

CHILD SAFETY, PERMANENCY, AND WELLBEING CHECKLIST
Questions to Ask Regarding Every Child Involved in the Child Protection Court System¹

What happens during the first months and years of life matters a lot, not because this period of development provides an indelible blueprint for adult wellbeing, but because it sets either a sturdy or fragile stage for what follows in adolescence and adulthood.²

1. TRAUMA-INFORMED PRACTICE

1.01	Has the child has received a trauma screening that identifies a full picture of trauma exposure to the greatest extent possible? ³ Did the trauma screening address the child's culture and history (including historical trauma)? If relevant, are the services/interventions trauma-informed?
1.02	Have the child's immediate trauma needs and concerns been addressed? ³ What does the child say would help? What does the resource family (if applicable) say would help?
1.03	What trauma triggers exist for the child? What mechanisms are in place to help the child manage reactions to trauma triggers? ³
1.04	Have any child welfare system interventions been put in place that cause additional trauma for the child (e.g., moves in foster care or school) and should be stopped? ³

2. OUT-OF-HOME PLACEMENT

2.01	If the child is in out-of-home placement, has the social services agency prepared an out-of-home placement plan jointly with the parent(s) and in consultation with the child's GAL, child's tribe, and child's foster parent, and, where appropriate, the child. ⁴ Has the out-of-home placement plan been filed with the court within 30 days of the child's court-ordered placement? ⁵
2.02	If the child is in out-of-home placement, is the child placed in the least restrictive, most family-like, and most culturally-appropriate setting with a close proximity to the home of the parent? ⁶ If the child is an Indian child, have the ICWA placement preferences been met? ⁷ If not, what setting is more family-like and more culturally appropriate?
2.03	Is the child placed with relatives? ⁸ Has the social worker completed a reasonable and comprehensive search of both the paternal and maternal relatives? ⁹ If a comprehensive relative search has not been completed, what plans does social services have to complete a relative search?
2.04	Is the child placed with siblings? ¹⁰ If not, is there a safety or other appropriate reason why the siblings are not placed together? Is there a plan to re-unite the siblings? If not, why not? What additional efforts, if any, should be made to place siblings together?
2.05	Is the child placed in close proximity to the school in which the child is currently enrolled? ¹¹ If not, is another foster care placement available that is closer to the school so that the child does not need to change schools?
2.06	Is the social services agency making efforts to keep the child in one consistent placement? ¹² If not, what additional efforts should be made?
2.07	Has social services commenced concurrent permanency planning for the child? ¹³ If not, what additional efforts should be made?
2.08	Is the foster parent knowledgeable about the developmental, social, and emotional needs of children in out-of-home placements, especially children exposed to abuse, neglect, or domestic violence? ¹⁴ Is the foster parent knowledgeable about managing a child with attachment wounds, and what that means for the child? Is the foster parent knowledgeable about the specific needs of this child? If not, what additional information or training is necessary?
2.09	Is the foster parent able to identify problem behaviors in the child and seek appropriate services? Does the foster parent face any challenges or barriers that could impact his/her capacity to parent an infant, toddler, or youth? If yes, what are they and are they being appropriately and timely addressed? If not, what training or assistance is necessary?

3. PROTECTIVE SUPERVISION OR TRIAL HOME VISIT

3.01	Is protective supervision with the custodial or noncustodial parent a safe alternative to foster care? ¹⁵ If not, are there conditions that could be placed on the custodial or noncustodial parent that could allow the child to safely return to the care of the custodial or noncustodial parent under protective supervision?
3.02	Is a trial home visit with the custodial parent (the parent from whom the child was removed) a safe alternative to foster care? ¹⁶ If not, are there conditions that could be placed on the custodial parent that could allow the child to safely return to the care of the custodial parent under a trial home visit?
3.03	If the child is under protective supervision or a trial home visit, is the parent knowledgeable about the developmental, social, and emotional needs of infants, toddlers, and youth who have been exposed to abuse, neglect, or domestic violence? If not, what additional information or training is necessary?
3.04	If the child is under protective supervision or a trial home visit, is the parent able to identify problem behaviors in the child and seek appropriate services? If not, what training or assistance is necessary?
3.05	If the child is under protective supervision or a trial home visit, does the parent face any challenges or barriers that could impact his/her capacity to parent an infant, toddler, or youth? If yes, what are those challenges or barriers and how should they be addressed?
3.06	If the child is under protective supervision or a trial home visit, does the parent know EXACTLY what is expected of them to keep the child safe and avoid re-entry of the child into foster care? If not, what additional information should be provided to the parent so the parent understands?

4. VISITATION	
4.01	Does the out-of-home placement plan specify the visitation plan between the child and child's the parent(s) and the child's siblings if they are not placed together? ¹⁷
4.02	Has visitation with the child's mother and father been established that is developmentally appropriate as to frequency, duration, location, and type (e.g., supervised or unsupervised)? ¹⁸ If not, what changes are in the child's best interest? Has the court reviewed and approved the parent/child visitation plan?
4.03	Has visitation with the child's sibling(s) been established that is developmentally appropriate as to frequency, duration, location, and type? ¹⁹ If not, what changes are in the child's best interest? Has the court reviewed and approved the sibling visitation plan?
4.04	Have commitments been secured to provide transportation to and from visitation for the child, siblings, and/or parent(s), if necessary, so that visitation may regularly take place?
5. PHYSICAL HEALTH (MEDICAL, DENTAL, EYE, HEARING, SPEECH, LANGUAGE)	
5.01	Has the child received a comprehensive physical health exam since entering foster care? ²⁰ If yes, last exam date? If not, when will an exam be scheduled?
5.02	Does the child have any physical health issues? ²¹ If yes, are those issues being timely and appropriately addressed by the social worker? What treatment or other follow-up is necessary?
5.03	Does the child have a "medical home" where he or she can receive coordinated, comprehensive, continuous health care? ²² If not, what follow-up is necessary to identify a "medical home."
5.04	Does the child have any conditions or disabilities that require ongoing care? ²³ If yes, what conditions or disabilities? What treatment or other follow-up is necessary?
5.05	Does the child have any hereditary disorders that may be passed on to successive generations? If yes, have the child and/or foster parent and/or permanent custodian been provided information, as appropriate?
5.06	Does the child require any medications? ²⁴ If yes, what medications?
5.07	Are the child's immunizations complete and up-to-date for the child's age? ²⁵ If yes, last immunization date? If no, when will immunizations be scheduled? What treatment or other follow-up is necessary?
5.08	Has the child received a hearing, speech, vision, and language exam? ²⁶ If yes, last exam date? If no, when will exams be scheduled?
5.09	Has the child received regular dental services? ²⁷ If yes, last check-up date? If no, when will an exam be scheduled? What treatment or other follow-up is necessary?
5.10	Has the child been screened for lead exposure? ²⁸ If yes, last screening date? If no, when will an exam be scheduled? What treatment or other follow-up is necessary?
5.11	Has the child been screened for communicable diseases, if appropriate? ²⁹ If yes, last screening date? If no, when will a screening be scheduled (if appropriate)? What treatment or other follow-up is necessary?
6. MENTAL HEALTH	
6.01	Has the child received a mental health screening, assessment, or evaluation? ³⁰ If yes, was the last screening date within the last 180 days? If not, when will one be scheduled?
6.02	Does the child have any mental health issues? ³¹ Is the child receiving infant, toddler, or youth mental health services, if necessary? Are the child's mental health needs being timely and appropriately addressed? What treatment or other follow-up is necessary?
6.03	Has the child had any prior psychiatric hospitalizations? ³² If yes, when? What treatment or other follow-up is necessary?
7. CHEMICAL HEALTH	
7.01	Has the child received a chemical health assessment, if appropriate? ³³ If yes, assessment date? If not, when will one be scheduled, if necessary?
7.02	Does the child have any chemical health issues? ³⁴ If yes, are those issues being timely and appropriately addressed? What treatment or other follow-up is necessary?
7.03	Has the child been provided with substance abuse prevention information, if age appropriate? What treatment or other follow-up is necessary?
8. DEVELOPMENTAL HEALTH ³⁵	
8.01	Do the child's birth and medical records identify any problems or risks that may affect the child's development (low birth weight, prematurity, prenatal exposure to toxic substances)? ³⁶ What treatment or other follow-up is necessary?
8.02	Has the child received a developmental evaluation by a provider with experience in child development? ³⁷ Last evaluation date? What treatment or other follow-up is necessary?
8.03	Does the child have any developmental delays or disabilities, or any attachment or emotional health issues or needs? ³⁸ What treatment or other follow-up is necessary?
8.04	Are appropriate resources available to ensure the child's healthy development and prospects for timely permanency? What follow-up is necessary?
8.05	Is the child receiving comprehensive reproductive and/or sexual health information, if age appropriate? What other follow-up is necessary?

9. EDUCATIONAL HEALTH	
9.01	If the child is school-age, is the child enrolled in school and have the child's academic records been reviewed? ³⁹ If not, what records still need to be reviewed?
9.02	Is the child placed in close proximity to the school in which the child is currently enrolled? ⁴⁰ If not, is another foster care placement available that is closer to the school or is there transportation available for the child to travel to the original school? ⁴¹
9.03	If the child is pre-school age, is the child enrolled in a high-quality early childhood education program? ⁴² Is the program knowledgeable about the needs of children in the child welfare system? If not, is such a program available? What follow-up is necessary?
9.04	Is the child doing well in school, including age-appropriate comprehension of educational materials? ⁴³ Are the child's educational needs being met? ⁴⁴ Does the child need a tutor? What educational needs are not being met and what follow-up is necessary?
9.05	Does the child have any learning disabilities? If so, what are they? Is special education placement appropriate? Has an Individualized Education Plan (IEP) been established, if necessary? What follow-up is necessary?
9.06	Are expenses for appropriate school clothing or uniforms and extracurricular activities, school trips, year book, class photos, and other important education-related costs being paid for the child? What follow-up is necessary?
9.07	Is the child considering dropping out of school? ⁴⁵ What discussions or counseling should take place and with whom to prevent the child from dropping out? What services can be put in place to ensure that the child doesn't drop out? What follow-up is necessary?
9.08	If age-appropriate, has post-secondary education (college or vocational school) preparatory information and opportunity for tours been provided to the youth? If not, what information and assistance should be provided to follow-up?
9.09	If age-appropriate, what efforts are being made to assist the youth with obtaining/completing college or vocational school applications, including scholarship/financial aid forms? ⁴⁶ SAT prep classes? If services/assistance not being offered, what information and assistance should be provided to follow-up?
9.10	If age-appropriate, is the youth eligible for an Education and Training Voucher for college and vocational programs and is social services engaged in securing such vouchers for the youth (this can be used for up to \$5,000 per year for tuition, books, housing, and other associated costs up to the youth's 23 rd birthday)? If not, what information and assistance should be provided to follow-up?
9.11	If the youth will be in school after age 21, has an exception to the placement policy been explored to keep the youth in placement? ⁴⁷ If not, what information and assistance should be provided to follow-up?
10. SAFE BABIES: CHILDREN BIRTH TO AGE 5⁴⁸	
10.01	Medical Needs ⁴⁸ : When did this child last receive a medical/physical exam? Are the child's immunizations up to date? Does the child have a primary medical clinic? What health problems and risks, if any, are identified in the birth and medical records? If of age, when did this child last see a dentist? What follow-up is necessary?
10.02	Developmental Needs ⁴⁸ : When did the child have a developmental screening or assessment? In what early intervention program is the child enrolled? What follow-up is necessary?
10.03	Attachment and Emotional Needs ⁴⁸ : When did the child receive a mental health screening or assessment? Was follow up to the mental health screening or assessment needed? If yes, what follow up was or is being provided? Has concurrent planning been initiated? What follow-up is necessary?
10.04	Caregiver Capacity ⁴⁸ : What support is the caregiver receiving to meet the child's needs? What follow-up is necessary?
10.05	Resources after the Referral under Child Abuse Prevention and Treatment Act ⁴⁸ : Has an Infant and Toddler Intervention Referral been made and documented? Did the family agree to receive services? Is the child receiving early special education services through the public schools? What follow-up is necessary?
11. OLDER YOUTH IN OR TRANSITIONING OUT OF FOSTER CARE	
11.01	If the youth plans to live independently following discharge from foster care, has social services engaged the youth to develop a thorough Independent Living Plan (ILP), ⁴⁹ including the day-to-day living skills to obtain safe, affordable housing; obtain employment; seek transportation; provide for household management; provide for appropriate nutrition; develop a monthly budget; handle a checking account; pay income taxes; obtain health care and insurance; and provide for other day-to-day self care? Does the youth fully understand the ILP? Is the ILP signed by the youth? If not, what information and assistance should be provided by social services to follow-up?
11.02	If the child is age 16 or older, do each of the in-court review hearings and the court's written findings address the specifics of the child's independent living plan as the child prepares to leave foster care? ⁵⁰ If not, what additional information should be provided to the court so the court may make the findings?
11.03	Does the youth have a driver's license? ⁵¹ If not, what information and assistance should be provided to assist the youth?
11.04	If the youth is seeking employment, has information and assistance been provided by the social services agency regarding preparing a resume, job searching, internship programs? If not, what information and assistance should be provided to assist the youth?
11.05	Has the agency assisted the youth to obtain a Social Security card; the child's birth certificate; a state identification card or driver's license, green card, or school visa; the child's school, medical, and dental records; a contact list of the child's medical, dental, and mental health providers; and contact information for the child's siblings, if the siblings are in foster care. ⁵² If not, what information and assistance should be provided to assist the youth?

11.06	If the youth plans to live independently following discharge from foster care, does the youth have at least one supportive adult outside of the child protection system whom the youth may contact? ⁵³ If so, has that person committed to being a life-long connection to the youth and to assisting the youth to transition into adulthood and beyond? If not, what assistance should be provided by social services to allow the youth to make such a connection or for further follow-up?
11.07	Is the youth receiving comprehensive reproductive/sexual health information? If not, what information and assistance should be provided to assist the youth?
11.08	If dating, has the youth received information about domestic violence prevention and services? If not, what information and assistance should be provided to the youth?
11.09	Does the youth have a child? If yes, is parenting assistance being offered? If not, what information and assistance should be provided to the minor parent and the child?
11.10	If the youth cannot safely be returned home, does the youth wish to be adopted? ⁵⁴ If not, why not? Does the youth understand the possibility of open adoption that would allow ongoing contact with birth family and understand that the child may not have to change his/her name? If the youth does wish to be adopted, has a culturally appropriate adoptive home been identified? If not, what information and assistance should be provided to follow-up?

12. INDIAN CHILDREN

12.01	Is the child an Indian child for purposes of applying ICWA (unmarried, under 18 years of age, a member of an Indian tribe or eligible for membership and a biological child of a member of an Indian tribe, and the subject of a foster care placement or involuntary TPR, preadoptive placement or adoptive placement)? ⁵⁵ If yes, to what Indian Tribe/band does the child belong?
12.02	Has the petitioner (social services agency) provided notice to the child's parents and Indian Tribe (via registered mail, return receipt requested,) that a foster care proceeding is pending? ⁵⁶ Has the county filed the green "registered receipt card" in the court file? ⁵⁷ If not, what follow-up is necessary?
12.03	If the child is an Indian child, what specific active efforts were made by the social services agency to prevent the child's removal from home? ⁵⁸
12.04	If the child is an Indian child and is in out-of-home placement, was the testimony of a Qualified Expert Witness given before the child's out of home placement or termination of the parent's rights? ⁵⁹ If not, what steps need to be taken to obtain such testimony?
12.05	If the child is an Indian child and is in out-of-home placement, were the ICWA placement priorities followed prior to placing the child in foster care, preadoptive placement, or adoptive placement? ⁶⁰
12.06	If the child is an Indian child and is in out-of-home placement, do the foster parents understand, appreciate, and support the child's cultural heritage? If not, what information and assistance should social services provide to enable the foster parent to provide culturally appropriate care for the child?
12.07	If the child is an Indian child and is in out-of-home placement, does the child have access to the child's nuclear and extended Tribal family? If not, what information and assistance should be provided by social services to follow-up?
12.08	If the child is an Indian child and is in out-of-home placement, does the child have access to information about the child's cultural heritage and the opportunity to experience and participate in cultural activities such as Fiestas, Gatherings, Pow-wows, Sweat Lodge, and Rites of Passage (puberty, grieving ceremonies, and wakes)? If no, what follow-up is necessary?
12.09	If the child is an Indian child and is in out-of-home placement, does the child have access to culturally appropriate and sensitive wrap around services including mental health, physical health, recovery, and tribal healing ceremonies? If not, what information and assistance should be provided to the child to follow up?
12.10	If the child is an Indian child, does the child have his/her tribal ID card that is required in order to obtain special protections and benefits, such as medical and college benefits? If not, what information and assistance should be provided to the child to follow-up?

13. UNDOCUMENTED CHILDREN – SPECIAL IMMIGRANT JUVENILE STATUS (SIJS)

13.01	Is the child eligible for Special Immigrant Juvenile Status (SIJS) ⁶¹ (under age 21, unmarried, been declared dependent on a U.S. juvenile court or ordered by the court into the custody of a social services agency, and one whose reunification with one or both of the immigrant's parents is not viable due to abuse, neglect, or abandonment, or a similar basis found under State law)?
13.02	If the child is SIJS eligible, has an immigration attorney been appointed to assist the child to obtain SIJS status?

CHILD SAFETY, PERMANENCY, AND WELLBEING CHECKLIST: STATUTE, RULE, AND OTHER AUTHORITIES

¹ Minnesota law provides that the “paramount consideration in all juvenile protection proceedings is the health, safety, and best interests of the child” and the “purpose of the laws relating to juvenile protection proceedings is to secure for each child under the jurisdiction of the court, the care and guidance, preferably in the child’s own home, as will best serve the spiritual, emotional, mental, and physical welfare of the child. In proceedings involving an American Indian child . . . the best interests of the child must be determined consistent with [the Indian Child Welfare Act, [25 U.S.C. § 1901 to 1903](#) and the Minnesota Indian Family Preservation Act, [Minn. Stat. § 260C.751](#) et. seq.]” [Minn. Stat. § 260C.001, subd. 2\(a\) and \(b\)\(1\)](#).

² [Questions Every Judge and Lawyer Should Ask About Infants and Toddlers in the Child Welfare System](#), National Council of Juvenile and Family Court Judges, p. 7 (December 2002) (*citing* Shonkoff, J.P. and Phillips, D.A. “From Neurons to Neighborhoods: Committee on Integrating the Science of Early Childhood Development,” National Academy Press, Washington, D.C. (2000)).

³ Minnesota Department of Human Services, Trauma-Informed Practice Court (312 CHO9) (*Adapted from the Child Welfare Trauma Training Toolkit, National Child Traumatic Stress Network (NCTSN)*).

⁴ Minnesota law provides that “An out-of-home placement plan means a written document which is prepared by the responsible social services agency jointly with the parent or parents or guardian of the child and in consultation with the child’s guardian ad litem, the child’s tribe, if the child is an Indian child, the child’s foster parent or representative of the foster care facility, and, where appropriate, the child.” [Minn. Stat. § 260C.212, subd. 1\(b\)](#). The plan must be *prepared* within 30 days of the child’s court-ordered placement. [Minn. Stat. § 260C.212, subd. 1\(1\)](#).

⁵ The out of home placement plan must be *filed with the court* within 30 days of the child’s court-ordered placement. [Juv. Pro. Rule 37.02, subd. 2](#).

⁶ The out of home placement plan must include “a description of the [foster care placement] including how the out-of-home placement plan is designed to achieve a safe placement for the child in the least restrictive, most family-like setting available which is in close proximity to the home of the parent or parents or guardian of the child when the case plan goal is reunification, and how the placement is consistent with the best interests and special needs of the child according to the factors under [Minn. Stat. § 260C.212, subd. 2\(b\)](#).” [Minn. Stat. § 260C.212, subd. 1\(c\)\(1\)](#).

⁷ The Indian Child Welfare Act (ICWA) provides that if the child is an Indian child, the child shall be placed in “the least restrictive setting which most approximates a family and in which [the child’s] special needs, if any, may be met. The child shall also be placed within reasonable proximity to his or her home, taking into account any special needs of the child. In any foster care or preadoptive placement, a preference shall be given, in the absence of good cause to the contrary, to a placement with (i) a member of the Indian child’s extended family; (ii) a foster home licensed, approved, or specified by the Indian child’s tribe; (iii) an Indian foster home licensed or approved by an authorized non-Indian licensing authority; or (iv) an institution for children approved by an Indian tribe or operated by an Indian organization which has a program suitable to meet the Indian child’s needs. In the case of a [preadoptive or foster care placement], if the Indian child’s tribe shall establish a different order of preference by resolution, the agency or court effecting the placement shall follow such order so long as the placement is the least restrictive setting appropriate to the particular needs of the child Where appropriate, the preference of the Indian child or parent shall be considered: *Provided*, That where a consenting parent evidences a desire for anonymity, the court or agency.” [25 U.S.C. § 1915\(b\) and \(c\)](#).

⁸ Minnesota law provides that when a child is removed from home “The authorized child-placing agency shall place a child, released by court order or by voluntary release by the parent or parents, in a family foster home selected by considering placement with relatives and important friends in the following order: (1) with an individual who is related to the child by blood, marriage, or adoption; or (2) with an individual who is an important friend with whom the child has resided or had significant contact.” [Minn. Stat. § 260C.212, subd. 2\(a\)](#).

⁹ Minnesota law provides:

“The responsible social services agency shall exercise due diligence to identify and notify adult relatives prior to placement or within 30 days after the child’s removal from the parent. The county agency shall consider placement with a relative under this section without delay and whenever the child must move from or be returned to foster care. The relative search required by this section shall be comprehensive in scope. After a finding that the agency has made reasonable efforts to conduct the relative search under this paragraph, the agency has the continuing responsibility to appropriately involve relatives, who have responded to the notice required under this paragraph, in planning for the child and to continue to consider relatives according to the requirements of [Minn. Stat. § 260C.212, subd. 2](#). At any time during the course of juvenile protection proceedings, the court may order the agency to reopen its search for relatives when it is in the child’s best interest to do so. The relative search required by this section shall include both maternal relatives and paternal relatives of the child. The search shall also include getting information from the child in an age-appropriate manner about who the child considers to be family members and important friends with whom the child has resided or had significant contact. The relative search required under this section must fulfill the agency’s duties under the Indian Child Welfare Act regarding active efforts to prevent the breakup of the Indian family under [25 U.S.C. § 1912\(d\)](#) and to meet placement preferences under [25 U.S.C. § 1915](#).” [Minn. Stat. § 260C.221\(a\)](#).

¹⁰ Minnesota law provides that “Siblings should be placed together for foster care and adoption at the earliest possible time unless it is documented that a joint placement would be contrary to the safety or well-being of any of the siblings or unless it is not possible after reasonable efforts by the responsible social services agency. In cases where siblings cannot be placed together, the agency is required to provide frequent visitation or other ongoing interaction between siblings unless the agency documents that the interaction would be contrary to the safety or well-being of any of the siblings.” [Minn. Stat. § 260C.212, subd. 2\(d\)](#). The law also provides that “If a child ordered into foster care has siblings, whether full, half, or step, who are also ordered into foster care, the court shall inquire of the responsible social services agency of the efforts to place the children together as required under [§ 260.012](#), if placement together is in each child’s best interests, unless a child is in placement for treatment or a child is placed with a previously noncustodial parent who is not a parent to all siblings. If the children are not placed together at the time of the hearing, the court shall inquire at each subsequent hearing of the agency’s reasonable efforts to place the siblings together, as required under [§ 260.012](#). If any sibling is not

placed with another sibling or siblings, the agency must develop a plan to facilitate visitation or ongoing contact among the siblings as required under [§ 260C.212](#), unless it is contrary to the safety or well-being of any of the siblings to do so.” [Minn. Stat. § 260C.178, subd. 1\(k\)](#).

¹¹ Minnesota law provides that the out-of-home placement plan shall set forth “efforts to ensure the child’s educational stability while in foster care, including: (i) efforts to ensure that the child remains in the same school in which the child was enrolled prior to placement or upon the child’s move from one placement to another, including efforts to work with the local education authorities to ensure the child’s educational stability; or (ii) if it is not in the child’s best interest to remain in the same school that the child was enrolled in prior to placement or move from one placement to another, efforts to ensure immediate and appropriate enrollment for the child in a new school.” [Minn. Stat. § 260C.212, subd. 1\(c\)\(7\)](#).

¹² Minnesota law discourages multiple foster care moves and provides that “if a child has been placed in a residential facility [including foster care] pursuant to a court order . . . , the social services agency responsible for the placement may not change the child’s placement unless the agency specifically documents that the current placement is unsuitable or another placement is in the best interests of the child.” [Minn. Stat. § 260C.212, subd. 3](#).

¹³ Minnesota law provides that for children placed in foster care “the social services agency shall develop an alternative permanency plan while making reasonable efforts for reunification of the child with the family, if required under [§ 260.012](#). The goals of the concurrent permanency planning are to (1) achieve early permanency for children; (2) decrease children’s length of stay in foster care and reduce the number of moves children experience in foster care; and (3) develop a group of families who will work toward reunification and also serve as permanent families for children.” [Minn. Stat. § 260C.223, subd. 1\(b\)](#).

¹⁴ Minnesota law provides that the foster care providers must meet certain minimum qualifications to ensure the “that the foster child will experience a safe and healthy family life. The license holder must also promote the child’s development as a physically and mentally healthy person. To accomplish these outcomes, the license holder must: (A) actively participate with the agency placing the child, to implement the case plan and meet the needs of the child; and (B) as much as possible, considering the child’s age, the child’s needs, and the case plan, include the child in the daily life of the family, including eating meals with the family and participating in recreational activities.” [Minn. Admin. Rule 2960.3000](#).

¹⁵ Minnesota law provides that if the court adjudicates the child as in need of protection or services, in its disposition order the court may “place the child under the protective supervision of the responsible 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: (i) the court may order the child into the home of a parent who does not otherwise have legal custody of the child, however, an order under this section does not confer legal custody on that parent; (ii) if the court orders the child into the home of a father who is not adjudicated, the father 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 the father’s home; and (iii) 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 under subdivision 2.” [Minn. Stat. § 260C.201, subd. 1\(a\)\(1\)](#).

¹⁶ Minnesota law provides that if the court adjudicates the child as in need of protection or services, in its disposition order the court may “order a trial home visit without modifying the transfer of legal custody to the responsible social services agency. Trial home visit means the child is returned to the care of the parent or guardian from whom the child was removed for a period not to exceed six months. During the period of the trial home visit, the responsible social services agency: (i) shall continue to have legal custody of the child, which means the agency may see the child in the parent’s home, at school, in a child care facility, or other setting as the agency deems necessary and appropriate; (ii) shall continue to have the ability to access information under [§ 260C.208](#); (iii) shall continue to provide appropriate services to both the parent and the child during the period of the trial home visit; (iv) without previous court order or authorization, may terminate the trial home visit in order to protect the child’s health, safety, or welfare and may remove the child to foster care; (v) shall advise the court and parties within three days of the termination of the trial home visit when a visit is terminated by the responsible social services agency without a court order; and (vi) shall prepare a report for the court when the trial home visit is terminated whether by the agency or court order which describes the child’s circumstances during the trial home visit and recommends appropriate orders, if any, for the court to enter to provide for the child’s safety and stability. In the event a trial home visit is terminated by the agency by removing the child to foster care without prior court order or authorization, the court shall conduct a hearing within ten days of receiving notice of the termination of the trial home visit by the agency and shall order disposition under this subdivision or conduct a permanency hearing under subdivision 11 or 11a. The time period for the hearing may be extended by the court for good cause shown and if it is in the best interests of the child as long as the total time the child spends in foster care without a permanency hearing does not exceed 12 months.”
[Minn. Stat. § 260C.201, subd. 1\(a\)\(3\)](#).

¹⁷ The out of home placement plan must specify “the visitation plan for the parent or parents or guardian, other relatives . . . , and siblings of the child if the siblings are not placed together in the residential facility, and whether visitation is consistent with the best interest of the child during the period the child is in foster care.” [Minn. Stat. § 260C.212, subd. 1\(c\)\(5\)](#).

¹⁸ Minnesota law provides that “if the court orders the child into foster care, the court shall review and either modify or approve the agency’s plan for supervised or unsupervised visitation that contributes to the objectives of the court-ordered case plan and the maintenance of the familial relationship, and that meets the requirements of [[Minn. Stat. § 260C.212, subd. 1\(c\)\(5\)](#)]. No parent may be denied visitation unless the court finds at the disposition hearing that the visitation would endanger the child’s physical or emotional well-being, is not in the child’s best interests, or is not required under [§ 260C.178, subd. 3\(c\) or \(d\)](#). The court shall review and either modify or approve the agency plan for visitation for any relatives as defined in [§ 260C.007, subdivision 27](#), and with siblings of the child, if visitation is consistent with the best interests of the child.” [Minn. Stat. § 260C.201, subd. 5](#). See also [Minn. Stat. § 260C.178, subd. 3](#).

¹⁹ Minnesota law provides that if a child is placed in foster care the court “shall set reasonable rules for visitation . . . with siblings of the child, if visitation is consistent with the best interests of the child.” [Minn. Stat. § 260C.201, subd. 5](#). The law also provides “If the children are not placed together at the time of the [Emergency Protective Care] hearing, the court shall inquire at each subsequent hearing of the agency’s reasonable efforts to place the siblings together, as required under [§ 260.012](#). If any sibling is not placed with another sibling or siblings, the agency must develop a plan to facilitate visitation or ongoing contact among the siblings as required under [§ 260C.212, subd. 1](#), unless it is contrary to the safety or well-being of any of the siblings to do so. If siblings are not placed together the court shall review the responsible social services agency’s plan for visitation among siblings required as part of the out-of-home placement plan.” [Id. at § 260C.178, subd. 1\(k\)](#).

²⁰ Minnesota law provides that “the agency shall determine whether the child has had a physical examination by or under the direction of a licensed physician within the 12 months immediately preceding the date when the child came into the agency’s care. If there is documentation that the child has had an examination within the last 12 months, the agency is responsible for seeing that the child has another physical examination within one year of the documented examination and annually in subsequent years. If the agency determines that the child has not had a physical examination within the 12 months immediately preceding placement, the agency shall ensure that the child has an examination within 30 days of coming into the agency’s care and once a year in subsequent years.” [Minn. Stat. § 260C.219, subd. 1\(d\)](#). The law also provides that the out-of-home placement plan shall set forth “the efforts by the local agency to ensure the oversight and continuity of health care services for the foster child, including (i) the plan to schedule the child’s initial health screens; (ii) how the child’s known medical problems and identified needs from the screens, including any known communicable diseases, as defined in [§ 144.4172, subd. 2](#), will be monitored and treated while the child is in foster care; (iii) how the child’s medical information will be updated and shared, including the child’s immunizations; (iv) who is responsible to coordinate and respond to the child’s health care needs, including the role of the parent, the agency, and the foster parent; (v) who is responsible for oversight of the child’s prescription medications; (vi) how physicians or other appropriate medical and nonmedical professionals will be consulted and involved in assessing the health and well-being of the child and determine the appropriate medical treatment for the child; and (vii) the responsibility to ensure that the child has access to medical care through either medical insurance or medical assistance.” [Minn. Stat. § 260C.212, subd. 1\(c\)\(9\)](#). The law also requires that the out-of-home placement plan include “the health records of the child including information available regarding: (i) the names and addresses of the child’s health care and dental care providers; (ii) a record of the child’s immunizations; (iii) the child’s known medical problems, including any known communicable diseases as defined in [§ 144.4172, subd. 2](#); (iv) the child’s medications; and (v) any other relevant health care information such as the child’s eligibility for medical insurance or medical assistance.” [Id. At § 260C.212, subd. 1\(c\)\(10\)](#).

²¹ Minnesota law provides that the child’s health is among the paramount considerations in any child protection proceeding. [Minn. Stat. § 260C.001, subd. 2\(a\)](#). The purpose of the laws relating to juvenile courts is “to secure for each child alleged or adjudicated in need of protection or services and under the jurisdiction of the court, the care and guidance, preferably in the child’s own home, as will best serve the spiritual, emotional, mental, and physical welfare of the child” [Minn. Stat. § 260C.001, subd. 2\(b\)\(1\)](#). Minnesota law emphasizes the need to address each child’s physical and mental wellbeing and provides that “in any county the court may provide for the physical and mental diagnosis of cases of minors who are believed to be physically disabled, mentally ill, or developmentally disabled, and for such purpose may appoint professionally qualified persons, whose compensation shall be fixed by the judge with the approval of the county board.” [Minn. Stat. § 260C.050](#).

²² See [Minn. Stat. § 260C.212, subd. 1\(c\)\(9\) and \(10\)](#). See also the federal “Fostering Connections to Success and Increasing Adoptions Act of 2008,” which requires the state to develop “a plan for the ongoing oversight and coordination of health care services for any child in a foster care placement, including mental health and dental health needs, and shall include an outline of . . . (iv) steps to ensure continuity of health care services, which may include the establishment of a medical home for every child in foster care” [42 U.S.C. § 622\(b\)\(15\)\(A\) \(2008\)](#). See also [supra note 2](#) at p. 4 (December 2002) (“All children in foster care should have a ‘medical home,’ a single-point-of-contact practitioner knowledgeable about children in foster care who oversees their primary care and periodic reassessments of physical, developmental, and emotional health”)

²³ Minnesota law provides that the out-of-home placement plan shall set forth “the efforts by the local agency to ensure the oversight and continuity of health care services for the foster child, including . . . how the child’s known medical problems . . . will be monitored and treated” and “the health records of the child, including . . . the child’s known medical problems.” [Minn. Stat. § 260C.212, subd. 1\(c\)\(9\)\(ii\) and \(10\)\(iii\)](#).

²⁴ Minnesota law provides that the out-of-home placement plan shall set forth “the health and education records of the child, including the most recent information available regarding . . . who is responsible for oversight of the child’s prescription medications.” [Minn. Stat. § 260C.212, subd. 1\(c\)\(9\)\(v\)](#).

²⁵ Minnesota law provides that the out-of-home placement plan shall set forth “the health and education records of the child, including the most recent information available regarding . . . a record of the child’s immunizations.” [Minn. Stat. § 260C.212, subd. 1\(c\)\(10\)\(ii\)](#). See also [supra note 2](#) at p. 3 (*citing* American Academy of Pediatrics, Immunizations and Your Child, American Academy of Pediatrics website, June 27, 2007) (“A child should have a ‘well-baby’ examination by two to four weeks of age. Immunizations are recommended at two, four, six, and twelve months of age. A child should have at least three visits to a pediatrician or family practice physician during the second year of life with basic immunizations completed by two years of age.”)

²⁶ Minnesota law provides that the out-of-home placement plan shall set forth “the health and education records of the child including the most recent information available regarding . . . the child’s other relevant health information.” [Minn. Stat. § 260C.212, subd. 1\(c\)\(10\)\(v\)](#). See also [supra note 2](#) at p. 3 (*citing* NIH Consensus Statement, Early Identification of Hearing Impairments in Infants and Young Children, 11(1): 1-24; Online 1993 March 1-3) (“Because foster care children often lack a consistent caregiver who can observe their development and note areas of concern, they should receive ongoing evaluations of hearing, speech, and language development.”) [Supra note 2](#) at pp. 4-5 (*citing* American Academy of Pediatrics, Development Surveillance and Screening of Infants and Young Children, *Pediatrics* Vol. 108, No. 1, pp. 192-196, July 2001) (“Vision screening is an essential part of preventative health care for children. Problems with vision are the fourth most common disability among children in the United States and the leading cause of impaired conditions in childhood. Early detection and treatment increase the likelihood that a child’s vision will develop normally, and, if necessary, the child will receive corrective devices.”)

²⁷ See [Minn. Stat. § 260C.212, subd. 1\(c\)\(10\)\(1\)](#) requiring the out-of-home placement plan to include the name and address of the child’s dental care provider. See also the federal “Fostering Connections to Success and Increasing Adoptions Act of 2008,” which requires the state to develop “a plan for the ongoing oversight and coordination of health care services for any child in a foster care placement, including mental health and dental health needs, and shall include an outline of (i) a schedule for initial and follow-up health screenings that meet reasonable standards of medical practice; (ii) how health needs identified through screenings will be monitored and treated; (iii) how medical information for children in care will be updated and appropriately shared; (iv) steps to ensure continuity of health care services, which may include the establishment of a medical home for every child in foster care; (v) the oversight of prescription medications; and (vi) how the state actively consults with an involves physicians . . . in assessing the health and wellbeing of children in foster care and in determining appropriate medical treatment for children.” [42 U.S.C. § 622\(b\)\(15\)\(A\) \(2008\)](#). See also [supra note 2](#) at p. 4 (citing American Academy of Pediatric Dentistry) (“[B]efore the age of one year, a child’s basic dental care should be addressed during routine ‘well-baby’ visits with a primary care provider, with referral to a dentist if necessary. For children older than one year, the Academy [of Pediatric Dentistry] recommends a check-up at least twice a year with a dental professional.”)

²⁸ [Supra note 2](#) at p. 4 (citing American Academy of Pediatrics, Screening for Elevated Blood Lead Levels (RE9815), *Pediatrics* Vol. 101, No. 6, pp. 1072-1078, June 1998) (“Children who are young, low-income, and have poor access to health care are vulnerable to the effects of lead. Ingested or inhaled lead can damage a child’s brain, kidneys, and blood-forming organs. Children who are lead-poisoned may have behavioral and developmental problems. . . . The [Center for Disease Control] recommends lead-poisoning screening beginning at nine months of age for children living in communities with high-risk levels.”)

²⁹ Minnesota law provides that the out-of-home placement plan shall set forth “the health and education records of the child including the most recent information available regarding . . . the child’s known medical problems, including any known communicable diseases.” [Minn. Stat. § 260C.212, subd. 1\(c\)\(9\)\(ii\)](#). See also [supra note 2](#) at p. 4 (citing General Accounting Office, “Foster Care: Health Needs of Young Children are Unknown and Unmet.” GAO/Health, Education and Human Services Division, pp. 95-114, May 1995) (“A General Accounting study found that 78% of foster children were at high-risk for HIV, but only nine percent had been tested for the virus. . . . The American Academy of Pediatrics recommends that all prenatally HIV-exposed infants be tested for HIV at birth, one to two months of age, and again at four months. If the HIV tests are negative, the child should be re-tested at 12-months or older to document the disappearance of the HIV antibody.”)

³⁰ Minnesota law provides that the county must “arrange for or provide a children’s mental health screening for (i) a child receiving child protective services, (ii) a child in out-of-home placement, (iii) a child for whom parental rights have been terminated, (iv) a child found to be delinquent, and (v) a child found to have committed a juvenile petty offense for the third or subsequent time.” [Minn. Stat. § 245.4874, subd. 1\(a\)\(13\)](#). “A children’s mental health screening is not required when a screening or diagnostic assessment has been performed within the previous 180 days, or the child is currently under the care of a mental health professional.” [Minn. Stat. § 245.4874, subd. 1\(a\)\(13\)](#). See also [supra note 2](#) at pp. 5-6 (citing American Academy of Child and Adolescent Psychiatry, Practice Parameters for the Psychiatric Assessment of Infants and Toddlers, *Journal of the American Academy of Child and Adolescent Psychiatry*, Vol. 36 (10 suppl.) 1997) (“Children enter foster care with adverse life experiences: family violence, neglect, exposure to parental substance abuse or serious mental illness, homelessness, or chronic poverty. . . . The cumulative effects of these experiences can create emotional issues that warrant an initial screening, and, sometimes, an assessment or evaluation by a mental health professional. . . . The American Academy of Child and Adolescent Psychiatry recommends assessments for infants who exhibit fussiness, feeding and sleeping problems, and failure to thrive. For toddlers, the Academy recommends assessments for children exhibiting aggressive, defiant, impulsive, and hyperactive behaviors, withdrawal, extreme sadness, and sleep and eating disorders.”)

³¹ Minnesota law also provides that “For a child in placement due solely or in part to the child’s emotional disturbance, the out-of-home placement plan must include “diagnostic and assessment information, specific services relating to meeting the mental health care needs of the child, and treatment outcomes.” [Minn. Stat. § 260C.212, subd. 1\(c\)\(9\)](#). See also the federal “Fostering Connections to Success and Increasing Adoptions Act of 2008,” which requires the state to develop “a plan for the ongoing oversight and coordination of health care services for any child in a foster care placement, including mental health and dental health needs, and shall include an outline of (i) a schedule for initial and follow-up health screenings that meet reasonable standards of medical practice; (ii) how health needs identified through screenings will be monitored and treated; (iii) how medical information for children in care will be updated and appropriately shared; (iv) steps to ensure continuity of health care services, which may include the establishment of a medical home for every child in foster care; (v) the oversight of prescription medications; and (vi) how the state actively consults with an involves physicians . . . in assessing the health and wellbeing of children in foster care and in determining appropriate medical treatment for children.” [42 U.S.C. § 622\(b\)\(15\)\(A\) \(2008\)](#).

³² Minnesota law provides that the agency responsible for placing the child is entitled to receive all information pertaining to that child, including information regarding the child’s psychiatric history. [Minn. Stat. 260C.208, subd. 1](#).

³³ Minnesota law provides that the court may require a child or youth to undergo a chemical health assessment and, if appropriate, may place the child in a treatment facility. [Minn. Stat. § 260C.157, subd. 3\(c\)\(1\)](#). If the child is a truant or runaway, as part of its disposition order the court may “order the child to undergo a chemical dependency evaluation and, if warranted by the evaluation, order participation by the child in a drug awareness program or an inpatient or outpatient chemical dependency treatment program.” [Minn. Stat. § 260C.201, subd. 1\(b\)\(6\)](#).

³⁴ See note 33.

³⁵ Minnesota law provides that “the purpose of the laws relating to juvenile courts is to secure for each child alleged or adjudicated in need of protection or services and under the jurisdiction of the court, the care and guidance, preferably in the child’s own home, as will best serve the spiritual, emotional, mental, and physical welfare of the child” [Minn. Stat. § 260C.001, subd. 2](#). Minnesota law emphasizes the need to address each child’s physical and mental wellbeing and provides that “In any county the court may provide for the physical and mental diagnosis of cases of minors who are believed to be physically disabled, mentally ill, or developmentally disabled, and for such purpose may appoint professionally qualified persons, whose compensation shall be fixed by the judge with the approval of the county board.” [Minn. Stat. § 260C.050](#).

³⁶ Minnesota law provides that the out-of-home placement plan include information regarding the child's educational and medical health, including the child's records. [Minn. Stat. § 260C.212, subd. 1\(c\)\(7\), \(8\), \(9\) and \(10\)](#).

³⁷ [Supra note 2](#) at p. 5 (“Young foster care children often exhibit substantial delays in cognition, language, and behavior. . . . Developmental evaluations provide young children who have identified delays with access to two federal entitlement programs: The Early Intervention Program for children under the age of three years, also known as Part C of the IDEA (20 U.S.C. §1431) (2000), and the Preschool Special Education Grants Program for children with disabilities between the ages of three to five (20 U.S.C. § 1419(a) (2000)) found at www.nectac.org/default.asp.)

³⁸ [Supra note 2](#) at p. 7 (citing Widom, C.S., Motivations and Mechanisms in the “Cycle of Violence,” *Motivation and Child Maltreatment: Nebraska Symposium on Motivation*, Vol. 46, pp. 1-37 (2000)) (“Maltreated infants and toddlers are at risk for insecure attachment, poor self-development, and psychopathology. . . . Early interventions are key to minimizing the long-term and permanent effects of traumatic events in the developing brain and on behavioral and emotional development.”).

³⁹ Minnesota law requires the child's out-of-home placement plan to set forth the child's educational records, including the most recent information available regarding: (i) the names and addresses of the child's educational providers; (ii) the child's grade level performance; (iii) the child's school record; (iv) a statement about how the child's placement in foster care takes into account proximity to the school in which the child is enrolled at the time of placement; and (v) any other relevant educational information. [Minn. Stat. § 260C.212, subd. 1\(c\)\(8\)](#). See also [Technical Assistance Bulletin: Asking the Right Questions II: Judicial Checklists to Meet the Educational Needs of Children and Youth in Foster Care](#); National Council of Juvenile and Family Court Judges (Dec. 2008).

⁴⁰ Minnesota law provides that the out-of-home placement plan shall include “a statement about how the child's placement in foster care takes into account proximity to the school in which the child is enrolled at the time of placement.” [Minn. Stat. § 260C.212, subd. 1\(c\)\(8\)\(iv\)](#). Minnesota law also provides that the out-of-home placement plan shall set forth “efforts to ensure the child's educational stability while in foster care, including (1) efforts to ensure that the child remains in the same school in which the child was enrolled prior to placement or upon the child's move from one placement to another, including efforts to work with the local education authorities to ensure the child's educational stability; or (ii) if it is not in the child's best interest to remain in the same school that the child was enrolled in prior to placement or move from one placement to another, efforts to ensure immediate and appropriate enrollment for the child in a new school.” [Minn. Stat. § 260C.212, subd. 1\(c\)\(7\)](#).

⁴¹ See [supra](#) note 40. See also the federal “Fostering Connections to Success and Increasing Adoptions Act of 2008,” which requires the state to develop “a plan for ensuring the educational stability of the child while in foster care, including reasonable travel for the child to remain in the school in which the child is enrolled at the of placement.” [42 U.S.C. 675\(4\)\(A\) \(2008\)](#).

⁴² [Supra note 2](#) at p. 6 (citing “Long-term Effects of an Early Childhood Intervention on Educational Achievement and Juvenile Arrest,” *Journal of the American Medical Association*, Vol. 285, No. 18, pp. 2339-2346 (2002)) (“Children who participate in early childhood programs have higher rates of high school completion, lower rates of juvenile arrest, fewer violent arrests, and lower rates of dropping out of school. Many foster children are eligible for early childhood programs such as Head Start, Early Head Start, and publically funded pre-kindergarten programs for four-year-olds.”)

⁴³ Minnesota law provides that the out-of-home placement plan shall set forth “the education records of the child, including the most recent information available regarding . . . the child's grade level performance and school record.” [Minn. Stat. § 260C.212, subd. 1\(c\)\(8\)\(ii\) and \(iii\)](#).

⁴⁴ See [supra](#) note 43.

⁴⁵ Minnesota law provides that the court should support the child's continuation in school: “Unless terminated by the court, and except as otherwise provided in this subdivision, the jurisdiction of the court shall continue until the child becomes 18 years of age. The court may continue jurisdiction over an individual and all other parties to the proceeding to the individual's 19th birthday when continuing jurisdiction is in the individual's best interest in order to: (1) protect the safety or health of the individual; (2) accomplish additional planning for independent living or for the transition out of foster care; or (3) support the individual's completion of high school or a high school equivalency program.” [Minn. Stat. 260C.193, subd. 6\(c\)\(3\)](#). The law also supports the child obtaining a high school diploma. [Minn. Stat. § 260C.203\(e\)\(2\)\(i\)](#).

⁴⁶ Minnesota law requires the court to review whether the child is enrolled in post-secondary education and/or applied for postsecondary education financial assistance. [Minn. Stat. § 260C.203\(e\)\(2\)\(iii\) and \(iv\)](#).

⁴⁷ Minnesota law provides that youth may continue in foster care until age 21 if the youth is completing postsecondary education or employed and the agency is required to notify the youth of this option at least six months prior to the youth's 18th birthday. [Minn. Stat. § 26C.451](#). Minnesota law provides that for a youth age 16 or older the out of home case plan much include an independent living plan which should include “educational, vocational, or employment planning.” [Minn. Stat. § 260C.212, subd. 1\(c\)\(11\)\(i\)](#). See also [Minn. Stat. § 260C.203\(e\)\(2\)\(iii\) and \(iv\)](#) requiring the court to review whether the child is enrolled in post-secondary education and/or applied for postsecondary education financial assistance.

⁴⁸ Minnesota Children's Justice Initiative (CJI) “[Babies Can't Wait Courtroom Checklist](#)” (October 2013).

⁴⁹ Minnesota law provides that for a youth age 16 or older the out of home case plan much include an independent living plan. [Minn. Stat. § 260C.212, subd. 1\(c\)\(11\)](#); [§ 260C.451, subd. 2](#). See also [Minn. Stat. § 260C.203\(d\) and \(e\)](#) requiring court review of the independent living plan.

⁵⁰ Minnesota law provides that “If the child is age 16 or older, at the permanency hearing the court shall review the child's independent living plan and the provision of services to the child related to the wellbeing of the child as the child prepares to leave foster care. The review shall make findings regarding progress toward or accomplishment of the following goals: (2) (i) the child has obtained a high school diploma or its equivalent; (ii) the child has completed a driver's education course or has demonstrated the ability to use public transportation in the child's community; (iii) the

child is employed or enrolled in postsecondary education; (iv) the child has applied for and obtained postsecondary education financial aid for which the child is eligible; (v) the child has health care coverage and health care providers to meet the child's physical and mental health needs; (vi) the child has applied for and obtained disability income assistance for which the child is eligible; (vii) the child has obtained affordable housing with necessary supports, which does not include a homeless shelter; (viii) the child has saved sufficient funds to pay for the first month's rent and a damage deposit; (ix) the child has an alternative affordable housing plan, which does not include a homeless shelter, if the original housing plan is unworkable; (x) the child, if male, has registered for the Selective Service; and (xi) the child has a permanent connection to a caring adult; and (3) the court shall ensure that the responsible agency in conjunction with the placement provider assists the child in obtaining the following documents prior to the child's leaving foster care: a Social Security card; the child's birth certificate; a state identification card or driver's license, green card, or school visa; the child's school, medical, and dental records; a contact list of the child's medical, dental, and mental health providers; and contact information for the child's siblings, if the siblings are in foster care." [Minn. Stat. 260C.203\(e\)\(2\) and \(3\)](#).

⁵¹ Minnesota law provides that during regular review hearings the court must review progress toward accomplishing the goal of ensuring the child has "completed a driver's education court or has demonstrated the ability to use public transportation in the child's community." [Minn. Stat. 260C.203\(e\)\(2\)\(ii\)](#).

⁵² Minnesota law provides that if the youth plans to live independently following discharge from foster care, "the court shall ensure that the responsible agency in conjunction with the placement provider assists the child in obtaining the following documents prior to the child's leaving foster care: a Social Security card; the child's birth certificate; a state identification card or driver's license, green card, or school visa; the child's school, medical, and dental records; a contact list of the child's medical, dental, and mental health providers; and contact information for the child's siblings, if the siblings are in foster care." [Minn. Stat. 260C.203\(3\)](#).

⁵³ Minnesota law provides that if the youth plans to live independently following discharge from foster care, "the court shall ensure that the responsible agency in conjunction with the placement provider assists the child in obtaining the following documents prior to the child's leaving foster care: . . . contact information for the child's siblings, if the siblings are in foster care." [Minn. Stat. 260C.203\(3\)](#).

⁵⁴ Minnesota law requires that any child age 14 or older must provide written consent to adoption by the proposed adoptive parent. [Minn. Stat. § 260C.629, sud. 1\(b\)](#).

⁵⁵ Under the Indian Child Welfare Act (ICWA), "Indian child" means any unmarried person who is under age eighteen and is either (a) a member of an Indian tribe or (b) is eligible for membership in an Indian tribe and is the biological child of a member of an Indian tribe. [25 U.S.C. § 1903\(4\)](#).

⁵⁶ The Indian Child Welfare Act (ICWA) requires that "the party seeking the foster care placement of, or termination of parental rights to, an Indian child shall notify the parent or Indian custodian and the Indian child's tribe, by registered mail with return receipt requested, of the pending proceedings and of their right of intervention. If the identity or location of the parent or Indian custodian and the tribe cannot be determined, such notice shall be given to the Secretary in like manner, who shall have fifteen days after receipt to provide the requisite notice to the parent or Indian custodian and the tribe. No foster care placement or termination of parental rights proceeding shall be held until at least ten days after receipt of notice by the parent or Indian custodian and the tribe or the Secretary: Provided, That the parent or Indian custodian or the tribe shall, upon request, be granted up to twenty additional days to prepare for such proceeding. [25 U.S.C. § 1912\(a\)](#).

⁵⁷ The social services agency or the child's Indian tribe is required to file with the court the notice of pending state proceeding served upon the child's tribe and the green return receipt requested card (or a copy of the card). [Minn. R. Juv. Prot. P. 32.06](#).

⁵⁸ The Indian Child Welfare Act (ICWA) requires that "Any party seeking to effect a foster care placement of, or termination of parental rights to, an Indian child under State law shall 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." [25 U.S.C. § 1912\(d\)](#)

⁵⁹ The Indian Child Welfare Act (ICWA) provides that "No foster care placement may be ordered in such proceeding in the absence of a determination, supported by clear and convincing evidence, including testimony of qualified expert witnesses, that the continued custody of the child by the parent or Indian custodian is likely to result in serious emotional or physical damage to the child." [25 U.S.C. § 1912\(e\)](#).

⁶⁰ The Indian Child Welfare Act (ICWA) requires that "In any foster care or preadoptive placement, a preference shall be given, in the absence of good cause to the contrary, to a placement with (i) a member of the Indian child's extended family; (ii) a foster home licensed, approved, or specified by the Indian child's tribe; (iii) an Indian foster home licensed or approved by an authorized non-Indian licensing authority; or (iv) an institution for children approved by an Indian tribe or operated by an Indian organization which has a program suitable to meet the Indian child's needs." [25 U.S.C. § 1915\(b\)](#). The ICWA also provides that "In any adoptive placement of an Indian child under State law, a preference shall be given, in the absence of good cause to the contrary, to a placement with (1) a member of the child's extended family; (2) other members of the Indian child's tribe; or (3) other Indian families." [25 U.S.C. § 1915\(a\)](#). The ICWA also provides that "In the case of a placement under subsection (a) or (b) of this section, if the Indian child's tribe shall establish a different order of preference by resolution, the agency or court effecting the placement shall follow such order so long as the placement is the least restrictive setting appropriate to the particular needs of the child, as provided in subsection (b). Where appropriate, the preference of the Indian child or parent shall be considered: Provided, That where a consenting parent evidences a desire for anonymity, the court or agency shall give weight to such desire in applying the preferences." [25 U.S.C. § 1915\(c\)](#).

⁶¹ Undocumented children who emancipate from foster care without Special Immigrant Juvenile Status (SIJS) risk deportation and cannot access employment or government services. A child may qualify for SIJS if the child is under juvenile court jurisdiction as a result of abuse, neglect or abandonment, cannot be reunited with a parent, and for whom return to their country of nationality is not in their best interests. SIJS allows a child to remain in the US, obtain lawful permanent residency, and provides a child with a government-issued photo identification card and employment authorization. See [U.S. Citizenship and Immigration Services](#) and "[SIJS Information for Juvenile Courts](#)."