

January 21, 2026

Dear \_\_\_\_\_ :

On \_\_\_\_\_, the **County Office** received your request for the correction or expungement (removal) of information in report number \_\_\_\_\_ from the Central Abuse Registry. After reviewing your request and the report, this office has determined that:

- ☐ The original information and findings for report number \_\_\_\_\_ will remain as currently written. However, a copy of your request letter will be placed in the case file.
- ☐ To make the correction(s) you requested. An addendum (addition) to the report showing the change will be sent to you and to all other subjects (the parent, guardian or custodian; the child; and alleged abuser).

If you are not satisfied with this decision, you may request an administrative hearing. To make this request, send a written and signed statement of the reasons you disagree with the report **within six months** of the date of the Notice of Child Abuse Assessment. The date of the Notice of Child Abuse Assessment was \_\_\_\_\_.

The Appeals Bureau address is:

Iowa Department of Health and Human Services  
Appeals Bureau  
321 E 12th Street 4TH FLOOR  
Des Moines, Iowa 50319-0114

Appeals may also be submitted at [appeals@hhs.iowa.gov](mailto:appeals@hhs.iowa.gov) or by fax at (515) 564-4044

If you need additional information about the request for an administrative hearing, please contact me.

Sincerely,

Child Protective Supervisor  
(County or Service Area designee)