



Coordinated Response		
Emergency & Ongoing Medical and Mental Health Services	Official Response	Reporting & Notifications to Inmate Victim
<input type="checkbox"/> Medical practitioner(s) notified <b>§115.82</b> Date: <input type="checkbox"/> Mental Health practitioner(s) notified <b>§115.82</b> Date: <input type="checkbox"/> Victim received emergency medical treatment <b>§115.82</b> <input type="checkbox"/> Onsite <input type="checkbox"/> Offsite Date:  <b>Agency attempted to make available victim advocate from a rape crisis center §115.21(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)  <b>As requested by the victim, they were accompanied by an advocate §115.21(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:  <b>For prisons only:</b> <input type="checkbox"/> Mental health eval for known inmate-on-inmate abuser attempted within 60 days of learning of abuse history <b>§115.83(h)</b> Date: <input type="checkbox"/> Treatment deemed appropriate by mental health for inmate-on-inmate abuser <b>§115.83(h)</b> Date: <input type="checkbox"/> Treatment offered to inmate-on-inmate abuser <b>§115.83(h)</b> Date:  <b>All victims §115.82(c) and 115.83(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  <b>Inmate victims of sexually abusive vaginal penetration Check if applicable §115.82(c) and 115.83(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	<input type="checkbox"/> Notification to licensing body(ies) [if applicable] <b>§115.76(d) &amp; 115.77</b> Date:  <b>Reporting to other confinement facilities §115.63</b> <input type="checkbox"/> Other facility head notified if applicable (within 72 hrs.) Date:  <b>Staff first responder duties §115.64</b> <input type="checkbox"/> Separation of victim and abuser (e.g., incident reports documenting response to allegation, documented housing transfer, etc.)  <b>Agency Protection Duties §115.62</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.)  <b>Protective Custody §115.43</b> <input type="checkbox"/> <b>Voluntary Segregated Housing</b> Start Date: _____ End Date: _____ <b>Access to extent possible (check all that apply and explain in notes section):</b> <input type="checkbox"/> Programs <input type="checkbox"/> Privileges <input type="checkbox"/> Edu <input type="checkbox"/> Work <input type="checkbox"/> Restricted access documented: (1) What opportunities are limited? (2) Duration of limitation? (3) Reason for limitation? <input type="checkbox"/> Review(s) for continuing need for separation. Date(s): _____  <input type="checkbox"/> <b>Involuntary Segregated Housing</b> Start Date: _____ End Date: _____ <input type="checkbox"/> Assessment of all alternatives made <input type="checkbox"/> No available alternative means of separation <input type="checkbox"/> Held in involuntary segregation for <24 hours while completing the assessment <b>Access to extent possible (check all that apply and explain in notes section):</b> <input type="checkbox"/> Programs <input type="checkbox"/> Privileges <input type="checkbox"/> Edu <input type="checkbox"/> Work <input type="checkbox"/> Restricted access documented: (1) What opportunities are limited? (2) Duration of limitation? (3) Reason for limitation? <input type="checkbox"/> Basis for the facility's concern for the inmate's safety <input type="checkbox"/> Reason no alternative of separation can be arranged <input type="checkbox"/> Review(s) for continuing need for separation. Date(s): _____	Notified inmate of outcome <b>§115.73</b> (i.e., substantiated, unsubstantiated, unfounded) <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>Notification to inmate when allegation is substantiated or unsubstantiated §115.73(c)(b)(d)</b> <input type="checkbox"/> Staff abuser is no longer posted on the inmate's unit <input type="checkbox"/> Staff abuser is no longer employed at the facility Abuser indicted; <input type="checkbox"/> Staff <input type="checkbox"/> Inmate Abuser convicted; <input type="checkbox"/> Staff <input type="checkbox"/> Inmate  If notice was not provided: <input type="checkbox"/> Inmate released from custody <input type="checkbox"/> Agency requested relevant info. from the investigative agency in order to inform the inmate  Were inmate notifications or attempts documented? <b>§115.73</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Date(s) of notification: _____  <b>Disciplinary sanctions for inmates §115.78</b> [provide details in notes section] <input type="checkbox"/> Inmate subject to disciplinary sanctions pursuant to provisions (a)-(g)
<b>Retaliation Monitoring §115.67</b> (Evidence the agency acted promptly to remedy retaliation) Date initiated: _____  Date concluded: _____	<b>Items monitored for retaliation: §115.67</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	<b>Protection measures employed: §115.67</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

Notes:

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