



OCLQS Portal – ODE steps to Submit

Serious Risk Incident / Injury / Illness Reports

Description:

This Job Aid describes the process of submitting a Serious Risk Incident/Injury/Illness Reports on the OCLQS Portal.

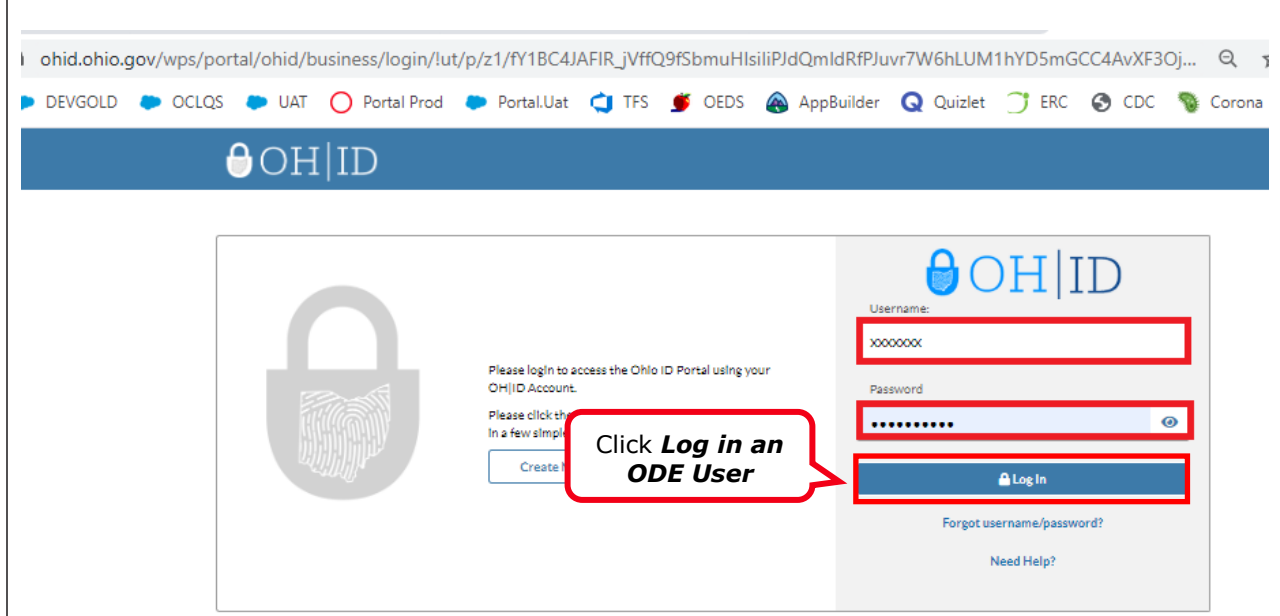
Related Job Aid(s):

- OCLQS Portal – Account Management

Step 1: Log In to the OHID

Click **Log in as ODE User**

Note: An account must be created in OHID in order to log in to OCLQS.

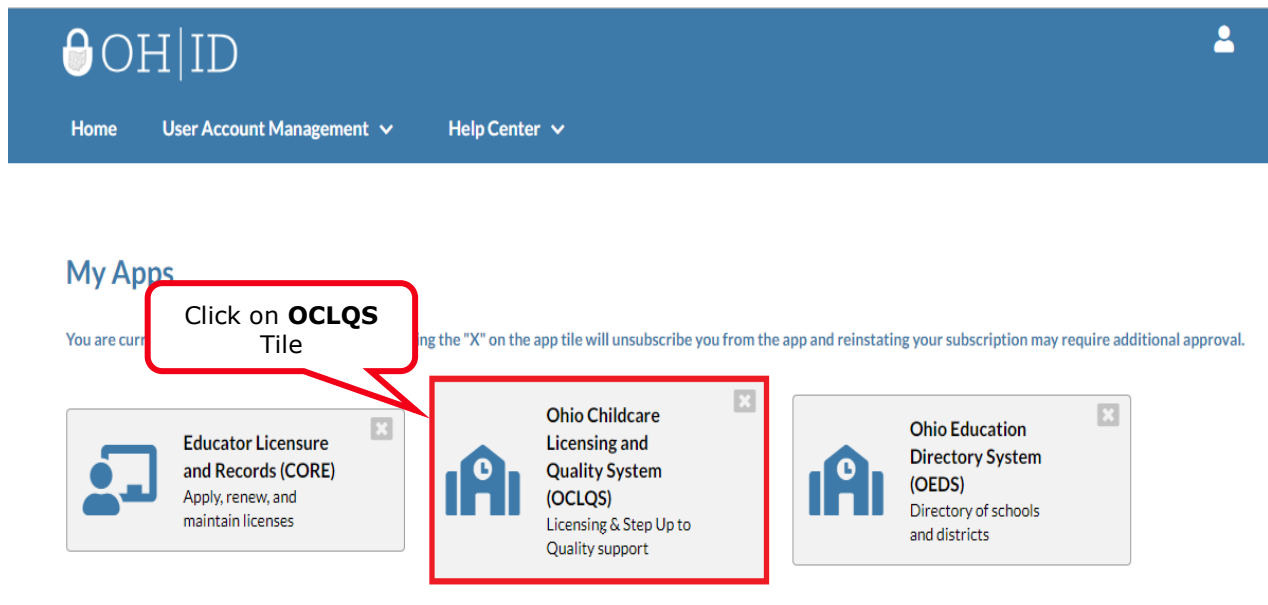




Step 2: Click On OCLQS Tile

Click on OCLQS App on My Apps page in OHID

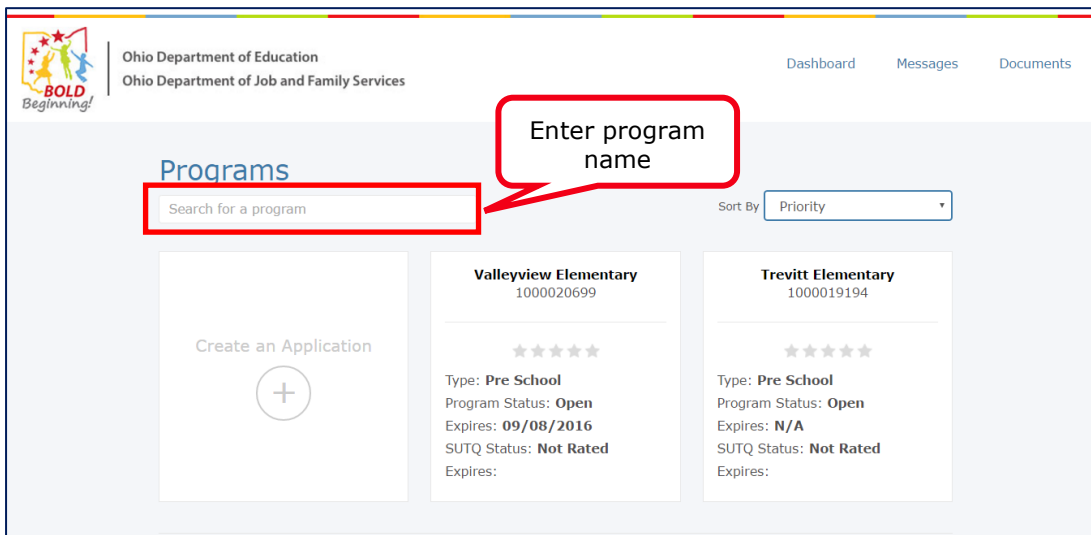
Note: OCLQS Roles must be established in OEDS to get access to OCLQS APP



Step 3: Search for the Program

Enter program name in the search bar.

Note: It is not always necessary to search for the program. You can also look for the program on the screen without the search.





Step 4: Select the Program

Click anywhere in the program card

Ohio Department of Education
Ohio Department of Job and Family Services

Dashboard Messages Documents

Programs

Search for a program

Sort By Priority

Create an Application

+

Valleyview Elementary
1000020699

★★★★★

Type: **Pre School**
Program Status: **Open**
Expires: **09/08/2016**
SUTQ Status: **Not Rated**
Expires:

Trevitt Elementary
1000019194

★★★★★

Type: **Pre School**
Program Status: **Open**
Expires: **N/A**
SUTQ Status: **Not Rated**
Expires:



Step 5: Begin to Report Serious Incident

Scroll to the bottom of the page and Click **Report Serious Incident**

Eddie's Kids Care

Program Number: 2160014000


License

Eddie's Kids Care

Status: **Licensed** Expires: **N/A**

[Manage Programs](#)

Step Up To Quality Summary



Status: **Not Rated** Expires:

[Manage SUTQ](#)

▼ Licensing Inspections

Date of Inspection	Type	Corrective Action Plan(s)	Full Report	Non-Compliance Summary
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▼ SUTQ Desk Reviews and On-Site Visits

Name	Status	Date	Type	On-Site Summary
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▼ Serious Incidents

Case Number	Description	Date of Incident	Status	Date Opened	Date Closed	Incident Report
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[Report Serious Incident](#)

Click **Report Serious Incident**



Step 6: Report Serious Incident

Click **Report Serious Incident**

The screenshot shows the 'Report Serious Incident' page from the Ohio Department of Education and Job and Family Services. The page header includes the department logos and navigation links: Dashboard, Messages, Documents, and Add System User. The main content area is titled 'Report Serious Incident' and contains instructions: 'Click on the Report Serious Incident button to complete the JFS 01156 "Serious Incident Reporting for Child Care" form. This form should only be used to report serious incidents as required in Ohio Administrative Code 5101:2-12-16.' Below the instructions are two buttons: 'Cancel' and 'Report Serious Incident'. A red callout box with a white background and a red border points to the 'Report Serious Incident' button, containing the text 'Click **Report Serious Incident**'. The footer of the page lists various links: CCIDS Provider Portal, Early Childhood Ohio, OCCRRRA, Ohio.Gov, Non-Discrimination Statement, Privacy Statement, FAQs, and Contact. The copyright notice at the bottom reads 'Copyright © 2016 State of Ohio'.



Step 7: Enter Initial Serious Incident Information

Enter initial information in the **Incident/Injury Description** section

Report Serious Incident

Program Information

Contact Number
1231231234

Contact Name
Center

Contact E-mail Address
centercorpuat@mailinator.com

Program Name
Eddie's Kids Care

Incident/Injury Description

Date/Time of Incident/Injury*



Number of Children Involved*

Age of Children Involved*

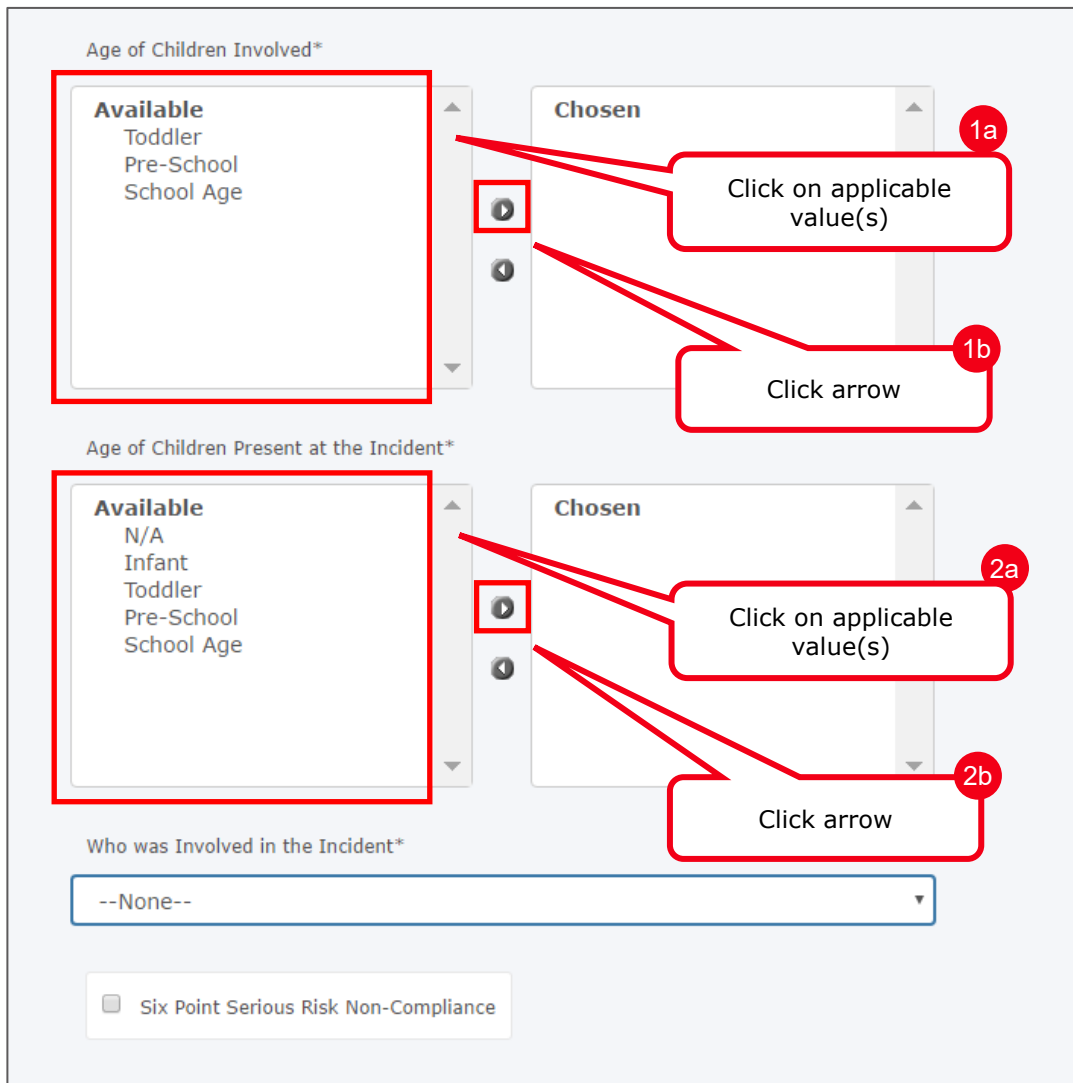
Available	Chosen
Toddler	
Pre-School	
School Age	

Enter information

Step 8: Select Ages of Children Involved/Present

- 1) Enter information for **Age of Children Involved**
 - a. Click on the applicable value(s) in the **Available** column
 - b. Click on the  arrow to select the value into the **Chosen** column
- 2) Enter information for **Age of Children Present at the Incident**
 - a. Click on the applicable value(s) in the **Available** column
 - b. Click on the  arrow to select the value into the **Chosen** column

*Note: Only the values that appear in the **Chosen** column are selected. Repeat steps to enter multiple values.*



Age of Children Involved*

Available	Chosen
Toddler	
Pre-School	
School Age	

Age of Children Present at the Incident*

Available	Chosen
N/A	
Infant	
Toddler	
Pre-School	
School Age	

Who was Involved in the Incident*

--None--

Six Point Serious Risk Non-Compliance



Step 9: Enter Additional Information

- 1) Enter additional information regarding the serious incident
- 2) Check applicable boxes for **Type of Child Injury or Illness**

Who was Involved in the Incident**

--None--

Six-point serious risk non-compliance as listed in appendix A to rules 5101:2-12-03 or 5101:2-13-03

Child has been expelled from the program for behavioral reason(s) pursuant to 5101:2-12-19 (C)(3) or 5101:2-13-19 (C)(3).

Program employee tests positive for COVID-19

Type of Child Injury or Illness

<input type="checkbox"/> Allergic Reaction / Asthma Attack	<input type="checkbox"/> Blow or Bump to the Head
<input type="checkbox"/> Broken / Dislocated Bone	<input type="checkbox"/> Outbreak of illness
<input type="checkbox"/> Collapse / Faint	<input type="checkbox"/> Deep Cut / Laceration
<input type="checkbox"/> No Pulse / Not Breathing	<input type="checkbox"/> Object inserted into body part
<input type="checkbox"/> Poisoning	<input type="checkbox"/> Seizure
<input type="checkbox"/> Sprain / Strain	<input type="checkbox"/> Suspected broken bone/dislocation
<input type="checkbox"/> Tooth injury	<input type="checkbox"/> Other injury requiring medical treatment
<input checked="" type="checkbox"/> Positive COVID-19 test	

Indicate the number of children who received positive COVID-19 test. *To avoid duplication, do not count children who have already been reported.

Last day child#1 was in the program

Last day child#2 was in the program

Last day child#3 was in the program

Check boxes if applicable

Check this box for individual cases of illness that are required to be reported to the Health Department per the Communicable Disease Chart. Note in the description box below the type of illness if it is not Covid-19



Step 10: Complete Serious Incident Report

- 1) Check applicable boxes for **Type of Child Incident** and **Action Taken**
- 2) Enter description
- 3) Click **Submit Serious Incident**

The screenshot shows a web form for reporting a serious incident. It is divided into three main sections:

- Type of Child Incident*:** A grid of 14 checkboxes for various incident types, including Abuse of child by any adult, Child Unattended On-site Outside Program, Death of a Child, Intruder Enters the Program, Natural / Man-made Disaster, Threat of violence, Weapon found, Child unattended on-site inside program, Child unattended off-site program, Inappropriate touching/sexual play, Medication error, Prohibitive discipline techniques, and Vehicle accident.
- Action Taken*:** A grid of 8 checkboxes for actions taken, including Public Children Services Agency Contact, Emergency Services (police/fire/ambul), Parent followed up with Medical/Dental, Local Health Department Contacted, Poison Control Contacted, Emergency Services Transported Child, Program Recommended Medical/Dental Care, and Other.
- Description:** A large text area with the prompt "Please Describe What Happened (Please include any equipment involved and the equipment's location and condition)*".

Three red callout boxes with numbered circles provide instructions:

- 1:** Check boxes if applicable (pointing to the incident and action checkboxes).
- 2:** Enter description (pointing to the text area).
- 3:** Click **Submit Serious Incident** (pointing to the blue submit button).



Step 11: Click Go to Program Details

Click **Go to Program Details**

The screenshot shows a success message box with the text: "Success. The serious incident has been submitted. Click the button below to go back to the Program page." A blue button labeled "Go To Program Details" is highlighted with a red box. A red callout bubble points to this button with the text: "Click **Go To Program Details**". Below the message box is a form titled "Type of Child Incident*" with several checkboxes. The "Abuse of child by any adult" checkbox is checked. Other checkboxes include "Sprain / Strain", "Tooth injury", "Suspected broken bone/dislocation", "Other injury requiring medical treatment", "Child unattended on-site inside program", "Child unattended off-site program", "Death of a Child", "Intruder Enters the Program", "Natural / Man-made Disaster", "Threat of violence", "Inappropriate touching/sexual play", "Medication error", and "Prohibitive discipline techniques".

The process of submitting a Serious Incident Report is complete.