

January 21, 2026

Dear _____ :

On _____, the _____ **County Office** received your request for the correction of report number _____.

After reviewing the report and your additional information, this office has decided: **(The marked box pertains to you.)**

- ☐ Not to make the correction(s) you requested. However, a copy of your request letter will be placed in the case file. If you are not satisfied with this decision, you may request an administrative hearing within six months of the date on the Notice of Child Abuse Assessment. The date of that notice was _____. To request an administrative appeal hearing, send a written and signed statement of the reason you disagree to:

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

Appeals can also be submitted at appeals@hhs.iowa.gov or by fax at (515) 564-4044

If you have questions about the administrative appeal process, please call me.

- ☐ 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).
- ☐ To keep your request for correction in the case file. Your letter explaining the correction(s) you requested will be attached to the report and kept in the case file.

Sincerely,

Child Protective Supervisor
(County or Service Area designee)

cc: Case file