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|  | | DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA)  **Residential Services Providers: Mandatory Reporting of Abuse, Improper Use of Restraint, Neglect, Personal or Financial Exploitation, or Abandonment of a Child or Vulnerable Adult** | | | | | |
| All administrators, owners / operators, employees, contractors, and volunteers of any existing or proposed contracted community residential services agency must abide by Washington State law, which prohibits abuse, improper use of restraint, neglect, personal or financial exploitation, and abandonment of a child or vulnerable adult. Any related reporting procedures published by the Department of Social and Health Services must also be followed.  Clients must be treated with kindness, respect, care and consideration at all times. Abuse, improper use of restraint, neglect, personal or financial exploitation, and abandonment are not permitted under any circumstances.  I have read DDA Policy 6.12 and the agency policy (if applicable) regarding mandatory reporting requirements in its entirety and understand:  The definitions of abuse, improper use of restraint, neglect, personal or financial exploitation, and abandonment;  My legal requirement as a mandatory reporter to report abuse, improper use of restraint, neglect, personal or financial exploitation, and abandonment of a client;  How to report abuse, improper use of restraint, neglect, personal or financial exploitation, and abandonment of a client, including incident reporting procedures;  Failure to report such incidents can result in a disciplinary action, including termination, and is a gross misdemeanor under Washington State law; and  My responsibilities to protect vulnerable adults and children from abuse, improper use of restraint, neglect, personal or financial exploitation, and abandonment.  I also acknowledge that I have had an opportunity to ask questions of my supervisor or DDA staff regarding this policy and have had those questions answered.  PRINT LEGAL NAME EMPLOYEE SIGNATURE DATE  PRINT WITNESS LEGAL NAME WITNESS SIGNATURE DATE  AGENCY  c: Employee File | | | | | | | |
| FOR IMAGING ONLY | PERSONNEL ID | | DOC DATE | SECTION | DOC TYPE | SUB DOC TYPE | HR REP |
|  | |  | **Training** | **Form** | **Mandatory Report** |  |