



DEPARTMENT OF
HUMAN SERVICES



Minnesota's Best Practices for Family Assessment and Family Investigation

October 2020

651-431-4670

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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 maltreatment, and should engage the protective capacities of families.” [Minn. Stat. 260E.01 (a)]

The purpose of the Best Practices for Family Assessment and Family Investigation guide is to provide direction as to protocols mandated by state statute, 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 additional information regarding child welfare system response to human trafficking and exploitation see [Minnesota’s Best Practice Response to Trafficking and Sexual Exploitation of Children and Youth: A guide for county and tribal child welfare agencies](#). 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’ (department) 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 in 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.

Minnesota law requires local child welfare agencies to have immediate face-to-face contact (within 24 hours) with alleged child victims and their primary caregiver/s in all reports alleging sexual abuse or substantial child endangerment. Upon receipt of a report, Minnesota Statutes require that reports alleging substantial child endangerment and/or sexual abuse have immediate (within 24 hours) face-to-face contact with child victims and their primary caretaker/s under a Family Investigative response. [Minn. Stat. 260E.20, subd. 2 (a)-(b)] 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 upon receipt of a report. [Minn. Stat. 260E.20, subd. 2 (a)-(b)] Best practice is to always make contact as soon as possible, regardless of response path, because face-to-face contact with child/ren and their primary caregiver/s is the first method of assessing child safety.

Once an agency initiates contact with a family, it has initiated an assessment or investigation, unless contact is made as part of a collateral contact allowed under Minn. Stat. 260E.20, subd. 3. Once an agency caseworker makes contact, it is an assessment/investigation; 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 should be completed as soon as possible, but no later than three working days of making 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. 260E.24, subd. 1]

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](#).

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

Child initial face-to-face contact and interview

A 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 children. Research identifies there is denial in a majority of child protection cases. Understanding that, it is critical that child protective services plan for safety of child/ren as if an incident occurred, regardless of admission. [Turnell, 2006]

Interviews with parents and children are used as a tool to observe family dynamics and determine 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 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 children'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, which should include cultural considerations relevant to an individual child, their family and community context. Interviews are an opportunity to provide culturally sensitive interactions, taking into account cultural perspectives of children, 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 negative past interactions or feelings with children, appropriate to their development and age level.

Interviewers should also adjust their communication style to match individual children during an interview. Allow children to communicate at their own pace and respect pauses and silence. 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. Children should be encouraged and given explicit permission to share information in the language most comfortable for them. Interpreter services should be provided. Children's native language will be more helpful during an interview in naming body parts or identifying alleged offenders, providing stronger fact gathering. Ask children about who lives with them and who is important to them and their family. References to kinship family members differs across cultures. Uncle or grandfather may be a man who is a family friend, not necessarily direct kin.

The following website has resources for child interviewing: [Interviewing Children](#). Decisions on how to first contact and interview a child are best made in consultation with a multi-disciplinary team, or in the absence of a team, with supervisor or their designee. Use of a screening team, if available, can sort through information in an accepted report, and determine past history of child protection involvement, providing guidance on how to conduct an interview, ensuring child safety, and informing 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, ensuring their immediate safety. 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 for all other reports. [Minn. Stat. 260E.20, subd. 2 (a)-(b)] Best practice is always to make contact as soon as possible, regardless of response path, because face-to-face contact with children and their primary caregivers is the first method of assessing child safety.

It is the local child welfare agency's responsibility to assess, face to face, the safety of children involved in an accepted maltreatment report. This responsibility may not be assumed by law enforcement. However, coordination between law enforcement and child protection is mandatory during investigation or assessment 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. 260E.20, subd. 1 (b)] When an agency and law enforcement jointly determine that an interview by one person with a child reported to be

maltreated is in their best interest, and an interview is conducted by law enforcement, it 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/ren
- Send letters to attempt to contact caregiver/s
- Document every effort to locate child, along with what the issues were in locating them
- When parents refuse to allow access to their child/ren, 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 child or adult caregiver within 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 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 family for the 45-day assessment period, and document all 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 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; a request was made to another child protection agency to conduct an interview.

Face-to-face contact with an alleged victim is still required within given time frames. This is done to ensure 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 their physical and psychological safety, and to gather facts regarding alleged maltreatment. This may involve interviewing an alleged victim alone, prior to contacting the parent/s 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 an interview, unless doing so would compromise a safety assessment.” [Minn. Stat. 260E.22, subd. 2 (c)]

Children should be interviewed separate from their parent/s or caregiver, if not initially, at some point during the assessment or investigation time frame, unless there are exceptional circumstances that indicate it is not in child's best interest. In some cases, it is prudent to interview children prior to and outside the presence of their parent/s or guardian. These include:

- Allegations are substantial child endangerment or sexual abuse
- Allegations of mental injury
- Allegations of sex or labor trafficking, or sexual exploitation, whether or not a parent or legal guardian is the alleged offender
- 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 child safety as the paramount concern. 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 their age and developmental level. Interviewers should gather information regarding 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 their 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 these interviews should always be shared with a non-offending caregiver to help them understand the effects of domestic violence on children, as long as safety is not compromised.

Meeting with child/ren at school or other locations outside the presence of parents/caregiver allows workers to develop an immediate safety plan for them, alleviating some fears. In these situations, there are opportunities to respectfully engage parent/s, and in a majority of cases, assuring children's safety and developing positive working relationships with parent/s.

If interviews begin with the entire family together, and there are concerns about fully assessing child safety with the parent or caregiver present, it is appropriate to request during a meeting to talk with children alone. Requesting permission of parent/s to interview children may increase trust, demonstrating respect and engaging them early in an assessment. If parents are reluctant or refuse to allow access to their child alone, explore their concerns. If a parent continues to refuse access to child/ren alone, it may be necessary to see child/ren without parental permission. Parents should be provided full disclosure about what would happen if they declined access to their child/ren, including the possibility that a judge may issue a court order requiring them to present the child/ren for an interview. Demonstrating respect and professional communication are elements of successfully engaging families in a working relationship regarding child safety, and building family stability.

While every effort should be made to interview child/ren outside the presence of their parent/s or caregiver, situations may exist that are not in a child's best interest to pursue this type of interview. These exceptional situations may be due to:

- Worker safety: Child/youth is potentially violent and worker has concerns about their own or other's safety; or worker has specific and reasonable concerns about a child making allegations against them
- Child declines: Child exhibits extreme fearfulness or has past trauma such that the interview/observation outside the presence of alleged offender/s, or any individual who has a

personal/familial relationship with alleged offender/s, would be traumatic; younger child has separation anxiety; or a child of any age is unable to separate from alleged offender/s, or anyone who has a personal/familial relationship with alleged offender/s

- Parent refuses: Parent who is alleged offender, or who has a personal/familial relationship with alleged offender/s, refuses and worker made every effort to engage the parent/s, and after considering a court order, determines it is in child's best interest to allow parent/s to remain at the interview/observation
- Child capacity: Child is too young to interview/observe alone, is non-verbal, or has a specific developmental delay, physical limitation, incapacity, medical device or significant medical need, such that an individual or parent who is the alleged offender, or anyone who has a familial/personal relationship with alleged offender/s, is required to be present with the child during an interview/observation
- Court order unavailable: Worker requests court order to interview/observe and county/tribal attorney declines to file a petition; or court declines to grant petition.

When children are not interviewed outside the presence of their caregivers, the reasons should be clearly reflected in case notes and in the case summary. In SSIS V20.4, these options will be available for selection in the Child Maltreatment Report node.

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 child victims 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 interviews, 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 child victims 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 children undergo 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 a Family Assessment or Family Investigation. The primary purpose is to ensure safety of all children who have or had contact with an alleged offender. These interviews may also take place outside the presence of alleged offender or parent, legal custodian, guardian, or school official, and without parent/s or legal guardian consent. [Minn. Stat. 260E.22, subd. 2 (b)] The same provisions for these children should be made as with alleged child victims.

Court ordered child interviews

“Where 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 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. 260E.22, subd. 5 (a)]

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 a past or present survivor of trauma, such as domestic violence, sexual assault, human trafficking or sexual exploitation. 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 face-to-face contact

Upon receipt of a report, local welfare agencies shall conduct face-to-face contact with child’s primary caregiver sufficient to complete a safety assessment and ensure immediate safety of child/ren. 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. 260E.20, subd. 2 (a)-(b)] While the focus of initial face-to-face contact is to complete a safety assessment, the interview with the primary caregiver may occur during this initial contact, or subsequent contact.

Alleged offender interviews

If an alleged offender was not already interviewed as the primary caregiver, local welfare agencies shall also conduct a face-to-face interview with them in the early stages of an assessment or investigation. [Minn. Stat. 260E.20, subd. 2 (b)] At initial contact, the local child welfare agency or agency responsible for assessing or investigating a report, must inform alleged offender of complaints or allegations made against them in a manner consistent with laws protecting the rights of persons who make reports. [Minn. Stat. 260E.20, subd. 2 (c)] Interviews with alleged offenders may be postponed if it would jeopardize an active law enforcement investigation. [Minn. Stat. 260E.20, subd. 2 (c)]

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. 260E.20, subd. 2 (d)]

If an alleged offender is a minor, it is best practice for agency staff to seek parental permission before interviewing them.

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 child (see Medical evaluation section for information)
- Prior medical records relating to alleged maltreatment or care of 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.
- Child's caregivers, 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. 260E.20, subd. 3 (d) (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 childwitnesses.

[Minn. Stat260E.22, subd. 6]

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 directions. It is best practice that custodial parents are notified that the agency will be contacting the NCP regarding reported concerns. There are benefits to 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 them. 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 child or parent. In these circumstances, it may be important for safety reasons to not contact the NCP. If a situation requires court involvement, contact with NCP 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 is documented with a birth certificate naming both parents, a signed Recognition of Parentage (ROP), or a court order confirming paternity. As stated above, consultation with the county/tribal attorney for specific guidance on this issue is necessary.

Safety planning

Safety planning should begin immediately, but 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 children
- Identifies how each family condition that threatens children's safety is being controlled by the safety plan
- Determines a family's capacity and willingness to support the safety plan
- Outlines arrangements made with family, extended family, kin, friends, informal networks, and other outside service providers to execute the safety plan
- Identifies protective factors and capacity (or lack thereof) of persons to protect child/ren who 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 children'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 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 that 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 in the investigative workgroup.

Documentation of new allegations received during open cases

When a new report is received that includes the same/similar allegations 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 includes 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 open assessment or investigation, required assignment path, worker or unit assignment, and nature of new allegations. When an assessment or investigation is in the later stages, it may be difficult to complete an assessment or investigation within the initial 45-day time frame because 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 report path assignment. 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 identified safety threats. This should be completed no later than established time frames, immediately for allegations involving substantial child endangerment, and five calendar days for other reports.

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

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

If an existing 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 new allegation/s should be opened. All contacts should be completed in the Assessment workgroup, including a new adult interview and 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 child's safety and well-being in each situation when making decisions.

Mandated reporters are required to report all new child maltreatment concerns to 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; it is best when done in the early phases of a case, and only after completing initial face-to-face contact with 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 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 and no active safety concerns. Workers 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.

Local welfare agencies should switch response paths to a Family Investigation during the early phases of a Family Assessment when it has not been successful in engaging families 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. 260E.24, subd. 3 (4); 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 reports

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 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. These mandated reporters affected by data include child's teachers or other appropriate school personnel, foster parents, health care providers, respite care workers, therapists, caseworkers, 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. 260E.35, subd. 4 (c)] 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 may include:

- Substantial injuries such as fractures, significant bruising, burns
- Trauma/injuries to child's face or head
- Suspected injuries to abdomen or back due to suspected kicking, punching, or other trauma
- 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, including:
 - Disclosure of sexual abuse occurring within last 72 hours for pre-pubertal 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. 260E.03, subd. 23 (b) (4)]

High risk cases

Structured Decision Making risk assessments are required in Family Assessments and Family Investigations, except for investigations where the only allegation(s) involve a non-caregiver sex trafficker. Risk assessments identify 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 child safety cannot be ensured, a county or tribal child welfare agency should consult with the county or tribal attorney about court action to protect child. This consultation should occur as early in the involvement of an agency as necessary to provide protection to children.

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

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. 260E.27]

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 is made. Determinations are made based on preponderance of evidence of the facts. A preponderance of evidence is defined as evidence in support of facts that is more convincing and has a greater probability of truth than evidence opposing the facts (51% 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; errors in decision making can be detrimental with other far reaching impacts. Decisions can be impacted by:

- Limitations of caseworker's time
- Availability of information
- Individual values or attitudes of caseworker
- Personal and professional experience of caseworker
- 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 caseworker 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 the above factors and how they influence decision making are important, not only when making a maltreatment determination, but also throughout the life of a case. Ongoing supervision and team consultation can assist in working through these influences.
- When agency caseworkers determine, as a result of a maltreatment investigation, that a child has been subjected to egregious harm as defined in Minn. Stat. 260C.007, subd. 4, caseworkers 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 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. The alleged offender description is entered as "Child under 10."
- Offenders under age 10 (i.e., they committed a delinquent act which includes child maltreatment, if a child had been 10 or older, 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 who is an 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. 260E.24, subd. 6]
- 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 listed as clients in the workgroup in which maltreatment was substantiated, regardless of whether they were alleged victim(s).
- Children in workgroups without determinations, or those involved in Family Assessment or child welfare cases, may be referred to Help Me Grow with parental permission. Access video at [Early Intervention video](#).

Child protection services determinations

- In both Family Investigations and Family Assessments, determinations are made on whether child protective services are needed. According to Minn. Stat. 260E.24, subd. 4: "...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 it is determined there are no child safety concerns or significant risk of subsequent child maltreatment.

Documentation at assessment or investigation closing

- When a Family Assessment or Family Investigation is closed or opened for services, the local welfare agency shall document the outcome, including a description of services provided and the removal or reduction of risk to children, if it existed.

Providing final summary disposition to reports

Mandated reporters

Mandated reporters shall receive a summary of dispositions of any report made by that reporter, unless release would be detrimental to the best interests of a child. Summaries shall include the following information, whether a:

- Case has been opened for child protection or other services
- Referral was made to a community organization.

Voluntary reporters

Voluntary reporters may request a concise summary of a disposition of any report made by that reporter, unless release would be detrimental to the best interests of a child. Upon receiving a request, agencies shall provide a concise summary, limited to a statement of whether child protective services are being provided. [Minn. Stat. 260E.10, subd. 2]

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 specific reasons for the determination. [Minn. Stat. 260E.24, subd. 4]

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/s or guardian of 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.

Within 10 working days of the conclusion of an investigation, the local welfare agency, or agency responsible for investigating a report, shall notify the parent/s or guardian of child of the determination, and a summary of specific reasons for a determination. [Minn. Stat. 260E.24, subd. 4]

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 on specific guidance for 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 alleged offenders and possibly others. Alleged offenders 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, alleged offenders must send a letter to the commissioner stating why they disagree 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 an 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. Those seeking reconsideration have 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] Send reconsiderations to: Minnesota Department of Human Services, Appeals Division, P.O. Box 64941, St. Paul, MN 55164-0941, by fax, 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 its impact can be profound. Research shows that challenges are significant for children and families who experience trauma. The trauma of child abuse or neglect is 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, which can disrupt developing brain architecture. Children 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 defense mechanisms against diseases, from heart disease and 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 families experiencing trauma related to child maltreatment. A self-care plan and supervisor support for self-care is an important responsibility for this workforce. Local child welfare agencies should develop and implement systemic strategies, including proactive communication with the media and the general public about child maltreatment, and availability of employee supports when a critical incident occurs in a caseload.

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

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

Practice guides

[A Practice Guide for Working with African American Families in the Child Welfare System](#) is on the department’s website. It serves as a resource and reference manual for caseworkers as they engage African American families in effective services. A guide on Culturally Responsive Child Welfare, University of

Minnesota, Center for Advanced Studies in Child Welfare, is at [Culturally Responsive Child Welfare Practice \(CW3609\)](#).

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), victims of human trafficking (T Visa), victims of domestic violence (VAWA Self-Petition), and unmarried minors under age 21 in the U.S. without a parent or guardian due to abuse, neglect, or abandonment. The latter form of relief is Special Immigrant Juvenile Status (SIJS) requiring a local court finding 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 the above forms of immigration relief. Child protection agencies may be able to provide certification that a child was a victim of a crime for the U Visa, if a child protection investigation was opened. Caseworkers may also be called on to assist in SIJS petitions. In efforts to provide holistic and effective services, child protection staff should always offer to refer foreign born children or families to immigration representatives.

Resources and referrals

Mexican Consulate, Minnesota office (referral)

Help is available from the Mexican Consulate, Minnesota office, when families are originally from Mexico. 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: contacto@consulmexstpaul.com

Website: [Mexican Consulate](#)

Resources are available when child welfare caseworkers have questions about working with families, especially 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 providing emergency financial and advocacy assistance to certain Mexican citizens who were 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 at [Immigrant Law Center](#).

Mid-Minnesota Legal Aid

Mid-Minnesota Legal Aid provides direct legal services for low-income immigrants at www.mylegalaid.org.

Southern Minnesota Regional Legal Services (referral)

Southern Minnesota Regional Legal Services provides legal assistance for low-income people, addressing immigration issues. Various languages are available on the website at <http://www.smrls.org/>.

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 sex trafficking victims. See <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 <https://imaa.net/>.

American Immigration Center (resource)

State juvenile courts and local child welfare agencies may contact the American Immigration Center for 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](#).

Immigrant Legal Resource Center (resource)

The Immigration Legal Resource Center provides information on remedies for immigrant youth, including:

- Living in the U.S.: A Guide for Youth (English, Spanish and Korean)
- 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](#).

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](#).

United States Citizenship and Immigration Services (USCIS, resource)

The U.S. Department of Homeland Security at 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 for immigration representation; 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](#) provides guidance to state agencies serving refugee and immigrant children. This resource has many publications, including a list of suggestions for interviewing recently arrived refugee and or immigrant children regarding child abuse, education, health, etc.

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, sex 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.

Humanitarian and refugee assistance

The American Red Cross can provide family tracing and communication in war zones. The website [Red Cross](#) has a link to Getting Assistance/Contact Family Members.

Embassies and consulates

Embassies and consulates can sometimes provide birth and death certificates, or other documentation. The website has an international list of consulates and embassies at [List of Consulates and Embassies](#).

United Nations Refugee Agency

United Nations Refugee Agency oversees refugee camps in many countries, registers refugees, and establishes broad policy/practice in the treatment of refugees at [United Nations Refugee Agency](#).

U and T Visa guidance

- U and T Visa Law Enforcement Guide at [U and T Visa Law Enforcement Guide \(USCIS\)](#).
- Help 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](#).

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.

Signs of Safety is a practitioner's model, evolving based on how the model is actually used by teams and agencies. It is a practical framework used in a variety of contexts. The process brings clarity, transparency, child safety, and provides a way to manage future risk of harm to children. While consistent assessments are 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, children's voices are at the center of the safety planning process. Children are heard through specific interview practices, including interviewing tools. Children's voices are brought into discussion and planning with a family's safety network. The goal is always child safety; 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 safety is created for children.

Family Group Decision Making (FGDM) 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 decision making primarily rests with families, 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 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 Academy provides training on safety-organized practices. Department staff is committed to providing training, ongoing consultation, review, and continued development of the above and other safety-organized practice models.

Rapid Consultation System

Governor Mark Dayton directed the Minnesota Department of Human Services to implement the Rapid Consultation System in 2014 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 screening teams can call **888-234-1138** or email dhs.csp.rapidconsult@state.mn.us to schedule a consultation time. Once a request for consultation is received, a call 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, and, if placement occurs, to return child to their family at the earliest possible time. Active efforts sets a higher standard than reasonable efforts to preserve families, prevent breakup of families, 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/ren and parent/s, and to identify and serve as a placement and permanency resource
- Providing resources to extended family members who may need financial or child care assistance, emergency and foster care licensing help; and ensuring visits occur in a natural setting with parents, siblings, and extended family members 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 supports their 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.

Maltreatment – (1) Egregious harm under subd. 5; (2) Neglect under subd. 15; (3) Physical abuse under subd. 18; (4) Sexual abuse under subd. 20; (5) Substantial child endangerment under subd. 22; (6) Threatened injury under subd. 23; (7) Mental injury under subd. 13; (8) Maltreatment of a child in a facility. [Minn. Stat. 260E.03, subd. 12]

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 families to develop and implement a safety plan; or given the particular circumstances of a child and family at the time of 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 responsible social services agencies to use culturally appropriate and available services to meet the needs of a child and their family.

Services may include those provided by responsible social services agencies, and other culturally appropriate services in the community.

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

Risk of harm – The frequency, recency, and severity of contributing factors and underlying conditions responsible for adding to child safety issues that could result in child maltreatment. Underlying conditions

are those factors that are part of or within a family, including domestic violence, alcohol or other drug problems, mental illness, physical illness, unrealistic expectations and emotional impulsivity. Contributing factors are those situations that put external pressure on families, such as poverty, language barriers, lack of social supports, or living in a high crime neighborhood.

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

Secondary trauma exposure – Emotional effects with proximity to and continued contact with individuals who 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 is:

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

Sex trafficking – Defined in 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, facilitator 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 definitions

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 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, 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.

Part 1. Steps in handling reports of registered predatory offenders:

Accepting a report and assigning to investigation

1. The local agency accepts a child maltreatment report of a parent or household member of a child who has committed a violation 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). [Minn. Stat. 260E.06; Minn. Stat. 260E.03, subd. 20]
2. Since sexual abuse is substantial child endangerment it is required to be assigned to the investigation path, requiring a 24-hour response; the local agency:
 - Must have face-to-face contact with a child and their caregiver immediately (within 24 hours).
 - [Minn. Stat. 260E.20, subd. 2]
 - 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. [Minn. Stat. 260E.22, subd. 2]
 - Whenever possible, the interview of a victim must be audio-video recorded. [Minn. Stat. 260E. 22, subd. 6]
3. An agency may change from an investigation to an assessment if it determines that a complete investigation is not required. If agency staff change response paths, the reason for terminating an investigation must be documented, and notify the appropriate law enforcement agency, if conducting a joint investigation. [Minn. Stat. 260E.17, subd. 1 (e)]
4. An agency determines if child maltreatment occurred, if the matter remains on an investigative response path; if a 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. [Minn. Stat. 260E.24]

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

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

- Transfer of permanency legal and physical custody is in 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.

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

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

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

Required county/AICWI attorney consultations

Immediate filing a TPR petition

The local welfare agency must ask the county attorney to immediately

A TPR petition file a TPR petition when:

1. Child has been subjected to egregious harm.
2. Sibling of a child who has been subjected to egregious harm.
3. An abandoned infant as defined in 260C.301, subd. 2(a)(2).
4. Parent/s has a prior involuntary TPR.
5. Parent has committed sexual abuse against child or another child of the parent/s.
6. Parent has committed an offense that requires predatory offender registration.
7. Parent/s has prior involuntary transfer of permanent legal and physical custody.

[Minn. Stat. 260C.503, subd. 2(a)(1)-(7)]

Birth Match

Birth Match reports involve prior involuntary TPR or transfer of permanent legal and physical custody, egregious harm, or serious injury. [Minn. Stat. 260E.03, subd. 23 (c)]

Modifications to screening guidelines

Consult prior to proposing screening guidelines modifications to the department's commissioner.

[Minn. Stat. 260E.15 (b)]

CHIPS petition consultation

Consult for CHIPS petition when:

- Family does not accept or comply with plan for child protection services
- Voluntary child protective services may not provide sufficient protection for child
- Family is not cooperating with investigation.

[Minn. Stat. 260E.27]

Suggested county/AICWI attorney consults

Switching paths

When switching response paths, agencies are encouraged to consult with the county or tribal attorney in these situations for potential court intervention.

Gain access to complete a child observation/interview

If an agency is unable to make contact with either a child or adult caregiver within the required time frames, agency staff should consult with the county/tribal attorney to request a court order making child available for a safety assessment.

Criminal background checks

Consult with the county or tribal attorney when a more in-depth criminal background check may be warranted.

Contacting a non-custodial parent

Practice concerning non-custodial parent (NCP) contact varies among agencies; consult with the county/tribal attorney for specific direction

No basis for full assessment or investigation

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

High risk cases

If a parent refuses to participate in planning, or fails to follow through with what is necessary to keep their child safe, county or tribal child welfare agency staff must consult with the county or tribal attorney about legal grounds to proceed with court action.

Medical evaluations

If a parent refuses to permit a medical evaluation and it is necessary to ensure child safety, consultation with the county or tribal attorney should occur.

Determinations regarding a child offender

When ambiguity exists regarding when an agency should make a finding of maltreatment on an alleged child offender, consult with the county or tribal attorney and/or the local agencies' multi-disciplinary child protection team.

Providing determination letters to non-resident, non-offending parents

Consult with the county or tribal attorney for specific guidance.

Appendix E – Checklists

Family Assessment checklist

<input type="checkbox"/> Review report from mandated or voluntary reporter	
<input type="checkbox"/> ICWA inquiry	Check county and state indices. If ICWA, notify tribe within 24 hours of Family Assessment and coordinate.
<input type="checkbox"/> Check prior SSIS records	Check county and state detail under each client.
<input type="checkbox"/> Notify law enforcement orally and in writing within 24 hours	Notify regardless of whether law enforcement made report.
<input type="checkbox"/> Coordinate assessment with law enforcement, if applicable	Coordinate when report indicates there may be danger to child protection worker.
<input type="checkbox"/> Notice of intent to interview child on school property, only when necessary	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.
<input type="checkbox"/> Child Protection Notice of Privacy Practices orally and in writing <input type="checkbox"/> Alleged victim (age 10 and older) <input type="checkbox"/> Parents/legal custodians/guardians <input type="checkbox"/> Alleged offender <input type="checkbox"/> Siblings/other children <input type="checkbox"/> Reporter <input type="checkbox"/> Collaterals	Child Protection Notice of Privacy Practices document.
<input type="checkbox"/> Participant contacts/interviews	
<input type="checkbox"/> Alleged victim	Within five days of receipt of report. Document in SSIS as child observation/interview.
<input type="checkbox"/> Parents/legal custodians/guardians	Within five days of receipt of report. Include notification that child was interviewed without parental consent, where applicable.
<input type="checkbox"/> Alleged offender	Conducted in the early stages of an assessment. Document in SSIS as adult interview.
<input type="checkbox"/> Siblings/other children <input type="checkbox"/> Reporter <input type="checkbox"/> Collaterals	

<input type="checkbox"/> Inquire as to involvement of non-custodial or absent parent for each child	<p>Best practice is to involve both parents in case planning whenever possible.</p>
<input type="checkbox"/> Enter client demographic information in SSIS as it becomes available	<p>Hispanic heritage determination is required.</p> <p>Best practice is to update client contact information, relationships, alternate names, race, ICWA information.</p>
<input type="checkbox"/> Complete SDM tools <ul style="list-style-type: none"> <input type="checkbox"/> Complete SDM Safety Assessment within 72 hours of contact with family <input type="checkbox"/> Complete SDM Family Risk Assessment within 45 days <input type="checkbox"/> Complete SDM Family Strengths and Needs within 45 days 	<p>Decisions Tools folder.</p>
<input type="checkbox"/> Gather substance involvement and domestic violence information	<p>Document regardless of whether substance involvement or domestic violence are present.</p>
<input type="checkbox"/> Complete child maltreatment report within 45 days <ul style="list-style-type: none"> <input type="checkbox"/> Victim information <input type="checkbox"/> Conditions/services <input type="checkbox"/> Determine whether child protective services (CPS) are needed <input type="checkbox"/> Determine whether Family Support services are requested (only required when CPS are not needed) <input type="checkbox"/> Change report status and enter an end date 	<p>Child Maltreatment Report node.</p>
<input type="checkbox"/> Notice of Assessment Summary within 10 days	
<ul style="list-style-type: none"> <input type="checkbox"/> Notice of Assessment Summary to parents/legal custodians/guardians <input type="checkbox"/> Notice of Assessment Summary to alleged offender/s 	<p>CP Family Assessment – CPS Notice of Assessment Summary document.</p>
<ul style="list-style-type: none"> <input type="checkbox"/> Notice to mandated reporter 	<p>Send to mandated reporter (required) or voluntary reporter (upon request).</p> <p>CP Family Assessment – Family Assessment Mandated Reporter Summary Notice document.</p>

<input type="checkbox"/> Close or Transition Assessment workgroup	<p>If not opening for case management services, close workgroup.</p> <p>If opening for case management services, close Assessment workgroup and open Case Management workgroup, or use WG Change Log to Transition Assessment workgroup.</p>
<input type="checkbox"/> Review report from mandated or voluntary reporter	
<input type="checkbox"/> In case of child fatality or near fatality, notify the department's Child Mortality Review Unit	<p>Send to department within 24 hours of a qualifying fatality or near fatality.</p>
<input type="checkbox"/> ICWA inquiry	<p>Check county and state indices if ICWA, notify tribe within 24 hours of Family Investigation and coordinate.</p>
<input type="checkbox"/> Check prior SSIS records	<p>Check county and state detail under each client.</p>
<input type="checkbox"/> Notify law enforcement orally and in writing within 24 hours	<p>Notify regardless of whether law enforcement made report.</p>
<input type="checkbox"/> Coordinate investigation with law enforcement	<p>Coordinate when report indicates substantial child endangerment, sexual abuse, or imminent danger to a child, criminal activity, or danger to a child protection worker.</p>
<input type="checkbox"/> Notice of Intent to Interview Child on School Property	<p>Notice of Intent to Interview Child on School Property document.</p>
<input type="checkbox"/> Child Protection Notice of Privacy Practices, orally and in writing <ul style="list-style-type: none"> ○ Alleged victim (age 10 and older) ○ Parents/legal custodians/guardians ○ Alleged offender ○ Siblings/other children ○ Reporter ○ Collaterals 	<p>Child Protection Notice of Privacy Practices document.</p>
<input type="checkbox"/> Recorded participant contacts/interview	<ul style="list-style-type: none"> • 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.

Appendix F – Assessment for physical abuse: Injury patterns, red flags and child abuse programs

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

<p>When the following injuries are present,</p> <p>ADDITIONAL MEDICAL EVALUATION IS ALWAYS INDICATED:</p> <ul style="list-style-type: none"> Rib Fractures Metaphyseal Fractures Longbone Fracture (non-ambulatory) Bruising (infants less than 6 months) Oral or Pharyngeal Injury (non-ambulatory) Abdominal Injury (non-MVC under 5 yrs) Head Injury (unwitnessed, unexplained) 	<p>Unusual Locations of Injury & Patterned Skin Injuries (P)</p> <p>TEN-4 FACES-p</p> <table border="0" style="width: 100%;"> <tr> <td style="text-align: center; vertical-align: top;"> <p>TEN</p> <ul style="list-style-type: none"> Torso (trunk) Ear Neck </td> <td style="text-align: center; vertical-align: top;"> <p>FACES</p> <ul style="list-style-type: none"> Frenulum (mouth) Angle of the Jaw Cheek Eyelids (bruising) Subconjunctival Hemorrhage (eye) </td> </tr> </table> <p>4: Bruises in the TEN distribution in a child under 4 years of age, or ANY bruise in an infant less than 4.99 months of age</p>	<p>TEN</p> <ul style="list-style-type: none"> Torso (trunk) Ear Neck 	<p>FACES</p> <ul style="list-style-type: none"> Frenulum (mouth) Angle of the Jaw Cheek Eyelids (bruising) Subconjunctival Hemorrhage (eye) 	<p>Contact a Child Abuse Physician:</p> <p>Univ. of Minnesota Masonic Children’s Hospital Minneapolis MN Center for Safe & Healthy Children (612) 273-SAFE (7233) or (612) 365-1000</p> <p>Hennepin County Medical Center Minneapolis MN Center for Safe & Healthy Children (800) 424-4262 Hennepin Connect</p> <p>Children’s Hospitals and Clinics of Minnesota Minneapolis and St. Paul MN Midwest Children’s Resource Center (MCRC) (651) 220-6750</p>
<p>TEN</p> <ul style="list-style-type: none"> Torso (trunk) Ear Neck 	<p>FACES</p> <ul style="list-style-type: none"> Frenulum (mouth) Angle of the Jaw Cheek Eyelids (bruising) Subconjunctival Hemorrhage (eye) 			
<p>MOST CHILD FATALITIES:</p> <ul style="list-style-type: none"> i. Occur in children under 4 years of age (80%) ii. Occur at the instigation of a caregiver (80%) iv. Involve head (leading cause) and/or abdominal (second cause) Injury 	<p>What Is An Unexplained Injury:</p> <ul style="list-style-type: none"> i. Injury that is not consistent w/ child’s age, developmental abilities, or injury type ii. History that is vague or changes w/ time, repetition, or caregiver iii. Delay in seeking medical care 	<p>Mayo Clinic Rochester MN Mayo Child and Family Advocacy Program (507) 266-0443 daytime or (507) 284-2511</p> <p>Essentia Health Duluth MN (218) 786-8364</p> <p>Gundersen Health System La Crosse WI 1-800-362-9567</p>		
<p>Signs of Head Injury*:</p> <ul style="list-style-type: none"> i. Bulging fontanelle (soft spot) in an infant ii. Rapidly increasing head circumference iii. Bruising/Swelling to Face/Head iv. Vomiting or fussiness v. Unresponsive, “altered mental status” vi. Apnea or change in breathing <p>*Simple household falls rarely result in serious injury.</p>	<p>Signs of Abdominal Injury*:</p> <ul style="list-style-type: none"> i. Abdominal pain or distention ii. Abdominal bruising iii. Vomiting iv. Lethargic, “altered mental status” v. Rectal bleeding vi. Presents in shock, low blood pressure <p>*Simple household falls rarely result in serious injury.</p>	<p>Sanford Health Sioux Falls SD Child’s Voice Child Advocacy Center (605) 333-2226</p> <p>Sanford Health Fargo ND Child & Adolescent Maltreatment Service (CAMS) (701) 234-2000 or (877) 647-1225</p>		

These recommendations are not a substitute for expert medical evaluation. It should also not take the place of medical decision-making. Injuries that are suspicious for abuse require careful assessment by a physician or medical provider with expertise in child abuse.

Minnesota Child Abuse Network COMMON EVALUATION FOR PHYSICAL ABUSE



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**DEPARTMENT OF
HUMAN SERVICES**

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