

Abuse and Molestation Questionnaire

This is an optional SHS Questionnaire which replaces all other SHS questionnaires. ACORDS are still required.

Name of organization _____ FEIN _____

Website address _____

If you do not have a website, attach brochure and detailed description of daily activities of organization.

Years in business _____ Years under current management _____

Abuse Sensitive Clients, Members, Students

1. Indicate number of clients, students, or members in each age range	_____ 0-18	_____ 19-61	_____ 62+
2. What is your most recent Praesidium Know Your Score? Score _____	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is your association accredited with Praesidium?		<input type="checkbox"/>	<input type="checkbox"/>
3. Are you aware of any situations, occurrences, or allegations of abuse that could lead to an abuse claim being made against your organization (or any individual covered by this policy)?		<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain: _____			
4. How long do you retain reports of allegations of abuse and the actions taken?			
Number of years _____	<input type="checkbox"/> Permanently		
5. Does your organization have written abuse policies?		<input type="checkbox"/>	<input type="checkbox"/>
If yes, do the policies address:			
a. Communicate a zero-tolerance approach to inappropriate behaviors		<input type="checkbox"/>	<input type="checkbox"/>
b. Define appropriate and inappropriate behavior and contact		<input type="checkbox"/>	<input type="checkbox"/>
c. Communicate the organization will investigate and cooperate with law enforcement		<input type="checkbox"/>	<input type="checkbox"/>
6. Does your organization enforce the 3-person rule (require at least 2 employees or volunteers to be with clients at all times), prohibiting all employees and volunteers from being alone with clients, including during transportation?		<input type="checkbox"/>	<input type="checkbox"/>
If no, explain: _____			
7. How does your organization monitor client areas?	<input type="checkbox"/> Closed circuit monitors	<input type="checkbox"/> Staff tours/detours	
<input type="checkbox"/> Office windows <input type="checkbox"/> Open doors	<input type="checkbox"/> Surveillance Cameras	<input type="checkbox"/> Not applicable	
<input type="checkbox"/> Other _____			
8. Indicate abuse or molestation prevention training provided:			
	None	Orientation	Formal training
			Annual training
			Training documented and retained
			Number of years records are retained?
Employees			<input type="checkbox"/> <input type="checkbox"/>
Volunteers			<input type="checkbox"/> <input type="checkbox"/>
Clients			<input type="checkbox"/> <input type="checkbox"/>
9. Indicate all employee and/or volunteer screening controls utilized by your organization:			
	Employees		Volunteers
	<input type="checkbox"/> No Employees		<input type="checkbox"/> No volunteers
	Yes	No	Yes
a. Signed applications and photo identification required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Personal interviews conducted and personal references verified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Minimum 5 years of employment history verified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Abuse Sensitive Clients, Members, Students *Continued*

	Employees		Volunteers	
	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes
d. Drug testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Professional licensing/certification verification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Indicate all background checks utilized by your organization: <input type="checkbox"/> No Background checks utilized				
Provide the following information:				
	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes
a. Name check – state level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Name check – national level (e.g. using online vendor services)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. State level 10-digit fingerprint check	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. FBI fingerprint check regardless of time person has resided in the state	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. FBI fingerprint check if person has resided in the state less than 5 consecutive years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Description of other screening methods:				
			Yes	No
11. Do applications contain a notice that a criminal background check may be run on all candidates?			<input type="checkbox"/>	<input type="checkbox"/>
If yes , does application advise applicant that they may be rejected or terminated based on an unacceptable background check?			<input type="checkbox"/>	<input type="checkbox"/>
12. Do you conduct regular sex offender screening on all employees, volunteers, and contractors?			<input type="checkbox"/>	<input type="checkbox"/>
If yes , do you collect signed acknowledgements that advise that the individual may be rejected or terminated if a sex offender match occurs?			<input type="checkbox"/>	<input type="checkbox"/>
13. Are all screening controls and background clearance controls completed prior to:				
a. Hiring employee or accepting volunteer?			<input type="checkbox"/>	<input type="checkbox"/>
b. Employee or volunteer contact with client?			<input type="checkbox"/>	<input type="checkbox"/>
Explain any NO responses:				
14. How frequently does your organization run background checks? <i>Check all that apply</i>				
<input type="checkbox"/> Prior to hire <input type="checkbox"/> Annually <input type="checkbox"/> Biannually <input type="checkbox"/> Other _____				
15. How long does your organization retain employee and volunteer records, including records of background checks?				
Number of years _____ <input type="checkbox"/> Permanently				

Completed by _____

Date Completed _____

Title _____

Signature _____