



### 3. Sexual Abuse or Molestation Liability Questionnaire

\_\_\_\_\_  
Name of Organization

\_\_\_\_\_  
Type of Operation (Attach brochure or narrative)

Number of Clients \_\_\_\_\_ Ages: \_\_\_\_\_ 1-5 years \_\_\_\_\_ 6-12 years \_\_\_\_\_ 12-19 years \_\_\_\_\_ 20-65 years \_\_\_\_\_ Over 65

Percent of clients with handicaps \_\_\_\_\_ Emotional \_\_\_\_\_ Physical \_\_\_\_\_ Developmental

Number of employees in direct contact with clients \_\_\_\_\_

#### Human Resources Questions

Do you review child abuse and neglect laws with employees? Yes No with volunteers? Yes No

Do you have written procedures that include physical or sexual abuse? Yes No

How often are these procedures reviewed with employees and volunteers? \_\_\_\_\_

Are procedures in place for all programs? Yes No If no, please explain.

#### Operation Questions

Describe any specific operation procedures you use to monitor, control or eliminate the potential for sexual abuse. Attach procedural plan if available.

Do these procedures include a rule that more than one employee or volunteer is present at all times when a client is in your care? Yes No

What duties to volunteers perform?

Are clients in your care overnight? Yes No

Describe client services subcontracted to others

Are certificates of insurance required naming your organization as additional insured? (Attach copies of certificates) Yes No

Subcontractor insurance carriers

Limits

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Are governmental licenses of these organizations verified? Yes No

What other methods of screening subcontractors used?

Are clients instructed to report possible instances of sexual misconduct or abuse? Yes No

What training is provided and how often for employees and volunteers in contact with clients to recognize signs of abuse at any level (physical, sexual, emotional)?

Do you have a crisis management plan should you be involved in allegation of abuse? If yes, please attach. Yes No

Is there an open communication line for employees and clients to talk about what is going on? Yes No

If residential facility, does supervisor/management make random or unannounced visitations? Yes No

How often?

\_\_\_\_\_

Are known or suspected molestation or abuse incidents reported by you to proper police authorities? Yes No

Are employees and volunteers advised of this procedure? Yes No

### Claims History Questions

Describe known or suspected incidents reported to date

Have any claims or incidents concerning sexual abuse or misconduct been filed against you or your organization? If yes, please explain Yes No

Have any parents, guardians or others alleged sexual abuse in connection with your premises or operations? If yes, please explain Yes No

Notes

**This form has been completed by:**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_