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| ***ENTITY INFORMATION*** |
| Named Insured:       |
| Are state background checks performed on all employees/applicants and volunteers? Employees: Volunteers: | [ ]  YES [ ]  NO[ ]  YES [ ]  NO |
| Are federal background checks performed on all employees/applicants and volunteers? Employees: Volunteers: | [ ]  YES [ ]  NO[ ]  YES [ ]  NO |
| Do you have established policies and procedures regarding obtaining background checks at least every 3 years for employees and volunteers? Employees: Volunteers: | [ ]  YES [ ]  NO[ ]  YES [ ]  NO |
| Do you have a written crisis plan for dealing with employees, victims, parents, authorities, and the media if you have an incident of abuse? | [ ]  YES [ ]  NO |
| Are there written complaint procedures and are they posted?  | [ ]  YES [ ]  NO |
| Do you offer an anonymous reporting tool? If yes, what service do you utilize? | [ ]  YES [ ]  NO[ ]  YES [ ]  NO |
| Have written procedures, including rules, code of conduct, and disciplinary measures been established and provided to all staff and volunteers? **If yes**, do written procedures clearly define the policy and consequences for non-adherence? | [ ]  YES [ ]  NO[ ]  YES [ ]  NO |
|  | [ ]  YES [ ]  NO |
| Are there policies and procedures in place maintaining professional boundaries between staff (employees and volunteers) and clients?If yes, do written procedures clearly define the policy and consequences for non-adherence? | [ ]  YES [ ]  NO[ ]  YES [ ]  NO |
| Are there written professional boundary reporting procedures?**If yes**, do written procedures clearly define the policy and consequences for non-adherence? |  |
| Are records maintained documenting adherence to all applicable policies and procedures, e.g., hiring and screening, code of conduct, training, and follow-up procedures?  | [ ]  YES [ ]  NO |
| Do volunteers have unsupervised contact with clients? | [ ]  YES [ ]  NO |
| Are volunteers trained in policies and procedures relating to the sexual abuse prevention program? | [ ]  YES [ ]  NO |
| Is formal training on sexual abuse, including how to recognize the signs, provided to employees and volunteers? | [ ]  YES [ ]  NO |
| Are there procedures in place to ensure there are no relationships between staff and clients?  | [ ]  YES [ ]  NO |
| Are there procedures prohibiting closed door, one-on-one meetings and counseling? | [ ]  YES [ ]  NO |
| Is there more than one person responsible for the welfare of any one client? | [ ]  YES [ ]  NO |
| Have there been any claims arising from, or related to, sexual misconduct or sexual abuse in the past five years?Date of Occurrence:  Amount Paid: $Explanation of Allegation:  | [ ]  YES [ ]  NO |
| Have you terminated any employee or stopped using any volunteer for cause related to sexual abuse? | [ ]  YES [ ]  NO |
| What procedures have you instituted or changed to reduce the chances of another occurrence?       |
| Does your county have an individual responsible for sexual abuse prevention that reports to a member of administration? [ ]  YES [ ]  NO |