



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



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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.

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



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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?

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



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

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



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If yes, please state why:

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.

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



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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.

Name, job title of person completing this document:

(NAME)

(TITLE)

Signature: _____ Date: _____