessary to obtain information about the child's condition and safety.

CPWs may not contact the family-centered services contractor providing Non-Agency Voluntary Services if there is no current open Department assessment on the family.

When a CPW is assigned an open child abuse assessment or family assessment and case history identifies a referral was made to Non-Agency Voluntary Services during a prior assessment, the CPW should contact the family-centered services contractor as a collateral to determine whether or not services are still being provided or explore whether or not services were refused or closed.

In these situations, the CPW should contact the assigned family-centered services contractor to inquire on status of the prior referral.

If the prior Non-Agency Voluntary Services case is closed and the family is eligible for services at completion of the current assessment, a new referral to Non-Agency Voluntary Services can be made if the family is willing to be referred.

If the Non-Agency Voluntary Services case is currently open, the CPW should ask for the name and contact information of the assigned family support specialist (FSS). CPWs may contact the FSS as a collateral contact during the course of an open child abuse assessment or family assessment.

New Allegations/New Assessment

At completion of the current assessment, if a family is currently receiving Non-Agency Voluntary Services and the outcome of a new assessment determines that the family is once again eligible for Non-Agency Voluntary Services, the CPW will NOT refer this particular incident. Instead, on the Assessment Disposition screen, the CPW must manually check the box “No referral to Non-Agency Voluntary Services was made due to the following exception reason” and then check the appropriate exception reason. On these particular cases, the exception reason is “Already engaged in Non-Agency Voluntary Services”.

If the outcome of the current (new) assessment identifies Department eligibility, the CPW must contact the family- centered services contractor and notify them of the case eligibility so that Non-Agency Voluntary Services can be terminated.

The CPW should notify the contractor stating the family will be served by the Department.

Payment for Non-Agency Voluntary Services

The monthly rate is the same for all contractors providing Non-Agency Voluntary Services. If there is not a full month of service delivery, the monthly rate is prorated to a daily rate for the number of days a case is open during the calendar month. Contractors are paid for both the beginning and ending dates of service authorization. CPWs are not responsible for payment of Non-Agency Voluntary Services. Payment for these cases is managed by the assigned Department service contract specialist and/or program manager.

Information and Referral

Provide families with information and referral when the risk score is low (and for a child abuse assessment only, the abuse is confirmed).

1. Identify the family’s service needs and recommend new or continuing community services to the family.
2. Discuss with the family their need for services and inform them of providers that are able to provide those services.

3. Contact potential providers to confirm the availability of services, eligibility requirements, cost factors, location and hours of service, and share this information with the family to help them make a provider selection.
4. Determine the provider's referral process including required referral information.
5. Secure releases of information from the family for each document to be sent to the service provider.
6. Document the name of the community agency and the services it will provide in the assessment. Explain:
   - Who will make the referral?
   - When the referral will be made?

Information Only

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

Provide information on informal community resources.

Recommendation for Juvenile Court Action

Legal reference: Iowa Code Section 232.71C, 441 IAC 175.25(8), 175.26(1), and 175.27(232)

Policy Statement: The child protection worker shall determine if juvenile court action is necessary to ensure the safety of the child, the type of action recommended, and the rationale for the recommendation.

1. Determine if juvenile court action is indicated, such as:
   - A court order for the emergency protective removal of a child.
   - A court order for physical or mental examination of a child.
   - A court order mandating services when the caretakers do not voluntarily agree to participate in services.
2. Make the recommendation in the assessment, regarding juvenile court action based on your evaluation of the safety of and risk to the child. If your recommendation is for no juvenile court action, document the rationale.
3. Include a summary of the status of any current juvenile court involvement if the child is already adjudicated or if adjudication is pending.

4. The assessment is available to the county attorney and the juvenile court through the county attorney/juvenile court portal application available in JARVIS. Provide additional documents as needed for juvenile court action.

Recommendation for Criminal Court Action

Legal reference: Iowa Code Section 232.71B(3), 441 IAC 175.26(1)"g"

Policy Statement: The child protection worker is to include a statement describing whether criminal court action is necessary and the rationale for the recommendation.

Document in the assessment a statement regarding your recommendation for criminal court action and your rationale for the recommendation. Include in this section:

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

Documenting the Assessment

Parental Notification of Assessment

Legal reference: Iowa Code Section 232.71B(2), 441 IAC 175.31(1)

Policy Statement: A written notice shall be provided to the parents of the child who is the subject of an assessment within five business days of commencing an assessment.

Use form 470-3239, *Child Abuse and Family Assessment Parental Notification* to provide written notice to the parents of a child who is the subject of a child abuse assessment or a family assessment within five business days.

- Ensure accuracy of the custodial and noncustodial parents addresses.
- Notify both custodial and noncustodial parents.
- If the parent's whereabouts are unknown, but the identity and location of the noncustodial parent are available in public records or Department records, send the notice.
- Do not send the parental notification to a stepparent or putative father.

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

Completion of the Assessment Summary

Legal reference: Iowa Code Section 232.71B(13), 441 IAC 175.26(232)

Policy Statement: The child protection worker shall prepare a written report of the assessment; within 20 business day on form 470-3240, *Child Protective Services Child Abuse Assessment Summary* for a child abuse assessment and within 10 business days on form 470-5371, *Child Protective Services Family Assessment Summary* for a family assessment.

Both a child abuse assessment and family assessment shall include all of the following:

- Addressing the allegation of abuse
- Assessment of child safety (including rationale for using confidential access, for delaying observation of the child, or for not observing the child, if applicable)
- Assessment of risk
- Evaluation of the home environment
- Identification of the child and family functioning, including strengths and needs of the child, the child's parent, home, and family.
- Consultation with the family and recommendation regarding services available from the Department, informal and formal services, and other support available in the community to address the strengths and needs identified in the assessment.

A child abuse assessment shall also include the following:

- Findings and contacts: A summary of all contacts made and evidence gathered, including:
  - A description of the child's condition,
  - Identification of the nature, extent, and cause of the injuries, if any, or risk of injury to the child subject(s),
  - The circumstances which led to the injury or risk of injury,
  - The identify and interview of the person alleged responsible,
  - An evaluation of the home environment,
  - The name, age, and condition of other children in the same home if protective concerns are identified,

- The identity and interview of collateral contacts, and
- History of confirmed or founded abuse of all subjects)

- Determination regarding the allegations of child abuse
- Juvenile court recommendation
- Criminal court recommendation (including any specific recommendation to the county attorney regarding the initiation of any criminal prosecution, rationale to support that recommendation, reference to any joint assessment with law enforcement, and current status of the criminal investigation)
- Identification and documentation of the foster care prevention strategy for the family and the prevention services identified to meet the foster care prevention strategy

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

NOTE: To maintain confidentiality, document protected information in the redactable section of Jarvis. Protected health information includes physical, mental health, and substance use data that can identify individuals. Protected information may be received orally, in writing, or electronically.

Upon completion of the assessment, destroy any notes and upload any tools used to assess the family (genogram, ecomap, photographs, reports from other agencies, etc.) into File Manager in the STAR Assessment module in JARVIS. Obtaining supervisory review and sign off completes the assessment process.

Notification of Outcome of Assessment and Appeal Rights

Legal reference: Iowa Code Sections 232.71B(12)"g", 235A.19(1)"a", 235A.19(2)"a"; 441 IAC Chapters 7 and 175.31(2)

Policy Statement: When the assessment report is completed, the subjects shall be notified of the findings of the assessment and their rights to request correction.

- Following a child abuse assessment, the Department shall notify each subject of the results of the child abuse assessment. Any person responsible for the abuse will also be notified of their right to request an appeal and the procedure to do so, if the Department does not correct the data or findings as requested. All subjects, other than the person responsible for the abuse, will be notified of the opportunity to file a motion to intervene in the appeal hearing if one is granted.

  NOTE: The same notifications are required following the completion of an addendum to a child abuse report.

- Following a family assessment, the Department shall notify the parent or guardian of each child of the completion of the family assessment and any service recommendations. There is no right to a contested case hearing for a family assessment (pursuant to Iowa Code chapter 17A).
- At the conclusion of the assessment or the completion of an addendum:

1. Prepare the appropriate notification form:

- **Notice of Child Abuse Assessment: Not Confirmed, form 470-3242**
- **Notice of Child Abuse Assessment: Founded, form 470-3243**
- **Notice of Child Abuse Assessment: Confirmed Not Registered, form 470-3575**
- **Notice of a Family Assessment Recommendations, form 470-5373**

2. For a child abuse assessment, provide the appropriate notice and a copy of form **470-3240, Child Protective Services Child Abuse Assessment Summary** to all subjects of a child abuse assessment or their attorneys. Subjects include:

- The custodial and noncustodial parents or guardians of that child
  - The person alleged to be responsible for the abuse
  - The child who is the alleged victim:
- If the child is residing in an out-of-home placement or an “informal” living arrangement such as a relative (kin) placement without custody guardianship, send a notice to the alleged victim where the child resides.
- If the child is adjudicated or adjudication is pending, send the notice to the child’s guardian ad litem.
- When the Department has custody or guardianship, send the notice to the assigned Department worker.

3. For a family assessment, provide the appropriate notice and a copy of form **470-5371, Child Protective Services Family Assessment Summary** to the custodial parent or guardian of each child subject listed in the family assessment report.
4. For a child abuse assessment only, provide the appropriate notice to the mandatory reporter who made the report.

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

   NOTE: Mandatory reporters do not receive notice of the completion of a family assessment.

5. Provide the appropriate notice and a copy of the **Child Protective Services Child Abuse Assessment Summary** to a child protection center under contract with the Department to conduct examinations and interviews with children alleged to have been abused, when the center has conducted interviews during the assessment process at the Department's request.
6. Provide the appropriate notice and a copy of the **Child Protective Services Child Abuse Assessment Summary** to the juvenile court and the county attorney.
7. Provide a copy of the **Child Protective Services Child Abuse Assessment Summary** and the **Child Protective Services Family Assessment Summary** to the Meskwaki Nation's Assistant Attorney General/Lead Prosecutor for child victims who are either in the custody of the tribe, domiciled on the Meskwaki Nation Settlement, or determined to be a Meskwaki child, in the following circumstances:

- Meskwaki Family Services, or another tribal institution, made the child abuse report to Department,
- The alleged child victim is under the custody or jurisdiction of Tribal Court, or
- Meskwaki Family Services is responsible for providing care, treatment, and supervision for a child named in the child abuse or family assessment report.

NOTE: There is a FACS Id assigned to Meskwaki Nation's Assistant Attorney General/Lead Prosecutor, Mr. Nydle, to ensure the report goes to the correct address.

8. Provide the appropriate notice to the Department worker who conducted a courtesy interview for the case at the request of the assigned worker.

Assessment Summary Addendum

Legal reference: Iowa Code Section 232.71B(13), 441 IAC Chapter 175.26(1)(a)(8)

Policy Statement: An addendum to a **Child Protective Child Abuse Assessment Services Summary** shall be completed within 20 business days.

An addendum to a child abuse assessment shall be used in the following circumstances only:

1. New information becomes available that would alter the finding, conclusion, or recommendation of the report.
2. Substantive information that supports the finding becomes available.
3. A subject who was not previously interviewed requests an interview to address the allegations of the report.

4. A review or a final appeal decision modifies the report.

Examples of criteria meeting these circumstances may include:

- A subject or significant collateral source becomes available for an interview.
- Law enforcement completes their criminal investigation.
- Another jurisdiction provides necessary information or interview results.
- Relevant medical or psychological information becomes available.
- Recently acquired information necessitates additional interview or inquiries.
- Documentation that relates to the report is received.

NOTE: Addendums are not an option for a family assessment.

The Iowa Code does not provide for extensions in a child abuse assessment. When you are waiting on information to assist in an assessment, you must complete the assessment within 20 business days with the information that you have, noting that an addendum will be completed upon receipt of the information you are awaiting.

- When you know that information is missing:
  - Address what information you do have regarding the evaluation of the abuse allegations and the child and family functioning, and
  - At the end of the “Summary of Contacts” section:
    - Document the assessment is not complete,
    - Provide rationale for the need for an addendum, and
    - Indicate that an addendum will be forthcoming.
- Once the additional information becomes available:
  - The supervisor shall immediately assign an addendum on the STAR Assessment module in JARVIS (The supervisor may find it necessary to assign other staff to complete an addendum timely, if the original worker is absent or no longer available.),
  - The addendum must be completed within 20 business days of receipt of the information that required the addendum.

    NOTE: An addendum must not be opened until you have received the new information to complete the addendum.
- If you have a preponderance of evidence without the information you are waiting on be sure your finding is confirmed or founded so that services may be initiated while you are waiting on the additional information.

Case Records and Access to Child Abuse Information

Legal reference: Iowa Code Section 235A.15, 217.30, and 232.71B(13); 441 IAC 175.32 and 39(232)

Policy Statement: Entities and individuals with access to child abuse information are specified in the Iowa Code.

Case Records for Child Abuse Assessments and Family Assessments

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

- **Child Protective Services Intake, form 470-0607.**
- **Notice of Intake Decision, form 470-3789.**
- **Child Abuse and Family Assessment Parental Notification, form 470-3239.**
- **Child Protective Services Child Abuse Assessment Summary, form 470-3240** or **Child Protective Services Family Assessment Summary, form 470-5371**
- **Family Risk Assessment, form 470-4133.**
- **Safety Assessment, form 470-4132.**
- **Safety Plan, 470-4461,** if applicable.
- Any related correspondence or written information, audio and video recordings, and photographs that pertains either to the abuse allegation or to the assessment of the family.
- Any tape made during the course of an assessment.

  EXCEPTION: Child protection centers retain tapes created at the centers. The Department must authorize access before release.
- Applicable written notifications
- IV-A emergency assistance application, **Application for All Social Services, form 470-0615**, only if the family is referred for child welfare services or applying for a CINA assessment as described in 18-B(2).
- Any criminal or juvenile court orders pertaining to the incident

Access to Child Abuse Information

Access to child abuse information by entities and individuals is specified by type of assessment and abuse assessment finding. Refer to **RC-0049, Dissemination Desk Aid** for specific guidance.

Electronic Recordings

Legal reference: Iowa Code section 232.71B and 235A(13)(10)“f”; 441 IAC 175.32(232,235A)

Policy Statement: The audio or video recordings made during the course of an assessment shall be available to subjects who request them.

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

- Electronic audio or video recordings and their transcripts become part of the case file and are to be retained for the retention period of the report. A child protection center shall maintain the electronic recordings or videotapes it records during a child abuse assessment.
- If an audio or video recording is made during the course of an assessment, do not destroy the recording when the assessment report is completed. Subjects have access to the audio or video recordings upon request. Reasonable reproduction cost may be charged to the subject. The reporter’s identity is not to be released.
- The Department must authorize the child protection center to release electronic recordings to a subject of the child abuse assessment. This authorization must be in writing.
- The authorization may be made using form **470-0643, Request for Child and Dependent Adult Abuse Information** but any written statement of authorization will suffice if it includes at least the requester name, subject role, the electronic recording authorized to be released, signature, and date.
- When necessary, phone authorization may be made before the written authorization. However, the written authorization must be submitted as soon as is reasonably possible.
- The Department may fax the written authorization to the child protection center stating the center can release the electronic recording. Both the Department and the center may retain a copy of the written authorization for their record stating that a subject received the electronic recording.
- The child protection center copies the electronic recording, collects reasonable reproduction costs, and provides the electronic recording to requester by mail or in person.

- If a criminal investigation is conducted concurrently or jointly with the assessment, consult with the county attorney regarding the disposition of the evidentiary material. For example, it may be advisable to give videotapes of interviews made about an allegation of sexual abuse to the county attorney at the conclusion of the assessment.

Media and Legislative Contacts

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

Court Action

Legal reference: Iowa Code Section 232.71B(11) and (12); 441 IAC 175.25(8), 175.26(1), and 175.27(232)

Policy Statement: The child protection worker may orally contact juvenile court or the county attorney, or both, as circumstances warrant.

Duties of the County Attorney

Legal reference: Iowa Code Section 232.90; 232.114

Policy Statement: Upon the filing of a petition, the county attorney shall represent the state in all adversary proceedings and shall present evidence in support of the petition.

However, if there is disagreement between the Department and the county attorney regarding the appropriate action to be taken, the Department may request to be represented by the attorney general in place of the county attorney.

Court Orders and Subpoenas for Child Abuse Assessment Records

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

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

2. If any other attorney or other party issues a subpoena for child abuse records, notify the attorney or other party initiating the subpoena that you cannot provide the information unless a court orders the Department to produce the assessment records.

3. Do not ignore a subpoena. Follow local procedure to contact the Service Help Desk to request assistance from the Attorney General's office. The Attorney General's office may file a motion to quash the subpoena.

4. If the judge issues an order to produce the records, provide only the records specifically requested.

   - Do not provide the identity of the reporter in written form unless specifically ordered by the judge hearing the case.
   - Whenever you provide written information in non-juvenile court cases regarding a founded assessment, notify the Central Abuse Registry either orally or in writing.

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

Testimony in Juvenile Court

Legal reference: Iowa Code Section 232.71B, 235A.13, 235.A15(2d), 235A.20, 235A.21

Policy Statement: The county attorney and juvenile court have access to the entire written assessment report. The child protection worker may testify regarding all aspects of the assessment except the identity of the reporter.

1. When preparing to testify in juvenile court, carefully review the case record. Be prepared to review the information developed during the assessment and to identify the suggested plan of action and the rationale for this plan.

2. Since the county attorney and the juvenile court have the entire written assessment report, testify regarding all aspects of the assessment, without concern about release of child abuse or other confidential information.
3. However, if the judge asks you to identify the reporter from an assessment case, provide a statement to the judge that essentially says the following:

> "The disclosure of the identity of the reporter in a child abuse assessment case is addressed by Iowa Code sections 232.71B and 235A.19, and 441 Iowa Administrative Code 175.41(2).
>
> "It is my belief that providing the requested information may be in violation of Iowa Code section 232.71B, subsection 2, which requires that the Department shall not reveal the identity of the reporter of child abuse to a subject of a child abuse report either in the written notification to the parents or otherwise."

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

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

   NOTE: See 18-C(5), Indian Child Welfare Act (ICWA) for requirements related to court action involving a child who you may have reason to believe is an Indian Child.

Testimony in Non-Juvenile Court Cases

Legal reference: Iowa Code Section 235A.15(2d), 235A.20, and 235A.21

Policy Statement: The child protection worker may testify in non-juvenile court cases if ordered to do so by the court. Child abuse information may be provided in a non-juvenile proceeding upon a finding by the district court that the information is required for resolution of a matter involving child abuse.

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

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

> "It is my belief that providing the requested testimony may be in violation of Iowa Code section 235A.15(2), and in violation of Iowa Code section 217.30, unless the information is necessary to resolve an issue which is relevant to this court proceeding.
>
> "If I provide the requested information without proper authorization, I may be liable for civil or criminal penalties as provided in Iowa Code sections 235A.20 and 21. I will provide the requested testimony only if the judge indicates that the testimony is necessary to this proceeding and directs me to testify."

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

> "The disclosure of the identity of the reporter in a child abuse assessment case is addressed by Iowa Code sections 232.71B and 235A.19, and 441 Iowa Administrative Code 175.41(2).
>
> "It is my belief that providing the requested information may be in violation of Iowa Code section 232.71B, subsection 2, which requires that the Department shall not reveal the identity of the reporter of child abuse to a subject of a child abuse report either in the written notification to the parents or otherwise."

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

   If you have concerns that providing the reporter or another person at risk, convey these concerns to the court. Consider asking the court for a recess to allow consultation with the Attorney General's office.
8. Whenever you testify in non-juvenile court cases regarding a founded assessment, notify the Central Abuse Registry either orally or in writing.

Reviews and Appeals

Administrative Appeal

Legal reference: Iowa Code Section 235A.19(2), 441 IAC Chapters 7 and 175.31(2)

Policy Statement: Subjects may request correction of a child abuse report by contacting their local Department office within 90 days of date on the outcome notice form. Any person alleged responsible for the abuse may request an appeal if the Department does not correct the data or findings as requested. If an appeal hearing is granted to the person alleged responsible for the abuse, then all other subjects may file a motion to intervene in the appeal hearing.

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

- **470-3242, Notice of Child Abuse Assessment: Not Confirmed**
- **470-3243, Notice of Child Abuse Assessment: Founded**
- **470-3575, Notice of Child Abuse Assessment: Confirmed Not Registered**

The review process consists of:

- Local service area review of request for correction (if applicable)
- Administrative appeal

Appeal through the district or higher court systems

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

NOTE: If any local Department office receives a written request for correction and the assessment worker and supervisor do not make the changes as requested, the request must be referred to the Department Appeals Section within 24 hours.

The outcome notice also contains information that tells the subject how to file. No appeal form is necessary, although the subject may choose to complete one. An appeal may also be filed electronically through the Department website. Also, advise of legal services available in the community.

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

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

Role of the Child Protection Worker and Supervisor

1. When a subject requests an appeal or motion to intervene in an appeal hearing, instruct the subject to send the request, in writing, dated and signed by the subject to:

   HHS, Division of Compliance
   321 E. 12th St
   Des Moines, IA 50319
2. If the subject submits an appeal or motion to intervene in an appeal hearing to the local office, send it to the address above within 24 hours. Keep a copy in the case record.
3. The Department of Inspections, Appeals, and Licensing provides administrative law judges to hear appeals on child abuse assessments and issue decisions. The Department of Inspections, Appeals, and Licensing will send you and your supervisor a copy of:
   - The notice of prehearing conference.
   - The notice of hearing.
   - The proposed decision.

4. An assistant attorney general represents you and your supervisor during the appeal process. The assistant attorney general may contact you or your supervisor directly with questions about the assessment or form **470-3240, Child Protective Child Abuse Assessment Summary**.
5. Provide all requested information within the time limit specified by the attorney.
6. A prehearing conference is scheduled to determine voluntary settlement potential, the appeal issue, exhibits, and witness lists. When you receive a notice of prehearing conference:
   - Contact the attorney representing you at least three weeks before the prehearing conference date.
   - Instructions on where to call for the hearing will be included on the notice of prehearing conference.

   NOTE: Upon request of any party to the appeal proceeding, the administrative law judge may stay the hearing until the conclusion of the adjudicatory phase of a pending juvenile or district court case relating to the data or findings. An adjudication of a child in need of assistance or a criminal conviction in a district court case relating to the child abuse data or findings may be determinative in the appeal proceeding.
7. At the prehearing conference or administrative hearing, which will be held by phone or in-person in Des Moines:
   - You and your supervisor may be asked to provide testimony at the appeal prehearing and hearing.
   - The assistant attorney general may also ask you and your supervisor to assist in locating and issuing subpoenas to other witnesses who are asked to provide testimony.

   NOTE: Payment for expenses of witnesses subpoenaed for appeals is provided through service area administrative funds, if available. Obtain prior approval from the service area manager before authorizing the Attorney General's office to issue a subpoena.
8. The appeal may be settled without needing to go to hearing if the assistant attorney general and the appellant or the appellant's attorney are able to reach a mutually acceptable compromise. Generally, the assistant attorney general consults with the worker and supervisor before such a compromise is agreed upon.

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

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

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

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

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

11. If the final appeal decision changes the content of the **Child Protective Child Abuse Assessment Summary, form 470-3240**, or removes a report from the Registry, take the following steps within seven working days of the date on the decision:

    - Delete, add, or provide corrected information to the original **Child Protective Services Assessment Summary**, by issuing an addendum as directed by the appeal decision. Reference the appeal decision in the addendum.
    - Send the addendum to the subjects of the report, the juvenile court, the county attorney, and other persons who received a copy of the original **Child Protective Services Child Abuse Assessment Summary**.

- Send a **Notice of Child Abuse Assessment** (outcome notice) to the subjects, the county attorney, juvenile court, and other persons notified of the outcome of the original report.
- If there is an open service case, notify the assigned caseworker of the changes to the original **Child Protective Services Child Abuse Assessment Summary**.

District and Higher Courts

Legal reference: Iowa Code Sections 17A.19 and 235A.19(3), 441 IAC Chapter 7

Policy Statement: A person alleged responsible for the abuse, who is not satisfied with the decision of the administrative law judge or final agency action in an appeal hearing, may appeal the matter to the district or higher courts in accordance with Iowa Code section 17A.

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

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

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

Take the steps outlined for modification of the **Child Protective Services Child Abuse Assessment Summary** after an appeal decision.

Complete this **within seven days** of the date of the court order.

Record Check Evaluation

Legal reference: Iowa Code Sections 125.14A(2), 135H.7(2), 232.71B(7), 235A.15, 237.8(2), and 237A.5(2)

Policy Statement: A person who has a founded child abuse assessment or a criminal record may be prohibited from employment, licensure, or registration in a regulated setting. The person may be prohibited from providing child care, foster care, adoption, or caring for a dependent adult. Any prohibition will depend on the Department's form **470-2310, Record Check Evaluation**, of the child abuse and or criminal record.

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

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

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

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

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

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

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

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

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

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