



Minnesota Child Maltreatment Intake, Screening, and Response Path Guidelines

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Introduction

Intake, screening, and response path guidelines

The purpose of the Child Maltreatment Intake, Screening and Response Path Guidelines (screening guidelines) practice guide is to provide direction for local child welfare agencies to promote statewide consistency in definition and practice, as mandated by state statute. These guidelines also provide information for mandated reporters and the public about types of child safety concerns that should be reported. Families and communities benefit when child maltreatment screening guidelines are clearly understood and readily available.

These guidelines are based on Minnesota Statute (Minn. Stat.) 260E, 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, it 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 screened in reports, or place additional limits on consideration of screened out reports, in making screening decisions

State policy

Minnesota policy is protection of children whose health or welfare is jeopardized by 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. 260E.01, section 1(a)]

For an overview of the latest changes in Minnesota laws pertaining to child maltreatment, see bulletin 19-68-17, “Overview of 2020 Child Welfare Legislation,” at: [Bulletin 20-68-25](#).

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. 260E.06, subd. 1(a)] This includes any act which involves a minor that constitutes a violation of prostitution offenses, [609.321 to 609.324] use of minors in a sexual performance, [617.246] and known or suspected child sex trafficking as defined in 609.321, regardless of who the alleged offender is, and whether an alleged offender is identified. Oral reports by mandated reporters must be followed by a written report within 72 hours, excluding holidays and weekends, of alleged maltreatment to the appropriate law enforcement agency, agency responsible for assessing or investigating reports, or local welfare agency. [Minn. Stat. 260E.09(a)]

Mandated reporters include:

- A professional or their delegate who is engaged in practice of the healing arts, social services, hospital administration, psychological or psychiatric treatment, child care (including unlicensed providers), education (including university staff, coaches), correctional supervision, probation and correctional services, guardians ad litem or law enforcement
- Employed as a member of the clergy and received information while engaged in ministerial duties, except if clergy members are 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 and tribes, county attorneys and tribal representatives consider themselves mandated reporters. These 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 was 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.

Approximately 70 percent of all child maltreatment reports allege parental neglect. At times, what may appear to be situations of parental neglect are actually symptoms of poverty. Families may lack resources, community and social connections key to meeting basic needs, which necessitates a child welfare response or offer of services to help overcome barriers to meeting basic needs, rather than an involuntary child protection response. Examples of situations of poverty that may appear as parental neglect include but not limited to:

- Missed or cancelled medical appointments that may be due to lack of access to transportation
- Parental hesitancy to see medical professionals may indicate lack of adequate health care coverage, or sufficient funds to pay for copays
- Soiled or ill-fitting clothing or lack of weather-appropriate clothing may be due to lack of economic and community resources
- Lack of adequate supervision may stem from parents need to work, or meet another commitment without available or affordable child care.

It is important that agencies work with mandated reporters to differentiate potential neglect from situations of poverty. This can be difficult to discern; agency staff should ask strength-based questions about families’ circumstances and reporter’s experience with families to help gather pertinent facts. Engage reporters in conversations based on the foundation that families are providing for their children to the best of their ability, when possible. Contacting collateral sources at the screening stage may help determine whether reported parental conduct stems from lack of resources or more intentional deprivation of available resources.

Mandated reporters shall also immediately report prenatal exposure to any controlled substances, or habitual or excessive use of alcohol, if a person knows, or has reason to believe, that a woman is pregnant and used a controlled substance for a non-medical purpose during pregnancy. [Minn. Stat. 260E.31, subd. 1]

Under Minn. Stat. 260E.31, 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 they are providing them with prenatal care or other health care services.

Health care and social services professionals are encouraged to report, regardless of the exemption, when use is habitual or excessive.

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, as they are exempt by law to make a report. Without contact information, notification of an outcome of a report is not possible.

Initial screening decisions provided to reporters

Screened in reports

When requested by either a voluntary or mandated reporter local welfare agencies shall inform them if a report is screened in. Provide this information within 10 days after a report is made; provide information either orally or in writing. Best practice encourages agencies to provide information to all reporters, regardless of whether requesting it to ensure effective communication about children. [Minn. Stat. 260E.10]

Screened out reports

If a local welfare agency determines a report does not meet criteria to be screened in, it shall inform both voluntary and mandated reporters that a report was screened out. Requests are not required; providing this information is always required. [Minn. Stat. 260E.10]

Information collected from and provided to reporters is private data. The name of a reporter is specifically confidential, not disclosed unless court ordered.

Where to report

Make reports of alleged child maltreatment to local child welfare agencies, which respond to reports alleging child maltreatment in family and some licensed, or required to be licensed, settings under Minn. Stat. 260E.14, which include:

- Family homes
- Relative homes
- Family child care
- Legally unlicensed child care
- Unlicensed personal care service organizations under Minn. Stat. 256B.0659
- Child foster care
- Group homes licensed by the Minnesota Department of Corrections.

For other alleged child maltreatment reports that may need to be investigated by a different agency because of licensing status, child protection intake and/or screeners at the local agency will direct a reporter to the correct agency and provide contact information (see Reports regarding licensed facilities section).

Agencies may electronically transfer intakes through SSIS if a report falls under another jurisdiction. This process reduces the amount of time agencies spend manually transferring data, avoids duplication of entry, and increases accuracy. For specific guidance on the intake transfer process, go to the SSIS website or contact the SSIS help desk.

Reporting to tribes

Along with Minnesota's 87 counties, American Indian Child Welfare Initiative (AICWI) tribes from the Leech Lake Band of Ojibwe, Red Lake Nation, and White Earth Nation 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 make a report to tribes when they:

- Have exclusive jurisdiction to handle child protection matters
- Are responsible for child protection, pursuant to federal law and a formal written agreement with state or local county agencies.

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

Tribes with exclusive jurisdiction

Red Lake Nation and Bois Forte Band of Chippewa have exclusive jurisdiction over child protection matters; tribal agencies accept, assess, or investigate reports of child maltreatment of tribal children within the boundaries of these reservations, due to both tribes being exempt from Public Law 280. This means the department cannot enforce civil regulatory matters that occur within tribal trust boundaries. .

Tribes having concurrent jurisdiction with the department

Under federal law, if a tribe does not have exclusive jurisdiction, it has concurrent jurisdiction with the department. 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

Leech Lake Band of Ojibwe, Red Lake Nation, and White Earth Nation each have an agreement with the department and county agencies to accept and investigate or assess reports of maltreatment of Indian children within respective reservations. Reporting directly to these three tribes is appropriate.

Local county agencies sharing geographic area with an Indian community or nation 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 occurring within reservation boundaries under Minn. Stats. 260E and 260.7611. Local county agencies and tribes with such agreements are encouraged to work with mandated reporters and communities to clarify reporting responsibilities.

Tribes without written agreements

Except for 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. Counties within reservation boundaries, or have a reservation or portion of a reservation, within its boundaries, must work with tribes to determine what local practice is regarding forwarding reports of Indian children who live on a reservation. County agencies and tribes could consider two approaches, if a tribe:

- Is willing to tell reporters to call the local county agency, which may be the best way to ensure accurate and timely reporting directly from reporters who know children's circumstances. 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, which is also acceptable. In this case, persons contacting a tribe to provide information about children are considered reporters.

Reporting to law enforcement

Reports of child maltreatment can also be made to local law enforcement agencies. Minn. Stat. 260E.12 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. Make reports of child safety emergencies directly to local law enforcement for immediate intervention. Only law enforcement officers have authority to immediately make placement of 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 make reports to the agency responsible for licensing the facility. This would include state agencies such as the Minnesota Departments of Education, Health and Human Services. Agencies such as therapeutic support services, not requiring licensure, make reports 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's website: [Minnesota Department of Human Services](#).

Contact the **Minnesota Department of Human Services**, Maltreatment and Licensing Violation Intake Line, 651-431-6600 or dhs.licensingintake@state.mn.us, for reporting alleged maltreatment by staff at a:

- Child daycare center required to be licensed
- Residential treatment center required to be licensed
- Group home licensed by the department
- Shelter placement
- Minor parent program
- Chemical dependency treatment program for adolescents
- Home- and community-based service [245D] licensed by the department
- Waivered service program, such as Community Alternatives for Disabled Individuals (CADI) waiver
- Crisis respite care program
- Residential service program for children with developmental disabilities
- Child foster care when an alleged victim is in extended foster care
- Juvenile correctional facility licensed under Minn. Stat. 241.021.

[Licensed or required to be licensed under Minn. Stat. 260E.14, subd. 1(b)]

The above includes those facilities required to be licensed by the department, but are lapsed or were never licensed.

Contact the **Minnesota Department of Health**, Office of Health Facility Complaints, 651-201-4200, 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 home health care attendants.

[Licensed or required to be licensed under Minn. Stat. 260E.14, subd. 1(c)]

Contact the **Minnesota Department of Education** (MDE), 651-582-8546 or mde.student-maltreatment@state.mn.us, 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. 260E.14, subd. 1(d)]

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

Cross notification of reports between local child welfare agencies and law enforcement

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. 260E.12] This includes both screened in and screened out reports. The timing of cross-notification of law enforcement should correspond with screening decisions.

Mandated reporters must report abuse or neglect caused by a child's parent/s, guardian/s or caretaker/s to either local law enforcement or child welfare agency.

Type 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. This may include 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 for 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, 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, 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 include the following three elements:

- An allegation meets the statutory definition of child maltreatment (see Screening guidelines section)
- There is sufficient identifying information to attempt to locate a child, or at least one member of the family
- A report includes maltreatment allegations not previously assessed or investigated by the local child welfare agency or another child welfare agency.

For screening purposes, all information provided by reporters is considered reliable.

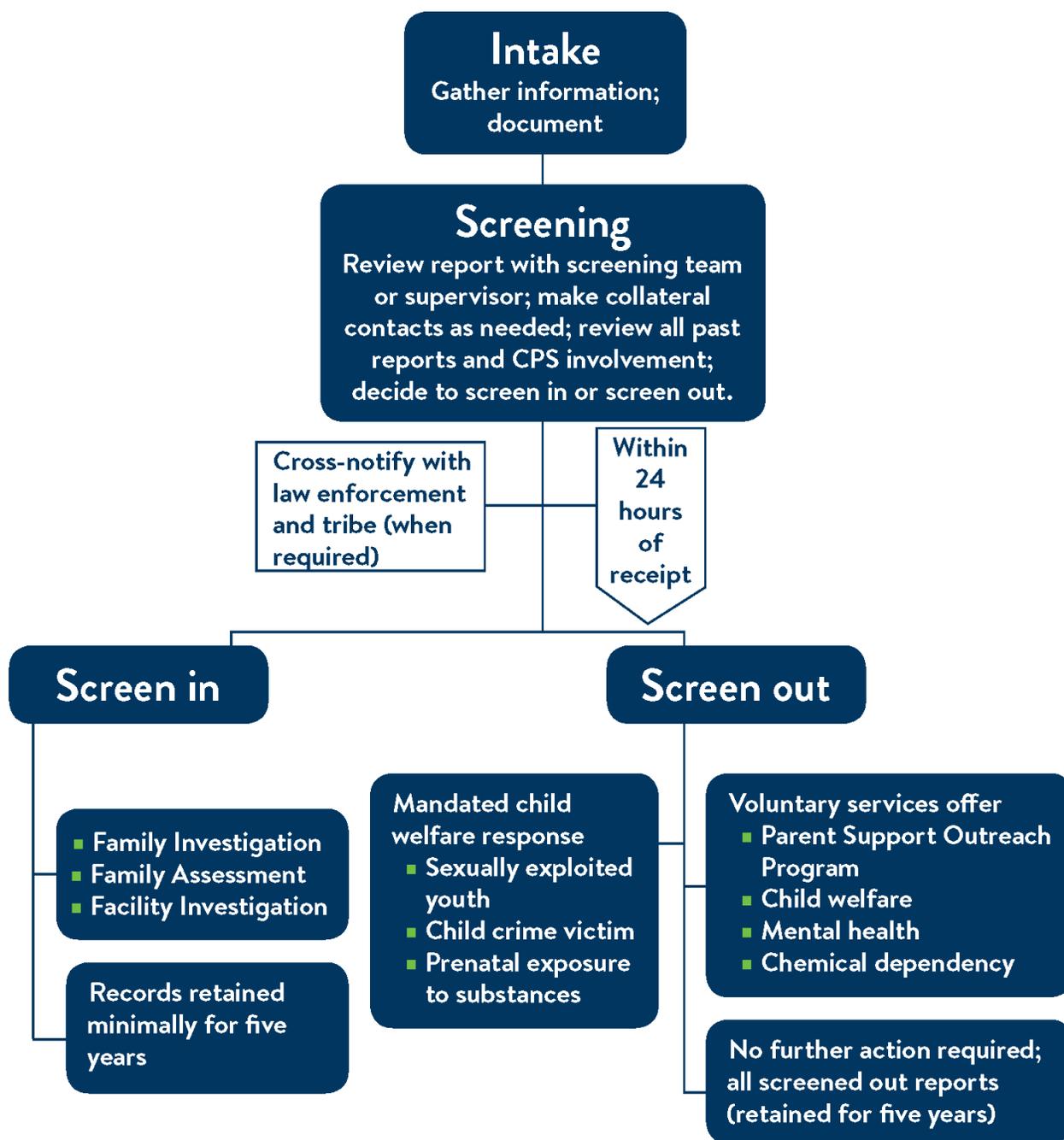
Screened out report of alleged child maltreatment

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

- Does not meet maltreatment criteria.
- Not enough identifying information.
- Already fully assessed – includes those investigations or assessments already completed.
- Other jurisdiction:
 - 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.

Note: All written and oral reports, whether screened in or screened out, must be cross-reported to law enforcement.

* Some items may also require notification to other agencies, such as the licensing agency or legal authorities.



Intake

Intake is the first stage in the child welfare services process; it is the process of receiving a child maltreatment report, whether via phone, in person, or another method. It includes:

- Gathering relevant information from a reporter
- Effective listening
- Asking probing questions
- Determining if it is a crisis situation
- Following department screening guidelines and agency policies and practices regarding processing of intakes
- Providing support and information to reporters.

All reports involving concerns of child maltreatment require documentation in the Social Service Information System (SSIS). Enter information in the Intake workgroup; description of need should be clear. Document carefully all facts, knowledge, inferences and assumptions. Use objective descriptions and quotes precisely. Separate facts from opinions of worker or reporter. When a reporter is unable to provide certain relevant information, document that so intake/screening staff explore this information with reporter that they were unable to provide.

An example of objective documentation is as follows:

Sgt. White requested a caseworker 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 Smith and her 18-month-old brother Jason Smith 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 reporters

Support reporters making child maltreatment reports throughout the process.

Intake/screening staff 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. It is helpful to have access to interpreter services for reporters, as needed, to ensure effective communication of information. 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 whom 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. A family's cultural context and background is an important consideration when taking 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 caseworkers 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. Protective factors include:

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

Intake data collection

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

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

- Open-ended questions are used for the purpose of encouraging reporters 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 an

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 likely yield a "yes" or "no" response. Whenever possible, follow closed-ended questions with open-ended ones. For instance, "Where were the parents when you took the child to the doctor?"
- Use probing questions 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 "uhhuh" 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 an understanding of their point. For example, "You said the child is fearful. Did I hear you correctly?"

Direction is used when a reporter does not know what information is needed or is too emotional to know how to proceed. Give directions, letting reporters know what information is needed, without being authoritarian or bureaucratic. For example, "I need more specific information to understand what happened. I will ask you a series of specific questions. Please answer them as best you can."

Use redirection to interrupt if information provided is unproductive or not relevant to the purpose of a report. For example, "Let's go back to when you told me that this is not the first time this child was 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 was abused or neglected. Acknowledge their role in keeping children safe, whether they are a family member, 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 child welfare system overall. For example, "I appreciate the concern you have shown for this child/family. 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."

Use summarization to briefly cover important information that has been gathered to see if the reporter provided everything that is critical. Often, combining summarization with a final probing question is effective. For example, "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/ren?"

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 they are abusive. For example, “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 or cursing.”

It is important to let reporters know the next steps, but not give them information that is unknown. It is also important to remind them that information collected is considered private data.

The following information should be documented when possible from reporters and entered in the Social Service Information System record:

- Reporter’s information: Name, address, phone, relationship to family reported, source of information (witnessed, heard, etc.)
- Child’s name, date of birth or approximate age, gender, race, ethnicity, citizenship status (refer to language under “Non-discrimination in screening;” citizenship status must not impact agency screening decisions); functioning, special needs, disability, or vulnerability, which include other alleged victim/s and any children living in the household, or that an alleged offender may access.
- Primary language of family and need for an interpreter.
- Any reason to believe a child may have lineage to an Indian tribe/s, if so, which tribes, if known.
- Permanent address and current location of child (if different).
- Child’s school or daycare/child care.
- Whether a child is in immediate danger, and a description of threats to their safety.
- Description of child’s condition/s, and whether harm was observed or indicated, including size, coloration, and location of observable injuries.
- Whether there has been a medical examination, if so, where.
- Reporter’s understanding of impact, or likely impact, of alleged maltreatment to a child.
- Names and ages of other children in 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, caregivers or adults 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 child victim/s. In allegations involving known or suspected sex trafficking, offenders may be unknown or may be a non-caregiver/non-family unit individual.
- Family’s awareness of reporter’s contact with agency.
- Alleged offender’s awareness of reporter’s contact with agency.
- Whether reporter has notified any other agency or individual of information provided.
- How family may respond to intervention and services.
- Reporter’s knowledge of family’s cultural beliefs and practices, and cultural context.
- What reporter thinks is going well for the family.

- Resources or supports that a family is currently engaging in.
- Resources or supports reporter knows of or believes would be helpful for the family.
- Description of when and where an alleged incident occurred.
- Specific description of what allegedly occurred (allegations).
- Names and contact information of additional witnesses to an alleged incident.
- Presence of domestic violence, criminal activity, including sexual exploitation, sex or labor trafficking of children, criminal activity with weapons, or other dangerous activities in the home.
- In calls regarding youth experiencing, or at risk of experiencing homelessness, exploitation or sex trafficking, screeners may use the child protection screening of sexual exploitation and sex trafficking flowchart in Appendix H, which includes a list of indicators of exploitation and trafficking.
- Description of any action a school and/or other facility or agency has taken in response to an incident, if allegation occurred within such a location.
- Reporter's awareness of immediate danger that would pose a safety threat for a child protection assessor or investigator. Reporter's knowledge of safety planning underway, or behaviors of parent/caregiver that demonstrate ability to protect a child from immediate danger.
- Reporter's awareness of immediate family/relative/community resources willing to offer protection or support.
- What reporter is willing to do (or has done) to help the family thus far.
- Additional information regarding a child and/or family that may be helpful.
- Whether reporter wants notification of the initial disposition.

Emergency child maltreatment reports

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

Documentation of child maltreatment reports

It is a requirement that all reports concerning child maltreatment be entered in SSIS as a Child Maltreatment Report. This documentation must be sufficient to adequately screen a report. Document the following information in the appropriate fields in SSIS:

- Client data, including:
 - Alleged offender/s.
 - Alleged victim/s.
 - Other children residing at least part time in the home of alleged offender.
 - Other relevant household members, including other foster children, when reports

are regarding licensed foster care.

- Collateral data, including reporter's name and contact information, and others who may have information about concerns that may be helpful in screening decisions.
- Allegation/s, including information given by reporter in response to questions.
- Sufficient information to describe 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 report in SSIS Intake workgroup Chronology folder.
- Identification of referrals for early intervention services, such as the Parent Support Outreach Program, or to pertinent community services and resources.
- Identification of those invited to participate on the screening team, and who was present.
- Both screened out and screened in reports must include narrative documentation in the Description of Incident or Comments section as to reasoning an agency used to screen a report.

Documentation of multiple reports for the same family

When a local child welfare agency receives multiple communications for the same family regarding the same/similar or different allegations prior to intake disposition, information from reporters can be documented within the same open SSIS Intake workgroup.

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

Documentation of new allegations received during open cases

When receiving a new report that includes the same/similar allegations that are currently receiving a child protection assessment or investigative response, screen in and refer to existing SSIS Assessment workgroup.

When receiving a new report that includes different allegations than currently being responded to, the new report is screened and assigned based on the new allegations. If screened in, the new allegations may or may not be appropriate to assess or investigate in the current open SSIS Assessment workgroup. Factors to consider in these situations include status of open assessment or investigation, required assignment path, worker or unit assigned, and nature of new allegations. 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 new allegations do not "restart" the required time frame. If a new report alleges substantial child endangerment or sexual abuse, complete an investigation, regardless of 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 involving a new/different allegation is screened in and referred to a current Assessment workgroup, unless child safety of alleged victim has already been evaluated by a child protection worker, face-to-face evaluation of child safety should be initiated based on identified safety threats. This should be completed no later than established time frames, immediately for allegations involving substantial child endangerment, and five calendar days for other reports.

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 current and new reports.

When a report describes an allegation that has already been assessed or investigated by child protection, in which an 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, document new child maltreatment reports in an Intake workgroup and screened accordingly. Make efforts to screen a new report with the ongoing case manager and their supervisor/manager. If screened in for assessment or investigation, open a new Assessment workgroup to address new allegation/s. All contacts should be completed in the Assessment workgroup, including a new adult interview or 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.

Mandated reporters are required to report all new child maltreatment concerns to the local child welfare or appropriate 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. It may be difficult to determine whether a new child maltreatment incident has occurred, especially in neglect situations or when safety planning occurred around a particular issue. In these circumstances, case consultation is encouraged.

Screening

Screening is the process of reviewing information provided by a reporter. Screen in reports of child maltreatment 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 a child, or at least one member of their family
- A report includes maltreatment allegations not previously assessed or investigated by local child welfare agency.

Consider all prior accepted and screened out reports of child maltreatment, and relevant child protection history, when screening a current child maltreatment report.

Screening timelines

The timeline for screening and responding to a report begins on receipt of information by the local social services agency of child maltreatment. This requirement must be met regardless of which agency is designated to receive reports of child maltreatment.

For cases requiring a 24-hour response, means agencies must screen a report and respond within 24 hours beginning with the date and time of receipt of report. For cases requiring a five-day response, agencies must respond within five days of receipt of a report.

24-hour coverage

Minn. Admin. Rule requires local child welfare agencies to be available on a 24-hour basis, seven days a week, including holidays, to respond to reports of child maltreatment, including imminent danger. The Rule is as follows: The local agency shall ensure that child protective services are available on a 24-hour basis to respond to reports alleging imminent danger. [Minn. Admin. Rule]9560.0232, subp. 1] 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. Rule 9560.0214, subp. 12]

To meet this requirement, local social service agencies may provide one or more after-hours crisis response, on-call or some other contracted service, and access to supervisory consultation. Reports should be screened by local social services agency on-call staff and a supervisor or their designee, whenever possible.

Child maltreatment reports are received by the local social services agency or its on-call staff/agency, which may be law enforcement. When designating this responsibility to law enforcement, a memorandum of understanding (MOU) must be in place.

Local welfare agencies are encouraged to work with their county or tribal administration, or regionally, to accomplish this after-hours requirement. Local agencies may also develop a regional response system.

Imminent danger reports

When children are identified in reports of imminent danger, immediate (no later than 24 hours) face-to-face contact with alleged victims and their primary caregiver must occur. [Minn. Stat. 260E.20, subd. 2] If initial face-to-face contact is delegated through an MOU, or contract with an outside social service provider, it must be submitted to the Minnesota Department of Human Services. Contracted social service providers must comply with and make decisions in accordance with Minnesota statutes and rules; the Minnesota Child Maltreatment Intake, Screening and Response Path Guidelines; and other department guidance provided regarding intake, screening, response path assignment; initial face-to-face contacts; safety assessment and planning.

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. Rule 9560.0214, subp. 12] Local social service agencies are required to respond to reports including imminent danger immediately, and no later than 24 hours, regardless of child's in-home or out-of-home placement status.

Documentation in the Social Service Information System

When the Social Service Information System is not immediately available during after-hours reports document reports in SSIS no later than the next business day. However, access to SSIS is required to fully review case history and other data relevant to child maltreatment reports.

When contracted agencies are responding to reports of child maltreatment, a clear process must be in place between the local child welfare agency and the contracted agency regarding communication and data entry of a child maltreatment report, and any subsequent contact with child, family, and collaterals, such as law enforcement. Give consideration to outlining this process in any MOU or contract to ensure all parties are clear regarding responsibilities.

Cross-agency agreements

An agency that partners with law enforcement, and/or regionally across local social service agencies, formal written cross-agency and/or regional agreements to meet staffing and protocol requirements must be developed in written format. Agreements must be reviewed by county attorneys and tribal representatives and submitted to the department.

Screening team

Screening teams are the ideal method of screening reports. In the absence of a team, child protection supervisor or designee must confirm screening decisions. Local child welfare agencies are encouraged to include other professionals on the screening team, such as law enforcement; county attorneys; tribal representatives, including tribal law enforcement and child welfare workers; mental health professionals; and physicians to strengthen decisions. To ensure confidentiality and allow for exchange of information, the screening team process should be conducted pursuant to the law on multi-disciplinary child protection teams. [Minn. Stat. 260E.02] Under this statute, all members of a team must sign a data-sharing agreement approved by the commissioner of the Minnesota Department of Human Services, which allows for the local welfare agency and members of a team to share information, and provides that the data discussed is confidential. See Appendix E for Multi-disciplinary Screening Team: Agreement relating to protected nonpublic and confidential data form.

Include tribal representation on a screening team when child's tribe is known at screening and a tribal representative is available. It is best practice to collaborate with and include tribes at the earliest point in making screening decisions. 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. This follow-up should occur as soon as possible.

The screening team, a supervisor or designee, upon review, should consider the behavior or action under review as to whether a reasonable person would conclude alleged harm, including reported injuries, resulted from maltreatment. Consider the totality of circumstances in all reports.

When ambiguity exists regarding a screening decision, the screening team, or in the absence of a team, the screening supervisor, should consult with the county attorney or tribal representative to determine whether a report should be screened in or out. Agencies may also use the Rapid Consultation system (888-234-1138) to assist in guiding screening decisions (see Rapid Consultation system section).

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

Minn. Stat. 260E.14, subd. 3, 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 appropriate law enforcement, except for reports meeting criteria under sex trafficking beginning May 29, 2017. However, if a report indicates that a

parent or guardian knew about maltreatment and failed to protect, open a report involving the parent/s for a child protection assessment or investigation.

Persons considered included in a family unit responsible for children'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 employed to take care of a child
- Adults who were residents of the home at the time of alleged maltreatment but no longer reside with family.

Persons considered included in the definition of significant relationship include (only applies to sexual abuse cases):

- Parent/s, 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 or stays intermittently or regularly in the same house, apartment or other dwelling. Intermittently includes, but is not limited to: Frequent, but discontinuous stays across time, with intervals or intermissions; normalcy in staying at a residence; does not require residency. County attorney or tribal representative consultation is suggested when questions arise. Adult who lives or stays intermittently or regularly in the same house, apartment or other dwelling refers to adults residing intermittently in a child's household, not to a situation where child is residing in the home of an adult without authority to care for them.

Reports of abuse between foster siblings or a foster child and biological child of a licensed, or in the process of being licensed, foster family should be screened out and immediately referred to the appropriate law enforcement agency. The relationship between foster siblings and foster children and biological children does not meet the above definitions to meet criteria for a child protection response. In those situations, it is important to consider whether an allegation regarding lack of supervision by foster parent/s needs to have an investigation. An offer of social services may be required if there is a child crime victim.

Use of past history in screening reports

When determining whether a report is screened in or out, agencies 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 regarding a current screening decision of a facility, whether licensed or unlicensed. Agency staff may communicate with treating professionals and individuals as defined in Minn. Stat. 260E.20, subd. 3(d)(3), in making decisions.

Consider all prior accepted and screened out reports of child maltreatment in screening a current report. This includes case histories of all participants involved in a 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 reported, contact with the current worker and/or supervisor is strongly encouraged. When records exist in another county or AICWI tribe, make every effort to obtain relevant information to screen current reports; this includes use of “request access” to view another county’s SSIS data. When families are alleged to have had prior contact with child protection in another state, efforts to obtain that state’s data may be made to screen current reports.

Unborn children

Document reports received on unborn children and screen as a child protection report. Screen out these reports with the reason of “Unborn child.” A local agency response may be most appropriate to address concerns regarding a pregnant woman, and in some instances required.

Prenatal exposure to alcohol or other drugs

A referral about a woman who is pregnant and using alcohol, marijuana, or controlled substances for nonmedical purposes is a mandated report screened out for a child protection response, and referred to appropriate services. It is not a screened in child maltreatment report because there is no child yet. It is required that an offer of services be made. The best approach is an offer of early intervention for support and services to a pregnant woman before birth. Whether it is through general child welfare, adult services outreach, or the Parent Support Outreach Program, this is an opportunity to engage a woman in addressing her alcohol and other drug use concerns, delivering a healthy baby. Make referrals to culturally specific services that can best address a woman’s needs, when available. For example, if a woman is American Indian, ask if she would like to be referred to a 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 their derivatives, or alcohol use by a pregnant woman, require a child welfare response under Minn. Stat. 260E.31, 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 is engaged in habitual or excessive substance use, the local agency shall pursue a chemical health commitment. The definition of habitual and excessive use is using frequently and regularly in a continual or persistent manner to a degree that is more than normal or desirable.

For information regarding responding to prenatal exposure, see [Minnesota's Best Practice Guide for Responding to Prenatal Exposure to Substance Use](#).

Reports with deceased and unknown offender/s

When reports of alleged abuse or neglect are received and an offender/s has died or unknown, it should be screened in for assessment or investigation, if allegations meet criteria. Name a deceased individual (if known) as alleged offender in the child maltreatment report in SSIS. Complete Structured Decision Making tools based on circumstances at the time of maltreatment.

Reports involving alcohol or other drugs

When screening reports involving parental/caregiver use of alcohol or other drugs, the impact of use or misuse on child safety should be the primary consideration. If a report includes both parental/caregiver use of alcohol or other drugs, and information that a child's safety is being compromised because of use, a report should be screened in. The type of allegation selected will depend on information provided in a report, which may include, but not limited to:

- Failure to protect a child from conditions or actions that present serious endangerment
- Neglect regarding methamphetamine-related environmental hazards
- Neglect due to access to alcohol, controlled substances, or prescription drugs
- Neglect due to inadequate supervision
- Prenatal exposure to controlled substances or their derivatives
- Chronic and severe use of alcohol or controlled substance by a parent or person responsible for a child that adversely affects their basic needs or safety
- Physical abuse due to purposely giving a child alcohol or controlled substances to control or punish them
- Sex trafficking, where a third party receives drugs or alcohol from another person in exchange for sexual contact with children
- Threatened injury due to knowingly allowing a child to be at substantial risk.

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 is screened in or 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 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 screening decisions.

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 who may be in contact with alleged offender/s within the context of the child maltreatment concern reported. The following factors increase vulnerability of children and should be considered in screening decisions:

- 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 hyper-arousal symptoms.
- Concerns regarding the emotional and psychological attachment in the parent-child relationship.

Older children

Do not use age of a child solely as a reason to screen out a report of alleged child maltreatment. Use child vulnerability factors listed above to guide screening decision making for older children. Often, older children care for themselves out of necessity. However, the ability to self-care does not relieve parents of their legal responsibility to provide care or supervision. Consider circumstances leading to reports on an older child to determine if a case meets criteria for an assessment or investigation.

Homeless youth unaccompanied by a parent or guardian

Minors unaccompanied by a parent or guardian who lack a fixed, regular, and adequate nighttime residence are homeless. A fixed regular, adequate nighttime residence does not include:

- A shelter or transitional housing
- Staying in a temporary placement with a peer, friend, or family member not offering permanent residence, a residential lease, or temporary lodging for more than 30 days
- Staying in a public or private place not designed for, nor ordinarily used as, a regular sleeping accommodation for people.

Minors unaccompanied by a parent or guardian without shelter where appropriate care and supervision are available, or whose parent or legal guardian is unable or unwilling to provide shelter and care, are also homeless youth. [Minn. Stat. § 256K.45, subd. 1a(c) (2017)]

Receive homeless unaccompanied minor reports, documenting as a child maltreatment report and screened to determine if reports meets criteria for an assessment or investigation, or if referring youth for other services. Often, circumstances contributing to youth's homelessness are appropriate to document and screen, regardless of whether youth found an alternative place to stay. Consider the cause of homelessness and actions of a parent before and after homelessness occurs. Youth staying with a non-relative, non-Indian custodian without a DOPA are children residing with a caretaker without "authority to care for the child."

Impact

While some allegations in statute include impact on a child, many do not. Impacts can be inferred based on the totality of information known by 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 harm and danger itself, and likely impact that is reasonably believed to result. Impacts on a youth at 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 (see Appendix D for chart).

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 prior can still be made, and must be documented and screened accordingly. Voluntary reporters may share any type of reports, regardless of time frame. It is the local child welfare agency's responsibility to document and screen these reports.

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

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

- Whether a report alleges substantial child endangerment or sexual abuse.

If receiving a report regarding an alleged victim who is currently an adult (age 18 or older) regarding maltreatment alleged to have occurred when they were a minor, the report should be screened out. The SSIS documented reason is “no allegation meets criteria.” Appropriate law enforcement must receive notification of these reports. Prior to screening out these reports, obtain information to learn if there are children currently in the home whose safety may be jeopardized by alleged child maltreatment being reported. Depending on allegation, it may meet criteria for assessment or investigation regarding a child currently residing with or having access to alleged offender.

Contacting individuals beyond original reporter

Contacting an individual or professional other than reporter to assist in making screening decisions is permissible by law. [Minn. Stat. 260E.16] Collateral contacts must be made prior to screening decisions, and no later than 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 contacted by intake/screening staff as a collateral contact to provide requested information.

Use the following guide 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.
- Mandated reporters who have recent and regular contact with child such as school professionals, doctors, or others who have evaluated or maintain ongoing communication or care of child. This may also include mandated reporters who have an established relationship with 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 have knowledge about a parent or caregiver as a result of their involvement with or exposure to the parent/s or caregiver/s.
- Information shared with a collateral contact includes only what is necessary to inform a screening decision, and only what is relevant to current allegations, and individual’s relationship to participants.

The names of initial reporters remain confidential; this information cannot be revealed by agencies.

Make requests for relevant information from law enforcement agencies when it is pertinent to making a screening decision. Information may include domestic disturbance calls, arrests, warrants, convictions, orders for protection or restraining orders, probation or parole status. Intake/screeners may also access similar information through the Minnesota Judicial Branch website ([MN Judicial Branch Website](#)), or for additional access and in coordination with the county attorney or tribal representative’s office, use the website: [Minnesota Government Access](#). Intake/screening staff work with the screening team, or in the absence of a team, the screening supervisor, to determine information to request and how to access information.

County or AICWI tribes with responsibility for intake, screening, assessment and investigation

Reports must be addressed by local county agencies or AICWI tribes that receive information from a reporter. Do not direct reporters to another agency (unless there is mutual agreement by mandated reporters directed to the correct agency). Agencies do not refuse to take a report; an agency receiving a report should obtain a complete report and direct reports accordingly. When doing so, the priority is child safety and assuring a safety net at the first point of contact by streamlining receipt and review of reports. It is imperative to take action at the point of intake and screening to assure a 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, agency staff 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 agency responsible for intake, screening and either assessment or investigation of a report is the county of child's residence or AICWI reservation where child is a resident, or, in cases of imminent danger, the county or AICWI reservation where child was found.

Case 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 child was found, without regard to agency of financial responsibility. [Minn. Admin. R. 9560.0216, subp. 2] The responsible agency where child was found may contact the county or AICWI reservation agency where child is a resident and create a written agreement on a case-by-case basis for county of residency or AICWI agency to screen and investigate or assess a report. The responsible county or AICWI agency where child was found must ensure their safety prior to entering into an agreement with county of residence or AICWI agency.

The agency of financial responsibility determination under Minn. Stat. 256G is separate, and occurs after provision of child protective services.

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]

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

- Parent executed a delegation of power by parent or guardian under Minn. Stat. 524.5-211 for an individual to provide for child; this is commonly called a Delegation of Parental Authority (DOPA) and has specific legal requirements that must be met. Responsible agency staff is encouraged to consult with the county attorney or tribal representative when a delegation of parental authority by a parent is involved.
- For an Indian child, they are in the care of an Indian custodian, as defined under 45 USC 1903 (6).
- Child is in the care of an individual 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 child resided at the time of receiving a report. [Minn. Admin. R. 9560.0216, subp. 1a]

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

- Child resides or is a resident where their parent/s, guardian, legal custodian or caretaker **with authority to have the child lives**.
- To reside or be a resident means to have intent to live in a specific place. This guidance is subject to the following, if:
 - Child spends time with both parents but they live in two different counties and/or AICWI tribal reservations; the responsible agency is where the parent with legal and physical custody resides.
 - Both parents have legal and physical custody of child; the responsible agency is the county or AICWI tribe of residency of the parent where child primarily resides.
 - If both parents have legal and physical custody and child resides in both homes equally (e.g., one week with each parent); the responsible agency is the county/AICWI reservation where alleged offender resides, if only one parent is an alleged offender. When both parents are alleged offenders, the responsible agency is where a child can currently be found.

The following are 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 child is 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 child resides.
- Indian custodian: If an Indian child is with an Indian custodian, the county or AICWI tribal reservation where Indian custodian resides is the responsible agency.

When a Delegation of Parental Authority exists, consult with the county attorney and/or AICWI tribal representative.

Children in the care of an individual who is related, but 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.

In non-facility reports in which a child is in out-of-home care, the responsible agency is where residency was at the time of a report.

In non-facility reports in which a child is a ward of the state, the agency with responsibility for a child is the responsible agency. Guardianship to the commissioner grants on that agency responsibility for all aspects of care and decision making for child, except those consents specifically reserved for the commissioner.

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

When residency is unclear, agency staff should consult and create written agreements on a case-by-case basis. County attorney or tribal representative consultation involving both local agencies is encouraged when jurisdiction cannot be resolved. Consultation with the department's Rapid Consultation system may also be conducted to discuss jurisdictional issues.

Reports involving Indian children living on 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 Band of Ojibwe, White Earth and Red Lake Nations, and Bois Forte Band of Chippewa. When maltreatment is alleged to have occurred on tribal land involving an Indian child, the county agency shall immediately notify tribal social services and tribal law enforcement orally (e.g., phone) and in writing (e.g., email or fax) when a report is received. [Minn. Stat. 260E.12, subd. 1(c)] For other situations when a county agency is the lead, it is encouraged to contact tribal social services and ask that a tribal caseworker accompany a county worker when entering tribal jurisdiction.

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

Refer to Informing tribes of American Indian children involved in a Family Assessment or Investigation section for more information.

Non-discrimination in screening

A child's or family's race, ethnicity, political, immigrant, refugee, citizenship status, language, gender, or sexual orientation must not be a factor when making screening decisions for reports of alleged child maltreatment. Child safety issues alone should guide decisions.

Various factors in families can affect safety. Screeners and persons who conduct assessments or investigations shall take into account accepted child-rearing practices of the culture in which child participates that are not injurious to their health, welfare and safety. It is important to remain aware of the impact that historical trauma and current war-trauma has for families of color, American Indian, and immigrant families who become involved with the child protection system. For immigrant families, involvement in the child protection system may cause unique and severe collateral consequences for children and families. For all families, circumstances of poverty and financial hardship can cause additional stressors that can have an impact on child maltreatment.

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 parent does not care for or love their child.

Under these circumstances, county/AICWI tribal agencies work to assist parent/s in providing necessary care for child, but do not define parental behavior as neglectful. Often, the role of poverty is not understood when a report is made, but established later during the assessment or investigation phase. Minn. Stat. 260E.03, subd. 15, 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 perceived as neglect. It is important to understand that conditions of poverty can present differently depending on cultural practices 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. Staff can help differentiate issues stemming from parental neglect versus conditions of poverty by asking reporters clarifying questions. Questions that may be appropriate include, but are not limited to:

- What are family's support systems?
- Who might family call if they need help?
- What is known about family's economic situation?
- Have there been any recent changes for family?
- What kind of child care resources exist in the community, and does family have access to child care?
- Can issues reported potentially be explained by conditions of poverty?

Contacting collateral sources at the screening stage may help determine whether reported parental conduct stems from lack of resources or from withholding of available resources.

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 screened out for child protection response and immediately open 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, newborns must be left at a hospital or other approved setting, unharmed, within seven days of birth by the mother or person with 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 parents' capacity to provide for child safety.

Cross-notification with law enforcement

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

Local child welfare agencies or agency responsible for child protection reports, shall immediately (within 24 hours) notify the appropriate law enforcement agency when receiving a report. For cases involving sexually exploited or trafficked youth, multiple law enforcement jurisdictions may be involved in past or ongoing investigations regarding maltreatment. This must be done orally and in writing. This means all reports, whether screened in or out. The timing of this notification should correspond with screening decisions.

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

When alleged child maltreatment occurs on tribal land, the local child welfare agency or agency responsible for child protection reports, and local police department or county sheriff, shall immediately notify tribe's social services agency and tribal law enforcement when receiving a report. This must be done orally and in writing.

Reporter's name is not redacted in cross-reports to law enforcement. The requirement to keep a reporter's name confidential applies to law enforcement. [Minn. Stat. 13.82, subd. 8] Similarly, information is not redacted when notifying a tribe. Tribes have access to information without restriction. Tribes are also required to keep reporter's names confidential.

Reporter's identification is revealed only under court order.

Voicemails are an acceptable means to satisfy the oral report requirement. Document all cross-notifications in SSIS.

Birth Match

If an infant is born to a parent who had a previous involuntary termination of parental rights; transfer of physical and legal custody; a previous determination of egregious harm; or a previous determination of maltreatment categorized as death, near fatality, or serious injury; it 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 should be screened in and receive an investigation, unless the local child welfare agency is currently involved with the parent regarding the same newborn. Investigate all new Birth Matches regardless of previously conducted assessments or investigations on other children in the family; screen in and respond to each infant as a new child maltreatment report. This means the local child welfare agency must investigate all new Birth Matches for all infants. 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 committed an offense that triggers a Birth Match. [Minn. Stat. 260C. 503, subd. 2]

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 a Birth Match report, therefore, if screened in, a Family Assessment or Family Investigation may be initiated, depending on nature of a current report.

If agencies have an open assessment or investigation, or previously conducted an assessment or investigation with a family due to allegations unrelated to a previous termination of parental rights; involuntary transfer of legal custody; determination of egregious harm; or determination of maltreatment categorized as death, near fatality, or serious injury; open a new investigation to assess those allegations. [Minn. Stat. 260E.03, subd. 23(c)]

Child maltreatment allegation types

The following section outlines the types of child maltreatment allegations defined in Minn. Stat. 260E used in screening. These allegations include:

- Substantial child endangerment
- Sexual abuse
- Neglect
- Physical abuse
- Mental injury
- Threatened injury

Examples are included in many of the sections. These examples do not include a level of greater detail and context included in most child maltreatment reports. It is important to consider all available information presented in a report rather than relying solely on an example for guidance.

Substantial child endangerment [Minn. Stat. 260E.03, subd. 22]

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 of an unborn child resulting from vehicular operation, 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);
 - (9) 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. Stats. 260E.03, Subd. 22 (2), and 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
- 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.

- (3) neglect as defined in paragraph (g), 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 under section 609.322;
- (8) criminal sexual conduct under sections 609.342 to 609.3451;
- (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

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 is under age 4, 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.

(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 parents' rights
- The parent has committed sexual abuse as defined in section 260E.20, 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. 260E.20]

Sexual abuse means the subjection of a child by a person responsible for their care, or by a person who has a significant relationship to them, as defined in section 609.341, or by a person in a position of authority, as defined in section 609.341, subd. 10, to any act which constitutes a violation of section 609.342 (criminal sexual conduct in the first degree), 609.343 (criminal sexual conduct in the second degree), 609.344 (criminal sexual conduct in the third degree), 609.345 (criminal sexual conduct in the fourth degree), or 609.3451 (criminal sexual conduct in the fifth degree).

Sexual abuse also includes any act which involves a minor which constitutes a violation of prostitution offenses under sections 609.321 to 609.324 or 617.246. Effective May 29, 2017, sexual abuse includes all reports of known or suspected child sex trafficking involving a child who is identified as a victim of sex trafficking. Sexual abuse includes child sex trafficking as defined in section 609.321, subds. 7a and 7b. Sexual abuse includes threatened sexual abuse, which includes the status of a parent or household member 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).

See Identify households/caregivers for purposes of Family Investigation or Family Assessment section for definition of significant relationship.

Criminal sexual conduct

Criminal sexual conduct includes conduct in the:

- First Degree, Minn. Stat. 609.342
- Second Degree, Minn. Stat. 609.343
- Third Degree, Minn. Stat. 609.344
- Fourth Degree, Minn. Stat. 609.345
- 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]

Criminal sexual conduct statutes further specify masturbation or lewd exhibition of 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.

Known or suspected sex trafficking

Sexual abuse under Minn. Stat. 260E.20 includes all reports of known or suspected sex trafficking involving a child. Sex trafficking is defined in section 609.321, subd. 7a: "Receiving, recruiting, harboring, providing, or obtaining by any means an individual to aid in the prostitution of the individual; or receiving profit or anything of value, knowing or having reason to know it is derived from an act described in clause (1)." Patrons and purchasers may not be charged with sex trafficking. [section 609.322] Sex trafficking requires a third party, is not the purchaser or the victim, facilitate or profit from the sexual acts.

Cases of known or suspected sex trafficking include allegations in which a youth or a reporter shares information that a third party (not child victim or buyer) has facilitated or financially benefited from an act of commercial sex (sexual contact in exchange for anything of value). Allegations that a youth was in a trafficking situation, or was depicted in advertisements for escort services online or otherwise should prompt further questions about whether a third party may have facilitated or profited from alleged sex acts.

The child protection screening of sexual exploitation and sex trafficking flowchart, in Appendix H, may be used by screeners, supervisors, or screening teams to decide whether a report meets criteria for sex trafficking. The flowchart also includes a list of indicators of sexual exploitation or trafficking, and a glossary of common terms.

Reports of sex trafficked youth will require a decision to screen in and conduct a child protection investigation, regardless of the relationship of alleged offender to a victim, which includes non-family and non-household members. [P.L. 114-22] When there is limited information about an alleged offender, or they are unknown, agencies should use the alleged offender description field in SSIS to complete a child maltreatment report. The alleged offender relationship status of “non-caregiver sex trafficker” is only used for allegations of sex trafficking, not for any other sexual abuse allegation type.

Agencies should accept and screen, in accordance with screening guidelines and respond appropriately. The screening team, a supervisor or designee, upon reviewing the behavior or situation being reported, should consider whether a reasonable person would conclude a child or youth involved is known or suspected to be a victim of sex trafficking under 609.321, subd. 7a. Use of a sex trafficking multi-disciplinary team (including a youth services or Safe Harbor provider), to screen for trafficking is highly encouraged.

All screening and responses to known or suspected sex trafficking should be trauma-informed, victim-centered, youth-directed to the extent practicable, strength-based and culturally responsive. This may include referral to or consultation with specialized Safe Harbor services. All callers reporting concerns of sex trafficking should be provided with regional navigator’s contact information at the time of a report. See the [Safe Harbor services referral map](#) for regional navigator contact information.

For information on the child welfare response to suspected cases of child sex trafficking and sexual exploitation, see the [“Best Practice Response to Trafficking and Exploitation of Children and Youth: A guide for county and tribal child welfare agencies.”](#)

Sexual exploitation and sexual performances

The statutory definition of child sexual abuse [Minn. Stat. 260E.20] also includes:

- Commercial sexual exploitation: Acts involving a minor which would constitute a violation of prostitution offenses under Minn. Stat. 609.321 to 609.324 if youth were an adult.
- Use of a minor in a sexual performance. The definition of sexual performance includes pornographic works involving a minor. [Minn. Stat. 617.246]

Consider children involved in these acts as sexually exploited youth. The definition of sexually exploited youth is broader than known or suspected sex trafficking, and includes all commercial (sex

in exchange for money, drugs, shelter, etc.), and non-commercial sex acts (sexual conduct with no exchange) involving a minor. [Minn. Stat. 260C.007, subd. 31]

Under this broad category of sexually exploited youth, 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 computerized or other electronic means. For example, a communication from any source comes to the agency regarding a child 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. Treat all information included in a communication 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 suspicious for sexual abuse. A child intentionally exposed to sexual activity for the purpose of sexual arousal or sexual gratification, whether live, video, written or pictorial.
- Younger children who have sexually transmitted diseases.

Screen in reports of these types of maltreatment if a parent, sibling or household member is involved in maltreatment. If an alleged offender is not a parent, sibling or household member, reports may be screened out. A child residing with an adult who does not have authority to care for a child does not meet the criteria for a significant relationship. This includes a child who is living in the household of another person who is sexually exploiting or trafficking them.

All reports, whether screened in or out by a local social service agency, must be cross-reported to law enforcement. [Minn. Stat. 260E.12] All sexually exploited youth should be considered crime victims and, therefore, must receive an offer of services or child welfare response. This may include referral to or consultation with specialized Safe Harbor services. See the [Safe Harbor services referral map](#) for regional navigator contact information.

All youth who are sexually exploited or at risk for sexual exploitation are eligible for community-based Safe Harbor supportive services.

Predatory offenders

Minn. Stat. 260E.03, subd. 20, states “Sexual abuse includes threatened sexual abuse which includes the status of a parent or household member who has committed a violation which requires registration as an offender under section 243.166, subd. 1b, para. (a) or (b); or required registration under section 243.166, subd. 1b, para. (a) or (b).” See Appendix G for a list of crimes requiring registration that apply in this situation.

Reports on a parent or household member who is registered or required to register as a predatory offender must be screened in as a sexual abuse allegation and receive a Family Investigation response. This includes parents who do not reside in child’s primary household.

Every time there is a new child born to a predatory offender, or living in the same household as a predatory offender, a new report is required, 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 must assess the situation to assure safety of 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 attorney or AICWI tribal representative is recommended.

To review the definition of who is required to register as a predatory offender, see: [Minn. Stat. 243.166 Registration of Predatory Offenders \(lists only non-compliant predatory offenders\)](#)

Threatened sexual abuse

Threatened sexual abuse, interpreted for these guidelines include, but are not limited to:

- Anything said or done that poses a significant danger that an offender will perpetrate, or attempt to perpetrate, sexual abuse with a child.
- An adult soliciting sexual activity with another minor (not a household minor), such as adults who are charged as part of a law enforcement investigation of sexually exploited youth.
- Threatening to have sexual contact with a child. This includes statements, behaviors, or actions that do not have to be overly aggressive, threatening or coercive, but 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 an action that could be recognized as a precursor to sexual abuse of a child.
- A person who has sexually abused a child, based on prior maltreatment determination or current credible statements, is residing with 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.

[Minnesota court conviction history](#) (search by last name, first name or soundex) provides full name, birth date and conviction history.

Child-to-child sexual behavior

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

- Span of age between the two children and whether or not the older child was responsible for younger child's care at time of alleged incident
- Developmental capacity of a 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.

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, this 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 a child or others.

When behaviors fall outside of normal, healthy development, a child protection response is appropriate when allegations meet the threshold of sexual abuse, regardless of children's ages. This includes when all children involved are under age 10 and no allegations involve caregivers. Do not identify alleged perpetrators under age 10 in the Allegations node in SSIS. Instead, enter alleged offender description as "Child under 10." [Minn. Stat. 626.556, subd. 10e(c)]

Neglect [Minn. Stat. 260E.03, subd. 15]

Neglect means the commission or omission of any of the acts specified under clauses (1) to (8), other than by accidental means.

At times, conditions such as poverty create circumstances in which a child may be neglected due to 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 parents' behavior as neglectful.

Consider the following conditions on a case-by-case basis when screening alleged reports of neglect:

- The concern poses a significant health or safety hazard
- A continuing pattern of neglect that poses a significant health or safety hazard
- Age and vulnerability of child.

Failure to provide necessary food [Minn. Stat. 260E.03, subd. 15(a)(1)]

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

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

Failure to provide necessary clothing [Minn. Stat. 260E.03, subd. 15(a)(1)]

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

- Who is without necessary protective weather gear and experiences frostbite on fingers while walking to school in winter
- Wearing clothing that is extremely small, dirty, or urine soiled to the point that they are teased by other children, or negatively impacted in other ways.

Failure to provide necessary shelter [Minn. Stat. 260E.03, subd. 15(a)(1)]

This means dangerous living conditions that fail to provide protection from weather conditions, or environmental hazards in a dwelling or on a property with the potential for injury, illness, and/or disease, under the control of parent/s or guardian/s. An example includes but is not limited to: youth kicked out of their home by parents and not allowed to return.

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 child resides. Examples of environmental hazards include, but not limited to:

- Failure to provide heat and sanitation that poses safety risks
- 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.

Sleep-related deaths or near fatalities

Child deaths or near fatalities due to sleep-related circumstances should be screened based on the totality of an event. A sleep-related death without additional factors does not necessitate a screen in for child protection response. Additional factors may include:

- Suspected involvement of alcohol or drug abuse or misuse
- Licensed foster home or daycare provider
- Supervision concerns.

Do not consider previous sleep-related education provided to parent/s and poverty-related sleep environments, which are not additional factors, in the screening process.

When instances meet criteria, cases are screened in for a Family Investigation due to substantial child endangerment. Agency staff should consult with medical provider/s when screening sleep-related death reports. Appropriate medical provider consults could include any medical provider that agency staff feels is able to provide relevant information needed to screen a report, including but not

limited to a member of an agency's multi-disciplinary team, a victim's attending physician, physician specializing in child abuse and neglect, and coroner.

Methamphetamine-related environmental hazards

Parent/s or caretaker/s who knowingly engage in any of the following activities in the presence of a child in a residence where they reside or in a building, structure, conveyance or outdoor location where a child might reasonably be expected to be present, is a hazardous environmental situation. This also includes rooms offered to the public for overnight accommodations, or in a multiple unit residential building. [Minn. Stat. 152.137, subd. 2] This may include, but 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 they have access. (For the criterion, the definition of controlled substance and amounts that qualify as a precursor are 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 or prescription drugs (not controlled substances), which results in child's harm, including sickness or internal injury, subjects a child to unnecessary medical procedures, or to control or punish them. This also includes knowingly and willingly permitting access to controlled substances, such as access to medical cannabis (THC/marijuana) not prescribed to child. This refers to access, and impact of access on a child, including but not limited to:

- A 2-year-old drinking alcohol from a cup that was accessible to them and they show signs of illness or intoxication
- Parent smoking marijuana in the same room as their 3-month-old
- Parent smoking marijuana with a child, or knowingly allowing them to smoke marijuana in the home.

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 a person's behavior is such that it creates an unreasonable danger to the safety of a minor, as established by clear and convincing evidence.

Agencies should seek medical guidance through their multi-disciplinary teams concerning reports of caregivers providing non-controlled prescription medications not prescribed to a child.

Failure to provide health, medical, or other care [Minn. Stat. 260E.03, subd. 15(a)(1)]

Health or other care means parent/s' failure to provide necessary care required for a child's physical or mental health when reasonably able to do so. This includes, but not limited to, persistent conditions of personal hygiene so extreme that 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 include the following three elements:

- Medical problem or condition that needs attention, and identification of recommended intervention/s
- Serious risk to 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 is concerned the parent is not following discharge care orders because child was showing physical or behavioral deterioration at school
- Home visiting nurse reports a child has a painful rash that is ongoing and not being treated by 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 medical care unmet by parent/s between home visits, and their health was declining
- Neighbor reports observing a child under age 1 with an extreme case of sunburn as evidenced by redness and blistering
- School nurse reports a child to have ongoing untreated head lice causing painful itching and bleeding lesions
- Physician reporting that a parent is unwilling to learn necessary medical care and/or obtain essential medical equipment for child who is medically ready for discharge from a hospital.

Do not construe a child is neglected solely because their parent/s, guardian/s, or person/s responsible for their care, in good faith, selects and depends on spiritual means or prayer for treatment or care of disease, or remedial care of child in lieu of medical care. [Minn. Stat. 260E.06, subd. 3]

A diagnosis of failure to thrive by a physician due to parental neglect is a condition of medical neglect. For statutory definition, see "Failure to provide necessary food."

Medical neglect of an infant [Minn. Stat. 260E.03, subd. 15(a)(6)]

Medical neglect of an infant includes, but not limited to, withholding of medically indicated treatment from a disabled infant with a life-threatening condition. “withholding of medically indicated treatment” means: “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 a 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 a physicians’ reasonable medical judgment...”

Failure to protect a child from conditions or actions that present serious endangerment [Minn. Stat. 260E.03, subd. 15(a)(2)]

“Failure to protect means the failure to protect a child from conditions or actions that seriously endanger a 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. 260E.03, subd. 15(a)(2)] These are allegations of substantial child endangerment and must receive an investigative response.

Examples of parental failure to protect include, but 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 child’s physical or mental health. Serious endangerment in these situations includes, but not limited to, use of guns, knives, or other weapons, sexual exploitation, sex trafficking, or threats of violence, or actions resulting in harm to a victim.
- Parent/s, guardian/s, or person/s responsible for child’s care, do not protect them from someone who poses a serious threat to their safety, and parent/s or caretaker/s do not act to protect them.
- Reports of ongoing abuse between siblings that results in physical injury and parent/s or caretaker/s do not act to protect child.
- Parent/s, guardian/s, or other person/s responsible for a child’s care arrested for driving under the influence of alcohol or drugs with children in the vehicle, or credible information that alleges this occurred. An example 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 getting off the tractor to greet the visitor, stumbled, slurred his speech, smelled of alcohol, and was observed drinking a beer.
- Drug raids where a child is present and illegal drugs found.
- Access to a loaded firearm that is likely to substantially harm a child’s physical health or cause their death that includes:

- Access to firearms. A person is guilty of a gross misdemeanor when negligently storing or leaving a loaded firearm in a location where person knows, or reasonably should know, that a child is likely to gain access unless taking reasonable action to secure a firearm from access by child. [Minn. Stat. 609.666, subd. 2]

Reports of firearms in a home may be received by agencies, but reporter does not know if they are loaded or unloaded. In these situations, agency staff is advised to consider totality of circumstances, including but not limited to the following factors:

- Unsupervised access to a firearm by a child
- Age of child
- Child vulnerability factors listed on pg. 27 of the guidelines
- Any history of depression, delinquency, anti-social behavior, or other possible indicator that a child may be contemplating suicide
- Words or actions by a child that indicate contemplation of causing harm to themselves or others.

Failure to provide necessary supervision or child care arrangements [Minn. Stat. 260E.03, subd. 15(a)(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 basic needs or safety of another child in their care. [Minn. Stat. 260E.03, subd. 15(a)(3)]

Modifying factors affecting screening decisions include:

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

Examples of parent/s not providing adequately for child's supervision and safety includes, but 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

- Using drugs or alcohol to the extent that it impairs parents' ability to provide supervision for child
- Youth living on their own and found without adult supervision and unable to return home.

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

- 7 and under left alone for any period of time
- 8-10 left alone for more than three hours
- 11-13 left alone for more than 12 hours
- 14-15 left alone for more than 24 hours
- 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
- Ages 11-15 placed in a child care role are subject to the same time restrictions of being left alone as listed above
- 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 timelines listed above, agency may refer the matter to appropriate law enforcement agency for an immediate child welfare and safety check.

Children who wander away or are found without adult supervision should be considered for assessment or investigation in consideration of the full circumstances known at the time of a report.

These may include, but are not limited to:

- Age and vulnerability of child
- Whether parent/caregiver knows a child has gone astray and is looking for them
- Whether parent/caregiver is impaired, incapacitated, or otherwise not available in any way at time of a report
- Safety threat/s that a child was exposed to at time of a report
- Whether a child was injured
- Prior reports of similar incidents or concerns
- How long child was without supervision.

Reports involving licensed facilities in which a child wanders away or is found without adult supervision (unless authorized) should receive a Facility Investigation.

School-age children who are required to walk to school due to transportation patterns set by the local school district may also fall outside of the timelines listed above.

Failure to ensure education [Minn. Stat. 260E.03, subd. 15(a)(4)]

Chronic school absences may be an indicator of other concerns in a 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 persons responsible for a child's care have not ensured they are enrolled in school, and attending school according to expectations of the school district, and that a child is not in compliance with statutory requirements defined in Minn. Stats. 120A.22 and 260C.163, subd. 11. A child's absence from school is presumed to be due to parents', guardians', or custodians' failure to comply with compulsory instruction laws [Minn. Stat. 260C.163, subd. 11 (a)-(b)] if:

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

Failure to ensure education does not include parents' 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. 260E.03, subd. 15(a)(4)]

When a child is age 12 and older, and enrolled in school, it is a truancy matter unless there is information to suggest parental responsibility. Generally, accept truancy cases under child welfare, rather than child protection.

Failure to ensure education includes youth who are not enrolled or attending school and have not legally withdrawn from school, and information suggests homelessness contributed to youth's education status.

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

- Children under age 7 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 not limited to, enrollment of a pupil in another school, or the immaturity of child.
- Every child between 7 and 17 years of age must receive instruction. If a child is not enrolled in school and is required to be, that would qualify as a screened in report.
- Students age 17 are required to attend school unless legally withdrawn. Steps to withdraw a student legally at age 17 are outlined in Minn. Stat. 120A.22, subd. 8. A student and parent or guardian must:
 - Attend a meeting with school personnel to discuss educational opportunities available to students, including alternative education opportunities.
 - Sign a written notice of intention to withdraw a child from school.

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

- Unexcused absences for seven days for child in elementary school
- Absences of one or more class periods on seven school days if child is in middle, junior high or high school
- Those 17 years of age have the same standards as middle and junior high school students, unless lawfully withdrawn from school.

When an agency has an open child protection service, including assessment, investigation, or case management, additional reports of absences beyond the thresholds above seven days for a child in elementary school or one or more class periods on seven school days if a child is in middle, junior high or high school should be added in the existing total, and does not initiate a new report. If a child has seven unexcused absences and a new report is made of an additional unexcused absence, child will have eight unexcused absences.

When an agency has an existing child protection workgroup open and receives additional reports that a child has unexcused absences beyond the thresholds above, reports are screened in and referred to open child protection assessment or case management workgroup. If there is not a current open child protection assessment, investigation, or case management workgroup for educational neglect, that new report initiates a new assessment or investigation, assuming it meets criteria.

In situations where a school has excused multiple absences and/or caregiver reports that a child is out due to repetitive undocumented illness, it may be necessary to gather more information from the school. Communicating with the school support staff (school caseworker, counselor or nurse), or school administrator (principal, assistant principal, dean), may be needed to inquire how absences are affecting educational progress, and if there are specific developmental needs of a child. A school may require a doctor's note or documentation of a chronic medical condition to continue to excuse absences.

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. Stats. 260E.03, subd. 15(a)(5); 260E.31 and 253B.02]

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

Prenatal use is evidenced by withdrawal symptoms in an infant at birth, or by results of a toxicology test performed on a mother at delivery or 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. 260E.03, subd. 15(a)(5)]

Document all reports of prenatal exposure 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 are opened for services prior to birth to provide them with services and treatment, as needed.

Once an infant is born, if they experienced substance exposure for nonmedical purposes, the concern meets statutory requirements for neglect due to prenatal exposure of a controlled substance or alcohol. This exposure could include withdrawal symptoms at birth and/or positive toxicology test results. This is a new referral of alleged child maltreatment 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 a child's basic needs and safety [Minn. Stat. 260E.03, subd. 15(a)(7)]

Chronic use of alcohol or controlled substances by a parent or person responsible for care of a child that adversely affects their basic needs and safety means meeting each of the following criteria:

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

This may include, but not limited to, access to any methamphetamine paraphernalia or other drug paraphernalia with sufficient controlled substances on an 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 adverse effects to a child, the following factors are important:

- Age of child, particularly birth to 5
- 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 being unsupervised
- Multi-drug use by a parent and/or exposure to multiple drugs
- Previous services offered but not followed up on by parent/caregiver, or services provided to parent/caregiver to address alcohol or other drug addictions which have been unsuccessful due to continued use.

Physical abuse [Minn. Stat. 260E.03, subd. 18]

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 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 is screened in as 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 use of reasonable force by a teacher, principal, or school employee. Actions not reasonable and moderate include, but 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 3.
- Striking or other actions that results in non-accidental injury to a child under 18 months.
- 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 not limited to, firearms, flammable liquids, or any device designed as a weapon.
- Striking a child under age 1 on the face or head.
- Striking a child who is at least 1, but under age 4, 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 not prescribed for them by a health care practitioner 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 them to medical procedures that would otherwise be unnecessary. This may also include food or household cleaners where a child experiences pain, suffering, or other harmful or dangerous effects. Medical consultation is suggested.
- Aversive/deprivation procedures, such as unreasonable physical confinement or restraint that includes, but not limited to, tying, caging or chaining. [Minn. Stat. 609.379 and section 125A.0942 or 245.825]

Physical injury to a child, other than by accidental means, includes but not limited to, bruises, scratches, lacerations, abrasions, swelling, burns, as well as more serious injuries, causing extensive tissue damage. "Unreasonable interference with a child's breathing" could be characterized as choking a victim with or without breathing interference reported.

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

A visible injury at the time of receipt of a report is not necessary to screen in under physical abuse. A reported injury may meet criteria if it involves additional elements outlined in this section. If a child reports that they were kicked by their father resulting in an injury, which is no longer visible; this report meets criteria for assessment if child and/or family can be located, and allegation has not already been assessed.

When determining whether an object is a weapon, or when an object that is not usually considered a weapon, is being used in a way that could produce death or great bodily harm, it is recommended that local welfare agency staff consult with the county attorney.

Female genital mutilation

Reports that a minor child has been the subject of female genital mutilation (FGM), also called female genital cutting, while residing in Minnesota is screened in for physical abuse if a parent performs, participates in, or allows the procedure. Consider such reports as egregious harm under substantial child endangerment, requiring a 24-hour investigative response. [Minn. Stats. 260C, subd. 14, and 609.378] This does not include reports of FGM where the procedure occurred outside of the U.S., prior to a family residing in Minnesota.

Threat of female genital mutilation

Reports that a minor child residing in Minnesota is at risk of being subjected to FGM because a parent, guardian, or primary caregiver is planning for a FGM procedure should be screened in for threatened physical abuse. This also includes minor children taken out of Minnesota to have the procedure.

Cross-reporting

Upon receipt of a report alleging or threatening FGM, agencies must follow cross-notification requirements to appropriate law enforcement. Agencies should also contact the Federal Bureau of Investigation (FBI) Tip Line to inform federal partners of a report.

FBI Tip Line: 1-800-225-5324.

Female genital mutilation is a violation of Title 18, U.S. Code, section 116; and Minn. Stat., section 609.2245.

Mental injury [Minn. Stat. 260E.03, subd. 13]

Mental injury and emotional harm refer to a substantial and observable injury to a child's psychological capacity or emotional stability that is either inflicted or caused by neglectful behavior on the part of a 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 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 effects in a child’s behavior, emotional response, or cognition include, but 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, isolates themselves out of fear of rejection from peers, 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 experienced.

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

- Rejecting – an adult refuses to acknowledge a child’s worth, and legitimacy of their needs, withholding love, affection or attention.
- Isolating – extreme over control or limiting behavior, an adult cuts a child off from normal social experiences, prevents them from forming friendships, and makes them believe that they are alone in the world.
- Terrorizing – an adult verbally assaults a child, creates a climate of fear, bullies, harasses, interrogates, degrades, frightens them, or forces them to do degrading things.
- Corrupting – an adult mis-socializes child, stimulates them to engage in destructive, dangerous, or illegal/anti-social behaviors, or in any way causes them to be unfit for normal social experiences.
- Other behaviors include:
 - Parental behavior that interferes with parent-child attachment, resulting in substantial impairment to child’s development.
 - Caregiver attempts repeated suicide, involves a child in suicidal threats, a child finds their caregiver has attempted or is attempting suicide, or child is involved in notifying emergency services.
 - Intensity, duration and frequency of parental behavior has potential impact to a child.

Threatened injury [Minn. Stat. 260E.03, subd. 23]

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 not limited to, exposing a child to a person responsible for their care, who has:

- Subjected a child to, or failed to protect them 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.
- 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 parent/s are deemed to be unable to care for their child for the foreseeable future. Termination of parental rights permanently severs 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.
- 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 a legal custodian transfers 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 not limited to:

- Adult holding a weapon to a child.
- Threatening serious harm, such as throwing objects at a child that could cause serious harm, threatening them with known weapons, hurting or threatening to hurt other family members or animals, reckless discharge of a firearm.
- Placing a child at substantial risk, such as knowingly allowing them to be a passenger with an intoxicated driver, or exposing them to persons or circumstances that would reasonably place a child in a situation where they could be seriously harmed.
- A caregiver who has a previous voluntary termination of parental rights or voluntary transfer of physical and legal custody which originated from 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.
- Parent who has another child while another of their children is under a Child in Need of Protection or Services petition. This is dependent on circumstances of past allegations, current circumstances, and risk to a newborn.

Birth Match

Local child welfare agencies or responsible social services agencies shall accept Birth Match reports 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

There are times when domestic violence and child maltreatment co-occur. In these situations, a report must meet the statutory threshold for physical abuse, mental injury, threatened injury,

sexual abuse, or neglect of a child (see previous sections). In most cases, a child must be involved in or otherwise situated in a location that puts them at risk during incidents of domestic violence. When screening reports of domestic violence consider the totality of circumstances. There must be an allegation of child maltreatment that meets criteria for assessment or investigation before responding under a child protection response.

In situations of domestic violence, allegations concerning a child protection response are made against the perpetrators of violence.

There must be an allegation of child maltreatment that meets criteria for assessment or investigation to open a child protection response. Conditions of domestic violence may meet the definition of threatened injury, neglect, or mental harm and include, but not limited to, any of the following:

- When injuries to a parent, caregiver, or offender potentially are life threatening or permanent, or a parent or caregiver receives internal or other serious injuries, such as broken bones, broken teeth, burns, injuries requiring sutures, and injured to the degree that they are unable to provide care for their children
- Weapons are used or threatened
- When objects are used as weapons in the course of domestic violence and there is an impact on a child
- Sexual assault occurs during domestic violence and witnessed by child/ren
- A child intervenes in the course of domestic violence, such as making a 911 call for fear of harm to themselves or others in a residence
- A child inserts themselves as a shield to protect a parent or caregiver, is physically restrained from leaving, or is used as a shield during an assault in an incidence of violence
- An alleged offender does not allow a protective parent and child access to basic needs, impacting their health and safety
- Violence is increasing in frequency and severity
- When kidnapping, or threats of kidnapping, suicide, or homicide occur
- When an alleged offender has killed, substantially harmed, or is making believable threats to do so to anyone in a family, including extended family members and pets
- When a child has persistent and prolonged fear for their life, or the life of a parent or person responsible for their care, or the life of someone else in relation to an incident.

Agencies are strongly encouraged to develop collaborative relationships with local domestic violence programs and to share contact information for those programs with interested families and individuals coming in contact with the child protection system. Whether an abused parent seeks out and follows through with receiving services from a domestic violence program is a decision that only abused parents can make based on their knowledge and assessment of the risks and benefits involved.

To locate a domestic violence program/provider by county, go to [Minnesota Coalition for Battered Women](#).

To locate a domestic violence program/provider by phone, call the [Minnesota Day One Crisis Line](#) at 1-866-223-1111. Day One provides information and referrals via email at safety@dayoneservices.org, or text 612-399-9995.

When working with an American Indian victim of domestic violence, call the [StrongHearts](#) hotline at 1-844-7NATIVE (1-844-762-8483), Monday through Friday, 9 a.m. to 5:30 p.m. CST. StrongHearts is a culturally appropriate, anonymous, confidential service dedicated to serving American Indian survivors of domestic violence, concerned family members and friends.

For screened out reports, voluntary responses, such as child welfare or Parent Support Outreach Program, may be appropriate, depending on circumstances.

When working with families experiencing domestic violence, caseworkers should refer to [Minnesota's Best Practice Response to the Co-occurrence of Child Maltreatment and Domestic Violence](#).

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. For child protection responses, child safety is of paramount concern.

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 under the following circumstances:

- Does not meet maltreatment criteria.
- Not enough identifying information.
- Already fully assessed – includes those investigations or assessments that have been completed. *
- Other jurisdiction:
 - 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.

Note: All written and oral reports, whether screened in or out, must be cross-reported to law enforcement.

* Some items may also require notification to other agencies, such as a licensing agency, or legal authorities.

Retain all records regarding screened out reports for five years. 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, and in some cases must 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 responses:

- Child welfare response
- Parent Support Outreach Program
- Other type of assessment or service offer.

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

Mandated offer of services for child victims of crimes

If a reported allegation pertains to a child who is the victim of an alleged crime, including sexual exploitation and labor trafficking, by a person who is not a parent, guardian, or sibling, or person responsible for a child's care, an agency shall offer appropriate services to safeguard and enhance child's welfare. Such services may include therapy/counseling, offered as a child welfare response or children's mental health service. Such services are voluntary on the part of parents/guardians for a child. [Minn. Stat. 260E.12, subd. 1(d)]

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 families 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 Band of Ojibwe, Red Lake Nation, and White Earth Nation. Eligible families must have been exposed to two or more risks associated with child abuse and neglect, and responsible for the care of at least one child age 10 or younger. Risk factors include, but 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 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 permits. 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, report these allegations through intake, documented as an Intake workgroup in SSIS, and screened accordingly. **Do not** assess allegations of child maltreatment in PSOP. A family's case should not be open for both PSOP and child protection case management at the same time. The intention of PSOP is to provide early intervention services before need for child protection services.

Responses to reports of alleged child maltreatment

Once a report of child maltreatment is screened in, it must be assigned to a response path, depending on the nature of 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. Immediately provide reasonable efforts or active efforts for American Indian children.

Screened out reports may also receive a child welfare response, depending on the nature of a report, age of children, and available local agency resources.

Screened in reports

Assign **all** screened in reports to one of the following response paths, depending on reported concerns:

- Family Investigation
- Family Assessment
- Facility Investigation

All of the three child protection responses are required under Minnesota Statute, and are not voluntary. All three focus on child safety as the priority. A Family Investigation, Family Assessment, or Facility Investigation must all be completed within 45 days of date of receipt of a report. 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 receipt of report. [Minn. Stat. 260E.24] 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 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 overview

Family Investigations 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 additional considerations or vulnerabilities exist 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. 260E.03, subd. 22] Also, investigate reports involving child fatalities or near fatalities. Investigations are sometimes conducted with appropriate law enforcement as part of a police investigation. Depending on circumstances of a report, a local child welfare agency may decide to assign a report not involving substantial child endangerment for an investigation. When this occurs, it is discretionary Family Investigation because it is at the discretion of a child welfare agency as to when it will provide an investigation response, even though a situation may not be 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 regarding 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 overview

Reports not involving substantial child endangerment, sexual abuse, or situations of serious danger, may be assigned for a Family Assessment. Reports that provide information indicating less serious safety concerns for children may be appropriate for Family Assessment response. Reports involving child fatalities or near fatalities are not appropriate for a Family Assessment.

Family Assessment involves gathering facts to thoroughly evaluate child safety, risk for subsequent child maltreatment, and 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. If parents and agency staff jointly agree to address unmet needs with family support or family preservation services, ongoing

child welfare case management may be provided. This option only applies when an agency determines there are no child safety concerns or significant risk of subsequent child maltreatment.

No determinations of maltreatment are made in Family Assessment response. Two decisions are made at the conclusion of a Family Assessment, whether:

- Child protective services are needed
- Agency and parent/s jointly agree to family support services.

Facility Investigation overview

Facility Investigations are conducted when allegations of maltreatment involve child foster care, including foster families licensed by tribes, either currently or in the past (when an allegation involved a foster child), or in the process of being licensed, if child is in placement, family child care, or legally unlicensed child care. This also includes reports involving children served by an unlicensed personal care provider organization under Minn. Stat. 256B.0659. [260E.14]

Other types of facilities are investigated by other entities, including the Minnesota Departments of Education, Health and Human Services. Facilities are held to 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 for maltreatment
- Whether a facility was responsible
- If child protective services are needed.

Response path assignment

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 Assessment is no longer identified in state statute as the preferred child protection response for reports that do not allege substantial child endangerment or sexual abuse.

Things to consider when receiving and screening in a report on a family who has had a previous or current child protection assessment/investigation or case management include:

- 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 their child’s needs
- 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 there is court involvement or permanency being sought regarding an open case management situation.

The following provides specific guidance on path assignment decisions.

Family Investigation assignment

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. 260E.03, subd. 22 (1) – (12)] These include:

- Abandonment
- Assault in the first, second, or third degree
- Criminal sexual conduct
- Egregious harm
- Malicious punishment/neglect/endangerment of a child
- Manslaughter in the first or second degree
- Murder in the first, second, or third degree
- Neglect due to failure to thrive
- Failure to protect from serious endangerment
- Parental behavior, status or condition mandating TPR filing
- Birth Match
- Sexual abuse (including sex trafficking by unrelated or unknown alleged offenders)
- Predatory offender status
- Sexual exploitation
- Solicitation of children to engage in sexual conduct
- Solicitation, inducement, and promotion of prostitution
- Use of a minor in a sexual performance.

Depending on circumstances of a report, local agency child protection staff 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
- 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
- Need for legal intervention due to criminal activities in the home
- Other verifiable and documented reason, as approved by screening supervisor
- Agency decision
- Involves licensed or unlicensed provider.

Other considerations include:

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

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 assigned as a discretionary Family Investigation response if an allegation is not already alleged egregious harm requiring a mandated Family Investigation. An immediate response is suggested in these types of allegations. If a local welfare agency does not discretionarily assign to Family Investigation, consult with the county attorney or tribal representative.

A Family Investigation is strongly encouraged when allegations involve child maltreatment by a licensed child care provider to one or more of their own biological or adopted children during non-business hours. 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. Any report involving a licensed or in the process of being licensed foster home is not appropriate for a Family Investigation response. These should receive a Facility Investigation.

Family Assessment assignment

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 not limited to, those that indicate low risk, such as:

- First-time reports regarding child supervision
- 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, are 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 use of court intervention to protect a child. Agencies are strongly encouraged to use multi-disciplinary teams, consultation with a county attorney or tribal representative, and/or the Rapid Consultation system, to assist in making decisions involving frequency, recency, or severity of child maltreatment concerns.

When using Family Assessment, a local child 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.

Switching response path during assessment or investigation

Switching response paths during an assessment or investigation is permissible in some situations. Switching response paths is best when done in the early phases of an assessment or investigation, and only after completing initial face-to-face contact with alleged victims and caregivers. Along with additional and encouraged consultation with the county attorney or tribal representative, 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:

- Allegations of serious and significant physical abuse, including broken bones, bruising, burns, etc., which would indicate an investigation. Upon making contact with the victim, a worker sees none of those physical injuries are present and no active safety concerns. Workers may find it appropriate to switch from a Family Investigation to Family Assessment.
- Situations in which a parent is arrested for driving under the influence with children in the car must be opened as a Family Investigation. If after opening, agency determines there are no other safety concerns (such as excessive speed, accident, history of alcohol/drug-related charges, impact on children, child protection history), parent is cooperative and open to services, and there is an established safety plan, it may be appropriate to switch from a Family Investigation to Family Assessment.

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

Do not switch response paths from Family Investigation to Family Assessment to avoid collateral consequences, such as a determination of child maltreatment. Switching response paths from Family Investigation to Family Assessment should only occur in situations where facts no longer support the initial report of substantial child endangerment.

Facility Investigation assignment

Reports involving children being served by licensed, legally unlicensed, or required to be licensed child care providers, foster care providers and unlicensed personal care providers [Minn. Stats. 256B.0659, 260E.14] must be screened and assigned under the Facility Investigation path. Minn. Stat. 260E prohibits the use of Family Assessment in facilities requiring licensure. This includes any maltreatment reports received that allegedly occur during business hours, regardless of whether an alleged child victim is a providers' own child (biological or adoptive), or a child being provided care.

Use Facility Investigation when allegations involve child maltreatment by a licensed foster care provider. This includes alleged maltreatment to the licensed foster providers' own child (biological or adoptive), regardless of whether there are foster children currently placed in the home. Licensed foster homes do not have business and non-business hours, therefore, the time of alleged maltreatment does not limit the Facility Investigative response. This helps assure the safety of all children coming in contact with a foster care provider. A provider's behavior affects the lives of other children and is relative to licensure. A Facility Investigation also includes allegations of maltreatment to foster children by a former foster parent who is no longer licensed. If a child maltreatment report involves the biological or adoptive child of a foster provider who is no longer licensed, it may be screened as either a Family Assessment or Family Investigation.

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, outside of a child's residence. Child care provided at a child's residence is considered legally unlicensed only when other non-resident children from one single family are also being cared for at the same time.

Examples assigned for a Facility Investigation include, but not limited to, a:

- Child being cared for by an unrelated individual in the home of the unrelated person while parent is at work
- Child is being cared for by a grandparent after school every day at grandparent's home
- Child is being cared for in their home by a relative, who is also taking care of their own children, and another unrelated family's children
- Person is receiving child care assistance to care for a child.

Reports involving child care providers who are required to be licensed, but are not, should be assigned for a Facility Investigation.

Legally unlicensed child care does not include care in a child's residence when no other children are also being cared for – this is considered babysitting or nanny care. Unless a caregiver also meets the

definition of household member and/or significant relationship (previously defined), or if indication that a parent knowingly selected an inadequate or inappropriate care provider; these reports are screened out and referred to appropriate law enforcement.

Examples considered for Family Assessment or Family Investigation include, but not limited to:

- Parent allows a vulnerable adult to provide care and/or supervision to a young child
- Parent allows a child to be cared for by someone with a previous involuntary termination of parental rights or involuntary transfer of legal and physical custody
- Report alleging maltreatment against a nanny who resides in household
- Report alleging maltreatment against a grandparent who resides in household.

Some child care being provided in a building (e.g., fitness center, church), when parents are still onsite, or within a school (e.g., after school programs), may not be required to be licensed, and not included in the definition of unlicensed child care. Refer these reports to appropriate law enforcement. See Appendix G for reference.

Unlicensed personal care assistant (PCA) must be investigated by local agency. The following links help determine if a personal care provider organization is licensed:

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

To determine whether a PCA is the local agency's responsibility to investigate, it is important to know what type of service a child was receiving at the time of alleged maltreatment. A reporter may not know this information, so a local agency may have to call the agency where a PCA is employed and ask for the billing code to determine the type of service being provided. Use the following link to determine the service being provided using the [billing code](#). Once the service is identified use Appendix F – Licensed and Unlicensed Services – to determine agency responsibility. Consultation with the department's Licensing Division, and/or Minnesota Department of Health, may be necessary to determine responsibility.

When a PCA is employed by an agency that is headquartered in a different county from which they provide care, the county with investigative jurisdiction is the one in which they provide care. For example, if a maltreatment report is made regarding a PCA who provides the majority of their care in the home of an individual in county A but is employed by an agency headquartered in county B, the county in which the individual resides and they provide the majority of care is the county of investigative responsibility. In this example, the investigation would be the responsibility of county A.

Refer reports involving licensed home care providers to the Minnesota Department of Health intake number: 651-201-4200, or 800-369-7994.

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

- Personal care assistant providing services to only one individual receiving Medical Assistance payments

- 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 13 years and older of a licensed facility and a person responsible for a child’s care. This is consistent with requirements that all household members 13 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 caregiving responsibility, no matter how short the duration or infrequent.

Reports of child deaths or near fatalities occurring in a licensed or requiring licensure facility is assigned for a Facility Investigation. This includes a child death or near fatality:

- In a family foster or family child care home when a child who died is being served by the provider, regardless of reported circumstances of child’s death or near fatality
- Resulting from alleged maltreatment when a child who died is a biological or adopted child of a foster care provider.

This does not include a child who died of alleged maltreatment during non-business hours when they are the biological or adopted child of a family child care provider. These must receive a Family Investigation.

Informing tribes of American Indian children involved in a Family Assessment or Investigation

The local child welfare agency shall provide immediate notice to an Indian child’s tribe, including tribes located outside of Minnesota, when an agency has reason to believe a Family Assessment or Investigation may involve an Indian child as an alleged victim. Immediate notice means within 24 hours. The notice must be by telephone and email or fax, 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 a case plan. The immediate notice to tribes is a requirement of the Minnesota Indian Family Preservation Act. [Minn. Stat. 260.761, subd. 2]

Informing tribes of American Indian children in out-of-home placement

The local welfare agency remains responsible for providing an Indian child’s tribe with notice according to the federal Indian Child Welfare Act when an Indian child is at risk of out-of-home placement, in out-of-home placement, or will be the recipient of services lasting more than 30 days. An ICWA notification must be received by Indian child’s parents, Indian custodian and tribe/s, with copies provided to the Bureau of Indian Affairs regional office by certified or registered mail 10 days prior to an out-of-home placement proceedings with return receipt required. Tribe/s may participate in child custody proceedings, or may choose to exert tribal jurisdiction over a child. If the identity or

location of the parent or Indian custodian and tribe cannot be determined, such notice shall be given to the U.S. Secretary, Midwest regional office (Bureau of Indian Affairs) in the same manner as above requesting assistance. [25 U.S. Code 1911 (b) and 1912 (a)]

Before making decisions that may affect an Indian child's safety and well-being, or when contemplating out-of-home placement of an Indian child, local child welfare agency must seek guidance from:

- Indian child's tribe on family structure
- How a family can seek help
- What family and tribal resources are available
- What barriers a family faces that could threaten their 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. This helps to ensure the best interest of an Indian child is addressed, and supports active efforts underway by continuously involving Indian child's tribe to preserve families and prevent placement of Indian children, and if placement does occur, to return them to their family at the earliest time possible. Examples of active efforts include, but are not limited to:

- Providing services such as financial assistance, food, housing, transportation, in-home services, community supports, and specialized services to keep families together.
- Notifying and consulting with extended family or tribe/s to help with cultural connections and supports for children and parents, and to identify and serve as a placement and permanency resource for children.
- 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.

A list of Minnesota tribes, including contact information, resources, and websites, is at: [Indian child welfare: Policies and procedures.](#)

[For ICWA/MIFPA policy/practice questions, contact the DHS Indian Child Welfare Unit at DHS.ICWA.MIFPA@state.mn.us.](#)

A list of Bureau of Indian Affairs contacts by tribe and location is at: [List of Bureau of Indian Affairs contacts.](#)

Record retention

Maintain screened out reports in accordance with Minn. Stat. 260E.35, subd. 6(c).

Keep the following records for five years:

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

Keep the following records for 10 years **from date of last entry of case in SSIS**:

- Family Investigations resulting in maltreatment determinations
- Family Assessments or Investigations resulting in the need for child protective services
- Facility Investigations resulting in maltreatment determinations.

Maintain Parent Support Outreach Program case management and child welfare services records for **four years** from date of last entry of case in SSIS.

Rapid Consultation System

In September 2014, Governor Mark Dayton directed the department to implement the Rapid Consultation system to provide consultation to county and tribal child welfare staff when making decisions regarding the safety of children, especially in challenging situations. A child safety consultant coordinates the Rapid Consultation system line. To access the dedicated toll-free number for the Rapid Consultation system, caseworkers, their supervisors and/or the screening team can call **888-234-1138** or email DHS.CSP.RapidConsult@state.mn.us to schedule a consultation time. Once receiving a consultation request, a time is scheduled for the earliest time possible, but no later than within 24 hours of receiving the initial request.

Child protection caseworkers and their supervisors are encouraged to access Rapid Consultation, as needed, to help guide decision-making in challenging case situations, including but not limited to:

- Screening
- Track assignment
- Safety planning
- Maltreatment determinations
- Case planning.

Minnesota Department of Human Services

oversight

The department provides 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 ensure child safety, including:
 - When a screening decision has been reviewed by department staff 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 or tribal representative's office is encouraged in these situations.
- Correct documentation and maintenance of reports.

Appendix A – Definitions

Active efforts – This 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 – This 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 conditions.

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

Child maltreatment – Physical or sexual abuse, mental injury, or neglect of a child as defined in Minn. Stat. 260E, 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 list 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.

Domestic violence – Means existence of a pattern of power, control and fear in current or former intimate relationship through use of violence and other forms of abuse. Adults perpetrating domestic violence use an array of tactics to create and maintain power, control and fear in their victim. This includes but not limited to: Coercion; physical, emotional and psychological abuse; sexual abuse and violence; isolation; stalking; threats of harm; intimidation; financial abuse and exploitation; and maltreatment of children, pets, and other family members. (Note: This is a common practice definition of domestic violence and does not fully parallel Minnesota criminal statutes.)

Female genital mutilation – Also known as female genital cutting or FGM, is the practice of intentionally cutting or altering female genital organs for non-medical reasons.

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 an Indian tribe, or is eligible for membership in an 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 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 Band of Ojibwe, Red Lake Nation, and White Earth Nation.

Near fatality (maltreatment determination severity) – Hospital admission and a high level of medical intervention is required, such as emergency surgery to alleviate a life-threatening injury, cardio-pulmonary resuscitation (CPR), administration of NARCANS, intubation or admission to pediatric intensive care unit.

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 use of opium, cocaine, heroin, phencyclidine, methamphetamine, amphetamine, tetrahydrocannabinol, or habitual and excessive use of alcohol.

Reasonable efforts – Means an agency has made reasonable efforts to prevent placement of a child in foster care by working with a 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 in the community.

Report – A call or communication received by an agency from a reporter who intends to inform an 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 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 families 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.

Serious injury (maltreatment determination severity) – Broken bones, or an injury that may result in long-term disability or deformity, injury which results in TBI, internal injuries which are not categorized as life threatening, blows to the head or face (child age 6 or younger), genital injury, burns, sexual abuse, or serious mental or emotional impairment.

Sexually exploited youth – An individual who is:

- (1) Alleged to have engaged in conduct which would, if committed by an adult, violate any federal, state, or local law relating to being hired, offering to be hired, or agreeing to be hired by another individual to engage in sexual penetration or sexual conduct;
- (2) A victim of criminal sexual conduct described in section 609.342, 609.343, 609.344, 609.345, 609.3451, 609.3453, 609.352, 617.246, or 617.247;
- (3) A victim of a federal crime involving transportation of a minor for sexual purposes; or
- (4) A sex trafficking victim as defined in section 609.321, subd. 7b.

Sex trafficking Defined in Minn. Stat., section 609.321, subd. 7a: “Receiving, recruiting, harboring, providing, or obtaining by any means an individual to aid in the prostitution of the individual; or receiving profit or anything of value, knowing or having reason to know it is derived from an act described in clause (1).” Patrons may not be charged with sex trafficking. [section 609.322] Sex trafficking requires a third party who is not the purchaser or the victim, or who facilitate or profit from the sexual act. Sex trafficking is a form of sexual abuse, even when an offender is a non-caregiver.

Significant relationship – A situation in which an alleged offender is a child victim’s parent, step-parent, 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 staff response to reports of registered predatory offender requirements under the Maltreatment of Minors Reporting Act and Minn. Stat., chapter 260C, are below.

Part 1. Steps in handling reports of registered predatory offenders: Accepting a report and assigning to investigation.

1. The local agency accepts a child maltreatment report of a parent or household member of a child who has committed a violation that 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). [See part 3 for a list of crimes under section 243.166 that apply to reports under this section]
2. Since sexual abuse is substantial child endangerment which is required to be assigned to the investigation path and requires 24-hour response, local agency staff:
 - Must have face-to-face contact with 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 alleged offender. Interviews may take place at school.
 - Whenever possible, interviews of victims must be audio-video recorded.
3. An agency may change from an investigation to an assessment if it determines that a complete investigation is not required. If it changes response paths, caseworker must document reason/s for terminating an investigation and notify local law enforcement, if law enforcement is conducting a joint investigation.
4. Agency staff determines whether child maltreatment occurred, if the matter remains in Family Investigation response path; if a matter is in Family Assessment response path, agency does not address maltreatment; in either path, agency determines the need for child protective services.

Statutes

Minn. Stat. 260E.06 (requires reporting child maltreatment); 260E.03, subd. 7, (defines child maltreatment to include sexual abuse which, in turn, includes threatened sexual abuse. Threatened sexual abuse includes the status of parent or household member who requires registration as an offender under Minn. Stat. 243.166, subd. 1b (a) or (b), or required to be registered under Minn. Stat. 243.166, subd. 1b (a) or (b).

Minn. Stat. 260E.03, subd. 6

Minn. Stat. 626.556, subd. 10 (a) (2) (i); Minn. Stat. 626.556, subd. 10(i)

Minn. Stat. 260E.13

Minn. Stat. 260E.20, subd. 2(a-c)

Minn. Stat.260E.17, subd. 1(e)

Part 2. Handling reports of registered predatory offenders: Consultation with the county attorney's office.

Agency staff must ask the county attorney to immediately file a termination of parental rights petition when receiving a report that a parent committed an offense that requires registration as a predatory offender.

The county attorney must file a termination of parental rights petition unless they and agency staff agree:

- Transfer of permanent legal and physical custody is in a child's best interest, or
- 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 interest of a child.

A petition is not required if county attorney determines there is no legal basis to file a petition.

Statutes

Minn. Stat. 260C.503, subd. 2(6)

Minn. Stat. 260C.503, subd. 2(d)

Part 3. Crimes requiring predatory offender registration under Minn. Stat. 243.166, subd. 1b, parag. (a) or (b)

609.185(a)(2): Murder in the first degree where person causes the death of a human being while committing, or attempting to commit, criminal sexual conduct in the first or second degree with force or violence.

609.25: Kidnapping

609.342: Criminal sexual conduct in the first degree.

609.343: Criminal sexual conduct in the second degree.

609.344: Criminal sexual conduct in the third degree.

609.345: Criminal sexual conduct in the fourth degree.

609.3451, subd. 3: Felony criminal sexual conduct in the fifth degree.

609.3454: Criminal sexual predatory conduct.

617.23, subd. 3: Felony indecent exposure.

609.2325, subd. 1, paragraph (b): Criminal abuse where caregiver, facility staff, etc., engages in sexual contact or penetration with resident, patient or client.

609.255, subd. 2: False imprisonment where a person commits intentional restraint. Someone lacking lawful authority intentionally confines or restrains someone else's child under age 18 without consent of their parent or custodian, or any other person without that person's consent.

609.322: Solicits, promotes, induces, receives profits from, re: prostitute under age 18.

609.324: Violation of Order for Protection based on inducing, coercing, soliciting, promoting prostitution of a minor.

609.352: Soliciting a minor to engage in sexual conduct where a person over age 18 solicits child, or someone reasonably believed to be a child, to engage in sexual conduct. Includes electronic solicitation.

617.246 : Using a minor in a sexual performance.

617.247 : Possessing pornographic work involving a minor.

609.3455, subd. 3a: Person sentenced as a patterned sex offender.

Appendix C – County and AICWI tribal consultations

Required county/AICWI attorney consultations

Immediate filing of a Termination of Parental Rights (TPR) petition

Local welfare agency staff must ask the county attorney to immediately file a Termination of Parental Rights petition when:

- Child has been subjected to egregious harm
- Child has a sibling who has been subjected to egregious harm
- Child is an abandoned infant as defined in Minn. Stat. 260C.301, subd. 2(a)(2)
- Child’s parent has a prior involuntary TPR
- Child’s parent has committed sexual abuse against a child, or another child of the parent
- Parent has committed an offense that requires predatory offender registration
- Child’s parent has prior involuntary transfer of permanent legal and physical custody.

[Minn. Stat. 206C.503, subd. 2(a)(1)-(7)]

Birth Match

Birth Match reports involving prior involuntary Termination of Parental Rights or Transfer of Physical and Legal Custody. [Minn. Stat. 260E.14, subd. 4(b)]

Modifications to screening guidelines

Process for proposing screening guideline modifications to commissioner is outlines in:
Minn. Stat. 260E.15.

Suggested county/AICWI attorney consultation

Screening

When there is ambiguity regarding a screening decision, the screening team, or in the absence of a team, the screening supervisor, should consult with the county attorney or tribal representative’s office to determine whether a report should be screened in or out.

Minnesota Department of Human Services screening reviews

When a screening decision has been reviewed by the department that results in a recommended screening action other than the action a local child welfare agency is taking or has taken, the agency director or designee will be notified. Consultation with the county attorney or tribal representative’s office is encouraged in these situations.

Prenatal substance abuse

If a pregnant woman refuses recommended voluntary services or fails recommended treatment, and is engaged in habitual or excessive substance use, the local agency shall pursue a chemical health commitment.

Intakes involving sexually exploited or sex trafficked youth

Intake/screening staff are encouraged to consult with the county attorney or AICWI tribal representative on alleged child maltreatment involving sexually exploited or sex trafficked youth. Agency staff should consult with the county attorney or tribal representative about the definition of sexual abuse and whether an investigation is required by law for reports of any act that involves a minor that constitutes a violation of prostitution offenses under sections 609.321 to 609.324, or 617.246.

Definition of weapon

When trying to determine whether an object is a weapon, or when an object that is not usually considered a weapon is being used in a way that it could produce death or great bodily harm, it is recommended that local welfare agency staff consult with the county attorney.

Discretionary Family Investigation assignment for 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

Agencies are encouraged to assign any 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, to a discretionary Family Investigation response if an allegation is not already alleged egregious harm requiring a mandated Family Investigation. If a local agency does not discretionarily assign to Family Investigation, staff should consult with the county attorney or tribal representative.

Frequent, recent, multiple reports regarding the same household

Agencies are strongly encouraged to use multi-disciplinary teams, consultation with a county attorney or tribal representative, and/or the Rapid Consultation system to assist in making decisions involving frequency, recency or severity of child maltreatment concerns.

Switching paths

When switching response paths, agency staff is encouraged to consult with the county attorney or tribal representative in these situations for potential court intervention.

Appendix D – Allegations and impact indications

Allegation **Indicates impact (yes/no) to screen**

Sexual abuse or threatened sexual abuse **No**

Neglect **Yes**

- Failure to provide necessary clothing
- Access to alcohol or prescription drugs (non-controlled substances)
- Chronic and severe use of alcohol or controlled substance by a parent or person responsible for care of a child that adversely affects child’s basic needs and safety.

Neglect **No**

- Failure to provide necessary food
- Failure to provide necessary shelter
- Environmental hazards
- Methamphetamine-related environmental hazards
- Access to controlled substances
- Prenatal exposure to controlled substances or their derivatives
- Failure to provide health, medical, or other care
- Medical neglect of an infant
- Failure to protect a child from conditions or actions that present serious endangerment
- Failure to provide necessary supervision or child care arrangements
- Failure to ensure education.

Physical abuse **No**

Mental injury **Yes**

Threatened injury **No**

Appendix E – Multi-disciplinary screening team agreement sample

Multi-disciplinary Screening Team Agreement relating to protected nonpublic and confidential data

This agreement shall be interpreted pursuant to laws of the state of Minnesota, Minn. Stat. 260E, and shall apply to the county name goes here (local county/tribal agency name, hereinafter named “agency”) and the undersigned individual who is a member of the Multi-disciplinary Screening Team (hereinafter “member”).

[Person’s name goes here] has been appointed to serve on the Multi-disciplinary Screening Team pursuant to Minn. Stat. 260E; and

Pursuant to Minn. Stat. 260E, person’s name goes here is authorized to have access to nonpublic data as 0. 260E, data acquired by the Multi-disciplinary Screening Team in the exercise of its duties is protected nonpublic or confidential data as defined in Minn. Stat., section 13.02; and

Pursuant to Minn. Stat. 260E, the proceedings and records of the Multi-disciplinary Screening Team are protected nonpublic data as defined in section 13.02, subd. 13, and/or protected health information under the federal Health Insurance Portability Accountability Act (HIPAA), 45 CFR, section 164.501; and

Dissemination of such protected nonpublic or confidential data other than authorized by statute may subject the agency to civil or criminal sanctions as set forth in Minn. Stat., sections 13.08 and 13.09 (1988);

Person’s name goes here agrees that no confidential or protected nonpublic data collected, maintained, or used in the course or performance of my duties as a member of the Multi-disciplinary Screening Team shall be disseminated by me or at my direction, except as authorized by statute, either during my period or service on the team or thereafter.

(person’s name goes here)
Team member

Date:

[person’s name goes here]
Local agency social services director

Date:

Appendix F – Licensed and unlicensed services

Minnesota Department of Human Services, licensed services

245D

Basic 245D services:

- Any 24-hour emergency assistance
- Companion services (excluding services provided under Nat'l and Community Services Senior Companion Program)
- Homemaker/home management and ADLs (excluding providers licensed by the Minnesota Department of Health under chapter 144A, and those providing cleaning services only)
- Night supervision
- Personal support services
- Respite care services

Some 245D services can be provided in either a licensed physical location (such as a community residential services facility) or an unlicensed physical location (such as an individual's apartment or parent's home).

Intensive 245D services

- Intervention support services:
 - Behavioral support, specialist services
 - Crisis respite
- In-home support services:
 - Independent living skills training
 - Residential-based habilitation (both supported living services provided in an adult's own home and in-home family support)
- Residential supports and services
 - Residential-based habilitation-supported living services
 - Foster care services (excluding EW/AC foster care services)
 - ICF/DD
- Day services:
 - Day training and habilitation
 - Pre-vocational
 - Structured day
- Employment services, supported employment

Other department licensed services

- Adult daycare
- Family adult daycare
- Elderly Waiver foster care
- Child foster care settings (including adults 18-21)

- Family adult foster care settings
- Chemical dependency treatment

- Detoxification services
- Residential services for individuals with physical disabilities (Rule 80)
- Residential services for individuals with mental illness (Rule 36)
- Intensive Residential Treatment Facilities (IRTS)
- Minnesota Sex Offender Program
- Regional treatment center/state hospital
- Children’s residential facilities (including adults aged 18-21)
- Child care centers

Minnesota Department of Health home care license

- Customized living
- Residential care services
- Extended nursing and home health aide (often referred to as PCA)
- Homemakers licensed under chapter 144A
- PCA under home health agency

Professional license

- Extended home health care services
- Extended nursing
- Various therapies

Unlicensed tier services: County jurisdiction

Unlicensed tier 1 services

- Assistive technology/assessment
- Caregiver training and education/coaching and counseling
- Environmental accessibility adaptation/home modification assessment
- Environmental accessibility adaptation/vehicle modification/assessment and installation
- Extended PCA
- Family training and counseling
- Home delivered meals
- Housing access coordination
- Independent living skills therapies
- Nutritional services
- Specialized transportation

Unlicensed tier 2 services

- Chore services
- Environmental accessibility adaptations/home modification/installations
- Homemaker/cleaning
- Transitional services/Elderly Waiver-related supports

Unlicensed tier 3 services

- Any 24-hour emergency equipment
- Assistive technology equipment
- Caregiver living expenses

- Caregiver training and education/education
- Family training and counseling/training
- Home and vehicle modification expenses
- Specialized equipment and supplies (including personal emergency response systems)
- Transitional services/items and expenses
- Transportation – common carrier

Unlicensed services: County jurisdiction

- PCA under personal care provider organization
- Privately paid care provider (friend, neighbor)
- Privately paid cleaning services

Appendix G – Facility Investigation responsibility

Local social services agency

- Family child care
- Unlicensed personal care service organizations under Minn. Stat. 256B.0659
- Child foster care
- Facilities licensed by the Minnesota Department of Corrections
- Legally unlicensed child care
- Corporate child foster care – residential settings (group homes)

Tribe

- Leech Lake, White Earth Nation, Red Lake Nation, and Bois Forte Band of Chippewa are responsible for investigating facilities they have respectively licensed located on their reservations.
- With exception outlined above, county agencies are responsible for child maltreatment Facility Investigations when a licensed tribal facility is located in county jurisdiction.

Minnesota Department of Human Services Licensing

- Child daycare centers/adult daycare centers
- Children’s residential facilities including:
 - Shelter placements
 - Minor parent programs
 - Residential chemical dependency treatment programs
- Home and community-based services (245D), including:
 - Respite care services
 - Crisis respite
 - Independent living skills
 - Supported employment
 - Community residential settings (CRS)
 - Day services facilities (DSF)
- Residential service programs for children with developmental disabilities
- Adult foster care
- Extended child foster care (18-21)
[Minn. Stat. 260E.14, subd. 1, licensed under chapters 245A and 245D, except for child foster care and family child care]
- Juvenile correctional facilities licensed under 241.021

Minnesota Department of Health

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

[Minn. Stat. 260E.14, subd. 1, licensed under sections 144.50 to 144.58, and 144A.46]

Minnesota Department of Education

- Public pre-school
- Public elementary school
- Public middle school
- Public secondary school
- Charter school [Minn. Stat. 260E.14, subd. 1, as defined in section 120A.05, subds. 9, 11 and 13; and chapter 124E]

When questions regarding lead agency responsibility occur, it is strongly recommended to contact and consult with the other potential lead agency. Some reports may be solely referred to appropriate law enforcement. This includes, but is not limited to, alleged maltreatment occurring in or by:

- After school programs
- Churches
- Gym daycare programs
- Park and recreation programs
- Autism centers
- Organized sport programs
- Camps (unless covered under 245D)
- Music or theater programs
- Boys and girls clubs
- Non-school employees

Appendix H – High risk indicators for sex trafficking

Child protection screening of sexual exploitation and sex trafficking

A screener or screening team can use this tool when they believe a reporter may be sharing information related to sex trafficking or sexual exploitation. In combination with supervisory discretion, this tool can help determine if a report meets criteria and which response path should be selected. Screen in all sex trafficking reports for child protection investigation, regardless of child’s relationship to alleged offender [\[260E.20\]](#). Screen out sexual exploitation reports involving non-caregiver alleged offenders and refer them for a child welfare response.

Terms used in this tool:

Exchange for anything of value: Trading money, drugs, shelter, food, protection, etc.

Facilitate: Receiving or obtaining (getting from someone), recruiting (inviting, asking), grooming (befriending, talking into, persuading), harboring (keeping in a place), providing (bringing)

MAARC: Minnesota Adult Abuse Reporting Center (1-844-880-1574)

Profit: Receiving money or anything of value, which may include drugs, alcohol, food, shelter, transportation

Pornography: Depiction of actual or simulated sexual conduct [\[Minn. Stat. 617.246, subd. 1\(f\)\]](#)

Regional Navigator: Regional point of contact for sexual exploitation and sex trafficking, including connecting exploited, trafficked or at-risk youth with appropriate services, outreach or education

Sexual assault: Non-consensual sexual contact or certain sexual conduct between an adult and a child [\[Minn. Stat. 609.342-609.3451\]](#)

Sexual contact or penetration: Intentional touching of one’s intimate parts, or any intrusion into body openings [\[Minn.Stat.609.341, subd.11 and 12\]](#)

Sex trafficking: Defined in Minnesota as the act of a third party, not the purchaser or the victim, facilitating or profiting from a commercial sex act performed by another person [\[Minn. Stat. 609.321 -609.322\]](#)

Sexual exploitation: Includes all commercial sex acts and non-commercial sexual abuse [\[Minn.Stat.260C.007 subd.31\]](#)

Sexual performance: 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 [\[Minn. Stat. 617.246, subd. 1\(d\)\]](#)

Indicators of sexual exploitation or trafficking

Each situation is unique and indicators alone should not be used to make a screening determination. Indicators include:

- Missing from home for extended time and unaccounted for; running away multiple times; kicked out of their home
- Signs of a controlling relationship or intimate partner violence
- Access to money/large amounts of cash, clothes or other expensive belongings youth could not afford on their own
- Use of social media and apps commonly associated with sex trading
- Multiple hotel cards, staying in hotels known for trafficking; pictures taken in hotel rooms
- Branding tattoos or markings; maybe name of trafficker or other ways of being marked by a trafficker
- Association with others known to be involved in trafficking, exploitation or sex trading
- Family members involved in sex or labor trafficking, prostitution or promotion of prostitution
- Involvement, solicitation or sex trafficking

