

MnCF SR ONSITE REVIEW INSTRUMENT ICWA ADDENDUM

County:	Case Name:	Child's Tribe:
Date Case Reviewed:	Period Under Review:	Reviewer:
Case Number (DHS Reference):		

SAFETY

Item 1: Timeliness of initiating investigations and/or assessments of child maltreatment

Were there child maltreatment reports that were screened in and assigned for a Family Assessment or Investigation during the period under review? (If Item 1 of the main case review instrument is applicable, the answer to this question is "yes" and reviewer should proceed with answering the remainder of the questions. If the answer is "no", reviewer should proceed to Item 3.)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Track Assignment / Changes

1A. If there were reports of non-substantial child endangerment (NSCE) allegations received during the period under review, were any of those reports assigned for a Family Investigation in lieu of a Family Assessment? If the response is "Yes", complete the chart below for each NCSE report assigned for investigation.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>
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Date of Report	What factors were considered and impacted the decision to assign the report for an investigation versus an assessment?

1B. Did the agency make a change in response tracks for any reports that were assigned for an investigation or assessment during the period under review? If the response is "Yes", complete the chart below for each track change.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>
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Date of Report	Track Change		What factors were considered and impacted the decision to change tracks?
	FA to Inv	Inv to FA	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	

Notification To / Involvement of Tribe(s)

1C. Did the agency notify the child's tribe that a child maltreatment report was received and screened in for a response (whether FA or FI)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>
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If yes, describe how and when the child's tribe was notified:

1D. Did the agency invite the child's tribe to participate in either of the following decisions for all reports received during the period under review?	Yes	No	NA
Screening:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Track Assignment:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Describe how the agency invited the child's tribe's participation and/or reasons for not inviting the their participation in the screening and track assignment decisions:

1E. Did the agency invite the child's tribe to participate in all assessments and/or investigations during the period under review?	Yes	No	NA
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Describe how the agency invited the child's tribe's participation and/or reasons for not inviting their participation in the assessment and/or investigation:

Item 3: Services to the family to protect child(ren) in the home and prevent removal or re-entry into foster care

3A. Is Item 3 on the MnCF SR On-site Review Instrument (OSRI) applicable? <i>If the response is "Yes", continue by responding to questions 3B and 3C. If the response is "No", skip questions 3B and 3C and proceed to Item 6 if reviewing a placement case, or Item 17 if reviewing an in-home case..</i>	Yes <input type="checkbox"/>		No <input type="checkbox"/>
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3B. Did the agency seek input from the child's tribe regarding placement prevention services that would be in the best interests of the child?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>
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Describe when and how the child's tribe's input was sought:

3C. In addition to efforts described in Item 3 of the main case review instrument, what specific active efforts were made by the agency during the period under review to prevent the breakup of the Indian family?

Safety planning while remaining in the parental home

Describe:

Living arrangement with a non-resident parent

Describe:

Living arrangement with a relative or kin

Describe:

Other, please describe:

PERMANENCY

Item 6: Placement stability

6A. How many placement settings was the child in during the period under review?

6B. Was the child's tribe involved in selecting each placement setting for the child?

Yes

No

NA

Describe how the agency involved the child's tribe in placement setting decisions:

6C. Did the child's tribe receive notice of all placement changes?

Yes

No

NA

Describe how and when notifications were sent to the child's tribe:

Item 7: Permanency goal for the child

7A. Did the agency involve the child's tribe in establishing permanency goals for the child?

Yes

No

NA

Describe how/when the agency involved the child's tribe in permanency planning:

What were the tribe's recommendations related to permanency?

If there was disagreement between the agency and the tribe on the permanency plan/goal, how was that resolved?

If the child's permanency goal is permanent custody to the agency, describe how the agency engaged the tribe in identifying other permanency options:

Item 8: Reunification or permanent transfer of legal and physical custody to a relative

Item 9: Adoption

Item 10: Permanent custody to the agency

A. What is the child's permanency goal?

- Reunification
- Transfer of permanent legal and physical custody to a relative
- Adoption
- Permanent custody to the agency

B. Did tribal representatives consider the agency's efforts to achieve permanency as meeting an "active efforts" standard?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>
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If yes, describe what the agency did that met the active efforts standard.

If no, indicate additional efforts needed to meet the active efforts standard.

Item 13: Visitation

13A. Is Item 13 on the MnCF SR On-site Review Instrument (OSRI) applicable? <i>If the response is "Yes" continue by responding to question 13B.</i> <i>If the response is "No", skip question 13B and proceed to Item 15.</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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13B. Did the tribe have input into the plan for the child's visits with his or her parent(s)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>
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Describe how the child's tribe was engaged or why they were not engaged:

Item 15: Relative placement

15A. Is Item 15 on the MnCF SR On-site Review Instrument (OSRI) applicable? <i>If the response is "Yes", continue by responding to questions 15B and 15C.</i> <i>If the response is "No", skip questions 15B and 15C and proceed to Item 17.</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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15B. Did the agency involve the child's tribe in identifying potential family/kin as placement options for the child?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>
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Describe how and when the agency involved the child's tribe in identifying and considering relatives/kin:

15C. Is the child placed with a relative/kin, someone from the child's tribe or in another American Indian home?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>
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If yes, describe the services and/or supports that are in place to support the stability of the child's placement with a relative/kin:

If no, describe why the child was not placed with relative/kin, someone from the child's tribe or in

another American Indian home:

WELL-BEING

Item 17: Needs and services of child, parents and foster parents

17A. Has the caseworker explored cultural practices specific to this child and his/her family?

Yes

No

Describe how and when:

17B. Did the caseworker link the family to cultural supports?

Yes

No

NA

Describe:

17C. Was the child's tribe involved in selecting services for the child and family?

Yes

No

NA

Describe how/when the child's tribe was involved:

17D. Did the agency refer the family to Indian agencies for services?

Yes

No

NA

Describe efforts and/or barriers to referring to Indian agencies:

Item 18: Engagement in Case Planning

18A. Was the child's tribe included in case planning for the child and family?

Yes

No

NA

Describe how/when the child's tribe was involved in case planning:

Item 19: Caseworker Visits with the Child(ren)

Item 20: Caseworker Visits with Parent(s)

A. Did the agency involve the child's tribe in a plan for caseworker visits with:

Yes

No

NA

Child?

Child's mother?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child's father?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ICWA STANDARDS NOT COVERED IN MnCF SR INSTRUMENT

A. Was the child accurately identified as American Indian in SSIS?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>
B. Was the child's tribal affiliation accurately identified and documented in SSIS?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>
C. Was the child accurately identified as ICWA eligible in court reports and orders?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>

D. Describe the overall communication patterns between the agency and the tribe specific to this case, including how the agency and tribe collaborated regarding caseworker visits.

E. Did the reviewer identify any barriers to ICWA practice or efforts to engage the child's tribe specific to this case?

Consider the following:

- *Training needs (familiarity/experience with ICWA)*
- *Supervision*
- *Caseworkers' cultural competence*
- *Lack of culturally competent services*

F. Include any additional observations:

DHS Use Only			
Question #	Areas Needing Improvement	PIP Recommendation	
		Yes	No
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

		<input type="checkbox"/>	<input type="checkbox"/>
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