




Georgia Department of Human Services  
Office of Inspector General

## RCC TRAILS

Residential Child Care's Tracking Residential  
Applications, Incidents & Licenses System

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*\*This session is being recorded. Please refrain from disclosing confidential information.*

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*stronger families*  
FOR A STRONGER GEORGIA



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## What is RCC TRAILS?

RCC TRAILS is a web-based application that is accessible to users internal and external to the Department of Human Services (DHS). It's a centralized database that provides access to users based on user roles and privileges.

### RCC TRAILS Website

<https://rcctrails.dhs.ga.gov>

***Please Note: There is no L after RCC (as in RCCL) in the web address.***



**Access to RCC TRAILS requires a web browser with a minimum of:**

- Google Chrome browsers:  
Google Chrome 34 and above
- Mozilla Firefox browsers: Mozilla  
Firefox 29 and above
- Microsoft Edge (previously  
Internet Explorer)



<https://rcctrails.dhs.ga.gov>



## RCC TRAILS Provider Training Modules

- Accessing Provider User Accounts
- How to Submit a Waiver/Variance Request
- How to Submit an Incident Report



<https://rcctrails.dhs.ga.gov>



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### Waivers/Variances and Incident Reports

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## True or False

RCCL may grant a **waiver or variance** of a requested rule upon a wavier or variance application being filed.

**True**



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## True or False

Waiver/variance applications **must** be approved by RCCL **prior** to the agency/facility implementing the rule(s).

**True**



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## True or False

Providers should include detailed documents with the waiver/variance application to support the waiver/variance request.

**True**  
(Ex: HSP/CWS)



## True or False

Providers only need to apply for a waiver/variance one time.

**False**

Waivers/variances expire exactly one year after approval, so providers **must renew** waivers/variance each year.



## True or False

It is recommended that providers submit the application to **renew** a waiver/variance the day the current waiver/variance on file expires.

### False

It is recommended that providers apply to **renew** the waiver/variance **at least two months prior to the expiration of the current waiver/variance.**



## True or False

Emergency waivers/variances are granted within three days of request.

### False

**By law**, waivers/variances must be posted on the SOS website for 15 days. **There are no emergency waivers.**



## Waiver/Variance Review

- RCCL may grant a **waiver or variance** of a requested rule upon a waiver or variance application being filed.
- Waivers/variances expire exactly one year after approval, so providers **must renew** waivers/variances each year.
- Waiver/variance applications **must** be approved by RCCL prior to the agency/facility implementing the rule(s).
- It is recommended that providers apply to **renew** the waiver/variance **at least two months prior to the expiration of the current waiver/variance**.
- Provide detailed documents to support the waiver/variance request (Ex: HSP/CWS-resume & copy of degree)
- **By law**, waivers/variances must be posted on the SOS website for 15 days. **There are no emergency waivers.**



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## True or False

Since a provider submitted an incident report to OPM, an incident report **does not** need to be submitted to RCCL.

**False**

Incident reports **must also** be submitted to **RCCL!**



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## True or False

Providers are **required** to submit an incident report **within 24 hours** of a serious occurrence involving children in care.

### **True**

A facility/agency can be cited for not submitting incident reports within 24 hours.



## True or False

If a provider needs to submit an incident report on two children in the same home/facility, the provider needs to submit two different incident reports.

### **False**

Providers need to submit only one incident report for multiple children in the same home or facility.





## True or False

All supporting evidence and statements are supporting documents, which are good for the provider's internal investigations only.

**False**

Providers should submit **all** supporting evidence and statements to RCCL to justify the findings.



## True or False

If a child was removed the day of the incident and the provider was unable to get a statement from the child, the provider should show efforts in getting statements by contacting DFCS, DJJ or other sources.

**True**

Providers should document their due diligence in getting the statements from the child and provide the information to RCCL.



## True or False

It is best practice for providers to send the internal investigation and supporting documents to RCCL within **7 business days**.

**False**

Providers should submit their internal investigation and supporting documents within **5 business days** of the request **or by the due date** requested by RCCL.



## Incident Reporting Review

- Providers must submit an incident report to OPM as well as RCCL.
- Providers are required to submit an incident report within 24 hours of a serious occurrence involving children in care.
- If there are multiple children living in a home or facility, the provider only needs to submit one incident report.
- All supporting evidence should be submitted to RCCL as supporting documents.
- If a child was removed from a home/facility prior to getting a statement from the child, providers must show efforts to RCCL in getting the statement by contacting DFCS, DJJ or other sources.
- Providers should submit their internal investigation and supporting documents within 5 business days of the request or by the due date requested by RCCL.



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## How to access the RCCL webpage from the DHS website

<https://dhs.georgia.gov/>

About



Offices



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Residential Child Care Licensing

## Residential Child Care Licensing

The Residential Child Care Licensing (RCCL) unit inspects, monitors, licenses, and registers a variety of child care facilities. The purpose of our work is to ensure that facilities and programs operate at acceptable levels, as mandated by state statutes and by rules and regulations as well as to keep the public and referral sources informed on the performance of those facilities and programs. Facilities requiring a license from RCCL include [Child Caring Institutions](#), [Child Placing Agencies](#),



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## Module 1 Accessing Provider User Accounts

<https://rcctrails.dhs.ga.gov>

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## By the end of this module, you will be able to:

- Define what RCC TRAILS is and its purpose.
- Access RCC TRAILS as an external user.
- Use the reset password utility to create a new password.
- Recognize RCC TRAILS icons to successfully navigate through the program.



<https://rcctrails.dhs.ga.gov>



## External User Access

External Users	
<b><u>ROLE:</u></b> <ul style="list-style-type: none"> <li>Facility/Agency Personnel</li> </ul>	<b><u>PRIVILEGES:</u></b> <ul style="list-style-type: none"> <li>View Facility Profile or facility/facilities associated with user credentials</li> <li>Submit a Request for Waiver or Variance</li> <li>Submit an Incident Report</li> <li>Submit an Application –New Applications (coming soon)</li> </ul>

<https://rcctrails.dhs.ga.gov>



## Multiple Account Users

- Facility Email (Administrator(s))
- Owner
- Director
- HSP/Casework Supervisor (can have multiple users if more than one HSP/CWS)

***\*\*Submit a Change Request Form to your Surveyor with the staff member's name and email address.***



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## Confirm Registered Email Address

Existing providers can find out the facility email that is registered with RCCL.

### 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:

\*

Log In

[Forgot Password](#)

<https://rcctrails.dhs.ga.gov>



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# Review & Accept

After clicking search, **Welcome to Office of Inspector General Residential Child Care Licensing** will populate. Review and scroll to the bottom to accept.

## Welcome to Office Of Inspector General Residential Child Care Licensing

Thank you for visiting the Residential Child Care Licensing (RCCL) database.

This site provides the public with access to information on all licensed Child Caring Institutions (CCI), Child Placing Agencies (CPA), Outdoor Child Caring Programs (OCCP), Maternity Homes (MH), and Children's Transitional Care Centers (CTCC).

If a facility is not listed on this site, then it is not licensed by RCCL. RCCL has authority to license, monitor and enforce rules for Child Welfare Agencies, as they are defined in O.C.G.A 49-5-12.3(a)(2) and (3).

The RCCL database provides full access to facility surveys completed and closed in the last 24 months. RCCL surveys provide the public with information on rules and regulations that were found to be out of compliance on the date of the RCCL site evaluation. Surveys resulting in no citations or only citations on the A-C level are considered in substantial compliance.

Each citation is accompanied with a letter from A-L, which reflects the scope and severity of the respective citation.

- Letters A-C represent citations that even if allowed to continue over a period of time are not likely to have an adverse effect on the physical or emotional health and safety of a person or persons in care. Facilities with violations in this category are still considered to be in substantial compliance with the rules and regulations.
- Violations represented with the letters D-F are considered Category III Violations. These are violations which indirectly or over a period of time had or are likely to have an adverse effect on the physical or emotional health and safety of a person or persons in care or are violations of administrative, reporting, or notice requirements.



☐ I've read and understand the above mentioned statements.

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After checking the box, **'Proceed to Facility Search'** populates. Click to move to next page.



☒ I've read and understand the above mentioned statements.



Proceed to Facility Search

<https://rcctrails.dhs.ga.gov>



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## Find Facility Email

Enter your Facility/Agency Name. Click Search. You can also click **Program Type** and input the address of the facility/agency to search.

### Active Facility Search

Program Type:  Facility Name:  Phone:   
 Address:  City:  County:   
 Zip:

FACID	Active Facility	Program Type	Address	City	State	County	Zip	Facility Email ID	Operating Status	Active Date
No records to display.										

<https://rcctrails.dhs.ga.gov>



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## Facility Email Is it correct?

Program Type:  Facility Name:  Phone:   
 Address:  City:  County:   
 Zip:

FACID	Active Facility	Program Type	Address	City	State	County	Zip	Facility Email ID	Operating Status	Active Date	
CCI001386	GEORGIA BAPTIST CHILDREN'S HOME - ANGEL'S HOUSE	CCI	1401 HOLBROOK ROAD	NEWMAN	GA	COWETA	30263	bgsmith@gbchfm.org	ACTIVE	3/24/2004	File a Compliant
CCI001711	GEORGIA BAPTIST CHILDREN'S HOME - GOOD SHEPHERD	CCI	390 BAR REST RANCH ROAD	WARM SPRINGS	GA	MERIWETHER	31830	bgsmith@gbchfm.org	ACTIVE	2/1/2007	File a Compliant
CCI001018	GEORGIA BAPTIST CHILDREN'S HOME - MEANSVILLE HOME	CCI	2821 US HIGHWAY 19	MEANSVILLE	GA	PIKE	30256	bgsmith@gbchfm.org	ACTIVE	7/1/1978	File a Compliant
CCI001016	GEORGIA BAPTIST CHILDREN'S HOME - PALMETTO	CCI	9250 HUTCHINSON FERRY ROAD	PALMETTO	GA	FULTON	30268	bhawkins@gbchfm.org	ACTIVE	6/1/1987	File a Compliant
CPA000997	GEORGIA BAPTIST CHILDREN'S HOMES & FAMILY MINISTRY, INC.	CPA	9250 HUTCHENSON FERRY ROAD	PALMETTO	GA	FULTON	30268	tcovington@gbchfm.org	ACTIVE	11/1/1987	File a Compliant



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# Create Password & Password Reset

Use the password reset utility to create a new password.

**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:

**Log In**

[Forgot Password](#)

<https://rcctrails.dhs.ga.gov>

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## Password Reset

Enter the Facility (Admin),  
Director, Owner, or HSP/CWS  
email.

**Forgot Password**

To begin changing your password, please enter your Email ID.

Email ID

**Submit**

<https://rcctrails.dhs.ga.gov>

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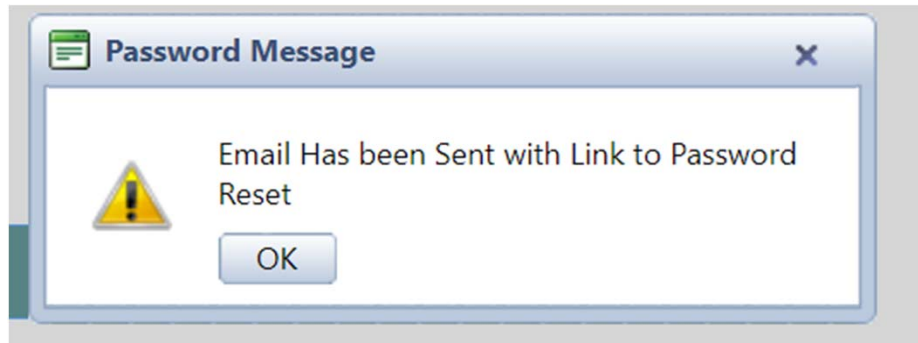
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## Password Reset

An email will be sent to the user email address with a link to reset the password.



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## Password Reset Email

Below is your requested password reset link for RCC Trails:



Click here to [reset your password.](#)

If you did not request a password reset, please disregard this notice. Your password has not been changed.

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## Create New Password & Password Requirements

Please create your new password below. The same password must be entered in both fields for confirmation.

Password

Confirm Password

\*\*\*PASSWORDS must include 8 or more characters and consist of:

An *uppercase* character (A through Z)

A *lowercase* character (a through z)

*Numeric* character (0 through 9)

*Special* character (for example, !, \$, #, %)

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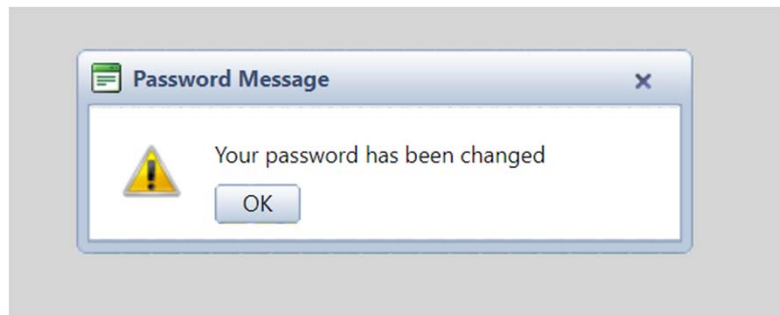


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## Password Changed Successfully Message



Now you can log in with your user credentials.

<https://rcctrails.dhs.ga.gov>















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## System Reference (Icons & Controls)

	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



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**Questions?**  
**Accessing Provider User Accounts**



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## Contact Information

Questions and technical problems

email: [rca@dhs.ga.gov](mailto:rca@dhs.ga.gov)



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## Module 2 How to Submit a Waiver/Variance Request



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***By the end of this module, you will be able to:***

- Discuss important facts about submitting a waiver/variance.
- Successfully submit a waiver or variance application.
- Search for all waiver/variance requests associated with your facility's user credentials.
- Check the decision status on a submitted waiver/variance.



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## Account Users

Enter the user credentials in the username and password.

### 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](#)
<https://rcctrails.dhs.ga.gov>


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# Facility Landing

The Facility Landing page is your homepage. Current providers have access to My Facilities, Waivers, and Incident Reporting.

- **My Facilities** – Lists all facilities associated with your user account. Click anytime to return to the Facility Landing page.
- **Waivers** – Search for an existing waiver or variance.
- **Incident Reporting** – Search an existing incident.

\* **New Application** is for new applicants applying to become a provider. (In progress)

The screenshot shows the 'Facility Landing' page with a navigation bar at the top containing 'New Application', 'My Facilities', 'Waivers', and 'Incident Reporting'. Below the navigation bar is a table with columns: FACID, Facility, Address, City, County, and Zip. The first row shows 'CC11036', 'TEST', '1209 cypress point apartment', 'ALPHARETTA', 'FULTON', and '30005'. There is a 'Report an Incident' link at the end of the row.

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# Submit Waiver/Variance Request

- The Facility Landing page displays all facilities associated with your facility account. Click the FACID (Facility ID) to display the Facility Profile Page.
- If there are multiple locations associated with your user account, find the Facility ID for the location you are requesting a waiver/variance and click the Facility ID to display the Facility Profile Page.

The screenshot shows the 'Facility Landing' page with a table of facilities. The columns are FACID, Facility, Program Type, Address, City, County, and Zip. The first row is 'MATH1003', 'GEORGIA BAPTIST CHILDREN'S HOME', 'MATH', '9250 HUTCHINSON FERRY ROAD', 'PALMETTO', 'FULTON', '30268'. The second row is 'CC001103', 'GEORGIA BAPTIST CHILDREN'S HOME - ALICE'S HOUSE', 'CCI', '624 FOLDS ROAD', 'CARROLLTON', 'CARROLL', '30116'. The third row is 'CC001386', 'GEORGIA BAPTIST CHILDREN'S HOME - ANGEL'S HOUSE', 'CCI', '1401 HOLBROOK ROAD', 'NEWNAN', 'COWETA', '30263'. The fourth row is 'CC001004', 'GEORGIA BAPTIST CHILDREN'S HOME - BAXLEY', 'CCI', '9420 BLACKSHEAR HWY.', 'BAXLEY', 'APPLING', '31513'. The fifth row is 'CC001711', 'GEORGIA BAPTIST CHILDREN'S HOME - GOOD SHEPHERD', 'CCI', '390 BAR REST RANCH ROAD', 'WARM SPRINGS', 'MERIWETHER', '31830'. The sixth row is 'CC001018', 'GEORGIA BAPTIST CHILDREN'S HOME - MEANSVILLE HOME', 'CCI', '2821 US HIGHWAY 19', 'MEANSVILLE', 'PIKE', '30256'. There is a 'Report an Incident' link at the end of the first row.

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## Submit Waiver/Variance Request

- From the Facility Profile Page, click the **Waivers** tab to submit a waiver request.
- The **Back to Search Results** tab will take you back to the Facility Landing Page that shows all facilities associated with your account.

Edit/View Facility

Operating Status: CLOSED-STATE

License#

Type: Select

Service: Provided

Capacity:

Ages From: To:

Date Opened / Date Active:

Date Closed:

Most Recent License Issue Date:

Surveyor: ALANA AUGUSTE

License: Select

Type:

License Effective From:

Effective To:

Identification

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## Submit Waiver/Variance Request

Click "Add New Waiver" for a new request.

Expand All Collapse

+ Add New Waiver

Edit	FACID	Submission Date	Download Waiver	Download Decision Response
	CCI11036	12/15/2022		

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# Submit Waiver/Variance Request

Click the down arrow to choose the Associated Rule(s) for the waiver/variance request.

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## Multiple Rules

- Click the box(es) of the Associated Rule you are requesting a waiver/variance.
- Up to 10 Rules can be selected.
- If you are submitting more than one waiver/variance request, you need to complete an application for each request.

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## Multiple Rules

- The selected rules will appear at the bottom.

Note: A waiver/variance request with multiple rules associated requires a separate decision for each rule, however, one response (letter) may be sent in reply to your request.

The screenshot shows the 'Add New Waiver' form. At the top, there are tabs for 'Edit', 'FACID', 'Submission Date', 'Download Waiver', and 'Download Decision Response'. Below these, there is a section for 'Associated Rule' with a dropdown menu. A red arrow points to the 'Selected Rules' section at the bottom, which lists several rules: '0803-Director.-290-2-5-.08(3)(a), 0812-Finances.-290-2-5-.08(4)(a), 0815-Recordkeeping. Case Records.-290-2-5-.08(5)(a)2., 0834-Recordkeeping. Personnel Records.-290-2-5-.08(5)(d)5., 0840-Staffing.-290-2-5-.08(6), 0843-Staffing.-290-2-5-.08(6)(a)3.,'. Below the list, it says 'No records to display.'

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## Submit Waiver/Variance Request

If you have comments, add in the Comments section.

The screenshot shows the 'Add New Waiver' form. A red arrow points to the 'Comments' section, which is a text input field. Below the comments section, there is a 'Selected Rules' section with a list of rules: '0803-Director.-290-2-5-.08(3)(a), 0812-Finances.-290-2-5-.08(4)(a), 0815-Recordkeeping. Case Records.-290-2-5-.08(5)(a)2., 0834-Recordkeeping. Personnel Records.-290-2-5-.08(5)(d)5., 0840-Staffing.-290-2-5-.08(6), 0843-Staffing.-290-2-5-.08(6)(a)3.,'. Below the list, it says 'No records to display.'

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## Submit Waiver/Variance Request

To upload the completed Waiver/Variance application, click select. Once the application is uploaded, click the check mark to submit the application or cancel to quit and return to the previous page. The waiver application can be found on the DHS website under RCCL – Provider Tools.

- If you need to submit more than one document (i.e., more than one application, attachments), you must combine the documents into one PDF document to upload. The system will not allow you to upload more than one document at a time. If you try to upload more than one, the system will override the previously submitted information.

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## Submit Waiver/Variance Request



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## Waiver/Variance Request Confirmation

If you have not received a confirmation that your waiver/variance request was received **within 2 weeks**, email us at

**RCCapps@dhs.ga.gov**



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## Search Existing Waiver/Variance



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## Search Existing Waivers

RCC TRAILS provides the ability for users to search existing waivers/variances. From the Facility Landing page, click the waivers tab.



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Tracking Residential Applications, Incidents & Licenses System

**Department of Human Services**  
Office of Inspector General  
Residential Child Care Licensing

Log Out

New Application My Facilities **Waivers** Incident Reporting

Facility Landing

Refresh

FACID	Facility	Address	City	County	Zip	
CC111036	TEST	1209 cypress point apartment	ALPHARETTA	FULTON	30005	Report an Incident

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## Search Existing Waiver/Variance Request

- The waiver screen will display all existing waivers associated with the Facility. Folders under **Download Waiver** are previously submitted waiver applications.
- A folder under **Download Decision Response** means a decision has been made on your request. Click the folder to download the decision letter.
- If there is no folder, the decision is still pending.
- Click the carat to expand for information.

New Application My Facilities Waivers Incident Reporting

Search Existing Waivers

Expand All Collapse All Refresh

Edit	FAC ID	Submission Date	Download Waiver	Download Decision Response
	CC111036	12/15/2022		

Add New Waiver Refresh

Edit	FACID	Submission Date	Download Waiver	Download Decision Response
	CPFC001105	9/6/2022		
	CPFC001105	9/6/2022		
	CPFC001105	7/21/2022		
	CPFC001105	5/24/2022		
	CPFC001105	2/15/2022		
	CPFC001105	1/12/2022		
	CPFC001105	4/14/2021		



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# Submit Waiver/Variance Request

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

Search Existing Waivers

Expand All (8) Collapse (8)


Edit	Fac Id	Submission Date	Download Waiver	Download Decision Response
	CC11036	12/15/2022		
	CC11036	12/15/2022		
	CC11036	12/15/2022		
	CC11036	12/15/2022		
	CC11036	12/15/2022		
	CC11036	12/15/2022		

Edit	Facility Id	Facility Name	Facility Address	Associated Rule	TAG	Decision Status	Decision Date	Effective Date	Expiration Date	Submission Date	Posted Date	Comments	FacType
	CC11036	TEST SITE, INC	1209 cypress point apartment GA 30005	Recordkeeping- Case Records. 290-2-5-.08(5) (a)1.	0814					12/15/2022		None	1
	CC11036	TEST SITE, INC	1209 cypress point apartment GA 30005	Recordkeeping- Case Records. 290-2-5-.08(5) (a)3.	0816					12/15/2022		None	1
	CC11036	TEST SITE, INC	1209 cypress point apartment GA 30005	Health Services. 290-2-5-.12(3) (a)1.	1208					12/15/2022		None	1
	CC11036	TEST SITE, INC	1209 cypress point apartment GA 30005	Child Care Services. 290-2-5-.12(2)(d)	1205					12/15/2022		None	1
	CC11036	TEST SITE, INC	1209 cypress point apartment GA 30005	Assessment and Planning. 290-2-5-.10(1)	1000					12/15/2022		None	1

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When searching for existing waivers, users only have access and the ability to search for waivers/variances for a facility or facilities associated with their user credentials.

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**Questions?**  
**How to Submit a Wavier/Variance Request**  
**Search Existing Waiver/Variance**

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# INCIDENT REPORTS

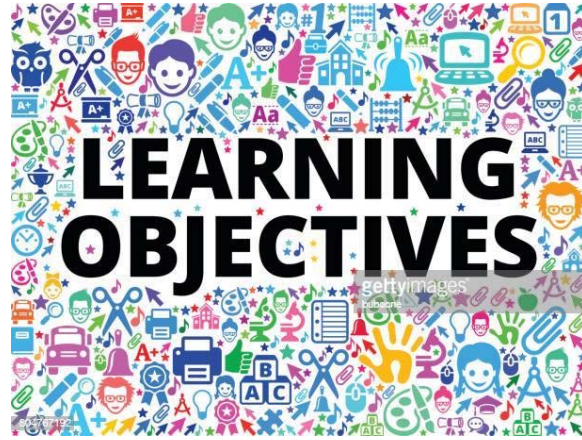
**Module 3**  
***How to Submit an  
Incident Report***

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**By the end of this module,  
you will be able to:**

- Create an Incident Number
- Submit an Incident Report via RCC TRAILS
- Search Existing Incident Reports



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## Sign in using your Username & Password

### 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](#)
<https://rcctrails.dhs.ga.gov>


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## Report an Incident

The Facility Landing page is the first page after logging into your account. Click **Report an Incident** for the associated facility/agency.

The screenshot shows the 'Facility Landing' page with a table of facilities. Each row has a 'Report an Incident' link. A red arrow points to the link for facility CCI1036.

FACID	Facility	Address	City	County	Zip	
CCI1036	TEST	1209 cypress point apartment	ALPHARETTA	FULTON	30005	Report an Incident
CPA11321	We Care 4 Kids	1234 Main St	ATLANTA	FULTON	30303	Report an Incident

<https://rcctrails.dhs.ga.gov>



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## Create an Incident Report

On the **Create an Incident** page, fill in the requested information:

- **Was the Director notified of incident?** Click the **Select** down arrow for your response. (\*Response required)
- **CPA Satellite Office:** Click the **Select** down arrow if your agency has a satellite office. Choose the office for which you are creating an incident.
- **Was a CPS referral made to the county of occurrence on the CPS Hotline?** Click the **Select** down arrow for your response. (\*Response required). If yes, provide date & time the CPS referral was made to the CPS Hotline.

The screenshot shows the 'Create Incident' form. Red arrows point to the 'Was the Director notified of incident?' dropdown, the 'CPA Satellite Office' dropdown, and the 'Was a CPS referral made to the county of occurrence on the CPS Hotline?' dropdown. The 'Date of Report' field is also highlighted with a red arrow.

**Create Incident**

Intake ID: \_\_\_\_\_ FACID: CCI1036

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: \_\_\_\_\_

**Incident Information:**

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## Create an Incident Report

- **Date/Time of Incident:** Click the calendar and clock to enter the date & time the incident occurred.
- **Place of occurrence:** Where did the incident happen?
- **Staff/FP to Child ration at the time of the incident:** What was the number of staff members or foster parents to children when the incident occurred? (Example: Two staff members and six residents were at the facility when the incident happened. The staff to child ratio is 2:6 or 2/6)

### 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)

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## Create an Incident Report

**Reason for Report: Click the down arrow and check all that apply.**

### 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)

### 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

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## Create an Incident Report

To create the incident report, click **Create Incident Number**.

A message will populate to show that the Intake has been created successfully with the Intake Number. Click **OK**.

The screenshot shows a web interface with two buttons at the top: "Create Incident Number" and "Back To Search Results". Below the buttons, a modal window is displayed with the following content:

- FACID:** CCI11036
- 1209 cypress point 30005**
- County: FULTON**
- 1111111111**
- CPA Satellite Office:** -Select-

Overlaid on this is a smaller dialog box with the message: "Intake GA00169130 Created Successfully." and an "OK" button.

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## What Happened During the Incident?

Complete sections A and B, providing a summary for both sections.

**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):**



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## What Happened During the Incident?

Provide a summary for sections C and D.

- **Was there a Child Injury.** Click the **Select** down arrow for your response.
- **Was the injury from an ESI and requiring more than first aid?** Click the **Select** down arrow for your response.

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

D) Child Injury? **Select** ▼

(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: **Select** ▼

*Please be mindful **all** sections should be filled out in detail, this included the staff involvement section, which should not just list the staff involved but also the role they played in the incident and a timeline of what took place with the staff involvement.*



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## What Happened During the Incident?

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.

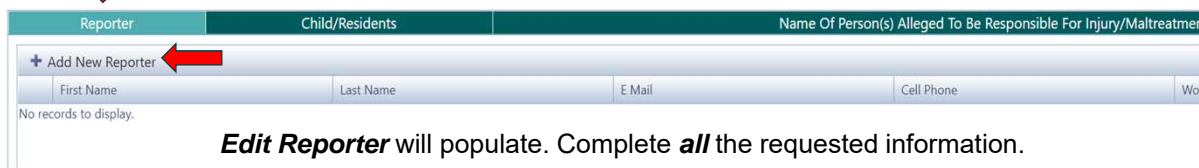


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## Add Reporter Information

Under Reporter tab, click **Add New Reporter**.

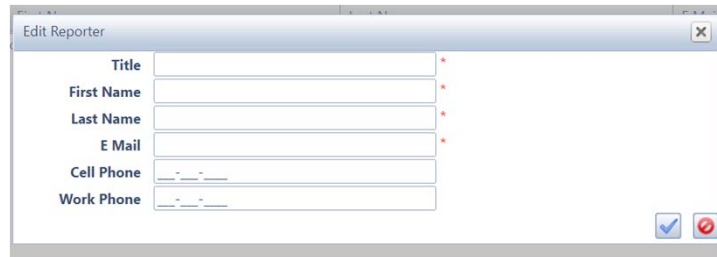
**\*Reminder: the reporter must be the person completing the incident report.**



First Name	Last Name	E Mail	Cell Phone	Work Phone
No records to display.				

**Edit Reporter** will populate. Complete **all** the requested information.

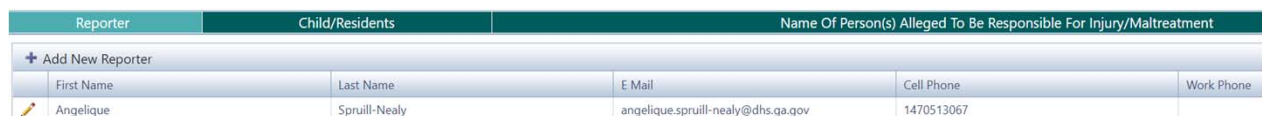
Click the blue arrow icon when done to save or the red cancel icon to cancel & return to previous page.




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## Edit Information Entered

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



First Name	Last Name	E Mail	Cell Phone	Work Phone
Angelique	Spruill-Nealy	angelique.spruill-nealy@dhs.ga.gov	1470513067	



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## Add Child/Resident Information

Under the Child/Residents tab, click **Add New Resident**.



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** will populate. Complete **all** the requested information.

Click the blue arrow icon when done to save or the red cancel icon to cancel and return to previous page.



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## 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**



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?  Was this plan approved by the custody holder?

If yes, add the approved plan to the Safety Plan section.

Name of Person alleged to be responsible needs to be entered even if the findings prove otherwise. Remember this is stating "alleged". Therefore, this person "allegedly" caused harm or neglect to the resident or child.



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## Add Name of Person(s) Alleged to be Responsible for Injury/Maltreatment

Enter the **Perpetrator's** first and last names. Click the down arrow for the correct **Perpetrator Type**. Click the blue arrow icon when done to save or the red icon to cancel and return to previous page. The perpetrator's name will populate once saved. Click the **Select** down arrows to complete both questions. Add the approved plan to the Safety Plan section.

The screenshot shows the 'Add New Perpetrator' form. It has a header with tabs: Reporter, Child/Residents, and Name Of Person(s) Alleged To Be Responsible For Injury/Maltreatment. Below the header is a section titled '+ Add New Perpetrator' with input fields for First Name, Last Name, and a dropdown for Perpetrator Type (currently showing 'Staff / Foster Parent'). Below these fields is a message 'No records to display.' followed by two questions with 'Select' dropdowns: 'Does this person still have access to children in care and/or are there still foster children in this foster home?' and 'Was this plan approved by the custody holder?'. At the bottom is a large text area for the Safety Plan. Red arrows point to the First Name, Last Name, Perpetrator Type dropdown, and the two 'Select' dropdowns. A blue arrow icon and a red cancel icon are also visible.



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## Add Responsible Adult

**Click to Add New Adult Responsible for child during incident.**

The screenshot shows the 'Add New Adult Responsible for child during incident' form. It has a header with tabs: Reporter, Child/Residents, and Name Of Person(s) Alleged To Be Responsible For Injury/Maltreatment. Below the header is a section titled '+ Add New Adult Responsible for child during incident' with input fields for First Name, Middle Name, and Last Name. Below these fields is a message 'No records to display.'

**Edit Adults Responsible for child during incident** populates. Complete **all** the requested information. Click the blue arrow icon when done to save or the red cancel icon to cancel and return to previous page.

The screenshot shows a modal form titled 'Edit Adults Responsible for child during Incident'. It has input fields for First Name, Middle Name, and Last Name. At the bottom right are a blue arrow icon and a red cancel icon.



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## Foster/Adoptive Parent

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

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

Find

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

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



## Foster/Adoptive Parent

After clicking *Find* the **Foster Parents** window will populate. Do a search for existing Foster Parent(s) **before adding new foster parent(s)** by adding the foster parent's first and last name in the **Foster Parent 1** box, hit enter. Once the Foster Parent's name populates, **Select** the Foster Parent.

Foster Parent 1	Foster Parent 2	Address	City	State	Zip	Cell Phone	Home Phone	Best Time To Reach
Jane Doe								
JANE DOE		2 PEACHTREE STREET, NW	ATLANTA	GA	30303	4706532306		EVENINGS

**\*Note: There may be foster parents with the same name, but different address/phone number. Choose the foster parent whose information matches what you currently have on file.**





## Add New Foster/Adoptive Parent

	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

**\*Reminder:** Add new foster/adoptive parent **only** after you've done a search to see if the foster/adoptive parent is already in the system.



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When adding a new foster/adoptive parent, the **Edit Foster Parent /Adoptive Parent** window will populate. Complete **all** information.

Click the blue arrow icon when done or the red cancel icon to cancel and return to the previous page.



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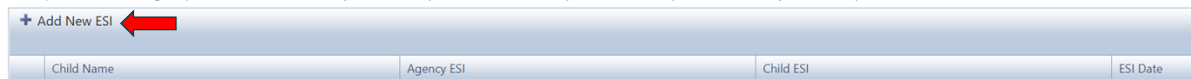
# Emergency Safety Intervention (ESI) Reports

*If ESI was used during 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).

**Edit ESI** window populates. Click the **Select** down arrow to select the child's name. Complete the information according to the instructions & example above.



*Click the blue arrow icon when done or the red cancel icon to cancel and return to the previous page.*



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## Submit to RCCL

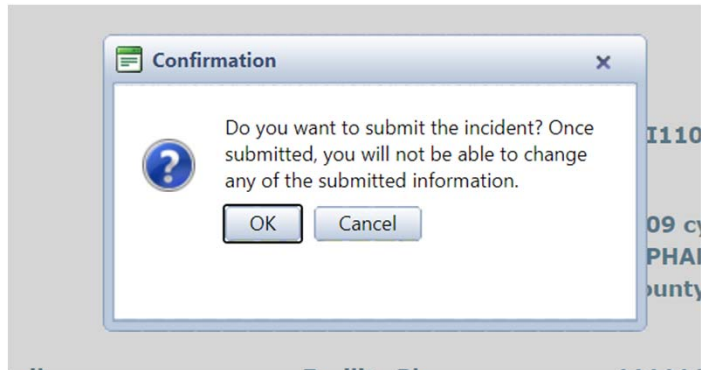
- To save the information and come back later to complete, click the **Save** button.
- To submit the report immediately to RCCL, click **Submit to RCC**.
- To return to search results, click **Back to Search Results**.




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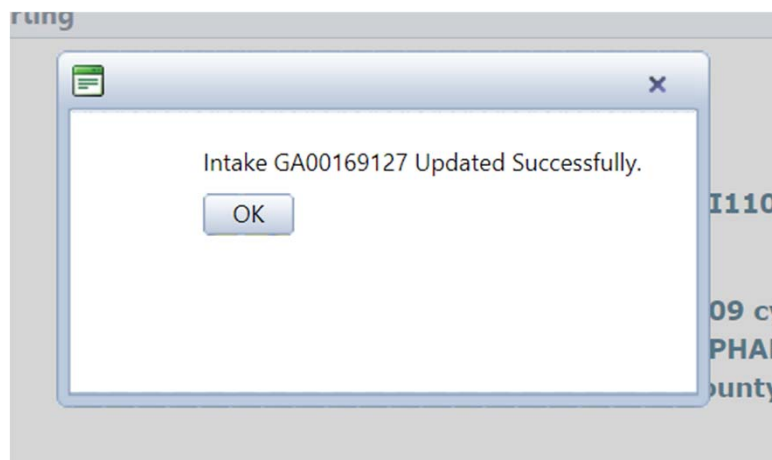
## Submit to RCCL

When the report is submitted to RCCL, a confirmation window will populate. Click **OK** if you are ready to submit the report or **Cancel** to return to the report.



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## Confirmation of Submission



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# Search Existing Incident Reports

<https://rcctrails.dhs.ga.gov>

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## Search for Incident Reports

*Hover over Incident Reporting. **Click Search Existing Incident** when it populates.*



**Search Existing Incidents**

Incident Number:  Program Type:  FACID:

Facility Name:  Address:  City:

Incident Status:  County:  Telephone:  Zip:

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# Search for Incident Reports

New Application | My Facilities | Waivers | Incident Reporting

## Search Existing Incidents

Incident Number:  Program Type:  FACID:   
 Facility Name:  Address:  City:   
 Incident Status:  County:  Telephone:  Zip:

INTAKE ID	FACID	Name	Program Type	Received Date	End Date	Status	Download Incident Details
GA00169130	CCI11036	TEST	CCI				
GA00169129	CCI11036	TEST	CCI				
GA00169127	CCI11036	TEST	CCI	08/22/2022		Pending Review / Assignment	
GA00153221	CCI11036	TEST	CCI	06/24/2019	06/24/2019	Triage / Prioritization	
GA00153220	CCI11036	TEST	CCI	06/24/2019	06/24/2019	Triage / Prioritization	

Page size: 10

5 items in 1 pages



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**Questions?**  
**How to Submit an Incident Report**  
**Search Existing Incident Reports**

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## Contact Information

**Questions and technical problems**

**email: [rcs@dhs.ga.gov](mailto:rcs@dhs.ga.gov)**

***Thank you for being here!***

