Minnesota’s Best Practices for Family Assessment and Family Investigation

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Contents

Family Assessment and Family Investigation Best Practices ................................................................. 4
Child protection response timeframes .................................................................................................. 4
Conducting criminal history checks .................................................................................................... 5
Tribal coordination .............................................................................................................................. 5
Child initial face-to-face contact and interviewing ............................................................................ 6
Adult interviews .................................................................................................................................... 10
Collateral information and interviews .............................................................................................. 11
Interview format for investigations ....................................................................................................... 11
Contacting the non-custodial parent .................................................................................................... 11
Safety planning ....................................................................................................................................... 12
Documentation of new allegations received during open cases ...................................................... 13
Switching response path during assessment or investigation ............................................................ 14
No basis for full assessment or investigation ..................................................................................... 15
Releasing data to mandated reporters .................................................................................................. 15
Medical evaluations ............................................................................................................................ 16
Birth Match .......................................................................................................................................... 17
High risk cases ...................................................................................................................................... 17
County or tribal attorney consultation ................................................................................................. 18
Final determinations ............................................................................................................................. 18
Providing final summary disposition to reporters ............................................................................... 20
Providing final determination letters to alleged offenders ................................................................. 21
Providing final determination letters to resident, non-offending parents ........................................... 21
Providing final determination letters to non-resident, non-offending parents .................................... 21
Maltreatment determination reconsiderations and appeals ................................................................. 22
Best practices and resources ............................................................................................................... 23
Trauma-informed considerations ......................................................................................................... 23
Considerations for working with immigrant and refugee families .................................................... 23
Safety-organized practice models ....................................................................................................... 27
Rapid Consultation System .................................................................................................................. 28
Appendix A – Definitions ..................................................................................................................... 29
Appendix B – Severity of maltreatment ............................................................................................... 32
Appendix C – Predatory offender legal reference chart ....................................................................... 33
Appendix D – County/AICWI tribal attorney consultation on assessment and investigation ............. 35
Required county/AICWI attorney consultations .................................................................35
Appendix E – Checklists .....................................................................................................37
Family Assessment checklist ..............................................................................................37
Family Investigation checklist ............................................................................................40
Appendix F – Assessment for physical abuse: Injury patterns, “red flags” and child abuse programs ........................................................................................................43
Family Assessment and Family Investigation Best Practices

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

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

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

For the Minnesota Child Maltreatment Intake, Screening and Response Path Guidelines, see Screening Guidelines. For an overview of the most recent changes in Minnesota laws pertaining to child maltreatment, see bulletin 15-68-08. For additional information regarding Investigative Protocols of Sex Trafficked Children and Youth see: bulletin 17-68-09. Minnesota’s Best Practice Guide for Responding to Prenatal Exposure to Substance Abuse is at: Prenatal Best Practice Guide. Minnesota’s Best Practice Response to the Co-occurrence of Child Maltreatment and Domestic Violence is at: Domestic Violence Best Practice Guide. For a comprehensive list of bulletins, go to the Minnesota Department of Human Services’ bulletin webpage at: Minnesota Department of Human Services bulletins.

Child protection response timeframes

The timeline for screening and responding to a report begins with 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. All reports and screening decisions must be entered into the Social Service Information System (SSIS) by the social service agency no later than the following business day.

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

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

Minnesota Statute also requires that reports assigned for a Family Assessment Response include face-to-face contact with a child and their primary caregiver within five calendar days (120 hours) upon receipt of a report. [Minn. Stat. 626.556, subd. 10 (j)] Best practice is to always make contact as soon as possible, regardless of response path, because face-to-face contact with a child and their primary caregiver is the first method of assessing child safety.

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

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

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

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

**Conducting criminal history checks**

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

**Tribal coordination**

A coordinated response between county and tribal agencies in Family Investigations and Family Assessments is strongly encouraged. For information on working with American Indian families see: [DHS Indian Child Welfare](https://www.dhs.egov.ohio.gov/dhs1/branches/child-families/child-welfare/indian-child-welfare/).

Child initial face-to-face contact and interviewing

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

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

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

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

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

Alleged child victims

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

It is the local agency’s responsibility to assess, face to face, the safety of children involved in an accepted child maltreatment report. This responsibility may not be assumed by law enforcement. If a report alleges a violation of criminal statute, the appropriate law enforcement agency and the local agency shall coordinate planning and execution of the respective investigation and assessment efforts to avoid duplication of fact-finding efforts and multiple interviews. [Minn. Stat. 626.556, subd. 10(b)(5)] When a local agency and law enforcement jointly determine that an interview by one person with a child who is reported to be maltreated is in the best interests of a child, and the interview is conducted by law enforcement, the interview can be substituted in place of a local agency interview. [Minn. Admin. R. 9560.0220, subp. 3]

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

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

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

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

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

**Child interviews**

Interviews of alleged child victims should be conducted in a method most likely to achieve a full understanding of a child’s physical and psychological safety, and to gather facts regarding alleged child maltreatment. This may involve interviewing an alleged victim alone and prior to contacting the parent or guardian. Both Family Assessment and Family Investigative responses allow for this type of child interview. For Family Assessments, it is preferred practice to request parents’ or guardian's permission to interview a child prior to conducting a child interview, unless doing so would compromise a safety assessment. [Minn. Stat. 626.556, subd. 10(d)]

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

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

When domestic violence concerns exist, all interviews must be planned with caution and with child safety as the paramount concern. Child interviews should include the child’s account of what they saw or heard, and how they understand the violence. Child interviews should take into account child’s age and developmental level. Interviewers should gather information as to the impact violence has on a child and safety concerns for themselves and the protective parent. Be aware that older children are more likely to minimize reports of violence out of loyalty to parents. Younger children may be more spontaneous and less guarded. Child interviews are an opportunity to address a child’s worries about safety, and prepare them with an idea of whom to call if they feel unsafe, and basic information about where they could go if there is violence and/or assaultive behavior. Information gathered from this interview should always be shared with a non-offending caregiver to help them understand the effects of domestic violence on a child, as long as child safety will not be compromised.

Meeting with a child at school or other location outside the presence of the parent/caregiver allows workers to develop an immediate safety plan for a child, and alleviate some of their fears. In situations like this, there is still an opportunity to respectfully engage the parent, and in
most cases, to both assure child safety and develop a positive working relationship with the
parent(s).

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

When observing children who are preverbal, it is important to gather information on their
development and observe the parent-child relationship. A child who is preverbal and is
experiencing maltreatment often demonstrates behavioral and developmental indicators that are
important to assess.

Multi-disciplinary teams play a critical role when forensic interviews are necessary. Attention to
trauma for a child victim should be at the forefront in the interview process. It is best practice to
coordinate with law enforcement and use a child advocacy center for an interview, or a
professional specifically trained on how to conduct effective forensic interviews. The decision
to use a child advocacy center is made by the child protection caseworker or law enforcement
officer upon learning a child may be a victim of sexual abuse, or witness to a violent crime.
When a forensic interview is indicated, fact gathering from any initial contact with a child victim
should be kept to a minimum prior to proceeding with a forensic interview. This is particularly
important because it can impact a criminal investigation. If a child undergoes detailed
questioning prior to a forensic interview, it may be compromised due to repetitive interviews.

When a forensic interview is required, or indicated, it is important to use a multi-disciplinary
team that includes child protection, law enforcement, county or tribal attorney, and other
stakeholders such as children’s mental health professionals and tribal representatives. Multi-
disciplinary teams involved with forensic interviews should have a written protocol in place
that includes clearly defined roles of team members.

Other children
Other minors who currently reside with, or who have resided with, an alleged offender should
be interviewed in the early stages of an assessment/investigation. The primary purpose is to
ensure child safety of all children who have or had contact with an alleged offender. These
interviews may also take place outside the presence of the alleged offender or parent, legal
custodian, guardian, or school official and without parent or legal guardian consent. [Minn.
Stat. 626.556, subd. 10(d)] The same provisions for these children should be made as with an
alleged child victim.
Court ordered child interviews
When an alleged offender or a person responsible for the care of an alleged victim or other minor prevents access to the victim or other minor by the local welfare agency, the juvenile court may order the parents, legal custodian, or guardian to produce an alleged victim or other minor for questioning by the local welfare agency or law enforcement outside the presence of an alleged offender, or any person responsible for a child's care, at reasonable places and times, as specified by court order. [Minn. Stat. 626.556, subd. 10(f)]

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

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

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

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

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

Alleged offender interviews in domestic violence cases
The Guidelines on the Co-occurrence of Domestic Violence and Child Maltreatment has information on assessment and interview strategies, safety plans, and services in domestic violence cases.
Collateral information and interviews
Collateral source information regarding alleged maltreatment and care of a child must be asked for during an assessment or investigation. Collateral information includes, when relevant:

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

Collateral interviews may include:

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

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

Interview format for investigations
When conducting an investigation, the local welfare agency shall use a question and answer interview format with questions as non-direct as possible to elicit spontaneous responses.

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

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

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

Contacting the non-custodial parent
Practice concerning non-custodial parent (NCP) contact varies among agencies. Caseworkers should consult with the county/tribal attorney for specific direction. It is best practice that custodial parents are notified that the agency will be contacting the NCP regarding the reported concerns. There are benefits of NCP involvement. The NCP or their family might be resources for support or respite; research shows that children’s contact with both parents leads to better outcomes for children. These benefits can be shared with the custodial parent. If a custodial parent expresses safety concerns about having the NCP contacted, document these concerns and consult with the county or tribal attorney. These situations may include domestic violence,
history of sexual abuse or other significant safety issues for either a child or a parent. In these circumstances, it may be important for safety reasons to not contact the NCP. If a situation requires court involvement, then contact is required.

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

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

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

A safety plan outlines the following:

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

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

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

These protective factors, along with other capacities specific to a family and their culture, are important within an initial and ongoing assessment of a child’s safety and well-being.
Safety planning when conducting an investigation of an alleged non-caregiver sex trafficking offender may look different. The focus of a child protection sex trafficking investigation is to secure safety and to provide services that are youth-directed to the extent possible. In sex trafficking investigations, a key element of safety planning is connecting youth to supportive services and may include specialized shelter or placement options through the Safe Harbor network of providers. SDM tools are not required if sex trafficking is the only allegation detail in the investigative workgroup.

**Documentation of new allegations received during open cases**

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

When a new report is received that contains different allegations than what are currently being responded to, new reports will be screened and assigned based on new allegations. If screened in, new allegations may or may not be appropriate to assess or investigate within a current open SSIS Assessment workgroup. Factors to consider in these situations include: Status of the open assessment or investigation, required assignment path, worker or unit assignment, and nature of the 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 a new allegation does not “restart” the required time frame. If a new report alleges substantial child endangerment or sexual abuse, an investigation must be completed regardless of the original path assigned. If a new allegation involves the same child, but a different household, it may be beneficial to open a new assessment or investigation.

When a new report involving a new/different allegation is screened in and referred to a current Assessment workgroup, unless child safety of an alleged victim has already been evaluated by the child protection worker, face-to-face evaluation of child safety should be initiated based on safety threats identified. 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 a current and new report.

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

If a current case is in the case management phase, any new child maltreatment reports must be documented in an Intake workgroup and screened accordingly. Efforts to screen a new report with the ongoing case manager and their supervisor/manager should be made. If screened in for assessment or investigation, a new Assessment workgroup to address the new allegation(s) should be opened. All contacts should be completed in the Assessment workgroup, including a new adult interview, a new child observation/interview, and use of Structured Decision Making instruments, based on new allegations.
Local child welfare agencies have varying practices on whether or not the same worker will complete a new assessment or investigation. Consider what is best for a child’s safety and well-being in each situation when making that decision.

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

Caseworkers responsible for ongoing child protection case management are required to report all new child maltreatment concerns to intake for screening purposes. It may be difficult to determine whether a new child maltreatment incident has occurred, especially in neglect situations or when safety planning has occurred around a particular issue. In these circumstances, case consultation is encouraged.

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

- Allegations of serious and significant physical abuse, including broken bones, bruising, burns, etc. which would indicate an investigation. Upon making contact with the victims, the worker sees none of those physical injuries are present and there are no active safety concerns. A worker may find it appropriate to switch from a Family Investigation to a 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, an 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 a Family Assessment.

A local 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 around child safety. When switching response paths, agencies are encouraged to consult with the county or tribal attorney in these situations for potential court intervention. The Rapid Consultation System is also available, as needed.

Response paths must not be switched from Family Investigation to Family Assessment to avoid collateral consequences, such as a determination of child maltreatment. Switching response paths from a Family Investigation to a Family Assessment should occur in situations in which there are no longer facts to support the initial report of substantial child endangerment.
No basis for full assessment or investigation
The local welfare agency, or agency responsible for investigating a report, may make a
determination of no maltreatment early in an assessment or investigation, close a case and retain
immunity, if collected information shows no basis for a full investigation. [Minn. Stat. 626.556,
subd. 10(i); Minn. Adm. R. 9560.0220, subp. 6a]

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

The following reasons are listed in SSIS as Unable to Conclude:
- Not in county jurisdiction – alleged victim was not found (in cases of imminent
danger) or does not reside in county jurisdiction.
- No legal authority to continue: Information initially gathered does not meet
statutory criteria to continue with an assessment/investigation.
- Not enough identifying information: There is insufficient identifying information to
continue with an assessment/investigation.
- Referred to another agency – conflict of interest: Information gathered indicates
there is a conflict of interest in a case and the matter has been referred to another
agency.
- Unable to locate: Alleged victim and family could not be located after multiple
attempts which should include face-to-face contact, phone, mail, text, etc.

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

Releasing data to mandated reporters
A local social services or child protection agency, or agency responsible for assessing or
investigating a report of maltreatment, shall provide relevant private data on individuals
obtained under this section to a mandated reporter who made a report and who has an ongoing
responsibility for the health, education, or welfare of a child affected by the data, unless an
agency determines that providing the data would not be in the best interests of a child. An
agency may provide data to other mandated reporters with ongoing responsibility for the
health, education, or welfare of a child. Mandated reporters with ongoing responsibility for the
health, education, or welfare of a child affected by the data include a child’s teachers or other
appropriate school personnel, foster parents, health care providers, respite care workers,
therapists, social workers, child care providers, residential care staff, crisis nursery staff,
probation officers and court services personnel.

Under this section, a mandated reporter need not have made the report to be considered a person
with ongoing responsibility for the health, education, or welfare of a child affected by the data.
Data provided under this section must be limited to that pertinent to an individual’s
responsibility for caring for a child. A mandated reporter who receives private data on
individuals under this subdivision must treat data according to that classification, regardless of
whether a reporter is an employee of a government entity. The remedies and penalties under
section 13.08 and 13.09 apply if a mandated reporter releases data in violation of this section or other law. [Minn. Stat. 626.556, subd. 10j] If data is shared, workers should document in the SSIS record that it was shared, and why sharing the information was pertinent and necessary.

**Medical evaluations**

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

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

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

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

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

See Appendix D for additional information.
**Birth Match**

If an infant is born to a parent who had a previous involuntary termination of parental rights, involuntary transfer of physical and legal custody, 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 parents regarding the same newborn. All new Birth Matches should be investigated regardless of previously conducted assessments or investigations on other children in a family. Each infant is a new child maltreatment report that must be screened in and responded to. This means the local child welfare agency must investigate all new Birth Matches for all infants. Agency staff must ask the county attorney to immediately file a termination of parental rights petition when an agency receives a report that a parent has committed an offense that 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 considered a Birth Match report, therefore, if screened in, a Family Assessment or Family Investigation may be initiated, depending on the 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, a new investigation must be opened to assess those allegations [Minn. Stat. 626.556, subd. 2(p)(4)]

**High risk cases**

A Structured Decision Making risk assessment is required in Family Assessment and Family Investigation, except in investigations when the only allegation(s) involve a “non-caregiver sex trafficker.” The risk assessment identifies the level of risk of future maltreatment and guides decisions about the need for child protective services. If a family is rated high risk, and a child cannot be made safe, a county or tribal child welfare agency should consult with the county or tribal attorney about court action to protect child. This consultation should take place as early in the involvement of an agency as necessary to provide needed protection to a child.

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

Local child welfare agency staff shall consult with the county or tribal attorney in both Family Investigation and Family Assessment to decide if it is appropriate to file a petition alleging a child is in need of protection or services (CHIPS) if:

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

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

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

Final determinations

Maltreatment determinations

In Family Investigations, a determination of whether maltreatment occurred or not is made. Determinations are made based on a preponderance of evidence of the facts. A preponderance of evidence is defined as evidence in support of fact that is more convincing and has a greater probability of truth than evidence opposing the fact (51 percent or more).

Facts are gathered from the following sources (not an exhaustive list):

- Interviews (child, adult and collateral sources)
- Physical evidence (photographs of injuries, weapons, other items collected by law enforcement)
- Records (medical, school, psychological)
- Other documentation.

Supervisory or team consultation is strongly encouraged when making maltreatment determinations. Maltreatment determinations are difficult to make and errors in decision making can be detrimental and have other far reaching impacts. Decisions can be impacted by the following:

- Limitations of worker time
- Availability of information
- Individual values or attitudes of worker
- Personal and professional experience of worker
- The timing of information obtained (information collected later tends to be weighed more heavily)
- Known patterns about a family or type of maltreatment
- Confirmation bias (a worker seeks information that confirms their thoughts or information known about a family/situation)
- External factors (such as policies, public opinion, media influences)
- Agency or organizational factors.
Understanding these factors and how they influence decision making are important not only when making a maltreatment determination, but is important throughout the life of a case. Ongoing supervision and team consultation can assist in working through these influences.

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

When maltreatment is determined, the level of severity is entered in SSIS. A table listing the definitions of severity of maltreatment is in Appendix B.

**Maltreatment determinations with no known offender**

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

**Maltreatment determinations for children**

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 there are no allegations involving caregivers. Alleged offenders under age 10 are not identified in the Alleged offender field in SSIS. Instead, the alleged offender description is entered as “Child under 10.”

Children under age 10 who are offenders (i.e., they have committed a delinquent act which would include child maltreatment, if a child had been 10 or over, or juvenile petty offense) can be considered for a petition — Child in Need of Protection or Services pursuant to Minn. Stat. 260C.007, subd. 6(12).

Maltreatment determinations can be made against children age 10 and older, as long as there is a preponderance of evidence. Maltreatment determinations made against children age 10 and older may have long-term consequences for them. When ambiguity exists regarding when an agency should make a finding of maltreatment on an alleged child offender, consult with the county or tribal attorney and/or the local agencies’ multi-disciplinary child protection team. Determination letters sent to offenders who are minors should be sent directly to the minor as well as the legal guardians of a minor offender.

**Required referral to early intervention services**

A child under age 3 who is involved in a substantiated case of maltreatment shall be referred for screening under the Individuals with Disabilities Education Act, Part C. Parents must be informed that evaluation and acceptance of services are voluntary. Refusal to have a child screened is not a basis for a child in need of protection or services (CHIPS) petition under chapter 260C. [Minn. Stat. 626.556, subd. 10n]
An early intervention referral is made to Minnesota’s Help Me Grow program via the Help Me Grow link in SSIS or phone 866-693-4769. Referrals include all children under age 3 who are listed as clients in the workgroup in which maltreatment was substantiated, regardless of whether or not they were alleged victim(s).

Children in workgroups without determinations or those involved in Family Assessment or child welfare cases may also be referred to Help Me Grow with parental permission. Access a video at: Early Intervention video.

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

**Family support services**
Family Assessments may result in an agreement for Family Support Services if it is determined that ongoing child protective services are not needed. 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 agency staff determines there are no child safety concerns or significant risk of subsequent child maltreatment.

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

**Providing final summary disposition to reporters**
**Mandated reporters**
Mandated reporters shall receive a summary of dispositions of any report made by that reporter. Summaries shall include the following information:

- Minn. Stat. subd. 7 (d), the name of the child protection worker or investigator who conducted an assessment or investigation
- The nature of the maltreatment, if an agency determined that maltreatment occurred
- Whether a case has been opened for child protection or other services
- Whether a referral was made to a community organization.
Voluntary reporters
Voluntary reporters may request a concise summary of the disposition of any report made by that reporter. Upon receiving that request, an agency shall provide a concise summary. A concise summary is limited to the following information:

- A statement of whether child protective services are being provided.

Refusal to provide final summary disposition if in child’s best interest
The local welfare agency shall refuse to provide a summary to both voluntary and mandated reporters if it determines disclosure would be detrimental to the best interest of a child.

Providing final determination letters to alleged offenders
Within 10 working days of the conclusion of an investigation, the local welfare agency shall notify persons found to be maltreating a child of the determination, and a summary of the specific reasons for the determination. [Minn. Stat. 626.556, subd.10f]

Providing final determination letters to resident, non-offending parents
Within 10 working days of the conclusion of a Family Assessment, the local welfare agency shall notify the parent or guardian of a child of the need for services to address child safety concerns, or significant risk of subsequent child maltreatment. Agency staff and a family may jointly agree that family support and preservation services are needed.

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

In Family Assessments, a notice of assessment summary should be sent to the non-resident, non-offending parent unless doing so would not be in a child’s best interest.

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

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

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

When maltreatment is determined, an alleged offender and interested parties can ask for agency reconsideration of this finding at the local level. Instructions for the reconsideration process are connected to the Notice of Determination letters sent to the alleged offender and possibly others. An alleged offender can also appeal a maltreatment determination at the commissioner of the Minnesota Department of Human Services level. All appeals should be documented in the Appeals tab in the Child Maltreatment Report node in SSIS.

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

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

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

Local social services agencies and alleged offenders may also seek the commissioner’s reconsideration of a decision if they disagree with the commissioner’s final decision. An appeal, or request for reconsideration by the commissioner, must be made within 30 days after the date the commissioner issues the order. The commissioner may reconsider an order upon request of any party or on the commissioner’s own motion. A request for reconsideration does not stay implementation of the commissioner's order. A person seeking reconsideration has the burden to demonstrate why the matter should be reconsidered.

A request for reconsideration may include legal arguments and proposed additional evidence supporting a request. If proposed additional evidence is submitted, the person must explain why the proposed additional evidence was not provided at the time of the initial hearing. If reconsideration is granted, the other participants must be sent a copy of all material submitted in support of a request for reconsideration and must be given 10 days to respond. Upon reconsideration, the commissioner may issue an amended order or an order affirming the original order. [Minn. Stat. 256.045, subd. 5] Reconsiderations are sent to: Minnesota Department of Human Services, Appeals Division, P.O. Box 64941, St. Paul, MN 55164-0941, by fax at 651-431-7523, or online at: Appeal Document 0033-ENG.

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

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

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

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

See Winter 2013 CW360°—Trauma-informed Child Welfare Practice for additional research, evidence-based and promising practices related to trauma-informed child welfare.

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

Practice guides


Considerations for working with immigrant and refugee families
Immigration relief exists under federal law for many immigrants and refugees who may come into contact with the child protection system. This may include immigrant victims of certain crimes (U Visa), immigrant victims of human trafficking (T Visa), immigrant victims of domestic violence.
(VAWA Self-Petition), and unmarried minors under age 21 who are in the U.S. without a parent or
guardian due to abuse, neglect, or abandonment. The latter form of relief is called Special
Immigrant Juvenile Status (SIJS) and requires a local court finding in order to proceed with a
petition for immigration relief. Foreign born children and families may also be eligible for other
forms of relief and should be referred promptly to an immigration attorney (see Resources and
Referrals below).

Child protection staff may have an important role to play in collaborating or providing support for
immigrant children or families as they seek these forms of immigration relief. Specifically, child
protection may be able to provide certification that a child has been a victim of a crime for the U
Visa if a child protection investigation has been opened. Staff may also be called upon to assist in
an SIJS petition. In an effort to provide holistic and effective services, child protection staff
should always offer to refer foreign born children or families to immigration representation.

Resources and referrals

**Mexican Consulate, Minnesota office (referral)**
Help is available from the Mexican Consulate, Minnesota office, when families are originally from
Mexico. This assistance is available regardless of immigration status, i.e., one or both parents are
not authorized to reside in the U.S., but the children are U.S. citizens. The Mexican Consulate is
at 797 East 7th Street, St. Paul, MN 55106. Phone 651-771-5494, or email: conspaul@sre.gob.mx.
Website: [Mexican Consulate](#). Resources are available when the local child welfare agency has
questions about working with families, particularly when a parent has been detained or deported.
The Mexican Consulate also assists county agencies with locating and contacting parents and
relatives in Mexico, and provides emergency financial and advocacy assistance to certain
Mexican citizens who have been victims of crime in the U.S.

**Immigrant Law Center of Minnesota (referral)**
The Immigrant Law Center of Minnesota provides comprehensive immigration services to low-
income immigrants; training, consultation and outreach on immigration affairs/issues, including
Special Immigrant Juvenile Status; policy, education articles and other resources. Go to:
[Immigrant Law Center](#).

**Mid-Minnesota Legal Aid**
Mid-Minnesota Legal Aid provides direct legal services for low-income immigrants at:

**Southern Minnesota Regional Legal Services (referral)**
Southern Minnesota Regional Legal Services provides legal assistance for low-income people and
addresses immigration issues. Various languages are available on the website at:

**International Institute of Minnesota (IIMN) (referral)**
IIMN provides assistance to foreign born individuals and families to help achieve self-sufficiency
in Minnesota. This includes assistance with benefits, employment, case management, advocacy,
and job skills training specifically focused on refugees, immigrants, unaccompanied minors, and
trafficking victims. See: [https://iimn.org](https://iimn.org/).
**Intercultural Mutual Assistance Association (IMAA) (Referral, southern Minnesota)**
IMAA provides interpretation and translation, cultural services, employment, advocacy, and immigration assistance for refugees and immigrants in southern Minnesota. See: [http://imaa.net/](http://imaa.net/).

**American Immigration Center (resource)**
State juvenile courts and local child welfare agencies may contact the American Immigration Center to ask general questions or request outreach on the SIJS program by submitting a request to: USCIS−IGAOOutreach@uscis.dhs.gov.

**Asista (resource)**
Asista provides information on violence against women and immigrant survivors of domestic violence and sexual assault, torture and human trafficking, etc.; Violence Against Women Act, U and T visas (women and children). Go to: [Asista](http://asista.org/).

**Immigrant Legal Resource Center (resource)**
The Immigration Legal Resource Center provides information on remedies for immigrant youth, including:

- Special Immigrant Juvenile Status Highlighting Changes Implemented by the Trafficking Victims Protection and Reauthorization Act (March 2009)
- Immigration Bench Book for Juvenile and Family Courts (PDF, 1.7 MB, 2005)
- Fact Sheets: Immigration Options for Undocumented Children (PDF, 118 K); go to: [Immigration Fact Sheet](http://www.immigrationlawhelp.org/tipsheets).

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

**United States Citizenship and Immigration Services (USCIS) (Resource)**
The U.S. Department of Homeland Security at [www.uscis.gov](http://www.uscis.gov) provides information, instructions, and immigration forms and documents pertaining to immigration relief. There is a search engine for child welfare-related memorandums; enter “TVPRA” for a field guide memorandum to USCIS personnel on Trafficking Victims Protection Reauthorization Act of 2008: Special Immigrant Juvenile Status provisions, Mar. 24, 2009. Always refer families to immigration representation and do not attempt to provide legal advice on immigration relief.

**Bridging Refugee Youth and Children’s Services (resource)**
Bridging Refugee Youth and Children’s Services at [Bridging Refugee Youth and Children’s Services](http://www.nara.org) provides guidance to states serving refugee and immigrant children. This resource has many publications, including a list of suggestions (publications) for interviewing recently arrived refugee and or immigrant children for child abuse, education, health, etc.
International Social Service – United States of America (ISS USA) (Resource)
International Social Service – United States of America – ISS USA at International Social Service provides the following assistance to children in the child welfare system:

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

**The Advocates for Human Rights (referral)**
The Advocates for Human Rights provides immigration representation, technical assistance, and coordination of pro bono legal representation for asylum seekers, trafficking victims, and some unaccompanied minors. It also operates the National Asylum Help Line: 612-746-4674, Monday-Friday, 9 a.m.-4 p.m., CST. See: [www.theadvocatesforhumanrights.org](http://www.theadvocatesforhumanrights.org)

**Humanitarian and refugee assistance**
The American Red Cross can provide family tracing and communication in war zones. The website [Red Cross](http://www.redcross.org) has a link to “Getting Assistance/Contact Family Members.”

Embassies and consulates can sometimes provide birth and death certificates, or other documentation. The following website has an international listing of consulates and embassies: [List of Consulates and Embassies](http://www.usembassy.gov/consular/consularocese.html).


**Practice guides, articles and tools**
- **Working with Immigrant Children and Families: A Practice Model**:
  [Family to Family Participant Guide](http://www.unhcr.org).
- **Working with Undocumented and Mixed Status Immigrant Children and Families (New Mexico)**:
  [Family to Family Best Practice Guide](http://www.unhcr.org).
- **Procedural Guide for Immigration Options for Undocumented Children and Families (California)**:
  [Family to Family Immigration Guide](http://www.unhcr.org).
- **Immigration and Language Guidelines for Child Welfare Staff (New York State)**:
  [Family to Family Immigration and Language Guide](http://www.unhcr.org).
- **U and T Visa Law Enforcement Guide at U and T Visa Law Enforcement Guide (USCIS).**
- **Assistance for Child Victims of Human Trafficking (OTIP-FS-16-02) (U.S. Department of Health and Human Services, Office on Trafficking in Persons)**, at [Office on Trafficking in Persons](http://www.traffickinghotline.org).
Safety-organized practice models
Local child welfare agencies are encouraged to utilize models that support “safety-organized practice.” Safety-organized practice models can create greater family engagement, increase child safety and family stability, and can be modified to assure cultural adaptation to meet the specific cultural experience of families served.

“Signs of Safety” is a practitioner’s model, meaning that it evolves based on how the model is actually used by practitioners, teams and agencies. It is a practical framework that can be used in a variety of contexts. The process brings clarity, transparency, child safety, and provides a way to manage future risk of harm to a child. While consistent assessment is a critical factor, it does not always create child safety. However, a strong safety model can strengthen the assessment process and increase child safety and family engagement in safety planning.

In this framework, a child’s voice is at the center of the safety planning process. A child is heard through specific child interview practices, including interviewing tools. The child’s voice is brought into discussion and planning with a family’s safety network. The goal is always child safety and the work with children and families is done proficiently through the use of practice tools, and a structured method of safety planning done with a family’s safety network. This assures a robust, sustainable mechanism for creating child safety early on in work with families. A constructive working relationship between professionals and family members helps to create future child safety. There is significant research suggesting that best outcomes for vulnerable children arise when constructive relationships exist. This does not mean that all children remain in their homes despite circumstances; it means that safety is created for children.

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

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

In September 2014, Governor Mark Dayton directed the Minnesota Department of Human Services to implement the Rapid Consultation System to provide consultation to county and tribal child welfare agency staff when making decisions regarding the safety of children, especially in challenging situations. The Rapid Consultation System line is coordinated by a department child safety consultant. 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 to schedule a consultation time. Once the request for consultation is received, a consultation will be scheduled for the earliest time possible, but no later than within 24 hours of receiving the initial request.

Child protection caseworkers and their supervisors are encouraged to access Rapid Consultation, as needed, to help guide decision making in challenging safety-related case situations.
Appendix A – Definitions

Active efforts – Active efforts includes acknowledging traditional helping and healing systems of an Indian child’s tribe and using these systems as the core to help and heal an Indian child and their family. This means there is a rigorous and concerted level of effort that is ongoing throughout involvement of a local social services agency to continuously involve an Indian child’s tribe that uses the prevailing social and cultural values, conditions, and way of life of an Indian child’s tribe to preserve an Indian child's family and prevent placement of an Indian child and, if placement occurs, to return them to their family at the earliest possible time. Active efforts sets a higher standard than reasonable efforts to preserve a family, prevent breakup of a family, and reunify families. [Minn. Stat. 260.755, subd. 1a] This includes:

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

[Minn. Stat. 260.762]

Best interest of an Indian child – Best interest of an Indian child means compliance with the Indian Child Welfare Act and the Minnesota Indian Family Preservation Act to preserve and maintain an Indian child’s family. The best interests of an Indian child support a child’s sense of belonging to family, extended family and tribe. The best interests of an Indian child are interwoven with the best interests of an Indian child’s tribe. [Minn. Stat. 260.755, subd. 2a]

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

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

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

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

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

Final disposition – The final assessment or investigative decision as to maltreatment determinations and/or the need for child protective services.
**Great bodily harm** – Bodily injury which creates a high probability of death, or which causes serious permanent disfigurement, or which causes a permanent or protracted loss or impairment of the function of any bodily member or organ, or other serious bodily harm.

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

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

**Indian child** – Identification of an Indian child is a determination by a tribe that a child is a member of 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 screened out for a child protection response.

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

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

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

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

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

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

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

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

**Sexually exploited youth** – An individual who:
1. is 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. is 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. is a victim of a federal crime involving transportation of a minor for sexual purposes; or
4. is a sex trafficking victim as defined in section 609.321, subd. 7b.

**Sex trafficking** – 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 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 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, stepparent, or guardian; any of the following persons related to a child victim by blood, marriage, or adoption; brother, sister, stepbrother, stepsister, first cousin, aunt, uncle, nephew, niece, grandparent, great-grandparent, great-uncle, great-aunt; or an adult who jointly resides intermittently or regularly in the same dwelling as a child victim.

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

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

**Apparent health impairment** – A child appears to have a physical, mental or emotional impairment which might reasonably be attributed to maltreatment.

**Death** – A child died as a direct result of maltreatment, or there may be contributing factors that are directly linked to a child’s death.

**Exposed to dangerous or threatening conditions** — Purposeful exposure or failure to protect a child from dangerous or threatening conditions.

**Moderate injury** – A child has/had cuts, bruises or mental or emotional impairment due to maltreatment.

**Near fatality** – Hospital admission and a high level of medical intervention required such as emergency surgery to alleviate a life-threatening injury, cardio-pulmonary resuscitation (CPR), administration of Narcan, intubation or admission to the pediatric intensive care unit. See DHS Near Fatality Tip Sheet.

**No discernable injury or impairment** – No visible injury or physical or mental impairment.

**Other** – Severity not indicated by other codes. Make every effort to include this severity in other listed codes when appropriate.

**Serious injury** – Broken bones or an injury that may result in long-term disability or deformity, injury which results in TBI (unless classified as near fatal), internal injuries which are not categorized as life threatening, striking the head or face of a child under age 1, striking the head or face of a child under age 4 which results in injury, injury to the abdomen of a child under age 6, genital injury, burns, sexual abuse or serious mental or emotional impairment.

**When determining severity of maltreatment, consultation with a supervisor and/or team is strongly encouraged. Severity determinations of fatality, near fatality and serious injury create a Birth Match which generates a subsequent mandated report of substantial child endangerment. (See Birth Match section – page 17).**
Appendix C – Predatory offender legal reference chart
Local agency response to reports of registered predatory offender requirements under the Maltreatment of Minors Reporting Act and Minn. Stat., chapter 260C

<table>
<thead>
<tr>
<th>Part 1. Steps in handling reports of registered predatory offenders: Accepting a report and assigning to investigation</th>
<th>Statute</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The local agency accepts a child maltreatment report of a parent or household member of a child who has committed a violation which requires registration as an offender under section 243.166, subd. 1b, paragraph (a) or (b), or required registration under section 243.166, subd. 1b, paragraph (a) or (b).</td>
<td>Minn. Stat. 626.556, subd. 3, (requiring reporting of child maltreatment), subd. 2(d), (defining child maltreatment to include sexual abuse which, in turn, includes “threatened sexual abuse.” “Threatened sexual abuse” includes the status of the parent or household member who requires registration as an offender under Minn. Stat. 243.166, subd. 1b, (a) or (b), or required registration under Minn. Stat. 243.166, subd. 1b (a) or (b).</td>
</tr>
<tr>
<td>2. Since sexual abuse is substantial child endangerment which is required to be assigned to the investigation path and requires a 24-hour response, the local agency:</td>
<td>Minn. Stat. 626.556, subd. 2 (c)</td>
</tr>
<tr>
<td>• Must have face-to-face contact with a child and their caregiver immediately (within 24 hours).</td>
<td>Minn. Stat. 626.556, subd. 10 (a) (2) (i)</td>
</tr>
<tr>
<td>• Has authority to interview, without parental consent, an alleged victim and any other minors who currently reside or have resided with an alleged offender. The interview may take place at school.</td>
<td>Minn. Stat. 626.556, subd. 10(i)</td>
</tr>
<tr>
<td>• Whenever possible, the interview of a victim must be audio-video recorded.</td>
<td>Minn. Stat. 626.556, subd. 10 (c)</td>
</tr>
<tr>
<td>3. An agency may change from an investigation to an assessment if it determines that a complete investigation is not required. If an agency changes response paths, it must document the reason for terminating an investigation and notify the appropriate law enforcement agency, if law enforcement is conducting a joint investigation.</td>
<td>Minn. Stat. 626.556, subd. 10 (j)</td>
</tr>
<tr>
<td>4. An agency determines child maltreatment or no child maltreatment, if the matter remains on an investigative response path; if the matter is on a Family Assessment Response path, an agency does not address maltreatment; in either path, an agency determines the need for child protective services.</td>
<td>Minn. Stat. 626.556, subd. 10 (a) (4)</td>
</tr>
</tbody>
</table>
## 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 an agency receives a report that a parent has committed an offense that requires registration as a predatory offender.

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

- Transfer of permanent legal and physical custody is in a child’s best interests, 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 interests of a child.

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

### Statute

<table>
<thead>
<tr>
<th>Statute</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minn. Stat. 260C.503, subd. 2(6)</td>
</tr>
<tr>
<td>Minn. Stat. 260C.503, subd. 2(d)</td>
</tr>
</tbody>
</table>
## Required county/AICWI attorney consultations

<table>
<thead>
<tr>
<th>Immediate filing of a TPR petition</th>
<th>The local welfare agency must ask the county attorney to immediately file a TPR petition when:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1. Child has been subjected to egregious harm</td>
</tr>
<tr>
<td></td>
<td>2. Child is the sibling of a child who has been subjected to egregious harm</td>
</tr>
<tr>
<td></td>
<td>3. Child is an abandoned infant as defined in 260C.301, subd. 2(a)(2)</td>
</tr>
<tr>
<td></td>
<td>4. Child’s parent(s) has a prior involuntary TPR</td>
</tr>
<tr>
<td></td>
<td>5. Child’s parent has committed sexual abuse against child or another child of the parent</td>
</tr>
<tr>
<td></td>
<td>6. Parent has committed an offense that requires predatory offender registration</td>
</tr>
<tr>
<td></td>
<td>7. Child’s parent(s) has prior involuntary transfer of permanent legal and physical custody.</td>
</tr>
<tr>
<td></td>
<td>[Minn. Stat. 206C. 503, subd. 2(a)(1)-(7)]</td>
</tr>
<tr>
<td>Birth Match</td>
<td>Birth Match reports involve prior involuntary TPR or transfer of permanent legal and physical custody, egregious harm or serious injury.</td>
</tr>
<tr>
<td></td>
<td>[Minn. Stat. 626.556, subd. 2(q)]</td>
</tr>
<tr>
<td>Modifications to screening guidelines</td>
<td>Consult prior to proposing screening guidelines modifications to the commissioner.</td>
</tr>
<tr>
<td></td>
<td>[Minn. Stat. 626.556, subd. 7(a)(b)]</td>
</tr>
<tr>
<td>CHIPS petition consultation</td>
<td>Consult for CHIPS petition when:</td>
</tr>
<tr>
<td></td>
<td>• Family does not accept or comply with plan for child protection services</td>
</tr>
<tr>
<td></td>
<td>• Voluntary child protective services may not provide sufficient protection for child</td>
</tr>
<tr>
<td></td>
<td>• Family is not cooperating with investigation.</td>
</tr>
<tr>
<td></td>
<td>[Minn. Stat. 626.556, subd. 10m(b)]</td>
</tr>
<tr>
<td><strong>Suggested county/AICWI attorney consults</strong></td>
<td></td>
</tr>
<tr>
<td>---------------------------------------------</td>
<td></td>
</tr>
<tr>
<td><strong>Switching paths</strong></td>
<td></td>
</tr>
<tr>
<td>When switching response paths, agencies are encouraged to consult with the county or tribal attorney in these situations for potential court intervention.</td>
<td></td>
</tr>
<tr>
<td><strong>To gain access to complete a child observation/interview</strong></td>
<td></td>
</tr>
<tr>
<td>If an agency is unable to make contact with either a child or adult caregiver within the required time frames, the agency should consult with the county/tribal attorney to request a court order making the child available for a safety assessment.</td>
<td></td>
</tr>
<tr>
<td><strong>Criminal background checks</strong></td>
<td></td>
</tr>
<tr>
<td>Consult with the county or tribal attorney when a more in-depth criminal background check may be warranted.</td>
<td></td>
</tr>
<tr>
<td><strong>Contacting a non-custodial parent</strong></td>
<td></td>
</tr>
<tr>
<td>Practice concerning non-custodial parent (NCP) contact varies among agencies. Agencies should consult with the county/tribal attorney for specific direction.</td>
<td></td>
</tr>
<tr>
<td><strong>No basis for full assessment or investigation</strong></td>
<td></td>
</tr>
<tr>
<td>Closing a Family Assessment does not provide immunity based on statute. It is recommended that agencies consult with the county or tribal attorney before closing a case without a full assessment or investigation.</td>
<td></td>
</tr>
<tr>
<td><strong>High risk cases</strong></td>
<td></td>
</tr>
<tr>
<td>If a parent refuses to participate in planning, or fails to follow through with what is necessary to keep their child safe, county or tribal child welfare agency staff must consult with the county or tribal attorney about legal grounds to proceed with court action.</td>
<td></td>
</tr>
<tr>
<td><strong>Medical evaluations</strong></td>
<td></td>
</tr>
<tr>
<td>If a parent refuses to permit a medical evaluation and it is necessary to ensure child safety, consultation with the county or tribal attorney should occur.</td>
<td></td>
</tr>
<tr>
<td><strong>Determinations regarding a child offender</strong></td>
<td></td>
</tr>
<tr>
<td>When ambiguity exists regarding when an agency should make a finding of maltreatment on an alleged child offender, consult with the county or tribal attorney and/or the local agencies’ multi-disciplinary child protection team.</td>
<td></td>
</tr>
<tr>
<td><strong>Providing determination letters to non-resident, non-offending parents</strong></td>
<td></td>
</tr>
<tr>
<td>Consult with the county or tribal attorney for specific guidance.</td>
<td></td>
</tr>
</tbody>
</table>
## Appendix E – Checklists

### Family Assessment checklist

<table>
<thead>
<tr>
<th>Action</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Review report from mandated or voluntary reporter</td>
<td></td>
</tr>
<tr>
<td>□ ICWA inquiry</td>
<td>Check county and state indices. If ICWA, notify tribe within 24 hours of Family Assessment and coordinate.</td>
</tr>
<tr>
<td>□ Check prior SSIS records</td>
<td>Check county and state detail under each client.</td>
</tr>
<tr>
<td>□ Notify law enforcement orally and in writing within 24 hours</td>
<td>Notify regardless of whether law enforcement made report.</td>
</tr>
<tr>
<td>□ Coordinate assessment with law enforcement, if applicable</td>
<td>Coordinate when report indicates there may be danger to child protection worker.</td>
</tr>
<tr>
<td>□ Notice of intent to interview child on school property, only when necessary</td>
<td>Preferred practice is to request parents’ or guardian’s permission to interview child, unless doing so would compromise child safety. Notice of Intent to Interview on School Property document.</td>
</tr>
<tr>
<td>□ Alleged victim (age 10 and older)</td>
<td></td>
</tr>
<tr>
<td>□ Parents/legal custodians/guardians</td>
<td></td>
</tr>
<tr>
<td>□ Alleged offender</td>
<td></td>
</tr>
<tr>
<td>□ Siblings/other children</td>
<td></td>
</tr>
<tr>
<td>□ Reporter</td>
<td></td>
</tr>
<tr>
<td>□ Collaterals</td>
<td></td>
</tr>
<tr>
<td>□ Participant contacts/interviews</td>
<td></td>
</tr>
<tr>
<td>□ Alleged victim</td>
<td>Within five days of receipt of report. Document in SSIS as child observation/interview.</td>
</tr>
<tr>
<td>□ Parents/legal custodians/guardians</td>
<td>Within five days of receipt of report. Include notification that child was interviewed without parental consent, where applicable.</td>
</tr>
<tr>
<td>□ Alleged offender</td>
<td>Conducted in the early stages of an assessment. Document in SSIS as adult interview</td>
</tr>
<tr>
<td>□ Siblings/other children</td>
<td></td>
</tr>
<tr>
<td>□ Reporter</td>
<td></td>
</tr>
<tr>
<td>□ Collaterals</td>
<td></td>
</tr>
</tbody>
</table>
- **Inquire as to involvement of non-custodial or absent parent for each child**
  Best practice is to involve both parents in case planning whenever possible.

- **Enter client demographic information into SSIS as it becomes available**
  Hispanic heritage is required.
  Best practice is to update client contact information, relationships, alternate names, race, ICWA information.

- **Complete SDM tools**
  - Complete SDM Safety Assessment within 72 hours of contact with family
  - Complete SDM Family Risk Assessment within 45 days
  - Complete SDM Family Strengths & Needs within 45 days
  Decisions Tools folder.

- **Gather substance involvement and domestic violence information**
  Document regardless of whether substance involvement or domestic violence are present.

- **Complete child maltreatment report within 45 days**
  - Victim information
  - Conditions/services
  - Determine whether child protective services (CPS) are needed
  - Determine whether Family Support services are requested (only required when CPS are not needed)
  - Change report status and enter an end date
  Child Maltreatment Report node.

- **Notice of Assessment Summary within 10 days**
  - Notice of Assessment Summary to parents/legal custodians/guardians
  - Notice of Assessment Summary to alleged offender(s)
  CP Family Assessment – CPS Notice of Assessment Summary document.

- **Notice to mandated reporter**
  Send to mandated reporter (required) or voluntary reporter (upon their request).
  CP Family Assessment – Family Assessment Mandated Reporter Summary Notice document.
| □ Close or Transition Assessment workgroup | If not opening for case management services, close workgroup.

If opening for case management services, close Assessment workgroup and open Case Management workgroup or use WG Change Log to Transition Assessment workgroup. |
## Family Investigation checklist

<table>
<thead>
<tr>
<th>Task</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Review report from mandated or voluntary reporter</td>
<td>Send to department within 24 hours of a qualifying fatality or near fatality.</td>
</tr>
<tr>
<td>In case of child fatality or near fatality, notify the department’s Child Mortality Review Unit</td>
<td>Send to department within 24 hours of a qualifying fatality or near fatality.</td>
</tr>
<tr>
<td>ICWA inquiry</td>
<td>Check county and state indices if ICWA, notify tribe within 24 hours of Family Investigation and coordinate.</td>
</tr>
<tr>
<td>Check prior SSIS records</td>
<td>Check county and state detail under each client.</td>
</tr>
<tr>
<td>Notify law enforcement orally and in writing within 24 hours</td>
<td>Notify regardless of whether law enforcement made report.</td>
</tr>
<tr>
<td>Coordinate investigation with law enforcement</td>
<td>Coordinate when report indicates substantial child endangerment, sexual abuse, or imminent danger to a child, criminal activity, or danger to a child protection worker.</td>
</tr>
<tr>
<td>Notice of Intent to Interview Child on School Property</td>
<td>Notice of Intent to Interview Child on School Property document.</td>
</tr>
<tr>
<td>Alleged victim (age 10 and older)</td>
<td></td>
</tr>
<tr>
<td>Parents/legal custodians/guardians</td>
<td></td>
</tr>
<tr>
<td>Alleged offender</td>
<td></td>
</tr>
<tr>
<td>Siblings/other children</td>
<td></td>
</tr>
<tr>
<td>Reporter</td>
<td></td>
</tr>
<tr>
<td>Collaterals</td>
<td></td>
</tr>
<tr>
<td>Recorded participant contacts/interview</td>
<td>• Immediate contact (within 24 hours) with child and parents/legal custodians/guardians is required when imminent danger, substantial child endangerment or sexual abuse is present. Within five calendar days, contact with child and parent/legal custodian/guardian in other cases. • Audio record interviews whenever possible. • Recordings should include: Date, time, place, and duration of interview; identity of persons present at the interview; and a written summary completed within 72 hours if an interview is documented in writing.</td>
</tr>
<tr>
<td><strong>• Alleged victim</strong></td>
<td>Alleged child sexual abuse victims must be audio-video recorded. Document in SSIS as child observation/interview.</td>
</tr>
<tr>
<td>----------------------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>• Parents/legal custodians/guardians</strong></td>
<td>Include notification that child was interviewed without parental consent, where applicable.</td>
</tr>
<tr>
<td><strong>• Alleged offender</strong></td>
<td>Within early stages of assessment, contact with alleged offender should occur. Document in SSIS as adult interview.</td>
</tr>
<tr>
<td><strong>• Siblings/other children</strong></td>
<td>Alleged child sexual abuse witnesses must be audio-video recorded.</td>
</tr>
<tr>
<td><strong>• Reporter</strong></td>
<td></td>
</tr>
<tr>
<td><strong>• Collaterals</strong></td>
<td></td>
</tr>
<tr>
<td><strong>☐ Inquire as to involvement of any non-custodial or absent parent for each child</strong></td>
<td>Best practice is to involve both parents whenever possible.</td>
</tr>
<tr>
<td><strong>☐ Enter client demographic information into SSIS as it becomes available</strong></td>
<td>Hispanic heritage is required. Best practice is to update client contact information, relationships, alternate names, race, and ICWA information.</td>
</tr>
<tr>
<td><strong>☐ Complete SDM tools</strong></td>
<td>Decisions Tools folder.</td>
</tr>
<tr>
<td></td>
<td>- Complete SDM Safety Assessment within 72 hours of contact with family</td>
</tr>
<tr>
<td></td>
<td>- Complete SDM Risk Assessment within 45 days</td>
</tr>
<tr>
<td></td>
<td>- Optional: Complete SDM Family Strengths and Needs</td>
</tr>
<tr>
<td><strong>☐ Gather substance involvement and domestic violence information</strong></td>
<td>Document regardless of whether substance involvement or domestic violence are present.</td>
</tr>
<tr>
<td><strong>☐ Complete child maltreatment report within 45 days</strong></td>
<td>Child Maltreatment Report node.</td>
</tr>
<tr>
<td></td>
<td>- Victim information</td>
</tr>
<tr>
<td></td>
<td>- Conditions/services</td>
</tr>
<tr>
<td></td>
<td>- Determine whether maltreatment occurred</td>
</tr>
<tr>
<td></td>
<td>- Determine whether child protective services are needed</td>
</tr>
<tr>
<td></td>
<td>- Change report status and enter an end date.</td>
</tr>
<tr>
<td><strong>☐ Notice of determination within 10 days</strong></td>
<td>Send to parents/legal custodians/guardians and alleged offender(s).</td>
</tr>
<tr>
<td></td>
<td>- Notice of determination</td>
</tr>
<tr>
<td></td>
<td>CPS Notice of Determination letters.</td>
</tr>
<tr>
<td>Notice of summary disposition</td>
<td>Send to mandated reporter (required) or voluntary reporter (upon request).</td>
</tr>
<tr>
<td>--------------------------------</td>
<td>----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>□ Disabilities screening – refer children under age 3 within two days of determination of maltreatment</td>
<td>CPS Summary Disposition Notice document.</td>
</tr>
</tbody>
</table>

Interagency Early Intervention Referral document.

Required in a Family Investigation when maltreatment is determined for a child under age 3. Screening does not require parental consent; parent may refuse to participate in screening. Refusal is not grounds for a CHIPS petition.

<table>
<thead>
<tr>
<th>□ Close or Transition Assessment workgroup</th>
<th>If not opening for case management services, close workgroup.</th>
</tr>
</thead>
<tbody>
<tr>
<td>o If closing, send Notice of Agency Action 10 calendar days prior to closing</td>
<td>If opening for case management services, close Assessment workgroup and open Case Management workgroup or use WG Change Log to Transition Assessment workgroup.</td>
</tr>
<tr>
<td>o Review and correct data clean-up errors</td>
<td>Notice of Social Services Action document.</td>
</tr>
</tbody>
</table>
### Appendix F − Assessment for physical abuse: Injury patterns, “red flags” and child abuse programs

#### When the following injuries are present, additional medical evaluation is always indicated:

- Rib fractures
- Metaphyseal fractures
- Longbone fracture (non-ambulatory) Oral or Pharyngeal injury (non-ambulatory)
- Abdominal injury (non-MVC under 5 years)
- Head injury (unwitnessed, unexplained)

#### Patterned skin injuries and unusual locations of injury

**TEN-4 FACES**

- Torso (trunk)
- Frenulum (mouth)
- Ear Auricular area (ear)
- Neck Cheek
- Eyelids (bruising)
- Scleral Hemorrhage (eye)

**4:** Bruises in the TEN distribution in a child under 4 years of age, or ANY bruise in an infant less than 4-6 months of age.

#### Contact a child abuse physician:

- Univ. of Minnesota Masonic Children's Hospital
  - Minneapolis, MN
  - Center for Safe and Healthy Children
  - 612-273-SAFE (7233) or 612-365-1000

- Hennepin County Medical Center
  - Minneapolis, MN
  - Center for Safe and Healthy Children, 800-424-4262 Hennepin Connect

- Children's Hospitals and Clinics of Minnesota
  - Minneapolis and St. Paul MN
  - Midwest Children's Resource Center (MCRC)

- Mayo Clinic
  - Rochester, MN

- Mayo Child and Family Advocacy Program
  - 507-266-0443 daytime or 507-284-2511

- Essentia Health
  - Duluth, MN, 218-786-8364

- Gundersen Health System
  - La Crosse, WI, 1-800-362-9567

- Sanford Health
  - Sioux Falls, SD
  - Child's Voice Child Advocacy Center
  - 605-333-2226

- Sanford Health
  - Fargo, ND
  - Child and Adolescent Maltreatment Service (CAMS) 701-234-2000 or 877-647-1225

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#### Most child fatalities

1. Occur in children under 4 years of age (80 percent)
2. Occur at the instigation of a caregiver (80 percent)
   - Involve head (leading cause) and/or internal injury (leading cause)

#### What is an unexplained injury

1. Injury that is not consistent w/ child’s age, developmental abilities, or injury type
2. History that is vague or changes w/ time, repetition, or caregiver
   - Delay in seeking medical care

#### Signs of head injury*

1. Bulging fontanelle (soft spot) in an infant
2. Rapidly increasing head circumference
3. Bruising/Swelling to Face/Header
4. Vomiting or fussiness
5. Unresponsive, “altered mental status”
6. Apnea or change in breathing

*Simple household falls rarely result in serious injury.

#### Signs of abdominal injury*

1. Abdominal pain or distention
2. Abdominal bruising
   - Vomiting
3. Lethargic, “altered mental status”
4. Rectal bleeding
5. Presents in shock, low blood pressure

*Simple household falls rarely result in serious injury.

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#### TEN FACES

- Abdominal
- Ear Auricular area (ear)
- Neck Cheek
- Eyelids (bruising)
- Scleral Hemorrhage (eye)

#### Signs of abdominal injury* (continued)

1. Abdominal bruising
   - Vomiting
2. Lethargic, “altered mental status”
3. Rectal bleeding
4. Presents in shock, low blood pressure

*Simple household falls rarely result in serious injury.
All injuries in infants are concerning:
- Oral injury
- Bruise(s), burns, fracture(s)
- Head and/or abdominal injury
- Head CT (recommended in all)
- Skeletal Survey, Labs Abdominal Injury
- Urine drug screen
- May expect? Eye exam

<table>
<thead>
<tr>
<th>0 - 6 months</th>
<th>6 - 12 months</th>
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<tbody>
<tr>
<td>2 - 5 years</td>
<td>1 - 2 years</td>
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</table>

- "Red flag" injury, pattern, or location
- Unexplained injury
- Head and/or abdominal injury
- Skeletal Survey, Labs Abdominal injury
- Urine drug screen
- May expect? Neuro-Imaging, eye exam

5 years and older
- Labs Abdominal injury, urine drug screen
- May expect? Neuro-Imaging
- Mental health assessment

* Additional explanation
- Skeletal Survey – series of x-rays of the skeleton used to identify fractures. Indicated in children under 2-3 years. Expect a repeat in two weeks, called a follow-up Skeletal Survey, if skeletal survey positive and/or injuries are concerning.
- Labs Abdominal injury – typically liver enzymes and lipase to screen for internal injury.
- Neuro-Imaging (head MRI or CT) – indicated in skull fracture(s), bruising face/head, altered mental status
- Eye exam – expect if positive Neuro-Imaging and/or altered mental status
- Contact a child abuse physician for guidance on evaluation and management

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