

**WATCH COMMANDER – Sexual Abuse Response Checklist**
**Completed by:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Time:** \_\_\_\_\_

	Done (v)	Date	Time	Initials
<b>1. Receive report from first responder.</b> Victim's name/OID: _____ Victim's DOB: _____ Date and time of incident: _____ Perpetrator's name/OID: _____ Potential witnesses: _____ _____ Location(s) of incident(s): _____ _____	<input type="checkbox"/>			
Verify that crime scene has been secured.	<input type="checkbox"/>			
Instruct first responder to stay with victim until OSI arrives.	<input type="checkbox"/>			
Ensure that an officer is stationed with any identified perpetrator(s).	<input type="checkbox"/>			
<b>2. Notify OD of incident.</b>	<input type="checkbox"/>			
<b>3. Notify OSI staff of incident.</b> Person notified: _____	<input type="checkbox"/>			

	Done (√)	Date	Time	Initials
<p><b>4. Remove alleged perpetrator from area.</b></p> <p>-- If the perpetrator is an incarcerated person/resident/detainee, direct the squad to remove them to a <b>dry cell</b> in segregation.</p> <p>-- If the perpetrator is a staff person, intern, contractor, or volunteer and the Watch Commander/Supervisor has reasonable cause to believe the person committed the sexual abuse, the Watch Commander/Supervisor must direct the alleged perpetrator to remain in a designated area until the Warden/designee and OSI are contacted. Law Enforcement must be contacted immediately by or at the direction of OSI.</p>	<input type="checkbox"/>			
<p>Ensure that the perpetrator does not eat, drink, use the toilet, brush teeth, change clothes, wash hands, bathe, or shower. If the incident occurred within the past 240 hours (ten days), offer a SANE exam.</p>	<input type="checkbox"/>			
<p><b>5. Notify Health Services</b> of the incident.</p>	<input type="checkbox"/>			
<p>If Health Services staff are not on the grounds and if the incident occurred within past 240 hours (ten days), <b>call the designated health care facility</b> to alert them to the potential need for a sexual assault exam.</p> <p><b>Note: DO NOT offer SANE exam after 240 hours (ten days).</b></p>	<input type="checkbox"/>			
<p>Arrange for the transport of the victim to the healthcare facility or hospital for the sexual assault exam.</p>	<input type="checkbox"/>			
<p><b>6. Notify mental health staff</b> of the incident.</p>	<input type="checkbox"/>			
<p><b>7. Notify the victim's parent/guardian, if the victim is a juvenile.</b></p>	<input type="checkbox"/>			

	Done (√)	Date	Time	Initials
<b>8. Do not interview the victim or perpetrator regarding specifics of the incident unless OSI requests it. Questions should only include basic: who was involved, where did it take place and when did it happen so incarcerated people/residents/detainees and a crime scene can be secured if necessary.</b>	<input type="checkbox"/>			
<b>9. Write Confidential Incident Report and attach this completed checklist.</b>	<input type="checkbox"/>			

**Collect the First Responder, Health Services and Watch Commander Sexual Abuse Response Checklists and all confidential incident reports. Forward this documentation to the warden/designee for post-incident review.**