DSHS WASHINGTON STATE Department of Social and Health Services

Developmental Disabilities Administration (DDA)

Investigation Report

☐ Initial ☐ Update ☐ Final

☐ YTCF ☐ SOCR ☐ RHC

Investigation Report Date	IR Today Number (Central Office)	Facility IR Number	SIU ID Number

Alleged Victim(s)	DDA Number(s)	Date(s) of Birth	PAT / Home

Location of Incident	Date of Discovery	Time of Discovery

Reporter(s) / Position(s) or Title(s)	Date Reported	Time Reported

Accused Staff / Person(s) / Position(s) or Title(s)

NOI / Alternate Assignment ☐ Yes ☐ No	Alternate Assignment Location

Protective Measures Taken by Facility to Safeguard Clients

☐ Nursing Assessments ☐ Alert Charting / APOC ☐ Medical TX ☐ Psychological Harm Assessment

☐ Other:

Person who Notified Parent / Legal Guardian Date Parent / Legal Guardian Notified	Notified CRU / CPS ☐ Yes ☐ No Date CRU / CPS Notified CRU / CPS Confirmation Number	CPS Assigned ☐ Yes ☐ No ☐ N/A Name of CPS Investigator	Law Enforcement Notified ☐ Yes ☐ No ☐ N/A Law Enforcement Case Number if applicable Jurisdiction

Investigator / Investigator Location	☐ SIU ☐ RHC Staff ☐ SOCR ☐ YTCF	Date Investigator Notified

Investigative Report

Description of Incident (Enter an exact description of the incident or allegation. Include names with titles, dates, times, etc., that will answer who, what, where and when.)

Investigative Question (state the question(s))

Interview are summaries and are not verbatim. Testimonial and documentary evidence (Enter a summary of all evidence attached and reviewed for the investigation. Interviews conducted should Include the name and title of each person interviewed as well as the date, time, and method interviews were conducted).

Check box if applicable:

☐ Because the allegations described in the incident report may constitute a criminal act, the accused staff, , has (have) not been interviewed. This interview will be completed at the request of the Appointing Authority and/or when Law Enforcement complete their investigation(s).

Documentary Evidence

Incident Specific Documents (Check appropriate boxes for documents attached to report.)

☐ Incident Report	☐ Initial Inquiry	☐ Director's Review (Event Report Analysis)
☐ CRU Online Report	☐ Central Office Report (IR Today)	☐ Guardian Notification
☐ Nursing Assessment	☐ Psych Assessment	☐ Witness Statements
☐ Alternate Assignment Letter	☐ Staffing Sheets / Assignments	☐ Communication log
☐ Post Schedules / Assignments	☐ 24 Hour Activity Log	☐ Restrictive Procedures Record
☐ GER (event report)	☐ S COM (staff to staff)	

Related Relevant Documentation (Check appropriate boxes for documents attached to report.)

- ☐ Annual Healthcare Assessments
- ☐ Behavior Data / TBL
- ☐ Correspondence
- ☐ Dietary Orders / Guidelines
- ☐ Fall Reports
- ☐ Health Service Orders
- ☐ Hospital records
- ☐ Person Centered Service Plan (PCSP)
- ☐ Shift duties / expectations
- ☐ Other (indicate below):
- ☐ IHP / Care Plan
- ☐ Incident History
- ☐ Daily Shift Exchange
- ☐ MAR / TAR
- ☐ Med Stat / Behavior Stat
- ☐ Medication List
- ☐ Nursing Orders
- ☐ Therapy-LOG
- ☐ Individual Instruction and Support Plan (IISP)
- ☐ PBSP / BMP
- ☐ Photographs / Diagrams
- ☐ Physician's Orders
- ☐ MyUnity
- ☐ Quarterly Assessments / Reports
- ☐ Therapy Records (PT / OT / SLP)
- ☐ X-ray / Laboratory Reports
- ☐ Pass Down

Relevant Excerpts

☐ There are no relevant excerpts.

Testimonial Evidence

Analysis (Enter an analysis of evidence gathered.)

Findings (state the investigative questions and results of investigation). Note: RHC Appointing Authority will determine whether staff action, or inaction, rises to the level of meeting CFR defined abuse, neglect, or mistreatment.

Information for facility / program review (information during investigation that may pose a threat to client rights and/or protections or that may require further review and/or action by the facility)

☐ TBD ☐ N/A

Investigator's Name	Date Completed
Received by:	Date

Conclusion: To be completed by Appointing Authority

This section is completed by RHC only.

Did abuse, neglect, or mistreatment occur based on CFR rule and guidance? ☐ Yes ☐ No

If yes, please select one or more of the following types: ☐ Abuse ☐ Neglect ☐ Mistreatment

Comments	
Appointing Authority or Designee's Name	Date Completed