

Please **complete and submit this form within 24 hours** of becoming aware of any allegations/incidents of child abuse and maltreatment, lost children, serious accident/injury, and/or calls for emergency services.

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 decereports@schools.nyc.gov with your program's site ID or OCFS license number in the subject line. Please note that this inbox is only for forms, not inquiries.

General Information

Program Site ID or OCFS License Number: _____

Program Name: _____

Today's Date: _____

Program Type: NYC Early Education Center (NYCEEC) Family Child Care / Group Family Day Care Program

Does the alleged occurrence involve a child (or children) in an NYCPS-funded classroom or FCC program (i.e. not private-pay)?

Yes No

Does the alleged occurrence involve a staff member or volunteer with access to children enrolled in an NYCPS-funded classroom or FCC program, or their records?

Yes No

Does the alleged occurrence involve an NYCPS-Head-Start-funded child, staff member, or volunteer?

Yes No

If the answer to the first two questions above is "no," you do not need to complete the other sections of the report. Please be sure to follow all other reporting requirements mandated by DOHMH and the Office of Children and Family Services (OCFS), as detailed on page 5 of this report. Please proceed to the last page to sign and send to decereports@schools.nyc.gov.

Please proceed to Section 1.

SECTION I - Information about Child Allegedly Involved in Occurrence

Name of child who is the subject of this report (First and Last): _____

Date of Birth: _____ OSIS #: _____

In this child in an NYCPS-Head-Start-funded seat? Yes No

Home Address: _____ Apt.: _____

City: _____ State: _____ Zip Code: _____

Borough: _____ Telephone: _____

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

Yes No

Note: Unless they are the subject of an abuse or maltreatment allegation, families must be notified of any occurrence involving their children. Please check this box to confirm that the child(ren)'s parent/legal guardian was/were contacted:

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

Date Parent/Guardian was reached: _____

Time Parent/Guardian was reached: _____

Name of 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 an NYCPS-funded classroom or their records. If not, please proceed to Section 3.

SECTION 2 - Information about Employee(s) or Volunteer(s) 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

Hire/Start Date of Individual: _____

Current Employment Status (e.g. currently working, on leave, terminated, etc.): _____

Date of Last Criminal Record Check (CRC): _____

Does this person work in an NYCPS-Head-Start-funded classroom? Yes No

*****If you are documenting a child abuse or maltreatment allegation involving an employee in your NYCPS-Head-Start-funded classroom, this employee must be removed from contact with children until cleared by ACS-OSI.***

Please confirm the date employee was removed from contact with children: _____

Please proceed to Section 3.

SECTION 3 - OCCURRENCE DETAILS

Date and time of alleged occurrence: _____

Date and time Program Leader or Director was informed: _____

Did the alleged occurrence happen during NYCPS-funded program hours? _____

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
 - 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 Allegation Involving Staff
 - 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
- Child Abuse and/or Maltreatment, or Verbal Abuse Allegation Involving Parent/Legal Guardian
- Employee Misconduct
- Other

Program Narrative (Completion of this section is mandatory)

Please describe the alleged occurrence in simple language (who, what, when, where, and how), and how the reporter learned of the alleged occurrence. Also include information about the families impacted by or involved in the incident (such as children in the same classroom, setting, etc.), and if they were notified, when and how this was done. Please also share any new details that have come to light about this alleged occurrence. Avoid legal terms such as assault, harass, etc.

Written statements by reporter(s) and any observer(s) of the alleged occurrence must be submitted to decereports@schools.nyc.gov. Statements must include the date, time, location of alleged occurrence, and a description of what occurred.

Were written statements obtained? Yes No

If this was reported by a public media source, please provide the details of the news outlet (newspaper, stations, available video, including links to the sources):

Is video footage available for any of the reported incidents? If so, please take immediate steps to ensure you preserve this footage. Do not alter or delete it. Please provide a link to the video. Yes No

SECTION 4 - Reporting Requirements

Please include call ID/case/complaint numbers, or other documented contact with agencies 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 involving program staff, the allegation must be reported to the following agencies immediately.

1. Statewide Central Register for Child Abuse and Maltreatment (SCR): 800-635-1522
2. Special Commissioner of Investigation (SCI): 212-510-1500 or <https://nycsci.org/online-complaint-form/>
3. Department of Health and Mental Hygiene (DOHMH): 646-632-6101 (If directed to contact 311, please go to <https://portal.311.nyc.gov/article?kanumber=KA-02240>)

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

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

1. Special Commissioner of Investigation (SCI): 212-510-1500 or <https://nycsci.org/online-complaint-form/>
2. Department of Health and Mental Hygiene (DOHMH): 646-632-6101 (If directed to contact 311, please go to <https://portal.311.nyc.gov/article?kanumber=KA-02240>)

All Programs:

You do not need to report to an agency that has already contacted you about the matter addressed in this report. Simply note the date of contact with that agency and name of the person with whom you spoke.

If the allegation(s) concern some other kind of employee misconduct (i.e. fraud), it must be reported immediately to:

1. Special Commissioner of Investigation (SCI): 212-510-1500 or <https://nycsci.org/online-complaint-form/>

Allegations Involving Family:

All allegations of abuse caused by a parent, guardian, custodian, or any person regularly residing in the home must be reported immediately to:

1. Statewide Central Register for Child Abuse and Maltreatment (SCR): 800-635-1522

Reporting Summary Table:

Program Setting	Allegation Involves Program Staff/Volunteer or Children	Allegation Involves Family
<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): 800-510-15002. Special Commissioner of Investigation (SCI): 212-510-1500 or https://nycsci.org/online-complaint-form/3. Department of Health and Mental Hygiene (DOHMH): 646-632-6101 (If directed to contact 311, please go to https://portal.311.nyc.gov/article?kanumber=KA-02240)	<ol style="list-style-type: none">1. Statewide Central Register for Child Abuse and Maltreatment (SCR): 800-510-1500
<ul style="list-style-type: none">• Article 43/SBCCs	<ol style="list-style-type: none">1. Special Commissioner of Investigation (SCI): 212-510-1500 or https://nycsci.org/online-complaint-form/2. Department of Health and Mental Hygiene (DOHMH): 646-632-6101 (If directed to contact 311, please go to https://portal.311.nyc.gov/article?kanumber=KA-02240)	<ol style="list-style-type: none">1. Statewide Central Register for Child Abuse and Maltreatment (SCR): 800-510-1500

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

SECTION 5 - AGENCY NOTIFICATIONS

Please be sure you have reviewed the previous page thoroughly in order to meet your reporting requirements and have all the necessary information to complete this section.

*If an agency has already contacted your program about the allegation, you do not need to file an additional report. Simply provide the information requested below. **You must still report to all other applicable agencies.**

Was the **State Central Register for Child Abuse and Maltreatment (SCR)** contacted? Yes No

- Was the report accepted? Yes No
- Was your program visited by ACS-OSI in relation to this occurrence? Yes No *If yes, you do not need to report to SCR again.*
- Please provide the SCR Call ID Number: _____
Note: An LDSS-2221A form must be submitted to SCR and a copy must be sent to decereports@schools.nyc.gov.
- Please provide the Operator Name (person who answers the hotline): _____
- Please provide the date and time of the call: _____
- If visited by ACS-OSI, please provide the name of the contact: _____

Was the **Office of the Special Commissioner of Investigation (SCI)** contacted? Yes No

- Was the report accepted? Yes No
- Was your program visited by SCI or DOE-OSI in relation to this occurrence? Yes No *If yes, you do not need to report to SCI again.*
- Please provide the SCI Report ID Number: _____
- Please provide the date and time of the call: _____
- If visited by SCI or DOE-OSI, please provide the name of the contact: _____

Was the **Department of Health and Mental Hygiene (DOHMH)** contacted? Yes No

- Was the report accepted? Yes No
- Was your program visited by DOHMH in relation to this occurrence? Yes No *If yes, you do not need to report to DOHMH again.*
- Please provide the DOHMH Complaint Number: _____
- Please provide the Operator Name (person who answers the hotline): _____
- Please provide the date and time of the call: _____

If visited by DOHMH, please provide the name of the contact: _____

Note: Please submit a copy of the investigation report you receive from DOHMH to decereports@schools.nyc.gov, in addition to this report.

Emergency Services

Did any emergency services respond 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

What is the name of the injured person: _____

During what activity did the injury occur (e.g. blocks): _____

Was first aid administered? Yes No

Did an ambulance respond to the incident? Yes No

Did the injured person or the person/guardian refuse medical attention? Yes No

Please describe the injury, including which body part was injured.

Please describe the provided treatment.

Please proceed to Section 7 on the next page

SECTION 7 - Program Next Steps

Please describe actions taken at the the time of the incident or in response to the allegation. If applicable, please detail below the staffing, training, support for families, or other actions your program has taken, or will take, in response to the occurrence. If you have been asked to complete a Corrective Action Plan (CAP), or other remediation, by an investigative agency, please detail here.

SECTION 8 - Signatures and Submission

This organization hereby acknowledges that the staff member(s) or volunteer(s) 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.

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: _____

Do you need to submit this report to a Board Member or a DAPC/PAC Representative to review? Yes No

• Board Member Signature (as applicable): _____

• DAPC/PAC Representative Signature (as applicable): _____