

DEVELOPMENTAL DISABILITIES ADMINISTRATION  
Olympia, Washington

---

TITLE: YTCF INCIDENT INVESTIGATIONS 12.04

---

Authority: [Chapter 26.44 RCW](#) *Abuse of Children*  
[Chapter 43.20A RCW](#) *DSHS*  
[Chapter 70.124 RCW](#) *Abuse of Patients*  
[Title 71A RCW](#) *Developmental Disabilities*  
[WAC 110-30-0030](#) *Definitions of physical abuse/neglect.*

Reference: [Executive Order 24-02](#) *Providing for the transfer of criminal investigations involving DSHS employees to the State Patrol*

[DSHS-WSP Interagency Agreement for Criminal and Administrative Investigations](#)

[DSHS Administrative Policy 8.02](#) *Client Abuse*  
[DSHS Administrative Policy 9.01](#) *Incident Reporting*  
[DSHS Administrative Policy 9.03](#) *Administrative Review – Death of a Residential Client*

[DDA Policy 5.13](#) *Protection from Abuse – Mandatory Reporting*  
[DDA Policy 7.05](#) *Mortality Reviews*  
[DDA Policy 12.01](#) *Incident Reporting and Management for DDA Employees*

**PURPOSE**

This policy establishes and prescribes the roles and responsibilities for the Developmental Disabilities Administration- Statewide Investigation Unit (DDA-SIU) and for the Youth Transitional Care Facility staff responsible for investigations and oversight following incidents involving alleged or suspected abuse, neglect, or mistreatment. This policy is focused on roles and responsibilities for investigation, client protections, and corrective action plans following a 10-day investigation.

**SCOPE**

This policy applies to the DDA-SIU and the facility staff responsible for investigation and oversight following incidents involving alleged or suspected abuse, neglect, or mistreatment. The DDA-SIU investigates category I incidents. Category II incidents are investigated by the facility designated employees. The DDA-SIU does not routinely investigate issues involving safety hazards, personnel performance, or major administrative allegations, unless a category I incident type is inherent to the concern. Special investigation assignments not involving category I incident types are at the discretion of the DDA Assistant Secretary or designee, in consultation with the DDA-SIU Unit Manager.

**DEFINITIONS**

See [Chapter 26.44 RCW](#) for the definition of abuse.

See [WAC 110-30-0030](#) for the definitions of physical abuse and neglect.

**Corrective action plan** means actions that must be taken following any incident investigation which reveals a potential threat to clients at the facility whether or not actual abuse, neglect, or mistreatment is confirmed. Corrective actions imposed by the facility, including personnel actions, must be commensurate with the severity of the incident or threat. Corrective action is action that is reasonably likely to prevent abuse, neglect, mistreatment, or injury from occurring or recurring.

**Category I incident** means the most critical incident classification requiring a ten-day investigation, most notably all incidents involving alleged or immediate suspicion of abuse, neglect, or mistreatment.

**Category II incident** means a second class of incidents that also require a ten-day investigation.

**Child Protective Services** means those services provided by the Department of Children, Youth, and Families designed to protect children from child abuse and neglect and safeguard such children from future abuse and neglect and conduct investigations of child abuse and neglect reports.

**DDA Statewide Investigation Unit (DDA-SIU)** refers to the DDA independent investigation unit comprised of DDA Central Office employees who conduct investigations of Category I incidents.

**Youth Transitional Care Facility** means the staff-secure and voluntary facility offering specialized treatment for eligible youth.

**Mistreatment** means:

1. The use of a behavioral management technique outside of its use as approved by the specially constituted committee and as permitted under facility policies and procedures; or
2. An act or a failure to act, or the cumulative effects of a pattern of conduct, behavior, or inaction, that evidences a serious disregard of consequences of such magnitude as to constitute a clear and present danger to a child's health, welfare, or safety.

**Neglect** means failure to provide goods and services necessary to avoid physical harm, mental anguish, or mental illness. Staff failure to intervene appropriately to prevent self-injurious behavior may constitute neglect. Staff failure to implement facility safeguards, once client-to-client aggression is identified, may also constitute neglect.

**Professional medical attention** means care beyond first aid by a medical professional, including primary care providers, paramedics, fire fighters, urgent care, or emergency room personnel.

**SIU Investigator** means the DDA Compliance and Investigation Manager (CIM) who reports to the DDA-SIU Unit Manager.

**Ten working days** are counted as follows:

1. The first working day commences immediately following the report being received by the facility or designee and concludes 24 hours later.
2. Each consecutive working day is counted up to the tenth day, at which time the [DSHS 16-202B](#), *10-Day Investigation Report*, must be submitted to the facility EO or designee.

**Washington State Patrol DSHS Special Investigation Unit (WSP)** refers to the unit of the Washington State Patrol assigned to DSHS.

**Workday** or **working day** means Monday through Friday, excluding state and federal holidays.

**POLICY**

- A. The facility must have systems in place to provide immediate protective responses to incidents to prevent any further injury or harm to individuals.
- B. Incidents requiring an investigation at the facility are classified into Category I or Category II. See Policy Section (H). the facility Executive Officer (EO) or designee must refer clear Category I incidents to the DDA-SIU for investigation. When a preponderance of evidence initially gathered supports a conclusion that the allegation or suspected

incident did not, in fact, involve abuse, neglect, or mistreatment as initially reported, the facility may complete the investigation. All cases involving initial reports of alleged or suspected abuse must still follow mandatory reporting requirements, be fully investigated using [DSHS 16-202B](#), *10-Day Investigation Report*, and follow protocols according to Procedures Section (B).

- C. All Category I incident investigations of suspected criminal acts by current or former DSHS employees must be referred to local law enforcement, WSP, or both.

When law enforcement is conducting an investigation, the DDA-SIU will continue its investigation without interviewing the accused employee (if identified) and others as determined by law enforcement. In these cases, law enforcement informs the facility EO or designee when permission has been granted to conduct the interview. The facility EO or designee informs the assigned DDA-SIU investigator that permission was received to conduct the interview if the investigation has been assigned to the DDA-SIU.

- D. All investigations must be conducted in a timely and thorough manner consistent with state and federal law and administration policies and protocols.
1. The DDA-SIU will make every effort to resolve discrepancies during the course of the ten-day investigation. In the event testimonial discrepancies cannot be resolved (e.g., he-said, she-said scenarios) these discrepancies will be pointed out in the analysis.
  2. The DDA-SIU investigator or unit manager must apprise the facility EO or designee of any key evidence or disclosures made during the course of the investigation that may warrant timely action to ensure youth receiving services at facility health and safety needs are met.
- E. The DDA-SIU will make a determination, based on the preponderance of evidence collected, the likelihood that a specific incident, statement, or allegation occurred, as reported. The DDA-SIU's conclusion will be based on facts collected and objective descriptions of acts or omissions. Conclusions may be put into environmental or historical context but will be void of formal categorization such as "abuse, neglect, or mistreatment."
1. It should be noted that a DDA-SIU verified employee action or omission at the facility, does not in and of itself mean that the action or omission meets the [Chapter 26.44 RCW](#) definition for abuse, neglect, or mistreatment.
  2. The DDA-SIU will include within the 10-Day Investigation Report any identified threats to youth receiving services at the facility regarding safety or rights.

- F. The facility EO will determine whether abuse, neglect, or mistreatment occurred following the receipt of the DDA-SIU's 10-Day Investigation Report and findings.
1. The EO or designee's determination of whether or not abuse, neglect, or mistreatment occurred must be made based on a preponderance of the evidence in the context of [Chapter 26.44 RCW](#) guidance and definitions.
  2. This determination is facility-specific and independent of any civil or criminal investigation that may be pending or concluded.
- G. The EO or designee will determine whether a corrective action plan (CAP) is necessary following receipt of all DDA-SIU 10-Day Investigation Report.
1. Corrective actions must be taken following any incident investigation that reveals a potential threat to youth receiving services at the facility whether actual abuse, neglect, or mistreatment is confirmed.
  2. Corrective actions imposed by the facility EO or designee, including personnel actions, must be commensurate with the severity of the incident or threat.
- H. Incident Classification
1. The following types of incidents and allegations are considered **Category I** incidents:
    - a. Abuse, including:
      - i. Mental or psychological abuse;
      - ii. Personal exploitation;
      - iii. Physical abuse;
      - iv. Sexual abuse;
    - b. Mistreatment of youth receiving services at the facility due to staff action or inaction, or facility practices;
    - c. Youth receiving services at the facility to other youth receiving services at the facility altercations when there is suspected staff or facility neglect;
    - d. Episodes of choking when there is suspected staff or facility neglect;
    - e. Unexpected deaths under unusual or suspicious circumstances, including accidental deaths and suicide;

- 
- f. Injury of unknown origin that requires treatment at an ER, hospitalization, or that raises suspicion of abuse or neglect, including:
    - i. An unknown injury requiring sutures;
    - ii. A burn from an unknown source; or
    - iii. An injury requiring treatment beyond basic first aid that appears on the back, face, head, neck, chest, breasts, groin, inner thigh, buttock, genital, or anal area;
  - g. Medication error that causes, or is likely to cause, injury or harm as assessed by a medical or nursing professional, regardless if that harm materializes;
  - h. Medication errors resulting from reported patterns;
  - i. Mistreatment—Improper use of physical, mechanical, or chemical restraint;
  - j. Neglect;
  - k. Youth receiving services at the facility who leaves the living unit, facility grounds, or other area without necessary prescribed supervision as defined by assessment, regardless of duration;
  - l. Physical intervention or restraint resulting in injury requiring treatment beyond basic first aid; and
  - m. Suicide threats or suicide attempts when there is suspected staff or facility neglect. “Suicide threat” means the action of a youth receiving services at the facility who has the physical ability and resources to carry out the threat and:
    - i. The youth receiving services at the facility communicates or suggests in any verbal or nonverbal way in an interpersonal interaction, that stops short of a self-harm, they wish to die or may attempt suicide; or
    - ii. The youth receiving services at the facility engaged in a behavior that is potentially self-injurious with a nonfatal outcome, but evidence suggests the youth had intent to die but was thwarted, rescued, or changed his or her mind after taking initial action.

2. The following types of incidents and allegations are considered **Category II** incidents:
- a. Youth to youth altercations while receiving services at the facility, when staff neglect is not suspected;
  - b. Episodes of choking requiring intervention when there is not suspected staff or facility neglect, regardless of outcome;
  - c. Deaths, not otherwise defined in Policy Section (H)(1) above;
  - d. Injuries of unknown origin, not otherwise defined in Policy Section (H)(1) above;
  - e. Physical intervention or restraint resulting in injury to the youth receiving services at the facility that requires only minor first aid;
  - f. Suicide threats or suicide attempts when there is no suspected staff or facility neglect. "Suicide threat" is defined as the action of a youth receiving services at the facility who has the physical ability and resources to carry out the threat and:
    - i. The youth receiving services at the facility communicates or suggests in any verbal or nonverbal way in an interpersonal interaction, that stops short of a self-harm, they wish to die or may attempt suicide; or
    - ii. The youth receiving services at the facility engaged in a behavior that is potentially self-injurious with a nonfatal outcome, but evidence suggests the youth had intent to die but was thwarted, rescued, or changed their mind after taking initial action;
  - g. Emergency restraints (physical or mechanical) or emergency medications regardless of whether an injury occurs; and
  - h. Outbreak of communicable diseases with the agency
  - i. Medication errors that does not meet the criteria in (H)(1) above.
  - j. Vehicular accident involving a client, when operated by a state employee if suspected neglect is not involved.

- I. The DDA-SIU conducts Category I incident investigations. The DDA Assistant Secretary or designee, in conjunction with the DDA-SIU Unit Manager, may request other incident types be investigated by the DDA-SIU.
- J. The facility EO or designee is responsible for the release of all DDA-SIU investigative documents, reports, evidence, etc., in accordance with federal and state laws, as well as department policies, regarding confidentiality and disclosure.

## PROCEDURES

### A. Initial Facility Actions Following an Incident

- 1. Protect the person. Develop and implement an immediate protection plan to include;
  - a. Ensuring everyone is safe;
  - b. Assessing for injury or trauma; and
  - c. Providing care and referring for treatment as needed.
- 2. Reporting
  - a. Report all incidents involving alleged or suspected abuse, neglect, or mistreatment of a child to the proper authorities pursuant to [Chapter 26.44 RCW](#). For more information about incident reporting requirements and procedures, refer to [DDA Policy 12.01, Incident Reporting and Management for DDA Employees](#).
  - b. Report incident to Law Enforcement (LE) and Child Protective Services (CPS).

### B. Facility Initial Inquiry

- 1. The designated staff completing the initial inquiry must not interview the alleged victim (AV) for the initial inquiry.
- 2. The facility must begin an initial investigation for both Category I and Category II incident types immediately following the alleged or suspected incident.
- 3. The facility may conduct all Category II investigations.
- 4. The facility may initiate and complete investigations for incidents initially reported as Category I only if:



- a. The facility ensures any incident reported involving, or suspected to involve abuse, neglect, or exploitation is reported per [DDA Policy 12.01, Incident Reporting and Management for DDA Employees](#).
  - b. The facility conducts a complete investigation for any incident initially reported as involving alleged or suspected abuse or neglect using [DSHS 16-202B, 10-Day Investigation Report](#);
  - c. The facility's review and investigation determines, based on the preponderance of evidence initially gathered, that the alleged or suspected incident did not involve abuse, neglect, or mistreatment as initially reported.
5. If at any point during an internal the facility investigation evidence is revealed that suggests abuse or neglect has occurred, a formal referral to the DDA-SIU must be made. If the incident is referred to the DDA-SIU, then documentation of the facility initial investigation to date must be made available to the DDA-SIU.
6. Ask witnesses to write a detailed and legible statement of what occurred. If an employee refuses to make a statement, document the refusal. Do not ask for a verbal or written statement from an accused employee.
7. Enter the incident into the appropriate incident management systems or database (e.g., local facility IR system or database, Origami, DDA Electronic IR System).
8. The facility must collect evidence according to Attachment A, *Guidelines to Securing and Preserving Evidence*. For internal investigations or in the event there will be a delay in the arrival of an outside investigator, it may be necessary to secure:
- a. Physical evidence;
  - b. Documentary evidence; and
  - c. Demonstrative evidence.
9. The EO or designee must:
- a. Ensure all procedures as noted above have occurred; and
  - b. Manage disclosure and release of investigation records according to state and federal law and department policy.

## C. Referral to the DDA-SIU

1. The EO or designee must refer Category I incidents to the DDA-SIU except for those determined to not meet criteria as defined in Procedures Section (B)(3).
2. When law enforcement is conducting an investigation, the DDA-SIU must not interview the accused employee, or others unless permitted by law enforcement.
3. If law enforcement declines to take the investigation or complete the investigation, the facility must notify the DDA-SIU no more than one working day after learning that law enforcement declines.
4. The DDA-SIU must complete and submit the final [DSHS 16-202B](#), *10-Day Investigation Report*, including the individual testimonies (verbal and written) of all people involved in the incident, as well as any pertinent documentation. The initial 10-Day Investigation Report must indicate the results of the investigation to the extent approved by law enforcement, with clear indication if the investigation will proceed once authorized by law enforcement.
5. If law enforcement is conducting an investigation and has not yet provided clearance to interview an accused employee or others, or other factors prevent a full completion of an investigation within ten working days, an initial [DSHS 16-202B](#), *10-Day Investigation Report*, must be submitted to the facility within ten working days, with initial results included, pending any additional interviews. A subsequent report will be submitted at the conclusion of the investigation, with findings updated as needed.
6. After the DDA-SIU completes the investigation and the facility thoroughly reviews [DSHS 16-202B](#), *10-Day Investigation Report*, the EO or designee must determine whether to return the accused employee to providing client care.
7. If at any time the facility, appointing authority, or the DDA-SIU is unsure whether an alleged action or inaction is a crime, they may contact WSP for assistance.
8. See Attachment B, *Facility Referral Flow Chart*.

## D. DDA-SIU Investigation of Category I Incidents

The DDA-SIU investigator must do all of the following:

1. Contact the assigned CPS investigator prior to interviewing the AV.

2. Interview the youth receiving services at the facility, witnesses, and other relevant parties. The DDA-SIU investigator must not interview an accused employee during a pending law enforcement or WSP investigation unless law enforcement has given permission to conduct the interview.
  3. Interview employee witnesses in compliance with all Collective Bargaining Agreements (CBA) for representation during an investigation.
  4. Document interviews and obtain written statements, as appropriate.
  5. Review all related documentation.
  6. Collaborate with outside agencies as needed.
  7. Maintain the youth receiving services at the facility and employee confidentiality according to state laws and DSHS policy.
  8. Immediately report to the EO or designee and the DDA-SIU Unit Manager, verbally and by email:
    - a. Information that may reveal a current or new threat to the health or safety of the facility youth or employees;
    - b. Information that may necessitate immediate action by the facility or may be relevant to known pending administrative or personnel action; or
  9. Complete and submit [DSHS 16-202B](#), *10-Day Investigation Report*, along with supporting documents to the EO or designee and the DDA-SIU Unit Manager no more than ten working days after the incident.
- E. DDA-SIU Investigation, Request for Independent Review
1. To request an independent review of a DDA-SIU investigation by DDA headquarters, the EO must submit the request to the Office Assistant Secretary no more than ten working days after receiving the investigation report. The EO or designee may request an independent review if:
    - a. There are key factual errors or the summary of evidence contains substantial factual errors in testimonial, physical, or demonstrative evidence which, without correction, invalidates the investigation analysis or calls into question a chief premise for a finding; or

- b. Key evidence was not collected, including interviews, which, if considered, would likely have significant impact on the investigation analysis or affect the investigation finding.
  2. The EO or designee must make an effort to resolve any concerns related to DDA-SIU reports through the DDA-SIU Unit Manager before escalating requests for an independent review to the Office the Assistant Secretary
  3. An independent review by DDA headquarters must include the Office of the Assistant Secretary, and either the Director of Strategic Planning & Quality Assurance Monitoring or DDA's Medicaid Compliance Administrator, with final approval from the Deputy Assistant Secretary.
  4. The DDA-SIU investigative report will be amended should it be required following the independent review process.
- F. Investigation of Category II Incidents
  1. The facility conducts all Category II incident investigations, unless after consultation with the DDA-SIU Unit Manager, the DDA Assistant Secretary or designee requests the incident be investigated by the DDA-SIU.
  2. The facility investigator must do all of the following:
    - a. Verify if CPS will be investigating the allegation. If CPS is not investigating the allegation, the facility investigator may proceed. If CPS is investigating the allegation the facility investigator must contact the assigned CPS worker prior to interviewing the alleged AV.
    - b. Interview the youth receiving services at the facility, witnesses, and other relevant parties.
    - c. Interview employee witnesses in compliance with all Collective Bargaining Agreements (CBAs) for representation during an investigation.
    - d. Document interviews and obtain written statements, as appropriate.
    - e. Review all related documentation.
    - f. Collaborate with outside agencies as needed.
    - g. Maintain the youth receiving services at the facility and employee confidentiality according to state laws and DSHS policy.

3. Submit completed [DSHS 16-202B](#), *10-Day Investigation Report*, to the EO or designee no more than ten working days.
4. If at any time new information is discovered that suggests abuse, neglect, exploitation, or abandonment may have occurred, and has not already been reported, the facility EO or designee must immediately:
  - a. Upgrade the incident to a Category I; and
  - b. Refer the incident to the DDA-SIU, local law enforcement, CPS or WSP according to [DDA Policy 12.01](#), *Incident Reporting and Management for DDA Employees*.
5. If the referral packet is provided to the DDA-SIU after the second working day, the facility must submit the completed [DSHS 16-202B](#), *10-Day Investigation Report*, to the EO at the time a referral to the DDA-SIU is identified but no more than ten working days. This report must include all gathered information to date up until the time of the referral to the DDA-SIU. The DDA-SIU must conduct and complete a supplemental report as an addendum.

G. Facility Administrative Review, Determination, and Corrective Action Plan

Upon receipt of the *10-Day Investigation Report*, the facility EO or designee must:

1. Determine whether abuse, neglect, or mistreatment occurred based on a preponderance of the evidence.
2. Document the corrective actions the facility will take to address each incident where abuse, neglect or mistreatment was determined to have occurred and any other areas requiring attention on [DSHS 16-202A](#), *Corrective Action Plan*.
3. Ensure that the CAP:
  - a. Describes the specific correction actions the facility will take;
  - b. Identifies the person who will ensure that each corrective action has been completed; and
  - c. States the date the facility EO or designee expects to complete each corrective action.

4. Enter the follow-up into the appropriate incident management systems or databases (e.g., local Facility IR system or database, Origami, DDA Electronic IR System).

#### H. DDA-SIU Quality Assurance Functions

1. The DDA-SIU Unit Manager or designee must:
  - a. Review all Category I investigation reports conducted by the DDA-SIU to ensure investigations are thorough, complete, and to verify whether investigation procedures are being followed consistently and as required by this policy;
  - b. Maintain a system for tracking all Category I incidents investigated by the DDA-SIU. The tracking system must contain aggregate data that may be used to produce the following reports:
    - i. Number of referrals made to the DDA-SIU within a given timeframe (e.g. month, quarter, etc.);
    - ii. Number of investigation reports finalized by the DDA-SIU within that timeframe;
  - c. Conduct quarterly reviews of the facility events and incidents logs and review a sample of these investigation reports to verify whether investigation procedures are being followed consistently as required by this policy.
    - i. For all investigation reports reviewed by the DDA-SIU, the DDA-SIU must complete an Incident Report Review Worksheet to offer feedback to the facility focused on investigation process.
    - ii. The facility will provide a copy of this worksheet to the investigator and their supervisor for review and signature.

#### **EXCEPTION**

Any exception to this policy must have the prior written approval of the Deputy Assistant Secretary or designee.

#### **SUPERSESSION**

None.

Approved:



Deputy Assistant Secretary  
Developmental Disabilities Administration

Date: July 1, 2024

### ATTACHMENTS

Attachment A – *Guidelines for Securing and Preserving Evidence*

Attachment B – *Facility Referral Flow Chart to Law Enforcement, WSP, and DDA-SIU*

Attachment C – *Example 10-Day Timeline: How to Calculate When the Investigative Report is Due (No Holiday)*

Attachment C – *Example 10-Day Timeline: How to Calculate When the Investigative Report is Due (With Holiday)*

## Guidelines for Securing and Preserving Evidence

For internal investigations or in the event there will be a delay in the arrival of an outside investigator, it may be necessary to secure and preserve evidence. The facility employees must follow these guidelines:

- A. **Physical Evidence** (objects, property, possessions, other materials):
1. **Do not touch or move any item that was used as or could have been used as a weapon. Wait for law enforcement to arrive.**
  2. **If possible, secure/protect the incident scene and do not disturb evidence.**
  3. **If evidence has to be disturbed, follow this guide:**
    - a. **Porous Materials** (e.g., clothing, sheets): Store in porous containers such as paper bags.
    - b. **Non-porous Materials** (e.g., plastics, metals, glass, latex gloves): Store in non-porous containers such as plastic bags.
    - c. **Secure all Physical Evidence: *The chain of custody is critical.*** The investigator must show exactly where the evidence has been from the moment of collection to its presentation at a hearing.
  4. **Secure Location:** Maintain all evidence collected in a secured double-locked location with limited access (e.g., locked closet or file cabinet secured by a locked exterior door). Record or track all evidence in writing, including the names of all persons who had access to the evidence.
- B. **Demonstrative Evidence** (photos, diagrams, maps, drawings, audio tapes, videotapes):
1. **Photograph** the area of the body where the alleged injury has occurred. This should be done whether or not signs of injury are visible.
  2. **Photograph or sketch** the area of a possible incident scene when the scene cannot be secured.
- C. **Documentary Evidence** (employee statements, incident reports, attendance records, progress notes, nursing/medical assessments, etc.).
- D. **Employee Inquiries:** It may be necessary to talk with witnesses and other employees immediately to develop a protection plan necessary for the youth receiving services at the facility for safety. Be sure to document key information disclosed during these initial inquiries for the investigator. Record the names and phone numbers/contact information of any persons in the area (i.e., witnesses, responders). Formal interviews and written statements should be coordinated with the investigator.

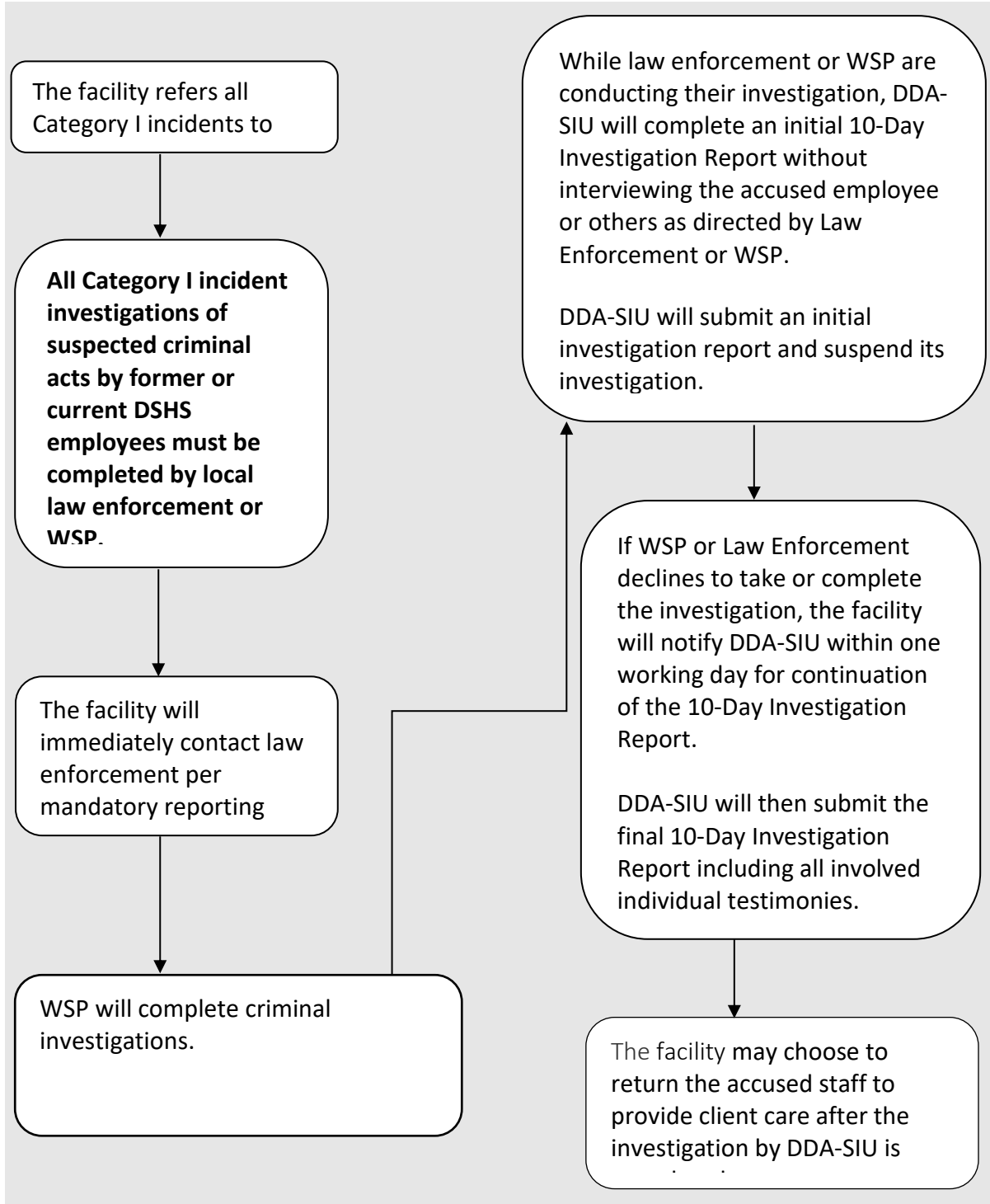


## Guidelines for Securing and Preserving Evidence

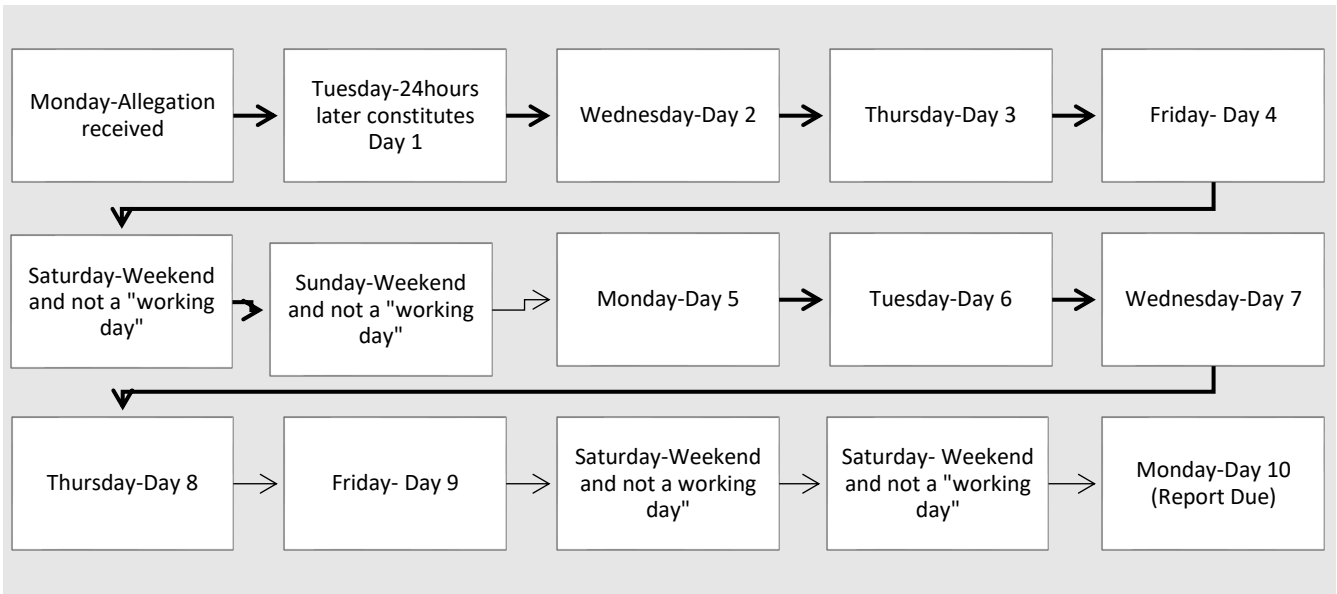
E. **Investigation Kits**: The facility must maintain an investigation kit and employees must be aware of its location and content. A basic investigation kit includes, at a minimum, the following items:

1. A camera (and film if necessary);
2. Clean paper and plastic bags; and
3. A notebook and pen.

### Facility Referral Flow Chart to Law Enforcement, WSP, and DDA-SIU



### Example 10-Day Timeline: How to Calculate When the Investigative Report is Due (No Holiday)



### Example 10-Day Timeline: How to Calculate When the Investigative Report is Due (With Holiday)

