

Policy Title: Maltreatment of Minor Reporting Policy

Policy Owner: CFO Policy Originated by: Program	Date Written: 10/1/13
Applicable Programs: Center-Based Therapy and Supports, Community-Based Therapy and Supports	Date Reviewed and Approved by PLT: 3/11/14, 02/17/15, 07/07/15, 02/23/16, 06/15/16, 09/20/16, 07/22/20, 04/28/21, 6/8/22
Statutory or Regulatory Citation: Minn. Stat. § 245A.65 Minn. Stat. § 245A.66 Minn. Stat. § 260E	Signature if needed:

Policy: St. David's Center expressly prohibits the abuse, neglect or financial exploitation of its clients. All employees, agents, consultants, volunteers, and others who provide services to St. David's Center clients (collectively, "St. David's Center personnel") are mandatory reporters and will report any apparent or suspected abuse, neglect, or financial exploitation that comes to their attention. All such reports will conform to applicable statutory requirements, click [here](#) for links to the form. For information regarding policy violation, click [here](#).

What to report

- **Maltreatment** includes egregious harm, neglect, physical abuse, sexual abuse, substantial child endangerment, threatened injury, and mental injury. For definitions refer to Minnesota Statutes, section 260E.03, and the definitions section of this document. Maltreatment must be reported if you have witnessed or have reason to believe that a child is being or has been maltreated within the last three years.

Emergency or Remedial Action to Address Maltreatment

- St. David's Center personnel observing or discovering maltreatment of a minor will immediately intervene, provide First Aid and/or obtain qualified medical assistance, and otherwise secure the safety of the individual using any available resources or assistance required. If you know of or suspect immediate danger, you must call 911.
- An "Accident/Critical Incident Reporting" Form must be completed.
 - The "Accident/Critical Incident Reporting" Form does not constitute a maltreatment report, which is also required.

Who must report

- If you work in a licensed facility, provide licensed 245D services or work in a private or public Youth Recreation Program, you are a "mandated reporter" and are legally required (mandated) to report maltreatment. You cannot shift the responsibility of reporting to your supervisor or to anyone else at your licensed facility.
- In addition, people who are not mandated reporters may voluntarily report maltreatment.

Where to report

- If you know or suspect that a child is in immediate danger, call 9-1-1.
- Reports concerning suspected maltreatment of children, or other violations of Minnesota Statutes or Rules, in facilities licensed by the Minnesota Department of Human Services, should be made to the Licensing Division's Central Intake line at 651-431-6600.
- Incidents of suspected maltreatment of children occurring within a family, in the community, at a family child care program, or in a child foster care home, should be reported to the local county social services agency at:
 - Hennepin County Child Protection 612-348-3552
 - Anoka County Child Protection 763-324-1440
 - Dakota County Child Protection 952-891-7459
 - Ramsey County Child Protection 651-266-4500
 - Carver County-Child and Family Department 952-361-1600
 - Wright County Human Services Agency Child 763-682-7449 or 763-361-1600
 - or local law enforcement at: 911.

When to report

- Mandated reporters must make a report to one of the agencies listed above immediately (as soon as possible but no longer than 24 hours).

Information to report

- A report to any of the above agencies should contain enough information to identify the child involved, any persons responsible for the maltreatment (if known), and the nature and extent of the maltreatment and/or possible licensing violations. For reports concerning suspected maltreatment occurring within a licensed facility, the report should include any actions taken by the facility in response to the incident. See [internal](#) and [external](#) reporting.

Failure to report

- A mandated reporter who knows or has reason to believe a child is or has been maltreated and fails to report is guilty of a misdemeanor.
- In addition, a mandated reporter who fails to report serious or recurring maltreatment may be disqualified from a position allowing direct contact with, or access to, persons receiving services from programs, organizations, and/or agencies that are required to have individuals complete a background study by the Department of Human Services as listed in Minnesota Statutes, section 245C.03. See [conditions of reporting](#)

Retaliation prohibited

An employer of any mandated reporter is prohibited from retaliating against (getting back at):

- an employee for making a report in good faith; or
- a child who is the subject of the report.

If an employer retaliates against an employee, the employer may be liable for damages and/or penalties.

Staff training

The license holder must train all mandated reporters on their reporting responsibilities, according to the training requirements in the statutes and rules governing the licensed program. The license holder must document the provision of this training in individual personnel records, monitor implementation by staff, and ensure that the policy is readily accessible to staff, as specified under Minnesota Statutes, section 245A.04, subdivision 14. See [Employee and Volunteer Requirements](#)

Provide policy to parents

For licensed childcare centers, the mandated reporting policy must be provided to parents of all children at the time of enrollment and must be available upon request. The definitions section (p. 3-6) is optional to provide to parents. The following sections only apply to license holders that serve children. This does not include family child foster care per Minnesota Statutes 245A.66, subd. 1. See [Orientation/intake of Clients and Families](#)

1. Internal Reporting

- a. When maltreatment of a minor is suspected, it will be reported immediately to the appropriate Program Coordinator unless there is reason to believe said Coordinator is involved in the alleged or suspected maltreatment, in such case the Program Director/Senior Director will be notified immediately. If after hours, persons suspecting or observing maltreatment will contact the on-call cell phone.
- b. The internal reporter may be asked to complete a written report. That report, as well as the oral report, must enable St. David's Center to identify:
 - i. the minor,
 - ii. the caregiver,
 - iii. the nature and extent of the suspected maltreatment,
 - iv. any evidence of previous maltreatment,
 - v. the name and address of the reporter,
 - vi. the time, date and location of the incident, and
 - vii. any other information the reporter believes might be helpful in investigating the suspected maltreatment.
- c. A Mandated Reporter meets the reporting requirements of Minnesota law by reporting internally. Upon receiving an internal report of suspected maltreatment of a minor, the program coordinator or director will be responsible for making required reports to the local county social service agency listed [here](#).
- d. St. David's Center shall give a person who reports internally a written notice stating whether St. David's Center has reported the incident to the CEP. The written notice will be:
 - i. Provided within two working days; and
 - ii. In a manner that protects the confidentiality of the reporter.

- iii. The written response provided by St. David's Center to the Mandated Reporter shall note that if the reporter is not satisfied with the action taken by St. David's Center, the reporter may report externally (see below) to the CEP.
 - iv. St. David's Center shall not prohibit a Mandated Reporter from reporting externally, and shall not retaliate against a Mandated Reporter who reports suspected VI maltreatment to the CEP in good faith.
- e. The written notice provided by St. David's Center to the mandated reporter will inform the mandated reporter of this protection from retaliation for reporting externally.

2. External Reporting by St. David's Center or Mandated Reporters

- a. The Program Director shall receive all Internal Reports of minor maltreatment and determine whether the internally reported information meets the state law requirements for a minor report of maltreatment.
- b. If it does, the Program Director shall make a report of such information to the CEP immediately (not later than 24 hours after the information is learned by St. David's Center).
- c. Staff/Providers observing or learning of suspected maltreatment of a minor may report externally as described.
- d. A formal internal written report must be completed by the Appropriate Program Coordinator. Copies of the report will be provided by the Program Coordinator to the Program Director/Senior Director and Chief Executive Officer. The Program Director/Senior Director will provide Social Services with a copy of the report, which will be filed in a designated location at the St. David's Center Minnetonka site for further reference. A written report to the relevant agency listed [above](#) will be provided within 72 hours, exclusive of weekends and holidays.
- e. The appropriate Program Coordinator shall work with Staff/Providers to ensure that information regarding the maltreatment of minor report is documented in the minor's chart.

3. Conditions of Reporting

- a. Everyone (including persons other than Mandated Reporters) may and should report cases of known or suspected Maltreatment of a minor internally and/or to the local county social services agency.
- b. The identity of Mandated Reporters may not be disclosed. Any person who makes a good faith VI report either internally or externally is immune from liability and shall not be subject to retaliation by anyone in authority or employed by St. David's

Center.

- c. Any person who negligently or intentionally fails to report suspected maltreatment of a minor is liable for damages caused by the failure.
- d. A person is not required to make a report if the reporter knows or has reason to know a report has already been made to the local county social service agency.
- e. Any person who intentionally makes a false maltreatment of minor report is liable in a civil suit for any actual damages, punitive damages and attorneys' fees.

4. Internal Review Procedures

When St. David's Center has reason to know that an internal or external report of alleged or suspected maltreatment has been made, St. David's Center will complete an internal review and take corrective action, if necessary, to protect the health and safety of vulnerable individuals and that review will be completed within 30 calendar days.

- a. Such internal review will include an evaluation of whether:
 - i. Related policies and procedures were followed;
 - ii. The policies and procedures were adequate;
 - iii. There is a need for additional staff training;
 - iv. The reported event is similar to past events with the maltreatment of a minor or the services involved; and
 - v. There is a need for corrective action by the license holder to protect the health and safety of children in care.
- b. The internal review will be completed by the designated Coordinator, unless there is reason to believe such Coordinator is involved in the alleged or suspected maltreatment. In such a case, the Program Director will decide who will complete the internal review.
- c. The designated Coordinator will document completion of the internal review and provide documentation of the review to the commissioner upon the commissioner's request.
- d. Based on the results of the internal review the designated coordinator will develop, document, and implement a corrective action plan designed to correct current lapses and prevent future lapses in performance by individuals or St. David's Center, if any.
- e. The internal review will be accessible to the commissioner of human services or a commissioner's designated representative upon request.

5. Orientation/Intake of Clients and Families

- a. All clients and/or representatives of a site or program will receive orientation regarding internal reporting procedures, in a manner they are able to comprehend, within 24 hours of admission.
- b. Clients and families using Minnesota Statute § 245D licensed services will also be oriented to the IAPP (Individual Abuse Prevention Plan) in a manner they are able to comprehend within 24 hours of admission, when applicable.
 - i. Client Representatives shall have the opportunity to be included in the orientation and must be notified when the orientation will be provided.
- c. If a client would benefit by delaying orientation, orientation may take place within the first 72 hours following admission, provided the reason for the delay is documented at the time of admission.
- d. If a determination is made that a client is unable to comprehend the orientation, this requirement may be waived.
 - ii. Such waiver must be documented in the IAPP.
 - iii. In this case, representatives shall have the opportunity to receive the orientation on behalf of the client.

6. Employee and Volunteer Requirements

- a. Staff/Providers/Volunteers will receive an orientation within 72 hours of his or her first shift providing direct contact services to a VI and annually thereafter.
- b. The orientation and annual review will inform the Mandated Reporters of statutory reporting requirements and definitions, and St. David's Center internal policies and procedures related to the prevention and reporting of maltreatment of clients.

The remainder of this page has been intentionally left blank

Definitions

Found in Minnesota Statutes, section 260E.03 and [657.5572](#)

Egregious harm (Minnesota Statutes, section 260E.03, subd. 5)

"Egregious harm" means harm under section 260C.007, subdivision 14, or a similar law of another jurisdiction.

Minnesota Statutes, section 260C.007, Subd. 14:

"Egregious harm" means the infliction of bodily harm to a child or neglect of a child which demonstrates a grossly inadequate ability to provide minimally adequate parental care. The egregious harm need not have occurred in the state or in the county where a termination of parental rights action is otherwise properly venued. Egregious harm includes, but is not limited to:

1. conduct towards a child that constitutes a violation of sections 609.185 to 609.2114, 609.222, subdivision 2, 609.223, or any other similar law of any other state;
2. the infliction of "substantial bodily harm" to a child, as defined in section 609.02, subdivision 7a; 3. conduct towards a child that constitutes felony malicious punishment of a child under section 609.377;
3. conduct towards a child that constitutes felony unreasonable restraint of a child under section 609.255, subdivision 3;
4. conduct towards a child that constitutes felony neglect or endangerment of a child under section 609.378;
5. conduct towards a child that constitutes assault under section 609.221, 609.222, or 609.223;
6. conduct towards a child that constitutes solicitation, inducement, or promotion of, or receiving profit derived from prostitution under section 609.322;
7. conduct towards a child that constitutes murder or voluntary manslaughter as defined by United States Code, title 18, section 1111(a) or 1112(a);
8. conduct towards a child that constitutes aiding or abetting, attempting, conspiring, or soliciting to commit a murder or voluntary manslaughter that constitutes a violation of United States Code, title 18, section 1111(a) or 1112(a); or
9. conduct toward a child that constitutes criminal sexual conduct under sections 609.342 to 609.345.

Maltreatment (Minnesota Statutes, section 260E.03, subd. 12)

"Maltreatment" means any of the following acts or omissions:

1. egregious harm under subdivision 5;
2. neglect under subdivision 15;
3. physical abuse under subdivision 18;
4. sexual abuse under subdivision 20;
5. substantial child endangerment under subdivision 22;
6. threatened injury under subdivision 23;
7. mental injury under subdivision 13; and
8. maltreatment of a child in a facility.

Mental injury (Minnesota Statutes, section 260E.03, subd. 13)

"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.

Neglect (Minnesota Statutes, section 260E.03, subd. 15)

A. "Neglect" means the commission or omission of any of the acts specified under clauses (1) to (8), other than by accidental means:

1. failure by a person responsible for a child's care to supply a child with necessary food, clothing, shelter, health, medical, or other care required for the child's physical or mental health when reasonably able to do so;
2. failure to protect a child from conditions or actions that seriously endanger the child's physical or mental health when reasonably able to do so, including a growth delay, which may be referred to as a failure to thrive, that has been diagnosed by a physician and is due to parental neglect;
3. failure to provide for necessary supervision or childcare arrangements appropriate for a child after considering factors as the child's age, mental ability, physical condition, length of absence, or environment, when the child is unable to care for the child's own basic needs or safety, or the basic needs or safety of another child in their care;
4. failure to ensure that the child is educated as defined in sections 120A.22 and 260C.163, subdivision 11, which does not include a parent's refusal to provide the parent's child with sympathomimetic medications, consistent with section 125A.091, subdivision 5;
5. prenatal exposure to a controlled substance, as defined in section 253B.02, subdivision 2, used by the mother for a nonmedical purpose, as evidenced by withdrawal symptoms in the child at birth, results of a toxicology test performed on the mother at delivery or the child at birth, medical effects or developmental delays during the child's first year of life that medically indicate prenatal exposure to a controlled substance, or the presence of a fetal alcohol spectrum disorder;
6. medical neglect, as defined in section 260C.007, subdivision 6, clause (5);
7. chronic and severe use of alcohol or a controlled substance by a person responsible for the child's care that adversely affects the child's basic needs and safety; or
8. emotional harm from a pattern of behavior that contributes to impaired emotional functioning of the child which may be demonstrated by a substantial and observable effect in the child's behavior, emotional response, or cognition that is not within the normal range for the child's age and stage of development, with due regard to the child's culture.

B. Nothing in this chapter shall be construed to mean that a child is neglected solely because the child's parent, guardian, or other person responsible for the child's care in good faith selects and depends upon spiritual means or prayer for treatment or care of disease or remedial care of the child in lieu of medical care.

C. This chapter does not impose upon persons not otherwise legally responsible for providing a child with necessary food, clothing, shelter, education, or medical care a duty to provide that care.

Physical abuse (Minnesota Statutes, section 260E.03, subd. 18)

- A. "Physical abuse" means any physical injury, mental injury under subdivision 13, or threatened injury under subdivision 23, inflicted by a person responsible for the child's care on a child other than by accidental means, or any physical or mental injury that cannot reasonably be explained by the child's history of injuries, or any aversive or deprivation procedures, or regulated interventions, that have not been authorized under section 125A.0942 or 245.825.
- B. Abuse does not include reasonable and moderate physical discipline of a child administered by a parent or legal guardian that does not result in an injury. Abuse does not include the use of reasonable force by a teacher, principal, or school employee as allowed by section 121A.582. C. For the purposes of this subdivision, actions that are not reasonable and moderate include, but are not limited to, any of the following:
1. throwing, kicking, burning, biting, or cutting a child;
 2. striking a child with a closed fist;
 3. shaking a child under age three;
 4. striking or other actions that result in any nonaccidental injury to a child under 18 months of age;
 5. unreasonable interference with a child's breathing;
 6. threatening a child with a weapon, as defined in section 609.02, subdivision 6;
 7. striking a child under age one on the face or head;
 8. striking a child who is at least age one but under age four on the face or head, which results in an injury;
 9. purposely giving a child:
 - i. poison, alcohol, or dangerous, harmful, or controlled substances that were not prescribed for the child by a practitioner in order to control or punish the child; or
 - ii. other substances that substantially affect the child's behavior, motor coordination, or judgment; that result in sickness or internal injury; or that subject the child to medical procedures that would be unnecessary if the child were not exposed to the substances;
 10. unreasonable physical confinement or restraint not permitted under section 609.379, including but not limited to tying, caging, or chaining; or
 11. in a school facility or school zone, an act by a person responsible for the child's care that is a violation under section 121A.58.

Sexual abuse (Minnesota Statutes, section 260E.03, subd. 20)

"Sexual abuse" means the subjection of a child by a person responsible for the child's care, by a person who has a significant relationship to the child, or by a person in a current or recent position of authority, to any act that 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), 609.3451 (criminal sexual conduct in the fifth degree), or 609.352 (solicitation of children to engage in sexual conduct; communication of sexually explicit materials to children).

Sexual abuse also includes any act involving a child that constitutes a violation of prostitution offenses under sections 609.321 to 609.324 or 617.246. Sexual abuse includes all reports of known or suspected child sex trafficking involving a child who is identified as a victim of sex trafficking. Sexual abuse includes child sex trafficking as defined in section 609.321, subdivisions 7a and 7b.

Sexual abuse includes threatened sexual abuse, which includes the status of a parent or household member who has committed a violation that requires registration as an offender under section 243.166, subdivision 1b, paragraph (a) or (b), or required registration under section 243.166, subdivision 1b, paragraph (a) or (b).

Substantial child endangerment (Minnesota Statutes, section 260E.03, subd. 22)

"Substantial child endangerment" means that a person responsible for a child's care, by act or omission, commits or attempts to commit an act against a child under their care that constitutes any of the following:

1. egregious harm under subdivision 5;
2. abandonment under section 260C.301, subdivision 2;
3. neglect under subdivision 15, paragraph (a), clause (2), that substantially endangers the child's physical or mental health, including a growth delay, which may be referred to as failure to thrive, that has been diagnosed by a physician and is due to parental neglect;
4. murder in the first, second, or third degree under section 609.185, 609.19, or 609.195;
5. manslaughter in the first or second degree under section 609.20 or 609.205;
6. assault in the first, second, or third degree under section 609.221, 609.222, or 609.223;
7. solicitation, inducement, and promotion of prostitution under section 609.322;
8. criminal sexual conduct under sections 609.342 to 609.3451;
9. solicitation of children to engage in sexual conduct under section 609.352;
10. malicious punishment or neglect or endangerment of a child under section 609.377 or 609.378;
11. use of a minor in sexual performance under section 617.246; or
12. parental behavior, status, or condition that mandates that the county attorney file a termination of parental rights petition under section 260C.503, subdivision

Threatened injury (Minnesota Statutes, section 260E.03, subd. 23)

- A. "Threatened injury" means a statement, overt act, condition, or status that represents a substantial risk of physical or sexual abuse or mental injury.
- B. Threatened injury includes, but is not limited to, exposing a child to a person responsible for the child's care, as defined in subdivision 17, who has:
 1. subjected a child to, or failed to protect a child from, an overt act or condition that constitutes egregious harm under subdivision 5 or a similar law of another jurisdiction;
 2. been found to be palpably unfit under section 260C.301, subdivision 1, paragraph (b), clause (4), or a similar law of another jurisdiction;
 3. committed an act that resulted in an involuntary termination of parental rights under section 260C.301, or a similar law of another jurisdiction; or
 4. committed an act that resulted in the involuntary transfer of permanent legal and physical custody of a child to a relative under Minnesota Statutes 2010, section 260C.201, subdivision 11, paragraph (d), clause (1), section 260C.515, subdivision 4, or a similar law of another jurisdiction.
- C. A child is the subject of a report of threatened injury when the local welfare agency receives birth match data under section 260E.14, subdivision 4, from the Department of Human Services

Reporting of Prenatal Exposure to Controlled Substances (Minnesota Statutes, section 260E.03, subd. 1.

Reports required:

- A. Except as provided in paragraph (b), a person mandated to report under this chapter shall immediately report to the local welfare agency if the person knows or has reason to believe that a woman is pregnant and has used a controlled substance for a nonmedical purpose during the pregnancy, including but not limited to tetrahydrocannabinol, or has consumed alcoholic beverages during the pregnancy in any way that is habitual or excessive.
- B. A health care professional or a social service professional who is mandated to report under this chapter is exempt from reporting under paragraph (a) if the professional is providing or collaborating with other professionals to provide the woman with prenatal care, postpartum care, or other health care services, including care of the woman's infant. If the woman does not continue to receive regular prenatal or postpartum care, after the woman's health care professional has made attempts to contact the woman, then the professional is required to report under paragraph (a).
- C. Any person may make a voluntary report if the person knows or has reason to believe that a woman is pregnant and has used a controlled substance for a nonmedical purpose during the pregnancy, including but not limited to tetrahydrocannabinol, or has consumed alcoholic beverages during the pregnancy in any way that is habitual or excessive.
- D. An oral report shall be made immediately by telephone or otherwise. An oral report made by a person required to report shall be followed within 72 hours, exclusive of weekends and holidays, by a report in writing to the local welfare agency. Any report shall be of sufficient content to identify the pregnant woman, the nature and extent of the use, if known, and the name and address of the reporter. The local welfare agency shall accept a report made under paragraph (c) notwithstanding refusal by a voluntary reporter to provide the reporter's name or address as long as the report is otherwise sufficient.
- E. For purposes of this section, "prenatal care" means the comprehensive package of medical and psychological support provided throughout the pregnancy.

Violation of this Policy or Procedure

No or only partial adherence to this policy or procedure may result in noncompliance with current regulatory requirements and subsequent penalties to St. David's Center. Remediation for violators will include, but not be limited to, disciplinary action up to and including termination depending on the circumstances of the situation at the time.

Reference or Attachment:

[Accident and Critical Incident - Emergency Response and Reporting.docx \(sharepoint.com\)](#)
[Incident Report Form.doc \(sharepoint.com\)](#)

* Onsite staff with access to Evolv should complete maltreatment reports in the Evolv system for internal documentation.