

DEVELOPMENTAL DISABILITIES ADMINISTRATION  
Olympia, Washington

TITLE: SOCR CRITICAL INCIDENT INVESTIGATIONS POLICY 12.03

Authority: [Chapter 43.20A RCW](#) *DSHS*  
[Title 71A RCW](#) *Developmental Disabilities*  
[Chapter 74.34 RCW](#) *Abuse of Vulnerable Adults*  
[Chapter 26.44 RCW](#) *Abuse of Vulnerable Children*

Reference: [Executive Order 96-01](#) *Providing for the transfer of criminal and major administrative 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 5.17](#) *Physical Intervention Techniques*  
[DDA Policy 6.12](#) *Incident Management and Reporting Requirements for Residential Service Providers*  
[DDA Policy 7.05](#) *Mortality Reviews*

**BACKGROUND**

In recent years DDA’s State-Operated Community Residential (SOCR) programs have expanded across the state, increasing the need for administrative oversight. To better support this growth, DDA’s Statewide Investigation Unit (SIU) is being leveraged to support some SOCR administrative investigations. This policy formally expands the scope of SIU to include SOCR and defines and describes the respective roles and responsibilities of SOCR and SIU in administrative investigations.

## PURPOSE

This policy establishes and prescribes the roles and responsibilities for DDA-SIU and SOCR staff following certain incident types described and defined by this policy. This policy is focused on roles and responsibilities for investigation and client protections.

For incident reporting requirements and procedures, see DDA Policy 6.12, *Incident Management and Reporting Requirements for Residential Service Providers*.

DDA-SIU is the designated body assigned to investigate incidents involving suspicious, unusual, and certain unexpected deaths defined and described by this policy and incidents involving allegations of sexual or physical abuse of clients by staff, and restraint related injuries further described below.

## SCOPE

This policy applies to DDA-SIU and SOCR staff responsible for investigation and oversight following incidents involving incident types defined by this policy. DDA-SIU assignments not involving incident types defined below are at the discretion of the DDA Assistant Secretary or designee, in consultation with the DDA-SIU Unit Manager and Director of Strategic Planning & Quality Compliance Monitoring.

## DEFINITIONS

**Physical abuse**, per Chapter 74.34 RCW, is the intentional, willful, or reckless 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 prodding.

**Physical intervention**, per DDA Policy 5.17, is the use of a manual technique intended to interrupt or stop a behavior from occurring. Physical intervention includes using physical restraint to release or escape from a dangerous or potentially dangerous situation.

**Physical restraint**, per DDA Policy 5.17, means physically holding or restraining all or part of a client's body in a way that restricts the client's free movement. This does not include briefly holding, without undue force, a client in order to calm them, or holding a client's hand to escort the client safely from one area to another.

**Sexual abuse**, per Chapter 74.34 RCW, is any form of nonconsensual sexual conduct, including but not limited to unwanted or inappropriate touching, rape, molestation, indecent liberties, sexual coercion, sexually explicit photographing or recording, voyeurism, indecent exposure, and sexual harassment. Sexual abuse also includes any sexual conduct between a staff person, who is not also a resident or client or a staff person of a program authorized under chapter 71A.12 RCW, 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.

**Suspicious, unusual, or unexpected death** means:

1. Any death which involved alleged or suspected abuse or neglect at the time of the death;
2. Accidental deaths or suicides; or
3. Any deaths where abuse or neglect becomes a concern at any point during the mortality review process;

## **POLICY**

### Incident Classification

The following incidents and allegations must be referred to DDA-SIU:

- A. Suspicious, unusual, or unexpected death;
- B. Sexual abuse of clients by staff;
- C. Physical abuse of clients by staff, except as stipulated under Procedure (B)(3) below; and
- D. Any physical intervention or restraint which results in injury requiring treatment beyond basic first aid.

## **PROCEDURES**

### A. Immediate Follow-Up After an Incident

1. To address client safety, health, and welfare after an incident, SOCR must:
  - a. Review and adjust staffing assignments, as needed;
  - b. Provide needed care and support;
  - c. Assess for injury or trauma; and
  - d. Refer for outside treatment, if needed.
2. Reporting
  - a. SOCR must report all incidents involving alleged or suspected abuse, neglect, financial exploitation, abandonment, or mistreatment of a child or vulnerable adult to the proper authorities pursuant to Chapter 26.44 RCW and Chapter 74.34 RCW. For more information about incident reporting requirements and procedures, see DDA Policy 6.12, *Incident Management and Reporting Requirements for Residential Service Providers*.
  - b. SOCR must refer an incident or allegation to Washington State Patrol (WSP)

when the allegations, if proven to be true, “may lead to employee demotion or dismissal.”

B. Initial SOCR Inquiry and Fact-Finding Work

1. Initial physical evidence or relevant testimony gathered by SOCR must be made available to the DDA-SIU investigator at the onset of an SIU investigation.
2. SOCR must make SIU aware of any sensitive evidence initially collected by SOCR staff (e.g., pictures of client bruising, injuries, or physical evidence such as clothing or bedding). Any evidence collected must be preserved for SIU or other outside investigators.
3. SOCR may initiate fact finding or an internal investigation for incidents categorized as physical abuse of clients by staff if:
  - a. SOCR reports the incident to the Complaint Resolution Unit and other investigative bodies as required by chapter 26.44 RCW, chapter 74.34 RCW, and DDA Policy 6.12.
  - b. SOCR’s internal investigation includes documentary and testimonial evidence reviewed or gathered and conclusions made, within 10 working days of incident awareness.
4. If at any point during an internal SOCR investigation evidence is revealed that suggests physical abuse of clients by staff, a formal referral to DDA-SIU must be made.

C. Referral to DDA-SIU

1. To report an incident to DDA SIU, the SOCR director or designee must e-mail the SIU manager:
  - a. The event report no more than one working day after the incident; and
  - b. Any supporting documentation (as soon as available).
2. If the incident is also referred to law enforcement, SOCR must provide DDA-SIU the law enforcement contact information. DDA-SIU will then become the point of contact with law enforcement and will follow-up to complete the investigation once law enforcement declines or completes their investigation.

D. DDA-SIU Investigation of Incidents

The DDA-SIU investigator must do all the following:

1. Interview clients, 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.
2. Interview employee witnesses in compliance with all Collective Bargaining Agreements.
3. Document interviews and obtain written statements, as appropriate.
4. Review all related documentation.
5. Collaborate with outside agencies as needed.
6. Maintain client and employee confidentiality according to state laws and DSHS policy.
7. Immediately report to the SOCR director 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 SOCR clients or employees;
  - b. Information that may necessitate immediate action by SOCR or may be relevant to known pending administrative or personnel action; or
  - c. Any time Residential Care Services' Complaint Resolution Unit is notified due to additional suspected abuse, neglect, exploitation, or mistreatment beyond the initial allegations identified.

E. DDA-SIU Required Reports

1. SIU must complete and submit the [DSHS 16-202B](#), *10 Day Investigation Report*, including the individual testimonies (verbal and written) to the SOCR Director or designee no more than 10 working days after receiving the referral. DSHS 16-202B must indicate the results of the investigation to the extent possible, barring the impact of pending interviews.
2. If another investigative body's investigation prevents SIU from completing a

final report within ten working days, a preliminary report must be submitted to the SOCR director or designee within ten working days. After the conclusion of the investigation, a final report must be submitted with findings updated as needed.

F. SOCR Administrative Review, Determination, and Follow-up Actions

No more than 10 days after receiving the report, the SOCR Director or designee must confirm receipt of the completed report and determine and document necessary follow-up.

**EXCEPTIONS**

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

**SUPERSESION**

None.

Approved:           /s/ Shannon Manion            
Deputy Assistant Secretary  
Developmental Disabilities Administration

Date: March 1, 2023