



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 Intercommunity Home Health Care 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, section 626.556 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 if the person knows, has reason to believe, or suspects a child is being neglected or subjected to physical or sexual abuse. Staff of Intercommunity Home Health Care 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 neglected or physically or sexually abused within the preceding three years, the staff must immediately (within 24 hours) make a report to the local welfare agency, agency responsible for assessing or investigating the report, police department, or the county sheriff.

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 Intercommunity Home Health Care 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.
- B. An individual mandated to report physical or sexual child abuse or neglect 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. The applicable agencies include:
 1. The Department of Human Services is the agency responsible for assessing or investigating allegations of maltreatment in facilities licensed under chapters 245A and 245D, except for child foster care and family child care. DHS Licensing Division's Maltreatment Intake telephone number is 651-431-6600.
 2. The Department of Health is the agency responsible for assessing or investigating allegations of child maltreatment in facilities licensed under sections 144.50 to 144.58 and 144A.46.
 3. The county local welfare agency is the agency responsible for assessing or investigating allegations of maltreatment in child foster care, family child care, legally unlicensed child care,



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juvenile correctional facilities licensed under section 241.021 located in the local welfare agency's county, and reports involving children served by an unlicensed personal care provider organization under section 256B.0659

- C. 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
- D. When verbally reporting the alleged maltreatment to the external agency, the mandated reporter will include as much information as known to identify the child involved, any persons responsible for the abuse or neglect (if known), and the nature and extent of the maltreatment.
- E. If the report of suspected abuse or neglect occurred within Intercommunity Home Health Care, the report should also include any actions taken by Intercommunity Home Health Care 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
- F. A verbal report of suspected abuse or neglect 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, unless the appropriate agency has informed the mandated reporter that the oral information does not constitute a report.
- G. When Intercommunity Home Health Care has knowledge that an external report of alleged or suspected maltreatment has been made, an internal review will be completed. The Designated Coordinator is the primary individual responsible for ensuring that internal reviews are completed for reports of maltreatment. If there are reasons to believe that the Designated Coordinator is involved in the alleged or suspected maltreatment, the Director is the secondary individual responsible for ensuring that internal reviews are completed.
- H. The Internal Review will be completed within 30 calendar days. The person completing the internal review will:
 1. Ensure an Incident and 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 Intercommunity Home Health Care 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
- I. Based upon the results of the internal review, Intercommunity Home Health Care will develop, document, and implement a corrective action plan designed to correct current lapses and prevent future lapses in performance by individuals or Intercommunity Home Health Care, if any.
- J. All internal reviews will be made available to the commissioner upon the commissioner's request for internal reviews regarding maltreatment.
- K. Staff will receive training on this policy, MN Statutes, section 245A.66 and section 626.556 and their responsibilities related to protecting children in care from maltreatment and reporting



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maltreatment. This training must be provided within 72 hours of first providing direct contact services and annually thereafter.

Legal Authority: Minn. Stat. §§§§ 626.556; 245A.66; 245A.04; subd. 14, 245D.09; subd. 4 (5)

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



Intercommunity

Home Health Care

(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



Intercommunity

Home Health Care

(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



Intercommunity Home Health Care

(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

KITTSOON

(218) 843-2689

(218) 843-3535

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



Intercommunity

Home Health Care

(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



Intercommunity

Home Health Care

(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

27 East Franklin Ave, Minneapolis, MN 55404

PH: 612-208-1933 | FAX 612-338-1493

Email: info@intercommunityhhc.com



Intercommunity Home Health Care

(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

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



Intercommunity Home Health Care

(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



Intercommunity Home Health Care

(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 626.556 DEFINITIONS

Subdivision. 2. Definitions.

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

(c) "Substantial child endangerment" means a person responsible for a child's care, and in the case of sexual abuse includes a person who has a significant relationship to the child as defined in section 609.341, or a person in a position of authority as defined in section 609.341, who 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 as defined in section 260C.007, subdivision 14;
- (2) sexual abuse as defined in paragraph (d);
- (3) abandonment under section 260C.301, subdivision 2;
- (4) neglect as defined in paragraph (f), 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;
- (5) murder in the first, second, or third degree under section 609.185, 609.19, or 609.195;
- (6) manslaughter in the first or second degree under section 609.20 or 609.205;
- (7) assault in the first, second, or third degree under section 609.221, 609.222, or 609.223;
- (8) solicitation, inducement, and promotion of prostitution under section 609.322;
- (9) criminal sexual conduct under sections 609.342 to 609.3451;
- (10) solicitation of children to engage in sexual conduct under section 609.352;
- (11) malicious punishment or neglect or endangerment of a child under section 609.377 or 609.378;
- (12) use of a minor in sexual performance under section 617.246; or
- (13) parental behavior, status, or condition which mandates that the county attorney file a termination of parental rights petition under section 260C.301, subdivision 3, paragraph (a).

(d) "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, as defined in section 609.341, or by a person in a position of authority, as defined in section 609.341, subdivision 10, to any act which 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). Sexual abuse also includes any act which involves a minor which constitutes a violation of



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prostitution offenses under sections 609.321 to 609.324 or 617.246. Sexual abuse includes threatened sexual abuse.

(f) "Neglect" means the commission or omission of any of the acts specified under clauses (1) to (9), 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 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 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) nothing in this section 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; except that a parent, guardian, or caretaker, or a person mandated to report pursuant to subdivision 3, has a duty to report if a lack of medical care may cause serious danger to the child's health. This section 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;
- (6) 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, or medical effects or developmental delays during the child's first year of life that medically indicate prenatal exposure to a controlled substance;
- (7) "medical neglect" as defined in section 260C.007, subdivision 6, clause (5);
- (8) chronic and severe use of alcohol or a controlled substance by a parent or person responsible for the care of the child that adversely affects the child's basic needs and safety; or
- (9) emotional harm from a pattern of behavior which 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.

(g) "Physical abuse" means any physical injury, mental injury, or threatened injury, 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 121A.67 or 245.825. Abuse does not include reasonable and moderate physical discipline of a child administered by a parent or legal guardian which does not result in an injury. Abuse does not include



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the use of reasonable force by a teacher, principal, or school employee as allowed by section 121A.582. Actions which are not reasonable and moderate include, but are not limited to, any of the following that are done in anger or without regard to the safety of the child:

- (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 which 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) purposely giving a child poison, alcohol, or dangerous, harmful, or controlled substances which were not prescribed for the child by a practitioner, in order to control or punish the child; or other substances that substantially affect the child's behavior, motor coordination, or judgment or that results in sickness or internal injury, or subjects the child to medical procedures that would be unnecessary if the child were not exposed to the substances;
- (9) unreasonable physical confinement or restraint not permitted under section 609.379, including but not limited to tying, caging, or chaining; or
- (10) 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.

Acknowledgement of Receipt

As the Worker, I have reviewed the above policy in the Manual. I understand that Intercommunity Home Health Care requires that I be trained on the rights of consumers and duties of workers related to the use and disclosure of protected health information. I agree to comply with all policies and procedures. I understand that severe civil and criminal penalties (up to ten years imprisonment and a \$250,000 fine) may be imposed for violation of these regulations.

Worker Signature:

Date:

Representative Signature:

Date: