

Creating a Risk Management Plan

	Yes	Needs Attention
1. Is your insurance coverage adequate to cover the amount of risk you've identified?	<input type="checkbox"/>	<input type="checkbox"/>
2. Did you discuss increasing your insurance deductible in order to reduce insurance costs? (This would mean absorbing additional costs in order to reduce your insurance premium.)	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you use agreements that can help transfer some costs associated with risk to others (e.g., participants in youth outings sign liability release forms and contractors provide certificates of insurance)?	<input type="checkbox"/>	<input type="checkbox"/>
4. Can your current budget accommodate needed changes like additional insurance coverage, building or vehicle maintenance, or additional alarm, security, or screening tools?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you communicate your risk management plan to staff, volunteers, and participants in your ministry?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you made necessary changes to your building and/or vehicles?	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you purchased and installed additional alarm, security, or screening tools?	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you made necessary improvements to your ministry's operating procedures?	<input type="checkbox"/>	<input type="checkbox"/>
9. Did you train staff and volunteers on these changes?	<input type="checkbox"/>	<input type="checkbox"/>
10. Did you define ways to establish accountability for your new operating procedures?	<input type="checkbox"/>	<input type="checkbox"/>

(Continued on back)

Risk Management Checklist

	Yes	Needs Attention
11. Did you determine how well the plan works?	<input type="checkbox"/>	<input type="checkbox"/>
12. Did you evaluate whether staff and volunteers are appropriately performing their roles?	<input type="checkbox"/>	<input type="checkbox"/>
13. Did you obtain feedback from staff, volunteers, and others about your new risk management plan?	<input type="checkbox"/>	<input type="checkbox"/>
14. Do you have plans in place to evaluate your risk management procedures on a regular basis and make adjustments as needed?	<input type="checkbox"/>	<input type="checkbox"/>

Notes: _____

Completed by: _____ Date: _____