



**Coordinated Response**

Emergency & Ongoing Medical and Mental Health Services	Official Response	Reporting & Notifications to Resident Victim
<p><input type="checkbox"/> Medical practitioner(s) notified §115.282 Date:</p> <p><input type="checkbox"/> Mental Health practitioner(s) notified §115.282 Date:</p> <p><input type="checkbox"/> Victim received emergency medical treatment §115.282 <input type="checkbox"/> Onsite <input type="checkbox"/> Offsite      Date:</p> <p><input type="checkbox"/> <b>Agency attempted to make available victim advocate from a rape crisis center §115.221(d)</b> If a victim advocate from a rape crisis center was not available: <input type="checkbox"/> Qualified agency staff member utilized; <input type="checkbox"/> Qualified community-based organization staff member utilized; or <input type="checkbox"/> Agency made no attempt(s)</p> <p><b>As requested by the victim, they were accompanied by an advocate for §115.221(e):</b> <input type="checkbox"/> Medical forensic exam <input type="checkbox"/> Investigative interviews <input type="checkbox"/> Emotional support <input type="checkbox"/> Crisis intervention <input type="checkbox"/> Information <input type="checkbox"/> Referrals or <input type="checkbox"/> Refused accompaniment. If checked, explain which services were refused:</p> <p><b>All victims §115.282(c) and 115.283(d),(e):</b> <input type="checkbox"/> Offered timely info about STI prophylaxis <input type="checkbox"/> Offered timely access to STI prophylaxis <input type="checkbox"/> Offered test for STI as medically appropriate</p> <p><b>Resident victims of sexually abusive vaginal penetration Check if applicable §115.282(c) and 115.283(d),(e):</b> <input type="checkbox"/> Offered timely information about emergency contraception <input type="checkbox"/> Offered timely access to emergency contraception <input type="checkbox"/> Offered pregnancy tests <input type="checkbox"/> Received pregnancy-related medical services</p>	<p><input type="checkbox"/> Notification to licensing body(ies) [if applicable] §115.276(d) &amp; §115.277      Date:</p> <p><b>Reporting to other confinement facilities §115.263</b> <input type="checkbox"/> Other facility head notified if applicable (within 72 hrs.) Date:</p> <p><b>Staff first responder duties §115.264</b> <input type="checkbox"/> Separation of victim and abuser (e.g., incident reports documenting response to allegation, documented housing transfer, etc.)</p> <p><b>Agency Protection Duties §115.262</b> <input type="checkbox"/> Immediate protection from a substantial risk of imminent sexual abuse (e.g., incident reports documenting response to allegation, documented housing transfer, etc.)</p> <p><b>Retaliation Monitoring §115.267</b> (Evidence the agency acted promptly to remedy retaliation) Date initiated:  Date concluded:</p> <p><b>Periodic status checks for residents §115.267(d)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Details:</p> <p><b>Protection measures employed: §115.267</b> Victim Abuser Witness  <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Housing changed  <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Transferred  <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> No contact ordered  <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Emotional Support</p> <p><b>Items monitored for retaliation: §115.267</b> Victim Abuser Witness  <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Discipline;  <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Housing changes  <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Program changes  <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Staff reassignment  <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Staff negative performance review</p>	<p>Notified resident of outcome §115.273 (i.e., substantiated, unsubstantiated, unfounded) <input type="checkbox"/> Yes      <input type="checkbox"/> No</p> <p><b>Notification to resident when allegation is substantiated or unsubstantiated §115.273(c)(b)(d)</b> <input type="checkbox"/> Staff abuser is no longer posted on the resident's unit <input type="checkbox"/> Staff abuser is no longer employed at the facility Abuser indicted; <input type="checkbox"/> Staff <input type="checkbox"/> Resident Abuser convicted; <input type="checkbox"/> Staff <input type="checkbox"/> Resident</p> <p>If notice was not provided: <input type="checkbox"/> Resident released from custody <input type="checkbox"/> Agency requested relevant info. from the investigative agency in order to inform the resident</p> <p>Resident notifications or attempts documented? §115.273 <input type="checkbox"/> Yes      <input type="checkbox"/> No Date(s) of notification:</p> <p><b>Disciplinary sanctions for residents §115.278</b> [provide details in notes section] <input type="checkbox"/> Resident subject to disciplinary sanctions pursuant to provisions (a)-(g)</p>

**Notes:**

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