SMITH, BELL & THOMPSON INSURANCE
ADULT DAY CARE CENTERS
ABUSE & MOLESTATION SUPPLEMENTAL APPLICATION

1. Does your pre-employment screening include the following procedures for all staff member, employee and volunteer applicants who will have direct client contact?
   a. Written employment application that includes permission for reference checks and performing a criminal background check? ☐ Yes ☐ No
   b. In-person interview conducted by individual trained on staff selection? ☐ Yes ☐ No
   c. Written Job description that includes the code of conduct policy? ☐ Yes ☐ No
   d. Prior employer checks? ☐ Telephone ☐ Written ☐ N/A
   e. Personal reference checks? ☐ Telephone ☐ Written ☐ N/A

2. What is your organization's requirement for obtaining employee and volunteer criminal background checks?
   a. Criminal and Sexual Offender background checks done only in the organization's State. ☐ Yes ☐ No
   b. For individuals that have lived outside of the organization's State in the past 10 years, checks are done in the organization's State and the individuals State where they have resided in the past 10 years. ☐ Yes ☐ No
   c. 50-State Criminal and Sexual Offender checks are done only on direct care/support staff and volunteers. ☐ Yes ☐ No
   d. 50-State Criminal and Sexual Offender checks are done on all staff and volunteers. ☐ Yes ☐ No

3. Are there policies in place for interactions between individuals in programs for vulnerable adults that require all of the following?
   a. Adherence to a code of conduct that promotes positive and appropriate interactions and prohibits inappropriate and harmful interactions? ☐ Yes ☐ No
   b. Employees/Volunteers to report any suspected behaviors and practices that may be harmful. ☐ Yes ☐ No
   c. Regular, formal and informal monitoring of staff with documentation. ☐ Yes ☐ No

4. Does your organization implement a standardized abuse prevention training program for all staff, supervisors, directors and volunteers including; recognizing red-flag behaviors in adults, indicating peer to peer abuse, how to prevent false allegations of abuse, recognizing symptoms in a vulnerable adult who is being victimized and understands mandated reporting? ☐ Yes ☐ No

5. Are these strategies in place to ensure safe environments for adults?
   a. Visibility of the adult at all times, indoor and outdoor. ☐ Yes ☐ No
   b. Privacy when toileting, showering and changing clothes. ☐ Yes ☐ No
   c. Securing of areas not used for program purposes to prevent adults from being isolated (e.g. keep closets and storage rooms locked). ☐ Yes ☐ No
   d. Installing windows in doors or instituting a "no closed door" policy. ☐ Yes ☐ No
   e. Policies and procedures for admitting and releasing adults so their whereabouts are always know. ☐ Yes ☐ No
   f. Field trip and transportation policies in place. ☐ Yes ☐ No

6. Does the organization have an adult safety and security program that includes scalding prevention and safety from abuse and neglect? ☐ Yes ☐ No

Insured Signature: _____

_____

Print Name _____

Title: _____

Date: _____