

**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 <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:

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