

**Policy Title: Maltreatment of Minor Reporting Policy**

<p><b>Policy Owner:</b> <b>Policy Originated by:</b> Program</p>	<p><b>Date Written:</b> 10/1/13</p>
<p><b>Applicable Programs:</b> Center-Based Therapy and Supports, Community-Based Therapy and Supports</p>	<p><b>Date Reviewed and Approved by PLT:</b> 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, 5/23/23, 11/20/23</p>
<p><b>Statutory or Regulatory Citation:</b> Minn. Stat. § 245A.65 Minn. Stat. § 245A.66 Minn. Stat § 245D.06 Minn. Stat. § 260E Source Document: <a href="#">DHS-7634A-ENG</a></p>	<p><b>Signature if needed:</b></p>

**Policy:** St. David's Center expressly prohibits abuse and neglect of children in their care and purview. 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 must report any apparent or suspected abuse and neglect that comes to their attention. All such reports will conform to applicable statutory requirements found [here](#). 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 found [here](#). 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 child using any available resources or assistance required. If you know of or suspect immediate danger, you must call 911.

**Who must report**

- All employees of St. David's Center are considered mandated reporters and are legally required (mandated) to report maltreatment. As a mandated reporter, **you cannot shift the responsibility of reporting to your supervisor or to anyone else at your licensed facility.**
- Additionally, 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 911
- 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 childcare 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 reporting](#).

### **Additional Reporting criteria for minors on a waiver regulated by MN Statute 245D (245D.06 Protection Standards)**

- The license holder must maintain information about and report incidents to the person's legal representative or designated emergency contact and case manager within 24 hours of an incident occurring while services are being provided, within 24 hours of discovery or receipt of information that an incident occurred, unless the license holder has reason to know that the incident has already been reported, or as otherwise directed in a person's support plan or support plan addendum.
- When the incident involves more than one person, the license holder must not disclose personally identifiable information about any other person when making the report to each person and case manager unless the license holder has the consent of the person.
- Within 24 hours of reporting maltreatment as required under section [626.557](#) or chapter 260E, the license holder must inform the case manager of the report unless there is reason to believe that the case manager is involved in the suspected maltreatment. The license holder must disclose the nature of the activity or occurrence reported and the agency that received the report.

- The license holder must report the death or serious injury of the person as required in paragraph (b) and to the Department of Human Services Licensing Division, and the Office of Ombudsman for Mental Health and Developmental Disabilities as required under section [245.94, subdivision 2a](#), within 24 hours of the death or serious injury, or receipt of information that the death or serious injury occurred, unless the license holder has reason to know that the death or serious injury has already been reported.

### **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](#).
- 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.

### **Retaliation prohibited.**

As an employer of mandated reporters, St. David's Center 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**

St. David's Center will train all mandated reporters on their reporting responsibilities, according to the training requirements in the statutes and rules governing the licensed program. St. David's Center will 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/guardians**

As a licensed childcare center, St. David's Center will provide the mandated reporting policy to parents of all children at the time of enrollment and must be available upon request. The definitions section (p.6-10) is optional to provide to parents. See [Orientation/intake of Clients and Families](#)

### **Internal Reporting – Reporting maltreatment of a minor when St. David's Center Staff is suspected to be responsible for the maltreatment.**

Staff are required to report incidents of suspected maltreatment to their supervisor if the suspected maltreatment involves a staff at St. David's Center. If the supervisor is suspected of

being involved in the maltreatment, then staff should report the incident to the department director.

- For Community Based Disability Services (CBDS) only), staff suspecting or observing maltreatment will contact the CBDS on-call cell phone for In-home Services or their supervisor in the Therapeutic Recreation Program.
- All reporters will be asked to complete a written report using Welligent or the Accident/Critical Incident Reporting Form.
- The Director or Vice President will determine if the [Critical Events Management, Reporting and Communications policy](#) should be implemented in notifying Executive Leadership.

## **Internal Review Procedures**

Early Childhood Education (ECE) Review Procedures

### [Community-based Disability Services \(CBDS\) – 245D Internal Review Procedures](#)

#### **Orientation/Intake of Minor Clients and Families on a waiver regulated by MN Statute 245D (245D.06 Protection Standards) within Community-based Disability Services (CBDS).**

- 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.
- 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.
  - Client Representatives shall have the opportunity to be included in the orientation and must be notified when the orientation will be provided.
- 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.
- If a determination is made that a client is unable to comprehend the orientation, this requirement may be waived.
  - Such waiver must be documented in the IAPP.
  - In this case, representatives shall have the opportunity to receive the orientation on behalf of the client.

#### **Employee and Volunteer Requirements (245D) for minors on a waiver regulated by MN Statute 245D (245D.06 Protection Standards)**

- Staff/providers/volunteers will receive an orientation within 72 hours of their first shift providing direct contact services to a child and annually thereafter.
- The orientation and annual training 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.

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## 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 \(sharepoint.com\)](#)
- [Critical Events Management Reporting and Communications.docx \(sharepoint.com\)](#)

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