Mandatory Reporting

Speaker: Lori Reeves

When DHS receives a report of child abuse, they will conduct an assessment of the situation. A DHS child abuse assessment consists of the following steps:

- 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 reports

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 identity 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 the child.
- 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.
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.

The DHS decision on whether to accept or reject a report of child abuse is to be made within a one 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.
- 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.
- When the report does not meet the criteria to be accepted, such as the person allegedly 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 allegedly 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.

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.

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. They will orally notify you that the report has been rejected within 24 hours of receipt and send you a written notice indicating the decision to reject the report within five working days of its receipt, including instructions on what to do if you disagree with the decision.

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.

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, while gathering documentation, and evaluating the safety of, and risk to the child.

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.

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.

When abuse is confirmed as “founded” based on the conditions of the 10 criteria, reports must be placed on the Child Abuse 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.

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 multiple factors.

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.

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. 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.

When receiving a report of dependent adult abuse, the DHS and DIA process of evaluating reports of dependent adult abuse includes intake of the report, an appropriate evaluation or assessment which may include contact with the dependent adult, an interview with the alleged perpetrator, and obtainment of other information from subjects of the report and other relevant parties. They must document conclusions and recommendations for services or court action, and complete required correspondence to subjects and mandatory reporters.

DIA and DHS has three possible outcomes in a dependent adult abuse evaluation that include being founded, unfounded, or confirmed, but not registered.

If it is a founded case, it is determined by a preponderance of evidence that abuse has occurred. Information on founded reports is maintained on the Central Abuse Registry for ten years and then sealed. In founded cases of self-denial of critical care, DHS keeps the report in their office for five years and it is not reported to the Central Registry.

An unfounded determination means it is determined by a preponderance of evidence that abuse has not occurred. Information on unfounded reports is destroyed five years from the date they were determined to be unfounded.
A confirmed, not registered determination means it is determined by a preponderance of evidence that abuse has occurred, but the physical abuse or denial of critical care by a caretaker is determined to have been minor, isolated, and unlikely to reoccur. This report is maintained for five years and then destroyed, unless a subsequent report is founded.

If there is a subsequent report committed by the same caretaker within five years of the nonregistered report, it also may be considered minor, isolated, and unlikely to reoccur depending on the circumstances. These reports are called “assessments” rather than “evaluations.” The subsequent reports will be kept for 10 years and then sealed.