CHILD ABUSE:

A Guide
for Mandatory Reporters

To make a report of suspected
child abuse,
call the toll-free 24-hour hotline:

1-800-362-2178

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Child Abuse Overview

Child abuse is not a new phenomenon. The abuse and neglect of children has been documented for more than two thousand years. However, attempts to prevent child abuse are relatively new.

The first documented legal response to child abuse in the United States occurred in 1874. The New York Society for the Prevention of Cruelty to Animals pleaded in court to have an eight-year-old child removed from her abusive and neglectful environment. Since there were no child abuse laws, the Society argued that the child was, in fact, an animal, and should be provided the same protection as other animals. During the last few decades of the 1800s, societies to protect children from cruelty were formed in many states.

The next movement to protect children came as the result of several pediatricians publishing articles about children suffering multiple fractures and brain injuries at the hands of their caretakers. In 1961, Dr. C. Henry Kempe, then president of the American Academy of Pediatrics, held a conference on the "battered child syndrome," in which he outlined a "duty" to the child to prevent "repetition of trauma." The Battered Child Syndrome Conference resulted in many states passing laws to protect children from physical abuse.

Child abuse is now recognized as a problem of epidemic proportions. Child abuse has serious consequences that may remain as indelible pain throughout the victim's lifetime. The violence and negligence of parents and caretakers serve as a model for children as they grow up. The child victims of today, without protection and treatment, may become the child abusers of tomorrow.

As with any social issue, child abuse is a problem for the entire community. Achieving the goals of protective services requires the coordination of many resources. Each professional group and agency involved with a family assumes responsibility for specific elements of the child protective service process.

National Data

Nationally, the 2008 "Child Maltreatment Report," published by the U.S. Department of Health and Human Services Children's Bureau, indicates that an estimated 3.3 million reports of child abuse involving 6 million children were made to child protection agencies that year, and that approximately 63% were accepted for investigation or assessment.

One-fourth of the investigations and assessments (25%) confirmed child abuse. There were an estimated 794,000 victims of child abuse nationwide. The rate of victimization was 10.3 per 1,000 children. The highest victimization rates were for the birth to age 1 group (21.7 per 1,000 children). There was no prior history of victimization for 75% of all victims.

National studies continue to indicate that only about one-third of maltreated children are reported to child protection agencies. Significant numbers of victims remain unidentified without protection and treatment.

In 1985, the U.S. Surgeon General declared family violence to be a national epidemic. At that time, an estimated 3.3 million children were exposed to violence by a family member against a mother or female caretaker. The U.S. Advisory Board on Child Abuse and Neglect found domestic violence to be the single major precursor to child abuse and neglect fatalities in the United States. Child abuse is 15 times more likely to occur in homes where adult domestic violence is present.

According to the *Effective Intervention in Domestic Violence & Child Maltreatment Cases: Guide for Policy and Practice*, published by the National Council of Juvenile and Family Court Judges in 1999, "domestic violence perpetrators do not victimize only adults. Recent reviews of more than two decades of studies have revealed that in families where women are abused, many of their children also are maltreated.

According to the Iowa Attorney General's Office, Crime Victim Assistance Division, from January 1995 through April 2010, 209 Iowans have been killed in domestic abuse homicides. During that period:

- 138 women were killed by their spouse, former spouse, boyfriend, or intimate partner;
- 24 men were killed by their partners;
- 46 bystanders were killed, including 25 children;
- 168 minor children survived the murder of their mother or father; and
- 67 children were present at the scene of a parent's murder.

Although many adults believe they have protected their child from exposure to domestic violence, 80% to 90% of children in those homes can give detailed descriptions of the violence experienced in their families. (Doyne, S. Bowermasyer, J. & Meloy, R. (1999). "Custody Disputes Involving Domestic Violence: Making Children's Needs a Priority," *Juvenile & Family Court Journal*, 50, (2)).

The U.S. Advisory Board on Child Abuse suggests that domestic violence may be the single major precursor to child fatalities in this country.

Varying by samples selected and types of data gathered, the majority of these studies have found that a substantial proportion, ranging from 30 to 60 percent, of battered mothers' children also are maltreated. Children who are abused physically or sexually or witness violence tend to exhibit more developmental, cognitive, emotional, and social behavior problems, including depression and increased aggression, than other children."

Iowa Response

Iowa's child abuse reporting law, Iowa Code sections 232.67 through 232.75, was initially enacted in 1978 and has been amended several times since then. The intent of the law is to identify children who are victims of abuse. The law also provides for a professional assessment to determine if abuse has occurred. Accompanying the assessment are protective services designed to protect, treat, and prevent further maltreatment.

The purpose of the Iowa law is to provide the greatest possible protection to children by encouraging the reporting of suspected child abuse. The state respects the bond between parent and child. However, the state does assert the right to intervene for the general welfare of the child when there is a clear and present danger to the child's health, welfare, and safety. The state does not intend to interfere with reasonable parental discipline and child-rearing practices that are not injurious to the child.

According to Iowa statute, the Department of Human Services (DHS) has the responsibility to assess reports of suspected child abuse. DHS is the agency designated by law to receive reports of suspected child abuse and neglect.

In calendar year 2009, DHS accepted 25,814 reports for assessment. After completing the assessment of the allegations, DHS confirmed that abuse occurred in 8,867 (34%) of the assessed reports. There were 12,442 child victims named in the confirmed and founded reports. Some children suffered multiple types of abuse or repeat maltreatment. These results represent a rate of 15.6 per 1,000 Iowa children abused for 2009.

Iowa Confirmed Child Abuse in Calendar Year 2006 - 2009

	Percentage of Total Confirmed or Founded Abuse			
Type of Abuse	**2006**	**2007**	**2008**	**2009**
Denial of critical care	77.2%	78.87%	79.4%	81.0%
Physical abuse	10.0%	9.35%	10.8%	9.0%
Presence of illegal drugs	7.2%	6.63%	3.86%	3.6%
Sexual abuse	4.1%	3.81%	3.86%	3.8%
Cohabitation with registered sex offender*	0.7%	0.84%	1.11%	0.6%
Manufacturing or possession of dangerous substance with intent to manufacture	0.5%	0.34%	0.67%	0.45%
Mental injury	0.1%	0.12%	0.20%	0.1%
Child prostitution	0.0%	0.0%	0.0%	0.0%
Bestiality in the presence of a minor	0.0%	0.0%	0.0%	0.0%

* This type of abuse was revised by legislative action effective July 1, 2009, to allow access by a registered sex offender.

Source: DHS Division of Results-Based Accountability reports of child abuse allegations that were confirmed or founded in calendar years 2006, 2007, 2008, and 2009. (**Note:** A victim may have suffered more than one type of abuse.)

DHS works closely with physicians, nurses, educators, mental health practitioners, law enforcement agencies, and the judiciary. These parties are involved in the identification, reporting, assessment, and treatment of cases of child maltreatment. Ultimately, children can be kept safer from abuse and neglect through increased community ownership, responsibility, and involvement. One entity (whether legislators, DHS, physicians, educators, or local law enforcement) alone cannot eliminate "child abuse." The safety of children depends upon how well communities support families, organize basic systems, and make inclusive decisions about available resources.

Partnerships that involve parents, neighbors, and grassroots community groups, in addition to public agencies and non-profit organizations, create community ownership, responsibility, and involvement. The vision of partnerships has evolved with the realization that "one size does not fit all." Through partnerships, its citizens define a community's needs, and services can be tailored to the particular needs and strengths of individual communities.

The child abuse reporting law is only one type of Iowa statute designed to deal with child abuse. Juvenile justice laws authorize the court to provide protection for children through supervision in their own homes or in substitute care. Criminal laws are separate from the child abuse reporting and juvenile justice laws. Criminal laws provide for prosecution of alleged perpetrators in cases where a criminal act has been committed.

Am I a Mandatory Reporter of Child Abuse?

Iowa law defines classes of people who must make a report of child abuse within 24 hours when they reasonably believe a child has suffered abuse. These "mandatory reporters" are professionals who have frequent contact with children, generally in one of six disciplines:

Health	Education	Child care
Mental health	Law enforcement	Social work

- All licensed physicians and surgeons.
- Physician assistants.
- Dentists.
- Licensed dental hygienists.
- Optometrists.
- Podiatrists.
- Chiropractors.
- Residents or interns in any of the professions listed above.
- Registered nurses.
- Licensed practical nurse.
- Basic and advanced emergency medical care providers.

Any of the following persons who, in the scope of professional practice or in their employment responsibilities, examines, attends, counsels, or treats a child:

- A social worker.
- An employee or operator of a public or private health care facility as defined in Iowa Code section 135C.1.
- A certified psychologist.
- A licensed school employee, certified paraeducator, or holder of a coaching authorization issued under Iowa Code section 272.31, or an instructor employed by a community college.

- An employee or operator of a licensed child care center, registered child development home, Head Start program, Family Development and Self-Sufficiency Grant program under Iowa Code section 216A.107, or Healthy Opportunities for Parents to Experience Success – Healthy Families Iowa program under Iowa Code section 135.106.
- An employee or operator of a licensed substance abuse program or facility licensed under Iowa Code Chapter 125.
- An employee of an institution operated by DHS listed in Iowa Code section 218.1.
- An employee or operator of a juvenile detention or juvenile shelter care facility approved under Iowa Code section 232.142.
- An employee or operator of a foster care facility licensed or approved under Iowa Code Chapter 237.
- An employee or operator of a mental health center.
- A peace officer.
- A counselor or mental health professional.
- An employee or operator of a provider of services to children funded under a federally approved medical assistance home- and community-based services waiver.

The employer or supervisor of a person who is a mandatory reporter shall not apply a policy, work rule, or other requirement that interferes with the person making a report of child abuse.

Clergy members are not considered to be mandatory reporters unless they are functioning as social workers, counselors, or another role described as a mandatory reporter. If a member of clergy provides counseling services to a child, and the child discloses an abuse allegation, then the clergy member is mandated to report as a counselor. (The counseling is provided to a child during the scope of the reporter's profession as a counselor, not clergy.)

Health

Health service professionals play many roles in the recognition and treatment of child abuse, including the recognition of the abuse, reporting the suspected abuse, crisis intervention, and long-term treatment.

Health services personnel are often the first line of defense in the early detection of child abuse. Most health professionals who treat children are required to be mandatory reporters of child abuse.

Health care professionals are often called upon to work collaboratively with many other disciplines, including social work, education, law enforcement, and the courts to ensure a multi-disciplinary approach to the recognition and treatment of child abuse.

A health care practitioner may, if medically indicated, take or cause to be taken, a radiological examination, physical examination, or other medical test of the child or take photographs, which would provide medical indications for the child abuse assessment.

A physician has the authority to keep a child in custody without a court order and without the consent of a parent, guardian, or custodian, provided that the child is in a circumstance or condition that presents an imminent danger to the child's life or health. However, the physician must orally notify the court within 24 hours. The ability to take or keep a child in custody is unique to physicians and peace officers.

Education

Educators may spend more hours per day with children than their families. That's why the role of educators is vital in the mandatory reporting process. All licensed school employees, teachers, coaches and paraeducators are mandatory reporters.

The involvement of educators in the reporting of child abuse is mandated or supported by federal standards and regulations and state laws, policies and procedures. Each of these government levels provides authority for, encourages, or mandates educator involvement in the reporting process by stating what is required of the educator and how that obligation is to be fulfilled.

The primary authority at the federal level is the Federal Family Education Rights and Privacy Act (FERPA) of 1974. FERPA, which governs the release of information from school records, does not bar the reporting of suspected child abuse by educators.

In the majority of cases, educators will be relying not on school records, but on their own personal knowledge and observations when reporting child abuse. Because no school records are involved in these cases, FERPA does not apply.

In a small number of cases, it may be necessary to consult school records to determine whether a report of child abuse should be made. Ordinarily parental consent is required before information contained in school records can be released. However, there are exceptions that can apply in cases of child abuse.

Some local school systems and boards of education have enacted school policies and procedures regarding child abuse reporting. The policies and procedures support state law with regard to reporting and often provide internal mechanisms to be followed when a report of child abuse is made.

Local school policy may specify that parents be notified when the school makes a report of child abuse. If so, notify DHS of that local policy when making the report of child abuse.

Sometimes local procedure may require that administrative staff be notified when a report of child abuse is made and a copy of the written report be filed.

Child Care

Child care providers play a critical role in keeping children safe. It is very important for them to report when they suspect child abuse. Child care providers include child care staff, foster parents, and residential care personnel. All of these people are mandatory reporters. A child care provider who suspects that a child has been abused should report that to DHS and to the licensing worker.

Mental Health

Mental health professionals are often trusted with intimate information about children and families. This makes their role critical when reporting child abuse. All counseling providers, even those who are self-employed, are mandatory reporters of child abuse in regard to the child they counsel.

Law Enforcement

Law enforcement officers play a very important role in protecting our children from child abuse. Law enforcement officers are seen as a symbol of public safety. They are in an excellent position to raise community awareness about child abuse.

Law enforcement officers often encounter situations that involve child abuse. For example, on domestic calls or during drug arrests the officer may learn of information that constitutes an allegation of child abuse. Children residing in homes where methamphetamine is being manufactured or where precursors are present constitutes an allegation of child abuse as well as possible criminal charges. Law enforcement is mandated to report to DHS.

Law enforcement officers who suspect child abuse in the line of duty are required to report that abuse to the Department of Human Services as soon as they suspect it. Law enforcement officers need to follow the same procedures as all mandatory reporters in reporting child abuse.

Law enforcement and child protective services may need to work together. Sometimes child protective service workers must visit isolated, dangerous locations and deal with unstable, violent, or substance abusing individuals.

Generally, child protective service workers do not have on-site communications (radio, car phone, etc.), weapons, or special training in self-protection. It is often necessary for law enforcement personnel to accompany child protective workers to conduct their assessment. Failure to have proper backup may have unfortunate consequences to both the child protection worker and the child that may have been abused.

Law enforcement has the power to arrest and to enforce any standing orders of the court. When it is necessary to remove a child from the child's home, law enforcement officers are often called upon for assistance. Law enforcement has the general authority to take custody of children.

Law enforcement is often able to react to emergency situations faster than child protective service. Law enforcement is also available 24 hours a day, while the child protection worker after hour response is limited in some communities.

Others Required to Report

Some employers may have specific policies that require certain training and reporting procedures regarding child abuse for their staff, even when they are not by law considered mandatory reporters. Reporters who by law are not considered mandatory reporters will be considered permissive reporters regardless of the employer's requirements.

Iowa Administrative Code 441--175.23(2) mandates certified adoption investigators and DHS income maintenance workers to report suspected abuse. Income maintenance workers and certified adoption investigators are "mandated," not mandatory reporters. As such, they are not required to make a written report, although they may do so if they wish. They receive the same information and notices as permissive reporters. They are not entitled to written notification that the assessment has been completed nor to a copy of information placed on the Registry. However, they may receive a copy of the report if they have another role with the child that allows access to the summary.

How Do I Report Child Abuse?

Call 1-800-362-2178. According to Iowa Code section 232.70, if you are a mandatory reporter of child abuse and you suspect a child has been abused, you need to report it to the Department of Human Services. The law requires you to report suspected child abuse to DHS orally within 24 hours of becoming aware of the situation. You must also make a report in writing within 48 hours after your oral report. The employer or supervisor of a person who is a mandatory or permissive reporter shall not apply a policy, work rule, or other requirement that interferes with the person making a report of child abuse.

As a mandatory reporter, you are also required to make an **oral report to law enforcement** if you have reason to believe that immediate protection of the child is necessary.

The law requires the reporting of suspected child abuse. It is not the reporter's role to validate the abuse. The law does not require you to have proof that the abuse occurred before reporting. The law clearly specifies that reports of child abuse must be made when the person reporting "reasonably believes a child has suffered abuse."

Reports are made in terms of the child's possible condition, not in terms of an accusation against parents. A report of child abuse is not an accusation, but a request to determine whether child abuse exists and begin the helping process.

Making a report of child abuse may be difficult. You may have doubts about whether the circumstances merit a report, how the parents will react, what the outcome will be, and whether or not the report will put the child at greater risk. The best way to minimize the difficulty of reporting is to:

- Be knowledgeable about the reporting requirements, and
- Be aware of the Department's intake criteria and the response that is initiated by making a report.

Within 24 hours of receiving your report, you will be orally notified whether or not the report has been accepted or rejected. Within five working days, you will also be sent form 470-3789, *Notice of Intake Decision*, indicating whether the report of child abuse was accepted or rejected.

Reporting Procedures

If you see a child that is in **imminent danger**, immediately contact **law enforcement**, to provide immediate assistance to the child. Law enforcement is the only profession that can take a child into custody in that situation. After you have notified law enforcement, then call DHS.

To report a suspected case of child abuse:

- Call 1-800-362-2178.
- Then, follow up by making a written report within 24 hours.

Oral and written reports should contain the following information, if it is known:

- The names and home address of the child and the child's parents or other persons believed to be responsible for the child's care.
- The child's present whereabouts.
- The child's age.
- The nature and extent of the child's injuries, including any evidence of previous injuries.
- The name, age, and condition of other children in the same household.
- Any other information that you believe may be helpful in establishing the cause of the abuse or neglect to the child.
- The identity of the person or persons responsible for the abuse or neglect to the child.
- Your name and address.

A sample copy of form 470-0665, *Report of Suspected Child Abuse*, is included at the end of this Guide. This form is available from the DHS website (http://www.dhs.state.ia.us). This specific form is not required, but you may use it as a guide in making a report of child abuse.

If you suspect sexual abuse of a child under the age of 12 by a non-caretaker, you are required by law to make a report of child abuse to DHS. If the child is aged 12 or older, you may report the sexual abuse by a non-caretaker but you are not required by law to do so. DHS must report all sexual abuse allegations to law enforcement within 72 hours.

Waiver of Confidentiality

The issues of confidentiality and privileged communication are often areas of concern for mental health and health service professionals. Rules around confidentiality and privileged communication are waived during the child abuse assessment process (once a report of child abuse becomes a case).

Iowa Code section 232.71B indicates that the Department may request information from any person believed to have knowledge of a child abuse case. County attorneys, law enforcement officers, social services agencies, and all mandatory reporters (whether or not they made the report of suspected abuse) are obligated to cooperate and assist with the child abuse assessment upon the request of the Department.

Confidentiality is waived in Iowa Code section 232.74, which reads:

Sections 622.9 (on communication between husband and wife) and 622.10 (on communication in professional confidence) and any statute or rule of evidence which excludes or makes privileged the testimony of health practitioners or mental health professionals as to confidential communications do not apply to evidence regarding a child's injuries or the cause of the injuries in any judicial proceeding, civil or criminal, resulting from a report of child abuse.

Physician privilege is waived in cases of suspected child abuse. Physicians are allowed to share whatever information is necessary with the Department of Human Services to facilitate a thorough assessment.

It is a good idea to let your clients know your status as a child abuse reporter at the onset of treatment. This will help establish an open relationship and minimize the client's feelings of betrayal if a report needs to be made. Making a child abuse referral does not necessarily mean that your relationship with the child and family will end, especially when you are able to support the family during the assessment process.

When possible, discuss the need to make a child abuse report with the family. However, be aware that there are certain situations where if the family is warned about the assessment process, the child may be at risk for further abuse, or the family may leave with the child.

In situations where you are not required to make a child abuse report, ethically you need to address these concerns in a therapeutic setting. Refer to your Professional Code of Ethics for further clarification on issues surrounding child abuse.

Immunity From Liability

Iowa Code section 232.73 provides immunity from any civil or criminal liability which might otherwise be incurred when a person participates in good faith in:

- Making a report, photographs, or x-rays,
- Performing a medically relevant test, or
- Assisting in an assessment of a child abuse report.

A person has the same immunity with respect to participation in good faith in any judicial proceeding resulting from the report or relating to the subject matter of the report.

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 their combinations or derivatives, including a drug urine screen test.

Sanctions for Failure to Report Child Abuse

Iowa Code section 232.75 provides for civil and criminal sanctions for failing to report child abuse. Any person, official, agency, or institution required by this chapter to report a suspected case of child abuse who knowingly and willfully fails to do so is guilty of a simple misdemeanor.

Any person, official, agency, or institution required by Iowa Code section 232.69 to report a suspected case of child abuse who knowingly fails to do so, or who knowingly interferes with the making of such a report in violation of section 232.70, is civilly liable for the damages proximately caused by such failure or interference.

Sanctions for Reporting False Information

The act of reporting false information regarding an alleged act of child abuse to DHS or causing false information to be reported, knowing that the information is false or that the act did not occur, is classified as simple misdemeanor under Iowa Code section 232.75, subsection 3.

If DHS receives a fourth report which identifies the same child as a victim of child abuse and the same person as the alleged abuser or which is from the same person, and DHS determined that the three earlier reports were entirely false or without merit, DHS may:

- Determine that the report is again false or without merit due to the report's spurious or frivolous nature.
- Terminate its assessment of the report.
- Provide information concerning the reports to the county attorney for consideration of criminal charges.

Indicators of Possible Child Abuse

The following physical and behavioral indicators are listed as signs of possible child abuse for you to consider in making your report. These indicators need to be evaluated in the context of the child's environment. The presence of one or more of these symptoms does not necessarily prove abuse. These lists are examples and are not all-inclusive.

Physical Indicators

- Bruises and welts on the face, lips, mouth, torso, back, buttocks, or thighs in various stages of healing
- Bruises and welts in unusual patterns reflecting the shape of the article used (e.g., electric cord, belt buckle) or in clusters indicating repeated contact
- Bruises on infant, especially facial bruises
- Subdural hematomas, retinal hemorrhages, internal injuries
- Cigarette burns, especially on the soles, palms, backs or buttocks
- Immersion burns (sock-like, glove-like, doughnut-shaped) on buttocks or genitalia
- Burns patterned like an electric element, iron or utensil
- Rope burns on arms, legs, neck or torso
- Fractures of the skull, nose, ribs or facial structure in various stages of healing
- Multiple or spiral fractures
- Unexplained (or multiple history for) bruises, burns or fractures
- Lacerations or abrasions to the mouth, frenulum, lips, gums, eyes or external genitalia
- Bite marks or loss of hair
- Speech disorders, lags in physical development, ulcers
- Asthma, severe allergies or failure to thrive
- Consistent hunger, poor hygiene, inappropriate dress
- Consistent lack of supervision; abandonment

- Unattended physical or emotional problems or medical needs
- Difficulty in walking or sitting
- Pain or itching in the genital area
- Bruises, bleeding or infection in the external genitalia, vaginal or anal areas
- Torn, stained or bloody underclothing
- Frequent urinary or yeast infections
- Venereal disease, especially in pre-teens
- Pregnancy
- Substance abuse – alcohol or drugs
- Positive test for presence of illegal drugs in the child's body

Behavior Indicators

- Afraid to go home; frightened of parents
- Alcohol or drug abuse
- Apprehensive when children cry, overly concerned for siblings
- Begging, stealing or hoarding food
- Behavioral extremes, such as aggressiveness or withdrawal
- Complaints of soreness, uncomfortable movement
- Constant fatigue, listlessness or falling asleep in class
- Delay in securing or failure to secure medical care
- Delinquent, runaway or truant behaviors
- Destructive, antisocial or neurotic traits, habit disorders
- Developmental or language delays
- Excessive seductiveness or promiscuity
- Extended stays at school (early arrival and late departure)
- Extreme aggression, rage, or hyperactivity
- Fear of a person or an intense dislike of being left with someone
- Frequently absent or tardy from school or drops out of school or sudden school difficulties
- History of abuse or neglect provided by the child
- Inappropriate clothing for the weather
- Massive weight change
- Indirect allusions to problems at home such as, "I want to live with you"
- Lack of emotional control, withdrawal, chronic depression, hysteria, fantasy or infantile behavior

- Lags in growth or development
- Multiple or inconsistent histories for a given injury
- Overly compliant, passive, undemanding behavior; apathy
- Poor peer relationships; shunned by peers
- Poor self-esteem, self-devaluation, lack of confidence or self-destructive behavior
- Role-reversal behavior or overly dependent behavior; states there is no caretaker
- Suicide attempts
- Unusual interest in or knowledge of sexual matters, expressing affection in inappropriate ways
- Wary of adult contacts, lack of trust, uncomfortable with or threatened by physical contact or closeness

What Is Child Abuse Under Iowa Law?

DHS has the legal authority to conduct an assessment of child abuse when it is alleged that:

- The victim is a child.
- The child is subjected to one or more of the nine categories of child abuse defined in Iowa Code section 232.68:
  - Physical abuse
  - Mental injury
  - Sexual abuse
  - Denial of critical care
  - Child prostitution
  - Presence of illegal drugs
  - Manufacturing or possession of a dangerous substance
  - Bestiality in the presence of a minor
  - Allows access by a registered sex offender
  - Allows access to obscene material
- The abuse is the result of the acts or omissions of the person responsible for the care of the child.

Child

A **child** is defined in Iowa Code section 232.68 as any person under the age of 18 years.

The victim of child abuse is a person under the age of 18 who has suffered one or more of the categories of child abuse as defined in Iowa law (physical abuse, mental injury, sexual abuse, denial of critical care, child prostitution, presence of illegal drugs, manufacturing or possession of a dangerous substance or bestiality in the presence of a minor.

Caretaker

A perpetrator of child abuse must be a person responsible for the care of a child. A **person responsible for the care of a child** is defined in Iowa Code section 232.68 as:

a. Parent, guardian, or foster parent.

b. A relative or any other person with whom the child resides and who assumes care or supervision of the child, without reference to the length of time or continuity of such residence.

c. An employee or agent of any public or private facility providing care for a 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, but with whom the child does not reside, without reference to the duration of the care.

A person who assumes responsibility for the care or supervision of the child may assume such responsibility through verbal or written agreement, or implicitly through the willing assumption of the caretaking role.

Perpetrators of child abuse come from all walks of life, races, religions, and nationalities. They come from all professions and represent all levels of intelligence and standards of living. There is no single social strata free from incidents of child abuse.

Abusive parents may show disregard for the child's own needs, limited abilities, and feelings. Many abusive parents believe that children exist to satisfy parental needs and that the child's needs are unimportant. Children who don't satisfy the parent's needs may become victims of child abuse.

Sexual abusers may have deviant personality traits and behaviors that can result in sexual contact with a child. Sexual abuse perpetrators sometimes use threats, bribery, coercion or force to engage a child in sexual activity. They violate the trust that a child inherently places in them for care and protection, and exploit the power and authority of their position as a trusted caretaker in order to sexually misuse a child. Often the child is threatened or warned "not to tell," creating a conspiracy of silence about the abuse.

Educators as Caretakers

Normally teachers are not considered caretakers in the teaching and supervising of children. **Note:** If there is an accusation of child abuse (physical abuse, sexual abuse or child prostitution) by an employee in the school district, every school district will have policies and procedures in place which they will follow.

Iowa Code section 280.17 requires that "board of directors of a public school and the authorities in control of a nonpublic school prescribe procedures, in accordance with the guidelines contained in the model policy developed by the Department of Education in consultation with the Department of Human Services, and adopted by the Department of Education, for handling reports of child abuse, alleged to have been committed by an employee or agent of the public or nonpublic school."

The jurisdiction established by 281 Iowa Administrative Code 102.3, for reports of child abuse alleged to have been committed by an employee or agent of a public or nonpublic school, is "acts of the school employee on school grounds, on school time, on a school-sponsored activity, or in a school-related context."

There are times when an educator may be in the role of a caretaker and outside the jurisdiction of the school. For example, a teacher could be considered a caretaker if the teacher is responsible for supervising a child on an overnight trip.

DHS will review reports of child abuse alleged to have been committed by an employee or agent of a public or nonpublic school to determine if a joint assessment with school investigative personnel is appropriate. Where jurisdiction is unclear or there are other extenuating circumstances, DHS may initiate an assessment.

Children as Caretakers

Children are sometimes caretakers for other children and may be responsible for abusing a child in their care. Children may be in a caretaker role, for example, as a baby-sitter. An adult caretaker may be considered responsible if they delegated care responsibilities to an inappropriate minor caregiver.

A mandatory reporter who suspects that abuse has occurred when one child is caring for another is required by law to make a child abuse report. DHS will then determine if any action should be taken.

Physical Abuse

"Physical abuse" is defined as any non-accidental 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.

Common indicators could include unusual or unexplained burns, bruises, or fractures. Health services personnel should be especially alert to cases of child abuse where inconsistent histories are presented. Inconsistent histories can take the form of an explanation that does not fit the degree or type of injury to the child, or where the story or explanation of the injury changes over time.

Some indicators of child abuse are not visible on the child's body. Many times there are no physical indicators of abuse. A child's behavior can change as a result of abuse. Health services personnel need to be alert to possible behavioral indicators of abuse and if they believe those to be present, they are required to make a report. Behavioral indicators include behaviors such as:

- Extreme aggression.
- Withdrawal.
- Seductive behaviors.
- Being uncomfortable with physical contact or closeness.

Mental Injury

"Mental injury" is defined as 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 Iowa Code section 622.10.

Examples of mental injury may include:

- **Ignoring** the child and failing to provide necessary stimulation, responsiveness, and validation of the child's worth in normal family routine.
- **Rejecting** the child's value, needs, and request for adult validation and nurturance.
- **Isolating** the child from the family and community; denying the child normal human contact.
- **Terrorizing** the child with continual verbal assaults, creating a climate of fear, hostility, and anxiety, thus preventing the child from gaining feelings of safety and security.

- **Corrupting** the child by encouraging and reinforcing destructive, antisocial behavior until the child is so impaired in socioemotional development that interaction in normal social environments is not possible.
- **Verbally assaulting** the child with constant, excessive name-calling, harsh threats, and sarcastic put downs that continually "beat down" the child's self-esteem with humiliation.
- **Overpressuring** the child with subtle but consistent pressure to grow up fast and to achieve too early in the areas of academics, physical or motor skills, or social interaction, which leaves the child feeling that he or she is never quite good enough.

Sexual Abuse

"Sexual abuse" is defined as the commission of a sexual offense with or to a child pursuant to Iowa Code Chapter 709, Iowa Code section 726.2, or Iowa Code section 728.12, subsection 1, as a result of the acts or omissions of the person responsible for the care of the child.

Notwithstanding Iowa Code 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 18 years.

There are several subcategories of sexual abuse:

- First-degree sexual abuse
- Second-degree sexual abuse
- Third-degree sexual abuse
- Lascivious acts with a child
- Indecent exposure
- Assault with intent to commit sexual abuse
- Indecent contact with a child
- Lascivious conduct with a minor
- Incest
- Sexual exploitation by a counselor or therapist
- Sexual exploitation of a minor
- Sexual misconduct with offenders and juveniles
- Invasion of privacy (nudity)

Behavioral indicators of sexual abuse could include things such as excessive knowledge of sexual matters beyond their normal developmental age or seductiveness. Physical indicators of sexual abuse could include things such as bruised or bleeding genitalia, venereal disease, or even pregnancy.

Denial of Critical Care

"Denial of critical care" is defined as the failure on the part of a person responsible for the care of a child to provide for the adequate food, shelter, clothing, medical or mental health treatment, supervision, 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.

Note: What most people think of as an issue of "neglect" is covered under the child abuse category of "denial of critical care."

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 does not preclude a court from ordering that medical service be provided to the child where the child's health requires it.

Denial of critical care includes the following eight sub-categories:

- **Failure to provide adequate food and nutrition** to such an extent that there is danger of the child suffering injury or death.
- **Failure to provide adequate shelter** to such an extent that there is danger of the child suffering injury or death.
- **Failure to provide adequate clothing** to such an extent that there is danger of the child suffering injury or death.
- **Failure to provide adequate health care** to such an extent that there is danger of the child suffering serious injury or death.
- **Failure to provide the mental health care** necessary to adequately treat an observable and substantial impairment in the child's ability to function.
- **Gross failure to meet the emotional** needs of the child necessary for normal development evidenced by the presence of an observable and substantial impairment in the child's ability to function within the normal range of performance and behavior.
- **Failure to provide proper supervision** of a child which a reasonable and prudent person would exercise under similar facts and circumstances, to such an extent that the failure resulted in direct harm or created a risk of harm to the child or there is danger of the child suffering injury or death.

  This definition includes cruel and undue confinement of a child and the dangerous operation of a motor vehicle when the person responsible for the care of the child is driving recklessly or driving while intoxicated with the child in the vehicle.

Other situations that fall under this subcategory include:

- Illegal drug usage by the caretaker of a child

  When you make an allegation of denial of critical care because a child lacks proper supervision due to illegal drug usage by a caretaker you may be asked questions to help DHS determine the type of drug and the degree of risk to the child.

  Some illegal drugs may have a greater impact on the supervision abilities of the caretaker than others. For example, methamphetamine usage by a child's caretaker has inherent risks to the child given the known effects of methamphetamines. DHS will consider the known effect of the drug named and other information to assess risk to the child's safety. You may be asked about the child's access to the drugs and about the caretaker's use of drugs, being under the influence of drugs while supervising or transporting child, dealing drugs, possession of weapons etc.

- Children home alone

  DHS receives many inquiries each year regarding when a child can be left home alone safely. Iowa law does not define an age that is appropriate for a child to be left alone. Each situation is unique. Examples of questions to help determine whether there are safety concerns for the child include:

  - Does the child have any physical disabilities?
  - Could the child get out of the house in an emergency?
  - Does the child have a phone and know how to use it?
  - Does the child know how to reach the caretaker?
  - How long will the child be left home alone?
  - Is the child afraid to be left home alone?
  - Does the child know how to respond to an emergency such as fire or injury?

- Lice and truancy

  Head lice and truancy are often reported as child abuse allegations. However, the endangerment does not generally rise to the level that must be present to constitute a child abuse allegation.

  If other conditions are present or the situation poses a risk to the child's health and welfare, it should be reported as child abuse. Even if the report is rejected for assessment, other services may be offered to the child and family.

♦ **Failure to respond to the infant's life-threatening conditions** by failing to provide treatment which in the treating physician's judgment will be most likely to be effective in ameliorating or correcting all conditions.

This subcategory or the denial of critical care abuse type is also known as "withholding of medically indicated treatment." The type of treatments included are appropriate nutrition, hydration, and medication.

The term does not include the failure to provide treatment other than appropriate nutrition, hydration, and medication to an infant when, in the treating physician's medical judgment, any of the following circumstances apply:

- The infant is chronically and irreversibly comatose.
- The provision of 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.

Child Prostitution

"Child prostitution" is defined as 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 Iowa Code section 725.1. Notwithstanding Iowa Code 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 18 years.

Note: "Prostitution" is defined as 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.

Presence of Illegal Drugs

"Presence of illegal drugs" is defined as occurring when 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 232.77 states that, "If a health practitioner discovers in a child physical or behavioral symptoms of the effect of exposure to cocaine, heroin, amphetamine, methamphetamine, or other illegal drugs or combination or derivatives thereof, which were 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 as defined section 232.73, on the child. The practitioner shall report any positive results of such a test on the child to the department. The department shall begin an assessment pursuant to section 232.71B upon receipt of such a report."

"Illegal drugs" are defined as cocaine, heroin, amphetamine, methamphetamine, other illegal drugs (including marijuana), or combinations or derivatives of illegal drugs which were not prescribed by a health practitioner.

Examples of situations that may result in a determination of this type of abuse:

- An infant is born with illegal drugs present in the infant's system as determined by a medical test. The illegal drugs were present in the infant's body due to the illegal drug usage by the mother before the baby's birth.
- A three-year-old child tests positive for illegal drugs due to exposure to the illegal drugs when the child's caretakers used illegal drugs in the child's home.

Manufacturing or Possession of a Dangerous Substance

"Manufacturing or possession of a dangerous substance" is defined in Iowa Code section 232.2, subsection 6, paragraph p, as occurring when the person responsible for the care of a child:

- Has manufactured a dangerous substance in the presence of the child, or
- Knowingly allows the manufacture of a dangerous substance by another person in the presence of a child, or
- 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 in the presence of the child.

For the purposes of this definition, "in the presence of a child" means the manufacture or possession occurred:

- In the physical presence of a child, or
- In a child's home, on the premises, or in a motor vehicle located on the premises, or
- Under other circumstances in which a reasonably prudent person would know that the manufacture or possession may be seen, smelled, or heard by a child.

Iowa Code section 232.2, subsection 6, paragraph p, defines "dangerous substance" as:

- Amphetamine, its salts, isomers, or salts of its isomers.
- Methamphetamine, its salts, isomers, or salts of its isomers.
- A chemical or combination of chemicals that poses a reasonable risk of causing an explosion, fire, or other danger to the life or health of people who are in the vicinity while the chemical or combination of chemicals is used or is intended to be used in any of the following:
    - The process of manufacturing an illegal or controlled substance.
    - As a precursor in the manufacturing of an illegal or controlled substance.
    - As an intermediary in the manufacturing of an illegal or controlled substance.

  Note: DHS must report this type of allegation to law enforcement, as this is a criminal act.

Bestiality in the Presence of a Minor

Bestiality in the presence of a minor is defined as the commission of a sex act with an animal in the presence of a minor as defined in Iowa Code section 717C.1 by a person who resides in a home with a child, as the result of the acts or omissions of a person responsible for the care of the child. **Note:** DHS must report this type of allegation to law enforcement, as this is a criminal act.

Allows Access by a Registered Sex Offender

It is child abuse if a caretaker-knowingly allows unsupervised access to a child by a registered sex offender or allows a registered sex offender to have custody or control of a child up to age 14 or a child up to age 18 if the child has a mental or physical disability. The exceptions are if the registered sex offender is the caretaker' spouse or is a minor child of the caretaker. **Note:** DHS must report this type of allegation to law enforcement, as this is a criminal act under child endangerment.

Allows Access to Obscene Material

This type of abuse is defined as a caretaker knowingly allowing a child access to obscene material, exhibiting obscene material to a child, or disseminating obscene material to a child, as defined in Iowa Code Section 728.1.

How Does DHS Respond?

A DHS child abuse assessment consists of the following processes:

- Intake
- Case assignment
- Evaluation of the alleged abuse
- Determining if abuse occurred
- Placing a report on the Child Abuse Registry
- Assessment of family strengths and needs
- Preparing forms and reports

Intake

The purpose of intake is to obtain information to ensure that reports of child abuse meeting the criteria for assessment are accepted and reports that do not meet the legal requirements are appropriately rejected. DHS policy is to accept a report when there is insufficient information to reject it.

The first step in this process is to initiate safeguards for children who are at risk or have been abused. DHS staff will ask questions of the reporter, record necessary information, and discern between significant and extraneous information.

Information gathered at intake includes:

- The allegation of child abuse
- The identify and location of the child, parents or caretakers
- The safety of and risk to the child
- The identity and location of the person allegedly responsible for the abuse
- That person's access to children
- Information regarding the mandatory reporter

The supervisor is responsible for ensuring that accurate information is documented.

While it is helpful to be familiar with child abuse definitions to make a report, knowing the definitions and terminology is not essential. DHS will determine the type of abuse being alleged. It may be possible to make reasonable inferences that would cause a report to be accepted for assessment based upon the description of what occurred, so detail and accurate information is essential.

You may be contacted when:

- Your initial report is made through a written report of child abuse.
- Any of the information in your initial report is unclear or incomplete.
- Information in your initial report is called into question once the assessment is initiated.
- The written report you submit contains new or different information from that provided in your oral report of child abuse.

Reports from Multiple Reporters

When more than one mandatory reporter reasonably suspects abuse involving the same incident, the mandatory reporters, may jointly make a written report to DHS.

When more than one reporter separately makes a report of suspected child abuse on the same incident, and the first report is currently being assessed, DHS will advise the subsequent reporters that the report of child abuse they are making has already been accepted as a case.

Time Frame for Deciding Whether to Accept a Report for Assessment

The DHS decision on whether to accept or reject a report of child abuse is to be made within a **1-hour or 12-hour** time frame from receipt of the report, depending on the information which is provided and the level of risk to the child:

- When a report indicates that the child has suffered a "**high-risk**" injury or there is an **immediate threat** to the child, the Department acts immediately to address the child's safety. The decision to accept the report of child abuse is made within **one hour** from receipt of the report.

- When the report **does not meet the criteria** to be accepted, such as the person alleged responsible is not a caretaker, but the report alleges the child is at **high risk**, DHS still acts immediately to address the child's safety (by calling law enforcement, for example). A supervisor reviews and approves the decision to reject the report of child abuse within **one hour** from receipt of the report.
- When a report indicates that the child has been abused, but it is not considered a "high risk" injury or there is **no immediate threat** to the child, DHS still acts promptly. The decision to accept the report of child abuse and supervisory approval on that decision are made within **12 hours** from receipt of the report.
- When the report **does not meet the criteria** to be accepted, such as the person alleged responsible is not a caretaker, and the report alleges the child is not considered to be at "high risk," a supervisor reviews and approves the decision to reject the report of child abuse within **12 hours** from receipt of the report.

Accepted Intakes

When your report meets the criteria for assessment, DHS will inform you that the report of child abuse has been accepted as a case within 24 hours of receiving the report. DHS may provide this oral notification at the time that the report is made if the report is accepted immediately.

If your report is not accepted immediately because further consultation is required with a supervisor, you will be informed that further consultation is needed before a decision can be made, and someone will be calling you back with the decision.

Rejected Intakes

DHS must obtain sufficient information to be able to determine if a report meets the intake criteria. A supervisor reviews the report and makes the final determination about rejecting the report for assessment.

If your report is rejected, DHS will:

- Contact law enforcement if a child's safety appears to be in jeopardy.
- Orally notify you that the report has been rejected within 24 hours of receipt.
- Send you a written notice indicating the decision to reject the report within five working days of its receipt, using form 470-3789, *Notice of Intake Decision*, which includes instructions on what to do if you disagree with the decision.
- Provide a copy of intake information to the county attorney within five working days of its receipt.

You will be advised that:

- The report is being rejected for one or more of the following reasons:
  - The reported victim is not a child.
  - The person alleged to have abused the child is not a caretaker.
  - The reported abuse does not fall within the definition of child abuse.
- The report will be screened for a possible "child in need of assistance" assessment to determine if juvenile court action is necessary. The family may apply for services through DHS if there is a founded child abuse report or a juvenile court order.
- You may inform the family of services available in the community.

If you become aware of circumstances where you believe that the child is **imminently likely** to be abused or neglected, report this to DHS. These may include, but are not limited to, a child born into a family in which:

- The court has previously adjudicated another child to be a child in need of assistance due to abuse;
- The court has terminated parental rights to a child; or
- The parent has relinquished rights with respect to a child due to child abuse.

DHS may seek an ex parte **removal order** if it appears that the newborn's immediate removal is necessary to avoid **imminent danger** to the child's life or health.

When intake information does not meet the legal definition of child abuse, but a criminal act to a child is alleged, DHS refers the report to the appropriate law enforcement agency.

If the intake information alleges sexual abuse of a child by a person who is not a "caretaker," DHS refers the report to law enforcement verbally and also submits the referral information in writing within 72 hours of receiving the report.

The DHS Intake Unit keeps a copy of intake information for rejected reports of child abuse for three years, then destroys it.

Rejected intake information is not considered "child abuse information." It is governed by the same provisions of confidentiality as DHS service case records. If a subject of a report requests information about a rejected intake involving the subject, DHS will provide a copy of the rejected intake to the subject, if it is available, after removing the name of the reporter.

If you become aware of new information after your report has been rejected, make a new report to DHS.

Case Assignment

When a report indicates that the child has suffered a "high risk" injury or there is an immediate threat to the child, DHS must act immediately to address the child's safety. The case must be assigned **immediately**.

When a report indicates that the child has been abused but it is not considered a "high risk" injury or there is no immediate threat to the child, DHS must still act promptly. The case must be assigned within **12 hours from receipt of the report**.

The primary purpose of the assessment is to take action to protect and safeguard the child by evaluating the safety of and risk to the child named in the report and any other children in the same home as the parents or other person responsible for their care.

If DHS staff believe at any time during the assessment that there is an immediate threat because of abuse, they will immediately contact the proper authorities and communicate these concerns. This may include any or all of the following:

- Law enforcement
- Juvenile court
- Physicians

DHS staff have contact with the family in all assessments. Other assessment activities vary, depending upon the evaluation of the child's safety and the family's strengths and needs.

Evaluation of the Alleged Abuse

During the evaluation process, DHS gathers information about the allegations of child abuse, as well as the strengths and needs of the family, through:

- Observing the alleged child victim
- Interviewing subjects of the report and other sources
- Gathering documentation
- Evaluating the safety of and risk to the child

Observation of the Alleged Child Victim

The purpose of observation of the alleged victim is to address the safety of the child and determine if the child has visible symptoms of abuse. Careful and timely observation of the child is most relevant to physical abuse allegations. Observation may also be relevant in assessments involving allegations of denial of critical care, particularly failure to provide adequate food, shelter, or clothing.

Requirements for observations depend on the level of risk to the child posed by the allegation, as follows:

- **1 hour** when the report involves an immediate threat or high risk to the child's safety.
- **24 hours** when the report doesn't involve immediate threat or high risk to the child but the person alleged responsible has access to the child.
- **96 hours** when the report doesn't involve an immediate threat or high risk to the child and the person alleged responsible clearly does not have access to the child.

Whenever possible, the child protection worker attempts to observe and interview the child named in the report when interviewing the parents. When the worker must observe and interview a child named in the report away from the parental home, attempts are made to obtain parental consent.

Interviews with Subjects of the Report and Other Sources

DHS staff interview the child to gather information not only regarding the abuse allegations, but also about the child's immediate safety, the risk of abuse, the parents, the person allegedly responsible for the abuse, and the family.

Other siblings may be interviewed to determine if they have experienced abuse, to evaluate their vulnerability, to gather corroborating information regarding the alleged child victim, and to gather information to assist in the risk assessment.

During an assessment, DHS may interview parents who are not alleged to have abused the child to find out what they know about the alleged abuse, gather information related to the risk of abuse; and determine their capacity to protect the child.

Iowa law requires that the person allegedly responsible for abuse be offered an opportunity (when the person's whereabouts are known) to be interviewed and respond to the allegations, but the person may decline the interview. The information is used to determine if abuse occurred, as well as to measure the risk this person may present to the alleged victim, other children, or others residing in the household.

DHS may contact and interview other people who may have relevant information to share regarding the report of the alleged abuse and the assessment of the safety of and risk to the child. During an assessment, physicians are asked to contact DHS immediately when:

- The parents or caretakers fail to take the child to the scheduled appointment.
- There is any confirmation or evidence of physical abuse.
- The child has other medical conditions that require immediate medical attention.

Professional consultation may be sought, including the use of multidisciplinary teams, or child protection assistance teams or child protection centers when a determination is needed which is outside the Department's professional scope. For example, a worker may be able to identify a child who is underweight, but "failure to thrive" is a diagnosis that only a physician can make.

Multidisciplinary teams consist of professionals practicing in medicine, public health, mental health, social work, child development, education, law, juvenile probation, law enforcement, nursing, domestic violence and substance abuse counseling.

These teams function as an advisory and consultation group to aid child protection workers in resolving issues related to a case during the assessment phase. They may also assist in identifying treatment plans. Counties or multi-county areas with 50 or more reports of child abuse annually are required to develop multidisciplinary teams.

Child protection assistance teams are convened by the county attorney and involve DHS, law enforcement and the county attorney to consult on cases involving a forcible felony against a child younger than age 14 by a person responsible for the care of the child and child sexual abuse. The team may consult with other professionals in specified disciplines.

The county attorney is to establish a team for each county unless two or more county attorneys agree to establish a single team for a multicounty area. The team may consult with or include juvenile court officers, medical and mental health professions, physicians or other hospital-based health professions, court appointed special advocates, guardian ad litem and members of a multidisciplinary team created by DHS for child abuse assessments.

DHS has established agreements with multiple child protection centers across the state of Iowa. These centers assist child protection workers in assessment of reports of child abuse. In most cases, these centers provide medical evaluations and psychosocial assessments of the victim when there are allegations of sexual abuse or serious physical abuse.

Other evaluative information is sometimes obtained through textbooks, scholarly journals, or other publications.

Gathering Documentation

Documentation gathered during the assessment process is used to assist in determining if the information contained with the report of child abuse is accurate, to complete the assessment of family strengths, and developing a plan of action.

Iowa Code section 232.71B indicates that any mandatory reporter, the county attorney, any law enforcement agency, and any social service agency in the state shall cooperate and assist in the assessment upon the request of the DHS.

In addition to information gathered through interviews, the child protective worker may take photographs or secure photographs taken by others to show injuries to the child or to document conditions in the household. Common sources for photographic documentation are police departments and hospitals.

DHS by law may request the criminal history of a person alleged to be responsible for abuse. Information suggesting that a record check is advisable may include allegations of sexual abuse, domestic violence, or abuse of alcohol or other drugs.

DHS may use medical reports and records that are relevant to the report of child abuse, including X-rays, findings of physical or sexual abuse examinations, reports from interviews and examinations at a child protection center and medically relevant tests related to the presence of illegal drugs within a child's body.

DHS may use audiotapes, videotapes, and other electronic recording media to document observations or conversations.

Evaluation of the Safety of and Risk to the Child

The evaluation of a child's safety is an ongoing activity that continues during the entire assessment process. A safety analysis focuses on the current situation. A child is considered "safe" when the evaluation of all available information leads to the conclusion that the child will not be abused in the current living arrangement.

If a child is determined not to be safe, DHS takes action to address safety concerns. This may include (but is not limited to) any of the following active steps:

- Provision of safety services.
- Provision of family safety, risk, and permanency services.
- Removal of a child from the home.
- Placement of child with relatives.
- Removal of person allegedly responsible for the abuse from the home.

The assessment of the risk of abuse to the child is based on the following factors:

- Severity of the incident or condition.
- Chronicity of the incident or condition.
- The child's age, medical condition, mental and physical maturity, and functioning.

- Attitude of the person allegedly responsible for the abuse regarding its occurrence.
- Current resources, services, and supports available to the family that can meet the family's needs and increase protection for the child.
- Special events, situations, or circumstances that may have created immediate stress, tension, or anxiety in the family or household.
- Access of the person allegedly responsible for the abuse to the child.
- Willingness and ability of the parent, or caretaker not responsible for the abuse, to protect the child from further abuse.

Determination if Abuse Occurred

After gathering necessary information from observations, interviews and documentation, and after assessing the credibility of subjects of the report, collateral contacts and information, DHS must determine whether or not abuse occurred. Each category or subcategory of child abuse requires that specific criteria be met in order to conclude that abuse occurred.

This determination is based on a "preponderance" of credible evidence, defined as greater than 50% of the credible evidence gathered. The child protective worker must make one of the following conclusions regarding a report of child abuse:

- **Not confirmed:** Based on the credible evidence gathered, DHS determines that there is not a preponderance of available credible evidence that abuse did occur.
- **Confirmed** (but not placed on the Child Abuse Registry): Based on a preponderance of all of the credible evidence available to DHS, the allegation of abuse is confirmed; however, the abuse will not be placed on the Child Abuse Registry.
- **Founded:** Based on a preponderance of credible evidence available to DHS, the allegation of abuse is confirmed and it is the type of abuse that requires placement on the Child Abuse Registry.

Determination if Report Is Placed on the Child Abuse Registry

After a decision is made that a report of child abuse is confirmed, DHS makes a determination about whether the report must be placed on the Child Abuse Registry.

When a report of child abuse is placed on the Child Abuse Registry, the child's name, the names of the child's parents, and the name of the perpetrator of the abuse are all entered into the Registry. Placing the name of a person responsible for the abuse of a child on the Registry may affect employment, registration, and licensure opportunities for that person.

"Founded" reports must be placed on the Child Abuse Registry. A report that is not confirmed cannot be placed on the Registry. A report of child abuse that is confirmed must be placed on the Registry as a founded report under any of the following circumstances:

- **Physical abuse**, when one or more of the following criteria are met:
  - The injury was not minor.
  - The injury was not isolated.
  - The injury is likely to reoccur.
- **Denial of critical care** by:
  - Failure to provide adequate food and nutrition.
  - Failure to provide adequate shelter.
  - Failure to provide adequate health care.
  - Failure to provide adequate mental health care.
  - Gross failure to meet emotional needs.
  - Failure to respond to an infant's life-threatening condition.
  - Failure to provide proper supervision, **when** one or more of the following criteria are met:
    - The risk of injury was not minor.
    - The risk of injury was not isolated.
    - The risk of injury is likely to reoccur.
  - Failure to provide adequate clothing, **when** one or more of the following criteria are met:
    - The risk of injury was not minor.
    - The risk of injury was not isolated.
    - The risk of injury is likely to reoccur.
- **Mental injury**.
- **Presence of illegal drugs**.
- **Child prostitution**.
- **Sexual abuse committed by a person age 14 or older** at the time of the abuse.
- **Manufacturing or possession of dangerous substances with the intent to use the product as a precursor or intermediary**.
- **Bestiality in the presence of a minor**.
- **Allows access by a registered sex offender.**
- **Allows access to obscene material.**

Also, the report shall be **founded** when:

- The case was referred for juvenile or criminal court action. DHS may recommend court action for an adjudication, removal, or redisposition on an existing court case.
- Within 12 months of the report, the county attorney or juvenile court initiated **court action that resulted in an adjudication or criminal conviction**. (This could result in change in determination of placement on the Registry for a report not previously placed on the Registry.)The same person has been confirmed responsible for abuse in the **last 18 months**. If there is any prior report, the current assessment will be placed on the Registry if abuse is confirmed, because the abuse occurrence was not isolated.
- The person responsible for the abuse **continues to pose a danger** to the child named or another child. This is determined by assessing if the abuse was minor, isolated, and unlikely to reoccur. If the incident does not meet these three criteria, then the person may continue to pose a danger to the child named or to another child and the incident will be placed on the Registry.

In summary, all confirmed reports of abuse will be placed on the Registry as founded reports except for:

- Denial of critical care through failure to provide proper supervision, when the endangerment of the child was minor, isolated and unlikely to reoccur.
- Denial of critical care through failure to provide adequate clothing, when the endangerment of the child was minor, isolated and unlikely to reoccur.
- Physical abuse, when the injury to the child was minor, isolated and unlikely to reoccur.

Assessment of Family's Strengths and Needs

The assessment process requires an evaluation of the family's functioning, strengths, and needs. The family's participation is essential. Information is gathered from family members to identify strengths, possible rehabilitation needs of the child and family, and develop the plan of action. The process usually includes a visit to the home.

As part of the evaluation of the family functioning, the Department gathers information on:

- Home environment
- Parent or caretaker characteristics
- Child characteristics
- Domestic violence and substance abuse
- Social and environmental characteristics

Preparation of Reports and Forms

There are several reports and forms which are generated as a result of an assessment being initiated providing notification and other relevant information to reporters, subjects of the report, the county attorney and juvenile court.

- **Notice of Intake Decision**

  The *Notice of Intake Decision* provides written notification to all mandatory and permissive reporters about whether or not a report of child abuse was accepted or rejected for assessment. This form is completed and mailed to the reporter within five working days of the receipt of a report.

- **Parental Notification**

  The *Parental Notification* form provides written notice to the parents of a child who is the subject of a child abuse assessment within five working days of commencing an assessment. Both custodial and noncustodial parents are notified if their whereabouts are known. DHS is required by law to issue this notification. Only the court may waive issuance of the notice.

- **Child Protective Assessment Summary**

  The *Child Protective Services Assessment Summary* provides documentation of efforts to assess the abuse allegations and to assess the child and family functioning. The *Child Protective Services Assessment Summary* is available to the mandatory reporter who made the report, upon request. The custodial and noncustodial parents are provided a copy of the summary at the completion of the assessment. The safety and risk assessment can be released only with the permission of the subjects.

  The Summary includes report and disposition information divided in several sections.

  - **Abuse reported.** This section includes the allegations reported, including the name of the child subject, the person alleged to be responsible, and the type of abuse reported; and any additional allegations received while the assessment is being conducted.
  - **Assessment of child safety.** This section includes an assessment of the immediate safety of the child, actions taken to address safety issues, and an assessment of future risk to the child.
  - **Summary of contacts.** This section includes family and child identification, with a list of household members by name, and relationship to one another. It describes the date and time the child subject was observed; the rationale for using confidential access, if applicable; and the physical evidence pertaining to the abuse allegations. It identifies those interviewed (by name, date, and time), including collateral contacts and a summary of their remarks.

This section describes DHS efforts to locate and interview the person alleged to be responsible for the abuse and the documents DHS requested and examined pertaining to the abuse allegations. It includes information about all previous confirmed incidents of child abuse (both founded and confirmed not placed on Registry) involving any subjects of the current assessment and relevant information from any previous DHS contact with the child or family.

- **Determination as to whether abuse occurred.** This section includes documentation to support whether abuse did or did not occur; the identification of the type of abuse that occurred, if any, and its severity or significance; and the identification of the child and the person responsible for the abuse.
- **Rationale for placement or non-placement on the Registry.** This section specifies why the report is or is not being placed on the Child Abuse Registry. Specific circumstances that require placement of the report on the Registry are documented.
- **Recommendation for juvenile court action.** This section contains specific recommendations to the county attorney regarding the initiation (or continuation) of juvenile court action, along with the rationale to support the recommendation.
- **Recommendation for criminal court action.** This section contains specific recommendations to the county attorney regarding the initiation of any criminal prosecution and rationale for this recommendation, reference to any joint assessment with law enforcement, and the current status of a criminal investigation, when charges have already been filed.

♦ **Notice of Child Abuse Assessment**

The *Notice of Child Abuse Assessment* is issued to the parents, guardians, custodians of the child, noncustodial parent, child, person alleged to be responsible for the abuse, as well as the mandatory reporter, when applicable, a facility administrator and other child protection workers who assisted in completing the assessment, if any. The *Notice*:

- Indicates that the assessment process is concluded and whether the allegations of abuse were founded, confirmed or not confirmed.
- Lists the recommendation for services and juvenile or criminal court.
- Provides information regarding confidentiality provisions related to child abuse assessment information and how to request an appeal hearing.
- Provides information on how to obtain copies of the *Child Protective Assessment Services Summary*. Mandatory reporters may use the notice form to request a copy of the written summary of the assessment of their allegations of abuse.

What Happens After the Assessment?

By the close of the child protective assessment process, the child protection worker will determine the family's eligibility and need for services. The eligibility for services is based on age of the child, the risk of abuse or reabuse, and the finding of child abuse assessment. DHS provides protective services to abused and neglected children and their families without regard to income when there is a founded child abuse report or with a court order. Community resources provide rehabilitative services for the prevention and treatment of child abuse to children and families.

Service Recommendations and Referrals

During or at the conclusion of a child abuse assessment, the department may recommend information, information and referral, community care referral, or services provided by the department. If it is believed that treatment services are necessary for the protection of the abused child or other children in the home, juvenile court intervention shall be sought.

- **Information or information and referral.** Families with children of any age that have confirmed or not confirmed abuse and low risk of abuse shall be provided either information and referral or information when:
  - No service needs are identified, and the worker recommends no service; or
  - Service needs are identified, and the worker recommends new or continuing services to the family to be provided through informal supports; or
  - Service needs are identified, and the worker recommends new or continuing services to the family to be provided through community agencies.
- **Referral to community care.** With the exception of families of children with an open department service case, court action pending, or abuse in an out-of-home setting, a referral to community care shall be offered to:
  - Families with children whose abuse is not confirmed that have moderate to high risk of abuse when service needs are identified and the worker recommends community care.
  - Families with children that have confirmed but not founded abuse and moderate or high risk of abuse when service needs are identified and the worker recommends community care.
  - Families with children with founded abuse, a victim child six years of age or older, and a low risk of repeat abuse when service needs are identified and the worker recommends community care.

  Note: "Community care" means child and family-focused services and supports provided to families referred from the department. Services shall be geared toward keeping the children in the family safe from abuse and neglect; keeping the family intact; preventing the need for further intervention by the department, including removal of the child from the home; and building ongoing linkages to community-based resources that improve the safety, health, stability, and well-being of families served.

- **Referral for department services.** Families with children that have founded abuse and moderate to high risk of abuse and families with victim children under age six that have founded abuse and low risk of abuse shall be offered department services on a voluntary basis.
  - The worker shall recommend new or continuing treatment services to the family to be provided by the department, either directly or through contracted agencies.
  - Families refusing voluntary services shall be referred for a child in need of assistance action through juvenile court.

DHS services such as homemaker services, parenting classes, respite child care, foster care, financial assistance, psychological and psychiatric services, and sexual abuse treatment may be provided and may be provided without court involvement if the parent consents to services. Other interventions can be ordered by a court.

Juvenile court intervention may be sought in order to intervene on an emergency basis to place the child in protective custody by removing the child from the home or by seeking adjudication of the child to place the child under the protective supervision of the juvenile court with the child remaining in the care and custody of the parent.

The child protective assessment worker continuously evaluates the safety and risk to the child while conducting the assessment of allegations of abuse. The assessment worker may consider alternatives to the removal of a child if the child would be provided adequate protection. Options may include:

- Bringing protective relatives to the child's home while the parents leave the home.
- Initiating public health nurse or visiting nurse services.
- Initiating homemaker services or family safety, risk, and permanency services.
- Implementing intensive services, such as family preservation.
- Placing the child in voluntary foster or shelter care.
- Placing the child voluntarily with relatives or friends.
- Obtaining a court order requiring that the person responsible for the abuse leave the home, when other family members are willing and able to adequately protect the child.

When the juvenile court orders the person alleged responsible for the abuse to vacate the child's residence, a child in need of assistance petition must be filed within three days. If there are concerns about the person having contact with the child following the person's removal from the home, a "no contact" order through the county attorney may be requested.

Removal of a Child

Iowa laws provide for a child to be placed in protective custody in various situations. DHS does not have a statutory authority to simply "remove" a child from a parent or other caretaker. The procedures for a child to be placed in protective custody are outlined in Iowa Code sections 272.78 through 232.79A.

Assessment workers do not have the legal authority to remove children from their home without a court order or parental consent. Only a peace officer or a physician treating a child may remove a child without a court order if the child's immediate removal is necessary to avoid imminent danger to the child's life or health. There are four legal procedures for the emergency temporary removal of a child:

- Emergency removal by an ex parte court order
- Emergency removal of the child by a peace officer
- Emergency removal of the child by a physician
- With parent's consent

Removal by Ex Parte Court Order

A child may be taken into custody following the issuance of an **ex parte court order** pursuant to Iowa Code section 232.78, which states:

1. The juvenile court may enter an ex parte order directing a peace officer or a juvenile court officer to take custody of a child before or after the filing of a petition under Chapter 232 provided all of the following apply:

    a. The person responsible for the care of the child is absent, or though present, was asked and refused to consent to the removal of the child and was informed of an intent to apply for an order under this section, or there is reasonable cause to believe that a request for consent would further endanger the child, or there is reasonable cause to believe that a request for consent will cause the parent, guardian, or legal custodian to take flight with the child.

    b. It appears that the child's immediate removal is necessary to avoid imminent danger to the child's life or health. The circumstances or conditions indicating the presence of such imminent danger shall include but are not limited to any of the following:

        (1) The refusal or failure of the person responsible for the care of the child to comply with the request of a peace officer, juvenile court officer, or child protection worker for such person to obtain and provide to the requester the results of a physical or mental examination of the child. The request for a physical examination of the child may specify the performance of a medically relevant test.

(2) The refusal or failure of the person responsible for the care of the child or a person present in the person's home to comply with a request of a peace officer, juvenile court officer, or child protection worker for such a person to submit to and provide to the requester the results of a medically relevant test of the person.

c. There is not enough time to file a petition and hold a hearing under [Iowa Code] section 232.95.

d. The application for the order includes a statement of the facts to support the findings specified in paragraphs a, b, and c.

2. The person making the application for an order shall assert facts showing there is reasonable cause to believe that the child cannot either be returned to the place where the child was residing or placed with the parent who does not have physical care of the child.

3. Except for good cause shown or unless the child is sooner returned to the place where the child was residing or permitted to return to the child care facility, a petition shall be filed under this chapter within three days or the issuance of the order.

4. 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 Chapter 232 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.

5. The juvenile court, before or after the filing of a petition under Chapter 232, may enter an ex parte order authorizing a physician or hospital to conduct an outpatient physical examination of a child, or authorizing a physician…, a psychologist…, or a community mental health center… to conduct an outpatient mental examination of a child, if necessary to identify the nature, extent, and cause of injuries to the child, provided all the following apply:

   a. The parent, guardian, or legal custodian is absent, or though present, was asked and refused to provide written consent to the examination.

   b. The juvenile court has entered an ex parte order directing the removal of the child from the child's home or a child care facility under this section.

   c. There is not enough time to file a petition and to hold a hearing as provided in section 232.98.

6. Any person who may file a petition under Chapter 232 may apply for an order for temporary removal, or the court on its own motion may issue such an order. An appropriate person designated by the court shall confer with a person seeking the removal order, shall make every reasonable effort to inform the parent or other person legally responsible for the child's care of the application, and shall make such inquiries as will aid the court in disposing of such application.

The person designated by the court shall file with the court a complete written report providing all details of the designee's conference with the person seeking the removal order, the designee's efforts to inform the parents or other person legally responsible for the child's care of the application, any inquiries made by the designee to aid the court in disposing of the application, and all information the designee communicated to the court. The report shall be filed within five days of the date of the removal order.

If the court does not designate any appropriate person who performs the required duties, notwithstanding section 234.39 or any other provision of law, the child's parent shall not be responsible for paying the cost of care and services for the duration of the removal order.

7. Any order entered authorizing temporary removal of a child must include both of the following:
    a. A determination made by the court that continuation of the child in the child's home would be contrary to the welfare of the child. Such a determination must be made on a case-by-case basis. The grounds for the court's determination must be explicitly documented and stated in the order. However, preserving the safety of the child must be the court's paramount consideration. If imminent danger to the child's life or health exists at the time of the court's consideration, the determination shall not be a prerequisite to the removal of the child.
    b. A statement informing the child's parent that the consequences of a permanent removal may include termination of the parent's rights with respect to the child.

If deemed appropriate by the court, upon being informed that there has been an emergency removal or keeping of a child without a court order, the court may enter an order in accordance with section 232.78.

Removal of a Child by a Peace Officer or a Physician

A child may be taken into custody without a court order pursuant to Iowa Code section 232.79, which indicates that:

1. A peace officer or juvenile court officer may take a child into custody, a physician treating a child may keep the child in custody, or a juvenile court officer may authorize a peace officer, physician, or medical security personnel to take a child into custody, without a court order as required under section 232.78 and without the consent of a parent, guardian, or custodian provided that both of the following apply:
    a. The child is in a circumstance or condition that presents an imminent danger to the child's life or health.
    b. There is not enough time to apply for an order under section 232.78.

2. If a person authorized by this section removes or retains custody of a child, the person shall:

   a. Bring the child immediately to a place designated by the rules of the court for this purpose, unless the person is a physician treating the child and the child is or will presently be admitted to a hospital.

   b. Make every reasonable effort to inform the parent, guardian, or custodian of the whereabouts of the child.

   c. In accordance with court-established procedures, immediately orally inform the court of the emergency removal and the circumstances surrounding the removal.

   d. Within 24-hours of orally informing the court of the emergency removal in accordance with paragraph “c,” inform the court in writing of the emergency removal and the circumstances surrounding the removal.

3. Any person, agency, or institution acting in good faith in the removal or keeping of a child pursuant to this section, and any employer of or person under the direction of such a person, agency, or institution, shall have immunity from any civil or criminal liability that might otherwise be incurred or imposed as the result of such removal or keeping.

4. a. When the court is informed that there has been an emergency removal or keeping of a child without a court order, the court shall direct the department of human services or the juvenile probation department to make every reasonable effort to communicate immediately with the child’s parent or parents or other person legally responsible for the child’s care.

   Upon locating the child’s parent or parents or other person legally responsible for the child’s care, the department of human services or the juvenile probation department shall, in accordance with court-established procedures, immediately orally inform the court. After orally informing the court, the department of human services or the juvenile probation department shall provide to the court written documentation of the oral information.

   b. The court shall authorize the department of human services or the juvenile probation department to cause a child thus removed or kept to be returned if it concludes there is not an imminent risk to the child’s life and health in so doing.

   If the department of human services or the juvenile probation department receives information which could affect the court’s decision regarding the child’s return, the department of human services or the juvenile probation department, in accordance with court established procedures, shall immediately orally provide the information to the court. After orally providing the information to the court, the department of human services or the juvenile probation department shall provide to the court written documentation of the oral information.

If the child is not returned, the department of human services or the juvenile probation department shall forthwith cause a petition to be filed within three days after the removal.

c. If deemed appropriate by the court, upon being informed that there has been an emergency removal or keeping of a child without a court order, the court may enter an order in accordance with section 232.78.

5. When there has been an emergency removal or keeping of a child without a court order, a physical examination of the child by a licensed medical practitioner shall be performed within 24-hours of such removal, unless the child is returned to the child's home within 24-hours of the removal.

A child without adult supervision may be taken into custody pursuant to Iowa Code section 232.79A, which indicates that:

If a peace officer determines that a child does not have adult supervision because the child's parent, guardian, or other person responsible for the care of the child has been arrested and detained or has been unexpectedly incapacitated, and that no adult who is legally responsible for the care of the child can be located within a reasonable period of time, the peace officer shall attempt to place the child with an adult relative of the child, an adult person who cares for the child, or another adult person who is known to the child. The person with whom the child is placed is authorized to give consent for emergency medical treatment of the child and shall not be held liable for any action arising from giving the consent.

Upon the request of the peace officer, the Department shall assist in making the placement. The placement shall not exceed a period of 24-hours and shall be terminated when a person who is legally responsible for the care of the child is located and takes custody of the child.

If a person who is legally responsible for the care of the child cannot be located within the 24-hour period or a placement in accordance with this section is unavailable, the provisions of section 232.79 shall apply. If the person with whom the child is placed charges a fee for the care of the child, the fee shall be paid from funds provided in the appropriation to the Department for protective child care.

Removal With Parent's Consent

A parent, guardian, or custodian may voluntarily consent to placement of a child in foster care. Voluntary placement must be for less than a 30-day period. Court action will be sought if the child can not be returned home.

A voluntary placement may be appropriate when the need for placement is expected to be short-term, such as during the parent's illness or for crisis intervention. When a parent must be out of the home for a time-limited period, make every effort to help the family find relatives or friends who can assume temporary responsibility for the child as an alternative to foster care placement.

Juvenile Court Hearings

Juvenile court hearings are held when children are removed from their parent's custody or when treatment or DHS supervision of abused or neglected children is necessary because the parents are unwilling or unable to provide such treatment or supervision.

Parents are notified immediately if their child is placed in other care. A petition for a hearing must be filed with the juvenile court within three days of the removal of a child from a parent's care. A juvenile court hearing is held promptly in order to review the need for continued protection of the child through shelter care. Parents are provided the opportunity at the shelter care hearing to present evidence that their child can be returned home without danger of injury or harm.

The court ensures that the parent's and the children's rights will be protected. An attorney will be appointed to represent the child's best interest in these cases. The attorney representing the child is called the guardian ad litem. The court may also appoint a court-appointed special advocate (CASA) to assist in informing the court regarding child's progress and recommendations.

The parents have a right to legal counsel. If they cannot afford an attorney, the court will appoint one.

Additional hearings are held if the court determines that the child needs its protection. At each hearing, the court reviews the efforts of the parents to remedy problems and the services arranged for or provided by DHS to help the parents and children.

Child in Need of Assistance

A child in need of assistance is defined in Iowa Code section 232.2, subsection 6, as: an unmarried child:

a. Whose parent, guardian or other custodian has abandoned or deserted the child.

b. Whose parent, guardian, other 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.

c. Who has suffered or is imminently likely to suffer harmful effects as a result of either of the following:

   (1) Mental injury caused by the acts of the child's parent, guardian, or custodian.

   (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.

   (3) The child's parent, guardian, or custodian, or the person responsible for the care of the child, as defined in section 232.68, has knowingly disseminated or exhibited obscene material to the child as defined in section 728.1.

d. Who has been, or is imminently likely to be, sexually abused by the child's parent, guardian, custodian, or other member of the household in which the child resides.

e. Who is in need of medical treatment to cure, alleviate, or prevent serious injury or illness and whose parent, guardian or custodian is unwilling or unable to provide such treatment.

f. Who is in need of treatment to cure or alleviate serious mental illness or disorder, or emotional damage as evidenced by severe anxiety, depression, withdrawal, or untoward aggressive behavior toward self or others and whose parent, guardian, or custodian is unwilling to provide such treatment.

g. Whose parent, guardian, or custodian fails to exercise a minimal degree of care in supplying the child with adequate food, clothing, or shelter and refuses other means made available to provide such essentials.

h. Who has committed a delinquent act as a result of pressure, guidance, or approval from a parent, guardian, custodian, or other member of the household in which the child resides.

i. Who has been the subject of or a party to sexual activities for hire or who poses for live display or for photographic or other means of pictorial reproduction or display which is designated to appeal to the prurient interest and is patently offensive; and taken as a whole, lacks serious literary, scientific, political, or artistic value.

j. Who is without a parent, guardian, or other custodian.

k. Whose parent, guardian, or other custodian, for good cause desires to be relieved of the child's care and custody.

l. Who for good cause desires to have the child's parents relieved of the child's care and custody.

m. Who is in need of treatment to cure or alleviate chemical dependency and whose parent, guardian, or custodian is unwilling or unable to provide such treatment.

n. Whose parent's or guardian's mental capacity or condition, imprisonment, or drug or alcohol abuse results in the child not receiving adequate care.

o. In whose body there is an illegal drug present as a direct and foreseeable consequence of the acts or omissions of the child's parent, guardian, or custodian. The presence of the drug shall be determined in accordance with a medically relevant test as defined in section 232.73.

p. Whose parent, guardian, or custodian does any of the following: Unlawfully manufactures a dangerous substance in the presence of a child. Knowingly allows such manufacture by another person in the presence of a child, or in the presence of a 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.

(1) For the purposes of this paragraph "p," "in the presence of a child" means the physical presence of a child during the manufacture or possession, the manufacture or possession occurred in a child's home, on the premises, or in a motor vehicle located on the premises, or the manufacture or possession occurred under other circumstances in which a reasonably prudent person would know that the manufacture or possession may be seen, smelled, or heard by a child.

(2) For the purpose of this paragraph "p," "dangerous substance" means any of the following:

(a) Amphetamine, its salts, isomers, or salts of its isomers.
(b) Methamphetamine, its salts, isomers, or salts of its isomers.
(c) A chemical or combination of chemicals that poses a reasonable risk of causing an explosion, fire, or other danger to the life or health of persons who are in the vicinity while the chemical or combination of chemicals is used or is intended to be used in any of the following:

(i) The process of manufacturing an illegal or controlled substance.
(ii) As a precursor in the manufacturing of an illegal or controlled substance.
(iii) As an intermediary in the manufacturing of an illegal or controlled substance.

q. Who is a newborn infant whose parent has voluntarily released custody of the child in accordance with Chapter 233.

How Is Child Abuse Information Treated?

Iowa Code section 235A.15 provides that confidentiality of child abuse information shall be maintained, except as specifically authorized.

Under Iowa law, "child abuse information" includes any or all of the following data maintained by DHS in a manual or automated data storage system and individually identified:

- Report data, including information pertaining to an assessment of an allegation of child abuse in which DHS has determined the alleged abuse meets the definition of child abuse.
- Assessment data, including information pertaining to the DHS evaluation of a family.
- Disposition data, including information pertaining to an opinion or decision as the occurrence of child abuse.

Note: Iowa Code section 232.71B, subsection 2, directs that DHS shall not reveal the identity of the reporter of child abuse in the written notification to parents or otherwise.

The Department shall withhold the name of the person who made the report of suspected child abuse. Only the court may allow the release of that person's name.

Protective Disclosure

Iowa Code allows for DHS to disclose that an individual is listed on the child abuse registry, the dependent adult abuse registry or is required to register for the sexual offender registry when it is necessary for the protection of a child. The disclosure can only be made to persons who are subjects of a child abuse assessment.

Disposition of Reports

Iowa law limits access to child abuse information to specific individuals and entities depending on placement of the Child Abuse Registry. All subjects of the report and their attorneys have access to:

- Information contained within the Child Protective Services Assessment Summary.
- Correspondence or written information that pertains to *Child Protective Services Assessment Summary*.

A copy of the entire *Child Protective Services Assessment Summary* is automatically provided to subjects, including but not limited to the custodial and noncustodial parents.

If a person with access to the *Child Protective Services Assessment Summary* as a result of the current assessment does not have access to all information listed from previous summaries, the inaccessible information is deleted before providing the summary to that person.

Note: The safety assessment, safety plan, and family risk assessment are considered assessment data, and its dissemination by law is more restrictive.

A person who is the subject of a child abuse report may also receive a copy of the *Child Protective Services Assessment Summary* for that report by submitting a request to the Department. Subjects may use either the *Request for Child Abuse Information* or the *Notice of Child Abuse Assessment* to make this request.

Mandatory reporters may request a founded report using either form. They will receive a *Notice of Child Abuse Assessment* when the assessment report is completed as the reporter of the abuse. Mandatory reporters may also request founded reports when they are providing care or treatment to a child victim, their families or the person responsible for the abuse.

All other requesters must use the *Request for Child Abuse Information* to request a copy of the assessment report.

Requests for Correction and Appeals

A subject (child, parent, guardian or legal custodian, alleged perpetrator) who feels there is incorrect or erroneous information contained in the *Child Protective Services Assessment Summary*, or who disagrees with its conclusions, may request a correction of the report.

The subject must submit a written request within six months of the completion of the *Child Protective* must submit a written request within six months of the completion of the *Child Protective Assessment Summary*. Requests must be sent to:

Appeals Section
1305 E Walnut St, 5th Floor
Des Moines, Iowa 50319-0114

An administrative hearing and or a prehearing is then scheduled. At the evidentiary hearing, the matter will be heard before an administrative law judge. The administrative law judge may also uphold, modify, or overturn the finding.

A requester who is not satisfied with the decision of the administrative law judge may appeal the matter the district court.

Access to Child Abuse Information

Another function of the Child Abuse Registry is approval of the dissemination of child abuse information to persons authorized to receive this information. Iowa Code section 235A.17 indicates that an authorized recipient of child abuse information shall not redisseminate the information to anyone else.

Access to child abuse information is authorized for:

- Subjects of a report (child, parent, guardian or legal custodian, alleged perpetrator)
- The attorney for any subject
- An employee or agent of DHS who is responsible for assessment of the report of child abuse
- Other DHS personnel when necessary for the performance of their official duties and functions
- The mandatory reporter who reported the abuse
- The county attorney
- The juvenile court

Access to child abuse information is also authorized to persons involved in an assessment of child abuse (such as a health practitioner or mental health professional, a law enforcement officer, or a multidisciplinary team).

Access to certain child abuse information is authorized to individuals, agencies, or facilities providing care to a child named in a report that includes:

- A facility licensing authority
- A person or agency responsible for the care of a child victim or perpetrator
- An administrator of a psychiatric medical institution
- An administrator of a child foster care facility
- An administrator of a registered or licensed child care facility
- The superintendent of the Iowa Braille and Sightsaving School
- The superintendent of the School for the Deaf
- An administrator of a community mental health center
- An administrator of an agency providing services under a county management plan
- An administrator of a facility or program operated by the state, city or county providing direct care to children for applicant and employee record checks

- An administrator of an agency providing Medicaid home- and community-based waiver services for applicant and employee record checks
- An administrator of a child care resource and referral agency under contract with DHS
- An administrator of a hospital for applicant and employee record checks

Access to child abuse information is also authorized under some circumstances related to judicial and administrative proceedings, such as:

- The juvenile court
- A juvenile court officer
- A Court appointed special advocate
- An expert witness at any stage of an appeal hearing
- A district court
- A probation or parole officer
- An adult correctional officer
- Each board of examiners and licensing board
- A court or agency hearing an appeal for correction of child abuse information
- The Department of Justice for review by the prosecutor's review committee or the commitment of sexually violent predators

Access to certain child abuse information is also authorized to others under certain circumstances, including:

- A person conducting bona fide child abuse research
- DHS personnel for official duties
- A DHS employee for record checks of state operated institutions employees
- A DHS registration or licensing employee
- A DHS adoption worker
- The attorney for DHS
- A certified adoption investigator
- A certified adoption worker
- A child protection agency from another state for investigative, treatment or adoptive or foster care placement services
- Foster care review boards, or to conduct a record check evaluation

- The Board of Educational Examiners
- A legally authorized protection and advocacy agency
- The Iowa Board for the Treatment of Sexual Offenders
- A licensed child placing agency for adoptive placement
- The superintendent or designee of school district, or authorities for a nonpublic school, for employee and volunteer record checks
- Department of Inspections and Appeals for applicants for employment

Civil and Criminal Liability Regarding Child Abuse Information

According to Iowa Code section 235A.20, any aggrieved person may institute a civil action for damages under Iowa Code Chapter 669 or 670 or to restrain the dissemination of child abuse information in violation of Iowa Code Chapter 232.

Any recipient proven to have disseminated child abuse information or to have requested and received such information in violation of Chapter 232, shall be liable for actual damages and exemplary damages for each violation. The recipient shall also be liable for court costs, expenses, and reasonable attorney's fees incurred by the party bringing the action.

The same penalties apply to any employee of the Department who knowingly destroys investigation or assessment data, except in accordance with rules established for retention of child abuse information under Iowa Code section 235A.18.

Also, according to Iowa Code section 235A.21, the following people are guilty of a serious misdemeanor under the Iowa criminal code:

- Any person who willfully requests, obtains, or seeks to obtain child abuse information under false pretenses.
- Any person who willfully communicates or seeks to communicate child abuse information to any agency or person except in accordance with Iowa Code sections 235A.15 and 235A.17.
- Any person connected with any research authorized pursuant to Iowa Code section 235A.15 who willfully falsifies child abuse information or any records relating to child abuse information.

Any person who knowingly, but without criminal purpose, communicates, or seeks to communicate child abuse information except in accordance with sections 235A.15 and 235A.17 shall be guilty of a simple misdemeanor.

What Training Do Mandatory Reporters Need?

Mandatory reporters are required by law to complete two hours of training during their first six months of employment and two hours every five years thereafter.

The 2001 Iowa General Assembly established the requirement for the creation of a panel for the "review and approval" of mandatory reporter training curricula. The Director of the Department of Public Health convened a panel to satisfy the mandate of the legislation.

People who work in position classifications that under law make the person a mandatory reporter of child or dependent adult abuse but do not have a mandatory reporter training curriculum approved by a licensing or examining board must acquire training approved by the panel. The website for information is (http://www.idph.state.ia.us/dir_off/abuseeducation/default.htm).

Mandatory report training curricula must be approved by the Abuse Education Review Panel to satisfy the Iowa Code mandated training requirement. Licensed professionals are required to complete training that is required and approved by their respective licensing and examining boards or approved by the Abuse Education Review Panel.

Iowa Code subsection 232.69(3) states that:

a. For the purposes of this section, "licensing board" means an examining board designated in [Iowa Code] section 147.13, the Board of Educational Examiners created in [Iowa Code] section 272.2, or a licensing board as defined in [Iowa Code] section 272C.1.

b. A person required to make a report under subsection 1, other than a physician whose professional practice does not regularly involve providing primary health care to children, shall complete two hours of training relating to the identification and reporting of child abuse within six months of initial employment or self-employment involving the examinations, attending, counseling, or treatment of children, on a regular basis.

   Within one month of initial employment or self-employment, the person shall obtain a statement of the abuse reporting requirements from the person's employer or, if self-employed, from the department. The person shall complete at least two hours of additional child abuse identification and reporting training every five years.

c. If the person is an employee of a hospital or similar institution, or of a public or private institution, agency, or facility, the employer shall be responsible for obtaining the child abuse identification and reporting training.

   If the person is self-employed, employed in a licensed or certified profession, or employed by a facility or program that is subject to licensure, regulation, or approval by a state agency, the person shall obtain the child abuse identification and reporting training as provided in paragraph "d."

d. The person may complete the initial or additional training requirements as part of any of the following that are applicable to the person:

(1) A continuing education program required under [Iowa Code] Chapter 272C and approved by the appropriate licensing or examining board.

(2) A training program using a curriculum approved by the abuse education review panel established by the Director of Public Health pursuant to [Iowa Code] section 135.11.

(3) A training program using such an approved curriculum offered by the Department of Human Services, the Department of Education, an area education agency, a school district, the Iowa Law Enforcement Academy, or a similar public agency.

e. A licensing board with authority over the license of a person required to make a report shall require as a condition of licensure that the person is in compliance with the requirements for abuse training under this subsection. The licensing board shall require the person upon licensure renewal to accurately document for the licensing board the person's completion of the training requirements.

However, the licensing board may adopt rules providing for waiver or suspension of the compliance requirements, if the waiver or suspension is in the public interest, applicable to a person who is engaged in active duty in the military service of this state or of the United States, to a person for whom compliance with the training requirements would impose a significant hardship, or to a person who is practicing a licensed profession outside this state or is otherwise subject to circumstances that would preclude the person from encountering child abuse in this state.

f. For persons required to make a report who are not engaged in a licensed profession that is subject to the authority of a licensing board but are employed by a facility or program subject to licensure, registration, or approval by a state agency, the agency shall require as a condition of renewal of the facility's or program's licensure, registration, or approval, that such persons employed by the facility or program are in compliance with the training requirements of this section.

g. For peace officers, the elected or appointed official designated as the head of the agency employing the peace office shall ensure compliance with the training requirements of this section.

h. For persons who are employees of state departments and political subdivisions of the state, the department director or the chief administrator of the political subdivision shall ensure the persons' compliance with the training requirements of this section.

Review Questions

You have been provided with all of the information necessary to carry out all duties and responsibilities required of a mandatory reporter of child abuse. The following review questions are provided to emphasize key points in this Guide.

Q) *In what year was the child abuse reporting law initially enacted?*

A) 1978

Q) *What is the purpose of the child abuse reporting law?*

A) The child abuse reporting law is to provide protection to children by encouraging the reporting of suspected abuse.

Q) *Which state agency is responsible for providing protective services to children?*

A) The Department of Human Services.

Q) *Who are mandatory reporters of child abuse?*

A) Professionals who have frequent contact with children in the course of their work are considered to be mandatory reporters.

Q) *What fields are mandatory reporters typically employed in?*

A) Health, law enforcement, child care, education, mental health, and social work.

Q) *What training is required for mandatory reporters of child abuse?*

A) All mandatory reporters are required to complete two hours of approved training relating to the identification and reporting of child abuse within six months of initial employment or self-employment. All mandatory reporters are also required to complete at least two hours of additional child abuse identification and reporting training every five years.

Q) *What is the definition of child by Iowa law?*

A) Any person under the age of 18 years.

Q) *Who are typical perpetrators of child abuse?*

A) Perpetrators of child abuse come from all walks of life, races, religions, and nationalities.

Q) *When does DHS have the legal authority to conduct assessments of child abuse?*

A) When the victim is a child, the alleged victim is subjected to one or more of the eight categories of child abuse, and the abuse is the result of the acts or omissions of the person responsible for the care of the child.

Q) *Who are people "responsible for the care of a child"?*

A)
- A parent, guardian, or foster parent.
- A relative or any other person with whom the child resides, and who assumes care or supervision of the child, without reference to the length of time or continuity of such residence.

- An employee or agent of any public or private facility providing care for a 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.
- Any person providing care for a child, but with whom the child does not reside, without reference to the duration of the care.

A person who assumes responsibility for the care or supervision of a child may assume this responsibility through verbal or written agreement, or implicitly through the willing assumption of the caretaking role.

Q) *When is an educator considered a caretaker for a child?*

A) A teacher could be assessed as a person responsible for child abuse if the teacher is acting in a caretaking role, for example having supervision responsibilities for a child on an overnight trip.

Q) *Can children be in a caretaker role?*

A) Yes, a child can be a person responsible for abuse when the child is acting in a caretaker role for another child, such as a baby-sitting situation.

Q) *What are the ten categories of child abuse?*

A)
1. Physical abuse
2. Sexual abuse
3. Child prostitution
4. Mental injury
5. Denial of critical care
6. Presence of illegal drugs
7. Manufacturing or possession of a dangerous substance
8. Bestiality in the presence of a minor
9. Allows access by a registered sex offender
10. Allows access to obscene material

Q) *What is the definition of physical abuse?*

A) Any non-accidental 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.

Q) *What is the definition of mental injury?*

A) 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.

Q) *What are some examples of mental injury?*

A)
- Ignoring the child and failing to provide necessary stimulation, responsiveness, and validation of the child's worth in normal family routine.
- Rejecting the child's value, needs, and requests for adult validation and nurturance.
- Isolating the child from the family and community; denying the child normal human contact.

- Terrorizing the child with continual verbal assaults, creating a climate of fear, hostility, and anxiety and preventing the child from gaining feelings of safety and security.
- Corrupting the child by encouraging and reinforcing destructive, antisocial behavior until the child is so impaired in socioemotional development that interaction in normal social environments is not possible.
- Verbally assaulting the child with constant, excessive name-calling, harsh threats, and sarcastic put-downs that continually "beat down" the child's self-esteem with humiliation.
- Overpressuring the child with subtle but consistent pressure to grow up fast and to achieve too early in the areas of academics, physical/motor skills, and social interaction, which leaves the child feeling that he or she is never quite good enough.

Q) *What is the definition of sexual abuse?*

A) The commission of a sexual offense with or to a child as a result of the acts or omissions of the person responsible for the care of the child. The commission of a sexual offense includes any sexual offense with or to a person under the age of 18 years.

Q) *What is the definition of denial of critical care?*

A) The failure on the part of a person responsible for the care of a child to provide for the adequate food, shelter, clothing, medical or mental health treatment, supervision, 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.

Q) *What are the eight subcategories of denial of critical care?*

A)
1. Failure to provide adequate food and nutrition.
2. Failure to provide adequate shelter.
3. Failure to provide adequate clothing.
4. Failure to provide adequate health care.
5. Failure to provide mental health care.
6. Gross failure to meet emotional needs.
7. Failure to provide proper supervision.
8. Failure to respond to an infant's life-threatening condition.

Q) *What questions are helpful in determining if a child should be left home alone*?

A)
- Does the child have any physical, mental, or emotional disabilities?
- Could the child get out of the house alone in an emergency and have a safe place to go?
- Does the child have a phone and know how to use it?
- Does the child know how to reach the child's caretaker?
- How long will the child be left home alone?
- Is the child afraid to be left home alone?
- Does the child know how to respond to an emergency such as fire or injury?

Q) *What is the definition of child prostitution?*

A) Child prostitution is 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 of prostitution when the child is under the age of 18 years.

Q) *What is the definition of presence of illegal drugs?*

A) Presence of illegal drugs is when 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 child's care.

Q) *What is the definition of manufacturing or possession of a dangerous substance?*

A) The person responsible for the care of a child manufactured a dangerous substance 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.

Q) *What are the time frames a mandatory reporter must follow when making a report of child abuse?*

A) If you suspect a child has been abused, you need to report it orally to DHS within 24 hours of becoming aware of the situation. Within 48 hours after that, you need to make a written report to DHS.

Q) *What should you do if you see a child that is in imminent danger?*

A) Immediately contact law enforcement, then contact DHS.

Q) *What information should be in any oral or written reports of child abuse?*

A)
- The names and home address of the child and the child's parents or other persons believed to be responsible for the child's care.
- The child's present whereabouts.
- The child's age.
- The nature and extent of the child's injuries including any evidence of previous injuries.
- The name, age, and condition of other children in the same household.
- Any other information that you believe may be helpful in establishing the cause of the abuse or neglect to the child.
- The identity of the person or persons responsible for the abuse or neglect to the child.
- Your name and address.

Q) *How should a mandatory reporter deal with confidentiality issues?*

A) Rules around confidentiality and privileged communication are waived during the assessment process.

Q) *Are mandatory reporters liable for any damages occurring because of a report of child abuse?*

A) No, Iowa law states that any person participating in good faith in making a report of child abuse shall have immunity from any civil or criminal liability which might otherwise be incurred or imposed. The person shall have the same immunity with respect to participation in good faith in any judicial proceeding resulting from the report or relating to the subject matter of the report.

Q) *What happens if a mandatory reporter fails to make a report of child abuse?*

A) Under Iowa law there are civil and criminal sanctions for failing to report child abuse. Any person, official, agency or institution, who knowingly and willfully fails to make a report of child abuse or who knowingly interferes with the making of such a report is guilty of a simple misdemeanor and is civilly liable for the damages proximately caused by such failure or interference.

Q) *What happens if someone knowingly makes a false report of child abuse?*

A) A person who reports or causes to be reported to DHS 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.

If DHS receives more than three reports from the same person or which identify the same child as a victim of child abuse or the same person as the alleged abuser, and DHS determines the reports to be entirely false or without merit, DHS shall provide information concerning the reports to the county attorney for consideration of criminal charges.

Q) *What is involved in a child abuse assessment?*

A) A child abuse assessment consists of:

- Intake
- Case assignment
- Evaluation of the alleged abuse
- Determination of whether abuse occurred
- Decision on placing a report on the Child Abuse Registry
- Assessment of family's strengths and needs
- Preparation of reports and forms

Q) *When are head lice or truancy appropriate for a child abuse assessment?*

A) The endangerment caused by head lice or truancy does not generally rise to the level that must be present in order to constitute a child abuse allegation. If other conditions are present or the situation poses a risk to the child's health and welfare, it should be reported as child abuse. Even if the report is rejected for assessment, other services may be offered to the child and family.

Q) *What is the mandatory reporter's role in the observation of a child during the assessment process?*

A) When the observation of a child needs to take place at the school or in a child care facility, the administrator of the facility or school is required by law to provide the child protection worker with confidential access to the child.

Q) *Who will know the name of the person making a report of child abuse?*

A) DHS will safeguard the reporter's identity during the assessment process. However, the reporter should be aware that continued confidentiality cannot be guaranteed if the report results in juvenile, civil, or criminal court action.

Q) *Who will be interviewed during a child abuse assessment?*

A) Interviews whenever possible will be conducted with:

- The alleged child victim
- The parents and other adults in the household
- The alleged perpetrator
- Collateral sources, witnesses, or other parties with information

Q) *What types of information may be gathered during a child abuse assessment?*

A) Documentation gathered may include, but is not limited to, descriptions, photographs, medical reports and records, reports from child protection centers, and any other pertinent reports, such as mental health center evaluations, treatment records, criminal records, law enforcement reports, and audio and video tapes.

Q) *What are child protection centers?*

A) There are several child protection centers throughout the state. These centers assist child protection workers in assessing some reports of child abuse. In most cases, these centers provide medical evaluation and psychosocial assessments of the victim when there are allegations of sexual abuse.

Q) *What is the role of multidisciplinary teams?*

A) Multidisciplinary teams, exist in counties that have more than 50 reports of child abuse annually. These teams function as an advisory and consultation group to aid child protection workers in resolving issues related to a case during the assessment process.

Q) *What are the conclusions of an assessment based on?*

A) The conclusions of an assessment are based on an evaluation of all of the information gathered during the assessment, including physical evidence, documentary evidence, observations, and interviews of the victim, perpetrator and others.

Q) *What are the conclusions a child protective worker may reach at the completion of an assessment?*

A) At the completion of the assessment, the worker must make one of the following conclusions: Abuse is not confirmed, abuse is confirmed (but not placed on the Child Abuse Registry), or abuse is founded (confirmed and placed on the Child Abuse Registry).

Q) *What do the conclusions mean?*

A) Not confirmed means that, based on the credible evidence gathered, the Department determined that there was not a preponderance of evidence that abuse did occur.

Confirmed (but not placed on the Child Abuse Registry) means that, based on a preponderance of all of the credible evidence available to the Department, the allegation of abuse is confirmed; however, the abuse will not be placed on the Child Abuse Registry.

Founded (confirmed and placed on the Child Abuse Registry) means that, based on a preponderance of all of the credible evidence available to the Department, the allegation of abuse is confirmed and it is placed on the Child Abuse Registry.

Q) *What types of abuse are confirmed but not placed on the Child Abuse Registry?*

A) This applies only to two types of abuse, a physical abuse where the injury was nonaccidental and minor, isolated, and unlikely to reoccur and denial of critical care (lack of proper supervision or lack of adequate clothing) where the risk to the child's health and welfare was minor, isolated and is unlikely to reoccur.

If the abuse was minor, isolated, and unlikely to reoccur the abuse may not be placed on the Registry.

Q) *What types of abuse are founded and placed on the Child Abuse Registry?*

A) Most confirmed reports are placed on the registry as founded reports. This includes:

- All cases referred for juvenile or criminal court action
- Physical abuse when the injury was not minor or isolated or is likely to reoccur
- All mental injury
- All sexual abuse unless the perpetrator is under the age of 14 and does not pose a danger to other children
- Denial of critical care when the injury was not minor, or isolated or is likely to reoccur
- All child prostitution
- All presence of illegal drugs
- When the perpetrator continues to pose a threat; or a prior confirmed abuse incident occurred
- Manufacturing or possession of a dangerous substance
- Bestiality in the presence of a minor
- Allows access by a registered sex offender
- Allows access to obscene material

Q)*What does a "preponderance" of the evidence mean?*

A) A preponderance of the evidence is defined as greater than 50% of the evidence gathered.

Q) What notifications can the mandatory reporter expect to receive from DHS?

A) Oral notification of intake decision within 24 hours of making the report, written notification of intake decision sent within 5 working days, outcome notification of assessment sent within 20 working days, and a copy of the founded abuse report if requested.

Q) *When do parents receive notification that a child abuse assessment is being conducted?*

A) Written notification will be given to custodial and noncustodial parents within five working days that an assessment is being conducted.

Q) *Who receives notification that the assessment is completed and what the outcome is?*

A) Notification of the completion of the assessment and the outcome will be given to juvenile court, the county attorney, all subjects of the report (the alleged child victim, custodial and non-custodial parents, and the alleged perpetrator), and the mandatory reporter.

Q) *Do mandatory reporters receive a copy of the assessment report automatically?*

A) No, the report is automatically provided to juvenile court, the county attorney, the child, and the custodial and non-custodial parent.

Q) *How do mandatory reporters receive a copy of the assessment report?*

A) Mandatory reporters may request child abuse information regarding a specific report. Any request should be made using the *Request for Child Abuse Information* form provided by DHS or the *Notice of Child Abuse Assessment* that is sent to the mandatory reporter when the assessment is completed.

Q) *What is the Child Abuse Registry?*

A) The Child Abuse Registry was established by Iowa law and is maintained by the Department of Human Services. The Child Abuse Registry serves several functions. It gathers information about child abuse cases in Iowa, records repeat occurrences of child abuse, records dissemination of child abuse, collects information for appeals, and provides background checks for certain professionals.

Q) *How long are the subjects of a founded abuse report on the Registry?*

A) Subjects of a founded abuse reports are placed on the Registry for ten years from the most recent report.

Q) *Who has access to child abuse information?*

A) Iowa law states that the DHS shall not reveal the identity of the reporter of child abuse in the written notification to parents or otherwise. Only the court may require DHS to release the reporter's name. The reporter's name could be released during other judicial actions. The information on the Child Abuse Registry is confidential and can be accessed by authorized entities , agencies or individuals specified in law.

Q) *Who can take protective custody of a child?*

A) Iowa law provides juvenile court with the ability to enter an "ex parte order" directing a peace officer to take custody of a child. When the child is in a circumstance or condition that presents an imminent danger to the child's life or health, and there isn't time to file for a court order, the law provides for a peace officer to take a child into custody or a physician treating a child to keep the child in custody without the consent of the parent, guardian, or custodian.

Q) *When does juvenile court become involved?*

A) Juvenile court hearings are held when children are removed from their parents' custody, or when treatment or state supervision of abused or neglected children is necessary because the parents are unwilling or unable to provide such treatment or supervision.

Q) *When are people responsible for abuse criminally prosecuted?*

A) Criminal prosecution of a person responsible for child abuse is at the discretion of the county attorney.

Q) *When does law enforcement become involved in a child abuse assessment?*

A) Law enforcement may become involved in a child abuse assessment at any time. Cases of child prostitution, homicide, sexual abuse, and severe trauma require a joint assessment by law enforcement personnel and the DHS.

Safe Haven for Newborns

What is the Safe Haven Act?

Iowa has joined 30 other states in creating safe havens for infants. The Newborn Safe Haven Act (Iowa Code Chapter 233) is a law that allows parents (or another person who has the parent's authorization) to leave an infant up to 14 days old at a hospital or health care facility without fear of prosecution for abandonment.

What Is a Safe Haven?

A "safe haven" is an institutional health facility, which is defined according to the Act to be:

- A "hospital" as defined in Iowa Code section 135B.1, including a facility providing medical or health services that is open 24 hours per day, 7 days per week and is a hospital emergency room; or
- A "health care facility" as defined in Iowa Code section 135C.1, including a residential care facility, a nursing facility, an intermediate care facility for persons with mental illness, or an intermediate care facility for persons with mental retardation.

Immunity

The Act provides immunity from prosecution for abandonment for a parent (or a person acting with the parent's authorization) who leaves an infant at a hospital or health care facility.

The Act provides immunity from civil or criminal liability for hospitals, health care facilities, and persons employed by those facilities that perform reasonable acts necessary to protect the physical health and safety of the infant.

More Information

You can get more information by:

- Going to the Department's web site at: http://www.dhs.iowa.gov/Consumers/Safety_and_Protection/Safe_Haven.html
- Reading the Safe Haven Act, Iowa Code Chapter 233. The Code of Iowa is available at public libraries or on line at: http://www.legis.state.ia.us/IowaLaw.html

NEWBORN INFANT CUSTODY RELEASE PROCEDURES (NEWBORN SAFE HAVEN ACT)

233.1 Newborn **safe haven** Act - definitions.
233.2 Newborn infant custody release procedures.
233.3 Immunity.
233.4 Rights of parents.
233.6 Education and public information.

Iowa Department of Human Services

REPORT OF SUSPECTED CHILD ABUSE

This form may be used as the written report which the law requires all mandated reporters to file with the Department of Human Services following an oral report of suspected child abuse. If your agency has a report form or letter format which includes all of the information requested on this form, you may use the agency format in place of this form.

Fill in as much information under each category as is known. Submit the completed form within 48 hours of making the oral report to the Centralized Intake Unit, PO Box 4826, Des Moines, Iowa 50305.

FAMILY INFORMATION

Name of child	Age	Date of birth
Address	City	State
Phone	School	Grade level
Name of parent or guardian		Phone *(if different from child's)*
Address *(if different from child's)*		

OTHER CHILDREN IN THE HOME

NAME	BIRTH DATE	CONDITION

INFORMATION ABOUT SUSPECTED ABUSE

In this section, indicate the date of suspected abuse; the nature, extent and cause of the suspected abuse; the persons thought to be responsible for the suspected abuse; evidence of previous abuse; and other pertinent information needed to conduct the assessment. Use the back of this form if necessary to complete the information requested above and to identify individuals who have been informed of the child abuse report, such as building administrator, supervisor, etc.

REPORTER INFORMATION

Name and title or position	
Office address	
Phone	Relationship to child
Names of other mandatory reporters who have knowledge of the abuse	
Signature of reporter	Date