



STATES SELF-INSURERS RISK RETENTION GROUP, INC.

APPLICATION SUPPLEMENT FOR:
SEXUAL AND PHYSICAL ABUSE INFORMATION

ATTACHES TO THE APPLICATION FOR: NAME OF APPLICANT

DATED

Please answer ALL questions, entering "none" or "not applicable" (N/A), where appropriate. PLEASE PRINT OR TYPE ALL RESPONSES

GENERAL INFORMATION

1. Nature of Custodial Care Exposure:

- a. Describe all positions involving interaction between adults and minors...
b. Do any activities involve overnight excursions?
c. Have there ever been any incidents or allegations of sexual or physical abuse...
d. Has there ever been an investigation undertaken of your operations...
e. The child and staff allocation by age is:

How many?

- child(ren) 0-2 years of age
child(ren) 3-4 years of age
child(ren) 5-6 years of age
child(ren) 7-8 years of age
child(ren) Over 8 years of age
child(ren) Developmentally Disabled

How many?

- staff member(s)
staff member(s)
staff member(s)
staff member(s)
staff member(s)
staff member(s)

2. Employee and Volunteer Selection Procedures:

- a. Do you require a written application for all employees and volunteers?
b. Is there a documented and preserved pre-employment background check...
c. Does the background check information include:
d. Do you use any form of psychological profiling or abuse screening techniques?



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If **Yes**, describe:



PHYSICAL LAYOUT

3. Is your facility specifically designed for its current use? YES NO If **No**, describe: _____
4. Describe areas where child/adult interaction occurs: _____
5. Are all activities conducted in one building? YES NO
6. Describe any dormitories or sleeping facilities: _____
7. Does the design allow for observation of all staff activities (e.g., all rooms have windows or doors removed, observational mirrors are in place, video and audio monitoring, etc.)? YES NO
8. Are separate bathrooms maintained for each gender, and is usage monitored? YES NO
9. Are children separated from all adults (e.g., janitorial, food services, etc.) other than employees and volunteers whose job it is to interact with them? YES NO

CONTROLS

10. Documented Operations Policy/Procedural Manual Information:
 - a. Do you have a written procedural manual that contains:
 - A stated commitment to child safety? YES NO
 - A child protection policy with assigned responsibilities and accountabilities? YES NO
 - Procedures to be followed in the event of an allegation of abuse? YES NO
 - Restrictions on off-site one-to-one activities? YES NO
 - b. Are Policy Statements written and publicly displayed? YES NO
 - c. Are Rules concerning sexual and physical abuse in place and communicated? YES NO
 - d. Please provide the name and position of the person in your entity that is responsible for overseeing child protection matters:

NAME

POSITION

11. Employee and Volunteer Training Information:
 - a. Do you have an Orientation Program which all staff members and volunteers are required to complete? YES NO
 - b. Does the Orientation Program include the following:
 - A review of the facility's policies? YES NO
 - Abuse recognition and response? YES NO
 - Rules and procedures for child protection? YES NO
 - Handbooks and documentation of training courses completed? YES NO
 - Informing new employees/volunteers there is zero tolerance for sexual/physical abuse? YES NO
 - Probationary/evaluation and observation period for new employees/volunteers? YES NO
 - c. Do you offer any ongoing in-service training for existing employees/volunteers? YES NO
 - d. Describe circumstances where adults will be in **one-to-one** situations with children: _____



e. Are the following rules enforced? **(All items must be completed.)**

- Two-Person Rule -- No adult is alone with a child, child not left unsupervised: YES NO
- Corporal punishment is not permitted: YES NO
- Transportation is done by two adults, or very strict time and routes are enforced: YES NO
- Child custody is pre-established for pickup and visits: YES NO
- Secret organizations, exclusive clubs, etc., are not tolerated: YES NO
- Overnight activities are clearly planned and approved by those in charge of operation. Adequate number of pre-approved staff and/or volunteers and no single adult and child shares sleeping accommodations: YES NO
- Off-premises activities are only done with two or more prepared staff and/or volunteers: YES NO
- All facility areas are checked on an unannounced basis at least once each week: YES NO

12. Are unannounced parental visits and program involvement encouraged? YES NO

13. Is there a "buddy" system in place for children? YES NO

14. Describe your complaint handling procedures *(include investigation, documentation, and action steps)*: _____

LICENSING

15. Is the operation licensed? YES NO

16. Is the operation subject to any specific laws or regulations? YES NO

If **Yes**, please describe: _____

17. Is the entity in compliance with all current licensing and regulations? YES NO

18. Is the entity operating under any form of *provisional* licensing? YES NO

If **Yes**, please describe: _____

OTHER INSURANCE

19. Does the entity have any other insurance in place (e.g., professional liability coverage) which would respond to sexual and physical abuse claims? YES NO

If **Yes**, please describe (include name of insurance carrier, policy term and coverage limits): _____

20. Please attach copies of the following items:

- The entity's Child Protection Policy statement;
- Parks & recreation program brochures showing descriptions of programs offered;
- Activities manuals or other materials showing descriptions of activities programs.

PLEASE ATTACH THIS APPLICATION SUPPLEMENT TO THE PRIMARY APPLICATION AND SUBMIT IT ACCORDING TO THE INSTRUCTIONS ON THE PRIMARY APPLICATION FORM.

Thank you!



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