

Shoreline

COMMUNITY COLLEGE



Office of Special Services

Community Integration and Employment Program
Division of Student Affairs

HANDBOOK

For copies of this handbook in alternative format please call (206)546-5823 or TDD (206)546-4520

16101 Greenwood Ave North • Shoreline, WA 98133-5696 • (206) 546-4545 • www.shoreline.edu
Shoreline Community College provides equal opportunity in education and employment and does not discriminate on the basis of race, sex, age, color, religion, national origin, marital status, gender, sexual orientation or disability. The following person has been designated by the College President as the Title IX Coordinator and is responsible for responding to inquiries and complaints regarding all College non-discrimination policies: Stephen Smith, Vice President for Human Resources & Legal Affairs, phone: 206-546-4694, fax: 206-546-5850, email: spsmith@shoreline.edu

Community Integration and Employment Program (CIEP)

Student Intake and Maintenance Checklist

Student Name: _____

Enrollment Policies

- County Services for Working Age Adults – policy 4.11 (DSHS)
- Qualified Provider – CIEP form
- Agency/Participant Agreement – CIEP form
- Client Rights – policy 5.06 (DSHS)
- Reasonable Accommodation of Students with Disabilities – policy 5114 (college policy)
- College Human Rights Universal Complaint Procedure – policy 4111 (college policy)
- Client Complaints – policy 5.03 (DSHS)
- Limited English Proficient Clients – policy 5.05 (DSHS)
- Client Protection and Safety – policy 6.08 (DSHS)
- Annual Forms

I have received a copy of the Student Handbook and the policies and procedures have been explained to me and I have had the opportunity to ask questions.

Student Signature: _____ Date: _____

NSA/Guardian Signature: _____ Date: _____

Copy to Student: _____ Date: _____

Copy to NSA/Guardian: _____ Date: _____



DEVELOPMENTAL DISABILITIES ADMINISTRATION
Olympia, Washington

TITLE: COUNTY SERVICES FOR WORKING AGE ADULTS POLICY 4.11

Authority: Chapter 71A RCW *Developmental Disabilities*
WAC 388-850-035 *Services – Developmental Disabilities*

BACKGROUND

RCW 71A.10.015 states that the Legislature “recognizes the state’s obligation to provide aid to persons with developmental disabilities through a uniform, coordinated system of services to enable them to achieve a greater measure of independence and fulfillment and to enjoy all rights and privileges under the Constitution and laws of the United States and the state of Washington.” The legislative intent can be accomplished by providing working age adults the supports needed to achieve gainful employment.

Washington has had much success in providing supported employment services to assist individuals with developmental disabilities in becoming gainfully employed. Participating in gainful employment results in individuals with developmental disabilities earning typical wages and becoming less dependent on service systems. In addition, employment provides the rest of the community with the opportunity to experience the capabilities and contributions made by individuals with developmental disabilities.

In December 2000, the Division of Developmental Disabilities (DDD) submitted the *Strategies for the Future Long-Range Plan Phase II Report* to the Washington State Legislature. This report included the recommendations of the Stakeholder Workgroup regarding adult employment and day program services. The Stakeholder Workgroup recommended persons of working age should be gainfully employed, participating and contributing to community life, using a variety of strategies to reach this status in the community. Specifically, the report states:

“Pathways to Employment: Each individual will be supported to pursue his or her own unique path to work, a career, or his or her contribution to/participation in community life. All individuals, regardless of the challenge of their disability, will be afforded an opportunity to pursue competitive employment.”

The Working Age Adult policy was first issued in July 2004 and counties were given a timeline of July 2006 for full implementation. Between 2007 and 2009 the number of DDD clients in

integrated employment increased by 54 percent, representing an additional 2,555 clients and a total of 7,277 clients in integrated employment.

In July 2011, action by the 2011 Washington State Legislature required revision to this policy to allow DDD clients to choose Community Access if they are not satisfied with employment services after nine months in an employment program with an unsuccessful job search.

In March 2012, the Washington State Legislature passed legislation to support employment as the first choice for adults of working age; to incorporate the right to transition to a community access program after nine months in an employment service; and to receive only one service option at a time (employment or community access).

PURPOSE

This policy establishes employment supports as the first use of employment and day program funds for working age adults and ensures that after nine months of employment services the person may choose Community Access. The policy establishes guidelines for Field Services staff of the Developmental Disabilities Administration (DDA) and Counties to follow when providing services to working age adults.

SCOPE

This policy applies to all DDA eligible working age adults who receive or seek employment and day program services, DDA Field Services staff, and Counties under contract with DDA and their subcontractors.

DEFINITIONS

Administration means the Department of Social and Health Services' Developmental Disabilities Administration (DDA).

Day Program means Community Access service.

Community Access service means support to assist individuals to participate in activities that promote individualized skill development, independent living and community integration. Activities must provide individuals with opportunities to develop personal relationships with others in their local communities and to learn, practice and apply skills that promote greater independence and community inclusion.

Employment program services means Individual Employment, Group Supported Employment, or Pre-Vocational service (sometimes referred to as Sheltered workshops).

Employment supports means services that support individuals to pursue or maintain gainful employment in integrated settings in the community. Key elements of these services include:

1) Supports are tailored to the needs, interests and abilities of the individual; 2) All individuals receive supports to achieve and maintain integrated, gainful employment in their community.

Gainful employment means employment that reflects achievement of or progress towards a living wage.

Integrated settings means typical community settings not designed specifically for individuals with disabilities in which the majority of people employed are individuals without disabilities and wages are paid at minimum wage or better.

Living wage means the amount of earned wages needed to enable an individual to meet or exceed his or her living expenses.

Maintain gainful employment means supports required to sustain gainful employment and increase earned income.

Pursue gainful employment means employment or other activities that demonstrate steady movement toward gainful employment over time.

Supported employment means paid, competitive employment for people who have severe disabilities and a demonstrated inability to gain and maintain traditional employment. Supported employment occurs in a variety of normal, integrated business environments and includes:

- Minimum wage or better;
- Support to obtain and maintain jobs; and
- Promotion of career development and workplace diversity.

Working age adults means individuals age 21 through 61 years.

POLICY

- A. Supports to pursue and maintain gainful employment in integrated settings in the community shall be the first service option for working age adults.
1. Counties will develop and make available services that offer support for working age adults to pursue or maintain gainful employment, including support and technical assistance to achieve integrated employment outcomes.
 2. DDA Field Services staff shall authorize services to working age adults that support the individual to pursue and maintain integrated, gainful employment.
 3. Regardless of age, adults over age 21 may continue to receive support to pursue or continue to engage in integrated employment.

- B. Approval for Community Access services to working age clients will be authorized when clients have pursued employment through the Administration for nine months and are not satisfied with the results.
- C. Case Resource Managers (CRMs), in conjunction with County staff, will provide each DDA enrolled individual with information about all services and service providers and be available to answer questions to assist clients to understand their range of service options.
- D. An individual client may be authorized for only one service option, either employment or Community Access.

PROCEDURES

A. New Working Age Adults

1. Counties and DDA Regions will negotiate contracts to ensure the availability of services consistent with this policy.
2. CRMs will provide individuals with information regarding services. CRMs will use the Comprehensive Assessment and Reporting Evaluation (CARE) system to complete DDA Assessments prior to referring these individuals to Counties for additional assistance.
3. CRMs, in cooperation with Counties, will determine preferences for gainful employment with clients and their family members. Counties will accept or decline referrals using the ADSA Web Access System.
4. CRMs will use CARE to authorize services for individuals seeking to pursue or maintain gainful employment or who are eligible to choose community access.
5. Approval for services to working age clients that do not emphasize the pursuit or maintenance of employment in integrated settings will be authorized when clients have pursued employment through the Administration for at least nine months and are unsatisfied with the results.
6. If clients of working age do not want to pursue or maintain gainful employment, and request Community Access, the CRM may submit an exception to rule. Refer to WAC 388-845-0603 for Community Access eligibility conditions.
7. If clients of working age do not want to pursue or maintain gainful employment and are not eligible to choose Community Access, then CRMs, in conjunction with County staff, will provide information about generic community services.

B. Working Age Adults Currently Receiving Employment and Day Program Services

1. Counties and DDA Regions will negotiate contracts to ensure the availability of services consistent with this policy.
2. Counties will work with service providers to ensure that individuals are gainfully employed or have an employment plan, which reflects the goals needed to pursue or maintain gainful employment. Each individual shall receive supports needed to implement and maintain their individualized plan.
3. CRMs will continue to authorize services for individuals who are pursuing or maintaining gainful employment.
4. After discussions with CRMs, if clients of working age have pursued employment through the Administration for at least nine months and are unsatisfied with the results, then CRMs will offer community access services.

C. Review Function

1. On a semi-annual basis, Counties will review service providers' progress towards ensuring that:
 - a. Services to working age adults are consistent with this policy;
 - b. Each participant is gainfully employed at client's identified job goal or has an individual employment plan;
 - c. Each participant in Community Access has an individual plan; and
 - d. Each participant has received assistance and made progress on their individualized plan.
2. On a semi-annual basis, service providers will submit progress reports to each client's CRM.

EXCEPTIONS

No exceptions to this policy may be granted without the prior written approval of the Deputy Assistant Secretary.

SUPERSESSION

DDD Policy 4.11
Issued June 1, 2012

TITLE: COUNTY SERVICES FOR WORKING AGE ADULTS POLICY 4.11

Approved: /s/ Donald Clintsman
Deputy Assistant Secretary
Developmental Disabilities Administration

Date: July 15, 2013

Community Integration and Employment Program

Qualified Provider Agreement

1. Under the Qualified Provider Agreement the Community Integration and Employment Program must maintain certification by the Commission on Accreditation of Rehabilitation Facilities. Service standards are evaluated every three years.
2. The Program is audited for contract compliance approximately every two years by its' funding agency the Developmental Disabilities Division of King County.
3. Staff members prior to working with program students must submit to criminal background checks and be cleared for working with adults with developmental disabilities.
4. On hiring staff members are trained on Washington State Department of Social and Health Services Policies governing Employment Services for Adults with Developmental Disabilities. Staff receives continued training on these policies throughout employment.

These include DSHS policies 4.11, 5.02, 5.03, 5.05, 5.06, 5.03, 5.14, 5.15, 5.17, 6.08, 9.07 the Health Insurance Portability and Accountability Act (HIPAA) and First Aid Certification.

Our Staff:

Program staff is made up of a full-time Program Manager and a Program Coordinator. The Program Manager supervises the Program Coordinator and reports to the Director of the Office of Special Services. The current Program Manager has a master's degree in Psychology and the Program Coordinator holds a bachelor's degree in Human Services.

In addition to full-time staff the Program has a number of part-time staff. Part-time staff receives the same training as full-time staff on state policies and procedures governing service to adults with developmental disabilities.

Community Integration and Employment Program

Agency/Participant Agreement

Participation in the Community Integration and Employment Program is voluntary. Students may withdraw at any stage of entry into the Program. Staff will support and assist a student in the decision to exit, and will complete termination paperwork in a timely manner. If the student is funded through Washington State Developmental Disabilities Administration (DDA) the Program will contact the student's DDA Case Resource Manager to inform of the student's decision to exit or change Programs. This is done to facilitate the transition, and help the student in his or her new path.

The student visits the Program and student's goals, support needs and available program supports are discussed. Potential students are required to furnish the Program with official records of their disability. Once a student shows interest in being supported by the Program, the student's DDA case-manager is contacted to ascertain funding availability and support needs. If a student does not have funding through DDA a private pay option is available. Students paying for supports through state funding must have goals consistent with the requirements under the King County Employment Contract.

Acceptance Policies:

- The student must be eligible for employment program funding through DDA or have an alternative system in place for paying program support fees.
- The program has determined it has the capacity to serve the student.

Expectations of Program Participants:

- Work on goals outlined in the Annual Employment Plan.
- Arrive on time for all scheduled activities supported by Program staff.
- Notify staff in advance of changes in schedule, or other changes affecting service needs.
- Practice good grooming and personal hygiene.

If the individual's needs change the Program will reevaluate the ability to serve the student.

What Students Can Expect from Us:

1. Receive services delivered in a professional and respectful manner.
2. Receive reasonable accommodations under College Policy 5114 - Reasonable Accommodation of Students with Disabilities. Receive interpreter services and auxiliary aids under DDA Policy 5.05 – Limited English Proficient Clients.

Agency/Participant Agreement - continued

Reasonable accommodations under this policy include, but are not limited to:

- Academic adjustments, such as modification and flexibility in test arrangements
- Adjustments in nonacademic services and other rules
- Auxiliary aids and services

3. Receive supports in advancement of employment goals such:

- Skill Building for the World of Work
- Job Discovery and Assessment
- Job Preparation
- Marketing/Job Development
- Job Coaching and Job Support
- Job Retention and Follow Along
- Mobility Assistance
- Transportation Assistance
- Scheduling Assistance
- Academic Planning Assistance
- Communication Assistance

Termination/Exit Policies

Students generally leave the program under one of the following circumstances:

- Graduation
- Entry into an alternative program
- Agency does not have the expertise to support the individual
- Voluntary exit
- Medical necessity

Non-Acceptance and Termination Disputes

If a student, necessary supplemental accommodation or guardian wishes to appeal non-acceptance for service or service termination or any grievance related to service, he/she may seek review of the action under the College's Human Rights Universal Complaint Procedure – Policy 4111. In addition the Community Integration and Employment Program needs to alert student's case resource manager at the Developmental Disabilities Administration (DDA) of the appeal and/or grievance. The case resource manager will follow the complaint procedure outlined in the DDA policy 5.03

See Appendix for full copies of College Policy 4111 and DDA Policies 5.03 and 5.05



DEVELOPMENTAL DISABILITIES ADMINISTRATION
Olympia, Washington

TITLE: CLIENT RIGHTS POLICY 5.06

Authority: Civil Rights Act of 1964
Americans with Disabilities Act
Individual with Disabilities Education Act (IDEA, Part C)
42 CFR 483.420 *Condition of participation: client protections*
Chapter 11.88 RCW *Guardianship*
Chapter 70.122 RCW *Natural Death Act*
Chapter 71A RCW *Developmental Disabilities*
WAC 388-823-1095 *What are my rights as a DDA client?*
WAC 388-76-10510 - 14645 *Adult Family Home resident rights*
WAC 388-78A-2660 - 2690 *Assisted Living resident rights (formerly Boarding Homes)*
WAC 388-101-3320 - 3330 *Client rights and treatment*
WAC 388-829A-130 *Alternative Living client rights*
WAC 388-829C-100 *Companion Home client rights*

Reference: DSHS Administrative Policy 7.02 *Equal Access to Services for Individuals with Disabilities*
DDA Policy 5.03 *Client Complaints*

BACKGROUND

Federal and state laws have been promulgated to assure that the civil rights of all people are recognized and protected. The Civil Rights Act of 1964 mandates protection of the civil rights of persons who have a developmental disability.

PURPOSE

This policy provides a basic summary of the civil rights of eligible clients of the Developmental Disabilities Administration (DDA) of the Department of Social and Health Services (DSHS). The summary is not intended to be all inclusive. Refer to WAC 388-823-1095 for an additional list of client rights and the other residential WACs as noted above under Authority.

SCOPE

This policy applies to all eligible clients receiving DDA funded supports or services, Administration staff, and contracted service providers.

DEFINITIONS

Administration means the Developmental Disabilities Administration of the Department of Social and Health Services (DSHS).

POLICY

- A. Clients of the DDA have the same legal rights and responsibilities guaranteed to all other individuals by the U.S. Constitution, and federal and state law. All eligible Administration clients will be informed of their civil rights.
- B. When services are offered by DDA, all clients shall receive a copy of the form, DSHS 16-172, *Your Rights and Responsibilities When You Receive Services Offered by the Aging and Disability Services Administration*.
- C. All facilities, programs, contractors, and service providers receiving funding from DDA shall promote clients' rights.
- D. Violation of the civil, constitutional and/or other rights of clients is prohibited. These rights include, but are not limited to, the following:
 1. ***The right to be free from discrimination.***
 - No client shall be subjected to discrimination because of race, color, national origin, gender, age, religion, creed, marital status, disability, sexual orientation, or the presence of any physical, mental, or sensory disability.
 2. ***The right to be free from harm.***
 - To be free from any kind of abuse or punishment, including verbal, mental, physical, and/or sexual abuse.
 - To be free from unnecessary medication, restraints, seclusion, and restrictions.
 - To express concerns and complaints without fear of retribution.
 3. ***The right to dignity, privacy, and humane care.***

- To be treated respectfully by all Administration staff and contracted service providers.
 - To meet with and talk privately with friends and family members.
 - To personal privacy and confidentiality of personal and other records.
 - To have services delivered in the least restrictive environment possible.
 - To set rules in your own home and to know what rules service providers have when living in another person's house or working in someone else's business.
 - To help from an advocate.
 - To decide whether or not to participate in research after the research has been explained to you, and not unless you or your legal representative give written consent for you to participate.
 - To make choices about your life.
 - To wear your clothes and hair the way you want.
4. ***The right to prompt medical care and treatment.***
- To access healthcare that meets your needs.
 - To know what your doctor wants you to do or take and to help plan how that will happen.
5. ***The right to religious freedom and practice.***
- To attend the church of your choice.
6. ***The right to receive a free appropriate public education.***
7. ***The right to social interaction and participation in community activities.***
- To choose activities and schedules that meet your needs.
 - To vote and help people get elected to office.
8. ***The right to physical exercise and recreational activities.***
9. ***The opportunity to benefit from employment.***

TITLE:

CLIENT RIGHTS

POLICY 5.06

- To be employed and receive a fair wage.
- To manage your money or choose other persons to assist you.

EXCEPTIONS

None

SUPERSESSON

DDD Policy 5.06

Issued January 3, 2011

Approved: /s/ Donald Clintsman
Deputy Assistant Secretary
Developmental Disabilities Administration

Date: July 15, 2013

Community Integration and Employment Program

Complaint Procedures

Shoreline Community College Complaint Procedure - Policy 4111

The Community Integration and Employment Program (CIEP) is governed by the official College policies. The Human Rights Universal Complaint Procedure, embedded within Policy 4111: Equal Opportunity/Anti-Discrimination, provides employees and students with two internal complaint procedures, an informal verbal complaint procedure and a formal written complaint procedure. In addition, for those who do not wish to use the internal procedure, information on pursuing external complaint procedures is provided within this policy and accompanying procedure.

Under the internal formal complaint procedure the policy states that each party can bring an individual to the hearing. The college has a student advocate available to students.

College Policy 4111 prohibits retaliation by any party for filing a grievance.

CIEP must inform the guardian and/or non-supplemental accommodation representative of the student's desire to file a complaint within 5 working days.

See Appendix for complete College Policy 4111.

DSHS-DDA Policy 5.03

CIEP must also inform the client's DSHS Developmental Disabilities Administration case resource manager of the client's complaint within 5 working days. The case resource manager will follow the steps outlined in DSHS-DDA policy 5.03 in resolving the complaint.

CIEP will ensure that clients have access to interpreting services or auxiliary aids per DSHS-DDA Policy 5.05 and college Reasonable Accommodation of Students with Disabilities Policy 5114.

CIEP will develop a tracking system for complaints and resolutions.

See Appendix for DSHS-DDA Policy 5.03 and 5.05

See Appendix for College Policy 5114

Community Integration and Employment Program

Limited English Proficient Clients

DSHS-DDA Policy 5.05 and Shoreline Community College Policy 5114

In accordance with DSHS-DDA policy 5.05 (Limited English Proficiency) and Shoreline Community College's Reasonable Accommodation for Students with Disabilities (Policy 5114) the Community Integration and Employment Program will ensure that Interpreter Services for clients with LEP and clients with Sensory Impairments (SI) are used when:

1. Requested by the client, guardian and/or NSA
2. Necessary for client to have equal access to services, to understand to the fullest extent possible all program policies and procedures that govern program operations, to participate in planning and program meetings and to understand all print and digital materials
3. Necessary for the client to participate in and contribute to his/her annual career pathway
4. Necessary for the client to make progress toward or sustain paid employment
5. Necessary for the client to file a complaint according to the college policy 4111 Human Rights Universal Complaint Procedure and DSHS-DDA policy 5.03

At entry to the program clients with LEP and SI and their guardians and/or necessary supplemental accommodation representatives will be informed of their right to have interpreter services or axillary aids at no cost to them and without significant delay. Professional certified interpreting services will be utilized at all times. For clients with sensory impairment the program will consult the client's case resource manager, advocates, guardians, NSA's and other professionals to ensure that the client has an effective communication system in place.

As needed Community Integration and Employment Program staff will consult with the clients Developmental Disabilities Administration Case Resource Manager at entry and on an on-going basis to ensure program compliance with DSHS-DDA policy 5.05. and Shoreline Community College policy 5114.

See Appendix for DSHS-DDA - Policy 5.05

See Appendix for Reasonable Accommodation for Students with Disabilities - College Policy 5114

Community Integration and Employment Program
Client Protection and Safety – DSHS-DDA Policy 6.08

All staff working in the Community Integration and Employment Program is required to report to the state all incidents of suspected or actual abuse, neglect, financial exploitation, and self-neglect.

Attached are examples of behaviors that are unacceptable and need to be addressed so you can advocate for yourself and others in situations where you think you or another person is being abused or neglected.

If you experience or witness any of the behaviors attached happening report it to a person you trust.

See Appendix for full review of DSHS-DDA Policy 6.08.

ATTACHMENT B

CLARIFYING EXAMPLES OF ABUSE, NEGLECT, FINANCIAL EXPLOITATION, AND SELF-NEGLECT

The following examples, which are not all-inclusive, are provided to assist staff in identifying suspected or actual abuse, neglect, financial exploitation, and self-neglect. **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 including but not limited to:
 - Fondling
 - Intercourse
 - Oral sex
 - Rape
 - Sodomy
- Sexual coercion
- Sexual harassment
- Sexually explicit photographing, filming, or videotaping
- Showing, selling, or otherwise distributing pornographic materials

C. Mental Abuse:

- Coercion
- Harassment

ATTACHMENT B

- Inappropriately isolating a vulnerable adult from family, friends, or regular activity
- 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. Financial 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

F. Self-neglect:

Vulnerable adults who neglect themselves are unwilling or unable to do needed self-care. This can include such things as:

- Not eating enough food to the point of malnourishment
- Wearing clothes that are filthy, torn, or not suited for the weather
- Living in filthy, unsanitary, or hazardous conditions
- Not getting needed medical care

Community Integration and Employment Program

Annual Forms

- Release of Information
- Personal Information Summary
- Employment Plan
- Six Month Progress Report



RELEASE OF INFORMATION

COPY Client: _____ COPY Advocate/Guardian: _____ EXP Date: _____

For the purpose of maximizing my safety on campus and supporting my career path, learning and integration goals I _____ am hereby authorizing **The Community Integration and Employment Program** to exchange information regarding my daily activities and needs on campus with:

Name: _____ Relationship to Student: _____

Contact Information: _____

Name: _____ Relationship to Student: _____

Contact Information: _____

Name: _____ Relationship to Student: _____

Contact Information: _____

Name: _____ Relationship to Student: _____

Contact Information: _____

Name: _____ Relationship to Student: _____

Contact Information: _____

In addition I approve my photo along with key emergency contact information be stored confidentially at three key locations on campus: Services for Students with Disabilities, Safety and Security Office, and the reception desk in the 1000 building.

Yes _____ No _____

I understand that my release of information can be revoked at any time. My release is specifically to the person or organization listed above and for the purposes listed above; this is not a general release of information. I understand that outside of this release the continued confidentiality of my records is protected by law. This release expires after 1 year from date of signature.

Signed: _____
(signature of student involved with the Office of Special Services at SCC)

Date: _____

Witness: _____
(signature of someone other than the student who signed above)

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The following person has been designated by the College President as the Title IX Coordinator and is responsible for responding to inquiries and complaints regarding all College non-discrimination policies: Stephen Smith, Vice President for Human Resources & Legal Affairs, phone: 206-546-4694, fax: 206-546-5850, email: spsmith@shoreline.edu

Community Integration and Employment Program
Personal Information Summary

STUDENT ID # _____ DDD # _____ NSA: _____

This information is Voluntary and Confidential and is used solely for the purposes of supporting students, and responding to emergency situations.

PLEASE PRINT YOUR RESPONSES

CONTACT INFORMATION

NAME: _____ DOB: _____

ADDRESS: _____

PERSONAL PHONE #'S: _____

EMAIL: _____

RESIDENCE : _____ PHONE _____

HOUSE MANAGER/COORDINATOR NAME: _____

PHONE #: _____ EMAIL: _____

DDD CASE MANAGER NAME: _____

PHONE #: _____ EMAIL: _____

GUARDIAN/ NSA

NAMES: _____

PHONE #'S: _____

ADDRESS: _____

EMAIL: _____

EMERGENCY/ALTERNATE CONTACTS OTHER THAN ABOVE

NAME: _____ RELATIONSHIP: _____

PHONE #'S: _____

NAME: _____ RELATIONSHIP: _____

PHONE #'S: _____

MEDICAL CONTACT INFORMATION

DOCTOR'S NAME: _____ CLINIC: _____

PHONE: _____ ALTERNATE PHONE: _____

DOCTOR'S NAME: _____ CLINIC: _____

PHONE: _____ ALTERNATE PHONE: _____

IN CASE OF EMERGENCY UNACCEPTABLE MEDICAL PROCEDURES:

MEDICATIONS AND PREEXISTING CONDITIONS

<u>MEDICATIONS</u>	<u>MEDICAL CONDITION</u>

LIST ALLERIGIES TO MEDICATION: _____

Personal Information Summary (continued)

LIST CONDITIONS WHICH MIGHT RESULT IN THE NEED FOR MEDICAL ASSISTANCE WHILE ON CAMPUS (EXAMPLES WOULD BE A SEIZURE DISORDER, DIABETIC, CHOKING, ALLERGIES, DIETARY RESTRICTIONS, DEPRESSION, ETC.)

CONDITION: _____

ACTION TO BE TAKEN: _____

CONDITION: _____

ACTION TO BE TAKEN: _____

CONDITION: _____

ACTION TO BE TAKEN: _____

CONDITION: _____

PERSONAL CARE NEEDS AND PROCEDURES

WHEEL CHAIR VENDOR: _____ PHONE: _____

WHEEL CHAIR QUIRKS AND TROUBLE SHOOTING TIPS:

FEEDING NEEDS/PREFERENCES: _____

DRINKING NEEDS/PREFERENCES: _____

RESTROOM NEEDS/PREFERENCES: _____

COMMUNICATION TIPS: _____

ALTERNATIVE COMMUNICATION DEVICE TIPS: _____

ADAPTIVE DEVICES (e.g.glasses/braces etc.): _____

Personal Information Summary (continued)

ADAPTIVE TECHNOLOGY

HARDWARE: _____

SOFTWARE: _____

SPECIAL CONSIDERATIONS

STUDENT SIGNATURE: _____ DATE: _____

PREPARED BY: _____ DATE: _____

RELATIONSHIP TO STUDENT: _____ EXP DATE: _____

PERSONAL INFORMATION SUMMARY UPDATE

STUDENT SIGNATURE: _____ DATE: _____

PREPARED BY: _____ DATE: _____

EXP DATE: _____

Community Integration and Employment Program

Annual Employment Plan

Name: _____ Student I.D. _____

Funding: ___ DDD Case # _____ CRM/SW: _____

Maximum Monthly Support Hours Available from the State: _____

Annual Plan Timeline : _____ Update: ___ New: ___

Date Copy sent to: Student: _____ DDA: _____ Guardian/NSA: _____ Staff Name: _____

The Community Integration and Employment Program supports students in exploring academic programs, experiencing college life, and receiving any other potential training or learning which is aimed toward discovering and securing a suitable job match.

The objective of an Annual Employment Plan is to assist a student to map out an individually designed pathway to employment.

Interests/Preferred Activities	
Skills/Personal Strengths	
Culture/Belief System (Optional)	
Preferred Job	
Preferred Industry	
Desired Hours & Schedule	
Desired Hourly Rate	
Agreed Upon Timeline to Achieve Goal	
Market Analysis	
Area or Location	
Barriers to Employment	
Identified Health and Safety Risks	
Identification of other accommodations, adaptive equipment/or supports critical to achieving the employment goal.	

6 month Progress Report	
Goal from Prior Annual Plan	
Services Provided	
Steps Taken Toward Job Goal	
Barriers Identified	
Paid Employment Secured	
Additional Strategies Developed to Meet Goal	
Parties Consulted With	

Annual Goal	
Annual Goal	
Action Steps and Supports to Meet the Goal	
Persons and/or entities available to assist in reaching career goals	
Identification of other accommodations, adaptive equipment/or supports critical to achieving the employment goal.	

Student Signature _____ Date: _____

Guardian/NSA Name: _____ Relation to Student: _____

Guardian/NSA Signature: _____

Preparer Name: _____ Title: _____

Signature: _____ Date: _____

Community Integration and Employment Program Six Month Progress Report

Name: _____ Student I.D. _____

DDD Case # _____ CRM/SW: _____

Maximum Monthly Support Hours Available from the State: _____ 6 Month Timeline : _____

Date Copy sent to: Student: _____ DDA: _____ Guardian/NSA: _____ Staff Name: _____

6 month Progress Report	
Goal from Annual Plan	
Services Provided	
Steps Taken Toward Job Goal	
Barriers Identified	
Paid Employment Secured	
Additional Strategies Developed to Meet Goal	
Consulted with Participant/ CRM/Guardian/NSA/Other	

Student Signature _____ Date: _____

Preparer Name: _____ Title: _____

Signature: _____

Date: _____

Community Integration and Employment Program

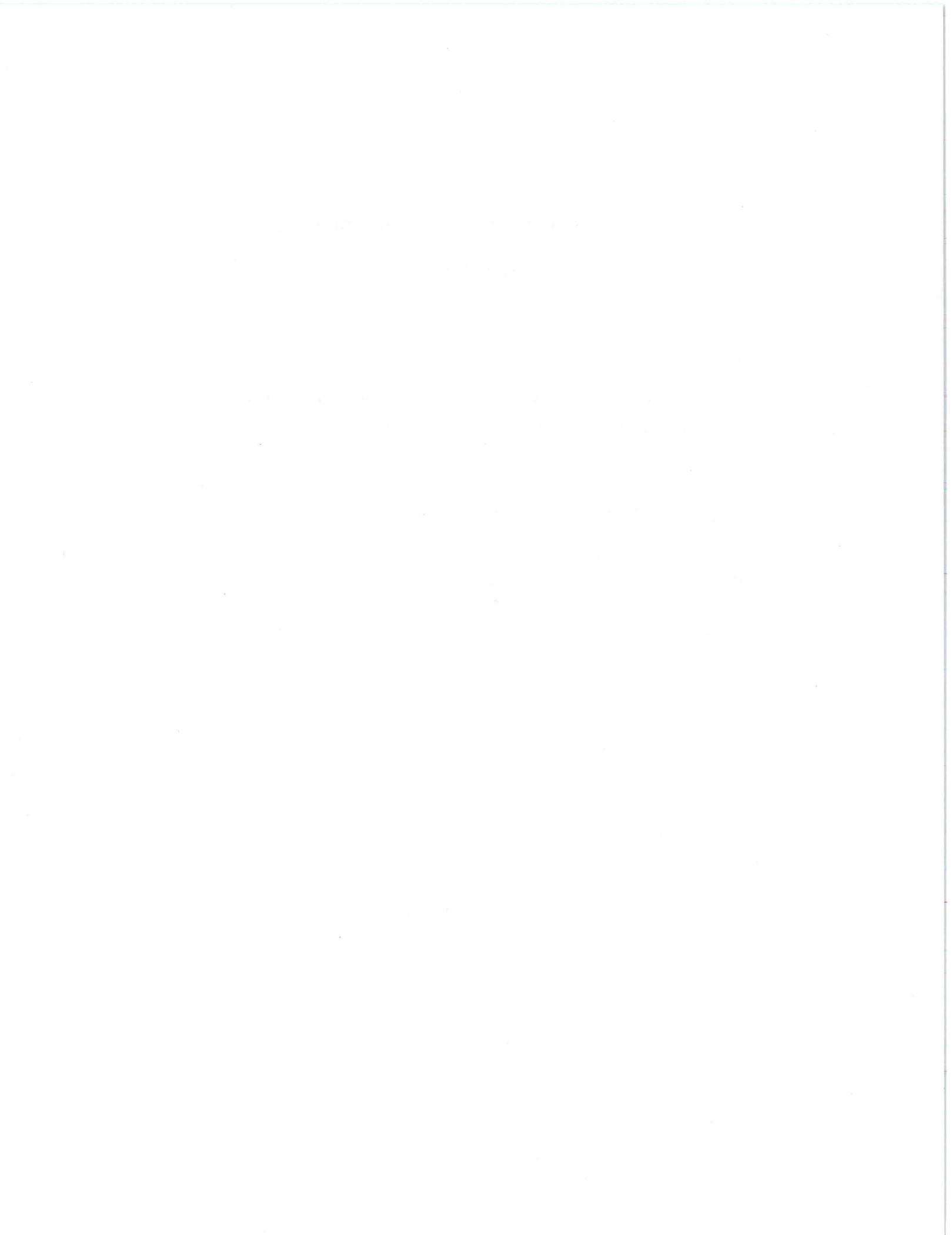
Appendix

College Policies:

1. Reasonable Accommodation of Students with Disabilities - Policy 5114
2. Human Rights Universal Complaint Procedure – Policy 4111

Developmental Disabilities Administration Policies:

1. Client Complaints – Policy 5.03
2. Limited English Proficient – Policy 5.05
3. Client Protection and Safety – Policy 6.08



**REASONABLE ACCOMMODATION
OF STUDENTS WITH DISABILITIES**

POLICY

Students with disabilities have the right to request and receive reasonable accommodations to ensure access to programs and facilities at Shoreline Community College. To receive reasonable accommodations, students are responsible for requesting accommodations and documenting the nature and extent of their disability in a timely manner. Students should direct their requests for reasonable accommodation to the Services for Students with Disabilities office. (State of Washington Laws of 1994, Ch. 105, Washington Core Services.)

Reasonable accommodations under this policy include, but are not limited to:

- Academic adjustments, such as modification and flexibility in test-taking arrangements;
- Adjustments in nonacademic services and other rules; and,
- Auxiliary aids and services

Shoreline Community College will make those modifications to its academic requirements that (1) are necessary to ensure that those requirements do not discriminate, or have the effect of discriminating, against a qualified student with a disability based on that disability and (2) do not impose an undue hardship on the College or require alteration of essential program requirements.

Appropriate academic adjustments/reasonable accommodations will be provided to qualified students with disabilities participating in the following activities: recruitment, the application process, enrollment, registration, financial aid, course work, academic counseling, and nonacademic programs and services.

The Board of Trustees hereby adopts policy #5114, Reasonable Accommodation of Students With Disabilities, and directs the President to establish procedures to implement this policy and to disseminate its basic principles in accordance with the Federal Rehabilitation Act of 1973, Section 504; the Americans With Disabilities Act (ADA) of 1990; and, the Washington State Engrossed House Bill 2327 (Core Services Bill).

Policy 5114

**REASONABLE ACCOMMODATION
OF STUDENTS WITH DISABILITIES**

This policy does not provide rights or obligations not provided by applicable laws.

The Board of Trustees hereby adopts Policy 5114.

Done in Open Meeting by the Board this _____ day of _____, 1999.

Board of Trustees
Shoreline Community College

By: _____
Chair of the Board

**REASONABLE ACCOMMODATION
OF STUDENTS WITH DISABILITIES**

PROCEDURES FOR POLICY 5114

This procedure defines terms associated with reasonable accommodation and delineates related procedures and responsibilities. This procedure should not be construed as providing rights or obligations not provided under applicable laws.

I. DEFINITIONS

General

- A. "Student with a disability" refers to any student who: (1) has a physical or mental impairment that substantially limits one or more major life activities (i.e., caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working); (2) has a record of such an impairment (has a history of, or has been classified as having, a mental or physical impairment that substantially limits one or more major life activities); (3) is regarded as having such an impairment; or, (4) who has an abnormal condition that is medically recognizable or diagnosable.
- B. "Reasonable accommodations" in College programs and services are reasonable modifications to those programs, policies, practices, and/or procedures that enable qualified students with a disability to have an equal opportunity to benefit from and have access to College programs and services, and for provision of auxiliary aids and services.
- C. "Program accessibility" means that all programs and services, when viewed in their entirety, are accessible to persons with a disability.
- D. "Health Care Professional" means a person who has completed a course of study and is licensed to practice in a field of health care which includes the diagnosis and assessment of the particular disability, or disabilities, in question.
- E. "Undue hardship" is any excessively costly, extensive, substantial or disruptive modification, or one that would fundamentally alter the nature or operation of the institution or any of its programs or services, or threaten the health or safety of the College community.

Documentation of Learning Disability:

- A. "Who documents": Must be prepared by a professional qualified to diagnose. For learning disabilities, health care professionals would include, but not be limited to: a licensed neuropsychologist or psychologist, learning disability specialist, or other appropriate professional certified to administer and interpret class C psychological tests. Experience in working with the evaluation of adults with learning disabilities is essential.

**REASONABLE ACCOMMODATION
OF STUDENTS WITH DISABILITIES**

- B. "Documentation content" must be comprehensive. One test is not acceptable for the purpose of diagnosis. Minimally, areas to be addressed must include, but are not limited to:
1. Aptitude. The *Wechsler Adult Intelligence Scale-Revised (WAIS-R)* with subtest scores is preferred. The *Woodcock-Johnson Psycho-Educational Battery-Revised: Tests of Cognitive Ability* is acceptable.
 2. Achievement. Current levels of functioning in reading, mathematics and written language are preferred. Acceptable instruments include the *Woodcock-Johnson Psycho-Educational Battery-Revised: Tests of Achievement*; *Stanford Test of Academic Skills (TASK)*; or specific achievement tests, such as the *Test of Written Language-2 (TOWL-2)*, *Woodcock Reading Mastery Tests-Revised*, or the *Stanford Diagnostic Mathematics Test*. (The *Wide Range Achievement Test-Revised* is NOT a comprehensive measure of achievement and, therefore, is not suitable.)
 3. Information Processing. Specific areas of information processing (e.g., short- and long-term memory, sequential memory, auditory and visual perception/processing, processing speed) must be assessed. Use of subtests from the *WAIS-R* or the *Woodcock-Johnson Tests of Cognitive Ability* is acceptable. (This is not intended to be an exhaustive list or to restrict assessment in other pertinent and helpful areas, such as vocational interest and aptitudes.)
- C. "Currency": In most cases, this means the documentation must be from within the past three (3) years. Since assessment constitutes the basis for determining reasonable accommodations, it is in a student's best interest to provide recent and appropriate documentation to serve as the basis for decision-making about a student's needs for reasonable accommodation in an academically competitive environment.
- D. "Clear and specific": Documentation should present clear and specific evidence which identifies specific learning disabilities and reflects the individual's present level of functioning in processing and intelligence as well as achievement in written expression, writing mechanics, vocabulary, grammar and spelling, reading comprehension, fluency and rate. (Individual "learning styles" and "learning differences" in and of themselves do not specify learning disabilities.)
- E. "Specifics": Include in the report the exact instruments used and procedures followed to assess the learning disability, test score data, a written interpretation of the results by the professional doing the evaluation, the name of the evaluator and date(s) of testing.
- F. "Sufficiency": Provide sufficient data to support the particular academic adjustment requested. Requests that are not supported by documentation may not be approved without additional adequate verification.

**REASONABLE ACCOMMODATION
OF STUDENTS WITH DISABILITIES**

Student:

- A. "Student" is a person enrolled at the College.
- B. A "qualified student with a disability" is one who, with or without reasonable accommodation, meets the academic and technical standards required for admission to, participation in, and/or fulfills the essential requirements for College programs and activities.
- C. "Core services" are those services listed in State of Washington Laws of 1994, Ch. 105, that are necessary to ensure students with disabilities are reasonably accommodated at the College.
- D. "Course substitution" is replacement of a specific course required for a degree program with another course that measures the same learning objectives/skills as the required course.

II. OBLIGATIONS OF THE COLLEGE

General:

- A. Comply with Section 504 of the Rehabilitation Act of 1973; Section 202 of the Americans with Disabilities Act of 1990, as amended; the Law Against Discrimination, Chapter 49.60 RCW; and, the State of Washington Laws of 1994, Ch. 105, (Washington Core Services Bill).
- B. Notify students of the College's policy of non-discrimination on the basis of disability and of the steps s/he may take if s/he believes discrimination has taken place. This notice shall be included in all formal correspondence that communicates decisions or policies adversely affecting the individual's status or rights with the institution of higher education. This notice shall include the phone numbers of the United States Department of Education, U.S. Office of Civil Rights, and the Washington State Human Rights Commission.
- C. Work with the student, faculty and staff, on a case-by-case basis, to select and provide those reasonable accommodations/core services appropriate for each qualified student with a disability.
- D. When a student makes a request for a reasonable accommodation, and the disability is not readily apparent and has not been previously documented, the Coordinator of Services for Students with Disabilities may request that the student provide verification from a health care professional that s/he has the disability as claimed and that it has the effect of necessitating the reasonable accommodation requested. The College may obtain a second opinion at its own expense from a health care professional of its selection. Such inquiries must be limited to verification of the student's claims, except

**REASONABLE ACCOMMODATION
OF STUDENTS WITH DISABILITIES**

that the Coordinator of Services for Students with Disabilities may also request that the health care professional suggest possible effective alternative reasonable accommodations.

- E. Generally, the college will respond to requests for reasonable accommodation within ten instructional days. A decision will be rendered and communicated to the requesting student. At this same time, a second copy of excerpts from College Policy 5114: *Reasonable Accommodations of Students With Disabilities* will be provided to the student, detailing information on how s/he may seek review (appeal) of the decision on her/his request, if in dispute (Section IV.E.).
- F. The College shall develop an internal grievance procedure for addressing disputes related to requests for reasonable accommodation. Such procedures shall: explain the method for submitting a grievance, describe any internal appeals process(es), identify an individual responsible for overseeing the process(es), set forth reasonable time frames for review and resolution of the grievance, and provide for documentation of complaints submitted and the steps taken to attempt resolution.

To Students:

- A. Make available to all students information on the services available to students with disabilities, including the name and location of the Services for Students with Disabilities office and the process for accessing those services.
- B. Maintain the academic integrity of its programs.
- C. Not make pre-admission inquiry as to whether the applicant has a disability, except as provided by law.
- D. Develop procedures to protect the confidentiality of information regarding the nature and extent of the documented disability.

III. OBLIGATIONS AND RIGHTS OF THE QUALIFIED STUDENT

The College is obligated to provide reasonable accommodation to a qualified student with a known disability. What is appropriate for the student is a case-by-case determination. It is the obligation of the student to seek reasonable accommodation. A student who seeks reasonable accommodation under policy 5114 is responsible for documenting the nature and extent of the disability. The College will work collaboratively with the qualified student in determining the appropriate reasonable accommodation.

Obligation of Student:

To ensure that needed reasonable accommodations are provided in a timely manner, the student shall:

**REASONABLE ACCOMMODATION
OF STUDENTS WITH DISABILITIES**

- A. Provide a signed Release of Information form to the Coordinator of Services for Students with Disabilities.
- B. Provide timely notice and documentation of the nature and extent of the disability and the request for reasonable accommodation to the Coordinator of Services for Students with Disabilities. When possible, requests from students for reasonable accommodation should be received by the Services for Students with Disabilities office six (6) weeks prior to the beginning of the quarter for which the request is made. Lack of advance notice may delay the availability of a reasonable accommodation.
- C. Provide such additional documentation on the nature and extent of their disability as the College may require to determine appropriate reasonable accommodation. Such documentation must include, but is not limited to: identification of tests administered, test results, description of the covered disability and recommended reasonable accommodations.
- D. Cooperate with the Services for Students with Disabilities office to develop an appropriate reasonable accommodation.
- E. Promptly notify the Coordinator of Services for Students with Disabilities of any problems encountered in receiving the agreed-upon reasonable accommodation.

Obligation of Services for Students with Disabilities

- A. The Services for Students with Disabilities office is responsible for the coordination of services to qualified students with disabilities requiring reasonable accommodation.
- B. The Services for Students with Disabilities office is committed to a reasonable approach in the identification of students with disabilities, including contacting all students who voluntarily self-identify during the College admission or orientation process.
- C. Information regarding a disability will be kept confidential according to Federal and State privacy regulations unless a student signs a Release of Information in accordance with College procedures.
- D. The Services for Students with Disabilities office will assist and advise each qualified student with a disability, who requests accommodation under this policy, in developing an instructional plan, identifying those reasonable accommodations appropriate for the student, and ensuring that the agreed-upon accommodations are provided.

IV. REASONABLE ACCOMMODATION - EXAMPLES BY CATEGORY

- A. Academic Modifications:

Academic modifications may include, but are not limited to:

**REASONABLE ACCOMMODATION
OF STUDENTS WITH DISABILITIES**

- flexibility in timelines for completion of courses, certification, and degree requirements;
- adaptation of the manner in which specific courses are conducted;
- flexibility in teaching methods and test-taking arrangements;
- flexible procedures in the admission process, e.g., early or priority registration.

B. Auxiliary Aids and Services:

The Services for Students with Disabilities office provides a comprehensive program of specialized services which include advisement, campus orientation, special parking permits, loan of adaptive equipment, and provision of direct services (readers, notetakers, scribes, tutors, interpreters, etc.). Shoreline Community College students with a disability, either permanent or temporary, can receive information and assistance from the Services for Students with Disabilities office.

C. Access:

In order to provide access to students with disabilities, the College will:

1. provide on-going review and coordination of efforts to ensure campus accessibility, including barrier-free design, signage, identification of hazards of mobility barriers, maintenance of access during construction, snow and ice clearance, and adequate disability parking for all facilities;
2. facilitate physical access to programs and services, including relocation of classes, activities and services to accessible facilities;
3. provide referrals to appropriate on-campus and off-campus resources, services and agencies; and,
4. provide accessibility to tutoring, mentoring, peer counseling, and academic advising, if available on campus, for students with disabilities.

D. Policy and Procedure for Course Substitution and/or Waiver:

Shoreline Community College recognizes that certain disabilities may preclude a student from successfully completing a specific course requirement for a degree even with appropriate reasonable accommodation. SCC recognizes its obligation to provide reasonable accommodation to students with disabilities without compromising the integrity of the academic program.

Under the ADA, the College is not required to waive essential requirements of a student's program of instruction. Therefore, every student enrolled in a degree program at the College is required to meet the essential requirements of a degree program.

**REASONABLE ACCOMMODATION
OF STUDENTS WITH DISABILITIES**

Shoreline Community College recognizes that altered methods of course delivery and/or providing core services will enable most students with disabilities to successfully complete course requirements, except in unusual circumstances. Usually, the student with a disability will attempt to successfully complete the required course with reasonable accommodation prior to requesting a substitution. If compelling documentation exists to support a substitution without the student first attempting the course, an exception may be granted by the Coordinator of Services for Students with Disabilities upon written request by the student. If an exception is granted, the student must then follow established course substitution procedures.

A student seeking reasonable accommodation in completing a course due to a documented disability shall request assistance from the Coordinator of Services for Students with Disabilities. The student with a learning disability must present to the Coordinator a previous assessment and documentation of the disability from an appropriate specialist, i.e., licensed neuropsychologist or psychologist. In order for students to qualify for services through Services for Students with Disabilities, SCC requires documentation of a specific learning disability and may request appropriate documentation for students with other disabilities. The learning disability diagnosis must be comprehensive and specify the nature and effects of the learning disability and recommend appropriate compensation strategies and reasonable accommodation suggestions.

If a student is unsuccessful in completing the course, the student may request course substitution under this policy. Only rarely will a waiver of degree program requirements be given, and then only after the student has attempted, with appropriate reasonable accommodation, to meet the requirements.

Request for course substitution may be approved only if the proposed substitution is consistent with the essential degree requirements of Shoreline Community College. Furthermore, when appropriate, the student will be advised, if transferring, of potential deficiencies in fulfilling four-year degree requirements.

Requests for exemptions and substitutions for a particular course or program are considered only when a qualified student with a disability has demonstrated that, even with academic adjustments and auxiliary aids/services provided by the College, s/he is unable to successfully complete the course solely because of the disability.

All requests for course substitution must be submitted in writing by the student to the Coordinator of Services for Students with Disabilities and must contain an explanation of the relationship of the student's disability to the lack of success in completing the course, including:

- a statement that s/he has made a good faith effort to complete the required course with appropriate accommodations, if applicable;
- a current transcript; and,

**REASONABLE ACCOMMODATION
OF STUDENTS WITH DISABILITIES**

- if a current Release of Information form is not on file, a release signed by the student confirming that the Services for Students with Disabilities office may make available the documentation on the student's disability to the appropriate division chair.

The student makes an appointment with the appropriate division chair to submit, in writing, his/her request for the substitution or waiver. The division chair may ask the student to provide any of the above documents. At the request of the student, the Coordinator of Services for Students with Disabilities may accompany the student to the meeting or any subsequent meetings.

The division chair shall respond in writing to all requests for course substitutions within two (2) weeks of receiving the request. The response shall include a brief summary of the basis for the decision.

Waivers of Degree Requirements:

Requests for waiver of a program/graduation requirement will be considered only when the course substitution is not successful. Usually, such requirements will not be waived, but will be adjusted or an appropriate alternate requirement arranged. The appropriate division chair shall consider such requests in the same manner as provided above. The division chair's response shall go to the Vice President for Academic Affairs, who shall make the final decision on requests for waivers.

E. Reasonable Accommodation - Disputes:

1. If a student believes that the Coordinator of Services for Students with Disabilities has not identified or provided reasonable academic adjustments or auxiliary aids, the student may seek review of the Coordinator's actions by the Director of Advising and Counseling. The Director will review the student's position and respond within five (5) working days.
2. If the student and the Director of Advising and Counseling do not reach resolution, the Director will refer the appeal to the Vice President for Student Services. The Vice President for Student Services will review the dispute and make recommendations in writing for appropriate resolution.
3. If resolution is not reached by the student and the Vice President for Student Services, the Vice President for Student Services will refer the appeal to the ADA Compliance Officer.
4. The decision of the ADA Compliance Officer is the final decision of the institution.

Procedures approved 4/16/99
Revisions approved by President's Staff 5/21/01

POLICY 4111

AFFIRMATIVE ACTION/EQUAL OPPORTUNITY

POLICY

Shoreline Community College is committed to an affirmative action program that complies with all applicable state and federal regulations and ensures equal employment opportunity and non-discrimination for all Shoreline Community College employees and prospective employees. To achieve this objective, Shoreline Community College is committed to recruit, hire, train, and promote qualified persons in all job titles without regard to race, color, creed, religion, national origin, sex, sexual orientation, age, marital status, disability status, or status as a disabled veteran or Vietnam-era veteran.

The administration of the affirmative action program will be conducted so as to further the principle of equal employment opportunity in personnel actions such as compensation, benefits, transfers, layoffs, return from layoffs, company-sponsored training, education, tuition assistance, and social and recreational programs without regard to race, color, creed, religion, national origin, sex, sexual orientation, age, marital status, disability status, or status as a disabled veteran or Vietnam-era veteran.

The College will make every effort to eliminate barriers to equal employment opportunity encountered by these protected group members and improve employment opportunities available to underutilized groups. It is incumbent upon each member of Shoreline Community College's faculty, administration and staff to make a good-faith effort in the execution of this policy.

The President of the College will be responsible for the overall conduct of the affirmative action program.

The Affirmative Action Officer will be responsible for the reporting and monitoring procedures that measure the College's adherence to the program and the good-faith effort toward the realization of program goals and execution of this policy.

Approved by:

Board of Trustees 4/17/81
Revised 4/18/86
Revised 1/23/02

Approved by:

College Cabinet 3/11/86

POLICY 4111

AFFIRMATIVE ACTION/EQUAL OPPORTUNITY

The Board of Trustees hereby revises Policy 4111.

Done in Open Meeting by the Board this 23rd day of January, 2002.

Board of Trustees
Shoreline Community College

By: /s/ Sarah Phillips
 Chair of the Board

A. INTRODUCTION

This procedure is limited to those complaints which allege discrimination (exclusive of a contested grade received in a class)* on the basis of race, religion, creed, color, gender, sexual orientation, national origin, age, disability, or status as a disabled veteran or Vietnam era veteran. Also covered by this procedure are formal complaints of any form of sexual harassment or disputes related to requests for reasonable accommodation. Following the internal complaint procedure does not preclude complainants from pursuing other forums available for resolution.

This procedure is available to any person who at the time of the acts in complaint was an enrolled student and/or employee of Shoreline Community College. This procedure may be taken in cases in which the accused is an employee, student or visitor/vendor on campus. No one bringing forward a complaint, or taking a position involving a sexual harassment complaint, or participating in any manner in the processing of a complaint, shall be in any way penalized for participation in this complaint procedure. All complaints shall be kept as confidential as is reasonably possible, subject to the requirements of public records law. The College is not responsible for the confidentiality maintained by the parties involved and cannot guarantee confidentiality to any participant.

This procedure may be undertaken by a complainant in a number of ways, utilizing either the informal or formal complaint procedure, or a combination of those procedures. Specifically, the alternatives for lodging a complaint may include:

1. A complainant may initiate an informal verbal complaint for the purpose of seeking informal resolution, or to solely report the complaint for the record without pursuing other action.
2. A complainant may initiate an informal complaint, and at any time may choose to proceed with a formal written complaint.
3. A complainant may file a formal written complaint, and is not required to have initiated an informal complaint first in order to do so.

* A student whose complaint is linked to the assignment of grades shall follow the procedural guidelines of Policy 5035, Student Grievance Procedures--Academic Evaluation, unless otherwise authorized by the President of the College after consultation with the Human Rights Officer and the Vice President for Student Services.

B. COLLEGE OFFICIAL FOR ASSISTANCE

A student or employee of Shoreline Community College may initiate the complaint procedure by providing his/her complaint to the College's Human Rights Officer or any administrative unit head at the complainant's discretion. Any college official receiving a complaint shall refer the complainant to the Human Rights Officer.

The college official(s) chosen to administer complaints will have training in addressing cultural diversity and discrimination issues; and, for addressing sexual harassment complaints, will have training in sexual harassment issues.

C. INFORMAL VERBAL COMPLAINT PROCEDURE

At his/her discretion, the complainant verbally reports concern to the Human Rights Officer.

Step 1 The complaint is reviewed.

Step 2 The complainant is given a copy of the human rights procedural guidelines which are discussed and clarified at that time.

Step 3 Options are discussed, which may include one or more of the following:

- complainant meets with the other party(ies) involved in an attempt to bring resolution;
- complainant meets with other parties involved, together with the Human Rights Officer, in an attempt to bring resolution;
- complainant requests that the Human Rights Officer meet with the other party(ies) involved in an attempt to bring resolution;
- complainant reports the complaint without pursuing further action at this time.

Resolution may occur at this level. Neither the College President nor any other college official is involved in the informal process.

D. FORMAL COMPLAINT PROCEDURE

Part I Submitting the Written Complaint:

Upon notification of a written formal complaint from any college official, and after consultation with them, the College President shall assign in writing the college official who shall be responsible for administering the complaint under this procedure. This assignment shall be the extent of the College President's involvement in the complaint procedure at this time. Should the necessity for reassignment arise, the College President's involvement shall again be limited only to the assignment of the complaint to another designated college official.

The complainant shall submit a written complaint to the college official assigned above, containing specific details as to any allegations, including dates, places, specific behavior and complainant responses as well as the signature of the complainant. The complaint should also include the names of witnesses, written documentation, and should include any and all remedies sought. This college official shall inform the accused party(ies) of the allegations and shall provide the accused party(ies) with copies of the complaint. The accused is also given a copy of the Human Rights Procedural Guidelines, which are discussed and clarified at this time. The accused party(ies) shall submit a signed, written response within 14 calendar days to this college official, who will forward a copy to the complainant.

Part II Formal Investigation:

Step 1 The complainant shall request a meeting with the college official assigned per Part I above. At this meeting the complainant shall be given a copy of the complaint procedure if he/she does not already have one. The purpose of this meeting is to discuss and review the complaint and the options available to the complainant through the complaint procedure.

Step 2 The college official may request that the complainant meet the other party(ies) involved in an effort to resolve the concern, if in the official's judgment an informal approach has not been attempted or exhausted. If the college official finds that time is of the essence, or that other remedies are inappropriate due to any circumstances, Step 3 of these procedures will be invoked. At the request of the complainant or accused, a reasonable attempt will be made to temporarily separate the parties involved in their work place or classroom environment until the investigation is completed.

Step 3 The college official shall:

- a. begin an investigation to be completed within 30 calendar days, excluding the days that instruction is not in session pending no extenuating circumstances, and in addition to the investigation, may proceed with the following:

- b. provide, at the request of either party, a hearing. The hearing shall be adjudicated by the Human Rights Advisory Council. This council shall be comprised of one administrator, one faculty member, and one classified staff member. In the case of a student complaint, a student representative shall be appointed to this advisory council. All council members shall have training in cultural diversity, discrimination, sexual harassment issues, and academic freedom issues. Council members shall serve a three year term with a staggered rotation in which one member will be replaced each year. The Human Rights Advisory Council shall elect a chairperson who shall preside over the hearing. The Human Rights Officer shall present evidence from his/her investigation. The Human Rights Advisory Council shall, at its discretion, allow all parties to submit any oral and written information and witnesses on the issue(s), and shall at its discretion, allow all parties to ask questions of each other and any witnesses in an effort to determine the facts. This is the only opportunity for either party to request a hearing. Council members are to maintain the confidentiality of all parties involved in a complaint, the complaint procedure, as well as the council's recommendation.

Each party shall be allowed to bring an individual of his/her choice to the proceedings. This may include family members, acquaintances, legal representatives, legal counsel, labor relations representatives, student representatives or individuals who have been specifically designated as advocates, and provided training in issues of sexual harassment and discrimination. Upon written agreement by all parties, including the Human Rights Advisory Council administering the complaint, the hearing will be recorded. The Human Rights Officer may provide recommendations to Human Rights Advisory Council.

- c. If the complaint is not resolved by mediation, and if either of the parties decide not to participate in the hearing, then the college official shall, after an investigation, submit a written report, including the complaint, any responses, findings and any other information the college official deems relevant.

Step 4 After reviewing all evidence presented from the investigation and/or hearing, the Human Rights Advisory council shall, within 30 calendar days:

- a. submit written conclusions and recommendations which the Human Rights Advisory Council deems appropriate from the information presented. The complainant and the accused are to receive a copy of the recommendations and shall be given 14 calendar days to submit a written statement in rebuttal to any of the findings to the Human Rights Advisory Council. The Human Rights Officer will also receive a copy of the Human Rights Advisory Council recommendations;

- b. remand the complaint to the Human Rights Officer or chosen college official for more investigation, with the result that the college official will submit additional information, on which the Human Rights Advisory Council will make recommendations;
- c. submit conclusions and recommendations from a and b above to the College President, or in the case of a student grievance, to the Vice President for Student Services. If consensus is not reached by the Human Rights Advisory Council, a majority and minority report of recommendations will be submitted.

Step 5 Within fourteen calendar days, based upon the recommendations of the Human Rights Advisory council, the President of the College or Vice President for Student Services will take corrective action if necessary. The President of the College or Vice President for Student Services shall provide all parties with copies of the final decision.

If an accused student disagrees with the decision of the Vice President for Student Services and the appropriateness of any corrective measures, that individual may contest those measures through the applicable sections of the Regulations Governing Student Discipline under Policy 5030.

If an accused faculty member disagrees with the decision of the President of the College and the appropriateness of any corrective measures, that individual may contest those measures through applicable sections of the most current negotiated faculty agreement. Disciplinary action taken by the President of the College shall be limited to procedures regarding Corrective Action as described in the most current negotiated faculty agreement.

If an accused classified employee disagrees with the decision of the College President and the appropriateness of any corrective measures, that individual may contest those measures through applicable sections of the most current State of Washington, Department of Personnel -- Higher Education Unit regulations.

An administrative/exempt employee who disagrees with the decision and any corrective actions issued by the President, based on the findings and recommendations of the Human Rights Advisory Council, may submit a written appeal for reconsideration. Such appeal must be submitted in writing within 10 calendar days of the issuance of the President's decision. Any modification or change in the President's decision will be re-issued to the administrative/exempt employee and the other party(ies) within 7 days of receipt by the President.

EXTERNAL COMPLAINT PROCEDURES

External complaint procedures concerning human rights violations for students and employees of Shoreline Community College:

Inquiries or complaints may be made to the Equal Employment Opportunity Commission* (federal agency), the Human Rights Commission** (state agency), or the U.S. Department of Education Office for Civil Rights*** (federal agency), or any other agency with the jurisdiction to hear such complaints.

Approved by:	
College Cabinet.....	11/14/89
Revised.....	11/30/93
Revised.....	04/05/94
Revised.....	01/30/96
Board of Trustees.....	04/15/94
Revised.....	06/21/96

* Equal Employment Opportunity Commission
 Seattle District Office
 909 First Avenue, Suite 400
 Seattle, WA 98104-1061
 Phone: 206-220-6883

** Human Rights Commission
 Melbourne Tower, 9th Floor
 1511 Third Avenue, Suite 921
 Seattle, WA 98101-1626
 Phone: 206-464-6500

*** U.S. Department of Education
 Office for Civil Rights
 915 Second Avenue, Room 3310
 Seattle, WA 98174-1099
 Phone: 206-220-7900

The above agencies have deadlines for reporting incidents of sexual harassment. Complaints must be reported within 6 months or 180 days from the most recent incident.



DIVISION OF DEVELOPMENTAL DISABILITIES
Olympia, Washington

TITLE: CLIENT COMPLAINTS POLICY 5.03

Authority: WAC 388-823-1100 *How do I complain to DDD about my services or treatment?*
[Executive Order 03-01 \(4\) - Service Delivery](#)
Centers for Medicare and Medicaid (CMS) Protocols – Monitoring Participant Health and Welfare

Reference: DSHS Administrative Policy 8.11, *Complaint Resolution and Response Standards*

BACKGROUND

In March 2005 the Aging and Disability Services Administration (ADSA) issued the *Complaint/Grievance Policy for the Home and Community Services Division (HCS) and the Division of Developmental Disabilities (DDD)*. This policy provides the administration with a consistent process for tracking and responding to complaints made by clients and/or their families, legal representatives, or advocates.

PURPOSE

This policy establishes procedures for implementing the ADSA Complaint/Grievance Policy within DDD. The policy provides direction to division employees on required follow up related to complaints made by clients, families, and advocates.

SCOPE

This policy applies to all division employees.

Complaints that are within the scope of this policy include complaints about DDD services and supports, division employees, contracted service providers, and client interactions and relationships.

- D. DDD will maintain a complaint tracking database to log and track complaints as specified in the Procedures section of this policy.

PROCEDURES

- A. Direct complaints concerning services in the DDD Residential Habilitation Centers (RHCs) and State Operated Living Alternatives (SOLA) to the Regional Administrator (RA) in the respective region.

B. **RHC Based Complaints**

The process for responding to client complaints received in the RHCs is as follows:

1. Habilitation Plan Administrator (HPA)/ Attendant Counselor Manager (ACM) Level in ICF/MR Facilities or Social Worker (SW)/Nursing Supervisor (NS) Level in NF Facilities
 - a. HPAs, SWs, ACMs, and NSs solve problems and resolve complaints as a daily part of their regular duties of supporting RHC clients. Documentation of these activities will be made in the specific resident's record.
 - b. If the complainant does not feel the complaint or problem has been resolved and requests a review, the HPA/SW or ACM/NS will give his/her supervisor's name and telephone number to the complainant.
2. Supervisor Level
 - a. Upon receipt of an unresolved complaint, the supervisor has ten (10) work days to attempt to resolve the issue. If the response will take longer than ten (10) days, the supervisor must contact the complainant and give a reasonable estimated date of response.
 - b. If resolution is reached, the supervisor must document the outcome in the resident's record.
 - c. If the complainant does not feel that the problem has been resolved and she/he wants a further review, the supervisor will give the complainant the Superintendent's name and telephone number and document this in the resident's record.
3. Superintendent Level
 - a. On receipt of an unresolved complaint, the Superintendent will work to resolve the issues within ten (10) work days. If the response will take

longer than ten (10) work days, the Superintendent must contact the complainant and give a reasonable estimated date of response.

- b. The Superintendent may choose to delegate the investigation and/or resolution to others, including, but not limited to, the following:
 - 1) An alternative supervisor; or
 - 2) An appropriate investigator who can act as a “third party”; or
 - 3) A DDD Special Investigator; or
 - 4) The RHC Human Rights Committee who may act as a hearing body and recommend a resolution.
- c. If resolution is reached, the assigned person/party must:
 - 1) Document the outcome in the resident’s record and the DDD Complaint Tracking (CT) database; and
 - 2) Notify the complainant and all parties involved of the resolution.
- d. If the matter is not resolved to the complainant’s satisfaction and the complainant wants further review, the appropriate Regional Administrator must address the issue following the same steps as outlined in section C3 below.
- e. If the complaint is new and made directly to the Regional office, refer the complaint to the appropriate RHC and initiate steps 1, 2, and 3 above.

C. Community Based Complaints

The process for responding to community based complaints is as follows:

- 1. Case Resource Manager/Social Worker (CRM/SW) Level
 - a. Case Resource Managers (CRM) and Social Workers (SW) solve problems and resolve complaints as a daily part of their regular case management activities. The CRM/SW will document these activities in the client’s Service Episode Record (SER).
 - b. If the complainant does not feel the complaint or problem has been resolved and requests a review by a supervisor, the CRM/SW will give his/her supervisor’s name and telephone number to the complainant.

2. Supervisor Level

- a. Upon receipt of an unresolved complaint at the CRM/SW level, the supervisor has ten (10) work days to attempt to resolve the issue. If the response will take longer than ten (10) days, the supervisor must contact the complainant and give a reasonable estimated date of response.
- b. If resolution is reached, the supervisor must document the outcome in the SER.
- c. If the complainant does not feel that the problem has been resolved and the complainant wants a further review, the supervisor will give the complainant the RA's name and telephone number and document this in the SER.

3. Regional Administrator (RA) Level

- a. On receipt of an unresolved complaint, the RA will assign a staff to investigate and resolve the issue within ten (10) work days. If the response will take longer than ten (10) work days, the RA or designee must contact the complainant and give a reasonable estimated date of response.
- b. The assigned staff must enter the complaint information in the DDD CT database.
- c. If resolution is reached, the assigned staff must:
 - 1) Document the outcome in the CT database and the SER; and
 - 2) Notify the complainant and all parties involved.
- d. If the matter is not resolved to the complainant's satisfaction and she/he wants a review by DDD Central Office, the RA or designee must document this in the CT database and give the name and telephone number of the Chief, Office of Quality Programs and Services (OQPS) to the complainant.
- e. If the complaint is new and made directly to the RA or assigned staff, refer the complaint back to the CRM/SW and follow steps 1, 2, and 3 above. Only enter information into the CT database if it is necessary for further action to be taken by Central Office.

4. Central Office Level
 - a. On receipt of an unresolved complaint, the Division Director or designee must check that the complaint has been entered in the database. If the response will take longer than ten (10) work days, the assigned staff must contact the complainant and give a reasonable estimated date of response.
 - b. If resolution is reached, the assigned staff must document the outcome in the CT database and notify the complainant and all parties involved.
 - c. If the complaint is new and made directly to Central Office, the Director or designee will refer the complaint back to the RA to initiate steps 1, 2, and 3 above. Only enter information in the CT database if it is necessary for further action to be taken by Central Office or the Regional Administrator.
 - d. Once the new complaint is resolved, the person who originally received the complaint will document the outcome in the CT database and notify the complainant and all parties involved.

D. Information entered in the CT database must be:

1. Entered by the management staff receiving the complaint;
2. Once action is taken, the follow up to the complaint must be entered by the person who originally entered the complaint;
3. Complete and sufficient information for a reviewer to understand the results; and
4. Reviewed by the Office of Quality Programs and Services during its monitoring review cycle.

EXCEPTIONS

Any exceptions to this policy must have the prior written approval of the Division Director.

SUPERSESSON

DDD Policy 5.03
Issued September 16, 2009

TITLE:

CLIENT COMPLAINTS

POLICY 5.03

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

Date: January 3, 2011



DEVELOPMENTAL DISABILITIES ADMINISTRATION
Olympia, Washington

TITLE: LIMITED ENGLISH PROFICIENT (LEP) CLIENTS POLICY 5.05

Authority: 42 USC 2000
28 CFR 35; 34 CFR 104; 45 CFR 84
Chapter 49.60 RCW Human Rights Commission
RCW 74.04.025 Bilingual services for non-English speaking
applicants and recipients
WAC 10-08-150 Adjudicative proceedings-Interpreters
Chapter 388-03 WAC Rules and regulations for the certification of DSHS
spoken language interpreters and translators
Chapter 388-271 WAC Limited English proficient services

Reference: DSHS Administrative Policy 6.12, *Adjustment of Workload for Staff Who Provide
Translation and Interpretation Services Outside of Their Workload*
DSHS Administrative Policy 7.20, *Communication Access for Persons Who are
Deaf, Deaf/Blind, and Hard of Hearing*
DSHS Administrative Policy 7.21, *Provision of Services to Limited English
Proficient (LEP) Clients*

PURPOSE

To establish a process to provide equal access to Developmental Disabilities Administration (DDA) services and programs to persons who do not speak or have a limited ability to speak, read, or write English well enough to understand and communicate effectively.

SCOPE

This policy applies to all employees of DDA.

DEFINITIONS

Administration means the Developmental Disabilities Administration (DDA) of the Department of Social and Health Services (DSHS).

Auxiliary Aids includes qualified interpreters, assistive listening systems (loop FM and infrared), television captioning and decoders, video tapes, both open and closed captioned, TTYs, transcriptions, readers, taped texts, Braille and large print materials. Any similar device or service that is needed to make spoken or aural language accessible is also considered an auxiliary aid.

Certified Interpreter/Translator means a person who has passed the required DSHS language fluency examination in the certified languages or has passed a DSHS recognized written translation examination offered by another organization (e.g., American Translators Association, etc.). Language fluency includes an understanding of non-verbal and cultural patterns to effectively communicate in that language. The person must understand the client's culture and be able to integrate that understanding into the translation of written material.

Note: Currently DSHS only certifies, through the testing process, the following languages: Cambodian, Chinese-Cantonese, Chinese-Mandarin, Korean, Laotian, Spanish, Russian, and Vietnamese. All other interpreters/translators for languages other than those listed above are screened and qualified to provide those services by DSHS.

Contracted Service Provider is a person or an agency that contracts with DSHS to provide the amount and kind of services requested by DSHS or provides services under the contract only to those beneficiaries individually determined to be eligible by DSHS.

Department means the Department of Social and Health Services.

Limited English Proficient (LEP) is a limited ability to speak, read and/or write English well enough to communicate effectively. Clients determine if they are limited in their ability to speak, read or write English. This definition includes persons with sensory impairments.

Primary Language is the language identified by the client as the language in which he/she prefers to communicate.

Sensory Impaired means a person who is hard of hearing, deaf, partially sighted and/or blind or physically unable to speak.

Sign Language and Sign Systems mean visual or tactile ways of communicating thoughts, ideas and feeling through American Sign Language or manual signs and gestures with specifically defined vocabulary.

Written Communications are DSHS publications, department forms, and documents that:

- Describe services, clients' rights and responsibilities, or changes in benefits, eligibility or service; or
- Request information from a client, a response on the part of a client, or notify a client of an adverse action; or
- Require a client's signature or informed consent.

POLICY

- A. All persons who are Limited English Proficient (LEP) must have equal access to DDA services. Effective communication will be provided through DSHS certified bilingual staff. When that is not possible, a DSHS contracted interpreter must be provided to a client who requests the service, at no cost to the client.
- B. Clients must be informed about and provided with free interpreter services as necessary to ensure equal access. Notification of this right must be included on all announcements for meetings to which clients, their parents/families/legal representatives, or the public are invited to participate.
- C. DDA will deliver services that recognize individual and cultural difference. All clients will be given equal access to services, information, and programs, regardless of whether the Department or contracted providers deliver services.
- D. Individuals who reside in DDA Residential Habilitation Centers (RHC) will have their need to receive assistance with verbal and written communication addressed in their Individual Habilitation Plan (IHP).

PROCEDURES

- A. Interpreter Services for LEP and Clients with Sensory Impairments
 - 1. Interpreters are used when interpreter services are:
 - a. Requested by the client;
 - b. Necessary for a client's eligibility for services; and/or
 - c. Necessary for the client to access services.
 - 2. LEP and Sensory Impaired (SI) clients are offered interpreter services or auxiliary aids at no cost to them and without significant delay.
 - a. Staff will identify LEP and SI clients during assessment and re-assessment.
 - b. Staff will inform LEP and SI clients of their right to request an interpreter or auxiliary aide.
 - c. Staff must not allow children under the age of 18 years to serve as interpreters.

- d. LEP or SI clients may secure the services of their own interpreter at their own expense.
 - e. LEP Interpreters and Translators for Spoken Languages must be certified and/or qualified by DSHS and comply with the DSHS code of professional conduct.
 - f. Interpreters for Sign Language must register with the DSHS Office for the Deaf and Hard of Hearing Services (ODHHS).
3. All signs on display in DDA offices and RHCs that describe services, rights or responsibilities must be multi-lingual. The eight (8) primary translated languages recognized by DSHS and DDA are Cambodian, Chinese, Korean, Laotian, Russian, Somali, Spanish and Vietnamese.
4. Administration staff must:
- a. Use the statewide Translation contract, American Sign Language contract or the Interpreter Brokerage contract for Spoken Languages, as appropriate;
 - b. Use the broker/contractor in their region when they require the use of an interpreter or translator; and
 - c. Use DSHS 17-123a, Request for Sign Language Interpreter, or an approved broker form to request interpreters. Contact the DDA Regional Operations Manager to find out which form is being used.
5. If the listed contractors cannot meet your needs or you have an emergency that requires immediate attention, DDA staff can access the Language Line or Pacific Interpreters as described below.
- a. **Language Line: 1-877-261-6608 (telephonic interpretation):** Follow these steps:
 - 1) Contact the DDA Regional Operations Manager to determine the client ID number, organization name, and personal code;
 - 2) Dial the 877 phone number; and
 - 3) Give the language needed, organization name (Region, SOLA, RHC), and the personal code (3-digit number); **or**
 - b. Alternatively, staff can contact Pacific Interpreters at:

520 SW Yamhill, Suite 320 Phone: 503/445-5642
Portland, OR 97204 Fax: 503/445-5501
Email: www.pacificinterpreters.com

B. Written Translation Services

1. Staff must request translation of Category 1-4 forms and records through their designated LEP Coordinator. Category 1-4 translations are for DDA Central Office use only. They include translating publications, forms, and records. Written materials used for outreach must be available in the eight (8) primary languages and in enlarged print. Films or videos must be subtitled when necessary in order to address special language needs in services areas.
2. Category 5, Client Specific translation requests, will go through the Regional Operations Manager or the Regional Administrator's designee. When translating client specific documents generated from CARE use the "Translating CARE Documents" instructions available on the DDA Intranet website. For all other documents use DSHS 17-120, Translation and Order Request.

EXCEPTIONS

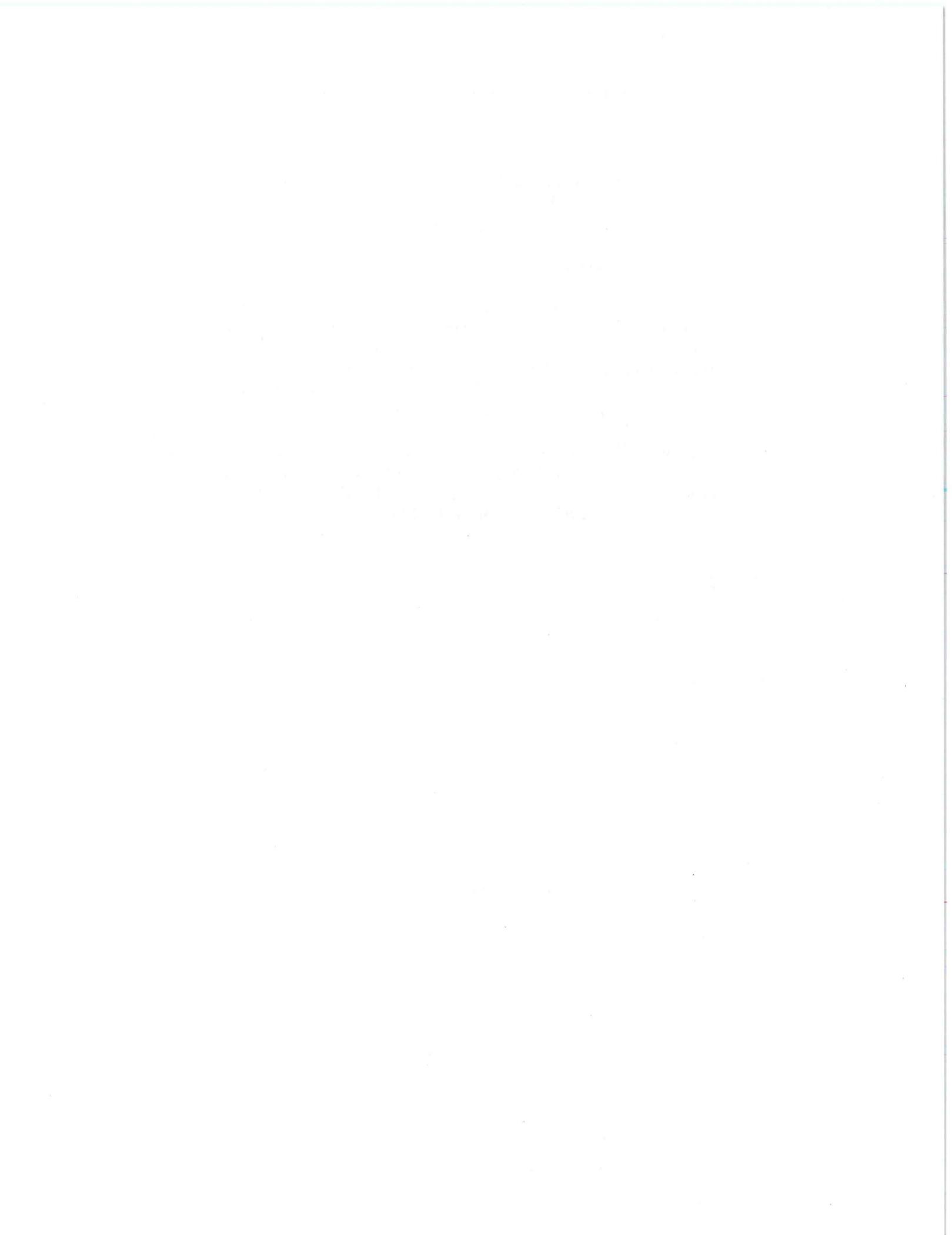
No exceptions to this policy may be granted without the prior written approval of the Deputy Assistant Secretary.

SUPERSESSION

DDD Policy 5.05
Issued June 15, 2010

Approved: /s/ Donald Clintsman
Deputy Assistant Secretary
Developmental Disabilities Administration

Date: July 15, 2013





DEVELOPMENTAL DISABILITIES ADMINISTRATION
Olympia, Washington

TITLE: MANDATORY REPORTING REQUIREMENTS FOR POLICY 6.08
EMPLOYMENT AND DAY PROGRAM SERVICES PROVIDERS

Authority:	<u>Chapter 71A RCW</u>	<i>Developmental Disabilities</i>
	<u>Chapter 26.44 RCW</u>	<i>Abuse of Children</i>
	<u>Chapter 74.34 RCW</u>	<i>Abuse of Vulnerable Adults</i>
	<u>Chapter 388-825 WAC</u>	<i>Developmental Disabilities Services</i>
	<u>Chapter 388-850 WAC</u>	<i>County Plan for Developmental Disabilities</i>

PURPOSE

This policy establishes uniform reporting requirements and procedures for employment and day program services providers regarding incidents that involve suspected abandonment, abuse, exploitation, financial exploitation, mistreatment, and neglect of clients of the Developmental Disabilities Administration (DDA), and other types of client incidents.

SCOPE

This policy applies to all providers of employment and day program services contracted with the DDA or through counties as subcontractors under the state/county contract, their contractors, and volunteers.

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, financial exploitation, and self-neglect.

POLICY

- A. Persons supported by DDA 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 Chapters 26.44 RCW and 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 abandonment, abuse, exploitation, financial exploitation, neglect, or self-neglect of a client must follow the requirements of Chapters 26.44 RCW and 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 provider'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 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 Administration clients; and
 2. Take appropriate administrative action upon receipt of the investigation findings.
- F. Counties must have a designated person responsible for regional communication in each DSHS region in which they hold a contract. Agencies and Counties will cooperate with DDA 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 Adult Protective Services (APS), Child Protective Services (CPS) or the RCS Complaint Resolution Unit (CRU):**
 - a. When there is reasonable cause to believe there has been abandonment, abuse, exploitation, financial exploitation, neglect, or self-neglect;
 - b. When there is reason to suspect that physical or sexual assault has occurred; and
 - 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:
 - 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, the client's legal representative, or family member.
3. **Report to DDA:** 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 Social Services Specialist (SSS), as applicable, or the DDA regional designee as follows:
- a. **Phone call to the CRM (or the DDA regional designee if the CRM is unavailable) within one (1) hour or as soon as client safety has been ensured.** After hours, use the DDA Emergency Contact. Complete a written incident report (IR) within one (1) business day for any of the following:
 - i. Death of any client during the course of employment and day services when suspicious or unusual. In addition, submit DSHS 10-331, DDA 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 employment and day services is considered missing when the provider becomes aware the client has missed his/her scheduled appointment and cannot be contacted for two hours unless the client's support plan indicates an alternative time plan:
 - (a) Clients receiving Community Protection Program (CPP) services are considered missing when they cannot be located for any length of time.
 - (b) 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 or the DDA 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.
 - 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.
 - 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 or the DDA 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 Supported Living 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 DDA Policy 5.15, *Use of Restrictive Procedures*, and DDA Policy 5.17, *Physical Intervention Techniques*. Restrictive interventions described in an approved Positive Behavior Support Plan (PBSP) are not considered emergency applications.
 - vii. Serious treatment violations not otherwise defined, such as:
 - (a) Court-ordered conditions of release; and
 - (b) CPP treatment violations.
 - viii. 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 Case Resource Manager (CRM) whenever the provider becomes aware that the client and/or the client's legal representative are contemplating permanent sterilization procedures.

B. Department Reporting Units

1. **Reporting to DDA:**

"Reporting to DDA" is defined as reporting to the DDA Regional Administrator (RA) or designee unless otherwise specifically noted in this policy.

2. **Reports of abuse, neglect or maltreatment, involving children and youth under 18 years of age:**

DSHS Child Protective Services statewide number: 1-866-363-4276
(1-866-ENDHARM)

3. **Reports involving adults 18 years and older receiving DDA-funded and/or operated residential services:**

CRU statewide number: 1-800-562-6078 (TTY 1-800-737-7931).

4. **Incidents which occurred in the community during employment and day services or are suspected to have occurred:**

DSHS Adult Protective Services (APS) regional numbers:

Region 1 North (Spokane):	1-800-459-0421	TTY: 1-509-568-3086
Region 1 South (Yakima):	1-877-389-3013	TTY: 1-800-973-5456
Region 2 North (Everett):	1-800-487-0416	TTY: 1-800-843-8058
Region 2 South (Seattle):	1-866-221-4909	TTY: 1-800-977-5456
Region 3 North and South:	1-877-734-6277	TTY: 1-800-672-7091

Or the statewide toll free number: 1-866-363-4276 (1-866-ENDHARM).

C. Written Agency Policies and Procedures

1. DDA 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 DDA 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, DDA may require agencies to ensure the accused staff has no access to any client. DDA will make this request in writing via email, fax or regular mail, as appropriate to the circumstances. The agency must respond in writing to DDA 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 DDA Central Office County 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 DDA 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.
 - b. If the agency has completed an internal investigation, a report of the findings from the internal investigation must be sent by the agency to the DDA Regional Administrator or designee.
 - c. If there is a substantiated finding by the Department against the accused staff, DDA will work with the DSHS Central Background Check Unit (BCCU) to determine if the staff person is working with any other DDA clients. DDA will require other agencies where this staff may be working to disallow the staff from working with any DDA 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, DDA, CPS, APS, CRU, and the Department of Health (DOH);
 - 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.

D. Mandatory Reporting Requirements Form

1. The agency must have each administrator, employee, contractor and volunteer read and sign DSHS 27-081, *DDA Employment and Day Program 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 agency will maintain the signed forms. The agency's policy and procedures manual must also include a blank copy of the form.

EXCEPTIONS

Any exceptions to this policy must have the prior written approval of the Deputy Assistant Secretary.

SUPERSESION

DDD Policy 6.08
Issued July 1, 2011

Approved: /s/ Donald Clintsman
Deputy Assistant Secretary
Developmental Disabilities Administration

Date: July 15, 2013

Attachment A - *Definitions*

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

Attachment C - *Reporting Timelines*

ATTACHMENT A

DEFINITIONS - GENERAL

ALTSA means the Aging and Long Term Support Administration.

Adult Protective Services (APS) means the ALTSA 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 receives DDA Alternative Living or Companion Home services. APS conducts investigations of reported incidents and may offer protective services to the alleged victim.

Agency means all service providers identified in the scope.

CRM means the Developmental Disabilities Administration Case Resource Manager and/or the Social Worker or Social Service Specialist.

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 DDA 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), Group Home, Group Training Home services or resides in a licensed 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.

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

ATTACHMENT A

Chapter 18.130 RCW [RCW 74.34.020]. Refer to RCW 26.44.030 for a list of individuals with a duty to report child abuse or neglect.

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 AL TSA division responsible for the licensing and oversight of adult family homes, assisted living facilities, nursing facilities, residential habilitation centers, and certified residential programs. RCS conducts investigations of abandonment, abuse, neglect, exploitation, or financial exploitation.

DEFINITIONS – CHILDREN (RCW 26.44.020)

Child or Children means any person less than eighteen (18) years of age.

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.

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.

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.

DEFINITIONS - VULNERABLE ADULTS (RCW 74.34.020)

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.

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

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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, who is not also a resident or client, of a facility 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.
- **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.
- **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.

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 or certified by the department.

Financial exploitation means the illegal or improper use, control over, or withholding of the property, income, resources, or trust funds of the vulnerable adult by another person or entity for any person's or entity's profit or advantage other than the vulnerable adult's profit or advantage. Financial exploitation includes, but is not limited to:

- (a) The use of deception, intimidation, or undue influence by a person or entity in a position of trust and confidence with a vulnerable adult to obtain or use the property, income, resources, or trust funds of the vulnerable adult for the benefit of a person or entity other than the vulnerable adult;
- (b) The breach of a fiduciary duty, including, but not limited to, the misuse of a power of attorney, trust, or a guardianship appointment, that results in the unauthorized appropriation, sale, or transfer of the property, income, resources, or

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trust funds of the vulnerable adult for the benefit of a person or entity other than the vulnerable adult; or

- (c) Obtaining or using a vulnerable adult's property, income, resources, or trust funds without lawful authority, by a person or entity who knows or clearly should know that the vulnerable adult lacks the capacity to consent to the release or use of his or her property, income, resources, or trust funds.

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.

Self-neglect means the failure of a vulnerable adult, not living in a facility, to provide for himself or herself the goods and services necessary for the vulnerable adult's physical or mental health, and the absence of which impairs or threatens the vulnerable adult's well-being. This definition may include a vulnerable adult who is receiving services through home health, hospice, or a home care agency, or an individual provider when the neglect is not a result of inaction by that agency or individual provider.

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

- (a) Is sixty years of age or older who has the functional, mental, or physical inability to care for himself or herself; **or**
- (b) Is found incapacitated under Chapter 11.88 RCW; **or**
- (c) Has a developmental disability as defined under RCW 71A.10.020; **or**
- (d) Is admitted to a licensed facility (i.e., boarding home, nursing home, adult family home, soldiers' home, residential habilitation center, or any other facility licensed by DSHS); **or**
- (e) Is receiving services from home health, hospice or home care agencies licensed or required to be licensed under Chapter 70.127 RCW; **or**
- (f) Is receiving services from an individual provider; **or**
- (g) Self-directs his or her own care and receives services from a personal aide under Chapter 74.39 RCW.

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CLARIFYING EXAMPLES OF ABUSE, NEGLECT, FINANCIAL EXPLOITATION, AND SELF-NEGLECT

The following examples, which are not all-inclusive, are provided to assist staff in identifying suspected or actual abuse, neglect, financial exploitation, and self-neglect. **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 including but not limited to:
 - Fondling
 - Intercourse
 - Oral sex
 - Rape
 - Sodomy
- Sexual coercion
- Sexual harassment
- Sexually explicit photographing, filming, or videotaping
- Showing, selling, or otherwise distributing pornographic materials

C. Mental Abuse:

- Coercion
- Harassment

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- Inappropriately isolating a vulnerable adult from family, friends, or regular activity
- 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. Financial 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

F. Self-neglect:

Vulnerable adults who neglect themselves are unwilling or unable to do needed self-care. This can include such things as:

- Not eating enough food to the point of malnourishment
- Wearing clothes that are filthy, torn, or not suited for the weather
- Living in filthy, unsanitary, or hazardous conditions
- Not getting needed medical care

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DDA Policy 6.08 Reporting Timelines		
Note: Refer to policy text for complete definitions/information.		
Phone call to DDA within one hour or once safety has been ensured. Follow with written report. (A)	Phone call to DDA during business hours once client safety has been ensured. Follow with written report. (B)	Written IR within one business day (C)
<ol style="list-style-type: none"> 1. Death of client when suspicious or unusual 2. Condition threatening the operation of the program 3. Client is missing 4. Injuries of unknown origin requiring hospital admission 5. Any event involving known media interest or litigation 	<ol style="list-style-type: none"> 1. Death of any client not reported under Column 1 2. Alleged or suspected abandonment, abuse, , exploitation, financial exploitation, neglect, or self-neglect of a client (other than client to client) 3. Alleged or suspected physical or sexual assault of a client 4. Alleged or suspected criminal activity perpetrated against a client 5. Alleged or suspected criminal activity by a client that results in a case number or detainment 6. Injuries resulting from alleged or suspected client to client altercations that require medical treatment beyond First Aid 7. Mental health crisis resulting in inpatient admission to a state or community psychiatric facility 8. Life-threatening medically emergent condition 	<ol style="list-style-type: none"> 1. All injuries to a client resulting from the use of restrictive procedures 2. Serious injuries of <u>known</u> cause, not otherwise defined, that require medical treatment beyond First Aid 3. Hospital or nursing facility admission not otherwise defined 4. Patterns of client to client abuse as defined in RCW 74.43.035 5. Property destruction over \$100 or that will result in a Residential Allowance Request 6. Restrictive Procedures implemented under emergency guidelines 7. Medication errors(s) that have or may result in injury/harm as assessed by a medical professional 8. Serious treatment violations, not otherwise defined 9. Suicide gestures or attempts