



Minnesota Department of **Human Services**

Minnesota Child Maltreatment Intake, Screening and Response Path Guidelines

October 2015

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INTRODUCTION

Purpose of Statewide Guidelines

The purpose of the Child Maltreatment Screening Guidelines is to provide direction for local child welfare agencies, to promote statewide consistency in definition and practice, and to inform the public about types of child safety concerns that should be reported. Families and communities are best served when child maltreatment screening guidelines are clearly understood and readily available.

These guidelines are based on Minnesota Statute (Minn. Stat.) 626.556, Reporting of Maltreatment of Minors Act.

Child protection staff, supervisors, and others involved in child protection intake and screening of reports must follow these guidelines, and must immediately implement updated procedures and protocols.

If a local agency intends to implement changes to these guidelines, any changes must be pre-approved by the Minnesota Department of Human Services (department). County agency staff must consult with the county attorney before proposing changes. Proposed changes:

- Cannot be less protective of children than mandated in law
- Must not limit reports that are screened in, or place additional limits on consideration of reports that were screened out in making screening decisions.

State Policy

Minnesota policy is protection of children whose health or welfare may be jeopardized through [child maltreatment](#). “While it is recognized that most parents want to keep their children safe, sometimes circumstances or conditions interfere with their ability to do so. When this occurs, the health and safety of children must be of paramount concern. Intervention and prevention efforts must address immediate concerns for child safety and the ongoing risk of abuse or neglect and should engage the protective capacities of families.” [Minn. Stat. 626.556, subd. 1]

Mandated, Voluntary and Anonymous Reporters

Mandated reporters

A mandated reporter who knows or has reason to believe a child is being [maltreated](#), or has been [maltreated](#) within the preceding three years, shall immediately report the information to the local social service agency, or to law enforcement. Mandated reporters may report abuse or neglect that is beyond the required three-year time limit. [Minn. Stat. 626.556, subd. 3 (a)] This includes all sexually exploited youth (any act which involves a minor that constitutes a violation of prostitution offenses [609.321 to 609.324]), or use of minors in a sexual performance [617.246], regardless of who the alleged offender is, and whether an alleged offender is identified.

Mandated reporters include:

- A professional or professional's delegate who is engaged in practice of the healing arts, social services, hospital administration, psychological or psychiatric treatment, child care, education (including university staff, coaches), correctional supervision, probation and correctional services, or law enforcement
- Employed as a member of the clergy and received information while engaged in ministerial duties, provided that a clergy member is not required by this subdivision to report information that is otherwise privileged under Minn. Stat. 595.02, subd. 1(c).

Attorneys, functioning as attorneys, are not mandated reporters. In some counties, county attorneys consider themselves mandated reporters. County attorneys should know the position of their office on this issue.

Mandated reporters are required to report when they obtain information while performing professional duties which gives them reason to believe that a child may have been maltreated. The statute does not address whether mandated reporters are required to report information obtained while they are "off duty." Mandated reporters should consult with local authorities on this issue. Voluntarily reporting is encouraged.

Mandated reporters shall also immediately report [prenatal exposure](#) to any controlled substances, or the habitual or excessive use of alcohol, if the person knows, or has reason to believe, that a woman is pregnant and has used a controlled substance for a non-medical purpose during pregnancy. [Minn. Stat. 626.5561, subd. 1]

Under Minn. Stat. 626.5561, subd. 1, health care and social service professionals are exempt from reporting a woman's use or consumption of marijuana or alcoholic beverages during pregnancy if the professional is providing them with [prenatal care](#) or other health care services.

Health care and social services professionals are encouraged to report.

Voluntary reporters

Minnesota's Reporting of Maltreatment of Minors Act allows anyone to report incidents of [child maltreatment](#). Voluntary reporters may report maltreatment and are encouraged to do so.

Anonymous reporters

Voluntary reporters are not required to provide their name or contact information, since they are not required by law to report. However, without contact information, notification of the outcome of a report is not possible.

Initial dispositions

When asked, an agency must inform all reporters if a report is screened in or screened out; this may be either orally or in writing within 10 days. Agencies are encouraged to inform mandated reporters if a report is screened in or screened out, regardless of whether an agency was asked. This helps to ensure effective communication regarding a child.

Where to report

Reports of alleged [child maltreatment](#) can be made to local child welfare agencies. These agencies respond to reports alleging child maltreatment in family, and some licensed, or required to be licensed, settings under Minn. Stat. 626.556, subd. 3c, which include:

- Family homes
- Relative homes
- Family child care
- Unlicensed personal care service organizations under Minn. Stat. 256B.0659
- Foster care
- Juvenile correctional facilities licensed under 241.021
- Group homes licensed by the Minnesota Department of Corrections.

Reporting to tribes

Along with Minnesota's 87 counties, the American Indian Child Welfare Initiative (AICWI) tribes from the Leech Lake and White Earth Bands of Ojibwe serve children and families regarding reports of and responses to child maltreatment concerns, out-of-home care and guardianship/adoption.

In some circumstances, mandated and voluntary reporters may report to tribal social services agencies and tribal police. Under state law, reporters may report to tribes when it:

- Has exclusive jurisdiction to handle child protection matters
- Is responsible for child protection, pursuant to federal law and a formal written agreement with the state or local county agency.

Unless a tribe has exclusive jurisdiction, or has entered into a formal written agreement, tribes are not obligated to receive reports. Tribes are not obligated under state law to assess or investigate reports.

Tribes with exclusive jurisdiction

The Red Lake Nation and Bois Forte Band of Chippewa have exclusive jurisdiction over child protection matters and counties accept, access, or investigate reports of child maltreatment for tribal children within the boundaries of these reservations because there are local agreements in place between the local county agency and either Red Lake Nation or Bois Forte Band of Chippewa.

Tribes having concurrent jurisdiction with Minnesota

Under federal law, if a tribe does not have exclusive jurisdiction, it has concurrent jurisdiction with Minnesota. Tribes with concurrent jurisdiction may or may not exercise this jurisdiction in child protection matters. This decision lies with individual tribes.

Tribes with formal written agreements

The Leech Lake and White Earth Bands of Ojibwe have agreements with the state and with local county agencies to accept and investigate or assess reports of Indian children within the respective reservations. Reporting directly to these two tribes is appropriate.

Local county agencies sharing geographic area with an Indian reservation may enter into an agreement with a tribe about how it may receive, perform intake and screening, and assessment or investigation of reports of child maltreatment under Minn. Stat. 626.556 which occurred within reservation boundaries.

Local county agencies and tribes with such agreements are encouraged to work with local mandated reporters and communities to clarify reporting responsibilities.

Tribes without written agreements

Except for Red Lake Nation and Bois Forte Band of Chippewa, when there is no written agreement establishing responsibility for child protection with a tribe, responsibility for receiving and investigating or assessing reports remains with the local county agency. A county which is contained within reservation boundaries, or which has a reservation or a portion of a reservation within the county's boundaries, must work with a tribe to determine what local practice is regarding forwarding reports of Indian children on the reservation. Generally, counties and tribes could consider two approaches, if a tribe:

- Is willing to tell a reporter to call the local county agency, this may be the best way to ensure an accurate and timely report is made directly from a reporter who knows a child's circumstance. This approach will also help assure mandated reporters that they are discharging their responsibility under statute by reporting to the correct agency.
- Wants to refer a report to the local county agency, this is also acceptable. In this case, a person contacting a tribe to provide information about a child should be considered the reporter.

Counties can resolve the confusion reporters may experience by asking that mandated and voluntary reporters directly report to the local county agency.

Reporting to law enforcement

Reports of [child maltreatment](#) may also be made to local law enforcement agencies. Minn. Stat. 626.556, subd. 7(c), requires cross notification of screened in and screened out reports between law enforcement and local child welfare agencies when either agency receives a report of child physical abuse, sexual abuse or neglect. Reports of child safety emergencies should be made directly to local law enforcement for immediate intervention. Only law enforcement officers have the authority to immediately place children in safe settings outside the family home without a court order.

Reports regarding licensed facilities

Reports alleging [child maltreatment](#) in licensed facilities such as schools, daycare centers, group homes, residential treatment facilities, and hospitals are to be reported to the agency

responsible for licensing the facility. This would include state agencies such as the Minnesota Departments of Education, Health and Human Services. Some agencies, such as therapeutic support services, are not required to be licensed and are reported directly to law enforcement. Knowing where to report maltreatment in these situations may be difficult to determine, however, reporters can call their local child welfare agency for assistance and direction. The child protection intake and/or screener at the local agency will help to sort out where a report should be filed, and provide contact information. A directory of all local child welfare agencies and the intake telephone numbers are on the department website: [Minnesota Department of Human Services](#).

Child protection reporting contacts, other than the local child welfare agency, include:

The Minnesota Department of Human Services, Licensing Division, 651-431-6500, for reporting alleged maltreatment by staff at:

- Child daycare centers required to be licensed
- Residential treatment centers required to be licensed
- Group homes licensed by the department
- Shelter placements
- Minor parent programs
- Chemical dependency treatment programs for adolescents
- Waivered service programs, such as Community Alternatives for Disabled Individuals (CADI) waiver
- Crisis respite care programs
- Residential service programs for children with developmental disabilities.

[Licensed or required to be licensed under Minn. Stat. 626.556, subd. 3c]

The above includes those facilities required to be licensed by the department, but are lapsed or were never licensed. The Minnesota Department of Health, Office of Health Facility Complaints, 651-201-4201, or 800-369-7994, for reports occurring in:

- Home health care settings
- Hospitals
- Regional treatment centers
- Nursing homes
- Intermediate care facilities for children with developmental disabilities
- Reports involving licensed and unlicensed care attendants.

[Licensed or required to be licensed under Minn. Stat. 626.556, subd. 3c (c)]

The Minnesota Department of Education (MDE), 651-582-8546, for reporting alleged maltreatment by staff when a child is a student in:

- Public pre-school
- Elementary school
- Middle school

- Secondary school
- Charter school.

[Licensed or required to be licensed under Minn. Stat. 626.556, subd. 3b]

Reports received regarding staff working in private or parochial schools are sent directly to law enforcement. The Minnesota Departments of Education and Human Services do not have legal authority.

Cross-notification of reports

Law enforcement and local child welfare agencies are required to cross-notify immediately, or within 24 hours, both orally and in writing, when reports of child maltreatment are received. [Minn. Stat. 626.556, subd. 7(c)] This includes both screened in and screened out reports. The timing of cross-notification of law enforcement should correspond with the screening decision.

Mandated reporters may meet their obligations to report abuse or neglect caused by a child's parent(s), guardian(s) or caretaker(s) by reporting to either the local law enforcement agency or the [local child welfare agency](#).

Types of Intake

Information and/or service requests

Information and/or service requests are oral or written inquiries for information on service access or availability in which no further action is taken by an agency, or requests for services, including but not limited to, children's mental health, developmental disabilities, general child welfare or Parent Support Outreach Program (PSOP) supports and services.

Consultation

Consultation involves oral or written inquiries about screening not specific to an identifiable child. Consultation is an important function of local agency screeners as an aid to training mandated and voluntary reporters.

Report of alleged child maltreatment

A report of alleged child maltreatment is an oral or written communication received by, or that comes to the attention of, the local child welfare agency, law enforcement, or agency responsible for child protection. A report must be of sufficient content to identify a child, which may include, but is not limited to, a child's name, address or current location, or name, address or current location of caregiver or other family member.

If the location of an unidentified child is known, the intake and/or screener should refer to law enforcement for a health and welfare check, and continue to collaborate with law enforcement to attempt to identify the child.

Screened in report of alleged child maltreatment

A screened in report of alleged child maltreatment is an oral or written communication that must contain the following three elements:

- The allegation meets the statutory definition of child maltreatment (see screening guidelines section)
- There is sufficient identifying information to attempt to locate the child, or at least one member of the family
- The report contains maltreatment allegations that have not been previously assessed or investigated by the local child welfare agency or another child welfare agency.

For purposes of screening, all information provided by a reporter is considered reliable.

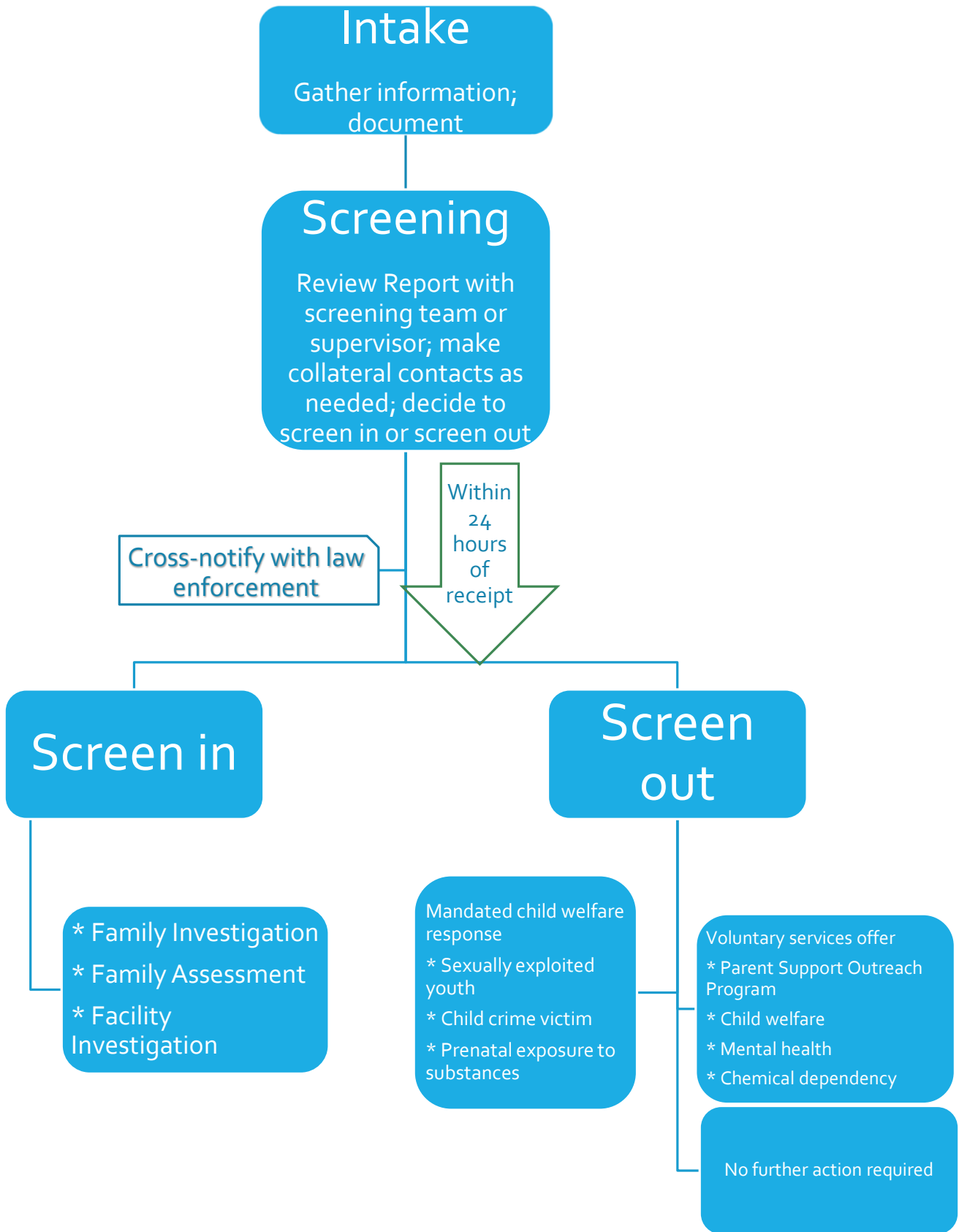
Screened out report of alleged child maltreatment

A screened out report of alleged child maltreatment is an oral or written communication for a child thought to be maltreated which does not meet the definition of child maltreatment. Screened out reasons include:

- No allegation meets maltreatment criteria, according to statute

- Not enough identifying information regarding a child
- All allegations were already assessed or investigated – includes those investigations or assessments that have been completed *
- Not in county/tribal jurisdiction – includes documented referral to appropriate legal authority *
- Not in family unit or covered licensed entity – includes documented referral to the appropriate legal authority*
- Referred to another agency – conflict of interest*
- Unborn child – prenatal exposure requires local agency services opening
- Sexually exploited youth – requires local agency services opening. *

Note: * items may require notification of other agencies and law enforcement.



Intake

Intake is the first stage in the child welfare services process. Intake is the process of receiving a child maltreatment report, whether it be via phone, in person, or another method. It includes gathering relevant information from a reporter, effective listening, probing questioning, determining if there is a crisis situation, following department screening guidelines, following agency policies and practices regarding the processing of intakes, and providing support and information to reporters.

All reports involving concerns of child maltreatment are required to be documented in the Social Service Information System (SSIS). Information is entered into the Intake workgroup, and the description of need should be clear. Facts, knowledge, inferences and assumptions should be carefully documented. Use objective descriptions. Use quotes precisely. Separate facts from opinions of the worker or reporter. When a reporter is unable to provide certain relevant information, it should be documented that intake/screening staff explored this information with the reporter and they were unable to provide it.

An example of objective documentation is as follows:

Sgt. White requested a social worker meet an officer at Carol Smith's apartment. Police were called at 7:50 p.m. by an anonymous female stating two very young children were home alone. No other information was available at the time of the initial call. The responding officer received a response at the door; 7-year-old Laura Jones and her 18-month-old brother Jason Brown were the only occupants of the apartment. The 7-year-old was unaware of where her mother was or when she would be back. Sgt. White had no further details. (Names are fictitious)

Engaging a reporter

Reporters making reports of child maltreatment should be supported through the process. Intake/screening staff can provide support by:

- Asking probing questions
- Actively listening to a reporter – and seeking clarification
- Responding with empathy to a reporter's concerns and fears
- Reducing anger or apprehension by helping reporters calm down, and remaining patient
- Explaining the child protection process, providing as many specifics as legally allowed
- Thanking reporters for their concern for and support of a family
- Answering questions as clearly as possible.

Information gained from reporters is essential for making the best screening decisions possible. Reporters who feel supported, listened to, and who understand the role of child protection, can provide valuable information to an agency, while supporting a family for which they have a concern.

Child safety and strength-based intake practices

Child safety is tied to the parent/child relationship. Seeking information about parenting capacity allows for the most complete picture of child safety concerns, giving the earliest possible identification of protective factors, and encouraging a broader view of a family. Child safety-focused and family-centered practice begins at the point of intake. Gathering strength-based information from mandated and voluntary reporters who are concerned about child safety affirms family-centered practice and enhances safety. It also challenges negative assumptions that may exist about families. Information about strengths and protective capacities will strengthen effectiveness of interventions with a family. This also provides social workers with positive facts when addressing child safety concerns in their first contact with parent(s). This can help to minimize the confrontational experience, enhance cooperation, and may reduce negative feelings parents may have about child protection intervention.

Intake data collection

The following are methods intake/screening staff should use when interviewing reporters. [adapted from Oregon Department of Human Services] For all of these techniques, intake/screening staff should consider the use of voice, including pitch, tone and pace. An empathetic voice and active listening skills will assure a reporter that intake/screening staff is interested and focused.

Probing questioning is the primary technique for leading a reporter through the information-gathering process. Three types of questions are helpful:

- Open-ended questions are used for the purpose of stimulating a reporter to talk. An example is “Can you describe what you saw or heard, step-by-step?” and “What happened next?” Reporters most likely will expand on answers and give intake/screening staff the opportunity to probe into the subject under discussion.
- Closed-ended questions restrict a reporter’s response and may be useful to get a specific answer when intake/screening staff does not wish to stimulate further discussion. For example, questions such as, “Did you take him to the doctor?” will most likely yield a “yes” or “no” response. Whenever possible, follow closed-ended questions with open-ended questions. For instance, “Where were the parents when you took the child to the doctor?”
- Probing questions should be used when a problem needs clarification at progressively deeper levels. An example of a probing question is, “You just said that you saw your neighbor hurt Jessica. Tell me, how was she hurt?” Simple directive probes such as “uh huh” and “please go on” are useful as encouragers, as are requests for specific information such as, “What is the child’s name?”

Repetition or rephrasing of what a reporter said will help intake/screening staff ensure a reporter’s point is understood. For instance, “You said the child is fearful. Did I hear you correctly?”

Direction is used when a reporter doesn't know what information is needed, or is too emotional to know how to proceed. Give directions, telling a reporter what information is needed, without being authoritarian or bureaucratic. For instance: "I need more specific information to understand what happened. I will ask you a series of very specific questions. Please answer them as best you can."

Redirection is used to interrupt if the information being given is unproductive or not relevant to the purpose of a report. For instance: "Let's go back to when you told me that this is not the first time this child has been left alone. I need to understand more about how often this occurs."

Validation is an important component of the process. Choosing to make a report can be an extremely difficult decision for many people. Be supportive and encourage reporters to continue to call if they suspect a child has been abused or neglected. Acknowledge their role in keeping children safe, whether they are a family member, a complete stranger to a family, or whatever role they may have with a family. In addition to taking reports, intake/screening staff is responsible for enhancing reporter's view of the local child welfare agency, and the child welfare system overall. For instance: "I appreciate the concern you have shown for this child/family. Very often a phone call such as yours can make all the difference for a child. Thank you for taking the time to report your concerns." Or, "I appreciate how difficult it was for you to call, but you did the right thing. We all have a part in helping to keep children safe and healthy."

Summarization is used to briefly go over the important information that has been gathered to see if the reporter has provided everything that is critical. Often, summarization will be combined with a final probing question. For instance: "Let's see, you have given me information about Jessica's bruises, you've told me she says she got them in a fall off the slide, and that she seems fearful. Has she said or done anything else that makes you concerned about the child/children?"

Dealing with abusive or volatile reporters is sometimes necessary. It is important for intake/screening staff to stay calm and respectful, and be clear that the conversation will not continue if the reporter is abusive. For instance: "We will be better able to help if you give me the information without yelling and cursing. If you continue to use this language (or aggravated tone of voice), I will end this conversation and ask you to call back when you are not yelling and cursing."

Regarding what will happen next, it is important to let reporters know the next steps, but not give them information that is unknown.

The following information should be gathered, whenever possible, from reporters and documented in the Social Service Information System record:

- Reporter's information: Name, address, phone, relationship to family being reported, source of their information (witnessed, heard, etc.)
- Name, date of birth or approximate age, gender, race, ethnicity, citizenship status, functioning, special needs, disability, or vulnerability of a child, including the alleged

victim(s) and other children living in the household, or that the alleged offender may have access to

- Permanent address and present location of child (If different)
- Child's school or daycare/child care
- Whether a child is in immediate danger, and a description of the threats to child safety
- Description of when and where the alleged incident occurred
- Specific description of what is alleged to have occurred (allegations)
- Description of child's present condition(s) and whether harm was observable or indicated, including the size, coloration and location of observed injuries
- Reporter's understanding of the impact, or likely impact, of the alleged maltreatment to the child
- Names and ages of other children in the household
- Names, addresses/phone numbers, gender, date of birth or approximate age, race, ethnicity, marital/custodial status, places of employment, and relationship to each other of parent(s)/caregiver(s) or adult(s) living in the home
- Names, addresses/phone numbers, gender, date of birth or approximate age, race, ethnicity, marital/custodial status and occupation of alleged offender(s)
- Status of alleged offender(s) as a household member, family member, or in a significant relationship with the child victim(s)
- Primary language of family and need for an interpreter
- Names and contact information of any additional witnesses to the alleged incident
- Presence of domestic violence, criminal activity, including prostitution or sex trafficking of children, weapons, or other dangerous activities in the home
- In calls regarding a runaway or sex trafficked child, include questions regarding maltreatment and specifically, any indication of parental failure to protect
- Description of any action a school and/or other facility or agency has taken specifically in response to the incident, if allegation occurred within such a location
- Family's awareness of reporter's contact with the agency
- How the family may respond to intervention and services
- Reporter's awareness of immediate dangers that would pose a safety threat for the child protection assessor or investigator
- Alleged offender's awareness of reporter's contact with the agency
- Whether reporter has notified any other agency or individual of information provided
- Reporter's knowledge of any safety planning underway, or behaviors of parent/caregiver that demonstrate ability to protect the child from immediate danger
- Reporter's awareness of any immediate family/relative/community resources willing to offer protection or support
- Reporter's capacity and willingness to help the family
- Reporter's knowledge of the family's cultural beliefs and cultural context
- Inquire if there is any reason to believe the child may have lineage to Indian tribes, and if so, which tribes, if known
- What a reporter thinks is going well for the family
- Resources or supports that the family is currently using

- Resources or supports a reporter knows of that would be helpful to the family
- What a reporter is willing to do (or has done) to help the family thus far
- Additional information regarding a child and/or family which may be helpful
- Whether reporter would like to be notified of the initial disposition.

Emergency child maltreatment reports

Intake reports concerning immediate danger of a child should be immediately screened because of the urgency of the situation. In the absence of a team, these reports should be screened with a child protection supervisor or manager. When these reports meet criteria for a child protection investigation, it should be immediately responded to by investigative staff and cross-reported to local law enforcement.

Documentation of child maltreatment reports

All reports concerning child maltreatment are required to be entered into SSIS as a Child Maltreatment Report. Documentation in SSIS must be sufficient to adequately screen a report. The following information must be documented in the appropriate fields in SSIS:

- Client data, including:
 - Alleged offender(s).
 - Alleged victim(s).
 - Other relevant household members, including other foster children when reports are received regarding licensed foster care.
- Collateral data, including reporter's name and contact information, others who may have information about the concern that may be helpful to the screening decision.
- Allegation(s), including any information given by a reporter in response to questions.
- Sufficient information to describe the reported concerns, including:
 - Agencies should not document "see attached report" unless there is a minimal description of allegations in the narrative, and the report is scanned and attached in the SSIS Intake workgroup Chronology folder.
- Identification of referrals made for early intervention services, such as the Parent Support Outreach Program, or referrals made to pertinent community services and resources.
- Identification of who was invited to participate in the screening team and who was present.
- Both screened out and screened in reports must include narrative documentation in the Description of Need or Comments tab as to the reasoning the agency is using to screen a report.

Multiple reports on the same family

When a local child welfare agency receives multiple communications on the same family within the 24-hour intake time frame regarding the same/similar or different allegations, the information from reporters can be documented within the same open SSIS Intake workgroup.

When an agency receives multiple communications on the same family across multiple days regarding the same/similar or different allegations, a separate Intake workgroup is created for each reporter, regardless of whether the initial intake was screened in or screened out. Information is screened based on allegations presented in a report.

New allegations received during open cases

When a new report is received that contains the same/similar allegations that are currently receiving a child protection assessment or investigative response, these should be screened in and referred to the existing SSIS Assessment workgroup.

When a new report is received that contains different allegations than what are currently being responded to, the new report will be screened and assigned based on the new allegations. If screened in, the new allegations may or may not be appropriate to assess or investigate within the current open SSIS Assessment workgroup. The factors to consider in these situations include: The status of the open assessment or investigation, the required assignment path, worker or unit assignment, and nature of the new allegations. For instance, when an assessment or investigation is in the later stages, it may be difficult to complete an assessment or investigation within the initial 45-day time frame, because the new allegation does not “restart” the required time frame. Further, if a new report alleges substantial child endangerment or sexual abuse, an investigation must be completed regardless of the original path assigned. If a new allegation involves the same child, but a different household, it may be beneficial to open a new assessment or investigation.

When a new report is screened in and referred to a current Assessment workgroup, this does not restart or initiate new face-to-face requirements with a child victim. However, when there are new safety concerns, including additional alleged victims or new substantial child endangerment allegations, agencies should take the necessary steps to assess and assure child safety.

To refer an Intake workgroup to an open Assessment workgroup, the response paths must match (e.g., a report accepted for Investigation can only be referred to an Assessment workgroup with an Investigative path). A path switch may need to occur, depending on circumstances of the current and new report.

When a report describes an allegation that has already been assessed or investigated, in which the assessment or investigation has been fully completed, these reports should be screened out, with the reason “Allegations already assessed or investigated.”

If a current case is in the case management phase, any new child maltreatment reports must be documented in an Intake workgroup and screened accordingly. If screened in for assessment or investigation, a new Assessment workgroup to address the new allegation(s) should be opened. All of these contacts should be completed in the Assessment workgroup, including a new adult interview, a new child observation/interview, and use of Structured Decision Making instruments, based on new allegations.

Local child welfare agencies have varying practices on whether or not the same worker will complete a new assessment or investigation. Consider what is best for a child's safety and well-being in each situation when making that decision.

Reporters are required to report all new child maltreatment concerns to the local child welfare or law enforcement agencies regardless of whether there is an open Assessment or Case Management workgroup.

Caseworkers responsible for ongoing child protection case management are required to report all new child maltreatment concerns to intake for screening purposes.

Screening

Screening is the process of reviewing information provided by a reporter. A report of child maltreatment must be screened in for a Family Investigation, Family Assessment or Facility Investigation if the following conditions are met:

- An allegation meets the statutory definition of child maltreatment
- There is sufficient identifying information to locate the child, or at least one member of the family
- A report contains maltreatment allegations that have not been previously assessed or investigated by the local child welfare agency.

Screening timelines and 24-hour coverage

The local agency shall ensure that child protective services are available on a 24-hour basis to respond to reports alleging imminent danger. Imminent danger means that a child is threatened with immediate and present maltreatment that is life threatening or likely to result in abandonment, sexual abuse, or serious physical injury. [Minn. Admin. R. 9560.0232, subp. 1] All child maltreatment reports must be screened as soon as possible, but no later than 24 hours of receipt. This includes reports that are received after normal business hours. [Minn. Admin. R. 9560.0214, subp. 12]

Screening team

A screening team is the ideal method of screening reports. In the absence of a team, screening decisions must be confirmed by the child protection supervisor or designee. Local child welfare agencies are encouraged to include other professionals on the screening team, such as law enforcement, county attorneys, mental health professionals, and physicians to strengthen decisions. Tribal representation on the screening team should be included when a child's tribe is known at the point of screening, and a tribal representative is available. It is best practice to collaborate with and include the tribe at the earliest point of making a screening decision. If a tribal representative is not available within the required timeline, the local county agency must screen a report within the required 24-hour time frame without a child's tribe and follow up with the tribe regarding screening decisions.

The screening team or supervisor, upon review, should consider the behavior or action under review as to whether a reasonable person would conclude the alleged harm, including reported injuries, resulted from maltreatment.

When there is ambiguity regarding a screening decision, the screening team, or in the absence of a team, the screening supervisor, must consult with the County Attorney's Office to determine whether a report should be screened in or screened out. Agencies may also use the Rapid Consultation System (888-234-1138) to assist in guiding screening decisions.

When a screening decision has been reviewed by the Minnesota Department of Human Services that results in a recommended screening action other than the action a local child welfare agency is taking or has taken, an agency director or designee will be notified. Consultation with the County Attorney's Office is encouraged in these situations.

Identify households / caregivers for purposes of Family Investigation or Family Assessment

Minn. Stat. 626.556, subd. 10, states: "If the report alleges neglect, physical abuse, or sexual abuse by a parent, guardian, or individual functioning within the family unit as a person responsible for the child's care, or sexual abuse by a person with a significant relationship to the child when that person resides in the child's household or by a sibling, the local welfare agency shall immediately conduct a Family Assessment or investigation..." Reports alleging maltreatment by a non-household member should be immediately referred to law enforcement. However, if a report indicates that the parent or guardian knew about the maltreatment and failed to protect, a report involving the parent should be opened for a child protection assessment or investigation.

Persons considered included in a family unit responsible for a child's care include:

- All residents in a household – adults and children ages 11 or older when an older child is responsible to provide basic care, supervision, or intervention for a younger child
- Live-in nanny.

Persons considered included in the definition of significant relationship include:

- Parent, stepparent, or guardian
- Brother, sister, stepbrother, stepsister, first cousin, aunt, uncle, nephew, niece, grandparent, great-grandparent, great-uncle and great-aunt, whether related by blood, marriage or adoption
- Any adult who lives intermittently or regularly in the same house, apartment or other dwelling.

Unborn children

Reports received on unborn children should be documented and screened as a child protection report. These reports are to be screened out with the reason of "Unborn child." A local agency response may be most appropriate to address concerns related to a pregnant woman, and in some instances are required.

Prenatal exposure to alcohol or other drugs

A referral about a woman who is pregnant and using alcohol, marijuana, or controlled substances is a mandated report that should be screened out for a child protection response and referred to child welfare services. It is not a screened in child maltreatment report because there is no child yet. An offer of services must be made. The best approach is an offer of early intervention for support and services to a pregnant woman before the birth. Whether it is through general child welfare outreach or the Parent Support Outreach Program, this is an opportunity to engage a woman in addressing her alcohol and other drug use concerns and delivering a healthy baby. Referrals to culturally specific services should be made, when available. For example, if a woman is American Indian, she should be referred to the appropriate tribal or urban Indian organization substance abuse program in her geographic

area for a chemical health assessment (also known as Rule 25) with a culturally specific assessor.

Reports regarding alcohol or other drug use including opium, cocaine, heroin, phencyclidine, methamphetamine, amphetamine, tetrahydrocannabinol, or alcohol of a pregnant woman require a child welfare response under Minn. Stat. 626.5561, subd. 2. "The local welfare agency shall immediately conduct an appropriate assessment and offer services indicated under the circumstances. Services offered may include, but are not limited to, a referral for chemical dependency assessment, a referral for chemical dependency treatment if recommended, and a referral for prenatal care." If a pregnant woman refuses recommended voluntary services or fails recommended treatment, and she is engaged in habitual or excessive substance use, the local agency shall pursue a chemical health commitment. Habitual and excessive use is defined as using frequently and regularly in a continual or persistent manner to a degree that is more than normal or desirable.

Credibility of reporter

The credibility of a reporter, or any witness to abuse or neglect, does not enter into consideration in determining whether a report should be screened in or screened out. However, the credibility of a reporter may be a consideration in determining whether an allegation of child maltreatment is determined or not.

Reports with indirect knowledge of alleged abuse or neglect

Information where the facts reported are based on information received from someone other than a reporter (second-hand or third-hand statements to a reporter) is not a basis to screen out a report. Collateral contacts may be made to follow up on information provided by a reporter to assist in making a screening decision.

Use of past history in screening reports

When determining whether a report will be screened in or screened out, an agency receiving a report must consider, when relevant, all previous history, including but not limited to, reports that were previously screened out and Family Assessments or Family Investigations previously completed. This also includes considering previous screened out reports related to a current screening decision of a facility, whether licensed or unlicensed. An agency may communicate with treating professionals and individuals as defined in Minn. Stat. 626.556, subd. 10(i)(3)(iii), in making a decision.

Prior accepted and screened out reports of child maltreatment should be considered in screening a current child maltreatment report. This includes case histories of all participants involved in the current report. Intake/screening staff should review both county/AICWI tribe and state detail in SSIS. When an agency has an existing child protection assessment or case management workgroup open with a family being reported, contact with the current worker and/or supervisor is strongly encouraged. When records exist in another county or AICWI tribe, every effort should be made to obtain relevant information in order to screen a current report; this includes use of Request Access to view the other county's SSIS data. When families are

alleged to have had prior contact with child protection in another state, efforts to obtain the other state's data may be made in order to screen a current report.

Risk of harm

If a report meets the statutory definition of child maltreatment, there is sufficient [risk of harm](#) to proceed with an investigation or assessment.

Child vulnerability

Screeners should consider the [vulnerability](#) of each child that may come in contact with the alleged offender(s). The following factors increase vulnerability of a child and should be considered in the screening decision:

- Children ages 7 and under
- Current mental or physical health diagnosis, or disability status that requires additional care or supervision
- Limited mobility due to age or disability
- Limited cognition due to age or disability
- Past victimization of child maltreatment and related indicators of unresolved trauma, including disassociation and hyperarousal symptoms
- Concerns regarding the emotional and psychological attachment within the parent-child relationship.

Impact

"Impact" can be inferred based on the totality of information known by the intake/screening staff at the time of receiving information from a reporter, and at the point of making a screening decision with a screening team or supervisor. Considerations include the nature of the harm and danger itself, and the likely impact that is reasonably believed to result. While some allegations in statute include the impact on the child, many allegations do not. Therefore, impact on a child at the intake and screening decision points should not be used to screen out a report, unless statutorily required. Impact is often best addressed during the assessment or investigation phase, and when determining whether child protective services are needed.

Older children

The age of a child must not be used as the reason to screen out a report of alleged child maltreatment. Youth, ages 13 and older, are particularly vulnerable because they are likely to have a flight response to abuse or neglect. This is seen in behavior such as running away from home frequently, excessive use of alcohol or other drugs, and involvement in relationships that endanger them. Youth on the run are extremely vulnerable to being sex trafficked. Studies on domestic sex trafficked victims, and youth in prostitution, reveal that many victims report a history of physical and/or sexual abuse. The trauma associated with being a victim of sex trafficking is profound.

Reports of non-current child maltreatment

Mandated reporters are only required to report child maltreatment that has occurred within the previous three years. However, reports of maltreatment occurring more than three years can still be made and may be screened in. Voluntary reporters may report any and all reports regardless of time frame. It is the local child welfare agency's responsibility to screen these reports.

Child safety is paramount when making screening decisions about reports of past (non-current) child maltreatment. Factors to consider include, but are not limited to:

- The current risk to an alleged victim or other children in the household
- Age and vulnerability of a child
- The nature, severity, frequency and extent of the reported abuse
- The extent of negative effects of maltreatment that a child is reported to be experiencing at the time of a report
- Whether the alleged offender is residing in another household with a child, and whether the nature of a past report would reasonably pose a current risk to a child
- Current access of the alleged offender to the child victim.

Contacting individuals beyond the original reporter

Contacting an individual or professional other than a reporter to assist in making screening decisions is permissible. Collateral contacts must be made within the 24-hour time frame for making screening decisions. If a collateral contact is initiated, but not completed within the 24-hour time frame, a screening decision must be made without the additional information. Statute does not require a person who has been contacted by intake/screening staff as a collateral contact to provide the requested information.

The following guide should be used when making collateral contacts during the intake and screening process:

- Individuals who can provide first-hand information necessary to provide a fuller picture of alleged child maltreatment.
- Consult mandated reporters who have recent and regular contact with a child such as school professionals, doctors, or others who have evaluated or maintain ongoing communication or care of the child. This may also include mandated reporters who have an established relationship with the parent or caregiver.
- Individuals who can judge the quality and nature of parents' or caregiver's behavior and/or the parent/child relationship, including those who have records or reason to know things about the parent or caregiver as a result of their involvement with or exposure to the parent(s) or caregiver(s).
- The name of an initial reporter remains confidential and cannot be released by the agency.

A request should be made for relevant information from law enforcement agencies when the information is pertinent to making a screening decision. The information may include domestic

disturbance calls, arrests, warrants, convictions, orders for protection or restraining orders, probation or parole status. Screeners may also access similar information through the Minnesota Judicial Branch website (<http://www.mncourts.gov/Access-Case-Records.aspx>), or for additional access and in coordination with the County Attorney's Office, use the website: [Minnesota Government Access](#). The intake/screening staff will work with the screening team, or in the absence of a team, the screening supervisor, to determine what information should be requested and how to access it.

County with responsibility for intake, screening, assessment and investigation

A report must be addressed by the local county agency or AICWI tribe receiving information from a reporter. When doing so, the priority is child safety and assuring a safety net at the first point of contact by streamlining the receipt and review of a report. It is imperative to take action at the point of intake and screening to assure this safety net for children without allowing jurisdictional issues to become a barrier. If there is a question about which local child welfare agency is responsible for handling a report, the agencies should immediately consult with each other to decide which one has legal authority to make a screening decision and, if needed, initiate a child protection response within the 24-hour time frame.

Without a written interagency agreement between local welfare agencies, the local child welfare agency responsible for intake, screening and either assessment or investigation of a report is the county of a child's residence, or the county where a child was found.

Cases of imminent danger

If a child is in imminent danger, the responsible agency for intake, screening, and assessment or investigation is the county or, in the case of an Indian child, the AICWI reservation where a child was found, without regard to agency of financial responsibility. [Minn. Ad. R. 9560.0216 subp. 2]

The responsible agency where a child was found may contact the county or AICWI reservation where the child is a resident and create a written agreement on a case-by-case basis for the resident county or AICWI reservation to screen and investigate or assess a report. The responsible county agency or AICWI reservation where a child was found must assure child safety prior to entering into an agreement with the county of residence or AICWI reservation.

The county of financial responsibility determination under Minn. Stat. 256G is a separate determination and occurs after child protective services are provided.

Imminent danger means:

- A child is threatened with immediate and present maltreatment that is life threatening, or likely to result in abandonment, sexual abuse, or serious injury. [Minn. Admin. R. 9560.0214, subp. 12]
- A runaway child and sexually exploited youth.

Imminent danger includes a report that a child is residing with a caretaker without “authority to care for the child.” In these circumstances, a child is considered abandoned or threatened with abandonment. Authority to care for a child includes:

- Parent executed a delegation of power by parent or guardian under Minn. Stat. 524.5-211 for an individual to provide for a child; this is commonly called a Delegation of Parental Authority (DOPA) and has specific legal requirements which must be met. Responsible agencies are encouraged to consult with the county or tribal attorney when a delegation of parental authority by a parent is involved.
- In the case of an Indian child, a child is in the care of an Indian custodian as defined under 45 USC 1903 (6).
- Child is in the care of an “individual who is related” to them, which means with a parent, stepparent, stepbrother, stepsister, niece, nephew, adoptive parents, grandparent, sibling, aunt, uncle or legal guardian. [Minn. Stat. 245A.02, subd. 13]

In cases of no imminent danger

If a child is not in imminent danger, the responsible agency is the county or AICWI reservation where a child resides. [Minn. Admin. R. 9560.0216, subp. 1a]

Residency of a child’s parent, guardian, legal custodian or other caretaker with authority to have a child determines county or AICWI responsibility. The following criteria apply:

- A child resides or is a resident where their parent(s), guardian, legal custodian, or **caretaker with authority to have the child lives**, as follows:
 - To reside or be a resident means to have intent to live in a place. This guidance is subject to the following:
 - If a child spends time with both parents but parents live in two different counties and/or AICWI tribal reservations, the responsible agency is where the parent with legal and physical custody resides.
 - If both parents have legal and physical custody of a child or have a court order which establishes parenting time for one and/or both parents, the responsible agency is the county or AICWI tribe of residency of the parent who:
 - Is the alleged offender, if only one parent is an alleged offender.
 - Last had the child in the parents’ care during or prior to the alleged maltreatment.

Residency examples:

- Parents with no residency: For parent(s) who recently moved and have not yet established residency, the responsible agency is the county or AICWI tribal reservation where the child was found. This includes non-Minnesota residents.

- Legal custodians/guardians who are not parents: If neither parent has legal or physical custody, the responsible agency is the county or AICWI tribal reservation where the legal and physical custodian or guardian of a child resides.
- Indian custodian: If an Indian child is with an Indian custodian, the county or AICWI tribal reservation where the Indian custodian resides is the responsible agency.
- When a DOPA exits, consult with the county attorney and/or AICWI tribal attorney.
- Children in the care of an “individual who is related” who is not a parent: The responsible agency is the county or AICWI tribal reservation where the related individual lives, unless a child has not established residency with the related individual. In this case, the parent(s)’ residence determines the responsible county or AICWI tribe.

When residency is unclear, agencies should consult with one another and create written agreements on a case-by-case basis.

When allegations of child maltreatment are made regarding children served by a licensed facility, the responsible agency is where the licensed facility is located, except when there is imminent danger. In cases of imminent danger, the responsible agency is where a child was located.

Reports involving children living on Indian reservations

It is the local agency’s responsibility to screen and respond to referrals received regarding children living on Indian reservations, with the exception of Leech Lake and White Earth Bands of Ojibwe. When alleged child maltreatment occurs on tribal land, the county agency shall immediately notify the tribe by email or fax, and by registered mail. The county agency is encouraged to contact tribal social services and ask that a tribal social services social worker accompany the county worker when they enter tribal jurisdiction.

Except for Red Lake Nation and Bois Forte Band of Chippewa, when there is no written agreement establishing responsibility for child protection with a tribe, responsibility for receiving and investigating or assessing reports remains with the local county agency.

Non-discrimination in screening

A child or family’s race, ethnicity, political status, immigrant status, gender or sexual orientation must not be a factor when making a screening decision on a report of alleged child maltreatment. Child safety issues alone should guide this decision. Additionally, screeners and persons who conduct assessments or investigations shall take into account accepted child-rearing practices of the culture in which a child participates that are not injurious to a child’s health, welfare and safety. It is important to remain aware of the impact that intergenerational and historical trauma have on circumstances of poverty and financial hardship for families of color and American Indian families who become involved with the child protection system.

Poverty

At times, conditions of poverty can create circumstances in which a child may be at risk of neglect when parents are unable to provide care for them due to lack of adequate financial

resources which may be related to limited opportunities, such as lack of a living wage, and/or limited educational opportunities. This does not infer that a parent does not care for or love a child. Under these circumstances, counties/AICWI tribes work to assist the parent(s) in providing the necessary care for a child, but do not define the parental behavior as neglectful. Quite often, the role of poverty is not understood at the time a report is made, and is established later during the assessment or investigation phase. Minn. Stat. 626.556, subd. 2 (g) (1)-(9), defines neglect by caretakers as the failure to provide for a child's basic needs "when reasonably able to do so." There are times when poverty generates circumstances that may be perceived as neglect. It is important to understand that conditions of poverty can present differently depending on cultural differences and geographic areas. When it is determined that reports of neglect are based solely on conditions due to poverty, a finding of maltreatment should not be made.

Give life a chance, Safe Place for Newborns reports

Reports involving infants relinquished under the Give Life a Chance, Safe Place for Newborns law are to be screened out for a child protection response and immediately opened for child welfare services. Under Minn. Stat. 260C.139, an agency contacted by a safe place has legal responsibility for placement of a newborn in foster care for 72 hours. These reports must be referred for immediate placement and planning for adoption through a petition for Termination of Parental Rights to secure placement authority after 72 hours and begin permanency planning. To be eligible under this law, a newborn must be left at a hospital or other approved setting unharmed within seven days of birth by the mother, or a person with the mother's permission. [Minn. Stat. 145.902]

If there is information or reason to believe a newborn has American Indian heritage, efforts to identify and notify their tribe must be made and documented. Permanency planning for an Indian child may include suspension of parental rights after transfer to tribal court. If a child is Indian, all requirements of the Minnesota Indian Family Preservation Act and the federal Indian Child Welfare Act must be followed.

If a mother who relinquished her newborn under the Safe Place for Newborns law presents herself as the mother and wants her infant returned prior to an order terminating parental rights, this should be treated as a new report of child maltreatment and screened in for a Family Assessment or Family Investigation to assess the parents' capacity to provide for child safety.

Cross-reporting with law enforcement

The police department or the county sheriff shall immediately notify the local welfare agency, or agency responsible for child protection reports, when a report is received. This must be done orally and in writing.

The local welfare agency, or agency responsible for child protection reports, shall immediately notify the local police department or county sheriff when a report is received. This must be done orally and in writing. This means all reports, whether screened in or screened out. The timing of this notification should correspond with the screening decision.

The county sheriff, the head of every local welfare agency or agency responsible for child protection reports, and the police department shall designate a person responsible for ensuring these cross-reporting duties are done.

Whether alleged child maltreatment occurred on or off tribal land, the local welfare agency or agency responsible for child protection reports, and the local police department or county sheriff, shall immediately notify a tribe's social services agency and tribal law enforcement when a report is received. This must be done orally and in writing. These notifications are cross-referenced in several places in statute.

A reporter's name should not be redacted in a cross-report to law enforcement. The requirement to keep a reporter's name confidential applies to law enforcement. [Minn. Stat.13.82, subd. 8] Similarly, information should not be redacted when notifying a tribe. Tribes have access to the information without restriction.

Voicemails are an acceptable means to satisfy the oral report requirement. All notifications should be documented in SSIS.

Birth Match

If an infant is born to a parent who had a previous involuntary termination of parental rights, involuntary transfer of physical and legal custody, or a previous determination of egregious harm, then this is a mandated report of substantial child endangerment. These are Birth Match reports made by the Minnesota Department of Human Services to the local child welfare agency based on birth records received from the Minnesota Department of Health matched to SSIS records. A Birth Match regarding an infant must be screened in and receive an investigation, unless the local child welfare agency is currently involved with the parent regarding the newborn. All new Birth Matches must be investigated regardless of previously conducted assessments or investigations on other children in the family. Each infant is a new child maltreatment report that must be screened in and responded to. This means the local child welfare agency must investigate all new Birth Matches for all infants.

Agencies can consider past voluntary termination of parental rights or voluntary transfer of physical and legal custody as a threatened injury report. However, this is not considered a Birth Match report, therefore, if screened in, a Family Assessment or Family Investigation may be initiated, depending on the nature of the current report.

Screening Guidelines

Substantial child endangerment [Minn. Stat. 626.556, subd. 2(o)]

"Substantial child endangerment" means a person responsible for a child's care by act or omission commits or attempts to commit an act against a child under their care that constitutes any of the following:

(1) egregious harm as defined in Minn. Stat. 260C.007, subd. 14;

260C.007, subd. 14. Egregious harm.

"Egregious harm" means the infliction of bodily harm to a child or neglect of a child which demonstrates a grossly inadequate ability to provide minimally adequate parental care. The egregious harm need not have occurred in the state or in the county where a termination of parental rights action is otherwise properly venued. Egregious harm includes conduct towards any child at any time and includes, but is not limited to:

(1) violation of sections 609.185 to 609.2114, 609.222, subd. 2, 609.223, or any other similar law of any other state, which includes first degree murder, any death following a history of child abuse, death resulting from vehicular operation of an unborn child, assault with a weapon whether it causes injury or not, assault of a victim under age of four and causes bodily harm to child's head, eyes, neck or otherwise causes multiple bruises to the body;

(2) the infliction of "substantial bodily harm" to a child, as defined in section 609.02, subd. 7a, which includes, broken bones, temporary but substantial disfigurement, substantial loss or impairment of functioning of body/organs;

(3) felony malicious punishment of a child under section 609.377;

(4) felony unreasonable restraint of a child under section 609.255, subd. 3, which includes tying, locking, caging, or chaining for a prolonged period of time and in a cruel manner which is excessive under the circumstances;

(5) felony neglect or endangerment of a child under section 609.378;

(6) first, second and third degree assault under section 609.221, 609.222, or 609.223, which includes infliction of great bodily harm, assault with a dangerous weapon, assault that inflicts substantial bodily harm, or assault of a child after a pattern of child abuse, or assault of a victim under four that causes bodily harm to child's head, eyes, neck or otherwise causes multiple bruises to the body;

(7) solicitation, inducement, or promotion of, or receiving profit derived from prostitution under section 609.322;

(8) murder or voluntary manslaughter as defined by United States Code, title 18, section 1111(a) or 1112(a);

(g) aiding or abetting, attempting, conspiring, or soliciting to commit a murder or voluntary manslaughter that constitutes a violation of United States Code, title 18, section 1111(a) or 1112(a); or

(10) criminal sexual conduct under sections 609.342 to 609.345.

(2) abandonment under section 260C.301, subd. 2.

Child abandonment [Minn. Stat. 626.556, subd. 2 (o) (2), and Minn. Stat. 260C.301, subd. 2]

Child abandonment is addressed by local county agencies under the conditions of neglect, and may provide the basis for a court determination of termination of parental rights.

Child abandonment meets the statutory definition of substantial child endangerment when one of the following conditions is met:

- A parent has had no contact with their child on a regular basis and has not demonstrated consistent interest in the child's well-being for six months
- A child under age 2 is abandoned, and has been deserted by the parent(s) under circumstances that show intent not to return to care for the child. [Minn. Stat. 260C.301, subd. 2]

Abandonment is determined on a case-by-case basis and should not be confused with neglectful lack of supervision or poor choice of caretaker. A child of any age may be considered abandoned if deserted by their parents with no plan in place for return. According to statute:

(3) neglect as defined in paragraph (f), clause (2), that substantially endangers the child's physical or mental health, including a growth delay, which may be referred to as failure to thrive, that has been diagnosed by a physician and is due to parental neglect;

(4) murder in the first, second, or third degree under section 609.185, 609.19, or 609.195;

(5) manslaughter in the first or second degree under section 609.20 or 609.205;

(6) assault in the first, second, or third degree under section 609.221, 609.222, or 609.223;

(7) solicitation, inducement, and promotion of prostitution (currently known as sex trafficking) under section 609.322;

(8) criminal sexual conduct under sections 609.342 to 609.345;

(9) solicitation of children to engage in sexual conduct under section 609.352;

(10) malicious punishment or neglect or endangerment of a child under section 609.377 or 609.378.

Malicious punishment means a parent, legal guardian, or caretaker who, by an intentional act or a series of intentional acts with respect to a child, evidences unreasonable force or cruel discipline that is excessive under the circumstances. [Minn. Stat. 609.377, subd. 1] This also includes if a child under age four, and the punishment causes bodily harm to the head, eyes, neck, or otherwise causes multiple bruises to the body. [Minn. Stat. 609.377, subd. 4]

Persons guilty of neglect or endangerment [Minn. Stat. 609.378, Subd. 1] According to statute:

(a)(1) A parent, legal guardian, or caretaker willfully deprives a child of necessary food, clothing, shelter, health care, or supervision appropriate to the child's age, when the parent, guardian, or caretaker is reasonably able to make the necessary provisions and the deprivation harms or is likely to substantially harm the child's physical, mental, or emotional health is guilty of neglect of a child

(2) A parent, legal guardian, or caretaker knowingly permits the continuing physical or sexual abuse of a child;

(b) A parent, legal guardian, or caretaker endangers the child's person or health by:

(1) intentionally or recklessly causing or permitting a child to be placed in a situation likely to substantially harm the child's physical, mental, or emotional health or cause the child's death; or

(2) knowingly causing or permitting the child to be present where any person is selling, manufacturing, possessing immediate precursors or chemical substances with intent to manufacture, or possessing a controlled substance, as defined in section 152.01, subd. 4, in violation of section 152.021, 152.022, 152.023, 152.024, or 152.0262;

(c) Intentionally or recklessly causing a child under 14 years of age to be placed in a situation likely to substantially harm the child's physical health or cause the child's death as a result of the child's access to a loaded firearm.

Endangerment includes driving under the influence/driving while intoxicated with a child in the car. As such, these reports must be initially assigned to a Family Investigation.

(11) use of a minor in sexual performance under section 617.246;

"Sexual performance" means any play, dance or other exhibition presented before an audience or for purposes of visual or mechanical reproduction that uses a minor to depict actual or simulated sexual conduct.

or

(12) parental behavior, status, or condition as follows:

- A child or sibling has been subjected to egregious harm (defined previously)
- A child is an abandoned infant (defined previously)
- A child's parent has lost parental rights to another child through an order involuntarily terminating the parent's rights
- The parent has committed sexual abuse as defined in section 626.556, subd. 2(n), against the child or another child of the parent
- The parent has committed an offense that requires registration as a predatory offender under section 243.166, subd. 1b, (a) or (b), or
- Another child of the parent is the subject of an order involuntarily transferring permanent legal and physical custody of the child to a relative under this chapter or a similar law of another jurisdiction.

Sexual abuse [Minn. Stat. 626.556, subd. 2(n)]

Sexual abuse means criminal sexual conduct with a child by a person responsible for a child's care; or by a person who has a significant relationship to a child; [Minn. Stat. 609.341, subd. 15] or by a person in a position of authority. [Minn. Stat. 609.341, subd. 10] The local welfare agency is responsible for investigating allegations of sexual abuse if the alleged offender is the parent, guardian, sibling, or an individual functioning within the family unit as a person responsible for a child's care, or a person with a significant relationship to a child if that person resides in a child's household. [Minn. Stat. 626.556, subd. 3e]

Criminal sexual conduct includes:

- Criminal Sexual Conduct in the First Degree, Minn. Stat. 609.342
- Criminal Sexual Conduct in the Second Degree, Minn. Stat. 609.343
- Criminal Sexual Conduct in the Third Degree, Minn. Stat. 609.344
- Criminal Sexual Conduct in the Fourth Degree, Minn. Stat. 609.345
- Criminal Sexual Conduct in the Fifth Degree, Minn. Stat. 609.3451.

The criminal sexual conduct statutes primarily focus on acts of sexual penetration [Minn. Stat. 609.341, subd. 12] and sexual contact. [Minn. Stat. 609.341, subd. 11]

Sexual penetration means:

- Sexual intercourse, cunnilingus, fellatio, or anal intercourse
- Any behavior involving a child that causes the intrusion, however slight, of any body part or object into the genital or anal openings of a child, offender, or another person when the action is performed with sexual or aggressive intent. [Minn. Stat. 609.341, subd. 12]

Broadly defined, sexual contact includes:

- Touching of a child's intimate parts
- Having a child touch their own intimate parts
- Having a child touch the intimate parts of another person
- Touching clothing, or the clothing covering the immediate area of intimate parts
- Performing the act with sexual or aggressive intent. [Minn. Stat. 609.341, subd. 11]

The definition of intimate parts includes the primary genital area, groin, inner thigh, buttocks or breast of a human being. [Minn. Stat. 609.341, subd. 5]

The criminal sexual conduct statutes further specify masturbation or lewd exhibition of the genitals knowingly in the presence of a minor. [Minn. Stat. 609.3451, subd. 1 (2)] For the purpose of this guideline, this reference refers to a minor of any age.

Sexual abuse includes the intentional removal or attempted removal of clothing covering a minor's intimate parts [Minn. Stat. 609.3451, subd. 1 (2)] or undergarments, if the action is performed with sexual or aggressive intent.

The statutory definition of child sexual abuse [Minn. Stat. 626.556, subd. 2 (n)] goes beyond the provisions of the criminal sexual conduct statutes to also include:

- Any act involving a minor which constitutes a violation of prostitution offenses under Minn. Stat. 609.321 to 609.324.
- The use of a minor in a sexual performance. The definition of sexual performance includes pornographic works involving a minor. [Minn. Stat. 617.246]
- When a parent knowingly allows a child to live with, or be cared for by, or have unsupervised contact with, a person who has committed a sexual offense against a child. Committed means convicted of a sexual offense and required to register.

Other circumstances that may be addressed as sexual abuse include, but are not limited to:

- A minor solicited to engage in sexual conduct, which means: commanding, entreating, or attempting to persuade a minor by telephone, letter, or by computerized or other electronic means. For example, a communication from any source comes to the agency regarding a child being solicited for sex or promoted, employed, used or permitted to engage in or assist others to engage minors in posing or modeling alone or with others in any sexual performance or pornographic work. The information contained in the communication should be treated as a report of alleged sexual abuse. Communication from any source includes any form of media advertisement or solicitation.
- Children who have unexplained injuries to their genitals that are suspicious for sexual abuse.
- A child intentionally exposed to sexual activity for the purpose of sexual arousal or sexual gratification, whether it is live, video, written or pictorial.
- Children who have sexually transmitted diseases.

Predatory offenders

Reports on persons registered or required to register as a predatory offender must be screened in as a sexual abuse allegation and, therefore, receive a Family Investigation response. Every time there is a new child there is a new report needing a new Family Investigation.

The Minnesota Department of Corrections is required to notify local child welfare agencies before authorizing a person required to register as a predatory offender to live in a household where children are residing. Local child welfare agencies may assess the situation to assure safety of the child(ren) residing in the home. [Minn. Stat. 244.057, Department of Corrections' Obligation to Notify, Minn. Stat. 244.052, subd. 1(5): Definition of Predatory Offender; and Minn. Stat. 243.166, subd. 1b, Registration Requirements]

The Predatory Offender Registry website is at: [Predatory Offender Registry](#).

The Level Three Sex Offender Registry website is at: [Level Three Sex Offender Registry](#).

The above links will not provide a comprehensive listing of offenders. The Minnesota Bureau of Criminal Apprehension provides the most comprehensive listing, but is only accessible by law enforcement. Consultation with the county or AICWI tribal attorney is recommended.

To review the definition of who is required to register as a predatory offender go to: [Minn. Stat. 243.166 Registration of Predatory Offenders](#)

Threatened sexual abuse

Threatened sexual abuse, which is interpreted for the purposes of these guidelines to include, but not limited to:

- Anything said or done that poses a significant danger that the offender will perpetrate, or attempt to perpetrate, sexual abuse with a child.
- An adult soliciting sexual activity with another minor (not a household minor).
- Threatening to have sexual contact with a child. This includes statements, behaviors, or actions that do not have to be overtly aggressive, threatening or coercive, but can be recognized by a child or others as a precursor to sexual abuse.
- Parent or other person residing in a household found to be in possession of child pornography. Possession of child pornography can be considered an action or behavior that represents a substantial risk of sexual abuse and is an action that could be recognized as a precursor to sexual abuse of a child.
- Allowing a person who has sexually abused a child to reside in the home with a child, or have unsupervised contact with a child.
- Behavior recognized as preparation for initiating sexual contact with a child, such as showering or bathing with sexualized intent, prolonged lip kissing, and/or peeking at a child while they are undressing or dressing.

The definition of a person who has sexually offended against a child minimally includes, but is not limited to persons:

- Who have been convicted of criminal sexual conduct (first through fifth degrees) involving a child victim under age 18.
- Determined to have sexually abused a minor as part of a maltreatment determination conducted by a child welfare agency, or similar agency of another jurisdiction.
- Required to register as a sex offender of a child on the Predatory Offenders Registry, or persons required to register as level three sex offenders.

Minnesota court conviction history (search by last name, first name or soundex). Provides full name, birth date and conviction history:

<http://www.mncourts.gov/default.aspx?page=1927#Required>

Child-to-child sexual behavior

When a report is made regarding sexual behavior between two children, the following factors should be considered:

- Span of age between the two children and whether or not the older child was responsible for the younger child's care at the time of the alleged incident
- Developmental capacity of the vulnerable child
- Specifics regarding the sexual behavior and whether it falls within the realm of healthy childhood sexual development
- Any use of coercion or force involved in the incident.

A child welfare response is appropriate when all children involved are under age 10 and there are no allegations involving caregivers.

The following guide from the National Sexual Violence Resource Center outlines typical healthy childhood sexual development for middle and late childhood:

Ages 5-8

- Continued use of slang words, "potty humor" or jokes to describe body parts and functions.
- Deeper understanding of gender roles. May act in a more "gendered" manner as expected behaviors and norms associated with gender are learned.
- Sex play or activities that explore sexuality and bodies may occur with same- and opposite-sex friends.
- Masturbation – some children may touch their genitals for the purpose of pleasure. This happens more often privately rather than in public.

Ages 9-12

- As puberty begins, an increased need for privacy and independence is often expressed. This includes interest in relationships. May want to have a girlfriend or boyfriend.
- May express curiosity about adult bodies. This could involve a child trying to see people naked or undressing or looking for media (such as TV, movies, websites and magazines) with sexual content.
- As social norms around masturbation become clearer, masturbation will likely occur in private.

Behavior falling within healthy childhood sexual development should exhibit the following characteristics [National Child Traumatic Stress Network]:

- Children are being playful and/or curious, not aggressive or angry
- Play involving sexuality (i.e., playing doctor, show me yours/I'll show you mine) should be with a child of similar age and developmental level, not with a much older or younger child
- When adults ask children to stop or set limits around inappropriate behaviors they listen
- The behavior does not cause physical or emotional harm to the child or others.

Sexually exploited youth

When a report of alleged sexual exploitation is made, the local child welfare agency decides whether it should be screened in based on allegations of abuse, neglect, sexual abuse or threatened sexual abuse.

If an alleged offender is a parent, guardian, or individual within the family unit responsible for a child's care; or in sexual abuse cases, an individual who has a significant relationship to a child when residing in a child's household, or by a sibling, the county or AICWI tribal agency must screen in the report and provide a Family Investigation response.

For reports that are screened out based on the non-caregiver or family unit role of an alleged offender, the local agency is mandated by law to provide a child welfare services response and provide appropriate services to a child and family. This includes the active attempt to make in-person contact with a child and his or her family by a social worker who is knowledgeable of the issues related to sex trafficked youth. The contact is for assessing strengths and needs and arranging for necessary services, including connection to the regional navigator.

The Safe Harbor navigator and/or shelter staff are required to assure that local law enforcement and the local child welfare agency have been notified that a youth is already in contact with their agency. Upon being notified, the local child welfare agency should review past and current child protection history, and notify the parent and county of residence if a youth is in care. Failure by the parent/guardian to cooperate with necessary services for a child to address their psychological capacity or emotional stability due to sexual exploitation may be basis for a new report of alleged child maltreatment. If parents are supportive, consider a voluntary placement in a Safe Harbor shelter, if deemed appropriate to transition a youth out of sex trafficking. If a parent is not cooperative, consider placement in Safe Harbor shelter.

For all reports of sexually exploited youth, they and/or their parents should be provided contact information for the regional Safe Harbor navigator.

Intake/screening staff are encouraged to consult with the county or AICWI tribal attorney on alleged child maltreatment involving sexually exploited youth.

Agency staff should consult with the county attorney about the definition of "sexual abuse" and whether an investigation is required by law for reports of "any act that involves a minor which constitutes a violation of prostitution offenses under sections 609.321 to 609.324, or 617.246.

Effective May 29, 2017, a child who is identified as a victim of sex trafficking must be considered a victim of child abuse and neglect and sexual abuse, in accordance with federal requirements from the U.S. Department of Health and Human Services, Administration on Children, Youth and Families. Reports of sex trafficked youth will require a decision to screen in and conduct a child protection investigation.

Neglect [Minn. Stat. 626.556, subd. 2(g)]

Neglect means the commission or omission of any of the acts specified under clauses (1) to (9), other than by accidental means.

At times, conditions such as poverty create circumstances in which a child may be neglected due to the parent(s)' lack of financial resources. Under these circumstances, local child welfare agencies work to assist parent(s) in correcting the conditions of neglect, and to meet the protective needs of their children, but do not determine the parents' behavior as neglectful.

The following conditions should be considered when screening alleged reports of neglect:

- The concern poses a significant health or safety hazard
- There is a continuing pattern of neglect that poses a significant health or safety hazard
- The age and vulnerability of a child.

Failure to provide necessary food [Minn. Stat. 626.556, subd. 2 (g) (1)]

Lack of necessary food can result in conditions such as, but not limited to:

- Malnutrition, developmental lags, a demonstrated pattern over time of weakness related to lack of food, low weight and height which is significantly out of the norm and not due to organic causes, or an inability to concentrate in school
- A growth delay, which may be referred to as failure to thrive, that has been diagnosed by a physician and is due to parental neglect.

Failure to provide necessary clothing [Minn. Stat. 626.556, subd. 2 (g) (1)]

This means failure to provide clothing that is necessary for the weather or other environmental conditions, and the failure to provide this clothing would seriously endanger a child's health.

Examples include a child:

- Who experiences frostbite on fingers due to lack of mittens or gloves while walking to school in the winter
- Arriving at school without the necessary protective weather gear, such as winter boots, and became sick at school
- Where clothing is extremely small, dirty, or urine soiled to the point that they are teased by other children.

Failure to provide necessary shelter [Minn. Stat. 626.556, subd. 2 (g) (1)]

This means dangerous living conditions that fail to provide protection from weather conditions, or from environmental hazards in the dwelling, or on the property, that has the potential for injury, illness, and/or disease, that are under the control of the parent(s) or guardian(s).

Environmental hazards

Environmental hazards are conditions, when presented either in combination or by severity or degree, that pose a significant health or safety hazard to a child in the home, or on the property where a child resides. Examples of environmental hazards include, but are not limited to:

- Failure to provide heat and sanitation that poses a safety risk
- Broken windows or glass, open windows or unsafe windows that reasonably pose a hazard to child safety

- Gas leaks
- Dangerous drugs, controlled substances, or household poisons accessible to children
- Exposed electrical wiring, unprotected space heaters, discarded refrigerators with doors, open wells without covers, or blocked exits due to extreme clutter
- Spoiled food that would pose a health hazard if consumed
- Animal waste, feces, infestations of rodents and insects.

Controlled substance-related environmental hazards

Parent(s) or caretaker(s) knowingly engage in any of the following activities in the presence of a child; in the residence where a child resides; in a building, structure, conveyance or outdoor location where a child might reasonably be expected to be present; or in a room offered to the public for overnight accommodations; or in any multiple unit residential building. [Minn. Stat. 152.137, subd. 2] This may include, but is not limited to:

- Manufacturing or attempting to manufacture methamphetamine.
- Storing methamphetamine waste products.
- Possessing precursors of a controlled substance on any property where a child resides or visits, or in another location where a child has access. (For the purposes of the criterion, the definition of controlled substance and the amounts that would qualify as a “precursor” are provided in Minn. Stat. 152.02, subd. 6.)
- Storing any methamphetamine paraphernalia.
- Knowingly causing or permitting a child to inhale, be exposed to, have contact with, or ingest methamphetamine, a chemical substance, or methamphetamine paraphernalia.

Access to alcohol, controlled substances and prescription drugs

A parent or caregiver knowingly and willingly permits access to alcohol, controlled substances and prescription drugs which results in harm to a child, including sickness or internal injury, or subjects a child to unnecessary medical procedures, or to control or punish a child. This includes access to medical cannabis that is not prescribed to a child. This refers to access, and impact of the access on a child, including but not limited to:

- A 2-year-old drinks alcohol from a cup while the parent(s) and other adults are having a drinking party and the child shows signs of illness or intoxication
- A father intentionally blows marijuana smoke into his 3-month-old’s face.

This does not include medical cannabis as prescribed to a parent or caregiver. There shall be no presumption of neglect or child endangerment for conduct allowed under sections 152.22 to 152.37, unless the person's behavior is such that it creates an unreasonable danger to the safety of a minor, as established by clear and convincing evidence.

Failure to provide health, medical, or other care [Minn. Stat. 626.556, subd. 2 (g) (1)]

Health or other care means the parent(s)’ failure to provide necessary care required for a child’s physical or mental health when reasonably able to do so. This is intended to include, but not

limited to, persistent conditions of personal hygiene so extreme that a child is unable to participate in a community or school setting.

Failure to provide necessary medical care means refusal, or failure to seek, obtain, or follow through with necessary medical care if there is serious risk to a child, as documented in reports alleging medical neglect. Reports must contain the following three elements:

- Medical problem or condition that needs attention, and identification of recommended intervention(s)
- Serious risk to a child's physical or mental health, if they do not receive necessary medical treatment
- Parent(s)' failure to provide needed intervention(s).

Reports may come from medical providers and others, which may include a:

- School nurse reporting that a child was discharged from the hospital recently and she is concerned the parent is not following discharge care orders because the child was showing physical or behavioral deterioration at school
- Home visiting nurse reported a child has a painful rash that is ongoing and not being treated by the parent, as observed during provision of in-home services
- Registered nurse reporting that when providing in-home medical care for a severely disabled child, they observed the child having his or her medical care unmet by the parent(s) in between home visits, and the child's health was declining
- Neighbor reported observing a child with an extreme case of sunburn that happened because they were outdoors during an extended family party at which alcohol was excessively consumed by adults
- School nurse reported a child to have ongoing untreated head lice causing painful itching and bleeding lesions on their head
- Physician reporting that a parent is unwilling to learn the necessary medical care and/or obtain essential medical equipment for a child who is medically ready for discharge from a hospital setting.

Nothing should be construed to mean that a child is neglected solely because their parent(s), guardian(s), or other person(s) responsible for a child's care, in good faith, selects and depends upon spiritual means or prayer for treatment or care of disease, or remedial care of a child in lieu of medical care. [Minn. Stat. 626.556, subd. 2 (g) (5)]

Failure to thrive that has been diagnosed by a physician and is due to parental neglect is a condition of medical neglect. For further statutory definition see "Failure to Provide Necessary Food".

Medical neglect of an infant [Minn. Stat. 626.556, subd. 2 (g) (7)]

Medical neglect of an infant, includes, but is not limited to, the withholding of medically indicated treatment from a disabled infant with a life-threatening condition. The term "withholding of medically indicated treatment" means the "failure to respond to the infant's life-threatening conditions by providing treatment, including appropriate nutrition, hydration,

and medication which, in the treating physician's or physicians' reasonable medical judgment, will be most likely to be effective in ameliorating or correcting all conditions, except that the term does not include the failure to provide treatment other than appropriate nutrition, hydration, or medication to an infant when, in the treating physician's or physicians' reasonable medical judgment:..."

Failure to protect a child from conditions or actions that present serious endangerment [Minn. Stat. 626.556, subd. 2 (g) (2)]

"Failure to protect means the failure to protect a child from conditions or actions that seriously endanger the child's physical or mental health when reasonably able to do so, including a growth delay, which may be referred to as failure to thrive that has been diagnosed by a physician and is due to parental neglect." [Minn. Stat. 626.556, subd. 2 (g) (2)]

Examples of parental failure to protect would include, but are not limited to:

- A child is present and/or participates with the parent(s), guardian(s), or caretaker(s) in committing a criminal act that seriously endangers a child's physical or mental health. Serious endangerment in these situations includes, but is not limited to, the use of guns, knives, or other weapons, sexual exploitation, including sex trafficking, and also threats of violence, or actions resulting in harm to a victim.
- The parent(s), guardian(s), or person(s) responsible for a child's care do not protect them from a person who poses a serious threat to a child's safety, and the parent(s) or caretaker(s) do not act to protect a child.
- Reports of ongoing abuse between siblings that results in physical injury and the parent(s) or caretaker(s) do not act to protect a child.
- Parent(s), guardian(s), or other persons responsible for a child's care are arrested for driving under the influence of alcohol or drugs with children in the vehicle. An example that may come from a reporter other than law enforcement includes:
 - A neighbor visiting at a family farm observed the father driving a tractor erratically with his 3-year-old son sitting next to him, and when the father got down from the tractor to greet the visitor, he stumbled, slurred his speech, smelled of alcohol, and was observed drinking a beer.
 - Drug raids where a child is present and where illegal drugs are found.
 - Access to a loaded firearm that is likely to substantially harm a child's physical health or cause a child's death.

Failure to provide necessary supervision or child care arrangements [Minn. Stat. 626.556, subd. 2 (g) (3)]

Failure to provide for necessary supervision or child care arrangements occurs when a child is unable to provide for their own basic needs or safety, or the basic needs or safety of another child in their care. [Minn. Stat. 626.556, subd. 2(g) (3)]

Modifying factors affecting screening decisions include:

- A child's age, mental ability and maturity level.
- The accessibility of the parent/guardian/or designated caretaker to a child by phone and/or in person.
- The presence of intellectual deficits, psychological problems, or mental health concerns; the existence of physical problems or disabilities.
- The behavioral history of a child, including suicidal thoughts or actions, fire setting, delinquency, vandalism or assault.
- A child's age, if using the kitchen stove, an iron or other appliance.
- The establishment of a well understood escape plan that has been worked out by the parent(s), or fire drill practice that has been rehearsed with a child. The presence of a working fire/smoke detector in the home.
- The presence of unusual hazards in the home.
- A child feeling confident and safe when left alone.

Examples of parent(s) not providing adequately for a child's supervision and safety includes, but is not limited to:

- Failing to provide supervision of children in bathtubs, near swimming pools, lakes, ponds, holding tanks, machinery, busy streets and alleys
- Selecting an unreliable and unsafe person to provide child care.

Reports alleging inadequate supervision or child care arrangements may be screened in for a child protection response, including:

- Children age 7 and under who are left alone for any period of time
- Children ages 8-10 who are left alone for more than three hours
- Children ages 11-13 who are left alone for more than 12 hours
- Children ages 14-15 who are left alone for more than 24 hours
- Children ages 16-17 may be left alone for more than 24 hours with a plan in place concerning how to respond to an emergency.

Reports alleging inadequate child care arrangements may be screened in for a child protection response according to the following guidelines:

- Children under age 11 should not provide child care
- Children ages 11-15 who are placed in a child care role are subject to the same time restrictions of being left alone as listed above
- Children ages 16-17 may be left alone for more than 24 hours with adequate adult back up supervision.

If children are left alone at the time a report is received by the local child welfare agency, and the circumstances fall outside of the timelines listed above, the local agency may refer the matter to local law enforcement for an immediate child welfare and safety check.

Failure to ensure education [Minn. Stat. 626.556, subd. 2 (g) (4)]

Chronic school absences may be an indicator of other concerns in the family, such as unaddressed mental or chemical health issues of a child or parent, or undisclosed forms of other child maltreatment. Failure to ensure education means the person responsible for a child's care has not ensured that a child is enrolled in school, and is attending school according to the expectations of the school district, and that a child is not otherwise in compliance with statutory requirements defined in Minn. Stat. 120A.22, and Minn. Stat. 260C.163, subd. 11.

A child's absence from school is presumed to be due to the parents', guardian's, or custodian's failure to comply with compulsory instruction laws [Minn. Stat. 260C.163, subd. 11 (a)-(b)] if:

- A child is under 12 years old, and
- The school has made appropriate efforts to resolve a child's attendance problems, such as sending letters, phone and in-person contact with a child's parent or guardian.

Failure to ensure education does not include the parent(s)' refusal to provide their child with sympathomimetic medications, such as those frequently used to treat Attention Deficit Disorder (ADD) or Attention Deficit Disorder with Hyperactivity (ADHD). [Minn. Stat. 626.556, subd. 2 (g) (4)]

The ages that a child is required to attend school are provided in Minn. Stat. 120A.22, subd. 5, and Minn. Stat. 260C.007, subd. 19. They include:

- Children under age 7 who are enrolled in half-day or full-day kindergarten are subject to mandatory attendance requirements and must receive instruction.
- A parent may withdraw a child from school for good cause by notifying the district as provided under Minn. Stat. 120A.22, subd. 6 (c). Good cause includes, but is not limited to, enrollment of the pupil in another school, or the immaturity of a child.
- Every child between 7 and 17 years of age must receive instruction.
- Students age 17 are also required to attend school unless legally withdrawn. The steps to legally withdraw a student at age 17 are outlined in Minn. Stat. 120A.22, subd. 8, and include the following:
 - The student and parent or guardian must attend a meeting with school personnel to discuss educational opportunities available to a student, including alternative education opportunities.
 - The student and parent or guardian must sign a written notice of intention to withdraw a child from school.

The statutory standards for school attendance are provided in Minn. Stat. 260C.007, subd. 19, and stated in terms of limits allowed for unexcused absences, which are:

- Unexcused absences for seven days for a child in elementary school
- Absences of one or more class periods on seven school days if a child is in middle, junior high or high school

- Those 17 years of age are held to the same standards as middle and junior high school students, unless a student has been lawfully withdrawn from school.

Home schooling is a legal option and not considered educational neglect, providing a family has followed through with meeting requirements of the school district.

Prenatal exposure to controlled substances or their derivatives [Minn. Stat. 626.556, subd. 2 (g) (6), Minn. Stat. 626.5561 and Minn. Stat. 253B.02]

This means prenatal exposure to a controlled substance, as defined in section 253B.02, subd. 2, used by the mother for a nonmedical purpose. This includes the habitual and excessive use of the following: opium, cocaine, heroin, phencyclidine, methamphetamine, amphetamine, tetrahydrocannabinol, or alcohol.

Prenatal use is evidenced by withdrawal symptoms in an infant at birth, or by results of a toxicology test performed on the mother at delivery or the child at birth; or by medical effects or developmental delays during an infant's first year of life that indicate prenatal exposure to a controlled substance. [Minn. Stat. 626.556, subd. 2 (g) (6)]

Reports of prenatal exposure are all documented as child protection reports, however, they are not screened in for child protection assessment or investigation until an infant is born.

Concerns regarding a pregnant woman abusing substances can be opened for child welfare prior to the birth of an infant.

Once an infant is born, if they experienced substance exposure, the concern meets the statutory requirements for neglect due to prenatal exposure of a controlled substance used by the mother for a nonmedical purpose. This exposure could include withdrawal symptoms at an infant's birth and/or positive toxicology test results. This is a new referral of alleged child maltreatment that should be screened in as a new report in a Child Protection Intake Workgroup – then assessed or investigated.

Chronic and severe use of alcohol or a controlled substance by a parent or person responsible for care of a child that adversely affects the child's basic needs and safety [Minn. Stat. 626.556, subd. 2 (g) (8)]

This means that each of the following criteria is met:

- Chronic and severe use of alcohol or a controlled substance by a parent or person responsible for a child's care
- Demonstration of adverse effects to a child's basic needs and safety.

This may include, but is not limited to, access to any meth paraphernalia or other drug paraphernalia with sufficient controlled substances on the item to cause harm to a child if ingested, or access to drug needles that pose a risk to a child of contracting hepatitis B or HIV.

When considering the adverse effects to a child, the following factors are important:

- The age of a child, particularly a child age birth to 5
- The presence of co-existing medical conditions, such as a medically fragile child

- The type of drug involved, such as methamphetamine which involves extended sleep of a parent/caregiver, leaving a child vulnerable to potentially be unsupervised
- Multi-drug use by a parent and/or exposure to multiple drugs
- Previous services offered but not followed up on by a parent/caregiver, or services provided to a parent/caregiver to address alcohol or other drug addictions which have been unsuccessful due to continued use.

Physical abuse [Minn. Stat. 626.556, subd. 2(k)]

Physical abuse means any non-accidental physical injury, mental injury, or threatened injury inflicted by a person responsible for a child's care. Physical abuse also includes injuries that cannot reasonably be explained by a child's history of injuries.

Injury to the face, head, back, or abdomen of a child under age 6, and injury to the buttocks of a child under age 3, should be a Family Investigation response.

Abuse does not include reasonable and moderate physical discipline of a child administered by a parent or legal guardian which does not result in an injury. Abuse does not include the use of reasonable force by a teacher, principal, or school employee. Actions which are not reasonable and moderate include, but are not limited to, any of the following:

- Throwing, kicking, burning, biting, or cutting a child.
- Striking a child with a closed fist.
- Shaking a child under age three.
- Striking or other actions which result in any non-accidental injury to a child under 18 months of age.
- Unreasonable interference with a child's breathing.
- Threatening a child with a weapon, as defined in Minn. Stat. 609.02, subd. 6, which includes, but is not limited to, firearms, flammable liquids, or any device designed as a weapon.
- Striking a child under age one on the face or head.
- Striking a child who is at least one but under age four on the face or head, which results in an injury.
- Purposely giving a child poison, alcohol, or dangerous, harmful, or controlled substances, or other substances that were not prescribed for a child by a health care practitioner, in order to control or punish them. This also includes giving a child other substances that substantially affects their behavior, coordination, judgment, or results in sickness, internal injury, or subjects a child to medical procedures that would otherwise be unnecessary.
- Aversive/deprivation procedures, such as unreasonable physical confinement or restraint which includes, but is not limited to, tying, caging, or chaining. [Minn. Stat. 609.379 and section 125A.0942 or 245.825]

A physical injury to a child, other than by accidental means, includes, but is not limited to: bruises, scratches, lacerations, abrasions, swelling, burns, as well as more serious injuries causing extensive tissue damage.

The definition of physical injury also includes internal injuries diagnosed by a physician. Physical abuse that does not result in observable injuries should be considered, knowing that some physical injuries will not be readily visible to a reporter, such as internal injuries.

A visible injury at the time of receipt of the report is not necessary to screen in a report under physical abuse. A reported injury may meet criteria if it involves the additional elements outlined in this section. For instance, if a child reports that he was kicked by his father which resulted in an injury, but the injury is no longer visible, this report meets criteria for assessment as long as the child and/or family can be located and the allegation hasn't already been assessed.

Mental injury [Minn. Stat. 626.556, subd. 2(f)]

Mental injury and emotional harm refer to a substantial and observable injury to a child's psychological capacity or emotional stability which is either inflicted or caused by neglectful behavior on the part of the person responsible for a child's care. Mental injury or emotional harm may be demonstrated by a substantial and observable effect in a child's behavior, emotional response, or cognition that is not within the normal range for a child's age and stage of development, with due regard to their culture.

Examples of substantial and observable effect in a child's behavior, emotional response, or cognition include, but are not limited to:

- A child showing extreme regressive behavior or psychosomatic symptoms related to high conflict custody situations, and parent-child attachment concerns.
- Signs a child is exhibiting symptoms similar to post-traumatic stress disorder, such as hyper-arousal (hypervigilance), disassociation, re-experiencing, avoidance, no affect, self-harm, extreme aggression, or psychosomatic symptoms (such as problems with eating, sleeping, or toileting) that indicate prolonged psychological distress.
- Child uses abnormal or graphic sexual behavior in an effort to build relationships due to past sexual abuse, such as attempts to fondle genitals of peers or caregivers.
- Child demonstrates low self-worth or self-esteem, or has a negative cognition about themselves (such as making statements like "I'm no good. I have something wrong with me.")
- Child states significant fear of their caregiver, or shares verbal, emotional, or psychological violence they've experienced.

Parental behaviors that may be considered when determining whether or not a report will be assessed include, but not limited to:

- Rejecting – the adult refuses to acknowledge a child's worth, and the legitimacy of their needs, withholding love, affection or attention
- Isolating – extreme over control or limiting behavior, the adult cuts a child off from normal social experiences, prevents them from forming friendships, and makes a child believe that they are alone in the world
- Terrorizing – the adult verbally assaults a child, creates a climate of fear, bullies, harasses, interrogates, degrades, frightens them, or forces them to do degrading things

- Corrupting – the adult “mis-socializes” a child, stimulates them to engage in destructive, dangerous, or illegal/antisocial behaviors, or in any way causes a child to be unfit for normal social experiences
- Other behaviors include:
 - Parental behavior that has interfered with parent-child attachment, resulting in substantial impairment to a child’s development
 - Caregiver attempts repeated suicide, involves a child in suicidal threats, child finds the caregiver, or a child is involved in notifying emergency services.

Intensity, duration and frequency of parental behavior has potential impact to a child.

Threatened injury [Minn. Stat. 626.556 , subd. 2(p)]

Threatened injury means a statement, overt act, condition, or status that represents a substantial risk of physical abuse, sexual abuse or mental injury. Threatened injury includes, but is not limited to, exposing a child to a person responsible for a child's care, who has:

- Subjected a child to, or failed to protect a child from, an overt act or condition that constitutes egregious harm, as defined in Minn. Stat. 260C.007, subd. 14, or a similar law of another jurisdiction.
- Been found to be palpably unfit under Minn. Stat. 260C.301, subd. 1 (b) (4), or a similar law of another jurisdiction. Palpably unfit refers to a court finding that results in the termination of parental rights based on parental factors so extreme and enduring that the parent(s) are deemed to be unable to care for their child for the foreseeable future. A termination of parental rights permanently severs the parents’ legal rights and responsibilities to their child.
- Committed an act that resulted in an involuntary termination of parental rights under Minn. Stat. 260C.301, subd. 1 (b) (4).
- Been the subject of an involuntary transfer of permanent legal and physical custody of a child to a relative, or a similar law of another jurisdiction. This reference generally applies in situations where the legal custodian transfers the care of a child to a person who was the subject of an involuntary transfer of permanent and legal custody, unless such exposure between a child and that person is expressly permitted by court order.

Threatened injury includes, but is not limited to:

- An adult holding a weapon to a child
- Threatening serious harm, such as throwing objects at a child that could cause serious harm, threatening a child with known weapons, hurting or threatening to hurt other family members or animals, reckless discharge of a firearm
- Placing a child at risk, such as driving while intoxicated with a child passenger, or exposing them to persons or circumstances that would reasonably place a child at risk for serious harm
- A caregiver who has a previous voluntary termination of parental rights or voluntary transfer of physical and legal custody which originated from the filing of an involuntary termination of parental rights, or transfer of physical and legal custody court action
- Making terroristic threats towards or involving a child.

Birth Match

Local child welfare agencies or responsible social services agencies shall accept the Birth Match reports received from the Minnesota Department of Human Services as a report of threatened injury. These reports are screened in for investigation unless a local child welfare agency is currently involved with the parent(s) regarding a newborn.

Domestic violence

When domestic violence results in physical abuse, mental injury, threatened injury, sexual abuse, or neglect to a child, it shall be addressed under the relevant criteria. Other conditions of domestic violence may meet the definition of threatened injury or mental harm and include, but not limited to, any of the following:

- When injuries to a parent, caretaker, or offender are potentially life threatening or permanent, or an injured person receives internal injuries or other serious injuries, such as broken bones, broken teeth, burns, injuries requiring sutures
- When objects are used as weapons in the course of domestic violence
- When sexual assault occurs in the course of domestic violence
- When a child intervenes in the course of domestic violence, such as making a 911 call
- When a child inserts themselves as a shield to protect the parent, is physically restrained from leaving, or is used as a shield in an incidence of violence
- When an alleged offender does not allow the protective parent and child access to basic needs impacting their health and safety
- Violence is increasing in frequency and severity
- When kidnapping, threats of kidnapping, suicide, or homicide occur
- A child is exhibiting observable behavioral, emotional or psychological effects due to violence
- When an alleged offender has killed, substantially harmed, or is making believable threats to do so to anyone in the family, including extended family members and pets
- When a child is in fear for their life, or the life of a parent, or the life of a person responsible for their care, or for the life of someone else in relation to the incident.

When intervening in situations of domestic violence, refer to the "Guidelines for Responding to Child Maltreatment and Domestic Violence," the department's website, www.dhs.state.mn.us.

Child Protection Response Continuum

The child protection response continuum includes early intervention and child welfare services, and various child protection responses and services including Family Investigation, Family Assessment and Facility Investigation responses.

Early intervention and child welfare services

Screened out reports

Some reports of child maltreatment may not qualify for a child protection response. These reports are screened out. Reports can be screened out under the following circumstances:

- No allegation meets maltreatment criteria, according to statute
- Not enough identifying information regarding a child
- All allegations were already assessed or investigated – includes those investigations or assessments that have been completed *
- Not in county/tribal jurisdiction – includes documented referral to appropriate legal authority *
- Not in family unit or covered licensed entity – includes documented referral to the appropriate legal authority*
- Referred to another agency – conflict of interest*
- Unborn child – prenatal exposure requires local agency services opening
- Sexually exploited youth – requires local agency services opening.*

Note: * items may require notification of other agencies and law enforcement.

Some screened out reports must be sent to other agencies for notification. These agencies may include: law enforcement (for a health and welfare check on a child), licensing (county, private, or the department), or the Minnesota Departments of Education or Health.

Screened out reports may be used to follow up on concerns reported to an agency by offering services and supports to a family. Screened out reports may be offered one of the following voluntary child welfare responses:

- Child welfare response
- Parent Support Outreach Program.

Families and/or reporters may also be provided information and referrals on community resources, which does not require a child welfare case opening.

If a reported allegation pertains to a child who is the victim of an alleged crime by a person who is not the parent, guardian, or sibling, or person responsible for a child's care, the agency shall offer appropriate services to safeguard and enhance the child's welfare. Such services to a child may include therapy/counseling and are offered as a child welfare response or children's mental health service. Such services are voluntary on the part of the parent/guardian for a child. [Minn. Stat. 626.556, subd. 10a(c)]

Child welfare response

Limited services, including information and referral, are available from local child welfare agencies as a response to reports of alleged child maltreatment that do not qualify for a child protection response. These services are voluntary, intended to provide short-term support to address family needs. The goal of child welfare intervention is to provide services that will help a family to overcome presenting obstacles, and prevent future entry into the child protection system.

Parent Support Outreach Program

The Parent Support Outreach Program (PSOP) is a voluntary family support program available in all 87 Minnesota counties and the American Indian Child Welfare Initiative tribes, Leech Lake and White Earth Bands of Ojibwe. Eligible families must have been exposed to two or more risks associated with child abuse and neglect, and be responsible for the care of at least one child age 10 or younger. Risk factors include, but are not limited to:

- Substance abuse
- Domestic violence
- Behavioral health concerns (parent and/or child)
- Past history of abuse or neglect
- Homelessness

Referral sources include the following:

- Screened out child maltreatment reports
- Self-referrals by parents/guardians
- Community referrals

Self-referrals and community referrals should be directed to the county or tribal social services agency. The Parent Support Outreach Program is not an entitlement program; services are limited by the extent that federal, state and local funding permit. Supports and services offered within PSOP can assure [reasonable efforts](#), and [active efforts](#) pertaining to American Indian children are made to help keep families together and reduce risk of harm to children. This includes providing and/or arranging for services such as financial assistance, food, housing, transportation, in-home services, community supports, and other specialized services.

When allegations of child maltreatment arise during the course of a PSOP assessment or case management services, these allegations should be reported through Intake, documented as an Intake workgroup in SSIS, and screened accordingly. Allegations of child maltreatment must not be assessed in PSOP. A family should not be opened for both PSOP and child protection case management services at the same time. This is because PSOP is intended to provide early intervention services before the need for child protection services.

Responses to reports of alleged child maltreatment

Once a report of child maltreatment is screened in, the report must be assigned a response path, depending on the nature of the allegation(s). Other factors may also be used to

determine the most appropriate response, given information an agency has at hand, including additional fact-finding as described during the intake and screening phase. [Reasonable efforts](#), or [active efforts](#) for American Indian children must be immediately provided.

Reports that are screened out may also receive a child welfare response, depending on the nature of a report, age of the children, and available local agency resources.

Screened in reports

Screened in reports must be assigned one of the following response paths, depending on reported concerns:

- Family Investigation
- Family Assessment
- Facility Investigation

All three child protection responses are required under Minnesota Statute and are **not** voluntary. All three are focused on child safety as the priority. A Family Investigation, Family Assessment or Facility Investigation must be completed within 45 days of the date of the receipt of a report. The conclusion of an assessment or investigation may be extended to permit completion of a criminal investigation, or the receipt of expert information requested within 45 days of receipt of a report. [Minn. Stat. 626.556, subd. 10e] The goals of Family Assessment and Family Investigation help to achieve positive outcomes for families and their children, and:

- Make child safety paramount and at the forefront of decision making
- Assess and ensure the safety of a child initially and ongoing during involvement
- Gather facts to help decide if a child has experienced harm and provide needed services
- Identify family strengths to help address risks and ensure child safety
- Affirm a family's cultural beliefs
- Coordinate and monitor services to families, including the use of trauma-informed interventions
- Promote children's well-being and permanency.

Family Investigation

Family Investigations are designed to respond to the most serious reports of harm and neglect to children, including those situations in which there is not a serious report of harm or neglect, but there are additional considerations or vulnerabilities that indicate a need for an investigation response. Reports of child maltreatment that allege substantial child endangerment or sexual abuse must receive an investigation. Minnesota Statutes define substantial child endangerment to include categories of egregious harm, physical and sexual abuse, and reports of high risk neglect. [Minn. Stat. 626.556, subd. 2 (c) (1) – (13)] Investigations are sometimes conducted with law enforcement as part of a police investigation. Depending on the circumstances of a report, a local child protection agency may decide to assign a report not involving substantial child endangerment for an investigation. When this occurs, it is called "discretionary Family Investigation" because it is

at the discretion of a child welfare agency as to when they will provide an investigation response, even though the situation is not related to substantial child endangerment. The focus of a Family Investigation response centers on gathering facts, assessing/evaluating risk for subsequent child maltreatment, and assessing family protective capacities related to child safety.

Two decisions are made at the conclusion of a Family Investigation:

- A determination of whether child maltreatment occurred
- Whether child protective services are needed.

Family Assessment

Reports **not** involving substantial child endangerment, sexual abuse, or situations of serious danger, may be assigned for a Family Assessment, particularly if they are also first-time reports and a family has not been previously involved with a child welfare agency regarding child maltreatment concerns. Examples of reports that may be appropriate for assignment for a Family Assessment include, but are not limited to, those that indicate low risk, such as:

- First time reports regarding child supervision
- First time reports of educational neglect
- Unmet basic needs, such as unsafe living conditions
- Chemical addiction of a caregiver who has acknowledged the need for help.

One or more of the above, in combination or repeatedly reported, may be an example of chronic neglect. Chronicity is a challenging component in the early stages of screening, assigning and evaluating child maltreatment allegations. When assigning for Family Assessment, the full context of child safety, including past and current child protection reports and involvement should be considered. Multiple past Family Assessments indicate a need to assign for Family Investigation under discretionary reasons, a need for services, and/or a need for consultation regarding the use of court intervention to protect a child. Agencies are strongly encouraged to use multi-disciplinary teams, consultation with a county or tribal attorney, and/or the Rapid Consultation System to assist in making decisions involving frequency, recency or severity of child maltreatment concerns.

Family Assessment involves gathering of facts to thoroughly evaluate child safety, the risk for subsequent child maltreatment, and a family's strengths that demonstrate protection of a child over time. The focus of Family Assessment is to engage a family's protective capacities and offer services that address immediate and ongoing safety concerns of a child. Family Assessment uses strength-based interventions and involves families in planning for and selecting services. No determinations of maltreatment are made in Family Assessment Response, but there is a decision made about whether child protective services are needed.

Facility Investigation

Facility Investigations are completed when allegations of maltreatment involve child foster care (current, past, and in the process of being licensed), family child care, legally unlicensed

child care, juvenile correctional facilities licensed under section 241.021, and reports involving children served by an unlicensed personal care provider organization under section 256B.0659. [626.556, subd. 3c]

Other types of facilities are investigated by other entities, including the Minnesota Departments of Human Services, Education and Health. Facilities are held at a higher standard, as they are responsible for the care of children that are not their own.

Decisions made at the conclusion of a Facility Investigation include:

- A determination of whether child maltreatment occurred
- Whether a staff person was responsible
- Whether a facility was responsible
- Whether child protective services are needed.

Path assignment considerations

Both statutory and discretionary reasons are involved in selecting the child protection response used for screened in reports of child maltreatment. Family Assessment and Family Investigation are not voluntary responses. They are both involuntary, serious child protective service responses focused on child safety as the paramount concern.

Family Investigation

Reports of child maltreatment that allege substantial child endangerment or sexual abuse must receive an investigation. Minnesota Statutes define substantial child endangerment to include categories of egregious harm, physical and sexual abuse, and reports of high risk neglect. [Minn. Stat. 626.556, subd. 2 (o) (1) – (12)]

Depending on the circumstances of a report, a local child protection agency may decide to assign a report **not** involving substantial child endangerment or sexual abuse for a discretionary Family Investigation. Knowledge of current and past child protection history, including screened out reports, may be used to determine if the investigative response path should be used to respond to a reported concern. These reasons include:

- Currently open investigative assessment
- Frequency, similarity, or recentness of past reports
- Long-term, court-ordered placement needed
- Need legal intervention due to violent activities in household
- Parent/legal guardian has declined services in the past
- Past maltreatment concerns not resolved at previous closing
- Previous child harm offenses charged against alleged perpetrator
- Biological child of licensed provider
- Need for legal intervention due to criminal activities in the home
- Other verifiable and documented reason, as approved by screening supervisor.

Other considerations include:

- Vulnerability factors of a child
- Access to a child by the offender
- Threats to child safety
- Description of the alleged harm
- Presence of domestic violence or criminal activities
- Previous response to services
- What is going well for a family/protective factors
- Presence of a safety plan in place, or use of family support.

A Family Investigation should be used when allegations involve child maltreatment by a licensed provider to one or more of their own biological or adopted children during nonbusiness hours. Any maltreatment reports received that allegedly occur during business hours must be responded to using a Facility Investigation. This helps assure the safety of all children that come in contact with a child care or foster care provider. A provider's behavior impacts the lives of other children, and is relevant to licensure.

A Family Investigation of an alleged child maltreatment report pertaining to a providers' **own** child(ren) is appropriate and necessary to consider continued eligibility for licensure. A Family Assessment should not be used to respond to an accepted child maltreatment report when the reported concern is about a child care or foster care provider's own children.

Any allegation involving a licensed foster care home must be opened as a Facility Investigation, regardless of whether there are foster children placed in the home at the time of the alleged maltreatment. Licensed foster homes do not have "business" and "nonbusiness" hours.

Child safety is paramount in Family Assessment

When using Family Assessment, a local welfare agency shall begin an immediate investigation if, at any time, it determines there is reason to believe that sexual abuse exists, and continues to be required if there is reason to believe substantial child endangerment or a serious threat to a child's safety exists.

Additionally, a local welfare agency should switch response paths to a Family Investigation during the early phases of a Family Assessment when the agency has not been successful in engaging a family in discussions around child safety. When switching response paths, agencies are encouraged to consult with the county or tribal attorney in these situations for potential court intervention. The Rapid Consultation System is also available, as needed.

Switching response path

If a new report on the same family does not rise to the level of requiring a Family Investigation, workers have the option of conducting a Family Assessment Response again when previous reports were screened in regarding the same family. If the family is presenting with similar issues or concerns that are worsening in frequency or severity, but still do not rise to the level of substantial child endangerment or sexual abuse concerns, a local child welfare agency should provide a Family Investigation. In addition, if the parents/caregivers are not making

needed changes based on past history of involvement, to assure child safety, a new report should receive a Family Investigation.

If there are open case management services in child protection and a new report comes in regarding a child in the family, the new report may be assigned to either Family Assessment or Family Investigation. However, it is important to consider all factors involved, as there are situations in which Family Assessment would not be appropriate, even if there are no current allegations of substantial child endangerment. The screener, along with the screening team or supervisor, must consider:

- The level of cooperation, such as follow through on appointments and other agreed upon action steps in safety planning, willingness to change as demonstrated by observable and meaningful changes in parental behavior, ability of parent(s) to assure child safety and provide for the needs of a child, and level of involvement on the part of parent(s) or caregiver(s) in services during an ongoing child protection case, or previous case involvement
- Whether or not there is court involvement or permanency being sought regarding an open case management situation.

Along with additional and encouraged consultation with the county or tribal attorney, switching response paths should be conducted in consultation with a child protection supervisor and include supporting documentation in SSIS. Examples of situations in which switching response paths typically may occur from Family Investigation to Family Assessment are:

- Situations involving sexual abuse concerns between siblings in which a parent is cooperative and protective
- Predatory offender reports in which the offense was not against a child and not a sexual offense
- Situations in which the initial report was sexual abuse, however, on first face-to-face contact and interviewing, a worker learns that sexual abuse concerns are not present, however, new allegations such as child neglect are present, but appropriate for a Family Assessment.

Response paths must not be switched from Family Investigation to Family Assessment to avoid collateral consequences, such as a determination of child maltreatment. Switching response paths from a Family Investigation to a Family Assessment should occur in situations in which there are no longer facts to support the initial report of substantial child endangerment.

Facility Investigation

Reports involving children being served by licensed and unlicensed child care providers, foster care providers and unlicensed personal care providers [Minn. Stat. 256B.0659, 626.556, subd. 3c] must be screened and assigned under the Facility Investigation path. Minn. Stat. 626.556 prohibits the use of Family Assessment in facilities required to be licensed.

Legally unlicensed child care includes a caregiver, relative or non-relative, caring for a child as part of an ongoing arrangement, whether paid or unpaid, and regardless of location.

Unlicensed personal care providers must be investigated by the local agency. The following links help determine if a personal care provider organization is licensed:

- [MN Department of Human Services Health Care Programs Provider Directory](#)
- [MN Department of Health Care Providers](#)

Generally, a program funded only by Medical Assistance would most likely be unlicensed. A program that receives funding from other sources, such as private insurance, Medicare, Medical Assistance, or other funding sources is required to be licensed.

Reports involving licensed personal care providers should be referred to the Minnesota Department of Health; the intake number is 651-215-8702, or 800-369-7994.

The following individuals or organizations are exempt from requirements to obtain a home care provider license, and reports meeting the statutory threshold for maltreatment should be screened in:

- A personal care assistant who provides services to only one individual and receives Medical Assistance payments
- A person or organization that provides, offers, or arranges for personal care assistant services, and temporarily receives Medical Assistance payments until license status is established.

For the purpose of these investigations, “facility staff” is considered any household member 14 years and older of a licensed facility and a person responsible for a child’s care. This is consistent with the requirement that all household members 14 years and older have background studies. This does not hinge on whether a person is paid, and also is not dependent on whether an individual is considered “staff” by a facility. It is dependent on whether an individual ever has any caretaking responsibility, no matter how short the duration or infrequent.

Reports of child deaths occurring in a licensed or required to be licensed facility should be assigned for a Facility Investigation. This includes a child death in a family foster home or family child care home that is a provider for a child, regardless of the reported circumstances of a child’s death.

Notice to tribes

The local welfare agency shall provide immediate notice to an Indian child’s tribe when an agency has reason to believe a Family Assessment or Investigation may involve an Indian child. Immediate notice means within 24 hours. The notice must be by telephone and email or facsimile, and must request participation in evaluating a family’s circumstances, identifying family and tribal community resources, and, if case planning is necessary, help in developing the case plan. [Minn. Stat. 260.761, subd. 2]

If, during an assessment or investigation, a child is at risk of out-of-home placement, a local child welfare agency must work with an Indian child's tribe and family to develop an alternative plan to out-of-home placement. Before making a decision that may affect an Indian child's safety and well-being, or when contemplating out-of-home placement of an Indian child, a local child welfare agency must seek guidance from an Indian child's tribe on family structure, how a family can seek help, what family and tribal resources are available, and what barriers a family faces that could threaten its preservation. An agency must request participation of an Indian child's tribe at the earliest possible time, and request a tribe's active participation throughout a case.

Record retention

Reports that are screened out must be maintained in accordance with Minn. Stat., section 626.556, subd. 11c(a).

The following records must be kept for five years:

- Screened out reports (from date not accepted)
- Family Assessment cases (from date of last entry in case)
- Family Investigations resulting in no determinations and/or need for child protective services (from date of last entry in case).

Parent Support Outreach case management services and child welfare services are maintained for four years (from date of last entry in case).

Rapid Consultation System

In September 2014, Governor Mark Dayton directed the Minnesota Department of Human Services to implement the Rapid Consultation system to provide consultation to county and tribal child welfare agency staff when making decisions regarding the safety of children, especially in challenging situations. To access the dedicated toll-free number for the Rapid Consultation System, social workers, their supervisors and/or the screening team can call 1-888-234-1138 to schedule a consultation time. Once the request for consultation is received, a consultation will be scheduled for the earliest time possible, but no later than within 24 hours of receiving the initial request. Child protection social workers and their supervisors are encouraged to access Rapid Consultation, as needed, to help guide decision making on challenging case situations.

Minnesota Department of Human Services Oversight

The department will provide oversight, training and ongoing guidance to local child welfare agencies on screening practices and response path decisions to ensure:

- Consistent application of screening guidelines, including response path selection
- Thorough and appropriate screening and response path decisions to assure child safety
- Correct documentation and maintenance of reports.

Appendix A – Definitions

Active Efforts – Active efforts includes acknowledging traditional helping and healing systems of an Indian child’s tribe and using these systems as the core to help and heal an Indian child and their family. This means there is a rigorous and concerted level of effort that is ongoing throughout involvement of a local social services agency to continuously involve an Indian child’s tribe that uses the prevailing social and cultural values, conditions, and way of life of an Indian child’s tribe to preserve an Indian child’s family and prevent placement of an Indian child and, if placement occurs, to return them to their family at the earliest possible time. Active efforts sets a higher standard than reasonable efforts to preserve a family, prevent breakup of a family, and reunify families. This includes:

- Providing services such as financial assistance, food, housing, transportation, in-home services, community supports and specialized services to keep a family together
- Notifying and consulting with extended family or tribe(s) to help with cultural connections and supports for child and parent, and to identify and serve as a placement and permanency resource for a child
- providing resources to extended family members who need financial assistance, child care assistance, emergency help and foster care licensing help; and ensuring visits happen in a natural setting with parents, siblings and extended family, if a child is in placement.

Best Interest of an Indian child – Best interests of an Indian child means compliance with the Indian Child Welfare Act and the Minnesota Indian Family Preservation Act to preserve and maintain an Indian child’s family. The best interests of an Indian child support a child’s sense of belonging to family, extended family and tribe. The best interests of an Indian child are interwoven with the best interests of an Indian child’s tribe.

Bodily harm – Physical pain or injury, illness, or any impairment of physical condition.

Child – A child under age 18, either in the singular or plural.

Child maltreatment – Physical abuse, sexual abuse, mental injury or neglect of a child, as defined in Minn. Stat. 626.556, Maltreatment of Minors Act.

Final disposition – The final assessment or investigative decision as to maltreatment determinations and/or the need for child protective services.

Great bodily harm – Bodily injury which creates a high probability of death, or which causes serious permanent disfigurement, or which causes a permanent or protracted loss or impairment of the function of any bodily member or organ, or other serious bodily harm.

Harm – Physical or mental damage or injury; an event that causes someone or something to be hurt, broken, or made to feel less valuable.

Imminent danger – A situation in which a child is threatened with immediate and present maltreatment that is life threatening, or likely to result in abandonment, sexual abuse, or serious physical injury.

Indian child – Identification of a child as an Indian is made through a determination by a tribe that a child is a member of the Indian tribe or is eligible for membership in the Indian tribe.

Initial disposition – The final screening decision as to whether a report is screened in or screened out for a child protection response.

Injury – Harm or damage that is done or experienced; harm, hurt, impairment.

Intake – The process of receiving a call or communication into a local child welfare agency by a reporter or inquirer.

Local child welfare agency – Includes 87 counties and the American Indian Child Welfare Initiative tribes of Leech Lake and White Earth Bands of Ojibwe.

Prenatal care – The comprehensive package of medical and psychological support provided throughout pregnancy.

Prenatal exposure – The ingestion of a controlled substance for non-medical purposes by a woman during pregnancy which includes the habitual and excessive use of opium, cocaine, heroin, phencyclidine, methamphetamine, amphetamine, tetrahydrocannabinol or alcohol.

Reasonable efforts to prevent placement – Means an agency has made reasonable efforts to prevent placement of a child in foster care by working with the family to develop and implement a safety plan; or given the particular circumstances of a child and family at the time of a child's removal, there are no services or efforts available which could allow a child to safely remain in the home. Reasonable efforts are made upon the exercise of due diligence by the responsible social services agency to use culturally appropriate and available services to meet the needs of a child and their family. Services may include those provided by the responsible social services agency, and other culturally appropriate services available in the community.

Report – A call or communication received by an agency from a reporter who intends to inform the agency about a child maltreatment concern on an identified child or children.

Risk of harm – The frequency, recency and severity of contributing factors and underlying conditions that are responsible for adding to child safety issues that could result in child maltreatment. Underlying conditions are those factors that are part of or within a family, including domestic violence, alcohol or other drug problems, mental illness, physical illness, unrealistic expectations and emotional impulsivity. Contributing factors are those situations that put external pressure on a family such as poverty, language barriers, lack of social supports, or living in a high crime neighborhood.

Safety – The condition of being safe from undergoing hurt, injury, or loss, including physical and/or psychological.

Significant relationship – A situation in which the alleged offender is a child victim's parent, stepparent, or guardian; any of the following persons related to a child victim by blood, marriage, or adoption: brother, sister, stepbrother, stepsister, first cousin, aunt, uncle, nephew, niece, grandparent, great-grandparent, great-uncle, great-aunt; or an adult who jointly resides intermittently or regularly in the same dwelling as a child victim.

Substantial bodily harm – Bodily injury which involves a temporary but substantial disfigurement, or which causes a temporary but substantial loss or impairment of the function of any bodily member or organ, or which causes a fracture of any bodily member.

Vulnerability – The degree to which a child cannot on their own, avoid, negate, minimize, or modify the impact of present or impending danger.

Appendix B – Predatory offender legal reference chart

Local Agency Response to Reports of Registered Predatory Offenders Requirements under the Maltreatment of Minors Reporting Act and Minnesota Statutes Chapter 260C

Part 1. Steps in Handling Reports of Registered Predatory Offenders: Accepting the report and assigning to investigation	Statute
<p>1. The local agency accepts a child maltreatment report of a parent or household member of a child who has committed a violation which requires registration as an offender under section 243.166, subd. 1b, paragraph (a) or (b), or required registration under section 243.166, subd. 1b, paragraph (a) or (b).</p>	<p><i>Minn. Stat. 626.556, subd. 3</i> (requiring reporting of child maltreatment), <i>subd. 2(d)</i> (defining child maltreatment to include sexual abuse which, in turn, includes "threatened sexual abuse." "Threatened sexual abuse" includes the status of the parent or household member which requires registration as an offender under <i>Minn. Stat. § 243.166, subd. 1b, (a) or (b)</i>, or required registration under <i>Minn. Stat. § 243.166, subd. 1b (a) or (b)</i>.</p>
<p>2. Since sexual abuse is substantial child endangerment which is required to be assigned to the investigation path and requires a 24-hour response, the local agency:</p> <ul style="list-style-type: none"> • Must have face-to-face contact a child and their caregiver immediately (within 24 hours). • Has authority to interview, without parental consent, an alleged victim and any other minors who currently reside or have resided with an alleged offender. The interview may take place at school. • Whenever possible, the interview of a victim must be audio-video recorded. 	<p><i>Minn. Stat. § 626.556, subd. 2 (c)</i></p> <p><i>Minn. Stat. § 626.556, subd. 10 (a) (2) (i)</i></p> <p><i>Minn. Stat. § 626.556, subd. 10(i)</i></p> <p><i>Minn. Stat. § 626.556, subd. 10 (c)</i></p> <p><i>Minn. Stat. § 626.556, subd. 10 (j)</i></p>
<p>3. An agency may change from an investigation to an assessment if the agency determines that a complete investigation is not required. If an agency changes response paths, it must document the reason for terminating the investigation and notify local law enforcement, if law enforcement is conducting a joint investigation.</p>	<p><i>Minn. Stat. § 626.556, subd. 10 (a) (4)</i></p>
<p>4. An agency determines child maltreatment or no child maltreatment, if the matter remains on an investigative response path; if the matter is on a Family Assessment Response path, an agency does not address maltreatment; in either path, an agency determines the need for child protective services.</p>	

PART 2. Handling Reports of Registered Predatory Offenders: Consultation with the county attorney's office	Statute
<p>Agency staff must ask the county attorney to immediately file a termination of parental rights petition when an agency receives a report that a parent has committed an offense that requires registration as a predatory offender.</p> <p>The county attorney must file a termination of parental rights petition unless the county attorney and an agency:</p> <ul style="list-style-type: none"> • Agree transfer of permanent legal and physical custody is in a child's best interests, or • Agree to file a petition alleging a child to be in need of protection or services together with a case plan documenting compelling reasons why filing a termination of parental rights petition would not be in the best interests of a child. <p>A petition is not required if the county attorney determines there is no legal basis to file a petition.</p>	<p><i>Minn. Stat. § 260C.503, subd. 2(6)</i></p> <p><i>Minn. Stat. 260C.503, subd. 2(d)</i></p>