



Office for Victims of Crime

**OVC**

## INDIAN HEALTH SERVICE AND OFFICE FOR VICTIMS OF CRIME CHILD ABUSE PROJECT

### SITE VISIT EVALUATION FORM

Medical Provider: \_\_\_\_\_

Site/facility: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Evaluator: \_\_\_\_\_ Date: \_\_\_\_\_

1. Location/atmosphere of exam facilities:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Policies and procedures:

- Criteria for identification of victims
- Education/experience requirements for those performing examinations
- Intake procedures on how to obtain services
- Forms to be a permanent part of the medical record
- Detailed description of services provided
- Scope of treatment available
- Referral system to be utilized
- How to obtain case consultation
- How information will be documented and released (including data collection)
- Quality improvement activities
- Other: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Patient records:

- Location secure and confidential
- Part of the regular chart:  Yes  No

\_\_\_ Documentation complete with drawings and signed consultation

Comments: \_\_\_\_\_  
\_\_\_\_\_

4. Interviews with:

\_\_\_ Law Enforcement (local): \_\_\_\_\_

\_\_\_ FBI: \_\_\_\_\_

\_\_\_ Victim Advocate: \_\_\_\_\_

\_\_\_ Social Services: \_\_\_\_\_

\_\_\_ Nursing: \_\_\_\_\_

\_\_\_ MDT: \_\_\_\_\_

\_\_\_ Participant supervisor: \_\_\_\_\_

\_\_\_ Other: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Methodology used by medical provider to conduct exams: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Participation in Grand Rounds: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Evidence of serving as a resource for families/agencies/community: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Participant's perspective of project experience: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Evaluator comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Certificate of Excellence awarded: \_\_\_ Yes \_\_\_ No