

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.

Welcome to Residential Child Care Licensing

Submit Application	Submit POA for the Care of Child Report
File a Complaint	Find a Facility

Residential Child Care Licensing Login

User Name:

*

Password:

*

[Forgot Password](#)


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.

[New Application](#) | [My Facilities](#) | [Waivers](#) | [Incident Reporting](#) [Log Out](#)

Facility Landing



FACID	Facility	Address	City	County	Zip	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CC11036	TEST	1209 cypress point apartment	ALPHARETTA	FULTON	30005	<input type="button" value="Report an Incident"/>

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.

New Application	My Facilities	Waivers	Incident Reporting
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?	Select ▼	CPA Satellite Office:	-Select- ▼
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?	Select ▼	Date of Report:	<input type="text"/>  
Incident Information:			

4. 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:

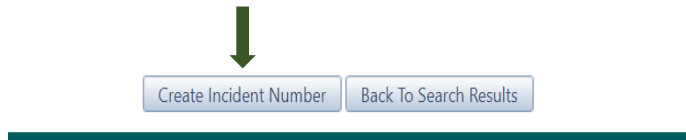
Date/Time Of Incident	<input type="text"/>  	Place of occurrence:	<input type="text"/>
Staff/FP to Child ratio at Time of Incident:	<input type="text"/>		
REASON FOR REPORT (Check all that apply in the boxes below)	<input type="button" value="▼"/>		

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

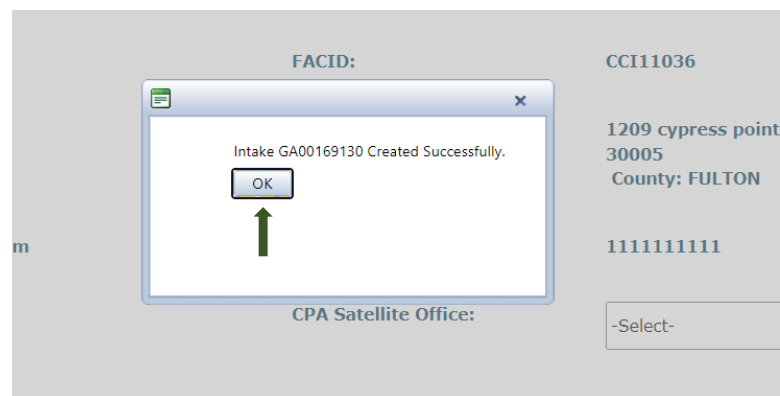
REASON FOR REPORT (Check all that apply in the boxes below)

- ☐ 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** ~ 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.

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



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

-

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.

</

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? Select ▾ Was this plan approved by the custody holder? Select ▾ If yes, add the approved plan to the Safety Plan section.		

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.

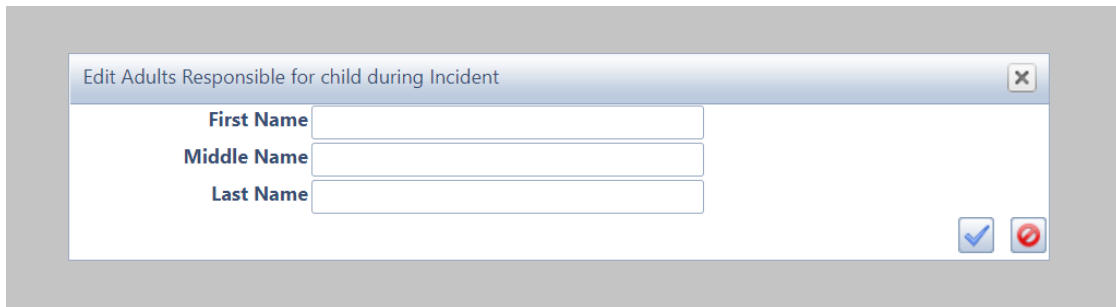
Reporter	Child/Residents	Name Of Person(s) Alleged To Be Responsible For Injury/Maltreatment
+ Add New Perpetrator		
First Name	Last Name	Perpetrator Type
First Name	Last Name	Staff / Foster Parent ▾
		<input checked="" type="checkbox"/> <input type="checkbox"/>
No records to display.		
Does this person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

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.

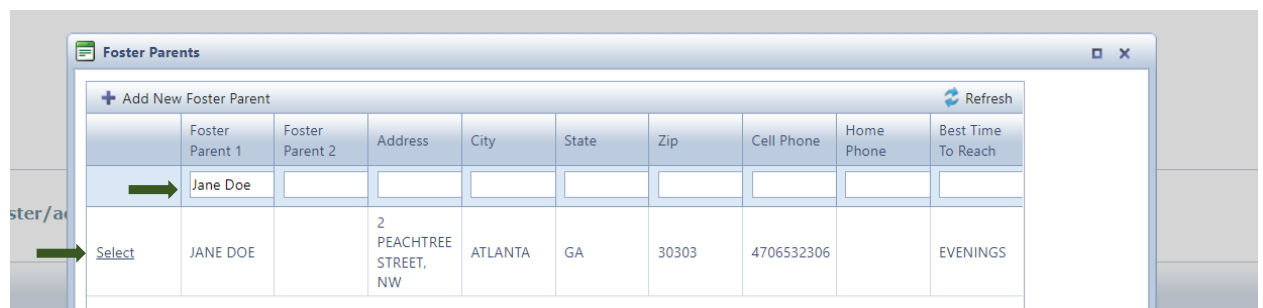
Does this incident involve a foster/adoptive home? Select ▼ 

Find 

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	ATLATAN	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.

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

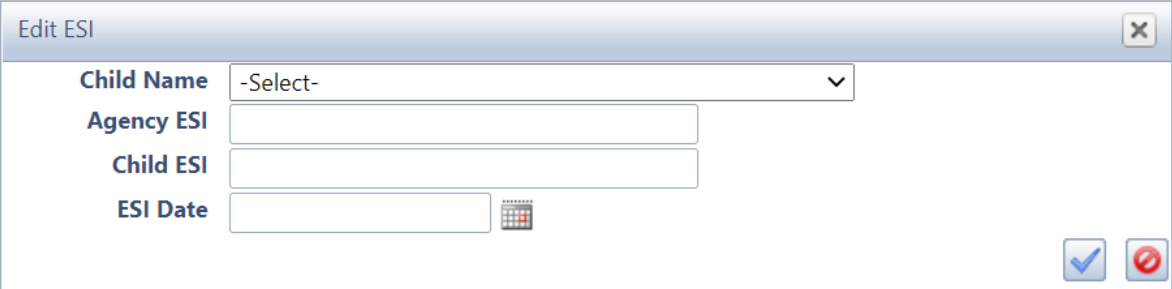
EMERGENCY SAFETY INTERVENTION (ESI) REPORTS

(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).

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.

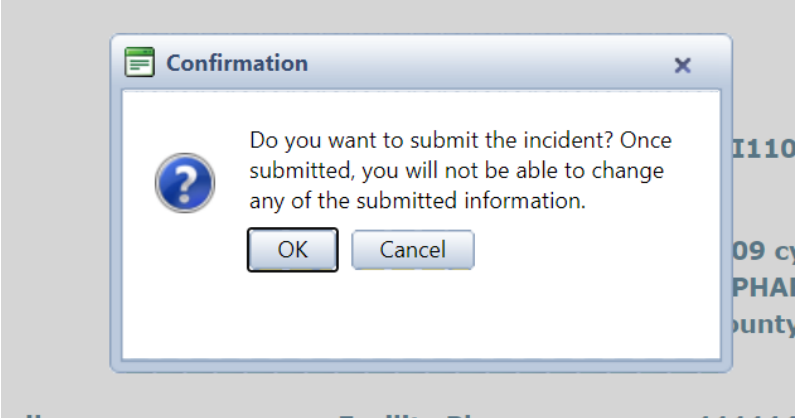


24. To save the information and come back later to complete, click **Save**. To submit the report immediately to RCCL, click **Submit to RCC**. To return to search results, click **Back to Search Results**.

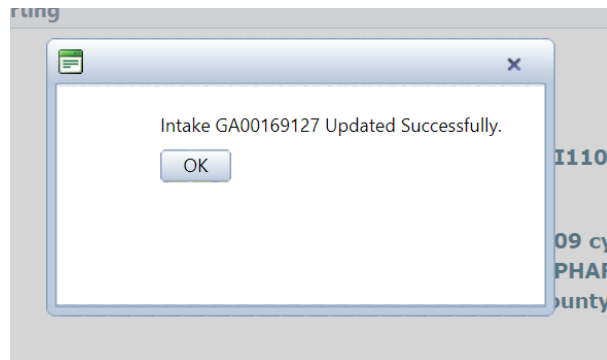
Note: If you click **Back to Search Results** before saving the report, you will lose all information you input.



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.