Department of Health and Human Services
Office of Inspector General
Office of Audit Services

October 2026 | OAS-26-01-033

Iowa's Compliance With Requirements for Reporting Child Abuse and Neglect Could Be Improved

REPORT HIGHLIGHTS

October 2026 | OAS-26-01-033

Iowa's Compliance With Requirements for Reporting Child Abuse and Neglect Could Be Improved

Why OIG Did This Audit

- Abuse and neglect against a child by a parent, caregiver, or another person can have a long-term impact on the child's health, opportunity, and well-being. Abuse can be physical, sexual, or emotional in nature. Neglect is a failure to meet the child's basic needs, such as housing, food, clothing, education, and access to medical care.
- This audit is part of a series examining States' compliance with the Child Abuse Prevention and Treatment Act's requirements for the intake and assessment of reports of child abuse and neglect. Based on our risk analysis, we selected Iowa for one of our audits.

What OIG Found

Iowa complied with the intake requirements for all 30 rejected family reports in our random sample. However, we found that 35 of 100 sampled accepted family reports for our audit period were not in compliance with 1 or more requirements related to the assessment of child abuse or neglect.

Reports that Did Not Meet Requirements

27	Parental notification letters not sent or not sent timely
3	Outcome notification letters not sent
3	Interviews not conducted
2	Safety plans not completed
2	Assessments not closed on time

What OIG Recommends

We made one recommendation to Iowa to provide refresher training or periodic guidance to child protection workers to address our findings. The full recommendation is in the report. Iowa concurred with our findings and recommendation and outlined the actions it has taken or plans to take to address our recommendation.

TABLE OF CONTENTS

INTRODUCTION 1

Why We Did This Audit 1

Objective 1

Background 2

Child Abuse Prevention and Treatment Act Grants to States 2

Iowa Department of Health and Human Services, Family Well-Being and Protection Division 2

How We Conducted This Audit 6

FINDINGS 7

Iowa CPS Did Not Comply with Some Requirements for Responding to Accepted Reports of Child Abuse and Neglect 7

Parental Notification Letters Not Sent Or Not Sent Timely 8

Outcome Notification Letters Not Sent 9

Interviews Not Conducted 9

Safety Plans Not Completed 10

Abuse Assessments Not Closed On Time 10

RECOMMENDATION 11

IOWA DEPARTMENT OF HEALTH AND HUMAN SERVICES, FAMILY WELL-BEING AND PROTECTION DIVISION COMMENTS 11

APPENDICES

A: Audit Scope and Methodology 13

B: Related Office of Inspector General Reports 15

C: Statistical Sampling Methodology 16

D: Sample Results and Estimates 17

E: Summary of Errors for Each Sampled Accepted Family Report 18

F: Iowa Department of Health and Human Services, Family Well-Being and Protection Division Comments 21

INTRODUCTION

WHY WE DID THIS AUDIT

Abuse and neglect of a child under the age of 18 by a parent, caregiver, or another person in a custodial role can have a long-term impact on the child's health, opportunity, and well-being. Abuse can be physical, sexual, or emotional in nature. Neglect is a failure to meet the child's basic needs, such as housing, food, clothing, education, and access to medical care. Without effective State oversight to ensure that reports of child abuse and neglect are responded to in accordance with policies and procedures, the safety of children cannot be assured.

The Child Abuse Prevention and Treatment Act (CAPTA) provides funds to assist States in child abuse and neglect prevention, assessment, investigation, prosecution, and treatment activities. In Federal fiscal year 2025, the Administration for Children and Families (ACF) awarded $103.2 million in CAPTA State grant funding to 50 States, the District of Columbia, and Puerto Rico to improve their child protective services.

This audit is part of a series that examines States' compliance with CAPTA requirements for the intake, screening, assessment, and investigation of reports of child abuse and neglect. [1, 2] To identify high-risk States, we conducted a risk assessment and compared several factors, including the percentage of children living in poverty, the child fatality rate, and the percentage of children at risk for reoccurrence of maltreatment. As a result of our risk assessment—and after considering a report by the Iowa Office of Ombudsman that identified problems with Iowa's child abuse intake and assessment processes —we selected Iowa for one of our audits.[3] Our audit focused on the reports of child abuse and neglect that involved: (1) alleged abuse within a family caused by the child's caretaker, (2) sexual abuse by a person 14 years of age or older residing in the child's home, or (3) a person who engaged in or allowed child sex trafficking.

OBJECTIVE

Our objective was to determine whether the Iowa Department of Health and Human Services' (Iowa DHHS) Family Well-Being and Protection Division (FWBP), complied with requirements for the intake and assessment of reports of child abuse and neglect.

[1] See Appendix B for a list of related Office of Inspector General reports.

[2] In Iowa, intake and screening are part of the intake process and an "assessment" is the State's term for what CAPTA generally refers to as an investigation.

[3] Iowa Office of Ombudsman, *A Tragedy of Errors: An Investigation of the Death of Natalie Finn*, (Feb. 17, 2020). Accessed on Aug. 19, 2026.

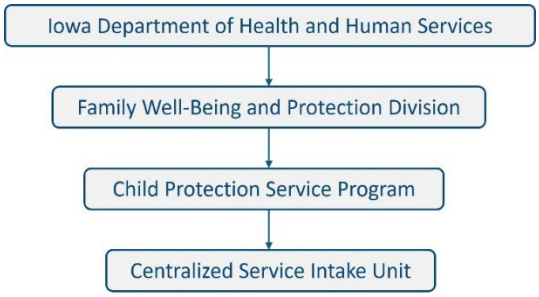
BACKGROUND

Child Abuse Prevention and Treatment Act Grants to States

CAPTA was enacted in 1974 at a time of growing awareness and concern about abuse of children in their homes. The law was reauthorized and amended several times, including a reauthorization in December 2010 and an amendment in December 2024.[4] The American Rescue Plan Act of 2021 included $100 million in supplemental CAPTA State grant funding with a 5-year project and expenditure period from October 1, 2020, through September 30, 2025.[5]

Within ACF, the Children's Bureau administers CAPTA State grants. To apply for CAPTA grant funding, a State must submit a plan describing the activities that the State will carry out using this funding. The State plan must include an assurance signed by the State's Governor that the State is enforcing a State law or is operating a statewide program related to child abuse and neglect that includes the immediate screening, risk and safety assessment, and prompt investigation of reports of child abuse and neglect.[6] Iowa's State plan included the required certification and was signed by the Governor on August 1, 2011.

Iowa Department of Health and Human Services, Family Well-Being and Protection Division



Within Iowa DHHS, FWBP administers the CAPTA State Grant and oversees the Iowa Child Protective Services (Iowa CPS) program.[7] Iowa CPS is responsible for the intake and assessment of suspected child abuse or neglect to ensure child safety and support families. The Centralized Service Intake Unit (CSIU), which operates under Iowa CPS, provides a statewide toll-free hotline number for reporting child abuse and neglect, 24 hours a day, 7 days a week, including weekends and holidays. Iowa CPS workers monitor the hotline, emails, postal mail, and faxes

[4] CAPTA was originally enacted Jan. 31, 1974 (P.L. 93-247), and was last reauthorized on Dec. 20, 2010, by the CAPTA Reauthorization Act of 2010 (P.L. 111-320). The law was amended in 2015, 2016, 2018, 2019, 2023, and on Dec. 23, 2024, by the Jenna Quinn Law (P.L. 118-193). CAPTA is codified at 42 U.S.C. §§ 5101–5116.

[5] P.L. 117-2 (Mar. 11, 2021), § 2205.

[6] 42 U.S.C. § 5106a(b)(2)(B)(iv). State plans remain in effect for the duration of the State's participation in the CAPTA program. States are required to periodically review and revise the Plan as necessary to reflect changes in State strategies and programs. States are required to inform the Children's Bureau of any substantive changes to its laws or regulations related to child abuse and neglect that may affect their eligibility for CAPTA State funding (42 U.S.C. §§ 5106a(b)(1)(B) and (C)).

[7] Iowa DHHS, *Employees' Manual,* Child Protective Service Intake, Title 18, chapter A(1); and Child Protective Services Assessment, Title 18, chapter B(1), Aug. 9, 2024. Accessed on June 16, 2026.

to create official intakes.[8] Walk-ins to Iowa DHHS offices are directed to use the toll-free hotline.

Intake and Screening Decision Process

Intake workers are responsible for gathering information from the reporter by using a structured interview process and by completing an intake form that includes a screening tool to assist workers in determining the type of assessment needed. Intake workers obtain and review critical information such as the details about the allegation of abuse or neglect, the identity of the alleged perpetrator(s) and victim(s), and information that explains the child's current safety status and exposure to potential risk. Depending on the information reported, the intake worker will determine whether the report will be categorized as either a child abuse assessment or a family assessment.[9] The intake worker assesses the information gathered and makes a preliminary determination as to whether the report is accepted or rejected and determines the timeframe within which the child must be observed.[10] The report is then forwarded to a supervisor, who must decide within 1 or 12 hours, depending on the severity of the risk, whether to accept or reject the report.

For a report of suspected child abuse or neglect to be accepted, the allegation must meet the following criteria:

- Occurred to a child under 18 years of age
- Fallen within Iowa's definition of child abuse [11]
- Caused by a caretaker, a person 14 years of age or older who resides in child's home if the allegation involves sexual abuse, or a person who engages in or allows child sex trafficking

[8] The hotline's number is 1-800-362-2178. Reports can also be sent to csiu@hhs.iowa.gov. Mandatory reporters, which includes physicians and teachers, can fax their reports to 515-564-4011.

[9] A child abuse assessment is conducted when the report alleges imminent danger, death, or injury to a child. A family assessment is conducted when the report involves allegations of neglect, such as a child not receiving adequate food, shelter, or medical care.

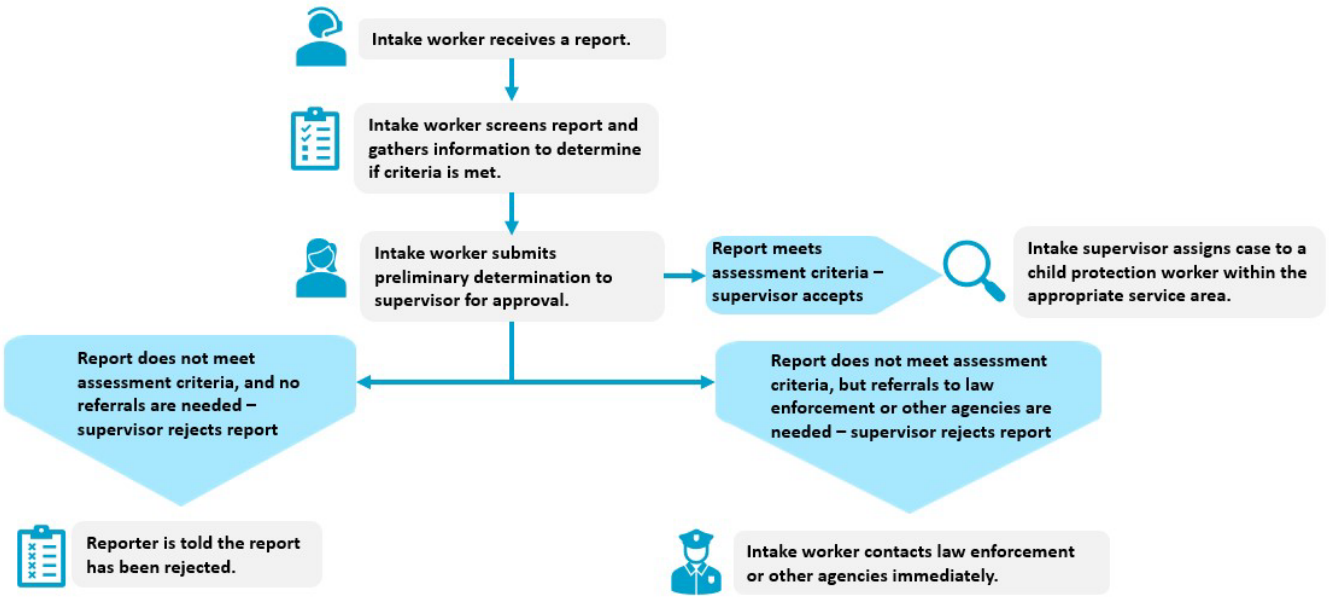
[10] For reports of child abuse, the timeframe within which the child must be observed is as follows: 1 hour when there is an immediate threat to the child's safety; 24 hours when no immediate threat exists but the alleged perpetrator is unknown or has access to the child; or 96 hours when no immediate threat exists and the alleged perpetrator is known, does not have access to the child, and no injuries are alleged. For reports of neglect, a 72-hour observation timeframe is assigned from receipt of the report.

[11] Under Iowa Code § 232.68, child abuse includes physical injury, sexual abuse, mental injury, denial of critical care to any person under the age of 18 by a caregiver, or other offenses, such as permitting illegal drug activity, child prostitution, abandonment, or knowingly exposing a child to registered sex offenders.

Once the report is accepted, the supervisor assigns the report to a child protection worker in the appropriate geographic service area.[12] The intake worker must orally notify the reporter, if known, of Iowa CPS's decision to accept or reject the report within 24 hours. In addition, a written notice of the intake decision is sent to the reporter within 5 business days.

If the information provided does not meet the criteria, the report is rejected. However, some rejected reports may still indicate that the child is at high risk, and the child's safety appears to be in jeopardy. For example, the report may involve abuse or neglect that occurred by an alleged perpetrator that is not a caretaker and therefore outside of Iowa CPS's responsibility. In those cases, the intake worker is required to make a referral to law enforcement or other appropriate service agencies. Figure 1 illustrates the Iowa CPS intake process.

Figure 1: Iowa CPS Intake Process



Assessment Process

Once the intake supervisor assigns the report to a child protection worker, the worker is required to make reasonable efforts to observe the alleged child victim. For child abuse assessments, an observation timeframe within 24 hours will be assigned from receipt of the report unless other conditions are present that warrant a different observation time to be

[12] CPS has established five geographic service areas to organize and deliver intake, assessment, and case management activities. Child protection workers assess reports based on the service area where the child resides.

assigned.[13] For family assessments, a 72-hour observation timeframe will be assigned from receipt of the report. Child protection workers are required to physically observe the alleged child victim within the assigned timeframe.[14] A parental notification letter, which explains that an assessment is being conducted, is provided to the parents within 5 business days.

The child protection worker will then attempt to conduct interviews with individuals who have relevant information regarding the allegation, including the alleged child victim, siblings or other children in the home, parents or caretakers not allegedly responsible for the abuse, and the alleged perpetrator. The interview process is an important tool for gathering information during an assessment. The primary purpose of conducting any interview is to determine the safety and risk of the alleged child victim and any other children in the care of the alleged person responsible for the abuse. To further evaluate the safety of the alleged child victim, initial safety assessments and risk assessments are conducted.

Initial Safety Assessment

Within 24 hours of first contact with the child, the child protection worker must complete a face-to-face initial safety assessment to determine if there are danger indicators.[15] The safety assessment lists out behaviors or conditions that describe a child as being in imminent danger. When danger indicators are identified, the child protection worker must take immediate action to address the danger by implementing a safety plan or removing the child. A safety decision is documented on a safety assessment form indicating whether the child is:

- **Safe:** No danger indicators identified and a safety plan is not needed at the time.
- **Safe with a plan:** One or more danger indicators are present, but safety interventions have been initiated and agreed upon in the written safety plan.
- **Unsafe:** One or more indicators are present, and removal is the only intervention possible to protect one or more children from immediate or serious harm.

[13] For a child abuse assessment, when there is an immediate threat to the child's safety, the same reasonable efforts shall be made within 1 hour. If no immediate threat to the child's safety exists and the alleged abuser does not have access to the alleged child victim, the same reasonable efforts shall be made within 96 hours.

[14] Child Protective Services Assessment, Title 18, chapter B(1) states that the physical observation of a child is an essential element to determine the safety of a child and if further protection steps are needed. During a family assessment, workers are encouraged to call the family to arrange a visit to the home. During a child abuse assessment, it is often necessary to make an unannounced visit to the home. The supervisor and child protection worker must revisit efforts and barriers to see the child every additional 24 hours until the child is observed.

[15] Danger indicators are defined as behaviors or conditions that describe a child being in imminent danger of serious harm. For example, the caregiver caused serious physical harm to the child or suspected child sexual abuse was committed by the caregiver or other household member.

If the child is safe with a plan, the child protection worker is required to develop a safety plan with the primary parent responsible for the safety of the child within 24 hours of the first contact with the child and obtain supervisory approval. If a safety plan removes or keeps a child from their usual and customary home, the signature of both custodial parents must be obtained.

Risk Assessment

The child protection worker must complete a risk assessment on each family that receives an allegation of abuse. The risk assessment measures the probability or likelihood that a child will suffer future maltreatment and helps determine whether additional services or referrals are needed.

Assessment Close Out

Once the child protection worker completes their assessment, a written report of the assessment will be prepared within 20 business days for a child abuse assessment and 10 business days for a family assessment. The assessment process is not considered complete until the assessment has been reviewed by a supervisor and a final sign off has been documented. When the child abuse assessment is completed, each person involved in the assessment will receive a written notification of the results (i.e., founded, confirmed, or not confirmed) and their rights to request an appeal.[16] Following a family assessment, the parent or guardian of each child will receive a notification letter of the complete family assessment and any additional services that were recommended.

HOW WE CONDUCTED THIS AUDIT

We obtained and reviewed data from Iowa's Comprehensive Child Welfare Information System (CCWIS), known as Joining Applications and Reports from Various Information Systems (JARVIS), for 19,838 rejected family reports and 28,168 accepted family reports of child abuse and neglect for the period of October 1, 2024, through September 30, 2025 (audit period).[17] We then selected 2 separate samples: a simple random sample of 30 rejected family reports of child abuse and neglect and a simple random sample of 100 accepted reports. For each rejected report, we assessed whether the determination to reject the report met State requirements. If the report was rejected but required a referral to law enforcement or other agencies, we confirmed whether the appropriate referral was made. Our scope did not include an assessment of steps taken once the referral was received by law enforcement or other

[16] "Founded" means that more than half of the available evidence shows that abuse occurred and that it meets the criteria for placement on Iowa's Central Abuse Registry. "Confirmed" means that more than half of the available evidence shows that abuse occurred, but the abuse does not meet the criteria for placement on the Child Abuse Registry. "Not confirmed" means that it was not possible to determine, by more than half of the available evidence, that abuse occurred.

[17] In this report, family reports include both child abuse assessments and family assessments.

agencies. For each accepted report, we reviewed related case information from JARVIS and determined whether Iowa CPS complied with the requirements for intake and assessment.

We conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

Appendix A contains the details of our audit scope and methodology, Appendix B contains our statistical sampling methodology, and Appendix C contains our sample results and estimates.

FINDINGS

For our simple random sample of 30 rejected family reports, Iowa CPS complied with intake requirements and made appropriate referrals to law enforcement, when required, or identified additional services needed for the family.

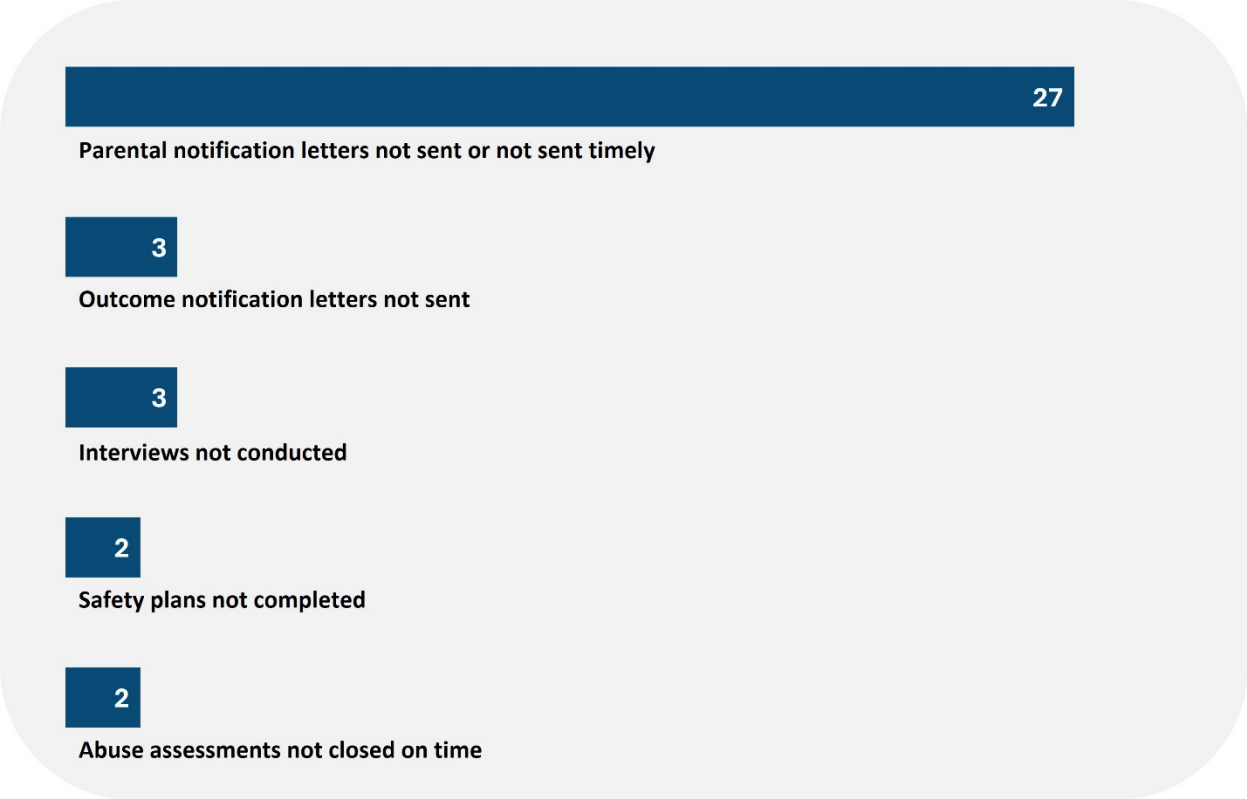
However, for our simple random sample of 100 accepted family reports, Iowa CPS did not comply with 1 or more of the State's assessment requirements for 35 reports. On the basis of our sample results, we estimated that 9,859 of the 28,168 (roughly 35 percent) accepted family reports for our audit period were not in compliance with 1 or more requirements related to the assessment of child abuse and neglect. Iowa CPS officials indicated that these errors occurred because child protection workers and supervisors did not follow existing policies and procedures. Failure to comply with requirements places the children's health and safety at risk.

IOWA CPS DID NOT COMPLY WITH SOME REQUIREMENTS FOR RESPONDING TO ACCEPTED REPORTS OF CHILD ABUSE AND NEGLECT

Iowa CPS did not comply with all assessment requirements for 35 of the 100 accepted family reports in our sample.[18] The requirements with which Iowa did not comply and the associated number of reports are shown in Figure 2 on the following page.

[18] A single report may be noncompliant with one or more requirements.

Figure 2: Number of Accepted Reports That Did Not Comply With One or More Requirements



Parental Notification Letters Not Sent or Not Sent Timely

A parental notification letter to both custodial and noncustodial parents of the child who is subject of the assessment must be provided within 5 business days of an assessment's start (Iowa DHHS *Employees' Manual*, Title 18, chapter B(1) CPS Assessment – Parental Notification of Assessment).

For 27 of the 100 accepted family reports in our sample, we found:

- 22 reports in which parental notification letters were between 1 and 16 days late
- 5 reports in which there was no documentation that parental notification letters were sent to the required individuals

Child protection workers did not follow existing policies and procedures to ensure that parental notification letters were sent as required. Despite having reminders built within the system, the workers either did not make a request for the notification letters to be sent within the required timeframe or failed to submit the request altogether.

Failure to notify parents timely that an assessment is being conducted could increase the risk or reoccurrence of abuse or neglect to their child. For example, a parent living outside the home may be unaware of the reported incident and allow the child to return to the home to spend time with the alleged abuser.

Outcome Notification Letters Not Sent

At the end of a child abuse assessment, an outcome notification letter is sent to individuals related to the case. In addition, any person found to be responsible for abuse is notified of their right to request an appeal and given the procedures to do so. Following a family assessment, Iowa CPS is required to send the parent or guardian of each child an outcome notification letter detailing any recommendations and informing them of available community-based services or support networks (Iowa DHHS *Employees' Manual*, Title 18, chapter B(1) CPS Assessment – Notification of Outcome of Assessment and Appeal Rights).

For 3 of the 100 accepted family reports in our sample, we found that Iowa CPS did not provide documentation that an outcome notification letter was issued to the parent, guardian, or non-custodial parents, as required.

Despite having a notification prompt within JARVIS that notifies the child protection workers that outcome notification letters are to be sent before closing out the report, the child protection workers failed to submit the request for the outcome notification letters to be sent.

Informing a non-offending parent or guardian living outside the home of the assessment outcome is critical in preventing the child being returned to the alleged abuser. In addition, outcome notification letters inform individuals found to be responsible for the abuse on how to file appeals including relevant deadlines.

Interviews Not Conducted

Child protection workers are required to attempt interviews with individuals who may have information relevant to the allegation that could help determine the child's immediate safety. When interviewing siblings or other children in the home, the worker should determine whether they experienced abuse, evaluate their vulnerability, and gather corroborating information to assist in the risk assessment. Interviews with the parents or caretakers who are not allegedly responsible for the abuse should also be conducted to determine their knowledge of the allegation. The alleged perpetrator must be offered an interview as well (Iowa DHHS's *Employees' Manual*, Title 18, chapter B(1) CPS Assessment – Conducting Interviews).

For 3 of the 100 accepted family reports in our sample, we found that Iowa CPS did not maintain documentation that interviews with siblings or other children in the care of the person alleged responsible for the abuse were conducted.

Iowa CPS officials said that workers did not attempt to interview siblings or other children and that no explanation for the missing interviews was documented in the assessments. They said the errors were likely due to training issues.

Failure to conduct interviews limits a child protection worker's ability to accurately assess the reported allegation, increasing the risk that children may experience continued abuse or neglect, remain in unsafe environments, or fail to receive necessary services.

Safety Plans Not Completed

When a child protection worker identifies that one or more danger indicators are present, but safety interventions have been initiated, the child protection worker is required to complete a written safety plan with the primary parent responsible for the safety of the child within 24 hours of the first contact with the child (Iowa DHHS *Employees' Manual*, Title 18, chapter B(1) CPS Assessment – Safety Plans).

For 2 of the 100 accepted family reports in our sample, Iowa CPS determined that the children needed safety plans; however, Iowa CPS could not provide documentation that the plans were completed. For one report, Iowa CPS said no physical file could be found because the child protection worker left employment. For the other report, Iowa CPS officials could not explain why the worker did not complete a written safety plan and indicated that it was completed verbally.

Failure to develop and document a safety plan for a child may leave them exposed to potential abuse or neglect.

Abuse Assessments Not Closed On Time

Once a reported case of child abuse or neglect has been accepted, the child protection worker is required to prepare a written report within 20 business days for a child abuse assessment. The assessment process is considered complete when a supervisor has reviewed and signed it. (Iowa DHHS *Employees' Manual*, Title 18, chapter B(1) CPS Assessment – Completion of the Assessment Summary).

For 2 of the 100 accepted family reports in our sample, Iowa CPS did not complete the child abuse assessments within the required 20 business days. These assessments were 5 and 7 days late. Iowa CPS officials said that one report was late because the worker was unable to locate or contact the alleged perpetrator until after the due date. For the other report, the child protection worker did not submit the assessment for review by the supervisor on time. Failure to complete assessments on time could place children at risk of continued abuse or neglect.

RECOMMENDATION

We recommend that Iowa CPS provide refresher training or periodic guidance to relevant staff on:

- Sending parental and outcome notification letters
- Conducting and documenting required interviews
- Documenting safety-plan information
- Completing assessments within required timeframes

IOWA DEPARTMENT OF HEALTH AND HUMAN SERVICES, FAMILY WELL-BEING AND PROTECTION DIVISION COMMENTS

In written comments on our draft report, Iowa concurred with our findings and recommendation and described the actions that it has taken or plans to take to address our recommendation. For example:

- With respect to parental notification letters, Iowa said it has fixed the system error that caused late notices and plans to add an automatic alert to its new CCWIS system. In addition, Iowa also stated that it plans to issue reminders about parental notices to staff and supervisors through Help Desk guidance and during supervisor meetings. For outcome notification letters, Iowa stated it sent a Help Desk release on May 27, 2026, to remind staff to send these letters.[19]
- Iowa stated it will issue a reminder to all Child Protective Workers and Supervisors to ensure required interviews are conducted and documented.
- Iowa stated it issued a Help Desk release on December 31, 2025, reiterating safety plan policy; conducted "Back to Basics" training on February 19, 2026; and will include a review of safety plans in its September 2026 all-supervisor meeting.
- Iowa stated that the late abuse assessments were completed by a worker whose performance was being monitored, and that it has improved workflow efficiency by launching the Central Consult Unit in March 2026, which helps to quickly identify child safety concerns and allows child protective workers to focus on higher-risk cases.

[19] The Help Desk is an internal support function within CPS that provides staff with direct access to practice-related guidance and technical assistance. The Help Desk also serves as an internal communication mechanism for distributing policy updates, procedural guidance, and practice reinforcement to CPS staff.

Iowa's comments are included in their entirety as Appendix F.

We commend Iowa for the actions it has taken and plans to take to address our recommendation.

APPENDIX A: AUDIT SCOPE AND METHODOLOGY

SCOPE

We obtained and reviewed data from JARVIS for 19,838 rejected reports and 28,168 accepted family reports of child abuse and neglect for the period of October 1, 2024, through September 30, 2025.[20] We performed two separate samples. The first was a simple random sample of 30 rejected reports. For each rejected report, we determined whether the rejection of the report complied with State requirements. For those cases that required a referral to law enforcement or other agencies, we reviewed additional report notes and confirmed that a referral was made. Our scope did not include an assessment of steps taken once the referral was received by law enforcement or other agencies. The second sample was a simple random sample of 100 accepted family reports that were received during the audit period. For each selected accepted family report, we determined whether Iowa CPS complied with requirements for the intake and assessment of reports of child abuse and neglect.

We did not assess Iowa CPS's overall internal control structure. Rather, we limited our review to Iowa CPS's internal controls related to the intake and assessment of reports of child abuse and neglect.

We conducted our audit from January 2026 through August 2026.

METHODOLOGY

To accomplish our objective, we:

- Reviewed applicable requirements related to the intake and assessment of reports of child abuse and neglect
- Interviewed State officials to gain an understanding of the Iowa CPS process for intake and assessment of reports of child abuse and neglect
- Obtained data from JARVIS representing 19,838 rejected family reports and 28,168 accepted family reports of child abuse and neglect received during our audit period
- Selected for review a simple random sample of 30 rejected family reports and a simple random sample of 100 accepted family reports (see Appendix B)
- Evaluated and tested procedures for the intake and assessment of reports by reviewing case files for the selected rejected and accepted family reports

[20] In this report, family reports include both child abuse assessments and family assessments.

- Estimated the number and percentage of accepted family reports in the sampling frame not reported in accordance with requirements (see Appendix C)

- Discussed the results of our audit with Iowa CPS officials

We conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

APPENDIX B: RELATED OFFICE OF INSPECTOR GENERAL REPORTS

Report Title	Report Number	Issue Date
Arkansas Failed to Comply With the Immediate Screening, Risk and Safety Assessment, and Investigation Requirements for Responding to Reports of Child Abuse and Neglect	OAS-25-06-038	09/29/2026
West Virginia Did Not Comply With Intake, Screening, Assessment, and Investigation Requirements for Responding to Reports of Child Abuse and Neglect	OAS-25-01-011	09/26/2025
Maine Did Not Comply With Screening, Assessment, and Investigation Requirements for Responding to Reports of Child Abuse and Neglect	A-01-23-02500	11/07/2024
ACF Cannot Ensure That All Child Victims of Abuse and Neglect Have Court Representation	OEI-12-16-00120	02/26/2021

APPENDIX C: STATISTICAL SAMPLING METHODOLOGY

SAMPLING FRAME

The sampling frame consisted of 28,168 accepted family reports of alleged child abuse and neglect received during the audit period.

SAMPLE UNIT

The sample unit was an accepted family report.

SAMPLE DESIGN AND SAMPLE SIZE

We selected a simple random sample of 100 accepted family reports of alleged child abuse and neglect.

SOURCE OF RANDOM NUMBERS

We generated random numbers using the Office of Inspector General, Office of Audit Services (OIG/OAS), statistical software.

METHOD OF SELECTING SAMPLE UNITS

We sorted the items in the sampling frame by incident number in ascending order and consecutively numbered the items. After generating random numbers according to our sample design, we selected the corresponding frame items for review.

ESTIMATION METHODOLOGY

We used the OIG/OAS statistical software to estimate the number and percentage of accepted family reports within the sampling frame that were not in compliance with requirements. Using this software, we calculated the point estimate and the corresponding two-sided 90-percent confidence interval.

APPENDIX D: SAMPLE RESULTS AND ESTIMATES

Table 1: Sample Results for Accepted Family Reports

Frame Size	Sample Size	Did Not Comply With Intake Requirements	Did Not Comply With Assessment Requirements	Did Not Comply With One or More Requirements
28,168	100	0	35	35

Table 2: Estimated Number and Percentage of Accepted Family Reports in the Sampling Frame Not in Compliance with Requirements
(Limits Calculated at the 90-Percent Confidence Level)

	Number of Reports Not in Compliance with Requirements	Percentage of Reports Not in Compliance With Requirements
Point estimate	9,859	35
Lower limit	7,631	27
Upper limit	12,279	44

APPENDIX E: SUMMARY OF ERRORS FOR EACH SAMPLED ACCEPTED FAMILY REPORT

OIG Sample #	Did Not Comply With Intake Requirements	Did Not Comply With Assessment Requirements	Total Number of Reports That Did Not Comply With One or More Requirements
1	0	1	1
2	0	1	1
3	0	0	0
4	0	0	0
5	0	0	0
6	0	0	0
7	0	0	0
8	0	0	0
9	0	0	0
10	0	0	0
11	0	0	0
12	0	0	0
13	0	0	0
14	0	0	0
15	0	1	1
16	0	0	0
17	0	1	1
18	0	0	0
19	0	0	0
20	0	0	0
21	0	0	0
22	0	0	0
23	0	1	1
24	0	1	1
25	0	1	1
26	0	1	1
27	0	0	0
28	0	0	0
29	0	1	1
30	0	0	0
31	0	0	0
32	0	0	0
33	0	1	1
34	0	1	1
35	0	0	0
36	0	0	0
37	0	1	1

OIG Sample #	Did Not Comply With Intake Requirements	Did Not Comply With Assessment Requirements	Total Number of Reports That Did Not Comply With One or More Requirements
38	0	0	0
39	0	0	0
40	0	0	0
41	0	0	0
42	0	1	1
43	0	1	1
44	0	1	1
45	0	1	1
46	0	0	0
47	0	0	0
48	0	1	1
49	0	0	0
50	0	1	1
51	0	1	1
52	0	0	0
53	0	1	1
54	0	0	0
55	0	0	0
56	0	1	1
57	0	0	0
58	0	1	1
59	0	0	0
60	0	0	0
61	0	0	0
62	0	0	0
63	0	0	0
64	0	0	0
65	0	0	0
66	0	0	0
67	0	0	0
68	0	0	0
69	0	0	0
70	0	1	1
71	0	0	0
72	0	1	1
73	0	0	0
74	0	0	0
75	0	0	0

OIG Sample #	Did Not Comply With Intake Requirements	Did Not Comply With Assessment Requirements	Total Number of Reports That Did Not Comply With One or More Requirements
76	0	1	1
77	0	1	1
78	0	1	1
79	0	0	0
80	0	1	1
81	0	0	0
82	0	1	1
83	0	0	0
84	0	0	0
85	0	1	1
86	0	1	1
87	0	1	1
88	0	0	0
89	0	1	1
90	0	0	0
91	0	1	1
92	0	0	0
93	0	0	0
94	0	0	0
95	0	0	0
96	0	0	0
97	0	1	1
98	0	0	0
99	0	0	0
100	0	0	0
	0	**35**	**35**

APPENDIX F: IOWA DEPARTMENT OF HEALTH AND HUMAN SERVICES, FAMILY WELL-BEING AND PROTECTION DIVISION COMMENTS

IOWA | Health and Human Services

September 22, 2026

Ms. Pei Sun
Regional Inspector General for Audit Services
Office of Audit Services
JFK Federal Building, Suite 2300
15 New Sudbury Street
Boston, MA 02203

Dear Ms. Pei Sun:

Thank you for the opportunity to respond to the Department of Health and Human Services, Office of Inspector General (OIG)'s audit of the Iowa Department of Health and Human Services. Iowa concurs with the findings and recommendations. The responses to the OIG's recommendations are provided below.

- **Parental Notification Letters Not Sent or Not Sent Timely**:

We concur with these findings. In many of these cases, parents were notified through interviews during the assessment. As we are working to build our new CCWIS system, we plan to address this as an automatic reminder. In the meantime, we have since fixed the system error which was sending the notice after the 5th day (day 6) causing some to be late. Our plan is to send a HelpDesk on parental notices, as well as provide supervisors a reminder during their all-supervisor meetings.

- **Outcome Notification Letters Not Sent**:

We concur with these findings. We recognized this prior to the audit, so we sent a HelpDesk release on 5/27/26 to ensure staff are reminded and will continue to provide periodic reminders.

- **Interviews Not Conducted**:

We concur with these findings. All 3 of these cases are related to not interviewing siblings, though they were all seen. We are issuing a reminder to all CPWs and Supervisors to ensure we are conducting and documenting all required interviews.

- **Safety Plans Not Completed**:

We concur with these findings. A HelpDesk release was done on 12/31/2025 reiterating the policy on safety plans to ensure they are completed, reviewed, and tracked for length of time utilized. We also did a "Back to Basics" training for all CPS staff on 2/19/26. In September 2026, there is an all-supervisor meeting which includes a review of safety plans.

- **Abuse Assessments Not Closed On Time**:

APPENDIX F: IOWA DEPARTMENT OF HEALTH AND HUMAN SERVICES, FAMILY WELL-BEING AND PROTECTION DIVISION COMMENTS

We concur with these findings. Though we concur with these findings, these were completed by the same worker whose performance was being monitored and addressed. Iowa HHS has a short timeframe to complete CPAs and has excellent performance in this area. We have also identified ways to improve efficiency in the CPW workflow by standing up a Central Consult Unit.

Iowa strives to be responsive to the safety and well-being of children. Thanks again for allowing us an opportunity to respond.

Janee

Digitally signed by Janee Harvey
Date: 2026.09.24 15:53:15 -05'00'

Janee Harvey
Director of Family Well=Being and Protection

JH/lf,jg,cv

Report Fraud, Waste, and Abuse

OIG Hotline Operations accepts tips and complaints from all sources about potential fraud, waste, abuse, and mismanagement in HHS programs. Hotline tips are incredibly valuable, and we appreciate your efforts to help us stamp out fraud, waste, and abuse.

TIPS.HHS.GOV

Phone: 1-800-447-8477

TTY: 1-800-377-4950

Who Can Report?

Anyone who suspects fraud, waste, and abuse should report their concerns to the OIG Hotline. OIG addresses complaints about misconduct and mismanagement in HHS programs, fraudulent claims submitted to Federal health care programs such as Medicare, abuse or neglect in nursing homes, and many more. Learn more about complaints OIG investigates.

How Does It Help?

Every complaint helps OIG carry out its mission of overseeing HHS programs and protecting the individuals they serve. By reporting your concerns to the OIG Hotline, you help us safeguard taxpayer dollars and ensure the success of our oversight efforts.

Who Is Protected?

Anyone may request confidentiality. The Privacy Act, the Inspector General Act of 1978, and other applicable laws protect complainants. The Inspector General Act states that the Inspector General shall not disclose the identity of an HHS employee who reports an allegation or provides information without the employee's consent, unless the Inspector General determines that disclosure is unavoidable during the investigation. By law, Federal employees may not take or threaten to take a personnel action because of whistleblowing or the exercise of a lawful appeal, complaint, or grievance right. Non-HHS employees who report allegations may also specifically request confidentiality.

Stay In Touch

Follow HHS-OIG for up to date news and publications.

 OIGatHHS

 HHS Office of Inspector General

Subscribe To Our Newsletter

OIG.HHS.GOV

Contact Us

For specific contact information, please visit us online.

U.S. Department of Health and Human Services
Office of Inspector General
Public Affairs
330 Independence Ave., SW
Washington, DC 20201

Email: Public.Affairs@oig.hhs.gov