

How to Submit an Incident Report

The following steps will help you navigate through RCC TRAILS to submit an incident report.

1. From the RCC TRAILS homepage (<https://rcctrails.dhs.ga.gov>), insert your user name and password. Click on Log In.

The image shows two parts of the RCC TRAILS interface. On the left, under the heading "Welcome to Residential Child Care Licensing", there are four buttons: "Submit Application" (dark teal), "Submit POA for the Care of Child Report" (light teal), "File a Complaint" (light green), and "Find a Facility" (orange). On the right, under the heading "Residential Child Care Licensing Login", there is a login form. It includes a "User Name:" label and an input field with a red asterisk below it, a "Password:" label and an input field with a red asterisk below it, a "Log In" button, and a "Forgot Password" link. Green arrows point from the "Submit Application" button to the "User Name" field, from the "Submit POA for the Care of Child Report" button to the "Password" field, and from the "Find a Facility" button to the "Log In" button.

2. The Facility Landing page is your homepage and the first page after logging into your account. Click **Report an Incident** for the associated facility/agency. If you have more than one facility, make sure to choose the location for which you are submitting an incident report.

The image shows the "Facility Landing" page. At the top right is a "Log Out" link. Below it is a navigation bar with "New Application", "My Facilities", "Waivers", and "Incident Reporting". The main content area is titled "Facility Landing" and contains a table with columns for FACID, Facility, Address, City, County, and Zip. Each column has a dropdown menu. The first row of data shows: FACID: CC11036, Facility: TEST, Address: 1209 cypress point apartment, City: ALPHARETTA, County: FULTON, Zip: 30005. To the right of the table is a "Report an Incident" button with a green arrow pointing to it. There is also a "Refresh" button and a small icon in the top right corner of the table area.

3. The **Create an Incident Report** page will populate. Complete **all** the requested information by clicking on the down caret ▼. The * indicates a response is required. If you are a CPA with a satellite office, click the down caret ▼ to select the satellite office for which you are submitting an incident report. If a CPS referral was made to the county of occurrence or the CPS Hotline, click the calendar for the date of report and the clock to include the time the report was made.

Create Incident

Intake ID: _____ FACID: CCI11036

Facility's Licensed Name: TEST Facility Address: 1209 cypress point apartment, ALPHARETTA GA 30005 County: FULTON

Facility Email: Trailstesttrainer1@gmail.com Facility Phone: 1111111111

Was the Director notified of incident? ←

CPA Satellite Office: ←

CPS NOTIFICATION (REQUIRED FOR ALL PHYSICAL/ SEXUAL ABUSE AND NEGLECT ALLEGATIONS)

Was a CPS referral made to the county of occurrence or the CPS Hotline? ←

Date of Report: ←

Incident Information:

- Add the date and time of the incident using the calendar and clock. Place of occurrence, where did the incident take place? What was the Staff/FP to child ratio at the time of the incident? Example: Two staff member and six residents were at the facility when the incident happened. The staff to child ration would be 2:6 or 2/6 (either format is fine). See #5 below for **Reason for Report**.

Incident Information:

Date/Time Of Incident ←

Place of occurrence: ←

Staff/FP to Child ratio at Time of Incident: ←

REASON FOR REPORT (Check all that apply in the boxes below) ↓

- Click on the down caret ▼ to display the options for the reason for report. Check all the boxes that apply.

REASON FOR REPORT
(Check all that apply in the boxes below)

Physical Abuse Allegation

Serious Accident / Injury

Suicidal Actions

Emergency Safety Intervention(ESI)

Temporary Closure of a Living Unit

Sexual Abuse and/or Exploitation Allegation

Neglect

Law Enforcement

ESI with Injury Beyond First Aid

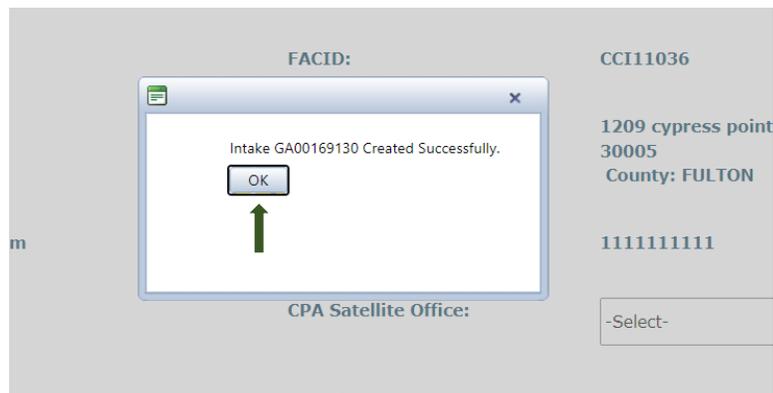
Unplanned Hospital or Urgent Care

CPS Involvement

6. To create the incident number, click **Create Incident Number**. *It's a good idea to write down the incident number for future use.* Clicking **Back to Search Results** will take you back to the Facility Landing page and you will lose all the details you input.



7. Once you create the incident number, a message will populate to show that the intake number has been created successfully. If you have not already done so, write down the intake number. Click OK.



8. What happened during the incident? Complete sections A and B in detail.

A) Precipitating Factors (Describe the events that preceded this incident that may have contributed to the incident):

B) What Occurred and Timeline (Describe what happened during the actual incident and the sequence of events):

9. Provide a summary for sections C and D. Was there a child injury? Was the injury from an ESI and requiring more than first aid? Click **Select** \vee to choose your responses. **Note:** Please be mindful that all sections should be filled out in detail, this includes the staff involvement section, which should not just list the staff involved but also the role the staff played in the incident and a timeline of what took place with staff involvement.

C) Staff/Foster Parent Involvement (Describe what actions staff/foster parent took during this event including any notifications made:

D) Child injury? ←

(If yes, include how the injury occurred, who may have caused the injury, the date medical attention was given and by whom, the diagnosis and the extent of the medical care.)

Was the injury from an ESI and requiring more than first aid: ←

10. Provide a summary of the steps your facility/agency has taken to prevent the incident from happening again.

SAFETY PLAN: STEPS TAKEN BY FACILITY TO PREVENT FUTURE INCIDENTS:

Immediate and long term safety plans that ensure the safety of all children in your care. If there is an alleged perpetrator then include a plan regarding that person's interactions with children in care. Additionally, a detailed investigative report which includes steps taken by the facility/agency to prevent similar incidents from occurring is to be completed within five working days. The investigative report will be kept with the incident report unless requested by RCCL.

11. Add Reporter information. Under **Reporter** tab, click Add **New Reporter**. **Edit Reporter** will populate. Complete **all** the requested information. Once the information is completed, click the blue checkmark to save. The red cancel icon will cancel the information and return to the previous page.

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Reporter	Child/Residents	Name Of Person(s) Alleged To Be Responsible For Injury/Maltreatment
+ Add New Reporter ←		
First Name	Last Name	E Mail
Cell Phone	Work Phone	

No records to display.

Edit Reporter ✕

Title *

First Name *

Last Name *

E Mail *

Cell Phone

Work Phone

→

12. If you need to edit the information you just entered, click the pencil to make the edits.

Reporter	Child/Residents	Name Of Person(s) Alleged To Be Responsible For Injury/Maltreatment			
+ Add New Reporter					
First Name	Last Name	E Mail	Cell Phone	Work Phone	
Angelique	Spruill-Nealy	angelique.spruill-nealy@dhs.ga.gov	1470513067		

13. To add a new child/resident, click the **Child/Resident** tab. Click **Add New Resident**. Edit Child/Resident will populate. Complete **all** the requested information. Click the blue checkmark to save the information.

Note: DOD is date of death, not date of discharge. Fill in date only if there was a child death.

↓

Reporter	Child/Residents	Name Of Person(s) Alleged To Be Responsible For Injury/Maltreatment									
+ Add New Resident											
First Name	Middle Name	Last Name	Admitted	DOB	Gender	County	Legal Guardian	Case Manager Name	Case Manager Phone	Probation Officer Name	Probation Officer Phone
No records to display.											

Edit Child/Resident

First Name * First Name is Required.

Middle Initial

Last Name *

DOB *

DOD * DOD is Date of Death, not Date of Discharge

Gender *-Select- *

Legal Guardian *-Select- *

County of Guardian *-Select-

Parent/Guardian notified? Select

Date Notified:

Date Of Admission

Case Manager Name

Case Manager Phone

Probation Officer Name

Probation Officer Phone

14. Add name of person(s) alleged to be responsible for injury/maltreatment. Click **Name of Person(s) Alleged to be Responsible for Injury/Maltreatment to add new perpetrator**. **Note:** Name of the person alleged to be responsible needs to be entered even if the findings prove otherwise. Remember this is stated “alleged”. Therefore, this person “allegedly” caused harm or neglect to the resident or child.

Reporter	Child/Residents	Name Of Person(s) Alleged To Be Responsible For Injury/Maltreatment
+ Add New Perpetrator		
First Name	Last Name	Perpetrator Type
No records to display.		
Does this person still have access to children in care and/or are there still foster children in this foster home? <input type="button" value="Select"/> Was this plan approved by the custody holder? <input type="button" value="Select"/>		
If yes, add the approved plan to the Safety Plan section.		
<div style="border: 1px solid gray; height: 40px;"></div>		

15. Enter the perpetrator's first and last names. Click the down caret ▼ for the correct Perpetrator Type. Click the blue checkmark to save the information. The perpetrator's name will populate once saved. Click **Select** to complete both questions. Provide details of the approved plan in the Safety Plan section.

Reporter	Child/Residents	Name Of Person(s) Alleged To Be Responsible For Injury/Maltreatment
+ Add New Perpetrator		
First Name	Last Name	Perpetrator Type
First Name	Last Name	Staff / Foster Parent
No records to display.		
Does this person still have access to children in care and/or are there still foster children in this foster home? <input type="button" value="Select"/> Was this plan approved by the custody holder? <input type="button" value="Select"/>		
If yes, add the approved plan to the Safety Plan section.		
<div style="border: 1px solid gray; height: 40px;"></div>		

16. Add Responsible Adult. Click on **Add New Adult Responsible for child during incident.**

+ Add New Adult Responsible for child during incident		
First Name	Middle Name	Last Name
No records to display.		

17. **Edit Adults Responsible for child during Incident** will populate. Complete all requested information. Click the blue check mark when done to save.

18. “Does this incident involve a foster/adoptive home?” Click **Select** to answer yes or no. If yes, click **Find** to locate the foster/adoptive parent(s) information.

Note: You can only search foster/adoptive parents within your agency.

Does this incident involve a foster/adoptive home?

Parent 1	Parent 2	Address	City	State
No records to display.				

19. After clicking **Find** the Foster Parents (this includes Adoptive Parents) window will populate. **Always complete a search for existing foster parents** before adding new foster parent(s) by adding the foster parent’s first and last name in the Foster Parent 1 box. This will avoid adding duplicate foster parents in the system. If there is a 2nd Foster parent in the home you can add them to Foster Parent 2 box. Click enter. If the foster parent(s) information populates that means they are already in the system. Click **Select**.

Note: There may be foster parents with the same name, but different addresses or phone numbers. Choose the foster parent whose information matches what you currently have on file.

20. Add New Foster/Adoptive Parent. If you cannot find a foster parent in the system, click **Add New Foster Parent**.
Reminder: Add new foster/adoptive parent(s) only after you've done a search to see if the foster/adoptive parent is already in the system.

	Foster Parent 1	Foster Parent 2	Address	City	State	Zip	Cell Phone	Home Phone	Best Time To Reach
Select	TESTFOSTER	TEST	PEACHTREE	ATLANTA	GA	30328	7787888888	8585858585	MORNING
Select	TESTFOSTER		PEACHTREE	ATLANTA	GA	30328	2323232323	2323232323	MORNING
Select	TESTFOSTER		PEACHTREE	ATLANTA	GA	30328	6767678989	8898989898	MORNING
Select	TESTFOSTER		PEACHTREE	ATLANTA	GA	30005	5567678787	2323232323	AFTERNOON
Select	TESTFOSTER		2 PEACHTREE	ATLANTA	GA	30005	5454545445	5454545454	ANYTIME
Select	TESTFOSTER		PEACHTREE	ATLANTA	GA	30005	4747474747	4747474747	MORNING
Select	JANE DOE		2 PEACHTREE STREET, NW	ATLANTA	GA	30303	4706532306		EVENINGS
Select	WEDNESDAY	TESTER	2 PEACHTREE STREET	ATLANTA	GA	30303	1234567890		MORNING

21. When adding a new foster/adoptive parent, the **Edit Foster Parent/Adoptive Parent** window will populate. Complete **all** information. Click the blue checkmark to save.

Parent 1

Parent 2

Address

City

State

Zip

Cell Phone

Home Phone

Best Time To Reach

22. Emergency Safety Intervention (ESI) Reports. If ESI was used during the incident, click **Add New ESI**.

EMERGENCY SAFETY INTERVENTION (ESI) REPORTS

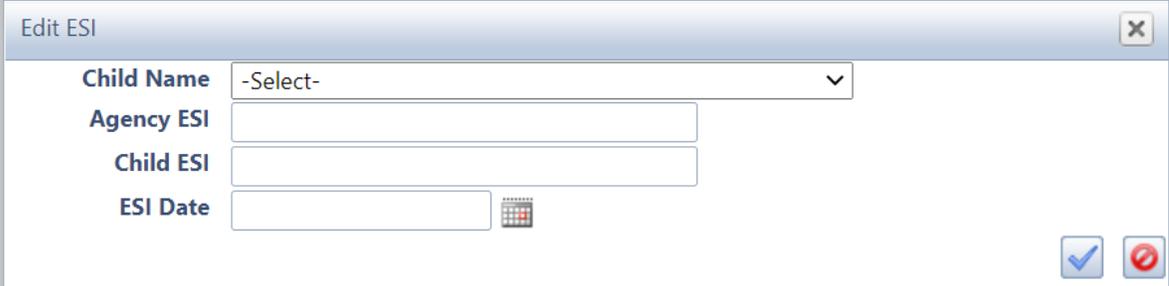
(Use this format to document each ESI for your agency and the specific child. If this is the first report regarding this child then please complete the identifying information on page one.)

Example: This is the agency's # ESI and the # for (child's name) for the month of X (calendar month), MM/DD/YYYY (date of ESI).

+ Add New ESI

Child Name	Agency ESI	Child ESI	ESI Date
No records to display.			

23. The **Edit ESI** window populates. Click **Select** to select the child's name (which will populate since you entered the child's name in step 13). Complete the information according to the instructions & example from the picture in step 22 above. Click the blue checkmark to save.



The screenshot shows a window titled "Edit ESI" with a close button (X) in the top right corner. The window contains the following fields:

- Child Name:** A dropdown menu currently showing "-Select-".
- Agency ESI:** An empty text input field.
- Child ESI:** An empty text input field.
- ESI Date:** An empty text input field with a calendar icon to its right.

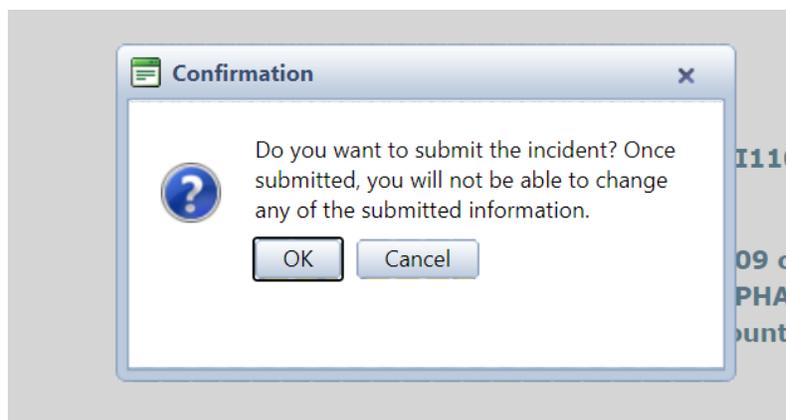
At the bottom right of the window, there are two buttons: a blue checkmark icon and a red "X" icon.

24. To save the information and come back later to complete, click **Save**. To submit the report immediately to RCCL, click **Submit to RCC**. To return to search results, click **Back to Search Results**.

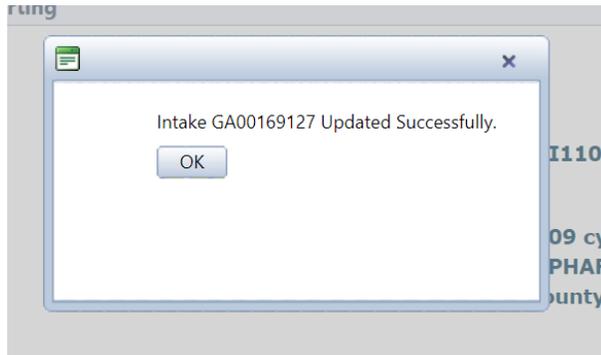
Note: If you click **Back to Search Results** before saving the report, you will lose all information you input.



25. After clicking **Submit to RCC**, a confirmation window will populate. Click **OK** if you are ready to submit the report to RCCL. Click **Cancel** to return to the report.



26. After clicking **OK**, the report will be submitted to RCCL and a confirmation box will populate to let you know the intake was updated successfully.



System References

The Icons and Controls below will help you to navigate through RCC TRAILS:

	ADD NEW RECORD	Opens a page or form to add a new record
	CANCEL	Abandons any inputs or edit to page or form
	DELETE	Deletes the associated entry or record
	DOWNLOAD FILE	Download a file to the local machine
	EDIT	Opens the EDIT mode of a page or form
	REFRESH	Reloads the active page
	SAVE	Saves the input or new record
	FILTER	Allows a data field to be drilled down to specific criteria, such as a Name or Date
	DATE PICKER	Allows a specific date to be selected
	MICROSOFT EXCEL EXPORT	Exports view of report to MS Excel file
	ADOBE EXPORT	Exports view or report to a PDF
	HISTORY	When clicked displays the history for associated data field

Contact Information

If there are any questions or technical problems, please forward
to rcc@dhs.ga.gov .

For technical problems, be sure to include a screenshot of the
problem you are having on RCC TRAILS.