

WAC 110-145-1535 What incidents involving children must I report? (1) You must report the following incidents immediately and in no instance later than forty-eight hours after the incident to your local children's administration intake staff and the child's DSHS worker or child placing agency (CPA) case manager and the child's tribal Indian child welfare (ICW) case manager as applicable:

- (a) Death, serious illness or injury, or psychiatric care that requires medical treatment or hospitalization of a child in care;
- (b) Any time you suspect physical or sexual abuse, neglect, or exploitation of a child as required under chapter 26.44 RCW;
- (c) Sexual contact between two or more children that is not considered typical play between preschool age children;
- (d) Any disclosure by a child in care of sexual or physical abuse;
- (e) Any child's suicide attempt that results in injury requiring medical treatment or hospitalization;
- (f) Any use of physical restraint alleged to have been improperly applied or excessive;
- (g) Physical assault between two or more children that results in injury requiring off-site medical attention or hospitalization;
- (h) Physical assault of an employee, volunteer, or others by a child in care that results in injury requiring off-site medical attention or hospitalization;
- (i) Any medication given or consumed incorrectly that requires off-site medical attention; or
- (j) Property damage that is a safety hazard and not immediately corrected or may affect the children's health and safety.

(2) You must report the following incidents related to a child in care as soon as possible or in no instance later than forty-eight hours after the incident, to the child's DSHS worker or CPA case manager and the child's tribal ICW case manager as applicable:

- (a) Suicidal or homicidal thoughts, gestures, or attempts that do not require professional medical treatment;
- (b) Unexpected health problems outside the usual range of reactions caused by medications that do not require professional medical attention;
- (c) Any incident of medication incorrectly administered or consumed;
- (d) Any professional treatment for emergency medical or emergency psychiatric care;
- (e) Physical assault between two or more children that results in injury but does not require professional medical treatment;
- (f) Physical assault of a foster parent, employee, volunteer, or others by a child that results in injury but does not require professional medical treatment;
- (g) Drug or alcohol use by a child in your care;
- (h) Any inappropriate sexual behavior by or toward a child; or
- (i) Use of prohibited physical restraints for behavior management.

(3) You must maintain a written record of any report with the date, time, and staff person who makes the report.

(4) Programs that provide care to medically fragile children who have nursing care staff on duty may document the incidents described in subsections (2)(b) and (c) of this section in the facility daily logs, rather than contacting the DSHS worker or case manager, if agreed to in the child's case plan.

[WSR 18-14-078, recodified as § 110-145-1535, filed 6/29/18, effective 7/1/18. Statutory Authority: RCW 74.15.010, 74.15.030, 74.15.040, 74.15.090, 74.13.031, and P.L. 113-183. WSR 16-17-101, § 388-145-1535, filed 8/19/16, effective 9/19/16. Statutory Authority: Chapters 13.34 and 74.13 RCW, RCW 74.15.030(2), 74.15.311(2), 74.13.032, 13.04.011, 74.13.020, 13.34.030, 74.13.031, 13.34.145, 74.15.311, 74.15.030, and 2013 c 105. WSR 15-01-069, § 388-145-1535, filed 12/11/14, effective 1/11/15.]