

## **Tab 1 (About Sexual Assault Inventory)**

The statewide accounting of all unsubmitted rape kits is mandated by Act 1168 of the 2015, 90<sup>th</sup> General Assembly. The form for the Inventory is an Excel Spreadsheet, which is located on the Arkansas State Crime Laboratory website: [www.crimelab.arkansas.gov](http://www.crimelab.arkansas.gov).

### **Act 1168 Requirements**

- Before December 31 of each year, ***all law enforcement agencies*** that maintains, stores, or preserves sexual assault evidence shall conduct an audit of all untested sexual assault collection kits and any associated evidence being stored by the law enforcement agency and report the information to the State Crime Laboratory, using the sexual assault evidence inventory audit document for a law enforcement agency.
- Before December 31 of each year, ***each healthcare provider*** charged with performing medical-legal examinations shall conduct an audit of all untested sexual assault collection kits being stored by the healthcare provider and report the information to the State Crime Laboratory, using the sexual assault evidence inventory audit document for a healthcare provider.
- The Arkansas State Crime Laboratory is required to develop an evidence inventory audit document for law enforcement agencies and healthcare providers.
- December 31<sup>st</sup> of each year – Deadline for law enforcement agencies and health care providers to return completed inventory audit document to the Arkansas State Crime Laboratory via email at [lisa.channell@crimelab.arkansas.gov](mailto:lisa.channell@crimelab.arkansas.gov)
- On or before each February 1, the State Crime Laboratory shall prepare and transmit to the President Pro Tempore of the Senate and the Speaker of the House of Representatives a report containing:
  - A compilation of the data submitted by law enforcement agencies and healthcare providers under this section, with the data reported in the aggregate; and
  - A plan to address any backlog of untested sexual assault collection kits.

### **Arkansas State Crime Laboratory Contact Information**

- For assistance with technical questions about completing the Excel Spreadsheet form or returning completed forms to the Arkansas State Crime Lab, please contact Lisa Channell by phone at (501) 683-6183 or via email at [lisa.channell@crimelab.arkansas.gov](mailto:lisa.channell@crimelab.arkansas.gov)

## **Tab 2 (FAQs)**

### **General**

- **Why do we need to complete the Sexual Assault Kit inventory?**

The statewide accounting of all unsubmitted rape kits is mandated by Act 1168 of the 2015, 90<sup>th</sup> General Assembly, which provides that:

“Before December 31 of each year, a law enforcement agency that maintains, stores, or preserves sexual assault evidence shall conduct an audit of all untested sexual assault collection kits and any associated evidence being stored by the law enforcement agency and report the information to the State Crime Laboratory, using the sexual assault evidence inventory audit document for a law enforcement agency.”

“Before December 31 of each year, each healthcare provider charged with performing medical-legal examinations shall conduct an audit of all untested sexual assault collection kits being stored by the healthcare provider and report the information to the State Crime Laboratory, using the sexual assault evidence inventory audit document for a healthcare provider.”

- **What is the deadline for submitting the completed PERK inventory form to DFS?**

The deadline for returning your completed Excel spreadsheet form for the audit of unsubmitted sexual assault evidence inventory is December 31s of each year.

- **How do I return the completed inventory form to Arkansas State Crime Laboratory?**

Forms should be completed electronically in Excel, saved and submitted to the Arkansas State Crime Laboratory via electronic mail to [lisa.channell@crimelab.arkansas.gov](mailto:lisa.channell@crimelab.arkansas.gov)

- **Does my agency/medical facility need to complete the inventory form if we do not have any sexual assault kit or any associated evidence in our custody that would need to be counted for purposes of the inventory?**

Yes, even if you do not have any sexual assault kits or associated evidence that need to be included in the inventory, you will need to complete the top (Agency/Health Care Provider Information) portion of the inventory form and then check the box immediately below the *Sexual assault Specific Inventory Information* heading on the form to indicate that you do not have any evidence in your custody that are required to be included in the inventory.

## Inventory

- **Do we need to inventory Suspect sexual assault evidence that is in our custody?**

No, Suspect kits and associated evidence should not be included as part of the inventory. Only Victim sexual assault evidence should be included in the inventory.

- **What if a sexual assault case did not have a sexual assault kit collected, but the victim's underpants, bedding or other evidence was collected – does it need to be included in the inventory?**

The inventory is being collected to capture information about sexual assault kits and any associated evidence collected from victims. Other evidence collected from victims (underpants, bedding or other evidence) **should be** included in the inventory when a sexual assault kit was not collected.

## Inventory Form Entry

- **What if I cannot find my agency in the dropdown menu?**

Agencies are listed alphabetically in the dropdown menu. If your agency is not listed, please scroll to the bottom of the dropdown and click on “Other (Please Indicate Below)” and then type your Agency Name in the blank field in the row below the Agency Name row.

- **How do we make entries for “Anonymous/blind report/Jane Doe Sexual Assault Kits”?**

Any specific information about an “Anonymous/blind report/Jane Doe Sexual Assault Kits” should be included in the appropriate inventory fields. If the requested information for a specific field is not available, please leave that field blank.

- **What are the reasons included in the “Reason Sexual Assault Kit/Evidence Not Submitted” dropdown specified on the form? *(Not Applicable for Health Care Providers)***

- Anonymous/blind report/Jane Doe Kit (no victim information)
- Incident currently under investigation
- Not relevant for evidentiary purposes (e.g., suspect claims consent) or
- Not necessary for prosecution (e.g., suspect confessed)
- Victim recanted story

- Filing a false report
- Prosecution declined
- Victim elected not to participate further in criminal justice process / refuses to prosecute
- Other (please explain)

Note: If “Other (please explain)” is the reason selected, "Explain Here" will appear in the “If Reason Sexual Assault Kit Not Submitted Is Other” column to the right, and you will need to specify the reason that the evidence was not submitted in that column.

### **Evidence Submission**

- **How do I know if a Victim’s Sexual Assault Kit/Evidence has been previously submitted to the crime lab for testing? *(Not Applicable for Health Care Providers)***

If there is a red or fiber evidence tape sealing the outside of the sexual assault kit that has been initialed and/or a barcode that is an indication that the kit was previously submitted to for testing. If you are still unsure, you may contact the Evidence Receiving Section at (501) 683-6100 or e-mail at [andrea.swift@crimelab.arkansas.gov](mailto:andrea.swift@crimelab.arkansas.gov)

- **Do we need to submit the Sexual Assault Evidence included on the inventory form to the Arkansas State Crime Laboratory for testing after the inventory is completed? *(Not Applicable for Health Care Providers)***

Sexual Assault Kits and associated evidence should not be submitted to the lab at this time just because they are included in the inventory; however, any sexual assault kit in your agency’s custody that you determine needs testing should be submitted to the lab.

## **TAB 3 (Instructions)**

### **GENERAL INFORMATION ABOUT SEXUAL ASSAULT EVIDENCE INVENTORY**

This inventory is mandated by Act 1168 of the 2015, 90<sup>th</sup> General Assembly. **All law enforcement agencies and health care provider must return completed inventory forms to the Arkansas State Crime Laboratory by December 31<sup>st</sup>, 2015 and subsequent years to follow.** Through this form, the Arkansas State Crime Laboratory will be collecting the information required by the inventory so that it can prepare the necessary required report to the General Assembly by February 1<sup>st</sup> of each year.

The form for the Sexual Assault Evidence Inventory is an Excel Spreadsheet. The form should be completed in Excel by every state and local law enforcement agency and health care providers who provide medical-legal examinations in Arkansas. This form shall be saved and returned electronically to the crime laboratory on or before December 31<sup>st</sup> of each year via email at [Lisa.channell@crimelab.arkansas.gov](mailto:Lisa.channell@crimelab.arkansas.gov) . For assistance with technical questions about completing the Excel Spreadsheet form or returning completed forms to the lab, please contact Lisa Channell by phone at (501) 683-6183 or via email at [Lisa.channell@crimelab.arkansas.gov](mailto:Lisa.channell@crimelab.arkansas.gov) . For questions about the Inventory (e.g., whether a particular sexual assault Kit was previously submitted to the lab for analysis), please contact the Evidence Receiving Section at (501) 683-6100 or via email [andrea.swift@crimelab.arkansas.gov](mailto:andrea.swift@crimelab.arkansas.gov)

### **INSTRUCTIONS FOR EXCEL SPREADSHEET INVENTORY FORM FIELDS (*Law Enforcement Agencies*)**

#### **Agency Information:**

Please complete all agency information fields.

#### **Agency Name**

- Using the dropdown menu, please select your "Agency Name". If your Agency Name is not included in the dropdown list, please select "Other (Please Indicate Below)" and then type your Agency Name in the blank field in the row below the Agency Name row.

#### **Contact Name**

- Please enter the first and last name of the person who will serve as the contact for your agency for the Sexual Assault Evidence Inventory.

#### **Contact Phone Number**

- Please enter the telephone number for the person specified in the Contact Name field.

#### **Contact E-Mail**

- Please enter the email address for the person specified in the Contact Name field.

**Date of Inventory**

- Please enter the date that the Sexual Assault Evidence Inventory was taken. If the inventory took more than one day to complete, please enter the date the inventory was completed.

**Sexual Assault Specific Information:**

Please enter Sexual Assault Specific Information starting in Column "B", Row "18". Each field in a row should be completed for each sexual assault kit, if applicable (e.g., many fields will be inapplicable if the Kit was not submitted because it was an "Anonymous/blind report/Jane Doe Kit" as much of the requested information will not be available).

If your agency does not have any sexual assault evidence eligible for the inventory in its custody, you should check the box on the form immediately below the Sexual Assault Specific Information heading that is labeled.

**Agency Case #**

- Please enter the case number your agency assigned to the case associated with the evidence.

**Date of Offense**

- Please enter the date of the offense using the format of mm/dd/yyyy.

**Date Sexual Assault Kit or Associated Evidence was collected**

- Please enter the date the evidence was collected using the format of mm/dd/yyyy.

**Associated Evidence**

- Please indicate whether or not other evidence (underwear, clothing, bedding, etc.) has been retained.

**Reason Evidence Not Submitted**

- Using the dropdown menu, please select the reason the evidence was not submitted to the lab for testing. If "Other" is the reason selected for the evidence not being submitted to the lab for testing, "Explain Here" will appear in the "If Reason Not Submitted Is Other" column to the right. Please specify the reason that the evidence was not submitted in that column. If a reason besides "Other" is selected from the "Reason Not Submitted" dropdown, the column entitled "If Reason Not Submitted Is Other" will automatically be populated as "N/A."

## **INSTRUCTIONS FOR EXCEL SPREADSHEET INVENTORY FORM FIELDS (Health Care Providers)**

### **Health Care Provider Name**

- Please type in your Health Care Provider's Name (ex: Pulaski Regional Medical Center)

### **Contact Name**

- Please enter the first and last name of the person who will serve as the contact for your agency for the Sexual Assault Evidence Inventory.

### **Contact Phone Number**

- Please enter the telephone number for the person specified in the Contact Name field.

### **Contact E-Mail**

- Please enter the email address for the person specified in the Contact Name field.

### **Date of Inventory**

- Please enter the date that the Sexual Assault Evidence Inventory was taken. If the inventory took more than one day to complete, please enter the date the inventory was completed.

### **Sexual Assault Specific Information:**

Please enter Sexual Assault Specific Information starting in Column "B", Row "18". Each field in a row should be completed for each sexual assault kit, if applicable (e.g., many fields will be inapplicable if the Kit was not submitted because it was an "Anonymous/blind report/Jane Doe Kit" as much of the requested information will not be available).

If your agency does not have any sexual assault evidence eligible for the inventory in its custody, you should check the box on the form immediately below the Sexual Assault Specific Information heading that is labeled.

### **Health Care Case ID#**

- Please enter the case or unique identification number/barcode your agency assigned to the case associated with the evidence.

**Date of Offense**

- Please enter the date of the offense using the format of mm/dd/yyyy.

**Date Sexual Assault Kit or Associated Evidence was collected**

- Please enter the date the evidence was collected using the format of mm/dd/yyyy.

**Associated Evidence**

- Please indicate whether or not other evidence (underwear, clothing, bedding, etc.) has been retained.

**Law Enforcement Agency Name**

- Please indicate the law enforcement agency responsible for picking up the kit, if known.

**Contact Date**

- Date law enforcement agency was contacted to retrieve the sexual assault kit and any associated evidence.