



# Abuse 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	Yes	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 your organization (or any individual covered by this policy)?	<input type="checkbox"/>	<input type="checkbox"/>		
<b>If yes</b> , 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"/>		
<b>If yes</b> , do the policies address:				
a. Mandated Reporter policies requiring reporting to proper authorities	<input type="checkbox"/>	<input type="checkbox"/>		
b. Boundaries and prohibition of personal relationships between staff and vulnerable clients outside of insured operations	<input type="checkbox"/>	<input type="checkbox"/>		
c. Bullying, including Cyber bullying	<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"/>		
<b>If no</b> , 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 all employee and/or volunteer screening controls utilized by your organization:	<b>Employees</b>		<b>Volunteers</b>	
	<input type="checkbox"/> No Employees		<input type="checkbox"/> No volunteers	
	Yes	No	Yes	No
a. Signed applications and photo identification required	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
c. Minimum 5 years of employment history verified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>

**Abuse Sensitive Clients, Members, Students *Continued***

9. Indicate all background checks utilized by your organization:

No Background checks utilized

**Provide the following information:**

<b>Employees</b>		<b>Volunteers</b>	
<input type="checkbox"/> No Employees	<input type="checkbox"/> No volunteers	<input type="checkbox"/> No Employees	<input type="checkbox"/> No volunteers
<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>

	Yes	No	Yes	No
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 <b>regardless of time person has resided in the state</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. FBI fingerprint check <b>if person has resided in the state less than 5 consecutive years</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

f. Description of other screening methods:

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	Yes	No
10. Do applications contain a notice that a criminal background check may be run on all candidates? <b>If yes</b> , does application advise applicant that they may be rejected or terminated based on an unacceptable background check?	<input type="checkbox"/>	<input type="checkbox"/>
11. Do you conduct regular sex offender screening on all employees, volunteers, and contractors? <b>If yes</b> , 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"/>
12. Are <b>all</b> 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 <b>NO</b> responses:		

Completed by \_\_\_\_\_

Date Completed \_\_\_\_\_

Title \_\_\_\_\_

Signature \_\_\_\_\_