

**MN Department of Human Services
Social Services Manual**

Children's Protective Services

XVI-4000

Based on statutes and rules in effect as of 08/01/2000

XVI Children's Protective Services

TABLE OF CONTENTS

4100	Introduction
4110	Authority
4111	Authority Cited in Manual
4112	Other Relevant Authority Citations
4120	Definitions
4130	Purpose
4140	Goals
4200	County of Service
4300	Report of Abuse or Neglect
4310	Local Agency Responsibility
4311	Reports Requiring Assessment or Investigation by Local Agency
4312	Reports Not Requiring Assessment or Investigation by Local Agency
4313	Time Frames for Initiating and Completing an Assessment
4314	Notice to Person Being Interviewed
4320	Medical Neglect
4321	Prenatal Exposure to Controlled Substances
4322	Prenatal Exposure to Alcohol
4322.01	Reporting Noncompliance
4322.02	Responsibilities of the Local Social Services Agency
4323	Reports of Medical Neglect Alleging the Withholding of Medically Indicated Treatment from Disabled Infants with Life Threatening Conditions (Infant Medical Neglect)
4323.01	Screening Infant Medical Neglect
4323.02	Assessment of Infant Medical Neglect
4323.03	Guidelines for the Assessment of Infant Medical Neglect
4323.04	Determination of Infant Medical Neglect Reports
4323.05	Protective Intervention for Infant Medical Neglect
4324	Information Collection Procedures
4330	Response to Reports of Maltreatment Within the Family Unit
4331	Coordination with Law Information
4332	Child Interviews
4333	Court Order to Produce the Alleged Victim
4334	Interviewing An Alleged Victim or Other Minor Child on School Property
4340	Assessment Determinations
4341	Determination of Maltreatment
4342	Determination of Need for Child Protective Services

MN Department of Human Services
Social Services Manual

Children's Protective Services

XVI-4000

Based on statutes and rules in effect as of 08/01/2000

- 4343 Risk Assessment
- 4344 Notice of Determinations
- 4345 Determining the Need for Protective Intervention
- 4346 Administrative Reconsideration of the Final Determination of Maltreatment
- 4350 Protective Intervention Procedure**
- 4351 Reasonable Efforts to Prevent Out of Home Placement and Eliminate Need for Removal and Reunite Family
- 4352 Active Efforts to Prevent Out of Home Placement of Indian Children and Eliminate Need for Placement and Reunite Family
- 4353 Relative Care Agreements
 - 4353.01 Definition of a Relative
 - 4353.02 Relative Care
 - 4353.03 Relative Care Agreement
- 4354 Procedures Related to Egregious Harm
- 4355 Procedures for Seeking Removal of Child from Home
- 4356 Criteria for Seeking Child's Removal from Home
 - 4356.01 Removal of a Non-Indian Child from Home
 - 4356.02 Removal of an Indian Child from Home
- 4360 Case Plans**
- 4361 Written Case Plan
- 4362 Monitoring the Protective Services Plan
- 4363 Quarterly Reassessment
- 4364 Termination of Protective Services
- 4370 Neglect or Abuse in a Licensed Facility**
- 4371 Intake on Maltreatment in a Facility
- 4372 Coordination with Law Enforcement
- 4373 Coordination with Licensing Agencies
- 4374 Notice to State Ombudsman for Mental Health and Mental Retardation
- 4375 Notification of Parents or Guardians about Abuse or Neglect in a Facility
- 4376 Child Interviews
- 4377 Interviewing Facility Staff and Others Outside the Facility
- 4378 Determination of Maltreatment in a Facility
- 4379 Notice of Determination in a Facility Assessment
- 4380 Reports Alleging Maltreatment of a Child Outside the Family Unit Excluding Licensed Facilities or Programs**
- 4390 Records Collection, Retention, and Access**
- 4391 Information Provided to Reporters
 - 4391.01 Information Provided to Any Reporter of Child Maltreatment
 - 4391.02 Information Provided to Voluntary Reporters
 - 4391.03 Information Provided to Mandated Reporters
- 4392 Name of Reporter Remains Confidential

MN Department of Human Services
Social Services Manual

Children's Protective Services

XVI-4000

Based on statutes and rules in effect as of 08/01/2000

- 4393 Active Law Enforcement Investigative Data is Confidential
- 4394 Client Access to Records
- 4395 Access of Records by Other Agencies, Organizations
 - 4395.01 Notification to Law Enforcement
 - 4395.02 Notification to State Licensing Agencies, Ombudsman for Mental Health, and Mental Retardation, and Certain Parents, Guardians, or Legal Custodians of Children in Facilities or Programs
 - 4395.03 Access by the County Attorney or the Investigating, Petitioning or Prosecuting Authority
 - 4395.04 Access by Child Protection Team Members Performing Case Consultation
 - 4395.05 Access by Child Protection Workers in Other Counties
 - 4395.06 Public Inspection of Records
 - 4395.07 Public Disclosure of Records in Child Fatality or Near Fatality Cases
- 4396 Records Retention
 - 4396.01 Records Retention When There is a Determination of Maltreatment or Need for Child Protective Services
 - 4396.02 Records Retention When There is No Determination of Maltreatment or No Need for Child Protective Services
 - 4396.03 Records Maintained by Schools or Court Service Agencies
- 4397 Data Collection by the Department of Human Services
- 4500 Court Intervention**
 - 4510 County Attorney**
 - 4511 Legal Advice and Representation
 - 4512 County Attorney Role
 - 4513 Agreement With County Attorney
 - 4520 Procedures for Court Intervention**
 - 4521 General Procedures
 - 4522 Child in Need of Protection or Services (CHIPS) Petition
 - 4523 Child in Need of Protection or Services (CHIPS) Procedures
 - 4530 Court Dispositions**
 - 4531 Protective Supervision
 - 4532 Legal Custody
 - 4533 Special Court Orders
 - 4534 Temporary Order for Protection-Domestic Child Abuse
 - 4535 Termination of Parental Rights
 - 4536 Transfer of Guardianship and Legal Custody
 - 4540 Removal of Child from Parental Home**
 - 4541 Local Agency Authority
 - 4542 Police Authority
 - 4543 Non-Emergency Removal of a Child Under Legal Custody
 - 4544 Decisions About Children in Foster Care

**MN Department of Human Services
Social Services Manual**

Children's Protective Services

XVI-4000

Based on statutes and rules in effect as of 08/01/2000

4550 Reports to Court

4560 Child Victims Testifying in Court

- 4561 Court Docket Priority
- 4562 Taking the Testimony of a Child Witnesses Informally
- 4563 Right to Participate in Court Proceedings
- 4564 Waiving the Courtroom Presence of the Child's Parent
- 4565 Waiving the Courtroom Presence of the Child
- 4566 Admissible Out-of-Court Statements
- 4567 Guardian Ad Litem
- 4568 Truancy or Educational Neglect

4600 Administrative Functions

4610 Emergency Services

4620 Protective Services Case Records

- 4621 Records Regarding Reports Not Requiring Assessment or Local Investigation by the Local Agency
- 4622 Records Regarding Reports Alleging Infant Medical Neglect
- 4623 Records Regarding Reports of Child Maltreatment in a Licensed Facility or Program
- 4624 Records Regarding Reports Alleging Child Maltreatment Within the Family Unit

4630 Agency Coordination

- 4631 Multi-disciplinary Child Protection Teams
- 4632 Child Mortality Review
 - 4632.01 Purpose of Child Mortality Review
 - 4632.02 State Child Mortality Review Panel
 - 4632.03 Child Deaths and Near Fatalities to be Reviewed
 - 4632.04 Access to Private Data
 - 4632.05 Information Accessible by Mortality Review Committee
- 4633 Case Coordination and Consultation Other than Child Protection Teams
- 4634 Citizen Review Panels
 - 4634.01 Purpose of Citizen Review Panels
 - 4634.02 Process of Citizen Reviews
 - 4634.03 Citizen Review Panels' Access to Information
 - 4634.04 Data Privacy for Citizen Review Panel

4640 Continuing Education

- 4641 Local Agency Training Plan
- 4642 Individual Training Plan
- 4643 Training Record

4650 Public Information

4660 Child Protection Toll-Free Professional Consultation Telephone Line

4700 Forms

**MN Department of Human Services
Social Services Manual**

Children's Protective Services

XVI-4000

Based on statutes and rules in effect as of 08/01/2000

- 4710 Child Protection Risk Assessment Tool (SSIS 79)**
- 4720 Instructions for Completing Child Protection Risk Assessment (SSIS 88)**
- 4730 Reporting of Child Maltreatment Data**
- 4740 General Instructions for Completing Child Maltreatment Data**
 - 4741 Child Maltreatment Data Provisions
 - 4742 Code Definitions
 - 4743 Report Summary
 - 4744 Maltreatment Details
 - 4745 Detailed Type of Maltreatment
 - 4746 Severity
 - 4747 Conditions/Services/Action
 - 4748 Annual Verification Summary
- 4750 Your Privacy Rights-Child Protective Services (DHS 3378) (SSIS 35)**
- 4760 Child Protection Services Plan (SSIS 76)**
- 4770 Instructions for Child Protective Services Plan (SSIS 77)**
- 4780 Continued Monitoring Plan (SSIS 78)**
- 4790 Child Mortality Log (SSIS 80)**
- 4800 Notice of Intent to Interview on School Property (DHS 3376) (SSIS 32)**
- 4810 Notices of Determination (SSIS 1-20)**
- 4820 Notices of Summary Dispositions (SSIS 21-30)**
- 4830 Letter to Mandated/Voluntary Reporter (SSIS 31)**

MN Department of Human Services Social Services Manual

Children's Protective Services

XVI-4000

Based on statutes and rules in effect as of 08/01/2000

Introduction

XVI-4100

The material in this section of the Social Services Manual is intended primarily to inform the local social services agencies of their responsibilities in providing child protection services, and it is based on the requirements of Minnesota Statutes and Minnesota Rules.

Authority

XVI-4110

Authority Cited in Manual

XVI-4111

1. Pub. Law 93-247 (1974) as amended by Pub. Law 98-457 (Child Abuse Prevention and Treatment Act) and most recently amended by Pub. Law 104-235 (1996).
2. 45 CFR Part 1340 (Child Abuse and Neglect Prevention and Treatment Program).
3. Minn. Stat. 13.02 (1999) (Collection, Security, and Dissemination of Records; Definitions).
4. Minn. Stat. 13.04 (1999) (Rights of Subjects of Data).
5. Minn. Stat. 245.825 (1999) (Use of Aversive and Deprivation Procedures).
6. Minn. Stat. 253B.01-253B.23 (1999) (Civil Commitment Act).
7. Minn. Stat. 256.01 (1999) (Commissioner of Human Services; Powers, Duties).
8. Minn. Stat. 256E.05 (1998) (Duties of Commissioner of Human Services).
9. Minn. Stat. 256F (1999) (Minnesota Family Preservation Act).
10. Minn. Stat. 256G (1999) (Unitary Residence and Financial Responsibility).
11. Minn. Stat. 257.175 (1998) (Duties of Commissioner of Human Services).
12. Minn. Stat. 260.012 (1999) (Duty to Ensure Placement Prevention and Family Reunification; Reasonable Efforts).
13. Minn. Stat. 260.751 to 260.835 (1999) (Minnesota Indian Family Preservation Act).
14. Minn. Stat. 260B.001 (1999) (Title, Intent, and Construction of Delinquency Provisions of the Juvenile Court Act).
15. Minn. Stat. 260B.007 (1999) (Definitions Related to the Delinquency Provisions of the Juvenile Court Act).
16. Minn. Stat. 260C.001 (1999) (Title, Intent, and Construction of Child Protection Provisions of the Juvenile Court Act).
17. Minn. Stat. 260C.007 (1999) (Definitions Related to Child Protection Provisions of the Juvenile Court Act).
18. Minn. Stat. 260C.101 (1999) (Jurisdiction of Court Over Children and Minors).
19. Minn. Stat. 260C.121 (1999) (Venue).

MN Department of Human Services Social Services Manual

Children's Protective Services

XVI-4000

Based on statutes and rules in effect as of 08/01/2000

20. Minn. Stat. 260C.141 (1999) (Petition).
21. Minn. Stat. 260C.148 (1999) (Procedure; Domestic Child Abuse).
22. Minn. Stat. 260C.151 (1999) (Summons, Notice).
23. Minn. Stat. 260C.163 (1999) (Hearing).
24. Minn. Stat. 260C.165 (1999) (Certain Out of Court Statements Admissible).
25. Minn. Stat. 260C.175 (1999) (Taking Child Into Custody).
26. Minn. Stat. 260C.176 (1999) (Release or Detention).
27. Minn. Stat. 260C.178 (1999) (Detention Hearing).
28. Minn. Stat. 260C.193 (1999) (Dispositions, General Provisions).
29. Minn. Stat. 260C.201 (1999) (Dispositions; Child in Need of Protection or Services).
30. Minn. Stat. 260C.301 (1999) (Termination of Parental Rights).
31. Minn. Stat. 260C.325 (1999) (Guardian).
32. Minn. Stat. 393.07 (1998) (Local Social Services Agency).
33. Minn. Stat. 609.341 (1998) (Criminal Code Definitions).
34. Minn. Stat. 609.377 (1999) (Malicious Punishment of a Child).
35. Minn. Stat. 609.379 (1999) (Permitted Actions; Reasonable Force).
36. Minn. Stat. 626.556 (1999) (Reporting of Maltreatment of Minors).
37. Minn. Stat. 626.5561 (1998) (Prenatal Exposure to Controlled Substances).
38. Minn. Stat. 626.5562 (1998) (Toxicology Tests Required).
39. Minn. Stat. 626.5563, subd. 3 (1998) (Reporting Prenatal Exposure to Alcohol Abuse).
40. Minn. Stat. 626.5565 (1998) (Relative Care Agreements).
41. Minn. Stat. 626.558 (1999) (Multidisciplinary Child Protection Team).
42. Minn. Stat. 626.559 (1999) (Specialized Training and Education Required).
43. Minn. Stat. 626.561 (1998) (Interviews with Child Abuse Victims).
44. Minnesota Rules, chapter 9545 (Licensing of Facilities for Children).
45. Minnesota Rules, parts 9550.0010 to 9550.0093 (Administration of Community Social Services).
46. Minnesota Rules, parts 9560.0210 to 9560.0234 (Protective Services for Children).

**MN Department of Human Services
Social Services Manual**

Children's Protective Services

XVI-4000

Based on statutes and rules in effect as of 08/01/2000

47. Minnesota Rules, parts 9560.0500 to 9560.0670 (Foster Care for Children).
48. Minnesota Rules of Court (1988) (Juvenile Court Proceedings, Rule 1-3).

MN Department of Human Services Social Services Manual

Children's Protective Services

XVI-4000

Based on statutes and rules in effect as of 08/01/2000

Other Relevant Authority Citations

XVI-4112

1. Tribal/ State Indian Child Welfare Agreement, June 18,1998.
2. USC, title 25, section 1903 (2) (1978) (Extended Family Member Defined, Placement Preference for Indian Child).
3. USC, title 25, section 1912 (1978) (Indian Child Welfare Act).
4. USC, title 25, section 1915 (1978) (Indian Child Welfare Act).
5. Minn. Stat. 144.50 (1998) (Hospitals, Licenses, Definitions).
6. Minn. Stat. 148A.01 to 148A.06 (1998) (Action for Sexual Exploitation; Psychotherapists).
7. Minn. Stat. 241.021 (1999) (Department of Corrections - Licensing and Supervision of Institutions and Facilities).
8. Minn. Stat. 245A.01 to 245A.16 (1998) (Human Services Licensing Act).
9. Minn. Stat. 494 (1999) (Community Dispute Resolution Program).
10. Minn. Stat. 518 (1999) (Marriage Dissolution).
11. Minn. Stat. 609.02, subd. 10 (1998) (Definitions - Assault).
12. Minn. Stat. 609.25 to 609.26 (1999) (Parental Kidnapping-Deprivation of Custodial or Parental Rights).
13. Minn. Stat. 609.255 (1998) (False Imprisonment).
14. Minn. Stat. 609.321 to 609.324 (1998) (Prostitution; Definitions, Solicitation, Inducement and Promotion of Prostitution; Other Prohibited Acts).
15. Minn. Stat. 609.341 to 609.352 (1999) (Criminal Sexual Conduct).
16. Minn. Stat. 609.377 (1998) (Malicious Punishment to a Child).
17. Minn. Stat. 609.378 (1998) (Neglect or Endangerment of a Child).
18. Minn. Stat. 617.246 (1999) (Use of Minors in Sexual Performance Prohibited).

Definitions

XVI - 4120

1. Abandonment: Abandonment is presumed when:
 - a. the parent has no contact with a child on a regular basis and has not demonstrated consistent interest in the child's well being for six months and the social services agency has made reasonable efforts to facilitate contact, unless the parent establishes that extreme financial or physical hardship, treatment for a mental disability or chemical dependency, or other good cause prevented the parent from making contact with the child. This presumption does not apply to children whose custody has been determined under chapter 257 or 518; or

MN Department of Human Services
Social Services Manual

Children's Protective Services

XVI-4000

Based on statutes and rules in effect as of 08/01/2000

- b. the child is an infant under two years of age and has been deserted by the parent under circumstances that show an intent not to return to care for the child.

Minn. Stat. 260C.301, subd. 2

- 2. Alleged Offender: A person who is reported to have committed maltreatment.

Part 9560.0214, subpart 2

- 3. Assessment: A process for determining whether maltreatment of a child has occurred, and for determining whether protective services are needed for purposes of preventing further abuses, safeguarding and enhancing the welfare of the abused or neglected minors(s), and preserving family life whenever possible. Assessments are conducted by a child protection worker from the local social services agency and are to be undertaken when a report of child maltreatment alleges neglect, physical abuse, or sexual abuse by a parent, guardian, or other individual functioning within the family unit as a person responsible for the child's care.

Adapted from Minn. Stat. 626.556, subd. 10(a);

Minn. Stat. 626.556, subd. 2(b)(1);

Part 9560.0214, subpart 3

- 4. Authority to Interview: As part of the assessment, the local social services agency has the authority, without parental consent, to interview the alleged victim and any other children who currently reside or who have previously resided with the alleged perpetrator. The local agency has the authority to interview any person who is responsible for the care of the alleged victim, the alleged offender, and any other person with knowledge of the abuse or neglect for the purpose of gathering facts to assess the risk of harm to the child and formulate a child protective services plan.

Adapted from Minn. Stat. 626.556, subd. 2(i) and 10(c)

- 5. Best Interests of the Child: The paramount consideration in all proceedings concerning a child alleged to or found to be in need of protection or services is the health, safety and best interests of the child.

To secure for each child alleged or adjudicated in need of protection or services and under the jurisdiction of the court:

- a. the care and guidance, preferably in the child's own home, which will best serve the spiritual, emotional, mental, and physical welfare of the child;
- b. to provide judicial procedures which protect the welfare of the child;
- c. to preserve and strengthen the child's family ties whenever possible and in the child's best interests, removing the child from the custody of the parents only when the child's welfare or safety cannot be adequately safeguarded without removal; and

**MN Department of Human Services
Social Services Manual**

Children's Protective Services

XVI-4000

Based on statutes and rules in effect as of 08/01/2000

- d. when removal from the child's own family is necessary and in the child's best interests, to secure for the child custody, care and discipline as nearly as possible equivalent to that which should have been given by the parents.

Adapted from Minn. Stat. 260C.001, subd. 2

- 6. Child: A person under 18 years of age.

Adapted from Minn. Stat. 260C.007, subd. 3

- 7. Child Protection Worker: An employee of the local social services agency who is responsible for providing child protective services or who is responsible for supervising employees who provide child protective services.

Adapted from Part 9560.0214, subpart 5

- 8. Child Protective Services: Services that are provided by the local social services agency to protect a child who has reportedly been maltreated by a person within the family unit, or within a facility that is responsible for the child's care. Child protective services include:

- a. assessment or investigation of allegations of child maltreatment within the family unit or facility given responsibility for the care of the child;
- b. protective intervention; and
- c. planning and provision of services to ameliorate the conditions that present risk of harm to the children.

Part 9560.0214, subpart 6

- 9. County Board: The county board of commissioners in each county. A human services board established under Minn. Stat., Chapter 402, or a welfare board established under Minn. Stat., Chapter 393, is considered the county board for purposes of this chapter.

Part 9560.0214, subpart 7

- 10. Department: The Minnesota Department of Human Services.

Part 9560.0214, subpart 8

- 11. Commissioner: Commissioner of the Department of Human Services or the Commissioner's designee.

Part 9560.0214 subpart 6a

- 12. Determination: The decision that is made by a child protection worker at the conclusion of the assessment or investigation. The determination has two components: first, whether child maltreatment occurred; and second, whether child protective services are needed. The determination must be based on a preponderance of the evidence. Maltreatment includes any of the following acts or omissions committed by a person responsible for the child's care:

- a. physical abuse;
- b. neglect;

**MN Department of Human Services
Social Services Manual**

Children's Protective Services

XVI-4000

Based on statutes and rules in effect as of 08/01/2000

- c. sexual abuse;
- d. mental injury.

Adapted from Minn. Stat. 626.556, subd. 10e

A determination that child protective services are needed means that the local social services agency has documented conditions during the assessment or investigation sufficient to cause a child protection worker to conclude that a child is at significant risk of maltreatment if protective intervention is not provided and the individuals responsible for the care of the child are unlikely to take actions to protect the child from maltreatment or risk of maltreatment.

Minn. Stat. 626.556, subd. 10e (b)

A determination of maltreatment must not be made solely because the child's parent, guardian, or other person responsible for the child's care, in good faith selects and depends upon spiritual means or prayer for treatment or care of disease or remedial care of the child, in lieu of medical care. However, if lack of medical care may result in serious danger to the child's health, the local social services agency may ensure that necessary medical services are provided to the child.

Minn. Stat. 626.556, subd. 10e (c)

- 13. Egregious Harm: The infliction of bodily harm to a child or neglect of a child which demonstrates a grossly inadequate ability to provide minimally adequate parental care. The egregious harm need not have occurred in the state or in the county where a termination of parental rights action is otherwise properly venued and special procedures apply as indicated in SSM XVI-4354.

Minn. Stat. 260C.007, subd. 26

- 14. Facility: A licensed or unlicensed day care facility, residential facility, agency, hospital, sanitarium, or other facility or institution that is licensed by the Department of Health, the Department of Corrections, or the Department of Human Services.

Minn. Stat. 626.556, subd. 2(f)

- 15. Family Unit: All persons related to a child by blood, marriage, or adoption, and persons living within the same household as the child, or the child's guardian.

Part 9560.0214, subpart 11

- 16. Fatality: The death of a child from suspected abuse, neglect, or maltreatment.

Minn. Stat. 626.556, subd. 11d

- 17. Findings and Information: A written summary of actions taken or services rendered by a local social services agency following receipt of a report.

Minn. Stat. 626.556, subd. 11d

- 18. Imminent Danger: Threat to a child with immediate and present maltreatment that is life threatening or likely to result in abandonment, sexual abuse, or serious physical injury.

**MN Department of Human Services
Social Services Manual**

Children's Protective Services

XVI-4000

Based on statutes and rules in effect as of 08/01/2000

Part 9560.0214, subpart 12

19. Indian Child: An unmarried person under age 18 who is either a member of an Indian tribe or eligible for membership in an Indian tribe. (See SSM XIII-3500 and XIII-3600, American Indian Children)

**Minn. Stat. 260C.007, subd. 24;
Part 9560.0214, subpart 12a**

20. Infant: A child who is less than one year of age.

45 CFR 1340.15 (b)(3)(i)

21. Infant Medical Neglect: This includes, but is not limited to, the withholding of medically indicated treatment from a disabled infant with a life threatening condition. For the purpose of Minn. Stat. 260C.007, subd. 4, infant is defined as a child less than one year of age, or a child more than one year of age who has been continually hospitalized since birth. The term "withholding of medically indicated treatment" means the failure to respond to the infant's life threatening condition, by providing treatment including appropriate nutrition, hydration, and medication, which in the treating physician's reasonable medical judgment, will be most likely to be effective in ameliorating or correcting all conditions. Withholding medically indicated treatment 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 physician's reasonable medical judgment:

- a. the infant is chronically and irreversibly comatose;
- b. the provision of the treatment would merely prolong dying, not be effective in ameliorating or correcting all of the infant's life threatening conditions, or otherwise be futile in terms of survival of the infant; or
- c. the provision of the treatment would be virtually futile in terms of the survival of the infant and the treatment under the circumstances would be inhumane.

**Minn. Stat. 260C.007, subd. 4(5);
Part 9560.0214, subpart 13**

22. Investigation: A process for determining whether abuse or neglect of a child has occurred and is conducted by a law enforcement agency and/or a local social services agency, to determine who may have committed the maltreatment, and whether any violation of the statutes relating to child maltreatment has occurred. The law enforcement agency and the local social services agency must coordinate the planning and execution of their respective investigation efforts when a report of child maltreatment alleges a violation of criminal statutes. The local social services agency shall conduct investigations when a report alleges neglect, physical abuse, or sexual abuse by a parent, guardian, or individual functioning within the family unit as a person responsible for the child's care.

**Adapted from Minn. Stat. 626.556, subd. 3b and c;
Minn. Stat. 626.556, subd. 10 b (a)(1)-(2);**

MN Department of Human Services Social Services Manual

Children's Protective Services

XVI-4000

Based on statutes and rules in effect as of 08/01/2000

Part 9560.0214, subpart 14

23. Law Enforcement Agency: The Department of Public Safety, the local police or sheriff's department, or the state highway patrol.

Part 9560.0214, subpart 15

24. Legal Custody: The right to care, custody, and control of a child who has been taken from a parent by the court under a delinquency, child in need of protective services, or termination of parental rights proceeding.

**Minn. Stat. 260B.007, subd. 8;
Minn. Stat. 260C.007, subd. 10**

25. Local Agency: The social services agency which is authorized by the county board to provide social services and financial assistance.

Part 9560.0214, subpart 17

26. Maltreatment: Physical abuse, sexual abuse, neglect, and mental injury as defined in the following Minnesota Statutes:

Physical Abuse: 626.556, subd. 2(d)
Sexual Abuse: 626.556, subd.2(a)
Neglect: 626.556, subd. 2(c)
Mental Injury: 626.556, subd. 2(k).

27. Mental Injury: Injury to the psychological capacity or emotional stability of a child as evidenced by an observable or substantial impairment in the child's ability to function within a normal range of performance and behavior with due regard to the child's culture.

Minn. Stat. 626.556, subd. 2(k)

28. Near Fatality: A case in which a physician determines that a child is in serious or critical condition as a result of sickness or injury caused by suspected abuse, neglect or maltreatment.

Minn. Stat. 626.556, subd. 11d(2)

29. Neglect: Failure by a person responsible for a child's care to supply a child with necessary food, clothing, shelter, medical care, or to ensure that the child is educated according to Minnesota Statutes, when reasonably able to do so. Neglect also occurs when the person responsible for the care of a child fails to protect the child from conditions or actions which imminently and seriously endanger the child's physical or mental health, when reasonably able to do so.

Minn. Stat. 626.556, subd. 2(c)(1)(2)(4)

Neglect also includes:

- a. failure to provide necessary supervision or child care arrangements appropriate for a child considering factors such as the child's age, mental ability, physical condition,

**MN Department of Human Services
Social Services Manual**

Children's Protective Services

XVI-4000

Based on statutes and rules in effect as of 08/01/2000

length of absence, or environment, when the child is unable to care for the child's own basic needs or safety, or the basic needs or safety of another child;

Minn. Stat. 626.556, subd. 2(c)(3)

- b. chronic and severe use of alcohol or a controlled substance by a parent or person responsible for the care of the child that adversely affects the child's basic needs and safety;

Minn. Stat. 626.556, subd. 2(c)(8)

- c. emotional harm from a pattern of behavior which contributes to impaired emotional functioning of the child which may be demonstrated by a substantial and observable effect in behavior, emotional response, or cognition that is not within the normal range for the child's age and stage of development, with due regard to the child's culture;

Minn. Stat. 626.556, subd. 2(c)(9)

- d. an injurious or dangerous environment which may include (but is not limited to) the exposure of a child to criminal activity in the child's home;

Adapted from Minn. Stat.260C.007, subd. 4 (9)

- e. a child who is experiencing growth delays, which may be referred to as failure to thrive, that have been diagnosed by a physician and are due to parental neglect;

Minn. Stat. 260C.007, subd. 4 (10)

- f. prenatal exposure to a controlled substance used by the mother for a non-medical purpose, as evidenced by:

- (1) the withdrawal symptoms in the child at birth;
- (2) results of a toxicology test performed on the mother at delivery;
- (3) results of a toxicology test performed on the child at birth; or
- (4) medical effects or developmental delays during the child's first year of life that medically indicate prenatal exposure to a controlled substance.

Adapted from Minn. Stat. 626.556, subd. 2 (c)

- g. medical neglect which is defined as withholding medically indicated treatment from a child. (See definition of infant medical neglect)

Adapted from Minn. Stat. 260C.007, subd. 4 (5)

NOTES: The neglect statute does not construe that a child is neglected solely because a parent, guardian, or other person who is responsible for the child's care in good faith selects and depends on spiritual means or prayer for medical treatment or remedial care of disease or remedial care of the child rather than medical care. A mandated reporter has the duty to notify the local social services agency if a lack of medical care may cause serious danger to the child's health.

Minn. Stat. 626.556, subd. 2(c)(5)

MN Department of Human Services Social Services Manual

Children's Protective Services

XVI-4000

Based on statutes and rules in effect as of 08/01/2000

Minnesota law does not require a person who is not legally responsible for the care of a child, to provide the necessary food, clothing, shelter, education or medical care for the child.

Minn. Stat. 626.556, subd. 2(c)(5)

30. Person Responsible for a Child's Care:

- a. An individual functioning within the family unit and having responsibilities for the care of the child, such as a parent, guardian, or other person with similar care responsibilities.
- b. An individual outside the family unit and having responsibilities for the care of the child such as a teacher, school administrator, or other lawful custodian of a child having either full time or short-term care responsibilities. Some examples are a child care provider, babysitter (paid or unpaid), counselor, teacher, and coach, etc.

Minn. Stat. 626.556, subd. 2 (b)

31. Physical Abuse: Any non-accidental physical injury, mental injury, or threatened injury inflicted by a person responsible for the child's care, on a child; or a physical or mental injury that cannot reasonably be explained by the child's history of injuries; or any aversive or deprivation procedures that have not been authorized for use in facilities.

Physical abuse also includes the following acts toward a child which constitute abuse when done in anger or without regard to the child's safety:

- a. throwing, kicking, burning, biting, or cutting a child;
- b. striking a child with a closed fist;
- c. shaking a child under age 3;
- d. striking or other actions which result in any non-accidental injury to a child under 18 months;
- e. unreasonable interference with a child's breathing;
- f. threatening a child with a weapon, as defined in Minn. Stat. 609.02, subd. 6;
- g. striking a child under age one on the face or head;
- h. purposely giving a child poison, alcohol, dangerous harmful or controlled substances which were not prescribed for the child by a practitioner, in order to control or punish the child, or other substances that substantially affect the child's behavior, motor coordination, or judgment or that results in sickness or internal injury, or subjects the child to medical procedures that would be unnecessary if the child were not exposed to the substances; or
- i. unreasonable physical confinement or restraint not permitted under Minn. Stat. 609.379, including but not limited to tying, caging, or chaining.

MN Department of Human Services Social Services Manual

Children's Protective Services

XVI-4000

Based on statutes and rules in effect as of 08/01/2000

The statute prohibits the deprivation of a nutritious diet, drinking water, adequate ventilation, necessary medical care, ordinary hygiene facilities, normal sleeping conditions, necessary clothing, and use of faradic shock without a court order. There are specific conditions under which permitted practices are to be carried out.

**Minn. Stat. 626.556, subd. 2(d);
Minn. Stat. 245.825;
Part 9545.0160**

32. Prenatal Exposure to a Controlled Substance: A pregnant woman who has engaged during the pregnancy in habitual or excessive use, for non-medical purposes, any of the following controlled substances or derivatives of the drug compounds: cocaine, heroin, phencyclidine, methamphetamine, or amphetamine.

**Minn. Stat. 253B.02, subd. 2;
Minn. Stat. 626.556, subd. 2 (c)(6)**

33. Protective Intervention: Action taken on the part of the local social services agency to provide for the safety of the child who has been determined to be at risk of maltreatment or who has been maltreated. The paramount consideration in all court proceedings concerning a child found to be in need of protection or services is the health, safety and best interests of the child.

**Adapted from Minn. Stat. 626.556, subd. 10e (b);
Minn. Stat. 260C.001, subd. 2;
Part 9560.0218, subpart 8;
Part 9560.0222, subpart 11**

34. Protective Supervision: A disposition of the Juvenile Court which provides that while the child is in the home of a parent of the child, the child is under the supervision of the county or human services board or child placing agency. Conditions are prescribed by the court and directed toward correcting the child's need for protection or services.

Minn. Stat. 260C.201, subd 1

35. Report of Maltreatment: An oral or written report received by the local social services agency, police department, county sheriff, or agency responsible for assessing or investigating the report alleging that a child is being or has been maltreated.

Adapted from Minn. Stat. 626.556, subd. 2(e)

36. Responsible Agency: The Department of Children, Families, and Learning assesses or investigates allegations of child maltreatment against school staff in public preschools, elementary, middle, and high schools, and charter schools.

Minn. Stat. 626.556, subd. 3b

The local social services agency assesses or investigates allegations of child maltreatment in families, foster care, family child care, unlicensed child care, and in juvenile correctional

MN Department of Human Services Social Services Manual

Children's Protective Services

XVI-4000

Based on statutes and rules in effect as of 08/01/2000

facilities licensed under Minn. Stat. 241.021 that are located in the local social services agency's county.

Minn. Stat. 626.556, subd. 3c(1)

The Department of Health assesses or investigates allegations of child maltreatment in facilities licensed under Minn. Stat. 144.50 to 144.58 and in unlicensed home health care.

Minn. Stat. 626.556, subd. 3c(3)

The Department of Human Services assesses or investigates reports of maltreatment licensed under chapter 245A.

Minn. Stat. 626.556, subd. 3c(2)

37. Sexual abuse: A person responsible for the child's care or a person in a position of authority has sexual contact with a child under the age of 18, that violates any of the following: Minn. Stat. 609.342 to 609.3451 (criminal sexual conduct), Minn. Stat. 609.321 to 609.324 (prostitution) and Minn. Stat. 617.246 (use of minors in sexual performance). Sexual contact includes fondling, touching intimate parts, and sexual intercourse. Sexual abuse also includes the use of a child in a production of sexually explicit works, or knowingly allowing a child to engage in prostitution, as well as other behaviors described in the statutes cited above. Threatened sexual abuse is included in the definition of sexual abuse.

Adapted from Minn. Stat. 626.556, subd. 2(a)

The position of authority over a child includes, but is not limited to, anyone who is a parent or is acting in the place of a parent and charged with any of the parent's rights, duties, or responsibilities to a child. It also includes a person responsible for the health, welfare, or supervision of a child, either independently or through another, no matter how brief, at the time of the act. Position of authority includes a psychotherapist.

Adapted from Minn. Stat 609.341, subd. 10

38. Shelter Care Facility: A facility that is physically unrestricted, which includes a hospital, group home, or a licensed foster care facility that provides temporary care of a child pending court action.

**Adapted from Minn. Stat. 260B.007, subd. 15;
Minn. Stat. 260C.007, subd. 17**

39. Subject: Any person on whom the agency responsible for assessing or investigating the report retains private or confidential information obtained from reports of maltreatment or during assessments or investigations of reports of maltreatment.

Part 9560.0214, subpart 21

40. Tennesen Notice: During assessment or investigation of a child maltreatment allegation, the notice to a potential child protection client of their data privacy rights.

**Adapted from Minn. Stat. 13.04, subd. 2;
Part 9560.0216, subpart 7**

MN Department of Human Services Social Services Manual

Children's Protective Services

XVI-4000

Based on statutes and rules in effect as of 08/01/2000

41. Threatened Injury: A statement, overt act, condition, or status that represents a substantial risk of physical or sexual abuse or mental injury.

Minn. Stat. 626.556, subd. 2 (l)

Purpose

XVI-4130

The purpose of the child protection system is to protect children from maltreatment. The local social services agency must carry out community responsibility for safeguarding the rights, well-being, health, and safety of children whose parents or caretakers are unable or unwilling to do so, or whose parents or caretakers actively violate their children's rights or jeopardize their welfare.

In addition, it is the public policy of the State to require the reporting of neglect, physical abuse, or sexual abuse of children in their home, school and community settings; to provide for the voluntary reporting of maltreatment of children; to require the assessment and investigation of these reports; and to provide protective and counseling services in appropriate cases.

**Adapted from Minn. Stat. 626.556, subd. 1;
Part 9560.0210**

Fulfilling this purpose includes:

1. Ensuring that children are protected against further experiences and conditions detrimental to their healthy growth and development.
2. Helping parents recognize and remedy the conditions that are harmful to their children, and to fulfill their parental roles more adequately.
3. Initiating action, with parental consent and cooperation or through a petition to the court, to ensure that the child will receive proper care and supervision.
4. Providing, when necessary, a safe temporary or permanent home environment for abused or neglected children.

**Adapted from Minn. Stat. 626.556, subd. 1;
Minn. Stat. 260C.001, subd. 2**

Goals

XVI-4140

The goals of child protective services are to:

1. Ensure that every child whose health or welfare may be jeopardized through physical abuse, neglect, or sexual abuse in Minnesota is protected.
2. Ensure that every child alleged to be a victim of maltreatment receives immediate attention and when necessary, immediate protection.
3. Ensure the delivery of child protective services in response to the need, the law, and standards of practice.

Adapted from Minn. Stat. 626.556, subd. 1

MN Department of Human Services Social Services Manual

Children's Protective Services

XVI-4000

Based on statutes and rules in effect as of 08/01/2000

4. Ensure the provision of services to assist parents in functioning to their full capacity, so that family breakdowns may be prevented or the effects of temporary or permanent breakdowns mitigated.

5. Prevent unnecessary separation of a child from the child's parents.

Adapted from Minn. Stat. 260C.001, subd. 2

6. Ensure that the child maintains a relationship with the child's parents, unless the child's physical or emotional well-being would be endangered.

Adapted from Minn. Stat. 260C.001, subd.2;

Minn. Stat. 260C.178, subd. 3;

Minn. Stat. 260C.201, subd. 5

County of Service

XVI-4200

The child protective assessment and ongoing services are to be provided by the county in which the child is currently physically residing. If the child is in a residential facility, ongoing services are the responsibility of the county where the child resided immediately prior to placement.

Minn. Stat. 256G.01, subd. 3;

Minn. Stat. 256G.02, subd. 8;

Minn. Stat. 256G.07, subd. 4

In cases of imminent danger, the local social services agency must screen and assess reports of maltreatment of any child found in the county, regardless of the legal residence of the child. The local agency must provide emergency social services. The local agency must not seek a determination of the county of financial responsibility for the child and reimbursement for services until after providing for the safety of the child.

Minn. Stat. 260C.121, subd. 1;

Part 9560.0216, subpart 2

In cases where the child is not in imminent danger, the local social services agency must provide child protective services to any child residing in the county who is alleged to have been maltreated. In any situation where a child is not in imminent danger, and the situation involves a family member of an employee of the local agency or board member of the local agency, the local agency may request that another agency provide the child protection services.

Part 9560.0216, subpart 1a

NOTE: Law enforcement agencies typically only investigate incidents that occur within their jurisdiction, so the local social services agency may have to coordinate its assessment with law enforcement agencies from outside the county in situations where the alleged maltreatment occurred in a county or state other than where the child resides.

Report of Abuse or Neglect

XVI-4300

A mandated reporter, who knows or has reason to believe that a child is being neglected, physically or sexually abused, or who has been neglected, physically or sexually abused in the

MN Department of Human Services Social Services Manual

Children's Protective Services

XVI-4000

Based on statutes and rules in effect as of 08/01/2000

preceding three years, must immediately report the information to the local social services agency, the agency responsible for assessing or investigating the report, police department, or county sheriff. A mandated reporter of maltreatment is directed to report to the agency that is responsible for licensing the facility, if the child is in out-of-home care. A mandated reporter is defined as:

1. a professional or professional's delegate who is engaged in the practice of the healing arts, social services, hospital administration, psychological or psychiatric treatment, child care, education, or law enforcement; or
2. employed as a member of the clergy and received information while engaged in ministerial duties, provided that a member of the clergy is not required to report information that is otherwise privileged under Minn. Stat. 595.02, subd. 1 (c).

Any person may voluntarily report to the local social services agency or law enforcement agency, if the person knows or has reason to believe that a child is being or has been neglected, physically or sexually abused.

Adapted from Minn. Stat. 626.556, subd. 3

An oral report must be made immediately by telephone or otherwise. An oral report made by a person who is a mandated reporter must be followed with a written report within 72 hours (excluding weekends and holidays) to the appropriate local social services agency or law enforcement agency. Any report must be of sufficient content to identify the child, any person believed to be responsible for the maltreatment (if known), the nature and extent of the maltreatment, and the name and address of the reporter. Written reports must be copied and forwarded to the local law enforcement agency. A written copy of a report that is maintained by personnel of a social services or law enforcement agency is subject to the data practices statute, so the written report is confidential. The individual subject of the report may obtain access to the original report as limited by Minn. Stat. 626.556, subd. 11.

Minn. Stat. 626.556, subd. 7

A person who makes a voluntary or mandated report, or any person who assists in an assessment of child maltreatment, who is acting in good faith, is immune from civil or criminal liability. Any school or facility or employees of the school or facility who permit child protection and/or law enforcement staff to have access to the child or assists in the assessment are immune from civil or criminal liability. A person responsible for the assessment and their supervisor are immune from civil and criminal liability if the person is acting in good faith and exercises due care, and acting in good faith and following the information collection procedures, specified in Minn. Stat. 626.556, subd. 10 (h) (i) and (j). Civil and criminal immunity is not provided if a person fails to make a child protection report or for committing physical abuse, neglect, or sexual abuse of a child.

Adapted from Minn. Stat. 626.556, subd. 4

An employer of any person required to make child protection reports must not retaliate against the person for reporting in good faith allegations of child maltreatment to the local social services

MN Department of Human Services Social Services Manual

Children's Protective Services

XVI-4000

Based on statutes and rules in effect as of 08/01/2000

agency, or against the child who is the subject of the report. If an employer retaliates against an employee for making a child protection report, the employer is liable to that person for actual damages and, in addition a penalty up to \$10,000.

Adapted from Minn. Stat. 626.556, subd.4a (a) (b)

Any person who knowingly or recklessly makes a false report to the local social services agency is liable in civil court for actual damages suffered by the person who was reported, and any punitive damages set by the court or jury, in addition to costs and reasonable attorney fees.

Adapted from Minn. Stat. 626.556, subd. 5

A person mandated to make a child protection report, but who fails to do so, is guilty of a misdemeanor.

Adapted from Minn. Stat. 626.556, subd. 6

Local Agency Responsibility

XVI-4310

The local social services agency must accept and screen all reports alleging that a child has been physically or sexually abused or neglected, including incidents which have occurred in the preceding three years. The local agency must respond to both oral and written reports of alleged maltreatment to a child. Upon receipt of the report of child maltreatment, the local social services agency must immediately notify the local law enforcement agency, both orally and in writing.

Adapted from Minn. Stat. 626.556, subd. 3 and 7;

Part 9560.0214, subpart 19;

Part 9560.0216, subparts 1 and 3

Reports Requiring Assessment or Investigation by Local Agency

XVI-4311

The local social services agency must screen reports of maltreatment to determine the need for assessment. If the report meets the following criteria, the agency must conduct an assessment:

1. the allegations in the report constitute maltreatment;
2. there is sufficient information to identify the child; and
3. the report contains information that has not been previously received and assessed by the agency.

Adapted from Minn. Stat. 626.556, subd. 7 and 10;

Part 9560.0216, subpart 3

The person who conducts an assessment may not have:

1. any direct or shared financial interest or referral relationship resulting in a direct or shared financial gain with a provider of treatment for child abuse and neglect; or
2. a personal or family relationship with a party of the investigation.

MN Department of Human Services Social Services Manual

Children's Protective Services

XVI-4000

Based on statutes and rules in effect as of 08/01/2000

If an independent assessor is not available, the person responsible for making the determination, may use the services of an assessor with financial interest, referral relationship, or personal or family relationship.

Minn. Stat. 626.556, subd. 14

The local social services agency must immediately notify the local police department or county sheriff, orally and in writing, upon receiving a report of neglect, sexual abuse or physical abuse to a child. (This notification must occur within 24 hours of the receipt of the report.) The local agency must designate a person within the agency who is responsible for ensuring that the notification to the police or sheriff is carried out. If the local social services agency receives a report of abuse or neglect and fails to make a report to the local law enforcement agency, the person responsible for ensuring that notification is made is subject to disciplinary action, in keeping with the agency's existing policy and collective bargaining agreement on discipline of employees.

**Adapted from Minn. Stat. 626.556, subd. 3 (a), (b), (e);
Minn. Stat. 626.556, subd. 6a**

When a report is received that concerns alleged maltreatment of a child who is a client of an agency, facility, or program that provides treatment for individuals with chemical dependency, emotional disturbance, mental illness, mental retardation, or a related condition, the local social services agency must immediately inform the ombudsman for mental health and mental retardation.

Adapted from Minn. Stat. 626.556, subd. 10 (b)

Reports Not Requiring Assessment or Investigation by the Local Agency XVI-4312

When the local social services agency receives a report of maltreatment that does not involve an alleged offender from within the family unit or from within a licensed facility, the local social services agency must notify the law enforcement and the agency responsible for assessing or investigating the report orally as soon as the report is received. Written notice must be sent to the law enforcement agency within 24 hours.

The local agency must make appropriate social services available to the child and family.

**Adapted from Minn. Stat. 626.556, subd. 10a;
Part 9560.0224**

Time Frames for Initiating and Completing an Assessment

XVI-4313

All reports must be evaluated at the time that they are received to determine the immediacy of the agency's report. The local social services agency must respond to reports of maltreatment within the following time lines:

1. When a report of maltreatment indicates that a child is in imminent danger, the local agency must take action as soon as the report is received to provide for the safety of the child.

MN Department of Human Services Social Services Manual

Children's Protective Services

XVI-4000

Based on statutes and rules in effect as of 08/01/2000

2. When a report of maltreatment alleges infant medical neglect, the local agency must initiate an assessment as soon as the report is received.
3. When a report of maltreatment does not indicate a child is in imminent danger, the local agency must initiate an assessment within one working day after receiving the report. The local agency may delay initiating the assessment up to 72 hours, if the following conditions are present:
 - a. the local social services agency has reasonable grounds to believe the child will not be in imminent danger during that time; and
 - b. the need to respond to more serious reports prevents the local agency from acting within one working day.

**Adapted from Part 9560.0216, subpart 5;
Part 9560.0230, subpart 2**

4. The local agency shall make the determination required under parts 9560.0218, subpart 7; 9560.0220, subpart 6; and 9560.0222, subparts 10 and 12, within 90 days of receiving the report.

Notice to Person Being Interviewed

XVI-4314

When interviewing a person who is asked to provide private or confidential information about himself or herself as part of an assessment or investigation, the child protection worker must:

1. orally inform the person of the following:
 - a. why the information is being requested;
 - b. how the information is being used;
 - c. that the person may refuse to answer questions;
 - d. the consequences of either answering or refusing to answer the questions; and
 - e. the other persons or agencies authorized to receive the information being requested.
2. provide in writing:
 - a. the information given orally and identified above;
 - b. the person's right to access the data, in accordance with the Data Practices Act (Minn. Stat. 13.04, subd. 3); and
 - c. the right of the person determined to have maltreated a child or the child's designee, to request an administrative reconsideration of the final determination, and if that process is unsatisfactory, the right to request a fair hearing.

Part 9560.0216, subpart 7

MN Department of Human Services Social Services Manual

Children's Protective Services

XVI-4000

Based on statutes and rules in effect as of 08/01/2000

NOTES:

1. The oral and/or written notice does not have to be provided to children under the age of 10 years, who are the alleged victims of maltreatment, in accordance with Minn. Stat. 626.556, subd. 11.
2. Notice to the parent does not need to be provided before interviewing the child when the parent is the alleged perpetrator.

Adapted from Minn. Stat. 626.556, subd. 11a

Medical Neglect

XVI-4320

A parent, guardian, or caretaker who knows or reasonably should know that the child's health is in serious danger and who fails to report to the local social services agency is guilty of a gross misdemeanor if the child suffers substantial or great bodily harm because of the lack of medical care. If the child dies due to lack of medical care, the person who failed to report is guilty of a felony. If a parent, guardian, or a caretaker responsible for the child's care in good faith selects and depends on spiritual means or prayer for treatment or care of a child, this does not exempt a parent, guardian, or a caretaker from the duty to report to the local social services agency.

**Minn. Stat. 626.556, subd. 6;
Minn. Stat. 609.378, subd. 1 (a) (1)**

Prenatal Exposure to Controlled Substances

XVI-4321

For the purpose of assessing child protection reports, prenatal exposure to controlled substances, is defined as a pregnant woman who has engaged during the pregnancy in habitual or excessive use, for a nonmedical purpose, any of the following controlled substances or their derivatives: cocaine, heroin, phencyclidine, methamphetamine, or amphetamine.

Minn. Stat. 626.5561, subd. 1 and 4

Any person mandated to report to child protection must immediately report if the person knows or has reason to believe that a pregnant woman is using controlled substances for a nonmedical purpose during the pregnancy. Any person may make a voluntary report to child protection if they suspect that a pregnant woman is using a controlled substance for nonmedical purposes. Any report must include the name of the pregnant woman, the nature and extent of her drug use, and if known, the name and address of the reporter.

Minn. Stat. 626.5561, subd. 1

If a report alleges that a pregnant woman is using controlled substances for a nonmedical purpose, the local social services agency must immediately conduct an appropriate assessment and offer services indicated under the circumstances. Services may include, but are not limited to, a referral for chemical dependency assessment and treatment if recommended, and referral for prenatal care. The local social services agency may also take action permitted under the Civil Commitment Act, Minn. Stat. 253B.05, to seek an emergency admission to a hospital chemical dependency treatment unit or psychiatric unit, if any of the following conditions are present:

MN Department of Human Services Social Services Manual

Children's Protective Services

XVI-4000

Based on statutes and rules in effect as of 08/01/2000

1. the individual is incapable of self management or management of personal affairs due to excessive and habitual use of alcohol or drugs;
2. the individual's recent conduct, as a result of habitual and excessive use of alcohol or drugs poses a substantial likelihood of physical harm to self or others as demonstrated by:
 - a. a recent attempt or threat to physically harm self or others;
 - b. evidence of recent serious physical problems; or
 - c. a failure to obtain necessary food, clothing, shelter, or medical care.

Under the Prenatal Exposure to Controlled Substances law (Minn. Stat. 626.5561), emergency admission may also be sought if the pregnant woman refuses to accept voluntary services or fails recommended treatment.

**Minn. Stat. 253B.02, subd. 2;
Minn. Stat. 626.5561, subd. 2**

A physician must administer a toxicology test to a pregnant woman under the physician's care, or to a woman under the care of the physician within eight hours of the delivery, to determine whether there is evidence that she ingested a controlled substance, if the woman has obstetrical complications that are a medical indication of possible use of a controlled substance for nonmedical purposes. If the test results are positive, the physician must report the test results to the local social services agency. A negative test result does not eliminate the obligation to make a child protection report, if other evidence gives the physician reason to believe that the patient used a controlled substance for a nonmedical purpose.

Minn. Stat. 626.5561, subd. 1

A physician must administer a toxicology test to determine whether there is evidence of prenatal exposure to a controlled substance, to each newborn infant under the physician's care, if the physician has reason to believe, based on the medical assessment of the infant or mother, that the mother used a controlled substance for a nonmedical purpose during the pregnancy. If the test results are positive, the physician must make a report of neglect to the local social services agency. A negative test result does not eliminate the obligation to report to the local social services agency if other medical evidence of prenatal exposure is present.

Minn. Stat. 626.5561, subd. 2

A physician who administers a toxicology test to a woman within eight hours of the delivery or infant at birth, or within the first month of life, is immune from civil or criminal liability arising from the administration of the toxicology test, if the physician believes in good faith that the test is required, and is administered in accordance with established protocol and reasonable medical practice.

Minn. Stat. 626.5561, subd. 4

MN Department of Human Services Social Services Manual

Children's Protective Services

XVI-4000

Based on statutes and rules in effect as of 08/01/2000

A positive toxicology test, reported as a prenatal exposure to controlled substance, must be from a drug testing laboratory that is properly licensed, accredited, or certified to perform toxicology tests.

Adapted from Minn. Stat. 626.5561, subd. 5

NOTE: In the event that a report of prenatal exposure to controlled substances is made on a woman who was administered prescribed medications by the treating physician, during the process of labor and delivery, particularly in a caesarean section delivery, it is recommended that the physician or pharmacist review the drugs that were administered during the medical procedure, the times that the prescribed medications were administered, and the time of the toxicology tests, to determine that a positive toxicology test has identified medications that were given for medical purposes. Some of the prescribed medications used in medical procedures are derivatives of cocaine, and other drugs that are available as street drugs.

Adapted from Minn. Stat. 626.5561

Prenatal Exposure to Alcohol

XVI-4322

Unlike prenatal exposure to controlled substances, using or abusing alcohol during pregnancy is not child maltreatment under Minnesota law. However, after a child is born, the child may be considered neglected if the parent(s) chronic and severe use of alcohol or a controlled substance adversely affects the child's basic needs and safety, as described in SSM XVI-4120.

Mandated reporters of child maltreatment under the Maltreatment to Minors Act, and adult members of a pregnant woman's household, may make a report or take any other initial action when they are aware of a situation of alcohol abuse by a pregnant woman. For a mandated reporter, these options include:

1. directly arranging for a Rule 25 chemical use assessment, which is an evaluation of a person's substance use by a qualified professional. This could be done by referral to the woman's health plan or to an agency providing substance abuse assessment services;
2. reporting the woman to a maternal child substance abuse project for assessment and provision of services; or
3. choosing to take no action.

An adult member of a pregnant woman's household may also make a report to the local social services agency or maternal substance abuse project if he or she has reason to believe that a woman is pregnant and has abused alcohol during the pregnancy.

If a report is made, it should include sufficient information to identify the pregnant woman, the nature and extent of the alcohol abuse if known, any associated health risks and the name and address of the reporter. This includes information about the location of the pregnant woman and how to contact her. While certain people may make reports regarding alcohol abuse by a pregnant

MN Department of Human Services Social Services Manual

Children's Protective Services

XVI-4000

Based on statutes and rules in effect as of 08/01/2000

woman, federal or state laws regarding confidentiality of substance abuse information may prohibit this person from making the report.

Minn. Stat. 626.5563, subd. 2

Reporting Noncompliance

XVI-4322.01

If a mandated reporter of child maltreatment has chosen to arrange for a chemical use assessment, he or she should try to find out whether the woman followed through with the assessment or complied with the assessor's recommendations. If the woman fails to do either of these things, the person initiating the referral must report the noncompliance to the local social services agency.

If a woman fails to cooperate with the local social services agency, in most cases the case should be closed. In a more severe situation, civil commitment, under Minn. Stat. Chapter 253B, is permitted for chemically dependent persons who are determined to be incapable of self-management or management of personal affairs by reason of the habitual and excessive use of alcohol and whose recent conduct as a result of habitual and excessive use of alcohol poses a substantial likelihood of physical harm to self or others as demonstrated by:

1. a recent attempt or threat to physically harm self or others;
2. evidence of recent serious physical problems; or
3. a failure to obtain necessary food, clothing, shelter, or medical care.

**Minn. Stat. 253B.02, subd. 2;
Minn. Stat. 626.5563, subd. 3 (c)**

Responsibilities of the Local Social Services Agency

XVI-4322.02

Within five days of receiving a report of prenatal exposure to alcohol, the local social services agency must conduct an appropriate assessment. The local social services agency may conduct a needs assessment with the pregnant woman to identify her needs for services, or refer her to the local maternal child substance abuse program. Since this particular type of report does not constitute a report of maltreatment, the agency should not respond with a child protection assessment.

The services offered to the pregnant woman must include a Rule 25 chemical use assessment. Women with private health insurance or Pre-Paid Medical Assistance Programs (PMAP) can obtain chemical use assessment through their health care provider. Women with medical coverage through Medical Assistance or MinnesotaCare or without health insurance should be referred to the Rule 25 chemical use assessor in the local social services agency. Other services appropriate to the situation may be offered or arranged.

A report to the local social services agency must be made where a woman refuses to comply with the recommendations of the chemical use assessment or is found by a maternal child substance abuse project to be continuing to abuse alcohol. The local social services agency will report

MN Department of Human Services Social Services Manual

Children's Protective Services

XVI-4000

Based on statutes and rules in effect as of 08/01/2000

summary disposition information regarding noncompliance or continuing abuse of alcohol to the Department of Human Services, Family and Children's Services Division.

A person making a report or conducting or assisting in an assessment is protected from civil and criminal liability if the person acted in good faith in making the report. There are no penalties for failure to report, and no civil, criminal, or administrative proceeding may be instituted against a person for not making a report.

Minn. Stat. 626.5563

Reports of Medical Neglect Alleging the Withholding of Medically Indicated Treatment from Disabled Infants With Life-Threatening Conditions (Infant Medical Neglect)

XVI-4323

Screening Infant Medical Neglect

XVI-4323.01

When the local social services agency receives a report alleging infant medical neglect, it must screen the report to determine if it meets the following criteria:

1. the child is less than one year of age;
2. the child is hospitalized;
3. the allegations meet the statutory definition of infant medical neglect. The statute states that medical neglect includes, but is not limited to, withholding of medically indicated treatment from a disabled infant with a life threatening condition. The term "withholding medically indicated treatment" means the 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 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, and medication to an infant when, in the treating physician's or physicians' reasonable medical judgment:
 - a. the infant is chronically and irreversibly comatose;
 - b. the provision of treatment would merely prolong dying, not be effective in ameliorating all of the infant's life threatening conditions, or otherwise be futile in terms of the survival of the infant; or
 - c. the provision of the treatment would be virtually futile in terms of the survival of the infant and the treatment itself under the circumstances would be inhumane.
4. the report contains sufficient identifying information to conduct an assessment;
5. the report contains information that has not previously been received and assessed by the local social services agency.

All reports meeting the above criteria must be assessed as soon as the report is received.

Adapted from Minn. Stat. 260C.007, subd. 4 (5);

MN Department of Human Services Social Services Manual

Children's Protective Services

XVI-4000

Based on statutes and rules in effect as of 08/01/2000

**Part 9560.0214, subpart 13;
Part 9560.0218, subpart 1**

NOTE: If a report alleges the withholding of medically indicated treatment of a child older than one year of age, who has been continually hospitalized since birth, who was born prematurely, or who has a long-term disability, the local social services agency must obtain an independent medical examination to assist in the determination of medical neglect. (See SSM XVI-4323.03 for the process to obtain an independent medical examination)

The name of a reporter is confidential and may not be released to anyone without court order, or the reporter's permission.

Adapted from Minn. Stat. 626.556, subd. 11

Assessment of Infant Medical Neglect

XVI-4323.02

1. The child protection assessment worker must determine the type of medical neglect involved. If the allegations do not involve the withholding of medically indicated treatment (nutrition, hydration, and medication), established procedures for a child protection assessment of medical neglect must be followed.
2. During the assessment it is strongly recommended that law enforcement officials not be involved in cases involving suspected withholding of medically indicated treatment from hospitalized infants. Child protection staff members are required to make a report to law enforcement, although law enforcement assistance may not be required for the assessment.
3. If the report alleges that medically indicated treatment is being withheld from a hospitalized infant, the child protection worker must take the following action:
 - a. Immediately contact the designated hospital staff to notify the hospital that a report has been received and the nature of the report, and to request that the hospital staff obtain the following information as quickly as possible:
 - (1) whether the infant's life or health is in immediate danger;
 - (2) the location of the child's parents. Identify who is making decisions about the child's medical care; and
 - (3) the name and telephone number of the treating physician(s).
 - b. Arrange on-site consultation with the parents of the infant, the attending physician, and other appropriate hospital staff. The purpose of the consultation is to:
 - (1) determine if the parents have been provided adequate information and whether they understand the diagnosis and prognosis of their infant's condition and treatment options;

MN Department of Human Services Social Services Manual

Children's Protective Services

XVI-4000

Based on statutes and rules in effect as of 08/01/2000

- (2) verify that appropriate nutrition, hydration, and medication are being provided to the infant. This is a medical determination, and must be verified by the medical consultant selected by the local social services agency;
 - c. If hospital staff determines that death is imminent without treatment, the child protection worker must arrange for immediate medical consultation and consultation with the infant's parents. If it is determined that death is not imminent, the child protection worker will arrange an on-site meeting at the earliest possible time, preferably the same day or the next morning.
 - d. Child protection staff must consult the following parties:
 - (1) the Department's child protection services staff;
 - (2) parents of the infant, either at the hospital, at their home, or wherever they are staying;
 - (3) the attending physician(s);
 - (4) the hospital social worker responsible for the child's case;
 - (5) nursing staff responsible for the care of the child, and nursing staff responsible for the care of the mother, if the mother is hospitalised; and
 - (6) the medical consultant selected by the local social services agency will be included in interviews and meetings if child protection staff and/or the medical consultant deems this to be necessary.
 - e. The child protection staff person may want to interview other people knowledgeable about the case, such as:
 - (1) the chairperson from the hospital ethics committee or infant care review committee if available, and if they have reviewed the case; or
 - (2) other professionals whom the hospital staff may identify as helpful to the assessment process, such as the hospital Chaplin, patient representative, hospital administrator, a hospital attorney.
 4. The child protection worker must arrange for the review of medical records by a medical consultant. The person selected as the case medical consultant should be knowledgeable about pediatric medicine as well as other medical aspects of the child's diagnosed condition(s). The choice of a medical consultant must be discussed with the Department's staff prior to the consultant's appointment to the case when the Department's child protection staff is available.

The purpose of the review is to determine if medically indicated treatment is being withheld and to verify that appropriate nutrition, hydration, and medication is being provided to the infant. If the medical consultant is willing to make such a determination and verification by telephone interview with the treating physician and/or other people knowledgeable about

MN Department of Human Services Social Services Manual

Children's Protective Services

XVI-4000

Based on statutes and rules in effect as of 08/01/2000

the infant's condition and treatment being provided, the child protection worker may accept the determination and discontinue the assessment. If the medical consultant is not willing to make a determination without visual inspection of the medical records, or is unable to do so, the child protection worker must arrange to have the medical records copied and delivered immediately to the medical consultant.

5. If the medical consultant is unwilling or unable to make the determination of withholding of medically indicated treatment and/or to verify that appropriate nutrition, hydration, and medication are being provided solely upon review of medical records, the child protection worker must seek voluntary consent from the parents for examination of the infant by the medical consultant. If parents refuse to consent to such examination, the child protection worker must ask the county attorney to obtain an expedited court order for examination of the infant by the medical consultant.
6. If the infant is not in a neonatal intensive care unit (NICU), child protection staff and the medical consultant must decide whether the consultant will go to the hospital where the infant is located, or whether the infant will be brought to the NICU where the consultant practices. Factors such as the infant's condition, available diagnostic services, parents' wishes, and relative costs must be considered when making this decision.
7. If the medical consultant confirms infant medical neglect and recommends treatment, the local social services agency along with the medical consultant, must seek authorization from the infant's parent(s) for medically indicated treatment.

**Adapted from Minn. Stat. 626.556, subd. 10c;
Part 9560.0218**

Guidelines for the Assessment of Infant Medical Neglect

XVI-4323.03

These guidelines, from the National Legal Resources Center for Child Advocacy and Protection, will assist in the assessment of infant medical neglect.

1. Information needed for child protection staff's assessment of the child's status:
 - a. Is the child hospitalized?
 - b. Age of the child;
 - c. The child's diagnosis; is the child's life endangered?
 - d. What is the life or health threatening problem requiring treatment?
 - e. Are immediate actions necessary to keep the child alive?
 - f. Has the withholding of life sustaining treatment been recommended or implemented?
 - g. Have the parents refused consent to life sustaining treatment?
 - h. Will the hospital choose to sustain life supporting care for the immediate future (24 to 72 hours) while the child protection assessment is underway?

MN Department of Human Services
Social Services Manual

Children's Protective Services

XVI-4000

Based on statutes and rules in effect as of 08/01/2000

- i. Is sustenance (food or water), whether given orally or through an intravenous or nasogastric tube, or medication being denied? If so, on what basis?
 - j. What exactly is the treatment necessary for the child's life or health that is being denied?
 - k. What treatments or sustenance, if any, are being provided to the child?
 - l. How certain are the medical team of the child's diagnosis? Is there unanimity among treating physicians and consultants about treatment and diagnosis? Have there been other opinions, and what are the other opinions?
 - m. Who has been consulted about the child's medical condition, and what are their qualifications? What are the conclusions of the consultants? If there has been a consultation, did it include the examination of the child?
 - n. Who has discussed the child's medical case with the parents?
 - o. What are the proposed treatments and who has proposed those treatments? What is the prognosis without those treatments? What is the prognosis with the proposed treatments? What is the complexity, risk, and novelty of the proposed treatments?
 - p. What is the clarity of professional opinion as to what is standard and accepted practice?
 - q. Has a hospital review process taken place? What were the recommendations?
 - r. Is medical treatment medically indicated?
 - s. Has there been a diagnosis or conclusion of the following:
 - (1) the child is irreversibly and chronically comatose;
 - (2) the provision of medical treatment would merely prolong dying, not be effective in ameliorating or correcting all the infant's life threatening conditions, or otherwise be futile in terms of the survival of the infant; or
 - (3) the provision of medical treatment would be virtually futile in terms of the survival of the child, and the treatment itself under such circumstances would be inhumane.
2. Information needed to assess parental decision-making:
- a. Are there one or two parents of record? If two parents, do they agree on the course of action to be followed?
 - b. Has the treating physician recommended treatment that the parents have refused consent? Were the parents presented with all the treatment options? Was information about treatment options and the prognosis of the child withheld from the parent(s) or

MN Department of Human Services Social Services Manual

Children's Protective Services

XVI-4000

Based on statutes and rules in effect as of 08/01/2000

- presented to them in incomplete form or in a pessimistic manner that may have misled the parents? Did the parents understand the information?
- c. What was the nature and degree of the parental involvement in the decision to deny treatment or sustenance? What are the parents' views of the child's problems? What are the parents major concerns for their child? Do the parents feel that they are being asked to consent to treatment that is inhumane? Have appropriate counseling services been made available to them? Were the parents provided information to facilitate access to services furnished by parent support groups and public and private agencies concerned with resources for disabled individuals and their families? Were the parents provided an opportunity to speak with other parents of children with similar conditions?
 - d. Did the parents participate in or have access to results of the hospital review process? Would the parents agree to consultation with the hospital review committee? If they will not agree to treatment, are the parents likely to relinquish custody of the child?
3. Information needed to assess hospital review committee actions:
- a. Is there a Hospital Review Committee? Did the Hospital Review Committee verify the diagnosis? Were all the relevant facts before the committee?
 - b. Were all the facts explained to the parents? Were alternatives explored with the parents? Did the parents appear at the Hospital Review Committee meeting and have the opportunity to articulate their objections about treatment before the committee?
 - c. Did all physicians, nurses and others involved in treatment have an opportunity to present information to the committee? Did the committee recommend treatment or make any other recommendations? Was there any significant disagreement among committee members, and/or medical staff? What was the disagreement? Were the committee recommendations consistent with the terms of a withholding of medically indicated treatment?

Part 9560.0218

Determination of Infant Medical Neglect Reports

XVI-4323.04

The local social services agency must make one of the following determinations:

1. if the parents authorize the recommended treatment, the local agency must make a determination that maltreatment has not occurred and that services are not needed; or
2. if the parents refuse to authorize the recommended treatment, the local agency must make a determination that maltreatment occurred and child protective services are needed.

**Adapted from Minn. Stat. 626.556, subd. 10e;
Part 9560.0218, subpart 7**

MN Department of Human Services Social Services Manual

Children's Protective Services

XVI-4000

Based on statutes and rules in effect as of 08/01/2000

Protective Intervention for Infant Medical Neglect

XVI-4323.05

If the local social services agency makes a determination that maltreatment occurred and that child protective services are needed, the local agency must:

1. ask the county attorney to obtain a transfer of legal custody to the local agency in order to provide the recommended treatment;
2. provide protective services according to a written plan. The plan must include the following action on the part of the local agency:
 - a. monitor the recommended treatment to insure its provision;
 - b. inform the court of the provision of treatment; and
 - c. terminate protective custody when the treatment is completed.
3. appropriate social services must be offered to the family during and following the course of treatment.

**Adapted from Minn. Stat. 626.556, subd. 10c;
Part 9560.0228, subparts 2-8**

Information Collection Procedures

XVI-4324

The local social services agency must collect available and relevant information to ascertain whether maltreatment occurred and whether services are needed. Information to be collected includes, information on the existence of substance abuse, and when relevant, information regarding the person reporting the alleged maltreatment, including the nature of the reporter's relationship to the child and the alleged offender and the basis of the reporter's knowledge for the report. The information must also include the identity of the child being maltreated, the alleged offender, the identity of the child's caretaker, and other collateral sources having relevant information related to the alleged maltreatment.

If during the assessment, any information gathered indicates a potential for abuse of alcohol or other drugs by the parent, guardian, or person responsible for the child's care, the local social services agency shall conduct a chemical use assessment pursuant to Minn. Rules, part 9530.6615, also known as a "Rule 25" assessment. The local social services agency shall report the determination of the chemical use assessment, and the recommendations and referrals for alcohol and other drug treatment services to the Department of Human Services, Chemical Dependency Division.

The local social services agency may make a determination that no maltreatment occurred early in the assessment process, and close the case and retain immunity, if the collected information shows no basis for a full assessment or investigation.

Minn. Stat. 626.556, subd. 10 (h)

Information relevant to the child protection assessment may include the following:

MN Department of Human Services Social Services Manual

Children's Protective Services

XVI-4000

Based on statutes and rules in effect as of 08/01/2000

1. The child's gender, age, prior reports of maltreatment, information relating to developmental functioning, credibility of the child's statement, and whether the information provided under this section is consistent with other information collected during the course of the assessment.
2. The age of the alleged offender, verification of prior reports of maltreatment, criminal charges, and conviction history. The local social services agency must provide the alleged offender with an opportunity to make a statement. The alleged offender may submit supporting documentation relevant to the assessment.
3. Information from collateral sources regarding the alleged maltreatment and care of the child. Collateral information includes, when relevant:
 - a. medical examination of the child;
 - b. prior medical reports relating to the alleged maltreatment or care of the child, and an interview with the treating professionals; and
 - c. interviews with the child's caretakers, including parent, guardian, foster parent, child care provider, teachers, counselors, family members, relatives, and other persons who may have knowledge regarding the alleged maltreatment and care of the child.
4. Information on the existence of domestic abuse and violence in the home of the child.
5. Other relevant information necessary to conduct the assessment. Data that is collected by the local social services agency during the assessment is private data on individuals, regardless of the data's classification when it is in the possession of any other agency. Local social services agencies shall provide a **Your Privacy Rights-Child Protective Services (DHS 3378) (SSIS 35)** during assessment or investigation of child maltreatment allegations. (See SSM XVI-4750 for **Your Privacy Rights-Child Protective Services**)
6. During the initial stages of a child protection assessment, the local agency must conduct a face-to-face observation of the child who has been reported to be maltreated, and a face-to-face interview with the alleged offender. The interview with the alleged offender may be postponed if it would jeopardize an active law enforcement investigation.

The local agency must use a question and answer format, with questioning being as non-directive as possible, to elicit spontaneous responses.

The following interviewing methods and procedures must be used, whenever possible, when collecting information:

- a. audio recordings of all interviews with witnesses and collateral sources; and
- b. in cases of alleged sexual abuse, audio-video recordings of each interview with the alleged victim and child witnesses.

**Adapted from Minn. Stat. 626.556, subd. 10;
Part 9560.0220, subparts 3 and 4**

MN Department of Human Services Social Services Manual

Children's Protective Services

XVI-4000

Based on statutes and rules in effect as of 08/01/2000

Response to Reports of Maltreatment Within the Family Unit

XVI-4330

When the local agency receives a report alleging child maltreatment by a person within the family unit, who is responsible for the child's care, the local agency must comply with requirements in SSM XVI-4310 to XVI-4313.

Part 9560.0220, subpart 1

Coordination with Law Enforcement

XVI-4331

The local social services agency must ask a representative of the local law enforcement agency to accompany the child protection worker to interview a child when a report of maltreatment indicates imminent danger to a child or to the child protection worker.

When a report of child maltreatment alleges a violation of a criminal statute involving sexual abuse, malicious punishment to a child, physical abuse, neglect, and/or endangerment, the local law enforcement agency and the local social services agency must coordinate the planning and execution of their respective investigation and assessment efforts to avoid duplication of fact finding efforts and multiple interviews. Each agency must prepare a separate report of the results of its investigation.

**Minn. Stat. 626.556, subd. 10(a);
Part 9560.0220, subpart 2**

In cases of alleged maltreatment resulting in death, the local agency may rely on the fact finding efforts of a law enforcement investigation to make a determination of whether or not maltreatment occurred. When a mandated reporter has reason to believe that a child has died as a result of abuse, neglect, or sexual abuse, the person must report that information to the appropriate medical examiner or coroner instead of the local social services agency, police department, or county sheriff. Medical examiners or coroners must notify the local social services agency or law enforcement agency that the child has died as a result of maltreatment. If the child was receiving services or treatment for mental illness, mental retardation, or related condition, or for chemical dependency or emotional disturbance, the medical examiner or coroner must also notify and report findings to the ombudsman.

Minn. Stat. 626.556 subd. 9 and 10

The local agency must collect available and relevant information to ascertain whether maltreatment occurred and whether services are needed. The local agency must collect the information required by Minn. Stat. 626.556, subd. 10(h).

**Minn. Stat. 626.556, subd. 10(a);
Part 9560.0220, subpart 2**

Child Interviews

XVI-4332

Child protection workers and law enforcement officers have authority to interview, without parental consent, the alleged child victim and any other minors who reside with or previously resided with the alleged offender. The interview may take place at school or at any facility or other place where the child might be found or the child may be transported to, or at a place

MN Department of Human Services Social Services Manual

Children's Protective Services

XVI-4000

Based on statutes and rules in effect as of 08/01/2000

appropriate for the interview of a child, as designated by the local social services agency or law enforcement agency.

Adapted from Minn. Stat. 626.556, subd. 10(c)

The local social services agency must interview the child who is reported to be maltreated. However, when a local agency and a law enforcement agency coordinate their assessments and investigations and jointly determine that an interview by one person with the child who is reported to be maltreated is in the best interests of the child, and the interview will be conducted by the law enforcement agency, the interview can be substituted for the procedures in numbers 1 through 5.

When necessary to make a maltreatment determination, the local agency must interview any other children within the family or household. When interviewing children, the local agency must follow these procedures:

1. The local agency must interview the child in a face-to-face meeting in a manner appropriate to the child's age, development, and ability to understand and verbalize. The agency must use a question and answer format, with questioning as non-directive as possible to elicit spontaneous responses. In the initial stages of an assessment or investigation, the local agency must conduct a face to face observation of the child reported to be maltreated.
2. The local agency may waive the obligation to provide notice of data privacy rights to a child under the age of ten, who is reported to be maltreated.
3. The local agency may interview a child for the purpose of the child protection assessment, without parental consent, and outside of the presence of the alleged offender, parent, legal custodian, guardian, or school official. By the time the assessment is completed, the local agency must notify the parent, legal custodian, or guardian that the interview has occurred, unless ordered by the juvenile court to withhold notification.
4. If a parent, legal custodian, or guardian prevents the local agency from interviewing a child, the local agency must ask the county attorney to obtain a judicial order to produce the child for an interview.
5. The following interviewing methods and procedures must be used whenever possible when collecting information:
 - a. interviews with all witnesses and collateral sources must be audio taped;
 - b. in cases of alleged sexual abuse, interviews with the alleged victim and child witnesses must be audiovideo recorded.
 - c. the record must include:
 - (1) the date, time, place and duration of the interview;
 - (2) the identity of the people present for the interview; and

MN Department of Human Services Social Services Manual

Children's Protective Services

XVI-4000

Based on statutes and rules in effect as of 08/01/2000

- (3) a written summary of the interview must be recorded within 72 hours, if the interview is recorded in writing.

**Adapted from Minn. Stat. 626.556, subd. 10(a)(c)(e)(i)(j);
Part 9560.0220, subpart 3**

Court Order to Produce the Alleged Victim

XVI-4333

When the alleged offender or the person responsible for the care of the alleged victim or other minor prevents the local social services agency from having access to the victim or other minor child, the juvenile court may order the parents, legal custodian or guardian, to produce the alleged victim or other minor child to be interviewed by the local social services agency or law enforcement agency. The interview may take place outside of the presence of the alleged offender or any person responsible for the care of the child. The interview must take place at reasonable times and places as specified by court order.

Adapted from Minn. Stat. 626.556, subd. 10(e)

Interviewing an Alleged Victim or Other Minor on School Property

XVI-4334

When a child is interviewed at the child's school, the local social services agency must:

1. give the school a written notice that the interview will take place. The notice must be signed by the chair of the county board or the chair's designee and include the following:
 - a. the name of the child to be interviewed;
 - b. the purpose of the interview;
 - c. the authority of the local agency under Minn. Stat. 626.556, subd. 10, to interview the child on the school premises;
2. conduct the interview within 24 hours after the school receives written notification from the local social services agency to request the interview,
3. cooperate with the school officials' reasonable conditions as to time, place, and manner of the interview; and
4. determine the persons who may be present during the interview with the child. (See SSM XVI-4800 for **Notice of Intent to Interview on School Property (DHS 3376) (SSIS 32)**)

**Adapted from Minn. Stat. 626.556, subd. 10 (c) and (d);
Part 9560.0220 subpart 3**

Assessment Determinations

XVI-4340

Upon the conclusion of every child protection assessment it conducts, the local social services agency must make two determinations, based on the preponderance of the evidence:

1. whether maltreatment has occurred; and
2. whether child protective services are needed.

Minn. Stat. 626.556, subd.10e

MN Department of Human Services Social Services Manual

Children's Protective Services

XVI-4000

Based on statutes and rules in effect as of 08/01/2000

Determination of Maltreatment

XVI-4341

For the purpose of making the determination, "maltreatment" is defined as physical abuse, neglect, sexual abuse, or mental injury, committed by a person responsible for the child's care.

Adapted from Minn. Stat. 626.556, subd.10e (a)

When the local agency has completed its assessment, a determination must be made to document whether maltreatment has occurred. Maltreatment may be determined if the following conditions are present:

1. There is a preponderance of the evidence that the child was maltreated by a person responsible for the care of the child.
2. The harm was caused by the act, or failure to act, of a person within the family unit who is responsible for the care of the child.

**Adapted from Minn. Stat. 626.556, subd. 10e;
Part 9560.0220, subpart 6**

When making a determination of whether maltreatment has occurred, physical abuse includes:

1. an assault, which is an act done with intent to cause fear in another of immediate harm or death; or the intentional infliction of or attempt to inflict bodily harm upon another; or
2. any physical contact not exempted by Minn. Stat. 609.379 (which refers to permitted actions where reasonable force may be used upon or toward a child without the child's consent);
3. where the assault or physical contact is either severe or recurring and causes either injury or significant risk of injury to the child.
4. the following acts toward a child which constitute abuse when done in anger or without regard to the child's safety:
 - a. throwing, kicking, burning, biting, or cutting a child;
 - b. striking a child with a closed fist;
 - c. shaking a child under age 3;
 - d. striking or other actions which result in any non-accidental injury to a child under 18 months;
 - e. interference with a child's breathing;
 - f. threatening a child with a weapon, as defined in Minn. Stat. 609.02, subd. 6;
 - g. striking a child under age one on the face or head;
 - h. purposely giving a child poison, alcohol, dangerous harmful or controlled substances which were not prescribed for the child by a practitioner, in order to control or punish

MN Department of Human Services Social Services Manual

Children's Protective Services

XVI-4000

Based on statutes and rules in effect as of 08/01/2000

the child, or other substances that substantially affect the child's behavior, motor coordination, or judgment or that results in sickness or internal injury, or subjects the child to medical procedures that would be unnecessary if the child were not exposed to the substances; or

- i. unreasonable physical confinement or restraint not permitted under Minn. Stat. 609.379, including but not limited to tying, caging, or chaining.

Adapted from Minn. Stat. 609.02, subd. 10;

Minn. Stat. 609.379, subd. 1 and 2;

Minn. Stat. 626.556, subd. 2 (d);

Minn. Stat. 626.556, subd. 10e

Determination of Need for Child Protective Services

XVI-4342

The determination that "child protective services are needed" means that the local social services agency has documented conditions during the assessment sufficient to cause the child protection worker to conclude that the child is at significant risk of maltreatment if protective intervention is not provided and the individuals responsible for the child's care have not taken or are not likely to take actions to protect the child from maltreatment or risk of maltreatment. This determination must be made using the Department of Human Services **Child Protection Risk Assessment Tool (SSIS 79)**. (See SSM XVI-4710 for the **Child Protection Risk Assessment Tool**)

A determination of maltreatment cannot be made solely because the child's parent, guardian, or other person responsible for the child's care selects and depends, in good faith, on spiritual means or prayer for treatment or care of a disease or remedial care of a child in lieu of medical care. However, if lack of medical care may result in serious danger to the child's health, the local social services agency may ensure that necessary medical services are provided to the child.

Minn. Stat. 626.556, subd. 10e (c)

Risk Assessment

XVI-4343

When making a determination of whether child protective services are needed, the local agency must use the **Child Protection Risk Assessment Tool (SSIS 79)** that has been approved by the Department and includes the factors listed below:

1. vulnerability of the child;
2. location, severity, frequency, and how recent the abuse occurred;
3. severity, frequency, and how recently neglect occurred, and the condition of the home;
4. physical, intellectual, or emotional capacities and control of the person(s) responsible for the child's care;
5. degree of cooperation of the person(s) responsible for the child's care;
6. parenting skills or knowledge of the person(s) responsible for the child's care

MN Department of Human Services Social Services Manual

Children's Protective Services

XVI-4000

Based on statutes and rules in effect as of 08/01/2000

7. the alleged offenders access to the child;
8. presence of a parent substitute or other adult in the home;
9. previous history of child maltreatment;
10. strength of family support systems; and
11. stressors on the family.

Part 9560.0220, subpart 6

Notice of Determinations

XVI-4344

Within 10 working days of the conclusion of an assessment, the local social services agency must notify the parent, or guardian of the child, the person determined to be maltreating the child, and if applicable, the director of the facility, of the determination and summary of the specific reasons for the determination. The notice must also include a certification that the information collection procedures were followed and a notice of the right of a subject of the data to obtain access to other private data on the subject collected, created, or maintained. The notice must contain information about the length of time that the records will be kept and rights to appeal.

Adapted from Minn. Stat. 626.556, subd. 10f

Determining the Need for Protective Intervention

XVI-4345

The local social services agency must determine the need for protective intervention based on the following factors:

1. if there is a determination that child protective services are needed, regardless of whether there is a determination that maltreatment occurred, the local agency must provide protective intervention;
2. if there is a determination that maltreatment occurred and a determination that no child is in need of child protective services, the local agency must offer any appropriate alternative services; and
3. if there is no determination that maltreatment occurred and no determination that child protective services are needed, the local agency must not provide protective services.

Part 9560.0220, subpart 7

Administrative Reconsideration of the Final Determination of Maltreatment

XVI-4346

When the Commissioner or local social services agency determines that an individual or facility has maltreated a child, the accused individual or facility or the child or child's designee may request that the agency reconsider its final determination regarding maltreatment. The request for reconsideration must be made to the investigating agency within 15 calendar days after the receipt of the notice of final determination of maltreatment.

If the investigating agency denies the request for a reconsideration of the determination or fails to act upon the request within 15 calendar days, the person or facility is entitled to a fair hearing,

MN Department of Human Services Social Services Manual

Children's Protective Services

XVI-4000

Based on statutes and rules in effect as of 08/01/2000

under Minn. Stat. 256.045. A written request must be submitted to the Commissioner of Human Services and a hearing will be conducted within 90 days.

If the investigating agency changes the final determination of maltreatment, as a result of the reconsideration process, the investigating agency must provide the individuals involved a notice of the determination.

Adapted from Minn. Stat. 626.556, subd. 10i

Protective Intervention Procedure

XVI-4350

When the local social services agency provides protective intervention, the local agency must:

1. evaluate the risk of harm to all the children in the home, with due consideration to the best interests of the children.
2. provide for the protection of the children, by taking one of the following actions, which are listed below in order of preference:
 - a. maintain the child within the home and provide protective services on a voluntary basis or through protective supervision;
 - b. have the alleged offender removed from the home under Minn. Stat. 260.133, subd. 2; or
 - c. seek removal of the child from the home, if the child is found in surroundings or conditions which endanger the child's health or welfare, and the child cannot be protected while remaining in the home. (See SSM XVI-4356 for Criteria for Seeking Child's Removal from Home)
3. if the family refuses to accept protective services, request that the county attorney obtain a judicial order authorizing the local agency to provide involuntary protective services; or
4. if the family accepts or the court authorizes protective services, formulate a written protective services plan and provide protective services to the family.

**Adapted from Minn. Stat. 260C.001, subd. 2;
Part. 9560.0220, subpart 8**

The policy of the State is to ensure that the best interests of children are met by requiring an individualized determination of the needs of the child and how the selected placement will serve the needs of the child in foster care placements.

Among the factors to be considered in determining the needs of the child are:

1. the child's current functioning and behaviors;
2. the medical, educational, and developmental needs of the child;
3. the child's history and past experience;
4. the child's religious and cultural needs;

MN Department of Human Services Social Services Manual

Children's Protective Services

XVI-4000

Based on statutes and rules in effect as of 08/01/2000

5. the child's connection with a community, school, and church;
6. the child's interests and talents;
7. the child's relationship to current caretakers, parents, siblings and relatives; and
8. the reasonable preference of the child, if the court, or in the case of a voluntary placement the child placing agency, deems the child to be of sufficient age to express preferences.

Minn. Stat. 260C.193, subd. 3

Reasonable Efforts to Prevent Out of Home Placement and Eliminate Need for Removal and Reunite Family

XVI-4351

“Reasonable Efforts” are the exercise of due diligence by the responsible local social services agency to use appropriate and available services, including culturally appropriate services, to meet the needs of the child and the child's family in order to prevent removal of the child from the child's family. When removal has occurred, services are implemented by the local social services agency to eliminate the need for removal and reunite the family at the earliest possible time, consistent with the best interest, safety, and protection of the child. The local social services agency has the burden of demonstrating that it has made reasonable efforts or that provision of further services for the purpose of reunification is futile and therefore unreasonable under the circumstances. Reunification of a surviving child with a parent is not required if the parent has been convicted of:

1. a violation of, or an attempt or conspiracy to commit a violation of murder, manslaughter, aiding or assisting in suicide;
2. an assault in the second degree with a dangerous weapon, or assault in the third degree, in regard to another child of the parent, or the surviving child.

In determining reasonable efforts to be made with respect to a child and in making those reasonable efforts, the child's health and safety must be of paramount concern. Reasonable efforts are not required if the court determines that:

1. a termination of parental rights petition has been filed starting prima facie case that the parent has subjected the child to egregious harm as defined in Minn. Stat. 260.015, subd. 29, or the parental rights of the parent to a sibling have been terminated involuntarily; or
2. a determination not to proceed with a termination of parental rights petition on these grounds was made under Minn. Stat. 260.221, subd. 1b, (b), and a permanency hearing is held within 30 days of the determination.

Minn. Stat. 260 .012

Reasonable efforts are not required in circumstances where the court has determined that the child has been subjected to egregious harm or the parental rights of the parent to a sibling have been involuntarily terminated.

Minn. Stat. 260C.001, subd. 3(2)

MN Department of Human Services Social Services Manual

Children's Protective Services

XVI-4000

Based on statutes and rules in effect as of 08/01/2000

The juvenile court must make findings and conclusions as to the provisions of reasonable efforts. When determining whether reasonable efforts have been made, the court must consider whether services to the child and family were:

1. relevant to the safety and protection of the child;
2. adequate to meet the needs of the child and family;
3. culturally appropriate;
4. available and accessible;
5. consistent and timely; and
6. realistic under the circumstances.

Minn. Stat. 260.012 (c)

If continuation of reasonable efforts is inconsistent with the permanency plan for the child, reasonable efforts must be made to place the child in a timely manner in accordance with the permanency plan and to complete whatever steps are necessary to finalize the permanency plan for the child.

Reasonable efforts to place a child for adoption or in another permanent placement may be made concurrently with reasonable efforts for the purpose of rehabilitation and reunification.

Minn. Stat. 260.012, (e) and (f)

The court may determine at the detention hearing, or at any time prior to an adjudicatory hearing, that reasonable efforts are not required because the facts, if proved, will demonstrate that the parent has subjected the child to egregious harm as defined in Minn. Stat. 260C.007, subd. 26, or the parental rights of the parent to a sibling of the child have been terminated involuntarily.

Minn. Stat. 260C.301, subd. 1

Active Efforts to Prevent Out of Home Placement of Indian Children and Eliminate Need for Placement and Reunite Family

XVI-4352

Any local social services agency which seeks to remove an Indian child from the child's home, or terminate parental rights to an Indian child must satisfy the court that active efforts have been made to provide remedial services and rehabilitative programs designed to prevent the break up of the Indian family, and that these efforts have proved unsuccessful.

25 USC 1912 (d)

“Active Efforts” means active, thorough, careful, and culturally appropriate efforts by the local social services agency to fulfill its obligations under ICWA, MIFPA, and the DHS Social Services Manual to prevent placement of an Indian child and at the earliest possible time to return the child to the child's family once placement has occurred. (See SSM XIII-3500 and 3600, American Indian Children)

Tribal/State Indian Child Welfare Agreement Part 1, E.5

MN Department of Human Services Social Services Manual

Children's Protective Services

XVI-4000

Based on statutes and rules in effect as of 08/01/2000

Relative Care Agreements

XVI-4353

Definition of a Relative

XVI-4353.01

For the purpose of Relative Care Agreements, a relative means an adult who is a stepparent, grandparent, brother, sister, uncle, aunt, or other extended family member of the minor by blood marriage, or adoption. For an Indian child, a relative includes members of the extended family as defined by the law or custom of the Indian child's tribe or, in the absence of law or custom, nieces, nephews, or first or second cousins as provided in the Indian Child Welfare Act of 1978, United States Code, title 25, section 1903.

Minn. Stat. 626.5565, subd. 1 (a)

Relative Care

XVI-4353.02

For purposes of this section, relative care means one or more of the following: respite care, a monitoring agreement, a designated parent agreement under Minn. Stat. 257B, access to information about the child, the right to make decisions about the child's residence, education, religious training, or health care, a custody consent decree under Minn. Stat. 257.0215, or joint or sole legal or physical custody of a child.

Minn. Stat. 626.5565, subd. 1 (b)

Relative Care Agreement

XVI-4353.03

A relative care agreement is an agreement regarding the care of a child that has been reached by the parents and interested relatives of the child, after the parents and interested relatives have participated in a facilitated relative care conference. The local social services agency may select a facilitator to convene the relative care conference. The child protection worker must not be the facilitator.

Written notice of the conference must be provided to the parents and to all relatives who have expressed an interest in participating or have been identified by other relatives. The notice must state that the purpose of the conference is to provide an opportunity for the parents and relatives to reach an agreement regarding the care of the child, and explain the levels of relative care available. The notice must also inform the parents and relatives of the potential consequences and range of options, if they do not enter into a relative care agreement that is in the best interest of the child, and that the local social services agency may intervene with protective services or determine that the child should be placed out of the home.

The local social services agency must participate in a relative care conference for the purpose of protecting the child's best interests, but may not be a party to the relative care agreement reached by the relatives and parents. A relative care agreement remains in effect unless it expires by its own terms or a parent or relative who is party to the agreement seeks to modify or end the agreement. If a relative care agreement results in a transfer of physical custody under Minn. Stat. 257.0215 or chapter 518, a parent who seeks to have the child returned to the home of the parent without consent of the relative with whom the child is staying, must file a motion with the court

MN Department of Human Services Social Services Manual

Children's Protective Services

XVI-4000

Based on statutes and rules in effect as of 08/01/2000

that approved the custody consent decree or ordered the transfer of custody. The parent has the burden of establishing that:

1. the conditions that led to the transfer of the physical legal custody have been corrected;
2. the parent has demonstrated the ability to care for and provide a stable home for the child.

**Minn. Stat. 260C.007, subd. 14;
Minn. Stat. 626.5565, subd. 2**

Procedures Related to Egregious Harm

XVI-4354

Egregious harm includes, but is not limited to:

- a. conduct towards a child that constitutes a violation of criminal statutes on murder, manslaughter, assisting suicide, and assault in the first, second, and third degree (Minn. Stat. 609.185 to 609.21, 609.222, subd. 2, 609.223 or any similar law of another state);
- b. the infliction of substantial bodily harm to a child as defined in Minn. Stat. 609.02, subd. 7a;
- c. conduct towards a child that constitutes felony malicious punishment of a child under Minn. Stat. 609.377;
- d. conduct towards a child that constitutes felony unreasonable restraint of a child under Minn. Stat. 609.255, subd. 3;
- e. conduct towards a child that constitutes felony neglect or endangerment of a child under Minn. Stat. 609.378;
- f. conduct towards a child that constitutes assault under Minn. Stat. 609.221, 609.222, or 609.223;
- g. conduct towards a child that constitutes solicitation, inducement, or promotion of, or receiving profit derived from prostitution under Minn. Stat. 609.322; or
- h. conduct towards a child that constitutes murder or voluntary manslaughter as defined by United States Code, title 18, section 1111(a) or 1112(a); or
- i. conduct towards a child that constitutes aiding or abetting, attempting, conspiring, or soliciting to commit murder or voluntary manslaughter that constitutes a violation of United States Code, title 18, section 1111(a) or 1112(a).
- j. conduct toward a child that constitutes criminal sexual conduct under Minn. Stat. 609.342 to 609.345.

Minn. Stat. 260C.007, subd. 26

MN Department of Human Services
Social Services Manual

Children's Protective Services

XVI-4000

Based on statutes and rules in effect as of 08/01/2000

MN Department of Human Services Social Services Manual

Children's Protective Services

XVI-4000

Based on statutes and rules in effect as of 08/01/2000

The county attorney must file a termination of parental rights petition within 30 days of the responsible social services agency determination that a child:

- a. has been subjected to egregious harm;
- b. is determined to be the sibling of another child who was subjected to egregious harm by the parent; or
- c. is an abandoned infant.

This requirement does not apply if the county attorney determines and files with the court:

- a. a petition for transfer of permanent legal and physical custody to a relative under Minn. Stat. 260C.201, subd. 11, including a determination that the transfer is in the child's best interests, or
- b. a petition alleging the child, and where appropriate, the child's siblings, to be in need of protection or services accompanied by a case plan prepared by the responsible social services agency documenting a compelling reason why filing a termination of parental rights petition would not be in the best interests of the child.

Minn. Stat. 260C.301, subd. 3

Procedures for Seeking Removal of Child from Home

XVI-4355

The local social services agency must follow the procedures listed below when a child is temporarily removed from the home.

1. The local agency shall determine the level of care most appropriate to meet the child's needs;
 - a. the child must be placed in the least restrictive setting consistent with the child's health and welfare, and in closest proximity to the child's family as possible;
 - b. if the child has been taken into immediate custody, placement may be with a child's relative or in a shelter facility;
 - c. an Indian child must be placed according to the Indian Child Welfare Act of 1978, United States Code, title 25, section 1915, and the Minnesota Family Preservation Act, Minn. Stat., section 256F.03 to 256F.13. If an extended family member as defined in United States code, title 25, section 1903(2), is not available, absent good cause to the contrary, an Indian child may be placed:
 - (1) with a foster family licensed or approved by the Indian tribe;
 - (2) with an Indian foster home licensed by an authorized non-Indian authority; or
 - (3) with an institution approved by the tribe or operated by an Indian organization. If an Indian child's tribe establishes a different order of placement preference by resolution, the local agency must follow that order.

MN Department of Human Services Social Services Manual

Children's Protective Services

XVI-4000

Based on statutes and rules in effect as of 08/01/2000

2. The local agency must determine whether a voluntary placement provides for the child's health, safety, and welfare.
3. If the child is not placed voluntarily, and the child is in imminent danger, the local agency must:
 - a. obtain the emergency removal of the child from the home by:
 - (1) seeking the assistance of the law enforcement agency to take the child into immediate custody; or
 - (2) petitioning the juvenile court for immediate legal custody of the child; or
 - b. if the child is placed with a relative or in a shelter facility, advise the person taking the child into custody, or the court, whether disclosure of the child's location would endanger the child.
4. If the child is not placed voluntarily and the child is not in imminent danger, the local agency must ask the county attorney to petition the juvenile court for placement of the child under the DHS Foster Care Rule, Parts 9560.0500 to 9560.0670.
5. Under Minn. Stat. 256F.07, subd. 1, when a child is placed on an emergency basis for alleged maltreatment, the local agency must review the placement to determine the services necessary to allow the child to return home.

**Adapted from Minn. Stat. 256F.07;
Part 9560.0220, subpart 9**

Criteria for Seeking Child's Removal from Home

XVI-4356

Before seeking removal of a child from their home, the local social services agency must evaluate the following:

1. Whether the child is an Indian child as defined in Minn. Stat. 260C.007, subd. 24; if so, the local agency must follow the process for removal of an Indian child, which is described in SSM XVI-4356.02.
2. Has the local agency made reasonable efforts to provide services that are:
 - a. relevant to the safety and protection of the child;
 - b. adequate to meet the needs of the child and family;
 - c. culturally appropriate;
 - d. available and accessible;
 - e. consistent and timely;
 - f. realistic under the circumstances.

MN Department of Human Services Social Services Manual

Children's Protective Services

XVI-4000

Based on statutes and rules in effect as of 08/01/2000

3. In the case of child maltreatment, can the alleged perpetrator be removed from the child's home?
4. Are the child and child's caregiver informed of the services the local agency offers and are the services accepted?

Adapted from Part 9560.0221, subpart 1

Removal of a Non-Indian Child from Home

XVI-4356.01

1. If the local social services agency determines that a child is in imminent danger of maltreatment and that the actions described as reasonable efforts to prevent placement (see SSM XVI-4351) would not ensure the child's safety, then an emergency exists and the local agency must seek removal of the child from the home, following removal procedures described in SSM XVI-4355, or obtain an appropriate protective order.
2. The local social services agency may seek legal authority to place a child in foster care when the circumstances are not an emergency due to imminent danger to the child:
 - a. a parent voluntarily requests placement of the child;
 - b. when the local agency believes the child in need of protection and services as defined in Minn. Stat. 260C.007, subd. 4.

Part 9560.0221, subpart 2

Removal of an Indian Child from Home

XVI-4356.02

1. The local social services agency must seek emergency removal of any Indian child who is temporarily or permanently located off the reservation, if necessary to prevent imminent physical damage or harm to the child. The local agency must expeditiously initiate a child custody proceeding subject to the Indian Child Welfare Act, transfer the child to the jurisdiction of the appropriate tribe or restore the child to the parent. The emergency placement must terminate immediately when it is no longer necessary to prevent imminent physical damage or harm to the child.
2. If the local social services agency believes that it will be involved with an Indian child more than 30 days, it must notify the tribe of the potential for foster care placement within seven days of determining that the child might be placed out of the home.
3. If the Indian child resides on a reservation with jurisdiction over child welfare matters or is a ward of a tribal court, the local agency may not seek non-emergency removal of the child even when the maltreatment occurs off the reservation. In non-emergency cases, the local agency must refer the Indian child to the tribal social services agency.
4. In cases involving an Indian child who is not a resident of or domiciled on a reservation, the local agency may seek non-emergency removal of the child only if clear and convincing evidence shows that the child is likely to suffer serious emotional or physical damage in the care of the parent(s) or Indian custodian.

MN Department of Human Services Social Services Manual

Children's Protective Services

XVI-4000

Based on statutes and rules in effect as of 08/01/2000

5. A local agency that intends to remove an Indian child must satisfy the court that active efforts have been made to provide remedial services and rehabilitative programs designed to prevent the breakup of the Indian family and that these efforts have proved unsuccessful. Active efforts include, but are not limited to, soliciting the advice of tribal representatives and, if the parent(s) does not object, members of the extended family.
6. Removal of an Indian child requires testimony by a qualified expert witness as to the likelihood of harm resulting from continued residence with the parent(s) or Indian custodian.
7. A qualified expert means:
 - a. a member of an Indian child's tribe who is recognized by the tribal community as knowledgeable in tribal customs of family organization and child rearing;
 - b. a lay expert witness having substantial experience in the delivery of child and family services to Indians, and extensive knowledge of prevailing social and cultural standards and child rearing practices within the Indian child's tribe; or
 - c. a professional person having substantial education and experience in the area of the professional person's specialty, along with substantial knowledge of prevailing social and cultural standards and child rearing practices within the Indian community.

Part 9560.221, subpart 3

Case Plan

XVI-4360

The local social services agency must ensure that protective services are provided, according to a written plan, to every child and family, when a determination of child maltreatment is made, or when protective intervention is required and protective services are accepted by the family. Child protective services are provided by the local social services agency where the child and family reside.

**Adapted from Minn. Stat. 260C.201, subd. 6;
Part 9560.0228, subpart 1**

Written Case Plan

XVI-4361

The written protective services case plan must specify the reasonable efforts for non-Indian children or active efforts for Indian children, made to ensure the child's safety. The case plan must specify the actions to be taken by the child, if appropriate, the child's parent(s), guardian, foster parent, or custodian to comply with the order of the court. The case plan must be developed after consultation and participation by the child, consistent with the child's age and capability, and the child's parent(s), guardian, or custodian, guardian ad litem, and the tribal representative, if the tribe has intervened, and after consultation with any foster parent.

A copy of the child protection plan must be provided to appropriate members of the family, which has been signed by the appropriate family members and the child protection worker. If the

MN Department of Human Services Social Services Manual

Children's Protective Services

XVI-4000

Based on statutes and rules in effect as of 08/01/2000

appropriate family members do not sign the plan, the child protection worker must document the reason that the family members did not sign the plan. The court must review the case plan, and upon approval by the court, the case plan will be incorporated into the court order.

The written child protection plan must include the following:

1. the reasons for the provision of protective services;
2. achievable goals of the appropriate members of the family unit to reduce risk of harm to the child, and observable behaviors and timelines that will demonstrate achievement of these goals;
3. the specific services expected to ameliorate the conditions that present harm to the child;
4. specific tasks to be performed by each appropriate member of the family unit, the child protection worker, and other service providers;
5. consequences of failure to comply with the written protective services plan;
6. a projected date for the quarterly reassessment.

The case plan must include a discussion of the following:

1. the availability of appropriate prevention and reunification services for the family to safely prevent the removal of the child from the home, or safely reunify the child with the family after removal;
2. any services or resources that were requested by the child or the child's parent(s), guardian, foster parent, or custodian since the date of initial adjudication, and whether those services or resources were provided or the basis for denial of the services or resources;
3. the need of the child and family for care, treatment, or rehabilitation;
4. the need for participation by the parent(s), guardian, or custodian in the in the plan of care for the child;
5. the visitation rights and obligations of the parent(s) or other relatives, as defined in Minn. Stat. 260C.007, subd. 14, during any period when the child is placed out of their home;
6. a description of any services that could safely prevent placement or reunify the family if such services are available;
7. the parties involved have a right to request a court review of the reasonableness of the case plan upon a showing of substantial change of circumstances;
8. the need for continued monitoring of the child and family by the appropriate local social services agency once the family has completed the case plan.

(See SSM XVI-4760 for the suggested **Child Protective Service Plan (SSIS 76)**)

MN Department of Human Services Social Services Manual

Children's Protective Services

XVI-4000

Based on statutes and rules in effect as of 08/01/2000

For children in out of home placement, a substitute care plan must be used in place of a written protective services plan. When a family has at least one child residing in the home who requires child protective services and at least one child in out-of-home placement, the local agency must prepare a protective services plan, and a substitute care plan. (See SSM XV-6839 for **Child's Out-of-Home Placement Plan (SSIS 83)**)

**Adapted from Minn. Stat. 260C.201, subd. 6;
Part 9560.0228, subpart 2**

Monitoring the Protective Services Plan

XVI-4362

Protective services must be provided directly or arranged by the local social service agency. The local social services agency must retain case management responsibility including responsibility for planning, coordinating, authorizing, monitoring and evaluating services.

The local social services agency must monitor the provision of services to assure compliance with the written social services plan. The components that must be evaluated when monitoring the protective services plan are listed below:

1. When a child remains in the home while protective services are being provided, the child protection worker must:
 - a. meet with the family at least monthly; or
 - b. contact the family at least monthly to ensure that a service provider meets with the family at least monthly; and
 - c. consult with other service providers, if any, at least quarterly.
2. When a child remains in the home while protective services are being provided, the child protection worker's supervisor must conduct a review at least semiannually. This review must consist of:
 - a. a review of the written protective services plan or other records relating to the family;
 - b. a supervisory conference with the child protection worker; or
 - c. any equivalent method of determining whether appropriate services are being provided.
3. When a child is placed out of the home, the local agency must monitor services in accordance with Part 9560.0580.
4. The need for continued monitoring of the child and family by the appropriate local social services agency once the family has completed all services required in the case plan. (See SSM XVI-4780 for **Continued Monitoring Plan (SSIS 78)**)

**Minn. Stat. 260C.201, subd. 6;
Part 9560.0228, subparts 3, 4**

MN Department of Human Services Social Services Manual

Children's Protective Services

XVI-4000

Based on statutes and rules in effect as of 08/01/2000

Quarterly Reassessment

XVI-4363

The child protection worker and the appropriate members of the family unit must meet, at least quarterly, to jointly assess the written protective services plan to:

1. assess the family's progress in achieving goals; and
2. modify goals, behaviors, tasks, and services that have been achieved or found to be inappropriate.

(See SSM XVI-4780 for the suggested **Continued Monitoring Plan (SSIS 78)**)

Part 9560.0228, subpart 5

Termination of Child Protective Services

XVI-4364

When the local social services agency considers termination of protective services, a risk assessment tool must be used. Protective services to the appropriate family members must be terminated, when the local agency determines:

1. that the goals in the written protective services have been accomplished and the appropriate members of the family no longer need protective services; or
2. that the family has failed to achieve goals and there are insufficient legal grounds to proceed with court action that would authorize the local agency to provide involuntary protective services, unless the appropriate members of the family agree to voluntary protective services.

Part 9560.0228, subpart 6

Neglect or Abuse in a Licensed Facility or Program

XVI-4370

The following agencies are responsible for assessing or investigating reports of alleged child maltreatment:

1. the local social services agency is responsible for assessing or investigating allegations of maltreatment in child foster care, family child care, and legally unlicensed child care and in juvenile correctional facilities licensed under Minn. Stat. 241.021 located in the local social services agency's county;
2. the Department of Human Services is responsible for assessing or investigating allegations of maltreatment in facilities licensed under chapters 245A and 245B, except for child foster care and family child care;
3. the Minnesota Department of Health is the agency responsible for assessing or investigating allegations of child maltreatment in facilities licensed under Minn. Stat. 144.50 to 144.58, and in unlicensed home health care;
4. the Department of Children, Families, and Learning is responsible for assessing or investigating allegations of child maltreatment in elementary schools and public pre-schools, as defined in Minn. Stat. 120A.05, subd. 9; middle schools, as defined in Minn.

MN Department of Human Services Social Services Manual

Children's Protective Services

XVI-4000

Based on statutes and rules in effect as of 08/01/2000

Stat. 120A.05, subd. 11; secondary schools, as defined in Minn. Stat. 120A.05, subd. 13; and charter schools, as defined in Minn. Stat. 124D.10.

The agency responsible for assessing or investigating reports of child maltreatment must immediately assess or investigate if the report alleges that:

1. a child who is in the care of a facility required to be licensed by the State of Minnesota, who is reported to be abused, neglected, or sexually abused by an individual in the facility, or who has been neglected or abused by an individual in that facility within the preceding three years;
2. a child was neglected, physically abused or sexually abused by an individual in a facility, while in the care of that facility within the preceding three years.

Except for foster care and family child care, the Commissioner of Human Services has the primary responsibility for the assessment of allegations of child maltreatment in facilities, and notification to families of the children placed in the facility of the determination. The Commissioner of Human Services may request assistance from the local social services agency.

Adapted from Minn. Stat. 626.556, subd. 10b

NOTE: Legal custody, as used in this section, refers to the right to care, custody, and control of a child by the local social services agency, when transferred from a parent by the court under a delinquency, child in need of protective services, or termination of parental rights proceeding.

Intake on Maltreatment in a Facility

XVI-4371

When child maltreatment is reported to have occurred in a licensed facility, the agency responsible for assessing or investigating the report must screen the report to determine the need for assessment. If a report alleges maltreatment of a child related by blood, marriage, or adoption to the license holder during hours that the business is not in operation, the local agency must follow procedures for assessment of maltreatment within the family. The local agency must notify the licensing agency at the time that the report is received, and when the assessment is complete.

Reports must be assessed by the local agency when the alleged maltreatment occurred in foster care or a licensed family child care facility. When child maltreatment is reported in other facilities, the agency responsible for assessing or investigating conducts the assessment.

Reports that meet the following criteria must be assessed:

1. the allegations in the report constitute physical abuse, sexual abuse, neglect, mental injury, or prenatal exposure to controlled substance as defined in SSM XVI-4120;
2. the report contains sufficient identifying information to permit the investigation;
3. the report contains information that has not been previously assessed by the local agency.

MN Department of Human Services Social Services Manual

Children's Protective Services

XVI-4000

Based on statutes and rules in effect as of 08/01/2000

The agency responsible for assessing or investigating the report must collect available information that is relevant to the assessment to ascertain whether maltreatment occurred and whether protective services are needed. (See SSM XVI-4324, Information Collection Procedures)

A report of maltreatment that does not meet the criteria to be assessed as a child protection report must be reported to the responsible licensing agency and agency responsible for assessing or investigating the report, as a possible licensing violation, within 48 hours excluding weekends and holidays.

1. The local social services agency must receive reports concerning family day care.
2. If the local agency licenses the child foster care provider, the local agency must receive reports concerning child foster care. If a private agency has licensed the foster home, then the report must be received by the private agency.
3. The Department of Human Services must receive reports concerning facilities that it directly licenses, except for child foster care and family child care.
4. The Department of Corrections must receive reports concerning facilities licensed under Minn. Stat. Chapter 241.
5. The Department of Health must receive reports concerning facilities licensed under Minn. Stat. 144 to 144.58 and concerning unlicensed home health care.
6. The Department of Children, Families, and Learning must receive reports concerning allegations of child maltreatment in elementary schools and public pre-schools, as defined in Minn. Stat 120A.05, subd. 9; middle schools, as defined in Minn. Stat. 120A.05, subd. 11; secondary schools, as defined in Minn. Stat. 120A.05, subd. 13; and charter schools, as defined in Minn. Stat. 124D.10.

**Adapted from Minn. Stat. 626.556, subd. 10b;
Part 9560.0222, subpart 1**

Coordination with Law Enforcement

XVI-4372

The agency responsible for assessing or investigating the report must:

1. ask a representative from a law enforcement agency to accompany the agency assessor or investigator to interview the child when:
 - a. a report indicates there is imminent danger to a child or danger to the agency assessor or investigator; or
 - b. a report alleges violation of a criminal statute involving sexual abuse, physical abuse, malicious punishment of a child, or neglect or endangerment;
2. coordinate its investigation with the law enforcement agency investigation to avoid duplication of fact finding efforts and multiple interviews; and

MN Department of Human Services Social Services Manual

Children's Protective Services

XVI-4000

Based on statutes and rules in effect as of 08/01/2000

3. prepare an independent report of its investigation.

**Minn. Stat.626.556, subd. 10(a);
Part 9560.0222, subpart 2**

Coordination with Licensing Agencies

XVI-4373

The local social services agency must coordinate the assessment of child maltreatment within a facility with the state agency or other agency responsible for the licensure of the facility. The local agency must notify the state agency or other agency within 48 hours, excluding weekends and holidays, that a report of maltreatment in the facility has been received. The notification must include the following:

1. the time and date the report was received by the local agency;
2. the identity of the facility in which the incident occurred;
3. the name, age, and sex of the child or children alleged to have been maltreated;
4. the name, age, sex, and status of the alleged perpetrator, if known;
5. the nature of the maltreatment and the extent of any injuries to the child or children;
6. the immediate treatment and protection measures being provided by the local agency;
7. the name of the child protection worker responsible for investigating the report.

The local social services agency or the Commissioner must provide the responsible licensing agencies with ongoing information as the assessment proceeds.

Part 9560.0222, subpart 3

NOTE: The Minnesota Department of Human Services (DHS) is the responsible licensing agency for family child care and foster homes, although the inspection of the homes is completed by the local social services agency. The DHS Licensing Division must be notified when the local agency receives a report alleging abuse or neglect in a day care or foster home. Other state agencies which may need to be notified are:

1. Department of Corrections
2. Department of Health
3. Department of Children, Families, and Learning.

(See SSM XVI-4370, Neglect or Abuse in a Licensed Facility)

Each state agency may prefer to do its own investigation, depending upon whether or not a report indicates the need for urgent or immediate action. They may also ask the assistance of the local social services agency pursuant to Minn. Stat. 626.556, subd. 3(c). In all circumstances, the safety of the child or children must be the primary consideration. When there is uncertainty as to which state agency licenses a particular facility, the DHS Licensing Division must be contacted for assistance in identification of the agency that licensed the facility.

MN Department of Human Services Social Services Manual

Children's Protective Services

XVI-4000

Based on statutes and rules in effect as of 08/01/2000

The local social services agency must provide the responsible state licensing agency or agencies with an oral report immediately after the assessment is completed. The local agency must submit a written copy of the results of the investigation to the agency which licensed the facility, within one week of the completion of the assessment.

Notice to State Ombudsman for Mental Health and Mental Retardation XVI-4374

The local social services agency or the Commissioner must inform the Office of the Ombudsman for mental retardation and mental health, within 48 hours (excluding weekends and holidays), whenever a report has been received that alleges maltreatment to a child who receives residential treatment services for mental health, mental retardation, chemical dependency, or emotional disturbance.

NOTE: The telephone number for the Ombudsman for Mental Retardation and Mental Health is:

Metro area: (651) 296-3848

Greater Minnesota: 1 (800) 657-3506

**Adapted from Minn. Stat. 626.556, subd. 10(b);
Part 9560.0222, subpart4**

The local agency must submit a written copy of the determination, within one week after the assessment is completed, to the State Ombudsman for Mental Health and Mental Retardation.

Part 9560.0222, subpart11 C

Notification of Parents or Guardians about Neglect or Abuse in a Facility XVI-4375

Upon receipt of a report of physical abuse, neglect, or sexual abuse of a child in a facility as defined in SSM XVI-4120, the local agency must provide the following information to the parent(s), guardian, or legal custodian, including agencies responsible for placement of any child who is reported to be maltreated within the facility:

1. the name of the facility;
2. that a report of maltreatment of their child has been received;
3. the nature of the alleged maltreatment;
4. that an investigation is being conducted;
5. the protective or corrective measures being taken pending the outcome of the investigation;
and
6. that a written report will be furnished when the investigation is completed.

Adapted from Minn. Stat. 626.556, subd. 10d(a);

The above information may also be provided to the parent(s), guardian, or legal custodian of any other child in the facility, if the agency conducting the assessment or investigation knows or has reason to believe the alleged neglect, physical abuse, or sexual abuse has occurred. The facility

MN Department of Human Services Social Services Manual

Children's Protective Services

XVI-4000

Based on statutes and rules in effect as of 08/01/2000

must be notified whenever this discretion is exercised. In determining whether to exercise this authority, the agency conducting the assessment or investigation must consider the following:

1. the seriousness to the alleged maltreatment;
2. whether there are reasonable grounds to believe maltreatment has occurred;
3. the number of children allegedly maltreated;
4. the number of alleged offenders; and
5. the length of the investigation.

**Adapted from Minn. Stat. 626.556, subd. 10d (b);
Part 9560.0222, subpart 5**

Child Interviews

XVI-4376

When it is necessary to make a determination on the allegations of child maltreatment, the agency responsible for assessing or investigating the report must interview any child alleged to have been maltreated who is in the care of the facility and may interview any other child who is or who has been in the care of the facility, or any child related by blood, marriage, or adoption to the alleged offender, or any child who resides or who previously resided with the alleged offender. Interviews must be conducted and recorded according to the Information Collection Procedures found in SSM XVI-4324.

**Adapted from Minn. Stat. 626.556, subd. 10b(a);
Part 9560.0222, subpart 6**

Prior to an interview, the agency responsible for assessing or investigating the report must notify the parent(s), guardian or legal custodian of a child who will be interviewed regarding the maltreatment and the information as listed in SSM XVI-4375. If reasonable efforts to reach the parent(s), guardian, or legal custodian of a child in out of home placement have failed, the child may be interviewed if there is reason to believe the interview is necessary to protect the child or other children in the facility. The agency responsible for assessing or investigating the report must provide the information required in this section to the parent(s), guardian, or legal custodian of a child interviewed without parental notification as soon as possible after the interview. When the assessment or investigation is completed, any parent(s), guardian, or legal custodian notified of the interview must receive written notification of the maltreatment that occurred in the facility. The interview must comply with the Information Collection Procedures found in SSM XVI-4324.

**Adapted from Minn. Stat. 626.556, subd. 10b(b);
Part 9560.0222, subpart 5**

Interviewing Facility Staff and Others Outside the Facility

XVI-4377

The agency responsible for assessing or investigating the report must begin to interview facility staff, including the alleged offender, within 24 hours after interviewing the child(ren). The alleged offender must be interviewed face to face; however, the interview may be postponed if

MN Department of Human Services Social Services Manual

Children's Protective Services

XVI-4000

Based on statutes and rules in effect as of 08/01/2000

the interview would jeopardize an active law enforcement investigation. The director or principal of the facility and other facility or school staff members who may have knowledge of the alleged maltreatment must be interviewed. The interviews must be conducted in a question and answer format, with questioning as non-directive as possible, to elicit spontaneous responses. All interviews with witnesses and collateral sources must be audio-taped, whenever possible. Staff interviews may be postponed beyond 24 hours, when necessary, to avoid interference with a law enforcement investigation.

Part 9560.0222, subpart 7

The agency responsible for assessing or investigating the report must interview the parents, guardians, or legal custodians of children who are in the care of the facility, and children no longer in the care of the facility if there is reason to believe they may have knowledge of the maltreatment. The local agency or Commissioner must also interview other people that the agency believes may have knowledge of the alleged maltreatment. All interviews with witnesses and collateral sources must be in a question and answer format with questioning as non-directive as possible to elicit spontaneous responses. All interviews with witnesses and collateral sources must be audio-taped, whenever possible.

Part 9560.0222, subparts 8 and 8a

Determination of Maltreatment in a Facility

XVI-4378

The agency responsible for assessing or investigating the report must determine that maltreatment has occurred within the facility on the basis of the following criteria:

1. there is a preponderance of evidence that a child is a victim of maltreatment; and
2. the maltreatment is caused by the act or failure to act of a license holder, facility staff, or a volunteer.

When maltreatment is determined in an investigation involving a facility, the assessing or investigating agency must also determine whether the facility or the individual was the party responsible for the maltreatment. When making this determination of responsibility, the agency must consider the following mitigating factors:

1. whether the actions of the facility or the individual caregiver were according to and followed the terms of an erroneous physician order, prescription, individual care plan, or directive. It is not considered a mitigating factor if the individual or facility that issued the erroneous order, prescription, individual care plan, or directive, knew or should have known of the errors and took no reasonable action to correct the defect before administering care;
2. comparative responsibility between the facility, other caregivers, and requirements placed on an employee, including the facility's compliance with regulatory standards and the adequacy of facility policies and procedures, facility training, an individual's participation in the training, the caregiver's supervision, and facility staffing levels and the scope of the individual employee's authority and discretion; and

MN Department of Human Services Social Services Manual

Children's Protective Services

XVI-4000

Based on statutes and rules in effect as of 08/01/2000

3. whether the facility or individual followed professional standards in exercising professional judgment. (See XVI-4340, Assessment Determinations)

**Adapted from Minn. Stat. 626.556, subd. 10e (d);
Part 9560.0222, subpart 10**

Notice of Determinations in a Facility Assessment

XVI-4379

Within 10 working days of the completion of the child protection assessment of maltreatment in a licensed facility, the agency responsible for assessing or investigating the report must notify the person determined to have maltreated the child, the director or principal of the facility, and the parent(s), or guardian, or legal custodian of the child. The notice must include the following:

1. the determination of maltreatment;
2. a summary of the reasons for the determination;
3. certification that the information collection procedures were followed;
4. notice of the right of a person, on whom data has been collected, to have access to other private data on that person, which was collected, created, or maintained;
5. the length of time that records will be kept;
6. the designee of the child who is the subject of the report, and any person or facility determined to have maltreated the child, of their rights to appeal the determination; and
7. when there is no determination of either maltreatment or a need for services, the notice must include the alleged offender's right to have the records destroyed.

**Adapted from Minn. Stat. 626.556, subd. 10f;
Part 9560.0230, subpart 5**

Reports Alleging Maltreatment of a Child Outside the Family Unit Excluding Licensed Facilities or Programs

XVI-4380

If a report alleges neglect, physical abuse, or sexual abuse by a person responsible for the child's care, functioning outside the family unit in a setting other than the agencies specified in SSM XVI-4370, the local social services agency must immediately notify (within 24 hours) the appropriate law enforcement agency for investigation of the alleged child maltreatment. The local social services agency must offer appropriate social services for the purpose of safeguarding and enhancing the welfare of the abused or neglected child.

Minn. Stat. 626.556, subd. 10a

NOTES:

1. The law enforcement agency takes the lead role in the investigation of these reports.
2. Such a report would fall in the category of those requiring only a referral or offer of services. Appropriate services would include counseling or other services to assist the family with any problems arising as a result of the incident.

MN Department of Human Services Social Services Manual

Children's Protective Services

XVI-4000

Based on statutes and rules in effect as of 08/01/2000

3. Examples of a person responsible for a child's care outside the family unit may include, but are not limited to, babysitters, teachers, coaches, counselors and therapists.
4. Sexual contact by a counselor or therapist is covered by Minn. Stat. 609.344, subd. 1, (h), (i), (j), for criminal sanctions. Civil remedies are available in accordance with Minn. Stat. 148A.01 to 148A.06.
5. If a child's parents or guardians are aware of neglect or abuse of their child by another person and fail to take action to assure the child's safety, the local social services agency must consider the failure to act to protect the child to be neglect by the child's parents or guardians. (See Minn. Stat. 260C.007, subd. 4; Minn. Stat. 626.556, subd. 2(c))
6. The local social services agency must request the law enforcement agency to inform the family of the local social services agency's availability to work with the child and family. The local agency must also request the law enforcement agency to notify the local social services agency of families that the law enforcement agency staff believe to be in need of social service assistance.

Records Collection, Retention, and Access

XVI-4390

Records must be collected and maintained in accordance with the Minnesota Government Data Practices Act, Minn. Stat. Chapter 13. (See SSM XVI-4314, Notice to Person Being Interviewed)

Any records concerning individuals maintained by the local social services agency, including written reports of allegations of child maltreatment, must be classified as private data on individuals, except that written reports alleging maltreatment, must be sent to the law enforcement agency. The local social services agency board must make available to the investigating, petitioning, or prosecuting authority, including county coroners or county medical examiners or their professional delegates, any records which contain information relating to specific incident of neglect or abuse which is under investigation, petition or prosecution, and information relating to any prior incidents of neglect or abuse involving any of the same people.

Adapted from Minn. Stat. 626.556, subd. 11

Information Provided to Reporters

XVI-4391

Information Provided to Any Reporter of Child Maltreatment

XVI-4391.01

If requested, the local social services agency must inform the reporter within ten (10) days after the report is made, either orally or in writing, whether the report was accepted for assessment or investigation. (See XVI-4830 for **Letter to Mandated/Voluntary Reporter (SSIS 31)**)

Adapted from Minn. Stat. 626.556, subd. 7

Information Provided to Voluntary Reporters

XVI-4391.02

Upon request, the local social services agency must provide a voluntary reporter with a concise summary after the assessment of a report of maltreatment has been completed. The concise summary is limited to:

MN Department of Human Services Social Services Manual

Children's Protective Services

XVI-4000

Based on statutes and rules in effect as of 08/01/2000

1. the local agency's determination of the report; and
2. a statement indicating whether child protective services are being provided.

If the local agency determines that the disclosure of a concise summary to a voluntary reporter is detrimental to the best interests of the child, the local agency may refuse to provide the concise summary.

**Adapted from Minn. Stat. 626.556, subd. 3(d);
Part 9560.0226, subparts 1 and 3**

Information Provided to Mandated Reporters

XVI-4391.03

The local agency must provide to mandated reporters a summary consisting of:

1. the final determination of the report, and a statement indicating whether the case has been opened for services or referred to a community agency;
2. the name of the child protection worker conducting the assessment;
3. the nature of the maltreatment, if maltreatment was determined; and
4. a description of the services being provided.

If the local agency determines that the disclosure of a summary to a mandated reporter is detrimental to the best interests of the child, the local agency may refuse to provide the summary.

**Adapted from Minn. Stat. 626.556, subd. 3 (d);
Part 9560.0226, subparts 2 and 3**

A local social services agency may provide relevant private data on individuals, obtained during a child protection assessment, to mandated reporters who have an ongoing responsibility for the health, education, or welfare of a child affected by the data.

Minn. Stat. 626.556, subd. 10j

Name of the Reporter Remains Confidential

XVI-4392

The name of the reporter must be confidential while the report is being assessed. Any person conducting an assessment who intentionally discloses the identity of the reporter prior to the completion of the assessment is guilty of a misdemeanor.

After the assessment is completed, the name of the reporter shall be confidential, except that it must be accessible to the individual subject of the report with the written consent of the reporter or upon a written finding by the court that the report was false and there is evidence the report was made in bad faith.

**Adapted from Minn. Stat. 626.556, subd. 11 (a);
Part 9560.0230, subpart 4**

MN Department of Human Services Social Services Manual

Children's Protective Services

XVI-4000

Based on statutes and rules in effect as of 08/01/2000

Active Law Enforcement Investigative Data Confidential

XVI-4393

Active law enforcement investigative data received by the local social services agency is confidential data on individuals. When this data becomes inactive in the law enforcement agency, the data are private data on individuals.

Adapted from Minn. Stat. 626.556, subd. 11b

Client Access to Records

XVI-4394

Private data on individuals is available only to the individual who is subject of the data. The exceptions are as follows:

1. the name of the reporter will remain confidential. After the assessment has been completed, the name of the reporter can only be released with the written consent of the reporter or a written court finding that the child protection report was false and there is evidence that the report was made in bad faith;
2. data regarding an active law enforcement investigation will remain confidential until the law enforcement investigation is closed, then the information becomes private data on individuals;
3. the local social services agency shall make available to the investigating, petitioning, or prosecuting authority, including county medical examiners or county coroners or their professional delegates, any records which contain information relating to a specific incident of neglect or abuse which is under investigation, a CHIPS petition which is pending, or a criminal case which is pending prosecution;
4. upon request of the legislative auditor, data maintained on individuals must be released to the legislative auditor in order to fulfill the auditor's duties. The legislative auditor must maintain the data in accordance with Chapter 13, the Data Privacy statute; or
5. the local social services agency may release private or confidential data on an active case involving assessment or investigation of actions that are defined as sexual abuse, physical abuse, or neglect to a court services agency if:
 - a. the court services agency has an active case involving a common client or clients who are subject of the data; and
 - b. the data are necessary for the court services agency to effectively process the court services' case, including investigating or performing other duties relating to the case required by law. The data disclosed to court services may be used only for purposes of the active court services case, and may not be further disclosed to any other person or agency, except as authorized by law.

Adapted from Minn. Stat. 626.556, subd. 10h and 11

MN Department of Human Services Social Services Manual

Children's Protective Services

XVI-4000

Based on statutes and rules in effect as of 08/01/2000

Access by Other Agencies, Organizations

XVI-4395

Notification to Law Enforcement

XVI-4395.01

Copies of reports received by the local social services agency are required to be sent to the local police department or the county sheriff.

Minn. Stat. 626.556, subd. 7

Notification to State Licensing Agencies, Ombudsman for Mental Health and Mental Retardation, and Certain Parents, Guardians, or Legal Custodians of Children in Facilities or Programs

XVI-4395.02

A local social services agency that receives a report of maltreatment of a child in a facility or program is required to notify:

1. the parents, guardians or legal custodians of children who will be interviewed during the investigation;
2. the agency responsible for assessing or investigating reports of child maltreatment; and
3. the Ombudsman for Mental Health and Mental Retardation, if the child is receiving treatment or services for mental illness, mental retardation, or a related condition, chemical dependency, or emotional disturbance.

**Adapted from Minn. Stat. 626.556, subd. 10 (b);
Part 9560.0222, subparts 3, 4 and 5**

Access by the County Attorney or the Investigating, Petitioning or Prosecuting Authority

XVI-4395.03

The local social services agency must make available to the county attorney or other investigating, petitioning, or prosecuting authority, including social service and law enforcement agencies and prosecutors in other counties and states:

1. any records which contain information relating to a specific incident of neglect or abuse which is under investigation, petition, or prosecution; and
2. information relating to any prior incidents of neglect or abuse involving any of the same people.

Adapted from Minn. Stat. 626.556, subs. 10h and 11

Access by Child Protection Team Members Performing Case Consultation

XVI-4395.04

All records concerning individuals maintained by a local social services agency under Minn. Stat. 626.556 may be made available to the case consultation committee of the child protection team to assist in that function. Case consultation committee members must annually sign an agreement of confidentiality.

Minn. Stat. 626.558, subd. 3

MN Department of Human Services Social Services Manual

Children's Protective Services

XVI-4000

Based on statutes and rules in effect as of 08/01/2000

Access by Child Protection Workers in Other Counties

XVI-4395.05

If a local social services agency needs information from a previous county of residence regarding a prior child maltreatment report or assessment, the previous county of residence must share the information with the new county of residence.

When a family with an open child protection services case moves from one county to another, the county with child protection documentation may share information with the new county of residence. If the new county of residence is to provide continued child protection services, all case information must be forwarded to the new county of residence and service.

Adapted from Minn. Stat. 13.46, subd. 2 (a) (7);

Records maintained or records derived by local social services agencies from reports of abuse may be shared with another local social services agency that requests the information because it is conducting a child protection investigation of the subject of the records.

Minn. Stat. 626.556, subd.10k

Public Inspection of Records

XVI-4395.06

The following records from proceedings or portions of proceedings involving a child in need of protection or services, that are open to the public as authorized by supreme court order and court rules, are accessible to the public unless the court determines that access should be restricted because of the personal nature of the information:

1. the summons and petition;
2. affidavits of publication and service;
3. certificates of representation;
4. court orders, hearing and trial notices, witness lists, and subpoenas;
5. motions and legal memoranda;
6. birth certificates;
7. exhibits introduced at hearings or trial;
8. birth certificates; and
9. all other documents not listed as inaccessible.

Inaccessible documents include:

1. written, audio taped, or videotaped information from the social services agency, except to the extent the information appears in the petition, court orders, or other documents listed above as accessible;
2. child protection intake or screening notes;

MN Department of Human Services Social Services Manual

Children's Protective Services

XVI-4000

Based on statutes and rules in effect as of 08/01/2000

3. documents identifying reporters of maltreatment, unless the names of reporters and other identifying information are redacted;
4. guardian ad litem reports;
5. statements from the victim and addresses and phone numbers;
6. documents identifying nonparty witnesses under the age of 18, unless the names and other identifying information are redacted;
7. transcripts of testimony taken during closed hearing;
8. fingerprinting materials;
9. psychological, psychiatric, and chemical dependency evaluations;
10. presentence evaluations of juveniles and probation reports;
11. medical records and test results;
12. reports issued by sexual predator programs;
13. diversion records of juveniles;
14. any document which the court, upon its own motion or upon the motion of a party, orders inaccessible to serve the best interests of the child; and
15. any other records that are not accessible to the public under rules developed by the courts.

Records that are accessible to the public become inaccessible to the public, if one year has elapsed since either the proceeding was dismissed or the court's jurisdiction over the matter was terminated.

Except as otherwise stated in this section, none of the records of the juvenile court and none of the records of an appeal from a nonpublic juvenile court proceedings, except the written appellate opinion, shall be open to public inspection or their contents disclosed except:

1. by order of a court; or
2. as required by Minn. Stat. 245A.04, Minn. Stat. 611A.03, Minn. Stat. 611A.04, Minn. Stat. 611A.06, and Minn. Stat. 629.73.
3. the victim of any alleged delinquent act may, upon the victim's request, obtain the following information, unless it reasonably appears that the request is prompted by a desire on the part of the requester to engage in unlawful activities:
 - a. the name and age of the juvenile;
 - b. the act for which the juvenile was petitioned and date of the offense; and

MN Department of Human Services Social Services Manual

Children's Protective Services

XVI-4000

Based on statutes and rules in effect as of 08/01/2000

- c. the disposition, including but not limited to, dismissal of the petition, diversion, probation, and conditions of probation, detention, fines, or restitution.

**Adapted from Minn. Stat. 260C.171, subd. 2;
Minn. Stat. 260B.171, subd. 4**

Public Disclosure of Records in Child Fatality or Near Fatality Cases

XVI-4395.07

Regardless of any other provision of law, a local social services agency must disclose to the public, upon request, the findings and information related to a child fatality or near fatality if:

1. a person is criminally charged with having caused the child fatality or near fatality; or
2. a county attorney certifies that a person would have been charged with having caused the child fatality or near fatality but for the person's death.

Findings and information disclosed under this section consist of a written summary that includes any of the following information the local agency is able to provide:

1. the dates, outcomes, and results of any actions taken or services rendered;
2. the results of any review of the state child mortality review panel, a local child mortality review panel, a local community child protection team, or any public agency; and
3. confirmation of the receipt of all reports, accepted or not accepted, by the local social services agency for assessment of suspected child abuse, neglect, or maltreatment, including confirmation that investigations were conducted, the results of the investigations, a description of the conduct of the most recent investigation and services rendered, and a statement of the basis of the agencies determination.

Minn. Stat. 626.556, subd. 11d does not authorize access to the private data in the custody of the local social services agency, or the disclosure to the public of the records, or content of any psychiatric, psychological, or therapeutic evaluations, or the disclosure of information that would reveal identities of persons who provided information related to suspected abuse, neglect, or maltreatment of the child.

A person, whose request for release of information about the child protection case which included fatal or near fatal injuries to a child is denied, may apply to the appropriate court for an order compelling disclosure of all or part of the findings and information of the local agency.

A public agency or its employees acting in good faith in disclosing or declining to disclose information under this section, are immune from criminal or civil liability that might otherwise be incurred or imposed for that action.

Adapted from Minn. Stat. 626.556, subd. 11d

MN Department of Human Services Social Services Manual

Children's Protective Services

XVI-4000

Based on statutes and rules in effect as of 08/01/2000

Records Retention

XVI-4396

Records Retention When there is a Determination of Maltreatment or Need for Child Protective Services

XVI-4396.01

All records relating to reports made pursuant to Minn. Stat. 626.556 in which there is a determination that maltreatment occurred or child protective services are needed must be retained for at least ten (10) years after the date of the final entry in the case record.

Minn. Stat. 626.556, subd. 11c (b)

Records Retention When There is No Determination of Maltreatment or the Need for Child Protective Services

XVI-4396.02

If upon assessment there is no determination of maltreatment or the need for child protective services, the records must be maintained for a period of four (4) years. Records maintained on child protection assessments in which there was no determination of maltreatment or need for child protective services may not be used for employment, background checks, or purposes other than to assist in future risk and safety assessments.

**Minn. Stat. 626.556, subd. 11c (a);
Part 9560.0230, subpart 6A**

Records Maintained by Schools or Court Service Agencies

XVI-4396.03

All records regarding a report of maltreatment, including a notice of intent to interview which was received by a school, must be destroyed by the school when ordered to do so by the agency conducting the assessment. The agency must order the destruction of the notification when other records relating to the report under assessment are destroyed.

Private or confidential data, released to a court services agency, must be destroyed when ordered to do so by the local social services agency that released the data. The local social services agency must order the destruction of the data when other records relating to the assessment are destroyed.

**Adapted from Minn. Stat. 626.556, subd. 11c (c) (d);
Part 9560.0230, subpart 6C**

Data Collection by the Department of Human Services

XVI-4397

Within ten days after completing the child protection assessment, the local social services agency must complete the required child maltreatment data (previously known as the **Report of Child Maltreatment-Family (DHS 2441)** or the **Report of Child Maltreatment-Facility (DHS 2441A)**) on every report of maltreatment. The reporting function of these forms is now incorporated into the SSIS application. The child maltreatment data is used to meet State and Federal statistical reporting requirements. (See SSM XVI-4730 and 4740 for forms and instructions)

MN Department of Human Services Social Services Manual

Children's Protective Services

XVI-4000

Based on statutes and rules in effect as of 08/01/2000

Court Intervention

XVI-4500

If a family refuses to accept protective services, a request should be made to the county attorney to petition the court to authorize the local social services agency to provide involuntary protective services to the family. If the family accepts or a court authorizes protective services, formulate a written plan and provide protective services to the family.

Part 9560.0220, subpart 8 C and D

County Attorney

XVI-4510

Legal Advice and Representation

XVI-4511

The local social services agency must consult with the county attorney for legal advice and representation regarding child welfare matters in court. The county attorney must present the evidence upon the request of the court. In representing the agency, the county attorney must also have the responsibility of advancing the public interest in the welfare of the child.

Adapted from Minn. Stat. 260C.163, subd. 4

County Attorney Role

XVI-4512

The local social services agency must utilize the county attorney in reviewing and filing petitions and other pleadings, preparation for court appearances, and training in such areas as the Juvenile Court Act, rules of evidence, and court procedures. Petitions must be verified by the petitioner who has knowledge of the facts.

Adapted from Minn. Stat. 260C.141, subd. 4

Agreement with County Attorney

XVI-4513

The Department of Human Services recommends that the local social services agency enter into an agreement with the county attorney for the referral of certain cases for possible prosecution. It is the responsibility of the local social services agency to refer certain cases to the county attorney for possible prosecution. It is the responsibility of the county attorney to determine whether criminal action will be taken. It is recommended that the agreement be reviewed at least annually.

Procedures for Court Intervention

XVI-4520

General Procedures

XVI-4521

It is recommended that the local social services agency:

1. identify who has the authority to file a petition on behalf of the local agency;
2. establish cooperative agreements with the county attorney and the court for filing petitions under various circumstances; and

MN Department of Human Services Social Services Manual

Children's Protective Services

XVI-4000

Based on statutes and rules in effect as of 08/01/2000

3. be prepared to make a recommendation to the court on the level of authority needed to protect the child and work with the family.

Adapted from Minn. Stat. 260C.141

Child in Need of Protection or Services (CHIPS) Petition

XVI-4522

Any person who has knowledge of a child who appears to be in need of protective services or neglected and in foster care, or delinquent may file a CHIPS petition in juvenile court. A person who files a CHIPS petition, who is not a county attorney or an agent of the Commissioner of Human Services, must complete a form developed by the State Court Administrator, and provide the completed form to the local county court administrator. The court administrator must review the form before it is filed to ensure that it has been completed. The court administrator may reject the petition if it does not indicate that the petitioner has contacted the local social services agency about the matter.

An individual may file a CHIPS petition without seeking internal review of the local social service agency's decision. The court must determine whether there is probable cause to believe that a need for protective services exists before the matter is set for a hearing. If the matter is set for a hearing, the local social services agency will be notified by the county attorney. The court will not allow a petition to proceed if it appears that the sole purpose of the petition is to modify custody between parents.

Minn. Stat. 260C.141, subd. 1

Child In Need of Protection or Services (CHIPS) Procedures

XVI-4523

Child in need of protection or services means a child who is in need of protection or services because the child:

1. is abandoned or without parent, guardian, or custodian;
2.
 - a. has been a victim of physical or sexual abuse ;
 - b. resides with or has resided with a victim of domestic child abuse;
 - c. resides with or would reside with a perpetrator of domestic child abuse or child abuse;
 - d. a victim of emotional maltreatment;
3. is without necessary food, clothing, shelter, education, or other required care for the child's physical or mental health or morals because the child's parent, guardian, or custodian is unable or unwilling to provide the care;
4. is without the special care made necessary by a physical, mental or emotional condition because the child's parent, guardian, or custodian is unable or unwilling to provide that care, including a child in voluntary placement according to a voluntary release of the parent or parents because of the child's handicapping conditions or need for long-term residential treatment or supervision;

**MN Department of Human Services
Social Services Manual**

Children's Protective Services

XVI-4000

Based on statutes and rules in effect as of 08/01/2000

5. is medically neglected, which includes, but is not limited to, the withholding of medically indicated treatment from a disabled infant with a life-threatening medical condition. The term "withholding of medically indicated treatment" means the 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 physician's reasonable medical judgment, will most likely 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 physician's reasonable medical judgment:
 - a. the infant is chronically and irreversibly comatose;
 - b. the provision of the treatment would merely prolong dying, not be effective in ameliorating or correcting all of the infant's life-threatening conditions, or otherwise be futile in terms of the survival of the infant;
 - c. the provision of the treatment would be virtually futile in terms of the survival of the infant and the treatment itself under the circumstances would be inhumane;
6. is one whose parent(s), guardian, or other custodian for good cause desires to be relieved of the child's care and custody, including a child in placement under a voluntary release by the parent;
7. has been placed for adoption or care in violation of the law;
8. is without proper parental care because of the emotional, mental, or physical disability, or state of immaturity of the child's parent(s), guardian, or other custodian;
9. is one whose behavior, condition, or environment is such as to be injurious or dangerous to the child or others. An injurious or dangerous environment may include, but is not limited to, the exposure of a child to criminal activity in the child's home;
10. is experiencing growth delays, which may be referred to as failure to thrive, that have been diagnosed by a physician and are due to parental neglect;
11. has engaged in prostitution;
12. has committed a delinquent act before ten years of age;
13. is a runaway;
14. is a habitual truant;
15. has been found incompetent to proceed or has been found guilty by reason of mental illness or mental deficiency in connection with a delinquency proceeding, a certification under the Juvenile Code, an extended jurisdiction juvenile prosecution, or a proceeding involving a juvenile petty offense;

MN Department of Human Services Social Services Manual

Children's Protective Services

XVI-4000

Based on statutes and rules in effect as of 08/01/2000

16. has been found by the court to have committed domestic child abuse perpetrated by a minor under Minn. Laws 1997, ch. 239, article 10, sections 2 to 26, has been ordered excluded from the child's parent's home by an order for protection/minor respondent, and the parent or guardian is either unwilling or unable to provide an alternative safe living arrangement for the child.

Minn. Stat. 260C.007, subd. 4

The local social services agency may bring an emergency petition on behalf of a child seeking relief from acts of domestic child abuse. The petition must allege the existence of immediate and present danger of domestic child abuse. The Juvenile Court has jurisdiction over the parties to a domestic child abuse matter notwithstanding that there is a parent in the child's household who is willing to enforce the court's order and accept services on behalf of the family.

Minn. Stat. 260C.148, subd. 1

If it appears from the notarized petition that there are reasonable grounds to believe that the child is in immediate and present danger of domestic child abuse, the court may grant an ex parte temporary order for protection, pending a hearing pursuant to Minn. Stat. 260C.151 which must be held not later than 14 days after service of the ex parte order. The court may grant relief as it deems proper, including an order:

1. restraining any party from committing acts of domestic child abuse; or
2. excluding the alleged abusing party from the dwelling which the family or household members share or from the residence of the child. No order excluding the alleged abusing party from the dwelling unless the court finds that:
 - a. the order is in the best interests of the child or children remaining in the dwelling; and
 - b. a parent remaining in the child's household is able to care adequately for the child or children in the absence of the excluded party and to seek appropriate assistance in enforcing the provisions of the order.

Before the temporary order is issued, the local social services agency must advise the court and other parties who are present that the appropriate social services will be provided to the family or household members during the effective period of the order. The petition must identify the parent remaining in the child's household.

An ex parte temporary order for protection must be effective for a fixed period of time not to exceed 14 days. The court may renew the temporary order for protection one time for a fixed period not to exceed 14 days if a CHIPS petition has been filed with the court and if the court determines that the renewal is appropriate. If the court determines that the petition states a prima facie case that there are reasonable grounds to believe that the child is in immediate danger of domestic child abuse or child abuse without the court's order, at the hearing under Minn. Stat. 260C.151, the court may continue its order pending trial under this paragraph.

Minn. Stat. 260C.148, subd. 2

MN Department of Human Services Social Services Manual

Children's Protective Services

XVI-4000

Based on statutes and rules in effect as of 08/01/2000

Court Dispositions

XVI-4530

The court may provide the local social services agency with authority to intervene under the following dispositions:

1. protective supervision;
2. legal custody;
3. special court orders;
4. domestic child abuse- temporary order for protection;
5. termination of parental rights;
6. transfer of guardianship and legal custody; and
7. court order to produce the alleged victim.

Minn. Stat. 260C.201, subd. 1

Protective Supervision

XVI-4531

Protective supervision is a disposition of the Juvenile Court which provides that while the child is in the home of a parent of the child, the child is under the supervision of the county or human services board or child placing agency. Conditions are prescribed by the court and directed toward correcting the child's need for protection or services.

When a child is under protective supervision:

1. the local agency is responsible to the court for the supervision of the child and must promptly inform the court if it appears that the welfare of the child is jeopardized by remaining at home;

Adapted from Minn. Stat. 260C.201, subd. 1

2. the parent(s), guardian or legal custodian has the responsibility for providing for the needs of the child;

Adapted from Minn. Stat. 260C.007, subd. 15

3. the local social services agency must provide or arrange for another agency to provide individual or family therapy, in home or family-based services, parenting education, parent support groups, domestic abuse treatment, or sex offender treatment, to enable the parent(s) to meet the needs of their child more adequately; and

Part 9560.0228, subparts 2-5

4. in the event that a parent refuses to cooperate with the treatment plan, the court must be informed.

Part 9560.0220, subpart 8 (c)

NOTE: Protective supervision does not give the local agency authority to place the child in a different living situation. In order to place the child, the parent must authorize a

MN Department of Human Services Social Services Manual

Children's Protective Services

XVI-4000

Based on statutes and rules in effect as of 08/01/2000

voluntary placement, or a juvenile court order must be obtained which orders the child to be placed out of the home.

Legal Custody

XVI-4532

“Custodian” means any person who is under a legal obligation to provide care and support for a child or who is in fact providing care and support for a child.

If the court finds that a child is in need of protection or services, or neglected and in foster care, the court may order any of the following dispositions:

1. place the child under the protective supervision of the local social services agency or child-placing agency in the home of a parent of the child under conditions prescribed by the court directed to the correction of the child's need for protection or services. The court may also order the child into the home of a parent who does not otherwise have legal custody of the child, however, such an order does not confer legal custody on that parent. If the court orders the child into the home of father who is not adjudicated, he must cooperate with paternity establishment proceedings regarding the child in the appropriate jurisdiction as one of the conditions prescribed by the court for the child to continue in his home. The court may order the child into the home of a noncustodial parent with conditions and may also order both the noncustodial and the custodial parent to comply with the requirements of a case plan;
2. transfer legal custody to one of the following:
 - a. a child-placing agency; or
 - b. the local social services agency.

In placing a child whose custody has been transferred under this paragraph, the agency must consider placement, consistent with the best interests of the child and in the following order:

- (1) in the legal custody or guardianship of an individual who is related to the child by blood, marriage, or adoption; or
- (2) in the legal custody or guardianship of an individual who is an important friend with whom the child has resided or had significant contact.

Placement of a child cannot be delayed or denied based on race, color, or national origin of the foster parent or the child. Whenever possible siblings should be placed together unless it is determined not to be in the best interests of a sibling.

- (3) if the child's birth parent(s) explicitly request that an important friend not be considered, the court must honor that request if it is in the best interests of the child.

**MN Department of Human Services
Social Services Manual**

Children's Protective Services

XVI-4000

Based on statutes and rules in effect as of 08/01/2000

- (4) if the child's birth parent(s) express a preference for placing the child in a foster or adoptive home of the same or similar religious background to that of the birth parent(s), the court must order placement of the child with an individual who meets the parent(s) religious preference;
- (5) this list does not affect the Indian Child Welfare Act, and the Minnesota Indian Family Preservation Act.

**Adapted from Minn. Stat. 260C.193, subd. 3;
Minn. Stat. 260C.201, subd. 1**

The best interests of the child are met by requiring individualized determinations of the needs of the child and of how the selected placement will serve the needs of the child in a foster care placement.

Among the factors to be considered in determining the needs of the child are:

1. the child's current functioning and behaviors;
2. the medical, educational, and developmental needs of the child;
3. the child's history and past experience;
4. the child's religious and cultural needs;
5. the child's connection with a community, school, and church;
6. the child's interests and talents;
7. the child's relationship to current caretakers, parents, siblings, and relatives;
8. the reasonable preference of the child, if the court, or in the case of a voluntary placement the child-placing agency, deems the child to be of sufficient age to express preferences.

Minn. Stat. 260C.193, subd. 3

(See also SSM XVI-4355 Procedures for Seeking Removal of Child from Home and SSM XVI-4356, Criteria for Seeking Child's Removal from Home)

Special Court Orders

XVI-4533

1. If the child is in need of special treatment and care for reasons of physical or mental health, the court may order that the child's parent(s), guardian or legal custodian provide the required care. If the parent(s), guardian, or custodian fails or is unable to provide this treatment or care, the court may order it provided. The court must not transfer legal custody of the child for the purpose of obtaining special treatment or care solely because the parent(s) is unable to provide the treatment or care. If the court's order for mental health treatment is based on a diagnosis made by a treatment professional, the court may order that the professional, who made the diagnosis, not provide the treatment to the child if it finds that such an order is in the child's best interests.

Adapted from Minn. Stat. 260C.201, subd. 1(a)(3)

MN Department of Human Services Social Services Manual

Children's Protective Services

XVI-4000

Based on statutes and rules in effect as of 08/01/2000

2. If the court believes that the child has sufficient maturity and judgement and that it is in the child's best interests, the court may order a child 16 years or older to be allowed to live independently, under supervision of the court. This disposition requires the county board to consult with the court and to authorize this dispositional alternative for the child.

Adapted from Minn. Stat. 260C.201, subd. 1 (a)(4)

3. If a child, who is 14 years old or older, has been declared in need of protection or services because the child is habitually truant, and truancy services have been provided by the school attendance review board or county attorney mediation program, the court must order the cancellation or denial of driving privileges for any period up to the child's 18th birthday.

Adapted from Minn. Stat. 260C.201, subd. 1(c)

4. In a case of a child adjudicated in need of protection or services because the child has committed domestic child abuse and has been ordered excluded from the parent's home, the court must dismiss jurisdiction if the court, at any time, finds the parent is able or willing to provide an alternative safe living arrangement for the child.

Adapted from Minn. Stat. 260C.201, subd. 1(d)

Temporary Order for Protection- Domestic Child Abuse

XVI-4534

If a court finds that a child is a victim of domestic child abuse, it may order any of the following dispositions, in addition to or as an alternative to protective supervision, transfer of legal custody, or special treatment. (See also SSM XVI-4522) The court may order:

1. restrain any party from committing acts of domestic child abuse; or
2. exclude the offender from the home that the family or household members share, or where the child resides;
3. establish temporary visitation with regard to the children and the adult family or household members, on the same basis as provided in Minnesota Statutes Chapter 518 (marriage dissolution);
4. establish temporary support or maintenance for a period of 30 days for minor children or spouse, on the same basis as is provided in Minn. Stat., Chapter 518;
5. order that family or household members obtain counseling or other social services;
6. order the offender to participate in treatment or counseling services.

Any relief granted by the order for protection must be time limited, not to exceed one year.

An order excluding the offender from the dwelling may only be issued if the court finds that:

1. the order is in the best interests of the child or children who reside in the dwelling;
2. a remaining adult family or household member is able to care adequately for the child or children in the absence of the excluded party; and

**MN Department of Human Services
Social Services Manual**

Children's Protective Services

XVI-4000

Based on statutes and rules in effect as of 08/01/2000

3. the local social services agency has developed a plan to provide appropriate social services to the remaining family or household members.

Adapted from Minn. Stat. 260C.148, subd. 2 and 3

Termination of Parental Rights

XVI-4535

Termination of parental rights is the judicial severing of all rights of a parent to a child under the following conditions:

1. with the written consent of a parent who for good cause desires to terminate parental rights;
or
2. if the court finds that one or more of the following conditions exist:
 - a. that the parent has abandoned the child; or
 - b. that the parent has substantially, continuously, or repeatedly refused or neglected to give the child necessary parental care and protection, including but not limited to providing the child with necessary food, clothing, shelter, education and other care and control necessary for the child's physical, mental, or emotional health and development, if the parent is physically and financially able, and either reasonable efforts by the local social services agency failed to correct the conditions that formed the basis of the petition or reasonable efforts would be futile and therefore unreasonable; or
 - c. that a parent has been ordered to contribute to the support of the child or financial aid in the child's birth and has continuously failed to do so without good cause. This does not provide grounds for termination of parental rights of a non-custodial parent who has not been ordered to pay child support, or cannot financially contribute to the support of the child or aid in the child's birth; or
 - d. that a parent is unfit to be a party to the parent and child relationship, because of a consistent pattern of specific conduct before the child or of specific conditions directly relating to the parent and child relationship, either of which are determined by the court to be of a duration or nature that renders the parent unable, for the reasonably foreseeable future, to care appropriately for the ongoing physical, mental or emotional needs of the child. It is presumed that a parent is palpably unfit to be a party to the parent and child relationship upon showing that:
 - (1) the parent's parental rights to one or more other children were involuntarily terminated;
 - e. following the child's placement out of the home, reasonable efforts, under the direction of the court, have failed to correct the conditions leading to the child's placement. It is presumed that reasonable efforts under this clause have failed upon showing that:

**MN Department of Human Services
Social Services Manual**

Children's Protective Services

XVI-4000

Based on statutes and rules in effect as of 08/01/2000

- (1) a child has resided out of the parental home under court order for a cumulative period of 12 months within the preceding 22 months. In the case of a child under age eight at the time the petition was filed alleging the child to be in need of protection or services, the presumption arises when the child has resided out of the parental home under court order for six months unless the parent has maintained regular contact with the child and the parent is complying with the case plan;
- (2) the court has approved a case plan and the local social services agency has filed the case plan with the court;
- (3) the conditions leading to the out of home placement have not been corrected. It is presumed that conditions leading to a child's out of home placement have not been corrected upon showing that the parent(s) have not substantially complied with the court orders and a reasonable case plan;
- (4) reasonable efforts have been made by the social services agency to rehabilitate the parents and reunite the family.

This clause does not prohibit the termination of parental rights prior to one year, or in the case of a child under age eight, within six months.

It is also presumed that reasonable efforts have failed upon a showing that:

- (a) the parent has been diagnosed as chemically dependent by a professional certified to make that diagnosis;
- (b) the parent has been required by case plan to participate in a chemical dependency treatment program;
- (c) the treatment programs offered to the parent were culturally, linguistically, and clinically appropriate;
- (d) the parent has either failed two or more times to successfully complete a treatment program, or has refused at two or more separate meetings with a caseworker to participate in a treatment program; and
- (e) the parent continues to abuse chemicals;
- (f) a child has experienced egregious harm in the parent's care which is of a nature, duration, or chronicity that indicates a lack of regard for the child's well being; such that a reasonable person would believe it to be contrary to the best interests of the child or of any child to be in the parent's care; or
- (g) where a child was born to a mother who was not married to the child's father when the child was conceived nor when the child was born, the person is not entitled to notice of an adoption hearing under Minn. Stat. 259.49 and the person has not registered with the putative fathers' adoption registry under Minn. Stat. 259.52;

MN Department of Human Services Social Services Manual

Children's Protective Services

XVI-4000

Based on statutes and rules in effect as of 08/01/2000

- (h) that the child is neglected and in foster care.
- (i) that the parent has been convicted of a violation of, or an attempt or conspiracy to commit a violation of a crime listed below:
 - (1) Minn. Stat. 609.185, Murder in the First Degree
 - (2) Minn. Stat. 609.19, Murder in the Second Degree
 - (3) Minn. Stat. 609.195, Murder in the Third Degree
 - (4) Minn. Stat. 609.20, Manslaughter in the First Degree
 - (5) Minn. Stat. 609.222, subd. 2, Assault in the Second Degree, in regard to another child of the parent or in regard to the surviving child.
 - (6) Minn. Stat. 609.223, in regard to another child of the parent
 - (7) United States Code, Title 18, section 1111(a) or 1112(a), in regard to another child of the parent.

In an action involving an American Indian child, Minn. Stat. 257.35 to 257.3579 and the Indian Child Welfare Act, USC, title 25, sections 1901 to 1923, control to the extent that the provisions of this section are inconsistent with those laws.

Adapted from Minn. Stat. 260C.301

Transfer of Guardianship and Legal Custody

XVI-4536

Upon termination of parental rights of both parents or of the only known living parent, guardianship and legal custody of the child must be transferred by the court to:

1. an individual who is willing and capable of assuming appropriate duties and responsibilities to the child;
2. a licensed child-placing agency; or
3. the Commissioner of Human Services.

Adapted from Minn. Stat. 260C.325, subd. 1

Removal of Child from Parental Home

XVI-4540

Local Agency Authority

XVI-4541

A child may be removed from their home by the local social services agency only with the consent of the child's parent(s) or legal guardian, an order from the court, or by a law enforcement officer.

Minn. Stat. 260C.175, subd. 1

MN Department of Human Services Social Services Manual

Children's Protective Services

XVI-4000

Based on statutes and rules in effect as of 08/01/2000

Police Authority

XVI-4542

The local law enforcement agency has the authority to remove a child from their home when the child is found in surroundings or conditions which endanger the child's health or welfare, or which the law enforcement officer reasonably believes will endanger the child's health or welfare. If an Indian child is a resident of a reservation or resides on the reservation, but is temporarily located off the reservation, taking the child into custody must be consistent with the Indian Child Welfare Act of 1978.

Adapted from Minn. Stat. 260C.175, subd. 1

When a child is taken into custody, the parent(s), guardian, or legal custodian must be notified as soon as possible. The child must be released to the custody of a parent, guardian, custodian, or other suitable person, unless there is reason to believe:

1. the child would endanger self or others,
2. not return for a court hearing,
3. run away from the child's parent, guardian, custodian, or otherwise not remain in the care and control of the person to whom the child is placed, or
4. the child's health or welfare would be immediately endangered.

When a child is taken into custody by a law enforcement officer, release from detention may be authorized by the detaining officer, the detaining officer's supervisor, or the county attorney. If the local social services agency has determined that the child's health or welfare will not be endangered and the provision of appropriate services will eliminate the need for placement, the local agency must request authorization for the child's release from detention.

The person to whom the child is released must promise to bring the child to court (if court action is necessary). If the person taking the child into custody believes that it would be helpful, the person may request that the parent, guardian, or custodian sign a written promise to bring the child to court, as promised. The intentional violation of a promise, whether given orally or writing, shall be punishable as contempt of court.

Adapted from Minn. Stat. 260C.176, subd. 1

Non-Emergency Removal of a Child Under Legal Custody

XVI-4543

A local social services agency that places a child in foster care must provide at least one pre-placement visit for the child, unless the child is placed because of an emergency, or is less than six months old.

Part 9560.0580

Decisions About Children in Foster Care

XVI-4544

The placement plan or voluntary placement agreement must specify the decisions that the local agency will make and the decisions that require consent of the court, parent, or guardian.

MN Department of Human Services Social Services Manual

Children's Protective Services

XVI-4000

Based on statutes and rules in effect as of 08/01/2000

If the child's parent or guardian refuses to consent to decisions essential to the child's well-being, the local agency must seek a court order authorizing the local agency to act for the child. If there is a question about whether a decision requires parental or judicial consent, the agency must consult the court.

Part 9560.0552 subparts 1 and 2

Reports to Court

XVI-4550

The local social services agency must provide written reports about the protective intervention that has been provided, compliance with the court orders, and offer recommendations to the court at the intervals directed by the court. A written report to the court is required prior to the expiration of any court order giving the local agency responsibility for a child. Reports to the court must contain information sufficient to support the recommendation and to enable the court to make a decision in the child's best interest.

When a court order has expired, the local social services agency has no authority to retain a child in foster care, unless the parents or guardians voluntarily agree to the continued placement.

The local social services agency and the court determine the format for the court report.

**Adapted from Minn. Stat. 260C.201, subd. 7;
Part 9560.0228, subparts 4 and 5**

Child Victims Testifying in Court

XVI-4560

Court Docket Priority

XVI-4561

After a petition has been filed that alleges that a child is in need of protection or services, the court will schedule a hearing date. Unless the parties involved appear voluntarily, the court will issue a summons requiring the person who has custody and control of the child to appear with the child at the scheduled court hearing. After a child in need of protection or services petition is filed, the court must issue a notice to the following persons, unless they voluntarily appear or are summoned: (1) an adjudicated or presumed father of the child, (2) an alleged father of the child, (3) a noncustodial mother, and (4) a grandparent with the right to participate under Minn. Stat. 260C.163, subd. 2. The court must give docket priority to any child in need of protection or services, neglected and in foster care, or delinquency petitions that contain allegations of child abuse over any other case except those delinquency matters where a child is being held in a secure detention facility.

Adapted from Minn. Stat. 260C.151, subd. 1

Taking the Testimony of a Child Witness Informally

XVI-4562

In any court proceeding regarding a child in need of protection or services, neglected and in foster care, or termination of parental rights, the court may, on its own motion or the motion of any other party, take the testimony of a child witness informally when it is in the child's best interests to do so. Informal procedures that may be used by the court include taking the testimony of a child witness outside the courtroom. The court may require attorneys for any party to the

MN Department of Human Services Social Services Manual

Children's Protective Services

XVI-4000

Based on statutes and rules in effect as of 08/01/2000

proceeding to submit questions to the court before the testimony is taken, and to submit additional questions to the court after the witness questioning has been completed. The court may excuse the presence of the child's parent, guardian, or custodian from the room where the child is questioned.

Adapted from Minn. Stat. 260C.163, subd. 6

Right to Participate in Court Proceedings

XVI-4563

A child who is the subject of the petition, and the parents, guardian, or legal custodian of the child have the right to participate in all proceedings on a petition. Official tribal representatives have the right to participate in any proceeding that is subject to the Indian Child Welfare Act of 1978.

Any grandparent of the child has the right to participate in the proceedings to the same extent as the parent, if the child has lived with the grandparent within the two years preceding the filing of the petition. The petition may state whether the child lived with the grandparent in the preceding two years. It is not a jurisdictional defect if the grandparent is not notified of the proceedings.

If, in a court proceeding involving a child in need of protection or services, the local social services agency recommends transfer of permanent and legal and physical custody to a relative, the relative has the right to participate as a party to the proceedings, and must be given notice of any hearings on the proceedings.

Adapted from Minn. Stat. 260C.163, subd. 2

Waiving the Courtroom Presence of the Child's Parent

XVI-4564

In any proceeding, the court may temporarily excuse the presence of the parent or guardian of the child from the hearing, when it is in the best interests of the child to do so. The attorney or guardian ad litem has the right to continue in the proceedings during the absence of the parent or guardian.

Adapted from Minn. Stat. 260C.163, subd. 6

Waiving the Courtroom Presence of the Child

XVI-4565

In court proceedings regarding child in need of protection or services, neglected and in foster care, or termination of parental rights, the court may waive the presence of the child in the court at any stage of the proceedings, when it is in the best interest of the child to do so. The child's attorney or guardian ad litem has the right to continue to participate in the proceedings during the absence of the child.

Adapted from Minn. Stat. 260C.163, subd. 7

Admissible Out-of-Court Statements

XVI-4566

In a court proceeding regarding a child in need of protection or services, neglected and in foster care, domestic child abuse, or termination of parental rights, an out-of-court statement that is not otherwise admissible by statute or rule of evidence, is admissible if:

MN Department of Human Services Social Services Manual

Children's Protective Services

XVI-4000

Based on statutes and rules in effect as of 08/01/2000

1. the statement was made by a child under the age of ten years or by a child ten years or older who is mentally impaired, as defined in Minn. Stat. 609.341, subd. 6;
2. the statement alleges, explains, denies, or describes;
 - a. any act of sexual penetration or contact performed with or on the child;
 - b. any act of sexual penetration or contact with another child observed by the child making the statement;
 - c. any act of physical abuse or neglect of the child by another; or
 - d. any act of physical abuse or neglect of another child observed by the child making the statement;
3. the court finds that the time, content, and circumstances of the statement and reliability of the person to whom the statement is made provide sufficient indication of reliability; and
4. the proponent of the statement notifies other parties of an intent to offer the statement and particulars of the statement sufficiently in advance of the proceeding at which the proponent intends to offer the statement into evidence, to provide the parties with a fair opportunity to meet the statement.

An out of court statement includes statements recorded on video, audio, or other recorded statement.

Minn. Stat. 260C.165

Guardian Ad Litem

XVI-4567

The court must appoint a guardian ad litem to protect the interests of the child when it appears that the child is without a parent or guardian, or that the child's parent is a minor or incompetent or that the parent or guardian is hostile towards the child's interests and in every proceeding alleging that the child is in need of protection or services. The court may appoint separate legal counsel for the guardian ad litem when necessary. A guardian ad litem must carry out the following activities:

1. conduct an independent investigation to determine the facts relevant to the situation of the child and the family, which must include (unless specifically excluded by the court):
 - a. reviewing relevant documents;
 - b. meeting with and observing the child in the home setting;
 - c. considering the child's wishes, as appropriate; and
 - d. interviewing the parents, caregivers, and other persons who have knowledge relevant to the case;
2. advocate for the child's best interests by participating in appropriate aspects of the case and advocating for appropriate community services when necessary;

MN Department of Human Services Social Services Manual

Children's Protective Services

XVI-4000

Based on statutes and rules in effect as of 08/01/2000

3. maintain the confidentiality of information related to a case, although information can be shared as permitted by law to promote cooperative solutions that are in the best interests of the child;
4. monitor the child's best interests throughout the judicial proceedings; and
5. present written reports on the child's best interests that include conclusions and recommendations and the facts upon which they are based.

Adapted from Minn. Stat. 260C.163, subd. 5

NOTE: The court may not waive the appointment of a guardian ad litem in cases where the child is alleged to have been abused or neglected.

Truancy or Educational Neglect

XVI-4568

A child's absence from school is presumed to be due to the parent's, guardian's, or custodian's failure to comply with the compulsory instruction laws if the child is less than 12 years of age and the school has made appropriate efforts to resolve the child's attendance problems. When a child is 12 years old or older, it is presumed to be the child's intent to be absent from school. Thorough assessment into the circumstances of the truancy is necessary, because either presumption based on the age of the child could be incorrect.

Adapted from Minn. Stat. 260C.163, subd. 11

Administrative Functions

XVI-4600

Emergency Services

XVI-4610

The local social services agency must provide for the availability of child protection services on a 24-hour basis to respond to reports alleging imminent danger.

Each agency must ensure the availability of a licensed facility on a 24-hour basis for the emergency care of abused or neglected children. The local social services agency must designate a staff person to be responsible for emergency placements that occur outside of normal business hours.

Part 9560. 0232, subparts 1 to 3

Protective Services Case Records

XVI-4620

In performing any of their child protection service duties, the local social services agency shall maintain a record on every report of infant medical neglect, maltreatment to a child within the family unit, and maltreatment to a child within a facility.

**Adapted from Minn. Stat. 626.556, subd. 10(a);
Part 9560.0230, subpart 1**

MN Department of Human Services Social Services Manual

Children's Protective Services

XVI-4000

Based on statutes and rules in effect as of 08/01/2000

Records Regarding Reports Not Requiring Assessment or Investigation by the Local Agency

XVI-4621

For reports requiring no assessment or investigation, the local social services agency must make an official record documenting:

1. the time and date that the report was received by the agency;
2. the basis upon which it was decided that no assessment was required;
3. the date and time of the oral and written notifications to law enforcement, if any; and
4. any referrals which may have been made to a more appropriate agency, including the name of the agency to which the reporter was referred.

This documentation must be kept in the local agency's Information and Referral Log.

Records Regarding Reports Alleging Infant Medical Neglect

XVI-4622

For reports alleging infant medical neglect (see SSM-4320), the local social services agency must make an official record documenting:

1. the time and date that the report was received by the local social services agency;
2. the time and date of the local social services agency's oral and written notifications to the local law enforcement agency;
3. the time and date that the local social services agency requested to consult with designated hospital staff, as well as the actual time and date that the consultation occurred;
4. the time and date that the local agency requested to consult with the parents of the infant, as well as the actual time that the actual discussion occurred;
5. the time and date that an independent medical review of the infant's medical records was secured;
6. the time and date that a court order, if necessary, for an independent medical exam was sought, and the time and date the court order was received;
7. the conclusion of the independent medical review and exam, and the time and date it was received;
8. if a determination is made that maltreatment occurred, the time and date of the local agency's petition and expedited motion for legal intervention to prevent the withholding of medically indicated treatment;
9. copies of the court petitions;
10. copies of court dispositions; and
11. the child maltreatment data, previously listed in the **Report of Child Maltreatment (DHS 2441)** which is now incorporated into the SSIS application.

MN Department of Human Services Social Services Manual

Children's Protective Services

XVI-4000

Based on statutes and rules in effect as of 08/01/2000

If no ongoing child protective services are determined to be needed or requested, the local agency may keep this documentation as a case that was open for assessment /evaluation only.

If ongoing child protection services are determined to be needed or requested, this documentation must be contained in the case record.

**Part 9560.0218;
Part 9560.0230, subpart 1**

Records Regarding Reports of Child Maltreatment in a Licensed Facility

XVI-4623

For records alleging neglect or abuse in a licensed facility or program, the local social services agency must make an official record documenting:

1. the date and time that the report was received by the local social services agency;
2. the date and time of the local social services agency's oral and written notification to the local law enforcement agency;
3. the date and time the facility was contacted as part of the assessment of the report;
4. the factors considered in the assessment of the risk of harm to the children;
5. the steps taken (if needed) to protect the children;
6. the date and time that individuals were interviewed and asked to provide confidential information about themselves, and that the individuals were given oral or written notice about how the information would be used, and their rights to access the information;
7. that prior to any interview with a child who had been under the care of the facility that was investigated:
 - a. the parents were contacted to inform them of the allegations and the assessment; or
 - b. the reasonable efforts were undertaken to inform parent(s) prior to interviewing children, and the basis for the local agency's belief that the interview was necessary to protect the child or other children in the facility;
8. the date and time that the parents or guardians were notified of the incident, including:
 - a. the date and time of notification to parent(s) or guardian of the children who are involved in the incident; and
 - b. whether notification to parent(s) or guardians of other children in the facility was given, and if so, the date and time of that notification, including:
 - (1) the basis upon which the local agency had reason to believe that the alleged abuse or neglect occurred, if the parent(s) or guardians of other children were notified; and

**MN Department of Human Services
Social Services Manual**

Children's Protective Services

XVI-4000

Based on statutes and rules in effect as of 08/01/2000

- (2) the date and time that the facility was notified that parent(s) or guardians of other children were notified; and the name and position of the facility staff person so notified;
9. the date and time of audio or video recording of the interviews. A copy of the audio or video tape must be kept in the file. Other records pertaining to the interview with the child, which are documented in SSM-XVI 4334;
10. when an incident involves a child placed outside of the child's home county, documentation of the date and time that the agency responsible for the child's placement was notified of the incident;
11. the date and time of the notification to the state agency or agencies that are responsible for licensing the facility. Notice must be given to the licensing agency within 48 hours, excluding weekends and holidays, of the receipt of the report;
12. the date and time of the notification to the State Ombudsman for Mental Health and Mental Retardation, when applicable (See SSM XVI-4374);
13. upon completion of the investigation, every parent or guardian notified in number 7 of this section, was sent a written notification summarizing the findings of the investigation, as noted in SSM XVI-4375, including documentation that all parents or guardians of children in the facility received a copy of the summary, if it was determined that maltreatment occurred.

NOTE: The local social services agency must keep a copy of the actual summary that was sent to each parent or guardian as documentation;

14. the facts or evidence upon which the local social services agency determined maltreatment occurred, or could not determine that maltreatment occurred;
15. the factors used to assess the risk of harm to the children in the facility, including specific factors relating to the facility or program, and any contact with the state agency that licensed the facility or program;
16. a determination was made on the allegations made in the report, within 90 days of the receipt of the report;
17. the child maltreatment data, previously listed in the **Report of Child Maltreatment (DHS 2441-A)** which is now incorporated into the SSIS application; and
18. whether any social services were offered to enhance the safety and welfare of the children, and the response of the parent(s), guardian, and/or child to the offer.

If an offer of social services is accepted, this documentation must be contained in the case record. (See SSM IV-4000 and IV-5400)

MN Department of Human Services Social Services Manual

Children's Protective Services

XVI-4000

Based on statutes and rules in effect as of 08/01/2000

Documentation of all actions taken must also be kept in the licensing file for the facility or program. This documentation must not contain identifying information on the victim(s), alleged victim(s), or the reporter.

**Part 9560.0222;
Part 9560.0230, subpart 1**

Records Regarding Reports Alleging Child Maltreatment Within the Family Unit

XVI-4624

When a report alleges that a child has been physically or sexually abused, neglected, or suffered mental harm, by a parent, guardian, or person functioning within the family unit as a person responsible for the child's care, the local social services agency must document in an official record the following:

1. the date and time the report was received by the local social services agency;
2. the date and time that the local social services agency made oral and written notification to the local law enforcement agency;
3. the basis upon which the child protection worker determined that the child was or was not in imminent danger;
4. if the local social services agency was unable to begin the assessment within one working day, document the reason;
5. the date and time that the child was first seen;
6. the date and time that the parent(s) or guardian were first seen;
7. document the date that individuals were interviewed and asked to provide personal or confidential information about themselves, and that these individuals were given oral and written notice of how the information would be used and their right to access the information (See SSM XVI-4312);
8. the name, address, age, gender, and relationship of the alleged offender to the involved child; document the family composition, including the name, age and gender of the child involved;
9. the basis on which the child protection worker determined that maltreatment occurred, or could not determine that maltreatment occurred;
10. the risk assessment process, including the eleven required factors (See SSM XVI-4343) which the child protection worker used to determine the need for child protection services;
11. if it was necessary to remove the child from their home, a specific statement of risk of potential harm if the child remained in the home environment;

MN Department of Human Services

Social Services Manual

Children's Protective Services

XVI-4000

Based on statutes and rules in effect as of 08/01/2000

12. the efforts made to direct the parents toward the voluntarily placement of the child out of the home, or to seek another alternative that, in the worker's judgement would assure the safety of the child. Alternative efforts include:
 - a. if the parents or guardians agree to a voluntary placement, a copy of the **Voluntary Out-of-Home Placement Agreement-Non Indian Child (DHS 1776) (SSIS 65)** or **Voluntary Out-of-Home Placement Agreement Consent-Indian Child (DHS 3374) (SSIS 38)** must be maintained by the local agency when placement is made with a non-relative. If placement is made with a relative, document the parent's agreement and the relationship of the person with whom the child was placed; or (See SSM XV-6831 for **DHS 1776** and SSM XIII-3677 for **DHS 3374**);
 - b. if the parents or guardians are unwilling or unable to voluntarily consent to placement, the local agency must maintain a copy of the court order giving the local agency authority to remove the child. (See SSM XVI-4356, Criteria for Seeking Removal from the Home and SSM XV-6000 on the documentation needed when placing a child in substitute care);
13. documentation that the assessment was completed within 90 days of the receipt of the report;
14. the child maltreatment data, previously listed in the **Report of Child Maltreatment (DHS 2441)** which is now incorporated into the SSIS application;
15. a summary of the disposition provided to a mandated reporter, or a concise summary of the disposition provided to a voluntary reporter;
16. documentation that the subjects of the report have been given written notification of the determinations made on the report, in accordance with SSM XVI-4344. The written notice of the determination must be sent to the subjects of the report within 10 days of completing the assessment;
17. when a referral to another service agency or provider is made, the name of any agency to which the family was referred, and the service(s) for which the family was referred;
18. when the local social services agency offers to provide services:
 - a. the family was informed of their right to accept or reject the services that were offered;
 - b. the family was informed of the possible consequences of rejecting services, including the possibility of the agency seeking court intervention when necessary to protect the child;
19. when services are accepted by the family or authorized by the court, a copy of the written plan for the child protective services, with documentation that it was to provide to the family;
20. copies of the quarterly reassessments of the child protective services plan;

MN Department of Human Services Social Services Manual

Children's Protective Services

XVI-4000

Based on statutes and rules in effect as of 08/01/2000

21. court petitions;
22. court dispositions; and
23. reason(s) that child protection services were terminated.

If the local social services agency determines that there is no need for child protection service intervention beyond the assessment and if the family does not request or accept the offered services, this documentation may be kept as a case that was accepted for assessment/evaluation only.

Whenever the local agency provides direct staff services of a non-emergency or ongoing nature (more than 30 days' duration), or purchased services, regardless of the duration of the services, a case record must be maintained for the family and child receiving the services. (See SSM XVI-4000 and SSM IV-5400 for case record requirements)

**Adapted from Part 9550.0090;
Part 9560.0220;
Part 9560.0228**

Agency Coordination

XVI-4630

Every local social services agency must coordinate its child protection activities with other agencies that are providing services to families that are receiving services to alleviate the conditions that contributed to the need for child protection services. The local agency retains case management responsibility even when other agencies provide direct services for families.

Part 9560.0228, subpart 3

Multi-disciplinary Child Protection Team

XVI-4631

The local social services agency must establish a multi-disciplinary child protection team which may include, but is not limited to, the director of the local social services agency or designee, the county attorney or designees, representatives of health and education, the county sheriff or designees, representatives of mental health or other appropriate human services agencies, and parent groups. A community-based agency may include, but is not limited to, schools, social service agencies, family service and mental health collaboratives, early childhood and family education programs, Head Start and other agencies serving families and children.

A multi-disciplinary child protection team may provide public and professional education, develop resources for prevention, intervention, and treatment, and provide case consultation to the local social services agency and other interested community-based agencies. The community-based agency may request case consultation from the multi-disciplinary child protection team regarding a child or family for whom the community-based agency is providing services.

Case consultation is a case review process in which recommendations are made concerning services to be provided to the identified children and family. Case consultation may be performed by a committee or subcommittee consisting of members representing human services, including

MN Department of Human Services Social Services Manual

Children's Protective Services

XVI-4000

Based on statutes and rules in effect as of 08/01/2000

mental health, and chemical dependency; law enforcement, including probation, and parole; the county attorney; health care, education; and other persons directly involved in an individual case.

Adapted from Minn. Stat. 626.558, subd. 1

For the purpose of case consultation, the local social services agency may make available to the Child Protection Team, all records collected and maintained on the current and previous child protection case on the family. A case consultation committee member may share information acquired in the members professional capacity with the committee to assist in the case consultation. Case consultation committee members must sign annually a data sharing agreement, which has been approved by the Commissioner of Human Services, to assure compliance with the Data Privacy Act. Data that is considered not public may be shared with consultation committee members in regard to an individual case, when the committee members have signed the data sharing agreement. All data acquired by case consultation committee members, in carrying out the duties of case consultation, are confidential and must not be disclosed except to the extent necessary to perform case consultation and must not be subject to subpoena or discovery.

Adapted from Minn. Stat. 626.558, subd. 3

Child Mortality Review

XVI-4632

Purpose of Child Mortality Review

XVI- 4632.01

The Commissioner of Human Services has established a child mortality review panel to review fatalities and near fatalities of children in Minnesota, including fatalities and near fatalities attributed to maltreatment or where maltreatment may be a contributing cause. Near fatalities are defined as cases in which a physician determines that a child is in serious or critical condition as the result of sickness or injury caused by suspected abuse, neglect, or maltreatment. By reviewing the deaths and near fatal injuries of children that have been caused by maltreatment, the Child Mortality Review Panel will use the information to improve the child protection system by recommending modifications of procedures, policies, law, and identifying gaps in the provision of services and training.

Adapted from Minn. Stat. 256.01, subd. 12

State Child Mortality Review Panel

XVI-4632.02

The Commissioners of Health, Children Families and Learning, Public Safety, and the Attorney General each have designated a representative to the Child Mortality Review Panel. The panel must also have other professionals appointed including a board-certified pathologist and physician who is a medical examiner or coroner. The purpose of the panel is to make recommendations to the state and county agencies for improving the child protection system, including modifications in statute, rule, policy, and procedure.

Adapted from Minn. Stat. 256.01, subd. 12 (a) and (b)

MN Department of Human Services Social Services Manual

Children's Protective Services

XVI-4000

Based on statutes and rules in effect as of 08/01/2000

Child Deaths and Near Fatalities to be Reviewed

XVI-4632.03

Under the authority of the Commissioner of Human Services, each county must establish a Child Mortality Review Committee, which may be the local multi-disciplinary Child Protection Team.

The local Child Mortality Review Committee must require participation by professional representatives, including professionals with knowledge of the child mortality case being reviewed. A local review will occur when:

1. a death is attributed to child maltreatment;
2. a death of a child is categorized as a homicide, suicide, accident, or Sudden Infant Death Syndrome (SIDS), or the manner of death is undetermined and the child was a member of a family that was receiving social services from a public social services agency, or whose family received social services or child protection assessment in the three years preceding the child's death;
3. a child's death occurred in a facility licensed by the Department and the manner of death was homicide, suicide, accident, Sudden Infant Death Syndrome, or undetermined cause; or
4. near fatal injuries were inflicted on a child. A physician determined that a child was in serious or critical condition as the result of sickness or injury caused by suspected abuse, neglect or maltreatment.

Access to Private Data

XVI-4632.04

Through the authority of Minn. Stat. 256.01, subd. 12, the local review committee has access to data that is not public under Chapter 13, maintained by state agencies, statewide systems, or political subdivisions that are related to the child's death or near fatality or circumstances surrounding the care of the child. The Commissioner also has access to records of private hospitals as necessary to carry out the mortality review. Access to data is limited to:

1. police investigative data;
2. autopsy records;
3. coroner or medical examiner investigative data;
4. hospital, public health, or other medical records of the child;
5. hospital and other medical records of the child's parent that relate to prenatal care; and
6. records created by social service agencies that provided service to the child or family within three years preceding the death of the child.

The non-public data that is obtained through the mortality review process is protected as non-public or confidential data, but the data may be disclosed as necessary to carry out the purposes of the mortality review. The data is not subject to subpoena or discovery. The Commissioner may disclose conclusions of the review panel, but must not disclose confidential or private data on decedents, or private, confidential, or protected non-public data in the disseminating agency,

MN Department of Human Services Social Services Manual

Children's Protective Services

XVI-4000

Based on statutes and rules in effect as of 08/01/2000

except that the Commissioner may disclose local social services agency data as provided in Minn. Stat. 626.556, subd. 11d, on individual cases involving a fatality or near fatality caused by child maltreatment, when a person has been charged with causing the fatality or near fatality. A statewide agency, statewide system or political subdivision must provide data upon the request of the Commissioner. No public data may be shared with members of the state or local child mortality review panel in connection with an individual case. Notwithstanding the data's classification in the possession of any other agency, data acquired by a local or state child mortality review panel in the exercise of its duties, is protected non public or confidential data as defined in section 13.02, but may be disclosed as necessary to carry out the purposes of the review panel. The Commissioner may also disclose data when it is necessary to carry out the purpose of the mortality review.

**Adapted from Minn. Stat. 256.01, subd. 12;
Minn. Stat. 626.556, subd. 11d**

Child Mortality Review Procedure

XVI-4632.05

1. The local social services agency must notify the Department of Human Services, Family and Children's Services Division, of the death or near fatality of a child that meets the above criteria, within 48 hours excluding weekends and holidays, of the receipt of a report or notice of the child's death or near fatality. For information regarding reporting call (651) 297-3834. Local Social Service Agencies report by faxing SSIS form 80 to the State at (651) 297-1949. (Child Safety and Permanency) Information provided must include:
 - a. the case name and local agency case number;
 - b. whether the case was an active child protection or other child welfare case;
 - c. the name, gender, and age of the deceased child, or the child with near fatal injuries;
 - d. the cause of death, if known, and a brief description of general circumstances surrounding the child's death or serious injury;
 - e. how the local agency became aware of the death, or near fatal injury;
 - f. the name of the hospital(s) where the child was treated; and
 - g. the name(s) of the law enforcement agency(ies) that responded to the emergency and conducted the investigation .
2. The Department will send the death certificate and a form titled **Report of Records Search** to the local agency where the child resided. (This step will be omitted if the local agency has already notified the Department.) The local agency must complete the form and return it to the Department within two weeks of receiving the death certificate.
3. The Department will notify the local agency at least six weeks in advance of scheduling a case for state review. The local agency must submit a copy of the case record to the Department within five working days of the date of the request;

MN Department of Human Services Social Services Manual

Children's Protective Services

XVI-4000

Based on statutes and rules in effect as of 08/01/2000

4. County Review

- a. The local social services agency must conduct a county review involving a multi-disciplinary team including professionals with responsibility for serving or protecting children or with knowledge of the family, for the purpose of assessing the services provided and to gather the information needed for the state level review. The county review may be conducted by the county multidisciplinary child protection team.
- b. The local agency may choose to delay the local or county child death/ near fatal injury review if there is pending criminal or civil court action.
- c. A report of the local review must be submitted to the Department within 30 days of completing the county review. The report must consist of a narrative summary, which must include the findings, conclusions, and recommendations.

- (1) The Findings section of the narrative summary must consist of a series of statements of facts relevant to the case under review. The factual statements should account for the agency's activity and other factual information that the local agency deems important to a full understanding of the events in the case.

County reviewers must communicate other facts considered important to a thorough review of the case in the statement of findings. The other facts might include identification of circumstances or constraints which have caused the agency to follow non-standard protocol or data from records or other institutions or agencies which were not present in the case record of the local social service agency.

- (2) In the Conclusions section, enter judgements derived from the findings. Appropriate conclusions include whether the local social service agency actions conformed to law, rule, or local procedures; or indications as to the appropriateness of specific services or case management activities in view of the needs of the case circumstances.
- (3) In the Recommendations section, enter in narrative form any recommendations about county level policies, procedures or training, as well as state level statutes, rule, training and resources.

5. County Participation in State Review

- a. The local social services agency will be requested to send at least one person knowledgeable of the case circumstances to participate in the State Review Panel to clarify information before the Panel. The local social services agency will be notified two weeks in advance when they are to attend the State Panel review. The local agency must decide who to send and may have more than one person attend the review.
- b. The State Review Panel meets once per month, usually the third Monday of each month at 3:00 p.m.

MN Department of Human Services Social Services Manual

Children's Protective Services

XVI-4000

Based on statutes and rules in effect as of 08/01/2000

- c. The report of the State Review Panel will be prepared for the Commissioner, with a copy sent to the local agency. The local agency is encouraged to discuss the panel's recommendations with the local child protection team and local agencies that share in the responsibility of child protection such as law enforcement, county attorney, and judicial systems.
 - d. The Department must send findings, conclusions, and recommendations which pertain to a component of the system for protecting children other than the social services component, to the appropriate agency or association for their consideration.
6. A person who attends the child mortality review panel must not disclose what transpired at the meeting, except to carry out the purpose of the mortality review panel. The not public data that is obtained through the mortality review process is protected as nonpublic or confidential data, but the data may be disclosed as necessary to carry out the purposes of the mortality review panel. The data is not subject to subpoena or discovery. The Commissioner may disclose conclusions of the review panel, but shall not disclose confidential or private data, or protected nor public data that is obtained through the mortality review process, however the data may be disclosed as necessary to carry out the purpose of the mortality review.

**Adapted from Minn. Stat. 256.01, subd. 12;
Part 9560.0232, subpart 5**

The Commissioner may disclose local social services agency data as provided in Minn. Stat. 626.556, subd. 11d, on individual cases involving a fatality or near fatality of a person served by the local social services agency prior to the date of death or near fatal injury.

Adapted from Minn. Stat. 626.556, subd. 11d

7. If a case meets the requirements listed below, regardless of any other provisions of law, a public agency must disclose to the public upon request, the findings and information related to a child fatality or near fatality, if:
 - a. a person is criminally charged with having caused the child fatality or near fatality; or
 - b. a county attorney certifies that a person would have been charged with having caused the child fatality or near fatality, but for that person's death.

The findings and information to be released is defined as a written summary of actions taken or services provided by a local social services agency following the receipt of a report. The written summary of the findings and information will include any of the following information that the local agency is able to provide:

- a. the dates, outcomes, and results of any actions taken or services provided;
- b. the results of any review of the State Child Mortality Review Panel, a local child mortality review panel, a local child protection team, or any public agency; and

MN Department of Human Services Social Services Manual

Children's Protective Services

XVI-4000

Based on statutes and rules in effect as of 08/01/2000

- c. confirmation of the receipt of all reports, accepted or not accepted, by the local social services agency for assessment of suspected child abuse, neglect, or maltreatment, including confirmation that investigations were conducted, the results of the investigations, a description of the conduct of the most recent investigation and the services rendered, and a statement of the basis for the agency's determination.

Nothing in the statute authorizes access of the public to the private information which is in the custody of a local social services agency, or the disclosure of information that would reveal the identities of persons who provided information related to suspected abuse, neglect, or maltreatment of the child.

A person whose request is denied may apply to the appropriate court for an order compelling disclosure of all or part of the findings and information of the local social services agency. The application must set forth with reasonable particularity, factors supporting the application. The court has jurisdiction to issue these orders. A court action, requesting a local agency to make a disclosure of the findings and information, must be scheduled for an immediate hearing, and subsequent proceedings in those actions must be given a priority by the appellate courts.

A local agency or its employees acting in good faith in disclosing or declining to disclose the findings and information that meets the above criteria, are immune from criminal or civil liability that might otherwise be incurred or imposed for that action.

Adapted from Minn. Stat. 626.556, subd. 11d

Case Coordination and Consultation Other than Child Protection Teams

XVI-4633

During the assessment of a report of child abuse or neglect, the child protection worker may contact any person with knowledge of the situation, for the purpose of gathering information, assessing the risk of harm to the child, and formulating a plan for services to the child and family.

Adapted from Minn. Stat. 626.556, subd. 2(i)

Case consultation and coordination and coordination of ongoing child protection services to a family are expected. Contact with other agencies or individuals after the assessment phase is to be accomplished with the family's knowledge, and with either:

1. the family's consent, through release of information forms; or
2. the order of the Juvenile Court.

**Adapted from Minn. Stat. 626.556, subd. 2 (i);
Minn. Stat. 13.05, subd. 4 (d);
Part 9560.0228, subparts 3 and 4**

MN Department of Human Services Social Services Manual

Children's Protective Services

XVI-4000

Based on statutes and rules in effect as of 08/01/2000

Citizen Review Panels

XVI-4634

Purpose of Citizen Review Panels

XVI-4634.01

The 1998 Legislature mandated that the Commissioner of Human Services establish a minimum of three citizen review panels to evaluate the extent to which the agencies are effectively discharging their child protection responsibilities.

Process of Citizen Reviews

XVI-4634.02

Local social services agencies shall cooperate and work with the citizen review panels. Where appropriate, the panels may examine specific cases to evaluate the effectiveness of child protection activities. The panels must examine the extent to which the state and local agencies are meeting the requirements of the federal Child Abuse Prevention and Treatment Act and the Reporting of Maltreatment of Minors Act. The Commissioner may authorize mortality review panels or child protection teams to carry out the duties of a citizen review if membership meets or is expanded to meet the requirements.

Minn. Stat. 256.01, subd. 15(a)

The panel membership includes volunteers who broadly represent the community in which the panel is established, including members who have expertise in the prevention and treatment of child abuse and neglect, child protection advocates, and representatives of the councils of color and ombudsperson for families.

Adapted from Minn. Stat. 256.01, subd. 15(b)

Citizen Review Panels' Access to Information

XVI-4634.03

A citizen review panel has access to the following data for specific case review:

1. police investigative data;
2. autopsy records and coroner or medical examiner investigative data;
3. hospital, public health, or other medical records of the child;
4. hospital or other medical records of the child's parent that relate to prenatal care;
5. records created by social service agencies that provide services to the child or family; and
6. personnel data related to an employee's performance in discharging child protection responsibilities.

A state agency, statewide system, or political subdivision must provide the data upon request of the Commissioner. Not-public data may be shared with members of the state or local citizen review panel in connection with an individual case.

Adapted from Minn. Stat. 256.01, subd. 15(c)

Data Privacy for Citizen Review Panels

XVI-4634.04

The data acquired by a local or state citizen review panel, in the exercise of its duties, are protected nonpublic or confidential data as defined in Minn. Stat. 13.02, but may be disclosed as

MN Department of Human Services Social Services Manual

Children's Protective Services

XVI-4000

Based on statutes and rules in effect as of 08/01/2000

necessary to carry out the purposes of the review panel, notwithstanding the data's classification in the possession of any other agency. The data is not subject to subpoena or discovery. The Commissioner may disclose conclusions of the review panel, but may not disclose data on individuals that were classified as confidential or private data on individuals in the possession of the state agency, statewide system, or political subdivision from which the data were received. The Commissioner may disclose local social services agency data as provided in Minn. Stat. 626.556, subd. 11d, on individual cases involving a fatality or near fatality of a person served by the local social services agency prior to the date of the death.

Minn. Stat. 256.01, subd. 15(d)

A person who attends the citizen review panel meeting may not disclose what transpired at the meeting, except to carry out the purposes of the review panel. The proceedings and records of the review panel are protected non-public data as defined in Minn. Stat. 13.02, subd. 13, and are not subject to discovery or introduction into evidence in a civil or criminal action against a professional, the state, or county agency arising out of the matters the panel is reviewing. Information, documents, and records otherwise available from other sources are not immune from discovery or use in a civil or criminal action solely because they were presented during proceedings of the review panel. A person who presented information before the review panel or who is a member of the review panel is not prevented from testifying about matters within the person's knowledge. However, in a civil or criminal proceeding, a person must not be questioned about the person's presentation of information to the review panel or opinions formed by the person as a result of the review panel meetings.

Minn. Stat. 256.01 subd. 15(e)

Continuing Education

XVI-4640

Local Agency Training Plan

XVI-4641

The local social services agency must annually develop a training plan for child protection workers or social service staff having primary responsibilities for child protection duties. The plan must include:

1. the subject areas to be covered;
2. the methods of providing the training, such as in service programs, workshops, or college courses; and
3. the number of hours of training to be provided.

Individual Training Plan

XVI-4642

The local social services agency must develop and approve an individual training plan for each child protection worker. The training plan must meet the following criteria:

1. the training is relevant to providing child protection services;

MN Department of Human Services Social Services Manual

Children's Protective Services

XVI-4000

Based on statutes and rules in effect as of 08/01/2000

2. the plan is developed in consultation with the individual child protection worker and based on identified areas of knowledge and skills to be developed; and
3. the plan provides for at least 15 credit hours of training per year.

**Adapted from Minn. Stat. 626.559, subd. 1;
Part 9560.0234, subparts 3 and 4**

Training Record

XVI-4643

The local social services agency must maintain a record of training completed by every child protection or social services worker having primary responsibilities for child protection duties. The individual training records must include:

1. the course titles;
2. the instructor's names;
3. the dates and times of the training;
4. the number of credit hours earned; and
5. local agency documentation of the successful completion of the training.

NOTE: The local social services agency must maintain the individual training records in their own file. Individual training records should not be submitted to the Department of Human Services.

**Minn. Stat. 626.559, subd. 1;
Part 9560.0234, subpart 5**

Public Information

XVI-4650

It is recommended that the local social services agency work with other agencies to provide a public information program that facilitates reaching all children at risk. This program should:

1. explain the problem of child abuse and neglect and the services available;
2. provide information on how and where to report a case of suspected abuse and neglect;
3. have films, books and pamphlets, etc. on the problem of child abuse and neglect and what is being done or can be done to protect children available for community use; and
4. identify locations and programs available for a family or child to seek help or be referred for help.

Child Protection Toll-Free Professional Consultation Telephone Line

XVI-4660

A statewide, toll-free, 24-hour telephone consultation line is available for the purpose of providing consultative and training services for physicians, therapists, child protection workers, and other professionals involved in child protection. This is not a hotline number that is intended

MN Department of Human Services Social Services Manual

Children's Protective Services

XVI-4000

Based on statutes and rules in effect as of 08/01/2000

for use by the general public. Services provided include emergency and long-term consultation on individual child protection cases. Consultation on a child protection case does not satisfy the obligation to report suspected child maltreatment to the county of jurisdiction. Consultation is provided by staff of Midwest Children's Resource Center, which is affiliated with Children's Hospital of Minneapolis and St. Paul.

The number for 24-hour, toll-free consultation for professionals is 1 (800) 422-0879 (Minnesota only). Do not call the consultation line for direct referral of a case.

If a child is to be brought to Children's Hospital of Minneapolis or St. Paul for medical care related to maltreatment, contact (651) 227-6750 (St. Paul) or (612) 813-6750 (Minneapolis).

Adapted from Minn. Stat. 626.562

Forms

XVI-4700

Following are copies of DHS and SSIS forms and suggested forms.

Child Protection Risk Assessment Tool (SSIS 79) (See SSM XVI-4710)

Instructions for Completing Child Protection Risk Assessment (SSIS 88) (See SSM XVI-4720)

Report of Child Maltreatment (DHS 2441) and Report of Child Maltreatment-Facility (DHS 2441 A) (See XVI-4730)

General Instructions for Completing Child Maltreatment Data (See SSM XVI-4740 to XVI-4748)

Your Privacy Rights-Child Protective Services (DHS 3378) (SSIS 35) (See SSM XVI-4750)

Child Protective Services Plan (SSIS 76) (See SSM XVI-4760)

Instructions for Child Protective Services Plan (SSIS 77) (See SSM XVI-4770)

Continued Monitoring Plan (SSIS 78) (See SSM XVI-4780)

Child Mortality Log (SSIS 80) (See XXM XVI-4790)

Notice of Intent to Interview on School Property (DHS 3376) (SSIS 32) (See SSM XVI-4800)

Notices of Determination (SSIS 1-20) (See SSM XVI-4810)

Notices of Summary Dispositions (SSIS 21-30) (See SSM XVI-4820)

Letter to Mandated/Voluntary Reporter (SSIS 31) (See SSM XVI-4830)

**MN Department of Human Services
Social Services Manual**

Children's Protective Services

XVI-4000

Based on statutes and rules in effect as of 08/01/2000

Child Protection Risk Assessment Tool (SSIS 79)

XVI-4710

The following form, **Child Protection Risk Assessment Tool (SSIS 79)**, is an approved tool developed by the Department of Human Services. It consists of the eleven risk factors that are to be assessed while conducting a child protection assessment or investigation. (See SSM XVI-4343)

The forms on the following pages include the risk assessment tool and the guide to the description of risks.

Risk factors I, II, and III are child factors and are to be assessed for each child in the family.

Risk factors IV through XI are family factors. When assessing family risk factors for two parent families, each parent, including a stepparent, needs to be considered to arrive at a single level of risk for each factor.

Upon conclusion of risk assessment an overall level of risk should be assigned to the case. Specify what services will be needed to reduce the risk of harm.

Part 9560.0220, subpart 6

**MN Department of Human Services
Social Services Manual**

Children's Protective Services

XVI-4000

Based on statutes and rules in effect as of 08/01/2000

Explanation of Risk Factors On Child Protection Risk Assessment Tool (SSIS 79)

FACTOR 1	Vulnerability of the child, age, physical, mental and developmental abilities
Family Strengths No Risk	Child cares for and protects self without adult assistance Child involved in community resources
Low Risk	10 years and older and/or cares for and protects self with or without limited adult assistance No physical or mental handicaps or limitations
Moderate Risk	5-9 years of age and/or requires adult assistance to care for and protect self Emotionally withdrawn Minor physical illness/mental handicap Mild to moderately impaired development
High Risk	Less than five years of age Unable to care for and protect self without adult assistance Severe physical illness/mental handicap Over-active; is difficult to manage Severely impaired development

FACTOR 2	Location, severity, recency and/or frequency of abuse
Family Strengths No Risk	Family does not use excessive physical or emotional punishment Family uses alternative methods of discipline
Low Risk	No injury or minor injury No medical attention required No discernible effect on the child Isolated incident Emotional punishment is not belittling and degrading to the child and is not hostile in nature
Moderate Risk	Minor physical injury or has an unexplained injury requiring some form of medical treatment/diagnosis ongoing history or pattern of punishment/discipline to the child Cuts or bruises on torso Use of unreasonable restraint/confinement Inappropriate sexual touching Inappropriate exposure to sexual activities of others Emotional punishment is disproportionate, unpredictable, negative, and/or hostile in relation to the behavior of the child

**MN Department of Human Services
Social Services Manual**

Children's Protective Services

XVI-4000

Based on statutes and rules in effect as of 08/01/2000

	Rodent and animal droppings Open spoiled food observed
High Risk	Child requires immediate medical treatment and/or permanent dysfunction of organ/limbs Ongoing history or pattern of harsh punishment or discipline to the child Child is at severe risk of harm of sexual abuse, including sexual intercourse or sodomy Blow to the head, face or genitals Burns Bizarre punishments Injury the result of intent to harm the child Emotional punishment is consistent and deliberate infliction that is observable, sustained, and has an adverse effect on the child

FACTOR 3	Severity, and/or frequency of neglect, condition of the home
Family Strengths No Risk	Home is clean with no apparent safety or health hazards All food and medical needs are met on a continuing basis
Low Risk	No discernible effect on child Isolated incident The child knows emergency procedures and is able to initiate them when necessary
Moderate Risk	Caretaker is suspected of failing to meet the child's minimum medical, food, clothing, and/or shelter needs Unconfirmed history or pattern of leaving child unsupervised Trash and garbage in uncovered containers, and overflowing Rodent and animal droppings Open spoiled food observed
High Risk	Caretaker is unable/unwilling to meet the child's minimum medical, food, clothing, shelter needs for reasons other than poverty Confirmed history or pattern of leaving the child unsupervised/unprotected for excessive periods of time Home in dangerous condition i.e. leaking roof, exposed wiring, no heat, broken windows, gaping holes Child has sustained injury or illness that required medical treatment due to the condition of the home

**MN Department of Human Services
Social Services Manual**

Children's Protective Services

XVI-4000

Based on statutes and rules in effect as of 08/01/2000

FACTOR 4	Caretakers age, physical, intellectual, or emotional abilities
Family Strengths No Risk	Realistic expectations Can plan to correct child's behavior Average or above physical/emotional functioning Can consciously control their own behavior
Low Risk	May have intellectual, physical, or emotional limitations Involved in ongoing treatment program, or mental health counseling.
Moderate Risk	May be physically, emotionally handicapped Moderate intellectual limitations Past violent criminal record/history Poor reasoning abilities Needs planning assistance to protect child
High Risk	Severely handicapped Poor conception of reality Unrealistic expectations of child's behavior Severe intellectual limitations Incapacity due to alcohol/drug intoxication and/or dependency Not taking prescribed medication to control condition/handicap Lack of impulse control Excessive use of physical punishment Use of rigid ideology to support to support severe physical discipline Domestic and/or sexual abuse history

FACTOR 5	Caretakers level of cooperation
Family Strengths No Risk	Recognizes problem Actively works to resolve it
Low Risk	Initially unaware of problem Actively works to resolve problem and/or accept services Demonstrates genuine concern and awareness Willing to learn alternative methods to resolve problem
Moderate Risk	Overly compliant with worker Presence and ability of non-offender to assure minimal cooperation with agency, and to protect the child Non-offender understands role and responsibility to cooperate to minimize risk Chemical dependency interferes with ability to follow through

**MN Department of Human Services
Social Services Manual**

Children's Protective Services

XVI-4000

Based on statutes and rules in effect as of 08/01/2000

High Risk	Doesn't believe there is a problem Refuses to cooperate and/or accept responsibility Uninterested or evasive Upset with the assessment to the point of threatening the child
-----------	---

FACTOR 6	Caretakers parenting skills and/or knowledge
Family Strengths No Risk	Caretaker well attached to child Exhibits appropriate parenting skills and knowledge pertaining to child rearing techniques or responsibilities and child development Appropriately expresses affection Is able to distinguish the child's behavior from the child as a person
Low Risk	Caretaker exhibits knowledge of appropriate skills pertaining to child rearing techniques or responsibilities but is unable to consistently apply them At times has difficulty in expressing affection
Moderate Risk	Inconsistent display of the necessary skills and/or knowledge required to provide child care Inconsistent expression of affection History of abuse in family of origin
High Risk	Caretaker is unwilling/incapable of providing and/or has minimal knowledge needed to assure minimal level of care Rarely expresses positive affection or is consistently negative toward child(ren)

FACTOR 7	Alleged offender's access to the child(ren)
Family Strengths No Risk	Caretaker in the home is willing and able to protect the child from harm Out of home, no access to the child
Low Risk	Out of home Minimal access/risk to the child
Moderate Risk	In home Access to the child is difficult Child is under constant supervision of other adult in the house
High Risk	In home Has complete access to the child Uncertainty if other adult can or will deny access to child Care giver unwilling/unable to protect child

**MN Department of Human Services
Social Services Manual**

Children's Protective Services

XVI-4000

Based on statutes and rules in effect as of 08/01/2000

FACTOR 8	Presence of a parent substitute or other person in the home
Family Strengths No Risk	Parent substitute or other person in the home is not the alleged offender, and is protective and nurturing toward the child
Low Risk	No parent substitute or other person in the home Parent substitute or other person in the home is viewed as supportive/stabilizing influence
Moderate Risk	Parent substitute or other person is in the home on an infrequent basis and assumes only minimal caretaker responsibility for child <u>Chemical abuse by parent substitute or other person in the home</u>
High Risk	Parent substitute or other person resides with the family and is the alleged offender, or is unable/unwilling to prevent harm to the child

FACTOR 9	Previous history of abuse and/or neglect
Family Strengths No Risk	No previous history of abuse or neglect Child and or family do not report history of significant family problems
Low Risk	No previous history of abuse/neglect Family accepted social services or took other corrective action following prior reports and assessment, if needed
Moderate Risk	Previous determination of not serious abuse/neglect No protective services provided to the child, family, or alleged offender Family has moved a lot for unascertainable reasons
High Risk	Pending child abuse/neglect assessment Previous determination of serious abuse/neglect Multiple reports of abuse/neglect involving family, child, or alleged offender Abuse/neglect has been progressive Other children removed or parental rights terminated in the past due to abuse/neglect or under protective supervision Prior child death due to family maltreatment

FACTOR 10	Strength of the family support system
Family Strengths No Risk	The extended family is very supportive and within the same geographic area The family is interactive with a supportive faith community, active in community groups and has a strong support system

**MN Department of Human Services
Social Services Manual**

Children's Protective Services

XVI-4000

Based on statutes and rules in effect as of 08/01/2000

Low Risk	Family supportive, but not in geographic area Some support from friends and neighbors
Moderate Risk	Limited community and family resources or services available
High Risk	Caretaker/family has no relatives or friends available Is geographically isolated from community services No phone or means of transportation available Supports are problematic and contribute to the increased risk

FACTOR 11	Stresses
Family Strengths No Risk	Strong and appropriate communication among family members Steady employment or income Means of transportation available Strong relationship with relatives Resources available, and utilized for stressful or crisis situations
Low Risk	Recent stresses in family Lack of or inconsistent supportive resources Difficulty in coping with change
Moderate Risk	Recurrent stresses in the family Pregnancy or recent birth of a child Insufficient income and/or food Inadequate home management skills/knowledge Relationship with relatives characterized by mutual hostility
High Risk	Death of spouse or family member Recently changed marital or relationship status Marital conflict/spouse abuse Chaotic lifestyle Chemical dependency Acute psychiatric episodes

**MN Department of Human Services
Social Services Manual**

Children's Protective Services

XVI-4000

Based on statutes and rules in effect as of 08/01/2000

**Instructions for Completing Child Protection Risk Assessment
(SSIS 88)**

XVI-4720

**MN Department of Human Services
Social Services Manual**

Children's Protective Services

XVI-4000

Based on statutes and rules in effect as of 08/01/2000

Report of Child Maltreatment

XVI-4730

The function of the **Report of Child Maltreatment-Family (DHS 2441) and Report of Child Maltreatment-Facility (DHS 2441A)** forms was to collect data so that the Department could meet State and Federal statistical reporting requirements. That function is now contained within the SSIS application. The local agency retains the data in the case record for the time period that the case is retained.

NOTE: A **DHS-2441** or **2441A** must be completed whenever a child dies due to alleged maltreatment committed by a member of the child's family or someone in a licensed facility. This includes those cases in which the deceased child is the only child in the family and only a law enforcement investigation is conducted. In cases where there are surviving siblings under the age of 18 years, a child protection assessment must be conducted, and if a determination of the need for protective services is made, child protection service must be provided to ensure the safety of the surviving children.

**MN Department of Human Services
Social Services Manual**

Children's Protective Services

XVI-4000

Based on statutes and rules in effect as of 08/01/2000

General Instructions for Completing Child Maltreatment Data

XVI-4740

The child maltreatment information is to be completed for each child protection assessment conducted by the local social services agency, including new reports of alleged child maltreatment occurring in cases that are already open for child protective services. The child protection worker assigned to assess the report or provide services to the family must complete the information.

The information must also be completed when a child dies due to alleged maltreatment committed by a member of the child's family or someone in a licensed facility. This includes those cases in which the deceased child is the only child in the family and only a law enforcement investigation is conducted. In cases where there are surviving siblings under the age of 18 years, a child protection assessment must be conducted, and if a determination of the need for protective services is made, child protection services must be provided to ensure the safety of the surviving children.

If the only alleged victim(s) is 18 years old or older when the local agency received the report, the local agency should assess the case and complete the child maltreatment data only if the alleged victim was under the age of 18 at the time of the alleged maltreatment, **and** there are other minor children residing in the household where the maltreatment occurred. The child maltreatment data must be completed if the alleged victim was a minor when the offense occurred, and the maltreatment occurred in a licensed facility.

Child Maltreatment Data Provisions

XVI-4741

Instructions: The child maltreatment data is collected at various points within the SSIS application as noted below.

Intake entry items:	
Intake type:	Select Maltreatment report
Method:	Indicate phone, fax, walk-in, etc.
Date:	Indicate intake date
Contact with:	Indicate who contact was with
Presenting problem:	Select alleged child maltreatment
Program:	Select child protective services
Disposition:	Select Accepted for assessment
Disposition date:	Indicate date accepted for assessment
Time spent:	Indicate time spent on intake

**MN Department of Human Services
Social Services Manual**

Children's Protective Services

XVI-4000

Based on statutes and rules in effect as of 08/01/2000

Description of need:	Enter narrative description
Participants:	Enter who is involved in report
Maltreatment Assessment type:	Select either family or facility
Alleged victim:	List all alleged victims
Alleged offender:	List all alleged offenders
Facility name:	Enter name of facility if facility investigation
Allegations:	Select physical abuse, sexual abuse, neglect, etc.
Imminent danger:	Indicate if alleged victim is in imminent danger at time of report
Client/Collateral entry items:	
Legal name:	Enter individual's legal name
Other names:	Enter other names individual goes by
Type:	Indicate if client or collateral
Date of Birth:	Enter individual's date of birth
Address:	Enter individual's address
Phone:	Enter individual's phone numbers
Gender:	Indicate either male or female
Marital status:	Indicate status such as single, married, divorced, etc.
Race/Tribe/Ethnicity:	Specify race, tribe, ethnicity
Tribal enrollment:	Indicate tribal enrollment status (American Indians only)
Hispanic Heritage:	Check if individual has Hispanic heritage
Work:	Enter employer, schedule and start/end dates
School:	Enter school name, grade, schedule
Client disabilities:	Indicate any client disabilities
Health information:	Indicate client health care needs
Tennessee Notice given:	Indicate date Tennessee Notice given

**MN Department of Human Services
Social Services Manual**

Children’s Protective Services

XVI-4000

Based on statutes and rules in effect as of 08/01/2000

Workgroup level entry items:	
Relationships:	Specify individual and relationship to another person
Maltreatment roles:	Specify alleged victim, alleged offender, mandated or voluntary reporter
Reporter detail:	Indicate type of reporter
Initial notifications:	Indicate agency notified, date, method, person notified
Risk assessment:	Enter risk assessment information
Allegations:	Enter date, allegation, alleged victim, alleged offender
Determinations:	Indicate maltreatment detail and severity for each alleged victim and alleged offender
Maltreatment conclusions:	Indicate whether maltreatment occurred and if child protective services are needed
Conditions/Services/Actions:	Indicate family conditions, family structure, legal action taken and recommended services

Code Definitions

XVI-4742

1. Race

NOTE: Race should be based on self-identification (or parental identification for young children), where possible.

White: People of European or Middle Eastern Descent, also referred to as Caucasian.

Black: People of African Descent, including those who identify themselves as African Americans.

NOTE: Includes people of African descent from the West Indies and their descendants.

American Indian/Native Alaskan: People with ancestors who were native to the American continents.

NOTE: the American continents include North America south through Central America to the southern tip of South America and the neighboring islands including the West Indies.

Asian: People with ancestors who were native to Asia.

NOTE: includes among others, Chinese, Japanese, Koreans, Hmong, Vietnamese, and people from India and Pakistan and their descendants.

**MN Department of Human Services
Social Services Manual**

Children’s Protective Services

XVI-4000

Based on statutes and rules in effect as of 08/01/2000

Pacific Islander: People with ancestors who were native to the Pacific Islands adjacent to Asia and extending south to New Zealand, east to Hawaii, and north to Guam, including all of Polynesia.

Hispanic Heritage: Hispanic heritage should be based on self-identification where possible. Hispanic heritage is defined as the ethnicity shared by people from Mexico, Central America, South America, or the West Indies who have Spanish ancestors or identify with the associated culture, and their descendants.

NOTE: people of Hispanic heritage may be of any race.

2. Disability

NOTE: Definitions are only provided when a unique meaning applies for reporting child maltreatment data.

No known disability: Used when none of the following categories are known to apply.
Chemical Dependency (Substance Abuse) – Alcohol
Chemical Dependency (Substance Abuse) – Drugs
Developmentally Disabled, Mental Retardation Only
Developmentally Disabled, Mental Retardation with other developmental disabilities
Developmentally Disabled, without Mental Retardation
Emotional Disturbance, Child under age 18, Not Severe
Emotional Disturbance, Child under age 18, Severe
Hearing Impairment
Speech Impairment
Visual Impairment
Specific Learning Disability
Physical disability – ambulation limited
Physical disability – ambulation not limited
Adult Mental Illness – Serious and Persistent (SPMI)
Adult Mental Illness – acute
Adult Mental Illness - other
HIV/AIDS

**MN Department of Human Services
Social Services Manual**

Children’s Protective Services

XVI-4000

Based on statutes and rules in effect as of 08/01/2000

Traumatic Brain Injury (TBI)
Other clinically diagnosed condition
Fetal Alcohol Syndrome
Other
Unknown

3. Family Conditions:

NOTE: Definitions are only provided when a unique meaning applies for reporting child maltreatment data.

None
Domestic violence
Inadequate housing
Financial problems
Public assistance
<p>Alcohol abuse:</p> <p>The use of alcohol which exceeds social or legal standards of acceptability, the outcome of which is characterized by three or more of the following:</p> <ol style="list-style-type: none"> 1. Weekly use to intoxication; 2. Inability to function in a social setting without becoming intoxicated; 3. Driving after consuming sufficient alcohol to be considered legally impaired under Minnesota Statutes, section 169.121, whether or not an arrest takes place; 4. Excessive spending on alcohol that results in an inability to meet financial obligations; 5. Loss of friends due to behavior while intoxicated; or 6. Alcohol use that prohibits one from meeting work, school, family, or social obligations.
<p>Drug abuse:</p> <p>Drug use is defined as the use of marijuana, controlled substances, prescription drugs, or inhalants, which exceeds social or legal standards of acceptability, the outcome of which is characterized by three or more of the following:</p> <ol style="list-style-type: none"> 1. Weekly use to intoxication

MN Department of Human Services Social Services Manual

Children's Protective Services

XVI-4000

Based on statutes and rules in effect as of 08/01/2000

2. Inability to function in a social setting without becoming intoxicated
3. Driving after consuming sufficient drugs to be considered legally impaired under Minnesota Statutes, section 169.121, whether or not an arrest occurred;
4. Excessive spending on drugs that results in an inability to meet financial obligations;
5. Loss of friends due to behavior while intoxicated; or
6. Drug use that prohibits one from meeting work, school, family, or social obligations.

4. Relationship of Alleged Offender to Alleged Victim

NOTE: The relationships of alleged offenders to alleged victims must be recorded. Definitions are only provided when a unique meaning applies for reporting child maltreatment data.

Adoptive parent

Aunt/uncle

Babysitter

Birth parent

Brother/sister-in-law

Child

Child day care provider*: A person who provides care on less than 24 hours per day basis in the provider's home or in group care facility. Day care providers include people in family day care homes, group family day care homes, staff of day care centers, nursery schools, half day centers, drop in centers, day training and habilitation centers (DT&H), and latch key programs. A child care provider also includes a paid or unpaid non-relative who provides less than 24 hours or care per day, for a child in their own home or who is providing temporary 24 hour care per day for the child in the child's own home in the absence of the child's parents or other regular caretakers; or a paid or unpaid non-relative residing in the home as a "mothers' helper".

Collateral

Cousin

Ex-spouse

Extended family, included by ethnic tradition or tribal practice

Facility director

Facility staff*: Staff (or volunteers) of group homes and/or institutions providing full-time (24 hours) care in settings defined in SSM XVI-4120 as facilities.

Father/mother-in-law

MN Department of Human Services Social Services Manual

Children's Protective Services

XVI-4000

Based on statutes and rules in effect as of 08/01/2000

Former foster parent

Foster parent*: A person in whose home the child has been placed for full time (24 hours) care.

Friend

Grandchild

Grandparent: The birth, step, or adoptive parent of the child's birth, step, or adoptive parent.

Guardian ad litem

Half-sibling

Hospital staff

Legal guardian

Neighbor

Nephew/niece

Other facility resident

Other non-relative: Non-relatives responsible for the child's care not specifically listed in the code list.

Other relative

Parent's partner/companion: A person with whom the parent and child reside who is not related by blood or marriage. Also includes people not living with the parent with whom the parent has an intimate or significant relationship, who is responsible for the child's care.

Partner/companion: A person with whom the individual has an intimate or significant relationship and who is not related by blood or marriage.

Roommate

Second cousin

Sibling: A child's brother or sister. Includes adoptive siblings.

Son/daughter-in-law

Spouse

Step-child

Step-parent: A person other than the child's other birth parent, to whom the child's birth parent is married. Includes instances where no petition to adopt has been filed as well as instances where a petition to adopt is in process or has been denied, dismissed, or withdrawn.

Step-sibling

Student

MN Department of Human Services Social Services Manual

Children's Protective Services

XVI-4000

Based on statutes and rules in effect as of 08/01/2000

Teacher

Tribal/ethnic representative

Undetermined alleged offender: In the SSIS application, for an intake with type "maltreatment report": On the maltreatment tab "undetermined" is available as a choice in the "offender" dropdown list. Use this when the offender is not known when the report is received. When the workgroup is created, the "allegations/conclusions" detail view will display the "alleged offender" as "undetermined".

If the offender is discovered during the assessment:

Enter the allegation determination for the allegation with the "undetermined" "alleged offender" as "No" for the "maltreatment determined" question.

Add this newly discovered "offender" to the workgroup as a client.

Enter the maltreatment role of "offender" for this person.

Enter a new allegation with the name of this person as the alleged offender.

Enter the allegation determination for the allegation.

Counties should NOT request a database change to remove the allegation with the "undetermined" "alleged offender".

If the offender is NOT discovered during the assessment:

Enter the allegation determination for the allegation with the "undetermined" "alleged offender" with the appropriate "maltreatment determined" answer.

The most common situations when the "undetermined" "alleged offender" is appropriate include:

Maltreatment determined is "yes". Many persons may have had access to the child, but who the offender(s) was cannot be determined.

Maltreatment determined is "yes". There were a limited number of persons who had access to the child, but the exact person(s) who is the offender cannot be determined.

Maltreatment determined is "no". An "alleged offender" is never identified.

*Includes homes and facilities not subject to licensure, homes and facilities in the process of being licensed, and homes and facilities that are not licensed due to failure to apply, denial or revocation of licenses, as well as homes or facilities licensed by the Departments of Human Services, Corrections and Health.

Report Summary

XVI-4743

NOTE: The **Report of Child Maltreatment – Family (DHS 2441)** and the **Report of Child Maltreatment – Facility (DHS 2441A)** forms will no longer be available in forms supply since the information is entered within the SSIS application. However, since this information is

MN Department of Human Services Social Services Manual

Children's Protective Services

XVI-4000

Based on statutes and rules in effect as of 08/01/2000

required for State and Federal statistical reporting, counties may want to keep some photocopies of these blank forms available to record the required child maltreatment data as a backup plan for situations when power outages occur.

- 1. Reporter Detail:** Check one code for each source of the report. Check only the sources reporting directly to the local social service agency.

Examples: If an alleged victim reports to her teacher who reports to the school nurse, who subsequently notifies the local agency, choose only "school nurse".

If the alleged victim, her teacher and school nurse come together to the local agency to report, choose all three (alleged victim, teacher, school nurse).

After a report made by the alleged victim has been assessed, the teacher of the alleged victim and the school nurse each independently notify the local agency of a subsequent incident of maltreatment, prepare another report with both reporters chosen (teacher, school nurse).

Alleged Victim: One or more of the children (alleged victims) to whom the report pertains, even if the determinations at the conclusion of the assessment or investigation did not indicate maltreatment occurred or a need for child protective services.

Alleged Offender: A person who is alleged to have committed the reported maltreatment.

Anonymous: Persons who refuse to identify the capacity in which they are reporting or the type of agency for which they are reporting.

Babysitter: A paid or unpaid non-relative who provides less than 24 hours of care per day in the child's own home, or who is providing temporary 24 hour day care for the child in the child's own home in the absence of the child's parents or other regular caretakers; or a paid or unpaid non-relative residing in the home as a "mother's helper."

Chemical dependency practitioner: Includes professionals and paraprofessionals working in the field of chemical dependency and staff of facilities providing chemical dependency services such as halfway houses, treatment centers, and alcohol/drug treatment programs, whether inpatient or outpatient.

Child care provider: A person who provides care on less than 24 hours per day basis in the provider's home or in group care facility. Day care providers include people in family day care homes, group family day care homes, staff of day care centers, nursery schools, half day centers, drop in centers, day training and habilitation centers (DT & H), and latch key programs. A child care provider also includes a paid or unpaid non-relative who provides less than 24 hours of care per day, for a child in their own home or who is providing temporary 24 hour care per day for the child in the child's own home in the absence of the child's parents or other regular caretakers; or a paid or unpaid non-relative residing in the home as a "mother's helper."

Clergy: A person employed as a member of the clergy (e.g. a minister, priest, or rabbi).

MN Department of Human Services

Social Services Manual

Children's Protective Services

XVI-4000

Based on statutes and rules in effect as of 08/01/2000

Coroner/medical examiner: A person charged with determining causes of death who is employed by either a public or private agency, whether this is a permanent full-time, permanent part-time, temporary part-time, or one time only position.

Court/court services: Legal, paralegal, and administrative staff of local district, state, and federal courts (e.g. bailiffs, judges, friends of the court, guardians ad litem, advocates and others acting in a legal capacity.) This includes county court services, parole officers, and probation officers.

Facility staff: Staff of group homes and/or institutions providing full time (24 hours) care in group settings and facilities as defined in SSM-XVI-4120.

Foster parent: A person in whose home the child has been placed for full time (24 hours) care.

Friend/acquaintance/neighbor: A non-relative who is not a mandated reporter (e.g. current neighbors, former neighbors, parent's partner/companion, landlord, apartment manager, employer, employee, other business or casual acquaintances.)

Hospital/clinic: Includes public and private medical hospitals or clinics and any staff member of a medical hospital or clinic (e.g. nurses, physicians, administrators, or paraprofessionals). Includes hospices, out patient emergency and non-emergency facilities, as well as inpatient medical facilities.

Human/social services staff (county or other): Social service staff of any public or private human/social service agency.

Law enforcement: An officer or other staff of a county sheriff's department, local police department, state patrol, state Department of Public Safety, and federal marshals. Includes voluntary assistants to such agencies, prison staff, military police, park police, and campus police.

Mental health practitioner: Includes mental health professionals in public and/or private practice (e.g. staff of state institutions, local mental health centers, public and private mental health clinics, halfway houses for mentally ill, as well as private psychologists, psychiatrists, social workers, and other professionals or paraprofessionals working in mental health field).

Other health practitioner: Any private duty nurse or a nursing professional or paraprofessional who reports independently of the facility or agency that employs him or her. Also nurses in non-medical settings such as company nurses, nurses in private physician's office, nursing home, or other facility. A person providing health services who is not covered elsewhere in list.

Other mandated: Persons or agencies required to report suspected child maltreatment under Minnesota Statutes, section 626.556, subdivision 3(a) who are not specified in the list.

Other non-mandated: Persons or agencies who are not mandated reporters. Excludes those mentioned in the "friend/acquaintance/neighbor" definition.

MN Department of Human Services Social Services Manual

Children's Protective Services

XVI-4000

Based on statutes and rules in effect as of 08/01/2000

Other relative in home: A person who resides in the same residence as the alleged victim(s) and is related to the child by blood, marriage, or adoption.

Other relative out of home: A person related to the child by blood, marriage, or adoption who resides apart from the child, other than a natural or adoptive parent.

Other school personnel: Staff of public or private schools (excluding teachers and school nurses) including superintendents, principals, counselors, social workers, coaches, athletic directors, volunteers, bus drivers, bus monitors, and custodians. Includes school board members and staff of the Department of Children, Families and Learning.

Parent in home: A birth or adoptive parent with permanent residence in the home of the alleged victim.

Parent out of home: A birth or adoptive parent with permanent residence other than in the home of the alleged victim.

Private physician: A physician who is in private practice, as well as a doctor who is a staff member of a hospital or clinic, who operates a private practice independent of a hospital or clinic who chooses to report independently. Includes psychiatrists, surgeons, other specialists, as well as general practitioners.

Public health nurse: County or state public health nursing staff.

School nurse: A person employed by a public or private school to provide nursing services (including testing) to students.

Teacher: Education staff of public or private schools, including kindergarten, elementary, secondary, and college teachers. Also includes homebound instructors, and other special education staff involved in the education of the alleged victim. Excludes education staff of child caring institutions.

2. Allegation Codes: [NOTE: These are summaries of the types of maltreatment. For the complete details see Minnesota Statutes, section 626.556, subdivision 2.]

Physical abuse:

Actual: The report alleges:

physical injury inflicted on a child other than by accidental means; or

a physical injury that cannot reasonably be explained by the child's history of injuries; or

unreasonable interference with a child's breathing; or

threatening a child with a weapon; or

purposely giving a child poison, alcohol, or dangerous, harmful, or controlled substances which were not prescribed for the child, in order to control or punish the child; or other substances that substantially affect the child's behavior, motor coordination, or judgment or

MN Department of Human Services Social Services Manual

Children's Protective Services

XVI-4000

Based on statutes and rules in effect as of 08/01/2000

that results in sickness or internal injury, or subjects the child to unnecessary medical procedures; or

unreasonable physical confinement or restraint.

Physical abuse includes the use of unauthorized aversive and deprivation procedures.

Threatened: A statement, overt act, condition, or status that represents substantial risk of physical abuse or mental injury.

Mental injury: Report alleges an injury to the psychological capacity or emotional stability of a child as evidenced by an observable or substantial impairment in the child's ability to function within a normal range of performance and behavior with due regard to the child's culture.

Sexual abuse:

Actual: The report alleges sexual contact or sexual penetration of a child. Includes the involvement of a minor in prostitution or in sexual performances.

Threatened: A statement, overt act, condition or status that represents a substantial risk of sexual abuse.

Neglect: The report alleges:

Other than prenatal exposure:

failure to provide a child with necessary food, clothing, shelter, health, or medical care when reasonably able to do so;

failure to protect a child from conditions or actions which imminently and seriously endanger the child's physical or mental health when reasonably able to do so;

failure to provide for necessary supervision or child care arrangements appropriate for a child;

failure to ensure that the child is educated; or

the withholding of medically indicated treatment from a disabled infant with life threatening conditions, which in the treating physician's reasonable medical judgment, will be most likely to be effective in ameliorating or correcting all conditions; or

that the parent or other person responsible for the child's care engages in violent behavior that demonstrates a disregard for the child's well-being; or

that the parent or other person responsible for the child's care engages in repeated domestic assault; or

that the parent or other person responsible for the child's care intentionally inflicts or attempts to inflict bodily harm; or

MN Department of Human Services Social Services Manual

Children's Protective Services

XVI-4000

Based on statutes and rules in effect as of 08/01/2000

that the parent or other person responsible for the child's care subjects the child to ongoing domestic violence; or

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

emotional harm from a pattern of behavior which contributes to impaired emotional functioning of the child.

Prenatal exposure to a controlled substance: The non-medical use of cocaine, heroin, phencyclidine, methamphetamine, or amphetamine, or their derivatives, as evidenced by withdrawal symptoms in the child at birth, or medical effects or developmental delays during the child's first year of life that medically indicate exposure to a controlled substance. (NOTE: These are child maltreatment assessments for after a child is born. See Minnesota Statutes, section 626.556, subd. 2 (c) (6). Prior to the birth of a child, it is a service intervention. See Minnesota Statutes, section 626.5561.)

3. Overall Level of Risk to Child(ren): Check the overall level of risk, as determined by the child protection worker conducting the assessment or investigation. Overall level of risk is determined by using a risk assessment process whereby the eleven risk factors required by the child protection rule are considered. (Minnesota Rules, Part 9560.0210 to 9560.0234) (See SSM XVI-4343).

1. No risk – no risk of maltreatment exists to the child(ren).
2. Low risk – the risk of continued or future maltreatment to the child is minimal.
3. Moderate risk – there is a significant risk of continued or future maltreatment to the child(ren).
4. High risk – maltreatment will almost certainly occur or continue.

4. Determination of Maltreatment:

Yes, the child protection worker determined at the conclusion of the assessment or investigation that maltreatment occurred.

Check the type of maltreatment. Check all that apply.

1. Physical abuse – a determination was made that actual or threatened physical abuse or mental injury occurred.
2. Sexual abuse – a determination was made that actual or threatened sexual abuse occurred.
3. Neglect – a determination was made that neglect, including prenatal exposure to a controlled substance occurred.

No, the child protection worker, at the conclusion of the assessment or investigation could not determine maltreatment. (See SSM XVI-4341)

MN Department of Human Services Social Services Manual

Children's Protective Services

XVI-4000

Based on statutes and rules in effect as of 08/01/2000

5. Determination of Need for Child Protective Services

Check one or the other:

Yes, the child protection worker, during the course of the assessment or investigation, documented conditions indicating significant risk of harm if protective intervention is not provided.

No, the child protection worker, during the course of the assessment or investigation, could not document conditions indicating significant risk of harm or the persons responsible for the child's care have taken action to protect the child. (See SSM XVI-4342)

Maltreatment Details

XVI-4744

Complete the information contained in the allegations, determination for selected allegation, maltreatment conclusion and conditions/services/actions entry screens within SSIS application.

1. List all allegations for each alleged victim and alleged offender.
2. For each allegation, list the determination of whether maltreatment was determined. Complete the maltreatment detail and severity items for each allegation.
3. Complete the maltreatment conclusion information; the date the assessment is concluded and whether child protective services are needed.
4. Complete the conditions/services/action information by indicating the appropriate family conditions, family structure, legal action taken, and recommended services.

Detailed Type of Maltreatment

XVI-4745

Complete for each offender-child combination involved in a determination of maltreatment. Select all that apply.

Physical abuse:

Simple physical abuse: Non-accidental physical harm inflicted without the use of an object or instrument.

NOTE: Simple physical abuse may result in a high degree of severity.

Aggravated physical abuse: Non-accidental physical harm inflicted with an object or instrument such as a whip, club, cigarette, hair brush, poison, or scalding water.

Confinement (by tying or locking in): Restricting child's movement by restraining limbs or by attaching them to some object by ropes, chains, or other devices, or by restricting the child's movement by containment in a location by means of locks, threats, or guarding especially for extended periods of time, when no one is available to release the child in the event of an emergency, or in an abnormally small location such as a cage or closet.

Threatened physical abuse: A statement, overt act, condition or status that represents a substantial risk of physical abuse.

MN Department of Human Services Social Services Manual

Children's Protective Services

XVI-4000

Based on statutes and rules in effect as of 08/01/2000

Mental injury: An injury to the psychological capacity or emotional stability of a child as evidenced by an observable or substantial impairment in the child's ability to function within a normal range of performance and behavior with due regard to the child's culture.

Other physical abuse: Physical injury inflicted non-accidentally by a person responsible for the child's care, not described in above physical abuse definitions.

Sexual abuse:

Sexual abuse or incest: Sexual assault including sexual intercourse, inappropriate touch, and exhibitionism, by a family member or a person related to the child by blood, marriage, or by a person who is not a family member or relative acting in a caretaker position.

Sexual exploitation or prostitution: The involvement of minors in the production of obscene acts or maltreatment (any activity which involves minors in sexual acts or relationships may be considered exploitation, but for reporting purposes limit the meaning to the above); or use of minors for the purpose of prostitution, including juveniles who prostitute themselves without the involvement of an adult agent or pimp.

Threatened sexual abuse: A statement, overt act, condition or status that represents a substantial risk of sexual abuse.

Other sexual abuse: Sexual abuse committed by a person responsible for the child's care, not described in above sexual abuse definitions.

Neglect:

Inadequate supervision: Failure to provide adequate supervision, by a parent or other caretaker, who is able to do so. Includes leaving child unattended, failure to discipline or direct a child's behavior.

Disregard for safety: Parents or other caretakers do not act to protect a child from conditions which may reasonably be considered dangerous or unsafe. Include exposure to domestic violence in this category.

Inadequate provision for physical needs: A parent or other person responsible for the child's physical needs who is able to do so, fails to obtain adequate shelter, clothing or food. This may include unsanitary living conditions, lack of heat, inappropriate diet, dirty, tattered clothing as well as lack of shelter, clothing, and food.

Inadequate provision for medical needs: A parent or other person responsible for the child's medical needs, who is able to do so, fails to obtain medical treatment needed by the child including failure to have the child seen by appropriate medical staff, as well as failure to purchase and/or administer medical treatment, e.g., medications, eye glasses, dental work, hospitalization, surgery or other care recommended by appropriate medical providers that the parents or other caretaker should be aware of the need, or have been informed of the need for medical care. This also includes infant medical neglect (see SSM XVI-4320 and XVI-4120, #15).

**MN Department of Human Services
Social Services Manual**

Children's Protective Services

XVI-4000

Based on statutes and rules in effect as of 08/01/2000

Inadequate care for emotional or behavioral problems: A parent or other person responsible for the child who is able to do so, and should be aware of or has been informed of the need for such care fails to provide such care.

Inadequate attention to educational needs: A parent or other person responsible for the care fails to enroll a school age child in school and ensure that the school age child attends school on a regular basis. [See Minnesota Statutes, section 626.556, subd. 2 (c) (4)]

Abandonment: Deliberate absence of the parent or other caretaker for an extended period with no plan or an inadequate plan or provision for the child's care. It may include abandonment of the child in the child's own home, in day care, in substitute care, as well as abandonment outside in a car, on the highway, or in a public place.

Expulsion from home: Ordering the child out of the child's home or locking the child out of the home with no plan or provision for the child's care.

Prenatal exposure to a controlled substance: The non-medical use of cocaine, heroin, phencyclidine, methamphetamine, or their derivatives, as evidenced by withdrawal symptoms in the child at birth, results of a toxicology test performed on the mother at delivery or the child at birth, or medical effects or developmental delays during the child's first year of life that medically indicate exposure to a controlled substance.

Other neglect: Neglect not specifically covered by the above neglect definitions.

Severity

XVI-4746

Enter at least one severity code for each offender-child combination for which a determination of maltreatment has been made. Enter all choices that may apply.

Death: Child died due to abuse or neglect.

Life threatening: Fractured skull, head injury, or injury that could cause death; injury may or may not have long lasting serious consequences. Includes near fatalities which means a case in which a physician determines that a child is in serious or critical condition as the result of sickness or injury caused by suspected abuse, neglect, or maltreatment. [See Minnesota Statutes, section 626.556, subd. 11d (2).]

Serious injury: Broken bone, requires medical attention, or injury may result in long term disability or deformity; blows to the head, face, or genitals; burns, sexual intercourse, sodomy, or genital touching; serious mental or emotional impairment.

Moderate injury: Cuts or bruises on the torso; marks on the skin, such as welts or deep bruises; inappropriate sexual touching, inappropriate exposure to sexual activities of others; mental or emotional impairment.

Possible injury: symptoms of injury, i.e. bruises healing, but injury itself not identified.

MN Department of Human Services Social Services Manual

Children's Protective Services

XVI-4000

Based on statutes and rules in effect as of 08/01/2000

Apparent health impairment: The child appears to have a physical, mental, or emotional impairment which might reasonably be attributed to the abuse or neglect in the judgment of the child protection worker.

Exposed to threatening or dangerous conditions: Failure to protect the child from dangerous conditions through neglect or willful action.

Other: Severity not indicated by above definitions.

No discernible injury or impairment: No visible injury or physical or mental impairment.

Conditions/Services/Action

XVI-4747

Complete for each offender-child combination for which a determination of maltreatment or the need for child protective services has been made. Each offender-child combination may have one or all the listed actions taken or services provided.

The choices should reflect:

The actions were taken during or as a result of the child protection assessment or investigation;
and

The services provided, recommended, or included in the case plan as a result of the assessment or investigation.

Enter all applicable choices, if more than one applies.

A. Family Conditions

None

Domestic violence

Inadequate housing

Financial problems

Public assistance

Alcohol abuse

Drug abuse

B. Family Structure

Married couple

Unmarried couple

Single female

Single male

Other

MN Department of Human Services

Social Services Manual

Children's Protective Services

XVI-4000

Based on statutes and rules in effect as of 08/01/2000

C. Services

Family counseling: Family focused counseling, including victim and offender group therapy or counseling, as well as counseling sessions which include the whole family, whether direct or purchased services.

Individual counseling: One on one counseling session between a counselor / therapist / social worker or other mental health practitioner and client, whether direct or purchased services.

Family-based services – counseling: Services to a family in the home followed with additional, limited services in an outside setting if needed to help the family resolve personal, family or situational problems so that placing a child outside of the home is unnecessary or so that a child can be returned home from placement.

Family-based services – life management skills: Services to a family in the home including teaching family parenting skills, budgeting and communication and home management skills so that placing a child outside the home is unnecessary or so that a child can be returned home.

Family-based services – crisis: Services to a family in the home, within 24-hours or referral, to help the family resolve a relationship crisis so that placing a child outside of the home is unnecessary.

Respite care: Services involving temporary care of the child(ren) to provide relief to the caretaker. May involve care of the children outside of their own home for a brief period of time, such as overnight or for a weekend. Not considered by the State to be foster care or other placement.

Day care (child): Includes less than 24 hours per days care provided for, purchased for, or arranged for the child, whether to protect the child or provide respite care for the parents or other caretakers. Enter this choice even if day care was ongoing prior to the report and continues after the report and is not a result of the report.

Chemical dependency services: Includes chemical use assessments, inpatient and outpatient chemical dependency treatment, and family support services accompanying such assessments and treatment.

Parenting education: Classes, groups, and other educational and skill development activities designed to help parents develop and strengthen their parenting skills to effectively meet the developmental and emotional needs of their children. If parent education is provided only through paraprofessional home-based services, use the choice “paraprofessional home-based services”.

Child protective case management: A systematic process of ongoing assessment, planning, referral, service coordination, and monitoring through which multiple service needs of clients are addressed. Includes consultation and advocacy assistance to promote the securing of appropriate services.

MN Department of Human Services

Social Services Manual

Children's Protective Services

XVI-4000

Based on statutes and rules in effect as of 08/01/2000

Family support services: Family support services are primarily community-based preventative activities designed to alleviate stress and promote parental competencies and behaviors that will increase the ability of families to successfully nurture their children; enable families to use other resources and opportunities available in the community; and create supportive networks to enhance child-rearing abilities of parents and help compensate for the increased social isolation and vulnerability of families.

Family preservation services: Family preservation services typically are services designed to help families alleviate crises that might lead to out-of-home placement of children; maintain the safety of children in their own homes; support families preparing to reunify or adopt; and assist families in obtaining services and other supports necessary to address their multiple needs in a culturally sensitive manner. (If a child cannot be protected from harm without placement or the family does not have adequate strengths on which to build, family preservation services are not appropriate.)

Education and training services: Services provided to improve knowledge or daily living skills and to enhance cultural opportunities.

Employment services: Services or activities provided to assist individuals in securing employment or acquiring of learning skills that promote opportunities for employment.

Family planning services: Educational, comprehensive medical or social services or activities which enable individuals, including minors, to determine freely the number and spacing of their children and to select the means by which this may be achieved.

Health-related and home health services: Services to attain and maintain a favorable condition of health.

Housing services: Services or activities designed to assist individuals or families in locating, obtaining or retaining suitable housing.

Independent and transitional living services: Services and activities designed to help older youth in foster care or homeless youth make the transition to independent living.

Information and referral services: Services or activities designed to provide information about services provided by public and private service providers and a brief assessment of client needs (but not a diagnosis and evaluation) to facilitate appropriate referral to these community resources.

Legal services: Services or activities provided by a lawyer, or other person(s) under the supervision of a lawyer, to assist individuals in seeking or obtaining legal help in civil matters such as housing, divorce, child support, guardianship, paternity and legal separation.

Mental health services: Services to overcome issues involving emotional disturbance or maladaptive behavior adversely affecting socialization, learning, or development. Usually provided by public or private mental health agencies and includes residential services (inpatient hospitalization, residential treatment, and supported independent living) and non-residential

MN Department of Human Services Social Services Manual

Children's Protective Services

XVI-4000

Based on statutes and rules in effect as of 08/01/2000

services (partial day treatment, outpatient services, home-based services, emergency services, intensive case management and assessment).

Pregnancy and parenting services for young parents: Services or activities for married or unmarried adolescent parents and their families to assist them in coping with social, emotional, and economic problems related to pregnancy and in planning for the future.

Special services – disabled: Services for persons with developmental or physical disabilities, or persons with visual or auditory, impairments, or services or activities to maximize the potential of persons with disabilities, help alleviate the effects of physical, mental, or emotional disabilities, and to enable these persons to live in the least restrictive environment possible.

Special services – juvenile delinquent: Services or activities for youth (and their families) who are, or who may become, involved with the juvenile justice system.

Transportation: Services or activities that provide or arrange for travel, including travel costs of individuals, in order to access services, or obtain medical care or employment.

Other services: Services or activities that have been provided to the child victim or family of the child victim, but which are not included elsewhere in this list.

Out-of-home placement:

Services or activities associated with 24-hour substitute care for all children placed away from their parents or guardians and for whom the local agency has placement and care responsibility.

D. Legal Action Taken

None: No action was taken beyond assessment relative to the specific child.

Juvenile court petition: Petitions to terminate parental rights, place a child in custody, or remove an adult from contact with the child and/or home, or delinquency petitions filed against an alleged offender who is a juvenile. Includes petitions that are pending and petitions that have been denied as well as petitions that have been granted.

Family court petition: Petitions to terminate parental rights, place a child in custody, remove an adult from contact with the child and/or home, or petitions to terminate parental rights. Includes petitions that are pending and petitions that have been denied as well as petitions that have been granted.

Criminal court charges: District, local, state, and federal court petitions filed in criminal matters whether for felony or misdemeanors. This includes petitions that are pending and petitions that have been denied, as well as petitions that have been granted.

Annual Verification Survey

XVI-4748

To ensure the accuracy of the child maltreatment data, the Department will periodically send out reports to the local social service agencies requesting verification of the data.

MN Department of Human Services
Social Services Manual

Children's Protective Services

XVI-4000

Based on statutes and rules in effect as of 08/01/2000

The local social services agency should respond to this request, including the submission of any missing reports, within 10 days of receiving the verification survey.

**MN Department of Human Services
Social Services Manual**

Children's Protective Services

XVI-4000

Based on statutes and rules in effect as of 08/01/2000

**Your Privacy Rights – Child Protective Services (DHS 3378)
(SSIS 35)**

XVI-4750

**MN Department of Human Services
Social Services Manual**

Children's Protective Services

XVI-4000

Based on statutes and rules in effect as of 08/01/2000

Child Protective Services Plan (SSIS 76)

XVI-4760

Whenever the local social services agency makes a determination that child protection services are needed, it must provide protective intervention or other needed services, in accordance with Minnesota Rules, part 9560.0220, subpart 8. When the family accepts services, or a court order is obtained, to authorize child protection services, the local agency must formulate a plan with the family. A copy of the plan must be provided to the family, and services provided according to the written plan.

The following form is a sample **Child Protective Services Plan (SSIS 76)**. The plan includes all the components of the plan for protective services required by Minnesota Rules, part 9560.0228, subparts 1 and 2. (See SSM XVI-4361)

The form may be used for developing and documenting the original plan and for documenting the required quarterly reassessment. (See SSM-XVI 4363)

**MN Department of Human Services
Social Services Manual**

Children's Protective Services

XVI-4000

Based on statutes and rules in effect as of 08/01/2000

Instructions for Child Protective Services Plan (SSIS 77)

XVI-4770

**MN Department of Human Services
Social Services Manual**

Children's Protective Services

XVI-4000

Based on statutes and rules in effect as of 08/01/2000

Continued Monitoring Plan (SSIS 78)

XVI-4780

**MN Department of Human Services
Social Services Manual**

Children's Protective Services

XVI-4000

Based on statutes and rules in effect as of 08/01/2000

Child Mortality Log (SSIS 80)

XVI-4790

**MN Department of Human Services
Social Services Manual**

Children's Protective Services

XVI-4000

Based on statutes and rules in effect as of 08/01/2000

**Notice of Intent to Interview on School Property
(DHS 3376) (SSIS 32)**

XVI-4800

**MN Department of Human Services
Social Services Manual**

Children's Protective Services

XVI-4000

Based on statutes and rules in effect as of 08/01/2000

Notices of Determination (SSIS 1-20)

XVI-4810

**MN Department of Human Services
Social Services Manual**

Children's Protective Services

XVI-4000

Based on statutes and rules in effect as of 08/01/2000

Notices of Summary Dispositions (SSIS 21-30)

XVI-4820

**MN Department of Human Services
Social Services Manual**

Children's Protective Services

XVI-4000

Based on statutes and rules in effect as of 08/01/2000

Letter to Mandated/Voluntary Reporter (SSIS 31)

XVI-4830