



NAME OF ORGANIZATION/CORPORATION: _____

MAILING ADDRESS: _____

POLICY NUMBER: CPP _____ OR NEW POLICY APPLICATION

Please check the box (or boxes) that best describes your organization's operation and activities:

<input type="checkbox"/> Licensed Daycare/Nursery	<input type="checkbox"/> Secondary School (G9 to G12)	<input type="checkbox"/> Bible College/Seminary
<input type="checkbox"/> Elementary School (JK to G8)	<input type="checkbox"/> Adult Bible School	<input type="checkbox"/> Accredited College/University

DECLARATION

- A.** Our organization has implemented a formal written abuse prevention plan to protect the children, students and vulnerable adults in our care. Yes No
- B.** Our formal prevention plan contains the following measures:
1. A written **Statement of Policy** confirming our organization's commitment to:
 - a) A safe environment by preventing harm to those in our care, and
 - b) Protecting our staff and volunteer workers from false allegations, and
 - c) Declaring zero tolerance for abuse or neglect. Yes No
 2. Our Prevention plan assists workers by **Defining** physical, sexual and emotional abuse, child neglect, inappropriate touching and improper discipline. Yes No
 3. We conduct mandatory **Screening** for all workers (including all employees, board members and volunteers) serving in any position involving work with children, students or vulnerable adults, including the following:

(PLEASE CHECK IF YES)	EMPLOYEES	VOLUNTEERS <small>(See Note below)</small>
Signed Employee/Volunteer Application (including release for references/criminal check)	<input type="checkbox"/>	<input type="checkbox"/>
Criminal Record Checks: Must be original copy and viewed within 60 days of issuance. > New Applicants – checked prior to eligibility > Existing Workers – re-checked every three (3) years, or less Note: Initial Check must be a V.S.V. for any New Worker born before February 28, 1986. Only a C.P.I.C., E.P.I.C., or E.C.R.C is required for those born on or after the above date. Re-Checks for Existing Workers screened as above may be a C.P.I.C, E.P.I.C. or E.C.R.C. * C.P.I.C. means named-based Police Check through Canadian Police Information Centre * V.S.V. means Vulnerable Sector Verification (available through local Police Services) * E.P.I.C. means Enhanced Police Information Check (available through Third Party Providers) * E.C.R.C. means Enhanced Criminal Record Check (available through Third Party Providers)	<input type="checkbox"/>	<input type="checkbox"/>
Background Reference Checks (minimum 2) for new Employees/Volunteers	<input type="checkbox"/>	<input type="checkbox"/>
Personal Interviews for new Employees/Volunteers	<input type="checkbox"/>	<input type="checkbox"/>
Minimum 6-month waiting period for Volunteers new to your organization, prior to eligibility	N/A	<input type="checkbox"/>

NOTE: For "Student Teachers" only a Criminal Record Check from an accredited college is required.
 For "Parent Volunteers" who have completed all other screening for their child's admission, only a Criminal Record Check is required.

4. We have implemented written procedures for prevention through the following **Operational Procedures:**

(PLEASE CHECK IF YES)

- Prohibiting corporal punishment and inappropriate touching, affection or discipline
- "Two-adult rule" (unrelated) for off-premises contact so never alone with minors
- Addressing health, safety and sanitation issues to prevent child neglect
- Age appropriate supervision of washroom breaks
- Avoiding activities that could easily lead to allegations of abuse or harassment, such as unsupervised internet access, unauthorized photography of minors and vehicle transportation by staff or volunteers alone with unrelated minor
- Obtaining written parental consent for minors for sponsored off-premises or overnight activities and field trips
- Implementing a social media policy addressing appropriate communication content and confidentiality
- Keeping confidential documentation on file indefinitely for all workers, including original Criminal Record Checks
- Annual or bi-annual internal audit, including report to board

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

(PLEASE CHECK IF YES)

- "Two-adult rule" and/or "open door policy" and/or windows in all classroom doors and/or designated monitors circulating periodically from room to room, for surveillance and to protect workers against false allegations
- Controlled access and parental sign-in/sign-out for nursery and daycare facilities
- Separate dismissal for Pre-Grade 1 students
- Adequate lighting inside and outside of building(s) where student activities take place

6. We conduct **Training** for all staff and other workers in positions of trust with minors or vulnerable adults to assist them in understanding the issue of abuse, abuse prevention and the legal responsibility to report actual or alleged incidents, including the following:

(PLEASE CHECK IF YES)

- Initial training for all new workers
- Annual refresher training for Operational Procedures, Premises and Responding protocol (refer to Items 4., 5. and 7. of this Declaration form)

7. In cases of suspected or alleged abuse, our written protocol for **Responding** includes the following:

(PLEASE CHECK IF YES)

- We will immediately complete an incident reporting form
- We will fulfill statutory reporting obligations to child protective agencies or police authorities
- Without admitting legal liability or making public statements prior to obtaining legal counsel, we will assure a compassionate response to the alleged victim and their family
- We will maintain confidentiality for the alleged victim and alleged perpetrator
- We will immediately suspend the alleged perpetrator pending outcome of investigation
- We will consult a lawyer and will report the incident to our insurance company

Note: For any boxes left unchecked, please attach a written explanation signed by the authorized representative of the organization. Approval is subject to underwriting review. Please keep a photocopy of this Declaration form for your records and for your internal auditing purposes.

Declaration

We, the undersigned, are duly authorized to make representations on behalf of the organization/corporation and apply for coverage eligibility under a contract of liability insurance (new policy or renewal) with the participating Insurer(s) arranged through Robertson Hall Insurance Inc. To the best of our knowledge and after having made reasonable inquiries, we hereby state that all of the declarations contained in this document are accurate and true, and that our organization/corporation is in compliance with the provisions of its abuse prevention plan, as stated in this Abuse Prevention Declaration. We understand and recognize that any misrepresentation of these declarations, whether through false or partial disclosure or omission to disclose resulting in a sexual, physical, psychological or emotional abuse, molestation, harassment, corporal punishment or child neglect claim, may be grounds for material breach of this contract of insurance and consequently, denial of coverage in whole or in part for such claim (s) under our policy.

~ TWO NAMES AND SIGNATURES ARE REQUIRED ~

NOTE: IF THE NAMES HERE ARE RELATED INDIVIDUALS, PLEASE PROVIDE A 3rd SIGNATURE FROM AN UNRELATED AND AUTHORIZED DIRECTOR OR OFFICER.

1 _____
Name of Executive Principal, Administrator or Daycare Director

Title

Signature

Date

2 _____
Name of Chairman or President of the Board

Title

Signature

Date

Any boxes left unchecked, please attach a written explanation: