

POLICY AND PROCEDURE ON REPORTING AND REVIEW OF MALTREATMENT OF MINORS

I. PURPOSE

The purpose of this policy is to establish guidelines for the reporting and internal review of maltreatment of minors (children) in care.

II. POLICY

Staff who are mandated reporters must report externally all of the information they know regarding an incident of known or suspected maltreatment of a child, in order to meet their reporting requirements under law. All staff of WCI who encounter maltreatment of a minor will take immediate action to ensure the safety of the child. Staff will define maltreatment as sexual abuse, physical abuse, or neglect and will refer to the definitions from MN Statutes, Chapter 260 E at the end of this policy.

Any person may voluntarily report to the local welfare agency, agency responsible for assessing or investigating the report, police department, or the county sheriff, tribal social services agency, or tribal police department if the person knows, has reason to believe, or suspects a child is being maltreated. Staff of WCI cannot shift the responsibility of reporting maltreatment to an internal staff person or position. In addition, if a staff knows or has reason to believe a child is being or has been maltreated within the preceding three years, the staff must immediately (as soon as possible but within 24 hours) make a report to the local welfare agency, agency responsible for assessing or investigating the report, police department, the county sheriff, tribal social services agency, or tribal police department.

Staff will refer to the *Policy and Procedure on Reporting and Review of Maltreatment of Vulnerable Adults* regarding suspected or alleged maltreatment of individuals 18 years of age or older.

III. PROCEDURE

- A. Staff of WCI who encounter maltreatment of a child, age 17 or younger, will take immediate action to ensure the safety of the child or children. If a staff knows or suspects that a child is in immediate danger, they will call “911” or local law enforcement.
- B. Staff mandated to report maltreatment within a licensed facility will report the information to the agency responsible for licensing the facility. If the mandated reporter is unsure of what agency to contact, they will contact the county agency and follow their direction. Reports regarding incidents of suspected abuse or neglect of children occurring within a family or in the community should be made to the local county social services agency or local law enforcement referencing the phone numbers contained within this policy.
- C. Staff who know or suspect that a child has been maltreated but is not in immediate danger will report to:
 1. local child welfare agency if an alleged perpetrator is a parent, guardian, family child care provider, family foster care provider, or an unlicensed personal care provider.
 2. The Minnesota Department of Human Services, Licensing Division, 651-431-6600, if alleged maltreatment was committed by a staff person at a child care center, residential treatment center (children’s mental health), group home for children, minor parent program, shelter for children, chemical dependency treatment program for adolescents, waived services program for children, crisis respite program for children, or residential program for children with developmental disabilities.
 3. Minnesota Department of Health, Office of Health Facility Complaints, 651-201-4200 or 800-369-7994, if alleged maltreatment occurred in a home health care setting, hospital, regional treatment center, nursing home, immediate care facility for the developmentally disabled, or licensed and unlicensed care attendants.

- D. Reports regarding incidents of maltreatment of children occurring within a family or in a community should be made to the local county social services agency or local law enforcement referencing the phone numbers contained within this policy.
- E. When verbally reporting the alleged maltreatment to the external agency, the mandated reporter will include as much information as known to identify the child, any persons responsible for the maltreatment (if known), and the nature and extent of the maltreatment, and the name and address of the reporter.
- A. If the report of suspected maltreatment within WCI, the report should also include any actions taken by WCI in response to the incident, If a staff attempts to report the suspected maltreatment internally, the person receiving the report will remind the staff of the requirement to report externally.
- G. A verbal report of maltreatment that is made to one of the listed agencies by a mandated reporter must be followed by a written report to the same agency within 72 hours, exclusive of weekends and holidays.
- H. When WCI has knowledge that an external report of alleged or suspected maltreatment has been made, an internal review will be completed. The Executive Director is the primary individual responsible for ensuring that internal reviews are completed for reports of maltreatment. If there are reasons to believe that the Executive Director is involved in the alleged or suspected maltreatment, the Director of Waivered Services and/or Director of Placement and Extended Employment is the secondary individual responsible for ensuring that internal reviews are completed.
- I. The *Internal Review* will be completed within 30 calendar days. The person completing it will:
 - 1. Ensure an *Incident and Emergency /Non-Emergency Report* has been completed.
 - 2. Contact the lead investigative agency if additional information has been gathered.
 - 3. Coordinate any investigative efforts with the lead investigative agency by serving as the WCI contact, ensuring that staff cooperate, and that all records are available.
 - 4. Complete an *Internal Review* which will include the following evaluations of whether:
 - a. Related policies and procedures were followed
 - b. The policies and procedures were adequate
 - c. There is a need for additional staff training
 - d. The reported event is similar to past events with the children or the services involved
 - e. There is a need for corrective action by the license holder to protect the health and safety of the children in care
 - 5. Complete the *Alleged Maltreatment Review Checklist* and compile together all documents regarding the report of maltreatment.
- J. Based upon the results of the internal review, WCI will develop, document, and implement a corrective action plan designed to correct current lapses and prevent future lapses in performance by individuals or the company, if any.
- K. Internal reviews must be made accessible to the commissioner immediately upon the commissioner's request for internal reviews regarding maltreatment.
- L. Staff will receive training on this policy, MN Statutes, section 245A.66 and Chapter 260E and their responsibilities related to protecting children in care from maltreatment and reporting maltreatment. This training must be provided within 72 hours of first providing direct contact services and annually thereafter.

EXTERNAL AGENCIES

COUNTY	DAY	EVENING/WEEKEND
AITKIN	(218) 927-7200 or (800) 328-3744	(218) 927-7400
ANOKA	(763) 422-7215	(651) 291-4680
BECKER	(218) 847-5628	(218) 847-2661
BELTRAMI	(218) 333-4223	(218) 751-9111
BENTON	(320) 968-5087	(320) 968-7201
BIG STONE	(320) 839-2555	(320) 815-0215
BLUE EARTH	(507) 304-4111	(507) 625-9034
BROWN	(507) 354-8246	(507) 233-6720
CARLTON	(218) 879-4583	(218) 384-3236
CARVER	(952) 361-1600	(952) 442-7601
CASS	(218) 547-1340	(218) 547-1424
CHIPPEWA	(320) 269-6401	(320) 269-2121
CHISAGO	(651) 213-5600	(651) 257-4100
CLAY	(218) 299-5200	(218) 299-5151
CLEARWATER	(218) 694-6164	(218) 694-6226
COOK	(218) 387-3620	(218) 387-3030
COTTONWOOD	(507) 831-1891	(507) 831-1375
CROW WING	(218) 824-1140	(218) 829-4740
DAKOTA	(952) 891-7459	(952) 891-7171
DODGE	(507) 635-6170	(507) 635-6200
DOUGLAS	(320) 762-2302	(320) 762-8151
FARIBAULT	(507) 526-3265	(507) 526-5148
FILLMORE	(507) 765-2175	(507) 765-3874
FREEBORN	(507) 377-5400	(507) 377-5205
GOODHUE	(651) 385-3232	(651) 385-3155
GRANT	(218) 685-4417	(800) 797-6190
HENNEPIN	(612) 348-3552	(612) 348-8526
HOUSTON	(507) 725-5811	(507) 725-3379
HUBBARD	(218) 732-1451	(218) 732-3331
ISANTI	(763) 689-1711	(763) 689-2141
ITASCA	(218) 327-2941	(218) 326-8565
JACKSON	(507) 847-4000	(507) 847-4420
KANABEC	(320) 679-6350	(320) 679-8400
KANDIYOHI	(320) 231-7800	(320) 235-1260
KITSON	(218) 843-2689	(218) 843-3535

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KOOCHICHING	(218) 283-7000	(218) 283-4416
LAC QUI PARLE	(320) 598-7594	(320) 598-3720
LAKE	(218) 834-8400	(218) 834-8385
LAKE OF THE WOODS	(218) 634-2642	(218) 634-1143
LE SUEUR	(507) 357-8288	(507) 357-8545
LINCOLN	(800) 810-8816	(507) 694-1664
LYON	(800) 657-3760	(507) 537-7666
MAHNOMEN	(218) 935-2568	(218) 935-2255
MARSHALL	(218) 745-5124	(218) 745-5411
MARTIN	(507) 238-4757	(507) 238-4481
MC LEOD	(320) 864-3144	(320) 864-3134
MEEKER	(320) 693-5300	(320) 693-5400
MILLE LACS	(320) 983-8208	(320) 983-8250
MORRISON	(320) 632-2951	(320) 632-9233
MOWER	(507) 437-9700	(507) 437-9400
MURRAY	(800) 657-3811	(507) 836-6168
NICOLLET	(507) 386-4528	(507) 931-1570
NOBLES	(507) 295-5213	(507) 372-2136
NORMAN	(218) 784-5400	(218) 784-7114
OLMSTED	(507) 328-6400	(507) 328-6583
OTTER TAIL	(218) 998-8150	(218) 998-8555
PENNINGTON	(218) 681-2880	(218) 681-6161
PINE	(320) 591-1570	(320) 629-8380
PIPESTONE	(507) 825-6720	(507) 825-6792
POLK	(218) 281-8483	(218) 281-0431
POPE	(320) 634-5750	(320) 634-5411
RAMSEY	(651) 266-4500	(651) 291-6795
RED LAKE	(218) 253-4131	(218) 253-2996
REDWOOD	(507) 637-4050	(507) 637-4036
RENVILLE	(320) 523-2202	(320) 523-1161
RICE	(507) 332-6115	(507) 210-8524
ROCK	(507) 283-5070	(507) 283-5000
ROSEAU	(218) 463-2411	(218) 463-1421
SCOTT	(952) 445-7751	(952) 496-8484
SHERBURNE	(763) 241-2600	(763) 241-2500
SIBLEY	(507) 237-4000	(507) 237-4330

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ST. LOUIS	N. (218) 749-7128 or S. (218) 726-2012	N. (218) 749-6010 or S. (218) 727-8770
STEARNS	(320) 656-6225	(320) 251-4240
STEELE	(507) 444-7500	(507) 444-3800
STEVENS	(320) 589-7400	(320) 589-2141
SWIFT	(320) 843-3160	(320) 843-3133
TODD	(320) 732-4500	(320) 732-2157
TRAVERSE	(320) 563-8255	(320) 563-4244
WABASHA	(651) 565-3351	(651) 565-3361
WADENA	(218) 631-7605	(218) 631-7600
WASECA	(507) 835-0560	(507) 835-0500
WASHINGTON	(651) 430-6457	(651) 291-6795
WATONWAN	(507) 375-3294	(507) 507-3121
WILKIN	(218) 643-8013	(218) 643-8544
WINONA	(507) 457-6200	(507) 457-6368
WRIGHT	(763) 682-7449	(763) 682-1162
YELLOW MEDICINE	(320) 564-2211	(320) 564-2130

DEPARTMENT OF HUMAN SERVICES LICENSING DIVISION MALTREATMENT INTAKE: 651-431-6600

MINNESOTA STATUTES, SECTION 260E.03 DEFINITIONS

As used in this section, the following terms have the meanings given them unless the specific content indicates otherwise:

Subd. 12. **Maltreatment.** “ 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

Subd. **5. Egregious harm.** “ Egregious harm” means the infliction of bodily harm to a child or neglect of a child which demonstrates a grossly in adequate ability to provide minimally adequate parental care. The egregious harm need not have occurred in the state or county where a termination of parental rights action is otherwise properly venued.

Egregious harm includes but not limited to:

- (1) conduct towards a child that constitutes a violation of section 609.185 to 609.2114,609.222,subdivision 2, 609.223, Property of WCI
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- (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;
- (4) conduct towards a child that constitutes felony unreasonable restraint of a child under 609.255,subdivision 3;
- (5) Conduct towards a child that constitutes felony neglect or endangerment of a child under section 609.378;
- (6) conduct towards a child that constitutes assault under section 609.221, 609.222, or 609.223;
- (7) conduct towards a child that constitutes solicitation, inducement, or promotion of, or receiving profit derived from prostitution under section 609.322;
- (8) conduct towards a child that constitutes murder or voluntary manslaughter as defined by United States Code, title

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- (9) conduct towards a child that constitutes aiding or abetting, attempting, conspiring, or soliciting to commit murder or voluntary manslaughter that constitutes a violation of United States Code, title 18, section 1111 (a) or 1112 (a) ; or
(10) conduct toward a child that constitutes criminal sexual conduct under section 609.342 to 609.534

Sub D. 15. **Neglect.** (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 a 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 reasonable 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 child care 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 section 120A.22 and 260C.163, subdivision 11, which does not include a parent’s refusal to provide the parent’s child 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 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.

Subd. 18. **Physical Abuse.** (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 purpose 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 judgement; 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

Subd. 20. Sexual abuse. "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), or [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 child sex trafficking as defined in section 609.321, subdivision 7a and 7b. 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 defines 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 which 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).

SubD.22. Substantial child endangerment. " 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 a 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 609.185, 609.19 or 609.195;
- (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 section 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 60.378;
- (11) use of a minor in sexual performance under section 617.246; or
- (12) Parental behavior, status, or condition that mandates that the court attorney file a termination of parental rights under section 260C.503, subdivision 2.

Subd.23. Threatened Injury. (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 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 2019, section 260C.201 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 260R.14, subdivision 4, from the Department of Human Services.

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Subd. 13. **Mental injury.** “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.