

Iowa Department of Health and Human Services
Child Protective Services Intake

<input type="checkbox"/> CINA Intake	<input type="checkbox"/> Child Abuse Intake	Date:	Time:	County Name/County #:
Intake Person:		Assigned Worker:		Incident #:
Household Name and Address:				
Directions to Home:				
Telephones: (Household)		(Other)		
Current Location of Child Subject:				

Household Composition						
Sex: Male (M), Female (F)						
Name	DOB	Sex	Role	FACS ID	SSN	Comments

Non-Custodial Parent

Name:	DOB:	
Relationship:	SSN:	FACS ID:
Address:	Phone:	
Comments:	Name of Child of Non-Custodial Parent:	

Reporter or Referral Source

Name (Including Title and Agency):	
Address:	
Phone:	Reporter Type: <input type="checkbox"/> Mandatory <input type="checkbox"/> Permissive
Reporter Notification: <input type="checkbox"/> Accepted <input type="checkbox"/> Rejected	Date of Notice:

Person Reported as Responsible for Alleged Abuse

Name:	DOB:	
Relationship:	SSN:	FACS ID:
Address:	Phone (H):	
Comments:	Phone (Work/Other):	

Collateral Sources

Name:	Phone:	Relationship:
Address:		
Comments:		

Allegations Abuse Type		
<input type="checkbox"/> Physical abuse	<input type="checkbox"/> Mental injury	<input type="checkbox"/> Sexual abuse
<input type="checkbox"/> Denial of critical care	<input type="checkbox"/> Child prostitution	<input type="checkbox"/> Presence of illegal drugs
<input type="checkbox"/> Dangerous substances	<input type="checkbox"/> Bestiality in the presence of a minor	<input type="checkbox"/> Allows access to registered sex offender
<input type="checkbox"/> Allows access to obscene material		
<input type="checkbox"/> Child sex trafficking	<input type="checkbox"/> None, CINA Intake (cite appropriate 232.96A criteria)	

Narrative Description/Child Safety Concern	
Person responsible for alleged abuse has access to child?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Additional Information
Additional information:
Intake Decision Notes:
How does the reporter know the information:
When will the alleged person responsible have next contact with the child victim:
School/daycare child attends:
Indicators for potential human trafficking:
History or knowledge of domestic violence:
History or knowledge of substance abuse:
History or knowledge of language barriers and disabilities:
ICWA:

Relative supports:
Safety concerns of other children in the household:
Worker safety:
Infant affected by substances:

Preliminary Decision From Intake Worker Provided to Reporter

Accepted Rejected

Intake Screening Tool – Determining the Assessment Type

Intake Screening Criteria

Check the box for ALL statements that are known to be true.

- 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 HHS 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).

If any box to the above criteria is checked, the accepted allegation is not eligible for a family assessment and MUST be assigned as a child abuse assessment.

Check the appropriate box:

- None of the criteria apply – Assign as a family assessment**
- One or more of the criteria apply – Assign as a child abuse assessment**

Supervisory Decision

Intake worker completed verbal consult with supervisor

- Accepted Date: Time:
- CINA assessment
 - Family assessment
 - Child abuse assessment
 - Family assessment to open family assessment:
Incident number of open assessment:
CPW assigned to open assessment:
 - Child abuse assessment to open child abuse assessment:
Incident number of open assessment:
CPW assigned to open assessment:
 - Open family assessment reassigned to child abuse assessment:
Incident number of open assessment:
CPW assigned to open assessment:
- Rejected Date: Time:
- Rejection reasons:
- Victim not a child
 - Perp not caretaker (Not a reject option for child sex trafficking or sexual abuse allegations)
 - Perp not a caretaker and not a person 14 years or older who resides in a home with the child (Applicable for sexual abuse allegations only)
 - The incident did not occur within five years of a report to the department (Applicable for denial of critical care or dangerous substances only)
 - A reasonable belief does not exist to suspect abuse or neglect occurred
 - Not in state's jurisdiction
 - Duplicate prior report. Incident number that addressed current allegations:
 - Addendum/additional information for prior report. Incident number to be reassigned:
- Further action taken:
- Referred to law enforcement
 - Referred to other agency
 - Referred to HHS CPW with open assessment:
Assigned worker of open assessment:
 - Referred to HHS service worker:
Assigned worker of open services:
 - Referred to HHS foster care licensing
 - Referred to HHS child care center licensing
 - Referred to HHS child care home compliance
 - Referred addendum/additional information for prior report to local office:
Incident number for addendum:

Additional Comments:

Intake Supervisor Timeframe to Accept or Reject	
<input type="checkbox"/> One hour	<input type="checkbox"/> 12 hours

Case Assignment		
<input type="checkbox"/> CINA assessment accepted by supervisor and assigned to:	Date:	Time:
<input type="checkbox"/> Family assessment accepted by supervisor and assigned to:	Date:	Time:
<input type="checkbox"/> Child abuse assessment accepted by supervisor and assigned to:	Date:	Time:
<input type="checkbox"/> Child abuse intake rejected by supervisor:	Date:	Time:
<input type="checkbox"/> CINA intake rejected by supervisor:	Date:	Time:

Supervisor Assignment of Response Time for Observation of the Child	
Immediate threat or high risk to child's safety	<input type="checkbox"/> 1 hour
No immediate threat or high risk, but person responsible has access to child	<input type="checkbox"/> 24 hours
No immediate threat or high risk, and person responsible does not have access to child	<input type="checkbox"/> 96 hours
Family assessment	<input type="checkbox"/> 72 hours

cc: County Attorney

Date:

System Checks Completed

STAR (paste history of all household members):

CINA (paste history of all household members):

DARES (if applicable):

FACS (paste PERD and EVEL and ARCHIVE WORKER for victim first, then PERD for other household children, and PRVM/PRPH if persons responsible believed to be a foster parent):

WISE (paste history of all household members and note if waiver open):

ICAR (paste NCP information – Child2 screen first, then Refer2 last):

CRIMINAL (paste all criminal history of alleged persons responsible on accepts, paste initial courts online page for rejects):

KINDERTRACK (if applicable):

SOR (if applicable):