

Updated Special Incident Reporting Requirements

Presented By: Redwood Coast Regional Center

April 2026

Today's agenda

- ❖ Review of the new Special Incident Reporting (SIR) Regulations, effective May 1, 2026
- ❖ Review of the updated SIR tools and vendor forms, such as the written SIR submission form
- ❖ A brief SIR training integrating these new regulations
- ❖ An extended Question & Answer Session about the changes

New SIR Reporting Guidelines

- You should have received a copy of the updated DDS SIR reporting guidelines prior to this training. If you did not receive a copy, you can download a copy at the DDS Risk Management Website.
- Let's review the changes. We have provided the **May 2026 SIR Changes Information Sheet** as a quick reference for the major changes.

[Highlighted DDS Changes](#)

Updated Tools and Forms

- Reportable SIRs Information Sheet (AKA the "Brown Sheet")
- Special Incident Reporting Requirements- Vendor Acknowledgement Form
- Vendor & Long-Term Health Care Facility Special Incident Reporting Form (Written SIR)

The "Brown Sheet"

DDS-Reportable SIRs

Special Incident Reporting Requirements

Incidents always required to be reported to DDS:

- **Death**
- **Crime** (attempted homicide or manslaughter; battery, simple assault; personal robbery; burglary; fraud; identity or credit theft; rape or attempted rape; stalking; hate crime; human trafficking; other). **NOTE: For a crime to be DDS-reportable, the incident must be reported to law enforcement.**
- **Alleged Neglect/Abuse** (physical, chemical or mechanical restraint; abandonment; exploitation; verbal abuse; emotional or mental abuse; isolation; physical abuse; sexual abuse; financial abuse; failure to assist with personal hygiene; failure to prevent dehydration; failure to prevent malnutrition; failure to protect from hazard; failure to provide care; failure to provide food/clothing/shelter; failure to provide medical care; failure to provide mental health needs; failure to prevent falls; other). **NOTE: For alleged neglect or abuse to be DDS-reportable, the incident must be reported to CPS/APS, long-term care ombudsman, or law enforcement.**

Incidents required to be reported to DDS only when client was under vendor care:

- **Missing Person** When a client is missing and law enforcement or security service was notified of it.
- **Medication Error** (missed dose, wrong dose, wrong medication, wrong time, wrong route). Vendors must contact a medical professional as soon as a medication error is discovered so they can get information about how to proceed. The medication error SIR must document the names and doses of medications, and if any adverse effects were observed. **NOTE: A documentation error by itself is not DDS-reportable. Refusal or poor compliance is not DDS-reportable.**
- **Serious Injury** When a client has received treatment at an ER, urgent care, or other medical office: lacerations that require sutures, staples, or skin glue; burns; bites that break the skin; puncture wounds; medication reactions; head injury including concussion; internal bleeding; emergency room visit for any reason that is 5 days or longer; other. Some injuries are DDS-reportable even if medical treatment was not received: bruising of the head, eyes, neck, breasts, genitals, rectal/anal area; bruising anywhere else that is 2 inches or greater in size; fractures; dislocations; pressure injuries stage 2 or greater or unstageable.
- **Unplanned or Unscheduled Hospitalization** When a client is admitted to the hospital. (bowel obstruction; cardiac; diabetes; seizure-related; internal infection; involuntary psychiatric admission; nutritional deficiency; respiratory illness; wound/skin care).
- **Falls** Two or more falls in a thirty (30) day period must be reported. The timeline of the thirty (30) day period begins on the date of the first fall. Additionally, the falls do not need to occur while under the care or supervision of the same provider to be reportable. They may or may not be due to negligence.

UNDER VENDOR CARE MEANS:

- SLS/AFHA/CCF/ICF/SNF is considered 24/7 under vendor care, even when staff isn't present, or client is visiting family.
- ILS, PA, behavioral service, or any other RCRC vendor would be under vendor care when staff was present or was scheduled to be present.

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Additional Requirements

The "Brown Sheet" Cont...

RCRC-Reportable SIRs Special Incident Reporting Requirements

Additional Incidents always required to be reported to RCRC:

- **Injury/Accident to Client** Injuries/accidents of known or unknown origin, from a seizure, from another client, from a behavioral episode. **Note: If the injury requires an ER or urgent care visit, please report.**
- **Medical Emergency (ER Visit/Ambulance/EMT)** Includes any visit to the ER and any response by Paramedics/Ambulance services, even if client refuses transport.
- **Communicable Diseases/Parasites** COVID, Measles, Norovirus, Lice, etc.
- **Use of PRN Psychotropic Medication**
- **Aggressive Acts/Property Damage** To self, another client, to staff, family or community member, property damage, recipient of aggression by another client without injury.
- **Suicide Threat/Attempt**
- **Sexual Incident/Pregnancy of Concern**
- **Alleged Violation of Rights** Client belongings or food locked/inaccessible; inappropriate sharing of information (**note: this may also be a breach and require additional reporting**); refusing to allow visitors; restricting access to phones or communication devices; etc.
- **Hands-On Management Utilized (per approved plan)**
- **Emergency Event (Fire, Car accident, etc.)**
- **Medication Refusal** For clients ages 14 and up; describe how medication was refused.
- **Other** When in doubt, report in this category.

IMPORTANT NOTES:

- **Monthly Reporting for Seclusion, Restraint and Emergency Medication to Control Behavior:** Per Welfare and Institutions Code (WIC) 4659.2, (c) (1):
On a monthly basis, all regional center vendors that provide crisis or residential services or supported living services, long-term health care facilities, and acute psychiatric hospitals shall report to the State Department of Developmental Services, the regional center providing services to the consumer, the vendoring regional center, if different, and the agency designated pursuant to subdivision (j) of Section 4900 all of the following:
(A) The number of incidents of seclusion and the duration of time spent per incident in seclusion.
(B) The number of incidents of the use of behavioral restraints and the duration of time spent per incident of restraint.
(C) The number of times an involuntary emergency medication is used to control behavior.
To Report: https://caddspod.servicenowservices.com/orm?sys_id=574b6b8c87f02d50fd7733f50cbb350b
- **Breaches in Confidentiality and/or Data Breaches:** In circumstances where client information is disclosed to parties not entitled to that information, the vendor must determine whether it constitutes a HIPAA data breach. If such a breach is determined to have occurred, they must work with RCRC to complete the Data Breach process.

Reporting Requirements:

1. Notify Regional Center of all special incidents within 24 hours (no voicemails or emails) and submit written report within 48 hours.
2. If applicable, notify the person responsible (i.e. parent, guardian, conservator) per requirements and document on this report.
3. Notify applicable licensing (CCL, DHS) entity, APS, CWS, and/or other required entities as per regulations and document on this report.
4. Retain a copy in individual client record.
5. Fax or hand deliver to the appropriate office.





Redwood Coast Regional Center

Respecting Choice in the Redwood Community

Special Incident Reporting Requirements

All vendors (except for parent vendors and clients ~~vendored~~ to provide services to themselves) must notify Redwood Coast Regional Center (RCRC) immediately, but no more than 24 hours after learning of the occurrence of the special incident. Notification can be either by telephone, hand-delivery, or fax. When calling, the vendor must talk with another staff person; if the SC is not available, ask the operator to connect with the officer of the day. Following notification, the vendor shall submit a written report by hand delivery or fax to the Redwood Coast Regional Center within 48 hours after the discovery of the special incident, unless a written report was provided within the initial 24-hour period.

If the special incident is of a nature which requires immediate intervention by Redwood Coast Regional Center staff, the required reporter shall immediately contact the Service Coordinator, Client Services Manager or the SIR officer of the day at the office; if outside of regular office hours, call the Redwood Coast Regional Center emergency On-Call Worker. After-hours On-Call should be utilized only for DDS Reportable Incidents.

The following special incidents must be reported regardless of where or when they occurred, even if there is no vendor involvement:

- **Death-** Regardless of Cause
- **Victim of any crime reported to law enforcement-** Attempted homicide or manslaughter; battery, simple assault; personal robbery; burglary; fraud; identity or credit theft; rape or attempted rape; stalking; hate crime; human trafficking; other.
- **Alleged Neglect/Abuse-** Physical, chemical or mechanical restraint; abandonment; exploitation; verbal abuse; emotional or mental abuse; isolation; physical abuse; sexual abuse; financial abuse; failure to assist with personal hygiene; failure to prevent dehydration; failure to prevent malnutrition; failure to protect from hazard; failure to provide care; failure to provide food/clothing/shelter; failure to provide medical care; failure to provide mental health needs; failure to prevent falls; other). **NOTE: For alleged neglect or abuse to be DDS-reportable, the incident must be reported to CPS/APS, long-term care ombudsman, or law enforcement.**

The following special incidents are required to be reported only when the client is under vendor care:

- **Missing Person-** When a client is missing and law enforcement or security service was notified of it.
- **Medication Error-** (missed dose, wrong dose, wrong medication, wrong time, wrong route). Vendors must contact a medical professional as soon as a medication error is discovered so the names and doses of medications, and if any adverse effects were observed. **NOTE: A documentation error by itself is not DDS-reportable. Refusal or poor compliance is not DDS-reportable.**

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□ 525 2nd Street, Ste 300, Eureka, CA 95501 (707) 445-0893
□ 270 Chestnut St., Ste A, Ft Bragg, CA 95437 (707) 964-6387
□ 180 3rd Street, Lakeport, CA 95453 (707) 262-0470

□ 1116 Airport Park Blvd., Ukiah, CA 95482 (707) 462-3832
□ 1301 Northcrest Dr., Crescent City, CA 95531 (707) 464-7488
□ 14888 Olympic Dr., Clearlake, CA 95422 (707) 621-6169

The Vendor Acknowledgement Form

Written SIR Form

- Vendor info
- Client info
- Incident time and place
- Two columns (DDS-reportable and Reportable to RCRC)

VENDOR & LONG-TERM HEALTH CARE FACILITY SPECIAL INCIDENT REPORT

Vendor/Long-term Health Care Facility Name:		Vendor Number: (if applicable)	
Address:		Phone #:	
Client Name:		Date of Birth:	Date of Report:
Date of Incident:	<input type="checkbox"/> Definite <input type="checkbox"/> Approximate	Location of Incident:	
Time of Incident:	<input type="checkbox"/> Definite <input type="checkbox"/> Approximate		
The Regional Center must be notified of all special incidents within 24 hours and the written report submitted within 48 hours. Additional instructions on the last page.			
DDS-Reportable SIRs (check all that apply)		Additional SIRs Reportable to RCRC (check all that apply)	
<input type="checkbox"/> <u>Medication Error</u> (missed medication, wrong medication, wrong dose, wrong time, wrong route)		<input type="checkbox"/> <u>Injury/Accident to Client</u> Specify	
<input type="checkbox"/> <u>Falls</u> (2 or more in a 30-day period, can be multiple vendors)		<input type="checkbox"/> <u>Medical Emergency (ER Visit/Ambulance/EMT)</u> Specify	
<input type="checkbox"/> <u>Missing Person</u> (When a report has been filed with law enforcement/security.)		<input type="checkbox"/> <u>Communicable Disease/Parasites</u>	
<input type="checkbox"/> <u>Reasonably suspected alleged abuse/exploitation/physical or chemical restraint</u> (exploitation, physical, chemical, verbal, emotional/mental, isolation, mechanical, sexual, financial) REQUIRES APS/CPS/OMBUDSMAN/ OR LAW ENFORCEMENT REPORT Specify		<input type="checkbox"/> <u>Use of PRN Psychotropic Medication</u>	
<input type="checkbox"/> <u>Reasonably suspected alleged neglect</u> (abandonment, hygiene, dehydration, malnutrition, hazard, food/clothing/shelter, medical, mental health, falls, self-neglect) REQUIRES APS/CPS/OMBUDSMAN/ OR LAW ENFORCEMENT REPORT Specify		<input type="checkbox"/> <u>Aggressive Acts/Property Damage</u> Specify	
<input type="checkbox"/> <u>Serious injury/accident</u> (laceration, bruising, burn, fracture, dislocation, bite, head injury/concussion, medication reaction, pressure injury, internal bleeding, puncture, seizure, injury from another consumer) Specify		<input type="checkbox"/> <u>Suicide Threat/Attempt</u>	
<input type="checkbox"/> <u>Unplanned or unscheduled hospitalization</u> (bowel obstruction, cardiac, diabetes, due to seizure, internal infection, involuntary psych admission, nutritional deficiency, respiratory illness, wound/skin care, ER visit 5 or more days) Specify		<input type="checkbox"/> <u>Sexual Incident/Pregnancy of Concern</u>	
<input type="checkbox"/> <u>Victim of crime</u> (aggravated assault, simple assault, battery, attempted homicide or manslaughter, battery, burglary, fraud, hate crime, identity or credit theft, larceny, personal robbery, rape or attempted rape, stalking, human trafficking) REQUIRES LAW ENFORCEMENT REPORT Specify		<input type="checkbox"/> <u>Alleged Violation of Rights</u> Specify	
<input type="checkbox"/> <u>Death</u>		<input type="checkbox"/> <u>Hands-on Management Utilized (per approved plan)</u>	
		<input type="checkbox"/> <u>Emergency Event (Fire, Car accident, etc.)</u> Specify	
		<input type="checkbox"/> <u>Medication Refusal</u>	
		<input type="checkbox"/> <u>Other</u> Specify	

Written SIR Form

- Contacts made
- Incident description
- Box for errors

Required Persons/Entities Notified				
	Contact Name	Contact Date	Telephone	Report# (if applicable)
<input type="checkbox"/> Redwood Coast Regional Center:				
<input type="checkbox"/> Parent/Guardian/Conservator (if applicable):				
<input type="checkbox"/> Child/Adult Protective Services:				
<input type="checkbox"/> Long-Term Care Ombudsman:				
<input type="checkbox"/> Community Care Licensing (CCL):				
<input type="checkbox"/> Licensing and Certification (DHS):				
<input type="checkbox"/> Police/Sheriff:				
<input type="checkbox"/> Physician/Hospital:				
<input type="checkbox"/> County Coroner:				
<input type="checkbox"/> Other:				

Section 1: Incident Description
Provide description of events preceding the incident, the actual incident & immediate actions taken, and attach a separate page for additional information, if necessary. For medication errors, please ensure the questions in Section 2 are completed. **In the event of the death of a client, please include the following: known health conditions; circumstances/changes in condition prior to death; cause of death, if known:**

Section 2: Medication Errors
Please answer the following:
Describe what went wrong (wrong medication, wrong dose, wrong time, wrong route, etc.):

Names and doses of medications involved:

Medical professional that was contacted for instructions about how to proceed:

Adverse effects, if any, were noted due to the medication error (please note any extended medical treatment in Section 3):

Why report special incidents (SIRs)?

**RESPECT
PROTECT AND**

- ❖ Every person matters!
- ❖ Identifies Client Safety and Support Needs
- ❖ Ensures Quality of Supports and Services
- ❖ Identifies Vendor Responsibility and Training Needs
- ❖ Identifies Trends and Concerns
- ❖ Aids with Risk Management and Mitigation
- ❖ Required by the Department of Developmental Services (DDS) and Center for Medicaid Services (CMS)

Who
should
report
sirs to
the
Regional
Center?

All Regional Center Vendors and Long-Term Care Providers (Long-Term, Skilled Nursing, & Intermediate Care Facilities):

Are required to report all Special Incidents to the Regional Center.

Are mandated reporters and must also notify appropriate authorities (CPS, APS, police).

Licensed facilities also need to report to their licensing agencies (DHS, CCL, Ombudsman).

NOTE: Families, Friends, Schools, Community Members and Other Agencies may also report Special Incidents to Regional Center.

Mandated Reporting

- Regional Center Vendors and their staff work with dependent adults and/or children. Vendors are required by law to report any reasonably suspected abuse or neglect to the appropriate authorities. All adult clients of the regional center are considered dependent adults, regardless of ability or disability.
- Appropriate authorities include APS, CPS and/or Law Enforcement. If the client lives in LTC and the incident concerns abuse or neglect by an employee of the vendor, we may also need to report the incident to the Ombudsman (if the LTC has not done so).
- Free online training resources are available:
 - Elder & Dependent Adult Reporting: <https://www.cdss.ca.gov/inforesources/cdss-programs/adult-protective-services/information-for-mandated-reporters>
 - Child Reporting, Including Learning Paths for Specific Care Providers: <https://mandatedreporterca.com/>

What is “under vendor care”?



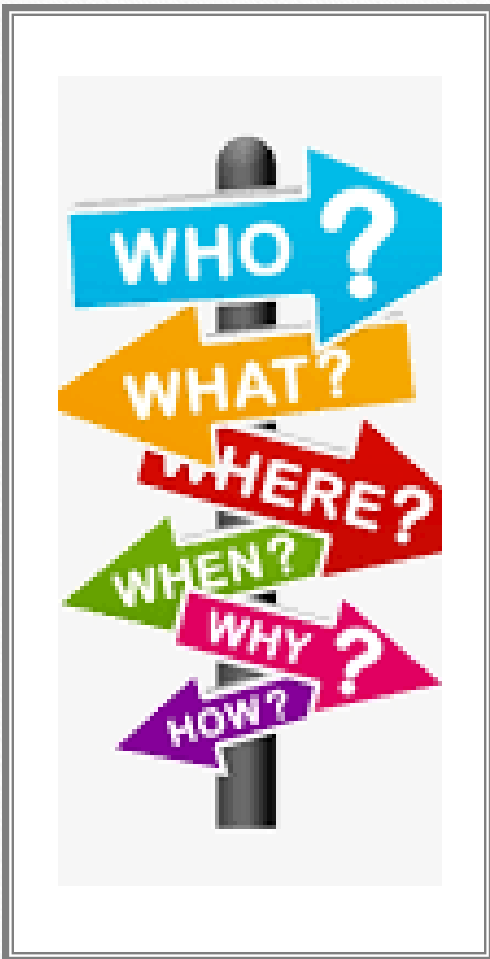
- When client is receiving services and supports:
 - SLS/CCF/AFHA/ICF/SNF is considered 24/7 vendor care, per regulation.
 - ILS/PA/Behavior/any other vendor staff was present.
 - ILS/PA/Behavior/any other was scheduled but not present.
- NOT “Under Vendor Care”
 - Vendor staff not present (with the exception of SLS/CCF/AFHA/ICF/SNF).
 - Vendor staff was not scheduled to be present.

NOTE: As previously noted, instances of alleged abuse/neglect, death of a client and/or victim of a crime are always required to be reported to Regional Center and the appropriate authorities regardless of vendor type should they become aware.

SIR Timeline for Vendors and LTC (Title 17 §54327)

- ❑ Vendors must report ALL SIRs within 24 hours of discovering the incident.
- ❑ Vendors must provide a written SIR form within 48 hours of discovering the incident.
- ✓ Vendor timelines are in hours!
- ✓ DDS Reportable incidents should be reported to RCRC On-Call on weekends, holidays, and after hours.





Important Information to Include in a SIR

- Name of the Agency
- The date, time and location of the incident;
- The name and date of birth of the client involved;
- A description of the incident
- The treatment provided to the client, if any;
- The actions taken by the vendor, the client, or any other agency(ies) or individual(s) in response to the incident; plan for vendor follow up.
- The law enforcement, licensing, protective services and/or other agencies or individuals (such as a conservator, if applicable) notified of or involved in the incident; and
- All other information required by Title 17.



How Vendors Submit the SIR (Title 17 §54327)

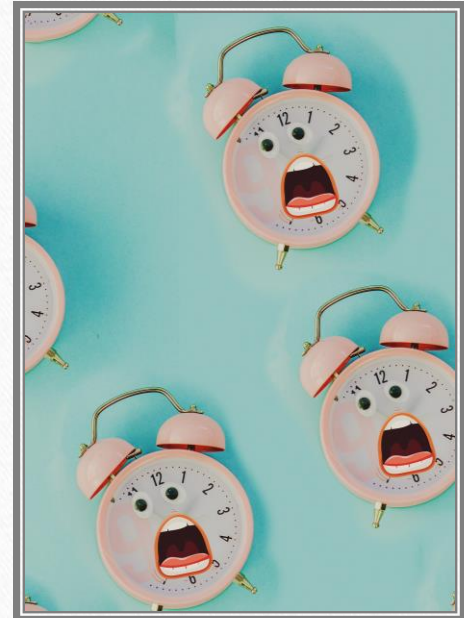
- Initial report can be verbal, by phone, by fax, or hand-delivered.
- Completed SIR Vendor Form is to be faxed or hand delivered only!
- SIR forms **cannot be emailed** to RCRC.
- The On-Call system is to be used for DDS reportable SIRs only, if it is required to ensure the SIR is reported within the first 24 hours.
- Vendors and LTCs are accountable for adhering to timelines.

More Timelines: What is a Discovery Date?

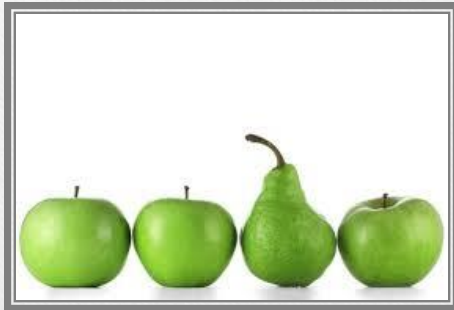
Discovery Date = when the vendor staff “found out” about the incident.

Example: a client has minimal SLS but is supported by staff with medication administration. A weekly med check by staff on October 5th reveals a missed medication from October 1st. Vendor notifies Regional Center on October 6th. The “discovery date” is the 5th.

This scenario would be considered on-time reporting based on when the vendor discovered the incident and the report being received by the Regional Center within 24 hours.



What if an incident that would normally be DDS reportable happens at school?



- Since schools are not vendored by the Regional Center, incidents that occur there are usually not reportable to DDS, with the following exceptions:
- A vendor of RCRC, such as behavioral support, is with the client at school when the incident occurs
- The incident is in the category of special incidents which are always reportable regardless of where or when they occur (see DDS Reportable SIRs handout)

NOTE: Since they are not vendors, there will not be a paper SIR submitted by a school. However, if a vendor is made aware of an incident that occurred at school, they are responsible for reporting that information to the Regional Center.

Any time there is an allegation of violence or sexual incident between staff when clients are present

- 1) A SIR is required. Please submit according to standard timelines.
- 2) If you have questions, please reach out to your assigned RCRC Resource Manager or the RCRC SIR Coordinator.

Additional Reporting requirement for incidents of Restraint, seclusion, and involuntary emergency medication used to control behavior

- All regional center vendors that provide crisis services, residential services, or supported living services must report these incidents monthly directly to DDS. Other reporting (SIR, APS, CPS, etc.) requirements still apply.
- Here is the link to get to the online DDS restraint reporting form:
<https://www.dds.ca.gov/transparency/facts-stats/restraint-data/>
- Vendors must submit any current restraint data by the tenth business day of the following month.
- The restraint only needs to be reported in the monthly restraint data if an employee of the vendor completed the restraint. If the restraint was completed by an outside party (not a vendored employee), it does not need to be included in the monthly data submission.

Follow-up activities



- If there is incomplete information on any SIR, a vendor can expect to be contacted by the Regional Center for follow-up information.
- If a vendor submits an initial SIR for a developing situation, such as for a hospitalization, the vendor may note that additional details are forthcoming.
- Regional Centers have 90 days from the date of the incident to complete follow-up activities and close out a SIR. It is imperative for vendors to respond to the Regional Center in a timely manner to ensure that DDS receives the required information within those timelines.
- Vendors do not have to wait for an update request from the Regional Center. If you have an update for an SIR, please reach out to the assigned Service Coordinator!

Follow-Up Continued

Occasionally, Regional Centers will receive special reports from DDS notifying them of Ambulance, ER and/or Hospital visits that have occurred for clients. If it is determined that one occurred with a client receiving vendored services and a SIR was not received, RCRC will reach out to the vendor to request the required SIR. As these special reports are generated by the state, they are received by the Regional Center sometimes months after an incident has occurred. It is crucial that vendors track and maintain staff logs, client notes and relevant client medical information to ensure that should an incident like this occur, appropriate post-reporting can be completed, and a future mitigation plan can be put in place.

Essential Information for All Medication Errors

DDS requires the following information for medication errors:

- Name and dosage of medications involved in the incident
- The medical professional who was contacted about restarting the client's medication. (Remember that vendors are responsible for contacting a medical professional as soon as they discover a medication error. Examples of medical professionals are: prescribing physician, on-call RN, pharmacist, hospital, poison control.)
- Description of any adverse effects that were observed due to the medication error.

Note: The most frequent incident code for RCRC is medication error. By adding the box to the updated SIR form to cover the information above, we hope to support vendors in providing the necessary information to DDS.



Medication refusal?

- Medication refusals are not reportable, as long as it is clear that it was a client refusal.
- Any client over 14 years old can refuse medication.
- Client may indicate refusal through:
 - Verbal/physical refusal to take medication.
 - Spitting medication out.
 - Refusing to wake up to take medication.
 - Refusing to “come home” to take medication.
 - Other refusal behavior.
- Be sure to note how client indicated refusal in the SIR narrative.

DDS is looking closer at SIRs and wanting more information than before

- DDS had an audit of Special Incidents performed by the Office of the Inspector General (OIG) and Department of Health Services (DHS) Federal offices.
- Findings were not good. DDS is working on a plan of correction with the Federal Government.
- To correct issues DDS/RCs and vendors are being monitored more closely:
 - ✓ What is reported—State looking at a “universal SIR”
 - ✓ The timeliness of reporting—New Timelines screen in Sandis

What Can You Do?

Train

Train Your Staff!

Take

Take advantage of available resources.

Report

Report to the Regional Center- ask questions if you are not sure about something. Service Coordinators, Resource Managers and the SIR Coordinator are all here to support you!

Online Resources from DDS

DDS Risk Management SIR Training Videos for Vendors and their Staff:

- Overview of SIR Reporting-
Vendor/Provider
- Under Vendor Care- Vendor/Provider
- Reasonable Suspected Abuse-
Vendor/Provider
- Reasonably Suspected Neglect-
Vendor/Provider
- Unplanned Psychiatric Hospitalizations

<https://www.dds.ca.gov/transparency/risk-management-mitigation/>

The background features a repeating pattern of question marks in teal and light blue colors, set against a light pinkish-grey background. A central white rectangular box with a thin green border contains the text. Two dark brown horizontal bars are positioned on either side of the box, partially overlapping it.

QUESTIONS?