



OFFICE OF P-12 EDUCATION: Office of Special Education  
ASSISTANT COMMISSIONER  
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September 2013

## SPECIAL EDUCATION FIELD ADVISORY

**TO:** Executive Directors of Approved Private Residential Schools  
Superintendents, Special Act School Districts  
Superintendents, State-Operated Schools  
Superintendents, State-Supported Schools with a Residential Component  
Out-of-State Residential Schools

**FROM:** James P. DeLorenzo *James P. DeLorenzo*

**SUBJECT:** Chapter 501 of the Laws of 2012 ("Protection of People with Special Needs Act") - Immediate Protections Safety Assessment

In July 2013, I notified you of requirements for completion of an "Immediate Protections Safety Assessment" when a report has been made to the Justice Center of alleged abuse, neglect or reportable significant incidents in a residential school. We have seen a high level of cooperation and compliance with this requirement by residential schools.

Since July, and upon consideration of recommendations from residential school providers, the State Education Department has revised the "Immediate Protections Safety Assessment" form that must be used to ensure that proper actions have been taken to assure the health and safety of students who may be the subject of reports of abuse/neglect or significant incidents that occurred at the school or off hour school activities and were reported to the New York State Justice Center's Vulnerable Persons Central Registry pursuant to Chapter 501 of the Laws of 2012 ("Protection of People with Special Needs Act"). A copy of the revised form with revised directions for submittal is attached to this memorandum and may be found at <http://www.p12.nysed.gov/specialed/justicecenter/home.html>.

If you have any questions regarding this matter, please contact the Regional Associate assigned to your residential school.

Attachment

## IMMEDIATE PROTECTIONS SAFETY ASSESSMENT

### ACTIONS TAKEN

Name of Residential School:

Vulnerable Persons Central Registry (VPCR) Identification Number (if known):

Date Alleged Incident Reported:

Describe Alleged Incident:

Location where the Alleged Incident Occurred:

#### Parent/Guardian Contact

Were the parent(s)/guardians contacted?  Yes  No

If yes, by whom?

If no, why not?

#### Actions to Protect the Health and Safety of the Student(s)

Did the student[s] incur any injuries?  Yes  No

Did he/she receive medical evaluation and/or treatment?  Yes  No

Does the student require follow-up medical care?  Yes  No

Check and specify the other actions the agency took to assure the health and safety of the student(s) involved in the report and any other students similarly situated in the facility or program.

- The staff named in the incident was removed or transferred so as not to have contact with the student(s). Describe:
  - The supervision of the staff named in the incident has been increased. Describe:
  - The student(s) were temporarily removed or transferred. Describe:
  - The student(s) were provided with emotional support (e.g., immediate counseling). Describe:
  - All students related to the incident have been removed from harm's way. Describe:
  - Other actions taken. Describe:
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Immediate Actions Related to the Investigation of Abuse/Neglect/Criminal Reports

Was the area where the alleged incident of abuse occurred secured?

Yes  No  Not applicable

Was potential evidence preserved and secured?

Yes  No  Not applicable

If the student incurred injuries, were photos of the student taken?

Yes  No  Not applicable

Was law enforcement contacted?

Yes  No  Not applicable

Printed Name of Individual Completing the Form: \_\_\_\_\_

Contact Telephone Number: \_\_\_\_\_

Signature of Chief School Administrator or Designee: \_\_\_\_\_

Date: \_\_\_\_\_

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PLEASE COMPLETE THIS FORM WITHIN 24 HOURS OF NOTIFICATION OF THE ALLEGED INCIDENT AND FAX IT DURING REGULAR BUSINESS HOURS TO:

P-12: OFFICE OF SPECIAL EDUCATION  
NEW YORK STATE EDUCATION DEPARTMENT  
89 WASHINGTON AVENUE, RM 301M EB  
ALBANY, NY 12203

**FAX NUMBER: (518) 402-3534**

**ATTN: RESIDENTIAL SCHOOL IMMEDIATE PROTECTIONS SAFETY ASSESSMENT**