Iowa Department of Human Services

COMPLETE CHILD ABUSE REPORT: PART II (a)

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Date		County		Intake Date		Incident Number	
Parents					Type of Report		
Child(ren)							
1.	Part I of this form, submitted by on , contains all referral information concerning this complete report.						
2.	Information obtained during this investigation supports a conclusion based upon a preponderance of the evidence that the following has occurred:						
	☐ Physical Abuse ☐ Sexual Abus		Sexual Abuse (Offense):			
	Mental Injury						
	☐ Presence of Illegal Drugs ☐ Denial of Critical Care (Category): ☐ Child Prostitution						
	NAME(S), DATE(S) OF BIRTH AND SOCIAL SECURITY NUMBER(S) OF PERSON(S) RESPONSIBLE FOR THE CONFIRMINATION NAME Date of Birth Social Security Number (S) OF PERSON(S) RESPONSIBLE FOR THE CONFIRMINATION NAME NAME				FOR THE CONFIRMED ABUSE: Social Security Number		
 4. 5. 	☐ Treatment service is recommended (to continue) ☐ Juvenile court is recommended (to continue) ☐ No further action is recommended Attached is a narrative report.						
Child Protective Worker		Title	T	Signature			
Supervisor		Title		Signature			

FOR REGISTRY USE ONLY This applies only to Founded child abuse reports, abuse was confirmed and placed on the Registry.						
This report is to be expunged from the Registry on . This report will then be sealed for 8 years. If a subsequent report has been placed on the Registry, this report will remain on the Registry for ten years after the subsequent report. (Iowa Code 235A.18)						
Authorized Registry Representative						
NOTE: The attached child abuse report contains these headings:						
ALLEGATIONS: (Report data)						
HOUSEHOLD MEMBERS:						
COLLATERALS:						
INVESTIGATIVE FINDINGS: (Report data)						
INVESTIGATIVE CONCLUSIONS: (Report and disposition data)						
DETERMINATION OF PLACEMENT ON THE REGISTRY: (Disposition data)						
DECOMMENDATION FOR SERVICE. (Disposition data)						
RECOMMENDATION FOR SERVICE: (Disposition data)						
RECOMMENDATION FOR JUVENILE COURT ACTION: (Disposition data)						