

**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
Date and Location of Alleged Incident:	
VPCR Incident Narrative ¹ :	

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

Parent/Guardian Contact	
Was the parent(s)/guardian(s) contacted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, by whom?	
If no, why not?	
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	
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:	

