



Minnesota Child Maltreatment Intake, Screening and Response Path Guidelines

October 2024



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Introduction

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

These guidelines are based on Minnesota Statutes 260E, Maltreatment of Minors Act.

Child protection staff, supervisors and others involved in child protection intake and screening of reports must follow these guidelines and must immediately implement updated procedures and protocols.

If a local welfare agency intends to implement changes to these guidelines, it must have prior approval from the Minnesota Department of Children, Youth, and Families (department). Local welfare agency staff must consult with the county attorney before proposing changes. Proposed changes:

- Cannot be less protective of children than mandated in law
- Must not limit screened-in reports, or place additional limits on consideration of screened-out reports, in making screening decisions.

State policy

Minnesota policy is protection of children whose health or welfare is jeopardized by child maltreatment. “While it is recognized that most parents want to keep their children safe, sometimes circumstances or conditions interfere with their ability to do so. When this occurs, the health and safety of children must be of paramount concern. Intervention and prevention efforts must address immediate concerns for child safety and the ongoing risk of abuse or neglect, and should engage the protective capacities of families.” [[Minnesota Statutes 260E.01.](#)]

Minnesota child safety framework

Minnesota Child Welfare Practice Framework

This policy guide follows the [Minnesota Child Welfare Practice Framework](#), which is a shared framework of values, principles and skills necessary to promote child safety, permanency and well-being. The Minnesota Child Welfare Practice Framework includes a set of competencies required for quality practice among front-line child welfare professionals and their supervisors. The Minnesota Child Welfare Practice Competencies reflect specific knowledge and skills necessary for culturally responsive, trauma-informed and developmentally based work with children, families, communities and Tribes across Minnesota.

Minnesota Child Safety Practice Framework

Within the context of the larger Child Welfare Practice Framework, the Minnesota Child Safety Practice Framework focuses specifically on child safety. Developed by the department, together with the Capacity Building Center for States and Safety Framework Advisory Committee, the Child Safety Framework outlines a set of shared principles, guidelines and practice tools designed to support child welfare professionals. The Minnesota Child Safety Practice Framework includes policy and best practices, practice tools and the Safety Practice Profiles.

The [Minnesota Child Welfare Training Academy](#) and the department have developed this brief video describing the [Minnesota Child Safety Practice Framework](#).

Mandated, voluntary and anonymous reporters

Mandated reporters

A mandated reporter who knows or has reason to believe a child is being maltreated, or has been maltreated within the preceding three years, shall immediately report the information to the local welfare agency, or to law enforcement. Mandated reporters may report abuse or neglect that is beyond the required three-year time limit. [[Minnesota Statutes 260E.06, subd. 1\(a\)](#).] This includes any act which involves a minor that constitutes a violation of prostitution offenses [[609.321 to 609.324](#)], use of minors in a sexual performance [[617.246](#)] and known or suspected child sex trafficking as defined in [609.321](#), regardless of who the alleged offender is, and whether alleged offender is identified. Oral reports by mandated reporters must be followed by a written report within 72 hours, excluding holidays and weekends, of alleged maltreatment to the appropriate law enforcement agency, agency responsible for assessing or investigating reports or local welfare agency. [[Minnesota Statutes 260E.09\(a\)](#).] Mandated reporters include:

- Professionals or their delegates engaged in practice of the healing arts, social services, hospital administration, psychological or psychiatric treatment, childcare (including unlicensed providers), education (including university staff, coaches), correctional supervision, probation and correctional services, guardian ad litem or law enforcement
- Employed as members of the clergy and received information while engaged in ministerial duties, except if clergy members are not required by this subdivision to report information that is otherwise privileged under [section 595.02, subd. 1\(c\)](#).
- Upon implementation of the provider licensing and reporting hub, an individual who has an account with the provider licensing and reporting hub and is required to report suspected maltreatment at a licensed program under [section 260E.06, subdivision 2](#), may submit a written report in the hub in a manner prescribed by the commissioner and is not required to make an oral report. A report submitted through the provider licensing and reporting hub must be made immediately. [[260E.09](#)]

Attorneys, functioning as attorneys, are not mandated reporters. In some counties and Tribes, county attorneys and Tribal representatives consider themselves mandated reporters. These attorneys should know the position of their office on this issue.

Mandated reporters are required to report when they obtain information while performing professional duties, which give them reason to believe that children were maltreated. The statute does not address whether mandated reporters are required to report information obtained while they are *off duty*. Mandated reporters should consult with local authorities on this issue. Voluntarily reporting is encouraged.

A corporation, school, nonprofit organization, religious organization, facility as defined in [Minnesota Statutes 260E.03](#), sub. 6, or similar entity must not have any policies, written or otherwise, that prevent or discourage a mandatory or voluntary reporter from reporting suspected or alleged maltreatment of a child in accordance with [Minnesota Statutes 260E.06, subd. 1 \(c\)](#). A person who intentionally prevents or attempts to prevent a person mandated by section [Minnesota Statutes 260E.06, subd. 1](#), to report is guilty of a misdemeanor. [[Minnesota Statutes 260E.08.](#)]

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

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

It is important that local welfare agencies work with mandated reporters to differentiate potential neglect from situations of poverty. This can be difficult to discern. Mandated reporters may need to explore situations more deeply to learn if support and resources are appropriate. Child's family may be struggling financially; poverty alone does not equal maltreatment. Local welfare agency staff should ask strength-based questions about families' circumstances and reporter's experience with families to help gather pertinent facts. Engage reporters in conversations based on the foundation that families are providing for their children to the best of their ability, when possible. Contacting collateral sources at the screening stage may help determine whether reported parental conduct stems from lack of resources or more intentional deprivation of available resources.

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

Under [Minnesota Statutes 260E.31, subd. 1](#), health care and social service professionals are exempt from reporting women's use or consumption of cannabis or alcoholic beverages during pregnancy, if providing them with prenatal care or other health care services.

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

Youth recreation programs and coaches

Effective July 1, 2023, owners, administrators, or employees age 18 or older of a public or private youth recreation program, or other organization providing services or activities requiring face-to-face contact with and supervision of children, qualify as mandated reporters. Individuals in these positions must follow outlined mandatory reporting requirements. [[Minnesota Statutes 260E. 31, subd. 1\(3\).](#)]

Voluntary reporters

Minnesota’s Reporting of Maltreatment of Minors Act allows anyone to report incidents of child maltreatment. Voluntary reporters may report maltreatment and are encouraged to do so.

Anonymous reporters

Voluntary reporters are not required to provide their name or contact information, as they are exempt by law to make reports. Without contact information, notification of outcomes of reports is not possible.

Initial screening decisions provided to reporters

Notification to reporters on screening

Local welfare agencies shall inform mandated reporters within 10 days, either orally or in writing, if a report was screened in or screened out. When requested by a voluntary reporter, local welfare agencies shall inform them within 10 days, either orally or in writing, if a report was screened in or screened out. [[Minnesota Statutes 260E.10.](#)] Best practice encourages local welfare agencies to provide information to all reporters, regardless of the request, to ensure effective communication about the child/ren.

Information collected from and provided to reporters is private data. The names of reporters are specifically confidential and not disclosed unless court ordered.

If there is a report regarding a licensed provider/facility within the local welfare agency’s jurisdiction that is screened out for child maltreatment and new information alleging child maltreatment is received, a new report must be made to the local welfare agency and screened accordingly. This applies when the licensed provider/facility falls within the local welfare agency’s jurisdiction.

Where to report

Make reports of alleged child maltreatment to local welfare agencies, which respond to reports alleging child maltreatment in family and some licensed, or required to be licensed, settings under [Minnesota Statutes 260E.14](#), which include:

- Family homes
- Relative homes
- Family child care
- Legally unlicensed child care
- Unlicensed personal care service organizations under [Minnesota Statutes 256B.0659](#)
- Child foster care.

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

Local welfare agencies may electronically transfer intakes through the Social Service Information System (SSIS) if reports fall under another jurisdiction. This process reduces the time local welfare agencies spend manually transferring data, avoids duplication of entry and increases accuracy. For specific guidance on the intake transfer process, see the SSIS website or contact the SSIS help desk at dcyf.ssishelp@state.mn.us.

Reporting to Tribes

Along with Minnesota's 87 counties, American Indian Child Welfare Initiative (AICWI) Tribes, Leech Lake Band of Ojibwe, Red Lake Nation, and White Earth Nation, serve children and families regarding reports of and responses to child maltreatment concerns, out-of-home care and guardianship/adoption.

In some circumstances, mandated and voluntary reporters may report to Tribal welfare agencies and Tribal police. Under state law, reporters may make a report to Tribes when they:

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

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

Tribes with exclusive jurisdiction

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

Tribes having concurrent jurisdiction with the department

Under federal law, if a Tribe does not have exclusive jurisdiction, it has concurrent jurisdiction with the department. Tribes with concurrent jurisdiction may or may not exercise this jurisdiction in child protection matters. This decision lies with individual Tribes.

Tribes with formal written agreements

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

Local welfare agencies sharing geographic area with an Indian community or nation may enter into an agreement with a Tribe about how it may receive, perform intake and screening, and assessment or investigation of reports of child maltreatment occurring within reservation boundaries under [Minnesota Statutes 260E](#) and [260.7745](#). Local welfare agencies and Tribes with such agreements are encouraged to work with mandated reporters and communities to clarify reporting responsibilities.

Tribes without written agreements

Except for Bois Forte Band of Chippewa, when there is no written agreement establishing responsibility for child protection with a Tribe, responsibility for receiving and investigating or assessing reports remains with the local welfare agency. Counties within reservation boundaries, or those that have a reservation or portion of a reservation within its boundaries, must work with Tribes to determine what local practice is regarding forwarding reports of Indian children who live on a reservation. Local welfare agencies and Tribes could consider two approaches, if a Tribe:

- Is willing to tell reporters to call the local welfare agency, which may be the best way to ensure accurate and timely reporting directly from reporters who know children's circumstances. This approach will also help assure mandated reporters that they are discharging their responsibility under statute by reporting to the correct agency
- Wants to refer a report to the local welfare agency, which is also acceptable. In these cases, persons contacting a Tribe to provide information about children are considered reporters.

Reporting to law enforcement

Reports of child maltreatment can also be made to local law enforcement agencies. [Minnesota Statutes 260E.12](#) requires cross-notification of screened-in and screened-out reports between law enforcement and local welfare agencies when either agency receives a report of child physical abuse, sexual abuse, or neglect. Make reports of child safety emergencies directly to local law enforcement for immediate intervention. Only law enforcement officers have authority to immediately make placements of children in safe settings outside the family home without a court order.

Reports regarding licensed facilities

Reports alleging child maltreatment in licensed facilities such as schools, daycare centers, group homes, residential treatment facilities and hospitals make reports to the agency responsible for licensing the facility. This would include state agencies such as the Minnesota Departments of Education, Health and Human Services, and Department of Children, Youth, and Families. Agencies not requiring licensure, such as therapeutic support services, make reports directly to law enforcement. Knowing where to report maltreatment in these situations may be difficult to determine; however, reporters can call their local welfare agency for assistance and direction. The child protection intake and/or screener at the local welfare agency will help to sort out where a report should be filed and provide contact information. A directory of all local welfare agencies and the intake telephone numbers are on the [department's website](#).

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

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

[Licensed or required to be licensed under [Minnesota Statutes 260E.14, subd. 1\(b\)](#).]

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

Contact the **Minnesota Department of Health**, Office of Health Facility Complaints, 651-201-4200, or 800-369-7994, for reports occurring in:

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

[Licensed or required to be licensed under [Minnesota Statutes 260E.14, subd. 1\(c\)](#).]

Contact the **Minnesota Department of Education** (MDE), 651-582-8546 or mde.studentmaltreatment@state.mn.us, for reporting alleged maltreatment by staff when children are students in:

- Public pre-school
- Elementary school
- Middle school
- Secondary school
- Charter school.

[Licensed or required to be licensed under [Minnesota Statutes 260E.14, subd. 1\(d\).](#)]

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

Reports involving licensed providers/facilities within local welfare agency jurisdiction

In facility investigations, whether the incident is accidental must be considered. Among other requirements, to be accidental the licensed provider/facility must be “in compliance with the laws and rules relevant to the occurrence or event.” [Minnesota Statutes 260E.03, subd. 2(2).]

When receiving a report regarding a licensed provider, the intake worker should ask the reporter if they have any knowledge about the provider being out of compliance with the licensing laws and rules related to the occurrence. It is recommended that when screening reports involving licensed providers/facilities, that the licensor be included in the screening of the report, if possible. If the licensor is not part of the screening, it is recommended that local welfare agencies consult with the licensor regarding the report to further determine if the licensed provider was out of compliance with the laws and rules related to the occurrence.

The following should be considered when screening reports regarding licensed provider/facilities that fall within local welfare agency jurisdiction:

- If a licensed provider/facility is out of compliance with the laws and rules relevant to the occurrence or event and a child is seriously injured or at risk of serious injury, or meets criteria for child maltreatment, the report should be screened in for a Facility Investigation.
- If it is unknown that the licensed provider/facility is out of compliance with the laws and rules relevant to the occurrence or event, and a child is seriously injured or at risk of serious injury, or meets criteria for child maltreatment, the report should be screened in for a Facility Investigation.
- If a licensed provider/facility is in compliance with the laws and rules related to licensing, and a report is received, the report should be screened based only on if it meets child maltreatment criteria.
- Reports of child deaths or near fatalities occurring in a licensed or required to be licensed facility should always be assigned for a facility investigation. This does not include a child who died of alleged

maltreatment during non-business hours when they are the biological or adopted child of a family child care provider; these must receive a Family Investigation.

- Determining whether an incident was accidental occurs during an investigation. At screening, screeners should consider whether or not the licensed provider/facility was or was not in compliance with the laws and rules relevant to the occurrence or event.

If a report is screened out for child maltreatment and new information alleging maltreatment is received, a new report must be made to the local welfare agency and screened accordingly.

For further guidance, refer to [Minnesota's Best Practice for Facility Investigations](#).

Cross notification to licensing agencies

Child maltreatment reports regarding a licensed provider/facility must be reported to the appropriate licensing agency.

A report that does not meet criteria for a Facility Investigation must be reported by the local welfare agency as a possible licensing violation to the responsible licensing agency, including Tribally licensed facilities, within 48 hours after a report is received, excluding weekends and holidays.

For a report that is screened in for a Facility Investigation, the local welfare agency shall notify the responsible local licensing agency or private agency immediately, but no longer than 48 hours, excluding weekends and holidays, or receiving a child maltreatment report.

The Minnesota Department of Human Services, Licensing Division – Family Systems, must be notified in the following situations where reports involve:

- Family child care
- Child foster care licensed by the local welfare agency
- Child foster care licensed by private agencies
- Child foster care in the process of being licensed, if a child is in placement.

The above notifications must include:

- Date and time a local welfare agency received a report
- Identification of facility, child/ren alleged to have been maltreated and alleged offender
- The nature of maltreatment and extent of injuries to children
- Immediate treatment and protection measure being provided by the local welfare agency, and
- Name of the child protection worker responsible for investigating a report. [[Minnesota Rules 9560.0222, subp. 3](#)]

Reports involving family child care must be reported to dhs.fcclicensing@state.mn.us.

Reports involving child foster care must be reported to dhs.fostercarelicensing@state.mn.us.

For further guidance, refer to [Minnesota's Best Practices for Facility Investigation](#).

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

Law enforcement and local welfare agencies are required to cross-notify immediately, or within 24 hours, both orally and in writing, when receiving reports of child maltreatment. [[Minnesota Statutes 260E.12.](#)] This includes both screened-in and screened-out reports. The timing of cross notification of law enforcement should correspond with screening decisions.

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

Type of intake

Information and/or service requests

Information and/or service requests are oral or written inquiries for information on service access or availability in which no further action is taken by a local welfare agency. This may include requests for services including, but not limited to, children's mental health, developmental disabilities, general child welfare, Parent Support Outreach Program (PSOP), supports and services.

Consultation

Consultation involves oral or written inquiries about screening not specific to an identifiable child. Consultation is an important function of local welfare agency screeners as an aid for training mandated and voluntary reporters.

Report of alleged child maltreatment

A report of alleged child maltreatment is an oral or written communication received by, or that comes to the attention of, the local-welfare agency, law enforcement or agency responsible for child protection. A report must be of sufficient content to identify a child, which may include, but is not limited to, name, address or current location; or name, address or current location of caregiver or other family member.

If the location of an unidentified child is known, intake and/or screener should refer to law enforcement for a health and welfare check and continue to collaborate with law enforcement in attempts to identify child/ren.

Screened-in report of alleged child maltreatment

A screened-in report of alleged child maltreatment is an oral or written communication that must include the following three elements:

- An allegation meets the statutory definition of child maltreatment (see Screening guidelines section)

- There is sufficient identifying information to attempt to locate a child, or at least one member of the family
- A report includes maltreatment allegations not previously assessed or investigated by the local welfare agency or another local welfare agency.

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

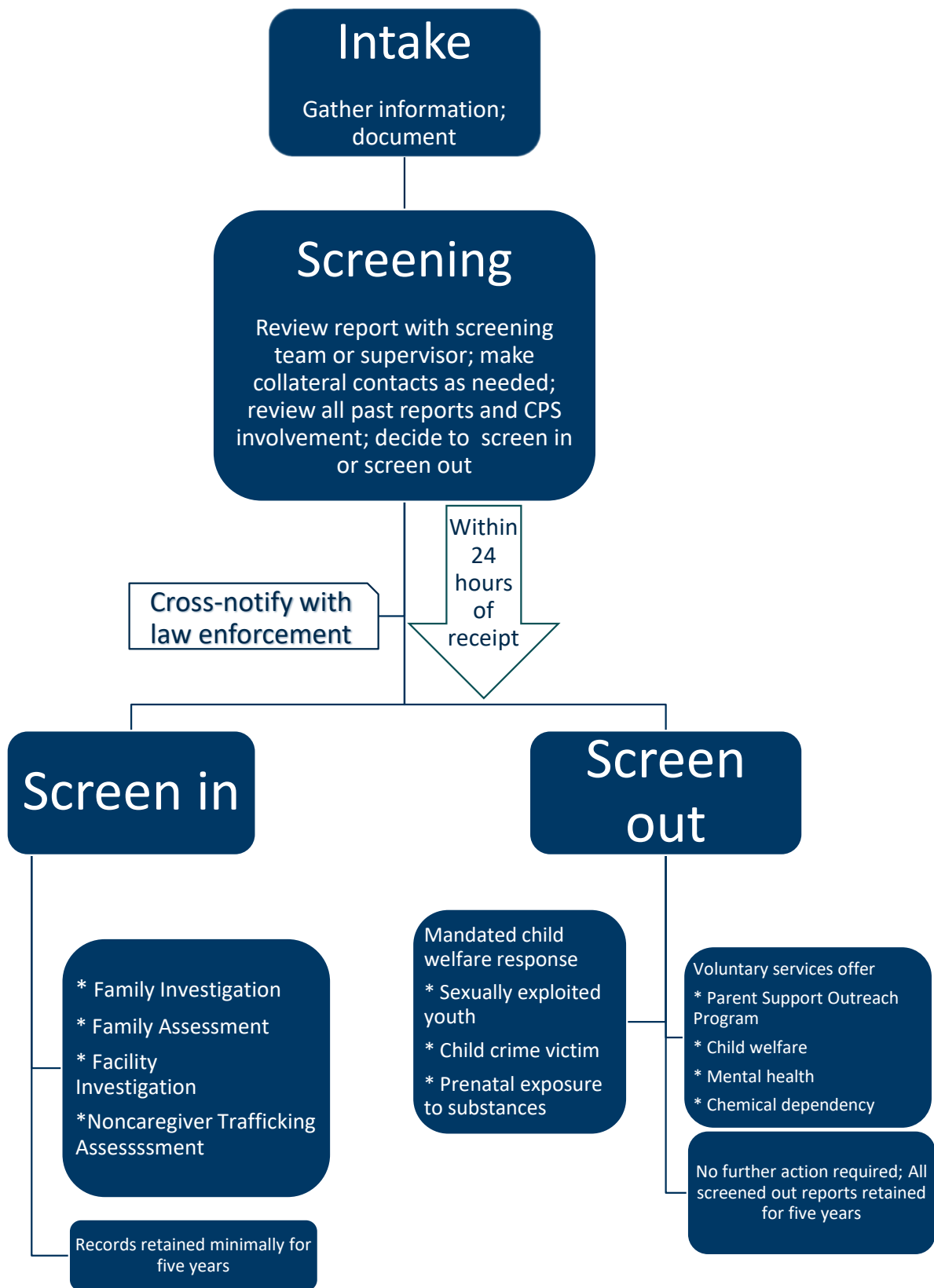
Screened-out report of alleged child maltreatment

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

- Does not meet maltreatment criteria
- Not enough identifying information
- Already fully assessed – includes those investigations or assessments already completed
- Other jurisdiction, including:
 - Not in county/Tribal jurisdiction – includes documented referral to appropriate legal authority*
 - Not in family unit or covered licensed entity – includes documented referral to appropriate legal authority*
 - Referred to another agency – conflict of interest*
 - Unborn child – prenatal exposure requires local welfare agency services opening.

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

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



Intake

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

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

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

An example of objective documentation is as follows:

Sgt. White requested a caseworker meet an officer at Carol Smith's apartment. Police were called at 7:50 p.m. by an anonymous female stating two very young children were home alone. No other information was available at the time of the initial call. The responding officer received a response at the door; 7-year-old Laura Smith and her 18-month-old brother Jason Smith were the only occupants of the apartment. The 7-year-old was unaware of where her mother was or when she would be back. Sgt. White had no further details. (Names are fictitious.)

Engaging reporters

Support reporters making child maltreatment reports throughout the process.

Intake/screening staff provide support by:

- Asking probing questions
- Actively listening to reporters and seeking clarification
- Responding with empathy to reporter's concerns and fears
- Reducing anger or apprehension by helping reporters calm down, and remaining patient
- Explaining the child protection process, providing as many specifics as legally allowed
- Thanking reporters for their concern for and support of a family
- Answering questions as clearly as possible.

Information gained from reporters is essential for making the best screening decisions possible. It is helpful to have access to interpreter services for reporters, as needed, to ensure effective communication of information. Reporters who feel supported, listened to and who understand the role of child protection can provide valuable information to a local welfare agency, while supporting a family for whom they have a concern.

Child safety and strength-based intake practices

Child safety is tied to the parent/child relationship. Seeking information about parenting capacity allows for the most complete picture of children’s safety threats, providing the earliest possible identification of protective factors and encouraging a broader view of a family.

Families’ cultural context and background are important considerations when taking a broader view of a family. Child safety-focused and family-centered practice begins at the point of intake. Gathering strength-based information from mandated and voluntary reporters concerned about child safety affirms family-centered practice and enhances safety. It also challenges negative assumptions that may exist about families.

Information about strengths and protective capacities will strengthen effectiveness of interventions with families. This also provides caseworkers with positive facts when addressing child safety threats in their first contact with parent/s. This can help to minimize the confrontational experience, enhance cooperation and may reduce negative feelings parents may have about child protection intervention. Protective factors include:

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

Intake data collection

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

Probing questioning is the primary technique for leading reporters through the information-gathering process.

Three types of questions are helpful, including:

- Open-ended questions. These are used for encouraging reporters to talk. An example is “Can you describe what you saw or heard, step by step?” and “What happened next?” Reporters most likely will expand on answers and give intake/screening staff an opportunity to probe into the subject under discussion

- Closed-ended questions. These restrict reporter’s response and may be useful to get a specific answer when intake/screening staff does not wish to stimulate further discussion. For example, questions such as “Did you take him to the doctor?” will likely yield a yes or no response. Whenever possible, follow closed-ended questions with open-ended ones. For instance, “Where were the parents when you took the child to the doctor?”
- Probing questions. Use these when a problem needs clarification at progressively deeper levels. An example of a probing question is, “You just said that you saw your neighbor hurt Jessica. Tell me, how was she hurt?” Simple directive probes such as “uh huh” and “please go on” are useful as encouragers, as are requests for specific information such as “What is the child’s name?”

Repetition or rephrasing of what a reporter said will help intake/screening staff ensure an understanding of their point. For example, “You said the child is fearful. Did I hear you correctly?”

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

Use redirection to interrupt if information provided is unproductive or not relevant to the purpose of a report. For example: “Let’s go back to when you told me that this is not the first time this child was left alone. I need to understand more about how often this occurs.”

Validation is an important component of the process. Choosing to make a report can be an extremely difficult decision for many people. Be supportive and encourage reporters to continue to call if they suspect children are abused or neglected. Acknowledge their role in keeping children safe, whether a family member, complete stranger to a family, or whatever role they may have with a family. Examples of validating statements include, “I appreciate the concern you have shown for this child/family. Often a phone call such as yours can make all the difference for a child. Thank you for taking the time to report your concerns.” Or: “I appreciate how difficult it was for you to call, but you did the right thing. We all have a part in helping to keep children safe and healthy.”

Use summarization to briefly cover important information gathered to see if reporter provided everything that is critical. Often, combining summarization with a final probing question is effective. For example, “Let’s see, you have given me information about Jessica’s bruises, you’ve told me she says she got them in a fall off the slide, and that she seems fearful. Has she said or done anything else that makes you concerned about the child/ren?”

Dealing with abusive or volatile reporters is sometimes necessary. It is important for intake/screening staff to stay calm and respectful, and be clear that the conversation will not continue if they are abusive. For example, “We will be better able to help if you give me the information without yelling and cursing. If you continue to use this language (or aggravated tone of voice), I will end this conversation and ask you to call back when you are not yelling or cursing.”

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

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

- Reporter's information: Name, address, phone, relationship to family reported, source of information (witnessed, heard, etc.)
- Child/ren's name, date of birth or approximate age, gender, race, ethnicity, citizenship status (refer to language under *Non-discrimination in screening*; citizenship status must not impact local welfare agency screening decisions), functioning, special needs, disability or vulnerability that includes other alleged victim/s and any children living in the household, or who an alleged offender may access
- Primary language of family and need for an interpreter
- Any reason to believe child/ren may have lineage to American Indian/Alaskan Native Tribe/s, if so, which Tribes, if known
- Permanent address and current location of child/ren (if different)
- Child/ren's school or daycare/child care
- Whether children are in immediate danger, and a description of threats to their safety
- Description of children's condition/s and whether harm was observed or indicated, including size, coloration and location of observable injuries
- Whether a medical examination was performed, and if so, where
- Reporter's understanding of impact, or likely impact, of alleged maltreatment to children
- Names and ages of other children in household
- Names, addresses, phone numbers, gender, date of birth or approximate age, race, ethnicity, marital/custodial status, places of employment and relationship to each other of parent/s, caregivers or adults living in the home
- Names, addresses, phone numbers, gender, date of birth or approximate age, race, ethnicity, marital/custodial status and occupation of alleged offender/s, except in noncaregiver trafficking assessment. Name and description of alleged offender should not be entered in SSIS.
- Status of alleged offender/s as a household member, family member, or in a significant relationship with child victim/s. In allegations involving known or suspected sex trafficking, offenders may be unknown or non-caregiver/non-family unit individual/s
- Family's awareness of reporter's contact with agency
- Alleged offender's awareness of reporter's contact with agency
- Whether reporter has notified any other agency or individual of information provided
- How family may respond to intervention and services
- Reporter's knowledge of family's cultural beliefs and practices, and cultural context
- What reporter thinks is going well for a family
- Resources or supports that a family is currently engaging in
- Resources or supports reporter knows of or believes would be helpful for a family
- Description of when and where an alleged incident occurred
- Specific description of what allegedly occurred (allegations)
- Names and contact information of additional witnesses to an alleged incident
- Presence of domestic violence, criminal activity, including sexual exploitation, sex or labor trafficking of children, criminal activity with weapons, or other dangerous activities in the home

- For calls regarding youth experiencing, or at risk of experiencing homelessness, exploitation or sex trafficking, screeners may use the child protection screening of sexual exploitation and sex trafficking flowchart in Appendix F. For calls that indicate potential labor trafficking, reporters should be asked additional questions to conduct a labor trafficking screening. Suggested screening questions are in Identifying and responding to child victims of labor trafficking. Reporters should be provided with information about Safe Harbor and contact information for their regional navigator.
- Description of any action school and/or other facility or agency has taken in response to an incident, if allegation occurred within such a location
- Reporter’s awareness of immediate danger that would pose a safety threat to a child protection assessor or investigator. Reporter’s knowledge of safety planning underway, or behaviors of parents/caregiver that demonstrate ability to protect child from immediate danger
- Reporter’s awareness of immediate family/relative/community resources willing to offer protection or support
- What reporter is willing to do (or has done) to help a family thus far
- Additional information regarding child and/or family that may be helpful
- Whether reporter wants notification of initial disposition.
- When receiving a report regarding a licensed provider/facility, the intake worker should ask the reporter if they have any knowledge about the provider being out of compliance with the laws and rules related to the occurrence or event.

Emergency child maltreatment reports

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

Documentation of child maltreatment reports

It is a requirement that all reports concerning child maltreatment are entered in SSIS as a Child Maltreatment Report. This documentation must be sufficient to adequately screen a report.

Document the following information in the appropriate fields in SSIS:

- Client data, including:
 - Alleged offender/s
 - Alleged victim/s
 - Other children residing at least part time in the home of alleged offender
 - Other relevant household members, including other foster children, when reports are regarding licensed foster care
- Collateral data, including reporter’s name and contact information, and others who may have information about concerns that may be helpful in screening decisions

- Allegation/s, including information provided by reporter in response to questions
- Sufficient information to describe reported concerns, including:
 - Local welfare agencies should not document *see attached report* unless there is a minimal description of allegations in the narrative, and report is scanned and attached in SSIS Intake workgroup Chronology folder
- Identification of referrals for early intervention services, such as the Parent Support Outreach Program, or to pertinent community services and resources
- Identification of those invited to participate on the screening team, and who was present
- Both screened-out and screened-in reports must include narrative documentation in the Description of Incident or Comments section as to reasoning a local welfare agency used to screen a report.

Documentation of multiple reports for the same family

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

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

Documentation of new allegations received during open cases

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

When receiving a new report that includes different allegations than currently being responded to, the new report is screened and assigned based on the new allegations. If screened in, the new allegations may or may not be appropriate to assess or investigate in the current open SSIS Assessment workgroup. Factors to consider in these situations include status of open assessment or investigation, required assignment path, worker or unit assigned and nature of new allegations. When an assessment or investigation is in later stages, it may be difficult to complete an assessment or investigation within the initial 45-day time frame because new allegations do not *restart* required time frames. If a new report alleges substantial child endangerment or sexual abuse, complete an investigation, regardless of original path assigned. If a new allegation involves the same child, but a different household, it may be beneficial to open a new assessment or investigation.

When a new report involving a new/different allegation is screened in and referred to a current Assessment workgroup, unless child safety of alleged victim has already been evaluated by a child protection worker, face-to-face evaluation of child safety should be initiated based on identified safety threats. This should be completed no later than established time frames; immediately for allegations involving substantial child endangerment, and five calendar days for other reports.

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

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

If a current case is in the case management phase, document new child maltreatment reports in an Intake workgroup and screened accordingly. Make efforts to screen a new report with the ongoing case manager and their supervisor/manager. If screened in for assessment or investigation, open a new Assessment workgroup to address new allegation/s. All contacts should be completed in the Assessment workgroup, including a new adult interview or child observation/interview, and use of Structured Decision Making instruments, based on new allegations.

Local 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 that decision.

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

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

Screening

Screening is the process of reviewing information provided by reporters. Screen in reports of child maltreatment for a Family Investigation, Family Assessment, Noncaregiver Assessment or Facility Investigation, if meeting the following conditions:

- An allegation meets the statutory definition of child maltreatment
- There is sufficient identifying information to locate child, or at least one member of their family
- A report includes maltreatment allegations not previously assessed or investigated by local welfare agency.

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

Screening timelines

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

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

24-hour coverage

Minn. Admin. Rule requires local welfare agencies to be available on a 24-hour basis, seven days a week, including holidays, to respond to reports of child maltreatment, including imminent danger. The Rule is as follows: The local welfare agency shall ensure that child protective services are available on a 24-hour basis to respond to reports alleging imminent danger. [[Minnesota Rules 9560.0232, subp. 1](#)] Imminent danger means that a child is threatened with immediate and present maltreatment that is life threatening or likely to result in abandonment, sexual abuse or serious physical injury. [[Minnesota Rules 9560.0214, subp. 12](#)]

To meet this requirement, local welfare agencies may provide one or more after-hours crisis response, on-call or some other contracted service, and access to supervisory consultation. Reports should be screened by local welfare agency on-call staff and a supervisor or their designee (person with knowledge and expertise of Minnesota Child Maltreatment Intake and Screening Guidelines) whenever possible.

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

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

Imminent danger reports

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

Imminent danger means that a child is threatened with immediate and present maltreatment that is life threatening or likely to result in abandonment, sexual abuse, or serious physical injury. [[Minnesota Rules](#)

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

Face-to-face contact statutory exceptions

Statute requires local welfare agencies to make face-to-face contact immediately, or no more than 24 hours from date and time maltreatment reports were received, for alleged child victims in reports of sexual abuse and substantial child endangerment. [[Minnesota Statutes 260E.20, subd. 2\(b\)](#).] Statute provides an exception for delayed face-to-face contact from 24 hours to five calendar days for cases involving reports of alleged sexual abuse and substantial child endangerment when child:

- Resides in a location confirmed to restrict access with alleged offender, or
- Local welfare agency is pursuing a court order for caregiver to produce child for questioning.

If child is in imminent danger, the situation would not meet requirements for delayed contact. Circumstances surrounding most reports are unlikely to meet criteria necessary to postpone contact due to one of the above exceptions. Local welfare agencies should review [Minnesota's Best Practice Guide for Family Assessment and Family Investigation](#) for guidance on the statutory exception for delaying 24-hour face-to-face contact.

Documentation in the Social Service Information System

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

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

Cross-agency agreements

Local welfare agencies collaborating with law enforcement and/or regionally across local welfare agencies, must develop formal written cross-agency and/or regional agreements to meet staffing and protocol requirements. Agreements must be reviewed by county attorneys and Tribal representatives and submitted to the department.

Screening team

Screening teams are the ideal method of screening reports. In the absence of a team, child protection supervisor or designee (person with knowledge and expertise of Minnesota Child Maltreatment Intake and Screening Guidelines) must confirm screening decisions. Local welfare agencies are encouraged to include other professionals on screening teams, such as law enforcement, county attorneys, Tribal representatives (including Tribal law enforcement and child welfare workers), mental health professionals and physicians, to strengthen decisions. To ensure confidentiality and allow for exchange of information, the screening team process should

be conducted pursuant to the law on multi-disciplinary child protection teams. [[Minnesota Statutes 260E.02.](#)] Under this statute, all members of a team must sign a data-sharing agreement approved by the department's commissioner allowing for local welfare agency and members of a team to share information, and provides that data discussed is confidential. See Appendix D for Multi-disciplinary Screening Team: Agreement relating to protected nonpublic and confidential data form.

Include Tribal representation on screening teams when child's Tribe is known at screening, and a Tribal representative is available. It is best practice to collaborate with and include Tribes at the earliest point in making screening decisions. If a Tribal representative is not available within the required timeline, local welfare agencies must screen reports within the required 24-hour time frame without child's Tribe and follow up with Tribe regarding screening decisions. This follow-up should occur as soon as possible.

The screening team, supervisor or designee (person with knowledge and expertise of Minnesota Child Maltreatment Intake and Screening Guidelines), upon review, should consider the behavior or action under review as to whether a reasonable person would conclude alleged harm, including reported injuries, resulted from maltreatment. Consider the totality of circumstances in all reports.

When ambiguity exists regarding a screening decision, the screening team (or in the absence of a team, screening supervisor) should consult with the county attorney or Tribal representative to determine whether a report should be screened in or out. Local welfare agencies may also use the Rapid Consultation system (888-234-1138 or DCYF.csp.rapidconsult@state.mn.us) for assistance in guiding screening decisions (see Rapid Consultation system section).

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

[Minnesota Statutes 260E.14, subd. 2 \(a\)](#) states, "The local welfare agency is the agency responsible for investigating an allegation of sexual abuse if the alleged offender is the parent, guardian, sibling, or an individual functioning within the family unit as a person responsible for the child's care, or a person with a significant relationship to the child if that person resides in the child's household. (b) The local welfare agency is also responsible for assessing or investigating when a child is identified as a victim of sex trafficking."

[Minnesota Statutes 260E.14 subd. 3](#), states, "The local welfare agency is responsible for immediately conducting a family assessment or investigation if the report alleges neglect or physical abuse by a parent, guardian, or individual functioning within the family unit as a person responsible for the child's care." Reports alleging maltreatment by a non-household member should be immediately referred to appropriate law enforcement; except in cases of sex trafficking by a noncaregiver; however, if a report indicates that a parent or guardian knew about maltreatment and failed to protect, a child protection assessment or investigation should be opened on the parent or guardian as an alleged offender.

Persons to be considered in the family unit after having been identified as someone responsible for the child/ren's care might include:

- All residents in a household; this includes all adults residing in a household and children aged 11 or older when responsible to provide basic care, supervision or intervention for a younger child
- Live-in nanny employed to take care of children
- Adults who were residents of the home at the time of alleged maltreatment but no longer reside with family.

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

- Parents, stepparents or guardians
- Brothers, sisters, stepbrothers, stepsisters, first cousins, aunts, uncles, nephews, nieces, grandparents, great-grandparents, great-uncles and great-aunts, whether related by blood, marriage or adoption
- Any adult who lives or stays intermittently or regularly in the same house, apartment or other dwelling. Intermittently includes, but is not limited to: Frequent, but discontinuous stays across time, with intervals or intermissions; normalcy in staying at a residence does not require residency. County attorney or Tribal representative consultation is suggested when questions arise. Adult who lives or stays intermittently or regularly in the same house, apartment or other dwelling refers to adults residing intermittently in child's household, not to a situation where child is residing in the home of an adult without authority to care for them.

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

Use of past history in screening reports

When determining whether a report is screened in or out, local welfare agencies receiving a report must consider, when relevant, all previous history, including but not limited to, reports that were previously screened out and Family Assessments or Family Investigations previously completed. This also includes considering previous screened-out reports regarding a current screening decision of a facility, whether licensed or unlicensed. Local welfare agency staff may communicate with treating professionals and individuals as defined in [Minnesota Statutes 260E.20, subd. 3\(d\)\(3\)](#), in making decisions.

Consider all prior accepted and screened-out reports of child maltreatment in screening a current report. This includes case histories of all participants involved in a current report. Intake/screening staff should review both county/AICWI Tribe and state detail in SSIS. When a local welfare agency has an existing child protection assessment or case management workgroup open with a reported family, contacting the current worker and/or supervisor is strongly encouraged. When records exist in another county or AICWI Tribe, make every effort to obtain relevant information to screen current reports; this includes use of *request access* to view another

county's SSIS data. When families are alleged to have had prior contact with child protection in another state, efforts to obtain that state's data may be made to screen current reports.

Unborn children

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

Prenatal exposure to alcohol or other drugs

Referrals about pregnant women using alcohol, cannabis or controlled substances for nonmedical purposes are mandated reports screened out for a child protection response and referred to appropriate services. It is not a screened-in child maltreatment report because there is no child yet. It is required that an offer of services be made. The best approach is offering early intervention for support and services to pregnant women before birth. Whether it is through general child welfare, adult services outreach or the Parent Support Outreach Program, this is an opportunity to engage women in addressing their alcohol and other drug use concerns, delivering a healthy baby. Make referrals to culturally specific services that can best address a woman's needs, when available. For example, if a woman is American Indian/Alaskan Native, ask if she would like to be referred to a Tribal or urban Indian organization substance abuse program in her area for a comprehensive assessment with a culturally specific assessor.

Reports regarding alcohol or other drug use, including opium, cocaine, heroin, phencyclidine, methamphetamine, amphetamine, tetrahydrocannabinol, or their derivatives, or alcohol use by pregnant women, require a child welfare response under [Minnesota Statutes 260E.31, subd. 2](#). "The local welfare agency shall immediately conduct an appropriate assessment and offer services indicated under the circumstances. Services offered may include, but are not limited to, referral for a comprehensive assessment, referral for chemical dependency treatment, if recommended, and referral for prenatal care."

The local welfare agency may pursue a chemical health commitment if a pregnant person refuses recommended voluntary services or does not complete recommended treatment, and engages in habitual or excessive substance use. The definition of habitual and excessive use is using frequently and regularly in a continual or persistent manner to a degree that is more than normal or desirable.

The Comprehensive Addiction and Treatment Act of 2016 (part of CAPTA), requires a plan of safe care to address the needs of infants and parents, and increasing state's accountability and monitoring by the U.S. Department of Health and Human Services. A plan of safe care must address the health and substance use disorder treatment needs of an infant and affected family or caregiver. A plan of safe care is required in the following circumstances:

- At the time of birth: Infants or a birthing person with a positive toxicology at birth or other signs of prenatal exposure require a plan of safe care. Plans should be developed prior to discharge, whenever

possible. If an infant is discharged prior to child protection receiving a report, the plan of safe care should be developed as soon as possible.

- After discharge (not detected at birth): An infant under age 1 who may not have been detected at birth as experiencing prenatal substance exposure but was later identified and reported to the local welfare agency requires a plan of safe care. Plans should be developed within 30 days of receipt of report.

It is best practice that prior to an infant's birth a plan of safe care is recommended when the birthing person has positive results of a screening tool (administered by a health care provider), or positive toxicology test during prenatal care. The plan should be developed 30 days or more prior to the expected delivery date, whenever possible. Its purpose is to support families and ensure communication among health providers, substance use disorder treatment staff, child welfare and other community support agencies.

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

Reports with deceased and unknown offender/s

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

Reports involving alcohol or other drugs

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

- Failure to protect a child from conditions or actions that present serious endangerment.
- Neglect regarding methamphetamine-related environmental hazards
- Neglect due to access to alcohol, controlled substances or prescription drugs.
- Neglect due to inadequate supervision.
- Prenatal exposure to controlled substances or their derivatives
- Chronic and severe use of alcohol or controlled substance by a parent or person responsible for a child that adversely affects their basic needs or safety.
- Physical abuse due to purposely giving a child alcohol or controlled substances to control or punish them.
- Sex trafficking, where a third party receives drugs or alcohol from another person in exchange for sexual contact with children.
- Sexual exploitation where sexual contact is exchanged for drugs and/or alcohol when there is no third party.

- Threatened injury due to knowingly allowing a child to be at substantial risk.

Recreational use of cannabis became legal in Minnesota in August 2023. Cannabis remains a controlled substance (schedule III). The definition of schedule III includes “drugs, substances, or chemicals which are defined as drugs with a moderate to low potential for physical and psychological dependence.”

When local welfare agencies receive reports involving access to cannabis, where there is no reported or apparent impact to the child/ren, local welfare agencies may offer preventative measures to the family, including, but not limited to, education on safety, storage and the impact that cannabis use may have on children/youth. This may be done through a child welfare assessment, parent support outreach program (PSOP) or a current open case management case. If the report has information about ongoing access to the child/youth that is continual, recurring; or there is reported impact to the child/ren affecting their educational, social, emotional or developmental needs; involves a licensed facility; and/or the report meets criteria for other maltreatment as defined in the guidelines, a child protection response shall be initiated. Local welfare agencies should consider the overall totality of factors that may be included in the report.

Local welfare agencies should consider the following factors relating to cannabis:

- Child vulnerability (developmental or cognitive needs, physical health concerns, presence of co-occurring medical conditions such as medically fragile, asthma or other respiratory conditions)
- Age/s of child/ren
- Type of cannabis ingested/consumed (e.g., gummies, shatter and dabs tend to be more potent than smoking cannabis).

Local welfare agencies can use collateral contacts per [Minnesota Statutes 260E.16](#) to follow up with reporter to gather additional information about negative impact to the child/ren.

Credibility of reporter

The credibility of a reporter, or any witness to abuse or neglect, does not enter into consideration in determining whether a report is screened in or out. However, credibility of a reporter may be a consideration in determining whether an allegation of child maltreatment is determined.

Reports with indirect knowledge of alleged abuse or neglect

Information where facts reported are based on knowledge received from someone other than a reporter (second-hand or third-hand statements to a reporter) is not a basis to screen out a report. Collateral contacts may be made to follow up on information provided by a reporter to assist in making screening decisions.

Risk of harm

If a report meets the statutory definition of child maltreatment, there is sufficient risk of harm to proceed with an investigation or assessment.

Child vulnerability

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

- Children age 7 and younger
- Current mental or physical health diagnosis, or disability status that requires additional care or supervision
- Limited mobility due to age or disability
- Limited cognition due to age or disability
- Past victimization of child maltreatment and related indicators of unresolved trauma, including disassociation and hyper-arousal symptoms.
- Concerns regarding the emotional and psychological attachment in the parent-child relationship.

Older children

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

Homeless youth unaccompanied by a parent or guardian

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

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

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

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

Foreign national youth

Foreign national youth are persons under age 18 who are not U.S. citizens or lawful permanent residents. All foreign national youth who come into contact with the child welfare system due to abuse or neglect are entitled to the same level of protection and provision for their safety and privacy as children who are U.S. citizens. Additionally, foreign national youth who are refugees or asylees, victims of certain crimes and those who are unaccompanied immigrants due to abuse or neglect have the right to apply for immigration relief and benefits provided under federal law. For further guidance refer to [Special Immigrant Juvenile Status for children involved with child welfare services](#). When working with minor foreign national victims, child welfare caseworkers should consult with their supervisor and county attorney and/or Tribal representative. In cases of trafficking, the department's human trafficking child protection coordinators provide technical assistance, consultation and training.

Impact on child

While some allegations in statute include impact on a child, many do not. Impacts can be inferred, based on totality of information known by intake/screening staff at the time of receiving information from a reporter, and at the point of making a screening decision with a screening team or supervisor.

Reports of non-current child maltreatment

Mandated reporters are only required to report child maltreatment that has occurred within the previous three years. However, reports of maltreatment occurring more than three years prior can still be made and must be documented and screened accordingly. Ensure the date of incident is backdated to the estimated time of alleged maltreatment. Voluntary reporters may share any type of reports, regardless of time frame. It is a local welfare agency's responsibility to document and screen these reports.

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

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

If receiving a report regarding an alleged victim who is currently an adult (age 18 or older) regarding maltreatment alleged to have occurred when they were a minor, report should be screened out. The SSIS documented reason is *no allegation meets criteria*. Appropriate law enforcement must receive notification of

these reports. Prior to screening out these reports, obtain information to learn if there are children currently in the home whose safety may be jeopardized by alleged child maltreatment being reported. Depending on allegation, it may meet criteria for assessment or investigation regarding a child currently residing with or having access to alleged offender.

Contacting individuals beyond original reporter

Contacting an individual or professional other than reporter to assist in making screening decisions is permissible by law. [[Minnesota Statutes 260E.16.](#)] Collateral contacts must be made prior to screening decisions, and no later than the 24-hour time frame for making screening decisions. If a collateral contact is initiated, but not completed within the 24-hour time frame, a screening decision must be made without the additional information. Statute does not require a person contacted by intake/screening staff as a collateral contact to provide requested information.

Use the following guide when making collateral contacts during the intake and screening process:

- Individuals who can provide first-hand information necessary to provide a fuller picture of alleged child maltreatment.
- Mandated reporters who had recent and regular contact with child, such as school professionals, doctors or others who evaluated or maintain ongoing communication or care of child. This may also include mandated reporters who have an established relationship with parents or caregiver.
- Individuals who can judge the quality and nature of parents' or caregiver's behavior and/or parent/child relationship, including those who have records, or reason to have knowledge about a parent or caregiver as a result of their involvement with or exposure to them.
- Share information with collateral contacts that includes only what is necessary to inform screening decisions, and only what is relevant to current allegations and individual's relationship to participants.

The names of initial reporters remain confidential; this information cannot be revealed by local welfare agencies. This information is only accessible if a reporter consents, by court order, or by court procedure.

Make requests for relevant information from law enforcement agencies when it is pertinent to making screening decisions. Information may include domestic disturbance calls, arrests, warrants and convictions, orders for protection or restraining orders, probation or parole status.

Intake/screeners may also access similar information through the [Minnesota Judicial Branch website](#), or for additional access and in coordination with the county attorney or Tribal representative's office, use the website [Minnesota Government Access](#). Intake/screening staff work with the screening team, or in the absence of a team, a screening supervisor, to determine information to request and how to access it.

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

All reports must be addressed by local welfare agencies or AICWI Tribes receiving information from reporters. Do not direct reporters to another agency (unless there is mutual agreement by mandated reporters directed to the correct agency). Local welfare agencies do not refuse to take a report. When receiving a report, local welfare agencies should obtain a complete report and direct it accordingly. When doing so, the priority is child safety and assuring a safety net at the first point of contact by streamlining receipt and review of reports. It is imperative to take action at the point of intake and screening to assure a safety net for children without allowing jurisdictional issues to become a barrier. If there is a question about which local welfare agency is responsible for handling a report, local welfare agency staff should immediately consult with each other to decide which one has legal authority to make a screening decision and, if needed, initiate a child protection response within the 24-hour time frame.

Without a written interagency agreement between local welfare agencies, the local welfare agency responsible for intake, screening, and either assessment or investigation of a report, is the county of child's residence or AICWI reservation where child is a resident, or in cases of imminent danger, county or AICWI reservation where child was found.

Cases of imminent danger

If children are in imminent danger, the responsible local welfare agency for intake, screening and assessment or investigation is the county or, in the case of an Indian child, the AICWI reservation, where children were found, without regard to the agency of financial responsibility. [[Minnesota Rules 9560.0216, subp. 2](#)] The responsible local welfare agency where children were found may contact the county or AICWI reservation agency where children are residents and create a written agreement on a case-by-case basis for county of residency or AICWI agency to screen and investigate or assess a report. The responsible local welfare agency or AICWI agency where children were found must ensure their safety prior to entering into an agreement with county of residence or AICWI agency.

The agency of financial responsibility determination under [Minnesota Statutes 256G](#) is separate and occurs after provision of child protective services.

Imminent danger means:

- Children are threatened with immediate and present maltreatment that is life threatening, or likely to result in abandonment, sexual abuse or serious injury [[Minnesota Rules 9560.0214, subp. 12](#)]

Imminent danger includes a report that child/ren is/are residing with caretaker/s without *authority to care for them*. In these circumstances, consider child/ren abandoned or threatened with abandonment. Authority to care for children includes:

- Parents executed a delegation of power by parents or guardian under [Minnesota Statutes 524.5-211](#) for an individual to provide for children; this is known as Delegation of Parental Authority (DOPA), with specific legal requirements that must be met. Responsible local welfare agency staff is encouraged to consult with the county attorney or Tribal representative when a Delegation of Parental Authority is involved.
- For American Indian/Alaskan Native children, they are in the care of an American Indian/Alaskan Native custodian, as defined under 45 USC 1903 (6).
- Child/ren is/are in the care of individuals related to them, which means with a parent, a birth or adopted child or step child, stepparents, stepbrother, stepsister, niece, nephew, adoptive parents, grandparents, siblings, aunt, uncle or legal guardian. [[Minnesota Statutes 245A.02, subd. 13.](#)]

In cases of no imminent danger

If children are not in imminent danger, the responsible local welfare agency is the county or AICWI reservation where child/ren resided at the time of receiving a report. [[Minnesota Rules 9560.0216, subp. 1a.](#)]

Residency of children’s parents, guardian, legal custodian or other caretaker with authority to have child/ren determines county or AICWI responsibility. The following criteria apply:

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

The following are residency examples:

- Parents with no residency: For parent/s who recently moved and not yet established residency, the responsible agency is the county or AICWI Tribal reservation where children are found. This includes non-Minnesota residents.
- Legal custodians/guardians who are not parents: If neither parent has legal or physical custody, the responsible agency is the county or AICWI Tribal reservation where the legal and physical custodian or guardian of children resides.
- Indian custodian: If Indian children are with an Indian custodian, the county or AICWI Tribal reservation where Indian custodian resides is the responsible agency.

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

Children in the care of an individual who is related, but not a parent: The responsible local welfare agency is the county or AICWI Tribal reservation where related individual lives, unless children have not established residency with the related individual. In this case, parents' residence determines the responsible county or AICWI Tribe.

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

In non-facility reports in which children are wards of the state, the local welfare agency with responsibility for them is the responsible agency. Guardianship to the commissioner grants on that agency responsibility for all aspects of care and decision making for children, except those consents specifically reserved for the department's commissioner.

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

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

Reports involving Indian children living on reservations

It is the local welfare agency's responsibility to screen and respond to referrals received regarding children living on Indian reservations, except for Leech Lake Band of Ojibwe, White Earth and Red Lake Nations, and Bois Forte Band of Chippewa. When maltreatment is alleged to have occurred on Tribal land involving American Indian/Alaskan Native children, the local welfare agency shall immediately notify Tribal social services and Tribal law enforcement orally (e.g., phone) and in writing (e.g., email or fax) when a report is received. [[Minnesota Statutes 260E.12, subd. 1\(c\)](#).] It is crucial that staff collaborate closely with the child's Tribe(s). For other situations where a local welfare agency is the lead, staff must proactively reach out to Tribal social services and ask that a Tribal caseworker accompany the local welfare agency worker when entering Tribal jurisdiction. Except for Leech Lake Band of Ojibwe, White Earth and Red Lake Nations, and Bois Forte Band of Chippewa, when there is no written agreement establishing responsibility for child protection with a Tribe, responsibility for receiving, investigating or assessing reports remains with the local welfare agency.

Refer to Informing Tribes of American Indian/Alaskan Native children involved in a Family Assessment, Investigation, or Noncaregiver Trafficking Assessment section for information.

Nondiscrimination in screening

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

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

Poverty

At times, conditions of poverty can create circumstances in which children may be at risk of neglect when parents are unable to provide care for them due to lack of adequate financial resources which may be related to limited opportunities, such as lack of a living wage, and/or limited educational opportunities. This does not infer that parents do not care for or love their children.

Under these circumstances, local welfare/AICWI Tribal agencies work to assist parents in providing necessary care for children, but do not define parental behavior as neglectful. Often, the role of poverty is not understood when a report is made but is established later during the assessment or investigation phase. [Minnesota Statutes 260E.03, subd. 15](#), defines neglect by caretakers as failure to provide for children's basic needs "when reasonably able to do so."

There are times when poverty generates circumstances perceived as neglect. It is important to understand that conditions of poverty can present differently depending on cultural practices and geographic areas. When it is determined that reports of neglect are based solely on conditions due to poverty, a finding of maltreatment should not be made. Staff can help differentiate issues stemming from parental neglect versus conditions of poverty by asking reporters clarifying questions. Questions that may be appropriate include, but are not limited to:

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

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

Give Life a Chance, Safe Place for Newborns reports

Reports involving infants relinquished under the Give Life a Chance, Safe Place for Newborns law are screened out for child protection response and immediately open for child welfare services. Under [Minnesota Statutes 260C.139, subd. 5](#), a local welfare agency contacted by a safe place has legal responsibility for placement of a newborn in foster care for 72 hours. These reports must be referred for immediate placement and permanency planning through a petition for Termination of Parental Rights. To be eligible under this law, newborns must be left at a hospital or other approved setting, unharmed, within seven days of birth by the birthing person or person with the birthing persons permission. [[Minnesota Statutes 145.902.](#)]

If there is information, or reason to believe a newborn has American Indian/Alaskan Native heritage, efforts to identify and notify their Tribe must be made and documented. Permanency planning for American Indian/Alaskan Native children may include suspension of parental rights after transfer to Tribal court. If children are American Indian/Alaskan Native, all requirements of the Minnesota Indian Family Preservation Act and the federal Indian Child Welfare Act must be followed.

Prior to an order terminating parental rights of a birthing person who relinquished their newborn under [Minnesota Statutes 260C.139](#), a birthing person may request to have their infant returned. If this occurs, a new report of child maltreatment should be made and screened in for a Family Assessment or Family Investigation to assess the parent's protective capacity to provide for the child's safety.

See the [Safe Place for Newborns](#) online resources and information and the [Safe Place for Newborns FAQ](#).

Cross-notification with law enforcement

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

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

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

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

Reporter's name is not redacted in cross-reports to law enforcement. The requirement to keep reporter's names confidential applies to law enforcement. [[Minnesota Statutes 13.82, subd. 8.](#)] Similarly, information is not

redacted when notifying Tribes. Tribes have access to information without restriction, and also required to keep reporter's names confidential.

Reporter's identification is revealed only under court order.

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

Birth Match

When an infant is born to a parent who had previous involuntary termination of parental rights, transfer of physical and legal custody, 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 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 for an investigation, unless the local welfare agency is currently involved with parent/s regarding the same newborn. Investigate all new Birth Matches regardless of previously conducted assessments or investigations on other children in the family; screen in and respond to each infant as a new child maltreatment report. This means the local welfare agency must investigate all new Birth Matches on all infants. Local welfare agency staff must ask the county attorney to immediately file a termination of parental rights petition when a local welfare agency receives a report that a parent committed an offense triggering a Birth Match. [[Minnesota Statutes 260C. 503, subd. 2.](#)]

Local welfare agencies can consider past voluntary termination of parental rights or voluntary transfer of physical and legal custody as a threatened injury report. However, this is not a Birth Match report. Therefore, if screened in, a Family Assessment or Family Investigation may be initiated, depending on the nature of a current report.

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

A Suspension of Parental Rights (SPR) is a unique permanency disposition for Tribal courts and does not trigger a birth match notice. A SPR is not equivalent to an involuntary termination of parental rights (TPR) or an involuntary transfer of physical and legal custody (TPLPC) and should not be assessed or investigated as a birth match.

Child maltreatment allegation types

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

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

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

Substantial child endangerment

Substantial child endangerment [[Minnesota Statutes 260E.03, subd. 22](#)] means a person responsible for a child's care by act or omission commits or attempts to commit an act against a child in the person's care that constitutes any of the following:

- (1) Egregious harm as defined in section [260C.007, subd. 14](#);
- (2) Abandonment under section [260C.301, subd. 2](#);
- (3) Neglect under section [260E.03 subd. 15 \(a\) \(2\)](#), that substantially endangers the child's physical or mental health, including a growth delay, which may be referred to as failure to thrive, that has been diagnosed by a physician and is due to parental neglect;
- (4) Murder in the first, second or third degree under section [609.185](#), [609.19](#) or [609.195](#);
- (5) Manslaughter in the first or second degree under section [609.20](#) or [609.205](#);
- (6) Assault in the first, second or third degree under section [609.221](#), [609.222](#) or [609.223](#);
- (7) Sex trafficking, solicitation, inducement or promotion of prostitution under section [609.322](#);
- (8) Criminal sexual conduct under sections [609.342](#) to [609.3451](#);
- (9) Sexual extortion under section [609.3458](#);
- (10) Solicitation of children to engage in sexual conduct under section [609.352](#);
- (11) Malicious punishment or neglect, or endangerment of a child under section [609.377](#) or [609.378](#);
- (12) Use of a minor in sexual performance under section [617.246](#);
- (13) Labor trafficking under sections [609.281](#) and [609.282](#) (effective July 1, 2025); or
- (14) Parental behavior, status or condition that mandates that the county attorney file a termination of parental rights petition under section [260C.503, subd. 2](#).

Several types of substantial child endangerment are explained in more detail below.

Egregious harm

All egregious harm is a form of substantial child endangerment. “Egregious harm” [260C.007, subd. 14] means the infliction of bodily harm to a child or neglect of a child, which demonstrates a grossly inadequate ability to provide minimally adequate parental care. The egregious harm need not have occurred in the state or in the county where a termination of parental rights action has proper venue. Egregious harm includes conduct towards any child at any time and includes, but is not limited to:

- (1) violation of sections [609.185](#) to [609.2114](#), [609.222, subd. 2](#), [609.223](#), or any other similar law of any other state, which includes first degree murder, any death following a history of child abuse, death of an unborn child resulting from vehicular operation, assault with a weapon whether it causes injury or not, assault of a victim under age of four and causes bodily harm to child’s head, eyes, neck, or otherwise causes multiple bruises to the body;
- (2) the infliction of “[substantial bodily harm](#)” to a child, as defined in section [609.02, subd. 7a](#), which includes broken bones, temporary but substantial disfigurement, substantial loss or impairment of functioning of body/organs;
- (3) felony malicious punishment of a child under section [609.377](#);
- (4) felony unreasonable restraint of a child under section [609.255, subd. 3](#), which includes tying, locking, caging, or chaining for a prolonged period of time and in a cruel manner which is excessive under the circumstances;
- (5) felony neglect or endangerment of a child under section [609.378](#);
- (6) first, second and third degree assault under section [609.221](#), [609.222](#), or [609.223](#), which includes infliction of [great bodily harm](#), assault with a [dangerous weapon](#), assault that inflicts [substantial bodily harm](#), or assault of a child after a pattern of child abuse, or assault of a victim under four that causes bodily harm to child’s head, eyes, neck or otherwise causes multiple bruises to the body;
- (7) sex trafficking, solicitation, inducement, or promotion of, or receiving profit derived from prostitution under section [609.322](#);
- (8) murder or voluntary manslaughter as defined by United States Code, title 18, section 1111(a) or 1112(a);
- (9) aiding or abetting, attempting, conspiring, or soliciting to commit a murder or voluntary manslaughter that constitutes a violation of United States Code, title 18, section 1111(a) or 1112(a); or
- (10) criminal sexual conduct under sections [609.342](#) to [609.345](#) or [sexual extortion under section 609.3458](#).

Child abandonment

Certain types of severe abandonment are substantial child endangerment. Child abandonment [[Minnesota Statutes 260E.03, subd. 22 \(2\)](#) and [260C.301, subd. 2](#)] is addressed by local welfare agencies under the conditions of neglect and may provide the basis for a court determination of termination of parental rights.

Child abandonment meets the statutory definition of substantial child endangerment when one of the following conditions is met:

- Parent has had no contact with their child on a regular basis and has not demonstrated consistent interest in the child's well-being for six months
- Child under age 2 is abandoned, deserted by their parent/s under circumstances that show intent not to return to care for the child. [[Minnesota Statutes 260C.301, subd. 2.](#)]

Abandonment is determined on a case-by-case basis and should not be confused with neglectful lack of supervision or poor choice of caretaker. A child of any age may be considered abandoned if deserted by their parents with no plan in place for return.

Malicious punishment

Malicious punishment is a form of substantial child endangerment that occurs when a parent, legal guardian or caretaker, by an intentional act or series of intentional acts with respect to a child, evidences unreasonable force or cruel discipline that is excessive under the circumstances. [[Minnesota Statutes 609.377, subd. 1.](#)] This also includes if a child is under age 4, and the punishment causes bodily harm to the head, eyes, neck or otherwise causes multiple bruises to the body. [[Minnesota Statutes 609.377, subd. 4.](#)]

Persons guilty of neglect or endangerment

Certain types of neglect or endangerment are substantial child endangerment when they rise to level of criminal neglect or child endangerment [[Minnesota Statutes 609.378, subd. 1.](#)].

Felony child neglect or endangerment means:

- (a)(1) A parent, legal guardian, or caretaker willfully deprives a child of necessary food, clothing, shelter, health care, or supervision appropriate to the child's age, when the parent, guardian, or caretaker is reasonably able to make the necessary provisions and the deprivation harms or is likely to substantially harm the child's physical, mental, or emotional health is guilty of neglect of a child;
- (2) A parent, legal guardian, or caretaker knowingly permits the continuing physical or sexual abuse of a child;
- (b) A parent, legal guardian, or caretaker endangers the child's person or health by:
 - (1) intentionally or recklessly causing or permitting a child to be placed in a situation likely to substantially harm the child's physical, mental, or emotional health or cause the child's death; or

- (2) knowingly causing or permitting the child to be present where any person is selling, manufacturing, possessing immediate precursors or chemical substances with intent to manufacture, or possessing a controlled substance, as defined in section [152.01, subd. 4](#), in violation of sections [152.021](#), [152.022](#), [152.023](#), [152.024](#), or [152.0262](#);
- (c) Intentionally or recklessly causing a child under 14 years of age to be placed in a situation likely to substantially harm the child's physical health or cause the child's death as a result of the child's access to a loaded firearm.

Parental behavior, status or condition

Certain parental behavior, status or condition as follows:

- A child or sibling has been subjected to egregious harm (defined previously)
- A child is an abandoned infant (defined previously)
- A child's parent has lost parental rights to another child through an order involuntarily terminating the parents' rights
- The parent has committed sexual abuse as defined in [section 260E.20](#) , against the child or another child of the parent
- The parent has committed an offense that requires registration as a predatory offender under section [243.166, subd. 1b \(a\) or \(b\)](#), or
- Another child of the parent is the subject of an order involuntarily transferring permanent legal and physical custody of the child to a relative under this chapter or a similar law of another jurisdiction.

Sexual abuse

Sexual abuse [[Minnesota Statutes 260E.03, subd.20](#)] means the subjection of a child by a person responsible for their care, or by a person who has a significant relationship to them, as defined in section 609.341, or by a person in a position of authority, as defined in section 609.341, subd. 10, to any act which constitutes a violation of section 609.342 (criminal sexual conduct in the first degree), 609.343 (criminal sexual conduct in the second degree), 609.344 (criminal sexual conduct in the third degree), 609.345 (criminal sexual conduct in the fourth degree), 609.3451 (criminal sexual conduct in the fifth degree), [609.3458](#) (sexual extortion) or [609.352](#) (solicitation of children to engage in sexual conduct; communication of sexually explicit materials to children).

Sexual abuse also includes any act which involves commercial sex of a minor under sections 609.321 to 609.324 or any sexual performance under section 617.246. Sexual abuse includes all reports of known or suspected child sex trafficking involving a child who is identified as a victim of sex trafficking. Sexual abuse includes child sex trafficking as defined in section 609.321, subs. 7a and 7b.

Sexual abuse includes threatened sexual abuse, which includes the status of a parent or household member who committed a violation that requires registration as an offender under section [243.166, subd. 1b](#), paragraphs (a) or (b), or required registration under section [243.166, subd. 1b](#), paragraphs (a) or (b).

Based on this statutory definition, there are four types of sexual abuse allegations, which will be explained below:

1. Criminal sexual conduct
2. Sexual exploitation
3. Sex trafficking
4. Threatened sexual abuse.

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

Criminal sexual conduct

Criminal sexual conduct includes conduct in the:

- [First Degree, Minnesota Statutes 609.342](#)
- [Second Degree, Minnesota Statutes 609.343](#)
- [Third Degree, Minnesota Statutes 609.344](#)
- [Fourth Degree, Minnesota Statutes 609.345](#)
- [Fifth Degree, Minnesota Statutes 609.3451.](#)

The criminal sexual conduct statutes primarily focus on acts of sexual penetration [[Minnesota Statutes 609.341, subd. 12](#)] and sexual contact [[Minnesota Statutes 609.341, subd. 11](#)]. Sexual penetration means:

- Sexual intercourse, cunnilingus, fellatio or anal intercourse
- Any behavior involving a child that causes the intrusion, however slight, of any body part or object into the genital or anal openings of a child, offender or another person when the action is performed with sexual or aggressive intent. [[Minnesota Statutes 609.341, subd. 12.](#)]

Broadly defined, sexual contact includes:

- Touching of a child's intimate parts
- Having a child touch their own intimate parts
- Having a child touch the intimate parts of another person
- Touching clothing, or the clothing covering the immediate area of intimate parts
- Performing the act with sexual or aggressive intent. [[Minnesota Statutes 609.341, subd. 11.](#)]

Other circumstances that may be addressed as sexual abuse include, but are not limited to:

- Children who have unexplained injuries to their genitals suspicious for sexual abuse.

- A child intentionally exposed to sexual activity for the purposes of sexual arousal or sexual gratification, whether live, video, written or pictorial.
- Younger children who have sexually transmitted diseases.

The definition of intimate parts includes the primary genital area, groin, inner thigh, buttocks or breast of a human being. [[Minnesota Statutes 609.341, subd. 5.](#)]

Criminal sexual conduct statutes further specify masturbation or lewd exhibition of genitals knowingly in the presence of a minor. [[Minnesota Statutes 609.3451, subd. 1 \(2\).](#)] For the purpose of this guideline, this refers to a minor of any age.

Sexual abuse includes the intentional removal or attempted removal of clothing covering a minor's intimate parts [[Minnesota Statutes 609.3451, subd. 1 \(2\)](#)] or undergarments, if the action is performed with sexual or aggressive intent.

Sexual exploitation

The statutory definition of child sexual abuse [[Minnesota Statutes 260E.03, subd. 20](#)] includes sexual exploitation, which can include four specific types of conduct:

- **Commercial sexual exploitation:** Acts involving a minor that would constitute a violation of prostitution offenses under Minnesota Statutes [609.321](#) to [609.324](#) if youth were an adult. Any sexual penetration or sexual contact in exchange for something of value is considered sexual exploitation.
- **Use of a minor in a sexual performance.** The definition of sexual performance includes pornographic images or videos involving a minor. [[Minnesota Statutes 617.246.](#)]
- **Sexual extortion** [[Minnesota Statutes 609.3458](#)]. This occurs when a minor is threatened or coerced to engage in sexual contact or penetration. Threats can be job-related or include threats of arrest or immigration consequences, harm to reputation or disclosure of private information, in addition to threats of physical harm. The report does not need to include information about an exchange of something of value for it to be considered sexual extortion.
- **Solicitation of children** to engage in sexual conduct; communication of sexually explicit materials to children [[Minnesota Statutes 609.352](#)]. This type of exploitation happens when an adult requests a child age 15 or younger to engage in sexual contact, or provides images electronically to describe the sexual contact they are requesting the child participate in.

Consider children involved in these acts as sexually exploited youth. The definition of sexually exploited youth is broader than sex trafficking and can include commercial sex acts (sex in exchange for money, drugs, shelter, etc.), and non-commercial sex acts (sexual conduct with no exchange) involving a minor. Sexually exploited youth is also defined for purposes of out-of-home-placement and services in [Minnesota Statutes 260C.007, subd. 31](#) and is broader than the sexual abuse definition.

Screeners and supervisors may use the [child protection screening of sexual exploitation and sex trafficking flowchart](#) (in Appendix F) to decide whether a report meets criteria for sex trafficking and/or sexual exploitation.

The flowchart guides screening teams on if the report meets criteria for an investigation, noncaregiver trafficking assessment or a child welfare response. The flowchart also includes a glossary of common terms.

Reports of sex trafficking or sexual exploitation of children by caregivers (parents, siblings or household members in a caregiving role or with a significant relationship to a child) require a Family Investigation. Effective July 1, 2024, all reports of sex trafficking with a noncaregiver or unknown alleged third-party traffickers must be screened in and assigned as a Noncaregiver Trafficking Assessment (NCA). In situations where there is a concern of sexual exploitation or trafficking, the local welfare agency may refer to the [Best Practice Response to Trafficking and Exploitation of Children and Youth: A guide for county and Tribal child welfare agencies](#).

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

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

Sex trafficking

Sexual abuse under [Minnesota Statutes 260E.03 subd. 20](#) includes all reports of sex trafficking involving a child. Sex trafficking is defined in section [609.321](#), subd. 7a: “Receiving, recruiting, harboring, providing, or obtaining by any means an individual to aid in the prostitution of the individual; or receiving profit or anything of value, knowing or having reason to know it is derived from an act described in clause (1).” Patrons and purchasers may not be charged with sex trafficking [[section 609.322](#)]. Sex trafficking requires a third party (not the purchaser or the victim) facilitate or profit from the sexual acts.

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

Screeners and supervisors may use the [child protection screening of sexual exploitation and sex trafficking flowchart](#) to decide whether a report meets criteria for sex trafficking. The flowchart also includes a glossary of common trafficking terms.

Reports of sex trafficking or exploitation of children by caregivers (parents, siblings or household members in a caregiving role or with a significant relationship to a child) require a Family Investigation. Effective July 1, 2024, all reports of sex trafficking by a noncaregiver or unknown alleged offenders must be screened in for a Noncaregiver Trafficking Assessment. The term “noncaregiver sex trafficker” is defined as “an individual who is alleged to have engaged in the act of sex trafficking a child and who is not a person responsible for the child’s care, who does not have a significant relationship with the child as defined in section [609.341](#), and who is not a

person in a current or recent position of authority as defined in section [609.341, subd. 10](#)” [[Minnesota Statutes 260E.03, subd. 15](#)].

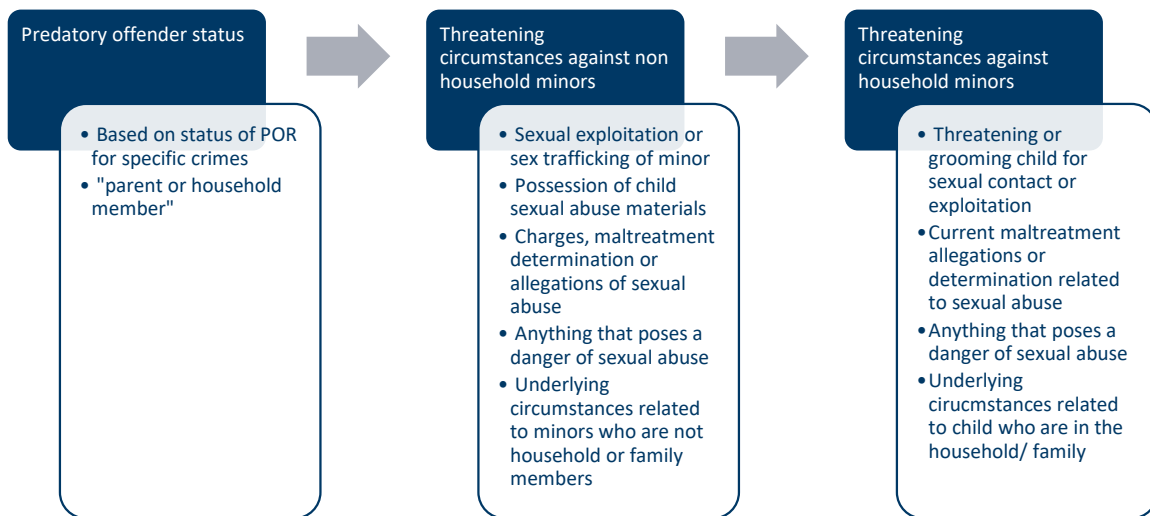
Local welfare agencies should screen reports of sex trafficking or exploitation in accordance with screening guidelines and respond appropriately. Upon reviewing the report, the screening team, a supervisor or designee (person with knowledge and expertise of Minnesota Child Maltreatment Intake, Screening and Response Path Guidelines) should consider whether a reasonable person would conclude a child or youth involved is known or suspected to be a victim of sex trafficking under [Minnesota Statutes 609.321, subd. 7a](#). Use of a sex trafficking multi-disciplinary team (including youth services or Safe Harbor provider) to screen reports of trafficking is highly encouraged. All screening and responses to known or suspected sex trafficking should be trauma-informed, victim-centered, youth-directed (to the extent practicable), strength-based and culturally responsive. This may include referral or consultation with specialized Safe Harbor services. All reporters should be provided with Safe Harbor Regional Navigator’s contact information at the time of a report. See the [Safe Harbor Services referral map](#) for regional navigator contact information. All reports of sex trafficking or sexual exploitation must be cross reported to law enforcement.

All reports of sex trafficking by a noncaregiver or unknown alleged offender fall within the definition of imminent danger. The local welfare agency in the jurisdiction where the child is found is the responsible agency for intake, screening and assessment or investigation, without regard to the agency of financial responsibility. The responsible agency where children were found may contact the county or Tribal agency where children are residents and create a written agreement on a case-by-case basis for the county of residency or Tribal agency to screen and investigate or assess a report. The responsible county or Tribal agency where the child/ren were found must ensure safety prior to entering into an agreement with a county of residence or Tribal agency. Collaboration with local Safe Harbor Regional Navigator and other multi-disciplinary partners is highly recommended at the point of screening. For information on the child welfare response to suspected cases of child sex trafficking and sexual exploitation, see [Best Practice Response to Trafficking and Exploitation of Children and Youth: A guide for county and Tribal child welfare agencies](#).

Threatened sexual abuse

Threatened sexual abuse includes criteria based on:

- (1) Predatory offender status of a person who resides with or has a significant relationship with minors, or
- (2) Statements, circumstances or information that pose a threat of sexual abuse that the alleged offender who resides with the child/ren or has a significant relationship with, will perpetrate or attempt to perpetrate, sexual abuse with a minor. See graphic below regarding types of threatened sexual abuse allegations.



Predatory offenders

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

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

Every time there is a new child born to a predatory offender, or living in the same household as a predatory offender, a new report is required, requiring a new Family Investigation.

The Minnesota Department of Corrections is required to notify local welfare agencies before authorizing a person required to register as a predatory offender to live in a household where children are residing. Local welfare agencies must assess the situation to assure safety of child/ren residing in the home. [[Minnesota Statutes 244.057](#), Department of Corrections’ Obligation to Notify; [Minnesota Statutes 244.052, subd. 1\(5\)](#): Definition of Predatory Offender; and [Minnesota Statutes 243.166, subd. 1b](#), Registration Requirements.]

See the [Predatory Offender Registry website](#).

The Level Three Sex Offender Registry website is at [National Sex Offender Public Website](#).

The above links will not provide a comprehensive listing of offenders. The Minnesota Bureau of Criminal Apprehension provides the most comprehensive listing but is only accessible by law enforcement. Consultation with the county attorney or AICWI Tribal representative is recommended.

To review the definition of who is required to register as a predatory offender, see [Minnesota Statutes 243.166](#).

Other threatened sexual abuse

Other threatened sexual abuse interpreted for these guidelines include, but is not limited to:

- a. Anything said or done that poses a safety threat that an alleged offender will perpetrate, or attempt to perpetrate, sexual abuse with a child. This may include a disclosure or statement from the child/ren or collaterals prior to a maltreatment determination or conviction. This may also include information learned during an investigation that raises concerns for threatened sexual abuse.
- b. An adult sexually exploiting or trafficking a minor unrelated to them and not a household member has children in their household and/or care. This includes adults charged as part of a law enforcement investigation related to sexual exploitation or sex trafficking of a minor. This may include the use of a minor in sexual performance, sexual extortion, producing child sexual abuse material, solicitation of children under age 16 to engage in sexual conduct, or sex trafficking of a minor.
- c. Parent or other person residing in a household found to be in possession of child sexual abuse material. Possession or creation of child sexual abuse material can be considered an action or behavior that represents a substantial risk of sexual abuse, and an action that could be recognized as a precursor to sexual abuse of a child.
- d. Threatening to have sexual contact with a child. This includes statements, behaviors or actions that do not have to be overly aggressive, threatening or coercive, but recognized by a child or others as a precursor to sexual abuse. This may also include grooming behavior recognized as preparation for initiating sexual contact with or sexual exploitation of a child, such as showering or bathing with sexualized intent, prolonged lip kissing and/or staring at a child while they are undressing or dressing.
- e. A person who has sexually abused a child, based on prior maltreatment determination or criminal charges, and is residing with a child.
- f. Allowing a person who has sexually abused a child to reside in the home with child/ren or have unsupervised contact with a child.

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

Cooccurrence of threatened sexual abuse and noncaregiver trafficking assessments

When conducting a noncaregiver trafficking assessment with a known offender, and a concern for threatened sexual abuse arises relating to children other than the victim, the following factors should be considered when screening and opening an investigation for threatened sexual abuse.

- When information is learned about a noncaregiver who is a parent, guardian or individual within a family unit as a person responsible for care of child/ren or having a significant relationship to other

children as defined on page 31, and resides in the child/ren's household, collaboration and consultation with law enforcement, county attorney and/or Tribal representative is strongly encouraged. The primary investigative entity for these cases is law enforcement. It is important to maintain the integrity of the criminal investigation, while not compromising safety for both the victim(s) of the trafficking and the children with a significant relationship with the noncaregiver. The use of a multidisciplinary team is strongly encouraged in these situations, as they can be very complex. Consultation with the department's Rapid Consultation system may be beneficial and is encouraged in these situations.

- The threatened sexual abuse investigation should focus on the safety threat and risk of the offender's trafficking of another child/ren and the impact that it may have on the safety of the child/ren that they have a significant relationship with. The threatened sexual abuse investigation should not be investigating the sex trafficking allegations but should be focusing on the threatened risk and safety threats to their own child/ren. Local welfare agencies should not include any identifying information about the victim(s) of the sex trafficking in the threatened sexual abuse investigation.
- Local welfare agencies may utilize collateral contacts as allowed per Minnesota Statutes 260E.16 to follow-up with reporters or other individuals.

For further guidance on noncaregiver trafficking assessments, see [Minnesota's Best Practice Response to Human Trafficking and Sexual Exploitation of Children and Youth](#).

Sexual development and behavior between children

Children may participate in sexual behaviors with other children as part of normal and healthy sexual development. Children may display sexual behaviors on a continuum ranging from sexual behaviors that are part of normal and healthy sexual development to behaviors that are problematic.

Sexual behaviors which are part of normal and healthy sexual development may include:

- Exploratory and spontaneous
- Occur intermittently and by mutual agreement
- Occur with children of similar age, size or development level
- Are more likely to occur between children who know each other regardless of gender
- Are not associated with high levels of fear, anger or anxiety
- Are not done to seek attachment/approval from others, especially caregivers
- Decrease when told by caregivers to stop or redirected
- Should not be harmful or intrusive; and/or
- Do not involve penetration.

Sexual behavior is considered problematic when it:

- Occurs between children who may or may not know each other well
- Occurs with high frequency and interferes with normal childhood activities

- Is between children of different ages, sizes, development levels or other power imbalances
- Is aggressive, forced, manipulated or coerced
- May or may not involve penetration, which may include the use of objects and/or other body parts
- Causes harm to the child or others due to inappropriate touching and/or contact. (Example: a child causes physical injury, such as bruising, redness or abrasion on themselves or another child, or causes another child to be highly upset or fearful.)

For more information on best practices, systems, policy and practice, see [Children with Sexual Behavior Problems](#): Research of best practices, current systems and policy and practice to improve Minnesota’s ability to provide early identification and intervention services: June 2017, MNCASA.; ATSA Children with Sexual Behavior Problems 2nd Edition, 2023; and the [Traffic light system to assess sexual behaviour](#).

When behaviors fall outside of normal and healthy sexual behavior and are considered problematic sexual behavior, a child protection response is appropriate when allegations meet the threshold of sexual abuse, regardless of the child/ren’s ages. This includes when all children involved are under age 10 and no allegations involve caregivers. Do not identify alleged perpetrators under age 10 in the Allegations nodes in SSIS. Instead, enter alleged offender description as Child under 10. [[Minnesota Statutes 260E.24, subd. 3\(b\)](#)]. Additionally, child maltreatment reports are warranted in situations when parents or caregivers were previously informed of ongoing sexual behaviors and have failed to intervene or protect the children.

Neglect

Neglect [[Minnesota Statutes 260E.03, subd. 15](#)] means the commission or omission of any of the acts specified under clauses (1) to (8), other than by accidental means.

At times, conditions such as poverty create circumstances in which a child may be neglected due to parents’ lack of financial resources. Under these circumstances, local welfare agencies work to assist parent/s in correcting the conditions of neglect, meeting the protective needs of their children; do not determine parents’ behavior as neglectful.

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

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

Failure to provide necessary food

Lack of necessary food [[Minnesota Statutes 260E.03, subd. 15\(a\)\(1\)](#)] can result in conditions such as, but not limited to:

- Malnutrition, developmental lags, demonstrated pattern over time of weakness related to lack of food, low weight and height which is significantly out of the norm not due to organic causes, or inability to concentrate in school

- A growth delay often referred to as failure to thrive diagnosed by a physician and is due to parental neglect.

Failure to provide necessary clothing

This means failure to provide clothing that is necessary [[Minnesota Statutes 260E.03, subd. 15\(a\)\(1\)](#)] for the weather or other environmental conditions, and failure to provide this clothing would seriously endanger child's health. Examples include a child:

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

Failure to provide necessary shelter

This means dangerous living conditions that fail to provide protection from weather conditions, or environmental hazards in a dwelling or on a property with the potential for injury, illness, and/or disease, under the control of parent/s or guardian/s. [[Minnesota Statutes 260E.03, subd. 15\(a\)\(1\)](#)]. An example includes but is not limited to youth kicked out of their home by parents and not allowed to return.

Environmental hazards

Environmental hazards are conditions, when presented either in combination or by severity or degree, that pose a significant health or safety hazard to child/ren in the home, or on the property where they reside. Examples of environmental hazards include, but are not limited to:

- Failure to provide heat and sanitation that poses safety threats
- Broken windows or glass, open windows or unsafe windows that reasonably pose a hazard to child safety
- Gas leaks
- Dangerous drugs, controlled substances or household poisons accessible to children
- Exposed electrical wiring, unprotected space heaters, discarded refrigerators with doors, open wells without covers or blocked exits due to extreme clutter
- Spoiled food that would pose a health hazard if consumed
- Animal waste, feces, infestations of rodents and insects.

Sleep-related deaths or near fatalities

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

- Suspected involvement of alcohol or drug abuse or misuse

- Licensed foster home or daycare provider
- Supervision concerns.

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

When instances meet criteria, cases are screened in for a Family Investigation due to substantial child endangerment. Local welfare agency staff should consult with medical provider/s when screening sleep related death reports. Appropriate medical provider consults could include any medical provider that local welfare agency staff feels is able to provide relevant information needed to screen reports, including but not limited to a member of an agency’s multi-disciplinary team, victim’s attending physician, physician specializing in child abuse and neglect and coroner.

Methamphetamine-related environmental hazards

Parent/s or caretaker/s who knowingly engage in any of the following activities in the presence of children in a residence where they reside or in a building, structure, conveyance or outdoor location where children might reasonably be expected to be present, is a hazardous environmental situation. This also includes rooms offered to the public for overnight accommodations, or in a multiple unit residential building. [[Minnesota Statutes 152.137, subd. 2.](#)] This may include, but is not limited to:

- Manufacturing or attempting to manufacture methamphetamine
- Storing methamphetamine waste products
- Possessing precursors of a controlled substance on any property where children reside or visit, or in another location where they have access. (For the criterion, the definition of controlled substance and amounts that qualify as a precursor are in [Minnesota Statutes 152.02, subd. 6.](#))
- Storing any methamphetamine paraphernalia
- Knowingly causing or permitting children to inhale, be exposed to, have contact with, or ingest methamphetamine, a chemical substance, or methamphetamine paraphernalia.

Access to alcohol, controlled substances and prescription drugs

In August 2023, recreational cannabis became legal in Minnesota. Cannabis remains a controlled substance (schedule III). The definition of schedule III includes “drugs, substances, or chemicals which are defined as drugs with a moderate to low potential for physical and psychological dependence.”

When local welfare agencies receive reports involving access to cannabis, where there is no reported or apparent impact to the child/ren, local welfare agencies may offer preventative measures to the family, including but not limited to education on safety, storage and the impact that cannabis use may have on children/youth. This may be done through a child welfare assessment, parent support outreach program (PSOP) or a current open case management case. If the report has information about ongoing access to the child/youth that is continual, recurring; or there is reported impact to the child/ren affecting their educational, social, emotional, or developmental needs; involves a licensed facility; and/or the report meets criteria for other

maltreatment as defined in the guidelines, a child protection response shall be initiated. Local welfare agencies should consider the overall totality of factors that may be included in the report.

Local welfare agencies should consider the following factors relating to cannabis:

- Child vulnerability (developmental or cognitive needs, physical health concerns, presence of coexisting medical conditions such as medically fragile, asthma or other respiratory conditions)
- Age/s of child/ren
- Type of cannabis ingested/consumed (e.g., gummies and other edibles, shatter and dabs tend to be more potent than smokable cannabis).

Parent or caregiver knowingly and willingly allows a child access to alcohol, or unsafe storage of cannabis, non-prescribed mood-altering substances or a controlled substance, when the parent or guardian knows or reasonably should know, that the child/ren is likely to gain access, and it:

- Results in sickness or injury to the child/ren
- Results in child/ren being treated by a health care professional or admitted to the hospital requiring active monitoring beyond general observation, or
- Is used to control or punish the child. This also includes giving children other substances that substantially affects their behavior, coordination, judgement; or results in sickness, internal injury; or subjects them to medical procedures that would otherwise be unnecessary.

This does not include medical cannabis as prescribed to a parent or caregiver. There shall be no presumption of neglect or child endangerment for conduct allowed under sections [152.22](#) to [152.37](#), unless a person's behavior is such that it creates an unreasonable danger to the safety of a minor.

When reports involving a parent or caregiver possessing a controlled substance constituting criminal possession in violation of sections [152.021](#), [152.022](#), [152.023](#), [152.024](#) or [152.0262](#) do not require information or statements of impact on a child to be screened in. Possession of cannabis in amounts that constitute violation of the sections above would still be a required screen in regardless of impact.

“Knowingly causing or permitting the child to be present where any person is selling, manufacturing, possessing immediate precursors or chemical substances with intent to manufacture, or possessing a controlled substance” [[Minnesota Statutes 609.378](#)]. These reports are considered substantial child endangerment and require an investigative response [[Minnesota Statutes 260E.20 subd.22\(11\)](#)].

Local welfare agencies should use collateral contacts per [Minnesota Statutes 260E.16](#) to follow-up with reporter to gather additional information about negative impact to the child/ren. Local welfare agencies should seek medical guidance through their multi-disciplinary teams concerning reports of parents or caregivers providing non-prescribed medications/substances not prescribed to children.

Failure to provide health, medical or other care

Health or other care means parents' failure to provide necessary care required for children's physical or mental health when reasonably able to do so. [[Minnesota Statutes 260E.03, subd. 15\(a\)\(1\)](#)].

This includes, but is not limited to, persistent conditions of personal hygiene so extreme that child is unable to participate in a community or school setting.

Failure to provide necessary medical care means refusal, or failure to seek, obtain or follow through with necessary medical care if there is a serious risk to children, as documented in reports alleging medical neglect. Reports must include the following three elements:

- Medical problem or condition that needs attention, and identification of recommended intervention/s
- Serious risk to child's physical or mental health if they do not receive necessary medical treatment
- Parents' failure to provide needed intervention/s.

Reports may come from medical providers and others, which may include a:

- School nurse reporting that a child was discharged from the hospital recently and is concerned the parent is not following discharge care orders because child was showing physical or behavioral deterioration at school
- Home visiting nurse reports a child has a painful rash that is ongoing and not being treated by parents, as observed during provision of in-home services
- Registered nurse reporting that when providing in-home medical care for a severely disabled child, they observed medical care unmet by parents between home visits, and their health was declining
- Neighbor reports observing a child under age 1 with an extreme case of sunburn as evidenced by redness and blistering
- School nurse reports a child to have ongoing untreated head lice causing painful itching and bleeding lesions
- Physician reporting that a parent is unwilling to learn necessary medical care and/or obtain essential medical equipment for child who is medically ready for discharge from a hospital.

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

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

Situations where parents or guardian/s are seeking services needed to keep a child safe or meet the child's needs but are unable to access necessary services should not be screened in as neglect. When screening these reports, local welfare agencies should consider whether the issue is due to lack of service options for families or lack of capacity within appropriate treatment options. Examples of situations that may be a result of systemic capacity issues may include, but are not limited to a child:

- Reported to be in an emergency department or hospital setting due to mental and/or behavioral health needs and cannot be safely discharged to their family; however, there is a lack of treatment or support options available. Family is seeking services, or recently has sought services, or the child has been placed

on a waiting list, and maintains ongoing contact with their child and the local welfare agency, if already involved.

- Currently located in a facility requesting parent/guardian pick up or transport to another facility and the parent/guardian is unable to meet the child's needs if they return home or the child's behaviors/needs are a risk to others in the home, and a facility or resource for placement is not available.

While these reports are not appropriate to screen in for a child protection response, a voluntary children's mental health or child welfare referral may be helpful to support families in accessing services.

Medical neglect of an infant

Medical neglect of an infant [[Minnesota Statutes 260E.03, subd. 15\(a\)\(6\)](#)] includes, but not limited to, withholding of medically indicated treatment from a disabled infant with a life-threatening condition. *Withholding of medically indicated treatment* means "failure to respond to the infant's life-threatening conditions by providing treatment, including appropriate nutrition, hydration, and medication which, in the treating physician's or a physicians' reasonable medical judgment will be most likely to be effective in ameliorating or correcting all conditions, except that the term does not include the failure to provide treatment, other than appropriate nutrition, hydration, or medication to an infant when, in the treating physician's or a physicians' reasonable medical judgment..."

Failure to protect a child from conditions or actions that present serious endangerment

"Failure to protect means the failure to protect a child from conditions or actions that seriously endanger a child's physical or mental health when reasonably able to do so, including a growth delay, which may be referred to as failure to thrive that has been diagnosed by a physician and is due to parental neglect."

[[Minnesota Statutes 260E.03, subd. 15\(a\)\(2\)](#).] These are allegations of substantial child endangerment and must receive an investigative response.

Examples of parental failure to protect include, but are not limited to:

- A child is present and/or participates with their parent/s, guardian/s or caretaker/s in committing a criminal act that seriously endangers their physical or mental health. Serious endangerment in these situations includes, but not limited to, use of guns, knives, or other weapons, sexual exploitation, sex trafficking, or threats of violence or actions resulting in harm to a victim
- Parents, guardians, or persons responsible for child's care, do not protect them from someone who poses a serious threat to their safety, and parents or caretakers do not act to protect them
- Reports of ongoing abuse between siblings resulting in physical injury and parents or caretakers do not act to protect them
- Parents, guardians, or other persons responsible for children's care are arrested for driving under the influence of alcohol or drugs with children in the vehicle, or credible information that alleges this occurred.
 - Local welfare agencies should consider:
 - Signs of impairment by the parent/caregiver and the impact to the child resulting in an unsafe situation for the child

- The observable behaviors witnessed by the reporter (e.g. driving erratically, slurred speech, inability to track a conversation, bloodshot eyes, delayed reaction times, lack of concentration, poor hand/eye coordination)
 - The impact on the parent’s ability to protect the health, safety and well-being for the children.
- Drug raids where children are present and illegal drugs found, where there is impact to the child/ren must be screened in.
- Reports involving allegations where a parent, guardian or adult household member is in possession of a controlled substance that would constitute possession in the first, second, third or fourth degree [Minnesota Statutes [152.021](#), [152.022](#), [152.023](#), [152.024](#) or [152.0262](#)] do not require information or statements of impact on a child to be screened in. These reports must be screened in for family investigation. Possession of cannabis in amounts that constitute violation of the sections above would still be a required screen in regardless of impact.
 - “Knowingly causing or permitting the child to be present where any person is selling, manufacturing, possessing immediate precursors or controlled substances with intent to manufacture, possessing a controlled substance” [Minnesota Statutes [609.378](#)]. These reports are considered substantial child endangerment and require investigative responses [Minnesota Statutes [260E.20, subd. 22\(11\)](#)].
- Access to a loaded firearm likely to substantially harm children’s physical health or cause their death including:
 - Access to firearms. Persons are guilty of a gross misdemeanor when negligently storing or leaving loaded firearms in locations where they know, or reasonably should know, that children are likely to gain access unless taking reasonable action to secure firearms from access by children. [Minnesota Statutes [609.666, subd. 2.](#)]
 - Reports of firearms in a home may be received by local welfare agencies, but reporter does not know if they are loaded or unloaded. In these situations, local welfare agency staff is advised to consider totality of circumstances, including but not limited to the following factors:
 - Unsupervised access to firearms by children
 - Age of children
 - Child vulnerability factors section on page 35
 - Any history of depression, delinquency, anti-social behavior, or other possible indicators that a child may be contemplating suicide
 - Words or actions by children that indicate contemplation of causing harm to themselves or others.

Failure to provide necessary supervision or childcare arrangements

Failure to provide for necessary supervision or child care arrangements occurs when children are unable to provide for their own basic needs or safety, or basic needs or safety of another child in their care. [Minnesota Statutes [260E.03, subd. 15\(a\)\(3\).](#)]

Modifying factors affecting screening decisions include:

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

Examples of parents not providing adequately for children’s supervision and safety includes, but is not limited to:

- Failing to provide supervision of children in bathtubs, near swimming pools, lakes, ponds, holding tanks, machinery, busy streets and alleys
- Selecting an unreliable and unsafe person to provide child care
- Using drugs or alcohol to the extent that it impairs parents’ ability to provide supervision for children
- Youth living on their own and found without adult supervision and unable to return home.

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

- 7 and under left alone for any period of time
- 8-10 left alone for more than three hours
- 11-13 left alone for more than 12 hours
- 14-15 left alone for more than 24 hours
- 16-17 may be left alone for more than 24 hours with a plan in place on how to respond to an emergency.

Reports alleging inadequate child care arrangements may be screened in for a child protection response according to the following guidelines. Children:

- Under age 11 should not provide child care
- Ages 11-15 placed in a child care role are subject to the same time restrictions of being left alone as listed above
- Ages 16-17 may be left alone for more than 24 hours with adequate adult back-up supervision.

If children are left alone at the time a report is received by the local welfare agency, and the circumstances fall outside of timelines listed above, the local welfare agency may refer the matter to appropriate law enforcement agency for an immediate child welfare and safety check.

Children who wander away or are found without adult supervision should be considered for assessment or investigation in consideration of the full circumstances known at the time of a report. These may include, but are not limited to:

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

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

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

Failure to ensure education

Chronic school absences may be an indicator of other concerns in a family, such as unaddressed mental health or substance use issues of a child or parent, or undisclosed forms of other child maltreatment. Failure to ensure education [[Minnesota Statutes 260E.03, subd. 15\(a\)\(4\)](#)] means persons responsible for children’s care have not ensured they are enrolled in school, and attending school according to expectations of school districts; children are not in compliance with statutory requirements defined in [Minnesota Statutes 120A.22](#) and [260C.163, subd. 11](#). Children’s absence from school is presumed to be due to parents’, guardians’, or custodians’ failure to comply with compulsory instruction laws [[Minnesota Statutes 260C.163, subd. 11 \(a\)-\(b\)](#)] if:

- Children are under age 12, and
- School made appropriate efforts to resolve a child’s attendance problems, such as sending letters, phone and in-person contact with child’s parents or guardian.

Failure to ensure education does not include parents’ refusal to provide their children with sympathomimetic medications, such as those frequently used to treat Attention Deficit Disorder (ADD) or Attention Deficit Disorder with Hyperactivity (ADHD). [[Minnesota Statutes 260E.03, subd. 15\(a\)\(4\)](#).]

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

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

The ages children are required to attend school are in [Minnesota Statutes 120A.22, subd. 5](#), and [260C.007](#), subd. 19. This includes:

- Children under age 7 enrolled in half-day or full-day kindergarten are subject to mandatory attendance requirements and must receive instruction.
- Parents may withdraw children from school for good cause by notifying the district as provided in [Minnesota Statutes 120A.22, subd. 6 \(c\)](#). Good cause includes, but is not limited to, enrollment of a pupil in another school or the immaturity of child.
- Every child between ages 7 and 17 must receive instruction. If children are not enrolled in school and are required to be, that qualifies as a screened-in report.
- Students age 17 are required to attend school unless legally withdrawn. Steps to withdraw students legally at age 17 are in [Minnesota Statutes 120A.22, subd. 8](#). Student and parent or guardian must:
 - Attend a meeting with school personnel to discuss educational opportunities available to students, including alternative education opportunities
 - Sign a written notice of intention to withdraw a child from school.

See statutory standards for school attendance in [Minnesota Statutes 260C.007, subd. 19](#), stated in terms of limits allowed for unexcused absences, which are:

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

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

When a local welfare agency has an existing child protection workgroup open and receives additional reports that a child has unexcused absences beyond the thresholds above, reports are screened in and referred to open child protection assessment or case management workgroup. If no current open child protection assessment, investigation or case management workgroup for educational neglect, a new report initiates a new assessment or investigation, assuming it meets criteria.

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

Home schooling is a legal option and not considered educational neglect, providing a family has followed through with meeting requirements of their school district.

Prenatal exposure to controlled substances or their derivatives

This means prenatal exposure to a controlled substance, as defined in section [253B.02, subd. 2](#), used by birthing person for nonmedical purposes. This includes use of the following: Opium, cocaine, heroin, phencyclidine, methamphetamine, amphetamine, tetrahydrocannabinol (cannabis) or their derivatives, or habitual and excessive use of alcohol.

Prenatal use is evidenced by withdrawal symptoms in infants at birth or by results of toxicology tests performed on a birthing person at delivery or child at birth, or by medical effects or developmental delays during infant's first year of life that indicate prenatal exposure to a controlled substance. [[Minnesota Statutes 260E.03, subd. 15\(a\)\(5\)](#); [260E.31](#) and [253B.02.](#)]

Document all reports of prenatal exposure as child protection reports; however, they are not screened in for child protection assessment or investigation until infants are born. Concerns regarding a pregnant person abusing substances are opened for services prior to birth to provide them with services and treatment as needed.

Once infants are born, if they experienced substance exposure for nonmedical purposes, concerns meet statutory requirements for neglect due to prenatal exposure of a controlled substance or alcohol. This exposure could include withdrawal symptoms at birth and/or positive toxicology test results. This is a new referral of alleged child maltreatment screened in as a new report in a Child Protection Intake workgroup, then assessed or investigated.

Chronic and severe use of alcohol or a controlled substance by a parent or person responsible for care of a child that adversely affects a child's basic needs and safety

Chronic use of alcohol or controlled substances by parents or persons responsible for care of children adversely affecting their basic needs and safety [[Minnesota Statutes 260E.03, subd. 15\(a\)\(7\)](#)] means meeting each of the following criteria:

- Chronic and severe use of alcohol or controlled substance by parents or persons responsible for children's care
- Demonstrates adverse effects to children's basic needs and safety.

This may include, but is not limited to, access to any methamphetamine paraphernalia or other drug paraphernalia with sufficient controlled substances on an item to cause harm to children if ingested, or access to drug needles that pose a risk to children of contracting Hepatitis B or HIV.

When considering adverse effects to children, the following factors are important:

- Ages of children, particularly birth to 5

- Presence of co-existing medical conditions, such as medically fragile children
- Types of drugs involved, such as methamphetamine, which involves extended sleep of parents/caregivers, leaving children vulnerable to potentially being unsupervised
- Impact on the parent/caregiver's ability to protect the health, safety, and well-being of the child and/or the ability to supervise the child
- Multi-drug use by parents and/or exposure to multiple drugs.

Physical abuse

Physical abuse [[Minnesota Statutes 260E.03, subd. 18](#)] means any non-accidental physical or mental injury, or threatened injury, inflicted by persons responsible for children's care. Physical abuse also includes injuries that cannot reasonably be explained by children's history of injuries.

Injury to the face, head, back or abdomen of children under age 6, and injury to the buttocks of those under age 3, is screened in as a Family Investigation response.

Abuse does not include reasonable and moderate physical discipline of children administered by parents or legal guardian, which does not result in an injury. Abuse does not include use of reasonable force by a teacher, principal or school employee. Actions not reasonable and moderate include, but are not limited to, the following:

- Throwing, kicking, burning, biting, or cutting children
- Striking children with a closed fist
- Shaking children under age 3
- Striking or other actions that results in non-accidental injury to children under 18 months
- Unreasonable interference with children's breathing
- Threatening children with a weapon, as defined in [Minnesota Statutes 609.02, subd. 6](#), which includes, but is not limited to, firearms, flammable liquids or any device designed as a weapon
- Striking children under age 1 on the face or head
- Striking children at least age 1 but under age 4, on the face or head resulting in an injury
- Purposely giving children poison, alcohol, or dangerous, harmful or controlled substances, or other substances not prescribed for them by a health care practitioner to control or punish them. This also includes giving children other substances that substantially affects their behavior, coordination, judgment, or results in sickness, internal injury; or subjects them to medical procedures that would otherwise be unnecessary. This may also include food or household cleaners where children experience pain, suffering or other harmful or dangerous effects.
 - Local welfare agencies should use collateral contacts per [Minnesota Statutes 260E.16](#) to follow up with reporter to gather additional information about negative impact to the child/ren.
 - Local welfare agencies should consult medical guidance through their multidisciplinary teams and/or county and Tribal attorneys.
 - When local welfare agencies receive reports involving access to cannabis, where there is no reported or apparent impact to the child/ren, local welfare agencies may offer preventative measures to the family, including but not limited to education on safety storage and the impact

that cannabis use may have on children/youth. This may be done through a child welfare assessment, parent support outreach program (PSOP) or a current open case management case. If the report has information about ongoing access to the child/youth that is continual, recurring; or there is reported impact to the child/ren affecting their educational, social, emotional, or developmental needs; and/or the report meets criteria for other maltreatment as defined in the guidelines, a child protection response shall be initiated. Local welfare agencies should consider the overall totality of factors that may be included in the report.

- Local welfare agencies should consider the following factors and child vulnerability factors listed on Page 35 and:
 - What is known about the intent of providing the substance to the child/ren? Was it being done to coerce and/or manipulate the child/ren's behavior?
 - What are the substantial behavior effects on the child/youth from being provided the substance?
 - Is the parent and/or caregiver accessing other ways to modify the behavior? If not, what are the barriers for the parents and/or caregiver to being able to access these other means?
- Aversive/deprivation procedures, such as unreasonable physical confinement or restraint that includes, but is not limited to, tying, caging or chaining. [[Minnesota Statutes 609.379](#), and section [125A.0942](#) or [245.825](#).]

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

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

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

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

Female genital mutilation

Reports that minor children were subjected to female genital mutilation (FGM), also called female genital cutting, while residing in Minnesota is screened in for physical abuse if parents perform, participate in or allow the procedure. Consider such reports as egregious harm under substantial child endangerment, requiring a 24-hour investigative response, unless a report meets criteria for delayed face-to-face contact under [Minnesota](#)

[Statutes 260E.20, subd. 2\(b\)](#), [\[Minn. Stats. 260C, subd. 14\]](#), and [609.378](#).] This does not include reports of FGM when the procedure occurred outside of the U.S. prior to family residing in Minnesota.

Threat of female genital mutilation

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

Cross-reporting

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

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

Female genital mutilation is a violation of Title 18, U.S. Code, section 116; and [Minnesota Statutes 609.2245](#).

Mental injury

Mental injury [[Minnesota Statutes 260E.03, subd. 13](#)] and emotional harm refer to a substantial and observable injury to children’s psychological capacity or emotional stability that is either inflicted or caused by neglectful behavior on the part of persons responsible for children’s care. Mental injury or emotional harm may be demonstrated by a substantial and observable effect in children’s behavior, emotional response or cognition not within the normal range for children’s age and stage of development, with due regard to their culture.

Examples of substantial and observable effects in children’s behavior, emotional response or cognition include, but are not limited to:

- Children showing extreme regressive behavior or psychosomatic symptoms related to high conflict custody situations, and parent-child attachment concerns
- Signs children are exhibiting symptoms similar to post-traumatic stress disorder, such as hyper-arousal (hypervigilance), disassociation, re-experiencing, avoidance, no affect, self-harm, extreme aggression or psychosomatic symptoms (such as problems with eating, sleeping or toileting) indicating prolonged psychological distress
- Children use abnormal or graphic sexual behavior in an effort to build relationships due to past sexual abuse, such as attempts to fondle genitals of peers or caregivers
- Children demonstrate low self-worth or self-esteem, isolate themselves out of fear of rejection from peers or have a negative cognition about themselves (such as making statements like “I’m no good; I have something wrong with me”)
- Children state significant fear of their caregiver, or share verbal, emotional or psychological violence they experienced.

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

- Rejecting: Adults refuse to acknowledge children’s worth and legitimacy of their needs, and/or withhold love, affection, or attention
- Isolating: Extreme controlling or limiting behavior. Adults cut children off from normal social experiences, preventing them from forming friendships, making them believe they are alone in the world
- Terrorizing: Adults verbally assault children, creating a climate of fear. Adults bully, harass, interrogate, degrade, frighten or force children to do degrading things
- Corrupting: Adults mis-socialize children; stimulate them to engage in destructive, dangerous or illegal/anti-social behaviors; or in any way cause them to be unfit for normal social experiences.

Other behaviors include:

- Parental behavior interfering with parent-child attachment, resulting in substantial impairment to children’s development
- Caregiver attempts repeated suicide and/or involves child in suicidal threats; child finds caregiver attempted, or is attempting, suicide; child is involved in notifying emergency services.
- Intensity, duration and frequency of parental behavior has potential impact to children.

Threatened injury

Threatened injury [[Minnesota Statutes 260E.03, subd. 23](#)] means a statement, overt act, condition or status that represents a substantial risk of physical or sexual abuse or mental injury. Threatened injury includes, but is not limited to, exposing children to persons responsible for their care, who have:

- Subjected a child to, or failed to protect them from, an overt act or condition that constitutes egregious harm, as defined in [Minnesota Statutes 260C.007, subd. 14](#), or similar law of another jurisdiction.
- Found to be palpably unfit under [Minnesota Statutes 260C.301, subd. 1 \(b\) \(4\)](#), or similar law of another jurisdiction. Palpably unfit refers to a court finding resulting in termination of parental rights based on parental factors so extreme and enduring that parents are deemed unable to care for their children for the foreseeable future. Termination of parental rights permanently severs parents’ legal rights and responsibilities to their children.
- Committed an act resulting in an involuntary termination of parental rights under [Minnesota Statutes 260C.301](#).
- Been the subject of an involuntary transfer of permanent legal and physical custody of children to relatives, or similar law of another jurisdiction under [Minnesota Statutes 260C.515, subd. 4](#). This reference generally applies in situations when a legal custodian transfers care of children to persons who were the subject of an involuntary transfer of permanent and legal custody, unless such exposure between children and that person is expressly permitted by court order.

Threatened injury includes, but is not limited to:

- Adult holding a weapon to a child.
- Threatening serious harm, such as throwing objects at children that could cause serious harm, threatening them with known weapons, hurting or threatening to hurt other family members or animals, reckless discharge of a firearm.
- Placing children at substantial risk, such as knowingly allowing them to be passengers with an impaired driver or exposing them to persons or circumstances that would reasonably place children in a situation where they could be seriously harmed.

Local welfare agencies should consider:

- Signs of impairment by the parent/caregiver and the impact to the child resulting in an unsafe situation for the child
- The observable behaviors witnessed by the reporter (e.g. driving erratically, slurred speech, inability to track a conversation, bloodshot eyes, delayed reaction times, lack of concentration, poor hand/eye coordination)
- The impact on the parent’s ability to protect the health, safety, and well-being for the children.
- Caregivers who have a previous voluntary termination of parental rights or voluntary transfer of physical and legal custody which originated from filing of an involuntary termination of parental rights, or transfer of physical and legal custody court action
- Making terroristic threats towards or involving children
- Parents who have another child while their other children are under a Child in Need of Protection or Services petition. This is dependent on circumstances of past allegations, current circumstances, and risk to a newborn.

Birth Match

Local welfare agency shall accept Birth Match reports from the department as a report of threatened injury. These reports are screened in for investigation unless a local welfare agency is currently involved with the parents regarding a newborn.

Domestic violence

In situations involving domestic violence against a parent/caregiver, and child maltreatment against children, a report of child maltreatment must meet the statutory threshold for physical abuse, mental injury, threatened injury, sexual abuse or neglect of a child to be screened in (see previous sections). When screening reports of domestic violence, consider the totality of circumstances, including vulnerability of children.

In most cases, children must be involved in or otherwise situated in a location that puts them at risk of injury during incidents of domestic violence. Children witnessing or being exposed to domestic violence against a parent or caregiver is not by itself sufficient to screen in as child maltreatment. Mere exposure to acts of domestic violence committed against children’s parent/caregiver does not constitute child maltreatment.

There must be an allegation of child maltreatment meeting criteria for assessment or investigation before responding under a child protection response.

For instances of domestic violence, allegations concerning a child protection response are made against perpetrators of violence rather than abused parents or caregivers. If domestic violence perpetrators commit an act of child maltreatment, or if children are involved in or directly at risk of injury during an assault against children's parent/caregiver, a report may be screened in with domestic violence perpetrator named as alleged offender. As with all child maltreatment reports, caseworkers must first ascertain whether offenders of violence are within the scope of the Maltreatment of Minors Act, depending on type of abuse alleged and relationship between child victims and offenders (see previous sections).

Local welfare agency staff are encouraged to offer voluntary Parent Support Outreach Program services to abused parents. Offer safety planning using the specialized VIGOR Safety Planning Tool included in the [Minnesota's Best Practice Guide for the Co-occurrence of Child Maltreatment and Domestic Violence](#). Also available online is the [VIGOR Safety Planning Tool](#) that can be printed and used to structure and guide development of safety plans with adult domestic violence victims.

Local welfare agency staff should refer victims of domestic violence to their local or regional domestic violence program and encourage, but never mandate, them to seek services. To find and/or contact domestic violence service providers in Minnesota, caseworkers or abused parents may call the Minnesota Day One Crisis Line at 1-866-223-1111, visit dayoneservices.org, email safety@dayoneservices.org, or text 612-399-9995. To locate domestic violence service providers by county using the internet, go to the Violence Free Minnesota website (formerly Minnesota Coalition for Battered Women) at vfmn.org. When working with American Indian/Alaskan Native victims of domestic violence, call the StrongHearts helpline at 1-844-7NATIVE (1-844-762-8483) or visit strongheartshelpline.org.

Local welfare agency staff are urged to review and refer to [Minnesota's Best Practice Guide for the Cooccurrence of Child Maltreatment and Domestic Violence](#) for cases involving co-occurring domestic violence. Local welfare agency staff are also encouraged to use the Child Safety Rapid Consultation system (1-888-234-1138 or DCYF.csp.rapidconsult@state.mn.us) and participate in the course [Domestic Violence Cooccurrence: Partnering and Engaging Parents \(CWTA X209\)](#) offered by the Child Welfare Training Academy.

Child protection response continuum

The child protection response continuum includes early intervention and child welfare services, and various child protection responses and services, including Family Investigation, Family Assessment or Noncaregiver Trafficking Assessment and Facility Investigation responses. For child protection responses, child safety is of paramount concern.

Early intervention and child welfare services

Screened-out reports

Some reports of child maltreatment may not qualify for a child protection response. These reports are screened out under the following circumstances:

- Does not meet maltreatment criteria
- Not enough identifying information
- Already fully assessed. This includes those investigations or assessments that were completed*
- Other jurisdiction:
 - Not in county/Tribal jurisdiction. This includes documented referral to appropriate legal authority*
 - Not in family unit or covered licensed entity. This includes documented referral to the appropriate legal authority*
 - Referred to another agency due to conflict of interest*
 - Unborn child. Prenatal exposure requires local welfare agency services opening.

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

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

Retain all records regarding screened-out reports for five years. Some screened-out reports must be sent to other agencies for notification. These agencies may include law enforcement (for health and welfare check on a child), licensing (county, private or the department) or the Minnesota Departments of Education or Health.

Screened-out reports may be, and in some cases must be, used to follow up on concerns reported to an agency by offering services and supports to families. Screened-out reports may be offered in one of the following voluntary responses:

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

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

Mandated offer of services for child victims of crimes

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

Child welfare response

Limited services, including information and referral, are available from local welfare agencies as a response to reports of alleged child maltreatment that do not qualify for a child protection response. These services are voluntary and intended to provide short-term support to address family needs. The goal of child welfare intervention is to provide services that will help families overcome presenting obstacles, preventing future entry into the child protection system.

Parent Support Outreach Program

The Parent Support Outreach Program (PSOP) is a voluntary family support program available in all 87 counties and the American Indian Child Welfare Initiative Tribes, Leech Lake Band of Ojibwe, Red Lake Nation, and White Earth Nation. Eligible families must have been exposed to two or more risks associated with child abuse and neglect, and responsible for the care of at least one child age 10 or younger. Risk factors include, but are not limited to:

- Substance abuse
- Domestic violence
- Behavioral health concerns (parent and/or child)
- Past history of abuse or neglect
- Homelessness.

Referral sources include the following:

- Screened out child maltreatment reports
- Self-referrals by parents/guardians
- Community referrals.

Self and community referrals should be directed to the local welfare agency or Tribal social services agency. The Parent Support Outreach Program is not an entitlement program. Services are limited by the extent that federal, state and local funding permits. Supports and services offered within PSOP can assure reasonable efforts, and active efforts pertaining to American Indian/Alaskan Native children, are made to help keep families together, reducing risk of harm to children. This includes providing and/or arranging for services such as financial assistance, food, housing, transportation, in-home services, community supports and other specialized services.

When allegations of child maltreatment arise during the course of a PSOP assessment or case management services, report these allegations through intake, documented as an Intake workgroup in SSIS, and screened accordingly. **Do not** assess allegations of child maltreatment in PSOP. A family's case should not be open for both PSOP and child protection case management at the same time. The intent of PSOP is to provide early intervention services before the need for child protection services.

Responses to reports of alleged child maltreatment

Once a report of child maltreatment is screened in, it must be assigned to a response path, depending on the nature of allegation/s. Other factors may also be used to determine the most appropriate response, given information an agency has at hand, including additional fact-finding as described during the intake and screening phase. Immediately provide reasonable efforts, or active efforts for American Indian/Alaskan Native children.

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

Screened-in reports

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

- Family Investigation
- Family Assessment
- Noncaregiver Trafficking Assessment
- Facility Investigation.

All four of the child protection responses are required under Minnesota Statute and are not voluntary. All four focus on child safety as the priority. A Family Investigation, Family Assessment, Noncaregiver Trafficking Assessment or Facility Investigation must all be completed within 45 days of date of receipt of a report. The conclusion of an assessment or investigation may be extended to permit completion of a criminal investigation or receipt of expert information requested within 45 days of receipt of report. [[Minnesota Statutes 260E.24.](#)] The goals of Family Assessment, Family Investigation and Noncaregiver Trafficking Assessment are to help achieve positive outcomes for families and their children, and:

- Make child safety paramount and at the forefront of decision making
- Assess and ensure safety of children initially and ongoing during involvement
- Gather facts to help decide if children experienced harm and provide needed services
- Identify family strengths and protective capacities to help address risks and ensure child safety
- Affirm family's cultural beliefs
- Coordinate and monitor services to families, including use of trauma-informed interventions
- Promote children's well-being and permanency.

Family Investigation overview

Family Investigations respond to the most serious reports of harm and neglect to children, including those situations in which there is not a serious report of harm or neglect, but additional considerations or vulnerabilities exist that indicate a need for an investigation response. Reports of child maltreatment alleging substantial child endangerment or sexual abuse must receive an investigation. Minnesota Statutes define substantial child endangerment to include categories of egregious harm, physical and sexual abuse, and reports of high-risk neglect. [[Minnesota Statutes 260E.03, subd. 22.](#)] Reports involving child fatalities or near fatalities

should also be investigated. Investigations are sometimes conducted with appropriate law enforcement as part of a police investigation.

Depending on circumstances of a report, a local welfare agency may decide to assign a report not involving substantial child endangerment for an investigation. When this occurs, it is a discretionary Family Investigation because it is at the discretion of the local welfare agency as to when it will provide an investigation response, even though a situation may not be related to substantial child endangerment. The focus of a Family Investigation response centers on gathering facts, assessing/evaluating risk for subsequent child maltreatment, and assessing family protective capacities regarding child safety.

The following two decisions are made at the conclusion of a Family Investigation:

- A determination of whether child maltreatment occurred
- Whether child protective services are needed.

Family Assessment overview

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

Family Assessment involves gathering facts to thoroughly evaluate child safety, risk for subsequent child maltreatment and family's strengths demonstrating protection of children over time. The focus of Family Assessment is to engage family's protective capacities and offer services addressing immediate and ongoing safety threats of children. Family Assessment uses strength-based interventions and involves families in planning for and selecting services. If parents and local welfare agency staff jointly agree to address unmet needs with family support or preservation services, ongoing child welfare case management may be provided. This option only applies when a local welfare agency determines there are no child safety threats or significant risk of subsequent child maltreatment.

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

- Child protective services are needed
- The local welfare agency and parent/s jointly agree to family support services.

Noncaregiver Trafficking Assessment overview

Effective July 1, 2024, all reports of sex trafficking with a noncaregiver or unknown alleged third-party traffickers must be screened in and assigned as a noncaregiver trafficking assessment (NCA). The term "noncaregiver sex trafficker" is defined as "an individual who is alleged to have engaged in the act of sex trafficking a child and who is not a person responsible for the child's care, who does not have a significant relationship with the child as

defined in section [609.341](#), and who is not a person in a current or recent position of authority as defined in section [609.341, subd. 10](#)" [[Minnesota Statutes 260E.03, subd. 15.](#)]

All Noncaregiver Trafficking Assessments must be coordinated with law enforcement [[Minnesota Statutes 260E.14, subd. \(5\)\(a\)](#)]. Coordination may be required with multiple law enforcement agencies across multiple jurisdictions. Law enforcement is the primary investigating agency.

The Noncaregiver Trafficking Assessment is a comprehensive assessment designed to focus on safety, prevent ongoing abuse, provide access to needed services and supports, and coordinate with relevant law enforcement investigations of the sex trafficking allegation. Collaboration and coordination with Safe Harbor early in the assessment can be very beneficial for the child and family.

Assessing and ensuring safety is the primary focus in the Noncaregiver Trafficking Assessment (NCA) response.

For further guidance, see [Minnesota's Best Practice Response to Human Trafficking and Sexual Exploitation of Children and Youth](#).

Facility Investigation overview

Facility Investigations are conducted when allegations of maltreatment either currently or in the past involve:

- Child foster care when allegation involves a foster child; child foster care includes foster families licensed by Tribes, or in the process of being licensed, if child/ren are in placement
- Family child care
- Legally unlicensed child care
- This also includes reports involving children served by an unlicensed personal care provider organization under [Minnesota Statutes 256B.0659](#).

In Facility Investigations, whether the incident is accidental must be considered. Among other requirements, to be accidental the licensed provider/facility must be "in compliance with the laws and rules relevant to the occurrence or event." [[Minnesota Statutes 260E.03, subd. 2\(2\).](#)]

When receiving a report regarding a licensed provider/facility, the intake worker should ask the reporter if they have any knowledge about the provider being out of compliance with the licensing laws and rules related to the occurrence. It is recommended when screening reports involving licensed providers/facilities, that the licensor be including in the screening of the report, if possible. If the licensor is not part of the screening, it is recommended that local welfare agencies consult with the licensor regarding the report to further determine if the licensed provider was out of compliance with the laws and rules related to the occurrence.

The following should be considered when screening reports regarding licensed provider/facilities that fall within local welfare agency jurisdiction:

- If a licensed provider/facility is out of compliance with the laws and rules relevant to the occurrence or event and a child is seriously injured or at risk of serious injury, or meets criteria for child maltreatment, the report should be screened in for a Facility Investigation.

- If it is unknown that the licensed provider/facility is out of compliance with the laws and rules relevant to the occurrence or event, and a child is seriously injured or at risk of serious injury, or meets criteria for child maltreatment, the report should be screened in for a Facility Investigation.
- If a licensed provider/facility is in compliance with the laws and rules related to licensing, and a report is received, the report should be screened based only on if it meets child maltreatment criteria.
- Reports of child deaths or near fatalities occurring in a licensed or required to be licensed facility should always be assigned for a Facility Investigation. This does not include a child who died of alleged maltreatment during non-business hours when they are the biological or adopted child of a family child care provider; these must receive a Family Investigation.
- Determining whether an incident was accidental occurs during an investigation. At screening, screeners should consider whether or not the licensed provider/facility was or was not in compliance with the laws and rules relevant to the occurrence or event.

If a report is screened out for child maltreatment and new information alleging maltreatment is received, a new report must be made to the local welfare agency and screened accordingly.

For further guidance, see [Minnesota's Best Practices for Facility Investigations](#).

Other types of facilities are investigated by other entities, including the Minnesota Departments of Education, Department of Health, and Department of Human Services.

Decisions made at the conclusion of a Facility Investigation include:

- A determination of whether child maltreatment occurred
- Whether a staff person was responsible for maltreatment
- Whether a facility was responsible
- If child protective services are needed.

Response path assignment

Both statutory and discretionary reasons are involved in selecting the child protection response used for screened-in reports of child maltreatment. Family Assessment, Family Investigation and Noncaregiver Trafficking Assessment are not voluntary responses. They are involuntary, serious child protective service responses focused on child safety as the paramount concern. Family Assessment is no longer identified in state statute as the preferred child protection response for reports that do not allege substantial child endangerment or sexual abuse.

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

- The level of cooperation, such as follow through on appointments and other agreed upon action steps in safety planning
- Willingness to change as demonstrated by observable and meaningful changes in parental behavior
- Ability of parents to assure child safety and provide for their children's needs

- Level of involvement on the part of parents or caregivers in services during an ongoing child protection case, or previous case involvement
- Whether there is court involvement or permanency being sought regarding an open case management situation.

The following provides specific guidance on path assignment decisions.

Family Investigation assignment

Reports of child maltreatment that allege substantial child endangerment or sexual abuse must receive an investigation. Minnesota Statutes define substantial child endangerment to include categories of egregious harm, physical and sexual abuse, and reports of high-risk neglect. [[Minnesota Statutes 260E.03, subd. 22 \(1\) – \(12\).](#)] These include:

- Abandonment
- Assault in the first, second or third degree
- Egregious harm
- Malicious punishment/neglect/endangerment of a child
- Manslaughter in the first or second degree
- Murder in the first, second or third degree
- Neglect due to failure to thrive
- Failure to protect from serious endangerment
- Parental behavior, status or condition mandating TPR filing
- Birth Match
- Sexual abuse including:
 - Criminal sexual conduct
 - Sex trafficking
 - Sexual exploitation
 - Threatened sexual abuse
 - Predatory offender status

Depending on circumstances of a report, local welfare agency child protection staff may decide to assign a report not involving substantial child endangerment or sexual abuse for a discretionary Family Investigation. Knowledge of current and past child protection history, including screened out reports, may be used to determine if the investigative response path should be used to respond to reported concerns. These reasons include:

- Currently open investigative assessment
- Frequency, similarity, or recentness of past reports
- Long-term, court-ordered placement needed
- Parent/legal guardian declined services in the past
- Past maltreatment concerns not resolved at previous closing
- Previous child harm offenses charged against alleged perpetrator
- Need for legal intervention due to criminal activities in the home
- Other verifiable and documented reason, as approved by screening supervisor
- Local welfare agency decision

- Involves licensed or unlicensed provider.

Other considerations include:

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

Injury to the face, head, back or abdomen of children under age 6, and injury to the buttocks of children under age 3, should be assigned as a discretionary Family Investigation response, if an allegation is not already alleged egregious harm requiring a mandated Family Investigation. An immediate response is suggested in these types of allegations. If a local welfare agency does not discretionarily assign to Family Investigation, consult with the county attorney or Tribal representative.

A Family Investigation is strongly encouraged when allegations involve child maltreatment by a licensed child care provider to one or more of their own biological or adopted children during non-business hours. A Family Investigation of an alleged child maltreatment report pertaining to a providers' own child/ren is appropriate and necessary to consider continued eligibility for licensure. Any report involving a licensed or in the process of being licensed foster home should receive a Family Investigation.

Familial sex trafficking and sexual exploitation

Familial sex trafficking and sexual exploitation happens when a family member arranges or profits from the commercial sex acts of another member of the family or facilitates another type of sexual exploitation (such as extortion, solicitation or child sexual abuse material). For further guidance, refer to [Minnesota's Best Practice Response to Human Trafficking and Sexual Exploitation of Children and Youth](#).

Family Assessment assignment

Reports not involving substantial child endangerment, sexual abuse, or situations of serious danger, may be assigned for Family Assessment, particularly if they are also first-time reports and a family has not been previously involved with a local welfare agency regarding child maltreatment concerns. Examples of reports that may be appropriate for assignment for Family Assessment include, but are not limited to, those that indicate low risk, such as:

- First-time reports regarding child supervision
- Reports of educational neglect
- Unmet basic needs, such as unsafe living conditions
- Substance Use Disorder of caregiver acknowledging the need for help.

One or more of the above, in combination or repeatedly reported, may be an example of chronic neglect. Chronicity is a challenging component in the early stages of screening, assigning and evaluating child maltreatment allegations. When assigning for Family Assessment, the full context of child safety, including past and current child protection reports and involvement, are considered. Multiple past Family Assessments indicate need to assign for Family Investigation under discretionary reasons, need for services and/or need for consultation regarding use of court intervention to protect a child. Local welfare agencies are strongly encouraged to use multi-disciplinary teams, consultation with a county attorney or Tribal representative, and/or the Rapid Consultation system, to assist in making decisions involving frequency, recency or severity of child maltreatment concerns.

When using Family Assessment, a local welfare agency shall begin an immediate investigation if, at any time, it determines there is reason to believe that sexual abuse exists, and continues to be required if there is reason to believe substantial child endangerment or a serious threat to children's safety exists.

Switching response path during assessment or investigation

Switching response paths during an assessment or investigation is permissible in some situations. Switching response paths is best when done in the early phases of an assessment or investigation, and only after completing initial face-to-face contact with alleged victims and caregivers. Along with additional and encouraged consultation with the county attorney or Tribal representative, switching response paths should be conducted in consultation with a child protection supervisor and include supporting documentation in SSIS. Examples of situations in which switching response paths typically may occur from Family Investigation to Family Assessment are:

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

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 family in discussions regarding child safety. When switching response paths, local welfare agencies are encouraged to consult with the county attorney or Tribal representative in these situations for potential court intervention. The Rapid Consultation system is also available, as needed.

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 Family

Investigation to Family Assessment should only occur in situations where facts no longer support the initial report of substantial child endangerment.

Noncaregiver Trafficking Assessment assignment

Effective July 1, 2024, all reports of sex trafficking with a noncaregiver or unknown alleged third-party traffickers must be screened in and assigned as a noncaregiver trafficking assessment (NCA). The term “noncaregiver sex trafficker” is defined as “an individual who is alleged to have engaged in the act of sex trafficking a child and who is not a person responsible for the child’s care, who does not have a significant relationship with the child as defined in section [609.341](#), and who is not a person in a current or recent position of authority as defined in section [609.341, subd. 10](#)” [[Minnesota Statutes 260E.03, subd. 15](#)].

All noncaregiver sex trafficking assessments must be coordinated with law enforcement [[Minnesota Statutes 260E.14, subd. \(5\)\(a\)](#)]. Coordination may be required with multiple law enforcement agencies across multiple jurisdictions. Law enforcement is the primary investigating agency.

The noncaregiver trafficking assessment is a comprehensive assessment designed to focus on safety, prevent ongoing abuse, provide access to needed services and supports, and coordinate with relevant law enforcement investigations of the sex trafficking allegation. Collaboration and coordination with Safe Harbor early in the assessment can be very beneficial for the child and family. Assessing and ensuring safety is the primary focus in the noncaregiver trafficking assessment (NCA) response.

There is no 24-hour response required, though safety should be assessed through face-to-face contact with the alleged child victim and caregivers as soon as possible. Face-to-face contact must be completed within five calendar days.

There is no required documentation or interview with the alleged noncaregiver sex trafficker by the local welfare agency; law enforcement is responsible for contacting and interviewing the alleged offender. If information is known about the alleged offender, this should be documented in the narrative section of the child maltreatment report and shared with law enforcement.

Maltreatment determinations are not required. Determination of the need for child protective services is required.

Structured Decision Making Tools (SDM) are not utilized in this assessment.

For further guidance, refer to [Minnesota’s Best Practice Response to Human Trafficking and Sexual Exploitation of Children and Youth](#).

Facility Investigation assignment

Reports involving children being served by licensed, legally unlicensed or required to be licensed child care providers, foster care providers and unlicensed personal care providers [[Minnesota Statutes 256B.0659](#) and [260E.14](#)] must be screened and assigned under the Facility Investigation path. [Minnesota Statutes 260E](#) prohibits use of Family Assessment in facilities requiring licensure. This includes any maltreatment reports

received that allegedly occur during business hours, regardless of whether alleged child victim is providers' own child (biological or adoptive) or children being provided care for.

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

Legally unlicensed child care includes a caregiver, relative or non-relative, caring for children as part of an ongoing arrangement, whether paid or unpaid, outside of children's residence. Child care provided at children's residence is considered legally unlicensed only when other non-resident children from one single family are also being cared for at the same time.

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

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

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

Legally unlicensed child care does not include care in children's residence when no other children are also being cared for (this is considered babysitting or nanny care). Unless a caregiver also meets the definition of household member and/or significant relationship (as previously defined on page 31) or if indication that a parent knowingly selected an inadequate or inappropriate care provider; these reports are screened out and referred to appropriate law enforcement.

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

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

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

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

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

To determine whether a PCA is the local welfare agency's responsibility to investigate, it is important to know what type of service child was receiving at the time of alleged maltreatment. A reporter may not know this information, so local welfare agency staff may have to call the agency where a PCA is employed and ask for the billing code to determine the type of service being provided. Use the [Long-Term Services and Supports Service Rate Limits](#) to determine the service being provided using the billing code. Consultation with the department's Licensing Division, and/or Minnesota Department of Health, may be necessary to determine responsibility.

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

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

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

- A personal care assistant providing services to only one individual receiving Medical Assistance payments
- A person or organization that provides, offers or arranges for personal care assistant services, and temporarily receives Medical Assistance payments until license status is established.

Local welfare agencies may receive reports involving allegations where alleged offender is a household member of the license holder. These individuals may meet the relationship criteria for facility investigation by the local welfare agency. As a result, each case requires an independent assessment as to the roles and relationships of the alleged victim and household member.

When considering whether household members of facility license holders meet necessary relationship criteria to be screened in, local welfare agencies must consider:

- Whether an individual has any formal or informal caregiving responsibility in the program, regardless of duration or frequency, including:

- Individual may or may not be paid or considered staff by facility. It is not necessary for caregiving responsibility to be explicitly outlined by the license holder or according to their role in rule or statute.
- Where individual is present and actively interacting with children in care.

In situations where it is unclear at the point of screening if a household member in a facility may meet the relationship requirements to be responsible for maltreatment, local welfare agencies should screen in reports and proceed, presuming the relationship does meet the threshold for a facility investigation. Local welfare agencies should identify any collateral contacts that can be utilized to identify the nature of a relationship.

Scenarios that may meet criteria to be screened in and investigated for a facility investigation include, but are not limited to children attending:

- An in-home daycare report being sexually abused by the license holder's teenage son who resides with the provider while the son was alone with children in the home, and provider was in a different room
- A licensed in-home daycare discloses sexual touching by the partner of a licensed provider while they were in a different room. The provider's partner does not have scheduled child care responsibilities and is not included on the license.

If the investigating agency finds the relationship does not meet the required definition during the course of an investigation, local welfare agencies should re-evaluate the authority to proceed with an investigation. These decisions should be made in consultation with the county attorney or Tribal representative. If it is determined there is no authority to continue an investigation, it should be closed using the *no authority to continue* option where no determinations are made.

Local welfare agencies should also consider whether an incident involving a household member should be screened in for an investigation of maltreatment by the license holder. This could include an investigation for neglect for failing to protect a child from conditions or actions that present serious endangerment, or failure to provide necessary supervision or child care arrangements. This may also include an investigation for threatened injury. **Threatened injury** is defined to include a "statement, overt act, condition, or status that represents a substantial risk of physical or sexual abuse or mental injury." For guidance on when these incidents should be screened in for an investigation, see the section on neglect, threatened sexual abuse and threatened injury in this guide.

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

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

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

Informing Tribes of American Indian/Alaskan Native children involved in a Family Assessment, Investigation, or Noncaregiver Trafficking Assessment

Inquiry of Tribal heritage and affiliation is required for all cases at the time the local welfare agency begins working with any child and family. If the family had previous involvement with the agency, the agency must inquire each time there is a new report as the situation may have changed. Continuous inquiry is required throughout the case until all parties or participants are located. Even if a parent is not located until months after a case begins, inquiry must be done at that time.

Following inquiry into Indian heritage, the local welfare agency shall provide immediate notice to an Indian child's Tribe, including Tribes located outside Minnesota, when a local welfare agency has reason to believe a Family Assessment, Family Investigation or Noncaregiver Trafficking Assessment may involve an American Indian/Alaskan Native child as an alleged victim. Immediate notice means within 24 hours. The notice must be by telephone and email or fax, and must request participation in evaluating family's circumstances, identifying family and Tribal community resources, and if case planning is necessary, help in developing a case plan. The immediate notice to Tribes is a requirement of the Minnesota Indian Family Preservation Act. [[Minnesota Statutes 260.761, subd. 2.](#)]

Informing Tribes of American Indian/Alaskan Native children in out-of-home placement

The local welfare agency remain responsible for providing an ICWA notice according to the federal Indian Child Welfare Act and the Minnesota Indian Family Preservation Act when an Indian child is the subject of a child-placement proceeding. ¹[[Minnesota Statutes 260.761, subd. 2\(d\)](#)] An ICWA notice must be received by an American Indian/Alaskan Native child's parents, American Indian/Alaskan Native custodian and Tribe/s, with copies provided to the Bureau of Indian Affairs regional office by certified or registered mail 10 days prior to out-of-home placement proceedings with return receipt required. If the identity or location of a parent or American Indian/Alaskan Native custodian and Tribe cannot be determined, such notice shall be given to the U.S. Secretary, Midwest regional office (Bureau of Indian Affairs) in the same manner as above requesting assistance. [25 U.S.C. 1911 (b) and 1912 (a)]

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

- American Indian/Alaskan Native child's Tribe on family structure
- How the family can seek help
- What family and Tribal resources are available

¹ In MIFPA, Minn. Statute Section 260, these agencies are referred to as "child placing agencies." In this guide they will be referred to as "local welfare agencies" in accordance with language in Minnesota Statute Section 260E, which encompasses most requirements in this guide.

- What barriers the family faces that could threaten their preservation.

Local welfare agencies must request participation of American Indian/Alaskan Native children’s Tribe at the earliest possible time, and request Tribe’s active participation throughout a case. This helps ensure the best interests of Indian children are addressed, supporting active efforts underway by continuously involving American Indian/Alaskan Native children’s Tribe to preserve families and prevent placement, and return children to their family at the earliest time possible. Examples of active efforts include, but are not limited to:

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

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

For ICWA/MIFPA policy/practice questions, contact the Department of Human Services Indian Child Welfare unit at DCYF.ICWA.MIFPA@state.mn.us.

See the list of [Bureau of Indian Affairs contacts by Tribe and location](#).

Record retention

Maintain screened-out reports in accordance with [Minnesota Statutes 260E.35, subd. 6\(c\)](#). Keep the following records for five years:

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

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

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

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

Technical assistance and supervision

The department provides oversight, training, and ongoing guidance to local welfare agencies on screening practices and response path decisions to ensure:

- Consistent application of screening guidelines, including response path selection
- Thorough and appropriate screening and response path decisions to support child safety, including:
 - When a screening decision has been reviewed by department staff, and the recommended screening action is different than what the local welfare agency is taking or has taken; an agency director or designee will be notified. Consultation with the county attorney or Tribal representative's office encouraged in these situations.
- Correct documentation and maintenance of reports.

Rapid Consultation system

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

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

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

Appendix A – Definitions

Accidental – A sudden, not reasonably foreseeable, and unexpected occurrence or event that:

- (1) Is not likely to occur and could not have been prevented by exercise of due care; and
- (2) If occurring while a child is receiving services from a facility, happens when the facility and the employee or person providing services in the facility are in compliance with the laws and rules relevant to the occurrence or event. [[Minnesota Statutes 260E.03, subd. 2.](#)]

Active efforts – This includes acknowledging traditional helping and healing systems of an American Indian/Alaskan Native 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 child-placing agency to continuously involve an American Indian/Alaskan Native 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 American Indian/Alaskan Native child’s family and prevent placement of an American Indian/Alaskan Native child. and, if placement occurs, to return them to their family at the earliest possible time. Active efforts under [Minnesota Statutes 260.762](#) requires a higher standard than reasonable efforts to preserve a family, prevent breakup of a family, and reunify families. [[Minnesota Statutes 260.755, subd. 1a.](#)] This includes:

- Providing services such as financial assistance, food, housing, transportation, in-home services, community supports and specialized services to keep a family together
- Notifying and consulting with extended family or Tribe(s) to help with cultural connections and supports for child and parent, and to identify and serve as a placement and permanency resource for a child.

Providing resources to extended family members who need financial assistance, child care assistance, emergency help and foster care licensing help; and ensuring visits happen in a natural setting with parents, siblings and extended family, if a child is in placement. [[Minnesota Statutes 260.762.](#)]

American Indian Child Welfare Initiative (Initiative) - The American Indian Child Welfare Initiative (Initiative) is a significant child welfare reform effort in Minnesota. This program was created with a commitment between Tribal, county and state governments with the shared goal of improving child welfare outcomes for Indian children. The Initiative supports building and sustaining Tribal child welfare delivery systems.

With legislative authority, the Minnesota Department of Human Services, now the Department of Children, Youth, and Families, transferred roles and responsibilities from counties with land contiguous to Tribal lands of the Leech Lake Band of Ojibwe, Red Lake Nation and White Earth Nation. Tribal programs receive state funding and federal reimbursements to operate on reservation programs.

Child welfare services for Indian children and their families living on the Leech Lake, Red Lake and White Earth Reservations have been transformed from a county-based delivery system to a Tribal delivery system. Tribal programs offer a comprehensive array of child welfare services such as child abuse prevention, family preservation, child protection, foster care, foster care licensing, children’s mental health screening,

reunification, kinship and customary adoption services. Tribal case workers provide culturally relevant and appropriate services to families. Programs reflect the Tribal customs, values and healing traditions of each Tribe.

Best interest of an Indian child – This means compliance with the Indian Child Welfare Act and the Minnesota Indian Family Preservation Act to preserve and maintain an American Indian/Alaskan Native child’s family. The best interests of an American Indian/Alaskan native child support a child’s sense of belonging to family, extended family and Tribe.

The best interests of an American Indian/Alaskan Native child are interwoven with the best interests of an American Indian/Alaskan Native child’s Tribe. [[Minnesota Statutes 260.755, subd. 2a.](#)]

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

Cannabis – Derived from the plant Cannabis sativa. It is also referred to as weed, marijuana, pot or dope, which is the dried flowers, leaves, stems and seeds from the cannabis plant.

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

Child maltreatment – Physical or sexual abuse, mental injury or neglect of a child as defined in Minnesota Statutes 260E, Maltreatment of Minors Act.

Child placing agency – A public, private, or nonprofit level entity: (1) providing assistance to a child and the child’s parent or parents; (2) placing a child in foster care or for adoption on a voluntary or involuntary basis. [[Minnesota Statutes 260.755, subd. 3\(a\).](#)]

Controlled substance – Refers to any of the following substances or their derivatives: Opium, cocaine, heroin, phencyclidine, methamphetamine, amphetamine, tetrahydrocannabinol (THC/-cannabis). See [Minnesota Statutes 152.02](#) for full list of controlled substances.

Dabs – An oil that contains high levels of THC that has been extracted from the cannabis plant.

Dangerous weapon – Pursuant to [Minnesota Statutes 609.02, subd. 6](#), is “...any firearm, whether loaded or unloaded, or any device designed as a weapon and capable of producing death or great bodily harm, any combustible or flammable liquid, or other device or instrumentality that in the manner it is used or intended to be used, is calculated or likely to produce death or great bodily harm, or any fire that is used to produce death or great bodily harm.”

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

Edible – A food or drink that contains cannabis/THC.

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

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 that creates a high probability of death or causes serious permanent disfigurement, or 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 causing someone or something to be hurt, broken or made to feel less valuable.

Imminent danger – Situations where children are 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 Indian child is a determination by a Tribe that a child is a member of an Indian Tribe, or eligible for membership in an Indian Tribe, and is unmarried and under age 21 for purposes related to child protection.

Initial disposition – The final screening decision as to whether a report is screened in or out for a child protection response.

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

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

Local welfare agency – Includes 87 counties and the American Indian Child Welfare Initiative Tribes of Leech Lake Band of Ojibwe, Red Lake Nation and White Earth Nation.

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

Prenatal care – The comprehensive package of medical and psychological support provided throughout pregnancy.

Prenatal exposure – Ingestion of a controlled substance for non-medical purposes by a woman during pregnancy that includes use of opium, cocaine, heroin, phencyclidine, methamphetamine, amphetamine, tetrahydrocannabinol or habitual and excessive use of alcohol.

Reasonable efforts – Means a local welfare agency has made reasonable efforts to prevent placement of children in foster care by working with families to develop and implement safety plans; or given the particular circumstances of a child and family at the time of child's removal, there are no services or efforts available that could allow them to safely remain in the home. Reasonable efforts are made upon the exercise of due diligence by the responsible local welfare agency to use culturally appropriate and available services to meet the needs of

children and families. Services may include those provided by the responsible local welfare agency, and other culturally appropriate services in the community.

Report – A call or communication received by an agency from a reporter who intends to inform a local welfare agency about a child 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 threats that could result in 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 physical and/or psychological hurt, injury or loss.

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

Sexual exploitation

- **Commercial sexual exploitation** [[Minnesota Statutes 609.321](#) to [609.324](#)]. Acts involving a minor that would constitute a violation of prostitution offenses under [Minnesota Statutes 609.321](#) to [609.324](#) if youth were an adult. Any sexual penetration or sexual contact in exchange for something of value is considered sexual exploitation.
- **Use of a minor in a sexual performance.** The definition of sexual performance includes pornographic images or videos involving a minor. [[Minnesota Statutes 617.246](#).]
- **Sexual extortion** [[Minnesota Statutes 609.3458](#)]. This occurs when a minor is threatened or coerced to engage in sexual contact or penetration. Threats can be job-related, or include threats of arrest or immigration consequences, harm to reputation or disclosure of private information, in addition to threats of physical harm. The report does not need to include information about an exchange of something of value for it to be considered sexual extortion.
- **Solicitation of children** to engage in sexual conduct; communication of sexually explicit materials to children [[Minnesota Statutes 609.352](#)].

Sex trafficking – Defined in [Minnesota Statutes, 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. [[Minnesota Statutes 609.322](#).] Sex trafficking requires a third party who is not the purchaser or the victim, or who facilitates or profits from the sexual act. Sex trafficking is a form of sexual abuse, even when an offender is a non-caregiver.

Shatter – A potent type of cannabis concentrate that breaks easily and looks like glass, typically consumed by vaporizing.

Significant relationship – Situations where alleged offender is child victim’s parent, stepparent or guardian; any of the following persons related to child victims 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 child victims.

Substantial bodily harm – Bodily injury involving a temporary but substantial disfigurement, or that causes a temporary but substantial loss or impairment of functioning of any bodily member or organ, or causes a fracture of any bodily member.

THC – (Tetrahydrocannabinol) the main compound found in cannabis.

Vape pens – A device that is used to inhale vapor.

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

Appendix B – Predatory offender legal reference chart

Local welfare agency staff response to reports of registered predatory offender requirements under the Maltreatment of Minors Reporting Act and Minnesota Statutes, chapter 260C, are below.

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

1. The local welfare agency accepts a child maltreatment report of a parent or household member of a child who has committed a violation that requires registration as an offender under [section 243.166, subd. 1b, paragraph \(a\) or \(b\)](#), or required registration under [section 243.166, subd. 1b](#), paragraph (a) or (b). [See part 3 for a list of crimes under [section 243.166](#) that apply to reports under this section]
2. Since sexual abuse is substantial child endangerment which is required to be assigned to the investigation path and requires 24-hour response, or within 5 calendar days for reports that meet the requirements for delayed face to face contact under [Minnesota Statutes 260E.20 subd. 2\(b\)](#) local welfare agency staff:
 - a. Must have face-to-face contact with child and their caregiver immediately (within 24 hours or five calendar days, if delayed face-to-face exception criteria are met)
 - b. Has authority to interview, without parental consent, an alleged victim and any other minors who currently reside or have resided with alleged offender. Interviews may take place at school
 - c. Whenever possible, interviews of victims must be audio-video recorded.
3. A local welfare agency may change from an investigation to an assessment if it determines that a complete investigation is not required. If it changes response paths, caseworker must document reason/s for terminating an investigation and notify local law enforcement, if law enforcement is conducting a joint investigation.
4. Local welfare agency staff determines whether child maltreatment occurred, if the matter remains in Family Investigation response path. If a matter is in Family Assessment response path, local welfare agency does not address maltreatment. In either path, the local welfare agency determines the need for child protective services.

Statutes

[Minnesota Statutes 260E.06](#) requires reporting child maltreatment. [Minnesota Statutes 260E.03, subd. 7](#) defines child maltreatment to include sexual abuse which, in turn, includes threatened sexual abuse. Threatened sexual abuse includes the status of parent or household member who requires registration as an offender under [Minnesota Statutes 243.166, subd. 1b \(a\) or \(b\)](#), or required to be registered under [Minnesota Statutes 243.166, subd. 1b \(a\) or \(b\)](#). [Minnesota Statutes 260E.03, subd. 6](#). [Minnesota Statutes 260E.17, subd. 1\(e\)](#) refers to response path assignment and [Minnesota Statutes 260E.20, subd 2 \(a-c\)](#) refers to local welfare agency duties regarding investigation and assessment.

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

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

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

- Transfer of permanent legal and physical custody is in child's best interest, or
- To file a petition alleging a child to be in need of protection or services together with a case plan documenting compelling reasons why filing a termination of parental rights petition would not be in the best interest of child.

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

Statutes

[Minnesota Statutes 260C.503, subd. 2\(6\)](#). [Minnesota Statutes 260C.503, subd. 2\(d\)](#).

Part 3. Crimes requiring predatory offender registration under [Minnesota Statutes 243.166, subd. 1b \(a\) or \(b\)](#)

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

[609.25](#): Kidnapping.

[609.342](#): Criminal sexual conduct in the first degree.

[609.343](#): Criminal sexual conduct in the second degree.

[609.344](#): Criminal sexual conduct in the third degree.

[609.345](#): Criminal sexual conduct in the fourth degree.

[609.3451, subd. 3](#): Felony criminal sexual conduct in the fifth degree.

[609.3453](#): Criminal sexual predatory conduct.

[617.23, subd. 3](#): Felony indecent exposure.

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

[609.322](#): Solicits, promotes, induces, receives profits from a prostitute under age 18; sex trafficking.

[609.324](#): Violation of Order for Protection based on inducing, coercing, soliciting, promoting prostitution of a minor.

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

[617.246](#): Using a minor in a sexual performance.

[617.247](#): Possessing pornographic work involving a minor.

[609.3455, subd. 3a](#): Person sentenced as a patterned sex offender.

Appendix C – County and AICWI Tribal consultations

Required county/AICWI attorney consultations

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

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

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

[[Minnesota Statutes 260C.503, subd. 2\(a\)\(1\)-\(7\).](#)]

Birth Match

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

Modifications to screening guidelines

Process for proposing screening guideline modifications to commissioner as outlined in [Minnesota Statutes 260E.15](#).

Suggested county/AICWI attorney consultation

Screening

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

Minnesota Department of Human Services screening reviews

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

Prenatal substance abuse

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

Intakes involving sexually exploited or sex trafficked youth

Intake/screening staff are encouraged to consult with the county attorney or AICWI Tribal representative for alleged child maltreatment involving sexually-exploited or sex-trafficked youth. Local welfare agency staff should consult with the county attorney or Tribal representative about the definition of sexual abuse and whether an investigation is required by law for reports of any act that involves minors, constituting violation of prostitution offenses under sections [609.321](#) to [609.324](#), or [617.246](#).

Definition of weapon

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

Discretionary Family Investigation assignment for injury to the face, head, back or abdomen of child under age 6, and injury to the buttocks of child under age 3

Local welfare agencies are encouraged to assign any injury to the face, head, back or abdomen of a child under age 6, and injury to the buttocks of a child under age 3, to a discretionary Family Investigation response if an allegation is not already alleged egregious harm requiring a mandated Family Investigation. If a local welfare agency does not discretionarily assign to Family Investigation, staff should consult with the county attorney or Tribal representative.

Frequent, recent, multiple reports regarding the same household

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

Switching paths

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

Jurisdiction

If there is a question about which local welfare or Tribal agency is responsible for handling a report, local welfare agency staff should immediately consult with each other and with their county or Tribal representative.

Delegation of Parental Authority (DOPA)

Responsible local welfare agency staff are encouraged to consult with the county attorney or Tribal representative when a Delegation of Parental Authority is involved. A Delegation of Parental Authority is a delegation of power by parents or guardian for an individual to provide for children and has specific legal requirements that must be met.

Appendix D – Multi-disciplinary screening team agreement sample

Multi-disciplinary Screening Team

Agreement relating to protected nonpublic and confidential data

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

[Person’s name here] has been appointed to serve on the Multi-disciplinary Screening Team pursuant to Minnesota Statutes 260E.

Pursuant to Minnesota Statutes 260E, [person’s name] is authorized to have access to nonpublic data as defined by Chapter 13 of Minn. Statutes. 260E. Data acquired by the Multi-disciplinary Screening Team in the exercise of its duties is protected nonpublic or confidential data as defined in [Minnesota Statutes, section 13.02](#).

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

Dissemination of such protected nonpublic or confidential data other than authorized by statute may subject the local welfare agency to civil or criminal sanctions as set forth in [Minnesota Statutes 13.08](#) and [13.09](#) (1988).

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

[Person’s name]

Team member

Date:

[Person’s name]

Local welfare agency social services director

Date:

Appendix E – Facility Investigation responsibility

Local welfare agency

- Family child care
- Unlicensed personal care service organizations under Minnesota Statutes 256B.0659
- Child foster care
- Legally unlicensed child care
- Corporate child foster care – residential settings (group homes)

Tribe

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

Minnesota Department of Human Services Licensing

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

[[Minnesota Statutes 260E.14, subd. 1](#), licensed under chapters [245A](#) and [245D](#), except for child foster care and family child care.]

Minnesota Department of Health

- Home health care settings

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

[[Minnesota Statutes 260E.14, subd. 1](#), licensed under sections [144.50](#) to [144.58](#).]

Minnesota Department of Education

- Public pre-schools
- Public elementary schools
- Public middle schools
- Public secondary schools
- Charter schools [[Minnesota Statutes 260E.14, subd. 1](#), as defined in [section 120A.05](#), subds. 9, 11 and 13; and [chapter 124E](#)].

When questions regarding lead agency responsibility occur, it is strongly recommended to contact and consult with the other potential lead agency. Some reports may be solely referred to appropriate law enforcement.

Law Enforcement Jurisdiction:

This includes, but is not limited, to alleged maltreatment occurring in or by:

- After-school programs
- Churches
- Gym daycare programs
- Park and recreation programs
- Autism centers
- EIDBI (Early Intensive Developmental and Behavioral Intervention) providers and programs
- Organized sport programs
- Camps (unless covered under [245D](#))
- Music or theater programs
- Boys and girls clubs
- Non-school employees

Appendix F – Child Protection Screening of sexual exploitation and sex trafficking

[Child protection screening of sexual exploitation and sex trafficking](#)



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Child protection screening of sexual exploitation and sex trafficking

Screeners or screening teams should use the screening flowchart tool on page 2 when it is believed that reporters may be sharing information regarding sex trafficking or sexual exploitation. In combination with supervisory discretion, this tool can help determine if reports meet criteria and which response path to select. Screen in sex trafficking reports by a caregiver for child protection investigation. [Minnesota Statutes 260E.14](#). Effective July 1, 2024, reports of sex trafficking by a noncaregiver or unknown alleged offender must be screened in for a noncaregiver trafficking assessment response. Screen out sexual exploitation reports involving noncaregiver alleged offenders and refer for a child welfare response.

Terms used in this tool:

Caregiver: For purposes of screening reports of sex trafficking and sexual exploitation, this term includes “parents, siblings and household members in a caregiving role or with a significant relationship to the possible child victim.” [Minnesota Statutes 260E.03, subd. 17 and subd. 20](#); [Minnesota Statutes 260E.14, subd. 2](#)

Child sexual abuse material: Depiction of actual or simulated sexual conduct. [Minnesota Statutes 617.246 subd. 1\(f\)](#)

Exchange for anything of value: Trading money, drugs, shelter, food, protection, gifts, gaming credit, phones, etc.

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

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

Noncaregiver: For purposes of screening reports of sex trafficking, this term includes anyone who is not a parent, sibling or household member in a caregiving role or with a significant relationship to the possible child victim. [Minnesota Statutes 260E.03 subd 15a](#) (Effective July 1, 2024.)

Concerns of labor trafficking?

If a child is being forced or coerced to do some kind of work or services, or if there is an unreasonable debt being used to make them work, they could be a victim of labor trafficking. See Labor trafficking identification tool: <https://edocs.dhs.state.mn.us/lfserver/Public/DHS-76410-ENG>

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

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

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

Sexual exploitation: Includes commercial and non-commercial sexual acts, including sexual extortion and solicitation of a minor.

Sexual extortion: A minor is threatened or coerced into engaging in sexual contact or penetration. [Minnesota Statutes 609.3458](#)

Sexual performance: Any play, dance, or other exhibition presented before an audience or for purposes of visual or mechanical reproduction that uses a minor to depict actual or simulated sexual conduct. [Minnesota Statutes 617.246, subd. 1\(d\)](#)

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

Solicitation: An adult requesting a child under age 16 at the time of the request to engage in sexual contact by electronic or other means. [Minnesota Statutes 609.352](#)



For accessible formats of this information or assistance with additional equal access to human services, write to dhs.info@state.mn.us, call 651-431-4660, or use your preferred relay service. ADA1 (2-18)

