

Child Protective Services Intake

<input type="checkbox"/> CINA Intake <input checked="" type="checkbox"/> Child Abuse Intake		Date: [REDACTED]/2016	Time: [REDACTED]	County Name/ County #: [REDACTED]
Intake Person: [REDACTED]	Assigned Worker: [REDACTED]	Incident #: [REDACTED]		
Household Name and Address: [REDACTED]				
Directions to Home: [REDACTED]				
Telephones: (Household) Mother Cell Phone: [REDACTED]		(Other)		
Current Location of Child Subject: Daughter is with her father until they get calmed down then she will go to school [REDACTED] is at [REDACTED] High School [REDACTED] is at [REDACTED] Middle School				

Household Composition						
Sex : Male(M), Female(F)						
NAME	DOB	SEX	ROLE DESC	FACS ID	SSN	COMMENTS
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	

Non-Custodial Parent		
Name: [REDACTED]	Phone: [REDACTED]	Relationship: Non-Custodial Parent - Reporter
Name of Child of Non-Custodial Parent: [REDACTED]	DOB: [REDACTED]	SSN: [REDACTED]
Address: [REDACTED]		
Comments: per ICAR & ARTS		

Narrative Description/Child Safety Concern	
Person responsible for alleged abuse has access to child?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>It is alleged [REDACTED] (mother) has admitted that she is using methamphetamine and marijuana and is the primary caretaker for [REDACTED] (age 9), [REDACTED] (age 13) and [REDACTED] (age 16). Denial of Critical Care, Failure to Provide Proper Supervision is alleged.</p>	

Reporter or Referral Source	
Name (Including Title and Agency) [REDACTED] / KNOWN-PERMISSIVE	
Address: [REDACTED]	
Phone: [REDACTED]	Reporter Type: <input type="checkbox"/> Mandatory <input checked="" type="checkbox"/> Permissive
Reporter Notification: <input checked="" type="checkbox"/> Accepted <input type="checkbox"/> Rejected	Date of Notice: [REDACTED]

Person Reported as Responsible for Alleged Abuse

Name: [REDACTED]	DOB: [REDACTED]	
Relationship: [REDACTED]	SSN: [REDACTED]	FACS ID: [REDACTED]
Address: [REDACTED]	Phone (H):	
Comments:	Phone (Work/Other):	

Collateral Sources

Name:	Phone:	Relationship:
Address:		
Comments:		

Allegations Abuse Type

<input type="checkbox"/> Physical abuse	<input type="checkbox"/> Mental injury	<input type="checkbox"/> Sexual abuse
<input checked="" type="checkbox"/> Denial of critical care	<input type="checkbox"/> Child prostitution	<input type="checkbox"/> Presence of illegal drugs
<input type="checkbox"/> Manufacturing/possession of dangerous substances with intent to manufacture	<input type="checkbox"/> Bestiality in the presence of a minor	<input type="checkbox"/> Allows Access by registered sex Offender
<input type="checkbox"/> Allows access to obscene material	<input type="checkbox"/> None, CINA Intake(cite appropriate 232.6 criteria)	
<input type="checkbox"/> Child Sex Trafficking		

System Checks Completed

STAR (paste history of all household members):

Open Intakes:

Incident Number Intake Date Accepted Date Finding Worker Concerns Rejected

Rejected Intakes:

Incident Number Intake Date Rejected Date Finding Worker Concerns Rejected

Open Assessment:

Incident Number Accepted Date Completed Date Finding Worker Concerns Appealed Registered

Completed Assessment:

Incident Number Accepted Date Completed Date Finding Worker Concerns Appealed Registered

CINA (paste history of all household members):

Open Intakes:

Incident Number Intake Date Accepted Date Finding Worker Concerns Rejected

Rejected Intakes:

Incident Number Intake Date Rejected Date Finding Worker Concerns Rejected

Open Assessment:

Incident Number Accepted Date Completed Date Finding Worker Concerns Appealed Registered

Completed Assessment:

Incident Number Accepted Date Completed Date Finding Worker Concerns Appealed Registered

FACS (paste PERD and EVEL and ARCHIVE WORKER for victim first, then PERD for other household children, and PRVM /PRPH if person(s) responsible believed to be a foster parent):

[Redacted]

FACS ID : [Redacted]

State ID :

Name : [Redacted]

PERSON DETAILS

Last Name : [Redacted]

Open SVC : Facilitator : N

First Name : [Redacted]

ASSIGNED WORKER INFORMATION

Middle Name :

Worker ID : RGN : CNT Y : Error

Suffix :

Last Name :

SSN : [Redacted]

First Name :

DOB : [Redacted]

Phone NO. :

Birth City/State :

GUARDIANSHIP INFORMATION

Date Deceased :

FACS ID :

SEX (M/F) : F
 Race :
 Marital Status :
 Residence County : Error
 Employer Name :
 Employer Phone No. :
 Occupation :
 Works Hours :

Last Name :
 First Name :
 Phone No. :

CUSTODY INFORMATION

FACS ID :
 Last Name :
 First Name :
 Phone No :

No record has been found for this individual (EVEL Screen).

FACS ID : State ID :

Name :

PERSON DETAILS

Last Name :
 First Name :
 Middle Name :
 Suffix :
 SSN :
 DOB :
 Birth City/State :
 Date Deceased :
 SEX (M/F) : M
 Race :
 Marital Status :
 Residence County : Error
 Employer Name :
 Employer Phone No. :
 Occupation :
 Works Hours :

Open SVC :
 Facilitator : N

ASSIGNED WORKER INFORMATION

Worker ID :
 RGN :
 CNT Y : Error

Last Name :
 First Name :
 Phone NO. :

GUARDIANSHIP INFORMATION

FACS ID :
 Last Name :
 First Name :
 Phone No. :

CUSTODY INFORMATION

FACS ID :
 Last Name :
 First Name :
 Phone No :

No record has been found for this individual (EVEL Screen). [REDACTED]

FACS ID : [REDACTED]

State ID :

Name : [REDACTED]

PERSON DETAILS

Last Name : [REDACTED]

Open SVC :

Facilitator : N

First Name : [REDACTED]

ASSIGNED WORKER INFORMATION

Middle Name :

Worker ID : RGN : CNT Y : Error

Suffix :

Last Name :

SSN : [REDACTED]

First Name :

DOB : [REDACTED]

Phone NO. :

Birth City/State :

GUARDIANSHIP INFORMATION

Date Deceased :

FACS ID :

SEX (M/F) : M

Last Name :

Race :

First Name :

Marital Status :

Phone No. :

Residence County : Error

CUSTODY INFORMATION

Employer Name :

FACS ID :

Employer Phone No. :

Last Name :

Occupation :

First Name :

Works Hours :

Phone No. :

No record has been found for this individual (EVEL Screen).
IABC (paste TD01 first and TD07 last and ISIS if waiver open):

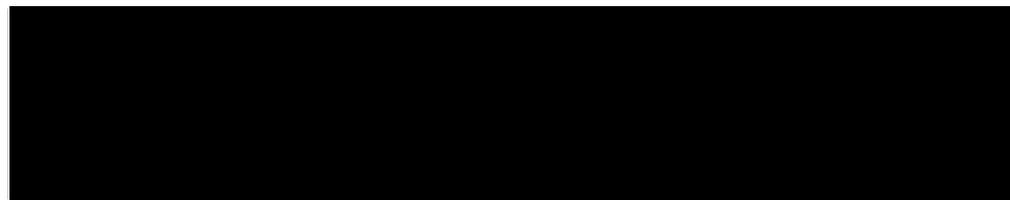
[REDACTED]

IDENTIFICATION: MASTER SECTION I

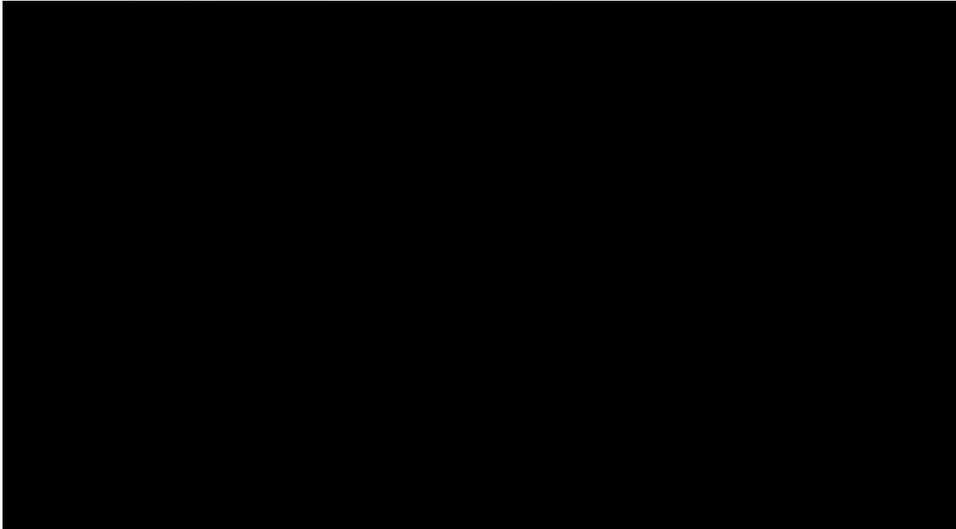
ENT RSN AID AID CHG DT MED AID MED CHG DT CASE REC: RE LOC DATE

[REDACTED]

00 00 00



NAME/ADDRESS: MASTER SECTION II



Case Summary

Case Name



County

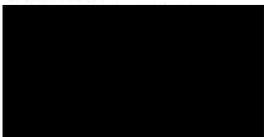
Iowa

Companion Cases

Case NumberCase Name

Display:

Medicaid



Primary Applicant/Recipient



Language:English

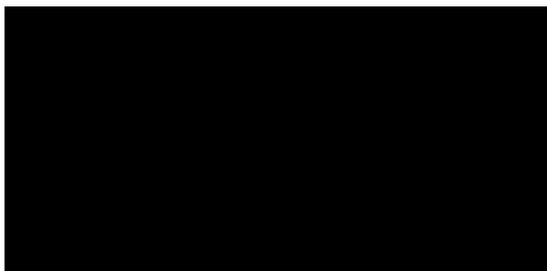
Phone Number:



Application Date

NameRequested Medicaid TypeRoleRole

ReasonStatusStatus Reason





Contact Summary

Search Results Summary

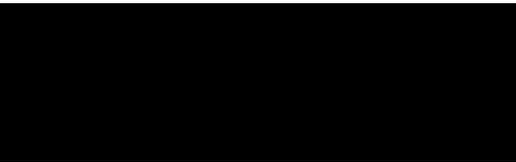
Results 1 - 8 of 8

Display

From:

To:

PersonTypeAddressCountyBegin DateEnd Date



ICAR (paste NCP information-Child2 screen first, then Refer2 last):



[REDACTED]

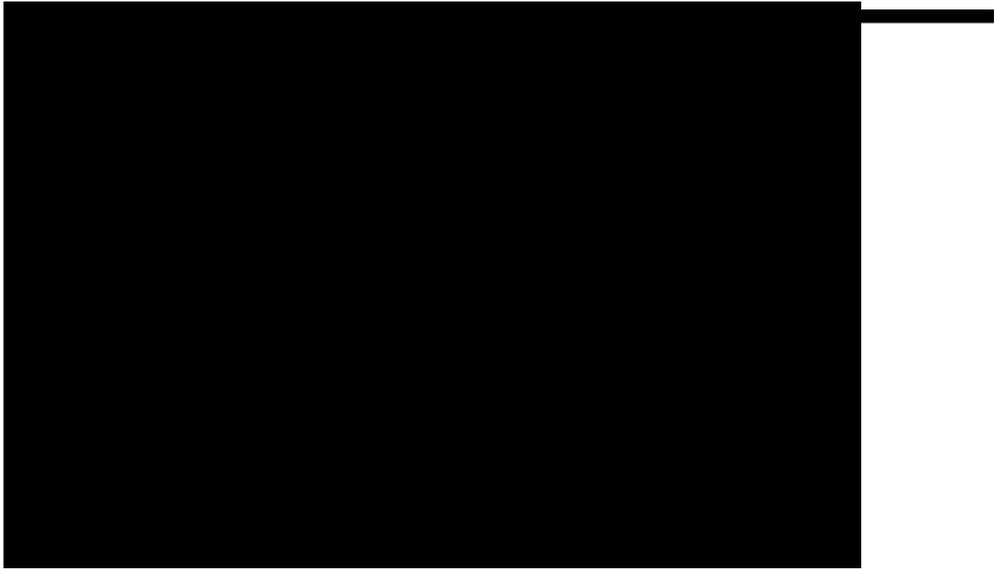
FACS WORKER..... FACS CASE WORKER .
FACS WORKER PHONE.: 000 000 - 0000
FC ENTRY DATE.....
LENGTH OF STAY....: (DAYS)
POST LIVING ARRANGEMENT:
PARENTAL RIGHTS TERM/CO: CSRU ASSIST PA:
COMMENTS:

[REDACTED]

[REDACTED]

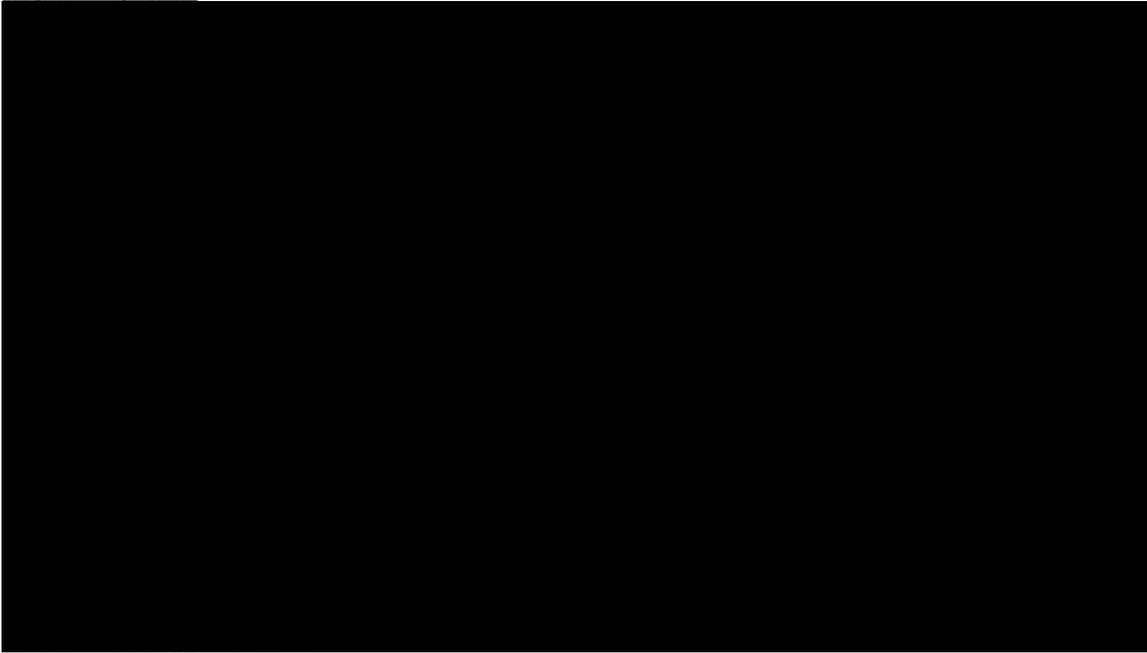
NEXT ACCT TYPE....: NEXT START DATE.....: 00 00 0000
FCRU CASE WORKER.: EMAN RETURN: :00 00 0000

[REDACTED]

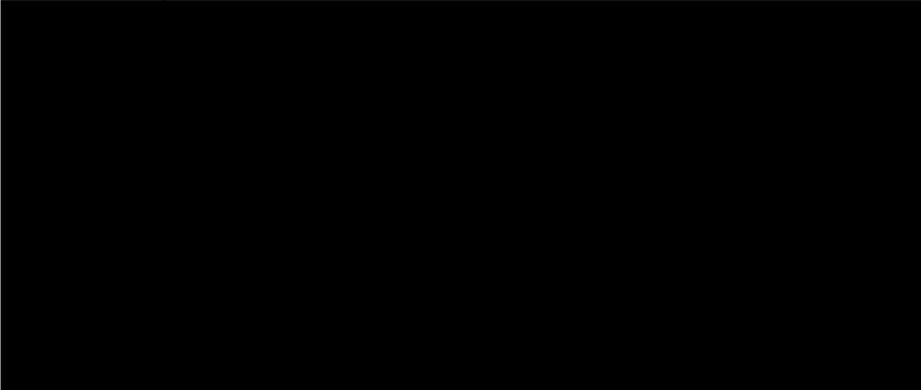


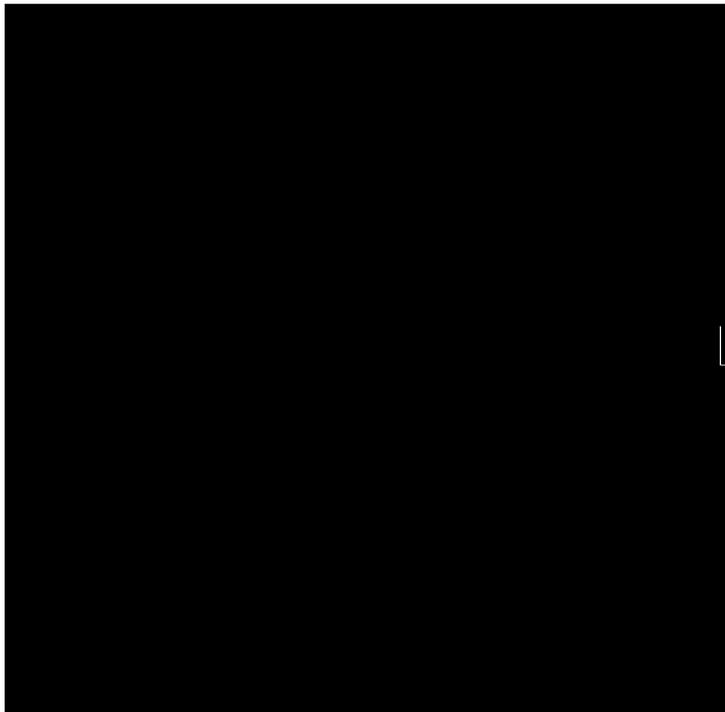
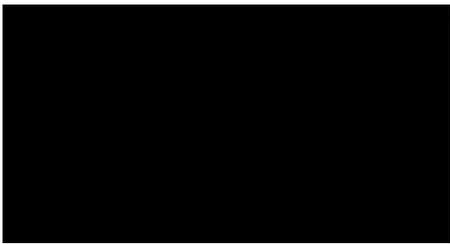
COMMENTS:

CRIMINAL (paste all criminal history of alleged person(s) responsible on accepts, past initial courts online page for rejects):

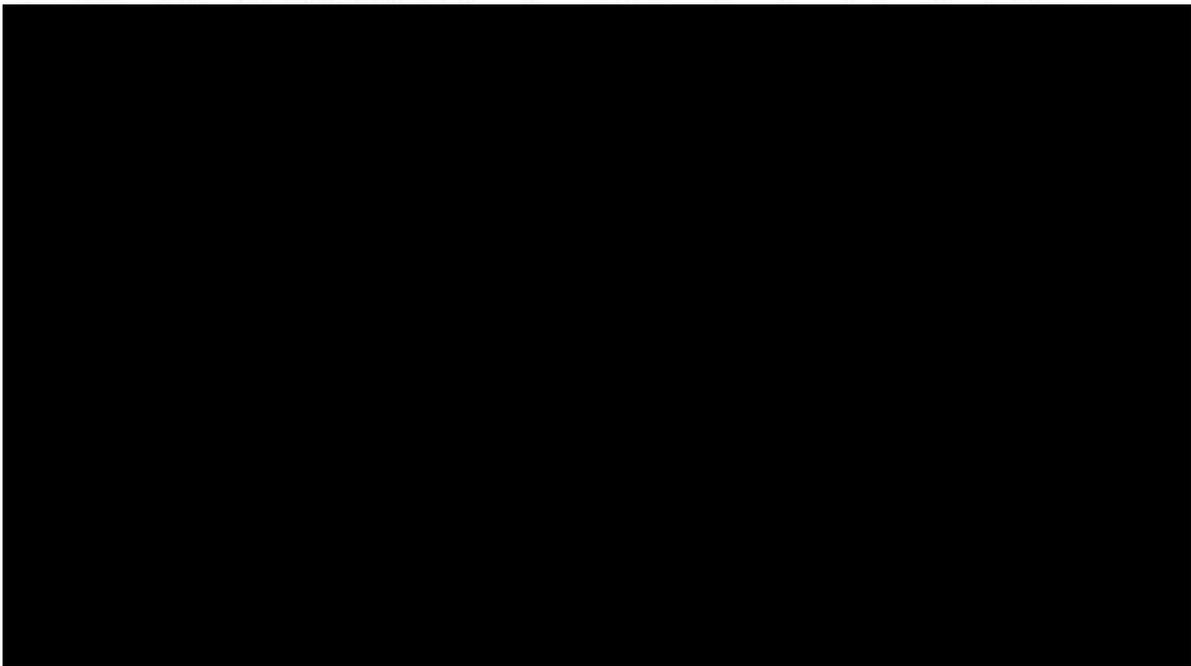


Sentence Charge:





Count 01 Charge Charge:



Adjudication Charge:



KINDERTRACK (if applicable):

SOR (if applicable):

Additional Information

HOW DOES THE REPORTER KNOW THE INFORMATION:

Reporter has been told this information

WHEN WILL THE ALLEGED PERSON RESPONSIBLE HAVE NEXT CONTACT WITH THE CHILD VICTIM:

Daily - live together

SCHOOL/DAYCARE CHILD ATTENDS:

█████ attends █████ High School █████ attends █████ Middle School █████ attends █████ Elementary School

INDICATORS FOR POTENTIAL HUMAN TRAFFICKING:

n/a

HISTORY OR KNOWLEDGE OF DOMESTIC VIOLENCE:

█████ busted up █████'s truck windows about 6 years ago when █████ attempted to see his children and █████ attempted to physically stop █████ by hitting her █████ was with █████ and he used to punch holes walls but reporter is not aware of them physically fighting

HISTORY OR KNOWLEDGE OF SUBSTANCE ABUSE:

Methamphetamine, marijuana and prescription pills are current concern for █████

HISTORY OR KNOWLEDGE OF LANGUAGE BARRIERS/DISABILITIES:

None reported

ICWA:

None reported

RELATIVE SUPPORTS:

█████ - father Paternal extended family members

SAFETY CONCERNS OF OTHER CHILDREN IN THE HOUSEHOLD:

None reported

WORKER SAFETY:

None reported

ADDITIONAL INFORMATION:

█████ called █████ around 7:20am and had been home alone since about 7am and █████ arrived at the home around 7:50am. █████ will be taking █████ to school once they both get calmed down. █████ had called █████ after █████ spoke with █████ and said that she had someone arranged to pick up █████ in about 30 minutes and take her to school. █████ told █████ to forget it that he would go get her. This is not the first time that █████ has called █████ about being left home alone before going to school.

All of the children text █████ and indicate that there is not food in the home. █████ will either pick the children up and feed them or will take groceries to the home. █████ is not aware of the children going 24 hours without.

A friend to █████ had their children at █████'s home and this person's daughter said that she saw █████ doing white powder. █████ was snorting this white powder and this was a few months. In █████ 2016 █████ witnessed █████ get a baggie of marijuana out and a pipe and smoke marijuana in the garage. The children were outside playing during this incident and the children did not come into the garage while she was smoking marijuana. █████'s best friend told █████ about 2 months ago that █████ was using methamphetamine again and popping pills and █████ had admitted to this friend that she had been using. █████ has a history drug that includes methamphetamine and popping pills.

█████ has told █████ in summer 2015 that █████ tried marijuana and █████ said it was not a big deal. █████ talked to █████ about it and he confirmed that he had tried it and he was not going to do it again.

Preliminary Decision from Intake Worker Provided to Reporter

Accepted

Rejected

Intake Screening Tool – Determining the Assessment Type

Intake Screening Criteria

Check the box for ALL statements that are known to be true.

- The alleged abuse type includes a category other than Denial of Critical Care.
- The allegation requires a 1-hour response or alleges imminent danger, death, or injury to a child.
 - The allegation is meth and at least one child victim is under six years old.
 - There is a separate incident open on the household that requires a child abuse assessment.
- The child has been taken into protective custody as a result of the allegation.
- There is an open DHS service case on the alleged child victim or any sibling or any other child who resides in the home or in the home of the non-custodial parent if they are the alleged person responsible.
- The alleged person responsible is not a parent (birth or adoptive), legal guardian, or a member of the child's household.
- There has been TPR (in juvenile court) on the alleged person responsible or any caretaker who resides in the home.
- There has been prior Confirmed or Founded abuse within the past 6 months which lists any caretaker who resides in the home as the person responsible.
- It is alleged that illegal drugs are being manufactured or sold from the family home.
- The allegation is failure to thrive or that the caregiver has failed to respond to an infant's life-threatening condition.
- The allegation involves an incident for which the caretaker has been charged with a felony under chapter 726 of the Iowa Code (including neglect or abandonment of a dependent person; child endangerment resulting in the death, serious injury, or bodily injury of a child or minor; multiple acts of child endangerment; or wanton neglect of a resident of a health care facility resulting in serious injury).

If any box to the above criteria is checked, the accepted allegation is not eligible for a family assessment and MUST be assigned as a child abuse assessment.

Check the appropriate box:

- None of the criteria apply – Assign as a family assessment**
- One or more of the criteria apply – Assign as a child abuse assessment**

Intake Supervisor Timeframe to Accept or Reject

One hour 12 Hours

Case Assignment

<input type="checkbox"/> CINA intake accepted and assigned to:	Date:	Time:
<input checked="" type="checkbox"/> Family assessment accepted and assigned to: ██████████	Date: ██████████	Time: ██████████
<input type="checkbox"/> Child abuse assessment accepted and assigned to:	Date:	Time:
<input type="checkbox"/> Child abuse intake rejected by:	Date:	Time:
<input type="checkbox"/> CINA intake rejected by:	Date:	Time:

Supervisor Assignment of Response Time for Observation of the Child

Immediate threat or high risk to child's safety	<input type="checkbox"/> 1 hour
No immediate threat or high risk, but person responsible has access to child	<input type="checkbox"/> 24 hour
No immediate threat or high risk, and person responsible does not have access to child	<input type="checkbox"/> 96 hour
Family assessment	<input checked="" type="checkbox"/> 72 hour

cc: County Attorney ██████████

Date: ██████████