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# Minnesota's Best Practices for Family Assessment and Family Investigation

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# Introduction

## Family Assessment and Family Investigation Best Practices

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]

The purpose of the Best Practices for Family Assessment and Family Investigation guide is to provide direction as to protocols mandated by state statute and recommended as best practice for local child welfare agencies, to promote statewide standards for child protection practice related to assessment and investigation.

The following provides these protocols for the front-end of the child protection response continuum regarding assessment and investigation. These protocols relate to activities that occur after intake, screening, and response path assignment has occurred. All protocols required by law include a statutory reference.

[For the Minnesota Child Maltreatment Intake, Screening and Response Path Guidelines](#), see <https://edocs.dhs.state.mn.us/lfserver/Public/DHS-5144-ENG>. For an overview of the latest changes in Minnesota laws pertaining to child maltreatment, see bulletin 15-68-08; Overview of 2015 Laws Affecting Children and Families at: [bulletin 15-68-08; Overview of 2015 Laws Affecting Children and Families](#).

## **Child protection response time frames**

Minnesota Statutes require that accepted Family Investigation reports alleging substantial child endangerment and/or sexual abuse have an immediate (within 24 hours) face-to-face contact with the child and their caretaker. [Minn. Stat. 626.556, subd. 10(j)] Other Family Investigation reports not alleging substantial child endangerment or sexual abuse require face-to-face contact within five calendar days (120 hours). These are called discretionary Family Investigations.

Minnesota Statute also requires that reports assigned for a Family Assessment Response include face-to-face contact with the child and the primary caretaker within five calendar days (120 hours). [Minn. Stat. 626.556, subd. 10 (j)]

Once an agency initiates contact with a family, it has initiated an assessment/investigation, unless that contact is made as part of a collateral contact allowed under Minn. Stat. 626.556, subd. 7(b). Once an agency goes out to assess, it is an assessment/investigation, and reports should not be reverted back to intake, even when initial information reveals that a referral is not as it was reported.

Completion of a safety assessment prior to allowing a child to remain in the household should be the first priority (see Safety Planning section).

Documentation of the safety assessment instrument in the Social Service Information System (SSIS) should be completed as soon as possible, but no later than three working days of making the initial face-to-face contacts to assess child safety.

Family Investigations and Family Assessments must be concluded within 45 days. The conclusion of an assessment or investigation may be extended to permit completion of a criminal investigation or receipt of expert information requested within 45 days of the receipt of a report. [Minn. Stat. 626.556, subd. 10e(a)]

## **Conducting criminal history checks**

It is best practice to conduct criminal history checks during the early stages of an assessment or investigation, often prior to any first contact, of all alleged offenders and adult caregivers in the household. Consult with the county or tribal attorney when a more in-depth criminal background check may be warranted.

## **Child initial face-to-face contact and interviewing**

The decision as to how to first contact a child requires critical thinking and analysis of a specific child's and family's context. As an agency, the focus is how to mitigate risk and further prevent negative impact to a child. Research identifies that there is denial in a majority of child protection cases. Knowing that it is critical that child protective services plan for the safety of a child as if the incident occurred, regardless of admission. [Turnell, 2006]

The interview with a parent and child is used as a tool to observe family dynamics and capacity, as well as potential areas of concern that may require additional safety planning. It is important to use a trauma-informed approach when conducting child interviews. Trauma-informed child interviews will keep central focus on traumatic stress a child is likely currently experiencing. Child traumatic stress involves the physical or emotional responses of a child to events that threaten their life or physical integrity, or of someone critically important to them such as a parent or sibling. Traumatic events overwhelm a child's capacity to cope and elicit feelings of terror,

powerlessness, and out-of-control physiological arousal. A child's response to a traumatic event may have a profound effect on his or her perception of self, the world and the future.

A trauma-informed approach includes use of a cultural lens during child interviews. Child interviews should include cultural considerations that are relevant to an individual child, their family and their community context. The interview is an opportunity to provide a culturally sensitive interaction, taking into account the cultural perspective of a child, including beliefs and values stemming from their culture. Interviewers should remain aware of historical mistrust of legal authorities or recent war trauma that may be present, and explore any negative past interactions or feelings with a child, appropriate to their development and age level.

Interviewers should also adjust their communication style to match an individual child during an interview. Allow a child to communicate at their own pace and respect pauses and silence. In addition, use of eye contact or staring, depending on the culture of a child, may or may not be a sign of respect to the adult interviewer. A child should be encouraged and given explicit permission to share information in the language most comfortable for them. Interpreter services should be provided. A child's native language will be more helpful during the interview in naming body parts or identifying alleged offenders and provides stronger fact gathering. Ask a child who lives with them and who is important to them and their family. References to kinship family members differs across cultures. *Uncle* or *Grandfather* may be a man who is a family friend, not necessarily a direct kin.

The following website has resources for child interviewing: [Interviewing Children](#). The decision on how to first contact and interview a child is best made in consultation with a multi-disciplinary team, or in the absence of a team, with a supervisor or their designee. Use of the screening team, where available, can sort through the information in the accepted report and any past history of child protection involvement to guide how to conduct an interview to assure child safety, and further inform an assessment or investigation.

### **Alleged child victims**

Upon receipt of a report, the local welfare agency shall conduct face-to-face contact with a child reported to be maltreated sufficient to complete a safety assessment and ensure the immediate safety of a child. The face-to-face contact with a child shall occur immediately (within 24 hours) if sexual abuse or substantial child endangerment is alleged, and within five calendar days (120 hours) for all other reports. [Minn. Stat. 626.556, subd. 10(j)] Best practice is always to make contact as soon as possible, regardless of the response path, because face-to-face contact with a child and their primary caregiver is the first method of assessing child safety.

It is the local agency's responsibility to assess, face-to-face, the safety of the children involved in an accepted child maltreatment report. This responsibility may not be assumed by law enforcement. If a report alleges a violation of criminal statute, local law enforcement and the local agency shall coordinate planning and execution of the respective investigation and assessment efforts to avoid duplication of fact-finding efforts and multiple interviews. [Minn. Stat. 626.556, subd. 10(b)(5)] When a local agency and law enforcement jointly determine that an interview by one person with a child who is reported to be maltreated is in the best interests of

a child, and the interview is conducted by law enforcement, the interview can be substituted in place of a local agency interview. [Minn. Admin. R. 9560.0220, subp. 3]

Timely face-to-face contact with an alleged victim and caregivers is important to assess child safety. The following tips can assist workers in assuring timely contacts:

- Start attempting to contact a family as soon as possible, even when the required response time is five calendar days (120 hours)
- When unable to contact or locate a family, communicate with the reporter and/or other collaterals to help locate the child and family
- Work with law enforcement to locate a family or conduct a welfare check
- When children are in another county/American Indian Child Welfare Initiative (AICWI) tribe, contact the other county/AICWI tribe to request it complete face-to-face contact with the child
- Send letters to attempt to contact caregiver(s)
- Document every effort to locate a child, along with what the issues were with locating a child
- When parents refuse to allow access to their child, consult the county/tribal attorney for a possible Order to Show Cause/CHIPS petition, and document the consultation.

If an agency is unable to make contact with either a child or adult caregiver within the required time frames, the agency should attempt to contact each child subject of the report, the primary caregiver, or a collateral source who may have new and relevant information, at a minimum every day for substantial child endangerment or sexual abuse cases, and minimally every five calendar days for non-substantial danger or sexual abuse cases until face-to-face contact is made; or request law enforcement to conduct a health and safety check, or in consultation with the county/tribal attorney, request a court order making the child available for a safety assessment; or determine that the whereabouts of a family cannot be ascertained and a Family Assessment or Family Investigation cannot be completed. The agency should continue to make attempts to contact a family for the 45-day assessment period, and document all such efforts in SSIS.

Full forensic interviews of child victims may be delayed for the following reasons:

- For therapeutic reasons – further disclosure may be detrimental to a child’s emotional or mental health, as documented by the treating mental health practitioner.
- Upon law enforcement request due to an ongoing criminal investigation, after assuring child safety.
- Child no longer resides in the county or on Indian reservation land, and there have been requests made to another child protection agency to conduct the child interview.

Face-to-face contact with an alleged victim is still required within the given time frames. This is done to assure child safety. The fact-finding process can occur when determined to be most appropriate given presenting circumstances.

### **Child interviews**

Interviews of alleged child victims should be conducted in the method most likely to achieve a full understanding of a child’s physical and psychological safety, and to gather facts regarding the alleged child maltreatment. This may involve interviewing the alleged victim alone and prior

to contacting the parent or guardian. Both Family Assessment and Family Investigative responses allow for this type of child interview. For Family Assessments, it is preferred practice to request a parent or guardian's permission to interview a child prior to conducting the child interview, unless doing so would compromise the safety assessment. [Minn. Stat. 626.556, subd. 10(d)]

In many circumstances, it is prudent to interview a child prior to and outside the presence of their parent or legal guardian. These include:

- Allegations are substantial child endangerment or sexual abuse
- Allegations of mental injury
- When a child has expressed fear of a parent/caregiver or their response
- Significant history of child maltreatment exists
- Presence of domestic violence.

When domestic violence concerns exist, all interviews must be planned with caution and with child safety as the paramount concern. Child interviews should include the child's account of what they saw or heard and how they understand the violence. Interviewers should gather information as to the impact the violence has on a child and safety concerns for themselves and their protective parent. Consider beginning an interview by saying, "Sometimes when parents fight they get angry, maybe too angry, and they may start to yell at each other or even hit each other. We know this is scary for children. I want to ask you a few questions about when your parents fight and find out what you think about it." Be aware that older children are more likely to minimize reports of parental fighting out of loyalty to parents. Younger children may be more spontaneous and less guarded. Child interviews are an opportunity to address a child's worries about safety, and prepare them with an idea of whom to call if they feel unsafe, and basic information about where they could go if their parents are fighting and engaged in assaultive behavior. Information gathered from this interview should always be shared with the mother to help her understand the effects of domestic violence on her children, as long as child safety will not be compromised. Meeting with a child at school or other location outside the presence of the parent/caregiver allows workers to develop an immediate safety plan for a child, and alleviate some of their fears. In situations like this, there is still an opportunity to respectfully engage the parent, and in most cases, to both assure child safety and develop a positive working relationship with the parent(s).

When using a full family meeting as the initial interview, it is still strongly recommended to conduct separate child interviews, either initially or in a subsequent contact. If an interview begins with the full family together, and there are concerns about fully assessing child safety with the parent present, it is appropriate to request to meet with a child alone. Requesting permission of the parent may increase trust, demonstrate respect, and engage them early on in an assessment. If the parent is reluctant or refuses to allow access to their child alone, explore their concerns. If a parent continues to refuse access to a child alone, it may be necessary to see a child without parental permission. The parent should be provided full disclosure about what would happen if they declined access to their child, including the possibility that a judge may issue a court order requiring the parent to present the child for an interview. Demonstrating respect and professional communication are elements of successfully engaging a family in a working relationship around child safety and building family stability.

When observing children who are preverbal, it is important to gather information on their

development and observe the parent-child relationship. A child who is preverbal and is experiencing maltreatment often demonstrates behavioral and developmental indicators that are important to assess.

The multi-disciplinary team plays a critical role when forensic interviews are necessary. Attention to trauma for a child victim should be at the forefront in the interview process. It is best practice to coordinate with law enforcement and use a child advocacy center for the interview, or a professional specifically trained on how to conduct effective forensic interviews. The decision to use a child advocacy center is made by the child protection social worker or law enforcement officer upon learning a child may be a victim of sexual abuse, or witness to a violent crime. When a forensic interview is indicated, fact gathering from any initial contact with a child victim should be kept to a minimum prior to proceeding with a forensic interview. This is particularly important because it can impact a criminal investigation. If the child undergoes detailed questioning prior to the forensic interview, a forensic interview cannot be completed because the child will not receive repetitive interviews.

When a forensic interview is required, or indicated, it is important to use a multi-disciplinary team that includes child protection, law enforcement, county or tribal attorney, and other stakeholders such as children's mental health professionals and tribal representatives. Multi-disciplinary teams involved with forensic interviews should have a written protocol in place that includes clearly defined roles of team members. For an example of such a protocol from Mayo Child and Family Advocacy Center go to: [Mayo Clinic Child and Family Advocacy Center](#)

### **Other children**

Other minors who currently reside with, or who have resided with, the alleged offender should be interviewed in the early stages of an assessment/investigation. The primary purpose is to ensure child safety of all children who have or had contact with the alleged offender. These interviews may also take place outside the presence of the alleged offender or parent, legal custodian, guardian, or school official and without parent or legal guardian consent. [Minn. Stat. 626.556, subd. 10(d)] The same provisions for these children should be made as with the alleged child victim.

### **Court ordered child interviews**

When the alleged offender or a person responsible for the care of an alleged victim or other minor prevents access to the victim or other minor by the local welfare agency, the juvenile court may order the parents, legal custodian, or guardian to produce the alleged victim or other minor for questioning by the local welfare agency or local law enforcement outside the presence of an alleged offender or any person responsible for the child's care at reasonable places and times, as specified by court order. [Minn. Stat. 626.556, subd. 10(f)]

## **Adult interviews**

When conducting interviews with adults, whether primary caregivers or alleged offenders, it is important to be aware of specific factors that may require accommodations in order for the adult to participate in the interview process, such as cognitive delays, mental health concerns or experience as an adult victim of domestic violence. Experiences the adult has had related to trauma should also be considered, such as recent war trauma. Each of these factors should

influence the interview approach the social worker takes.

### **Primary caregiver interviews**

Upon receipt of a report, the local welfare agency shall conduct face-to-face contact with the child's primary caregiver sufficient to complete a safety assessment and ensure the immediate safety of a child. Face-to-face contact with the primary caregiver shall occur immediately (within 24 hours) if sexual abuse or substantial child endangerment is alleged, and within five calendar days (120 hours) for all other reports. [Minn. Stat. 626.556, subd. 10(j)]

### **Alleged offender interviews**

If an alleged offender was not already interviewed as the primary caregiver, the local welfare agency shall also conduct a face-to-face interview with the alleged offender in the early stages of an assessment or investigation. At the initial contact, the local child welfare agency or the agency responsible for assessing or investigating the report, must inform the alleged offender of the complaints or allegations made against them in a manner consistent with laws protecting the rights of the person who made the report. The interview with an alleged offender may be postponed if it would jeopardize an active law enforcement investigation. [Minn. Stat. 626.556, subd. 10(j)]

The local welfare agency, or the agency responsible for assessing or investigating a report, must provide an alleged offender with an opportunity to make a statement. An alleged offender may also submit supporting documentation relevant to an assessment or investigation. [Minn. Stat. 626.556, subd. 10(i)(2)]

If an alleged offender is a minor child, parental permission must be secured to conduct an interview with a minor.

### **Alleged offender interviews in domestic violence cases**

In domestic violence cases, it is important to assess the level of risk that an alleged abuser presents to the family, and to get that person's view or perception of the problem. Information gathered from discussion with an alleged offender may be helpful in working with an adult victim on continued safety planning. Interviewing an alleged abuser also demonstrates that the agency is making efforts to hold that person accountable for the abuse, as opposed to expecting the non-abusive parent to be the only person who needs to comply with child protection involvement. Contact with an alleged offender also gives workers the opportunity to educate them about the impact of domestic violence on children, to refer them to appropriate community services, and to develop an initial safety plan to follow (a separate plan from what is developed with the alleged victim).

While it is important to interview an alleged abuser in domestic violence cases, it is also important to do so as safely as possible. It is essential to interview the parents separately in domestic violence cases. Asking about such issues with an alleged offender present can escalate the danger for the victim and children, especially after an interview is over. It is also recommended that a safety plan be developed immediately with the non-abusive parent that addresses, among other things, the issue of what to do if the offending parent becomes threatening as a result of child protection involvement. Asking the non-offending parent their opinion of what will be most effective in helping them stay safe and protect the children is key to developing a plan that works. The Minnesota Department of Human Services (DHS) booklet

“Guidelines on the Co-Occurrence of Domestic Violence and Child Maltreatment,” on the DHS website at [Guidelines on the Co-Occurrence of Domestic Violence and Child Maltreatment](#), has helpful information on assessment and interview strategies, safety plans, and services in domestic violence cases.

## **Collateral information and interviews**

Collateral source information regarding alleged maltreatment and care of a child must be asked for during an assessment or investigation. Collateral information includes, when relevant:

- A medical examination of a child (see pp. 12-13 for additional information)
- Prior medical records relating to alleged maltreatment or care of a child maintained by any facility, clinic, or health care professional.

Collateral interviews may include:

- Treating professionals, including, but not limited to:
  - Mental health providers
  - Physicians or other medical providers
- A child's caretakers, including:
  - Parent(s)/guardian(s)
  - Foster parent(s)
  - Child care provider
  - Teachers
  - Family members
  - Relatives
- Other persons who may have knowledge regarding alleged maltreatment, including other adult household members.

[Minn. Stat. 626.556, subd. 10(i)(3)]

## **Interview format for investigations**

When conducting an investigation, the local welfare agency shall use a question and answer interview format with questions as nondirective as possible to elicit spontaneous responses.

For investigations only, the following interview methods and procedures must be used whenever possible when collecting information:

- Audio recordings of all interviews with witnesses and collateral sources, and
- In cases of alleged sexual abuse, audio-video recordings of each interview with the alleged victim and child witnesses.

[Minn. Stat. 626.556, subd. 10(k)]

## **Contacting the non-custodial parent**

Practice concerning non-custodial parent (NCP) contact varies among agencies. Agencies should consult with the county/tribal attorney for specific direction. It is best practice that custodial parents are notified that the agency will be contacting the NCP regarding the reported concerns. There are benefits of NCP involvement. The NCP or their family might be resources for support or respite; research shows that children's contact with both parents leads to better outcomes for

children. These benefits can be shared with the custodial parent. If a custodial parent expresses safety concerns about having the NCP contacted, document these concerns and consult with the county or tribal attorney. These situations may include domestic violence, history of sexual abuse or other significant safety issues for either a child or a parent. In these circumstances, it may be important for safety reasons to not contact the NCP. If a situation requires court involvement, then contact is required.

Note that only legally recognized parents have a right to information about their children, not about the other parent or others living in the household. Legal parentage can be documented with a birth certificate that names both parents, a signed Recognition of Parentage (ROP), or a court order confirming paternity. As mentioned above, consultation with the county/tribal attorney for specific guidance on this issue is necessary.

## **Safety planning**

Safety planning should begin immediately, and also may occur at any time during an assessment or investigation, depending on safety threats. A safety plan is required for all children assessed to be unsafe or conditionally safe. The safety assessment instrument must be completed during the first face-to-face contact and documented in SSIS within three days of first face-to-face contact. Workers should seek supervisory consultation when dealing with critical safety issues of child(ren) who are being assessed for child maltreatment.

The safety plan is a course of actions, steps, or procedures put in place immediately to control risk or parental factors, and amplify protective factors.

A safety plan outlines the following:

- Immediate family conditions that threaten child safety
- Action steps or procedures that will mitigate risk and maintain safety of a child
- Identifies how each family condition that threatens a child's safety is being controlled by the safety plan
- Identifies a family's capacity and willingness to support the safety plan
- Identifies the arrangements made with a family, extended family, kin, friends, informal networks and other outside service providers to carry out the safety plan
- Identifies protective factors and capacity (or lack thereof) of persons to protect a child that can be drawn on to create safety.

Protective factors for families are conditions in families and communities that when present, work to increase the health and well-being of children and families. These attributes serve as buffers to toxic stress by helping families find resources, supports, and coping strategies that allow them to parent effectively. The six research-informed protective factors are:

- Nurturing and attachment
- Knowledge of parenting and child development
- Parental resilience
- Social connections
- Concrete supports for parents

- Social and emotional competence of children

These protective factors, along with other capacities specific to a family and their culture, are important within an initial and ongoing assessment of a child's safety and well-being.

## **No basis for full assessment or investigation**

The local welfare agency, or agency responsible for investigating a report, may make a determination of no maltreatment early in an assessment or investigation, and close the case and retain immunity, if the collected information shows no basis for a full investigation. [Minn. Stat. 626.556, subd. 10(i); Minn. Adm. R. 9560.0220, subp. 6a]

If a report is initially assigned as a Family Assessment, and the collected information shows no basis for a full assessment, the local welfare agency, or the agency responsible for assessing a report, may close the case.

Closing a Family Assessment does not provide immunity based on statute. It is recommended that agencies consult with the county or tribal attorney before closing a case without a full assessment or investigation.

## **Releasing data to mandated reporters**

A local social services or child protection agency, or agency responsible for assessing or investigating a report of maltreatment, shall provide relevant private data on individuals obtained under this section to a mandated reporter who made a report and who has an ongoing responsibility for the health, education, or welfare of a child affected by the data, unless the agency determines that providing the data would not be in the best interests of a child. The agency may provide the data to other mandated reporters with ongoing responsibility for the health, education, or welfare of a child. Mandated reporters with ongoing responsibility for the health, education, or welfare of a child affected by the data include a child's teachers or other appropriate school personnel, foster parents, health care providers, respite care workers, therapists, social workers, child care providers, residential care staff, crisis nursery staff, probation officers and court services personnel. Under this section, a mandated reporter need not have made the report to be considered a person with ongoing responsibility for the health, education, or welfare of a child affected by the data. Data provided under this section must be limited to data pertinent to an individual's responsibility for caring for a child. A mandated reporter who receives private data on individuals under this subdivision must treat the data according to that classification, regardless of whether the reporter is an employee of a government entity. The remedies and penalties under section 13.08 and 13.09 apply if a mandated reporter releases data in violation of this section or other law. [Minn. Stat. 626.556, subd. 10j] If data is shared, workers should document in the SSIS record that the data was shared and why sharing the information was pertinent and necessary.

## **Medical evaluations**

In some circumstances, a medical evaluation of a child is necessary to ensure child safety during an assessment or investigation. If a parent refuses to permit a medical evaluation and it is necessary to ensure child safety, consultation with the county or tribal attorney should occur.

Children should be seen immediately (no later than within 24 hours) in some situations, which include:

- Substantial injuries such as fractures, significant bruising, burns
- Trauma/injuries to child's face or head
- Suspected injuries to abdomen or back due to suspected kicking, punching, or other trauma to the back or abdomen
- Witnessed shaking injury to child/infant
- Bruising or burns that have patterned lesions or appearance
- Bruising to a non-mobile child
- Infants under 9 months of age with unexplained injury (fracture, bruise, lethargy or burns, whether hot or cold injuries)
- Significant malnutrition or forced starvation concerns
- Child is exposed to dangerous substances (medication, household or yard products)
- Sexual abuse concerns:
  - Disclosure of sexual abuse occurring within last 72 hours for prepubertal and 120 hours for post pubertal victim
  - Sexual abuse concern of infections or pregnancy
  - Disclosed abuse (old or new) with current complaints of pain, bleeding or discharge to the genital or anal areas
  - Unexplained vaginal bleeding
  - Injury to anal or genital area without adequate history of injury.

The following are situations in which children should have non-urgent medical exams:

- Sexual abuse occurring beyond 96 hours and no symptoms
- Non-verbal child (including delayed older child) who was in environment where abuse is being evaluated on another child
- Disclosure of other sexual abuse (photos, touching)
- Failure of indicated medical care for a medical need (medical neglect)
- Suspected excessive and unnecessary medical care (medical child abuse)
- Unexplained vaginal discharge and concern of sexual abuse
- Concerning behaviors (sexualized or other).

See Appendix D for additional information.

## High risk cases

A risk assessment is required in Family Assessment and Family Investigation. The risk assessment identifies the level of risk of future maltreatment and guides decisions about the need for child protective services. If a family is rated high risk, and a child cannot be made safe, the county or tribal child welfare agency should consult with the county or tribal attorney about court action to protect the child. This consultation should take place as early in the involvement of the agency as necessary to provide needed protection to a child.

In all cases where risk remains high and the local child welfare agency is considering closing a case with high risk, the agency must conduct and document a current safety assessment and consult with the county or tribal attorney. The agency should document pertinent factors considered during the consultation and the agency's decision in the client's case record. Court involvement can occur in either a Family Assessment or Family Investigation Response and is encouraged whenever an agency and county or tribal attorney agree there is a basis for court action and it is necessary to protect a child.

## County or tribal attorney consultation

A local welfare agency shall consult with the county or tribal attorney to decide if it is appropriate to file a petition alleging a child is in need of protection or services (CHIPS) if:

- A family does not accept or comply with a plan for child protective services
- Voluntary child protective services may not provide sufficient protection for a child
- The family is not cooperating with an investigation or assessment.

[Minn. Stat. 626.556, subd. 10m(b)]

Refer to Appendix C for summary guidance on when county or tribal attorney consultation is required or encouraged.

## Final determinations

### Maltreatment determinations

In Family Investigations, a determination of whether maltreatment occurred or not is made.

Determinations are made based on a preponderance of evidence of the facts, which may include information from interviews, physical evidence, records and other documentation.

When the agency determines, as part of the maltreatment investigation, that a child has been subjected to egregious harm as defined in Minn. Stat. 260C.007, subd. 4, the agency shall consult with the county attorney about filing a termination of parental rights petition.

### Maltreatment determinations with no known offender

There may be circumstances in which it is determined that a child was a victim of child maltreatment by an unknown offender. In these cases, it is acceptable to make a determination of maltreatment.

### Maltreatment determinations for children

Maltreatment determinations can be made against children age 10 and older, as long as there is a preponderance of evidence.

Maltreatment determinations are not made against children under age 10. When allegations involve an offender who is under age 10, these reports are opened as child welfare, unless there are allegations made against the parent/caregiver. Children under age 10 who are offenders (i.e., they have committed a delinquent act which would include child maltreatment, if a child had been 10 or over, or juvenile petty offense) can be considered for a Petition-Child in Need of Protection or Services pursuant to Minn. Stat. 260C.007, subd. 6(12).

Maltreatment determinations made against children 10 and older may have long-term consequences for them. When ambiguity exists regarding when an agency should make a finding of maltreatment on an alleged child offender, consult with the county or tribal attorney and/or the local agencies' multi-disciplinary child protection team.

### **Child protection services determinations**

In both Family Investigations and Family Assessments, determinations are made of whether child protective services are needed. According to Minn. Stat. 626.556, subd. 10e(g): "...a determination that child protective services are needed means that the local welfare agency has documented conditions during the assessment or investigation sufficient to cause a child protection worker...to conclude that a child is at significant risk of maltreatment if protective intervention is not provided and that the individuals responsible for the child's care have not taken or are not likely to take actions to protect the child from maltreatment or risk of maltreatment." This determination is also made based on a preponderance of evidence.

When a Family Assessment or Investigation is closed and open for services, the local welfare agency shall document the outcome of the Family Assessment or Investigation, including a description of services provided and the removal or reduction of risk to the child, if it existed. [Minn. Stat. 626.556, subd. 10l]

## **Providing final summary disposition to reporters**

### **Mandated reporters**

Mandated reporters shall receive a summary of the disposition of any report made by that reporter. The summary shall include the following information:

- The agency's classification of the report under part 9560.0230
- The name of the child protection worker or investigator who conducted the assessment or investigation
- The nature of the maltreatment, if the agency determined that maltreatment occurred
- Whether a case has been opened for child protection or other services
- Whether a referral has been made to a community organization.

### **Voluntary reporters**

Voluntary reporters may request a concise summary of the disposition of any report made by that reporter. Upon receiving that request, the agency shall provide that concise summary. A concise summary is limited to the following information:

- The agency's classification of the report under part 9560.0230, and
- A statement of whether child protective services are being provided.

### **Refusal to provide final summary disposition if in child's best interest**

The local welfare agency shall refuse to provide a summary to both voluntary and mandated reporters if an agency determines disclosure would be detrimental to the best interest of a child.

## **Providing final determination letters to alleged offenders**

Within 10 working days of the conclusion of an investigation, the local welfare agency shall notify the person determined to be maltreating the child of the determination, and a summary of the specific reasons for the determination. [Minn. Stat. 626.556, subd. 10f]

## **Providing final determination letters to resident, non-offending parents**

Within 10 working days of the conclusion of a Family Assessment, the local welfare agency shall notify the parent or guardian of a child of the need for services to address child safety

concerns, or significant risk of subsequent child maltreatment. The local welfare agency and a family may also jointly agree that family support and family preservation services are needed.

Within 10 working days of the conclusion of an investigation, the local welfare agency, or agency responsible for investigating a report, shall notify the parent or guardian of a child of the determination, and a summary of the specific reasons for the determination.

[Minn. Stat. 626.556, subd. 10f]

## **Providing final determination letters to non-resident, non-offending parents**

In Family Investigations, determination letters should be sent to the non-resident, non-offending legally recognized parent unless doing so would not be in a child's best interest. Clear documentation of why this is not in a child's best interest should be recorded in SSIS.

In Family Assessments, summary disposition letters should be sent to the non-resident, non-offending parent unless doing so would not be in a child's best interest.

Legally recognized parents have a right to information about their children; this includes the mother. Legally recognized parent includes the father when:

- Mother and father were married when the child was born
- There is a signed and filed Recognition of Parentage
- There is a court order confirming paternity.

Consult with the county or tribal attorney for specific guidance on questions about whether a parent has custodial or legal rights, or when to contact a non-resident parent.

## **Maltreatment determination reconsiderations and appeals**

When maltreatment is determined, the alleged offender and interested parties can ask for agency reconsideration of this finding at the local level. Instructions for the reconsideration process are connected to the Notice of Determination letters sent to the alleged offender and possibly others. An alleged offender can also appeal a maltreatment determination at the commissioner of Human Services (DHS) level. If a maltreatment determination is reversed as part of an appeal process, there is an Appeals screen in SSIS under the Allegation screen where this information is documented.

Requests for reconsideration to the local social service agency must be submitted by an alleged offender and/or interested parties within 15 calendar days from the date the Notice of Determination letter was received. The local social service agency must reply to a request for reconsideration within 15 working days of receiving the request.

If an alleged offender still disagrees with the local agency's determination after a reconsideration, or if the local social service agency does not respond within 15 working days of receiving the request, an alleged offender has the right to ask the commissioner of Human Services (DHS) for a hearing.

To request an appeal, an alleged offender must send a letter to the commission of Human Services stating why an alleged offender disagrees with the local child protection determination. The request for a hearing must be sent within 30 days after the local agency's response is

received.

Local social services agencies and alleged offenders may also seek a commissioner of Human Services reconsideration of the decision if they disagree with the commissioner's final decision. The appeal, or request for reconsideration by the commissioner, must be made within 30 days after the date the commissioner issues the order. The commissioner may reconsider an order upon request of any party or on the commissioner's own motion. A request for reconsideration does not stay implementation of the commissioner's order. The person seeking reconsideration has the burden to demonstrate why the matter should be reconsidered. The request for reconsideration may include legal argument and proposed additional evidence supporting the request. If proposed additional evidence is submitted, the person must explain why the proposed additional evidence was not provided at the time of the hearing. If reconsideration is granted, the other participants must be sent a copy of all material submitted in support of the request for reconsideration and must be given ten days to respond. Upon reconsideration, the commissioner may issue an amended order or an order affirming the original order. [Minn. Stat. 256.045, subd. 5] Reconsiderations are sent to: DHS Appeals Division, P.O. Box 64941, St. Paul, MN 55164-0941, by fax at 651-431-7523, or on-line: <https://edocs.dhs.state.mn.us/lfserver/Public/DHS-0033-ENG>.

If the local social service agency or an alleged offender disagrees with the final order of the commissioner of Human Services, either party has the right to appeal the order to the district court of the county where the maltreatment occurred. The local agency must submit the request to district court with 30 days after the date the commission issued the order. [Minn. Stat. 256.45 , subd. 7]

## **Best practices and resources**

### **Trauma-informed considerations**

Child maltreatment is a traumatic experience, and the impact can be profound. Research has shown that the challenges are significant for children and families who have experienced trauma. The trauma of child abuse or neglect has been associated with increased risk of: Depression and suicide attempts, substance abuse, developmental disability and learning problems, social problems with other children and with adults, teen pregnancy, lack of success in education, domestic violence, and chronic illnesses, including heart disease, cancer and chronic lung disease, among others.

Experiencing a chronic stressful condition such as neglect or abuse creates what scientists call toxic stress and can disrupt developing brain architecture. Children who are exposed to serious early stress develop an exaggerated stress response that over time leads to serious difficulties in learning, memory and self-regulation. It also weakens their defense mechanism against diseases from heart disease to diabetes to depression. Implementing safety-organized and culturally-relevant practices helps prevent future child maltreatment, advance healthy child development and wellbeing, and strengthen families.

Secondary trauma exposure of child welfare professionals is an expected aspect of working with children and their families who have experienced trauma related to child maltreatment. A self-care plan and supervisor support for self-care is an important responsibility to the workforce. In addition, local child welfare agencies should develop and implement systemic strategies, including proactive communication with the media and the general public about child

maltreatment and the availability of employee supports when a critical incident occurs on a caseload.

[See Winter 2013 CW360° —Trauma-Informed Child Welfare Practice – for additional research, evidence-based and promising practices related to trauma-informed child welfare.](#)

See also, A Social Worker’s Tool Kit for Working with Immigrant Families – Healing the Damage: Trauma and Immigrant Families in the Child Welfare System at: [A Social Worker’s Toolkit for Working with Immigrant Families.](#)

## **Practice guides**

[“A Practice Guide for Working with African-American Families in the Child Welfare System”](#) is available on the DHS website. The guide serves as a resource and reference manual for social workers as they engage African-American families in effective service delivery.

For information on working with American Indian families, see the following on the DHS website: [Working With American Indian Families](#)

Child welfare interventions with American Indian families must comply with requirements of the federal Indian Child Welfare Act, U.S. Code, title 25, sec. 1901 to 1963, and the Minnesota Indian Family Preservation Act, Minn. Stat. 260.751 to 260.835.

A guide on Culturally Responsive Child Welfare from the University of Minnesota, Center for Advanced Studies in Child Welfare, is available at: [Culturally Responsive Child Welfare Practice \(CW360°\).](#)

## **Considerations for working with immigrant and refugee families**

Special protections exist under federal law, Special Immigrant Juvenile Status (SIJS), for undocumented, unmarried immigrants under age 21. State juvenile courts and local child welfare agencies may contact USCIS to ask general questions or request outreach on the SIJ program by submitting a request to: [USCIS-IGAOutreach@uscis.dhs.gov](mailto:USCIS-IGAOutreach@uscis.dhs.gov).

Help is available from the Mexican Consulate, Minnesota Office, when there are families with different legal statuses, i.e., one or both of the parents are not authorized to reside in the U.S., but the children are U. S. citizens. The Mexican Consulate is located at 797 East 7th Street, St. Paul, MN 55106. Phone 651-771-5494, or email: [conspaul@sre.gob.mx](mailto:conspaul@sre.gob.mx). Website: <http://www.sre.gob.mn/saintpaul/>.

Resources are available when the local child welfare agency has questions about working with families, particularly when a parent has been detained or deported.

The Immigrant Law Center of Minnesota provides comprehensive immigration services to low-income immigrants; training, consultation and outreach on immigration affairs/issues, including Special Immigrant Juvenile Status (SIJS); policy, education articles and other resources. Go to: <https://ilcm.org/>

Asista provides information on violence against women and immigrant survivors of domestic violence and sexual assault, torture and human trafficking, etc.; Violence Against Women Act (VAWA), U visas, and T visas (women and children). Go to: <http://www.asistahelp.org/>

The Immigration Legal Resource Center provides information on remedies for immigrant youth, etc.: Living in the United States: A Guide for Youth (English, Spanish and Korean); Special Immigrant Juvenile Status (SIJS): Highlighting Changes Implemented by the Trafficking Victims Protection and Reauthorization Act (March 2009), Immigration Bench Book for Juvenile and Family Courts (PDF, 1.7 MB, 2005), Fact Sheets: Immigration Options for Undocumented Children (PDF, 118 K). Go to: <http://www.ilrc.org/>

Law Help Minnesota has resources and documents in 22 languages; glossary of legal terms such as right to an interpreter, green card, becoming a U.S. citizen; immigration bonds; website search feature for legal resources/agencies; and Immigration and Customs Enforcement (ICE) offices. Go to: <http://www.lawhelpmn.org/>

Mid-Legal Aid Society provides direct legal client services for low income immigrants at the following website: [midmnlegal.org](http://midmnlegal.org)

Southern Minnesota Regional Law Services provides legal services for low-income people and addresses immigration issues. Various languages are available on the website at: <http://www.smrls.org/#>

United States Citizenship and Immigration Services at <https://www.us-immigration.com/> provides immigration forms, documents, requirements, visas (U and T), refugee and asylum; humanitarian; and a search engine for “child welfare” for child welfare-related memorandums; enter “TVPRA” for a field guide memorandum to USCIS personnel on Trafficking Victims Protection Reauthorization Act of 2008: Special Immigrant Juvenile Status provisions, March 24, 2009.

Bridging Refugee Youth and Children's Services at [http://www.brycs.org/child\\_welfare.cfm](http://www.brycs.org/child_welfare.cfm) provides guidance to states serving refugee and immigrant children. This resource has many publications, including a list of suggestions (publications) for interviewing recently arrived refugee and or immigrant children for child abuse, education, health, etc.

International Social Service-United States of America – ISS USA at <http://iss-usa.org/> provides the following assistance to children in the child welfare system:

- Home studies – In collaboration with the ISS federation, home studies are performed by qualified social workers living in, and with specific knowledge of, the country being considered for placement of a child.
- Family tracings are performed to locate adoptive or extended family members living in other countries for the purpose of permanency planning, or to request communication separated family members.
- Searches – Examples of the documents ISS-USA can often obtain in other countries include criminal background and child abuse registry checks, as well as birth, death and marriage certificates.

The American Red Cross can provide family tracing and communication in war zones. The following website <http://www.redcross.org/> has a link to “Getting Assistance/Contact Family Members.”

Embassies and consulates can sometimes provide birth and death certificates, or other documentation. The following website has an international listing of consulates and embassies: <http://www.state.gov/e/>

United Nations Refugee Agency oversees refugee camps in many countries; registers refugees; establishes broad policy/practice in the treatment of refugees: <http://www.unhcr.org/cgi-bin/texis/vtx/home>

The Mexican Consulate assists counties with locating and contacting parents and relatives in Mexico.

American Humane Association (AHA), Child Welfare and Migration Program website offers information on several child welfare-related programs focused on immigration issues and child welfare. Website has relevant articles, PowerPoint presentations, and a link to two “tool kits” for social workers on child welfare and immigration issues: <http://www.americanhumane.org/children/programs/child-welfare-migration/>

The Family to Family Program in California offers a variety of immigration and child welfare-related materials from a variety of states, and also includes a sample Memorandum of Understanding (MOU) from the Mexican Consulate. Also includes “Bulletin on Best Practices in Working with Immigrant Families.” <http://www.f2f.ca.gov/Immigrants.htm>

### **Practice guides, articles and tools**

Working With Immigrant Children and Families: A Practice Model: <http://www.f2f.ca.gov/res/pdf/ParticipantGuide.pdf>

Working with Undocumented and Mixed Status Immigrant Children and Families (New Mexico): <http://www.f2f.ca.gov/res/pdf/Bulletin-BestPractices.pdf>

Procedural Guide for Immigration Options for Undocumented Children and Families (California): <http://www.f2f.ca.gov/res/pdf/ProceduralGuideForImmigration.pdf>

Immigration and Language Guidelines for Child Welfare Staff (New York State): <http://www.f2f.ca.gov/res/pdf/ImmigrationLanguageGuide.pdf>

### **Safety-organized practice models**

Local child welfare agencies are encouraged to utilize models that support “safety organized practice.” Safety organized practice models can create greater family engagement, increase child safety and family stability, and can be modified to assure cultural-adaptation to meet the specific cultural experience of the family being served.

“Signs of Safety” is a practitioner’s model, meaning that it evolves based on how the model is actually used by practitioners, teams and agencies. It is a practical framework that can be used in a variety of contexts. The process brings clarity, transparency, child safety, and provides a way to manage future risk of harm to a child. While consistent assessment is a critical factor, it does not always create child safety. However, a strong safety model can strengthen the assessment process and increase child safety and family engagement in safety planning. In this framework, the child’s voice is at the center of the safety planning process. The child is heard through specific child interview practices, including interviewing tools. The child’s voice is brought into discussion and planning with the family’s safety network. The goal is always child safety and the work with the child and family is done proficiently through the use of practice tools, and a structured method of safety planning done with a family’s safety network. This assures a robust, sustainable mechanism for creating child safety early on in the work with the family. A constructive working relationship between professional and family members helps to create future child safety. There is significant research suggesting that best outcomes for vulnerable children arise when constructive relationships exist. This does not mean that all children remain in their homes despite circumstances, it means that safety is created for children.

Family Group Decision Making is a family-centered, culturally appropriate process that allows families to take responsibility for planning and caring for their own members. This process can be initiated by child welfare agencies whenever a critical decision about a child is required. The FGDM process is a specialized facilitated meeting where the decision making primarily rests with the family and is useful for safety planning, case planning, placement prevention, reunification, permanency planning, placement transition and youth transitioning to independent living. The FGDM process is not a conflict resolution approach or therapeutic intervention for ratifying professionally crafted decisions, but seeks to have the collaboration and leadership of family members in making and implementing plans that support the safety, permanency and well-being of their children.

The Minnesota Child Welfare Training System provides training in these safety-organized practices. The department is committed to providing training, ongoing consultation, review and continued development of these and other safety-organized practice models.

# 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. [Minn. Stat. 260.755, subd. 1a] 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. [Minn. Stat. 260.762]

**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. [Minn. Stat. 260.755, subd. 2a]

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

**Child(ren)** – 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.

**Controlled substance** – Refers to any of the following substances or their derivatives: Opium, cocaine, heroin, phencyclidine, methamphetamine, amphetamine, tetrahydrocannabinol (THC/marijuana). See Minn. Stat. 152.02 for full listing of controlled substances.

**Dangerous weapon** – A dangerous weapon, pursuant to Minn. Stat. 609.02, subd. 6, is “...any firearm, whether loaded or unloaded, or any device designed as a weapon and capable of producing death or great bodily harm, any combustible or flammable liquid or other device or instrumentality that, in the manner it is used or intended to be used, is calculated or likely to produce death or great bodily harm, or any fire that is used to produce death or great bodily harm.”

**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 an Indian child is a determination by a tribe that a child is a member of the Indian tribe, or is eligible for membership in the Indian tribe, and is unmarried and under age 21 for purposes related to child protection.

**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** – 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.

**Secondary trauma exposure** – Emotional effects that proximity to and continued contact with individuals who have experienced trauma can have on family, friends, and human service professionals. Like their clients, staff members who work with victims are at risk of experiencing alterations in their thinking about the world, their feelings, relationships and their lives.

**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>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"> <li>• Must have face-to-face contact with a child and their caregiver immediately (within 24 hours).</li> <li>• 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.</li> <li>• Whenever possible, the interview of a victim must be audio-video recorded.</li> </ul> <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>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>	<p>Minn. Stat. 626.556, subd. 3 (requiring reporting of child maltreatment), subd. 2(d) (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 Minn. Stat. 243.166, subd. 1b, (a) or (b), or required registration under Minn. Stat. 243.166, subd. 1b (a) or (b).</p> <p>Minn. Stat. 626.556, subd. 2 (c)</p> <p>Minn. Stat. 626.556, subd. 10 (a) (2) (i)</p> <p>Minn. Stat. 626.556, subd. 10(i)</p> <p>Minn. Stat. 626.556, subd. 10 (c)</p> <p>Minn. Stat. 626.556, subd. 10 (j)</p> <p>Minn. Stat. 626.556, subd. 10 (a) (4)</p>

<b>PART 2. Handling reports of registered predatory offenders:            Consultation with the county attorney's office</b>	<b>Statute</b>
<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"> <li>• Agree transfer of permanent legal and physical custody is in a child's best interests, or</li> <li>• 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.</li> </ul> <p>A petition is not required if the county attorney determines there is no legal basis to file a petition.</p>	<p>Minn. Stat. 260C.503, subd. 2(6)</p> <p>Minn. Stat.260C.503, subd. 2(d)</p>

## Appendix C – County/AICWI tribal attorney consultation on assessment and investigation

Required County/AICWI Attorney Consultations	
Immediate filing of a TPR petition	<p>The local welfare agency must ask the county attorney to immediately file a TPR petition when:</p> <ol style="list-style-type: none"> <li>1. Child has been subjected to egregious harm</li> <li>2. Child is the sibling of a child who has been subjected to egregious harm</li> <li>3. Child is an abandoned infant as defined in 260C.301, subd. 2(a)(2)</li> <li>4. Child’s parent(s) has a prior involuntary TPR</li> <li>5. Child’s parent has committed sexual abuse against child or another child of the parent</li> <li>6. Parent has committed an offense that requires predatory offender registration</li> <li>7. Child’s parent(s) has prior involuntary transfer of permanent legal and physical custody.</li> </ol> <p>[Minn. Stat. 206C. 503, subd. 2(a)(1)-(7)]</p>
Birth Match	<p>Birth Match reports involving prior involuntary TPR or Transfer of Permanent Legal and Physical Custody</p> <p>[Minn. Stat. 626.556, subd. 2(q)]</p>
Modifications to screening guidelines	<p>Consult prior to proposing screening guidelines modifications to the commissioner.</p> <p>[Minn. Stat. 626.556, subd. 7a(b)]</p>
CHIPS petition consultation	<p>Consult for CHIPS petition when:</p> <ul style="list-style-type: none"> <li>• Family does not accept or comply with plan for child protection services</li> <li>• Voluntary child protective services may not provide sufficient protection for child</li> <li>• Family is not cooperating with investigation.</li> </ul> <p>[Minn. Stat. 626.556, subd. 10m(b)]</p>

<b>Suggested County/AICWI Attorney Consults</b>	
Switching paths	When switching response paths, agencies are encouraged to consult with the county or tribal attorney in these situations for potential court intervention.
To gain access to complete a child observation/interview	If the agency is unable to make contact with either the child or adult caregiver within the required time frames, the agency should consult with the county/tribal attorney to request a court order making the child available for a safety assessment.
Criminal background checks	Consult with the county or tribal attorney when a more in-depth criminal background check may be warranted.
Contacting a non-custodial parent	Practice concerning non-custodial parent (NCP) contact varies among agencies. Agencies should consult with the county/tribal attorney for specific direction.
No basis for full assessment or investigation	Closing a Family Assessment does not provide immunity based on statute. It is recommended that agencies consult with the county or tribal attorney before closing a case without a full assessment or investigation.
High risk cases	If a parent refuses to participate in planning, or fails to follow through with what is necessary to keep their child safe, the county or tribal child welfare agency must consult with the county or tribal attorney about legal grounds to proceed with court action.
Medical evaluations	If a parent refuses to permit a medical evaluation and it is necessary to ensure child safety, then consultation with the county or tribal attorney should occur.
Determinations regarding a child offender under age 10	When ambiguity exists regarding when an agency should make a finding of maltreatment on an alleged child offender, consult with the county or tribal attorney and/or the local agencies' multi-disciplinary child protection team.
Providing determination letters to non-resident, non-offending parents	Consult with the county or tribal attorney for specific guidance.

# Appendix D

## Assessment for Physical Abuse: Injury Patterns, “Red Flags” & Child Abuse Programs

<p><b>When the following injuries are present,</b></p> <p><b>ADDITIONAL MEDICAL EVALUATION IS ALWAYS INDICATED:</b></p> <ul style="list-style-type: none"> <li>Rib Fractures</li> <li>Metaphyseal Fractures</li> <li>Longbone Fracture (non-ambulatory) Oral or Pharyngeal Injury (non-ambulatory)</li> <li>Abdominal Injury (non-MVC under 5 yrs)</li> <li>Head Injury (unwitnessed, unexplained)</li> </ul>	<p><b>Patterned Skin Injuries &amp; Unusual Locations of Injury</b></p> <p><b>TEN-4 FACES</b></p> <p><b>TEN FACES</b></p> <ul style="list-style-type: none"> <li>Torso (trunk)</li> <li>Ear</li> <li>Neck</li> <li>Frenulum (mouth)</li> <li>Auricular area (ear)</li> <li>Cheek</li> <li>Eyelids (bruising)</li> <li>Scleral Hemorrhage (eye)</li> </ul> <p><b>4:</b> Bruises in the TEN distribution in a child under 4 years of age, or <b>ANY</b> bruise in an infant less than 4-6 months of age</p>	<p><b>Contact a Child Abuse Physician:</b></p> <p>Univ. of Minnesota Masonic Children’s Hospital Minneapolis MN Center for Safe &amp; Healthy Children (612) 273-SAFE (7233) or (612) 365-1000</p> <p>Hennepin County Medical Center Minneapolis MN Center for Safe &amp; Healthy Children (800) 424-4262 Hennepin Connect</p> <p>Children’s Hospitals and Clinics of Minnesota Minneapolis and St. Paul MN Midwest Children’s Resource Center (MCRC) (651) 220-6750</p>
<p><b>MOST CHILD FATALITIES:</b></p> <ul style="list-style-type: none"> <li>i. Occur in children under 4 years of age (80%)</li> <li>ii. Occur at the instigation of a caregiver (80%)</li> <li>iv. Involve head (leading cause) and/or abdominal (second cause) Injury</li> </ul>	<p><b>What Is An Unexplained Injury:</b></p> <ul style="list-style-type: none"> <li>i. Injury that is not consistent w/ child’s age, developmental abilities, or injury type</li> <li>ii. History that is vague or changes w/ time, repetition, or caregiver</li> <li>iii. Delay in seeking medical care</li> </ul>	<p>Mayo Clinic Rochester MN Mayo Child and Family Advocacy Program (507) 266-0443 daytime or (507) 284-2511</p> <p>Essentia Health Duluth MN (218) 786-8364</p>
<p><b>Signs of Head Injury*:</b></p> <ul style="list-style-type: none"> <li>i. Bulging fontanelle (soft spot) in an infant</li> <li>ii. Rapidly increasing head circumference</li> <li>iii. Bruising/Swelling to Face/Head</li> <li>iv. Vomiting or fussiness</li> <li>v. Unresponsive, “altered mental status”</li> <li>vi. Apnea or change in breathing</li> </ul> <p>*Simple household falls rarely result in serious injury.</p>	<p><b>Signs of Abdominal Injury*:</b></p> <ul style="list-style-type: none"> <li>i. Abdominal pain or distention</li> <li>ii. Abdominal bruising</li> <li>iii. Vomiting</li> <li>iv. Lethargic, “altered mental status”</li> <li>v. Rectal bleeding</li> <li>vi. Presents in shock, low blood pressure</li> </ul> <p>*Simple household falls rarely result in serious injury.</p>	<p>Gundersen Health System La Crosse WI 1-800-362-9567</p> <p>Sanford Health Sioux Falls SD Child’s Voice Child Advocacy Center (605) 333-2226</p> <p>Sanford Health Fargo ND Child &amp; Adolescent Maltreatment Service (CAMS) (701) 234-2000 or (877) 647-1225</p>

# Minnesota Child Abuse Network

## COMMON EVALUATION FOR PHYSICAL ABUSE

- All Injuries in Infants are concerning:
  - Oral Injury
  - Bruise(s), Burns, Fracture(s)
  - Head and/or Abdominal Injury
- Head CT (recommended in all)
- Skeletal Survey, Labs Abdominal Injury
- Urine Drug Screen

**0 - 6  
months**

- Any Injuries in Non-Ambulatory Infants
- "Red Flag" Injury, Pattern, or Location
- Unexplained Injury
- Head and/or Abdominal Injury
- Skeletal Survey, Labs Abdominal Injury
- Urine Drug Screen
- May Expect? Neuro-Imaging, Eye

**6 - 12  
months**

- May Expect? Eye Exam
- "Red Flag" Injury, Pattern, or Location
- Unexplained Injury
- Head and/or Abdominal Injury
- \* Labs Abdominal Injury, Urine Drug Screen
- May Expect? Neuro-Imaging, Eye Exam, Skeletal Survey

**2 - 5  
years**

- "Red Flag" Injury, Pattern, or Location
- Unexplained Injury
- Head and/or Abdominal Injury
- Skeletal Survey, Labs Abdominal Injury
- Urine Drug Screen
- May Expect? Neuro-Imaging, Eye Exam

**1-2  
years**

### 5 years and older

- Labs Abdominal Injury, Urine Drug Screen
- May Expect? Neuro-Imaging
- Mental Health Assessment

### \* Additional Explanation

- Skeletal Survey – series of x-rays of the skeleton used to identify fractures. Indicated in children under 2-3 years. Expect a repeat in 2 weeks, called a Follow-up Skeletal Survey, if skeletal survey positive and/or injuries are concerning.
- Labs Abdominal Injury – typically liver enzymes & lipase to screen for internal injury
- Neuro-Imaging (head MRI or CT) – indicated in Skull Fracture(s), Bruising Face/Head, Altered Mental Status
- Eye Exam – expect if Positive Neuro-Imaging and/or Altered Mental Status
- Contact a Child Abuse Physician for guidance on evaluation and management

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