



NAME OF ORGANIZATION/POLICYHOLDER _____

ADDRESS: _____

PLEASE HAVE AN AUTHORIZED REPRESENTATIVE OF YOUR ORGANIZATION REVIEW THE FOLLOWING DECLARATIONS, MARK THE APPROPRIATE BOX FOR YOUR RESPONSE AND RETURN TO ROBERTSON HALL INSURANCE INC. FOR UNDERWRITING REVIEW BY YOUR INSURANCE COMPANY.

DECLARATIONS

A. Our organization has implemented a formal written abuse prevention plan to protect the children, youth and/or vulnerable adults in our care. YES NO

B. Our formal prevention plan contains the following measures:

1. A statement of policy confirming our organization's commitment to providing
 a) a safe environment by preventing harm to those in our care,
 b) protecting our childrens and youth ministry workers from false allegations, and
 c) declaring zero tolerance for abuse, harassment or neglect. YES NO

2. Our prevention plan assists workers by defining physical, sexual and emotional abuse, child neglect, harassment, inappropriate touching and improper discipline. YES NO

3. We screen all staff and volunteers for any position involving work with children, youth or vulnerable adults, including the following:

PLEASE CHECK IF YES	EMPLOYEES	VOLUNTEERS
Signed Employee/Volunteer Application (including ministry agreement and release for references and criminal record checks)	<input type="checkbox"/>	<input type="checkbox"/>
Criminal Record Checks	<input type="checkbox"/>	<input type="checkbox"/>
Background Reference Checks (minimum 2)	<input type="checkbox"/>	<input type="checkbox"/>
Personal Interviews	<input type="checkbox"/>	<input type="checkbox"/>
Minimum 6-month waiting period prior to eligibility for children/youth Ministry	N/A	<input type="checkbox"/>

4. We have implemented written procedures to prevent or discourage abuse and harassment through the following measures:

(PLEASE CHECK IF YES)

- Prohibiting corporal punishment and inappropriate touching, affection or discipline
- Discouraging non-sponsored off premises contact with children/youth
- Addressing health, safety and sanitation issues including appropriate design of washroom facilities and adequate supervision of washroom breaks
- Avoiding activities that could easily lead to allegations of abuse or harassment.
- Obtaining parental consent for sponsored off-premises or overnight activities and field trips.
- Keeping confidential screening documentation on file indefinitely for all workers.

5. We have modified or altered our premises to prevent or discourage abuse incidents by ensuring the following:

(PLEASE CHECK IF YES)

- "Open door policy" and/or windows in all classrooms and/or "two-adult rule" and /or designated monitors circulating periodically from room to room for surveillance and in order to protect workers against false allegations.
- Controlled access/entry for signing children in and out of sponsored activities, especially for nursery and younger childrens programs.
- Adequate lighting inside and outside of building(s) where childrens/youth activities take place.

6. We have provided intial training and will conduct an annual review of our abuse prevention plan with our childrens/youth ministry workers so that they will have an ongoing awareness of the issue of abuse, abuse prevention and the legal responsibility to report actual or alleged incidents. YES NO

7. We have implemented advance protocol and guidelines for responding to incidents of alleged abuse or harassment, including:

(PLEASE CHECK IF YES)

- Completion of a written Incident Reporting Form
- Fulfilling statutory reporting obligations to child protective agencies or police authorities
- Assuring serious and compassionate response to allegations without admitting legal liability or making public statements (without legal counsel)
- Maintaining confidentiality for alleged victim and alleged perpetrator
- Immediately suspending alleged perpetrator pending outcome of investigationn
- Requiring consultation with a lawyer and reporting the incident to our insurance company

The undersigned is duly authorized as a director, officer, board member or trustee to make representations on behalf of the organization and states that all of the declarations contained in this document are accurate and that the organization is in compliance with the provisions of its abuse prevention plan as stated in this document.

DATE

NAME OF AUTHORIZED REPRESENTATIVE (PLEASE PRINT)

TITLE

SIGNATURE OF AUTHORIZED REPRESENTATIVE

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