

# Coordinated Agency Response System Case Management System

## CARS CMS Documentation Requirements

This guide outlines expectations for documentation using [CARS CMS](#). Please see the comprehensive CARS CMS User Guide and other materials available on the [Sexual Assault Risk Reduction and Response \(SARRR\) Program workspace](#) for detailed instructions for completing each required step.

### Table of Contents

Introduction .....2

    CARS CMS .....2

    Using this Document.....2

PCMO: Peace Corps Medical Officer .....3

SSM: Safety and Security Manager ..... 11

SARL: Sexual Assault Response Liaison ..... 18

Victim Advocate ..... 22

DSS: Designated Security Specialist ..... 29

CD: Country Director (Including “Acting” Country Directors) ..... 34

COU Counselor ..... 39

IHC: International Health Coordinator ..... 45

PCSSO: Peace Corps Safety and Security Officer ..... 50

OGC (Office of the General Counsel) Attorney ..... 54

RSA: Regional Security Advisor ..... 58

Glossary of CARS CMS Services ..... 61

Posts Without Access to CARS CMS..... 66

## Introduction

### CARS CMS

The Coordinated Agency Response System (CARS) Case Management System (CMS) serves as the centralized system used to manage and document the agency's response to sexual assault and other serious crimes against Volunteers. "Sexual Assault" in this document refers to rape, aggravated sexual assault, and non-aggravated sexual assault. "Other serious crimes" in this document refers to stalking, intimate partner violence, burglary, robbery at site, creeping or voyeurism, aggravated physical assault, kidnapping, and homicide.

CARS CMS is designed to: facilitate communication across offices related to service provision, track progress of cases, and provide data whereby the agency can monitor and evaluate the agency's response. Robust documentation will help staff understand the nuances of each case and to work in partnership together to provide the most consistent and coordinated care for Volunteers. It will also enable the agency to accurately demonstrate to auditors and other interested parties that our processes and care for victims of crime are consistent, appropriate, and thorough.

The CARS CMS Documentation Requirements outline the documentation steps staff must fulfill when responding to crimes against Volunteers, but does not review the expected steps for the response itself. All assistance to Volunteers, assessment of safety and other needs, and aspects of the Agency's response should be undertaken in accordance with MS 243, *Responding to Sexual Assault*, and MS 461, *Crimes Against Volunteers and Trainees*. Documentation in sexual assault cases will be monitored in accordance with the [CARS CMS Documentation Monitoring Plan](#).

### Using this Document

Role-specific sections contain specific instructions about what documentation is required for that role. Some roles have documentation responsibilities that overlap or coordinate. Staff should familiarize themselves with the requirements in their specific role section and should review the sections pertaining to roles with whom you often interact.

Following the role specific instructions, there is additional important information pertaining to all staff. The Glossary of Services outlines definitions for each service as well as information about how staff typically work together to provide and document them. The "Excel Intake Form for Posts Without Access to CARS CMS" outlines the process posts can use to document their response to crime when they do not have access to CARS CMS (this is rare).

If you have any questions about CARS CMS documentation, please contact the SARRR Program Specialist using [SARRR@peacecorps.gov](mailto:SARRR@peacecorps.gov).

## PCMO: Peace Corps Medical Officer

The following outlines the minimum CARS CMS documentation requirements for Peace Corps Medical Officers and Regional Medical Officers regarding reports of sexual assault and other serious crimes against Volunteers. "Sexual Assault" in this document refers to rape, aggravated sexual assault, and nonaggravated sexual assault. "Other serious crimes" in this document refers to stalking, intimate partner violence, burglary, robbery at site, creeping or voyeurism, aggravated physical assault, kidnapping, and homicide.

Please see the comprehensive CARS CMS User Guide for detailed guidance (including screen shots) regarding each required step.

### 1. Add yourself to the CARS Team for the case ("CARS Team Members" tab)

- For every sexual assault and other serious crime reported to Peace Corps while a Volunteer is still in service, or in any other crime response where a PCMO is involved, there must be a PCMO assigned to the CARS CMS case.
- If an additional PCMO becomes involved in the case, that PCMO should also be added as a member of the CARS Team and document all involvement.

### 2. Upload all case related documents you complete ("Documents" tab)

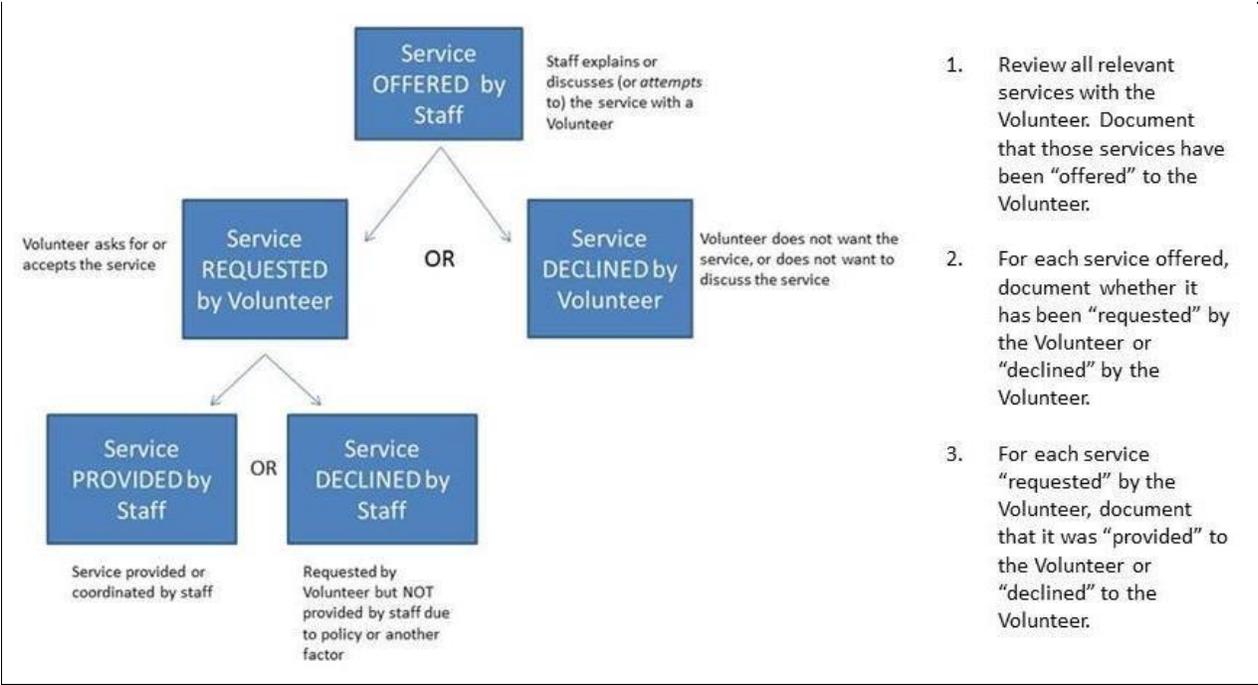
- Protect PII:
  - Name each document without using PII, using the following structure:  
CIRS number \_document type (example: 304-201778-999\_VPF).
  - Upload the document into the appropriate section of CARS CMS--PII documents (any document with the Volunteer's name or other PII) vs general Documents.
- VPF: Complete and upload the Volunteer Preference Form (VPF) within 5 days of the Volunteer reporting the incident to post. Coordinate with the SSM as needed. The VPF is always a PII document.
- SITA: Complete the medical portion of the Serious and Imminent Threat Assessment (SITA) and provide the signed copy to the SSM. This form will be uploaded by the SSM.

- Other Documents: Upload any other non-medical documents you complete or receive in relation to the case within 5 days. This refers primarily to an “Authorization for OIG to Contact Volunteer” in Restricted cases if this OIG request is directed to the PCMO.
  
- Revised or updated documents: Any revised documents should be uploaded into CARS CMS, keeping the previous versions in place.

3. Document all actions regarding services (“Services” tab)

There must be documentation in CARS CMS within 5 days every time a service is:

- offered to a Volunteer
- requested by a Volunteer
- declined by a Volunteer
- provided to a Volunteer
- declined to a Volunteer



- Document all services “offered” by the PCMO and to the Volunteer.

- Document all services “requested” by the Volunteer or “declined” by the Volunteer to the PCMO. This records the Volunteer’s preference regarding each service the Volunteer was offered.
  - Every service that is “offered” to the Volunteer must also be documented as either “requested” or “declined” by the Volunteer.
  - For any service the Volunteer “requests” to you but which will be provided by another staff person, make sure to include information about your referral to the appropriate provider in the “description” field (example: if a Volunteer requests SARL services, you would document this as requested by the Volunteer to the PCMO, and indicate in the description field “contacted SARL on x date regarding Volunteer’s request for SARL services.”).
  
- Document all services you provide or coordinate for the Volunteer as “provided” by the PCMO to the Volunteer.
  - Include services you provide directly.
  - Include services you provide in cooperation with another Peace Corps staff person.
    - Example—a Medevac will require joint documentation from the PCMO and the IHC. The PCMO will document the Medevac as provided and record the start date. The IHC will then document the end date, as well as separately documenting all services arranged during the Medevac.
  - Include services provided by any Peace Corps staff member working under your authority who does not have CARS CMS access (medical assistants, etc).
  - Any service that lasts more than one day must have an end date listed.
    - Example—a Medevac typically lasts 45 days. It should have both a start date and end date listed. The service and start date should still be entered within 5 days of the Medevac, and the end date should be entered within 5 days of the Medevac ending.
    - Example—Mental Health Services are usually provided over the course of several sessions/dates. Enter this as “provided” on the date the services begin (document this within 5 days). The end date should be the final day of the services (document this within 5 days).
  - If you provide a service more than once, you must document it as “provided” each time with the appropriate date.
    - Example—Emergency Health Care might be provided to a Volunteer immediately following an assault and then at a later time if the Volunteer experiences a medical or mental health emergency. This is a distinct service that might be provided more than one time, rather than a service that typically lasts more

- than one day. This should be documented as “provided” both times, with the corresponding dates.
- Some services must have an additional explanation in the “description” field when they are documented as provided.
    - Any service that begins with “other”—describe the service.
    - End of Service—specify what kind (Medical Separation, etc.).
    - Services you arrange to be provided by someone outside of Peace Corps (see below).
    - Any other service or situation that would benefit from a brief explanation.
  - Document all services you arrange to be provided by someone outside of Peace Corps. This includes local medical or mental health providers.
    - Document the service as “provided” by “Community Resource” to the Volunteer. (“Community Resource” is available in the drop down menu of roles.)
    - Include an explanation in the description field.
      - Example—If the PCMO arranges Mental Health Services for a Volunteer through a local counselor, the PCMO would document this as “provided” by “Community Resource.” In the description field, note “Provided by local MH provider.”
  - Document any services “declined” by the PCMO to the Volunteer. This refers to a service that was requested by the Volunteer but will not be provided, and where the PCMO was involved in this determination.
    - Include a brief explanation about why the service could not be provided in the “description” field for the service.
      - Example—If a Volunteer requests respite leave but is not eligible because COS is scheduled in 30 days, you can document “Volunteer requested Respite Leave but is not eligible due to timing of request and scheduled COS.”
    - Do not include medically confidential information, such as specific information about symptoms, in this or any other CARS CMS field.
      - Example-- If a Volunteer requests Respite Leave but is not eligible because the Volunteer is experiencing clinically significant symptoms of PTSD, you can document “Volunteer requested Respite Leave but is not eligible per COU assessment. Medevac recommended.”
    - This may require collaboration with other roles who also participate in the decision not to provide the requested service (COU, IHC).
  - In addition to documenting your initial conversation about services, make sure to document any later conversations and actions regarding services. For example, a Volunteer may initially

decline a service but then request it at a later time. Each of these actions must be documented separately.

A Glossary of services is available at the end of this document.

#### 4. Enter Case Notes (“Case Notes” tab)

Case Notes must be entered to explain important non-medical information or decisions related to the case. Medical assessment and medical decision making should continue to be documented in PCMEDICS.

Case Notes are intended to supplement or explain, not take the place of, other CARS CMS fields such as documents and services. Case Notes intended to be visible to other members of the team should be entered into “Case Notes” rather than “Personal Case Notes.” PCMOs will not generally use “Personal Case Notes.”

- Enter brief case notes to explain any non-medical updates pertinent to the case and relevant for other staff.
- Do not include PII or Medically Confidential Information in Case Notes.
- The following situations should prompt a case note from the PCMO:
  - Communications with the Volunteer (phone, in person, or email) that include information relevant for other members of the team and which cannot be adequately captured using the services tab or VPF<sup>1</sup>.
  - Changes to the Volunteer’s status (Medical Hold) that cannot be adequately described as a “service” (in cooperation with IHC or COU).
  - Any disclosures of information from a Restricted Report of sexual assault you make to someone outside of Designated Staff, including whether or not this involved a conversion to a Standard Report. This does not include medical consultation.
  - Communications with law enforcement, attorneys, embassy staff, host country officials, family members, or other external parties. This does not include medical consultation.
  - OIG requests through the PCMO to contact a Volunteer regarding a Restricted Report of sexual assault, including information about seeking/obtaining consent from the

---

<sup>1</sup> Examples of this include: initial assessment with a Volunteer regarding a crime for which a VPF is not required (stalking, intimate partner violence, burglary, robbery at site, creeping or voyeurism, aggravated physical assault), conversations that reveal information about safety or security concerns, conversations that highlight non-medical concerns about a Volunteer’s well-being or ability to continue in service.

Volunteer. This also requires completion and uploading of “Authorization for OIG to Contact Volunteer.”

5. Document CARS Calls (“CARS Calls” tab)  If you request a CARS Call you are responsible for ensuring that the details of the call are documented under the “CARS Calls” tab. Include attendees, the date of the call, the substance of the call, and any action items identified.

Not all staff participating in the call have to document this separately. Coordinate this task as needed with other staff on the call.

6. Special circumstances

a. Incidents that occur while a Volunteer is away from their site or country:

Any report of a sexual assault or other serious crime received while a Volunteer is in service—regardless of whether the incident happened in country, on leave, on Medevac or other official travel—should be documented in CARS CMS. If post staff manage and coordinate the response, this should be documented by the PCMO according to the above instructions.

In cases where a Volunteer reports a sexual assault or other serious crime while on Medevac or other travel to the US or HOR, and the medical response is coordinated through headquarters rather than post, the International Health Coordinator will ensure that the above documentation is complete unless/until the Volunteer returns to post and the PCMO assumes responsibility.

b. Documenting in CARS CMS when more than one case involving the same Volunteer is reported at the same time or more than one case is being managed concurrently.

Each incident will be entered into CIRS separately and will generate a separate CARS CMS case. Documentation should follow the steps outlined above, with the following additional guidance:

Required documents (VPF, SITA, PIA) should be uploaded to each individual CARS CMS case.

o VPF

▪ Staff can consider using the same VPF for each case ONLY if the reports were made on the same day AND Volunteer’s reporting choice is the same for each incident.

- If the same VPF is used, staff should list each CIRS number on the VPF.
  - If the same VPF is used staff should still upload it into the PII Documents section for each case.
  - If the Volunteer chooses services that are specific to one incident, staff can make note of this on the form after the Volunteer has indicated their preferences.
  - If a Volunteer reports 2 or more incidents at the same time and would like different reporting types, separate VPFs should be completed. o SITA
  - Staff can consider using the same SITA for each case ONLY if the offenders and other important incident details are the same AND if the SITA for each incident has the same outcome (i.e. a threat was determined to exist, or a threat was determined not to exist).
  - If the same SITA is used, staff should list each CIRS number on the form.
  - If the same SITA is used, staff should still upload it into the Documents section for each case.
- Services and other documentation:
- o Any service or action that is incident specific (a SAFE, explanation of reporting options, etc.) should be documented in that specific CARS Case according to the above instructions.
  - o Services or actions that are not incident specific (most case notes about ongoing support, most CARS Calls, etc.) can be documented together in one primary case, usually the case with the highest severity or the case with the highest level of staff response.
    - If staff are documenting in one primary case for services and other actions that are not incident specific, a Case Note should be entered in each of the other cases alerting other team members about where to find the primary documentation (including the CIRS #).
- Working with the Volunteer in concurrent cases:
- o Staff should make every effort to talk about services and preferences with the Volunteer in such a way that the Volunteer perceives this as seamless and coordinated. Staff may document in several separate CARS CMS cases, but should ensure that the Volunteer experiences a single process of supportive engagement.

- c. Documenting in CARS CMS after a Volunteer's service has ended:  PCMOs are generally not involved in providing care after a Volunteer's service ends. Medical care and coordination for Volunteers after service has ended will be managed by the Post Service Unit in OHS. PCMOs are not required to document in CARS CMS after the medical case has ended.

## SSM: Safety and Security Manager

The following outlines the minimum CARS CMS documentation requirements for Safety and Security Managers (including those acting in an SSM capacity) regarding reports of sexual assault and other serious crimes against Volunteers. “Sexual Assault” in this document refers to rape, aggravated sexual assault, and non-aggravated sexual assault. “Other serious crimes” in this document refers to stalking, intimate partner violence, burglary, robbery at site, creeping or voyeurism, aggravated physical assault, kidnapping, and homicide.

Please see the comprehensive CARS CMS User Guide for detailed guidance (including screen shots) regarding each required step.

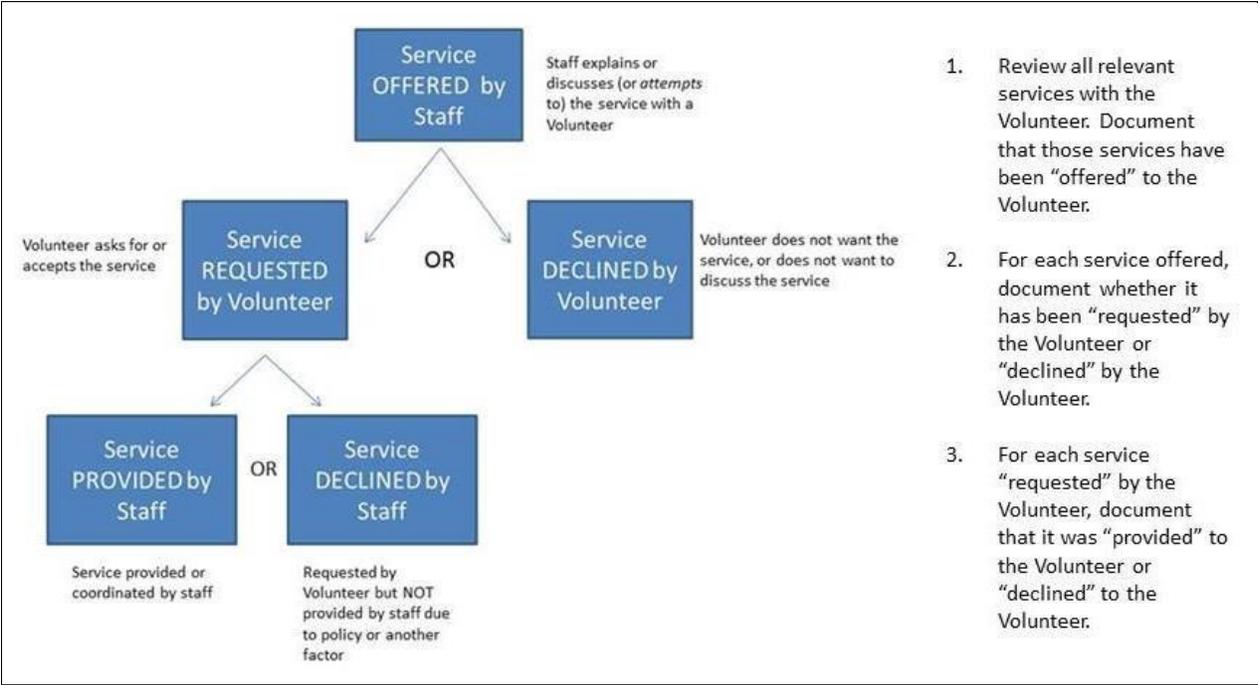
1. Add yourself to the CARS Team for the case (“CARS Team Members” tab)  For every sexual assault and other serious crime reported to Peace Corps while a Volunteer is still in service, or in any other cases where an SSM is involved, there must be an SSM assigned to the CARS CMS case.
  - If an additional SSM (or someone acting in an SSM capacity) becomes involved in the case, that SSM should also be added as a member of the CARS Team and document all involvement.
2. Upload all case related documents you complete (“Documents” tab)
  - Protect PII:
    - o Name each document without using PII, using the following structure:  
CIRS number \_document type (example: 304-201778-999\_SITA).
    - o Upload the document into the appropriate section of CARS CMS--PII documents (any document with the Volunteer’s name or other PII) vs general Documents.
  - SITA: Complete and upload the Serious and Imminent Threat Assessment (SITA) within 5 days of the Volunteer reporting the incident.
  - VPF: For reports of sexual assault, work with the PCMO as needed to complete the Volunteer Preference Form. This form will generally be uploaded by the PCMO. However, in cases where the SSM completes the VPF with the Volunteer, the SSM should upload the form within 5 days of the report. The VPF is always a “PII Document.”
  - PIA: Complete the Post-Incident Assessment. Upload the PIA within 3 days of the assessment.

- ❑ Other Documents: Upload any other documents you receive or complete in relation to the case within 5 days. This includes Authorization for OIG to Contact Volunteer (in restricted cases), police reports, court-related documents, or any other paperwork completed regarding the case.  
Remember that any document with the Volunteer’s name or PII must be uploaded into the “PII Documents” section.
- ❑ Revised or updated documents: Any revised documents should be uploaded into CARS CMS, keeping the previous versions in place.

3. Document all actions regarding services (“Services” tab)

There must be documentation in CARS CMS within 5 days every time a service is:

- offered to a Volunteer
- requested by a Volunteer
- declined by a Volunteer
- provided to a Volunteer
- declined to a Volunteer



- ❑ Document all services “offered” by the SSM and to the Volunteer.

- Document all services “requested” by the Volunteer or “declined” by the Volunteer to the SSM. This records the Volunteer’s preference regarding each service the Volunteer was offered.
  - Every service that is “offered” to the Volunteer must also be documented as either “requested” or “declined” by the Volunteer.
  - For any service the Volunteer “requests” to you but which will be provided by another staff person, make sure to include information about your referral to the appropriate provider in the “description” field.
    - Example: if a Volunteer requests Mental Health Services, you would document this as requested by the Volunteer to the SSM, and indicate in the description field “contacted PCMO on x date regarding Volunteer’s request for Mental Health services.”
  
- Document all services you provide or coordinate for the Volunteer as “provided” by the SSM to the Volunteer.
  - Include services you provide directly.
    - Example: In Restricted cases, “Legal Consultation with Attorney” must be documented by the SSM. (In Standard Cases, this will be documented by the OGC Attorney.)
  - Include services provided by any Peace Corps staff member working under your authority who does not have CARS CMS access.
  - Any service that lasts more than one day must have an end date listed.
    - Example—Accompaniment to Legal Proceedings or Meetings might last several days if it is in relation to a trial. It should have both a start date and end date listed.
  - If you provide a service more than once, you must document it as “provided” each time with the appropriate date.
    - Example—Law Enforcement follow-up might be provided to a Volunteer during your initial conversation and then again at a later date if the Volunteer has questions. This is a distinct service that might be provided more than one time, rather than a service that typically lasts more than one day. This should be documented as “provided” both times, with the corresponding dates.
  - Some services must have an additional explanation in the “description” field when they are documented as provided.
    - Any service that begins with “other”—describe the service.
    - End of Service—specify what kind (Interrupted Service, etc.).
    - Services you arrange to be provided by someone outside of Peace Corps (see below).

- Any other service or situation that would benefit from a brief explanation.
- Document all services you arrange to be provided by someone outside of Peace Corps (a local contractor or community member).
  - Document the service as “provided” by “Community Resource” to the Volunteer. (“Community Resource” is available in the drop down menu of roles.)
  - Include an explanation in the description field.
    - Example— If the SSM arranges “Legal Consultation with Attorney,” the SSM would document this as “provided” by “Community Resource.” In the description field, note “Provided by local attorney.”
- SSMs will generally not “decline” services to a Volunteer. If documenting on behalf of the CD (services such as site change, host family change, etc.), document that the service was “declined” by the CD to the Volunteer
- In addition to documenting your initial conversation about services, make sure to document any later conversations and actions regarding services. For example, a Volunteer may initially decline a service but then request it at a later time. Each of these actions must be documented separately.

A Glossary of services is available at the end of this document.

#### 4. Enter Case Notes (“Case Notes” tab)

Case Notes must be entered to explain important developments or decisions related to the case. Case Notes are intended to supplement or explain, not take the place of, other CARS CMS fields such as required forms and services. Case Notes intended to be visible to other members of the team should be entered into “Case Notes” rather than “Personal Case Notes.” SSMs will not generally use “Personal Case Notes.”

- Enter brief case notes to explain any updates pertinent to the case and relevant for other staff.
- Do not include PII in Case Notes.
- The following situations should prompt a case note from the SSM:
  - Conversations with the Volunteer, including phone, in-person, and email communications (summarize the exchange, or cut and paste into a note and redact any PII).

- Volunteer declines to speak to the SSM about services.
- Key communications with other staff about the case.
- Calls made to or received from the Duty Officer.
- All major case decision points, updates regarding next steps, or security concerns.
- Communications with law enforcement, attorneys, embassy staff, host country officials, family members, or other external parties.
- Decision making and outcomes regarding any end-of-service options you help facilitate (End of Service must also be documented as “provided” under the Services tab).
- Any disclosures of information from a Restricted Report of sexual assault you make to someone outside of Designated Staff, including whether or not this involved a conversion to a Standard Report.
- OIG requests through the SSM to contact a Volunteer regarding a Restricted Report of sexual assault, including information about seeking/obtaining consent from the Volunteer. This also requires completion and uploading of “Authorization for OIG to Contact Volunteer.”

5. Document CARS Calls (“CARS Calls” tab)  If you request a CARS Call you are responsible for ensuring that the details of the call are documented under the “CARS Calls” tab. Include attendees, the date of the call, the substance of the call, and any action items identified.

- Not all staff participating in the call have to document this separately. Coordinate this task as needed with other staff on the call.

6. Add Outside Attorneys (“Attorneys” tab)  In Restricted cases, add any attorneys providing consultation to a Volunteer in a specific case. Attorneys consulting on cases, prosecuting cases, or representing Volunteers in Standard cases will be added by the OGC Attorney.

- Follow procedures outlined in MS 243 and MS 774 for selecting and contracting with a local attorney prior to adding the attorney to the CARS CMS case.

7. Document Regarding Trials and other Legal Proceedings (“Trials” tab) If there is a trial, complete the following documentation:

- Add a new trial, named according to the accused offender(s) in the case (“Criminal Trial for John Doe”).

- Within the trial, document each phase as it occurs (arraignment, pre-trial, verdict, etc.).
  - Phases should be documented within the main trial itself rather than being entered as new trials.
  - Include the appropriate date for each phase.  Include brief notes regarding outcomes or other relevant information regarding the specific trial phase in the “notes” field.
  - You can only enter one phase of each type (one arraignment, one pre-trial, etc.) in a CARS Trial. If there is more than one phase of the same type:
    - Enter the first one as described above.
    - Use case notes to document subsequent proceedings.
    - Example: bail hearings and motion hearings may both be considered “pre-trial” phases. Enter the first as the “pre-trial” phase, then enter case notes for subsequent pre-trial proceedings.
- Once the trial is complete, document the outcome under the “general” section within the specific trial.
- If you accompany a PCV to a trial, add this as a service provided (Services tab).

## 8. Special circumstances

a. Documenting in CARS CMS after a Volunteer’s service has ended:

- Even if a Volunteer’s service ends, any ongoing SSM involvement in the response to a sexual assault or other serious crime should continue to be documented as above.
- If a report of sexual assault or other serious crime is received by Peace Corps from an RPCV, all SSM involvement should be documented according to these instructions.

b. Incidents that occur while a Volunteer is away from their site or country:  Any report of a sexual assault or other serious crime received while a Volunteer is in service--regardless of whether the incident happened in country, on leave, on Medevac or other official travel—should be documented according to the above instructions.  If a Volunteer reports a sexual assault or other serious crime while on Medevac or other travel to the US or HOR, and the safety/security response is coordinated through headquarters rather than post, the DSS will ensure that the above documentation is complete unless/until the Volunteer returns to post and the SSM assumes responsibility.

- c. Documenting in CARS CMS when more than one case involving the same Volunteer is reported at the same time or more than one case is being managed concurrently.

Each incident will be entered into CIRS separately and will generate a separate CARS CMS case. Documentation should follow the steps outlined above, with the following additional guidance:

- Required documents (VPF, SITA, PIA) should be uploaded to each individual CARS CMS case.
  - VPF
    - Staff can consider using the same VPF for each case ONLY if the reports were made on the same day AND Volunteer's reporting choice is the same for each incident.
      - If the same VPF is used, staff should list each CIRS number on the VPF.
      - If the same VPF is used staff should still upload it into the PII Documents section for each case.
      - If the Volunteer chooses services that are specific to one incident, staff can make note of this on the form after the Volunteer has indicated their preferences.
    - If a Volunteer reports 2 or more incidents at the same time and would like different reporting types, separate VPFs should be completed.
  - SITA and PIA
    - Staff can consider using the same SITA/PIA for each case ONLY if the offenders and other important incident details are the same AND if the SITA for each incident has the same outcome (i.e. a threat was determined to exist, or a threat was determined not to exist).
    - If the same SITA/PIA is used, staff should list each CIRS number on the form.
    - If the same SITA/PIA is used, staff should still upload it into the Documents section for each case.
- Services and other documentation:
  - Any service or action that is incident specific (a SAFE, Trials, Conversions, report to law enforcement, etc.) should be documented in that specific CARS Case according to the above instructions.

- Services or actions that are not incident specific (most case notes about ongoing support, most CARS Calls, etc.) can be documented together in one primary case, usually the case with the highest severity or the case with the highest level of staff response.
  - If staff are documenting in one primary case for services and other actions that are not incident specific, a Case Note should be entered in each of the other cases alerting other team members about where to find the primary documentation (including the CIRS #).
  
- Working with the Volunteer in concurrent cases:
  - Staff should make every effort to talk about services and preferences with the Volunteer in such a way that the Volunteer perceives this as seamless and coordinated. Staff may document in several separate CARS CMS cases, but should ensure that the Volunteer experiences integrated single process of supportive engagement.

## **SARL: Sexual Assault Response Liaison**

The following outlines the minimum CARS CMS documentation requirements for Sexual Assault Response Liaisons regarding reports of sexual assault. “Sexual Assault” in this document refers to rape, aggravated sexual assault, and non-aggravated sexual assault.

Please see the comprehensive CARS CMS User Guide for detailed guidance (including screen shots) regarding each required step.

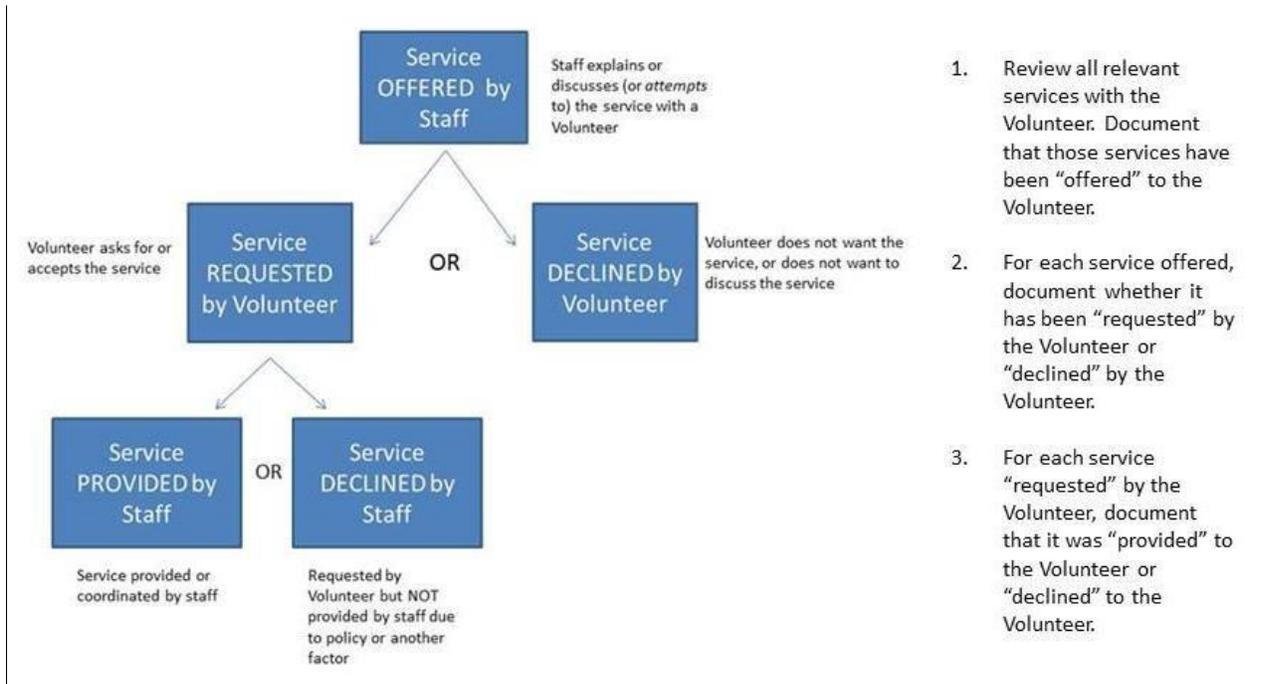
### 1. Add yourself to the CARS Team for the case (“CARS Team Members” tab)

- If you are activated on a sexual assault case, add yourself to the CARS Team for that particular case. Although SARLs receive notification about every sexual assault case reported to Peace Corps, you should only access the CARS case if your services have been requested.

### 2. Document all actions regarding services (“Services” tab)

There must be documentation in CARS CMS within 5 days every time a service is:

- offered to a Volunteer
- requested by a Volunteer
- declined by a Volunteer
- provided to a Volunteer
- ☐ declined to a Volunteer



- ☐ Document all services "offered" by the SARL and to the Volunteer.
- ☐ Document all services "requested" by the Volunteer or "declined" by the Volunteer to the SARL. This records the Volunteer's preference regarding each service the Volunteer was offered.
  - Every service that is "offered" to the Volunteer must also be documented as either "requested" or "declined" by the Volunteer.
  - For any service the Volunteer "requests" to you but which will be provided by another staff person, make sure to include information about your referral to the appropriate provider in the "description" field.
    - Example: if a Volunteer requests Mental Health Services, you would document this as requested by the Volunteer to the SARL, and indicate in the description field "contacted PCMO on x date regarding Volunteer's request for Mental Health Services."

- Document all services you provide or coordinate for the Volunteer as “provided” by the SARL to the Volunteer.
  - Any service that lasts more than one day must have an end date listed.
    - Example— “SARL” services may happen over the course of several interactions and multiple days. Enter this as “provided” on the date you are first activated on a case (document this within 5 days). The end date should be the final day you provide assistance (document this within 5 days).
    - Example—Medevac Accompaniment will generally last several days. It should have both a start date and end date listed.
  - If you provide a service more than once, you must document it as “provided” each time with the appropriate date.
    - Example—“Administrative Assistance” may be something you provide on more than one occasion. This should be documented as “provided” each time, with the corresponding dates.
  - Any service that begins with “other” should also have a brief explanation in the description field.
  
- SARLs will generally not “decline” services to a Volunteer.
  
- In addition to documenting your initial conversation about services, make sure to document any later conversations and actions regarding services. For example, a Volunteer may initially decline a service but then request it at a later time. Each of these actions must be documented separately.

A Glossary of Services is available at the end of this document.

### 3. Enter Case Notes (“Case Notes” tab)

Case Notes must be entered to explain important developments or decisions related to the case. Case Notes are intended to supplement or explain, not take the place of, other CARS CMS fields such as documents and services. Case Notes intended to be visible to other members of the team should be entered into “Case Notes” rather than “Personal Case Notes.” SARLs should not generally use “Personal Case Notes.”

- Enter brief case notes to explain any updates pertinent to the case and relevant for other staff.

- Do not include PII in Case Notes.
- The following situations should prompt a case note from the SARL:
  - Conversations or interactions between a SARL and a Volunteer.
  - Key communications with other staff about the case.
  - Notification to OVA that you've been activated on a case ("SARL notified OVA re activation on case").
  - Communications with law enforcement, attorneys, embassy staff, host country officials, family members, or other external parties. □ Transferring the case to another SARL.
  - OIG requests through the SARL to contact a Volunteer regarding a Restricted Report of sexual assault, including information about seeking/obtaining consent from the Volunteer. This also requires completion and uploading of "Authorization for OIG to Contact Volunteer."

4. Document CARS Calls ("CARS Calls" tab) □ If you request a CARS Call you are responsible for ensuring that the details of the call are documented under the "CARS Calls" tab. Include attendees, the date of the call, the substance of the call, and any action items identified.

- Not all staff participating in the call have to document this separately. Coordinate this task as needed with other staff on the call.

#### 5. Special circumstances

a. Incidents that occur while a Volunteer is away from their site or country:

- SARLs should document all involvement in cases of sexual assault, regardless of where the incident occurred.

b. Documenting in CARS CMS when more than one case involving the same Volunteer is being managed concurrently.

Each incident will be entered into CIRS separately and will generate a separate CARS CMS case. Documentation should follow the steps outlined above, with the following additional guidance:

- Services and other documentation:
  - Any service or action that is incident specific (Accompaniment to a Trial, Accompaniment to a SAFE, etc.) should be documented in that specific CARS Case according to the above instructions.
  - “SARL” services should be documented in each case, with the start and end dates.
  - Services or actions that are not incident specific (most case notes about ongoing support, most CARS Calls, etc.) can be documented together in one primary case, usually the case with the highest severity or the case with the highest level of staff response.
    - If staff are documenting in one primary case for services and other actions that are not incident specific, a Case Note should be entered in each of the other cases alerting other team members about where to find the primary documentation (including the CIRS #).

## Victim Advocate

The following outlines the minimum CARS CMS documentation requirements for Victim Advocates regarding reports of sexual assault and other serious crimes against Volunteers. “Sexual Assault” in this document refers to rape, aggravated sexual assault, and non-aggravated sexual assault. “Other serious crimes” in this document refers to stalking, intimate partner violence, burglary, robbery at site, creeping or voyeurism, aggravated physical assault, kidnapping, and homicide.

Please see the comprehensive CARS CMS User Guide for detailed guidance (including screen shots) regarding each required step.

1. Add yourself to the CARS Team for the case (“CARS Team Members” tab) □ For every sexual assault reported to Peace Corps while a Volunteer is still in service, or in any other cases where a Victim Advocate is involved, there must be a Victim Advocate assigned to the CARS CMS case.
  - If an additional Victim Advocate becomes involved in the case, that Victim Advocate should also be added as a member of the CARS Team and document all involvement.
2. Upload all case related documents (“Documents” tab)

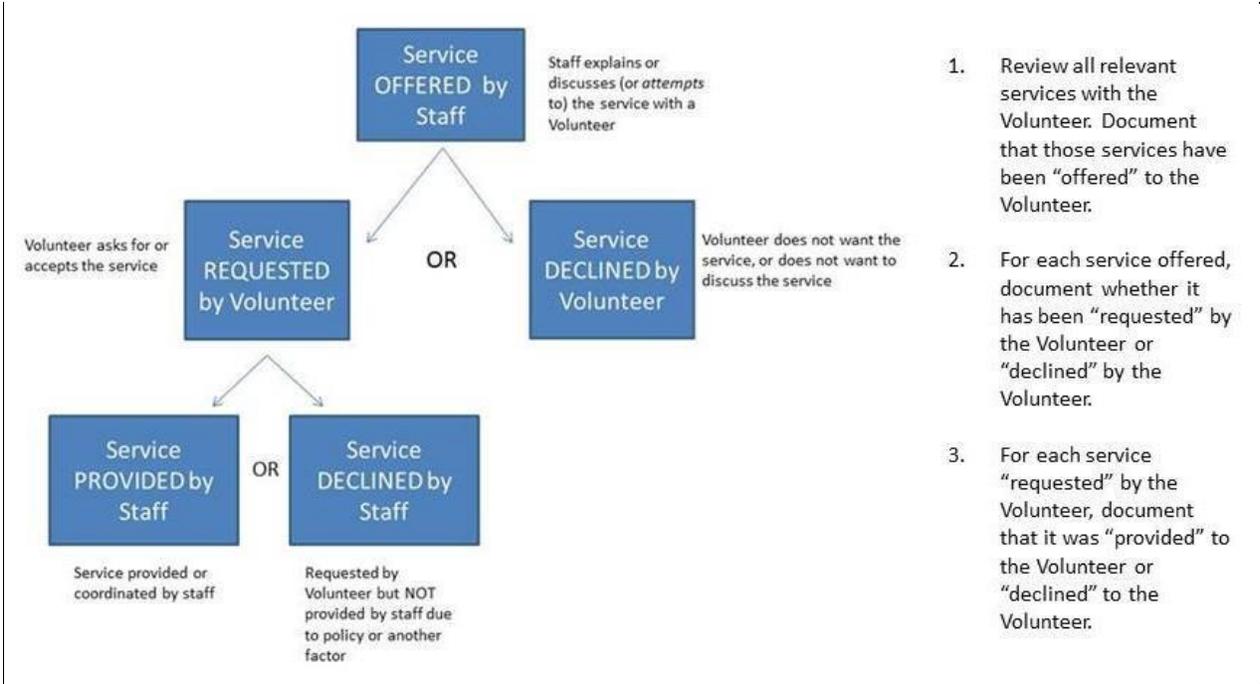
- Protect PII:
  - Name each document without using PII, using the following structure:  
 CIRS number \_document type (example: 304-201778-999\_VPF).
  - Upload the document into the appropriate section of CARS CMS--PII documents (any document with the Volunteer’s name or other PII) vs general Documents.

- Upload any documents you complete or receive in relation to the case within 5 days. □  
 Revised or updated documents: Any revised documents should be uploaded into CARS CMS, keeping the previous versions in place.

3. Document all actions regarding services (“Services” tab)

There must be documentation in CARS CMS within 5 days every time a service is

- offered to a Volunteer
- requested by a Volunteer
- declined by a Volunteer
- provided to a Volunteer
- declined to a Volunteer



- Document all services “offered” by the Victim Advocate and to the Volunteer.
  - Example—Your initial outreach to the Volunteer and explanation of Victim Advocate services should be documented as “Victim Advocate” offered to the Volunteer by the Victim Advocate.
  
- Document all services “requested” by the Volunteer or “declined” by the Volunteer to the Victim Advocate. This records the Volunteer’s preference regarding each service the Volunteer was offered.
  - Every service that is “offered” to the Volunteer must also be documented as either “requested” or “declined” by the Volunteer.
    - Example: once you offer and document “Victim Advocate” services, you would also document whether that service was “requested” or “declined” by the Volunteer to the Victim Advocate.
  - For any service the Volunteer “requests” to you but which will be provided by another staff person, make sure to include information about your referral to the appropriate provider in the “description” field.
    - Example: if a Volunteer requests Mental Health Services, you would document this as requested by the Volunteer to the Victim Advocate, and indicate in the description field “contacted PCMO or COU on x date regarding Volunteer’s request for Mental Health Services.”
  
- Document all services you provide or coordinate for the Volunteer as “provided” by the Victim Advocate to the Volunteer.
  - Any service that lasts more than one day must have an end date listed.
    - Example— “Victim Advocate” services may happen over the course of several interactions and multiple days. Enter this as “provided” on the date you are first involved (document this within 5 days). The end date should be the final day you provide assistance (document this within 5 days).
    - Example—Medevac Accompaniment will generally last several days. It should have both a start date and end date listed.
  - If you provide a service more than once, you must document it as “provided” each time with the appropriate date.
    - Example—“Victim Advocate” generally refers to each time you have contact with a Volunteer. This should be documented as “provided” each time, with the corresponding dates.
  - Any service that begins with “other” should also have a brief explanation in the description field.

- ❑ Victim Advocates will generally not “decline” services to a Volunteer.
- ❑ In addition to documenting your initial conversation about services, make sure to document any later conversations and actions regarding services. For example, a Volunteer may initially decline a service but then request it at a later time. Each of these actions must be documented separately.

A Glossary of Services is available at the end of this document.

#### 4. Enter Case Notes (“Case Notes” tab)

Case Notes must be entered to explain important non-medical information or decisions related to the case. Case Notes are intended to supplement or explain, not take the place of, other CARS CMS fields such as required forms and services. Case Notes intended to be visible to other members of the team should be entered into “Case Notes” rather than “Personal Case Notes.”

- ❑ Enter brief case notes to explain any updates pertinent to the case and relevant for other staff.
- ❑ Do not include PII in Case Notes. ❑ The following situations should prompt a case note from the Victim Advocate:
  - Conversations with the Volunteer, including phone, in-person, and email communications (summarize the exchange, or cut and paste into a note and redact any PII).
  - Notification to PCV of conversion from Restricted to Standard report.
  - Email exchanges with the Volunteer (summarize the exchange in a case note, or cut and paste into a case note and redact any PII).
  - Reports of sexual assault received from an RPCV.
  - Volunteer declines to speak to the Victim Advocate about services.
  - Key communications with other staff about the case, including email communication.
  - Duty Calls.
  - Any disclosures of information from a Restricted Report made by you to someone outside of Designated Staff, including whether or not this involved a conversion to a Standard Report.
  - Communications with law enforcement, attorneys, embassy staff, host country officials, family members, or other external parties.
  - OIG requests through OVA to contact a Volunteer regarding a Restricted Report, including information about seeking/obtaining consent from the Volunteer. This also

requires completion and uploading of “Authorization for OIG to Contact Volunteer.” □  
Transferring the case to another Victim Advocate.

- Involvement in more than one case for the same Volunteer, and documenting all involvement in a primary case. □ Rationale for closing a case.

5. Document CARS Calls (“CARS Calls” tab)

- If you request a CARS Call you are responsible for ensuring that the details of the call are documented under the “CARS Calls” tab. Include attendees, the date of the call, the substance of the call, and any action items identified.
- Not all staff participating in the call have to document this separately. Coordinate this task as needed with other staff on the call.

6. Monitor and Update the Status of the Case (“Overview” tab) □ All cases with active involvement from a Victim Advocate should be listed as “open” for OVA in CARS.

7. Document regarding conversion from Restricted to Standard Report (“Overview” tab)

When a case is converted from Restricted to Standard, the SSM or DSS will enter this conversion into CIRS.

For conversions initiated by the Agency rather than at the request of a Volunteer:

- Document the date of your notification to the Volunteer using the appropriate fields on the Overview page.

8. Special circumstances

a. Documenting in CARS CMS after a Volunteer’s service has ended:

- Even if a Volunteer’s service ends, any ongoing involvement in the response to a sexual assault or other serious crime should continue to be documented as above.
- If a report of sexual assault or other serious crime is received by Peace Corps from an RPCV, the Victim Advocate should document in CARS CMS only if they are involved in the response. If the Victim Advocate is involved in the response, all involvement should be documented according to these instructions.

- b. Incidents that occur while a Volunteer is away from their site or country:  Any report of a sexual assault or other serious crime received while a Volunteer is in service—regardless of whether the incident happened in country, on leave, on Medevac or other official travel—should be documented according to the above instructions.
- c. Documenting in CARS CMS when more than one case involving the same Volunteer is reported at the same time or more than one case is being managed concurrently.

Each incident will be entered into CIRS separately and will generate a separate CARS CMS case. Documentation should follow the steps outlined above, with the following additional guidance:

- Case related documents should be uploaded to each individual CARS CMS case. See the PCMO and SSM sections for detailed instructions about uploading required documents (VPF, SITA, PIA) into concurrent cases.
  
- Services and other documentation:
  - Any service or action that is incident specific (Trials, Conversions, report to law enforcement, etc.) should be documented in that specific CARS Case according to the above instructions.
  - “Victim Advocate” services should be documented in each case, with the start and end dates.
  - Services or actions that are not incident specific (most case notes about ongoing support, most CARS Calls, Victim Advocate Services, etc.) can be documented together in one primary case, usually the case with the highest severity or the case with the highest level of staff response.
    - If staff are documenting in one primary case for services and other actions that are not incident specific, a Case Note should be entered in each of the other cases alerting other team members about where to find the primary documentation (including the CIRS #).
  
- Working with the Volunteer in concurrent cases:
  - Staff should make every effort to talk about services and preferences with the Volunteer in such a way that the Volunteer perceives this as seamless and coordinated. Staff may document in several separate CARS CMS cases, but should ensure that the Volunteer experiences integrated single process of supportive engagement.

- d. Documenting on behalf of posts without access to CARS CMS:  Posts without access to CARS CMS, and relevant Headquarters staff, should follow the instructions outlined in “Posts Without Access to CARS CMS” at the end of this document.

## DSS: Designated Security Specialist

The following outlines the minimum CARS CMS documentation requirements for Designated Security Specialists (including those acting in a DSS capacity) regarding reports of sexual assault and other serious crimes against Volunteers. “Sexual Assault” in this document refers to rape, aggravated sexual assault, and non-aggravated sexual assault. “Other serious crimes” in this document refers to stalking, intimate partner violence, burglary, robbery at site, creeping or voyeurism, aggravated physical assault, kidnapping, and homicide.

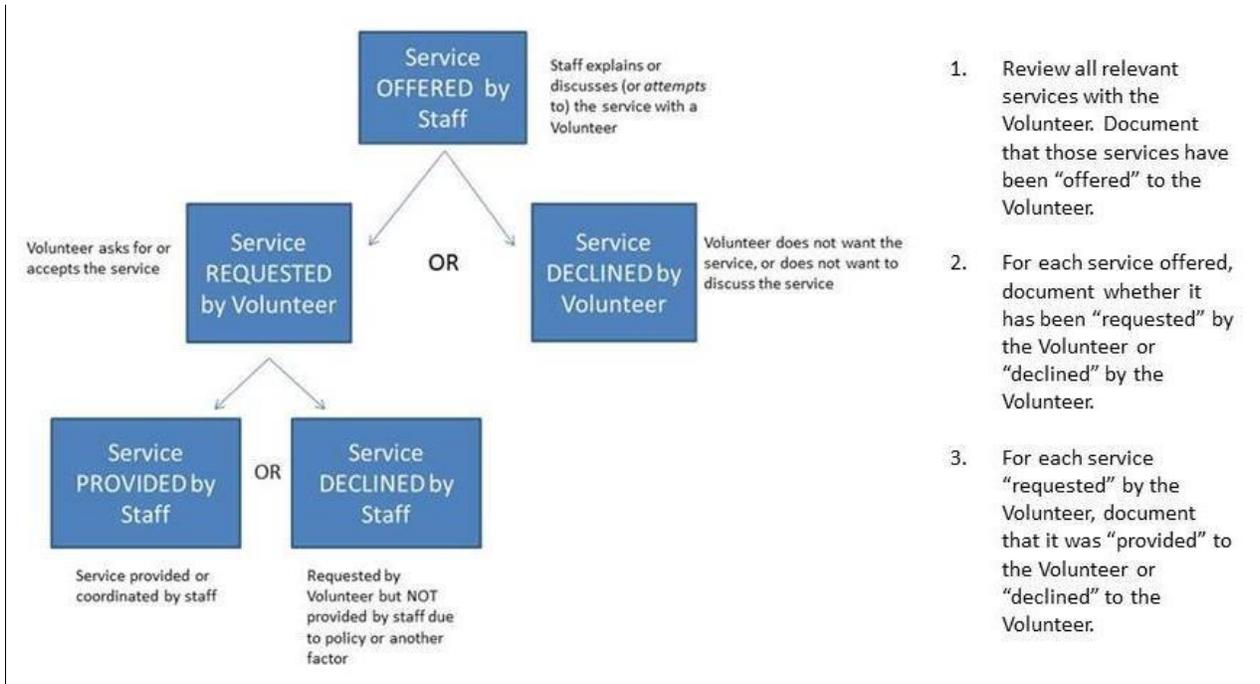
Please see the comprehensive CARS CMS User Guide for detailed guidance (including screen shots) regarding each required step.

1. Add yourself to the CARS Team for the case (“CARS Team Members” tab)
  - For every sexual assault reported to Peace Corps while a Volunteer is still in service, or in any other cases where there is a Safety and Security response, there must be a DSS assigned to the CARS CMS case.
  - If an additional DSS becomes involved in the case, that DSS should also be added as a member of the CARS Team and document all involvement.
2. Upload all case related documents (“Documents” tab)  Protect PII:
  - Name each document without using PII, using the following structure:  
CIRS number \_document type (example: 304-201778-999\_VPF).
  - Upload the document into the appropriate section of CARS CMS--PII documents (any document with the Volunteer’s name or other PII) vs general Documents.
  - Upload any documents you complete or receive in relation to the case within 5 days.
  - Revised or updated documents: Any revised documents should be uploaded into CARS CMS, keeping the previous versions in place.
3. Document all actions regarding services (“Services” tab)

There must be documentation in CARS CMS within 5 days every time a service is

- offered to a Volunteer

- requested by a Volunteer
- declined by a Volunteer
- provided to a Volunteer
- declined to a Volunteer



- Although rare, in some cases the DSS may provide direct services to a Volunteer. In this case, the DSS is responsible for documenting the services provided. See the SSM section for more comprehensive instructions about documenting services.

A Glossary of Services is available at the end of this document.

#### 4. Enter Case Notes ("Case Notes" tab)

Case Notes must be entered to explain important developments or decisions related to the case. Case Notes are intended to supplement or explain, not take the place of, other CARS CMS fields such as required forms and services. Case Notes intended to be visible to other members of the team should be entered into "Case Notes" rather than "Personal Case Notes."

- In collaboration with the SSM, enter brief case notes to explain any updates pertinent to the case and relevant for other staff.

- Do not include PII in Case Notes.
  
  - The following situations should prompt a case note from the DSS (in cooperation with the SSM or PCSSO):
    - Conversations with the Volunteer, including phone, in-person, and email communications (summarize the exchange, or cut and paste into a note and redact any PII).
    - Key communications with other staff about the case, including email communication.
    - Duty Calls.
    - All major case decision points, updates regarding next steps or security concerns.
    - Information about agency-driven Conversions of sexual assault reports from Restricted to Standard, including DSS rationale and OGC concurrence (can be copied and pasted from email and memo between DSS and OGC, removing PII).
    - In person or phone conversations with any external parties, including law enforcement, attorneys, embassy staff, host country officials, or family members.
    - Decision making and outcomes regarding any end-of-service options you help facilitate (End of Service must also be documented as “provided” under the Services tab.
    - Any disclosures of information from a Restricted Report of sexual assault you make to someone outside of Designated Staff, including whether or not this involved a conversion to a Standard Report.
    - OIG requests through the DSS to contact a Volunteer regarding a Restricted Report of sexual assault, including information about seeking/obtaining consent from the Volunteer. This also requires completion and uploading of “Authorization for OIG to Contact Volunteer.” □ Rationale for closing a case.
5. Document CARS Calls (“CARS Calls” tab) □ If you request a CARS Call you are responsible for ensuring that the details of the call are documented under the “CARS Calls” tab. Include attendees, the date of the call, the substance of the call, and any action items identified.
- Not all staff participating in the call have to document this separately. Coordinate this task as needed with other staff on the call.
6. Document regarding conversion from Restricted to Standard Report (“Overview” tab)

When a case is converted from Restricted to Standard, the SSM or DSS will enter this conversion into CIRS.

- Verify that the report is listed in CARS CMS as Standard.
- Enter the correct information into the following fields under the “Conversions” section on the “Overview” tab:
  - Date report converted.
  - Report converter.
  - Conversion reason.

For conversions initiated by the agency rather than at the request of the Volunteer:

- Document the OSS rationale in the Case Notes section.
7. Monitor and Update the Status of the Case (“Overview” tab)
- All cases with active involvement from an SSM, PCSSO, or DSS should be listed as “open” for OSS in CARS.

8. Special circumstances

a. Documenting in CARS CMS after a Volunteer’s service has ended: □ Even if a Volunteer’s service ends, any involvement in the response to a sexual assault should continue to be documented as above.

- If a report of sexual assault is received by Peace Corps from an RPCV, the DSS should document all elements of the response on behalf of OSS (SITA, Case Notes, Services, etc.).

b. Incidents that occur while a Volunteer is away from their site or country:

- Any report of a sexual assault received while a Volunteer is in service--regardless of whether the incident happened in country, on leave, on Medevac or other official travel—should be documented according to the above instructions.

- If a Volunteer reports a sexual assault while on Medevac or other travel to the US or

HOR, and the security response is coordinated through headquarters rather than post, the Designated Security Specialist will ensure that the above documentation is complete unless/until the Volunteer returns to post and the SSM assumes responsibility.

c. Documenting in CARS CMS when more than one case involving the same Volunteer is reported at the same time or more than one case is being managed concurrently.

Each incident will be entered into CIRS separately and will generate a separate CARS CMS case. Documentation should follow the steps outlined above, with the following additional guidance:

- Documents (VPF, SITA, PIA) should be uploaded to each individual CARS CMS case.
- Services and other documentation:
  - Any service or action that is incident specific (Trials, Conversions, report to law enforcement, etc.) should be documented in that specific CARS Case according to the above instructions.
  - Services or actions that are not incident specific (most case notes about ongoing support, most CARS Calls, etc.) can be documented together in one primary case, usually the case with the highest severity or the case with the highest level of staff response.
    - If staff are documenting in one primary case for services and other actions that are not incident specific, a Case Note should be entered in each of the other cases alerting other team members about where to find the primary documentation (including the CIRS #).

d. Documenting on behalf of posts without access to CARS CMS: □ Posts without access to CARS CMS, and relevant Headquarters staff, should follow the instructions outlined in “Posts Without Access to CARS CMS” at the end of this document.

## CD: Country Director (Including “Acting” Country Directors)

The following outlines the CARS CMS documentation requirements for Country Directors (and those acting in a CD capacity) regarding reports of sexual assault and other serious crimes against Volunteers. “Sexual Assault” in this document refers to rape, aggravated sexual assault, and non-aggravated sexual assault. “Other serious crimes” in this document refers to stalking, intimate partner violence, burglary, robbery at site, creeping or voyeurism, aggravated physical assault, kidnapping, and homicide. If CDs or Acting CDs wish to delegate these documentation responsibilities to another staff member at post, they should ensure that staff member is someone already involved in the case (preferably Designated Staff) and who therefore has a legitimate need to know regarding the case.

Please see the comprehensive CARS CMS User Guide for detailed guidance (including screen shots) regarding each required step.

### 1. Add yourself to the CARS Team for the case (“CARS Team Members” tab)

- CDs should add themselves to the CARS Team in CARS CMS when they are involved in coordinating the response to that specific case.

### 2. Enter Case Notes (“Case Notes” tab)

Case Notes must be entered to explain important developments or decisions related to the case. Case Notes are intended to supplement or explain, not take the place of, other CARS CMS fields such as documents and services.

- Enter brief case notes to explain any updates pertinent to the case and relevant for other staff.
- Do not include PII in Case Notes.
- The following situations should prompt a case note from the CD or designee:
  - Conversations with the Volunteer, including phone, in-person, and email communications (summarize the exchange, or cut and paste into a note and redact any PII).
  - Key communications with other staff about the case.

- In person or phone conversations between the CD and any external parties, including law enforcement, attorneys, embassy staff, host government, media, or family members.
- Major case developments or decision points coordinated by the CD.
  - Decision making and outcomes regarding any end-of-service options you help facilitate (End of Service must also be documented as “provided” under the Services tab).
  - Decision making and outcomes regarding site changes or host family changes.
  - Decision making and outcomes regarding any Administrative Hold process.

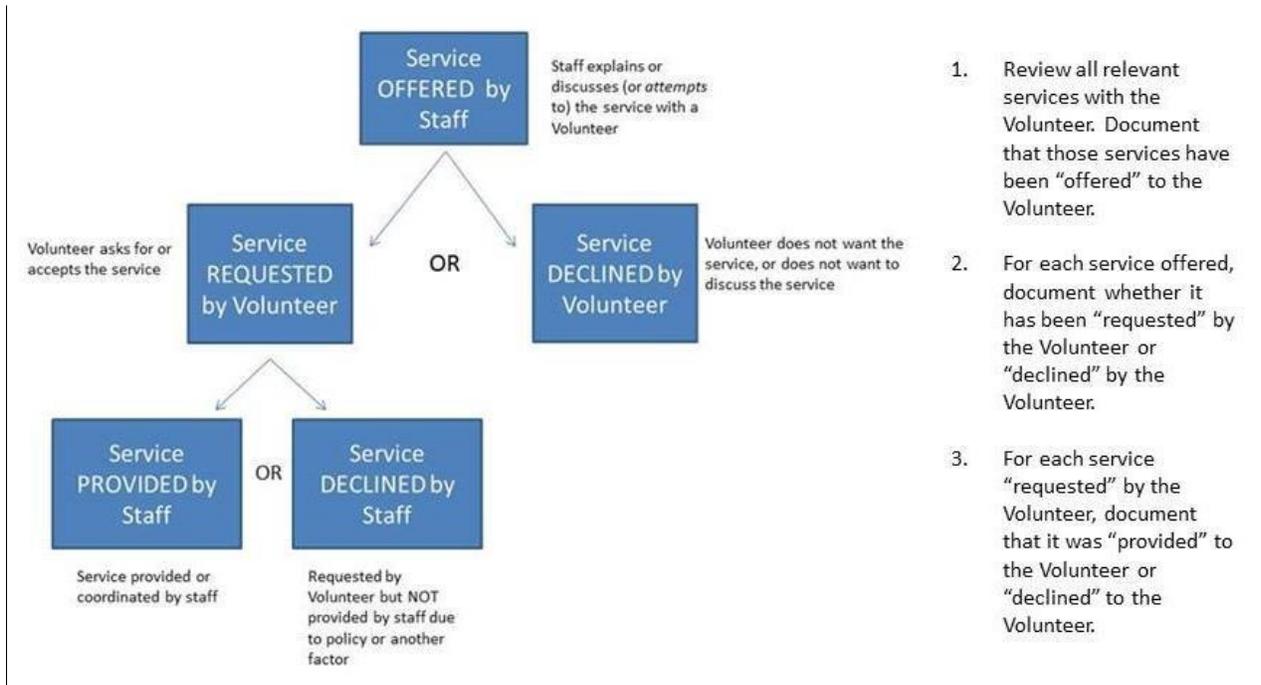
3. Document CARS Calls (“CARS Calls” tab)  If you request a CARS Call you are responsible for ensuring that the details of the call are documented under the “CARS Calls” tab. CDs may delegate this documentation task to other post-based staff who participate in the call.

4. Document all actions regarding services (“Services” tab)

There must be documentation in CARS CMS within 5 days every time a service is:

- offered to a Volunteer
- requested by a Volunteer
- declined by a Volunteer
- provided to a Volunteer

☐ declined to a Volunteer



CDs will often be involved in coordinating major services in Standard Cases, such as Site Change, Host Family Change, or End of Service. Each of these services, if requested by the Volunteer or administered to the Volunteer based on post's assessment, must be documented in CARS CMS.

CDs can delegate the documentation of these services to another member of the Post staff such as the SSM. Once the CD and team make a decision to provide or decline a site change or another service, please ensure that all case related documentation has been completed within 5 days.

The CD or delegate should complete the following documentation about the CD's involvement in services.

- ☐ Document all services you provide or coordinate for the Volunteer as "provided" by the CD to the Volunteer. CARS CMS services CDs will most often provide are: End of Service, Host Family Change, Site Change, and Explanation of Sexual Misconduct Policy.
  - Include services you provide directly.
  - Include services you oversee or provide in cooperation with another Peace Corps staff person.

- Include services provided by any Peace Corps staff member working under your authority who does not have CARS CMS access (DPTs, etc.).
  - Any service that lasts more than one day must have an end date listed.
  - If you provide a service more than once, you must document it as “provided” each time with the appropriate date. ○ Some services must have an additional explanation in the “description” field when they are documented as provided.
    - Any service that begins with “other”—describe the service.
    - End of Service—specify what kind (Administrative Separation, Interrupted service, etc.).
    - Any other service or situation that would benefit from a brief explanation.
- Document any services “declined” by the CD to the Volunteer. This refers to a service that was requested by the Volunteer but will not be provided.
- Include a brief explanation about why the service could not be provided in the “description” field for the service (example: Volunteer requested Site Change, but as incident occurred out of country, this was not provided).
  - This may require collaboration with other roles who also participate in the decision not to provide the requested service.

A Glossary of Services is available at the end of this document.

## 5. Special circumstances

a. Documenting in CARS CMS after a Volunteer’s service has ended: □ Even if a Volunteer’s service ends, any ongoing involvement in the response to a sexual assault or other serious crime should continue to be documented as above.

b. Incidents that occur while a Volunteer is away from their site or country:

- Any report of a sexual assault or other serious crime received while a Volunteer is in service--regardless of whether the incident happened in country, on leave, on Medevac or other official travel—should be documented according to the above instructions.

c. Documenting in CARS CMS when more than one case involving the same Volunteer is reported at the same time or more than one case is being managed concurrently.

Each incident will be entered into CIRS separately and will generate a separate CARS CMS case. Documentation should follow the steps outlined above. See PCMO and SSM sections as needed for additional guidance.

## COU Counselor

The following outlines the minimum CARS CMS documentation requirements for Counseling and Outreach Unit (COU) Counselors and Regional Mental Health Officers (RMHOs) regarding reports of sexual assault and other serious crimes against Volunteers. "Sexual Assault" in this document refers to rape, aggravated sexual assault, and non-aggravated sexual assault. "Other serious crimes" in this document refers to stalking, intimate partner violence, burglary, robbery at site, creeping or voyeurism, and aggravated physical assault.

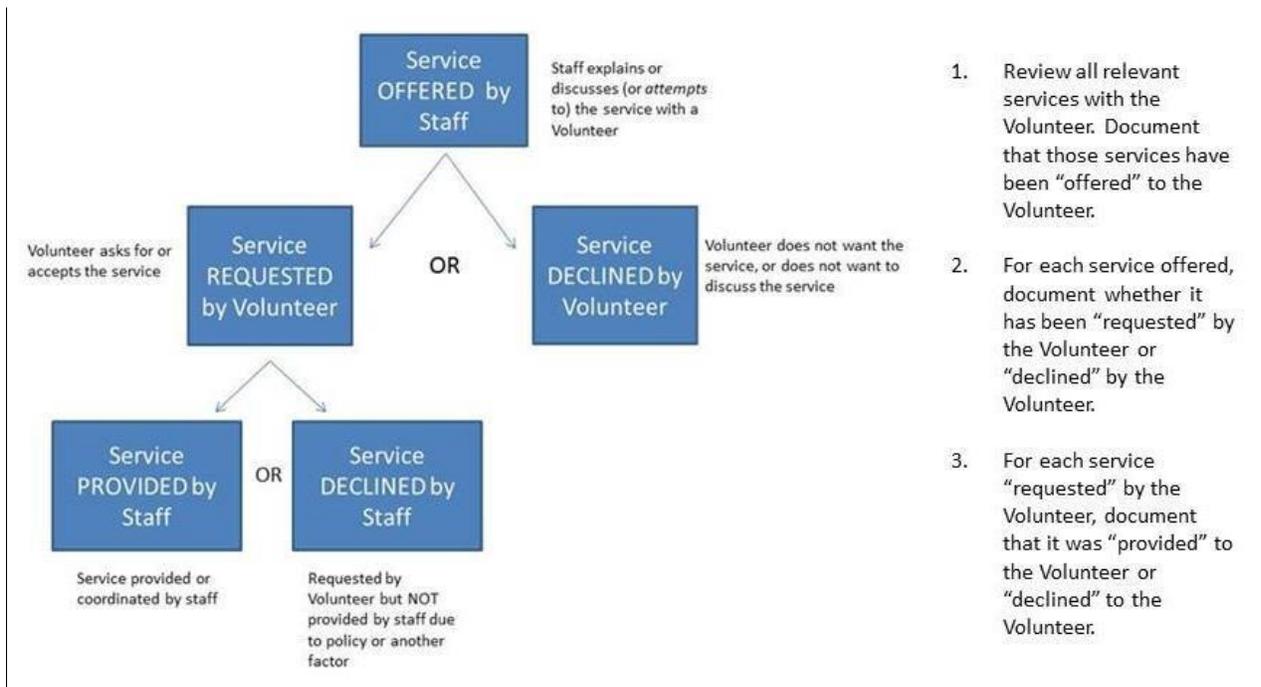
Please see the comprehensive CARS CMS User Guide for detailed guidance (including screen shots) pertaining to each required step.

1. Add yourself to the CARS Team for the case ("CARS Team Members" tab)
  - If you are involved in providing or coordinating services in relation to a sexual assault or other serious crime, add yourself to the CARS Team for that particular case.
2. Document all actions regarding services ("Services" tab)

There must be documentation in CARS CMS within 5 days every time a service is:

- offered to a Volunteer
- requested by a Volunteer
- declined by a Volunteer
- provided to a Volunteer

- declined to a Volunteer



Although COU Counselors will typically only "provide" services to a Volunteer or "decline" services to a Volunteer, please review all steps and enter any actions regarding services you do take.

- Document all services "offered" by the COU Counselor and to the Volunteer.
- Document all services "requested" BY the Volunteer or "declined" by the Volunteer to the COU Counselor. This records the Volunteer's preference regarding each service the Volunteer was offered.
  - Every service that is "offered" to the Volunteer must also be documented as either "requested" or "declined" by the Volunteer.
  - For any service the Volunteer "requests" to you but which will be provided by another staff person, make sure to include information about your referral to the appropriate provider in the "description" field.
    - Example: if a Volunteer requests Victim Advocate services, you would document this as requested by the Volunteer to the COU Counselor, and indicate in the description field "contacted OVA on x date regarding Volunteer's request for Victim Advocate services."

- Document all services you provide or coordinate for the Volunteer as “provided” by the COU Counselor to the Volunteer.
  - Include services you provide directly.
  - Include services you provide in cooperation with another Peace Corps staff person.
    - Example—Medevac Evaluation may be a joint venture among COU, an IHC, and/or a PCMO. Work with colleagues to ensure the service is documented.
  - Any service that lasts more than one day must have an end date listed.
    - Example—Respite Leave typically lasts 2 weeks. It should have both a start date and end date listed. The service and start date should still be entered within 5 days of the Respite Leave, and the end date should be entered within 5 days of the Respite Leave ending.
    - Example—Mental Health Services usually happen over the course of several sessions/dates. Enter this as “provided” on the date the services begin (document this within 5 days). The end date should be the final day of the services (document this within 5 days).
  - Some services must have an additional explanation in the “description” field when they are documented as provided.
    - Any service that begins with “other”—describe the service.
    - Any other service or situation that would benefit from a brief explanation.
  
- Document any services “declined” by the COU Counselor to the Volunteer. This refers to a service that was requested by the Volunteer but will not be provided, and where the COU Counselor was involved in this determination.
  - Include a brief explanation about why the service could not be provided in the “description” field for the service.
    - Example—If a Volunteer requests Respite Leave but is not eligible because COS is scheduled in 30 days, you can document “Volunteer requested Respite Leave but is not eligible due to timing of request and scheduled COS.”
  - Do not include medically confidential information, such as specific information about symptoms, in this or any other CARS CMS field.
    - Example-- If a Volunteer requests Respite Leave but is not eligible because the Volunteer is experiencing clinically significant symptoms of PTSD, you can document “Volunteer requested Respite Leave but is not eligible per COU assessment. Medevac recommended.”
  - This may require collaboration with other roles who also participate in the decision not to provide the requested service.

A Glossary of Services is available at the end of this document.

### 3. Enter Case Notes (“Case Notes” tab)

Case Notes must be entered to explain important non-medical information or decisions related to the case. Medical assessment and medical decision making should continue to be documented in PCMEDICS.

Case Notes are intended to supplement or explain, not take the place of, other CARS CMS fields such as documents and services. Case Notes intended to be visible to other members of the team should be entered into “Case Notes” rather than “Personal Case Notes.” COU Counselors will not generally use “Personal Case Notes.”

- Enter brief case notes to explain any non-medical updates pertinent to the case and relevant for other staff.
- Do not include PII or Medically Confidential Information in Case Notes.
- The following situations should prompt a case note from the COU Counselor (see user guide for additional details):
  - Any disclosures of information from a Restricted Report of sexual assault you make to someone outside of Designated Staff. This does not include medical consultation.
  - OIG requests through the COU Counselor to contact a Volunteer regarding a Restricted Report of sexual assault, including information about seeking/obtaining consent from the Volunteer. This also requires completion and uploading of “Authorization for OIG to Contact Volunteer.”

4. Document CARS Calls (“CARS Calls” tab)  If you request a CARS Call you are responsible for ensuring that the details of the call are documented under the “CARS Calls” tab. Include attendees, the date of the call, the substance of the call, and any action items identified.

- Not all staff participating in the call have to document this separately. Coordinate this task as needed with other staff on the call.

### 5. Special circumstances

a. Incidents that occur while a Volunteer is away from their site or country:  COU Counselors should document all involvement in cases of sexual assault, regardless of where the incident occurred.

b. Documenting in CARS CMS when more than one case involving the same Volunteer is reported at the same time or more than one case is being managed concurrently.

Each incident will be entered into CIRS separately and will generate a separate CARS CMS case. Documentation should follow the steps outlined above, with the following additional guidance:

- Services and other documentation:
  - Any service or action that is incident specific should be documented in that specific CARS Case according to the above instructions.
  - Services or actions that are not incident specific (most CARS Calls, ongoing Mental Health Services, etc.) can be documented together in one primary case, usually the case with the highest severity or the case with the highest level of staff response.
    - If staff are documenting in one primary case for services and other actions that are not incident specific, a Case Note should be entered in each of the other cases alerting other team members about where to find the primary documentation (including the CIRS #).

c. Documenting on behalf of posts without access to CARS CMS:  Posts without access to CARS CMS, and relevant Headquarters staff, should follow the instructions outlined in “Posts Without Access to CARS CMS” at the end of this document.

d. Documenting in CARS CMS after a Volunteer’s service has ended:

- COU Counselors are not involved in providing care after a Volunteer’s service ends. Medical care and coordination for Volunteers after service has ended will be managed by the Post Service Unit. COU Counselors are not required to document in CARS CMS after the medical case has ended.



## IHC: International Health Coordinator

The following outlines the minimum CARS CMS documentation requirements for International Health Coordinators (and anyone acting in an IHC capacity) regarding reports of sexual assault and other serious crimes against Volunteers. “Sexual Assault” in this document refers to rape, aggravated sexual assault, and non-aggravated sexual assault. “Other serious crimes” in this document refers to stalking, burglary, and aggravated physical assault.

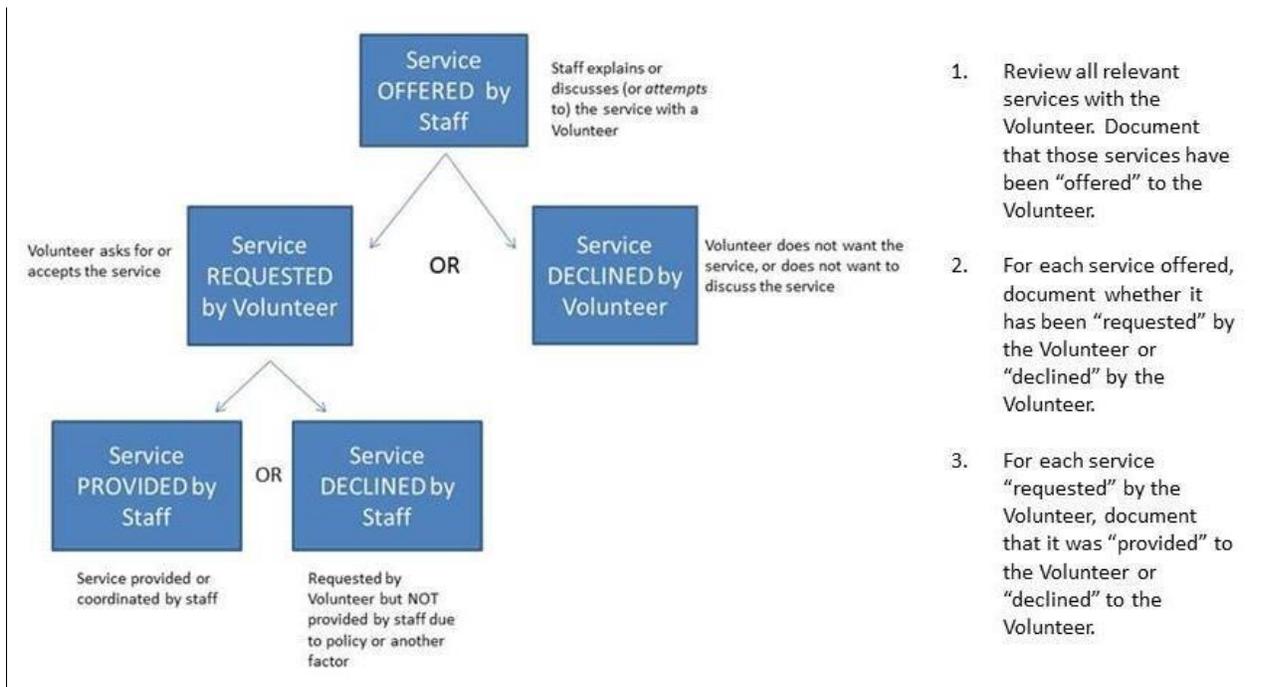
Please see the comprehensive CARS CMS User Guide for detailed guidance (including screen shots) regarding each required step.

1. Add yourself to the CARS Team for the case (“CARS Team Members” tab)
  - If you are involved in providing or coordinating services in relation to a sexual assault or other serious crime, add yourself to the CARS Team for that particular case.
2. Document all actions regarding services (“Services” tab)

There must be documentation in CARS CMS within 5 days every time a service is:

- offered to a Volunteer
- requested by a Volunteer
- declined by a Volunteer
- provided to a Volunteer

- declined to a Volunteer



- Document all services “offered” by the IHC and to the Volunteer.
- Document all services “requested” BY the Volunteer or “declined” by the Volunteer to the IHC. This records the Volunteer’s preference regarding each service the Volunteer was offered.
  - Every service that is “offered” to the Volunteer must also be documented as either “requested” or “declined” by the Volunteer.
  - For any service the Volunteer “requests” to you but which will be provided by another staff person, make sure to include information about your referral to the appropriate provider in the “description” field.
    - Example: if a Volunteer requests Victim Advocate services , you would document this as requested by the Volunteer to the IHC, and indicate in the description field “contacted OVA on x date regarding Volunteer’s request for Victim Advocate services.”
- Document all services you provide or coordinate for the Volunteer as “provided” by the IHC to the Volunteer.
  - Include services you provide or coordinate directly.

- Include services you provide in cooperation with another Peace Corps staff person.
  - Example—a Medevac will require joint documentation from the IHC and the PCMO. The PCMO will document the Medevac as provided and record the start date and the authorization obtained from the IHC. The IHC will then document the end date, as well as separately documenting all services arranged during the Medevac.
- Include services provided by any Peace Corps staff member working under your authority who does not have CARS CMS access (program assistants, etc.).
- Any service that lasts more than one day must have an end date listed.
  - Example—a Medevac typically lasts 45 days. It should have both a start date and end date listed. The service and start date should still be entered within 5 days of the Medevac, and the end date should be entered within 5 days of the Medevac ending.
  - Example—Mental Health Services usually happen over the course of several sessions/dates. Enter this as “provided” on the date the services begin (document this within 5 days). The end date should be the final day of the services (document this within 5 days).
- If you provide a service more than once, you must document it as “provided” each time with the appropriate date. ○ Some services must have an additional explanation in the “description” field when they are documented as provided.
  - Any service that begins with “other”—describe the service.
  - End of Service—specify what kind (Medical Separation, etc.).
  - Services you arrange to be provided by someone outside of Peace Corps (see below).
  - Any other service or situation that would benefit from a brief explanation.
- Document all services you arrange to be provided by someone outside of Peace Corps. This includes medical or mental health providers who provide care during Medevac.
  - Document the service as “provided” by “Community Resource” to the Volunteer. (“Community Resource” is available in the drop down menu of roles.)
  - Include an explanation in the description field.
    - Example—If the IHC arranges Mental Health Services for a Volunteer through a local counselor at HOR, the IHC would document this as “provided” by “Community Resource.” In the description field, note “Provided by MH provider at HOR.”

- Document any services “declined” by the IHC to the Volunteer. This refers to a service that was requested by the Volunteer but will not be provided, and where the IHC was involved in this determination.
  - Include a brief explanation about why the service could not be provided in the “description” field for the service.
    - Example—If a Volunteer requests a SAFE but it not eligible because the assault occurred outside the timeframe defined, you can document “Volunteer requested a SAFE but is not eligible.” Note: do not include medically confidential information, such as information about symptoms or clinical assessment, in this or any other CARS CMS field).
  - This may require collaboration with other roles who also participate in the decision not to provide the requested service.
  
- In addition to documenting your initial conversation about services, make sure to document any later conversations and actions regarding services. For example, a Volunteer may initially decline a service but then request it at a later time. Each of these actions must be documented separately.

A Glossary of Services is available at the end of this document.

### 3. Enter Case Notes (“Case Notes” tab)

Case Notes must be entered to explain important non-medical information or decisions related to the case. Medical assessment and medical decision making should continue to be documented in PCMEDICS.

Case Notes are intended to supplement or explain, not take the place of, other CARS CMS fields such as documents and services. Case Notes intended to be visible to other members of the team should be entered into “Case Notes” rather than “Personal Case Notes.” IHCs will not generally use “Personal Case Notes.”

- Enter brief case notes to explain any non-medical updates pertinent to the case and relevant for other staff.
  
- Do not include PII or Medically Confidential Information in Case Notes.

- The following situations should prompt a case note from the IHC (see user guide for additional details):
  - Changes to the Volunteer’s status (Medical Hold) that cannot be adequately described as a “service” (in cooperation with the PCMO or COU).
  - Any disclosures of information from a Restricted Report of sexual assault you make to someone outside of Designated Staff, including whether or not this involved a conversion to a Standard Report. This does not include medical consultation.
  - OIG requests through the IHC to contact a Volunteer regarding a Restricted Report of sexual assault, including information about seeking/obtaining consent from the Volunteer. This also requires completion and uploading of “Authorization for OIG to Contact Volunteer.”

4. Document CARS Calls (“CARS Calls” tab) □ If you request a CARS Call you are responsible for ensuring that the details of the call are documented under the “CARS Calls” tab. Include attendees, the date of the call, the substance of the call, and any action items identified.

- Not all staff participating in the call have to document this separately. Coordinate this task as needed with other staff on the call.

#### 5. Special circumstances

a. Incidents that occur while a Volunteer is away from their site or country: □ IHCs should document all involvement in cases of sexual assault, regardless of where the incident occurred. If an assault happens while a Volunteer is on travel to the US, the IHC may be responsible for coordinating more of the initial services and care than for an assault happening in country. See PCMO instructions for details about what is required as part of the initial response.

b Documenting in CARS CMS when more than one case involving the same Volunteer is reported at the same time or more than one case is being managed concurrently.

Each incident will be entered into CIRS separately and will generate a separate CARS CMS case. Documentation should follow the steps outlined above, with the following additional guidance:

- Services and other documentation:
  - Any service or action that is incident specific (for example, a SAFE) should be documented in that specific CARS Case according to the above instructions.
  - Services or actions that are not incident specific (most case notes about ongoing support, most CARS Calls, etc.) can be documented together in one primary case,

usually the case with the highest severity or the case with the highest level of staff response.

- If staff are documenting in one primary case for services and other actions that are not incident specific, a Case Note should be entered in each of the other cases alerting other team members about where to find the primary documentation (including the CIRS #).

- Working with the Volunteer in concurrent cases:
  - Staff should make every effort to talk about services and preferences with the Volunteer in such a way that the Volunteer perceives this as seamless and coordinated. Staff may document in several separate CARS CMS cases, but should ensure that the Volunteer experiences a single process of supportive engagement.

c. Documenting in CARS CMS after a Volunteer's service has ended:

IHCs are generally not involved in providing care after a Volunteer's service ends. Medical care and coordination for Volunteers after service has ended will be managed by the Post Service Unit.

IHCs are not required to document in CARS CMS after the medical case has ended.

## **PCSSO: Peace Corps Safety and Security Officer**

The following outlines the minimum CARS CMS documentation requirements for Peace Corps Safety and Security Officers (PCSSOs) regarding reports of sexual assault and other serious crimes against Volunteers. "Sexual Assault" in this document refers to rape, aggravated sexual assault, and non-aggravated sexual assault. "Other serious crimes" in this document refers to stalking, intimate partner violence, burglary, robbery at site, creeping or voyeurism, and aggravated physical assault.

Please see the comprehensive CARS CMS User Guide for detailed guidance (including screen shots) regarding each required step.

1. Add yourself to the CARS Team for the case ("CARS Team Members" tab)

- If you are activated on a sexual assault case, add yourself to the CARS Team for that particular case.

2. Enter Case Notes ("Case Notes" tab)

Case Notes must be entered to explain key developments or decision points in the case. Case Notes are intended to supplement or explain, not take the place of, other CARS CMS fields such as required

forms and services. Case Notes intended to be visible to other members of the team should be entered into “Case Notes” rather than “Personal Case Notes.”

- In collaboration with the SSM and DSS, enter brief case notes to explain any updates pertinent to the case and of interest to other staff involved in the case.
  
- Do not include PII in Case Notes.  The following situations should prompt a case note from the PCSSO:
  - Conversations with the Volunteer, including phone, in-person, and email communications (summarize the exchange, or cut and paste into a note and redact any PII).
  - Key communications with other staff about management of the case.
  - Details of any assessment or action you perform regarding safety and security issues.
  - Communications with law enforcement, attorneys, embassy staff, host country officials, family members, or other external parties.

4. Document CARS Calls (“CARS Calls” tab)  If you request a CARS Call you are responsible for ensuring that the details of the call are documented under the “CARS Calls” tab. Include attendees, the date of the call, the substance of the call, and any action items identified.

- Not all staff participating in the call have to document this separately. Coordinate this task as needed with other staff on the call.

5. Document regarding Trials and other legal proceedings (“Trials” tab)

If there is a trial and you participate, complete the following documentation in coordination with the SSM:

- Add a new trial, named according to the accused offender(s) in the case (“Criminal Trial for John Doe”).
  
- Within the trial, document each phase as it occurs (arraignment, pre-trial, verdict, etc.).
  - Phases should be documented within the main trial itself rather than being entered as new trials.

- Include the appropriate date for each phase.
  - Include brief notes regarding outcomes or other relevant information regarding the specific trial phase in the “notes” field.
  - You can only enter one phase of each type (one arraignment, one pre-trial, etc.) in a CARS Trial. If there is more than one phase of the same type:
    - Enter the first one as described above.
    - Use case notes to document subsequent proceedings.
    - Example: bail hearings and motion hearings may both be considered “pre-trial” phases. Enter the first as the “pre-trial” phase, then enter case notes for subsequent pre-trial proceedings.
- Once the trial is complete, document the outcome under the “general” section within the specific trial.
- If you accompany a PCV to a trial, add this as a service provided (Services tab).

## 6. Special circumstances

- a. Documenting in CARS CMS after a Volunteer’s service has ended:  Even if a Volunteer’s service ends, any involvement in the response to a sexual assault should continue to be documented as above.
- b. reports received about incidents occurring while a Volunteer is away from their site or country
- Any report of a sexual assault received while a Volunteer is in service--regardless of whether the incident happened in country, on leave, on Medevac or other official travel—should be documented according to the above instructions.
- c. Documenting in CARS CMS when there is more than one case involving the same Volunteer and when the incidents are reported at the same time or are being managed concurrently. Each incident will be entered into CIRS separately and will generate a separate CARS CMS case. Documentation should follow the steps outlined above, with the following additional guidance:
- Services and other documentation

- Any service or action that is incident specific (Trials, Conversions, report to law enforcement, etc.) should be documented in that specific CARS Case according to the above instructions.
- Services or actions that are not incident specific (most case notes about ongoing support, most CARS Calls, etc.) can be documented together in one primary case, usually the case with the highest severity or the case with the highest level of staff response.
  - If staff are documenting in one primary case for services and other actions that are not incident specific, a Case Note should be entered in each of the other cases alerting other team members about where to find the primary documentation (including the CIRS #).

## OGC (Office of the General Counsel) Attorney

The following outlines the minimum CARS CMS documentation requirements for the OGC Attorney (usually the SARRR attorney or another attorney acting in that capacity) regarding reports of sexual assault. "Sexual Assault" in this document refers to rape, aggravated sexual assault, and non-aggravated sexual assault.

Please see the comprehensive CARS CMS User Guide for detailed guidance (including screen shots) regarding each required step.

### 1. Add yourself to the CARS Team for the case ("CARS Team Members" tab)

- The OGC Attorney should add themselves to the CARS Team in CARS CMS when they are involved in coordinating the response to that specific case.

### 2. Upload all case related documents ("Documents" tab) Upload any documents you complete in

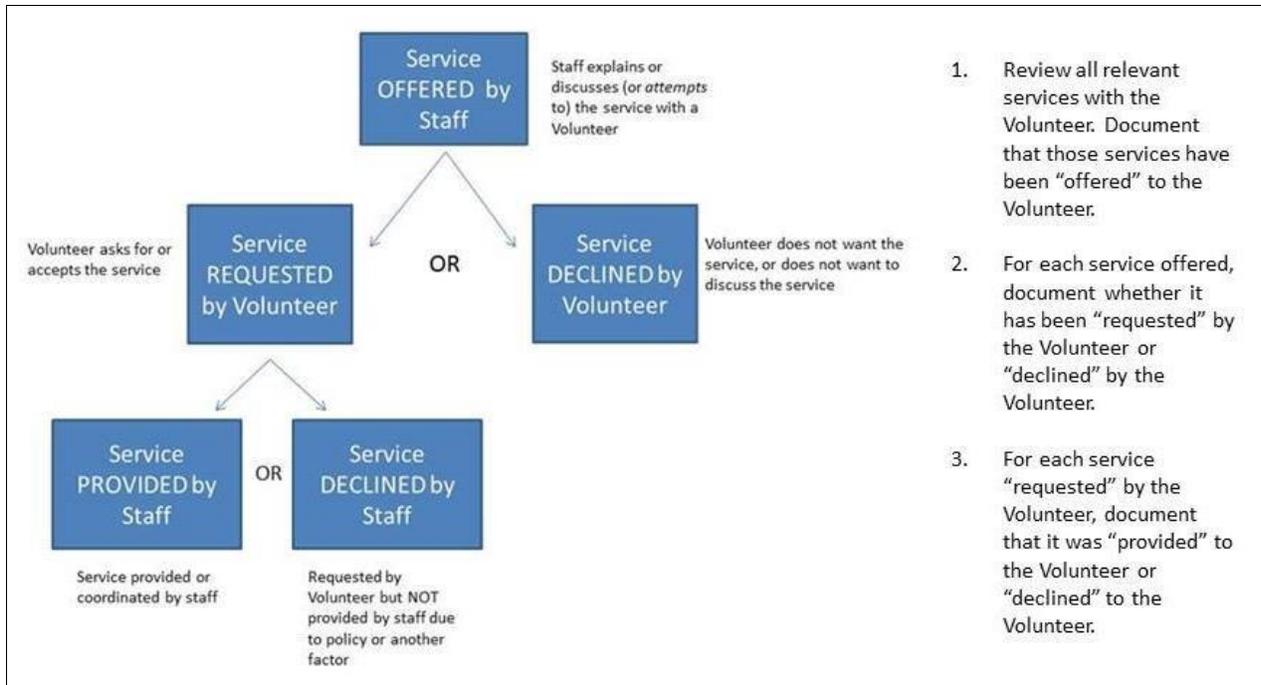
relation to the case within 5 days of completion.

- Protect PII:
  - o Name each document without using PII, using the following structure:  
CIRS number \_document type (example: 304-201778-999\_attorney contract)
  - o Upload the document into the appropriate section of CARS CMS--PII documents (any document with the Volunteer's name or other PII) vs general Documents
- Revised or updated documents: Any revised documents should be uploaded into CARS CMS, keeping the previous versions in place.

### 3. Document all actions regarding services ("Services" tab)

There must be documentation in CARS CMS within 5 days every time a service is

- offered to a Volunteer
- requested by a Volunteer
- declined by a Volunteer
- provided to a Volunteer
- declined to a Volunteer



The OGC Attorney will often be involved in providing legal and related services in Standard cases, such as Retention of Legal Counsel and Sexual Misconduct Hearing Process.

- Document all services you provide or coordinate for the Volunteer as “provided” by the OGC Attorney to the Volunteer.
  - Include services you coordinate or provide or coordinate directly (example—Retention of Legal Counsel).
  - Include services you provide in cooperation with another Peace Corps staff person. ■  
Example: Sexual Misconduct Hearing Process will involve administrative action from the CD and others, but will be documented as provided by the OGC Attorney.
  - Any services that last more than one day, such as Sexual Misconduct Process, must have an end date listed.
  - Some services must have an additional explanation in the “description” field when they are documented as provided.
    - Any service that begins with “other”—describe the service.
    - Services you arrange to be provided by someone outside of Peace Corps (see below).
    - Any other service or situation that would benefit from a brief explanation.

- Document all services you arrange to be provided by someone outside of Peace Corps.
  - Document the service as “provided” by “Community Resource” (available in the drop down menu of roles when documenting services).
  - Include an explanation in the description field.
    - Example: If the OGC Attorney arranges “Legal Consultation with Attorney” for a Volunteer, the OGC Attorney would document this as “provided” by “Community Resource.” In the description field, note “Arranged through local attorney.”
  
- Document any services “declined” by the OGC Attorney to the Volunteer. This refers to a service that was requested by the Volunteer but will not be provided, and where the OGC Attorney was involved in this determination.
  - Include an explanation about why the service could not be provided in the “description” field for the service. This may require collaboration with other roles who also participate in the decision not to provide the requested service.

A Glossary of Services is available at the end of this document.

4. Add Outside Attorneys (“Attorneys” tab) □ Add all attorneys consulting on, prosecuting, or retained to represent a Volunteer in a specific Standard case. (Attorneys providing consultation to Volunteers in Restricted cases will be added by the SSM.)

- Follow procedures outlined in MS 243 and MS 774 for selecting and contracting with a local attorney prior to adding the attorney to the CARS CMS case.

5. Enter Case Notes (“Case Notes” tab)

Case Notes must be entered to explain key developments or decision points in the case. Case Notes are intended to supplement or explain, not take the place of, other CARS CMS fields such as required forms and services. Case Notes intended to be visible to other members of the team should be entered into

“Case Notes” rather than “Personal Case Notes.”

- Enter brief case notes to explain any updates pertinent to the case and relevant for other staff.

- Do not include PII in Case Notes. □ The following situations should

prompt a case note from the OGC Attorney:

- Key communications with other staff about the case (can be copied and pasted from email, removing PII).
- Communications with law enforcement, attorneys, embassy staff, host country officials, family members, or other external parties.
- Any developments and outcomes related to a Sexual Misconduct Hearing Process (must also be documented as “provided” under the Services tab).
- Any case-specific coordination between OGC and OIG, including OIG requests to contact a Volunteer about a Restricted Report without the Volunteer’s written consent.

6. Document CARS Calls (“CARS Calls” tab) □ If you request a CARS Call you are responsible for ensuring that the details of the call are documented under the “CARS Calls” tab. Include attendees, the date of the call, the substance of the call, and any action items identified.

- Not all staff participating in the call have to document this separately. Coordinate this task as needed with other staff on the call.

7. Document regarding conversion from Restricted to Standard Report (“Overview” tab)

When a case is converted from Restricted to Standard, the SSM will enter this conversion into CIRS.

For conversions initiated by the agency rather than at the request of the Volunteer:

- Document the date of your concurrence under the “Conversions” section on the Overview page.

- Document the OGC rationale in the Case Notes section.

8. Special Circumstances

- a. Documenting in CARS CMS after a Volunteer’s service has ended □ Even if a Volunteer’s service ends, any ongoing involvement in the response to a sexual assault or other serious crime should continue to be documented as above.

- b. Incidents that occur while a Volunteer is away from their site or country:  Any report of a sexual assault or other serious crime received while a Volunteer is in service--regardless of whether the incident happened in country, on leave, on Medevac or other official travel—should be documented according to the above instructions.
- c. Documenting in CARS CMS when more than one case involving the same Volunteer is reported at the same time or more than one case is being managed concurrently.

Each incident will be entered into CIRS separately and will generate a separate CARS CMS case. Documentation should follow the steps outlined above, with the following additional guidance:

- Case related documents should be uploaded to each individual CARS CMS case.
- Services and other documentation:
  - Any service or action that is incident specific (Conversions, legal services, SMP, etc.) should be documented in that specific CARS Case according to the above instructions.
  - Services or actions that are not incident specific can be documented together in one primary case, usually the case with the highest severity or the case with the highest level of staff response.
    - If staff are documenting in one primary case for services and other actions that are not incident specific, a Case Note should be entered in each of the other cases alerting other team members about where to find the primary documentation (including the CIRS #).

## **RSA: Regional Security Advisor**

The following outlines the CARS CMS documentation requirements for Regional Security Advisors (RSA) regarding reports of sexual assault and other serious crimes against Volunteers. “Sexual Assault” in this document refers to rape, aggravated sexual assault, and non-aggravated sexual

assault. “Other serious crimes” in this document refers to stalking, intimate partner violence, burglary, robbery at site, creeping or voyeurism, and aggravated physical assault.

Please see the comprehensive CARS CMS User Guide for detailed guidance (including screen shots) regarding each required step.

1. Add yourself to the CARS Team for the case (“CARS Team Members” tab)

- RSAs should add themselves to the CARS Team in CARS CMS when they are involved in coordinating the response to that specific case.

2. Enter Case Notes (“Case Notes” tab)

Case Notes must be entered to explain key developments or decision points in the case. Case Notes are intended to supplement or explain, not take the place of, other CARS CMS fields such as documents and services. RSAs will typically document any major decisions on behalf of Regions and the Office of Global Operations (OGO)

- Enter brief case notes to explain any updates pertinent to the case and relevant for other staff.
- Do not include PII in Case Notes.
- The following situations should prompt a case note from the RSA:
  - Conversations with the Volunteer, including phone, in-person, and email communications (summarize the exchange, or cut and paste into a note and redact any PII).
  - Communications with law enforcement, attorneys, embassy staff, host country officials, family members, or other external parties.
  - Major case developments or decision points coordinated by Regional or OGO leadership
    - In coordination with the CD, decision making and outcomes regarding any end-of-service options you help facilitate (End of Service must also be documented as “provided” under the Services tab).
    - In coordination with the CD, decision making and outcomes regarding any Administrative Hold process.

3. Document CARS Calls (“CARS Calls” tab)

- If you request a CARS Call you are responsible for ensuring that the details of the call are documented under the “CARS Calls” tab. Include attendees, the date of the call, the substance of the call, and any action items identified.
- Not all staff participating in the call have to document this separately. Coordinate this task as needed with other staff on the call.

#### 4. Special circumstances

- a. Documenting in CARS CMS after a Volunteer’s service has ended: □ Even if a Volunteer’s service ends, any ongoing involvement in the response to a sexual assault or other serious crime should continue to be documented as above.
- b. Incidents that occur while a Volunteer is away from their site or country: □ Any report of a sexual assault or other serious crime received while a Volunteer is in service-- regardless of whether the incident happened in country, on leave, on Medevac or other official travel—should be documented according to the above instructions.
- c. Documenting on behalf of posts without access to CARS CMS: □ Posts without access to CARS CMS, and relevant Headquarters staff, should follow the instructions outlined in “Posts Without Access to CARS CMS” at the end of this document.

## Glossary of CARS CMS Services

The following services are listed in CARS CMS.

General Services	Legal Services	Medical Services	Safety and Security Services
Administrative Assistance	Accompaniment to Legal Proceedings or Meetings	Emergency Health Care	Home Inspection or Repairs
End of Service	Explanation of Law Enforcement and Prosecutorial Options	Medevac	Law Enforcement Follow-up
Explanation of Reporting Options	Explanation of Sexual Misconduct Policy	Medevac Accompaniment	Report to Law Enforcement
Host Family Change	Legal Consultation with Attorney	Medevac Evaluation	Other – Safety & Security
OCRD Assistance	Retention of Legal Counsel	Medical Treatment Plan	
OIG Assistance	Sexual Misconduct Hearing Process	Mental Health Services	
Safety Planning	Other – Legal	Respite Leave	
SARL		Sexual Assault Forensic Exam (SAFE)	
Site Change		Other – Medical	
Victim Advocate			
Other – General			

### DOCUMENTING SERVICES

Services must be documented in CARS CMS each time they are offered, requested, declined, or provided.

Offer = a staff member explains or discusses the service with a Volunteer and inquires whether the Volunteer is interested in the service. Any staff person can “offer” any service to a Volunteer. Often, services will require further assessment or need to be referred to another staff member to be provided. To “offer” a service in CARS CMS means only that the service has been discussed with the Volunteer (not necessarily guaranteed or determined to be available).

Request = a Volunteer asks for or accepts a particular service. Volunteers can request any service to any staff person, even if it will need to be referred to someone else to provide.

Decline (by a Volunteer) = a Volunteer does not want to have the particular service that has been offered. Volunteers can decline any service to any staff person.

Provide = a staff member directly provides a service to a Volunteer (example: directly provides emergency health care), coordinates a service for a Volunteer (example: coordinates a site change on behalf of the team), or arranges for a service to be provided

by someone external to Peace Corps (example: arranges for mental health services from a non-Peace Corps provider).

Staff will only “provide” services associated with their particular role (see below).

Decline (by staff) = a staff member determines that a service will not be provided after the Volunteer has requested it. Staff will only “decline” services associated with their particular role. The rationale for any decision to decline a service the Volunteer has requested must be documented in the “description” field or in a Case Note.

## DEFINITION OF SERVICES

Accompaniment to legal proceedings or meetings: Escorting a Volunteer to any legal proceedings, interviews with law enforcement, meetings with attorneys, or other similar appointments. This service will most typically be provided by the SSM, SARL, Victim Advocate, or CD<sup>2</sup>, but could be provided by any staff person.

Administrative assistance: A variety of administrative or logistical services provided to the Volunteer during the response process. Examples include processing reimbursements or assisting with other financial matters, replacing identification, making travel and lodging arrangements, and any other logistical matters. Although other staff may assist in providing these services (the DMO, for example), this will most often be documented as provided by a SARL, SSM, or PCMO<sup>3</sup>. This service requires a brief explanation in the “description” field.

Emergency health care: Medical treatment for urgent and emergency medical problems. These are timesensitive issues that need immediate stabilization or attention. Examples of situations requiring emergency health care include bleeding, mental health emergencies, contusions, broken bones, etc. This service will primarily be provided by the PCMO, or in certain circumstances, the IHC or COU Counselor<sup>4</sup>.

This service may also be provided by an outside party (document as provided by “Community Resource”).

End of service: The end of a Volunteer’s service before their expected COS, in relation to a sexual assault or other serious crime. This includes resignation, medical separation, administrative separation, or interrupted service. This service may only be provided or declined by the CD (in cooperation with Regions) or the IHC (on behalf of the Office of Health Services). This service requires a brief explanation in the “description” field.

---

<sup>2</sup> All references to CD include those acting in a CD capacity. CDs may also delegate their documentation responsibilities to a member of the Designated Staff at post.

<sup>3</sup> All references to PCMOs include RMOs

<sup>4</sup> All references to COU Counselors include RMHOs

Explanation of law enforcement and prosecutorial options: Providing the Volunteer with information about local laws, law enforcement options, and legal processes relevant to the situation. This service will most often be provided by the SSM or other Designated Staff.

Explanation of reporting options (relevant ONLY for sexual assault): Providing the Volunteer with information about standard and restricted report options and the services available under each. This service is most often provided by the PCMO, SSM, or other Designated Staff. Reviewing/completing the Volunteer Preference Form with the Volunteer constitutes “providing” this service.

Explanation of sexual misconduct policy: Explanation of IPS 1-12, *Volunteer/Trainee Sexual Misconduct*, including sexual misconduct reporting process, PCV rights during the process, sexual misconduct panel configuration and progression, and possible outcomes. This can include providing the Volunteer with a copy of the policy and procedures. This service is most often provided by Designated Staff or the CD.

Home inspection or repairs: Assessing physical safety at the Volunteer’s home and fixing any noted safety issues. This service will most often be provided by the SSM but may also be provided by other staff as delegated by the SSM.

Host family change: Relocation of a Volunteer to a different host family, based on the Volunteer’s request or staff concern about safety. This service may involve coordination from several staff (SSM, PM, SARL, etc.), but it can only be provided or declined by the CD.

Law enforcement follow up: Any contact with law enforcement beyond the initial complaint or report. This service is most often provided by the SSM but at times may be provided by the PCSSO, DSS, or CD.

Legal consultation with attorney: Volunteer’s discussion with a local attorney to receive information and advice about their case, including explanation of local laws, law enforcement procedures, and legal options. This service may involve coordination from several staff (SSM, DSS, etc.). In Restricted cases, this will be documented by the SSM. In Standard cases, this will be documented by the OGC Attorney. This service will generally be provided by an outside contracted attorney, so should be documented as provided by “Community Resource.”

Medevac: The transfer of a Volunteer across an international border when illness, injury, or other medical necessity requires evaluation and/or treatment beyond the scope of care available in-country. This service may be provided by the PCMO, IHC, or COU Counselor. Medevacs require documentation of both a start date and end date, and will require joint documentation by the PCMO and the IHC. Only the IHC or the COU Counselor can decline this service if it has been requested by a Volunteer.

Medevac accompaniment: Escorting a Volunteer during travel related to a Medevac. In the case of a sexual assault, stalking, or other serious crime, the Volunteer must be accompanied during medevac by a Peace Corps staff member, unless explicitly declined by the Volunteer. This service is most often provided by the SARL or another member of Designated Staff. Each staff person who participates in the accompaniment should document that they provided it.

Medevac evaluation: Assessment of the Volunteer's health to determine level of symptoms and necessary treatment. This service is provided by the PCMO, COU Counselor, or IHC.

Medical treatment plan: A plan of care developed by the PCMO or other medical provider to address the ongoing medical treatment needs of a Volunteer. This includes ongoing treatment of physical illness, injury, or mental health needs. This service also includes time-sensitive preventative treatment for STIs and pregnancy (anything that must be initiated or administered within a few days of the incident). This service is provided by the PCMO and IHC.

Mental health services: Mental health assessment and follow up, short term counseling, or psychiatric treatment and medications. These services can be provided directly by the PCMO or COU Counselor. They can also be arranged by the PCMO or IHC through a contracted provider in country or at HOR (document as "provided" by "Community Resource"). Whether provided directly or arranged through a non-Peace Corps provider, this must be documented by the PCMO, COU Counselor, or IHC as "provided." If referencing a planned series of counseling sessions, this service must have both a start and end date.

OCRD assistance: Connecting a Volunteer with OCRD if they have any concerns about discrimination or harassment. This service can be provided by any staff person.

OIG assistance: Connecting a Volunteer with OIG if they would like to request an OIG investigation or would like to discuss concerns about any aspect of Peace Corps response to their case. This service can be provided by any staff person.

Report to law enforcement: Assisting a Volunteer in filing an initial complaint with law enforcement, or filing the complaint on a Volunteer's behalf. This service will most often be provided by the SSM but may also be provided by other staff as delegated by the SSM.

Respite leave: Temporary leave following a traumatic event. This service requires assessment and approval from the COU Counselor and is intended only for Volunteers who do not require treatment for active symptoms. Respite leave requires both a start and end date. This service may only be provided or declined by the COU Counselor.

Retention of legal counsel: Hiring a local attorney to represent the PCV in legal proceedings. This differs from "legal consultation with an attorney" (above), where a PCV is just consulting with a local lawyer for a limited number of hours. Retention of legal Counsel is typically only provided in Standard cases.

It may involve coordination from several staff (SSM, DSS, etc.), but may only be provided or declined by the OGC Attorney.

Sexual Assault Forensic Exam (SAFE) (Relevant ONLY for sexual assault): Medical forensic exam performed following a sexual assault to collect and preserve evidence for possible investigation and legal action. The service is provided by the PCMO, either as the direct provider or arranged through a local provider (if local provider, document as “provided” by “Community Resource”). In limited circumstances, this service may also be provided (arranged through a local provider) by the IHC. Only the PCMO or IHC can decline this service if it has been requested by a Volunteer.

Safety plan: Development of a plan by Designated Staff and a Volunteer to address the immediate and ongoing personal safety and well-being of the Volunteer. This service is most often provided by the SSM, PCMO, or Victim Advocate, but may also be provided by the CD or other Designated Staff.

SARL (Sexual Assault Response Liaison) (relevant ONLY for sexual assault): Support and engagement from the SARL. This service should be entered as provided when the SARL is activated on a case and makes contact with the Volunteer. An end date should also be documented for this service, as it is likely to involve contact over time. Other services provided by the SARL should be documented separately (accompaniment, administrative assistance, etc.) This service is only provided by the SARL.

Sexual misconduct hearing process: The formal administrative process related to a Volunteer complaint of sexual misconduct against another Volunteer, as outlined in IPS 1-12. This service includes all administrative actions, pre-hearing preparation, investigations, and the formal hearing and appeals processes. This service requires a beginning date and an end date. The beginning date should be the date OGC receives notification that the Volunteer would like to pursue the process. The end date should be 1. If the SMP process progresses all the way through a hearing, the date the RD issues the RD report in response to the hearing panel’s report, or 2. If the process does not continue all the way through a hearing, the date the process was ended. This service may involve coordination from several staff (CD, SSM, etc.), but may only be provided or declined by the OGC Attorney. Case notes should be entered to explain developments throughout the process.

Site change: Relocation of a Volunteer to a different work site or project, based on the Volunteer’s request or staff concern about safety. This service may involve coordination from several staff (SSM, DPT, etc.), but it can only be provided or declined by the CD.

Victim advocate: Assistance and engagement provided by the Victim Advocate to the Volunteer, including providing information about Peace Corps policy and connecting the Volunteer to appropriate services and resources. This service should be entered as provided when the Victim Advocate becomes involved in a case. An end date should also be documented for this service, as it is likely to involve contact over time. Any other services provided by the Victim Advocate should be documented separately (accompaniment, explanation of reporting options, etc.). This service is only provided by the Victim Advocate.

Other general service: Services that do not fall within the previously listed categories. Staff should make every effort to select a service that does not begin with “other.” When documenting a service that begins with “other,” there must be an explanation of the service in the “description” field.

Other legal service: Any legal services not included under another defined service. Staff should make every effort to select a service that does not begin with “other.” When documenting a service that begins with “other,” there must be an explanation of the service in the “description” field.

Other medical services: Any medical services that are not included under another defined service. Staff should make every effort to select a service that does not begin with “other.” When documenting a service that begins with “other,” there must be an explanation of the service in the “description” field.

Other safety and security service: Any safety and security services that are not included under another defined service. Staff should make every effort to select a service that does not begin with “other.” When documenting a service that begins with “other,” there must be an explanation of the service in the “description” field.

## **Posts Without Access to CARS CMS**

The following instructions provide an offline solution for posts unable to access CARS CMS through the Peace Corps network, using the excel intake sheet and Secure File Transfer.

### [CARS CMS Offline Intake Template](#)

#### Instructions for Post

- Complete the VPF, SITA, PIA, and any other case documents in accordance with the CARS CMS Documentation Requirements.
  
- Save a copy of the excel spreadsheet to your computer with the CIRS ID in the file name (e.g. 333447774-555555.xlsx). There should be one Excel file per CARS case.
  
- Use the excel spreadsheet to record all actions regarding services in accordance with the CARS CMS Documentation Requirements (“Service” tab).
  - Each time a service is offered to, requested by, declined by, declined to, or provided to a

Volunteer, it should be recorded as a separate row in the “Service” tab of the Excel form.

- ❑ Use the excel spreadsheet to document Case Notes in accordance with the CARS CMS Documentation Requirements (“Case Note” tab).
- ❑ Use the excel spreadsheet to document any Phone Calls associated with the case.
- ❑ Do not include any PII or medically confidential Information on the excel spreadsheet.
- ❑ Within 10 business days of the report, submit the excel form and the case related documents to the Office of Victim Advocacy via Secure File Transfer (SFTP).
- ❑ After initial documentation is provided to headquarters as above, any future actions regarding services, documents, trials, CARS Calls, conversions, and CARS Team members should be submitted to headquarters so they can be documented in CARS CMS. Post staff should work with their Headquarters counterpart to complete any ongoing CARS CMS documentation within 10 business days of the relevant interaction.

D	E	F	G	H	I	J
Status	Service	By	To	Date	End Date	Description
Offered	Administrative Assistance	Medical Assistant	Volunteer	2/3/2016		
Requested	Administrative Assistance	Volunteer	Medical Assistant	2/3/2016		

- PCMOs and RMOs—work with the Quality Nurse
- SSMs—work with the DSS
- SARL—work with OVA
- CD—work with the RSA
- RMHOs—work with COU

#### Instructions for the Office of Victim Advocacy

- ❑ Based on communication with the post, add the appropriate PCMO, SSM, and SARL (if activated) as “CARS Team Members” for the case.
- ❑ Upload case related documents from post within 3 days of receipt.
- ❑ Submit help desk ticket, including the spreadsheet submitted by post, to OCIO within 3 days of receipt so that services and other actions can be uploaded.

#### Instructions for all headquarters staff

- Document all case related actions as outlined in the CARS CMS Documentation Requirements
  - After initial documentation is provided to OVA and OCIO by post then uploaded into CARS CMS, assist post in documenting all subsequent activities.
    - PCMOs and RMOs will work with the Quality Nurse
    - SSMs will work with the DSS
    - SARLs will work with OVA
    - CDs will work with the RSA
    - RMHOs will work with COU