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Maltreatment of Vulnerable Adults Reporting and Internal Review Policy

B. Vulnerable Adult Definitions

1. "Vulnerable Adult" means any person eighteen (18) years of age or older and:
 - a. Who is a resident or inpatient of a facility;
 - b. Who received services at or from a facility required to be licensed to serve adults pursuant to sections 245 A.01 to 245 A .15, except persons receiving outpatient services for treatment of chemical dependency or mental illness, or one who is served in the Minnesota sex offender program on a court –hold order for commitment, or is committed as a sexual psychopathic personality or as a sexually dangerous person under chapter 253B, is not considered a vulnerable adult unless the person meets the requirements of clause (4).
 - c. Who receives services from a home care provider required to be licensed under section 144A.46; or from a person or organization that exclusively offers, provides, or arranges for personal care assistance services under the medical assistance program as authorized under sections 256B.04, subdivision 16, 256B.0625, subdivision 19a, 256B.0651, 256B.0653 to 256B.0656, and 256B.0659: or
 - d. Who regardless of residence or whether any type of service is received, possesses a physical or mental infirmity or other physical, mental, or emotional dysfunction: (i) that impairs the individual's ability to provide adequately for the individual's own care without assistance, including the provision of food, shelter, clothing, health care, or supervision, and (ii) because of the dysfunction or infirmity and the need for care or services, the individual has impaired ability to protect the individual's self from maltreatment.
 - e. For purposes of this subdivision, "care or services" means care or services for the health, safety, welfare, or maintenance of an individual.

2. "Caretaker" means an individual or facility who has responsibility for the care of a vulnerable adult as a result of family relationship, or who has assumed responsibility for all or a portion of the care of a vulnerable adult voluntarily, or by contract or agreement.

"Mandated Reporter" means a professional or professional's delegate while engaged in social services; law enforcement; education; the care of vulnerable adults; any of the occupations referred to in section 214.01, subdivision 2; an employee of a rehabilitation facility certified by the commissioner of jobs and training for vocational rehabilitation; and employee or person providing services in a facility as defined in subdivision 6; or a person that performs the duties of the medical examiner or coroner. A mandated reporter who has reason to believe that a vulnerable adult is being or has been maltreated, or who has knowledge that a vulnerable adult has sustained a physical injury which is not reasonably explained must report.

3. "Abuse" means:
 - a. An act against a vulnerable adult that constitutes a violation of an attempt to violate, or aiding and abetting a violation of:
 1. Assault in the first through fifth degrees as defined in sections 609.221 to 609.224;
 2. The use of drugs to injure or facilitate crime as defined in section 609.235;
 3. The solicitation, inducement, and promotion of prostitution as defined in section 609.332; and
 4. Criminal sexual conduct in the first through fifth degrees as defined in sections 609.342 to 609.3451. A violation includes any action that meets the elements of the crime, regardless of whether there is a criminal proceeding or conviction.
 - b. Conduct which is not an accident or therapeutic conduct as defined in this section, which produces or could reasonably be expected to produce physical pain or injury or emotional distress including, but not limited to, the following:
 1. Hitting, slapping, kicking, pinching, biting, or corporal punishment of a vulnerable adult;

2. Use of repeated or malicious oral, written, or gestured language toward a vulnerable adult or the treatment of a vulnerable adult which would be considered by a reasonable person to be disparaging, derogatory, humiliating, harassing, or threatening;
 3. Use of any aversive and deprivation procedures, unreasonable confinement, or involuntary seclusion, including the forced separation of the vulnerable adult from other persons against the will of the vulnerable adult or the legal representative of the vulnerable adult; and
 4. Use of any aversive and deprivation procedures for persons with developmental disabilities or related conditions not authorized under section 245.825.
- c. Any sexual contact or penetration as defined in section 609.341, between a facility staff person or a person providing services in the facility and a resident, patient, or client of that facility.
- d. The act of forcing, compelling, coercing, or enticing a vulnerable adult against the vulnerable adult's will to perform services for the advantage of another.
- e. For purposes of this section, a vulnerable adult is not abused for the sole reason that the vulnerable adult or a person with authority to make health care decisions for the vulnerable adult under situations 144.651, 144A.44, chapter 145B, 145C or 252A, or section 253B.03 or 524.5-313, refuses consent or withdraws consent, consistent with that authority and within the boundary of reasonable medical practice, to any therapeutic conduct, including any care, service, or procedure to diagnose, maintain, or treat the physical or mental condition of the vulnerable adult or, where permitted under law, to provide nutrition and hydration parentally or through intubation. This paragraph does not enlarge or diminish rights otherwise held under law by;
1. A vulnerable adult or person acting on behalf of a vulnerable adult, including an involved family member, to consent or refuse consent for therapeutic conduct; or
 2. A caregiver to offer or provide or refuse to offer or provide therapeutic conduct.

- f. For purposes of this section, a vulnerable adult is not abused for the sole reason that the vulnerable adult, a person with authority to make health care decisions for the vulnerable adult, or a caregiver in good faith selects and depends upon spiritual means or prayer for treatment or care of disease or remedial care of the vulnerable adult in lieu of medical care, provided that this is consistent with the prior practice or belief of the vulnerable adult or with the expressed intentions of the vulnerable adult.
 - g. For purposes of this section, a vulnerable adult is not abused for the sole reason that the vulnerable adult, who is not impaired in judgment or capacity by mental or emotional dysfunction or undue influence, engages in consensual sexual contact with:
 - 1. A person, including a facility staff person, when a consensual sexual personal relationship existed prior to the care giving relationship.
 - 2. A personal care attendant, regardless of whether the consensual sexual personal relationship existed prior to the care giving relationship.
4. "Neglect" means:
- a. The failure or omission by a caretaker to supply the vulnerable adult with care or services, including but not limited to, food, clothing, shelter, health care, or supervision which is:
 - 1. Reasonable and necessary to obtain or maintain the vulnerable adult's physical or mental health or safety, considering the physical and mental capacity or dysfunction of the vulnerable adult; and,
 - 2. Which is not the result of an accident or therapeutic conduct.
 - a. Definition of an Accident: A sudden, unforeseen, and unexpected occurrence or event which: (1) is not likely to occur and which could not have been prevented by exercise of due care; and (2) if occurring while a vulnerable adult is receiving services from a facility, happens when the facility and the employee or person providing services in the facility are in compliance with the laws and rules relevant to the occurrence or event.
 - b. Definition of Therapeutic conduct: The provision of program services, health care, or other personal care services done in good faith in the interests of the vulnerable adult by: (1) an individual, facility, or employee or person providing services in a facility under the rights, privileges and responsibilities, conferred by state license, certification, or registration: or (2) a caregiver.

- b. The absence or likelihood of absence of care or services, including but not limited to necessary food, clothing, shelter, health care or supervision necessary to maintain the physical and mental health of the vulnerable adult which a reasonable person would deem essential to obtain or maintain vulnerable adult's health, safety, or comfort considering the physical or mental capacity or dysfunction of the vulnerable adult.
- c. For purposes of this section, a vulnerable adult is not neglected for the sole reason that:
 - 1. The vulnerable adult or a person with authority to make health care decisions for the vulnerable adult under sections 144.651, 144a.44, chapter 145B, 145C, or 252A, or section 253B.03, or 524.5-101 to 524.5-502, refuses consent or withdraws consent, consistent with that authority and within the boundary of reasonable medical practice, to any therapeutic conduct, including any care, service, or procedure to diagnose, maintain, or treat the physical or mental condition of the vulnerable adult, or, where permitted under law, to provide nutrition and hydration parenterally or through intubation; this paragraph does not diminish rights otherwise held under law by: (i) a vulnerable adult or a person acting on behalf of a vulnerable adult, including an involved family member, to consent to or refuse consent for therapeutic conduct; or (ii) a caregiver to offer or provide or refuse to offer or provide therapeutic conduct; or,
 - 2. The vulnerable adult, a person with authority to make health care decisions for the vulnerable adult, or a caregiver in good faith selects and depends upon spiritual means or prayer for treatment or care of disease or remedial care of the vulnerable adult in lieu of medical care, provided that this is consistent with the prior practice or belief of the intentions vulnerable adult or with the expressed of the vulnerable adult;
 - 3. The vulnerable adult, who is not impaired in judgment or capacity by mental or emotional dysfunction or undue influence, engages in sexual contact with: (i) a person, including a facility staff person, when a consensual sexual personal relationship existed prior to the care giving relationship; or (ii) a personal care attendant, regardless of whether the consensual sexual personal relationship existed prior to the care giving relationship; or
 - 4. An individual error in the provision of therapeutic conduct to a vulnerable adult which does not result in injury or harm, which reasonably requires medical or mental health care: or

5. The individual makes an error in the provision of therapeutic conduct to a vulnerable adult that results in injury or harm, which reasonably requires the care of a physician, and (i) the necessary care is provided in a timely fashion as dictated by the condition of the vulnerable adult; (ii) if after receiving care, the health status of the vulnerable adult can be reasonably expected, as determined by the attending physician, to be restored to the vulnerable adult's preexisting condition; (iii) the error is not part of a pattern of errors by the individual; (iv) if in a facility, the error is immediately reported as required under section 626.557, and recorded internally in the facility; (v) if in a facility, the facility identifies and takes corrective action and implements measures designed to reduce the risk of further occurrence of this error and similar errors; and, (vi) if in a facility, the actions required under items (iv) and (v) are sufficiently documented for review and evaluation by the facility and any applicable licensing, certification and ombudsman agency.
 - d. Nothing in this definition requires a caregiver, if regulated, to provide services in excess of those required by the caregiver's license, certification, registration, or other regulation.
 - e. If the findings of an investigation by a lead investigative agency result in a determination of substantiated maltreatment for the sole reason that the actions required of a facility under paragraph (c), clause (5), item (iv), (v), (vi) were not taken, then the facility is subject to a correction order. An individual will not be found to have neglected or maltreated the vulnerable adult based solely on the facility's not having taken the actions required under paragraph (c), clause(5), item (iv),(v), or (vi). This must not alter the lead investigative agency's determination of mitigating factors under section 626.557 subdivision 9c, paragraph (c).
5. "Financial Exploitation" means:
- a. In breach of a fiduciary obligation recognized elsewhere in law, including pertinent regulations, contractual obligations, documented consent by a competent person, or the obligations of a responsible party under section 144.6501 a person:
 1. Engages in unauthorized expenditure of funds entrusted to the actor by the vulnerable adult which results or is likely to result in detriment to the vulnerable adult; or
 2. Fails to use the financial resources of the vulnerable adult to provide food, clothing, health care, therapeutic conduct or supervision for the vulnerable adult, and the failure results or is likely to result in detriment to the vulnerable adult.

- b. In the absence of legal authority a person:
 - 1. Willfully uses, withholds, or disposes of funds or property of a vulnerable adult;
 - 2. Obtains for the actor or another the performance of services by a third person for the wrongful profit or advantage of the actor or another to the detriment of the vulnerable adult;
 - 3. Acquires possession or control of, or an interest in, funds or property of a vulnerable adult through the use of undue influence, harassment, duress, deception, or fraud;
 - 4. Forces, compels, coerces, or entices a vulnerable adult against the vulnerable adult's will to perform services for the profit or advantage of another.
 - c. Nothing in this definition requires a facility or caregiver to provide financial management or supervise financial management for a vulnerable adult except as otherwise required by law.
6. Report: "Report" means a statement concerning all the circumstances surrounding the alleged or suspected maltreatment, as defined in this section, of a vulnerable adult which are known to the reporter in the time the statement is made.

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Maltreatment of Vulnerable Adults Reporting and Internal Review Policy

C. Procedures for Reporting

1. Policy:

It is the Policy of this DHS licensed provider Meridian Services, Incorporated to protect the adults served by this program who are vulnerable to maltreatment and to require the reporting procedure of suspected maltreatment of vulnerable adults.

2. Procedure:

a. Who Should Report Suspected Maltreatment of a Vulnerable Adult:

All employees of Meridian Services, Incorporated who suspect that maltreatment is occurring will take immediate action to stop the suspected maltreatment, including calling the police.

Staff are Mandated to Report

1. Any case or suspected case of maltreatment
2. Any injury not reasonably explained by the vulnerable adult's history of injuries.
3. Any case of vulnerable adult to vulnerable adult abuse in the form of verbal or physical aggression, emotional distress or self-injurious behavior if it causes harm.
4. Any error in therapeutic, where or not there is harm.

Mandated Reporter: As a mandated reporter, if you know or suspect that a vulnerable adult has been maltreated, you must report it immediately. Immediately means as soon as possible, but no longer than 24 hours from the knowledge of the incident occurred has been received.

- b. Where to Report- You can make an external or an internal report
1. You may make an external report to the Minnesota Adult Abuse Reporting Center/MAARC at **844-880-1574**
 2. You may make an internal report to your supervisor.
 3. The supervisor will report this information at once to the appropriate Program Director or Program Administrator. The Program Administrator will report this information to the Chief Operating Officer.
 4. If this person is involved in the alleged or suspected maltreatment, you must report to the Program Administrator or Chief Operating Officer.

c. Internal Report

1. When an internal report is received, the Chief Operating Officer is responsible for deciding if a report to the Minnesota Adult Abuse Reporting Center/MAARC is required, If that person involved in the suspected maltreatment, the Chief Executive Officer will assume responsibility for deciding if the report must be forwarded to the Minnesota Adult Abuse Reporting Center/MAARC.
2. The Program Administrator or Chief Operating officer will contact the Minnesota Adult Abuse Reporting Center/MAARC.
3. The report to the Minnesota Adult Abuse Reporting Center/MAARC must be as soon as possible, but no longer than 24 hours from the time initial knowledge that the incident occurred has been received.
4. In the event that the alleged or suspected maltreatment constitutes a criminal act, including, but not limited to assault, sexual assault, theft, etc. the Program Administrator or Chief Operating Officer will report the information to the police, verbally, as soon as possible, but no longer than twenty-four (24) hours from the time initial knowledge that the criminal act occurred.

5. If you have reported internally, you will receive, within two working days, a written notice from the Quality Assurance Administrator that tells you whether or not your report has been forwarded to the Minnesota Adult Abuse Reporting Center/MAARC. The written notice must be given to you in a manner that protects your confidentiality as a reporter. It shall inform you that if you are not satisfied with the action taken by the facility on whether to report the incident to the Minnesota Adult Abuse Reporting Center/MAARC, you may still make an external report to the Minnesota Adult Abuse Reporting Center/MAARC. It must also inform you that you are protected against retaliation by the program if you make a good faith report to the Minnesota Adult Abuse Reporting Center/MAARC.
- d. External Reporting Procedures:
1. All employees of Meridian Services, Incorporated who suspect that maltreatment is occurring will take immediate action to stop the suspected maltreatment, including calling the police.
 2. All employees who have a reasonable suspicion that maltreatment of a vulnerable adult has occurred will immediately report the suspicions to either their immediate supervisor or to outside authorities.
 3. If the employee chooses to report directly to outside or external authorities, they will contact the Minnesota Adult Abuse Reporting Center/MAARC, local law enforcement, or Department of Human Services.
 4. The report to the Minnesota Adult Abuse Reporting Center/MAARC must be as soon as possible, but no longer than 24 hours from the time initial knowledge that the incident occurred has been received.
- e. What to Report:
1. Definitions of maltreatment of vulnerable adults are contained in Minnesota Statutes, section 626.5572. (Current definitions are attached to this policy).
 2. An external or internal report should contain enough information to identify the vulnerable adult, the caregiver, the nature and extent of the unsuspected maltreatment, any evidence of previous maltreatment, the name and address of the reporter, the time, date, and location of the incident, and any other information that the reporter believed might be helpful in investigating the suspected maltreatment.

3. In the event that the alleged or suspected maltreatment constitutes a criminal act, including, but not limited to assault, sexual assault, theft, etc. The information will be reported to the police, as well as the Minnesota Adult Abuse Reporting Center/MAARC, verbally, as soon as possible, but no longer than 24 hours from the time initial knowledge that the criminal act occurred.
- f. **Failure to Report:** A mandated reporter who negligently or intentionally fails to report suspected maltreatment of a vulnerable adult is liable for damages caused by the failure to report.
- g. **Falsified Reports:** A person or facility who intentionally makes a false report shall be liable in a civil suit for any actual damages suffered by the reported facility, person or persons and for punitive damages up to \$10,000 and attorney fees.
- h. **Internal Review;**
 1. When Meridian Services, Incorporated has reason to know that an internal or external report of all alleged or suspected maltreatment has been made, the program must complete an internal review and take corrective action, if necessary, to protect the health and safety of vulnerable adults. Internal Reviews must be completed within 30 calendar days.
 2. The internal review must include an evaluation if 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 vulnerable adults of the services involved; and
 - e. There is a need for corrective action by the license holder to protect the health and safety of vulnerable adults.
 3. **Primary and Secondary Person or Position to Ensure Internal Reviews are completed**
 - a. The internal review will be completed by the Quality Assurance Administrator
 - b. If this individual is involved in the alleged or suspected maltreatment, internal review will be completed by the Chief Operation Officer.

4. All employees will cooperate with investigations conducted internally by Quality Assurance.
5. Meridian Services, Incorporated, standard procedure is to suspend without pay any employee accused of committing a violation of the Minnesota Vulnerable Adult Act. Meridian Services will make every effort to conduct a speedy investigation. All employees are expected to cooperate with the investigation process. It may be grounds for termination if an employee fails to cooperate with the investigation process. It may be grounds for termination if an employee fails to cooperate with the investigation process. Any suspended employee may not return to work until they have been interviewed and the investigation process is completed, If the investigation determines that it is appropriate to do so the employee will be allowed to return to their normal work schedule.
6. The Quality Assurance Representative will call and set up interviews with the individuals that need to be interviewed for the investigation. Whenever possible Quality Assurance will interview the mandated reporter and any other witnesses first, prior to interviewing the alleged perpetrator. The interviews should take place in person, unless it is determined that a phone call interview will be sufficient.
7. Quality Assurance will begin the interview by asking general questions. As the interview progresses the questions should get more specific to the incident at hand. The interview questions should not be questions that lead the interviewee. It is the intent to get all personal accounts of the incident. The interview will be documented by Quality Assurance.
8. A report made by a mandated reporter is considered confidential and will not be discussed with anyone other than the supervisors responsible for the review and with those assisting with the investigations, both internally and externally.
9. Mandated reporters do not have access to the information relating to the investigation. Access to that information is limited to the supervisors responsible for the investigation and to those assisting with the investigation, both internally and externally.
10. All employees will cooperate fully during all internal and external investigations.

i. Documentation of internal review:

1. Meridian Services, Incorporated must document completion of the internal review and provide documentation of the review to DHS immediately upon the commissioner's request. When requested the internal review will also be sent to the county social service Agency (MINNESOTA ADULT ABUSE REPORTING CENTER/MAARC), Department of Human Services Investigation Unit, Chief Operating Officer, and the Chief Executive Officer. The original report will be filed securely with the original Vulnerable adult report.
2. The Quality Assurance representative of a designee will serve as the contact of Meridian Services, Incorporated with all outside investigating authorities. The Quality Assurance Representative along the appropriate Program administrator will ensure that all employees cooperate with all outside agencies,

j. Corrective Action Plan:

1. Based on the results of the internal review, Meridian Services, Incorporated must develop, document, and implement a corrective action plan designed to correct lapses and prevent future lapses in performance by individuals or the program, if any.
2. Once the reports and reviews have been completed or received, the Quality Assurance Representative, will review the findings of every investigation with the Chief Operating Officer and Program Administrator. They will also share these findings with the Chief Executive Officer and Chief Program Administrator together they will determine the plan of corrections or action to be taken. The action to be taken may include:
 - a. A personal note to the staff person regarding the specific incident.
 - b. A retraining in the related area of the policy or procedure that was not followed by the staff person
 - c. The transfer of a staff person to a different program or site location
 - d. Termination

- e. Any other conclusion as determined by the Chief Executive Officer (CEO), Chief Operating Officer (COO) or Chief Administrative Officer (CAO).
- f. The Chief Executive Officer (CEO), Chief Operating Officer (COO) or Chief Administrative Officer (CAO) will inform Quality Assurance of their decision so that it may be added to the conclusions of the internal investigation
- g. The Chief Operating Officer or Program Administrator will ensure that the implementation plan is completed and will provide evidence to the Quality Assurance Representative of its completion.

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Maltreatment of Minor Reporting and Internal Review Policy

B. Maltreatment of Minors Definitions

1. "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:

- a. Egregious harm as defined in section [260C.007, subdivision 14](#);
- b. Sexual abuse as defined in paragraph (d);
- c. Abandonment under section [260C.301, subdivision 2](#)
- d. 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
- e. Murder in the first, second, or third degree under section [609.185](#), [609.19](#), or [609.195](#)
- f. Manslaughter in the first or second degree under section [609.20](#) or [609.205](#);
- g. Assault in the first, second, or third degree under section [609.221](#), [609.222](#), or [609.223](#)
- h. Solicitation, inducement, and promotion of prostitution under section [609.322](#)
- i. Criminal sexual conduct under sections [609.342](#) to [609.3451](#);

- j. Solicitation of children to engage in sexual conduct under section [609.352](#);
- k. Malicious punishment or neglect or endangerment of a child under section [609.377](#) or [609.378](#)
- l. Use of a minor in sexual performance under section [617.246](#); or
- m. Parental behavior, status, or condition which mandates that the county attorney file a termination of parental rights petition under section 260C.301, subdivision 2,

2. "Sexual abuse" means:

The commission or omission of any of the acts specified under clauses (1) to (9) other than by accidental 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 [609.345](#) (criminal sexual conduct in the fifth degree). Sexual abuse also includes any act which involves a minor which constitutes a violation of prostitution offenses under sections [609.321](#) to [609.324](#) or [617.246](#). 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 9a0 or(b), or required registration under section 243.166, subdivision 1b, paragraph (a) or (b).

3. "Neglect" means:

- a. 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;
- b. 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;

- c. 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;
- d. 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](#)
- e. 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;
- f. 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 or the presence of a fetal alcohol spectrum disorder.
- g. "Medical Neglect" as defined in section [260C.007, subdivision 6](#), clause (5)
- h. 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 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

4. "Physical abuse" means:

- a. 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](#).
- b. 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 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 non-accidental 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;
 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](#).

5. "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

6. "Threatened injury" means:

A statement, overt act, condition, or status that represents a substantial risk of physical or sexual abuse or mental injury. Threatened injury includes, but is not limited to, exposing a child to a person responsible for the child's care, as defined in paragraph (e), clause (1), who has:

- a. Subjected a child to, or failed to protect a child from, an overt act or condition that constitutes egregious harm, as defined in section [260C.007, subdivision 14](#), or a similar law of another jurisdiction;
- b. Been found to be palpably unfit under section [260C.301](#), paragraph (b), clause (4), or a similar law of another jurisdiction;
- c. Committed an act that has resulted in an involuntary termination of parental rights under section [260C.301](#), or a similar law of another jurisdiction;
- d. Committed an act that has resulted in the involuntary transfer of permanent legal and physical custody of a child to a relative under section [260C.201, subdivision 11](#), paragraph (d), clause (1), or a similar law of another jurisdiction.

Persons who conduct assessments or investigations under this section shall take into account accepted child-rearing practices of the culture in which a child participates and accepted teacher discipline practices, which are not injurious to the child's health, welfare, and safety.

7. "Accidental" means:

Sudden, not reasonably foreseeable, and unexpected occurrence or event which:

- a. Is not likely to occur and could not have been prevented by exercise of due care; and

- b. If occurring while a child is receiving services from a facility, happens when the facility and the employee or person providing services in the facility are in compliance with the laws and rules relevant to the occurrence of event.

8. "Non-maltreatment mistake" means:

This definition only applies to child care centers licensed under Minnesota Rules, chapter 9503. If clauses (1) to (5) apply, rather making a determination of substantiated maltreatment by the individual, the commissioner of human services shall determine that a non-maltreatment mistake was made by the individual.

- a. At the time of the incident, the individual was performing duties identified in the centers child care program plan required under Minnesota Rules part 9503.0045;
- b. The individual has not been determined responsible for a similar incident that resulted in a finding of maltreatment for at least seven years:
- c. The individual has not been determined to have committed a similar non-maltreatment mistake under this paragraph for at least four years.
- d. Any injury to a child resulting from the incident, if treated, is treated only with remedies that are available over the counter, whether ordered by a medical professional or not: and
- e. Except for the period when the incident occurred, the facility and the individual providing services were both in compliance with all licensing requirements relevant to the incident.

9. "Person responsible for the child's care" means:

- a. An individual functioning within the family unit and having responsibilities for the care of the child such as a parent, guardian, or other person having similar care responsibilities, or
- b. An individual functioning outside the family unit and having responsibilities for the care of the child such as a teacher, school administrator, other school employees or agents, or other lawful custodian of a child having either full-time or short-term care responsibilities including, but not limited to, day care, babysitting whether paid or unpaid, counseling, teaching, and coaching.

10. "Report" means:

Any report received by the local welfare agency, police department, county sheriff, or agency responsible for assessing or investigating maltreatment pursuant to this section.

9.

Maltreatment of Minors Reporting and Internal Review Policy

C. Procedures for Reporting

1. Policy:

It is the policy of this Department of Human Services (DHS) licensed provider, Meridian Services, Incorporated, to protect the children served by this program whose health or welfare may be jeopardized through physical abuse, neglect, or sexual abuse.

2. Procedure:

a. Who Should Report Child Abuse and Neglect?

1. If you provide care to children served by this program, you are legally required or mandated to report and cannot shift the responsibility of reporting to your supervisor or to anyone else at your licensed facility.
2. If you know or have reason to believe a child is being or has been neglected or physically or sexually abused within the preceding three years you must immediately make a report to an outside agency. Immediately means as soon as possible but in no event longer than 24 hours.

b. Where to Report:

1. If you know or suspect that a child is in immediate danger, you must call 911.
2. All reports concerning suspected abuse or neglect of children occurring in this program must be made to the Department of Human Services, Licensing Division's Maltreatment Intake Line at (651) 431-6600 and the local county social service agency (see county numbers attached to this policy).

3. 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 service agency (See county numbers attached) or local law enforcement at (see local law enforcement numbers attached).
4. If your report does not involve possible abuse and neglect, but does involve possible violations of Minnesota Statutes or Rules that govern the facility, you should call the department of Human Services, Licensing Division at (651) 431-6500

c. What to Report:

1. Definitions of maltreatment are contained in the Reporting of Maltreatment of Minors Act (Minnesota Statutes, section 626.556 (Current definitions are attached to this policy).
2. A report to any of the above agencies should contain enough information to identify the child involved, any persons responsible for the abuse or neglect (if known), and the nature and extent of the maltreatment and/or possible licensing violations. For reports concerning suspected abuse or neglect occurring within this program, the report should include any actions taken by this program in response to the incident.
3. An oral report of suspected abuse or neglect made to one of the above agencies by a mandated reporter and must be followed by a written report to the same agency within 72 hours, exclusive of weekends and holidays.

d. Failure to Report:

A mandated reporter who knows or has reason to believe a child is or has been neglected or physically or sexually abused and fails to report is guilty of a misdemeanor. In addition, a mandated reporter who fails to report maltreatment that is found to be serious or recurring maltreatment may be disqualified from employment in positions allowing direct contact with persons receiving services from programs licensed by the Department of Human Services and by the Minnesota Department of Health, and unlicensed Personal Care Provider Organizations.

e. Falsified Reports.

A person or facility who intentionally makes a false report shall be liable in a civil suit for any actual damages suffered by the reported facility, person or persons and for punitive damages up to \$10,000 and attorney fees.

f. Retaliation Prohibited

Meridian Services, Incorporated, as employer of any mandated reporter, must not retaliate against the mandated reporter for reports made in good faith or against a child with respect to whom the report is made. The Reporting of Maltreatment of Minors Act contains specific provisions regarding civil actions that can be initiated by mandated reporters who believe that retaliation has occurred.

g. Internal Reporting Procedure:

1. The Mandated reporter will contact the appropriate agency and report the suspected maltreatment within 24 hours.
2. When the Mandated Reporter chooses to notify Meridian Services, Incorporated of the alleged Maltreatment, Meridian Services, Incorporated will assist the Mandated Reporter in filling out the proper paper work as needed. If requested by the Mandated Reporter, Meridian Services, Incorporated will assist the Mandated Reporter in calling in the alleged maltreatment.
3. If this person is involved in the alleged or suspected maltreatment, you may report to the Program Administrator or Chief Operating Officer.
4. When Meridian Services, Incorporated is notified of the Maltreatment the supervisor will report this information at once to the appropriate Program Director or Program Administrator. The Program Administrator will report this information to the Chief Operating Officer.
5. When an internal report is received, the Chief Operating Officer will review the report.
6. To ensure that all information was reported to Child Protection by the Mandated reported, the Program Administrator or Chief Operating officer will contact Child Protection.

7. The report to Child Protection must be as soon as possible, but no longer than 24 hours from the time initial knowledge that the incident occurred has been received,
 8. In the event that the alleged or suspected maltreatment constitutes a criminal act, including, but not limited to assault, sexual assault, theft, etc., the Program Administrator or Chief Operating Officer will report the information to the police, verbally, as soon as possible, but no longer than twenty-four (24) hours from the time initial knowledge that the criminal act occurred.
- h. Internal Review;
1. When Meridian Services, Incorporated has reason to know that an internal or external report of all alleged or suspected maltreatment has been made, the program must complete an internal review within 30 calendar days and take corrective action, if necessary, to protect the health and safety of children in care.
 2. The internal review must include an evaluation if 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; and
 - e. There is a need for corrective action by the program to protect the health and safety of children in care.
 3. Primary and Secondary Person or Position to Ensure Internal Reviews are completed
 - a. The internal review will be completed by:
Quality Assurance Administrator
 - b. If this individual is involved in the alleged or suspected maltreatment, internal review will be completed by the Chief Operation Officer.

4. All employees will cooperate with investigations conducted internally by Quality Assurance.
5. Meridian Services, Incorporated's standard procedure is to suspend without pay any employee accused of committing a violation of the Minnesota Maltreatment of Minors Act. Meridian Services, Incorporated will make every effort to conduct a speedy investigation. All employees are expected to cooperate with the investigation process. It may be grounds for termination if an employee fails to cooperate with the investigation process. It may be grounds for termination if an employee fails to cooperate with the investigation process. Any suspended employee may not return to work until they have been interviewed and the investigation process is completed, If the investigation determines that it is appropriate to do so the employee will be allowed to return to their normal work schedule.
6. The Quality Assurance Representative will call and set up interviews with the individuals that need to be interviewed for the investigation. Whenever possible Quality Assurance will interview the mandated reporter and any other witnesses first, prior to interviewing the allege perpetrator. The interviews should take place in person, unless it is determined that a phone call interview will be sufficient.
7. Quality Assurance will begin the interview by asking general questions. As the interview progresses the questions should get more specific to the incident at hand. The interview questions should not be questions that lead the interviewee. It is the intent to get all personal accounts of the incident. The interview will be documented by Quality Assurance.
8. A report made by a mandated reporter is considered confidential and will not be discussed with anyone other than the supervisors responsible for the review and with those assisting with the investigations, both internally and externally.
9. Mandated reporters do not have access to the information relating to the investigation. Access to that information is limited to the supervisors responsible for the investigation and to those assisting with the investigation, both internally and externally.
10. All employee's will cooperate fully during all internal and external investigations.

i. Documentation of internal review:

1. Meridian Services, Incorporated must document completion of the internal review and provide documentation of the review to the commissioner immediately upon the commissioner's request. When requested, the internal review will also be sent to the county social service Agency, Department of Human Services Investigation Unit, Chief Operating Officer, and the Chief Executive Officer. The original report will be filed securely with the original Maltreatment of Minors report.
2. The Quality Assurance representative of a designee will serve as the contact of Meridian Services, Incorporated with all outside investigating authorities. The Quality Assurance Representative along the appropriate Program administrator will ensure that all employees cooperate with all outside agencies,

j. Corrective Action Plan:

1. Based on the results of the internal review, Meridian Services, Incorporated must develop, document, and implement a corrective action plan designed to correct current lapses and prevent future lapses in performance by individuals or the program, if any.
2. Once the reports and reviews have been completed or received, the Quality Assurance Representative, will review the findings of every investigation with the Chief Operating Officer and Program Administrator. They will also share these findings with the Chief Executive Officer and Chief Program Administrator together they will determine the plan of corrections or action to be taken. The action to be taken may include:
 - a. A Personal Note to the staff person regarding the specific incident
 - b. A retraining in the related area of the policy or procedure that was not followed by the staff person
 - c. The transfer of a staff person to a different program or site location
 - d. Termination
 - e. Any other conclusion as determined by the CEO, COO or CAO

- f. The CEO, COO and CAO will inform Quality Assurance of their decision so that it may be added to the conclusions of the internal investigation
- g. The Chief Operating Officer or Program Administrator will ensure that the implementation plan is completed and will provide evidence to the Quality Assurance Representative of its completion.