

## Step by Step Guide to Self Reporting Incidents

The Incident Intake Information Form is the format that is "acceptable to the department" and to be used to report all incidents. Agency Self Reports are not taken over the phone.

### How to File a Self Reported Incident

RCC requests that all Incident Intake Information Forms be filed with our office by e-mailing them to [RCCReports@dhr.state.ga.us](mailto:RCCReports@dhr.state.ga.us) and not directly to a surveyor. You will then be e-mailed confirmation by saying "Thanks" to each incident filed. You may keep these for your records. The Incident Intake Information Form is available on this website for download [www.dhs.georgia.gov](http://www.dhs.georgia.gov). If you are unable to use the Adobe Acrobat form then you may contact us for an alternative format of this form. These forms are to be kept in each child's case file at your agency and be available for review by surveyors if requested. If internet and e-mail are not available you may fax the report to 404/657-9637. If you have to fax the form address it to "Intake" on the fax cover page and indicate that your internet/e-mail was unavailable. Please do not send these forms as both a fax and an e-mail as this may cause it to be entered into our database twice. We may ask you to send it via email once your internet is working again. We do not accept hand written forms.

As RCC averages about 300 intakes a month, RCC requests that you put the name of your agency and the child's in the subject line. That way, if we have to ask for additional information via e-mail we will know which e-mailed report it references. When/if we have questions we will indicate that in the subject line of your response e-mail (\*\*Request for additional info\*\*). When the requested information is sent back to us as "Reply to Sender" we will be able to find the e-mail you sent with the original information if needed. A response is expected within 48 hours so please be sure to monitor that e-mail address for those requests.

### Step by Step Guide

**Facility Name:** This is the legal name of your agency/facility as it appears on your license. It would include any corporate name and the DBA name if different. If you are unsure of the licensed name check the lobby since it must be posted in a public area of your agency/facility.

**Site Address:** This is the address of the licensed agency/facility as it appears on your license. This is not the main or corporate office for CCIs. **Satellite Location:** This is only for CPA/CPFC licenses as their satellite offices are not separately licensed. The City of that satellite office should be entered into the **Satellite Location** field (i.e. Columbus or Rome office) CCI, OCCP, and CTCC facilities should not use the **Satellite Location** field.

**E-mail:** Indicate either the main e-mail address for the agency/facility or the Director's e-mail address where you would expect to receive letters and updates from Residential Child Care.

**Reporter:** This is the person who is making the report to ORCC and who we would expect to contact (via phone and/or e-mail) for follow-up information. The reporter's phone and/or e-mail address is how we will try to reach you if we need further information on this report. Each reporter is entered into a database along with the report. That database is what is used to send the acknowledgement letters. If there is a different address that you would like us to send the letter to, please indicate that on the form or in the reporting e-mail.

**Reason for Report:** This should capture what the allegation is (allegations of abuse, neglect or corporal punishment can all go under abuse) simply by checking a box. If the child is alleging abuse by either staff or another resident then Physical or Sexual Abuse would be checked even if its credibility has not yet been determined. That is the considered the allegation. Under **Hospitalizations** you would list all medical and psychiatric visits and/or admittances to hospitals, emergency rooms or Urgent Care Centers. Planned hospitalizations are for planned medical procedures such as surgery. Under **Other** you would list all other serious occurrences such as; involvement with Law Enforcement; suicide or self harm attempts that did not result in a hospital visit; closure of the living unit due to disaster or emergency situations etc. If you considered the incident to be serious then it probably should be reported.

**CPS Notification:** This is required for all allegations of abuse, sexual exploitation or neglect by law. DFCS Child Protective Services reports are made to DFCS CPS line of the county of occurrence. This is the county that the agency/facility or foster/adoptive parent resides in. Additionally, your contractual agreement with the agency that placed the child with your agency/facility may require you to report serious incidents to the child's custodian and/or placing agency (i.e. DFCS county of custody, DJJ, DBH etc.).

**Child/Resident & Parent/Guardian/County of Custody:** All of the information contained in these sections (Name, D.O.B., Gender, Date of Placement, County of Custody, that person's Name, Address and contact information) is required for ALL children involved in each incident. For example, if there were several children involved in an altercation and only one was injured, this information is still required for each child involved, not just for the victim. The child you feel is the central figure goes in this part of the form and then the information about the other children can be entered in, either the **Summary** or **Steps Taken** field. This way you do not have to do a separate report for each child. It might look like this: Abraham Lincoln, DOB: 2/12/1809, COC: Fulton, DOP: 6/15/1819, DFCS CM: Andrew Johnson, Contact Info: 404/555-1212.

**Foster Parent or Adoptive Parent:** This is to be filled in only if the child was placed in a foster or adoptive home. CCI, OCCP and CTCC staff are not considered foster parents even if they are house parents.

**Name of Person(s) Alleged to Be Responsible for Injury/Mistreatment:** This is a required field if there is an allegation that the child was harmed or mistreated by a staff member (foster parents are considered staff members), a child in care, a visitor, a relative etc.. The safety plan for this alleged perpetrator must address access to all children in care and how you will keep all of the children safe. You

must document if this was approved by all of the children's custody holders. You can elaborate further in the Steps Taken field.

**Incident: Date:** This is the date of the actual incident and not the date the agency/facility was informed of the incident. That information goes into the **Summary of Incident**. **Location:** This is the location of the incident within the agency/facility/foster home, cottage etc. such as child's bedroom and/or the cottage name. **Injury:** If the child was seen by a medical professional then the diagnosis would be entered under **Describe extent of medical care** along with the care given. This can be elaborated upon in the Summary of Incident. **Activity & Area Where Injury Occurred:** This should state what was going on and where they were at the time of the injury (i.e. recreational football on the front lawn or homework time at the dining room table). **Staff/Child Ratio:** This should only include staff that were responsible for supervising children at the time of the incident. If other staff were on site but not with the children at that time, then they are not included in this ratio. List all staff included in the ratio using both first and last names.

**Summary of Incident:** (ESI Note: ESI will be discussed at the end of this document.)

This must include the following information: what led up to the incident; a description of the incident; where it occurred; how it was handled by staff; names of all staff and children involved; interviews of staff and residents if done immediately after the incident; injuries must be described and a diagnosis included if available. You should also enter all of the notifications made to supervisors, DFCS or DJJ workers CPS referrals etc. regarding this incident in this section only.

**Steps Taken By Facility To Prevent Further Incidents Including a Detail of Any Safety Plan:** This section must include what was done to ensure the immediate and future safety of all children in care, whether they were specifically effected by the incident (such as the victim of abuse) or not (so they do not become future victims by the same person or situation). It must also address a prevention plan to keep the incident from occurring in the future. This may include (but is not limited to) policy or program changes, management's supervision of staff, supervision of the children with regard to scope or frequency etc. It may not be considered sufficient to state that everything remained the same. That would not address how it could be prevented in the future since it occurred under the current circumstances, unless it was truly unpreventable such as an illness or planned hospitalization. Notifications are not put in this section as they do not address the subject area.

**Emergency Safety Intervention (ESI) Reports:** The rules define an ESI as follows: *"Emergency safety interventions" mean those behavioral intervention techniques that are authorized under an approved emergency safety intervention plan and are utilized by properly trained staff in an urgent situation to prevent a child from doing immediate harm to self or others.*

*"Manual hold" means the application of physical force, without the use of any device, for the purpose of restricting the free movement of a child 's body and is considered a form of restraint. A manual hold does not include briefly holding a child without undue force to calm or comfort the child, holding a child by the hand or by the shoulders or back to walk the child safely from one area to another where the child is not forcefully resisting the assistance, or assisting the child in voluntarily participating in activities of daily living."*

*"Seclusion" means the involuntary confinement of a child away from other children, due to imminent risk of harm to self or others, in a room or an area from which the child is physically prevented from leaving."*

RCC is asking all agencies to use the format below when reporting ESIs on the Incident Intake Information Form instead of the ESI boxes on the form. This verbiage can go directly into the **Summary of Incident** field. The **Steps Taken** field is not required unless there is minor injury to a child during an ESI. If the injury requires more than first aid, then it is reported as a regular incident and not in this format alone as more information is required. The examples below use fictitious names of residents to indicate how we are asking agencies to report ESIs. This will assist both RCC and your agency in keeping track of the ESIs you report by listing the sequence of reports for your agency and for each child.

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

If there has never been a report to ORS on one of the children involved in an ESI then please give us the county of custody (COC) and date of birth (DOB) for that child in the body of the Incident Summary. We don't need a separate report for that info or for each ESI. ESIs are tabulated month to month (what we consider the 30 day period) so each new month restarts the count for both the agency and the child.

For reporting the first threshold of 3 ESIs for an individual child before the threshold of 10 is reached for your agency you might report it like this:

This is the agency's 4<sup>th</sup> ESI and the 3<sup>rd</sup> for Jim Beam for the month of July (7/13/11 - *this is the date of the ESI*).

This is the agency's 8<sup>th</sup> & 9<sup>th</sup> ESI and the 3<sup>rd</sup> and 4<sup>th</sup> for Marcus Welby for the month of July (7/13/11).

To report several ESI's over 2 days while still meeting the 24 hour reporting requirement you may combine reports for those days. As we do not ask for the time of the ESI we are allowing for that extra time to report the ESI's that took place on 7/13. These ESIs would occurred on 7/13/08 and 7/14/08 as that is when the thresholds were met and the report was submitted to RCC on 7/14/11.

This is the agency's 15<sup>th</sup> ESI and the 3<sup>rd</sup> for Dick Clark for the month of July (7/13/11).

This is the agency's 16<sup>th</sup> ESI and the 3<sup>rd</sup> for Marilyn Monroe for the month of July (7/13/11) w/minor injury: scraped right elbow.

Again, the only time that an ESI wouldn't be reported this way was if there was an injury beyond first aid to the child or if abuse was alleged. Lastly, we would also appreciate it if you would put the name of your agency, the month that the report is for and the cumulative numbers in the subject line of the e-mail "Melanie's Group Home: July 2011 ESI's 15-19."

If you have any questions, please feel free to contact [RCCReports@dhr.state.ga.us](mailto:RCCReports@dhr.state.ga.us) and we will assist you any way we can.