



ABUSE/MOLESTATION QUESTIONNAIRE

Name of Organization : _____

1. Abuse/Molestation coverage currently in place:

- None
 Occurrence Sublimit: _____
 Claims Made Sublimit: _____

2. Total number of clients: _____

3. Indicate number of clients in each age range: ___ 0-8 years ___ 9-18 years ___ 19+

4. Have any claims been filed or allegations been made, against your organization or anyone working on behalf of your organization alleging abuse? YES NO

5. Are you aware of any occurrences that could lead to a claim? YES NO

6. **If yes** to above, explain: _____

7. Describe any operational procedures you use to control the potential for abuse:

8. Does your facility have written policies that address abuse? YES NO

a. Are policies reviewed with new employees and volunteers? YES NO

b. Does policy require all clients be instructed to report possible incidents of abuse? YES NO

c. Does policy require employees to formally report all incidents of potential abuse to the organization's director or board of directors? YES NO

d. Does policy require known or suspected abuse incidents be reported to proper authorities? YES NO

9. Provide the following information:

	Employees	Volunteers
a. Total number with client contact?		
b. Is unsupervised contact allowed with clients?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
c. Education verified?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
d. Personal references checked?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
e. Written application required?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
f. State 10-digit fingerprint criminal record check	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
g. Federal 10-digit fingerprint criminal record check if in state less than 5 years	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
h. Federal 10-digit fingerprint criminal record check regardless of time in state	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
i. Are all controls indicated in e-h required prior to any client contact?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
j. How long are records kept documenting all screening activities outlined above?	_____ years	_____ years

Federal checks require a second set of 10-digit fingerprint cards

10. Explain any "no" responses to question 6: _____

Completed by: _____

Date completed: ____/____/____