



Social Service Questionnaire

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Submit Nonprofit Questionnaire and appropriate ACORD forms with this questionnaire. Use additional page to answer questions fully, if necessary.

Name of organization _____

Mentoring Check this box if this section does not apply to your organization
 Coverage for your programs matching youth with mentors. If mentors drive, complete the Hired and Non-Owned Auto section of the Nonprofit Questionnaire.

- How many mentor-mentoree matches does your organization have currently? _____
- No. of mentors waiting to be matched with mentorees _____
- No. of mentorees waiting to be matched with mentors _____
- Is each mentor interviewed in person? Yes No
- No. of personal references checked before a mentor is approved _____
- Are pre-employment screenings like national sex offender public registry, criminal background checks, and federal fingerprint checks updated annually for mentors? Yes No
- Are your organization's employees allowed to serve as mentors? Yes No
- Are mentors provided a list of your organization's prohibited activities? Yes No
- Does your organization review, update, and redistribute the prohibited activities list annually? Yes No
- Are all mentoring activities supervised? If no, list those not supervised. Yes No

Describe how your organization monitors mentoring activities and state why this monitoring is effective.

School or Child Care Facility Check this box if this section does not apply to your organization

Facility Profile	ACORD form location no. ____	ACORD form location no. ____
Describe operation: Child Care, Preschool, Head Start, Montessori, Kindergarten – Grade 8, Grades 9 – 12, Other (developmental training, etc.)		
Is facility licensed? If no, explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Current enrollment		
Maximum licensed enrollment capacity		
Are disabled or emotionally disturbed children accepted? If yes, describe disabilities.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are all activities supervised? If no, list those not supervised.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

No. of field trips per year		
List trips planned		
Pick-up and drop-off service provided	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Employee/volunteer personal vehicles used	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
No. and type of facility vehicles: Private passenger, Van (fewer than 9 seats), Large van (9 or more seats), Bus		
Does your facility have a trampoline?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your facility have a mini-trampoline?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your facility have a playground?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Fenced	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Fenced
Describe ground surface of playground		
Describe playground maintenance procedure		

Describe procedure governing who is authorized to take a child from your facility. Indicate if procedure varies by location.

Describe procedure followed in the event a child is injured. (attach procedure)

Does your organization obtain copies of licenses and certificates for each teacher and teacher's aide? Yes No

How often is this documentation updated? _____

Percentage of teachers who are degreed _____ % Percentage of aides who are certified _____ %

Sheltered Workshop Check this box if this section does not apply to your organization

Facility Profile	ACORD form location no. ____	ACORD form location no. ____
Describe operations, including workshop products, vendors, revenue generated, jobs performed by workshop, who performs work. (attach brochures)		
Days and hours of operation		
Average value of goods of others on premises	\$	\$
Average no. of clients per day		
Client age range		
Staff-to-client ratio		
Percentage developmentally disabled clients	%	%
Percentage physically disabled clients	%	%
Pick-up and drop-off service provided	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Does the State classify your workshop clients as employees? Yes No

Does workshop activity involve the following?

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Heat sealing | <input type="checkbox"/> Welding | <input type="checkbox"/> Janitorial services | <input type="checkbox"/> Toys |
| <input type="checkbox"/> Silk-screening | <input type="checkbox"/> Pallet manufacture | <input type="checkbox"/> Hazardous chemicals | <input type="checkbox"/> Food |
| <input type="checkbox"/> Spray painting | <input type="checkbox"/> Woodworking | <input type="checkbox"/> Electrical wiring | <input type="checkbox"/> Automobile parts |
| <input type="checkbox"/> Other (describe) _____ | | | |

Describe safety and protection measures for workshop activities.

Does your organization transport finished products? Yes No

If yes, how are goods transported? _____

Maximum shipment \$ _____ Average no. of shipments per week _____

If no, describe how finished products leave your premises.

Foster Care Check this box if this section does not apply to your organization

Program Profile <i>(indicate year)</i>	No. of Licensed Homes	No. of Unlicensed Homes	No. of Children Last Year _____	No. of Children This Year _____	No. of Children Anticipated Next Year _____
Regular/Traditional					
Kinship/Relative					
Behavior Disordered/Specialized					
Medically Complex					
TOTAL					

No. of placements by age: 0-2 yrs _____ 3-5 yrs _____ 6-12 yrs _____ 13-16 yrs _____ 17-18 yrs _____

How many foster children does the State expect your organization to place each year? _____

How many years has your organization been a licensed foster care agency? _____

Name of licensing agency _____

Does your organization provide licensure training? Yes No

If yes, what is the name of this training? _____

Do caseworkers conduct random unannounced foster home visits? Yes No

How often do caseworkers visit the following?	Foster Child Outside of the Foster Home	Foster Child and Family in the Foster Home
Regular/Traditional		
Kinship/Relative		
Behavior Disordered/Specialized		
Medically Complex		

Describe how your organization monitors caseworker foster home visits and state why this monitoring is effective.

Does your organization have mandated permanency goals? Yes No
If yes, how are these goals met, for example, conversion adoption, reunification, etc.?

No. of direct-service foster care staff, including supervisors and caseworkers _____
How many hours of training development are required of your foster care supervisors annually? _____
How many hours of training development are required of your foster care caseworkers annually? _____
Do independent contractors provide any foster care services? Yes No
If yes, describe services provided (medical, clinical foster care, tutoring, etc.).

If yes, describe how your organization monitors foster care services provided by independent contractors.

Does your organization act as an independent contractor for any foster care services? Yes No
Describe your foster parent recruitment efforts.

Describe your foster parent retention efforts.

After placement of a foster child, does your organization require further parent training? Yes No
If yes, does your organization provide this post-placement parent training? Yes No

Adoption Check this box if this section does not apply to your organization
In addition to completing this general section, be sure to complete either the Domestic or International Adoption section.

How many years has your organization been a licensed adoption agency? _____
Name of licensing agency _____
No. of direct-service adoption staff, including supervisors and caseworkers _____
Does your organization conduct home studies for your adoptions? Yes No
If no, are home studies contracted out? (attach contract) Yes No
Do independent contractors or foreign agents provide any other adoption services? If yes, describe. Yes No

If yes, describe how adoption services provided by independent contractors or foreign agents are monitored.

Does your organization conduct home studies for agencies involved in adoption? Yes No

If yes, how many annually? _____

Does your organization act as an independent contractor for any other adoption services? Yes No

After placement of an adopted child, does your organization require further parent training? Yes No

If yes, does your organization provide this post-placement parent training? Yes No

Domestic Adoption Check this box if this section does not apply to your organization

Program Profile (indicate year)	Last Year _____	This Year _____	Next Year _____
No. of Adoptions			

International Adoption Check this box if this section does not apply to your organization

Program Profile (indicate year)	No. of Adoptions Last Year _____	No. of Adoptions This Year _____	No. of Adoptions Anticipated Next Year _____	Average No. of Staff Trips to Country Annually
Country of Origin				
1				
2				
3				

Does your organization maintain written documentation of all financial transactions? Yes No

Do prospective adoptive parents accompany your staff on travel abroad? Yes No

Does your organization have its own office in each country of origin? Yes No

If no, does your organization work with foreign agents in each country of origin? Yes No

Medical Disclosure

Does your organization meet with prospective adoptive parents and their pediatrician? Yes No

Does your organization disclose the child's full medical history and related background? Yes No

If yes, do prospective adoptive parents initial each page of the child's medical report? Yes No

If yes, does your organization keep a copy of the initialed medical report? Yes No

Does your organization provide a thorough explanation of the medical standards and conditions of the country of origin, including pre- and postnatal exposures and care, labor and delivery conditions, and medical terminology? Yes No

Parent Presentation

Does your organization conduct formal in-person presentations with each prospective adoptive parent? Yes No

Does your formal presentation include the following?

Step-by-step review of the adoption process and time frames Yes No

Total cost and when monies are due (including possible cash needed while traveling abroad) Yes No

Detailed expectations of the U.S. government and its timeline Yes No

Information on the country of origin, including culture and legal process Yes No

Information on possible physical, emotional, and mental conditions Yes No

Expectation of parenting difficulties related to rearing a foreign child in the United States Yes No

Encouragement for adoptive parents to research the child's country of origin Yes No

Explanation of releases and waivers Yes No

Is each item initialed by prospective adoptive parents as having been discussed with your organization? Yes No

Are all presentation materials given to prospective adoptive parents in written form? Yes No

Recreation Check this box if this section does not apply to your organization

ACORD form location no. _____ Does your organization own or lease this site? _____

Are these activities offered? Archery Trampoline Tackle football
 Rifle range Mini-trampoline Other (describe) _____Does your organization require a release signed by the participant or their guardian to participate? Yes NoDoes your organization require verification of a participant's health, for example, a medical physical? Yes No**Camping** Check this box if this section does not apply to your organization

No. of campers _____ Counselor-to-camper ratio _____

Camper age range _____ Are space heaters used in cabins? Yes NoNo. of sessions per year _____ Camp near a body of water Yes No

No. of campers per session _____

Does your organization transport campers to camp? Yes No

List all water activities, for example, swimming, canoeing, kayaking, boating, water skiing, or tubing.

If water activities are offered, are campers required to: wear life vests? pass a swimming proficiency test?

List all land-based activities.

Describe fire prevention and response procedures.

Horseback Riding Check this box if this section does not apply to your organization

List name and address of stable.

Maximum no. of riders _____ Duration of program _____

Does your organization own horses? Yes No Rider age range _____Are there horses on your organization's property? Yes No Does stable provide instructors? Yes NoAre helmets required for staff and riders? Yes No Instructor-to-rider ratio _____Is appropriate footwear required for staff and riders? Yes No Is riding limited to trails? Yes No

Describe any horseback riding activities that are not part of a social service program.

Swimming Pool Check this box if this section does not apply to your organizationIs the pool area enclosed by a fence at least six feet high with a lockable gate? Yes NoShallowest depth _____ Deepest depth _____ Are pool depths clearly marked? Yes No

What divides the shallow end from the deep end (rope, painted lines, etc.)? _____

Is there a diving board? Yes NoAre starter blocks ever used? Yes NoIs the pool heated? Yes NoAre pool rules posted? Yes NoDo posted rules state the following? Hours of operation Yes NoLocation of nearest telephone Yes NoPool usage restricted to patrons only Yes NoYoung children must be accompanied by an adult Yes NoNo glass or sharp objects in pool area Yes NoNo running on pool deck Yes NoNo alcoholic beverages Yes NoNo electrical cords of any kind in pool area Yes NoAre drains equipped with securely attached grates? Yes NoIs there a certified lifeguard present when swimmers are present? Yes NoIf no, is a warning sign posted advising such? Yes No

If yes, what is the ratio of lifeguards to swimmers? _____

Is there an automatic chlorinating mechanism? Yes No

How often is the pool cleaned? _____ By whom? _____

Is there underwater lighting in the pool? Yes NoDo pool deck, restroom, and locker room floors have a non-skid surface? Yes NoAre electrical outlets within pool area equipped with ground-fault interrupters? Yes NoIs safety equipment (hooks, life preservers, etc.) easily accessible within pool area? Yes NoIs there a baby or wading pool? Yes NoIs there a hot tub or whirlpool? Yes NoIs maximum water temperature posted? Yes NoAre temperature controls and flow force clearly marked? Yes NoAre controls accessible by patrons? Yes NoAre health tips and advisories posted? Yes No**Scuba Diving** Check this box if this section does not apply to your organization

List scuba instructor's certification _____ Where is scuba diving done? _____

Who owns the equipment? _____ No. of classes _____

Where is the equipment stored? _____ No. of students per class _____

Who maintains the equipment? _____ Minimum age of participants _____

Adventure or Challenge Course

Check this box if this section does not apply to your organization

Is your organization Association of Challenge Course Technology (ACCT)-certified? (*attach certificate*) Yes No

Is the apparatus used ACCT-certified? (*attach certificate*) Yes No

Who is responsible for maintenance of the ropes course and climbing wall (independent contractor, your staff, etc.)?

How high above the ground is the ropes course? _____

How tall is the climbing wall? _____

How often is the apparatus in use throughout the year (every day, summer, etc.)? _____

Does your organization rent the course or apparatus to others? Yes No

If yes, do renters furnish certificates of insurance and provide a waiver of liability? Yes No

Are renters permitted to use the course or apparatus unassisted? Yes No

Is your staff physically present when rental parties are using the course or apparatus? Yes No

Does your staff assist renters? Yes No

Who administers the course or apparatus when used by renters? _____

If renters are trained to use the apparatus or if renters instruct other participants, who trains the renters and certifies they are able to use the apparatus properly?

Total revenue from rental activities in the last calendar year \$ _____

Describe how often the course or apparatus is inspected and by whom. Indicate if the inspector is ACCT-certified.

What initial and continuing training and recertification is provided to staff who operate the course or apparatus?

Is this training provided by a contracted vendor or by your organization's staff? Yes No

Describe how your organization prevents unauthorized use of the course or apparatus.

Does the ropes course have a zip line? Yes No

Does your organization keep an activity log and retire ropes after a specified number of hours of use? Yes No

Does your organization keep a close-call log or incident log? Yes No

Are participants required to wear protective gear or special clothing? If yes, describe. Yes No

Staff-to-participant ratio when apparatus is in use _____

What is the ground covering beneath and surrounding the apparatus? _____

What is the proximity of the apparatus to your other facilities and operations? _____

Attachments

Submit the following documentation with this questionnaire

- | | | |
|--------------------------------------|--------------------------|---|
| Mentoring | <input type="checkbox"/> | List of prohibited activities |
| School or Child Care Facility | <input type="checkbox"/> | Child accident and injury procedure |
| Sheltered Workshop | <input type="checkbox"/> | Workshop brochures |
| Foster Care | <input type="checkbox"/> | Foster Care staff training policies and procedures |
| | <input type="checkbox"/> | Foster parent selection criteria and protocol |
| Domestic Adoption | <input type="checkbox"/> | Adoption agency license |
| | <input type="checkbox"/> | Brochures and pamphlets distributed to the public |
| | <input type="checkbox"/> | Home study service provider contract |
| International Adoption | <input type="checkbox"/> | Adoption agency license |
| | <input type="checkbox"/> | Brochures and pamphlets distributed to the public |
| | <input type="checkbox"/> | Home study service provider contract |
| | <input type="checkbox"/> | Dossiers for each country of origin |
| | <input type="checkbox"/> | Releases and waivers signed by prospective adoptive parents |
| | <input type="checkbox"/> | Prospective adoptive parent presentation checklist |
| Adventure or Challenge Course | <input type="checkbox"/> | ACCT organization certification |
| | <input type="checkbox"/> | ACCT apparatus certification |

The undersigned is an authorized agent of the persons and organization proposed for this insurance and hereby declares that to the best of his or her knowledge the statements herein are true and complete. Signing this document does not bind the insurance carrier to provide coverage. Any quote or policy issued is made in reliance on the answers supplied herein.

This form has been completed by

Signature

Date

Name

Title