SEXUAL ASSAULT RESPONSE TEAM
(SART) CHECKLIST

Date: ___________________

Check all team members present:

☐ Deb Buccilla
☐ Dr. Randy Shively
☐ Ramona Swayne
☐ Gerard Lowe
☐ Lois Hochstetler
☐ Herminia Carbon

☐ Katie Warren
☐ Maria Watson
☐ Gloria Iannucci
☐ Jennifer Stohr
☐ Lawana Shipley

Summary of incident, including date/time:

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SEXUAL ASSAULT RESPONSE TEAM  
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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
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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.
________________________________________________________________________
________________________________________________________________________

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
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If yes, indicate areas where training is recommended:

______________________________________________

______________________________________________

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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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?)

__________________________________________________________________________

Were any physical vulnerabilities identified in the facility? ☐ YES ☐ NO
SEXUAL ASSAULT RESPONSE TEAM
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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:
__________________________________________________________________________

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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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
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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:

______________________________________________________________
(NAME)

______________________________________________________________
(TITLE)

Signature: ___________________________________________________________ Date: _____________