

CHAPTER EIGHT
CHILD ABUSE REPORTING AND ASSESSMENT
CHILD ABUSE REGISTRY
Part 1, Division III, Chapter 232,
Chapter 235A

A. CHILD ABUSE REPORTING	2
1. PURPOSE OF THE CHILD PROTECTIVE SYSTEM	2
2. OVERVIEW OF CHILD PROTECTIVE SYSTEM	2
3. MANDATORY REPORTERS	3
4. MANDATED REPORTERS	4
5. PERMISSIVE REPORTERS	4
6. RECEIPT OF REPORTS	5
7. REPORTING PROCEDURES	5
8. SANCTIONS RE: CHILD ABUSE REPORTING	6
B. CHILD ABUSE ASSESSMENT	7
1. INTAKE	7
2. CARETAKER STATUS	7
3. CHILD ABUSE FOR PURPOSES OF ASSESSMENT	8
4. REQUIRED DUTIES OF CHILD PROTECTIVE WORKER	18
5. PERMISSIVE DUTIES OF CHILD PROTECTIVE WORKER	22
C. CHILD ABUSE FINDINGS AND REPORTS	24
1. CONTENTS OF WRITTEN ASSESSMENT REPORT	24
2. CONFIRMING AN ABUSE ASSESSMENT	25
3. PLACING ASSESSMENT ON CENTRAL REGISTRY	25
D. UNUSUAL CIRCUMSTANCES	29
1. CASES INVOLVING ANOTHER STATE	29
2. MOTOR VEHICLES	31
3. PRESENCE OF ILLEGAL DRUGS IN CHILDREN	33
4. WITHHOLDING MEDICAL CARE DUE TO RELIGIOUS BELIEFS	33
E. CENTRAL CHILD ABUSE INFORMATION REGISTRY	36
1. CENTRAL REGISTRY	36
2. CONFIDENTIALITY AND ACCESS	36
3. REQUESTS FOR INFORMATION	36
4. REDISSEMINATION PROHIBITED	37
5. SEALING AND EXPUNGEMENT	37
6. REQUESTS FOR CORRECTION AND APPEAL	38
F. DHS UTILIZATION MANAGEMENT	40
1. IN GENERAL	40
2. TOOLS FLOW CHART	41
3. COLORADO SAFETY ASSESSMENT/PLAN	42
4. COLORADO FAMILY RISK ASSESSMENT	43
5. NCFAS: NORTH CAROLINA FAMILY ASSESSMENT SCALE	46
APPENDIX CHAPTER EIGHT	52

A. CHILD ABUSE REPORTING

1. PURPOSE OF THE CHILD PROTECTIVE SYSTEM

To provide the greatest possible protection to victims or potential victims of abuse through encouraging the increased reporting of suspected cases of abuse, ensuring the thorough and prompt assessment of these reports, and providing rehabilitative services, where appropriate and whenever possible to abused children and their families which will stabilize the home environment so that the family can remain intact without further danger to the child. Iowa Code Section 232.67.

2. OVERVIEW OF CHILD PROTECTIVE SYSTEM

Reporting Abuse:	Mandatory and Permissive Reporters	
Investigation:	Child Protective Worker	Law Enforcement
Report:	Assessment Report	Investigatory Report
County Attorney:	CHINA/125/229	Criminal prosecution
Court:	Juvenile Court	Criminal Court
Action:	Remove Offender/ No Contact Order	No Contact Order/Arrest
	Temporary Removal of Child	Release Conditions
	Adjudication	Conviction
	Disposition - Maintenance Services	Sentence - Prison/Jail/Fine
	- Foster Care	

3. MANDATORY REPORTERS

a. GENERALLY

Mandatory reporters of child abuse who are **required** to report suspected child abuse to the Department include the following classes of persons who, in the scope of professional practice or in their employment responsibilities, examine, attend, counsel or treat a child, and reasonably believes the child has suffered abuse OR who believes that a child under the age of 12 has been sexually abused or prostituted by a person other than a caretaker*:

(1) Health practitioner [physicians, surgeons, osteopath, osteopathic physician and surgeon, dentist, optometrist, podiatrist, chiropractor, resident, intern, registered or licensed practical nurse, certified basic or advanced emergency medical technician, and dental hygienist] including those with a belief the child is infected with a sexually transmitted disease;

(2) Social worker;

(3) Employee or operator of a public or private health care facility, licensed child care center, head start program, family development and self-sufficiency grant program, healthy opportunities for parents/healthy families program, substance abuse program or facility, registered group day care home or family day care home; human services institution, juvenile detention or shelter care facility, foster care facility, or mental health center;

(4) Certified psychologist;

(5) Licensed School Employee, certified para-educator, holder of a coaching authorization, or an instructor employed by a community college;

(6) Peace Officer;

(7) Counselor or Mental Health Professional.

Iowa Code 232.69(1).

Receipt of appropriate training as a mandatory reporter is now a condition of licensure in the person's given profession. Iowa Code Section 232.69(3)(e).

b. CLERGY MEMBERS

A priest with a masters degree in human development, but not a licensed counselor, who met with a family and provided family counseling attempting to aid the family in working out their differences in accordance with the teachings of the church, was not a **mandatory reporter** for purposes of Iowa Code Section 232.69 and was not required to report child sexual abuse perpetrated upon a child by her father. Wilson v. Darr, 553 N.W.2d 579, 583 (Iowa 1996).

c. TIMING OF OBTAINING KNOWLEDGE

A licensed school guidance counselor and a **mandatory reporter** who met with a former student and her family did not fail to perform her statutory duty to report child abuse where she did not learn of the sexual abuse of the child by the child's father until **after** it had ceased and the child's father was removed from the home. Wilson, supra at 583.

d. PHOTOGRAPHS, X RAYS AND MEDICALLY RELEVANT TESTS

Mandatory reporters **may** take or cause to be taken at public expense, **photographs, X-rays, or other physical examinations or tests** of a child which would provide medical indication of allegations arising from a child abuse assessment. A **health practitioner** may, if medically indicated, cause to be performed radiological examination, physical examination, or other medical tests of the child. The reporter shall **notify** the child protective worker that photographs, X-rays, or other tests have been taken and shall **retain** them for a reasonable time following notification. Iowa Code Section 232.77(1).

4. MANDATED REPORTERS

Others required to report suspected child abuse not by the Iowa Code Section 232.69, but rather by administrative rule or departmental policy include:

- a. **Income maintenance workers;** and
- b. **Certified adoption investigators.** 441 IAC 175.3(2); 175.23(2).

5. PERMISSIVE REPORTERS

a. GENERALLY

Permissive reporters who **may** but are not required to report suspected child abuse to the Department include **(1) persons who are not mandatory reporters** but suspect child abuse; **AND (2) mandatory reporters** who believe a child age twelve or older has been sexually abused or prostituted by a person other than a caretaker*. Iowa Code Sections 232.69(2) and 232.69(1)(1). Permissive reporters may remain **anonymous** and need not provide their names. 441 IAC 175.3(3); 175.23(3).

b. MANDATORY REPORTERS REPORTING PERMISSIVELY

Mandatory reporters may report permissively if they gain the information necessary to suspect child abuse outside the scope of their professions. 441 IAC 175.3(3).

6. RECEIPT OF REPORTS

a. REPORTS BY MANDATORY REPORTER

Reports of suspected child abuse made by **mandatory reporters** are to be made to the Department of Human Services. Iowa Code Section 232.70(2) and (3). Such reports shall be received by **any county department office** or by the **central abuse registry**. 441 IAC 175.2; 175.22.

b. REPORTS BY PERMISSIVE REPORTER

Reports of suspected child abuse made by **permissive reporters** may be made to the Department of Human Services, County Attorney or Law Enforcement. If the report is made to the county attorney, law enforcement, or other agency, however, the matter shall **promptly** be referred to the Department of Human Services. Iowa Code Section 232.70(6).

7. REPORTING PROCEDURES

a. ORAL REPORT WITHIN TWENTY-FOUR HOURS

An oral report shall be made by a **mandatory reporter** to the Department of Human Services by telephone or otherwise. Iowa Code Section 232.70(1) & (2). The oral report must be made within **twenty-four (24) hours** of the time the mandatory reporter becomes aware of the abusive incident. 441 IAC 175.3(1); 175.23(1).

b. ORAL REPORT FOR IMMEDIATE PROTECTION

An oral report shall be made by a **mandatory reporter** to Law Enforcement [local police or sheriff's office], if the reporter has reason to believe that **immediate protection** for the child is advisable. Iowa Code Section 232.70(2).

c. WRITTEN REPORT

A **written report** shall be made by a **mandatory reporter** to the Department of Human Services within **forty-eight (48) hours** after the oral report. Iowa Code Section 232.70(3).

d. CONTENTS OF REPORTS

The Contents of the Oral and Written Reports shall include:

- (1) Name and home address of child;
- (2) Name and home address of child's parents;

- (3) Name and home address of caretaker other than parents;
 - (4) Child's present whereabouts if not at parent or caretaker's home;
 - (5) Child's age;
 - (6) Nature and extent of child's current or previous injuries;
 - (7) Name, age, and condition of other children in the home;
 - (8) Any other information helpful in establishing the cause of injury to child, the identity of the person responsible for the injury, or in providing assistance to the child; and
 - (9) The name and address of the person making the report.
- Iowa Code Section 232.70(5).

e. GOOD FAITH IMMUNITY

A child abuse reporter acting in **good faith** has **immunity** from any liability, civil or criminal for making of the report, aiding or assisting in the assessment, taking photographs or X-rays, performance medically relevant tests, or participating in any judicial proceeding arising out of the report. Iowa Code Section 232.73(1).

f. NON-INTERFERENCE WITH REPORTING

Employers and supervisors of mandatory and permissive reporters should have no rules or policies that interfere with reporting of child abuse. Iowa Code Section 232.70(1A).

8. SANCTIONS RE: CHILD ABUSE REPORTING

a. CRIMINAL SANCTIONS FOR FAILURE TO REPORT

Any person, official, agency or institution, required by this chapter to report a suspected case of child abuse [mandatory or mandated reporters], who knowingly and willfully fails to do so is guilty of a simple misdemeanor. Iowa Code Section 232.75(1).

b. CIVIL SANCTION FOR FAILURE TO REPORT

Any person, official, agency or institution required by section 232.69 to report a suspected case of child abuse [mandatory reporter] who knowingly fails to do so is civilly liable for the damages proximately caused by such failure. Iowa Code Section 232.75(2).

c. CRIMINAL SANCTION FOR FALSE REPORT

A person who reports or causes to be reported to the department of human services false information regarding an alleged act of child abuse, knowing that the information is false or that the act did not occur, commits a simple misdemeanor. Iowa Code Section 232.75(3). The Iowa Department of Human Services should provide such information to the county attorney for prosecution. Iowa Code Section 232.71B(14).

d. CIVIL SANCTIONS FOR FAILURE TO REPORT OR INTERFERE

A mandatory reporter who knowingly fails to report or knowingly interferes with the making of a child abuse report is civilly liable for damages caused. Iowa Code Section 232.75(2).

B. CHILD ABUSE ASSESSMENT

1. INTAKE

If the Department determines a report constitutes a **child abuse allegation**, the department shall promptly commence an appropriate assessment within twenty-four hours of receiving the report. Iowa Code Section 232.71B(1)(a). The primary purpose of **intake** is to obtain available and pertinent information regarding an allegation of child abuse to determine if the call should result in **an assessment**. 441 IAC 175.24. In collecting this intake information only mandatory reporters or the person making the report may be contacted or the case is automatically opened. 441 IAC 175.24. Not all reports will constitute a **child abuse allegation requiring an assessment**.

In order for an abusive incident or condition to constitute a **child abuse allegation requiring an assessment**, ALL of the following must be present:

1. The incident or condition **occurred to a child [under age 18]**;
2. Was caused by the acts or omissions of a **person responsible for the child's care [a caretaker]; AND**
3. Falls within the **definition of child abuse**. Iowa Code 232.68.

If the report fails to meet the criteria, it shall be rejected for assessment. 441 IAC 175.24. The Department shall notify the **county attorney** of the receipt of a report of child abuse. Iowa Code Section 232.70(4).

The Department may terminate assessment of a fourth report from the same reporter concerning the same child and same alleged abuser if the prior three reports were determined to be entirely false or without merit. Iowa Code 232.71B(14).

2. CARETAKER STATUS

In order for child abuse to be subject to assessment, the acts or omissions causing

harm to the child must have been the result of actions or inactions by a **person responsible for care of the child**, which means:

- a. **Parent, guardian, or foster parent;**
- b. **A relative or any other person with whom the child resides and who assumes care and supervision of the child**, without reference to length or time or continuity of residence;
- c. **Employee or agent of any public or private agency providing care for the child**, including an **institution, hospital, health care facility, group home, mental health center, residential treatment center, shelter care facility, detention center, or child care facility;**
- d. **Any person providing care for a child** with whom the child does not reside and regardless of the length of time. Iowa Code Section 232.68(7).

3. CHILD ABUSE FOR PURPOSES OF ASSESSMENT

Child Abuse or Abuse for purposes of child abuse reporting and assessment is defined in Iowa Code Section 232.68 as falling within any one of eight categories:

- a. **physical abuse;**
- b. **mental injury;**
- c. **sexual abuse;**
- d. **denial of critical care;**
- e. **child prostitution;**
- f. **drug affected;**
- g. **bestiality; and**
- h. **manufacture of methamphetamine.**

a. PHYSICAL ABUSE

(1) Generally

Any nonaccidental physical injury, or injury which is at variance with the history given of it, suffered by a child as the result of the acts or omissions of a person responsible for the care of the child. Iowa Code Section 232.68(2)(a).

Physical injury means damage to any bodily tissue to the extent that the tissue must undergo a healing process in order to be restored to a sound and healthy condition or damage to any bodily tissue which results in the death of the person who has sustained the damage. 441 IAC 175.1 and 175.21.

Nonaccidental physical injury means any injury which was the natural and probable result of a caretaker's actions which the caretaker could have reasonably foreseen, or which a reasonable person could have foreseen in similar circumstances, or which resulted from an act administered for the specific purpose of causing an injury. 441 IAC 175.1 and 175.21.

Physical injuries which require a healing process include but are not limited to:

- (i) Abrasions [scrape, rubbing off of the skin];
- (ii) Lacerations [cut or tear in the flesh, jagged wound];
- (iii) Bruises [discoloration of the skin caused by a blow without a surface break];
- (iv) Hyperemia [reddening of surface tissue] lasting 24 hours or more*;
- (v) Burns [injury to skin caused by fire or chemical];
- (vi) Scalds [burn or injury with hot liquid or steam];
- (vii) Sprains [wrench or twist a ligament or muscle without dislocating the bone];
- (viii) Dislocations [put a bone out of joint];
- (ix) Fractures [break in a bone, tear in cartilage];
- (x) Eye injuries [including detached retina];
- (xi) Welts [raised area on surface tissue, caused by a blow]; and
- (xii) Internal injuries, including abdominal or chest; brain; central nervous system or subdural hemorrhage or hematoma.

* Note that hyperemia [reddening of the skin] is the only type of injury in which the 24 hour rule applies.

Child Protective Services Investigation Handbook [Feb. 1995], page 7; Webster's New World Dictionary, College Edition. World Publishing 1964.

The Iowa Supreme Court has ruled that the Department should not have founded a case of child abuse against a father for punishing his eight year old daughter by striking her three times on the buttocks with a wooden spoon despite the fact that two oval red marks were still discernable as long as five days later. Hildreth v. Iowa Dept. of Human Services, 550 N.W.2d 157, 160 (Iowa 1996). The court first recognized that parents have the right to inflict reasonable corporal punishment in the rearing of their children. Id. at 159. The court cited the Department's administrative rules contained in 441 IAC 175.1 and the handbook concerning hyperemia in its decision. The court found that the Department should have concluded that the child's father could not reasonably have foreseen that the rather limited striking of the child's buttocks would produce a physical injury. Id. at 160. The dissent noted, however, that people are commonly presumed to intend the natural consequences of their acts. Id. at 160.

(2) Corporal Punishment. Unless otherwise prohibited under sections 234.40 or 280.21, the use of corporal punishment which does not result in a physical injury to the child by the person responsible for the care of the child shall not be considered child abuse. Iowa Code Section 232.71B(4)(f).

The Iowa law on corporal punishment of children by their parents is summarized as follows: “A parent, being charged with the training and education of his or her child, has the right to adopt such disciplinary measures for the child as will enable him or her to discharge his or parental duty. Accordingly, the parent has the right to correct the child by reasonable and timely punishment, including corporal punishment. The control and proper discipline of a child by the parent may justify acts which would otherwise constitute assault and battery, but the right of parental discipline clearly has its limits. And if the limits are exceeded, the parent may be criminally liable for assault or other offenses, or violation of penal statutes.” Citing 59 Am.Jur.2d *Parent and Child* 22 (1987). The Iowa law recognizes that a parent has a right to inflict corporal punishment on their child, but that right is restricted by moderation and reasonableness. When the parent goes beyond the line of reasonable correction, his or her conduct becomes criminal. “Corrective” means it must be for the purpose of behavior modification rather than to satisfy the passions of the enraged parent. The proper test is whether, under the particular circumstances, the amount of force used or the means employed by the parent rendered such punishment abusive rather than corrective in character. No precise rule defining what is permissible can be laid down because the amount of force which would be reasonable or excessive necessarily varies with the age, physical condition, and other characteristics of a child as well as with the gravity of the child’s misconduct. State v. Arnold, 543 N.W.2d 600 (Iowa 1996).

The court of appeals in B.B. confirmed that parents have a right to inflict reasonable corporal punishment in rearing their children [Hildreth, 555 N.W.2d 157 (Iowa 1996)], however, a parent may not “punish with undue severity or cruelty, or only because he is angered with the child and thereby gratifies his own aroused passions.” [State v. Fischer, 60 N.W.2d 105, 109 (Iowa 1953).] In determining whether punishment crosses the line from corrective to abusive, the court should consider the amount of force used taking into account the child’s age, physical condition, and other characteristics as well as the gravity of the child’s misconduct. The appellate court affirmed the trial court finding that the children had been physically abused as defined in Section 232.2(6)(b) by regular and routine use of a board, belt and extension cord for even minor infractions resulting in bruises and lacerations to the children. The court distinguished Hildreth, supra, where the child’s father could not have reasonably foreseen the use of a wooden spoon would have physically injured the child. In re B.B., 598 N.W.2d 312 (Iowa App. 1999)

(3) Corporal Punishment by Foster Parents. The department of human services is statutorily required to adopt rules prohibiting corporal punishment of foster children by foster parents licensed by the department. The rules, however, allow foster parents to use reasonable physical force to restrain a foster child in order to prevent injury to the foster child, injury to others, the destruction of property, or extremely disruptive behavior. For the purposes of the statute, *corporal punishment* means the intentional physical punishment of a foster child. A foster parent’s physical contact with the body of a foster child is not be considered corporal punishment if the contact is reasonable and necessary under the circumstances and is not designed or intended to cause pain or if the foster parent uses reasonable force as defined under section 704.1. Iowa Code Section 234.40.

Restrictions on training and discipline by foster parents. Departmental rules provide that child training and discipline shall be handled with kindness and understanding. No child shall be deprived of food as punishment. No child shall be subjected to verbal abuse, threats or derogatory remarks about the child or the child's family. **Use of corporal punishment is prohibited.** Reasonable physical force may be used to restrain a child in order to prevent injury to the child, injury to others, the destruction of property, or extremely disruptive behavior. 441 Iowa Admin. Code § 113.18(2).

(4) Corporal punishment by school personnel prohibited. An employee of an accredited public school district, accredited non public school, or area education agency shall not inflict, or cause to be inflicted corporal punishment upon a student. For purposes of this section, *corporal punishment* means the intentional physical punishment of a student. An employee's physical contact with the body of a student shall not be considered corporal punishment if it is reasonable and necessary under the circumstances and is not designed or intended to cause pain or if the employee uses reasonable force, as defined under section 704.1, for the protection of the employee, the student, or other students; to obtain the possession of a weapon or other dangerous object within a student's control; or for the protection of property. Iowa Code Section 280.21.

b. MENTAL INJURY

Any mental injury to a child's intellectual or psychological capacity as evidenced by an observable and substantial impairment in the child's ability to function within the child's normal range of performance and behavior as the result of the acts or omissions of a person responsible for the care of the child, if the impairment is diagnosed and confirmed by a **licensed physician** or qualified **mental health professional** as defined in section 622.10. Iowa Code Section 232.68(2)(b).

Mental health professional means the holder of a license and at least a master's degree in a mental health field, including but not limited to psychology, counseling, nursing or social work, and two years post-degree experience in assessing mental health problems and providing services to those persons. Iowa Code Section 232.68(6).

Related: Iowa Code Section 622.10 defines **mental health professional** as a psychologist licensed under chapter 154B, a registered nurse licensed under chapter 152, a social worker licensed under chapter 154C, a marital and family therapist licensed under chapter 154D, a mental health counselor licensed under chapter 154D, or an individual holding at least a master's degree in a related field as deemed appropriate by the board of behavioral science examiners.

Related: Iowa Code § 232.2(35) defines **mental injury** to be a "nonorganic injury to a child's intellect or psychological capacity as evidenced by an observable and substantial impairment in the child's ability to function within the child's normal range of performance and behavior, considering the child's cultural origin."

c. SEXUAL ABUSE

The commission of a sexual offense with or to a child pursuant to chapter 709, section 726.2, or section 728.12, subsection 1, as a result of the acts or omissions of the person responsible for the care of the child. Notwithstanding section 702.5, the commission of a sexual offense under this paragraph includes any sexual offense referred to in this paragraph with or to a person under the age of eighteen years. Iowa Code Section 232.68(2)(c).

Related: Chapter 709 Sexual Abuse: includes Sexual Abuse [1st, 2nd & 3rd degrees]; Lascivious Acts with a Child; Indecent Exposure; Assault with Intent to Commit Sexual Abuse; Indecent Contact With a Child; Lascivious Acts with a Minor; Sexual Exploitation by a Counselor or Therapist; Sexual Misconduct with Offenders; and Abuse of a Corpse.

Related: Section 726.2 Incest; 728.12(1) Sexual Exploitation of a Minor [Obscenity].

Related: Section 702.5 for purposes of title XVI of the Criminal Code and unless another age is specified, a child is any person under the age of fourteen years.

Related: Iowa Code Section 232.2(49) defines sexual abuse as the commission of a sex offense as defined by the penal law.

Related: A “sexual offense” is a sex act or other sexual behavior prohibited by the Iowa Code. The terms sex act mean “any sexual contact between two or more persons by (1) penetration of the penis into the vagina or anus; (2) contact between the mouth and genitalia; (3) contact between the genitalia of one person and the genitalia or anus of another person; (4) contact between the finger or hand of one person and the genitalia or anus of another person [except in the course of examination or treatment by a medical professional]; or (5) use of artificial sexual organs or substitutes therefore in contact with the genitalia or anus.” Iowa Code Section 702.17.

Sexual abuse may be either by **the commission of sexual abuse or sexual abuse by omission**. **The latter occurs when a caretaker allows or fails to protect a child from being sexually abused where the caretaker knew or reasonably should have known of the likely risk of sexual abuse in the circumstances.** Child Protective Services Investigation Handbook, page 11. If the sexual abuse has occurred, the finding is sexual abuse by omission. If the sexual abuse has not occurred, but the child has been exposed to the danger, denial of critical care for failure to supervise may be considered. Id.

The Statute defining "sex act" [Section 702.17] requires sexual contact as opposed to any contact between specific body parts or substitutes, e.g. forcibly running a broomstick up the anus of another which was determined to be assaultive conduct but not sexual in nature or by intent. State v. Monk, 514 N.W.2d 448 (Iowa 1994).

Skin to skin contact is not required in order to establish "sex act" under statutory definition. Prohibited contact may occur even though specified body parts or substitutes are covered. The contact must be sexual in nature to constitute a sex act. State v. Pearson, 514 N.W.2d 452 (Iowa 1994).

d. DENIAL OF CRITICAL CARE

The failure on the part of a person responsible for the care of a child to provide for the adequate food, shelter, clothing 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. 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, however, this provision shall not preclude a court, from ordering that medical service be provided to the child where the child's health requires it. Iowa Code Section 232.68(2)(d).

Eight (8) types or categories of **DENIAL OF CRITICAL CARE** are assessed:

(1) FOOD. Failure to provide adequate food and nutrition to such an extent that there is a danger of the child suffering harm, injury, or death. 441 IAC 175.1(1).

(2) SHELTER. Failure to provide adequate shelter to such an extent that there is danger of the child suffering harm, injury or death. 441 IAC 175.1(2).

(3) CLOTHING. Failure to provide adequate clothing to such an extent that there is danger of the child suffering harm, injury, or death. 441 IAC 175.1(3).

(4) PHYSICAL HEALTH CARE. Failure to provide adequate health care to such an extent that there is danger of the child suffering serious harm, injury, or death. [Health care could include medical, dental, and optometric care]. **RELIGIOUS BELIEF EXCEPTION.** 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 a child. **MEDICAL TREATMENT REQUIRED IN CASES OF RELIGIOUS EXCEPTION.** A court may order that medical service be provided where the child's health requires it despite a parent's religious objection.

(5) MENTAL HEALTH CARE. Failure to provide the mental health care necessary to adequately treat an observable and substantial impairment in the child's ability to function. 441 IAC 175.1(5).

(6) EMOTIONAL NEGLECT. Gross failure to meet the emotional needs of the child necessary for normal development. 441 IAC 175.1(6).

(7) SUPERVISION. Failure to provide for the proper supervision of the child to such an extent that there is danger to the child suffering harm, injury or death, and which a reasonable and prudent person would exercise under similar facts and circumstances. 441 IAC 175.1(7). Failure to provide proper supervision may occur by (a) the caretaker placing the child in a situation which endangers the child's life or health; or (b) by cruelly or unduly confining a child. Iowa Protective Services Investigation Handbook, page 12.

(8) RESPONSE TO INFANT'S LIFE THREATENING CONDITION. Failure to respond to the infant's life threatening condition (also known as withholding of medically indicated treatment) by providing treatment (including appropriate nutrition, hydration, and medication) which in the treating physician's reasonable medical judgment will be most likely to be effective in ameliorating or correcting all conditions, except that the term does not include failure to provide treatment (other than appropriate nutrition, hydration or medication) to an infant when, in the treating physician'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. 441 IAC 175.1(8).

An infant as used in the definition of denial of critical care [above Section 8] shall mean (1) an infant less than one year of age OR (2) an infant older than one year of age who has (a) been continuously hospitalized since birth, (b) who was born extremely premature, or (c) who has a long-term disability. 441 IAC 175.1.

A diagnosis of **failure to thrive** in an infant may fit within this classification of denial of critical care.

e. CHILD PROSTITUTION

The acts or omissions of a person responsible for the care of a child which allow, permit, or encourage the child to engage in acts prohibited pursuant to section 725.1. Notwithstanding section 702.5, acts or omissions under this paragraph include an act or omission referred to in this paragraph with or to a person **under the age of eighteen years**. Iowa Code Section 232.68(2)(e).

Related: Prostitution [Vice]. A person who sells or offers for sale the person's services as a partner in a sex act, or who purchases or offers to purchase such services,

commits an aggravated misdemeanor. Iowa Code Section 725.1.

Related: For purposes of title XVI of the Criminal Code and unless another age is specified, a child is any person under the age of fourteen years. Iowa Code Section 702.5.

f. PRESENCE OF AN ILLEGAL DRUG IN A CHILD

(1) GENERALLY. 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. Iowa Code Section 232.68(2)(f).

Criminal sanctions exist for possession of certain controlled substances under Iowa Code Section 124.401, et. seq. **Illegal drugs** include possession of those controlled substances included in Schedules I, II, and III and as defined in Iowa Code Sections 124.204 - 206. They would include most notably cocaine [crack], heroin, amphetamine [speed], methamphetamine [crank], opiates, ecgonine, hallucinogens including PCP and LSD, or other illegal drugs, including cannabis [marijuana] which were not prescribed by a health practitioner.

(2) MEDICALLY RELEVANT TESTS. If a health practitioner discovers in a child physical or behavioral symptoms of the effects of exposure to cocaine, heroin, amphetamine, methamphetamine, or other illegal drugs, not prescribed by a health practitioner, OR if the health practitioner has determined through examination of the natural mother of the child that the child was exposed in utero, the health practitioner may perform or cause to be performed a medically relevant test on the child.

- > Any positive results of the test shall be reported to Human Services.
- > The Department shall begin an assessment upon receipt of a positive report.
- > Positive prebirth test results may not be used for criminal prosecution of a parent.

Related: Medically relevant test [for purposes of Section 232.77] means "a test that produces reliable results of exposure to cocaine, heroin, amphetamine, methamphetamine, or other illegal drugs or combinations or derivatives thereof, including a drug urine screen test." Iowa Code Section 232.73.

g. BESTIALITY

(1) GENERALLY. A new category of child abuse is the commission of bestiality in the presence of a minor under Section 717C.1 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. Iowa Code Section 232.68(2)(g).

(2) CRIMINAL LAW

Related: Bestiality – a person who performs a sex act with an animal is guilty of an aggravated misdemeanor. Iowa Code Section 717C.1(2).

Related: “Animal” means any non-human vertebrate, either dead or alive. Iowa Code Section 717C.1(2).

Related: “Sex act” means any sexual contact between a person and an animal by penetration of the penis into the vagina or anus, contact between the mouth and genitalia, or by contact between the genitalia of one and the genitalia or anus of the other. Iowa Code Section 717C.1(b).

h. MANUFACTURE/POSSESSION OF DANGEROUS SUBSTANCES

(1) GENERALLY

The person responsible for the care of a child has, in the presence of the child, as defined in section 232.2, subsection 6, paragraph "p", manufactured a dangerous substance, as defined in section 232.2, subsection 6, paragraph "p", or in the presence of the child possesses a product containing ephedrine, its salts, optical isomers, salts of optical isomers, or pseudoephedrine, its salts, optical isomers, salts of optical isomers, with the intent to use the product as a precursor or an intermediary to a dangerous substance. Iowa Code Section 232.68(g).

(2) JUVENILE LAW

Related: “In the presence of the child” is defined to include the child’s physical presence or in the family home, premises, or motor vehicle. Iowa Code Section 232.2(6)(p).

Related: “Dangerous substance” includes amphetamine, methamphetamine, or precursors or intermediaries to the same, or other chemicals which alone or in combination may cause fire or explosion. Iowa Code Section 232.2(6)(p).

Related: The manufacture of methamphetamine or other dangerous substances in the child’s presence a ground for adjudication of the child as a child in need of assistance. Id.

CHILD ABUSE ASSESSMENTS

- Rules effective July 1, 1998.
- Assessments and not Investigations are done.
- Purpose not just protection of the child but secondarily engaging the family in services to enhance their strengths and address their needs.
- Child Protective Worker not Investigator
- Corporal Punishment Without Physical Injury not Child Abuse except that corporal punishment may not legally be used by foster parents or school employees.
- Assessment must identify the family's strengths & needs and identify services which will address the needs.
- Commence the investigation within 24 hours of receipt of report & notify the parents in 5 days unless excepted.
- Report must be done within twenty (20) business days after receipt of the report with no provision for extensions from the Juvenile Court.

THE ASSESSMENT PROCESS

PRIMARY PURPOSE. THE PRIMARY PURPOSE OF THE ASSESSMENT SHALL BE THE PROTECTION OF THE CHILD NAMED IN THE REPORT.

SECONDARY PURPOSE. THE SECONDARY PURPOSE OF THE ASSESSMENT SHALL BE TO ENGAGE THE CHILD'S FAMILY IN SERVICES TO ENHANCE FAMILY STRENGTHS AND TO ADDRESS NEEDS. Iowa Code Section 232.71B(1)(b).

4. REQUIRED DUTIES OF CHILD PROTECTIVE WORKER

a. Commence Assessment. If the department determines a report constitutes a child abuse allegation, the department shall commence an appropriate assessment within twenty-four (24) hours of receiving the report. Iowa Code Section 232.71B(1)(a); 441 IAC 175.25.

b. Identify Injuries and Perpetrator. The child protective worker shall attempt to identify (a) the nature, extent, and cause of injuries, if any, to the child named in the report and (b) the person(s) responsible for the abuse. Iowa Code Section 232.71B(4)(a) & (b).

c. Other Children. Provide the name, age and condition of other children in the same home as the child named in the report. Iowa Code Section 232.71B(4)(c).

d. Evaluate Home Environment. Evaluate any protective concerns for the child named in the report and other children in the home. Iowa Code Section 232.71B(4)(d).

e. Interview Perpetrator. Prior to the determination is made as to whether or not the report would be confirmed, the Department is required to make an offer of an interview to the alleged perpetrator whose identity and whereabouts are known, unless waived by the court for good cause. The purpose of the interview with the alleged perpetrator is explicitly to provide the individual with an opportunity to explain or rebut the allegations against him or her. An alleged perpetrator is free to decline the interview personally or by their attorney. The interview must at least be offered to the person unless waived by the court for good cause. Iowa Code Section 232.71B(4)(e) .

[SEE APPENDIX - CH104 Order Waiving Interview with Alleged Child Abuser](#)

f. Parental Notification. Unless the court directs the department to withhold notification upon a showing that notification is **likely to endanger the child or others**, the department shall provide written notification of the assessment to the child's parents within five (5) working days of the commencement of the assessment. Iowa Code Section 232.71B(2); 441 IAC 175.31(1).

The department, within five working days of commencing the assessment, shall provide written notification of the assessment to the child's parents. However, if the department shows the court to the court's satisfaction that notification is likely to endanger the child or other persons, the court shall orally direct the department to withhold notification. Within one working day of issuing an oral directive, the court shall issue a written order restraining the notification. Iowa Code Section 232.71B(2).

g. Emergency Order Restraining Notification. The court may order the five-day notification to the child's parent of the commencement of the assessment withheld if notification **is likely to endanger the child or others**. Any oral order for withholding notification must be followed by the next working day with a written order. A copy of the order should be provided to the central registry. Iowa Code Section 232.71B(2).

[SEE APPENDIX - FORM CH101 - Emergency Order Restraining Notification](#)

h. Law Enforcement. If an investigation of child abuse is being done by the Department of Human Services and an investigation of a criminal act harming a child is being done by law enforcement, the child protective worker shall work jointly with law enforcement according to protocols developed by the local **child protection assistance team**. Iowa Code Section 232.71B(3).

The county attorney is now required to establish a child protection assistance team in accordance with section 915.35. Iowa Code Section 331.756. The new child protection assistance team includes the county attorney, law enforcement personnel, and personnel of the Iowa Department of Human Services. The team may also consult with or include in its membership juvenile court officers, medical and mental health professionals, physicians, or other hospital-based health professionals, CASA's, guardians ad litem, and members of a multidisciplinary team. Two or more counties may establish one such team to cover a multicounty area. The team is to be consulted to the greatest extent possible in cases involving a forcible felony against a child less than fourteen years of age where the alleged perpetrator is the person responsible for the child's care and the team may be consulted in cases alleging violations of chapter 709 (sexual abuse) and 726 (incest & child endangerment). Iowa Code Section 915.35(4). The newly created local child protection assistance teams will assist the Department and local law enforcement in developing protocols and prioritizing responsive actions for joint assessment and investigation efforts in cases where both child abuse and a criminal act harming a child are alleged. Iowa Code Section 232.71B(3).

If the child protective worker determines the allegation is not child abuse but rather

is a criminal act, the worker shall immediately refer the matter to the appropriate law enforcement agency. Iowa Code Section 232.71B(3); 441 IAC 175.29 & 175.30.

If a report would be child abuse by sexual abuse or child prostitution but for the fact that the perpetrator was not a caretaker, the department shall refer the matter to the appropriate law enforcement agency orally as soon as practicable and **in writing within seventy-two (72) hours of receiving the report.** Iowa Code Section 232.71(1A).

i. Assessment Report. Upon completion of the assessment, which shall be done within twenty (20) business days from receipt of the report, the child protective worker shall make a written report of the assessment containing the information provided in Section 232.71B(4) and (11). Iowa Code Section 232.71B(11); 441 IAC 175.26.

Note that extensions of assessment reports are not permissible. Within twenty business days a report must be filed. If later information becomes available and especially where that information may change the confirmed or founded nature of the assessment, an addendum to the original assessment should be filed.

The written assessment shall be completed within twenty business days of the receipt of the report. Iowa Code Section 232.71B(11)(b).

j. Voluntary or Court Ordered Services. The Department shall provide or arrange for and monitor services for abused children and their families on a voluntary basis or under final or intermediate order of the juvenile court. Iowa Code Section 232.71B(12).

k. Juvenile Court and County Attorney. The child protective worker shall provide a copy of the portion of the written assessment pertaining to the child abuse report to the juvenile court and county attorney. Iowa Code Section 232.71B(13); 441 IAC 175.27.

The child protective worker shall provide the juvenile court and the county attorney a copy of the portion of the assessment pertaining to the child and family's strengths and needs and development of a suggested plan of action **IF ANY OCCUR:**

1. The assistance of the court or county attorney was necessary to complete the assessment; **OR**
2. The child protective investigator believes the court's protection of the child is required; **OR**
3. The child is currently adjudicated to be child in need of assistance or pending adjudication as a child in need of assistance or delinquent. 441 IAC 175.27.

The first section of the assessment case record contains information pertaining to the child abuse allegation, while the second section contains information which identifies the strengths and needs of the child, parent, home, and where appropriate a suggested plan of action. 441 IAC 175.32.

The child protective worker shall assist the juvenile court or district court during all stages of court proceedings involving an alleged child abuse case. Iowa Code Section 232.71C(2).

If at any time during the assessment process, the child protective worker believes court action is necessary to safeguard a child, the department shall act appropriately to initiate the action. Iowa Code Section 232.71C(1).

If upon completion of the assessment, the child protective worker determines that the best interests of the child require juvenile court action, the worker shall act appropriately to initiate the action. Iowa Code Section 232.71C(1).

I. Facility. If a child is allegedly abused while in a facility providing care to the child, the child protective worker shall apply any jointly developed protocol for such assessments. Licensing authority, governing board of the facility, and facility administrator shall be notified of any violation of facility policy, where the policy or lack of policy contributed to the abuse or where practice differs from policy. Iowa Code Section 232.71B(10).

m. Notification of Completion of Assessment. The child protective worker shall provide written notification to all subjects [alleged perpetrators], mandatory reporter who made the report, and both custodian and noncustodial parents if their whereabouts are known. The notice must contain information concerning the subject's right to request correction of the information or to appeal the determination. Iowa Code Section 235A.19; 441 IAC 175.31(2).

n. Subject's Right to Correct or Appeal.

(1) Generally. In 1994, Iowa Code Chapter 235A was amended to allow not just the alleged abuser, but also the child, child's parent, child's guardian, and child's attorney to request correction of a child protective assessment and to appeal the agency's determination on that request. The 1994 amendments were made in reaction to the decision of the Iowa Court of Appeals in Kruse v. Iowa Department of Human Services, 500 N.W.2d 455 (Iowa App. 1993) which held that only persons accused of child abuse could request correction of the report to the exclusion of the child victim or non-offending parent. Kruse is no longer controlling after the statutory change.

(2) Timeliness of Request to Correct. The Court upheld the constitutionality of Iowa Code Section 235A.19 on both equal protection and due process challenge. The statute then required an alleged perpetrator to file a request to correct

reports in the abuser registry **within six (6) months**. Thus where alleged perpetrator failed to make such request within six months, he could not complain when a request was denied after a finding by the court that clear and convincing evidence was not shown that he was the perpetrator. The court noted there exists a difference between proof by a preponderance of the required with respect to child abuse reports versus clear and convincing evidence as required in child in need of assistance adjudicatory hearings. Reynolds v. I.D.H.S., 493 N.W.2d 813 (Iowa 1992).

5. PERMISSIVE DUTIES OF CHILD PROTECTIVE WORKER

a. Home Visit. The child protective investigator may visit the child's home and interview or observe the child - (a) with the parent's or guardian's consent; or (b) after permission by the parent or guardian is refused with court order issued upon a showing of probable cause that the child has been abused. Iowa Code Section 232.71B(5).

The assessment is subject to all of the following: (a) Identification of the nature, extent and cause of the injuries, if any to the child named in the report . . . (d) An evaluation of the home environment . . . Iowa Code Section 232.71B(4).

For the court to order a **home visit** the following is required to be shown on the application:

1. There exists probable cause to believe the child was abused or neglected; and
2. The child's parent or guardian has been asked and refused permission.

The assessment may, with the consent of the parent or guardian, include a visit to the home of the child named in the report and an interview or observation of the child may be conducted. If permission to enter the home to interview or observe the child is refused, the juvenile court or district court upon a showing of probable cause may authorize the person making the investigation to enter the home interview or observe the child. Iowa Code Section 232.71B(5).

[SEE APPENDIX - FORM CH102 - APPLICATION FOR ORDER FOR HOME VISIT](#)
[FORM CH103 - ORDER FOR HOME VISIT](#)

b. Facility or School Visit. The child protective investigator may visit a facility providing care to a child named in the report or to any public or private school where the child is located. Facility and school administration shall provide confidential access to the child or other children for purposes of interview. Iowa Code Section 232.71B(6).

Confidential access to a child means access to a child alleged to be a child abuse victim during an assessment including (1) interview, (2) observation, or (3) examination of the child. Iowa Code Section 232.68(3).

Interview means the verbal exchange between the alleged child abuse victim and child protection worker for the purpose of developing information necessary to protect the child. Iowa Code Section 232.68(3)(A).

Note that a court order is not required for the child protective worker to access the child at school. Rather, the child protective worker obtains **permission** from his or her supervisor. Visiting the child at school rather than at home may allow the child an opportunity in a safe environment to discuss matters about the child's home life. The school setting affords the child protective worker a method of insulating the child from fear of or pressure from the parent who may be the alleged perpetrator.

c. Observe the Child. The child protective investigator may, in the presence of a witness and provided a child ten years of age or older does not refuse, observe, i.e., directly physically view the child. Iowa Code Section 232.71B(6).

(1) Child Under Age Four. Observation is limited to the body other than the genitalia and pubes.

(2) Child Age Four and Older. Observation is limited to (1) direct viewing without touching the child or removing an article of the child's clothing OR (2) direct viewing of body parts other than the genitalia or pubes by touching the child or removing an article of clothing provided (a) the child's parent or guardian gave prior consent or (b) an exparte court order was previously obtained. Iowa Code Section 232.68(3)(b).

d. Physical Examination. The child protective investigator may refer the child named in the report for a physical examination by a licensed physician. Iowa Code Section 232.71B(8).

The child protective worker should contact the physician within twenty-four hours of making the referral. The physician should report to the department within twenty-four hours if he or she reasonably believes the child has been abused. Iowa Code Section 232.71B.(8).

Related: Physical examination as defined in Iowa Code Section 232.68(3) regarding confidential access to a child is limited to the direct physical viewing, touching and medically necessary manipulation of any area of the child's body by a licensed physician to the exclusion of the child protective worker. Iowa Code Section 232.68(3)(c).

e. Informational Requests. The child protective worker may request information from any person believed to have knowledge of a child abuse case, including but not limited to the county attorney, any law enforcement or social service agency in

Iowa, and any mandatory reporter whether or not the reporter in the specific case. Iowa Code Section 232.71B(7)(A). This could include a request for information from a local sheriff's office concerning whether a specific person was registered on the Sexual Offender's Registry under Iowa Code Chapter 692A. Iowa Code Section 692A.13(6).

f. Criminal History Data. The child protective worker may request criminal history data from the department of public safety concerning an alleged perpetrator when necessary. Iowa Code Section 232.71B(7)(b).

g. Multidisciplinary Teams. The child protective worker may request the assistance of any multidisciplinary team, if in existence, to assist in the assessment, diagnosis, and disposition of a child abuse report. Iowa Code Section 232.71B(9).

h. Protective Disclosure. The Iowa Department of Human Services, if necessary to protect a child, may disclose to a subject of a child abuse report, to-wit: child victim, child's attorney or guardian ad litem, child's parent, guardian or custodian, or their attorney, or the abuse perpetrator or their attorney, that an individual is listed in the child abuse, dependent adult abuse, or sexual offender registry. Iowa Code Section 232.71B(7A).

C. CHILD ABUSE FINDINGS AND REPORTS

1. CONTENTS OF WRITTEN ASSESSMENT REPORT

a. Incorporate the Information Required By Section 232.71B(4):

- (1) Nature, extent and cause of the injuries, if any, to the child;
- (2) Identification of the person responsible for the alleged child abuse;
- (3) Evaluation of the home environment; and
- (4) Interview with the alleged perpetrator.

b. Include a Description as Per Section 232.71B(11)(c) of the following:

- (1) The child's condition;
- (2) Identification of the injury or risk to which the child was exposed;
- (3) Circumstances leading to the injury or risk to the child; and
- (4) Identity of any person alleged to be responsible for the injury or risk.

The written summary [assessment report] shall include information about the report which caused the assessment to be initiated and as assessment of the child's safety. 441 IAC 175.26(1).

c. Strengths and Service Identification shall include:

- (1) The **strengths and needs** of the child, child's parent, home, and family;

(2) **Services available** from the department and the community to address the strengths and needs so identified. Iowa Code Section 232.71B(11).

A comprehensive assessment of the family's strengths and needs shall occur for every case in which ongoing services through the department are initiated and for all cases in which a family requests this service. A comprehensive assessment of the family's strengths and needs shall be strongly encouraged whenever the family and child are not receiving required or desired services or supports or when there are circumstances which place the child at risk for an abusive incident or condition. 441 IAC 175.26(2).

The strengths and needs portion of the assessment summary may be used as part of the child's case permanency plan for assessment cases in which ongoing services will be provided by the department. 441 IAC 175.26(2). Note, however, that if after completing a child abuse assessment, the child protection worker, the worker's supervisor, and area administrator all agree that the report is spurious or that protective concerns are not present, the portion of the assessment identifying the strengths and needs of the child and child's family and services available in the community [Part B of the Report] need not be completed. Iowa Code Section 232.71B(11)(h).

2. CONFIRMING AN ABUSE ASSESSMENT

If the child protective worker completing the assessment finds the child to have been subject to "child abuse" by a preponderance of the evidence, the assessment is classified as "confirmed". DHS Manual, Title 16, Chapter E, Definitions. All confirmed reports are not, however, placed on the central registry. Also note that while a child abuse assessment may be confirmed by a preponderance of the evidence, the standard of evidence necessary for an adjudication as a child in need of assistance is the higher the clear and convincing standard. See Iowa Code Section 232.96(2).

3. PLACING ASSESSMENT ON CENTRAL REGISTRY

a. Generally. Upon completion of the child abuse assessment where it is determined that child abuse did occur, a determination must be made as to whether the assessment and finding will be placed on the state-wide child abuse registry. Previously all confirmed reports were placed on the central registry. This is no longer the case and the child protective worker is given some discretion as to whether the report should be placed on the registry. Iowa Code Section 232.71D.

SEE ATTACHED CHART based upon Section 232.71D to aid in the determination as to whether a confirmed assessment report should be placed on the child abuse registry as a case of founded child abuse. In general, if the injury or harm to the child was not merely minor, was repeated or is likely to reoccur, it is to be placed on the central registry. If the perpetrator continues to pose a danger to the child in interest or other children, the assessment should be placed on the registry regardless of whether the harm was minor,

isolated, and unlikely to reoccur.

CENTRAL ABUSE REGISTRY

Abuse			Central Registry	
<u>Code</u>	<u>Category</u>	<u>Determination</u>	<u>Yes</u>	<u>No</u>
68.2(A)	Physical Abuse	Minor/Isolated/Unlikely Reoccur		X
68.2(A)	Physical Abuse	<u>Not</u> Minor/Isolated/& Likely Reoccur	X	
68.2(d)	Denial Critical Care	Minor/Isolated/Unlikely Reoccur		X
68.2(d)	Denial Crit.Care	<u>Not</u> Minor/Isolated/& Likely Reoccur	X	
68.2(d)	Denial Crit.Care	Parent's Religious Beliefs		X
68.2	Any ground	CPW refers for Juv/Crim action	X	
68.2	Any ground	Co. Atty files Juv/Crim action	X	
68.2(b)	Mental Injury	Any type	X	
68.2(c)	Sexual Abuse	Perpetrator age 14 or more*	X	
*Juvenile Court for good cause can remove from Registry.				
68.2(c)	Sexual Abuse	Perpetrator under age 14		X
68.2(e)	Prostitution	Any type	X	
68.2(f)	Drug Affected Child	Any type	X	
68.2	Any ground	Licensed Child Care Facility	X	
68.2	Any ground	Perpetrator poses danger to child	X	

CHILD PROTECTIVE WORKER

DISCRETION UNDER CHILD ABUSE REGISTRY

(1) Was the injury or harm to the child minor, isolated, and unlikely to reoccur ?

■ MINOR INJURY OR HARM

Not Serious, not involving risk to life

■ ISOLATED

Occurring alone or once.

■ UNLIKELY TO REOCCUR

Not likely to happen again.

(2) Will the perpetrator continue to pose a danger to the child who is the subject of the report or another child with whom the perpetrator may come into contact ?

■ DANGER

Expose to injury, pain, harm, or loss.

D. UNUSUAL CIRCUMSTANCES

1. CASES INVOLVING ANOTHER STATE

- a. **Commencement of Assessment** - Purpose [Iowa Code Section 232.71B(1)] Duties of the department on receipt of [abuse] report. The primary purpose of this investigation shall be the protection of the child named in the report. The secondary purpose of the assessment shall be to engage the child's family in services to enhance family strengths and to address needs.
- b. **Iowa Child Abused in Another State** [CPI Manual, p. 79]
 - (1) Intake & Referral
 - (2) Iowa Investigation after other state refusal

The child resides in another state, but is present within Iowa. When the child who is the subject of an allegation of child abuse is a legal resident of another state, but is present within Iowa, the worker receiving the report shall do all of the following:

- a. Act to ensure the safety of the child.
- b. Contact the child's state of legal residency to coordinate the investigation of the report.
- c. Commence an investigation if the state of legal residency. 441 Iowa Adm Code 175.8(1).

- c. **Non-resident Child Abused in Iowa** [CPI Manual, p. 80]
 - (1) Iowa contacts residence state to offer assistance
 - (2) Iowa assessment after other state refusal.

Child resides in Iowa but incident occurred in another state. When the child who is the subject of an allegation of abuse physically resides in Iowa, but has allegedly been abused in another state, the worker shall do all of the following: a. Obtain available information from the reporter. b. Make an oral report to the office of the other state's protective services agency and request assistance from the other state in completing the investigation. c. Complete the investigation with assistance, as available of the other state. 441 I.A.C. 175.8(2).

- d. Perpetrator in Iowa and Victim in Another State**
[CPI Manual, p. 80]
- (1) Contact Home State - Offer Assistance
 - (2) Iowa Investigation After Other State Refusal

Child resides in another state and perpetrator resides in Iowa. When a report of child abuse is made concerning an alleged perpetrator who resides in Iowa, and the child resides in another state, the worker receiving the report shall do all of the following:

- a. Contact the state where the child resides and offer assistance to that state in its completion of a child abuse investigation. This assistance shall include an offer to interview the alleged perpetrator and any other relevant source of information.
- b. Commence an investigation if the child's state of legal residency declines to conduct an investigation. *441 Iowa Adm. Code 175.8(3)*

- e. Venue for Iowa Investigation and Transfer of Venue**
[See above Iowa Code 232.72]

Child Protective Investigations Manual, page 78. When it is necessary to transfer responsibility for completion of an investigation to another investigative unit, the office receiving the report shall:

* Take necessary actions to provide for the immediate safety of the child, if the child is physically located in the county in which the report is received.

* Make an oral report to the investigative office for the county in which the child resides, to transfer all information obtained on the Child Protective Intake, form SS-1109-0.

2. MOTOR VEHICLES

["Child in need of assistance" means an unmarried child] whose parent, guardian, custodian, or other member of the household in which the child resides has physically abused or neglected the child, or is imminently likely to abuse or neglect the child. Iowa Code Section 232.2(6)(b)

"Physical abuse or neglect" or "abuse or neglect" means any nonaccidental physical injury suffered by a child as the result of the acts or omissions of the child's parent, guardian, or custodian or other person legally responsible for the child. Iowa Code Section 232.2(42).

["Child in need of assistance" means an unmarried child] who has suffered or is imminently likely to suffer harmful effects as a result of . . . (2) The failure of the child's parent, guardian, custodian, or other member of the household in which the child resides to exercise a reasonable degree of care in supervising the child. Iowa Code Section 232.2(6)(c)(2).

"Child abuse" or "abuse" means: (a) any nonaccidental physical injury, or injury which is at variance with the history given of it, suffered by a child as the result of the acts or omissions of a person responsible for the care of the child. Iowa Code Section 232.68(2a).

Iowa Code Section 321.446 **Child restraint devices.**

- (1) A child under three years of age who is being transported in a motor vehicle subject to registration which has a gross weight of ten thousand pounds, or less as specified by the manufacturer, except a school bus or motorcycle, shall be secured during transit by a child restraint system which meets federal motor vehicle safety standards and the system shall be used in accordance with the manufacturer's instructions.
- (2) A child at least three years of age but under six years of age who is being transported in a motor vehicle subject to registration which has a gross weight of ten thousand pounds or less as specified by the manufacturer, except a school bus or motorcycle, shall be secured during transit by either a child restraint system that meets federal motor vehicle safety standards and is used in accordance with the manufacturer's instructions, or by a safety belt or safety harness of a type approved under section 321.445.
- (3) [Exceptions] This section does not apply to peace officers acting on official duty. This section also does not apply to the transportation of children in 1965 model year or older vehicles or authorized emergency vehicles. This section does not apply to the transportation of a child who has been certified by a physician licensed under chapter 148, 150

or 150A as having a medical, physical, or mental condition which prevents or make inadvisable securing the child in a child restraint system, safety belt or safety harness.

- (4) [Penalty] The operator who violates subsection 1 or 2 is guilty of a misdemeanor and subject only to the penalty provisions of section 805.8, subsection 2, paragraph "x".
- (5) [Subsequent acquiring of system] A person who is first charged for a violation of subsection 1 and who has not purchased or otherwise acquired a child restraint system shall not be convicted if the person produces in court, within a reasonable time, proof that the person has purchases or otherwise acquired a child restraint system which meets federal motor vehicle safety standards.
- (6) Failure to use a child restraint system, safety belts, or safety harnesses as required by this section does not constitute negligence nor is the failure admissible as evidence in a civil action.

Adjudicatory hearing. Only evidence which is admissible under the rules of evidence applicable to the trial of civil cases shall be admitted, except as otherwise provided in this section. Iowa Code Section 232.96(3).

Hearsay exception. A report . . . made by the department of human services . . . relating to a child in a proceeding under this division is admissible notwithstanding any objection to hearsay statements contained in it provided it is relevant and material and provided its probative value substantially outweighs the danger of unfair prejudice to the child's parent, guardian or custodian. Iowa Code Section 232.96(6).

Child Protective Investigations Manual, page 4. Denial of critical care includes: . . . a failure to provide for the proper supervision of the child to such an extent that there is a danger of the child suffering significant harm, injury or death, and which a reasonable and prudent person would exercise under similar facts and circumstances. Cruel and undue confinement of a child is included in this definition.

Child Protective Investigations Manual, page 81. **Reckless driving.** If it is proven that a person was driving recklessly with a child in the car, the case would be founded as a failure to provide proper supervision. This should be investigated even if the child was wearing a seat belt or car restraint.

Driving While Intoxicated. If it is proven that a person was driving while intoxicated with a child in the car, the case would be founded as a failure to provide supervision. The critical issue is that the person was driving while intoxicated with a child in the car, not whether or not a child was restrained in a car seat or by a seat belt. The failure to restrain a child does not, in and of itself, present a clear and immediate danger to the child. Note further that the driver of the car must be the caretaker.

3. PRESENCE OF ILLEGAL DRUGS IN CHILDREN

"Child abuse" or "abuse" means: . . . (f) 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. Iowa Code Section 232.68(2)(f).

[The assessment is subject to:] . . . (d) An evaluation of the home environment. If concerns regarding protection of children are identified, the child protective worker shall evaluate the child named in the report and any other children in the same home as the parents or other persons responsible for their care. Iowa Code Section 232.71B(4)(d).

If the department refers a child to a physician for a physical examination, the department shall contact the physician regarding the examination within twenty-four hours of making the referral. If the physician who performs the examination upon referral by the department reasonably believes the child has been abused, the physician shall report to the department within twenty-four hours of performing the examination. Iowa Code Section 232.71B(8).

A person who is required to report a case of child abuse may take or cause to be taken, at public expense, photographs, X rays, or other physical examinations or test of a child which would provide medical indication of allegations arising from A child abuse assessment. A health practitioner may, if medically indicated, cause to be performed radiological examination, physical examination, or other medical test of the child. A person who takes any photographs or X rays or performs physical examinations or other tests pursuant to this section shall notify the department that the photographs or X rays have been taken or the examinations or other tests have been performed. The person who made the notification shall retrain the photographs or X rays or examination or test findings for a reasonable time following the notification. Whenever the person is required to report under section 232.69, in that person's capacity as a member of the staff of medical or other private or public institution, agency or facility, that person shall immediately notify the person in charge of the institution, agency or facility or that person's designated delegate of the need of photographs or X rays or examinations or other tests. Iowa Code Section 232.77(1).

As used in this section and section 232.77, medically relevant test means a test that produces reliable results of exposure to cocaine, heroin, amphetamine, methamphetamine, or other illegal drugs, or combinations or derivative thereof, including a drug urine screen test. Iowa Code Section 232.73.

4. WITHHOLDING MEDICAL CARE DUE TO RELIGIOUS BELIEFS

a. Overview - Religious Beliefs. While government and the courts are required to respect and protect a person's right to their religious beliefs, the protection of a

child's life and health take precedence over those religious beliefs. Thus where necessary to protect the child's life or health, the juvenile court may order medical procedures contrary to the parent's desires based upon even a firmly held religious belief.

1st Amendment to the Constitution of the United States.

Congress shall make no law respecting an establishment of religion, or prohibiting the free exercise thereof.

Article I, Section 3 of the Constitution of the State of Iowa.

The general assembly shall make no law respecting an establishment of religion, or prohibiting the free exercise thereof; nor shall any person be compelled to attend any place of worship, pay tithes, taxes or other rates for building or repairing places of worship, or the maintenance of any minister, or ministry.

Article I, Section 4 of the Constitution of the State of Iowa.

No religious test shall be required as a qualification for any office, or public trust, and no person shall be deprived of any of his rights, privileges, or capacities, or disqualified from the performance of any of his public or private duties or rendered incompetent to give evidence in any court of law or equity, in consequence of his opinions on the subject of religion; and any party to any judicial proceeding shall have the right to use as a witness, or take the testimony of, an other person, not disqualified on account of interest, who may be cognizant of any fact material to the case; and parties to suits may be witnesses, as provided by law.

Appellate Court Opinions

The family itself is not beyond regulation in the public interest as against a claim of religious liberty. The right to practice religion freely does not include liberty to expose the community or the child to communicable disease or the latter to ill health or death. The same is cited as another episode in the conflict between Jehovah's Witnesses and state authority. Prince v. Massachusetts, 321 U.S. 158, 166, 64 S.Ct. 438, 442, 88 L.Ed. 645, 653 (1944).

The failure or refusal of parents to supply necessary medical attention to their children may constitute child neglect, even where such failure is based on the religious beliefs of the parents. 43 C.J.S. "Infants", Section 37, page 148.

Where the best interests and welfare of children in the care and custody of the State reasonably require medical treatment opposed by a parent, residual parental rights cannot be invoked to prevent it. The court must weigh the reasons given for believing that surgery [removal of tonsils and adenoids] against the reasonableness of parental objection. This is so even in the case of non-emergency medical treatment. In re Karwath, 199 N.W.2d 147, 150 (Iowa 1972).

b. Not Child Abuse but Request Order for Care [Iowa Code 232.68(2)(d)]

An interesting dichotomy is presented under Iowa law whereby child abuse as defined for purposes of child abuse assessment and registration does not include withholding medical treatment for a child based upon the parent's religious beliefs. That same action, however, can be the basis for a child in need of assistance adjudication and for the juvenile court taking action to protect the child and order medical procedures necessary to safeguard the child's life or health.

. 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, however this provision shall not preclude a court from ordering that medical service be provided to the child where the child's health requires it. Iowa Code Section 232.68(2)(d).

c. Order for Emergency Medical Care Including Surgery

(1) Ex parte order under Section 232.78(3)

The juvenile court may enter an order authorizing a physician or hospital to provide emergency medical or surgical procedures before the filing of a petition under this chapter provided: (a) Such procedures are necessary to safeguard the life and health of the child; and (b) There is not enough time to file a petition under this chapter and hold a hearing as provided in section 232.95. Iowa Code Section 232.78(3).

(2) Order after Hearing under Section 232.95(2)(c)

Upon such hearing [temporary removal hearing], the court may: (c) Authorize a physician or hospital to provide medical or surgical procedures if such procedures are necessary to safeguard the child's life or health. Iowa Code Section 232.95(2)(c).

E. CENTRAL CHILD ABUSE INFORMATION REGISTRY

1. CENTRAL REGISTRY

A single source of state-wide information concerning child abuse information is maintained by the central registry. The collection, maintenance and dissemination of child abuse information is governed by Iowa Code Chapter 235A. With recent legislation a balance is attempted to be struck between an individual's right to privacy and the need for a fair and effective system of child abuse information system.

2. CONFIDENTIALITY AND ACCESS

The general rule is that the information contained in the central child abuse registry is confidential. There exist a number of exceptions, however, as follows:

- a. Subjects of reports;
- b. Persons who participated in the assessment;
- c. Individuals providing care to the child; and
- d. The courts.

See Iowa Code Section 235A.15.

3. REQUESTS FOR INFORMATION

a. GENERALLY

Persons to whom information may be disseminated may request child abuse information from the central registry upon forms prescribed by the Department. Iowa Code Section 235A.16.

b. CASES OF CHILD FATALITY OR NEAR FATALITY

Effective July 1, 2000, Iowa Code Chapter 235A was amended to allow for dissemination of child abuse report information in cases of fatality or near fatality to the governor and members of the general assembly although those persons may not disseminate that information. Iowa Code Section 235A.25 was added to provide that juvenile court upon application by the governor or member of the Iowa legislature may order the Department to disclose child abuse information in cases of fatality or near fatality over the department's denial. A hearing is to be set immediately upon such requests. The department of human services is to consult with the county attorney who is prosecuting

any case concerning the fatality or near fatality before responding to such requests. The request should be denied if the information to be released would include confidential substance abuse or mental health information, attorney work product or other privileged communications, information about the child and family not directed related to the cause of the injury, identity of abuse reporters, information which may cause physical or mental injury to a sibling of the child or other child in the home, information likely to jeopardize the prosecution of any alleged perpetrator or rights of a perpetrator or is likely to undermine an on-going investigation or future criminal investigation, or would otherwise violate federal law.

4. REDISSEMINATION PROHIBITED

Persons to whom information is provided by central registry are prohibited from redisseminating that information. Iowa Code Section 235A.17. Criminal penalties attach to such action. Iowa Code Section 235A.21.

5. SEALING AND EXPUNGEMENT

a. SEALING. A confirmed and registered [founded] child abuse assessment is **sealed** ten years after placement on the registry unless another report is filed within that ten year period. The retention period for the initial report is extended to the end of the ten year period for any subsequent report. Iowa Code Section 235A.18(1)(A). Sealing means the process of removing child abuse information from authorized access as provided in Chapter 235A. Iowa Code Section 235A.13(10).

b. EXPUNGEMENT. Sealed records are expunged eight (8) years after sealing. Iowa Code Section 235A.(18)(1)(b). Expungement means the process of destroying child abuse information. Iowa Code Section 235A.13(5).

c. JUVENILE COURT/ COUNTY ATTORNEY. The juvenile court and county attorney are both provided copies of child protective assessments. Iowa Code Section 232.71A(6). The juvenile court and county attorney are required to expunge [destroy] child abuse information upon notice from the central registry [18 years after placement on the registry unless a subsequent report extends that period]. Iowa Code Section 235A.18(2).

d. RETENTION OF CONFIRMED BUT UNREGISTERED REPORTS. Where a finding of child abuse was confirmed, but not placed on central registry, the Department of Human Services is required to retain the report for five years from intake or five years from the date of closure of any service file. 441 Iowa Administrative Code Sections 175.5 and 175.32.

e. RETENTION OF UNCONFIRMED REPORTS. Where a finding of child abuse was not confirmed [and thus not placed on the registry], the Department of Human

Services is required to retain the report for five years from date of intake or five years from the closure of any service file. 441 Iowa Administrative Code Sections 175.5 and 175.32.

f. JUVENILE COURT RULES. The Iowa Supreme Court is to prescribe rules establishing the time period child abuse information is retained by the juvenile court. Iowa Code Section 235A.18(2). Rule 8.28 of the Rules of Juvenile Procedure provides that “The juvenile court shall retain founded or confirmed child protective assessment reports which are placed on the central child abuse registry for ten years. Notwithstanding the foregoing, when notified by the Department of Human Services that the report shall be expunged, the juvenile court shall destroy the report pursuant to Iowa Code section 235A.18. The juvenile court shall retain founded or confirmed child protective assessment reports which are not placed on the central abuse registry and unfounded or unconfirmed child protective assessment reports for five years from the date of intake at which time the clerk shall destroy the report. Notwithstanding the foregoing, child protective assessment reports which are received into evidence in a juvenile proceeding shall be retained for so long as the case file is retained and shall not be destroyed pursuant to this rule.”

It should be noted that under Section 235A.18 the county attorney cannot keep the reports longer than the period prescribed for the court in its rules. Thus the rule adopted by the court is binding upon the county attorney as well, unless they wish to destroy the reports sooner than the court. It was believed that requiring the court to retain the records for 18 years was too long and 10 years was determined an appropriate compromise. Note that if the report is admitted into evidence at an adjudicatory or other hearing, rule 8.28 does not apply and the report is maintained as long as the court file is maintained, i.e, 40 years. Iowa Code Section 602.8103(4)(a). Note: Rule 1.947 re: purging of files [10 years after final disposition] does not apply to juvenile proceedings.

6. REQUESTS FOR CORRECTION AND APPEAL

a. CORRECTION. A **subject** of a child abuse report within six months of the date of the notice of the results of a child protective assessment may make a written request a correction of that data or of the findings of the investigation or assessment report. An evidentiary hearing on the issue must be provided the subject, unless the department corrects the data or findings as requested. The administrative hearing may be deferred until the conclusion of a pending juvenile or district court case relating to the data or findings. Iowa Code Section 235A.19(1). Upon review of the decision of the juvenile court, the department may decide to make the correction requested by the subject.

The subject referred to in Section 235A.19(1) having the right to request a correction of the information or the findings of the investigation report is the person who has been **accused as well as the child abused, child’s parent, child’s attorney, and child’s guardian**. Iowa Code Section 235A.19(1).

b. APPEAL. The subject of a child abuse report may appeal the decision resulting from an evidentiary administrative hearing to the district court of Polk county or to the district court of the district in which the subject of the child abuse report resides. Immediately upon appeal the court shall order the department to file with the court a certified copy of the report data or disposition data. Iowa Code Section 235A.19(3). Note that the appeal taken is from the administrative decision made by the department of human services and not from any decision of the juvenile court concerning an adjudication of child in need of assistance related to the incident. Effective July 1, 2000, Iowa Code Section 235A.18(2) clarifies that an expungement of the record is required if the court determines by a preponderance of the evidence that the report should be unfounded.

F. DHS UTILIZATION MANAGEMENT

1. IN GENERAL

The Iowa Department of Human Services has implemented a utilization management process that is composed of a series of tools including safety assessments, safety plan, family risk assessment, family assessment scale, and family re-assessment. The Department is currently using a child safety and family risk assessment first implemented in the state of Colorado and family assessment scale used in the state of North Carolina. These are designed to make the risk assessment process more standardized across the state and to improve child safety.

[SEE APPENDIX CH105 - Colorado Safety Assessment/Plan \[not available in Word\]](#)

[CH106 -Colorado Family Risk Assessment](#)

[CH107 - NCFAS North Carolina Assessment Scale](#)

2. TOOLS FLOW CHART

DHS Utilization Management

	When Completed	Who Completes	How Completed	Distribution
Safety Assessment	5 business days	CPW	By using information gathered in interviews, reporter and other case contacts and discussions of safety concerns with family	SWCM, Supervisor, File, Family (may be or as requested)
Safety Plan	5 business days	CPW	With family	Family, SWCM, Supervisor, File
Family Risk Assessment (replaces Part B in CPA cases) *	In all CPS referrals, within 20 business days or at time of case transfer, whichever is sooner When no CPS referral, within 30 calendar days	CPW SWCM	By using information gathered from CPW in family discussions and team meetings if family not receptive to services (pre-CINA) use other sources of information	To all persons who currently receive a Part B Case file
NCFAS	Within 30 days of case receipt	SWCM	By using information gathered from CPW in family discussions and team meetings	Case file (use inf. in Case Plan/Review)
Family Risk Reassessment	Every 90 days from date of case plan or at case closure (Enter a new Risk Reassessment tool every 90 days)	SWCM	By using information gathered from provider reports, family discussions and team meetings	Case file (use inf. in Case Plan/Review)

***must be completed in every case unless the incident occurred in an out-of-home placement or when a death occurs and there is no surviving children**

**** If new CPA is completed on case already an active service case, CPA completes the Risk Assessment as usual (in consultation with SWCM). Risk Reassessment is then completed in 90 days using risk information incorporated in Risk Assessment completed by CPW.**

3. COLORADO SAFETY ASSESSMENT/PLAN

[SEE APPENDIX – FORM CH105.](#)

4. COLORADO FAMILY RISK ASSESSMENT

Case Name:	Worker Name:	Date: / /
------------	--------------	-----------

NEGLECT Score

N1. Current Allegation is For Neglect
 a. No.....-1
 b. Yes..... 1 _____

N2. Prior Neglect **Assessments** (assign highest score that applies)
 a. None.....-1
 b. **Allegation only** 1
 c. One **confirmed or founded allegation**..... 2
 d. Two or more **confirmed or founded allegations**... 3 _____

N3. Household has Previously Received Child Protective Services
 a. No..... 0
 b. Yes, previously received services..... 1
 c. Yes, prior **protective** child removal from household.. 3 _____

N4. Number of Children in Household
 a. Two or fewer.....-1
 b. Three or more..... 1 _____

N5. Age of Youngest Child in Household
 a. Three or older..... 0
 b. Two or younger.....1 _____

N6. Primary Caregiver's Assessment of Incident
 (Check applicable items and add for score)
 a. Not applicable..... 0
 b. Minimizes harm to children..... 2
 c. Displaces responsibility or severity..... 2 _____

N7. Primary Caregiver Provides Physical Care or Supervision Inconsistent with Child's Need
 a. No..... 0
 b. Yes..... 2 _____

N8. Primary Caregiver has a Substance Use Problem
 a. No..... 0
 b. Yes..... 1 _____

N9. Child in Household has Mental Health/Behavioral Problem
 a. No..... 0
 b. Yes..... 1 _____

N10. Recent or History of Domestic Violence in the Household.
 a. No..... 0
 b. **Yes**.....1 _____

N11. Caregiver(s) Have History of Homelessness
 a. No..... 0
 b. **Yes**.....3 _____

TOTAL NEGLECT RISK SCORE _____

ABUSE Score

A1. Prior **Assessments** (assign highest score that applies)
 a. None.....-1
 b. 1 to 3..... 1
 c. 4 or more..... 3 _____

A2. Household has Previously Received Child Protective Services
 a. No..... 0
 b. **Yes**..... 2 _____

A3. Primary Caregiver has History of Abuse or Neglect as a Child
 a. No..... 0
 b. **Yes**..... 2 _____

A4. Primary Caregiver was Placed **Out of Home or Recieved** Protective Services as a Child
 a. No..... 0
 b. **Yes**..... 3 _____

A5. Caregiver(s) Provides Supervision Inconsistent with Child's Needs
 a. No..... 0
 b. **Yes**..... 1 _____

A6. Caregiver(s) Employs Excessive/Inappropriate Discipline
 a. No..... 0
 b. **Yes**..... 2 _____

A7. Caregiver(s) Involved in Disruptive/Volatile Adult Relationships
 a. No..... 0
 b. **Yes**..... 1 _____

A8. Characteristics of Children in the Household
 (check applicable items and add for score)
 a. Not applicable..... 0
 b. Mental health/behavioral problem..... 2
 c. Physical disability..... 2 _____

A9. Caregiver(s) has History of Mental Health Treatment
 a. No, neither caregiver..... 0
 b. Either caregiver..... 1
 c. Both caregiver..... 2 _____

A10. Secondary Caregiver has a Substance Use Problem
 a. N/A - no secondary caregivep..... 0
 b. No problem with drugs or alcohol..... -1
 c. Alcohol only 1
 d. Other drugs or drugs and alcohol combined 2 _____

TOTAL ABUSE RISK SCORE _____

SCORED RISK LEVEL. Assign the family's scored risk level based on the highest score on either the neglect or abuse instrument, using the following chart:

Neglect Score	Abuse Score	Scored Risk Level
-3 - -1	-2 - 0	Low
0 - 7	1 - 6	Moderate
8+	7+	High

POLICY OVERRIDES. Circle yes if a condition shown below is applicable in this case. If any condition is applicable, override final risk level to high.

- | | | |
|-----|----|--|
| Yes | No | 1. Sexual abuse founded or confirmed AND the perpetrator is likely to have access to the child victim. |
| Yes | No | 2. Non-accidental injury to an infant. |
| Yes | No | 3. Serious non-accidental physical injury requiring hospital or medical treatment. |
| Yes | No | 4. Parent/Caregiver action or inaction resulted in death of a child due to abuse or neglect (previous or current). |

DISCRETIONARY OVERRIDE. If a discretionary override is made, circle yes, circle override risk level, and indicate reason. Risk level may be overridden one level higher.

Yes No 5. If yes, override risk level and circle one: Moderate High
 Discretionary override reason: _____

Supervisor's Review/Approval of Discretionary Override: _____ Date: __ / __ / __

FINAL RISK LEVEL (circle final level assigned): Low Moderate High

R1. Prior **Assessments** (assign highest score that applies)

- a. None -1
- b. 1 to 3..... 1
- c. 4 or more..... 3

R2. Household has Previously Received Child Protective Services

- a. No..... 0
- b. Yes..... 2

R3. Number of Children in Household

- a. Two or fewer..... -1
- b. Three or more 1

R4. Age of Youngest Child in Household

- a. 3 or older.....0
- c. 2 or younger 1

The following case observations pertain since the initial risk assessment or most recent **case** reassessment **which may have involved new child abuse allegations or significant change in the case:**

R5. New **Child Abuse Assessment Arising from New Allegations or Significant Changes in the Case** since the Initial Risk Assessment that **were** not prompted by a **Child Abuse Assessment**

- a. No0
- b. Yes3

R6. Either Caregiver has a Current Substance Use Problem

- a. No0
- b. Yes1
- d. Yes, and refuses treatment3

R7. Disruptive/Volatile Relationships in the Household

- a. No problems.....0
- c. Yes2

R8. Caregiver is Able to Provide Physical Care/Supervision to Children

- a. Yes0
- b. No, minor problems ... 1
- c. No, major problems.... 2

R9. Primary Caregiver's Use of Treatment/**Services**

- a. Not applicable; all services unavailable.....0
- b. Successfully completed all services recommended or actively participating in services; pursuing objectives detailed in FSP..... -1
- c. Minimal participation in pursuing objectives in FSP..... 1
- d. Has participated but is not meeting objectives; refuses involvement in services or failed to comply/participate as required2

R10. Secondary Caregiver's Use of Treatment/**Services**

- a. Not applicable; all services unavailable0
- b. Not applicable; only one caretaker in home.....0
- c. Successfully completed all services recommended or actively participating in services; **achieving case plan outcomes** -1
- d. Minimal participation in **services and achieving case plan outcomes** -1

.....1
e. Has participated but is not meeting **case plan outcomes**; refuses involvement in services or failed to
comply/participate as required2

TOTAL REASSESSMENT SCORE

SCORED RISK LEVEL Assign the family's risk level using the following chart

2 ___ Low 3 - 7 ___ Moderate 8 + ___ High

POLICY OVERRIDES. Circle yes if a condition shown below either occurred previously or during this reassessment period. If any condition is applicable, override final risk level to high. This overrides the scored risk level.

Yes 1. Sexual abuse **founded or confirmed** AND the perpetrator is likely to have access to the child victim.

Yes 2. Non-accidental injury to an infant.

Yes 3. Serious non-accidental physical injury requiring hospital or medical treatment.

Yes 4. Parent/Caregiver action or inaction resulted in death of a child due to abuse or neglect (previous or current).

POLICY OVERRIDE RISK LEVEL (check): ___ High

DISCRETIONARY OVERRIDE. If a discretionary override is made, circle yes, check override risk level, and indicate reason.

Either the scored risk level or the policy override risk level may be overridden one level. If approved, the discretionary override risk level becomes the overall risk level for this assessment period.

Yes If yes, check **DISCRETIONARY OVERRIDE RISK LEVEL (Check one): ___ Low ___ Moderate ___ High**

Discretionary override reason: _____

Supervisor's Review/Approval of Discretionary Override: _____ Date: ___ / ___ / ___

5. NCFAS: NORTH CAROLINA FAMILY ASSESSMENT SCALE

***NCFAS*: North Carolina Family Assessment Scale©**

**for Intensive Family Preservation Services (IFPS) Programs
Version 2.0**

IFPS System ID#:	Date Intake Assessment Completed	/	/
IFPS Worker:	Date Case Closure Assessment Completed	/	/
Other Agency ID#:	Family Name:		

Introduction

Each of the following scales is used to determine how a family is functioning. They also may be important to the level of imminent risk of out-of-home placement for this family in the context of family strengths and problems. For each scale, rate its influence as a strength or problem for the family along a 6-point continuum, using the following schema: +2 = Clear Strength, +1 = Mild Strength, 0 = Baseline/Adequate, -1 = Mild Problem, -2 = Moderate Problem, and -3 = Serious Problem. To rate each scale, circle the appropriate number. “I” represents the rating given at intake, and “C” represents the rating at service or case closure. The “overall” ratings (the ones in the shaded areas) should indicate your overall, composite rating in each of the five domains. The subscales represent areas of interest relating to the domain under which they appear (e.g., Housing Stability appears under domain A. Environment). The reliability and validity study of the NCFAS revealed that it is essential to rate each of the subscales before rating the overall domain scale. Use the definitions in the Definitions Manual to the NCFAS (Version 2.0 or higher) to make your ratings.

Complete each of the ratings within 1-2 weeks of intake (I) and again within 1-2 weeks of service or case closure (C).

Many questions and issues of concern to practitioners are addressed in the User’s Guide to the NCFAS (Version 2.0). Please also see the User’s Guide for a discussion of the development and use of the Scale. The psychometric properties (reliability and validity) of the scale are also discussed in the User’s Guide.

A. Environment

	Clear S.	Mild S.	Baseline A.	Mild P.	Moderate P.	Serious P.
1. Overall environment	(I) +2 (C) +2	+1 +1	0 0	-1 -1	-2 -2	-3 -3
2. Housing stability						
	(I) +2 (C) +2	+1 +1	0 0	-1 -1	-2 -2	-3 -3
3. Safety in the community						
	(I) +2 (C) +2	+1 +1	0 0	-1 -1	-2 -2	-3 -3
4. Habitability of housing						
	(I) +2 (C) +2	+1 +1	0 0	-1 -1	-2 -2	-3 -3
5. Income/employment						
	(I) +2 (C) +2	+1 +1	0 0	-1 -1	-2 -2	-3 -3
6. Financial management						
	(I) +2 (C) +2	+1 +1	0 0	-1 -1	-2 -2	-3 -3
7. Food and nutrition						
	(I) +2 (C) +2	+1 +1	0 0	-1 -1	-2 -2	-3 -3
8. Personal hygiene						
	(I) +2 (C) +2	+1 +1	0 0	-1 -1	-2 -2	-3 -3
9. Transportation						
	(I) +2 (C) +2	+1 +1	0 0	-1 -1	-2 -2	-3 -3
10. Learning environment						
	(I) +2 (C) +2	+1 +1	0 0	-1 -1	-2 -2	-3 -3

B. Parental Capabilities*

Note: This section refers to biological parent(s), if present, or current caregiver(s)

	Clear S.	Mild S.	Baseline A.	Mild P.	Moderate P.	Serious P.
1. Overall parental capabilities (I)	+2	+1	0	-1	-2	-3
(C)	+2	+1	0	-1	-2	-3

	Clear S.	Mild S.	Baseline A.	Mild P.	Moderate P.	Serious P.
2. Supervision of child(ren)						
(I)	+2	+1	0	-1	-2	-3
(C)	+2	+1	0	-1	-2	-3
3. Disciplinary practices						
(I)	+2	+1	0	-1	-2	-3
(C)	+2	+1	0	-1	-2	-3
4. Provision of developmental/ enrichment opportunities						
(I)	+2	+1	0	-1	-2	-3
(C)	+2	+1	0	-1	-2	-3
5. Parent(s)/caregiver(s) mental health						
(I)	+2	+1	0	-1	-2	-3
(C)	+2	+1	0	-1	-2	-3
6. Parent(s)/caregiver(s) physical health						
(I)	+2	+1	0	-1	-2	-3
(C)	+2	+1	0	-1	-2	-3
7. Parent(s)/caregiver(s) use of drugs/alcohol						
(I)	+2	+1	0	-1	-2	-3
(C)	+2	+1	0	-1	-2	-3

C. Family Interactions

Note: This section refers to family members living in the same or different households

		Clear S.	Mild S.	Baseline A.	Mild P.	Moderate P.	Serious P.	
1. Overall family interactions	(I)	+2	+1	0	-1	-2	-3	
	(C)	+2	+1	0	-1	-2	-3	
2. Bonding with child(ren)		Clear S.	Mild S.	Baseline A.	Mild P.	Moderate P.	Serious P.	
	(I)	+2	+1	0	-1	-2	-3	
	(C)	+2	+1	0	-1	-2	-3	
3. Expectations of the child(ren)		Clear S.	Mild S.	Baseline A.	Mild P.	Moderate P.	Serious P.	
	(I)	+2	+1	0	-1	-2	-3	
	(C)	+2	+1	0	-1	-2	-3	
4. Mutual support within the family		Clear S.	Mild S.	Baseline A.	Mild P.	Moderate P.	Serious P.	
	(I)	+2	+1	0	-1	-2	-3	
	(C)	+2	+1	0	-1	-2	-3	
5. Relationship between parents/caregivers*		Clear S.	Mild S.	Baseline A.	Mild P.	Moderate P.	Serious P.	
	(I)	+2	+1	0	-1	-2	-3	NA
	(C)	+2	+1	0	-1	-2	-3	NA

D. Family Safety

Note: This section refers to family members living in the same or different households.

		Clear S.	Mild S.	Baseline A.	Mild P.	Moderate P.	Serious P.
1. Overall family safety	(I)	+2	+1	0	-1	-2	-3
	(C)	+2	+1	0	-1	-2	-3

		Clear S.	Mild S.	Baseline A.	Mild P.	Moderate P.	Serious P.	
2. Absence/presence of physical abuse of child(ren)*	(I)	+2	+1	0	-1	-2	-3	
	(C)	+2	+1	0	-1	-2	-3	
3. Absence/presence of sexual abuse of child(ren)	(I)	+2	+1	0	-1	-2	-3	
	(C)	+2	+1	0	-1	-2	-3	
4. Absence/presence of emotional abuse of child(ren)	(I)	+2	+1	0	-1	-2	-3	
	(C)	+2	+1	0	-1	-2	-3	
5. Absence/presence of neglect of child(ren)*	(I)	+2	+1	0	-1	-2	-3	
	(C)	+2	+1	0	-1	-2	-3	
6. Absence/presence of domestic violence between parents/caregivers	(I)	+2	+1	0	-1	-2	-3	NA
	(C)	+2	+1	0	-1	-2	-3	NA

E. Child Well-Being

Note: This section pertains to the **imminent risk child(ren)**.

		Clear S.	Mild S.	Baseline A.	Mild P.	Moderate P.	Serious P.	
1. Overall child well-being	(I)	+2	+1	0	-1	-2	-3	
	(C)	+2	+1	0	-1	-2	-3	
2. Child(ren's) mental health	(I)	+2	+1	0	-1	-2	-3	
	(C)	+2	+1	0	-1	-2	-3	
3. Child(ren's) behavior	(I)	+2	+1	0	-1	-2	-3	
	(C)	+2	+1	0	-1	-2	-3	
4. School performance	(I)	+2	+1	0	-1	-2	-3	NA
	(C)	+2	+1	0	-1	-2	-3	NA
5. Relationship with parent(s)/caregiver(s)	(I)	+2	+1	0	-1	-2	-3	
	(C)	+2	+1	0	-1	-2	-3	
6. Relationship with sibling(s)	(I)	+2	+1	0	-1	-2	-3	NA
	(C)	+2	+1	0	-1	-2	-3	NA
7. Relationship with peers	(I)	+2	+1	0	-1	-2	-3	NA
	(C)	+2	+1	0	-1	-2	-3	NA
8. Cooperation/motivation to maintain the family	(I)	+2	+1	0	-1	-2	-3	
	(C)	+2	+1	0	-1	-2	-3	

APPENDIX CHAPTER EIGHT

- CHILD ABUSE REPORTING AND ASSESSMENT

Form **Topic**

(Word Version)

(Adobe pdf – read only Version)

CH101	Emergency Order Restraining Notification
CH102	Application for Order for Home Visit
CH103	Order for Home Visit
CH104	Order Waiving Interview with Alleged Child Abuser
CH105	Colorado Safety Assessment/Plan (Word only)
CH106	Colorado Family Risk Assessment (Word only)
CH107	NCFAS North Carolina Assessment Scale (Word only)