



Name of Organization : _____

1. Abuse/Molestation coverage currently in place:

- None
Occurrence
Claims Made
Sublimit:
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?
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:

Table with 3 columns: Question, Employees, Volunteers. Rows include screening questions for client contact, education, references, and fingerprint checks.

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

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

Completed by: _____

Date completed: ___/___/___