
**Ramsey County
Children and Family Services**

Child Protection Screening Criteria

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Ramsey County Child and Family Services

Child Protection Screening Criteria

I. Introduction

A. Purpose of Criteria

- To promote consistency between individual employees who are responsible for the screening and assessment of child abuse and neglect reports.
- To provide the community with information regarding the assessment and screening process of child abuse and neglect reports in Ramsey County.
- These criteria are based on Minnesota Statutes 626.556, Reporting of Maltreatment of Minors.

B. Where to Report

- Generally RCCHSD responds to reports of child maltreatment within a family setting. This is further defined within this Screening Criteria in Sections III. B(2) and (3).
- Reports of maltreatment may also be made to local law enforcement agencies. Minnesota statutes require cross notification between law enforcement and local child welfare agencies when either agency receives a report of child physical abuse, sexual abuse or neglect.¹ Child safety emergencies should be made directly to local law enforcement for immediate intervention. Only law enforcement officers have the authority to immediately place children in safe settings outside the family home without a court order.

C. Reports Must Meet a Minimum Threshold

When receiving a report of child maltreatment, RCCHSD staff must first determine whether the report meets the legal definition of child maltreatment. By law, only reports that meet statutory requirements can be accepted. At times there may be inadequate information to begin an assessment or investigation. Once a report is accepted, it is assigned to one of two child protection response types.

¹ Minnesota Statute 626.556, subd. 7.
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- Anonymous reports will be accepted, however, efforts will be made to have reporters identify themselves, so follow-up information can be exchanged.
- Mandated reporters cannot by law report anonymously.
- Hearsay reports are not acceptable; therefore Child Protection Intake will make every attempt to secure first-hand information before case assignment.

D. Customized Responses to Reports of Alleged Child Maltreatment

- **Investigative Response.** Investigations are designed to respond to the most serious reports of harm and neglect to children. Reports of child maltreatment that allege substantial child endangerment must receive an investigation. Minnesota statutes define substantial child endangerment to include categories of egregious harm, physical and sexual abuse, and reports of high risk neglect.² Investigations are sometimes conducted with law enforcement as part of a police investigation. Depending on the circumstances of the report, RCCHSD may decide to assign a report not involving substantial child endangerment for an investigation. The focus of an Investigative Response centers on gathering facts and assessing family protective capacities related to child safety. This leads to a determination of whether child maltreatment occurred and whether child protective services are needed. If child protective services are needed the case is transferred from intake to child protection program. Child protection program uses strength-based interventions and involves the family in planning for and selecting services. Resources in the family's community are identified and the family's involvement is encouraged.
- **Family Assessment Response.** Reports not involving substantial child endangerment may be assigned for a Family Assessment. A Family Assessment involves an evaluation of a child's safety, the risk for subsequent child maltreatment, and the family's strengths and needs. The focus of Family Assessment is to engage the family's protective capacities and offer services that address the immediate and ongoing safety concerns of a child. Family Assessment uses strength-based interventions and involves the family in planning for and selecting services. Resources in the family's community are identified and the family's involvement is encouraged. If additional information is presented that requires an investigation, or if a family does not complete the Family Assessment, or does not follow through with recommended services to address child safety, the response may be changed to an investigation.

² Minnesota Statute 626.556, Subd. 2.
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Family Assessment is the preferred response when conditions of safety permit.³ The majority of reports accepted for a child protection response in Minnesota are assigned for a Family Assessment.

II. General Definitions

A. Person Responsible for a Child's Care:

- An individual functioning within the family unit and having responsibilities for the care of the child such as a parent, guardian, or other person having similar care responsibilities, or
- An individual functioning outside the family unit and having responsibilities for the care of the child such as a teacher, school administrator, other school employees or agents, or other lawful custodian of a child having either full-time or short-term care responsibilities including, but not limited to, day care, babysitting whether paid or unpaid, counseling, teaching, and coaching.

B. Person who has a Significant Relationship to the Child for Purposes of Sexual Abuse Allegation:

- A person who is the child's parent, stepparent, or guardian;
- A person related to the child by blood, marriage, or adoption: brother, sister, stepbrother, stepsister, first cousin, aunt, uncle, nephew, niece, grandparent, great-grandparent, great-uncle, great-aunt; or
- An adult who jointly resides intermittently or regularly in the same dwelling as the child.

C. Person in a position of Authority for Purposes of a Sexual Abuse Allegation: includes but is not limited to any person who is a parent, or acting in the place of a parent and charged with any of a parent's rights, duties or responsibilities to a child, or a person who is charged with any duty or responsibility for the health, welfare, or supervision of a child, either independently or through another, no matter how brief, at the time of the act.

D. Threatened injury means a statement, overt act, condition, or status that represents a substantial risk of physical or sexual abuse or mental injury. Examples of threatened injury include the following:

- Holding a weapon to a child or attempting to hit a child with a weapon while threatening harm;

³ Minnesota Statute 626.556, Subd. 1.
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- Placing a child at immediate risk (i.e. suspending a child out a window);
- Intentionally exposing a child to adult sexual activity;
- Intentional acts of sexually intrusive behaviors such as:
- Walking in on or peeping on a child when the child is nude;
- Exposing the child to sexual acts by an adult such as masturbation in front of a child, asking the child to watch sexual activity or coercing the child to observe or participate in sexual activity;⁴
- Having committed an act that has resulted in an involuntary termination of parental rights, or involuntary transfer of custody of another child;
- Having been found by juvenile protection proceedings to be palpably unfit;
- Having subjected a child to, or failed to protect a child from, an overt act or condition that constitutes egregious harm.
- The child is present during a domestic violence episode in which objects are used as weapons.
- The child intervenes during a domestic violence episode (including the child making a 911 call or being used as a shield).

E. 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. These reports would come from a professional person (i.e. a mental health professional or teacher) documenting both mental injury to the child and acts or omissions of parent or caretaker of the child that have contributed to the development of the injury. This also includes threatened mental injury, which is defined as behavior of a caretaker, 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.

III. Specific Criteria by Maltreatment Type:

A. Criteria for Physical Abuse

1. Definition:

⁴ If the exposure is a result of 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.

- Any physical injury, mental injury, or threatened injury;
 - Intentionally inflicted on a child by a person responsible for the child's care⁵; or
 - Any physical or mental injury that cannot reasonably be explained by the child's history of injuries.
 - The definition of "physical abuse" does NOT include reasonable and moderate physical discipline of a child administered by a parent or legal guardian, which does not result in an injury.
2. Examples of "physical injuries" that may be investigated are:
- A visible injury, mark or swelling that lasts a minimum of twenty-four hours;
 - An injury diagnosed by a physician (i.e. by x-ray, MRI, CT scan or other diagnostic instrument)
3. Examples of abusive acts that fit within criteria of physical abuse:
- An act of discipline, which results in an injury.
 - Any physical injury that cannot be reasonably explained by the child's history of injuries. These reports usually come from a physician.
 - Any case where a physician reports a suspicious explanation of an injury.
 - Throwing, choking, kicking, burning, biting, cutting, smothering or poisoning a child that results in a visible injury or an injury diagnosed by a physician;
 - Striking a child with a closed fist, with a weapon or an object that results in injury;
 - Shaking a child under the age of three;
 - Striking or other actions which result in any non-accidental injury to a child under 18 months of age;
 - Unreasonable interference with a child's breathing;

⁵ Juvenile siblings acting in a care-taking role will be assessed by child protection intake. Other juvenile perpetrators may be referred to police. Reports of abuse by hospital staff, day care center staff, school staff or licensed P.C.A. are to be referred to the police and the MN Department of Health for investigation. Reports regarding an unlicensed P.C.A. are to be referred to the police for investigation. Reports of abuse in correctional facilities are to be referred to the MN Department of Corrections and the police.

- Threatening a child with a weapon;
- Striking a child under age one on the face or head;
- Purposely giving a child alcohol, or dangerous, harmful, or controlled substances which were not prescribed;
- Unreasonable physical confinement or restraint;

B. Criteria for Sexual Abuse:

1. Definition of Sexual Abuse in Minnesota Statute 626.

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, to any act which constitutes a violation of section 609.342 (criminal sexual conduct in the first degree), 609.343 (criminal sexual conduct in the second degree), 609.344 (criminal sexual conduct in the third degree), 609.345 (criminal sexual conduct in the fourth degree), or 609.3451 (criminal sexual conduct in the fifth degree). Sexual abuse also includes any act which involves a minor which constitutes a violation of prostitution offenses under sections 609.321 to 609.324 or 617.246. Sexual abuse includes threatened sexual abuse. (See Appendix A for statutory definitions of above referenced crimes).

(Please note: not all cases that fit under this definition are investigated by child protection. Section III (B)(2) and (3) below identifies which sexual abuse reports are investigated by child protection and which reports are investigated by law enforcement)

2. RCCHSD will assess sexual abuse reports if:

- a. The alleged offender is the parent, guardian, sibling, or an individual functioning within the family unit as a person responsible for the child's care, or
- b. A person with a significant relationship to the child if that person resides in the child's household.⁶

3. Law enforcement will investigate sexual abuse reports if the report alleges sexual abuse by a person who is NOT:⁷

- a. A parent, guardian, sibling, person responsible for the child's care functioning within the family unit, or

⁶ 626.556, Subd. 3e

⁷ Except reports of abuse in a facility. 626.556, Subd. 10a.

- b. A person who lives in the child's household and who has a significant relationship to the child⁸
 - c. In the above law enforcement investigated reports, the RCCHSD shall offer appropriate social services for the purpose of safeguarding and enhancing the welfare of the abused or neglected minor.
4. Sexual abuse reports will be assessed if the act occurred within the past three years.⁹
 5. CPS will also assess contact between juvenile siblings, or children living together with three years or more age difference between them. All reports of adolescent siblings as perpetrators will be assessed by CPS. CPS will also assess always if one sibling is in a care-taking role regardless of age differences, or if there is force or coercion.
 6. Children age 9 and under, engaging in sexual activity with another child, with a 3yr. age difference, living in the same household will be assessed as neglect.
 7. Examples of Sexual abuse that will be investigated include but are not limited to:
 - Intentional touching of the victim's breasts, buttocks, inner thighs, groin or primary genital area (or victim touching the perpetrator), either through the clothing or skin to skin contact. This would also include a victim touching themselves, or two victims touching each other at the direction of an adult;
 - Children with unexplained injury to genitals;
 - Children with sexually transmitted diseases;
 - Children involved in prostitution or sexual performance. Also includes videotaping or photographing children in a sexual manner;
 - Children sexually abused by adults not within the family unit while not assessable shall be cross-reported to law enforcement. The CPS worker will facilitate this.
 - Children living with, being cared for by, or allowed access to an untreated, sex offender¹⁰, unless the access is authorized by a

⁸ 626.556, Subd. 10a.

⁹ CPS will facilitate a report to law enforcement on cases older than three years old

¹⁰ A sex offender is defined as a person who has been convicted of a sex offense, a registered sex offender or a person who has a maltreatment determination of sex abuse by a local welfare agency or similar agency of another jurisdiction. EXCEPT: if the sex offense was the result of a 36 month or less age difference between the offender and the victim, and did not involve force, the case will not be assessed, unless the screener determines particular facts merit assessment.

treating professional. These cases will be assessed as threatened sexual abuse of the child as to the untreated sex offender and neglect of the child as to the parent or legal custodian who is responsible for the care of the child.

8. 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 and is under ten years old. Other reports of sexual assault will be referred to the police;
9. Children in placement having sexual contact will be assigned for assessment if there are clear allegations of neglect by the caretakers such as repeated episodes after staff is aware of the problem

C. Criteria for Neglect:

1. Definition of Neglect: the intentional or non-intentional failure by a person responsible for a child's care to:
 - Provide a child with necessary food, clothing, shelter, health, medical, or other care required for the child's physical or mental health, and;
 - As a result, causing harm or threat of harm to the child's safety, development or education.
2. Examples of neglect reports that may be assessed include but are not limited to the following:
 - a. Inadequate Shelter: the periodic or continuing failure to provide adequate shelter and protection from weather and from environmental hazards in the dwelling and on the property which have the potential for injury, illness, and/or disease which are under control of the person responsible for the child's care;
 - Adequate shelter includes, appropriate heat, appropriate sanitation, and appropriate sleeping arrangements.¹¹
 - Environmental hazards in the home or on the property include, but are not limited to, items such as: broken window 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, open wells without covers, animal waste, feces, rodents and insects.¹²

¹¹ Will be referred to appropriate health department either by CPS or reporter facilitate by CPS. If Health Department condemns property, conditions are met for assessment.

¹² See footnote 3.

- CPS 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, and length of time as well as season. CPS to involve police for immediate safety check. Reports of family barred from emergency shelter, or whose caretaker's behavior banned them from shelter use and having no place to stay, may be assessed by CPS.
- b. Inadequate Clothing and Hygiene: The failure to provide and maintain adequate clothing, which is appropriate to the climate and/or environmental conditions. Appropriate to assign if risk factors are high, such as the child's core temperature has dropped due to inadequate cover in cold, or child suffers frostbite.
- Failure to provide adequate clothing for the child's sex and age;
 - Maintenance of clothing includes periodic laundering and necessary upkeep;
 - Documentation from school or other agency showing that a child is chronically dirty or unbathed and as a result is unable to participate in the school setting, is shunned by other children due to chronic untreated head lice, filth or odor, and parent is uncooperative or unable to improve situation.
- c. Inadequate Food:
- Child routinely lacks sufficient quantity or quality of food;
 - Child suffers from malnutrition or developmental lags; this provision includes medical professionals' concern for low height-weight data even if not diagnosed as failure to thrive.
- d. Lack of Supervision: selecting unreliable persons to provide child care, failure to provide supervision, care, guidance and/or protection, which results in the child being in situations beyond his or her ability to cope, is at risk of physical harm, or is at risk of sexual and/or other exploitation.
- (i) The child is left alone or is held responsible for siblings or other children for extended periods of time and in circumstances beyond the child's chronological age, social maturity, or judgment to handle safely. This includes the child's exposure to, or expectations to manage environmental hazards.
 - (ii) Assessments will be conducted according to the following supervision guidelines:

- If the child is under eight (8) years old or functioning below an eight (8) year old level due to physical, mental, or emotional disability, and is left alone for any period of time;
 - If the child is eight (8), nine (9), or ten (10) years old and is left alone for longer than three (3) hours or:
 - The child does not know how to reach his/her parent(s) or responsible adult;
 - The child is afraid;
 - The child's basic needs are not met;
 - The child has a physical or mental disability;
 - The child is involved in dangerous activities
 - If the child is eleven (11), twelve(12), thirteen (13), fourteen (14) or fifteen (15) years old and is left alone for an indefinite period of time (over twelve (12) hours) or any of the conditions listed in 2(b) above are present;
 - If the child is babysitting and the child is:
 - Under eleven (11) years old and is responsible for the care of younger children;
 - Eleven (11) or twelve (12) years old and is babysitting over twelve (12) hours;
 - Is thirteen (13), fourteen (14) or fifteen (15) years old is caring for younger children for unreasonable amounts of time and there is a specific allegation of neglect.
- e. Endangerment: acts constituting endangerment that will be assessed include the following:
- Children age 9 and under engaging in sexual activity with another child with a 3 yr. age difference that is living in the same household will be assessed as neglect.
 - The person responsible for the child's care is diagnosed as seriously mentally ill or significantly developmentally delayed and a professional states they are unable to parent;

- Person responsible for the child's care is arrested for driving under the influence with children in the car;
 - Drug raids have occurred where children are present and drugs are found;
 - The child is present or involved in the parent committing a criminal act.
 - Attempted suicide in the presence of children, or allowing for the need of children to intervene.
- f. Failure to provide Medical Care: reports from medical, dental, psychologists, nurses or teachers alleging medical neglect must contain the following four elements:¹³
- Identification of the medical problem or condition that needs attention and identification of recommended intervention;
 - Prognosis of consequences to the child if help is not provided;
 - Documentation of attempts to secure parental cooperation in getting help;
 - Documentation of parents' failure to provide needed intervention
- g. Illegal Placement: a child fifteen years old or younger is living in a non-relative, unlicensed home where no power of attorney is in effect.
- h. Failure to provide education: Reports will be assessed of elementary school age children (including five and six year olds who have been registered for school) who have demonstrated serious attendance problems and school system has been unable to work effectively with parents to correct the problem. Serious attendance problems defined as a minimum of fifteen days unexcused absence or parental refusal to register a child seven years or older for school, or parent keeping child home from school to provide care for parent or siblings again to be documented by school, and showing parent's refusal to improve situation. Special needs children three years and older determined in need of early education to be assessed by CPS on same attendance standard.

¹³ CPS will petition the court for a decision about adherence to religious beliefs as a basis for refusal or failure to seek, obtain, and follow through with either diagnostic procedures or medical, mental, or dental treatment – if there is reason to believe there is serious risk to the child.
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- i. Prenatal Exposure to Controlled Substances: Reports of positox for controlled substances of opium, heroin, cocaine, phencyclidine, methamphetamine, amphetamine, tetrahydrocannabinol, alcohol, or their derivatives during pregnancy. Reports of their use during pregnancy are taken by CPS and referred to Mothers' First for service. CPS assigns the following as neglect, if mom is using drugs for non-medical purpose:
 - Withdrawal symptoms of the child at birth;
 - Positive toxicology test performed on the mother at delivery;
 - Positive toxicology test performed on the child at birth, or
 - Medical effects or developmental delays during the child's first year of life that medically indicate prenatal exposure to a controlled substance
- j. Domestic Violence: When domestic violence results in physical abuse, mental-injury, threatened injury, sexual abuse or neglect, it shall be addressed under the relevant criteria.

IV. Other Reports or Notifications

A. Prenatal Exposure to Controlled Substances¹⁴

1. Report required: A mandated reporter is required to report if he/she knows or has reason to believe that a woman is pregnant and has used a controlled substance for a non-medical purpose during the pregnancy.
2. "Controlled Substance" includes:
 - a. opium,
 - b. cocaine,
 - c. heroin,
 - d. phencyclidine,
 - e. methamphetamine,
 - f. amphetamine,

¹⁴ 626.5561. Note: this is not the same as III. C (2) (i) above which falls under Neglect. This category describes a mandated report to child protection when the mandated reporter has reason to believe that a woman who is **pregnant** has used a controlled substance during the pregnancy.

- g. tetrahydrocannabinol, or
- h. alcohol, when alcohol is consumed during the pregnancy in a way that is excessive or habitual.

3. Agency Response: Upon receipt of a report under this provision, the agency will immediately conduct an appropriate assessment and offer services indicated under the circumstances. Services offered may include:

- a. a referral to the Mother's First Program,¹⁵ and/or
- b. take appropriate action under chapter 253B for chemical dependency commitment. **Note: the agency is required to seek and emergency admission under chapter 253B if the pregnant woman refuses recommended voluntary services or fails recommended treatment.**

B. Notices from the Department of Corrections Regarding Placement of Predatory Offenders in Households with Children¹⁶

- 1. The Department of Corrections is required to notify local child welfare agencies before authorizing a person required to register as a predatory offender¹⁷ to live in a household where children are residing.
- 2. The Agency may assess the situation to assure the safety of the child(ren) residing in the home.

¹⁵ See Other Children's Services Criteria, RCCHSD, June 2008

¹⁶ Minn. Stat. 244.057

¹⁷ "Predatory Offender" mean a person who is required to register as a predatory offender under Section 243.166, Minn. Stat. 244.052, Subd. (5)