

You may type directly into this form and save the document (no need to print and scan). When you have completed the form, please email the file to your Program Support Specialist (PSS) with your program's site ID in the subject line.

SECTION I

Program Name: _____

Program Site ID: _____

Today's Date: _____

Does the alleged occurrence involve a child (or children) in a NYCDOE-contracted classroom (i.e. not private-pay)?

Yes No

Does the alleged occurrence involve a staff member or volunteer with access to children enrolled in a NYCDOE-contracted classroom or their records?

Yes No

If the answer to both of the above questions is "no," you do not need to complete the other sections of the report. Please sign and return to your Policy Support Specialist.

Information about Child Allegedly Involved in Occurrence

Name (First and Last): _____

OSIS # (if child is in a DOE-funded classroom): _____

Home Address: _____ Apt.: _____

City: _____ State: _____ Zip Code: _____

Borough: _____ Telephone: _____

Was this child injured? *If yes, please complete Section 6 of this report.*

Yes No

Parental/Legal Guardian Contacted (name and relationship): _____

Date: _____ Time: _____ Caller: _____

Please proceed to Section 2 on the next page if the alleged occurrence involves a staff member or volunteer with access to children enrolled in a NYCDOE-contracted classroom or their records.

SECTION 2 - STAFF MEMBER OR VOLUNTEER INFORMATION

Employee allegedly involved in the occurrence

Name (First and Last): _____ Name not known

Home Address: _____ Apt.: _____

City: _____ State: _____ Zip Code: _____

Borough: _____ Telephone: _____

Was this person injured? (If yes, you must also complete Section 6 of this report)

Yes No

Please proceed to Section 3.

SECTION 3 - OCCURRENCE DETAILS

Date and Time of Alleged Occurrence: _____

Date and Time Program Director was informed: _____

Did the alleged occurrence happen during NYC-contracted program hours? _____

Program Narrative

Please describe the alleged occurrence in simple language (who, what, when, where, and how), and how the reporter learned of the alleged occurrence. Please provide steps taken to investigate the allegation(s) and note if your program has found evidence that the allegation occurred. Avoid legal terms such as assault, harass, etc.

Written statements by reporters and any observer(s) of the alleged occurrence must be submitted to your Operations Analyst. Statements must include the date, time, location of alleged occurrence, and a description of what occurred.

Were written statements obtained?

Yes No

Please proceed to the next page.

Please select the category that best fits the alleged occurrence:

- Injury or Medical Condition Involving Call to 911, EMS Transport, or Emergency Room Visit
- Child Abuse and/or Maltreatment Allegation Involving Staff (including Corporal Punishment)
 - Inflicting of physical injury by other than accidental means, creating a substantial risk of serious physical injury, or committing an act of sex abuse against the child
 - Failing to exercise the minimum degree of care in providing the child with food, clothing, shelter, or engaging in use of drugs or alcohol such that it interferes with the ability to adequately supervise the child
 - Child leaves building unattended or with an unauthorized escort
 - Child found unattended in a room, stairwell, hallway etc.
 - Corporal punishment is any act of physical force upon a pupil for the purpose of punishing that pupil
- Verbal Abuse Allegation Involving Staff
 - Directing oral or written language toward a child that: belittles, embarrasses, or subjects them to ridicule; interferes with a child's educational performance or mental, emotional, or physical well-being; or causes them to expect physical or emotional harm or fear for their safety
- Other

Please proceed to Section 4 in the next page for reporting requirements to ensure you have fulfilled them. As a reminder, you and your staff members are mandated reporters per New York State Social Services Law.

SECTION 4 - REPORTING REQUIREMENTS

Please include call ID/case/complaint numbers in the next section of this report (see Agency Notifications)

If a child is lost or missing from your program for any reason or there is reason to suspect that a crime has occurred, you must call 911 immediately before reporting to the investigative agencies, as set forth below. Per New York State Social Services Law, you are mandated to report alleged incidents of abuse to the appropriate investigative agencies.

Article 47 Group Day Care (GDCs) or Office Of Children and Family Services (OCFS) License Holders:

If the allegation concerns child abuse/maltreatment, the allegation must be reported to the following agencies immediately.

- Statewide Central Register for Child Abuse and Maltreatment (SCR): 800-635-1522
- Special Commissioner of Investigation (SCI): 212-510-1500
- Department of Health and Mental Hygiene (DOHMH): 646-632-6101

If the allegation concerns something other than child abuse/maltreatment or a lost child, the allegation must be reported immediately.

- Special Commissioner of Investigation (SCI): 212-510-1500
- Department of Health and Mental Hygiene (DOHMH): 646-632-6101

Article 43 School-Based Child Care (SBCC) License Holders:

All allegations must be reported immediately to the following agencies.

- Special Commissioner of Investigation (SCI): 212-510-1500
- Department of Health and Mental Hygiene (DOHMH): 646-632-6101

NOTE: All allegations of abuse by a parent, guardian, custodian, or any person regularly residing in the home must be immediately reported to Statewide Central Register for Child Abuse and Maltreatment (SCR): 800-510-1500

Reporting Summary Table:

Program Setting	Allegation Involves Program Staff/Volunteer or Children
<ul style="list-style-type: none"> • Article 47/GDCs • OCFS License Holders 	<ol style="list-style-type: none"> 1. Statewide Central Register for Child Abuse and Maltreatment (SCR): 800-510-1500 <i>For allegations that involve child abuse/maltreatment</i> 2. Special Commissioner of Investigation (SCI): 212-510-1500 3. Department of Health and Mental Hygiene (DOHMH): 646-632-6101
<ul style="list-style-type: none"> • Article 43/SBCCs 	<ol style="list-style-type: none"> 1. Special Commissioner of Investigation (SCI): 212-510-1500 2. Department of Health and Mental Hygiene (DOHMH): 646-632-6101

If you selected another concern, please proceed to Section 5 on the next page.

SECTION 5 - AGENCY NOTIFICATIONS

Agency Notifications (see reporting requirements section)

Reporter Name (DOE and/or NYCEEC staff only): _____

Check this box if the **State Central Register for Child Abuse and Maltreatment (SCR)** was contacted

Check this box if the report was accepted

Please provide the SCR Call ID Number: _____

Note: An LDSS-2221A form must be submitted to SCR and a copy must be sent to your Program Support Specialist (PSS).

Check this box if the report was not accepted

Please provide the Operator Name (person who answers hotline): _____

Time of call: _____

Date of call: _____

Check this box if the **Office of the Special Commissioner of Investigation (SCI)** was contacted (all program types must report to SCI)

Please provide the SCI Report ID Number: _____

Check this box if the **Department of Health and Mental Hygiene (DOHMH)** was contacted

Check this box if the report was accepted

Please provide the DOHMH Complaint ID: _____

Note: Please submit a copy of the investigation report you receive from DOHMH to your Program Support Specialist, in addition to this report.

Check this box if the report was not accepted

Please provide the Operator Name (person who answers hotline): _____

Time of call: _____

Date of call: _____

Emergency Services

Who responded to the alleged occurrence?

FDNY EMS NYPD Program Staff Only Other

Was NYPD action taken?

Yes No

If the alleged incident involves a child or staff injury, please proceed to Section 6 on the next page. If not, please proceed to Section 7.

SECTION 6 - COMPREHENSIVE INJURY/HARM REPORT

Child and/or Staff Name(s): _____

Specific Activity During Which Injury Occurred (e.g. blocks): _____

Part of Body Injured: _____

Was first aid administered?

Yes No

Did an ambulance respond to the incident?

Yes No

Did the injured person or the person's guardian refuse medical attention?

Yes No

Please describe the injury (below).

Treatment

- Onsite by EMS Onsite by Non-medical Program Personnel Onsite by Program Medical Personnel
 By a Personal Doctor Injured person transported by EMS

SECTION 7 - PROGRAM NEXT STEPS

Program Response

Please describe actions taken at the the time of the incident or in response to the allegation. If applicable, please detail below the staffing or programmatic changes you have made, or will make, in response to the occurrence.

SECTION 8 - Signatures and Submission

This organization hereby acknowledges that the staff member/members or volunteers noted in this report is/are the subject of investigation by the proper agencies. The Organization will follow the policies and procedure outlined in their personnel policies Code of Conduct to address behavior contrary to expectations for the health, safety, and well-being of the children in our program.

Please fill in and sign the fields below and submit this report with copies of the corresponding notes from the Department of Health and Mental Hygiene.

Occurrence Report Prepared by: _____

Occurrence Report Preparer's Title: _____

Occurrence Report Preparer's Phone Number: _____

Occurrence Report Preparer's Email: _____

Occurrence Report Preparer's Signature: _____

Board Member Signature (as applicable): _____

DAPC/PAC Representative Signature (as applicable): _____

Accessibility Report

Filename: fy19_nyceec_occurrencereport_ADA.pdf

Report created by: [Enter personal and organization information through the Preferences > Identity dialog.]

Organization:

Summary

The checker found no problems in this document.

- Needs manual check: 2
- Passed manually: 0
- Failed manually: 0
- Skipped: 1
- Passed: 29
- Failed: 0