



OFFICE OF P-12 EDUCATION: Office of Special Education
ASSISTANT COMMISSIONER
Room 301M EB, 89 Washington Avenue • Albany, NY 12234
www.p12.nysed.gov/specialed/

Telephone (518) 402-3353
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July 2013

SPECIAL EDUCATION FIELD ADVISORY

IMMEDIATE ATTENTION REQUIRED

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 

SUBJECT: Chapter 501 of the Laws of 2012 ("Protection of People with Special Needs Act") - Immediate Protections Safety Assessment and Off Hours Emergency Contact Information for Residential Schools

The purpose of this memorandum is to outline expectations relating to the performance of an immediate protections safety assessment and request that each residential school provide me with contact information, including a telephone number and an email address, where the chief administrator of the school and at least one other supervisory level individual from the school program can be reached outside of the regular school day, including weekends.

The immediate protections safety assessment is necessary 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"). In accordance with section 200.15 of the Regulations of the Commissioner of Education, whenever there is an allegation of a reportable incident, the chief administrator of the residential school or his or her designee must immediately (1) obtain proper medical evaluation and/or treatment of a student, as needed and (2) take other appropriate actions to assure the health and safety of the student(s) involved in the report and of any other students similarly situated in the facility or program (such as removing or transferring the alleged perpetrator; increasing the degree of supervision of the alleged perpetrator; temporarily removing or transferring the student(s)).

In addition to the above, the chief education administrator of the residential school or his or her designee must take other appropriate actions, including but not limited to, preserving any potential evidence through such actions as securing the area wherein the suspected reportable incident occurred. Additional guidance on other actions required to be taken by a residential school upon an allegation of a reportable incident will be provided in another field advisory.

Schools must have internal procedures in place to ensure that these immediate protections are taken when incidents occur and that school administrators are designated and reachable. For all incidents that have been reported to the Justice Center to have occurred during the school day or during off hour school activities, the attached checklist should be used by residential school administrators to document the immediate actions taken to ensure the health and safety of the student(s). **A copy of the completed form must be faxed to my office within 24 hours of each alleged incident.**

Following notification from the Justice Center that an allegation of abuse/ neglect or, if applicable, a significant incident was reported to have occurred at a residential school, the State is also required by law to contact the school to review the actions taken to ensure the health and safety of students. Therefore, each residential school must provide the State with emergency contact information for school administrators during both school and after school hours.

Please complete the attached emergency contact form and fax it to me as soon as possible, but not later than **Friday, July 19, 2013.** If you have any questions regarding this matter, please contact me.

Attachments

RESIDENTIAL SCHOOL
Emergency Contact Information

Name of Residential School:

Location:

Telephone Number:

School Email:

During School Hours

(At least two emergency school contact persons must be provided)

Name/Title	Telephone Number	Off Hours Email
	Home: Cell:	

Off Hours¹ Contact Information (including weekends)

(At least two emergency school contact persons must be provided)

Name/Title	Telephone Number	Off Hours Email
	Home: Cell:	

Please fax this form 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
ATTENTION: JUSTICE CENTER CONTACT INFORMATION

¹ Off hours means any time the school is not in operation, including after school, evenings and weekends.

IMMEDIATE PROTECTIONS SAFETY ASSESSMENT

CHECKLIST OF ACTIONS TAKEN

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

Date Incident Reported:

Describe Incident:

Location where the Incident Occurred:

Students Affected:

Alleged Perpetrator (for abuse/neglect allegations):

Current location of the student(s) involved in the incident:

Current location of the alleged perpetrator:

Parent Contact

Were the parent(s) 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

If yes: Describe the nature and extent of the injuries:

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

By whom (provider's name and location)?

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

If yes, describe:

What other actions did the agency take 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 alleged perpetrator was removed or transferred so as not to have contact with the student(s). Describe:
- The supervision of the alleged perpetrator 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 harms way. Describe:
- Other actions taken. Describe:

Do any concerns remain regarding the safety of the student(s)? Yes No
 If yes, describe:

Was law enforcement contacted? Yes No Not applicable

Immediate Actions Related to the Investigation

If the incident was a sexual assault, was a rape kit done?
 Yes No Not applicable

Was the area where the alleged incident 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

Signature of Chief School Administrator or Designee: _____
 Date: _____

 UPON COMPLETION OF THIS FORM, PLEASE FAX IT WITHIN 24 HOURS OF THE INCIDENT 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