DEPARTMENT OF CORRECTIONS

FIRST RESPONDER – Sexual Abuse Response Checklist

Completed by: _____ **Signature:** _____

Date: _____ **Time:** _____

	Done (√)	Date	Time	Initials
1. Receive report of sexual abuse Name/OID of victim: _____ Name of reporter (if different): _____	☐			
Do not let the victim out of your sight!	☐			
Call ICS if victim is seriously injured.	☐			
Approximate date(s) and time(s) of assault Date: _____ Time: _____	☐			
Identify perpetrator(s) and witnesses Name/OID of perpetrator: _____ Name/OID of witnesses: _____ _____	☐			
Identify the place or places where the incident occurred: _____ _____	☐			
2. Notify OIC and Watch Commander of incident.	☐			
3. Glove up!	☐			
4. Secure crime scene(s) immediately. Do not allow anyone to enter scene(s) except Health Services and OSI.	☐			

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	Done (√)	Date	Time	Initials
5. Assign an officer to remain with perpetrator until further instructed by Watch Commander or OSI.	☐			
Two or more perpetrators must be separated.	☐			
Victim, perpetrator, and witnesses must not be within earshot or sight of each other.	☐			
6. Prevent victim from eating, drinking, using the toilet, brushing teeth, changing clothes, washing hands, douching, bathing, or showering.	☐			
If victim has already changed clothes, determine location of clothing worn at the time of the incident. If clothing is not at crime scene, secure it in paper evidence bags one item per bag. If the victim has not changed clothing, they must: • Stand on a white sterile sheet or pad and remove all clothing items one at a time. • Carefully remove footwear and socks. • Place all clothing in a separate, sealed paper evidence bag. • Fold the white sterile sheet or pad inward and place it in a separate, sealed paper evidence bag. • Give the victim state-issued clothing and transport them to a healthcare facility or hospital. Follow Policy 301.035, "Evidence Collection," for evidence management.	☐			
7. Remain with victim until OSI or Watch Commander instructs otherwise.	☐			
8. Write Confidential Incident Report.	☐			

Return this form and Confidential Incident Report to the Watch Commander when complete.