



Georgia Department  
of Human Services

## DEPARTMENT OF HUMAN SERVICES RESIDENTIAL CHILD CARE LICENSING

### INCIDENT INTAKE INFORMATION FORM

This form is to be filled out completely and submitted via email to [RCCReports@dhs.ga.gov](mailto:RCCReports@dhs.ga.gov) Hand written and phone reports are not accepted.

Facility ID #: CCI00\_\_\_\_ CPA00\_\_\_\_ CPFC00\_\_\_\_ OCCP00\_\_\_\_ OTP00\_\_\_\_ MH00\_\_\_\_ CTCC00\_\_\_\_ Date: \_\_\_\_\_

Facility's Licensed Name: \_\_\_\_\_ CPA Satellite Office: \_\_\_\_\_

Facility's Full Site Address: \_\_\_\_\_ County: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_ Was the Director notified of incident? Yes \_\_\_ No \_\_\_

#### **REPORTER**

Full Name (First & Last): \_\_\_\_\_ Position/Title: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

<input type="checkbox"/> Physical Abuse Allegation	<input type="checkbox"/> Serious Accident/Injury	<input type="checkbox"/> Suicidal Actions	<input type="checkbox"/> Emergency Safety Intervention (ESI) (List on page three)	<input type="checkbox"/> Temporary Closure of a Living Unit
<input type="checkbox"/> Sexual Abuse and/or Exploitation Allegation	<input type="checkbox"/> Neglect	<input type="checkbox"/> Law Enforcement	<input type="checkbox"/> ESI with Injury Beyond First Aid (Full report required as well)	<input type="checkbox"/> Unplanned Hospital or Urgent Care
<input type="checkbox"/> CPS Involvement (Describe): _____			<input type="checkbox"/> Other Serious Occurrence (Describe): _____	

#### **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? Yes \_\_\_ No \_\_\_ Date of Report: \_\_\_\_\_

#### **CHILD/ RESIDENT** (List each child involved in this incident. Use page three for space for additional children's information if needed)

**#1:** Child's Full Name \_\_\_\_\_

Date of Admission \_\_\_\_\_ Date of Birth \_\_\_\_\_ Male \_\_\_ Female \_\_\_

DFCS County of Custody \_\_\_\_\_ Case Manager Name \_\_\_\_\_ Phone \_\_\_\_\_

DJJ County \_\_\_\_\_ Probation Officer Name \_\_\_\_\_ Phone \_\_\_\_\_

Parent/ Guardian notified: Yes \_\_\_ No \_\_\_ Date Notified: \_\_\_\_\_ Time Notified: \_\_\_\_\_

**#2:** Child's Full Name \_\_\_\_\_

Date of Admission \_\_\_\_\_ Date of Birth \_\_\_\_\_ Male \_\_\_ Female \_\_\_

DFCS County of Custody \_\_\_\_\_ Case Manager Name \_\_\_\_\_ Phone \_\_\_\_\_

DJJ County \_\_\_\_\_ Probation Officer Name \_\_\_\_\_ Phone \_\_\_\_\_

Parent/ Guardian notified: Yes \_\_\_ No \_\_\_ Date Notified: \_\_\_\_\_ Time Notified: \_\_\_\_\_

#### **FOSTER PARENT/ADOPTIVE PARENT WHERE CHILD WAS PLACED DURING THE INCIDENT** (Foster Care/Adoption Only)

Full Name of Foster Mother: \_\_\_\_\_ Full Name of Foster Father: \_\_\_\_\_

Full Address: \_\_\_\_\_ County: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Best Time to Reach: \_\_\_\_\_

#### **WITNESS**

Full Name: \_\_\_\_\_ Staff \_\_\_ Foster Parent \_\_\_ Child \_\_\_ Other: \_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Best Time to Reach: \_\_\_\_\_

## **INCIDENT**

Date of Incident: \_\_\_\_\_ Time of Occurrence: \_\_\_\_\_ Place of occurrence: \_\_\_\_\_

Staff/FP to Child ratio at Time of Incident: \_\_\_\_\_ Full names of adults responsible for children at the time of the incident: \_\_\_\_\_

\_\_\_\_\_

**WHAT HAPPENED DURING THE INCIDENT:** Include: A) Precipitating Factors: B) What occurred and the timeline; C) Staff/Foster Parent Involvement; D) Child Injury. If an ESI was part of this incident then add this information to the ESI list on page three. If this was an ESI with injury beyond first aid or a child has alleged maltreatment during the ESI then a full report is required. *(Use page three for additional space if needed.)*

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):

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

D) Child injury? Yes \_\_\_ No \_\_\_ (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: Yes \_\_\_ No \_\_\_

**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 RCC. *Use page three for additional space if needed.*

**NAME OF PERSON(S) ALLEGED TO BE RESPONSIBLE FOR INJURY/ MALTREATMENT:** (List all involved)

Full Name: \_\_\_\_\_ Staff/Foster Parent \_\_\_ Child \_\_\_ Other \_\_\_

Full Name: \_\_\_\_\_ Staff/Foster Parent \_\_\_ Child \_\_\_ Other \_\_\_

Does this person still have access to children in care and/or are there still foster children in this foster home? Yes \_\_\_ No \_\_\_

Was this plan approved by the custody holder? Yes \_\_\_ No \_\_\_ *If yes, add the approved plan to the Safety Plan section.*

**WHAT HAPPENED DURING THE INCIDENT: A-D** (Continuation from page two.)

**SAFETY PLAN** (Continuation from page two and/or additional space for children's information.)

**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*).

This is the agency's \_\_\_\_\_ ESI and the \_\_\_\_\_ for \_\_\_\_\_ for the month of \_\_\_\_\_, date: \_\_\_\_\_. This is the agency's \_\_\_\_\_ ESI and the \_\_\_\_\_ for \_\_\_\_\_ for the month of \_\_\_\_\_, date: \_\_\_\_\_. This is the agency's \_\_\_\_\_ ESI and the \_\_\_\_\_ for \_\_\_\_\_ for the month of \_\_\_\_\_, date: \_\_\_\_\_. This is the agency's \_\_\_\_\_ ESI and the \_\_\_\_\_ for \_\_\_\_\_ for the month of \_\_\_\_\_, date: \_\_\_\_\_. This is the agency's \_\_\_\_\_ ESI and the \_\_\_\_\_ for \_\_\_\_\_ for the month of \_\_\_\_\_, date: \_\_\_\_\_. This is the agency's \_\_\_\_\_ ESI and the \_\_\_\_\_ for \_\_\_\_\_ for the month of \_\_\_\_\_, date: \_\_\_\_\_. This is the agency's \_\_\_\_\_ ESI and the \_\_\_\_\_ for \_\_\_\_\_ for the month of \_\_\_\_\_, date: \_\_\_\_\_. This is the agency's \_\_\_\_\_ ESI and the \_\_\_\_\_ for \_\_\_\_\_ for the month of \_\_\_\_\_, date: \_\_\_\_\_. This is the agency's \_\_\_\_\_ ESI and the \_\_\_\_\_ for \_\_\_\_\_ for the month of \_\_\_\_\_, date: \_\_\_\_\_. This is the agency's \_\_\_\_\_ ESI and the \_\_\_\_\_ for \_\_\_\_\_ for the month of \_\_\_\_\_, date: \_\_\_\_\_.