

MANDATED REPORTING OF SUSPECTED MALTREATMENT TO MINORS

Any Canvas Health professional staff person or professional delegate (practitioner) providing services as part of a Canvas Health program is a mandated reporter and is legally required to immediately report (within 24 hours) to an outside agency any reason to believe that a child is being, or has been maltreated within the preceding three years. All other staff persons, temporary, volunteers, contractors are to report to a professional who will review scenario and report the maltreatment as mandated by law.

Authority:

[2022 MN Statute 260E](#)
[2022 MN Statute, section 245A.04, subdivision 14](#)
[2022 MN Statutes 260C.007 subd. 6](#)
[2022 MN Statutes 260.762](#)
[2022 MN Administrative Rules 9560.0230](#)
[25 USC 1901 ET SEQ \(ICWA\)](#)

Applicability:

This policy pertains to all Canvas Health Employee, interns and volunteers.

Definitions:

Definitions of maltreatment are contained in the Reporting of Maltreatment of Minors Act (2022 MN Statutes 260E.03) a full and current list can be found at [Sec. 260E.03 MN Statutes](#).

Electronic Health Record (EHR): the electronic based system that stores a client's clinical record, which is accessed & used by providers to manage the clinical care of the client.

Guidelines and Implementation:

I. Who Should Report Child Maltreatment

- A. Any person may voluntarily report maltreatment.

- B. If you work with children in a licensed facility or certified 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. If you know or have reason to believe a child is being or has been maltreated within the preceding three years you must immediately (within 24 hours) make a report to an outside agency.
- C. Mandatory reporters also include a professional or professional's delegate who is engaged in the practice of the healing arts, social services, hospital administration, psychological or psychiatric treatment, child care, education, correctional supervision, probation and correctional services, or law enforcement.

II. Where to Report Suspected Maltreatment:

A. Immediate Danger

1. If you know or suspect that a child is in immediate danger or the child is abandoned, **contact 911 immediately**. Law enforcement officers can remove a child from a threatening environment to protect the child.

B. No Immediate Danger

1. All reports concerning suspected maltreatment of children occurring **within a family or in the community** should be made to the local welfare agency, agency responsible for assessing or investigating the report, police department, county sheriff, tribal social services agency, or tribal police department. You can find the local number at <http://www.mn.gov/dhs/people-we-serve/children-and-families/services/child-protection/contact-us/index.jsp>
2. All reports concerning suspected maltreatment of children occurring in a licensed facility should be made to the Department of Human Services, Licensing Division's Maltreatment Intake line at (651) 431-6600.
3. If your report does not involve possible maltreatment, 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.
4. If you are unsure whether you should make a report, or to whom the report should be made, speak with your direct supervisor, Division Director, or in their absence, any Director. It is important to remember that staff are responsible for the reporting of suspected maltreatment. Staff are not responsible for making a determination as to whether or not the suspected maltreatment occurred. Further, you may place a call to the client's County of residence Community Services Intake. (See above telephone numbers) The child protection staff will help you decide if a report should be made, and to whom, based on the information you provide.

III. What to Report

A. Reporting

1. A person who knows or has reason to believe a child is being maltreated, as defined in section [260E.03](#), or has been maltreated within the preceding three

- years shall immediately report the information to the local welfare agency, agency responsible for assessing or investigating the report, police department, county sheriff, tribal social services agency, or tribal police department.
2. An oral report shall be made immediately by telephone or otherwise (as soon as possible but no longer than 24 hours). An oral report made by a person required under section [260E.06, subdivision 1](#), to report shall be followed within 72 hours, exclusive of weekends and holidays, by a report in writing to the appropriate police department, the county sheriff, the agency responsible for assessing or investigating the report, or the local welfare agency. Reports concerning maltreatment of children in facilities licensed by the Minnesota Department of Human Services, should be made to the Licensing Division's Central Intake line at (651) 431-6600.
 3. Any report shall be of sufficient content to identify the child, any person believed to be responsible for the maltreatment of the child if the person is known, the nature and extent of the maltreatment and/or possible licensing violations, and the name and address of the reporter. For reports concerning suspected maltreatment occurring within a licensed facility, the report should include any actions taken by the facility in response to the incident.

B. Reporting in Good Faith and Immunity from Prosecution:

Any person making a voluntary or mandated report who is considered to be a mandated reporter under M.S. 260E.34 is immune from any civil or criminal liability that otherwise might result from their actions, if they were acting in good faith.

C. Failure to Report:

1. A person mandated by section [260E.06, subdivision 1](#), to report who knows or has reason to believe that a child is maltreated, as defined in section [260E.03](#), or has been maltreated within the preceding three years, and fails to report is guilty of a misdemeanor.
2. A person mandated by section [260E.06, subdivision 1](#), to report who knows or has reason to believe that two or more children not related to the offender have been maltreated, as defined in section [260E.03](#), by the same offender within the preceding ten years, and fails to report is guilty of a gross misdemeanor.
3. In addition, a mandated reporter who fails to report maltreatment that is found to be serious or reoccurring 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.

III. When a Report is Made:

- A. When you contact law enforcement, child protection or another responsible agency, be prepared to provide the following information to the best of your ability:
 - 1. Your name and phone number
 - 2. Your relationship to the family or child
 - 3. Where the child is now and whether the child is in immediate danger
 - 4. A description of when and where the incident occurred and what happened to the child
 - 5. A description of the injuries &/or present condition of the child
 - 6. The names and addresses of the child, parents or caregivers
 - 7. A report of any witnesses to the incident and their names
 - 8. Any additional information you have about the child, family or caregivers that may be helpful
 - 9. A description of what action the facility or school has taken in response to the incident, if the incident occurred in a licensed facility or a school
 - 10. Whether you know of any immediate family, relative, or community resources that would offer protection or support
 - 11. Your capacity and willingness to offer help to the family.

- B. Be prepared to gather the name and telephone number of the person taking your report.

- C. Documentation and Follow Up:
 - 1. All reports of maltreatment should be discussed with an immediate Supervisor. If absent, another Supervisor or Director should be notified. Severe or complex maltreatment issues that interfere with the provision of treatment should be staffed in the appropriate program providing treatment.
 - 2. When appropriate, parents should be informed of, and/or involved in the reporting process. Involving parents should be clearly based on whether or not it presents any imminent or additional danger to the child.
 - 3. Within 72 hours of an oral report to one of the above identified agencies, exclusive of weekends and holidays, reporter must complete and fax or submit online a written report whether or not a written report is requested by the identified agency.
 - 4. When a report of maltreatment is made, there should be a note entered into the client record indicating that a report was made and the date of the report. The report should be uploaded into the EHR, but is not considered part of the client's legal medical record, nor is it part of the designated record set. See Designated Record Set Policy.

IV. Retaliation Prohibited:

- A. Canvas Health, as an employer of mandated reporters, or its employees shall not retaliate against the mandated reporter for reports made in good faith, or against a child with respect to whom the report is made. Please refer to [HR-3000 Anti-Retaliation Policy](#) and [HR-3017 Anti-Harassment and Respectful Workplace Policy](#).
- B. 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.

V. Internal Reporting and Review Process ([2022 Mn. Stat. 245A.66](#)):

- A. When Canvas Health has reason to know that an internal or external report of alleged or suspected maltreatment has been made, Canvas Health will complete an internal review and take corrective action, if necessary to protect the health and safety of children in care when Canvas Health has reason to know that an internal or external report of alleged or suspected maltreatment has been made.
- B. For all non-substance use programs, the primary position to complete the review will be the Supervisor for the program area involved, or, if there is no Supervisor, the Manager for the program area involved, or if there is no Supervisor or Manager, the Director for the area involved. The secondary position will be the Director for the program area, unless the Director is the primary position, in which case it will be the Chief Operations Officer. The secondary person shall be involved when there is reason to believe that the primary person was involved in the alleged or suspected maltreatment.
 - 1. For all Substance Use Programs, the internal review will be completed by the Manager of Substance Use (primary position).
 - 2. If the above individual is involved in the alleged or suspected maltreatment, the Director of Substance Use Treatment Services (secondary position), will be responsible for completing the internal review.
- C. Internal review must be initiated as soon as possible, with corrective action, if necessary, taken as soon as possible to protect the health and safety of children in care. The internal review must be completed within 30 calendar days. The internal review will include an evaluation of whether or not:
 - 1. Related policies and procedures were followed
 - 2. The policies and procedures were adequate
 - 3. There is a need for additional staff training
 - 4. The reported event is similar to past events with the children, or the services involved
 - 5. There is a need for corrective action by the license holder to protect the health and safety of children in care.
- D. Canvas Health will document the review findings and provide documentation of the review to the commissioner upon the commissioner's request.
- E. Based on the results of the internal review, Canvas Health will develop, document and implement a corrective plan of action designed to correct current lapses and prevent future lapses in performance by individuals or Canvas Health, if any.

VI. Training:

- A. Canvas Health provides training to all staff upon hire and annually thereafter related to the mandated reporting responsibilities as specified in the Reporting of Maltreatment or Minors Act ([MN Statute, 260E](#)). Staff may not have direct contact with clients until the training is completed.

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Approved By: Policy Review Committee

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- B. Canvas Health documents the provision of this training in individual personnel records, monitors implementation by staff, and ensures that the policy is readily accessible to staff as specified under [MN Statute, section 245A.04, subdivision 14](#).

VII. Disciplinary Action

- A. Employees found in violation of this policy or in violation of Mn. Statutes [245A.65](#), [626.557](#), and 626.5572, and chapter 260E, will receive disciplinary action up to and including termination of employment.

VIII. Notice to Clients

- A. Clients will be made aware of Canvas Health's maltreatment of minors reporting obligations through the Notice of Privacy Practices and Informed Consent to Treat.
- B. Substance Use Program clients, and their legal representative, if applicable, will receive orientation to the internal and external reporting procedures. All Substance Use Program must also sign on intake an acknowledgment of Canvas Health's maltreatment of minors reporting obligations within 24 hours of admission into the program.

References:

[QA-4010 Customer Complaint, Grievance, Appeals, and Non-retaliation Policy](#)
[HR-3000 Anti-Retaliation Policy](#)
[HR-3017 Anti-Harassment and Respectful Workplace Policy](#)
[HR-3081 Performance Improvement Policy](#)
[HR-3003 Employee Conduct](#)

Attachments:

N/A

Supersession:

QA-4016 Mandated Reporting of Suspected Maltreatment of Minors 1/6/16; 03/10/2021