

CF- Sexual Abuse Response Team Guide

S.A.R.T. Meeting Date:

S.A.R.T. members present:	_____

Incarcerated people/residents/detainees involved/OIDs:	_____

Date of alleged incident:	
Location of alleged incident	
Date of initial report:	
Location of initial report	

Review all incident and related reports - Evaluate response. Offer recommendations, if necessary:

<input type="checkbox"/>	First Responder:	
<input type="checkbox"/>	Watch Commander	
<input type="checkbox"/>	OSI	
<input type="checkbox"/>	Health Services	
<input type="checkbox"/>	Behavioral Health	
<input type="checkbox"/>	Victim Services	
<input type="checkbox"/>	Other MCF SART Team	
<input type="checkbox"/>	Other	

History of any prior victimization/predatory behaviors while incarcerated:

Victim:	
Perpetrator:	

Identification of any pre-incident activity:

Victim:	
Perpetrator:	

Evaluate classification, housing, work assignments, STG, etc.:

Victim:	
Perpetrator:	

Evaluate medical and behavioral health history:

Victim:	
Perpetrator:	

Assess immediate safety and security needs:

Victim:	
Perpetrator:	

Alleged **victim management plan - Safety/Security (housing, incompatibility, transfer, discipline, COMS/PRISM update, etc.)**

OSI (follow-up):	
Health Services (follow-up):	
Behavioral Health (follow-up):	
Case Management (follow-up):	
Victim Services:	
Other referrals:	

Alleged **perpetrator management plan - Safety/Security (housing, incompatibility, transfer, discipline, COMS/PRISM update, etc.)**

OSI (follow-up):	
Health Services (follow-up):	

Behavioral Health (follow-up):	
Case Management (follow-up):	
Other referrals:	
Single Cell Restriction Review:	<input type="checkbox"/> Perpetrator <input type="checkbox"/> Victim
<input type="checkbox"/>	Written report to Warden with ten business days of SART activation, detailing SART recommendations and incarcerated person/resident/detainee management plans
<input type="checkbox"/>	Direct report to Warden any corrective actions or suggestions for improved correctional practices to alleviate or eliminate future occurrences of prison sexual violence.

Distribution:

Asst. Commissioner	Behavioral Health Provider	Caseworker of Record
AWO	Health Services Administrator	Incarcerated person's/resident's/detainee's
Program Director(s)	Transfer Coordinator	Confidential Base File
OSI	SART Caseworker	Psychological Services File-Confidential Section
Behavioral Health Director	State PREA Coordinator	

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