



**NEW YORK STATE EDUCATION DEPARTMENT (NYSED)  
IMMEDIATE PROTECTIONS SAFETY ASSESSMENT**

ACTIONS TAKEN

**Section 1: Completed by NYSED Incident Management Unit**

Name of Residential School:	
Vulnerable Persons Central Registry (VPCR) Identification Number:	
Classification:	Abuse/Neglect
NYSED Incident Management Investigator:	
Date and Location of Alleged Incident:	
VPCR Incident Narrative <sup>1</sup> :	

**Section 2: Completed by the Residential School**

Were any of the students named in this reportable incident placed by the federal Office of Refugee Resettlement?  Yes  No

<b>Parent/Guardian Contact</b>	
Was the parent(s)/guardian(s) contacted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, by whom?	
If no, why not?	
<b>Actions to Protect the Health and Safety of the Student(s) Named in the Report and Any Other Students Similarly Situated in the Facility or Program</b>	
Did the student(s) named in the report incur any injuries?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If the student(s) named in the report incurred injuries, were photos of the student(s)/injuries taken?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did the student(s) named in the report receive medical evaluation and/or treatment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the student(s) named in the report require follow-up medical care?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Were the student(s) named in the report provided with emotional support (e.g., immediate counseling)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, describe:	

<sup>1</sup> VPCR Incident Narrative is the description of the alleged incident taken directly from the NYS Justice Center VPCR report.

Was the staff named in the report removed or transferred so as not to have contact with the student(s) named in the report, or advised to not have unsupervised contact with the student(s) named in the report?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, describe: If no, why not?	
Based on the allegations, are you concerned about the safety of the student(s) not named in the report?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, describe the actions you are taking to prevent staff from having contact with any students:  If no, why not?	
Was the supervision of the staff named in the incident increased?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, describe:	
Was the student(s) named in the report temporarily removed or transferred?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, describe:	
Was law enforcement contacted?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Were there any other actions taken?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, describe:	

Name of Residential School Administrator or Designee Contacted:

Name of Residential School Individual Completing the Form:

Date:

**A copy of the completed immediate protections safety assessment form must be returned to the NYSED Incident Management Unit no later than 24 hours of receipt.**