|  |  |  |  |
| --- | --- | --- | --- |
| ***ENTITY INFORMATION*** | | | |
| Named Insured: | | | |
| Do you enforce a written procedure for obtaining and maintaining background checks on volunteers? | | Yes  No | |
| Do you ask applicants for employment where they resided for the previous 5 years? | | Yes  No | |
| Do you ask volunteers where they resided for the previous 5 years? | | Yes  No | |
| Are state background checks obtained for all states listed by an employment candidate as a previous residence, or do you do a federal background check covering all states? | Yes  No | | |
| Are state background checks obtained for all states listed by a volunteer as a previous residence, or do you do a federal background check covering all states? | Yes  No | | |
| Do you have a written crisis plan for dealing with employees, victims, parents, authorities, and the media if you have an incident of abuse? | | | Yes  No |
| Have written procedures, including rules, code of conduct, and disciplinary measures been established and provided to all staff and volunteers? | | | Yes  No |
| Do written procedures clearly define the policy and consequences of non-adherence? | | | Yes  No |
| Has a written policy been established clearly expressing administration’s commitment to sexual abuse prevention? | | | Yes  No |
| Are records maintained documenting adherence to all applicable policies and procedures, e.g., hiring and screening, code of conduct, training, and follow-up procedures? | | | Yes  No |
| Do volunteers have unsupervised contact with students? | | | Yes  No |
| Are volunteers trained in policies and procedures relating to the sexual abuse prevention program? | | | Yes  No |
| Are there procedures prohibiting closed door, one-on-one meetings and counseling? | | | Yes  No |
| Is there more than one person responsible for the welfare of any one student? | | | Yes  No |
| Have there been any claims arising from, or related to, sexual misconduct or sexual abuse in the past five years?  Date of Occurrence:  Amount Paid: $  Explanation of Allegation: | | | Yes  No |
| Have you terminated any employee or stopped using any volunteer for cause related to sexual abuse? | | | Yes  No |
| What procedures have you instituted or changed to reduce the chances of another occurrence? | | | |
| Does the district offer an anonymous reporting tool? | | Yes  No | |
| Do you follow all applicable state laws for sexual abuse requirements and reporting? | | Yes  No | |
| Is there a Sexual Abuse Coordinator that reports to a member of administration? | | Yes  No | |