

SECTION I

Program Name: _____

Program ID: _____

Today's Date: _____

Does the alleged occurrence involve a child (or children) in a NYCDOE-contracted program/classroom? *If no, please proceed to section 2.*

Yes No

Child Allegedly Involved or Harmed in Occurrence

Name (First and Last): _____ Name not known

OSIS # (if child is a 3-K/pre-K student): _____

Home Address: _____ Apt.: _____

City: _____ State: _____ Zip Code: _____

Borough: _____ Telephone: _____

Was this child injured? *If yes, please proceed to Section 6 to complete a comprehensive injury/harm report, which must be completed if this child is injured.*

Yes No

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

Date: _____ Time: _____ Caller: _____

Please proceed to Section 2 on the next page.

SECTION 2

Does the person who is the subject of the allegation interact with children in a NYCDOE-contracted program/classroom?
If yes, please provide the information requested below.

Yes No

Person (child or staff) who allegedly caused injury or harm (if applicable)

Name (First and Last): _____ Name not known

Home Address: _____ Apt.: _____

City: _____ State: _____ Zip Code: _____

Borough: _____ Telephone: _____

Was this person injured?

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? _____

Please select the category that best fits the occurrence:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Serious Accident | <input type="checkbox"/> Serious Medical Illness | <input type="checkbox"/> Lost/Missing Child** | <input type="checkbox"/> Lack of Supervision (Child left unattended) |
| <input type="checkbox"/> Child Abuse and Maltreatment Allegation against Staff | | | <input type="checkbox"/> Violent or Inappropriate Behavior by a Staff Member |
| <input type="checkbox"/> Verbal Abuse Allegation against Staff | | | <input type="checkbox"/> Corporal Punishment against Staff |
| <input type="checkbox"/> Violent or Destructive Behavior by a Student Resulting in Injury | | | <input type="checkbox"/> Other |

Please proceed to Section 3 on the next page for reporting requirements to ensure you have fulfilled them.

SECTION 4 - REPORTING REQUIREMENTS

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

Concerns that Appear in Red

If you selected a concern that appears in **red** and the incident involves a child or staff member associated with a NYCDOE-contracted program/classroom and/or a staff member that interacts with children in a NYCDOE-contracted program/classroom, you are mandated to report the alleged incident within 24 hours to the following investigative agencies.

- Statewide Central Register for Child Abuse and Maltreatment (SCR): 800-635-1522 *Article 47 Permit only (GDCs & GFDCs)*
- Special Commissioner of Investigation (SCI): 212-510-1500 *All Permits*
- Department of Health and Mental Hygiene (DOHMH): 646-632-6101 *All Permits*

If you selected a concern that appears in **red** and the incident **DOES NOT** involve a child or staff member associated with a NYCDOE-contracted program/classroom and/or a staff member that interacts with children in a NYCDOE-contracted program/classroom, you are mandated to report the alleged incident within 24 hours to the following investigative agencies.

- Statewide Central Register for Child Abuse and Maltreatment (SCR): 800-635-1522, *Article 47 Permit only (Child Care Centers & Group Family Day Care Programs)*
- Department of Health and Mental Hygiene (DOHMH): 646-632-6101, *All Permits*

Concerns that Appear in Orange

If you selected a concern that appears in **orange** and the incident involves a child or staff member associated with a NYCDOE-contracted program/classroom and/or a staff member that interacts with children in a NYCDOE-contracted program/classroom, you are mandated to report the alleged incident within 24 hours to the following investigative agencies.

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

If you selected a concern that appears in **orange** and the incident **DOES NOT** involve a child or staff member associated with a NYCDOE-contracted program/classroom and/or a staff member that interacts with children in a NYCDOE-contracted program/classroom, you are mandated to report the alleged incident within 24 hours to the following investigative agencies.

- Department of Health and Mental Hygiene (DOHMH): 646-632-6101, *All Permits*

*Child Abuse Allegation against Parent/Guardian

If you selected Child Abuse Allegation against Parent/Guardian, you are mandated to report the incident within 24 hours to the Statewide Central Register for Child Abuse and Maltreatment (SCR) at 800-635-1522.

**Lost/Missing Child

If you selected Lost/Missing Child, you must report the incident within 24 hours to the following investigative agencies.

- Statewide Central Register for Child Abuse and Maltreatment (SCR): 800-635-1522, *Article 47 Permit only (Child Care Centers & Group Family Day Care Programs)*
- Special Commissioner of Investigation (SCI): 212-510-1500, *Incident involving a child in a NYCDOE-contracted program/classroom*
- Department of Health and Mental Hygiene (DOHMH): 646-632-6101, *All Permits*

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: Please submit a copy of the LDSS-2221A form to your Operations Analyst.

Check this box if the report was not accepted

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

Time: _____

Date: _____

Check this box if the Office of the [Special Commissioner of Investigation \(SCI\)](#) was contacted

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 Number: _____

Check this box if the report was not accepted

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

Time: _____

Date: _____

Please provide the DOHMH Complaint Number: _____

Emergency Services

Who responded to the alleged occurrence?

FDNY EMS NYPD Program Staff Only Other

Was police 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 on the next page.

SECTION 6 - COMPREHENSIVE INJURY/HARM REPORT

Child and/or Staff Name(s): _____

General Activity (e.g. playing): _____

Specific Activity (e.g. blocks): _____

Body Parts Injured: _____

Was first aid administered?

Yes No

Was an ambulance utilized?

Yes No

Did the injured person refuse medical attention?

Yes No

Please describe the injury (below).

Was police action taken?

Yes No

Treatment

Onsite by EMS Onsite by Non-medical Program Personnel Onsite by Program Medical Personnel

By a Personal Doctor At Emergency Room At Hospital Other

SECTION 7 - PROGRAM NARRATIVE & RESPONSE

Program Narrative

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

Written statement prepared?

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.

Program Response

If applicable, please detail below the staffing or programmatic changes you have made or will make in response to the occurrence.

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: _____