

Abuse and Molestation Questionnaire

This is a supplemental SHS Questionnaire that replaces all prior SHS abuse questionnaires. ACORDS are still required.

Name of organization _____ FEIN _____

Website address _____

If you do not have a website, attach brochure and detailed description of daily activities of organization.

Years in business _____ Years under current management _____

Questions

	Yes	No
1. Indicate number of clients, students, or members in each age range _____ 0-18 _____ 19-61 _____ 62+		
2. Does your organization have written abuse policies?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, do the policies:		
a. Communicate a Zero-tolerance approach to inappropriate behaviors	<input type="checkbox"/>	<input type="checkbox"/>
b. Define appropriate and inappropriate behaviors	<input type="checkbox"/>	<input type="checkbox"/>
c. Communicate the organization will investigate and cooperate with law enforcement	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you require that employees sign that they have read the organization's written abuse policies and retain the record?	<input type="checkbox"/>	<input type="checkbox"/>
4. Does your organization enforce the 3-person rule? <i>This means requiring at least 2 adult employees or volunteers to be with clients at all times and prohibiting any employees and volunteers from being alone with vulnerable clients, including during transportation.</i>	<input type="checkbox"/>	<input type="checkbox"/>
If no, explain and include details on controls in place:		
5. How does your organization monitor client areas? <input type="checkbox"/> Live Stream Cameras <input type="checkbox"/> Closed circuit monitors <input type="checkbox"/> Staff tours/detours <input type="checkbox"/> Office windows <input type="checkbox"/> Doors with windows <input type="checkbox"/> Not applicable <input type="checkbox"/> Other _____		
6. Indicate all employee and/or volunteer screening controls utilized by your organization:		
	<input type="checkbox"/> Employees	<input type="checkbox"/> Volunteers
	<input type="checkbox"/> No Employees	<input type="checkbox"/> No volunteers
	Yes	Yes
	No	No
a. Signed applications and photo identification required	<input type="checkbox"/>	<input type="checkbox"/>
b. Personal interviews conducted	<input type="checkbox"/>	<input type="checkbox"/>
c. Personal references verified	<input type="checkbox"/>	<input type="checkbox"/>
d. Minimum 5 years of employment history verified	<input type="checkbox"/>	<input type="checkbox"/>
Explain any NO response _____		
7. Indicate all employee and/or volunteer background checks utilized prior to hiring: <input type="checkbox"/> No Background checks utilized		
a. Name check – state level	<input type="checkbox"/>	<input type="checkbox"/>
b. Name check – national level (e.g. using online vendor services)	<input type="checkbox"/>	<input type="checkbox"/>
c. 10-digit fingerprint check - State level	<input type="checkbox"/>	<input type="checkbox"/>
d. 10-digit FBI fingerprint check	<input type="checkbox"/>	<input type="checkbox"/>
Description of other screening methods _____		

Questions *Continued*

	Yes	No			
Explain any NO response _____					
8. Do applications contain a notice that a criminal background check may be run on all candidates?	<input type="checkbox"/>	<input type="checkbox"/>			
If yes , does application advise applicant that they may be rejected or terminated based on an unacceptable background check?	<input type="checkbox"/>	<input type="checkbox"/>			
9. Does your organization routinely conduct sex offender screening on all employees, volunteers, and contractors?	<input type="checkbox"/>	<input type="checkbox"/>			
If yes , do you collect signed acknowledgements that advise that the individual may be rejected or terminated if a sex offender match occurs?	<input type="checkbox"/>	<input type="checkbox"/>			
10. Are all screening controls and background clearance controls completed prior to:					
a. Hiring employee or accepting volunteer?	<input type="checkbox"/>	<input type="checkbox"/>			
b. Employee or volunteer contact with client?	<input type="checkbox"/>	<input type="checkbox"/>			
Explain any NO responses: _____					
11. How frequently does your organization screen employees (<i>and volunteers</i>) through a validated criminal data base (<i>including both background and sex-offender</i>)? Check all that apply					
<input type="checkbox"/> Prior to hire <input type="checkbox"/> Annually <input type="checkbox"/> Biannually <input type="checkbox"/> Other _____					
<input type="checkbox"/> Not applicable					
12. Does your organization retain employee and volunteer records, including records of background checks?	<input type="checkbox"/>	<input type="checkbox"/>			
If yes , do you retain records permanently?	<input type="checkbox"/>	<input type="checkbox"/>			
13. Are you aware of any situations, occurrences, or allegations of abuse that could lead to an abuse claim being made toward your organization or anyone working on behalf of your organization?	<input type="checkbox"/>	<input type="checkbox"/>			
If yes , explain _____					
14. Do you retain reports of situations, occurrences, and allegations of abuse and the actions taken?	<input type="checkbox"/>	<input type="checkbox"/>			
If yes , do you retain records permanently?	<input type="checkbox"/>	<input type="checkbox"/>			
15. Does your organization have a procedure in place for when an employee or volunteer has an allegation or claim made against them for misconduct?	<input type="checkbox"/>	<input type="checkbox"/>			
If yes , what is your procedure for misconduct? _____					
Do you keep the individual on staff?	<input type="checkbox"/>	<input type="checkbox"/>			
What corrective action is taken? _____					
16. Does your organization have a procedure in place for when a child or client has an allegation or incident of misconduct?	<input type="checkbox"/>	<input type="checkbox"/>			
If yes , what is your procedure for misconduct? _____					
Do you allow the individual to remain in the program?	<input type="checkbox"/>	<input type="checkbox"/>			
If yes , what additional controls are put in place? _____					
17. Indicate abuse or molestation prevention training provided:		Is training documented and retained?			
	No Training Provided	Orientation Training Upon Hire/Affiliation	Annual Awareness Training Provided	Yes	No
Employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Volunteers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Questions *Continued*

	Yes	No
18. Is your organization considered a "Mandated Reporter" by regulatory authorities?	<input type="checkbox"/>	<input type="checkbox"/>
19. Does your organization work with Praesidium for abuse risk management? <input type="checkbox"/> Not Applicable	<input type="checkbox"/>	<input type="checkbox"/>
20. Are you contractually obligated to carry abuse and molestation coverage?	<input type="checkbox"/>	<input type="checkbox"/>
If yes , what limits are required by contract? _____		
Please attach complete copy of contract.		
21. Please add any further detail to clarify abuse controls or answers to the above.		

Completed by _____

Title _____

Signature _____

Date Completed _____

(Applicant's authorized signature of a principal, partner or officer)

Email _____

Fraud Warning Statement

This Statement is provided to you with the insurance application that you are filing. READ the applicable Fraud Warning Statement for the state in which your application is being made before executing and submitting the attached document to the insurer or your insurance agent.

Applicable in AL, AR, LA, NM, RI, and WV: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and/or confinement in prison. In Alabama, a person may also be subject to restitution.

Applicable in CO, ME, TN, VA, WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, and/or a denial of insurance benefits. In Colorado, penalties may also include civil damages. In Colorado, any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policy- holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in CA: For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Applicable in DC: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Applicable in FL: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Applicable in KY: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Applicable in MD: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Fraud Warning Statement *Continued*

Applicable in NY: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Applicable in OH: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Applicable in OK: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Applicable in PA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.