



GREAT AMERICAN INSURANCE COMPANIES Specialty Human Services Division



ABUSE QUESTIONNAIRE

Name of organization _____

Abuse coverage currently in place:

- None
- Occurrence
- Claims Made
- Included in GL or Sublimit: _____
- Included in GL or Sublimit: _____

1. Total number of clients: _____
2. Indicate number of clients in each age range: _____ 0-8 years _____ 9-18 years _____ 19+

3. **As respects abuse,**
 - a. Have any claims been filed or allegations been made, against your organization or anyone working on behalf of your organization alleging abuse? YES NO
 - b. Are you aware of any occurrences that could lead to a claim? YES NO

If yes to above, explain: _____

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

5. 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

6. 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

Explain any "no" responses to question 6: _____

Completed by: _____ Date completed: _____

