Section 1

Executive Summary

Version 2.0 — Preliminary Draft

Petitioner: Ashley Marie Meredith, MSN | Pro Se

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PETITION TO AUDIT — IOWA DEPARTMENT OF HEALTH AND HUMAN SERVICES

CHILD WELFARE SYSTEMS — SECTION 1

SECTION 1 — EXECUTIVE SYNTHESIS

Version 1.3 | June 5, 2026

Audit Petition Packet v2.0 (5/2026)

PURPOSE: This section consolidates the interpretive findings of this petition into a single authoritative synthesis. It is organized so that a reviewer unfamiliar with the full packet can orient to the complete analytical picture from a single section — without being required to reconstruct the analysis independently from raw evidence. Every assertion in this section is sourced to a primary attachment or companion report. References in brackets (e.g., [A04]) indicate the filing designation used throughout this petition.

This section supersedes the Executive Summary (former S2) and Audit Risk Snapshot (former S3) from Petition v1.9. The analytical structure has been updated; the evidentiary basis is unchanged.

1.1 EXECUTIVE SUMMARY

TO: Rob Sand, Iowa Auditor of State

FROM: Ashley Marie Meredith, MSN

DATE: June 2026

SUBJECT: Citizen Petition for Audit — Iowa HHS Child Welfare Systems

RE: Iowa Code § 11.6(3); Iowa Code § 11.24

This petition requests an independent performance, compliance, and financial audit of the Iowa Department of Health and Human Services (HHS), including all legacy Iowa Department of Human Services (DHS) child welfare functions, pursuant to Iowa Code § 11.6(3) and § 11.24.

WHAT THIS PETITION PRESENTS: A structured analysis of 49 primary source attachments — federal review documents, state self-reports, independent evaluations, Iowa Auditor of State findings, Ombudsman investigations, court records, and agency correspondence — spanning 23 years of continuous oversight activity. None of these documents were produced by or for this petition. They are the accumulated output of Iowa's own oversight infrastructure, read in sequence.

THE CENTRAL FINDING: Iowa's child welfare system has failed to achieve substantial conformity with all required federal Child and Family Services Review (CFSR) outcomes across three consecutive review cycles spanning 2003 through 2019. The same deficiencies — in safety assessment, caseworker contact, quality assurance, workforce capacity, and corrective action follow-through — are documented in each review cycle, between review cycles by the Iowa Auditor of State, and in independent evaluations contracted and funded by the state. Three children in state-monitored placements died. The fatality investigations issued by the Iowa Ombudsman confirm the same intake, supervisory, and monitoring failures present in the federal reviews — documented 16 years apart, in 2000 and 2016, with no structural correction in the intervening period.

No completed corrective action cycle produced sustained improvement verifiable in the next federal review. The Round 3 Program Improvement Plan was submitted four times and was never formally approved. Iowa currently operates without an approved corrective action plan, while a CFSR Round 4 review is underway under a methodology that has suspended the PIP enforcement mechanism.

These conditions independently satisfy the standard for audit review under Iowa Code § 11. Independent state audit authority is not displaced by federal oversight. Where the federal corrective mechanism is reduced, the state audit mechanism remains available and — given the longitudinal

record — is independently warranted.

WHAT THIS PETITION DOES NOT ASSERT: This petition is not an attempt to relitigate individual custody or termination proceedings. It is a formal inquiry into whether Iowa HHS's internal control environment — specifically its financial controls, contract monitoring, data systems, and corrective action mechanisms — meets the standards required to protect children and public resources. The case-level evidence presented in Sections 14–16 is included as contemporaneous documentation of active system conditions, not as individual grievance.

THE RELIEF REQUESTED: The Auditor of State is requested to:
(1) Examine Iowa HHS's child welfare financial controls, contract oversight, performance measurement, and data management systems
(2) Evaluate whether corrective action plans produced measurable, sustained improvement across the three completed review cycles
(3) Determine whether Iowa's CCWIS data system procurement meets applicable federal and state accountability standards
(4) Issue findings and recommendations under Iowa Code § 11.24

Full corrective action requests are documented in Section 19.

1.2 ONE-PAGE AUDIT SNAPSHOT

The following table presents the quantitative and structural record of the audit case. Every figure is sourced to a primary attachment filed with this petition. This is the record in numbers.

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■ ■ corrective action history ■ approved; TB-14 suspends PIP mechanism; ■

■ ■ ■ congressional engagement documented ■

■ ■ ■ [A02–A04, A43] ■

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October 2011; acknowledged Round 1 improvements had not been sustained.

[A03]

ROUND 3 (2018–2019): All 7 outcomes failed. Safety Outcome 2 Item 3 (Risk and Safety Assessment): 51% — 44 points below the 95% threshold, the worst safety assessment result in the three-round record. QA rated ANI despite state self-rating of Strength — QA inflation pattern documented for a second consecutive cycle. Combined TPR/permanency hearings flagged as contributing to permanency delays. R3 PIP submitted four times; "Date Approved" field blank at final submission. Never formally approved. [A04]

Permanency Outcome 1 has never achieved substantial conformity across any completed CFSR review cycle. [A02, A03, A04]

FINDING 1.3.2 — THE PIP CORRECTIVE ACTION RECORD

Each CFSR cycle is designed to produce a PIP — a negotiated corrective plan evaluated by the next review. Iowa's three PIP cycles share a structural characteristic: no subsequent federal review found measurable sustained improvement in the outcomes targeted by the prior PIP.

Round 1 PIP → Round 2: Iowa failed all 7 outcomes in Round 2, including two outcomes previously passed in Round 1.
Round 2 PIP → Round 3: Iowa again failed all 7 outcomes in Round 3. The Round 2 PIP had explicitly acknowledged that Round 1 PIP improvements were not sustained.
Round 3 PIP → Round 4: Never formally approved. No approved corrective plan to evaluate. Iowa enters Round 4 without a closed corrective cycle.

The Round 1 PIP set a caseworker visit improvement target of 25% — from a 10% baseline — explicitly accepting a 75% failure rate as the goal, with no additional staffing funded. [A02, A03, A04]

FINDING 1.3.3 — THREE CHILD FATALITIES: RECURRING FAILURE PATTERN

Three Ombudsman fatality investigations spanning 2000 to 2020 document the same operational failure profile — intake rejection, supervisory non-response, and monitoring failure — in consecutive cases:

SHELBY DUIS (January 4, 2000): Three abuse reports over 9 years, all of which the Ombudsman found should have been accepted. Final report rejected 3 weeks before death. Prior hotline history not provided to the intake worker who made the final rejection. [A28]

NATALIE FINN (October 25, 2016): Ten abuse reports over 22 months. 80% rejected at intake. The word "starving" was omitted from the intake record of a report describing a starving child. The assigned worker was on vacation during an active assessment with no documented coverage. Ombudsman confirmed the same intake failure pattern as Duis — 16 years later. [A29]

SABRINA RAY (May 25, 2017): 100% abuse report rejection by a contracted provider (Mid-Iowa). Contractor suppressed reports internally. DHS contract oversight mechanism failed to detect or respond. $14.2M financial liability acknowledged; $10M settlement reached 2023. [A30,

A35, A36]

The Ombudsman who issued the 2020 Natalie Finn report stated explicitly that the same problems identified in the 2000 Shelby Duis investigation had recurred in the Finn case. [A29]

FINDING 1.3.4 — STATE SELF-ADMITTED CURRENT DEFICIENCIES

Iowa's own current federal compliance submissions — not produced in response to this petition — document ongoing performance conditions the agency characterizes as unresolved:

Re-entry to foster care within 6 months: 37% (June 2021) → 54% (June 2022) → 71% (June 2023) → 76% (February 2024) → 79% (February 2025). Iowa's APSR states: "HHS anticipated an increase, [but] this degree of change was not [anticipated]." Root cause analysis has not yet been completed. [A10]

Sibling placement (Item 7): 96% → 59% between review periods — a 37-point decline. No corrective action plan cited in the APSR. [A10]

Placement data entry timeliness: Iowa's own 3-business-day requirement. Compliance: 51.3% (SFY2021), 72.4% (SFY2022), 63.9% (SFY2023), 63.7% (SFY2024), 61.5% (SFY2025 partial). [A10, A09]

QA self-report vs. federal determination: 28-point overstatement in Round 2; self-rated Strength in Round 3 while federally determined ANI. The QA inflation pattern means Iowa's own system for evaluating its own performance cannot be relied upon as an accurate measure of case-level practice. [A03, A04]

FINDING 1.3.5 — FINANCIAL CONTROLS AND CONTRACT OVERSIGHT

Iowa Auditor of State reports [A23–A26], the Sivic Solutions IV-E review [A22], and the AOS Service Contract Monitoring Report [A24] collectively document:

$167,716 in questioned federal costs (Crossroads, November 2025) [A26]
100% failure rate on contract monitoring documentation [A24]
Iowa never exercised contractual MCO staffing authority [A25]
No documented subrecipient monitoring over extended periods [A26]
$40M in SFY2023 SBC spending on services not meeting Title IV-E Prevention evidence criteria [A22]
$36.5M understated; $3.2M uncollected across the AOS reports period

[A23]

These findings span 12 years of AOS reports. They are not the petitioner's findings. They are the findings of Iowa's own independent constitutional auditing officer.

FINDING 1.3.6 — DATA INTEGRITY: THE AUDIT TRAIL IS UNRELIABLE

Multiple independent sources — the state's own compliance submissions, the federal court monitoring record, and the DOJ investigation record — document data reliability failures that predate the CCWIS transition and are not resolved by it:

Iowa's own documentation: "high risk of inaccurate data" (Operational Plan, referenced in Section 9); key safety metrics characterized as "not available" due to system limitations in current compliance submissions. [A09, A10]

Federal court monitors: Behavioral health data formally classified "not reliable" for medication decision purposes. [A07]

DOJ: Child welfare records overwritable without audit trail. [A06]

Harkin Institute / KinderTrack: Iowa's child welfare longitudinal tracking system documented as "prone to errors" with 286 unlinked records. [A21]

QA system overstatement in two consecutive CFSR cycles demonstrates that Iowa's internal data monitoring does not reliably identify the gap between reported and actual case-level practice. [A03, A04]

CCWIS forward risk: The $41.9M Google/Carahsoft contract lacks background check requirements for contractor personnel accessing child welfare PHI. ACF conditional approval does not certify data governance compliance. The CCWIS system is being built on a foundation with documented PHI access gaps. [A44, A45, A49, A50]

1.4 STRUCTURAL INTEGRITY CONCERNS SUMMARY

The six findings in Section 1.3 are not independent events. They are structurally related. This subsection identifies the three structural integrity concerns this petition asks the Auditor to examine.

STRUCTURAL CONCERN 1.4.1 — THE CORRECTIVE ACTION CLOSED LOOP

The federal corrective action cycle is designed to produce sustained, verifiable improvement. In Iowa's case, the cycle has not performed that function:

Round 1 PIP (2004) did not produce improvement that held through the Round 2 review period.
Round 2 PIP (2011) acknowledged Round 1 improvements had not been sustained, but did not explain why.
Round 3 PIP (2019–2020) was never formally approved.
Round 4 begins with no closed corrective cycle in the record.

No PIP in the three-cycle record was followed by a formal agency-conducted retrospective analysis of why prior strategies did not produce durable change. The corrective action mechanism has operated as a documentation exercise — producing plans without producing verifiable correction that survives to the next review.

Structural question for the Auditor: Is Iowa HHS capable of self-directed corrective action that produces sustained improvement, or does the oversight architecture require independent intervention to interrupt the loop?

STRUCTURAL CONCERN 1.4.2 — THE TB-14 FEDERAL OVERSIGHT GAP

CFSR Round 4 is currently underway. In December 2025, the Children's Bureau issued Technical Bulletin #14, which suspended the PIP enforcement mechanism that would otherwise be triggered by non-conformity findings. Iowa enters Round 4 with:

A never-approved Round 3 PIP
Three consecutive cycles of complete non-conformity
A QA system that twice reported Strength when federal reviewers found ANI
An active CCWIS implementation under conditional federal approval

TB-14 does not displace Iowa Code § 11. Where the federal corrective mechanism is suspended, the state audit mechanism is available and — given the longitudinal record — independently warranted. This is not a supplemental argument. It is the core jurisdictional basis.

Full analysis of Round 4 structural design concerns is contained in Section 7 and the CFSR Companion Report (Part II).

STRUCTURAL CONCERN 1.4.3 — THE POST-PERMANENCY MONITORING GAP

Iowa's CFSR failures are concentrated in permanency and safety outcomes. The corrective action record addresses in-care monitoring and reunification practice. It does not address what happens after a child achieves legal permanency — after adoption, guardianship, or termination of parental rights — when the system's formal oversight obligations contract sharply.

The Post-Permanency Risk Convergence Profile (PPRCP) — the analytical framework developed for this petition — identifies the convergence of documented systemic deficiencies as risk factors that persist after permanency outcomes are recorded, not just before.

The Drew household placement is the contemporary data point: an Iowa-licensed foster/adoptive placement where felony child endangerment offenses were committed across a 31-month period beginning March 16, 2021 — after parental rights were legally terminated. No Iowa HHS monitoring action has been identified in the public record that corresponds to that offense period. [A33]

This is presented not as a grievance but as the most recent documented instance of a recurring pattern: the system's monitoring mechanisms did not detect and interrupt an active harm trajectory in a licensed placement. The 23-year record demonstrates that the structural conditions producing that gap are not new. The PPRCP names the mechanism.

See Section 14 (Case-Level Outcomes) and Section 13 (Fatality Risk Analysis) for the full evidentiary development.

1.5 RECURRING SYSTEMIC DEFICIENCY PATTERNS

The following table synthesizes the deficiency categories documented most pervasively across the 49-attachment primary source record. Frequency counts reflect the number of primary source documents (out of 49) in which each deficiency is independently documented. This table constitutes petitioner-synthesized body content and does not carry independent evidentiary weight; the underlying primary source attachments carry the weight.

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■ ■ ■ ■ (monitors: behavioral data "not reliable"); ■

■ ■ ■ ■ A09–A10 (state: "high risk of inaccurate"); ■

■ ■ ■ ■ A21 (KinderTrack errors); A44–A50 (CCWIS) ■

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ICWA FAILURE DOCUMENTED ACROSS ALL THREE CFSR CYCLES

The evidentiary record documents ICWA non-compliance not as an emerging concern but as a 23-year unresolved deficiency:

ROUND 1 (2003–2004): Federal reviewers documented that Woodbury County courts did not comply with ICWA, did not allow tribal representatives to serve as expert witnesses, and did not consider tribal input. New caseworkers received no ICWA training. No written tribal MOUs existed between Iowa DHS and any tribe. [A02]

ROUND 1 PIP (2004) — TIME-BOUND COMMITMENTS MADE:

Items 14.4–14.5 of the PIP Matrix contained explicit ICWA benchmarks: ICWA training for DHS staff, attorneys, and judges (Q1); ICWA policy manual letter (Q1); initial compliance review (Q2); manual revision (Q4); at least one tribal MOU (Q5). These were time-bound deliverables in a federally approved corrective action plan. [A02]

ROUND 3 (2018) — SAME DEFICIENCY, 14 YEARS LATER:

Three of 13 applicable cases reviewed in SFY 2017 were rated Area Needing Improvement for Item 9 (Preserving Connections) due to "no ICWA notice to the Tribe or follow-up." The Round 1 PIP ICWA benchmarks — due in Q1–Q5 of 2004–2005 — remained unmet 14 years after the corrective deadline. [A04]

ROUND 3 STATEWIDE ASSESSMENT — ZERO TRIBAL ENGAGEMENT:

The 2017 Child Welfare Stakeholders Survey included "Native American Tribe" as a community partner category. Of 128 respondents, 0% identified as representing a Native American Tribe — despite the Meskwaki Nation's active presence and documented prior engagement. [A04, Statewide Assessment, p.113]

DISPROPORTIONALITY DOCUMENTED IN THE CORRECTIVE RECORD ITSELF

The Round 1 PIP explicitly acknowledged racial disproportionality: "Black and Native American children are twice as likely to be victims of child abuse... Native American children are over five times as likely to be placed in foster care." [A02, PIP, p.6]

Iowa entered Round 2 with that acknowledgment on record. It entered Round 3 with the same disparity unresolved and ICWA non-compliance recurring in case review. Native American children are over-represented in foster care at a five-to-one ratio relative to the general population — in a state with an active federally recognized tribal settlement — and no PIP across three completed cycles established a discrete, measurable ICWA compliance performance target.

AUDIT SIGNIFICANCE

ICWA violations carry consequences that fall entirely outside the CFSR corrective action framework:

— A single violation of 25 U.S.C. § 1912 (failure to notify tribe or provide qualified expert witness) can void a child custody proceeding entirely, regardless of other findings.

— Iowa Code § 232B provides a parallel state enforcement mechanism.

— The BIA has independent enforcement authority under ICWA.

— The absence of tribal MOUs — a PIP deliverable from 2004 that appears unmet as of Round 3 — creates ongoing structural exposure in every case involving a child with potential tribal membership.

The failure is not that Iowa lacks a policy on paper. The failure is that ICWA compliance was a time-bound PIP commitment in 2004, was still documented as a recurring non-conformity in 2018, and has never appeared as a discrete performance target in any corrective action plan with a measurable benchmark and an accountability consequence.

Cross-reference: Section 6 (§§ 6.2.6.9, 6.4.9 — primary source documentation); Section 5 (Domain C Testing Objective; Domain D ICWA procedural requirements); Section 2 (§ 2.1.3 — ICWA statutory authority); Domains C, D; Deficiency Categories F1, F3, F5, F10,

F11, F13.

FINDING 1.3.8 — 2022 REORGANIZATION: AUDIT JURISDICTION CONTINUITY

Effective July 1, 2022, Iowa DHS was reorganized and merged into the Iowa Department of Health and Human Services (Iowa Code § 218, as amended by SF 2384 (2022)). This is an administrative reorganization —

not the creation of a new legal entity, and not the extinguishment of prior obligations, contracts, or audit trails.

For purposes of audit jurisdiction under this petition:

CONTINUITY OF OBLIGATION: Records, contracts, funding streams, and corrective action commitments originating under DHS that were transferred to or relied upon by HHS remain subject to full audit jurisdiction under Iowa Code § 11. The reorganization did not interrupt the chain of accountability.

CONTINUITY OF FEDERAL OVERSIGHT: The CFSR Round 3 findings, the unapproved PIP, and the three-cycle corrective action record are obligations of the successor agency Iowa HHS. The federal obligation does not reset on administrative reorganization. [A02–A04; A09–A12]

CONTINUITY OF FINANCIAL EXPOSURE: The $41.9M Google/Carahsoft CCWIS contract (A44–A45), the $40M IV-E prevention claim question (A22), and the $167K questioned costs (A26) all represent financial exposures that the reorganization did not discharge.

NOMENCLATURE: References to "Iowa HHS," "Iowa DHHS," and "Iowa DHS" throughout this petition are used interchangeably when referring to child welfare functions of either the predecessor or successor agency, consistent with the legal continuity established by SF 2384.

The audit period sought is 2003 to present — the full CFSR longitudinal record — and the Auditor's jurisdiction under § 11.6 and § 11.24 extends to that full period, without limitation at the 2022 boundary.

Cross-reference: Section 2 (§ 2.1.2 — Reorganization Continuity);

Section 20 (Certification — authentic records through lawful means).

ADMINISTRATIVE REMEDIES EXHAUSTED: This petition has been preceded by: direct agency inquiries to Iowa HHS; Open Records Requests #26-927 and #26-1536 (returns documented in A42A–A42D); a formal inquiry to the Iowa Ombudsman (response pending); and documented congressional engagement with the office of Senator Chuck Grassley regarding CFSR Round 4 structural concerns (May–June 2026). None of these channels has produced a systemic corrective response. The petition to the Auditor of State represents the final administrative channel available under Iowa Code.

THE FINDING THAT ORGANIZES ALL OTHERS: Deficiency F5 (Repeat Findings Not Corrected) is documented across every phase of the 23-year longitudinal record and in every category of oversight source — federal reviews, state audits, independent evaluations, and Ombudsman fatality investigations. It is the structural meta-finding: the system has been told, repeatedly and by multiple independent authorities, what it needs to correct. The 23-year record documents the extent to which those corrections were not made, not sustained, or not independently verifiable.

That pattern is the warrant for this petition.

DOMAIN & DEFICIENCY MAPPING — SECTION 1

Section 1 synthesizes findings across all Domains A–H and Deficiency

Categories F1–F13. Primary analytical weight in this section attaches to Domain G (Federal Oversight / Corrective Action), Domain H (Data Integrity), Domain C (Safety Assessment), and Domain F (Workforce / Internal Accountability). Deficiency categories with highest cross-document frequency: F4 (21/49), F12 (17/49), F6 (16/49), F2 (14/49),

F13 (14/49).

AUDIT QUESTIONS GENERATED — SECTION 1

AUDIT QUESTION 1-A: Iowa's three completed PIP cycles share a common result: no subsequent federal review found measurable sustained improvement in the outcomes targeted by the prior PIP. What internal evaluation, if any, did Iowa HHS conduct after each review cycle to assess whether PIP strategies produced durable practice change — and what methodology was applied to that assessment?

AUDIT QUESTION 1-B: Iowa's own QA system understated performance gaps relative to federal case review findings by 28 points (Round 2) and self-rated a Strength that federal reviewers rated ANI (Round 3). If Iowa's QA system cannot reliably identify its own performance gaps, what mechanism ensures that data submitted to the Children's Bureau in CFSR Statewide Assessments and APSRs accurately represents case-level

practice?

AUDIT QUESTION 1-C: The Round 3 PIP was never formally approved. Iowa entered CFSR Round 4, the 2022 organizational restructuring, and the CCWIS procurement without an approved federal corrective action plan. What governance mechanisms, if any, governed Iowa HHS's corrective action obligations during the period between the Round 3 PIP's final unapproved submission (May 2020) and the initiation of Round 4 (2025)?

AUDIT QUESTION 1-D: Iowa's three completed PIP cycles contain no discrete ICWA compliance performance target. Given that ICWA violations can void child welfare proceedings independently of other findings, what mechanism did Iowa HHS employ to monitor and report ICWA compliance to the Children's Bureau during each PIP implementation period?

AUDIT QUESTION 1-E: The July 1, 2022 reorganization merged Iowa DHS into Iowa HHS under SF 2384. What audit or legal review, if any, was conducted to ensure that corrective action obligations, open federal compliance findings, and contested financial claims transferred to the successor agency without gap or discharge?

AI assistance disclosure: See Section 5.8.

End of Section 1 — Version 1.3 — June 5, 2026

Audit Petition Packet v2.0 (5/2026)

AI assistance disclosure: See Section 5.8.

AI assistance was used materially in the preparation of this document. That assistance does not constitute independent verification of any factual claim.