

Child Protective Services Intake

<input type="checkbox"/> CINA Intake	<input checked="" type="checkbox"/> Child Abuse Intake	Date:	Time:	County Name/ County #:
		██████/2016	██████	██████████
Intake Person: ██████████	Assigned Worker:	Incident #: ██████████		
Household Name and Address: ████████████████████				
Directions to Home:				
Telephones: (Household)		(Other)		
████████████████████				
Current Location of Child Subject: ████████████████████████████████████████				

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

Non-Custodial Parent		
Name: ICAR DAD UNKNOWN	Phone:	Relationship: Non-Custodial Parent
Name of Child of Non-Custodial Parent: ██████████	DOB:	SSN:
Address:		
Comments: Alleged father: ██████████		

Narrative Description/Child Safety Concern

Person responsible for alleged abuse has access to child? Yes No

It is alleged that [REDACTED], mother, gave birth to [REDACTED] (age 13 days old) and [REDACTED] is currently in the neonatal intensive care unit with no discharge plan as a result of her feeding issues. [REDACTED] has been recommended by medical personnel that she stay with [REDACTED] so that she becomes more comfortable with feedings and cares and [REDACTED] has declined to do so and is not calling the nursing staff. [REDACTED] has demonstrated limited ability to meet [REDACTED]'s needs while in the hospital. [REDACTED] admitted to marijuana use during the pregnancy; however, she was negative on a urine drug screen at the time of delivery and [REDACTED] did not test positive for marijuana. It is unknown if [REDACTED] continues to use marijuana; however, her behaviors are described as evasive with a lack of eye contact and hanging her hair over her face. [REDACTED] has a diagnosis of Bi-Polar Disorder and it is unknown if she is getting treatment for this diagnosis. 232.2 (6)(c) Child has suffered or is imminently likely to suffer harmful effects as a result of either of the following: (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.

Reporter or Referral Source

Name (Including Title and Agency)

[REDACTED] / NURSE (RN OR LPN) / [REDACTED]

Address:

[REDACTED]

Phone:

Other Telephone Number: [REDACTED]

Reporter Type: Mandatory Permissive

Reporter Notification:

Accepted Rejected

Date of Notice:

Person Reported as Responsible for Alleged Abuse

Name:

DOB:

Relationship:

SSN:

FACS ID:

Address:

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 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
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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
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Completed Assessment:

Incident Number	Accepted Date	Completed Date	Finding	Worker Concerns	Appealed	Registered
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CINA (paste history of all household members):

Open Intakes:

Incident Number	Intake Date	Accepted Date	Finding	Worker Concerns	Rejected
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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):

██████████
FACS ID : ██████████
Name : ██████████

State ID :
Open SVC :
Facilitator : N

PERSON DETAILS

Last Name : ██████████
First Name : ██████████
Middle Name :
Suffix :
SSN :
DOB : ██████████
Birth City/State :
Date Deceased :

ASSIGNED WORKER INFORMATION
Worker ID :
RGN :
CNT Y : Error
Last Name :
First Name :
Phone NO. :

GUARDIANSHIP INFORMATION

FACS ID :

SEX (M/F) :	F	Last Name :	
Race :		First Name :	
Marital Status :		Phone No. :	
Recidence 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):



IABC: Nothing found currently open
 ELIAS:

Case Name



County

Iowa

collapse Companion Cases

Case Number Case Name

e-Applications

e-App Number Applicant Name Expedited Services Recertification/Renewal Application Date e-App Status



Display:

Choose Date View

collapse Medicaid

Worker: WISA MEDICAL

Worker ID: 50MMPTWO67

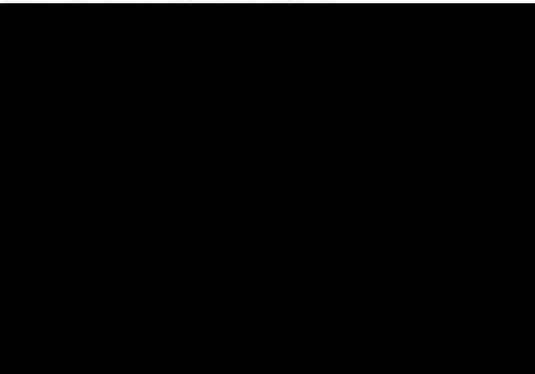
Program Status: Active

RE Due Month:



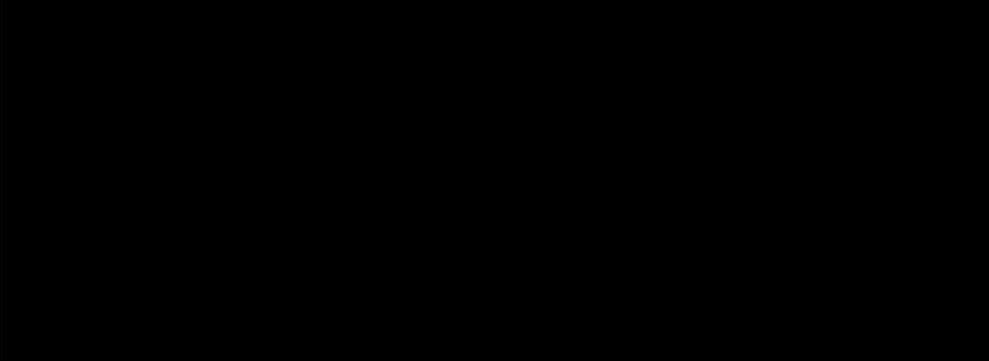
Primary Applica

Language: English



All People Associated with the Case

COMMENTS:



ADDRESS LINE 1..:
ADDRESS LINE 2..:
CITY/STATE/ZIP... : : COUNTRY:
PHONE NUMBER....: 000 000 - 0000
EMPLOYER NAME...:
ADDRESS LINE 1..:
ADDRESS LINE 2..:
CITY/STATE/ZIP... : :
COMMENTS:

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

KINDERTRACK (if applicable):

SOR (if applicable):

Additional Information

HOW DOES THE REPORTER KNOW THE INFORMATION:

The reporter is the nurse that has been caring for the baby. She has spoken with other nursing staff and reviewed the chart.

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

The mother is not there today and was not there last night. Unknown when she is coming back.

SCHOOL/DAYCARE CHILD ATTENDS:

N/A - in the hospital

INDICATORS FOR POTENTIAL HUMAN TRAFFICKING:

There is no indication that this is an issue.

HISTORY OR KNOWLEDGE OF DOMESTIC VIOLENCE:

Unknown

HISTORY OR KNOWLEDGE OF SUBSTANCE ABUSE:

The mother has history of drug use. The mother admitted to marijuana use. Child was negative.

HISTORY OR KNOWLEDGE OF LANGUAGE BARRIERS/DISABILITIES:

None

ICWA:

None known

RELATIVE SUPPORTS:

The maternal grandmother and great-grandmother have been there. The maternal grandmother - as noted per nursing staff - she is kind of like the mother (behaviors are the same). The reporter doesn't know any information about the father. The reporter doesn't know any other information.

SAFETY CONCERNS OF OTHER CHILDREN IN THE HOUSEHOLD:

No other children in the mother's care known.

WORKER SAFETY:

None

ADDITIONAL INFORMATION:

The reporter is a nurse on the Neonatal Intensive Care unit at [REDACTED]. The child is still there. There is no D/C at this time because she is only taking about 45% orally on her feedings. She is also premature. She was born at 31 weeks 6 days.

[REDACTED] has a history of drug use prior to her pregnancy. The reporter doesn't know what drug that was for sure but she believes that it was methamphetamine. She has bi-polar disorder. The reporter doesn't know if she is being treated for her bi-polar diagnosis at all.

She admitted to using marijuana during her pregnancy. The mother's drug screen was negative at delivery. [REDACTED]'s meconium was negative.

The nursing staff has noted limited visitation from the mother. Dr. [REDACTED] is the Neonatologist and on [REDACTED]/2016 she talked to the mother about staying 24-48 hours with the baby so she felt more comfortable with feeding and caring for the event. The mother agreed to stay on [REDACTED]/2016. She no showed and no called for that. There were messages left for her on [REDACTED]/2016 to call them. There was no return call noted. On the evening of [REDACTED]/2016 (midnight) the mother arrived with the maternal grandmother and maternal great-grandmother of the child. They stayed a couple of hours. Car seat and clothing for the baby are there. The mother did feed and change the baby while she was there during that [REDACTED]/2016 visitation. The mother said she would return in an hour and she did not or call.

There have been other concerns with the way the mother is acting and her behavior but it is not documented in the charting. She doesn't make eye contact. She is evasive. She hangs her hair over her face.

Preliminary Decision from Intake Worker Provided to Reporter

Accepted Rejected

Supervisory Decision

Intake Worker completed verbal consult with Supervisor [REDACTED]

Accepted Date: Time:

CINA assessment

Family assessment

Child abuse assessment

Rejected Date: 09/06/2016 Time: 1:02PM

Rejection Explanation:

- VICTIM NOT A CHILD
- PERP NOT CARETAKER (Not applicable for Child Sex Trafficking allegations)
- PERP NOT CARETAKER AND NOT A PERSON WHO RESIDES IN A HOME WITH THE CHILD (Applicable for Sexual Abuse allegations only)
- CARETAKER COULD NOT REASONABLY PREVENT
- INSUFF REASON TO SUSPECT CHILD DENIED ADEQUATE CARE

- INSUFF REASON TO SUSPECT PHYSICAL INJURY RESULTED
- INSUFF REASON TO BELIEVE INJURY NON-ACCIDENTAL
- NOT IN STATE'S JURISDICTION
- DUPLICATE PRIOR: Incident Number that addressed current allegations:
- CURRENT REPORT: Incident Number of open assessment:
CPW assigned to open assessment:
- ADDENDUM-ADD'L INFO FOR PRIOR REPORT: Incident Number to be reassigned
- REJECTED/REF'D TO LAW ENFORCEMENT AGY
- REJECTED/REF'D TO OTHER AGENCY
- REJECTED/REF'D TO DHS SERVICES

Open Service Worker (if applicable):

Additional Comments:

Rejection Reason:

██████████ - There is not enough information at this time to say that the child is likely to be abused or neglected when discharged from the hospital. The child and mother did not test positive for marijuana. It is unknown if the mother is continuing to use marijuana.

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 type="checkbox"/> Family assessment accepted and assigned to:	Date:	Time:
<input type="checkbox"/> Child abuse assessment accepted and assigned to:	Date:	Time:
<input checked="" 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 type="checkbox"/> 72 hour

cc: County Attorney [REDACTED]

Date: [REDACTED]