FAQs ABOUT SPECIAL INCIDENT REPORTING (SIR)

This FAQ attempts to provide clear information, in plain language, about how vendors and regional centers report and the Department of Developmental Services (Department) monitors serious incidents that affect the health, safety, or rights of individuals with intellectual and developmental disabilities. For more detailed information, please visit DDS Risk Management website, including the Regional Center and Vendor Special Incident Reporting guidelines. Please refer any questions or concerns by email to ORM@dds.ca.gov.

Q1. What is a "Special Incident Report (SIR)" under the new regulations?
A1. Special Incident Reports (SIRs) are filed by vendors or long-term health care facilities to inform the regional center and the California Department of Developmental Services (Department) of events that occur to individuals served by the Department. SIRs are key components of risk management and mitigation for individuals receiving services.

Q2. What events must be reported?
A2. Title 17 regulations, Section 54327 of the California Code of Regulations lists the events that must be reported. Some events must be reported regardless of when or where they occur. These are referred to as "universal reporting requirements."

Other events are only reported *if* they occurred while the individual served was receiving (or was supposed to be receiving) services or supports from a regional center vendor or long-term health care facility at the time of the incident. This is known as incidents occurring "while under vendored care."

A regional center may require vendors and long-term health care facilities to report additional events beyond those required by Title 17. These are often referred to as "not reportable" because they are not included in Title 17. Please check with the regional center to see if there are additional events that must be reported beyond those required by Title 17 and discussed in this document.

Q3. What events must always be reported?
A3. All vendors, long-term health care facilities, and regional centers must report the

following special incidents regardless of when or where they occur:

- the death of an individual served;
- when an individual served is the victim of a crime; and
- when an incident of suspected abuse or neglect is reported to Adult Protective Services (APS), Child Protective Services (CPS), the Long-Term Care Ombudsman, or law enforcement pursuant to mandated abuse reporting laws. See the Elder Abuse and Dependent Adult Civil Protection Act and the Child Abuse and Neglect Reporting Act.

Q4. What events must be reported only if the individual is receiving services and supports at the time of the incident ("under vendored care")?

A4. The following special incidents must also be reported but *only* if the individual was receiving (or was supposed to be receiving) services or supports from a regional center vendor or long-term health care facility at the time:

- any incident of reasonably suspected abuse or exploitation,
- any incident of reasonably suspected neglect,
- any serious injury or accident,
- unplanned or unscheduled medical hospitalization for certain conditions,
- unplanned or unscheduled involuntary psychiatric hospitalization,
- any stay in a hospital emergency room lasting five days or longer, and
- when an individual served is missing and a missing person's report has been filed with law enforcement.

Q5. What qualifies as "under vendored care" for special incident reporting?

A5. "Under vendored care" means the incident occurred while the vendor or long-term health care facility was either providing services or supports or was responsible for providing services or supports to the individual served.

The following situations qualify as under vendored care:

- A vendor was providing services and supports to the individual at the time of the incident; or
- A vendor was designated in the Individualized Program Plan (IPP) to be responsible for providing services and supports to the individual at the time of the incident; or
- A vendor was responsible for providing services and supports to the individual 24 hours per day, 7 days per week according to the individual's IPP; or
- A vendor was responsible for providing services and supports to the individual 24 hours per day, 7 days per week under provisions of the California Code of Regulations.

Q6. When is an individual always considered to be under vendored care?

A6. When a vendor is responsible for providing care 24 hours per day, 7 days per week. Being responsible for 24/7 care means an individual served is always under vendored care.

Vendors with 24/7 responsibility must report ***all*** incidents listed in Title 17 regulations

that the individual experiences, even if vendored staff were not present at the time of the incident. For example, any reportable incident occurring to an individual served by Supported Living Services (SLS) that the SLS provider learns about, must be reported, even if the incident occurred at a time when SLS staff were not responsible for providing services or supports. Similarly, a Family Home Agency (FHA) provider must report to the regional center reportable incidents that they learn about, even those that occur when the individual is outside of the home agency's responsibility, such as on a visit with family.

Q7. What vendors provide 24/7 care?
A7. Vendors with 24/7 responsibility include residential service providers, long-term health care facilities, SLS, FHA, and Financial Management Service (FMS) providers. These providers are required to report all incidents identified in the Title 17 regulations of which they become aware, including incidents experienced by the individual even if vendor staff were not present at the time of the incident.

Q8. Who is exempt or excused from these reporting requirements?
A8. Parent vendors and individuals served who are vendored are NOT subject to these reporting requirements or required to report special incidents.

Participant directed service providers not vendored by a regional center are also not subject to these reporting requirements. However, FMS providers who are vendored by a regional center are required to report special incidents upon learning of an event.

Q9. Who is responsible for reporting SIRs?
A9. Vendors and long-term health care facilities must report special incidents that they know happened (or believe happened), even if the reporting vendor or long-term health care facility was not responsible for the individual's care or supervision at the time the incident occurred.

Upon learning of the event, regional centers must complete an SIR and submit it to the Department, even if the incident has not yet been reported to them by a vendor or long-term health care facility.

Q10. When a vendor works with two or more regional centers to provide services and supports, which regional center is responsible for submitting the SIR to the Department and conducting follow-up?
A10. The regional center with case management for the individual involved in the SIR is responsible for submitting the SIR to the Department and all following up. Remember, when the regional center with case management responsibility is not the vendoring regional center, the vendor or long-term health care facility must submit the SIR to both the regional center having case management responsibility and the vendoring regional center.

Q11. Are long-term health care facilities required to report SIRs?

A11. Yes. Even though long-term health care facilities may not be vendored or paid by a regional center, Title 17 regulations expressly require long-term health care facilities to report special incidents. This includes Community Based Adult Services (CBAS), Congregate Living Health Facilities (CLHF), Skilled Nursing Facilities (SNF), Intermediate Care Facilities (ICF), ICF Developmentally Disabled (ICF/DD), ICF Developmentally Disabled-Habilitative (ICF/DD-H), and ICF Developmentally Disabled-Nursing (ICF/DD-N).

Q12. How to report an SIR?
A12. For vendors and long-term health care facilities, SIRs are submitted to the regional center having case management responsibility for the individual served.

When the regional center with case management responsibility is not the regional center with the vendor agreement (i.e. the "vendoring regional center"), the vendor or long-term health care facility must submit the SIR to both the regional center having case management responsibility ***and*** the vendoring regional.

Regional centers submit SIRs to the Department.

Q13. When should SIRs be reported?
A13. Vendors and long-term health care facilities must submit an SIR to the regional center as soon as they learn of the incident, but no later than 24 hours after learning of the incident. They must also send a written report to the regional center within 48 hours.

Regional centers are required to report the SIR to the Department within two working days of learning of an incident.

Q14. What must be included by the vendor or long-term health care facility in an SIR?
A14. The report must include:

- The name and date of birth of the individual served for whom the SIR is submitted;
- The vendor or long-term health care facility's name, address, and telephone number;
- The date, time, and location of the special incident;
- The name(s) of any other individual(s) served who were involved in the special incident;
- A description of the incident;
- A description (e.g., age, height, weight, occupation, relationship to individual served) of the alleged perpetrator(s) of the special incident, if applicable;
- The treatment provided to the individual(s) served as a result of the special incident, if any;
- The name(s) and address(es) of any witness(es) to the special incident;
- The action(s) taken by the vendor, the individual or any other agency(ies) or individual(s) in response to the special incident;

- The law enforcement, licensing, protective services and/or other agencies or individuals notified of the special incident or involved in the special incident; and
- The family member(s), if applicable, and/or the individual's authorized representative, if applicable, who have been contacted and informed of the special incident.

The regional center may require additional information that is necessary to explain or describe the incident.

Q15. Does a vendor or long-term health care facility only have to report an incident that happens at their location or while they were responsible for providing services or supports?
A15. No. Incidents that occur (or likely occurred) while under vendor care by any vendor must be reported, even if it happened while the individual was receiving services and supports from another vendor. For example, an employment services provider must report when a required medication was not given by another vendor before the individual arrived at the job site.

And remember, some incidents must always be reported no matter where they occur - even if the person was not receiving services at the time. Those incidents are death, being the victim of a crime, and any incident of suspected abuse neglect, or exploitation reported under mandated abuse reporting laws.

Q16. What should a regional center do if they learn of an incident not yet reported by a vendor or long-term health care facility?
A16. File an initial SIR. When a regional center has knowledge of a special incident that has not yet been reported, the regional center must prepare the initial SIR and send it to the Department within two working days of learning of the event.

The initial report from the regional center must include the following additional information, if applicable:
- The name and telephone number of the regional center contact person regarding the special incident;
- The Unique Consumer Identifier (UCI) of the individual served;
- Date the special incident was reported to the regional center;
- The name of the person preparing the report and the date the report was prepared;
- The type of special incident as listed in Title 17 regulations;
- Any medical care or treatment required as a result of the special incident;
- Relationship with the alleged perpetrator to the individual served;
- Identification of any persons or entities notified about the special incident and the date they were notified;
- If the special incident was a death, indicate if the death was disease

related, non-disease related, or unknown;
- Description of any actions/outcomes in response to the special incident taken by any of the following:
    - Regional center(s);
    - Vendor(s);
    - Licensing (Department of Public Health's Licensing division, Department of Community Care Licensing);
    - APS, CPS, Long-Term Care Ombudsman and/or law enforcement
    - Coroner; and
- Any additional information that the regional center determines is necessary to explain or describe the incident.

Q17. Does this regulation override other reporting requirements (such as Elder Abuse and Dependent Adult Civil Protection and the Child Abuse and Neglect Reporting Acts)?

A17. No. The submission of an SIR for an incident of suspected abuse, neglect, or exploitation **does not** satisfy or change any reporting obligations under the Elder and Dependent Adult Civil Protection Act or the Child Abuse and Neglect Reporting Act. A mandated report of suspected abuse or neglect to APS, CPS, the Long-Term Care Ombudsman, or law enforcement may also be required.

Q18. Does every SIR for suspected abuse or neglect require a report under mandated abuse reporting laws?

A18. Not necessarily. Title 17 regulations list special incidents that the Department requires vendors, long-term health care facilities and regional centers report. This list includes special incident types that may not meet criteria for reporting reasonably suspected abuse or neglect under mandated abuse reporting laws. Vendors, long-term health care facilities, and regional centers must separately consider if a special incident triggers their mandated abuse reporting obligations under these abuse reporting acts.

For example, Title 17 regulations require the reporting of certain restraint practices, such as when the restraint technique used is inconsistent with an individual's IPP. This is not specifically listed as reportable abuse or neglect in the Elder Abuse and Dependent Adult Civil Protection. However, the circumstances of the incident may include details or facts that meet the threshold of reasonably suspected abuse in the Elder Abuse and Dependent Adult Civil Protection. If it does meet the threshold, then the incident should also be separately reported to appropriate abuse response agency.

Similarly, Title 17 regulations require the reporting of two or more falls in a thirty-day period if the repeated falls meet the standard of reasonably suspected neglect (or abuse). Additionally, under the mandated abuse reporting acts, reasonably suspected neglect (or abuse) may also need to be reported separately to the appropriate abuse response agency. Two or more falls within 30 days are not among

those incidents explicitly listed in the mandated reporting acts but may fall within a reportable category (e.g. neglect).

This FAQ only addresses vendor, long-term health care facility, and regional center reporting of SIRs under Title 17 regulations. It does not provide guidance or instruction pertaining to other reporting requirements, including those under mandated abuse or neglect reporting laws.

Q19. If an individual refuses preventative care (e.g., medical appointments, medications), is this considered neglect or a reportable SIR?
A19. Not necessarily. Refusal of care is not considered neglect by itself and is not automatically reportable. This includes refusals such as but not limited to:

- Medical or dental appointments
- Medications
- Routine screenings or follow-ups
- Recommended treatments or therapies
- Mental health services
- Basic health-related supports (e.g., hygiene-related care, hydration orders, or fall prevention plans)

However, it should be evaluated for risk. If there is a pattern of refusal that results in the individual not meeting their health or safety needs to the degree of self-care that a reasonable person in a like position would exercise (self-neglect), or if it leads to serious harm, medical decline, and a mandated report to a protective agency is filed, an SIR will need to be filed. Additionally, refusal of medications by individuals served above the age of 14 should not necessarily be reported as medication errors. Preventative action plans for risk mitigation should be evaluated in these situations.

Q20. What is the required timeline for submitting an SIR?
A20. Vendors and long-term health care facilities are required to report special incidents to the vendoring regional center within 24 hours of learning about the incident and to file a written report within 48 hours. Regional centers are required to report special incidents to the Department within 2 working days.

Q21. Are individuals served and families responsible for filing SIRs?
A21. No. Parent vendors and individuals served who are vendored are not required to comply with these reporting requirements. However, families and individuals served are encouraged to report concerns to their regional center as soon as possible.

Q22. Are individuals and families receiving services under Self-Determination required to report SIRs?
A22. Individuals and families receiving services under the Self-Determination Program are not required to report SIRs. They are encouraged to notify their regional center service coordinator about any incidents that occur so that appropriate planning for services and supports can be coordinated.

Under Title 17 regulations, parent vendors and individuals vendored to provide services to themselves are specifically exempt from this obligation. The responsibility for reporting SIRs lies with vendors, long-term health care facilities, and FMS providers, who must report any incidents they become aware of. Regional centers also have reporting duties, including when vendors fail to report or for universal incidents such as deaths, abuse, or neglect.

Q23. Are Financial Management Service vendors required to file SIRs?
A23. Yes. Financial Management Service (FMS) vendors are required to report special incidents that they learn of. However, participant directed service providers who are not vendored by a regional center are not subject to these reporting requirements.

Q24. What if there is uncertainty about whether something should be reported?
A24. The general rule is when in doubt, report it. Regional centers will help determine if something is reportable and clarify any details as needed.

Q25. When does the death of a person served need to be reported?
A25. Always and as soon as one learns of the death. The death of an individual served must be reported no matter where the death occurs, even if the person was not receiving services or supports at the time.

Q26. Is special incident reporting the same as calling law enforcement or Adult Protective Services?
A26. No. Special incident reporting is separate from mandatory abuse or neglect reporting to law enforcement or protective agencies.

Q27. What is restraint and when is it reportable?
A27. Restraint involves restricting a person's free movement, usually because their behavior poses an imminent risk of harm. There are three general categories of restraint: physical (i.e. manual holds), mechanical (i.e. use of a device) or chemical (i.e. use of a medication). All restraint carries risks, and its use is strictly regulated and monitored to protect individuals from harm.

Not all restraint is reportable as a special incident.

Restraint use must be reported as a special incident under the following circumstances:

- the restraint used is inconsistent with a program's approved program plan, restraint training curriculum, or restraint policy; or
- the restraint is used in response to behavior of the individual that does *not* pose an imminent risk of harm; or
- the restraint is part of an individual's plan and the restraint used is not an approved intervention in that plan; or
- the chemical or mechanical restraint use that is inconsistent with a physician's order.

This use of restraint is considered reasonably suspected abuse and should be reported as such.

Q28. What is seclusion and why is it reportable?
A28. Seclusion is involuntarily confining an individual alone in a room or an area from which the individual is physically prevented from leaving. Seclusion is prohibited for any individual with a developmental disability. Therefore, the use of seclusion is a form of abuse and shall be reported as reasonably suspected abuse.

Q29. Is seclusion the same as time out?
A29. No, seclusion is not the same as time out. Time out is a behavior management technique that involves a brief break or suspension in an individual's activity to allow them to calm or refocus and regain self-control. Time out is usually part of an individual's IPP or program plan. Time out is distinguished from seclusion because it is generally voluntary and without force. With timeout, an individual is not physically prevented from leaving their time out space but may face consequences if they leave the area.

Time out is not consistently defined and there are settings with specific regulations for governing its use. If a vendor or long-term health care facility is unsure if the incident is seclusion or time out, it should be reported. The regional center can correct or withdraw the initial report if it is later confirmed that the incident was not reportable.

Q30. Do two or more falls within 30 days require a report to protective agencies under mandated reporter laws?
A30. Not necessarily. Title 17 regulations require the reporting of two or more falls in a thirty-day period if the repeated falls meet the standard of reasonably suspected neglect (or abuse).

Two or more falls within 30 days are not among those incidents explicitly listed in the mandated reporting acts but may fall within a reportable category (e.g. neglect). Additionally, if there is a pattern of refusal that results in the individual not meeting their health or safety needs to the degree of self-care that a reasonable person in a like position would exercise (self-neglect), or if it leads to serious harm, medical decline, and a mandated report to a protective agency is filed, an SIR will need to be filed. Vendors and regional centers are directed to the Elder Abuse and Dependent Adult Civil Protection Act (Welfare and Institutions Code Section 15600 *et seq.*) and the Child Abuse and Neglect Reporting Act (Penal Code Section 11164 *et seq.*) to determine any additional reporting obligation.

Q31. What if an individual served is suspected of committing a crime? Is an SIR required by regulation?
A31. No. Title 17 regulations require an SIR must be filed in the event an individual served is a victim of a crime. They do not require reporting of events when an individual served is the perpetrator of, involved in, or arrested for a crime. In the event

an individual served is arrested or detained by law enforcement, vendors should refer to any specific regional center procedures for SIR reporting and follow up to best support the individual served.

Q32. When is a person considered "missing?"
A32. An SIR is required when an individual served is missing *and* a missing person's report has been filed (or the individual is returned by a law enforcement agency).

Whether an individual is considered "missing" depends on their level of supervision specified in their IPP. If the individual's IPP allows for periods in the community without vendor staff supervision and their absence is consistent with that IPP, then the individual is not considered missing. This is permissible independence in the community. However, if the individual's absence is inconsistent with the level of supervision allowable in their IPP, then the individual is considered "missing."

For example, if an individual's IPP requires that the individual only go into the community when accompanied by vendor staff and the individual leaves their home without staff present, they are missing. However, if an individual's IPP specifies that the individual may walk, unaccompanied, to the local coffee shop and the individual goes to the coffee shop without staff, the individual is not considered missing, even if staff did not know that they had left for the coffee shop. Alternatively, if an individual's IPP specifies that the individual may walk, unaccompanied, to the local coffee shop but instead went to the corner store (not the coffee shop), they would be considered missing.

Q33. How is internal bleeding different from bruising?
A33. Internal bleeding is hemorrhage or bleeding from an internal organ or site. It does not include bruising, contusions, or hematomas.

Q34. Do nose bleeds count as internal bleeding?
A34. No. Internal bleeding is from an internal organ or site. Nose bleeds are generally not considered internal bleeding. However, if the nosebleed is associated with a serious injury, abuse or accident, it is reportable.

Q35. What information can be used to determine if an unplanned hospitalization is for one of the reportable conditions?
A35. Reporting of an unplanned or unscheduled medical hospitalization is based upon the individual's condition. Any time a vendor, long-term health care facility or regional center learns that the unplanned or unscheduled hospitalization is related to a reportable condition, an SIR must be completed. This includes information a vendor or regional center learns about the individual's condition on admission to the hospital. A final discharge diagnosis or confirming medical documentation is not required.

Q36. Where can I get more detailed guidance about reporting?
A36. The Department has posted reporting guidelines for vendors and for regional centers to provide guidance. These guidelines are reference materials offered to

vendors and regional centers to harmonize reporting practices by vendors, long-term health care facilities, and regional centers.

You can access these best practice guidelines for vendors and long-term health care facilities at: DDS Vendor Guidelines for Reporting Special Incidents 2025

You can access the best practice guidelines for regional centers:
DDS Regional Center Guidelines for Reporting Special Incidents 2025