





## SEXUAL ASSAULT RESPONSE TEAM (SART) CHECKLIST

### CLIENT SAFETY

- VICTIM CARE

Did a CAT member respond to the victim at the time of the incident?  YES  NO

List name of responding CAT member, date/time of contact with client/victim:

Reporting staff member: \_\_\_\_\_

Date \_\_\_\_\_

Time \_\_\_\_\_

Did the client/victim require medical care?  YES  NO

If yes, list the name & address of the medical provider, and date/time treatment was received.

NAME & ADDRESS OF MEDICAL PROVIDER: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Was the client/victim informed of services offered by Alvis House (e.g., counseling)?  YES  NO

Did the client/victim agree to receive in-house services?  YES  NO

Was the client/victim informed of community-based services related to his/her specific area of need?  YES  NO

Were mental health services recommended?  YES  NO

If yes, did the client/victim agree to receive mental health services?  YES  NO



## SEXUAL ASSAULT RESPONSE TEAM (SART) CHECKLIST

### POLICIES & PROCEDURES

Was the client/victim informed of confidentiality & duty to report?  YES  NO

Was the perpetrator identified?  YES  NO

If yes, list name, job title and facility location.

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Did the client/victim indicate feeling uncomfortable with any specific client or employee in the facility?  YES  NO

If yes, list name, job title, facility location of all persons named by the client/victim. Also, state why the client feels uncomfortable around the named individuals.

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Did Alvis House employee(s) respond to the incident according to agency policies?

YES  NO

Is any additional employee training recommended to improve understanding of, or response to, client sexual victimization?  YES  NO



## SEXUAL ASSAULT RESPONSE TEAM (SART) CHECKLIST

If yes, indicate areas where training is recommended:

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### REPORTING

Was the response to the client/victim timely?  YES  NO

If no, what caused a delay in services to the client/victim?

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Were client/victim's emergency contacts notified?  YES  NO

Was law enforcement contacted?  YES  NO

If yes, which agency? \_\_\_\_\_

Did law enforcement respond to the scene of the incident?  YES  NO

Was the location of the alleged sexual assault secured?  YES  NO

Was evidence removed from the scene by law enforcement?  YES  NO

List known items removed from the scene \_\_\_\_\_

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## SEXUAL ASSAULT RESPONSE TEAM (SART) CHECKLIST

Please list the whereabouts of the client/victim as of the date of this document (check all that apply):

- Removed from the program
- Transferred to \_\_\_\_\_ facility
- Client hospitalized (name hospital) \_\_\_\_\_
- Other (specify) \_\_\_\_\_

Please list the whereabouts of the perpetrator as of the date of this document (check all that apply):

- Transferred to \_\_\_\_\_ facility
- Placed in secured custody
- Unknown

### **PROCESS REVIEW**

Was an onsite review conducted?  YES  NO

Who conducted the review (list names, job title?)

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Were any physical vulnerabilities identified in the facility?  YES  NO



## SEXUAL ASSAULT RESPONSE TEAM (SART) CHECKLIST

If yes, please identify the vulnerabilities noted, and planned action steps, including timelines

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Did incident generate media attention?

YES

NO

If yes, list type of media \_\_\_\_\_

### SCREENING

Did client/victim appear to know/understand the services available by Alvis House?

YES

NO

Did client/victim appear to know/understand optional community-based services?

YES

NO

Were documents related to this incident completed accurately?

YES

NO

Was any pertinent information overlooked?

YES

NO

If yes, please identify:

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Is there any reason the client/victim should not have been placed in the specific facility?

YES

NO



## **SEXUAL ASSAULT RESPONSE TEAM (SART) CHECKLIST**

If yes, please state why:

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### **RECOMMENDED IMPROVEMENTS**

Based on the incident and the agency's response, please list any policies that should be revised. State what changes are recommended, and how they would improve our response to, or prevention of, client sexual victimization at Alvis House.

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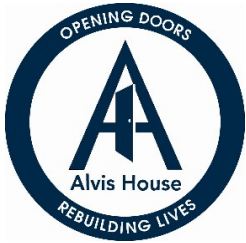
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Based on the incident and the agency's response, please list any improvements to facility security where the violation occurred.

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## SEXUAL ASSAULT RESPONSE TEAM (SART) CHECKLIST

Based on the incident and the agency's response, please list any internal services not currently provided, which may improve client safety from sexual victimization.

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**Name, job title of person completing this document:**

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**(NAME)**

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**(TITLE)**

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