



DIVISION OF DEVELOPMENTAL DISABILITIES  
Olympia, Washington

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TITLE: MANDATORY REPORTING REQUIREMENTS POLICY 6.12  
FOR RESIDENTIAL SERVICES PROVIDERS

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Authority: Chapter 71A RCW *Developmental Disabilities*  
Chapter 26.44 RCW *Abuse of Children*  
Chapter 74.34 RCW *Abuse of Vulnerable Adults*  
Chapter 388-101 WAC *Certified Community Residential Services and Support*  
Chapter 388-825 WAC *DDD Service Rules*  
Chapter 388-826 WAC *Voluntary Placement Program*

**PURPOSE**

This policy establishes uniform reporting requirements and procedures for community residential services providers regarding suspected abandonment, abuse, exploitation, financial exploitation, mistreatment, and neglect of clients of the Division of Developmental Disabilities, and other types of client incidents.

**SCOPE**

This policy applies to the following DDD community residential services providers, their contractors, and volunteers:

- Supported Living (SL), including State Operated Living Alternatives Programs (SOLA);
- Alternative Living (AL);
- Companion Homes (CH);
- Group Homes for Children or Adults (GH);
- Group Training Homes (GTH); and
- Licensed Staffed Residential Programs (LSR).

**DEFINITIONS**

See Attachment A for a complete list of definitions of terms used in this policy and also Attachment B for examples of abuse, neglect, and financial exploitation.

**POLICY**

- A. Persons supported by DDD must be treated with kindness, respect, care and consideration at all times. Abuse and neglect of children and vulnerable adults is prohibited by law and will not be tolerated. Under Chapter 74.34 RCW, all agency employees, contractors, and volunteers are mandatory reporters and **must** report every incident of observed, reported, or suspected abandonment, abuse, exploitation, financial exploitation neglect, or mistreatment of clients, as well as injuries of unknown origin.
1. Mandated reporters do **not** have to witness or have proof that an incident occurred. As long as there is reasonable cause to believe that a child or a vulnerable adult has been abused or neglected, a mandated reporter must make a report.
  2. Definitions of the types of abuse described in state law may be found in Attachment A and examples for clarification purposes may be found in Attachment B of this policy.
- B. Agency administrators, employees, contractors, and volunteers who have reasonable cause to believe there has been abuse, abandonment, exploitation, financial exploitation or neglect of a client must follow the requirements of Chapter 74.34 RCW and make a report to the Department of Social and Health Services (DSHS). If there is suspicion of physical or sexual assault, a report must also be made to law enforcement.
- C. Client injuries of unknown origin must also be reported as described in the Procedures section of this policy. Failure to report such incidents may result in termination of the agency's contract.
- D. **Failure to report can result in disciplinary action.** Furthermore, failure to report is a gross misdemeanor under Washington State law (RCW 74.34.053). Any agency employee, contractor, or volunteer found to have knowingly failed to report in his or her capacity as a mandated reporter will be reported to the appropriate law enforcement agency and may be prosecuted to the extent the law allows.
- E. If an agency or an employee of an agency is being investigated by Adult Protective Services (APS), Child Protective Services (CPS), Division of Licensed Resources (DLR), Residential Care Services (RCS), or law enforcement, the agency must:

1. Take appropriate actions to ensure the health and safety of division clients; and
  2. Take appropriate administrative action upon receipt of the investigation findings.
- F. Agencies must have a designated person responsible for regional communication in each DSHS region in which they hold a contract. Agencies will cooperate with DDD staff regarding inquiries about incident follow up and closure.

## **PROCEDURES**

### A. Client Incident Reporting

Incidents must be reported as follows. To report, it is not necessary to have witnessed an incident.

1. **Report to APS, CPS or CRU:**
  - a. When there is reasonable cause to believe there has been abandonment, abuse, exploitation, financial exploitation, or neglect;
  - b. When there is reason to suspect that physical or sexual assault has occurred;
  - c. When there is reasonable cause to believe that an act has caused fear of imminent harm.
  - d. The agency's administrator, owner, employees, contractors, and volunteers are mandated to report to the appropriate Reporting Unit (APS, CPS, or CRU). See Procedures Section B for department reporting units.
2. **Report to Law Enforcement:** If there is reason to suspect that sexual or physical assault of a client has occurred, mandated reporters must also report immediately to the appropriate law enforcement agency any of the following:
  - a. Sexual assault: Any alleged or suspected sexual assault.
  - b. Physical assault (non-client to client): Any alleged or suspected physical assault as well as any act that causes fear of imminent harm.
  - c. Physical assault (client to client): Any alleged or suspected physical assault that causes bodily injury requiring more than first aid, or in the event of:

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- i. Injuries (e.g., bruising, scratches, etc.) that appear on the back, face, head, neck, chest, breasts, groin, inner thigh, buttock, genital, or anal areas;
  - ii. Fractures;
  - iii. Choking attempts;
  - iv. Patterns of physical assault between the same vulnerable adults or involving the same vulnerable adults;
  - v. If there is reasonable cause to believe that an act has caused fear of imminent harm; and
  - vi. Any client to client assault, regardless of injury, if requested by the client, his/her legal representative, or family member.
3. **Report to DDD:** When there is reasonable cause to believe an incident has occurred, the provider must report to the Case Resource Manager (CRM), Social Worker (SW) or the DDD regional designee as follows:
- a. **Phone call to the CRM, SW (or the DDD regional designee if the CRM is unavailable) within one (1) hour or as soon as client safety has been ensured.** After hours, use the DDD Emergency Contact. Complete a written incident report (IR) within one (1) business day for any of the following:
    - i. Death of any client when suspicious or unusual. In addition, submit [DSHS 10-331](#), *DDD Mortality Review Provider Report*, within fourteen (14) calendar days of the client's death.
    - ii. Conditions threatening the operation of the program. This may include a natural disaster.
    - iii. **Client is missing:** A person who receives 24-hour supervision/support is considered missing when he/she is out of contact with staff for more than two (2) hours without prior arrangement unless the client's support plan indicates an alternative time plan:
      - (a) A person without good survival skills may be considered in "immediate jeopardy" based on his/her personal history regardless of hours served. Such a person may be

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considered missing if they are in immediate jeopardy when missing for any period of time.

- (b) Clients receiving Community Protection Program (CPP) services are considered missing when they cannot be located for any length of time.
  - (c) A person who is receiving less than 24-hour supervision or support is considered missing when the provider becomes aware the client missed his/her scheduled appointment and cannot be contacted for two hours, unless the client's support plan indicates an alternative time plan.
  - (d) It is considered a reportable incident when law enforcement is contacted about a client and/or law enforcement independently finds and returns the client, regardless of the length of time he/she was missing.
- iv. Injuries of unknown origin requiring hospital admission.
  - v. Any event involving known media interest or litigation.
- b. **Phone call to the CRM, SW or the DDD regional designee during business hours as soon as client safety has been assured.** Complete a written incident report within one (1) business day for any of the following:
- i. Death of any client not reported under section 3.a.i. above. In addition, the provider must submit [DSHS 10-331](#), *DDD Mortality Review Provider Report*, within fourteen (14) calendar days of the client's death.
  - ii. Alleged or suspected abuse, neglect, exploitation, or abandonment of a client other than client to client.
  - iii. Alleged or suspected physical or sexual assault of a client.
  - iv. Alleged or suspected criminal activity perpetrated against a client.
  - v. Alleged or suspected criminal activity by a client resulting in a case number being assigned by law enforcement, being taken into custody by law enforcement or, for juveniles, detainment in a juvenile correctional facility.

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- vi. Injuries resulting from alleged or suspected client to client altercations requiring medical treatment beyond First Aid. This means medical care that must be administered by a medical professional (e.g., fractures, sutures, staples, intravenous fluids, diagnostic testing such as x-rays).
  - vii. Mental health crisis resulting in inpatient admission to a community or state operated psychiatric facility.
  - viii. Life-threatening medically emergent condition: life-threatening conditions that cannot be classified as injuries and that require treatment by emergency personnel or inpatient admission.
- c. **Written incident report received by the CRM, SW or the DDD regional designee within one (1) business day:**
- i. All injuries to a client resulting from the use of restrictive procedures or physical intervention techniques.
  - ii. Serious injuries of known cause, not otherwise defined, that require medical treatment beyond First Aid.
  - iii. Hospital or nursing facility admission not otherwise defined.
  - iv. Patterns of client to client abuse as defined in [RCW 74.34.035](#):
    - (a) There is a pattern of physical assault between the same vulnerable adults or involving the same vulnerable adults;  
or
    - (b) There is an attempt to choke a vulnerable adult.
  - v. Property damage for clients receiving SL services:
    - (a) Non-accidental property damage by a client over \$100; and
    - (b) For adults receiving community residential services, any type of property damage that will result in a residential allowance request.
  - vi. Restrictive procedures implemented under emergency guidelines as described in DDD Policy 5.15, *Use of Restrictive Procedures*, DDD Policy 5.17, *Physical Intervention Techniques*, DDD Policy 5.19, *Positive Behavior Support for Children and Youth*, and DDD

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Policy 5.20, *Restrictive Procedures and Physical Interventions for Children and Youth*. Restrictive interventions described in an approved Positive Behavior Support Plan (PBSP) are not considered emergency applications.

- vii. Medication or other nurse delegation errors that have or may result in injury/harm as assessed by a nursing or medical professional, or pharmacist. These incidents must also be reported to the State Department of Health (Chapter 246-841-720 WAC).
  - viii. Serious treatment violations not otherwise defined, such as:
    - (a) Court-ordered conditions of release; and
    - (b) CPP treatment violations.
  - ix. Suicide gestures or attempts with the intentional and voluntary attempt to take one's own life by someone with the capacity to do so.
- d. The provider will contact the client's CRM or SW whenever she/he becomes aware that the client and/or the client's legal representative are contemplating permanent sterilization procedures.

B. Department Reporting Units

1. **Reporting to DDD:**  
"Reporting to DDD" is defined as reporting to the DDD Regional Administrator (RA) or designee unless otherwise specifically noted in this policy.
2. **Reports of abuse, neglect or maltreatment, involving children (less than 18 years):**  
  
DSHS Child Protective Services statewide number: 1-866-363-4276  
(1-866-ENDHARM)
3. **Reports involving adults 18 and over receiving DDD Supported Living (SL) services, Voluntary Placement (VP) services, living in long term care facilities or Residential Habilitation Centers (RHC):**  
  
CRU statewide number: 1-800-562-6078, TTY 1-800-737-7931

4. **Reports involving adults living in Companion Homes or their own homes without SL services:**

DSHS Adult Protective Services (APS) regional numbers:

Region 1:	1-800-459-0421	TTY: 1-509-568-3086
Region 2:	1-877-389-3013	TTY: 1-800-973-5456
Region 3:	1-800-487-0416	TTY: 1-800-843-8058
Region 4:	1-866-221-4909	TTY: 1-800-977-5456
Region 5:		
Kitsap:	1-888-833-4925	TTY: 1-800-688-1169
Pierce:	1-800-442-5129	TTY: 1-800-688-1165
Region 6:	1-877-734-6277	TTY: 1-800-672-7091

C. **Written Agency Policies and Procedures**

1. DDD expects service providers to:
  - a. Ensure client safety at all times;
  - b. Have written policies and procedures to address the agency's actions when a staff person is accused of abandonment, abuse, neglect, exploitation, financial exploitation or mistreatment of DDD clients. These procedures must adhere to current laws, rules, and policies pertaining to abuse/neglect reporting;
  - c. Include Attachments A and B of this policy in the agency policy and procedures; and
  - d. Take steps to ensure that the accused staff does not work unsupervised with clients until an investigation has been completed.
2. In some instances, DDD may require agencies to ensure the accused staff has **no** access to any client. DDD will make this request in writing via email, fax or regular mail, as appropriate to the circumstances. The agency must respond in writing to DDD to verify that the accused staff will not have any access to clients under the agency's contract. **The regional Field Services offices must consult with the Central Office Community Residential Services Program Manager to make this decision.** If necessary, the program manager will consult with an Assistant Attorney General (AAG).
  - a. The prohibition on access to clients is in effect until DDD has reasonable cause to believe that the incident did not occur and the accused staff does not pose a risk to clients' health or safety.



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- b. If the residential agency has completed an internal investigation, a report of the findings from the internal investigation must be sent by the agency to the DDD Regional Administrator or designee.
  - c. If there is a substantiated finding by the Department against the accused staff, DDD will work with the DSHS Central Background Check Unit (BCCU) to determine if the staff person is working with any other DDD clients. DDD will require other residential agencies where this staff may be working to disallow the staff from working with any DDD client.
3. The agency must have written policies and procedures for:
    - a. Reporting incidents within defined reporting timelines as specified in this policy to:
      - i. Appropriate persons within the provider's agency as designated by the provider; and
      - ii. Authorities such as law enforcement, DDD, CPS, DLR, APS, CRU, and the Department of Health;
    - b. Protecting clients in an emergency;
    - c. Preserving evidence when necessary. The provider may contact the local sexual assault center for guidance in preserving evidence in cases of sexual assault; and
    - d. Procedures for initiating an external review or investigation.
  4. Mandatory Reporting Requirements Form
    1. The agency must have each administrator, employee, contractor and volunteer read and sign [DSHS 10-403](#), *DDD Residential Services Providers: Mandatory Reporting of Abandonment, Abuse, Neglect, Exploitation, or Financial Exploitation of a Child or Vulnerable Adult*, upon hire and then annually.
    2. The signed forms must be maintained in each individual's personnel file.
    3. The [DSHS 10-403](#) must be reviewed, signed, and submitted with the contract by the Agency Administrator.
    4. The Resource Manager will maintain the signed form in the contract file. The agency's policy and procedures manual must also include a blank copy of the form.

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TITLE:

MANDATORY REPORTING REQUIREMENTS  
FOR RESIDENTIAL SERVICES PROVIDERS

POLICY 6.12

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**EXCEPTIONS**

None

**SUPERSESION**

DDD Policy 6.12  
Issued July 1, 2008

Approved: /s/ Linda Rolfe  
Director, Division of Developmental Disabilities

Date: July 1, 2009

Attachment A - *Definitions*

Attachment B - *Clarifying Examples of Abuse, Neglect, and Financial Exploitation*

Attachment C - *Reporting Timelines*

Attachment D - *DSHS 10-403, DDD Residential Services Providers: Mandatory Reporting of Abandonment, Abuse, Neglect, Exploitation, or Financial Exploitation of a Child or Vulnerable Adult*

## ATTACHMENT A

### DEFINITIONS

#### **GENERAL:**

**ADSA** means the Aging and Disability Services Administration of the Department of Social and Health Services (DSHS).

**Adult Protective Services (APS)** means the ADSA Home and Community Services (HCS) Division office that takes a report of abandonment, abuse, neglect, exploitation or financial exploitation when the alleged victim is a vulnerable adult who:

- Lives at home or in a facility licensed by the Residential Care Services Division (RCS), or receives DDD Supported Living (SL) Services; and
- The alleged perpetrator is not a SL staff, contractor, volunteer or client or a facility licensee, staff, volunteer, or resident.

APS conducts investigations of reported incidents and may offer protective services to the alleged victim.

**Agency** means all service providers identified in the scope.

**Child Protective Services (CPS)** means the DSHS Children's Administration unit that takes a report of abuse, neglect, abandonment or exploitation, conducts the investigation, and may offer protective services if the alleged victim is under eighteen (18) years of age.

**Client** means a person eligible for DDD services.

**Complaint Resolution Unit (CRU)** means the Residential Care Services (RCS) Division unit that takes a report of abandonment, abuse, neglect, exploitation or financial exploitation when the alleged victim is in Supported Living (SL) services or resides in a licensed facility and the alleged perpetrator is an owner, operator, employee, volunteer, client or resident of the SL program or the facility.

**Division of Licensed Resources (DLR)** means the DSHS Children's Administration division that licenses out-of-home settings. DLR staff is also responsible to investigate reported licensing concerns when there has been a violation or allegation of violation of minimum licensing requirements. This includes group home providers, licensed staffed residential settings, and/or staff working at these facilities.

**Good faith** means a state of mind indicating honesty and lawfulness of purpose.

**Injury of Unknown Origin** means an injury that was not observed directly by the staff person and the injury is determined to not be reasonably related to the client's condition, diagnosis, known and predictable interaction with surroundings, or related to a known sequence of prior events.

## ATTACHMENT A

**Mandated reporter** means an employee of the department; law enforcement officer; social worker; professional school personnel; individual provider; an employee of a facility; an operator or an employee of a social service, welfare, mental health, adult day health, adult day care, home health, home care, or hospice agency; county coroner or medical examiner; employees of domestic violence programs; Christian Science practitioner; or health care provider subject to Chapter 18.130 RCW [RCW 74.34.020]. RCW 74.34.030 expanded mandatory reporting to include persons acting in a supervisory capacity with nonprofit or for-profit organizations.

**Reasonable cause to believe** means that the reporter, in making the report of abuse/neglect, acts with good faith intent, judged in light of all the circumstances then present.

**Residential Care Services (RCS)** means the DSHS/ADSA division responsible for the licensing and oversight of adult family homes, boarding homes, nursing facilities, residential habilitation centers, and certified residential programs. RCS conducts investigations of abandonment, abuse, neglect, exploitation, or financial exploitation.

### **DEFINITIONS – CHILDREN:**

**Child or Children** means any person less than eighteen (18) years of age [RCW 26.44.020].

**Abuse or neglect** means sexual abuse, sexual exploitation, or injury of a child by any person under circumstances which cause harm to the child's health, welfare, or safety, excluding conduct permitted under RCW 9A.16.100; **or** the negligent treatment or maltreatment of a child by a person responsible for or providing care to the child [RCW 26.44.020, effective 1/1/07].

**Sexual exploitation** includes: allowing, permitting, or encouraging a child to engage in prostitution by any person; **or** allowing, permitting, encouraging, or engaging in the obscene or pornographic photographing, filming, or depicting of a child by any person [RCW 26.44.020].

**Negligent treatment or maltreatment** means 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, including but not limited to conduct prohibited under RCW 9A.42.100. When considering whether a clear and present danger exists, evidence of a parent's substance abuse as a contributing factor to negligent treatment or maltreatment shall be given great weight. The fact that siblings share a bedroom is not, in and of itself, negligent treatment, or maltreatment. Poverty, homelessness, or exposure to domestic violence as defined in RCW 26.50.010 that is perpetrated against someone other than the child does not constitute negligent treatment or maltreatment in and of itself [RCW 26.44.020(15), effective 1/1/07].

## ATTACHMENT A

### DEFINITIONS - VULNERABLE ADULTS:

**Vulnerable adult** means a person eighteen (18) years of age or older who:

- Is functionally, mentally, or physically unable to care for him/herself and is sixty (60) years of age or older; **or**
- Is found to be incapacitated under Chapter 11.88 RCW; **or**
- Has a developmental disability as defined under RCW 71A.10.020; **or**
- Is admitted to a licensed facility (i.e., boarding home, nursing home, adult family home, residential habilitation center, or any other facility licensed by DSHS); **or**
- Is receiving services from a home health, hospice or home care agency licensed or required to be licensed under Chapter 70.127 RCW; **or**
- Is receiving services from an individual provider (RCW 74.34.020); **or**
- Is receiving services from any individual who for compensation serves as a personal aide and provides self-directed care (RCW 74.34.021).

**Abandonment** means action or inaction by a person or entity with a duty of care for a vulnerable adult that leaves the vulnerable person without the means or ability to obtain necessary food, clothing, shelter, or health care [RCW 74.34.020].

**Abuse** means the willful action or inaction that inflicts injury, unreasonable confinement, intimidation, or punishment on a vulnerable adult. In instances of abuse of a vulnerable adult who is unable to express or demonstrate physical harm, pain, or mental anguish, the abuse is presumed to cause physical harm, pain, or mental anguish.

Abuse includes sexual abuse, mental abuse, physical abuse, and exploitation of a vulnerable adult, which have the following meanings:

- **Sexual abuse** means any form of nonconsensual sexual contact including, but not limited to, unwanted or inappropriate touching, rape, sodomy, sexual coercion, sexually explicit photographing, and sexual harassment. Sexual abuse includes any sexual contact between a staff person, and a vulnerable adult living in that facility or receiving service from a program authorized under Chapter 71A.12 RCW, whether or not it is consensual.
- **Physical abuse** means the willful action of inflicting bodily injury or physical mistreatment. Physical abuse includes, but is not limited to, striking with or without an object, slapping, pinching, choking, kicking, shoving, or the use of chemical restraints or physical restraints unless the restraints are consistent with licensing requirements, and includes restraints that are otherwise being used inappropriately.
- **Mental abuse** means any willful action or inaction of mental or verbal abuse. Mental abuse includes, but is not limited to, coercion, harassment, inappropriately isolating a vulnerable adult from family, friends, or regular activity, and verbal assault that includes ridiculing, intimidating, yelling, or swearing.

## ATTACHMENT A

- **Exploitation** means an act of forcing, compelling, or exerting undue influence over a vulnerable adult causing the vulnerable adult to act in a way that is inconsistent with relevant past behavior, or causing the vulnerable adult to perform services for the benefit of another [RCW 74.34.020].

**Facility** means a residence licensed or required to be licensed under Chapter 18.20 RCW, boarding homes; Chapter 18.51 RCW, nursing homes; Chapter 70.128 RCW, adult family homes; Chapter 72.36 RCW, soldiers' homes; or Chapter 71A.20 RCW, residential habilitation centers; or any other facility licensed by the department.

**Financial exploitation** means the illegal or improper use of property, income, resources, or trust funds of the vulnerable adult by another person for profit or advantage [RCW 74.34.020].

**Neglect** means (a) a pattern of conduct or inaction by a person or entity with a duty of care that fails to provide the goods and services that maintain physical or mental health of a vulnerable adult, or that fails to avoid or prevent physical or mental harm or pain to a vulnerable adult; **or** (b) an act or omission that demonstrates a serious disregard of consequences of such a magnitude as to constitute a clear and present danger to the vulnerable adult's health, welfare, or safety, including but not limited to conduct prohibited under RCW 9A.42.100 [RCW 74.34.020].

## ATTACHMENT B

### CLARIFYING EXAMPLES OF ABUSE, NEGLECT, AND FINANCIAL EXPLOITATION

The following examples, which are not all-inclusive, are provided to assist staff in identifying suspected or actual abuse, neglect, and exploitation. **While many examples are straightforward, others may be less obvious and need to be considered in a larger context.**

#### A. Physical Abuse:

- Biting
- Choking
- Kicking
- Pinching
- Pushing
- Shaking (especially a child under three years of age)
- Shoving
- Slapping
- Striking with or without an object
- Twisting limbs (joint torsion)
- Causing or willfully allowing the person to do bodily harm to themselves or
- Causing or willfully allowing another client to physically harm them
- Controlling a person through corporal punishment
- Not allowing the client to eat, drink, or care for physical needs such as elimination
- Retaliation following a physical attack, verbal abuse or other unwelcome action by a client
- Using excessive force when restraining an agitated client

#### B. Sexual Abuse:

- Any sexual contact between staff or volunteer of a facility and a client, whether or not it is consensual
- Inappropriate or unwanted sexual touching
- Intercourse
- Oral sex
- Rape
- Sexual coercion
- Sexual harassment
- Sexually explicit photographing, filming, or videotaping
- Showing, selling, or otherwise distributing pornographic materials
- Sodomy

#### C. Mental Abuse:

- Coercion
- Harassment
- Inappropriately isolating a vulnerable adult from family, friends, or regular activity

## ATTACHMENT B

- Making derogatory or disparaging remarks about a person and his/her family in front of the person or within hearing distance of any client
- Oral, written or gestural language threatening harm or intended to frighten clients
- Verbal assault such as ridicule, intimidation, yelling, or swearing

### **D. Neglect:**

- Abandoning a client in situations where other persons, objects or the environment may injure the client
- Allowing the physical environment to deteriorate to the point that a client is subject to hazardous situations, such as electrical, water, and structural hazards
- Failure to provide care within acceptable standards
- Failure to promptly respond to medical emergencies or requests for medical treatment
- Failure to follow prescribed treatments or programs
- Failure to attend to clients in hostile or dangerous situations
- Failure to supervise which results in a client wandering, missing or running away
- Willful failure to protect the client from physical abuse by another client or staff
- Willful failure to protect a child from sexual contact with another child

### **E. Exploitation:**

- Using clients to perform work that should be done by paid employees
- Using client financial resources for personal gain or for activities not related to client care



**ATTACHMENT C**

<b>DDD Policy 6.12 Reporting Timelines</b>		
<b>Note: Refer to policy text for complete definitions/information.</b>		
Phone call to DDD <b>within one hour</b> or once safety has been ensured. Follow with written report. <b>(A)</b>	Phone call to DDD <b>during business hours</b> once client safety has been ensured. Follow with written report. <b>(B)</b>	<b>Written IR</b> within one business day <b>(C)</b>
<ol style="list-style-type: none"> <li>1. <b>Death of client when suspicious or unusual</b></li> <li>2. <b>Condition threatening the operation of the program</b></li> <li>3. <b>Client is missing</b></li> <li>4. <b>Injuries of unknown origin requiring hospital admission</b></li> <li>5. <b>Any event involving known media interest or litigation</b></li> </ol>	<ol style="list-style-type: none"> <li>1. <b>Death of any client not reported under Column 1</b></li> <li>2. <b>Alleged or suspected abuse, neglect, exploitation, or abandonment of a client (other than client to client)</b></li> <li>3. <b>Alleged or suspected physical or sexual assault of a client</b></li> <li>4. <b>Alleged or suspected criminal activity perpetrated against a client</b></li> <li>5. <b>Alleged or suspected criminal activity by a client that results in a case number or detainment</b></li> <li>6. <b>Injuries resulting from alleged or suspected client to client altercations that require medical treatment beyond First Aid</b></li> <li>7. <b>Mental health crisis resulting in inpatient admission to a state or community psychiatric facility</b></li> <li>8. <b>Life-threatening medically emergent condition</b></li> </ol>	<ol style="list-style-type: none"> <li>1. <b>All injuries to a client resulting from the use of restrictive procedures</b></li> <li>2. <b>Serious injuries of <u>known</u> cause, not otherwise defined, that require medical treatment beyond First Aid</b></li> <li>3. <b>Hospital or nursing facility admission not otherwise defined</b></li> <li>4. <b>Patterns of client to client abuse as defined in RCW 74.43.035</b></li> <li>5. <b>Property destruction over \$100 or that will result in a <i>Residential Allowance Request</i></b></li> <li>6. <b>Restrictive Procedures implemented under emergency guidelines</b></li> <li>7. <b>Medication errors(s) that have or may result in injury/harm as assessed by a medical professional</b></li> <li>8. <b>Serious treatment violations, not otherwise defined</b></li> <li>9. <b>Suicide gestures or attempts</b></li> </ol>

# ATTACHMENT D



DIVISION OF DEVELOPMENTAL DISABILITIES

## Residential Services Providers: Mandatory Reporting of Abandonment, Abuse, Neglect, Exploitation, or Financial Exploitation of a Child or Vulnerable Adult

All administrators, employees, contractors, and volunteers of any existing or proposed contracted community residential services agency must abide by Washington State law, which prohibits abandonment, abuse, neglect, exploitation, and financial exploitation of a child or vulnerable adult, and any related reporting procedures published by the Department of Social and Health Services.

Clients must be treated with kindness, respect, care, and consideration at all times. Abandonment, abuse, neglect, exploitation, and financial exploitation are not permitted under any circumstances.

I have read the agency policy regarding mandatory reporting requirements in its entirety and understand:

- The definitions of abandonment, abuse, neglect, exploitation, and financial exploitation;
- My legal requirement as a mandatory reporter to report abandonment, abuse, neglect, exploitation, and financial exploitation of a client;
- How to report abandonment, abuse, neglect, exploitation, and financial exploitation of a client, including incident reporting procedures;
- Failure to report such incidents can result in a disciplinary action, including termination, and is a gross misdemeanor under Washington State law; and
- My responsibilities to protect clients and other vulnerable adults and children from abandonment, abuse, neglect, exploitation, and financial exploitation.

I also acknowledge that I have had an opportunity to ask questions of my supervisor regarding this policy and have had those questions answered.

\_\_\_\_\_  
PRINT LEGAL NAME

\_\_\_\_\_  
EMPLOYEE SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
WITNESS LEGAL NAME

\_\_\_\_\_  
WITNESS SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
AGENCY

c: Employee File

DSHS 10-403 (06/2009)