DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA)

# Employment and Day Program Services Providers: Mandatory Reporting of Abuse, Improper Use of Restraint, Neglect, Personal or Financial Exploitation, or Abandonment of a Child or Vulnerable Adult

All county and county-contracted provider administrators, owners / operators, employees, contractors and volunteers must abide by Washington State law, which prohibits abuse, improper use of restraint, neglect, personal or financial exploitation, and abandonment of a child or vulnerable adult. Any related reporting procedures published by the Department of Social and Health Services must also be followed.

Clients must be treated with kindness, respect, care, and consideration at all times. Abuse, improper use of restraint, neglect, personal or financial exploitation, and abandonment are not permitted under any circumstances.

I have read DDA Policy 6.08, Incident Management and Reporting Requirements for County and County-Contracted Providers, in its entirety and understand:

☐  The definitions of abuse, improper use of restraint, neglect, personal or financial exploitation, and abandonment;

☐  My legal requirement as a mandatory reporter to report abuse, improper use of restraint, neglect, personal or financial exploitation, and abandonment of a client;

☐  How to report abuse, improper use of restraint, neglect, personal or financial exploitation, and abandonment 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 vulnerable adults and children from abuse, improper use of restraint, neglect, personal or financial exploitation, and abandonment.

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

_____     _____     _____
PRINT EMPLOYEE LEGAL NAME                    EMPLOYEE SIGNATURE                              DATE

_____     _____     _____
PRINT WITNESS LEGAL NAME                      WITNESS SIGNATURE                               DATE

_____
AGENCY

c: Employee File

**DSHS 27-081 (REV. 06/2019)**