DEPARTMENT OF HUMAN SERVICES

Minnesota's Child Maltreatment Report, 2020

Children and Family Services

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For information contact:

Minnesota Department of Human Services Child Safety and Permanency Division P.O. Box 64943 St. Paul, MN 55155

651-431-4660

Dhs.csp.research@state.mn.us

https://mn.gov/dhs/people-we-serve/children-and-families/services/child-protection/



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Minnesota Statutes, Chapter 3.197, requires the disclosure of the cost to prepare this report. The estimated cost of preparing this report is \$10,667.30.

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Child Maltreatment Report summary, 2020

Purpose

This annual report provides information on children involved in maltreatment reports and the work happening across Minnesota to ensure and promote safety, permanency, and well-being of children who may have experienced maltreatment. For information on all state and federal performance measures, see the <u>Minnesota Child Welfare Data Dashboard</u>.

Findings

Number of intakes in 2020:

• Minnesota child protection agencies received **71,606** reports of child maltreatment, a **16.7**% decrease from 2019.

The screening process includes:

- Of the **71,606** child maltreatment reports, local agencies screened in **31,258**, or **43.7**% of reports
- For reports that were screened out, more than **nine of every 10** were screened out because allegations did not meet the statutory threshold for maltreatment
- Mandated reporters made the vast majority of reports of maltreatment, nearly four of five reports (**55,369** of **71,606** reports, **77.3**%).

Completed assessments and investigations are as follows:

- There were **34,232** alleged victims involved in **26,084** completed assessments or investigations following screened in child maltreatment reports
- The number of alleged victims with at least one screened in and completed report decreased by 10.5% from the previous year after having remained stable between 2016 and 2019.
- American Indian children and children who identify with two or more races were approximately
 4.6 times more likely to be involved in completed maltreatment assessments/investigations
 than white children, while African American children were 2.6 times more likely to be involved
- Children ages 8 and younger represented the majority involved in completed maltreatment assessments/investigations (**58.4**%)
- Alleged victims with allegations of neglect comprised the largest group of children by far, with approximately **61**% of all children in 2020.

Child protection response path assignments were as follows:

• The number and proportion of reports assigned to Family Assessment (Minnesota's alternative response path) remained consistent for a fourth year, at **61.7%** of the total **26,084** cases. The rest received either a Family or Facility Investigation.

Minnesota's Child Maltreatment Report 2020

Assessment or investigation of safety, risk, and service needs included:

- Improvements are essential in agency performance on timeliness of first face-to-face contact with alleged victims in screened in maltreatment reports, critical for ensuring safety, with only 85.1% of victims seen within the time frames established in statute. This is almost a 3% decrease from 2019, when just over 88% of victims were seen within time frames.
- Family Investigations completed in 2020 were more likely to be indicated as high risk for future maltreatment (**27.6**%) compared to Family Assessments (**13.5**%).
- There were **14,725** children in completed maltreatment assessments/investigations who experienced a Family Investigation, with **42.5%** having a determination of maltreatment; there were **1,240** children in completed assessments/investigations who received a Facility Investigation, with **21.7%** having a maltreatment determination.
- There were **22** child deaths and **23** life-threatening injuries determined to be a result of maltreatment in 2020.

Outcomes after child maltreatment assessments/investigations conclude:

• Minnesota met the federal maltreatment recurrence standard in 2020, with **5.5%** of all children having a recurrence of maltreatment within 12 months of their first determination.

Child maltreatment appendix

The child maltreatment appendix has eight tables that break down data from 2020 by agency, including the number of:

- And percent of child maltreatment reports by screening status and agency
- Completed child maltreatment assessments/investigations by response path and agency
- Alleged victims in completed assessments/investigations by maltreatment type and rate per 1,000 children by agency
- Alleged victims by age group and agency
- Alleged victims by race/ethnicity and agency
- Alleged and determined victims in completed assessments/investigations, and rate per 1,000 children by agency
- Social service agency referrals to early intervention for infants and toddlers involved in substantiated cases of maltreatment
- Assessments/investigations by Structured Decision Making (SDM) risk assessment status and agency.

Legislation

This report was prepared by the Minnesota Department of Human Services (department), Children and Family Services Administration, Child Safety and Permanency Division, for the Minnesota Legislature in response to a directive in Minn. Stat., section 257.0725. This report also fulfills reporting requirements under the Vulnerable Children and Adults Act, Minn. Stat., section 256M.80, subd. 2; the Minnesota Indian Family Preservation Act, Minn. Stat., section 260.775; required referral to early intervention services, Minn. Stat. 260E.24, subd. 6; and commissioner's duty to provide oversight, quality assurance reviews, and annual summary of reviews, Minn. Stat., section 260E.38.

Minn. Stat., section 257.0725: The commissioner of human services shall publish an annual report on child maltreatment and children in out-of-home placement. The commissioner shall confer with counties, child welfare organizations, child advocacy organizations, courts, and other groups on how to improve the content and utility of the department's annual report. In regard to child maltreatment, the report shall include the number and kinds of maltreatment reports received, and other data that the commissioner determines appropriate in a child maltreatment report.

Minn. Stat., section 256M.80, subd. 2: Statewide evaluation. Six months after the end of the first full calendar year and annually thereafter, the commissioner shall make public counties' progress in improving outcomes of vulnerable children and adults related to safety, permanency and well-being.

Minn. Stat. 260E.24, subd. 6: 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. The commissioner of human services shall monitor referral rates by county and annually report that information to the legislature. Refusal to have a child screened is not a basis for a child in need of protection or services petition under chapter 260C.

Minn. Stat., section 260E.38: Audit. Subd. 2 states: The commissioner shall develop a plan to perform quality assurance reviews of local welfare agency screening practices and decisions. The commissioner shall provide oversight and guidance to county agencies to ensure consistent application of screening guidelines, thorough and appropriate screening decisions, and correct documentation and maintenance of reports. Subd. 3 state: The commissioner shall produce an annual report of the summary results of reviews. The report must only include aggregate data and may not include any data that could be used to personally identify any subject whose data is included in the report. The report is public information and must be provided to the chairs and ranking minority members of the legislative committees having jurisdiction over child protection issues.

Introduction

Caring for and protecting children is one of the critical functions of any society. Communities can only be successful when children have opportunities to grow, develop and thrive. [Annie E. Casey, 2017] No factor may be a stronger indicator of a poorly functioning society than high rates of child maltreatment. It is widely considered to be a public health crisis in the U.S., with far-ranging negative consequences for not only developing children, but also for families and communities in which children live.



It is critical that department staff monitor and report on the experiences of children who are alleged to have been maltreated, and work of child protection in ensuring those children are safe and reaching their full potential.

Minnesota children

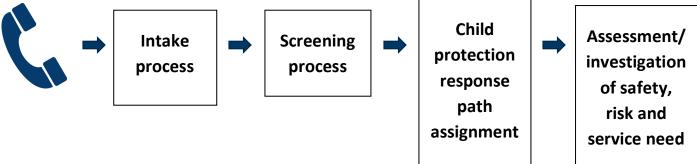
What is child maltreatment?

Minnesota Statutes provide a detailed description of what constitutes child maltreatment (see Minn. Stat. <u>260E</u>). Minnesota Statutes recognize six types of maltreatment: Neglect, physical abuse, sexual abuse, mental injury, emotional harm, and threatened injury.

Minnesota's child protection system

Minnesota is a state supervised, locally administered child protection system. This means that local social service agencies (87 counties and three American Indian Initiative tribes) are responsible for screening reports, assessing allegations of maltreatment, and providing protective services for children and families. The department's Child Safety and Permanency Division provides oversight, guidance, training, technical assistance, and quality assurance monitoring of local agencies in support of that work. This annual report provides information on children affected, and work happening across Minnesota to ensure and promote safety, permanency, and wellbeing of children who may have experienced maltreatment. For information about performance on all state and federal performance measures, see the Minnesota Child Welfare Data Dashboard.

How do children who may have been maltreated come to the attention of Minnesota's child protection system and receive services?



The intake process

- When community members have concerns that children are being maltreated, they can (or must if a mandated reporter – see Minn. Stat. <u>260E.06</u>, subd. 1, for information about who is a mandated reporter) call their local child protection agency to report concerns. Local agencies document reports of maltreatment, including information about reporters, children involved, alleged offenders, and specifics of alleged maltreatment.
- Over the past few years, data on the number of incoming child protection reports and screening rates have become more important to the overall picture of child welfare. Attempts were made to include this information, however, there were several changes made to the methodology used. This, along with changes in requirements for local agency



data entry, makes it difficult to compare the total number of reports from one annual report to the next.

- The 2020 report begins with information on the number of child maltreatment reports received, and screening rates for these reports at the time of intake. All other information included in a report is based on assessments/investigations completed during the calendar year because it includes information not known until an assessment/investigation closes. Although these two groups of reports are related, they are not identical populations of reports or corresponding children. Some reports made to child protection in 2020 (i.e., reports at the intake phase) will not have an assessment or investigation of allegations completed until 2021, and included in that year's annual report (e.g., reports received in December 2020). Likewise, some assessments/investigations completed in 2020 were based on maltreatment reports received later in 2019.
- Minnesota child protection agencies received 71,606 reports of maltreatment in 2020, a 16.7% decrease from 2019. As mentioned previously, the COVID-19 pandemic and associated

strategies implemented to contain the virus resulted in children seeing fewer mandated reporters, and fewer reports received in months immediately following the governor's emergency order.

The screening process

Once receiving a report of maltreatment, local agency staff reviews information and determines if allegation/s meet the statutory threshold for child maltreatment. If it does, and allegations have not been previously assessed/investigated, staff screen in reports for further assessment or investigation. Local agencies cross report all allegations of maltreatment to law enforcement, regardless of screening decision. Screening results include:

- Figure 1 shows percent and number of reports that were screened out (40,348, 56.3%), and screened in for assessment or investigation (31,258, 43.7%).
- Screening rates are shown by race and ethnicity of alleged victims. Reports with at least one white alleged victim were screened in at a rate of 42.0%. This is noticeably lower than screening rates for other race categories (see Figure 1).

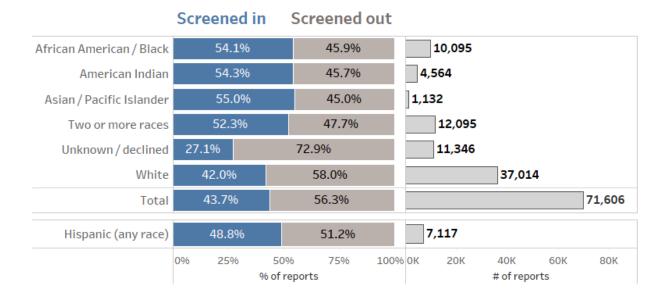


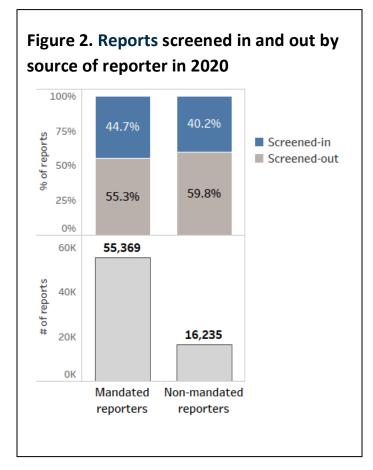
Figure 1. Screening decisions of child maltreatment reports received in 2020

Screened out maltreatment reports

A summary of screened out reports indicate:

• In 2020, **36,382** of **40,348** screened out reports (**90.2%**) were screened out because allegations did not meet statutory thresholds for maltreatment. The remaining reports (**3,966, 9.8**%) were screened out for various reasons, including the following:

- Report did not include enough identifying information (1.3%).
- Allegations referred to an unborn child (4.7%).
- Alleged victims were not in a family unit or covered entity (**3.7%**) and referred to the appropriate investigative agency.
- Information regarding identity of alleged victims was provided and entered for 36,963 of 40,348 screened out reports (91.6%).
- The Child Safety and Permanency Division instituted a new statewide screening review process in September 2014. This process involves review of a random selection of approximately 5% of screened out reports each month. Each review is completed by a team, appraised for both screening decisions and quality of information in reports. The review team requested additional consultation with local agencies regarding screening decisions in **39** of **2,788** reports reviewed (1.4%) in 2020. Of the **39**, consultations resulted in agencies screening in reports **16** times, and in an agency providing additional information to support a screen out **19** times. The remaining cases required additional discussions with county attorneys and agency management, or had additional agency policies surrounding decisions.



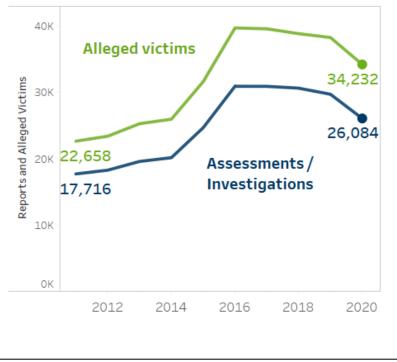
Referral source of child maltreatment reports

- Mandated reporters made the vast majority of reports of maltreatment to local agencies, with nearly four of five reports (55,369 of 71,604 reports, 77.3%). Two reports had unidentified reporters.
- Mandated reporters include those in health care, law enforcement, mental health, social services, education, and child care, among others working with children.
- As shown in Figure 2, mandated reporters were more likely to have their reports accepted (44.7% versus 40.2%). The difference in acceptance rates may be due to mandated reporters better trained to identify maltreatment, therefore, more likely to report incidents that meet statutory thresholds.

Completed assessments and investigations

- There were 26,084
 assessments/investigations
 completed in 2020; these reports
 involved 34,232 alleged victims.
- For the prior Intake process and Screening process sections, data provided are based on reports initially made to child welfare agencies in calendar year 2020. Beginning in this section, and for all subsequent sections, information provided is based on maltreatment reports with completed assessments/ investigations in 2020. The number of screened in reports shown in Figure 1 (31,258 reports) is different from the number of completed assessments/investigations (also referred to as cases throughout the rest of this report) in Figure 3 (26,084 reports). All reports

Figure 3. Trends of completed assessments/ investigations and alleged victims, 2011 – 2020



received in 2020, but not yet closed, are closed in the subsequent year, with outcomes reported in the 2021 annual Maltreatment Report.

- As shown in Figure 3, the number of completed assessments/investigations and alleged victims in at least one assessment/investigation rose substantially over the past decade, reaching a high in 2016, decreasing slightly until 2019. In 2020, there was a large decrease in both completed assessments/investigations and alleged victims (**12.2%** and **10.5%**, respectively).
- The biggest decrease in the number of alleged victims in completed assessments and investigations happened in months immediately following start of the COVID-19 pandemic. The reduction in reports received, highlighted previously on p. 9, resulted in fewer completed assessments and investigations in months after the decrease in reporting.
- There are questions regarding whether this decrease resulted in negative outcomes for children; it is unlikely that administrative data can answer these questions. Given that disproportionality in child protection for African American/Black and American Indian children and families is greatest at the point of reporting, and is partially the result of racial bias, it is possible the decrease in mandated reporting may have resulted in less over-involvement by the child protection system for these families. [Lane, Rubin, Monteith, Christian, 2002; Hymel et al., 2018]

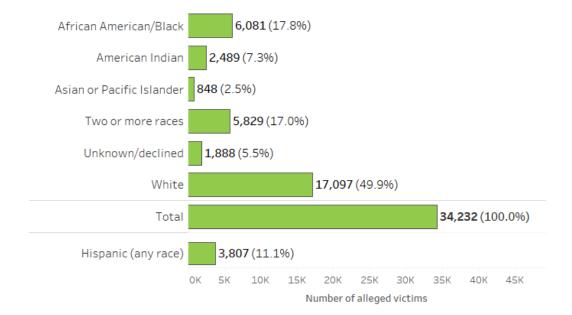
- Some alleged victims had more than one completed assessment/investigation within the year, as shown in Table 1.
- There were 30,211 (88.3%) alleged victims with a single completed assessment or investigation in 2020. Nearly 12% had multiple assessments or investigations.

Characteristics of alleged victims in completed assessments/investigations

Table 1. Number of victims with one ormore completed assessments/investigationsin 2020

	Number	Percent
1 assmnt/inv	30,211	88.3%
2 assmnt/inv	3,332	9.7%
3 assmnt/inv	524	1.5%
4 or more assmnt/inv	165	0.5%
Total	34,232	100.0%

Minnesota children involved in allegations of maltreatment live with all types of families in all parts of the state. However, there are communities disproportionately likely to be involved with the child protection system. Figure 4 shows the number of alleged victims by race and ethnicity in the year. Figure 6 shows these same numbers adjusted for population for these groups to calculate a race per 1,000 children in the population. These rates are shown over time.



Were children with a screened out maltreatment report in 2019 involved in a screened in (and subsequent completed assessment/investigation) maltreatment report within 12 months?

Following the recommendation of the Governor's Task Force in 2015, statutory changes were made requiring county and tribal child welfare agencies to consider children's prior screened out report histories when making a decision to screen in a new report. Children's histories of screened out maltreatment reports has shown to be a predictor of future maltreatment. [Morley & Kaplan, 2011] The following figure examines whether children involved in a screened out maltreatment report were eventually involved in a screened in maltreatment report. To conduct this examination, children in screened out reports during 2019 with no prior child protection history within the past four years were followed to see if they were alleged victims in a screened in report within 12 months of their initial screened out report.

- There were 17,659 children who had at least one screened out report in 2019 and no prior history in the previous four years. Of these children, 14,417 had one screened out report, 2,318 had two, 579 had three, and 345 had four or more screened out reports in 2019.
- Overall, **13.4%** of children with at least one screened out report were involved in a screened in maltreatment report within 12 months following their initial screened out report. As shown in Figure 5, children in multiple screened out reports were more likely to have a screened in maltreatment report within 12 months of their first screened out report.

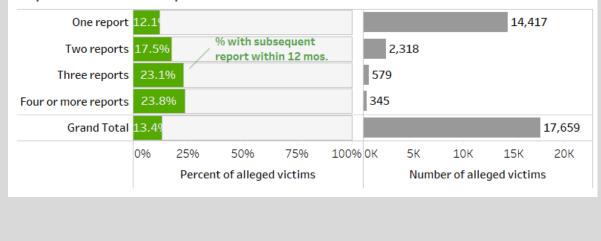


Figure 5: Percent and number of alleged victims with a screened in report by number of prior screened out reports

- Consistent with Minnesota's general population of children, the largest group with a screened in maltreatment report and a subsequent completed assessment or investigation are white (see Figure 4).
- Children who are African American, American Indian, and those who identify with two or more races were disproportionately involved in completed maltreatment assessments and investigations (see Figure 6).
- Adjusted to population rates, American Indian children were 5.2 times more likely to be involved in completed maltreatment assessments/investigations than white children, while those who identify with two or more races were 4.6 times, and African American children 2.6 times more likely.
- Between 2019 and 2020 there was an overall decrease in number of alleged victims in completed reports of 11%; there was a decrease among African American children of 15%, while the number of American Indian children decreased by about 6%, Asian/Pacific Islander children decreased around 16%, and those of two or more races stayed about the same (<1% increase).
- Minnesota child welfare agencies struggle with opportunity gaps for families of color and American Indian families across all systems serving children and families. The disproportionality in child protection is further evidence of this gap in services and opportunities.

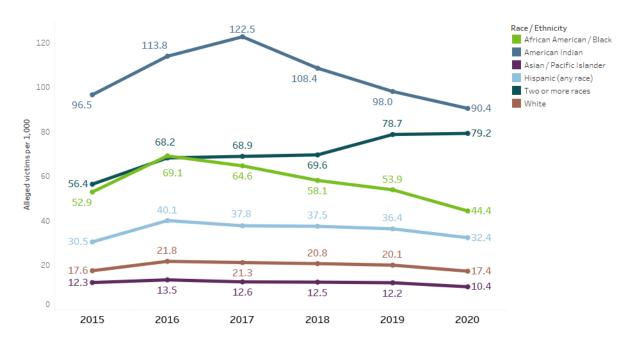


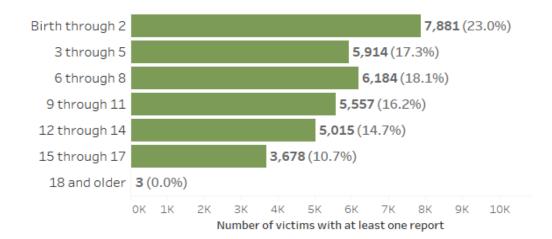
Figure 6. Number of alleged victims per 1,000 with at least one completed assessment/investigation by race/ethnicity, 2015 - 2020

A closer look at the two or more race category

Minnesota is becoming more diverse with many children and families identifying with more than one race or ethnicity. In child welfare, the number of families self-reporting as two or more races has more than doubled since 2012. Of children who identify with more than one race:

- 88.6% identified at least one race as white
- 64.6% identified at least one race as African American/Black
- 49.2% identified at least one race as American Indian
- 7.3% identified at least one race as Asian
- **1.3%** identified at least one race as Pacific Islander.
- Children ages 8 and younger represented the majority of children involved in maltreatment
 assessments and investigations (58.4%) in 2020. There were likely multiple reasons why this age
 group comprised the greatest number involved in screened in maltreatment reports, including
 that younger children:
 - Rely almost exclusively on their caregivers for survival this makes them particularly vulnerable to maltreatment. Data from the National Incidence Study [Sedlak et al., 2010] shows that young children are more likely to be maltreated.
 - Their families often have more frequent contact with multiple family-serving systems with mandated reporters for suspected maltreatment, increasing likelihood that someone will report suspected maltreatment.

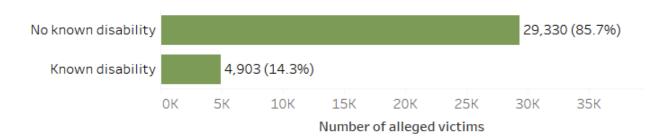
Figure 7. Number and percent of alleged victims with at least one completed assessment/investigation by age group in 2020



Note: For victims with more than one report during the report year, the age at their first screened in and completed maltreatment report was used to determine age group.

 Just over 14% of children with screened in maltreatment reports in 2020 had a known disability (some disabilities may be undiagnosed). This rate of disability is five times more frequent than in the general population of children. [Sedlak et al., 2010]





- In any given report of maltreatment, a child may have one or more types of alleged maltreatment identified. The five main categories of maltreatment are:
 - Mental injury, behavior of a caregiver that causes emotional or mental injury to child
 - Neglect, not adequately providing for the physical, mental or behavioral needs of child
 - Physical abuse, behavior that is intended to and/or results in physical harm to child
 - Sexual abuse, any behavior towards or exploitation of children by a caregiver sexual in manner, and
 - Threatened injury, attempting or threatening harm to child or placing them in a situation putting them at risk for serious harm.



Refer to the Minnesota Child Maltreatment Screening Guidelines and Minn. Stat. § 260E, Reporting of Maltreatment of Minors.

• Figure 9 shows the number of victims with one or more allegations per completed assessment/ investigation in 2020. The vast majority of children (**71.8%**) had a single allegation of maltreatment in each completed assessment/investigation.





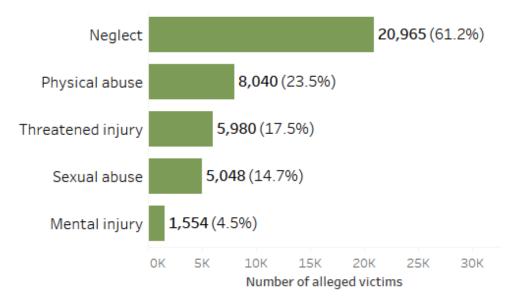


Figure 10. Number and percent of alleged victims by maltreatment type, 2020

- The most common allegation type among alleged victims was neglect, with 61% of all children allegedly experiencing this type of maltreatment (see Figure 10).
- The relative frequency of the different types of maltreatment continues to shift. Threatened injury, a category added in 2016, continues to increase each year, identified for 17.5% of all victims of maltreatment in 2020.

The most common allegation type among alleged victims was neglect, with 61% of all children allegedly experiencing that type of maltreatment.

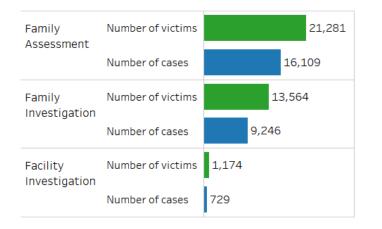
Child protection response path assignment

Once a report has been accepted and screened in, local agencies assign a case to one of three child protection responses: Family Assessment, Family Investigation, or Facility Investigation. All response paths are involuntary; families must engage with child protection or face the possibility of court action. See the sidebar on the right for information about how cases are assigned to each of the tracks. (Note: A **case** in this report refers to a completed investigation or assessment.)

Assignment of child maltreatment cases to child protection response paths

• Figures 11 and 12 show nearly **62%** of child maltreatment reports were assigned to the Family Assessment path, while the rest received either a Family or Facility Investigation.

Figure 11. Number of cases and victims by path assignment in 2020

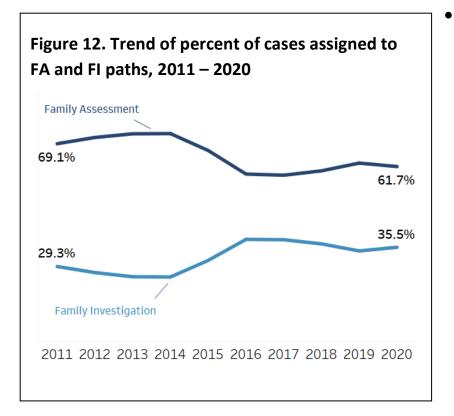


 In all types of child protection responses to maltreatment reports, the assessment or investigative phase has five shared goals, including:

Assigning reports

- By law, cases including allegations of sexual abuse or substantial child endangerment (such as egregious harm, homicide, felony assault, abandonment, neglect due to failure to thrive, and malicious punishment), must be assigned to Family Investigation.
- Maltreatment allegations reported occurring in family foster homes or family child care homes are assigned to
 Facility Investigation.
 Maltreatment occurring in state licensed residential facilities, institutions and child care centers is investigated by the Minnesota Department of Human Services, Licensing Division, and not included in this report.
- Cases not alleging substantial child endangerment or sexual abuse can be assigned to either
 Family Assessment, or if complicating factors are associated with a report, such as frequent, similar, or recent history of past reports, or need for legal intervention due to violent activities in a home, local agency may at its discretion, assign reports to Family Investigation response.

- Identify and resolve immediate safety needs of children
- Conduct fact-finding regarding circumstances described in a maltreatment report
- Identify risk of ongoing maltreatment
- Identify needs and circumstances of children (and families)
- Determine whether child protective services focus on providing ongoing safety, permanency and well-being for children.
- In investigations (both family and facility), an additional goal is to use evidence gathered through fact-finding to determine if it is maintained if allegations of maltreatment occurred. If a determination is made, information is maintained for a minimum of 10 years.



 After a long steady decline, there was a large increase in the percentage of reports assigned to Family Investigation in 2015 and 2016. This was followed by a slight decline until 2020 when the number of investigations again increased slightly.

Maltreatment type and child protection response paths

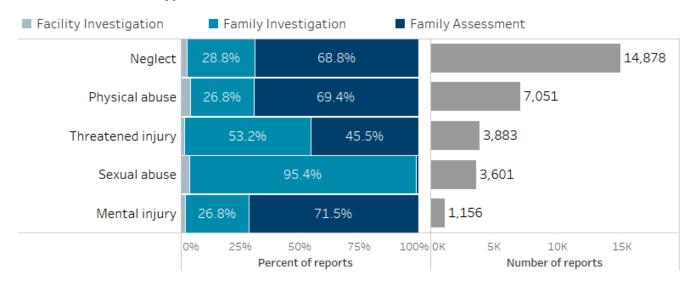
- Reports of neglect, physical abuse, and mental injury were most often assigned to the Family
 Assessment response path. Sexual abuse (which has a required Investigation response) and
 threatened injury were most often assigned to Family or Facility Investigations (see Figure 13).
- Despite a statute indicating that all sexual abuse allegations should receive a Family
 Investigation response, 41 of 3,601 sexual abuse cases (1.1%) were closed as a Family
 Assessment response. However, 39 of those reports were assigned to a Family or Facility
 Investigation at some point prior to case closure, but switched to a Family Assessment once it

was indicated an Investigation was not needed, which is permissible under Minnesota Statutes. That leaves **two** reports (or less than **.06%**) closing as a Family Assessment and never had an Investigation.

 Beginning in 2015, Child Safety and Permanency Division staff began reviewing every report assigned to Family Assessment with a sexual abuse allegation, contacting agencies to review these decisions. Since September 2017,



Figure 13. The percent and number of cases by child protection response path and maltreatment type in 2020

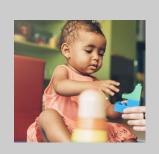


• As stated previously, there are both mandatory and discretionary reasons that local child protection agency staff will assign a case to the Family Investigation response path.

• Figure 14 shows the percent of victims assigned to Family Investigation by discretionary and mandatory reasons by race. White children are assigned to a Family Investigation for a discretionary reason less frequently compared to children from other racial and ethnic groups.

		Mandatory	Discret	ionary	
African American/Black	65.9%			34.1%	
American Indian	American Indian 66.7%		66.7%		
Asian or Pacific Islander		58.5%			
Two or more races		63.0%			
Unknown/declined		70.6%		29.4%	
White		71.6%		28.4%	
Total		68.1%			
Hispanic (any race)		70.6%		29.4%	
	096	25%	50%	75%	100%









Assessment of safety, risk, and service need

After a maltreatment report is screened in and a case assigned to the appropriate child protection response path, caseworkers must make contact with alleged victims and all other relevant parties to assess their immediate safety. The specifics of how those meetings occur, when, and with whom are specific to each case and family. After initial interviews and meetings in both the Family Assessment and Family Investigation response paths, caseworkers make an assessment of safety, based on professional judgement and information provided from a safety assessment tool. If a safety threat is indicated, caseworkers, along with other partners, determine whether a safety plan can keep child/ren safe, or if additional intervention is warranted, such as placement in out-of-home care.

During the assessment or investigation phase, caseworkers also determine the risk of future maltreatment and decide whether child protective services are needed to provide ongoing safety, well-being and permanency. The assessment or investigation phase of all types of child protection responses is 45 days. If child protective services are needed, ongoing case management services are provided to families through opening child protection case management. At closing of a Family or Facility Investigation, a determination is made as to whether or not maltreatment occurred. At any point during the assessment or investigation phase, if local agency staff feel a child/ren is/are not safe,

they may seek removal and place them in out-of-home care, and/or seek a Child in Need of Protection or Services (CHIPS) petition to provide court oversight and monitoring.

Timeliness of face-to-face contact with alleged victims of child maltreatment

- After screening a report, the first step in all child protection responses is to have face-to-face contact with alleged victims of maltreatment to determine if children are safe or in need of protection. Occasionally, at the time of receiving a report, children may already be placed on a 72-hour hold by local law enforcement. Caseworkers must see all alleged victims in a report.
- Two response time frames align with assignment of child protection response. Allegations that indicate risk of substantial child endangerment or sexual abuse require an Investigation and require local agencies to see all alleged victims within 24 hours.
- The majority of alleged victims did not have allegations of substantial child endangerment or sexual abuse (**76.3%**), requiring face-to-face contact within five days. The five-day timeline

applies to children named as alleged victims in child protection cases assigned both to Family Assessment response and Family Investigation, at the discretion of agency staff (rather than for mandatory reasons because of severity of current allegation/s).

In 2020, 85% of victims were seen within time frames established in statute for face-to-face contact with alleged victims (see Figure 15), a decrease of 3 percentage points from 2019. The restrictions in place, staffing shortages, and family challenges due to illness and quarantining, and fear of face-to-face contact following the beginning of the COVID-19 pandemic, may have contributed to the decrease in performance in 2020. Continued efforts for improvement are underway.

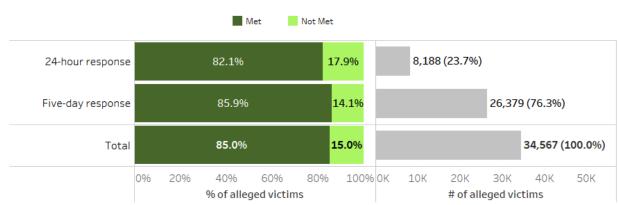
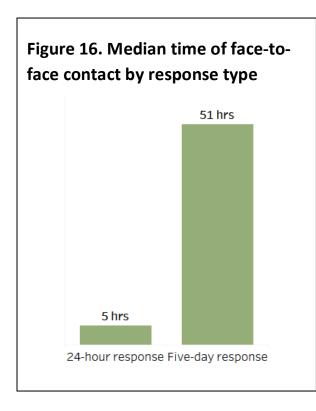


Figure 15. Timeliness of face-to-face contact with alleged victims, 2020

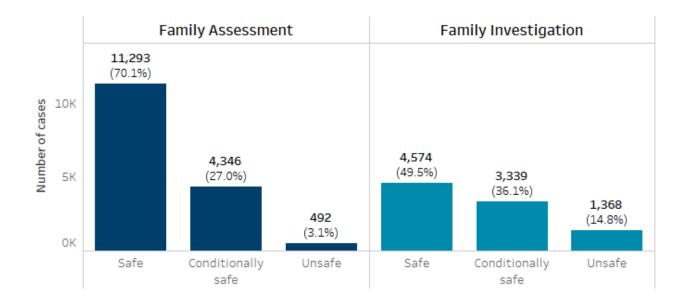


- Despite not meeting the performance standard, the median time for face-to-face contact between child protection workers and alleged victims with allegations indicating substantial child endangerment was **five** hours. The median time of contact for all other victims was **51** hours (see Figure 16).
- Both department staff and local child protection agency staff recognize the urgent need to improve performance on this measure so all children are seen in a timely manner, ensuring safety for alleged victims of maltreatment.

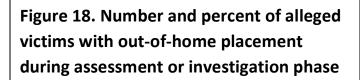
Assessment of safety and risk

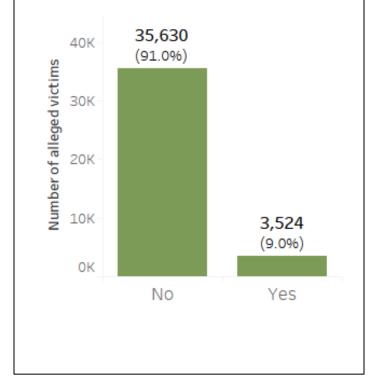
- After making initial contact with alleged victims and their family, child protection caseworkers utilize a formal assessment tool regarding safety.
- A higher percentage of maltreatment cases assigned to Family Investigation compared to Family Assessment are rated as unsafe (**14.8%** vs **3.1%**; see Figure 17).
- Ratings of conditionally safe require caseworkers to create a safety plan to immediately address safety needs identified in the assessment tool for an alleged victim to remain in their home. Ratings of unsafe indicate removal of child was necessary to achieve safety.

Figure 17. Number and percent of cases by safety levels and child protection response path



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- By the end of an assessment or investigation, child protection caseworkers must also complete a standardized assessment tool of risk of future maltreatment.
- Figure 19 provides information regarding the number of assessments/investigations in which a current situation of alleged victims is at low, moderate, or high risk of future maltreatment by response path.
- As expected, a higher percentage of child maltreatment cases assigned to Family Investigations were high risk (27.6%) than reports that were Family Assessments (13.5%).

- When children are found to be in unsafe situations in which adult/s responsible for their care are unable or unwilling to make necessary changes to ensure their safety, they can be removed by law enforcement or court order and placed in foster care.
- Sometimes children's removals last only a few days, but they can be in care for many months while their families work to ensure they are able to provide for their children's safety and well-being.
- Figure 18 shows a small proportion of all children involved in screened in child maltreatment reports in 2020 were placed in out-of-home care during an assessment or investigation (9%). Children may enter out-of-home care at other times because of being maltreated or for other reasons (e.g., children's mental health needs or developmental disabilities). For information on children in out-of-home care, see Minnesota's 2020 Out-of-home Care and Permanency report.





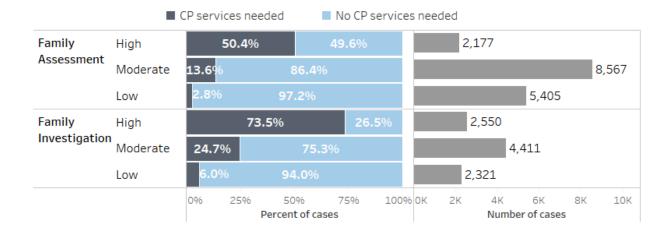
Figure 19. The number and percent of cases by risk assessment level and child protection response path

Assessing need for ongoing child protection services post-assessment or investigation phase

- At the conclusion of a Family Assessment or Family Investigation, child protection caseworkers indicate whether an alleged victim and/or family need ongoing services to maintain safety, and promote permanency and well-being.
- Figure 20 provides information regarding whether need for child protective services was indicated by risk levels identified through the risk assessment completed during the assessment or investigation phase.
- Cases that received a Family Investigation are more likely to indicate need for post-investigation child protective services at all levels of risk.
- Although cases rated as high risk during an assessment or investigative phase were more likely to indicate need for ongoing child protective services across both response paths, a majority of high risk reports that received a Family Assessment were not indicated as needing ongoing child protective services by caseworkers.
- In 2016, the department revalidated the tool used for risk assessment. This included revisions to some item scores used to generate overall risk level. Department staff continue to monitor the relationship between risk assessments and need for child protection case management.



Figure 20. The percent and number of cases where child protective services were indicated by response category and risk level

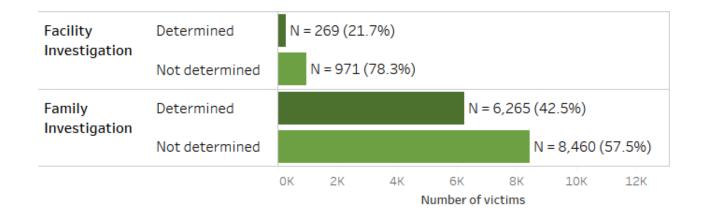


Determining maltreatment

- For both Family and Facility Investigations, there is a final step at the conclusion of a child maltreatment case not made in Family Assessment. The final step is to make a determination of whether maltreatment occurred based on information gathered during an investigation.
- Figure 21 provides information about the number of determined reports and victims by Family or Facility Investigation. There were **6,265** children in Family Investigations and **269** in Facility Investigations with a maltreatment determination in 2020.
 - For fewer than half of all victims in reports that were in either type of investigation, there was a determination that maltreatment occurred (40.9%). However, the pattern is different for Facility and Family Investigations, with a maltreatment determination made for about 42.5% of victims in Family Investigations, and 21.7% of victims in Facility Investigations.



Figure 21. Number of determined victims by Family Investigation and Facility Investigation response paths



Relationship of alleged offenders to alleged victims in completed assessments/ investigations by determination

- The overwhelming majority of alleged and determined offenders in child maltreatment cases were biological parents (see Table 2 below).
- Parents, unmarried partners of parents, and stepparents had the highest rate of determined to have maltreated a child.
- Other professionals had the lowest determination rate, at 14.3%.
- Sixteen alleged offenders had a relationship status entered in the data system indicating they should have had an investigation but appeared to have a Family Assessment response. Upon review, this was explained by data entry errors in documentation of relationships, rather than inappropriate assignment of these cases to a Family Assessment response. Data entry errors remained roughly the same in 2020 than in previous years. Department staff reviews cases monthly, consulting with local agency staff regarding concerns about data entry.

Table 2. Number of alleged offenders by relationship to alleged victims, andpercent of child protection response and determination status in 2020

Alleged offender relationship	Family Assessment	Investigations	Investigations determined	Percent determined
Unmarried partner of parent	1,027	1,062	512	48.2%
Biological parent	14,867	7,829	3,738	47.7%
Stepparent	605	448	213	47.5%
Friends or neighbors	21	82	37	45.1%
Other relative (non foster parent)	346	673	302	44.9%
Other	150	429	189	44.1%
Sibling	128	568	207	36.4%
Group home or residential facility staff	1	45	16	35.6%
Legal guardian	268	189	65	34.4%
Unknown or missing	45	78	26	33.3%
Adoptive parent	238	166	53	31.9%
Child daycare provider	6	151	45	29.8%
Relative foster parent	3	190	39	20.5%
Non-caregiver sex trafficker	1	6	1	16.7%
Non-relative foster parent	6	188	28	14.9%
Other professionals	2	7	1	14.3%

Child fatalities and near fatalities due to maltreatment

Local social service agencies and department staff take the work of protecting children seriously. In 2016, in response to recommendations from the Governor's Task Force on the Protection of Children and the <u>final report from the National Commission to Eliminate Child Abuse and Neglect Fatalities</u>, department staff began working with Collaborative Safety, LLC, to implement a trauma-informed, robust and scientific systemic critical incident review process for child fatalities and near fatalities due to maltreatment. The review process is designed to systemically analyze the child welfare system to identify opportunities for improvement, as well as address barriers to providing the best possible services to children and families. The model utilizes components from the same science used by other safety-critical industries, including aviation and health care; it moves away from blame and toward a system of accountability focusing on identifying underlying systemic issues to improve Minnesota's child welfare system.

The department began utilizing this new review process in 2017 in partnership with local agency staff and community partners. Between 2017 and summer 2019, 72 cases were reviewed utilizing this new process. The following considerations were shared with department leadership in fall 2019 based on those cases:

- Consider ways to evaluate and narrow the current screen in and response criteria under statute and within the Intake, Screening and Response Path guidelines and Best Practice Family Assessment/Family Investigation guidelines.
- 2. Consider legislative changes so that response timeframes are based on current safety and risk to alleged victim/s versus allegations as they are currently defined in state statute.
- 3. Examine response timeframes and technology mechanisms allowing agencies to have discretion on response timeframes, including initial face-to-face contact in which alleged offenders do not have access to alleged victims, and/or immediate safety assured by other safety critical professionals such as hospital staff, law enforcement, etc.
- 4. Consider ways to reduce the overall number of required documentation tasks for frontline staff by eliminating any redundancies and unnecessary requirements documented in SSIS. This may include the formation of a work group comprised of frontline and department staff to eliminate redundant and unnecessary documentation requirements.
- 5. Consider development of a workgroup comprised of local agency front line staff in collaboration with department staff to discuss maltreatment determinations and guidance needs for unsafe sleep death and near deaths.
- 6. Consider ways to enhance and support coordination and communication among child welfare agencies and law enforcement agencies, specifically relating to identifying and responding to child maltreatment.

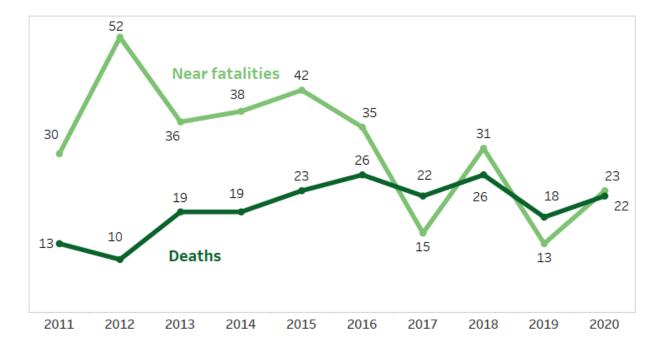
Several considerations require legislative changes, while others require additional funding. However, the department was able to move several considerations forward, making changes to guidance regarding determinations in unsafe sleep-related fatalities and near fatalities, and exploration of the intersection of poverty and neglect, in alignment with national efforts to ensure that a child protection response is

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only used when necessary. Department staff will continue to evaluate opportunities to move forward other considerations offered from the fatality and near fatality review process in 2021 and beyond. This process of gathering learnings and offering considerations for action will be done again in 2021 with a group of internal and external stakeholders based on cases reviewed in the last half of 2019, 2020, and the first half of 2021.

Figure 22 provides trend information regarding near fatalities and deaths determined to be a result of maltreatment from 2011 to 2020.

• There were **22** deaths and **23** near fatalities determined to be a result of maltreatment in 2020.



- Tables 3 and 4 provide information about victims who died as a result of maltreatment in 2020. Table 3 provides information on victims who died as a result of maltreatment and had at least one prior screened in maltreatment report; Table 4 provides information on victims who died and had no known prior involvement in a screened in child maltreatment report. The majority of deaths were males.
- Of the **22** children whose deaths were determined to be a result of maltreatment, **five** were involved in prior screened in child protection reports, and **17** had not.
- There are often a number of months, and sometimes longer, between when a determination is finalized and when deaths occurred. The delay often results from needing to wait until criminal investigations are completed before making a determination. The related tables provide information about when deaths occurred; in all cases, final determinations about whether deaths were a result of maltreatment were not made until 2020, which is why they are included in this report.

• Other information included in the tables provides age at time of death, gender, and type of maltreatment resulting in death.

Table 3. Details regarding deaths determined to be a result of maltreatment in2020, with a prior child protection history

Year of death	Age and gender	Type of maltreatment	
2018	Under 1 year, male	Neglect, physical abuse	
2019 10 years, female		Neglect, physical abuse	
2020	17 years, male	Neglect	
2020	1 year, male	Physical abuse	
2020	1 year, male	1 year, male Physical abuse	

Table 4. Details regarding deaths determined to be a result of maltreatment in2020, with no prior child protection history

Year of death	Age and gender	Type of maltreatment
2018	Less than 1 year, male	Physical abuse
2019	4 years, male	Neglect
2019 4 years , male		Neglect, physical abuse
2019	Less than 1 year, male	Neglect
2019	1 year, male	Neglect
2019	Less than 1 year, female	Neglect
2019	Less than 1 year, male Physical abuse	

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Year of death	Age and gender	Type of maltreatment	
2019	8 years, male	Physical abuse	
2019	11 years, male	Physical abuse	
2019	Less than 1 year, male	Threatened injury	
2019	Less than 1 year, male	Neglect	
2020	9 years, female	Mental injury, neglect, physical abuse	
2020	2 years , male	Neglect	
2020	2 years, male	Neglect, physical abuse	
2020	Less than 1 year, male	Neglect	
2020	Less than 1 year, male	Physical abuse	
2020	Less than 1 year, female	nale Threatened injury	

Outcomes after child maltreatment assessments/investigations concluded

To determine how successful child protection is in assessing needs of children and families, and providing appropriate services to meet needs, local agency and Child Safety and Permanency Division staff monitor whether children who were alleged or determined victims in maltreatment reports had another occurrence of alleged or determined victimization in a screened in report within 12 months.



Re-reporting alleged victims

• Table 5 provides information on how many alleged victims in screened in maltreatment reports in 2020 had another screened in maltreatment report within 12 months of the first report by child protection response path.

Table 5. Number and percent of alleged victims with a re-report ofmaltreatment within 12 months by child protection response path in 2020

Response path	Total number of victims	Victims who had a re-report	Percent of victims with a re-report
Family Assessment	23,716	4,810	20.3%
Family Investigation	13,543	2,420	17.9%
Facility Investigation	1,115	160	14.3%
Total across response paths	38,371	7,387	19.3%

Recurrence of maltreatment determinations

- Table 6 provides information on how many children by race who were determined victims of maltreatment in 2020 and had another maltreatment determination within 12 months of the first determination.
- Maltreatment recurrence is a federal performance measure examined annually by the Children's Bureau. It sets a federal performance standard that states must meet or face the possibility of a performance improvement plan with fiscal penalties. The federal performance standard for recurrence requires that less than 9.1% of children have a maltreatment determination recurrence within 12 months.
- Minnesota met the maltreatment recurrence standard in 2020, with **5.5%** of all children having a maltreatment determination.
- The recurrence rate for African American/Black, American Indian, children of two or more races, and those of any race who identify as Hispanic, is noticeably higher than recurrence for white children.

Table 6. Number and percent of victims with a maltreatment determinationrecurrence within 12 months by race in 2020

Race/ethnicity	Determined victims	Determined victims with maltreatment recurrence within 12 months	Percent with maltreatment recurrence
African American/Black	1,199	69	5.8%
American Indian	561	42	7.5%
Asian/Pacific Islander	220	8	3.6%
Unknown/declined	237	2	0.8%
Two or more races	1,314	97	7.4%
White	3,378	165	4.9%
Total	6,909	383	5.5%
Hispanic (any race)	777	47	6.0%

Child maltreatment appendix

Table 7. Number and percent of child maltreatment reports by screening status and agency, 2020

Agency	Total child maltreatment reports received in 2020	Number of screened in reports	Number of screened out reports	Percent of reports screened in	Percent of reports screened out
Aitkin	275	95	180	34.5	65.5
Anoka	3,178	1,005	2,173	31.6	68.4
Becker	677	237	440	35.0	65.0
Beltrami	608	319	289	52.5	47.5
Benton	640	162	478	25.3	74.7
Big Stone	58	29	29	50.0	50.0
Blue Earth	1,003	373	630	37.2	62.8
Brown	405	170	235	42.0	58.0
Carlton	857	452	405	52.7	47.3
Carver	723	326	397	45.1	54.9
Cass	335	136	199	40.6	59.4
Chippewa	403	203	200	50.4	49.6
Chisago	699	272	427	38.9	61.1
Clay	1,544	416	1,128	26.9	73.1
Clearwater	225	102	123	45.3	54.7
Cook	57	41	16	71.9	28.1
Crow Wing	1,359	281	1,078	20.7	79.3
Dakota	4,202	1,589	2,613	37.8	62.2
Douglas	658	285	373	43.3	56.7
Fillmore	166	59	107	35.5	64.5
Freeborn	462	185	277	40.0	60.0
Goodhue	686	245	441	35.7	64.3

Agency	Total child maltreatment reports received in 2020	Number of screened in reports	Number of screened out reports	Percent of reports screened in	Percent of reports screened out
Grant	225	118	107	52.4	47.6
Hennepin	12,285	6,724	5,561	54.7	45.3
Houston	217	78	139	35.9	64.1
Hubbard	385	227	158	59.0	41.0
Isanti	709	163	546	23.0	77.0
Itasca	603	348	255	57.7	42.3
Kanabec	311	110	201	35.4	64.6
Kandiyohi	912	375	537	41.1	58.9
Kittson	40	9	31	22.5	77.5
Koochiching	262	117	145	44.7	55.3
Lac qui Parle	96	63	33	65.6	34.4
Lake	97	58	39	59.8	40.2
Lake of the Woods	32	23	9	71.9	28.1
Le Sueur	503	128	375	25.4	74.6
McLeod	524	257	267	49.0	51.0
Mahnomen	67	26	41	38.8	61.2
Marshall	76	19	57	25.0	75.0
Meeker	407	126	281	31.0	69.0
Mille Lacs	988	227	761	23.0	77.0
Morrison	731	130	601	17.8	82.2
Mower	762	341	421	44.8	55.2
Nicollet	479	185	294	38.6	61.4
Nobles	301	141	160	46.8	53.2
Norman	146	55	91	37.7	62.3
Olmsted	1,617	542	1,075	33.5	66.5

Agency	Total child maltreatment reports received in 2020	Number of screened in reports	Number of screened out reports	Percent of reports screened in	Percent of reports screened out
Otter Tail	801	356	. 445	. 44.4	55.6
Pennington	116	53	63	45.7	54.3
Pine	632	124	508	19.6	80.4
Polk	496	145	351	29.2	70.8
Роре	211	133	78	63.0	37.0
Ramsey	5,043	2,730	2,313	54.1	45.9
Red Lake	21	11	10	52.4	47.6
Renville	210	135	75	64.3	35.7
Rice	1,007	392	615	38.9	61.1
Roseau	143	39	104	27.3	72.7
St. Louis	4,747	3,054	1,693	64.3	35.7
Scott	1,458	680	778	46.6	53.4
Sherburne	1,297	509	788	39.2	60.8
Sibley	261	144	117	55.2	44.8
Stearns	2,165	818	1,347	37.8	62.2
Stevens	186	99	87	53.2	46.8
Swift	208	69	139	33.2	66.8
Todd	392	84	308	21.4	78.6
Traverse	128	58	70	45.3	54.7
Wabasha	309	115	194	37.2	62.8
Wadena	486	179	307	36.8	63.2
Washington	1,915	749	1,166	39.1	60.9
Watonwan	183	75	108	41.0	59.0
Wilkin	143	54	89	37.8	62.2
Winona	672	325	347	48.4	51.6

Agency	Total child maltreatment reports received in 2020	Number of screened in reports	Number of screened out reports	Percent of reports screened in	Percent of reports screened out
Wright	2,025	710	1,315	35.1	64.9
Yellow Medicine	181	86	95	47.5	52.5
Southwest HHS	1,405	547	858	38.9	61.1
Des Moines Valley HHS	388	125	263	32.2	67.8
Faribault-Martin	584	284	300	48.6	51.4
Leech Lake Band of Ojibwe	291	166	125	57.0	43.0
White Earth Nation	311	159	152	51.1	48.9
MN Prairie	1,196	479	717	40.1	59.9
Minnesota	71,606	31,258	40,348	43.7	56.3

Table 8. Number of completed maltreatment assessments/investigations by response path and agency, 2020

	Family	Family	Facility	Total completed
Agency	Assessment	Investigation	Investigation	assessments/investigations
Aitkin	48	34	7	89
Anoka	501	402	19	922
Becker	93	99	4	196
Beltrami	111	136	13	260
Benton	105	52	3	160
Big Stone	22	0	1	23
Blue Earth	276	62	10	348
Brown	126	26	1	153
Carlton	218	102	24	344
Carver	215	74	6	295
Cass	79	29	3	111
Chippewa	112	54	3	169
Chisago	135	72	5	212
Clay	199	74	12	285
Clearwater	41	35	1	77
Cook	26	6	1	33
Crow Wing	164	70	6	240
Dakota	866	486	44	1396
Douglas	156	73	5	234
Fillmore	41	10	1	52
Freeborn	76	96	2	174
Goodhue	144	21	3	168
Grant	41	37	1	79
Hennepin	3145	2015	128	5288
Houston	55	8	1	64

Agency	Family Assessment	Family Investigation	Facility Investigation	Total completed assessments/investigations
Hubbard	109	90	10	209
Isanti	62	47	4	113
Itasca	163	100	11	274
Kanabec	60	45	4	109
Kandiyohi	111	140	8	259
Kittson	6	1	0	7
Koochiching	84	23	1	108
Lac qui Parle	47	16	0	63
Lake	41	4	1	46
Lake of the Woods	17	2	0	19
Le Sueur	59	28	1	88
McLeod	104	109	6	219
Mahnomen	18	7	1	26
Marshall	16	1	0	17
Meeker	85	26	1	112
Mille Lacs	108	94	4	206
Morrison	82	33	5	120
Mower	236	70	5	311
Nicollet	135	19	1	155
Nobles	92	33	0	125
Norman	34	15	0	49
Olmsted	424	117	13	554
Otter Tail	177	101	14	292
Pennington	25	14	1	40
Pine	80	45	4	129
Polk	91	41	0	132
Роре	49	48	8	105
Ramsey	1352	1024	70	2446

Agency	Family Assessment	Family Investigation	Facility Investigation	Total completed assessments/investigations
Red Lake	12	0	1	13
Renville	53	79	1	133
Rice	169	154	8	331
Roseau	22	16	3	41
St. Louis	1229	1037	73	2339
Scott	458	140	17	615
Sherburne	293	124	19	436
Sibley	94	24	0	118
Stearns	461	246	22	729
Stevens	57	31	2	90
Swift	35	22	1	58
Todd	40	21	3	64
Traverse	33	13	0	46
Wabasha	90	13	4	107
Wadena	117	39	5	161
Washington	372	214	29	615
Watonwan	53	16	0	69
Wilkin	34	7	6	47
Winona	154	55	3	212
Wright	328	237	9	574
Yellow Medicine	53	22	3	78
Southwest HHS	276	139	17	432
Des Moines Valley HHS	97	33	1	131
Faribault-Martin	169	62	2	233
Leech Lake Band of Ojibwe	114	23	6	143
White Earth Nation	115	24	10	149
MN Prairie	319	89	7	415
Minnesota	16,109	9,246	729	26,084

Table 9. Number of alleged victims in completed assessments/investigations by maltreatment type and rate per 1,000 children by agency, 2020

	Thursday		Carriel	Dental	Dhawing	Total		Rate
Agency	Threatened injury	Neglect	Sexual abuse	Mental injury	Physical abuse	alleged victims [*]	Child pop. est. (2019)	per 1,000
Aitkin	18	91	22	5	25	130	2,618	49.7
Anoka	104	714	202	7	303	1,213	84,759	14.3
Becker	31	172	57	10	63	278	8,313	33.4
Beltrami	35	271	36	15	85	394	11,846	33.3
Benton	34	138	19	2	42	209	10,396	20.1
Big Stone	0	26	0	1	12	35	1,078	32.5
Blue Earth	8	304	46	0	98	423	13,476	31.4
Brown	41	112	23	18	35	197	5,452	36.1
Carlton	43	283	76	99	102	412	7,988	51.6
Carver	107	204	54	24	87	385	27,702	13.9
Cass	7	120	13	1	26	159	6,193	25.7
Chippewa	42	158	23	20	53	201	2,847	70.6
Chisago	37	147	34	8	62	260	12,838	20.3
Clay	74	270	78	12	73	418	15,932	26.2
Clearwater	16	73	15	5	23	98	2,179	45.0
Cook	8	32	1	3	1	43	824	52.2
Crow Wing	20	180	54	17	153	342	13,875	24.6
Dakota	29	1,173	229	3	429	1,751	104,055	16.8
Douglas	72	212	31	51	75	307	8,198	37.4
Fillmore	3	48	6	0	10	65	5,196	12.5
Freeborn	11	188	37	22	115	280	6,614	42.3
Goodhue	2	149	22	2	63	214	10,243	20.9
Grant	26	81	6	26	22	102	1,349	75.6
Hennepin	1,797	3,671	1,338	157	1,763	6,951	276,136	25.2

Agency	Threatened injury	Neglect	Sexual abuse	Mental injury	Physical abuse	Total alleged victims [*]	Child pop. est. (2019)	Rate per 1,000
Houston	4	59	8	9	24	94	4,067	23.1
Hubbard	75	187	36	38	71	273	4,562	59.8
Isanti	11	91	44	2	39	171	9,537	17.9
Itasca	105	264	54	12	60	418	9,345	44.7
Kanabec	10	117	22	2	35	143	3,500	40.9
Kandiyohi	55	291	53	11	100	383	10,663	35.9
Kittson	1	11	0	0	1	12	947	12.7
Koochiching	18	112	11	4	20	142	2,162	65.7
Lac qui Parle	15	45	9	15	16	81	1,364	59.4
Lake	1	36	5	10	9	56	2,035	27.5
Lake of the Woods	0	18	1	0	3	21	694	30.3
Le Sueur	19	76	9	6	33	128	6,905	18.5
McLeod	62	201	49	13	49	301	8,176	36.8
Mahnomen	0	27	2	4	6	32	1,758	18.2
Marshall	1	13	0	1	8	22	2,140	10.3
Meeker	20	87	14	4	33	132	5,603	23.6
Mille Lacs	59	196	52	18	68	283	6,226	45.5
Morrison	9	82	39	1	33	152	7,753	19.6
Mower	19	243	57	12	95	382	10,047	38.0
Nicollet	27	125	18	10	43	191	7,523	25.4
Nobles	47	98	21	2	35	184	5,958	30.9
Norman	6	50	13	2	16	73	1,545	47.2
Olmsted	233	359	113	19	155	782	38,690	20.2
Otter Tail	37	262	41	36	88	379	12,795	29.6
Pennington	0	32	10	1	13	56	3,209	17.5
Pine	8	86	24	1	55	162	5,683	28.5
Polk	18	118	20	16	53	197	7,713	25.5

Agency	Threatened injury	Neglect	Sexual abuse	Mental injury	Physical abuse	Total alleged victims [*]	Child pop. est. (2019)	Rate per 1,000
Роре	21	90	17	23	27	124	2,364	52.5
Ramsey	731	2,070	370	152	705	3,372	127,953	26.4
Red Lake	0	9	0	0	4	13	978	13.3
Renville	38	141	30	64	47	205	3,386	60.5
Rice	17	272	87	14	137	439	14,537	30.2
Roseau	0	39	5	0	12	51	3,668	13.9
St. Louis	750	1,794	371	164	562	2,706	37,620	71.9
Scott	122	386	105	30	181	744	40,358	18.4
Sherburne	33	310	55	58	192	548	25,471	21.5
Sibley	8	97	16	12	59	158	3,415	46.3
Stearns	193	544	148	10	212	935	37,362	25.0
Stevens	17	78	17	21	30	123	2,103	58.5
Swift	3	78	4	9	12	88	2,154	40.9
Todd	14	60	16	2	18	100	5,898	17.0
Traverse	11	55	6	1	15	68	680	100.0
Wabasha	9	63	5	9	58	123	4,677	26.3
Wadena	27	136	25	54	58	206	3,540	58.2
Washington	241	441	148	25	175	841	63,673	13.2
Watonwan	2	54	10	4	16	78	2,643	29.5
Wilkin	5	43	8	0	14	57	1,397	40.8
Winona	27	204	28	27	49	282	8,971	31.4
Wright	134	401	117	28	136	718	38,362	18.7
Yellow Medicine	9	71	13	17	24	104	2,243	46.4
Southwest HHS	88	359	105	20	119	551	18,120	30.4
Des Moines Valley HHS	10	104	34	3	31	169	4,862	34.8
Faribault-Martin	12	245	32	8	88	334	7,319	45.6
Leech Lake Band of Ojibwe	7	157	10	4	22	183	1,975	92.7

• • • • •	Threatened	N 1 1	Sexual	Mental	Physical	Total alleged	Child pop.	Rate per
Agency White Earth Nation	injury 6	Neglect 160	abuse 18	injury 2	abuse 33	victims [*] 202	est. (2019) 1,981	1,000 102.0
MN Prairie	20	401	101	36	123	593	18,696	31.7
Minnesota	5,980	20,965	5,048	1,554	8,040	34,232	1,303,157	26.3

[†] The data for these two groups are 2010 Census numbers that represent children residing on the Leech Lake and White Earth reservations who indicated American Indian alone or as one of two or more races. There are no intercensal child population estimates for these groups. The Leech Lake reservation overlaps Cass, Itasca, Beltrami and Hubbard counties. The White Earth reservation overlaps Mahnomen, Becker and Clearwater counties.

* Total unique victims can be less than the sum of victims in all maltreatment types as a child could be represented in multiple maltreatment types.

Table 10. Number of alleged victims by age group and by agency, 2020

Agency	Birth – 2	3 – 5	6 - 8	9 – 11	12 – 14	15 – 17	18 and older
Aitkin	26	19	18	26	32	13	0
Anoka	299	207	228	209	151	125	0
Becker	52	52	48	48	46	34	0
Beltrami	128	73	60	57	52	30	0
Benton	55	44	42	32	24	14	0
Big Stone	11	8	6	3	5	2	0
Blue Earth	113	75	88	60	66	27	0
Brown	40	40	34	34	25	25	0
Carlton	69	59	93	79	69	53	0
Carver	67	71	81	52	65	52	0
Cass	41	35	25	19	28	11	0
Chippewa	34	39	43	40	27	22	0
Chisago	58	37	52	50	39	30	0
Clay	108	84	82	55	57	35	0
Clearwater	25	18	15	20	11	11	0
Cook	3	9	11	9	3	9	0
Crow Wing	96	67	57	44	45	34	0
Dakota	332	272	355	315	272	226	0
Douglas	62	61	54	53	47	43	0
Fillmore	17	11	11	11	9	6	0
Freeborn	64	53	49	40	40	36	0
Goodhue	48	42	44	34	30	20	0
Grant	11	14	25	25	16	13	0
Hennepin	1,703	1,182	1,226	1,084	1,031	823	0
Houston	29	21	18	13	8	7	0

Agency	Birth – 2	3 – 5	6 - 8	9 - 11	12 - 14	15 – 17	18 and older
Hubbard	55	57	37	42	55	32	0
Isanti	32	26	33	31	32	17	0
Itasca	96	87	74	64	49	48	2
Kanabec	29	21	27	31	26	12	0
Kandiyohi	79	78	74	66	59	30	0
Kittson	0	4	2	1	4	1	0
Koochiching	32	28	22	23	26	12	0
Lac qui Parle	11	14	14	23	8	11	0
Lake	8	10	16	8	10	5	0
Lake of the Woods	7	5	5	0	2	2	0
Le Sueur	39	18	17	22	18	15	0
McLeod	48	67	60	61	45	22	0
Mahnomen	15	4	4	8	0	1	0
Marshall	4	5	3	2	5	3	0
Meeker	20	35	25	16	23	18	0
Mille Lacs	83	56	42	43	34	28	0
Morrison	40	20	27	29	23	13	0
Mower	71	61	82	85	57	32	0
Nicollet	41	36	31	32	30	24	0
Nobles	33	48	39	25	28	12	0
Norman	14	18	13	8	11	9	0
Olmsted	213	131	124	125	128	69	1
Otter Tail	78	73	86	44	53	52	0
Pennington	8	13	13	11	7	4	0
Pine	46	23	29	30	21	13	0
Polk	46	38	39	30	24	20	0
Роре	19	21	26	20	26	15	0
Ramsey	871	520	584	536	522	370	0

Agency	Birth – 2	3 – 5	6 - 8	9 – 11	12 – 14	15 – 17	18 and older
Red Lake	6	1	3	1	2	0	0
Renville	31	36	25	35	49	30	0
Rice	96	80	78	91	55	43	0
Roseau	16	9	7	7	5	8	0
St. Louis	674	481	523	441	398	280	0
Scott	142	115	144	125	114	108	0
Sherburne	92	80	109	111	88	74	0
Sibley	29	27	26	32	27	20	0
Stearns	252	177	156	139	128	98	0
Stevens	31	20	27	18	23	7	0
Swift	20	17	14	19	13	5	0
Todd	18	20	16	20	15	11	0
Traverse	5	20	18	15	7	4	0
Wabasha	26	21	23	21	23	12	0
Wadena	41	35	36	43	34	21	0
Washington	196	141	151	135	122	103	0
Watonwan	13	12	21	10	12	11	0
Wilkin	8	18	16	9	5	4	0
Winona	63	49	63	42	43	23	0
Wright	118	112	146	124	130	93	0
Yellow Medicine	18	26	15	20	15	11	0
Southwest HHS	122	107	105	97	80	47	0
Des Moines Valley HHS	32	32	37	28	21	22	0
Faribault-Martin	81	69	56	63	41	27	0
Leech Lake Band of Ojibwe	40	39	45	33	17	10	0
White Earth Nation	48	50	30	30	23	25	0
MN Prairie	136	106	104	118	93	50	0
Minnesota	7,883	6,010	6,307	5,655	5,107	3,738	3

Table 11. Number of alleged victims by race, ethnicity and agency, 2020

Agency	African American/ Black	American Indian	Asian/ Pacific Islander	Two or more races	Unknown/ declined	White	Total alleged victims	Hispanic (any race)
Aitkin	*	26	*	16	*	85	130	*
Anoka	197	36	35	206	69	670	1,213	102
Becker	*	66	*	52	*	151	278	16
Beltrami	*	238	*	60	8	83	394	14
Benton	35	*	*	50	*	119	209	10
Big Stone	*	*	*	*	*	31	35	*
Blue Earth	103	10	*	60	15	235	423	33
Brown	*	*	*	21	*	169	197	25
Carlton	*	100	*	78	*	230	412	*
Carver	38	*	*	80	37	219	385	44
Cass	*	32	*	10	9	106	159	*
Chippewa	9	8	*	31	*	144	201	42
Chisago	*	7	*	39	26	183	260	12
Clay	43	59	*	99	*	213	418	68
Clearwater	*	26	*	15	*	55	98	*
Cook	*	21	*	*	*	16	43	*
Crow Wing	7	9	*	45	*	281	342	*
Dakota	306	43	32	285	395	690	1,751	230
Douglas	9	7	*	77	18	196	307	14
Fillmore	*	*	*	*	7	46	65	*
Freeborn	13	*	21	22	13	209	280	76
Goodhue	22	*	*	39	15	133	214	9
Grant	*	*	*	8	*	92	102	*
Hennepin	2,842	420	190	1,553	179	1,767	6,951	1,000
Houston	8	*	*	*	13	68	94	*

Agency	African American/ Black	American Indian	Asian/ Pacific Islander	Two or more races	Unknown/ declined	White	Total alleged victims	Hispanic (any race)
Hubbard	11	35	*	25	*	196	273	14
Isanti	*	*	*	17	*	139	171	*
Itasca	*	40	*	96	8	273	418	*
Kanabec	*	*	*	21	*	110	143	*
Kandiyohi	17	12	*	29	7	316	383	172
Kittson	*	*	*	*	*	11	12	*
Koochiching	*	10	*	13	*	114	142	*
Lac qui Parle	*	*	*	7	*	66	81	18
Lake	*	*	*	*	*	47	56	*
Lake of the Woods	*	*	*	*	*	20	21	*
Le Sueur	*	*	*	13	17	90	128	25
McLeod	8	*	*	46	14	231	301	54
Mahnomen	*	17	*	7	*	8	32	*
Marshall	*	*	*	*	*	17	22	*
Meeker	*	*	*	12	*	111	132	20
Mille Lacs	9	91	*	44	*	134	283	8
Morrison	*	*	*	24	*	118	152	12
Mower	44	*	26	38	10	262	382	86
Nicollet	31	*	*	44	*	109	191	27
Nobles	11	*	9	13	27	119	184	95
Norman	*	*	*	17	*	51	73	7
Olmsted	145	*	30	180	24	397	782	101
Otter Tail	15	13	*	54	29	263	379	10
Pennington	*	*	*	*	*	50	56	8
Pine	*	21	*	25	*	106	162	*
Polk	16	12	*	36	*	128	197	51
Роре	8	*	*	10	11	94	124	9

Agency	African American/ Black	American Indian	Asian/ Pacific Islander	Two or more races	Unknown/ declined	White	Total alleged victims	Hispanic (any race)
Ramsey	1,235	132	367	602	118	918	3,372	367
Red Lake	*	*	*	*	*	9	13	*
Renville	*	7	*	19	*	173	205	43
Rice	36	*	*	41	48	307	439	95
Roseau	*	7	*	10	*	33	51	*
St. Louis	212	341	*	651	78	1,421	2,706	97
Scott	96	30	22	107	74	415	744	92
Sherburne	46	17	*	68	46	368	548	25
Sibley	7	*	*	20	8	122	158	47
Stearns	174	15	9	107	42	588	935	72
Stevens	8	12	*	14	*	84	123	9
Swift	*	*	*	13	*	64	88	12
Todd	*	*	*	13	*	85	100	8
Traverse	*	23	*	*	*	38	68	*
Wabasha	*	9	*	*	*	101	123	20
Wadena	9	*	*	36	10	147	206	9
Washington	101	25	42	141	191	341	841	57
Watonwan	*	*	*	*	*	75	78	43
Wilkin	*	7	*	9	*	37	57	*
Winona	37	*	*	23	11	210	282	16
Wright	22	12	*	72	141	471	718	39
Yellow Medicine	*	19	*	26	*	53	104	*
Southwest HHS	16	39	8	77	33	378	551	92
Des Moines Valley HHS	10	*	*	9	11	134	169	30
Faribault-Martin	*	*	*	33	7	289	334	56
Leech Lake Band of Ojibwe	*	169	*	12	*	*	183	*
White Earth Nation	*	186	*	14	*	*	202	*

	African American/	American	Asian/ Pacific	Two or	Unknown/		Total alleged	Hispanic
Agency	Black	Indian	Islander	more races	declined	White	victims	(any race)
MN Prairie	59	*	*	52	10	464	593	96
Minnesota	6,081	2,489	848	5,829	1,888	17,097	34,232	3,807

* The number of children is omitted to prevent identification of individuals. Totals include omitted data.

Table 12. Number of alleged and determined victims in completed assessments/investigations, and rate per 1,000 children by agency, 2020

Agency	Unique alleged victims	Unique determined victims	Child pop. est. (2019)	Determined victims per 1,000
Aitkin	130	22	2,618	8.4
Anoka	1,213	275	84,759	3.2
Becker	278	74	8,313	8.9
Beltrami	394	152	11,846	12.8
Benton	209	37	10,396	3.6
Big Stone	35	0	1,078	0.0
Blue Earth	423	42	13,476	3.1
Brown	197	26	5,452	4.8
Carlton	412	73	7,988	9.1
Carver	385	60	27,702	2.2
Cass	159	13	6,193	2.1
Chippewa	201	59	2,847	20.7
Chisago	260	30	12,838	2.3
Clay	418	66	15,932	4.1
Clearwater	98	18	2,179	8.3
Cook	43	3	824	3.6
Crow Wing	342	32	13,875	2.3
Dakota	1,751	225	104,055	2.2
Douglas	307	71	8,198	8.7
Fillmore	65	3	5,196	0.6
Freeborn	280	102	6,614	15.4
Goodhue	214	14	10,243	1.4
Grant	102	26	1,349	19.3
Hennepin	6,951	1,449	276,136	5.2
Houston	94	2	4,067	0.5
Hubbard	273	42	4,562	9.2
Isanti	171	67	9,537	7.0
Itasca	418	36	9,345	3.9
Kanabec	143	31	3,500	8.9
Kandiyohi	383	151	10,663	14.2
Kittson	12	0	947	0.0
Koochiching	142	16	2,162	7.4
Lac qui Parle	81	3	1,364	2.2
Lake	56	1	2,035	0.5
Lake of the Woods	21	1	694	1.4

Agency	Unique alleged victims	Unique determined victims	Child pop. est. (2019)	Determined victims per 1,000
Le Sueur	128	15	6,905	2.2
McLeod	301	77	8,176	9.4
Mahnomen	32	2	1,758	1.1
Marshall	22	1	2,140	0.5
Meeker	132	24	5,603	4.3
Mille Lacs	283	76	6,226	12.2
Morrison	152	24	7,753	3.1
Mower	382	49	10,047	4.9
Nicollet	191	9	7,523	1.2
Nobles	184	32	5,958	5.4
Norman	73	12	1,545	7.8
Olmsted	782	64	38,690	1.7
Otter Tail	379	70	12,795	5.5
Pennington	56	9	3,209	2.8
Pine	162	29	5,683	5.1
Polk	197	53	7,713	6.9
Роре	124	23	2,364	9.7
Ramsey	3,372	548	127,953	4.3
Red Lake	13	0	978	0.0
Renville	205	44	3,386	13.0
Rice	439	116	14,537	8.0
Roseau	51	4	3,668	1.1
St. Louis	2,706	635	37,620	16.9
Scott	744	62	40,358	1.5
Sherburne	548	81	25,471	3.2
Sibley	158	20	3,415	5.9
Stearns	935	246	37,362	6.6
Stevens	123	13	2,103	6.2
Swift	88	18	2,154	8.4
Todd	100	12	5,898	2.0
Traverse	68	10	680	14.7
Wabasha	123	6	4,677	1.3
Wadena	206	10	3,540	2.8
Washington	841	148	63,673	2.3
Watonwan	78	5	2,643	1.9
Wilkin	57	5	1,397	3.6
Winona	282	43	8,971	4.8
Wright	718	136	38,362	3.5

Agency	Unique alleged victims	Unique determined victims	Child pop. est. (2019)	Determined victims per 1,000
Yellow Medicine	104	5	2,243	2.2
Southwest HHS	551	160	18,120	8.8
Des Moines Valley HHS	169	19	4,862	3.9
Faribault-Martin	334	49	7,319	6.7
Leech Lake Band of Ojibwe	183	1	1,975	0.5
White Earth Nation	202	13	1,981	6.6
MN Prairie	593	50	18,696	2.7
Minnesota	34,232	6,250	1,303,157	4.8

⁺ The data for these two groups are 2010 Census numbers that represent children residing on the Leech Lake and White Earth reservations who indicated American Indian alone or as one of two or more races. There are no intercensal child population estimates for these groups. The Leech Lake reservation overlaps Cass, Itasca, Beltrami and Hubbard counties. The White Earth reservation overlaps Mahnomen, Becker, and Clearwater counties.

Table 13. Number of social service agency referrals to early intervention forinfants and toddlers involved in substantiated cases of maltreatment, 2020

Agency	Children required to be referred	Children with a referral	Referral rate
Aitkin	4	1	25.0
Anoka	73	66	90.4
Becker	14	9	64.3
Beltrami	52	32	61.5
Benton	12	12	100.0
Big Stone	0	0	
Blue Earth	11	6	54.5
Brown	6	5	83.3
Carlton	14	13	92.9
Carver	17	14	82.4
Cass	6	5	83.3
Chippewa	15	13	86.7
Chisago	6	1	16.7
Clay	6	4	66.7
Clearwater	4	3	75.0
Cook	0	0	
Crow Wing	4	3	75.0
Dakota	43	37	86.0
Douglas	25	19	76.0
Fillmore	1	0	0.0
Freeborn	28	23	82.1
Goodhue	4	3	75.0
Grant	6	6	100.0
Hennepin	394	376	95.4
Houston	1	0	0.0
Hubbard	10	5	50.0
Isanti	7	7	100.0
Itasca	3	3	100.0
Kanabec	5	4	80.0
Kandiyohi	32	22	68.8
Kittson	0	0	
Koochiching	3	3	100.0
Lac qui Parle	0	0	
Lake	0	0	
Lake of the Woods	0	0	
Le Sueur	2	1	50.0
McLeod	20	17	85.0
Mahnomen	1	0	0.0
Marshall	1	1	100.0

Agency	Children required to be referred	Children with a referral	Referral rate
Meeker	2	2	100.0
Mille Lacs	20	18	90.0
Morrison	5	4	80.0
Mower	6	6	100.0
Nicollet	2	2	100.0
Nobles	4	1	25.0
Norman	1	1	100.0
Olmsted	16	10	62.5
Otter Tail	15	15	100.0
Pennington	2	2	100.0
Pine	11	11	100.0
Polk	11	11	100.0
Роре	5	3	60.0
Ramsey	135	133	98.5
Red Lake	0	0	
Renville	4	3	75.0
Rice	35	28	80.0
Roseau	1	0	0.0
St. Louis	157	134	85.4
Scott	21	15	71.4
Sherburne	14	12	85.7
Sibley	5	5	100.0
Stearns	64	55	85.9
Stevens	4	4	100.0
Swift	2	1	50.0
Todd	0	0	
Traverse	0	0	
Wabasha	1	1	100.0
Wadena	2	2	100.0
Washington	30	28	93.3
Watonwan	2	1	50.0
Wilkin	1	0	0.0
Winona	14	1	7.1
Wright	25	22	88.0
Yellow Medicine	2	2	100.0
Southwest HHS	39	32	82.1
Des Moines Valley HHS	2	2	100.0
Faribault-Martin	10	8	80.0
Leech Lake Band of Ojibwe	0	0	
White Earth Nation	3	1	33.3
MN Prairie	8	5	62.5
Minnesota	1,511	1,295	85.7

Table 14. Number of assessments/investigations by SDM risk assessment status andby agency, 2020

Agency	Low risk, no CP services needed	Low risk, CP services needed	Low risk, total	Moderate risk, no CP services needed	Moderate risk, CP services needed	Moderate risk, total	High risk, no CP services needed	High risk, CP services needed	High risk, total
Aitkin	10	0	10	39	11	50	10	12	22
Anoka	309	7	316	371	73	444	71	73	144
Becker	30	5	35	97	21	118	2	47	49
Beltrami	48	16	64	76	24	100	36	47	83
Benton	29	2	31	69	10	79	5	43	48
Big Stone	4	2	6	6	7	13	0	3	3
Blue Earth	116	3	119	132	18	150	43	26	69
Brown	23	2	25	64	13	77	15	35	50
Carlton	79	3	82	150	25	175	45	19	64
Carver	112	4	116	99	32	131	4	38	42
Cass	37	4	41	34	11	45	8	14	22
Chippewa	30	10	40	54	34	88	5	34	39
Chisago	67	1	68	95	21	116	13	12	25
Clay	38	0	38	125	23	148	41	50	91
Clearwater	27	2	29	28	3	31	10	6	16
Cook	3	0	3	12	5	17	8	4	12
Crow Wing	69	1	70	98	23	121	9	34	43
Dakota	466	5	471	728	38	766	55	61	116
Douglas	57	0	57	103	26	129	7	36	43
Fillmore	16	2	18	23	5	28	3	3	6
Freeborn	38	1	39	79	11	90	19	28	47
Goodhue	37	1	38	53	11	64	37	26	63
Grant	13	2	15	24	19	43	9	11	20
Hennepin	1,370	47	1,417	2,155	569	2,724	343	679	1,022
Houston	13	0	13	30	6	36	8	7	15
Hubbard	36	1	37	64	26	90	29	43	72
Isanti	18	2	20	52	10	62	3	27	30
ltasca	64	2	66	125	17	142	33	22	55
Kanabec	13	5	18	37	21	58	11	18	29
Kandiyohi	48	11	59	62	43	105	12	75	87
Kittson	2	0	2	2	1	3	2	0	2
Koochiching	21	1	22	37	4	41	22	22	44
Lac qui Parle	12	2	14	27	11	38	3	8	11

A	Low risk, no CP services	Low risk, CP services	Low risk,	Moderate risk, no CP services	Moderate risk, CP services	Moderate	High risk, no CP services	High risk, CP services	High risk,
Agency Lake	needed 6	needed 1	total 7	needed 20	needed 5	risk, total 25	needed 7	needed 7	total 14
Lake of the	0		/	20	3	23	/	/	14
Woods	2	1	3	3	10	13	3	0	3
Le Sueur	21	0	21	27	12	39	9	17	26
McLeod	41	8	49	92	22	114	21	29	50
Mahnomen	4	0	4	4	2	6	4	11	15
Marshall	6	0	6	5	1	6	1	4	5
Meeker	34	1	35	35	13	48	12	16	28
Mille Lacs	37	2	39	86	26	112	26	25	51
Morrison	29	0	29	49	14	63	5	19	24
Mower	121	2	123	138	16	154	14	16	30
Nicollet	33	4	37	70	13	83	14	20	34
Nobles	36	1	37	56	13	69	10	9	19
Norman	14	1	15	21	3	24	6	4	10
Olmsted	128	4	132	255	62	317	29	66	95
Otter Tail	74	3	77	118	29	147	16	39	55
Pennington	18	0	18	16	1	17	0	4	4
Pine	33	0	33	60	13	73	6	13	19
Polk	26	1	27	64	9	73	8	25	33
Роре	21	1	22	39	20	59	6	10	16
Ramsey	997	19	1,016	1,065	140	1,205	45	111	156
Red Lake	2	1	3	5	4	9	0	0	0
Renville	36	2	38	42	23	65	9	20	29
Rice	106	6	112	121	29	150	14	48	62
Roseau	14	0	14	15	6	21	1	2	3
St. Louis	674	15	689	898	124	1,022	258	304	562
Scott	233	8	241	236	64	300	13	47	60
Sherburne	142	0	142	195	21	216	25	34	59
Sibley	33	2	35	45	15	60	4	19	23
Stearns	208	5	213	333	46	379	52	63	115
Stevens	28	2	30	22	19	41	5	13	18
Swift	8	0	8	14	8	22	8	19	27
Todd	14	1	15	20	6	26	6	14	20
Traverse	10	1	11	17	8	25	0	10	10
Wabasha	26	4	30	40	20	60	3	10	13
Wadena	39	6	45	71	23	94	3	14	17
Washington	193	10	203	271	37	308	38	48	86

Agency	Low risk, no CP services needed	Low risk, CP services needed	Low risk, total	Moderate risk, no CP services needed	Moderate risk, CP services needed	Moderate risk, total	High risk, no CP services needed	High risk, CP services needed	High risk, total
Watonwan	18	0	18	25	4	29	4	18	22
Wilkin	10	0	10	18	6	24	3	5	8
Winona	51	0	51	116	12	128	8	23	31
Wright	241	5	246	211	36	247	44	30	74
Yellow Medicine	11	3	14	23	15	38	5	18	23
Southwest HHS	123	7	130	141	49	190	32	69	101
Des Moines Valley HHS	31	4	35	49	16	65	9	22	31
Faribault-Martin	52	1	53	99	20	119	11	48	59
Leech Lake Band of Ojibwe	61	1	62	54	7	61	8	6	14
White Earth Nation	52	15	67	31	20	51	5	16	21
MN Prairie	83	2	85	235	24	259	25	43	68
Minnesota	7,435	294	7,729	10,720	2,258	12,978	1,756	2,971	4,727

Note: Across all agencies, there were around 750 reports excluded from this table because they did not yet have an associated SDM Risk Assessment completed.

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