

Blue Earth County Human Services
Criteria for Child Protection Assessments

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SCREENING CRITERIA FOR CHILD PROTECTIVE SERVICES

**CHILDREN AND FAMILY SERVICES
BLUE Earth COUNTY
410 SOUTH FIFTH STREET
PO BOX 3526
MANKATO MN 56002-3526**

**CENTRAL INTAKE PHONE NUMBER
(507) 304-4444
FAX NUMBER: (507) 304-4304
OR
(507) 304-4387**

**CHILDREN AND FAMILY SERVICES SUPERVISOR
(507) 304-4499**

**DEVELOPED BY:
CHILDREN AND FAMILY SERVICES OF BLUE EARTH COUNTY**

JANUARY 2005*

***This document is subject to periodic revision. We will send out updates as they develop.**

Blue Earth Counties Procedural Steps in Handling Child Protection Reports:

1. Make call to Blue Earth County Central Intake Worker (CIW) at 304-4444;
2. CIW will document data collected through phone call or face-to-face interview;
3. CIW reviews multiple computer data bases and closed/active files for collateral information;
4. All information gathered is presented at the Central Intake Meeting.
 - The Central Intake Team members include CIW, three Child Protection Assessment Workers, one Crisis Intervention Worker, one Children's Mental Health Screener, and two supervisors.
5. Facts and other information as they pertain to the report are reviewed and measured up against the established Screening Criteria for determining action on the report;
6. The following dispositions may come from the Central Intake Meeting:
 - a. Report screened in for a Child Protection Assessment (traditional or Alternative Response);
 - b. Report screened out for a Child Protection Assessment and no services offered;
 - c. Report screened out for Child Protection Assessment and referred for alternative services (preventative and/or intervention in nature).
7. Reporter(s) will be informed of the decision whether or not to assess in writing or by phone. Response time of letter will vary depending on decision made by team. If decision is to assess the report, you may not hear back from County for up to 100 days (i.e., if you do not hear from us within 10 working days following your report, you may assume that we are assessing the case in most instances).

INTAKE PROCESS

1. Anyone can make a report. If you work with children and/or families, you are legally required to report suspected abuse or neglect.
2. Report suspected abuse/neglect to Central Intake Worker (CIW) at Blue Earth County Human Services, 304-4444.
3. If you make a verbal report of abuse/neglect to CIW, you need to follow up within 72 hours with a written report of incident. This will be mailed to: 410 South Fifth Street, PO Box 3526, Mankato, Minnesota, 56002-3526, Attn: Child Protection Unit. You can also fax to (507) 304-4305 or (507) 304-4387.
4. Things to look for and information needed by CIW:
 - a. Child's name and DOB, school they attend;
 - b. Any siblings and ages or dates of birth;
 - c. Mother and father's names, addresses, and phone numbers;
 - d. Alleged perpetrator's name, address, and phone number;
 - e. Where the abuse/neglect took place;
 - f. Date of when abuse/neglect happened;
 - g. Injury description - We need as much information as possible (i.e., the location of injury on child's body, color of bruising or injury, size of injury, whether or not medical attention was sought, child's explanation of injury or situation, etc.)
5. The reporter will be notified of the results of screening determination and assessment determination if they request feedback and give information about their phone number and address to Central Intake Worker.

Reporters can be told:

 - a. If the report was screened in or out for assessment;
 - b. If a determination of maltreatment was found;
 - c. If we found the family in need of services;
 - d. Specific reasons for our decisions.
6. We may determine that a family is NOT in need of protective services, but that other non-child protective services may be helpful or recommended.
7. Screening team meets on Monday, Wednesday, and Friday to do screening. In emergency cases, screening decisions are made immediately. Emergency meaning that the child is in "imminent risk or danger of harm or harming others."

******The more information you can provide to the Central Intake Worker when making the report the better able the screening team will be able to assess the situation.**

Blue Earth County Human Services

Criteria for Child Protection Assessments

An investigation will be conducted when the following circumstances are alleged to have occurred. However, these guidelines are not intended to be all-inclusive, and decisions about investigations will be made on a case-by-case basis according to their individual circumstances. Alleged maltreatment must have been inflicted by a parent, guardian, or an individual functioning as a caretaker within the family unit or a person with similar caretaking responsibilities.

Allegations involving caretakers who are required to be licensed (such as foster parents, residential treatment staff, and licensed day-care providers) are investigated by the Department of Human Services and law enforcement.

Allegations involving caretakers who are not required to be licensed by the Department of Human Services (such as teachers and other school employees and unlicensed day-care providers) are referred to the law enforcement center for investigation. We will provide assistance to law enforcement in these cases when it is requested and when feasible to do so.

PHYSICAL ABUSE

Definition: "Physical abuse" means any physical injury, mental injury, or threatened injury inflicted by a person responsible for the child's care on a child other than by accidental means, or any physical or mental injury that cannot reasonably be explained by the child's history of injury, or any aversive and deprivation procedures that have not been authorized under Section 245.825. Abuse **DOES NOT** include reasonable discipline of a child administered by a parent or legal guardian. Actions which are not reasonable include, but are not limited to, any of the following that are done in anger or without regard the safety of the child:

(M.S. 626.556)

1. throwing, kicking, burning, biting, or cutting of a child;
2. striking a child with a closed fist;
3. shaking a child under the age of 3;
4. striking or other actions which result in any non-accidental injury to a child under 18 months of age;
5. unreasonable interference with a child's breathing;
6. threatening a child with a weapon, as defined in Section 609.02, Subd. 6;
7. striking a child under the age of 1 on the face or the head;
8. purposely giving a child poison, alcohol, or dangerous, harmful, or controlled substance which are 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 condition, judgment, or 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 substance; or
9. unreasonable physical confinement or restraint not permitted under Section 609.379, including but not limited to tying, caging, or chaining.
10. Causing a child physical injury, other than minor pain, resulting from reasonable physical discipline.

An assessment will be conducted when the following circumstances are alleged to have occurred:

A. **Reports of Non-Accidental Injuries.** (Injuries resulting from reasonable restraint are not considered abuse.) B M.S. 609.379

1. Injuries requiring medical attention.
2. Injuries observable but not requiring medical attention.
3. Non-observable injuries but child reports pain that may be indicative of internal injury.
4. A physician report of suspicious explanation of an injury.

- B. **Reports of Physical Punishment Prohibitive by the Child's Physical Condition.**
- C. **Reports of Abuse by Hospital Staff, School Staff, or Licensed PCA Referred to Police and the Minnesota Department of Health, Reports of Unlicensed PCA Referred to Police, and Abuse in Correction Facilities Referred to Minnesota Department of Corrections and the Police.**
- D. **Domestic Violence/Assault Resulting in Unintentional Injury to a Child Will Be Assessed as Neglect on the Part of Both Caregivers Involved.**
- E. **Threatened Physical Abuse** **B** Threatened injury means a statement, overt act, condition, or status that represents a substantial risk of physical or sexual abuse or mental injury.
 - 1. Child is threatened with a weapon.
 - 2. Verbal threats of further physical abuse by his substantiated physical abuse perpetrator.
 - 3. Verbal threats of death or serious injury when a child fully believes the threat is real.

****An exception B Reports of transient red marks that disappear within four hours will not be assessed.**

NEGLECT

Definition: "Neglect" means failure by a person responsible for a child's care to supply a child with necessary food, clothing, shelter, or health, medical, or other care required for the child's physical or mental health when reasonably able to do so; failure to protect a child from conditions or actions which immediately or 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 after considering factors of the child's age, mental ability, physical condition, 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 of the safety of another child in their care; failure to ensure that the child is educated as defined in Section 128.22 and 260.155, Subd. 9.

(M.S. 626.556)

An assessment will be conducted when the following circumstances are alleged to have occurred:

- A. **Inadequate Shelter** B The periodic or continuing failure to provide adequate shelter and protection from weather and/or from environmental hazards in the dwelling and on the property which have potential for injury, illness, and/or disease.
1. Adequate shelter includes: appropriate heat, sanitation, and sleeping arrangement.
 2. Environmental hazards in the home or on the property include, but are not limited to, items such as: broken windows or glass, gas leaks, open and accessible containers of dangerous drugs or household poisons, exposed electric wiring, scalding water, unprotected space heaters, lead-based paint, discarded refrigerators with doors attached, open wells without covers, animal and human waste/feces, rodents, and insects.
 3. Child protection services may assess reports of family living in a car, under a bridge, or camping due to homelessness. Factors to be considered in camping are bathroom facilities, length of time, and season. Reports of family barred from emergency shelter due to excessive use, or whose caretakers behavior banned them from the shelter use and have no place to stay, will also be assessed for child protection services.
- B. **Inadequate Clothing and Hygiene** B The failure to provide and maintain adequate clothing, which is appropriate to the client and/or environmental conditions. Inappropriate or condition of clothing presents a health or safety hazard.
1. Child is chronically dirty or unbathed. Lice, scabies, or fleas resulting in medical endangerment.

C. Inadequate Food

1. Child routinely lacks sufficient quantity or quality of food (moldy or spoiled).
2. Child suffers medically-diagnosed malnutrition or development lags.

D. Failure to Protect

1. A person poses a physical, mental, emotional, or sexual threat to a child or parent or caretaker does not act to protect the child.
2. Report of abuse between siblings and parent or caretaker does not act to protect the child.
3. Parent or caretaker exposes child to threatening or dangerous conditions or criminal activity. Any report where the child participates in a criminal act or is present when a parent or caretaker engages in a criminal act.
4. Child resides with a convicted or adjudicated untreated sex offender.

E. Lack of Supervision Failure to provide supervision, care, guidance, and/or protection which results in the child being in a situation beyond his/her ability to cope, at risk of physical harm, at risk of sexual and/or other exploitation.

The decision to assess the report of unsupervised children will be made in light of the following considerations:

1. The maturity level of children.
2. The accessibility of the parent, guardian, caretaker, or the responsible adult by phone or in person.
3. The physical or mental health condition of the children.
4. The behavioral history of the children.
5. Whether a young child is using a stove, iron, or appliance which poses a danger because of their age.
6. Whether the parents have discussed an escape plan or held a fire drill with the children.
7. Whether the residence has a smoke detector.
8. Whether there unusual hazards in the home.
9. The children's reaction to being left alone.
10. The ages of the children being cared for.
11. Whether the child has completed a baby-sitting clinic.
12. The liability of the person that the parent has chosen to provide supervision.

Considering the above factors, the following reports will be assessed:

1. High: If oldest child present is under 5 or mentally or physically disabled and left alone at home for any period of time or child under 8 caring for younger siblings currently.

2. High or Intermediate: If 5, 6, or 7 left alone at home and other factor poses danger to child (e.g., use a stove, availability of basic necessities, number and ages of children present, dangerous activities, length of time excessive [judgment]).
3. High or Intermediate: If oldest child is under 11 years old and responsible for care of younger siblings B risk based on factors of number and ages of children, length of time left alone, need to use stove, dangerous activities, availability of basic necessities.
4. High or Intermediate: If oldest child is 11, 12, or 13 and responsible for care of younger siblings if alone for over two consecutive days or without resources or involved in dangerous activities or specific neglect allegation.
5. Intermediate: If child 5, 6, or 7 alone at home and no other concern reported.
6. Intermediate: If child under 5 or disabled left unattended in a parked car for over five minutes or with car running (screener judgment: consider extenuating circumstances B as weather and leaving child in car for brief time best of choices available).
7. Intermediate: If child 5, 6, or 7 locked in a parked car for lengthy period of time or weather conditions extreme or car running.
8. Intermediate or Low: As above, oldest child 14 or 15 and over three days (level of risk B screener judgment based on number and combination of factors present). Screener judgment B oldest child 16 or 17 alone for indefinite period and specific allegation of neglect.
9. Intermediate: If child(ren) 8, 9, 10 alone for longer than 24 hours. Low if child(ren) 11, 12, 13 years and left alone for periods over 48 hours.
10. Low: If child 8 to 15 and expresses fear about being alone or gets into trouble or dangerous activities.
11. Low: If child(ren) 8, 9 or 10 left alone for periods longer than traditional latch-key hours (3 to 4 hours).

F. **Emotional Harm B**

Definition/Actual: A pattern of behavior which contributes to impaired emotional functioning of the child which may be demonstrated by a substantial and observable effect in the child=s 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. Behaviors to be considered, but not limited to: rejecting, isolating, terrorizing, ignoring, or corrupting the child.

* Persons who conduct assessments or investigations under this section shall take into account accepted child-rearing practices of the culture in which a child participates, which are not injurious to the child's health, welfare, and safety.

M.S. 626.556, Sub. 2C(9).

(NOTE: In order for a report to be assigned, it must indicate "consistent" infliction of mental harm. Substantiation requires "consistent or deliberate" **and** an "adverse effect" on the child's development.)

The following behaviors are examples to be considered when determining whether or not a case will be assessed but are not meant to be an all-inclusive list.¹

1. Rejecting B This means the adult refuses to acknowledge the child's worth and the legitimacy of the child's needs.
2. Isolating B This means the adult cuts the child off from normal social experiences, prevents the child from forming relationships, and makes the child believe that he or she is alone in the world.
3. Terrorizing B This means that the adult verbally assaults the child, creates a climate of fear, bullies and frightens the child, and makes the child believe that the world is capricious and hostile.
4. Ignoring B This means the adult deprives the child of essential stimulation and responsiveness, stifling emotional growth and intellectual development.
5. Corrupting B This means that the adult "mis-socializes" the child; stimulates the child to engage in destructive, antisocial behaviors; and forces the deviance and makes the child unfit for normal social experience.

G. Child Endangerment B That the parent or other persons responsible for the care of the child:

1. intentionally or recklessly causes or permits a child to be placed in a situation likely to substantially harm the child=s physical, mental, or emotional health or cause the child=s death.
2. knowingly causes or permits the child to be present where any person is selling or possessing a controlled substance (heroin, cocaine, phencyclidine, methamphetamine, amphetamine) or their derivatives or any drugs (including prescription drugs) in the home that are easily accessible to young children.
3. knowingly exposes a child to the illegal manufacture of or possession of the immediate precursors or chemical substances with intent to manufacture controlled substances (per M.S. 152.01, Subd. 4).
4. causes a child to be involved during a parent/caretaker criminal activity where:
 - a. any report where the child participates in the criminal act.
 - b. may assess a report where a child is a witness to a criminal act, including but not limited to sale or purchase of controlled substance.
 - c. parent is arrested or determined to be under the influence while driving with a minor in the car.

¹This information is taken from the book, The Psychologically Battered Child, by Gabarino, Guttman, and Sealy, published Jossey-Bass in San Francisco in 1986. It is found that in the Guidelines for a Model System of Protective Services for Abuse and Neglect Children and Their Families, published by the National Association of Public Child Welfare Administrators in 1988. It is also found in the Risk Assessment Project Manual of the State of Utah published in 1987. It is also consistent with other resources in literature.

H. **Medical Neglect** B Failure to provide medical care refers to a continuing or consistent refusal or failure to seek, obtain and follow through with a diagnosis and treatment of medical, dental, or mental health care for a health problem, symptom, or condition which, if untreated, could place the child in immediate or future jeopardy, incapacitation, or death.

I. **Parents Exposure to Substance Abuse** B

Definition: 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. This includes the use of heroin, cocaine, phencyclidine, methamphetamine, amphetamine, or derivatives as evidenced by a positive toxology on the mother or infant at birth, withdrawal symptoms of the child at birth, or medical effects or developmental delays during the child's first year of live that medically indicates a parental exposure to a controlled substance. (Alcohol and marijuana are not defined as "controlled substances.") Evidence can include law enforcement report on the presence of controlled substances.

- 1.. **Prior to child's birth** B Reports of substance abuse (any of the five controlled substances listed above) by the pregnant mother will be referred directly to the public health nurse and chemical health unit for intervention.
2. We may assess self-admission of substance abuse (of any of the five controlled substances listed above) where there have been continual use of chemical and noncompliance with services to alleviate the problem.
3. **At the time of birth** B We will assess medically-diagnosed fetal alcohol syndrome or fetal alcohol effect.
4. **Failure to thrive** B On the child, not demonstrating signs of normal development.

J. **Educational Neglect** B

1. Blue Earth County will assess reports of seven or more unexcused and documented absences by a child under the age of 18.
 - a. Children 12 to 18 years of age will not typically be assessed as educational neglect unless there is evidence of parental involvement in the absence. These situations will otherwise be referred to as **truancy**.
 - b. Once a pupil under the age of 7 is enrolled in kindergarten or a higher grade in a public school, the pupil is subject to compulsory attendance laws unless the school board has a policy that excuses children under the age of 7 from the law.

- c. If the school stops accepting frequent **excused absence** by the parent alleging illness, unless documentation of the illness by a doctor is provided, an assessment will occur after seven or more unexcused absences.²
- d. If the school stops excusing absences due to lice and provides documentation of this action to the Agency, the Agency can conduct an assessment after seven or more subsequent unexcused absences.³

K. Failure to Provide for Children's Special Needs B

- 1. Suicidal, anorexia, bulimia, or self-mutilating children will be assessed when it is reported that the parent is not responding to the degree of threat presented or is not cooperating with professional recommendations.
- 2. We may assess refusal to provide for a child's special needs for services, appliances, or other equipment necessary to provide a reasonable quality of life for a physically, mentally, or emotionally challenged child.

L. Illegal Placement B

- 1. Reports of abandonment, desertion, or illegal placement (including illegal adoptions). Illegal placement as defined is a 15-year-old or younger living in a non-relative, unlicensed home that exceeds 30 days in a 12-month period. Reports of 16- or 17-year-olds living on their own will be evaluated to determine if the child has an appropriate school or work plan and appropriate living arrangement has been made by or with the child's parents or legal caretaker.

M. Exposure to Domestic Violence B

- 1. Report of a child being injured from a domestic violence incident between two adults in which the injury includes reports of the child experiencing physical pain and/or visible bruises or marks from the injury.
- 2. Report of a child being a direct witness to three or more verbal and/or physical domestic violence incidents and has some level of impaired functioning.
- 3. Report of a domestic violence incident in which one or both adult parties suffer a significant injury for which medical attention is recommended or offered by law enforcement.

²The educational institution is required to present three forms of documentation for intervention. One form can be a letter, and two forms of intervention need to be face-to-face regarding the educational concerns.

³The reporter must also document any provision of products and/or services to treat lice and if parent was informed as to how to treat lice.

4. Report of non-significant injury to adult victim who was holding a child at the time of the assault.

Sexual Abuse

Definition: Sexual abuse means the subjection of a child by a person responsible for the child's care, by a person who has a significant relationship to the child, as defined in Section 609.341, or by a person in a position of authority, as defined in Section 609.341, Subd. 10, to any act which constitutes a violation of Section 609.34, criminal sexual conduct in the first degree, second degree, third degree, fourth degree, or fifth degree. Sexual abuse also includes any act which involves a minor which constitutes a violation of prostitution offenses under Section 609.321 to 609.324, or 617.246. Sexual abuse includes threatened sexual abuse.

(M.S. 626.556)

To be assessed if involving people with significant relationship previously defined, as well as contact between juvenile siblings, or children living together. Child protection services will assess as child welfare if less than a three-year age indifference. All reports of adolescents siblings as perpetrators will be assessed by child protection services. Child protection services will also assess if one sibling is in a care giving role regardless of age difference, or if there is a force or coercion.

(* Any reports of sexual contact and/or abuse that include non-related kid-on-kid (ages 10 and up) will be referred to the local law enforcement center for investigation.)

An assessment will be conducted when the following circumstances are alleged to have occurred:

A. Response of Actual Sexual Abuse ▾

1. Sexual conduct by a parent, guardian, caregiver, sibling, or of a relationship as previously defined below:
 - a. Intentional touching of the victim's breasts, buttocks, inner thighs, groin, or primary genital area (or the victim touching the perpetrator in these areas) through the clothing or skin-to-skin contact. This would include a victim touching themselves or two victims touching each other at the direction of an adult. This also includes sexual penetration.
 - b. Pain or injury in the genital area that cannot be explained by the parents, the child's history or injuries, or medical diagnosis.
 - c. Child (12 and under) has a sexually-transmitted disease.
 - d. Child is a subject of pornography or exposed to pornography or sexually-inappropriate behavior by an adult.
 - e. Juvenile prostitution.
 - f. Child Protection will also assist the local law enforcement agency when requested in the following non-family situations:

- (1) The child has been sexually abused by an individual more than three years older.
 - (2) The child is a victim of rape.
 - (3) The child is a juvenile perpetrator of sexual abuse.
-
- (g) Children sexually abused by adults not within the family unit while not assessable shall be cross reported to law enforcement. This will be facilitated by the CPS worker.
 - (h) Children living with, being cared for by, or allowed access to a convicted, untreated, sexual perpetrator, and/or contact with an individual whose probation prohibits contact with minors will be assessed as neglect.
 - (i) Reports of minor non-sibling relatives having sexual contact will not be assessed unless referred by the County Attorney as a perpetrator who has committed a delinquent act.
 - (j) Children in placement having sexual contact will be assigned if there are clear allegations of neglect by the caregiver such as repeated episodes after the staff are aware of the problem.

B. Reports of Threatened Sexual Abuse B

- 1. Reports where child is intentionally exposed to adult sexual activity or repeated unintentional exposure to adult sexual activity.
- 2. Reports of sexual intrusive behaviors, invasions of privacy; walking in on or peeping on child when nude. This involves intentional acts by adults and includes masturbation in front of a child, asking the child to watch; coercing the child to observe or participate.
- 3. If the exposure is the result of a lifestyle or casual nudity, the report will not be assessed unless the child reports discomfort or other negative impacts. If the child is negatively impacted, a neglect assessment will be done.

Mental Injury

Definition/Actual: Mental injury means 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.

M.S. 626.556, Sub. 2K.

A report generally needs to be made by a mental health professional or a school employee with a background in the mental health field. A professional conclusion needs to be reached by the reporter that the behavior of the parent/caretaker/guardian is responsible for the observable and substantial impairment of the child=s psychological capacity and/or emotional stability.

The following behaviors are examples to be considered when determining whether or not a case will be assessed but are not meant to be an all-exclusive list.³

1. Rejecting B This means the adult refuses to acknowledge the child's worth and the legitimacy of the child's needs.
2. Isolating B This means the adult cuts the child off from normal social experiences, prevents the child from forming relationships, and makes the child believe that he or she is alone in the world.
3. Terrorizing B This means that the adult verbally assaults the child, creates a climate of fear, bullies and frightens the child, and makes the child believe that the world is capricious and hostile.
4. Ignoring B This means the adult deprives the child of essential stimulation and responsiveness, stifling emotional growth and intellectual development.
5. Corrupting B This means that the adult "mis-socializes" the child; stimulates the child to engage in destructive, antisocial behaviors; and forces the deviance and makes the child unfit for normal social experience.

(NOTE: In order for a report to be assigned, it must indicate "consistent" infliction of mental harm. Substantiation requires "consistent or deliberate" **and** an "adverse effect" on the child's development.)

³This information is taken from the book, The Psychologically Battered Child, by Gabarino, Guttman, and Sealy, published Jossey-Bass in San Francisco in 1986. It is found that in the Guidelines for a Model System of Protective Services for Abuse and Neglect Children and Their Families, published by the National Association of Public Child Welfare Administrators in 1988. It is also found in the Risk Assessment Project Manual of the State of Utah published in 1987. It is also consistent with other resources in literature.

Threatened Injury

Definition: Threatened injury means a statement, overt act, condition, or status that represents a substantial risk of physical or sexual abuse or mental injury. Threatened injury includes, but is not limited to, exposing a child to a person responsible for the child=s care, as defined in paragraph (b), clause (1), who has:

1. subjected a child to, or failed to protect a child from, an overt act or condition that constitutes egregious harm, as defined in section 260C.007, subdivision 26, or a similar law of another jurisdiction;
2. been found to be palpably unfit under section 260C.301, paragraph (b), clause (4), or a similar law of another jurisdiction;
3. committed an act that has resulted in an involuntary termination of parental rights under section 260C.301, or a similar law of another jurisdiction; or
4. committed an act that has resulted in the involuntary transfer of permanent legal and physical custody of a child to a relative under section 260C.201, subdivision 11, paragraph (e), clause (1), or a similar law of another jurisdiction

This also includes threatened mental injury which defines as behavior of caregiver, which would result in mental injury, but mental injury is not yet observed in the child. Again, a school or mental health professional would be the referral source. The following examples are to be considered when determining whether or not a referral is to be assessed, whether actual or threatened.

The report will be assessed when one or more of the above conditions are present. The reporter is encouraged to provide as much detail as possible for conditions 2-4 in order for the agency to conduct a complete historical search of past actions.

(NOTE: In order for a report to be assigned, it must indicate "consistent" infliction of mental harm. Substantiation requires "consistent or deliberate" **and** an "adverse effect" on the child's development.)

Information-Sharing

1. Any reporter of suspected child maltreatment may find out from the agency, orally or in writing, whether the report was accepted for assessment or an investigation.

2. Information-sharing is clarified for persons who have an ongoing responsibility for the health, education, or welfare of the child, including:
 - (a) the child's teacher or other appropriate school personnel;
 - (b) foster parents;
 - (c) health care providers;
 - (d) respite care workers;
 - (e) therapist;
 - (f) social workers;
 - (g) child care providers;
 - (h) residential care staff;
 - (i) crisis nursery staff;
 - (j) probation officers;
 - (k) court service personnel.

Data provided under this section must be limited to data pertinent to the individual's responsibility for caring for the child.

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