

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

ACTIONS TAKEN

Section 1: Completed by NYSED Incident Management Unit

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| 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

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|--|--|
| 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: | |

