



**Governor’s Task Force on the Protection of Children Recommendations  
Related to Intake, Screening and Response Pathways**

**Task Force Recommendations Included in Minnesota Child Maltreatment Intake,  
Screening and Response Path Guidelines**

<b>Task Force Rec. #</b>	<b>Description of Recommendation</b>	<b>Guidelines Page #</b>
1	Revise the public policy statement to identify child safety as the paramount consideration for decision making.	5
2	Repeal the statutory provision barring consideration of previously screened-out reports.	24
3	Make intake/screening decisions in consultation with a Multidisciplinary Team, or minimally with a supervisor.	22
4	Review, revise and establish clear child protection intake, screening and track assignment guidelines and require counties/AICWI tribes to use the guidelines.	All
5a	Establish a required information standard for reports at intake.	17, 18, 19
5b	Ensure local agencies are recording reports received and screened in or out.	19
5c	Provide examples of reports made by other than law enforcement or health care providers in the areas of driving under the influence with children present, medical neglect, and mental and emotional harm.	41, 42, 43 48, 49
5d	Provide additional guidance on screening criteria on injuries, alcohol and other drug use, educational neglect and pathway response regarding similar issues/concerns.	45, 46, 47, 48, 56
6	Implement a MDT approach to screening; consult with the county attorney’s office when there is ambiguity regarding screening decision (partial recommendation).	22
7	Screen new reports in as duplicate reports when they include the same allegations that are currently receiving a child protection response.	20
8	Require local county/AICWI agencies to take a report even if not responsible for screening of a particular report because of jurisdiction.	27
12	At the point of intake, complete a search of pertinent records.	26, 27, 37
13	Send all reports of maltreatment (screened in and screened out) to law enforcement.	9, 11, 30

14	Amend statute and screening guidelines to allow screeners to seek collateral information from mandated reporters when making screening decisions.	26
15	Clarify statutory provisions regarding release of data to mandated reporters.	7
19	Amend the statutory definition of “physical abuse” to delete the language “that are done in anger or without regard to the safety of the child.”	47
23	Change the definition of “report” to mean information given to the responsible agency/law enforcement which describes alleged child maltreatment and enough information to identify the child victim and the child’s caretaker or the alleged offender.	12
26	Revise guidelines to provide explicit guidance on reports related to older children (partial recommendation).	25
30	Differential Response and Traditional Response are both involuntary child protection responses to reports of child maltreatment. Both must provide assessment of child safety while identifying key family strengths.	53
31	Make child safety the focus of any child protection response, and amend the statute to remove identification of differential response as the preferred response method.	53, 56
33	Ensure fact-finding occurs in all child protection responses.(partial recommendation)	53, 54
36	Retain dual pathways as an interim measure for responding to reports of maltreatment, and define explicit criteria for immediate assignment of high risk allegations of maltreatment.	55, 56, 57
37	Develop a required information standard for making pathway response decisions.	55, 57
38	Define clear and consistent pathway assignment criteria.	53, 54, 55, 56
43	Require consultation with the county or tribal attorney to determine the appropriateness of filing a CHIPS petition prior to closing a child protection case when a family has not engaged in services, and child safety and/or risk issues have not been mitigated (will be expanded in 12/31/15 revised guidelines).	56
59	Provide clear guidance about including a tribal representative as part of a multi-disciplinary team (MDT) whenever a case involving a tribal child is reviewed.	22, 29, 58

**Task Force Recommendations Related to Intake, Screening and Response Pathway  
Requiring Legislation and/or Further Implications Analysis**

#	Description
16a	Amend the definition of “substantial child endangerment” to include injury to the face, head, back or abdomen of children under age 6, and injury to the buttocks of children under age 3.
16b	Amend the definition of “substantial child endangerment” to include failure to thrive due to parental neglect.
16c	Include withholding a medically indicated treatment from a child with a life threatening condition.
16d	Amend the definition of “substantial child endangerment” to include abandonment occurring when a parent has no contact with their child on a regular basis, and has not demonstrated consistent interest in the child’s well-being.
16e	Include behavior that constitutes “a pattern of past child abuse”.
17	Recommend referrals alleging domestic violence in the presence of children not immediately be included as Substantial Child Endangerment; however, a 24-hour response time for the first face-to-face contact with the alleged child subject is required.
18	Amend and broaden the definition of medical neglect.
20	Amend the definition of threatened injury to include children exposed prenatally to chemical or alcohol use; domestic violence where a child is present in the home; and exposing a child to someone whose parental rights were terminated or transferred involuntarily.
22	Amend statutory definition of investigation to clarify it must be used for all cases involving substantial child endangerment or high risk allegations of harm, neglect or injury.
28	Complete an organizational revision of Minnesota Statute 626.556 to alphabetize definitions, create internal consistency, eliminate redundant language, reorganize the statute into new statutes, and correct internal references and references to other statutes.
29	Rename Family Assessment to Differential Response and Family Investigation to Traditional Response.
44	Require minimum of monthly face-to-face contact for children and their families receiving in-home child protective services.
61	The state should directly fund more front-end services, including prevention and early intervention that have the capacity to promote safety, reduce risk and promote healing from abuse and neglect.
92	Increase funding for intake and screening tools.

**Task Force Recommendations Related to Intake, Screening and Response Pathway  
Requiring Longer-term Reforms and Work Efforts**

<b>#</b>	<b>Description</b>
9	Make needed information technology (IT) changes to ensure accountability regarding reports of maltreatment.
10	Require reporting of Orders for Protection (OFP) and Harassment Restraining Orders (HRO) where a child was present as a maltreatment report (legislation required).
11	Develop practice models related to closing cases when an OFP or HRO has been filed.
17	Develop and provide guidance for responding to reports involving allegations of domestic violence, including the development of a Domestic Violence Child Protective Services Response Track as part of the response continuum.
21	Require efforts to notify the other parent of a Family Assessment or Family Investigation (to be in revised guidelines 12/31/15).
24	Examine possible development of a statewide child abuse and neglect reporting system.
25	Engage an independent reviewer with expertise in child protection services to review Minnesota's child protection system.
26	Provide more thorough assessment and alternative living arrangements for older children with statutory authorization
27	Review and change focus of Chapter 260C of runaway/truancy CHIPS from punishing/addressing only the juvenile's problems to a whole family assessment.
32	Interview children individually first and prior to contact with parent whenever possible. Research and implement training on best practices on child interviewing protocols. (to be partially addressed in 12/31/15 revised guidelines)
33	Ensure fact-finding occurs in all child protection responses and develop a required case summary form in the SSIS to document fact-finding results.
35	Adopt stronger, more robust intake and screening tools.
39	Monitor and evaluate initial pathway assignments and path changes.
40	Review, update and validate all decision-making tools.
41	Identify a validated safety assessment tool.
42	Review research on protective factors and predicative analytics, including validated screening and assessment instruments within a long-term contract arrangement.
45	Family Investigation (Traditional Response) cases should result in maltreatment determined (yes or no) and are child protective services needed, (yes or no). Differential Response the determination would be whether or not child protective services are needed.
46	Complete trauma pre-screenings on children during a child protection response.
47	Engage an outside expert to work with statewide staff to advise, develop and implement Minnesota's child protection response continuum.
48	Convene a work group for further analysis and definition of threats to child safety and risk of maltreatment to develop a comprehensive CP response continuum by January 1, 2017.
50	Make referrals for clinical, mental health and functional assessments on children, along with their families, who receive child protective case management services and who have trauma or mental health needs identified during screening.