



CATHOLIC CHARITIES OF ASHTABULA COUNTY

POLICY: Risk Prevention and Management	DATE DEVELOPED: April 20, 2006
DEPARTMENT: Board	DATE REVIEWED: November 15, 2018, November 2017, November 2016, November 2014
	DATE REVISED: April 2009, April 2013

Purpose

Comprehensive, systematic, and effective risk prevention and management practices reduce the organization's risk, loss, and liability exposure. Potential risks include: property, income, liability, human resources, reputation, mission, governance, fiduciary, vulnerable populations, and risk associated with inter-agency collaboration.

Policy

The Board of Directors of Catholic Charities of Ashtabula County will annually review potential areas of risk including:

- Compliance with legal requirements
- Insurance and liability
- Health and safety
- Human resources practices
- Client rights and confidentiality issues
- Financial risks
- Conflicts of interest

It is not anticipated that reviews will be conducted in one sitting. They will be ongoing and take place throughout the year. However, the Board of Directors will be provided annual updates regarding the Risk Management Guidelines and Checklist.

When necessary, the Agency consults with legal counsel to provide guidance regarding legal compliance.

Incident Reports

In an effort to keep the management and Board of Directors abreast of any potential or actual risk, employees and volunteers are required to complete an incident report involving critical incidents, accidents, and grievances related to:

- service modalities or other organizational practices that involve risk or limit freedom of choice;
- facility safety issues;
- situations where a person was determined to be a danger to himself/herself or others; and
- serious illnesses, injuries, and deaths.

Incident reports will be reviewed by the Board of Directors at the meeting subsequent to the incident.

**CATHOLIC CHARITIES OF ASHTABULA COUNTY
RISK MANAGEMENT GUIDELINES**

1. Staff is prohibited from giving clients legal advice.
2. All new lease agreements are to be reviewed by the Diocesan attorney.
3. The Agency shall maintain appropriate general liability, Director and Officers and bond coverage.
4. All employees who have fiscal operations responsibility must be bondable and will have liability coverage provided by the Agency.
5. Client appointments are to be scheduled during business hours when other employees are present.
6. Safety and first aid training shall be made available to all staff and volunteers.
7. The Agency shall have an annual fire safety inspection and evacuation training.
8. Appropriate policies for personnel, volunteer, fiscal, physical plant and safety management shall be maintained.
9. A board-approved Code of Ethics is part of Agency policy and is the responsibility of all personnel and volunteer staff.
10. All personnel and volunteers shall have appropriate background and reference checks and comply with Diocesan Child Abuse and Protection Policy.
11. All Agency personnel shall meet minimum qualifications for the position they hold. They will maintain all appropriate licensures and certifications as necessary.
12. All Adoption files shall be maintained indefinitely. All clinical files will be maintained for ten years past closure. For children, files are kept ten years past their eighteenth birthday. Other client files shall be maintained for seven years past closure.
13. Clients shall be made aware of and agree upon any charges or fees related to service in advance of the provision of services.
14. Client rights and grievances policies shall be understood by all personnel and posted in reception area for client access.
15. Confidentiality shall be the responsibility of all personnel and volunteers of the Agency.
16. All client files and fiscal files are maintained in a confidential manner; kept in locked file cabinets with appropriate staff access only. Clinical and Adoption files will be maintained in locked cabinets in locked rooms with restricted access.
17. Two signatures are required on Agency account disbursements.

18. All Agency receivables (allocation checks, program service fees, grants, donations,...) are to be deposited into the agencies general account at a federally insured institution.
19. All operating account funds will be kept separate from client accounts and restricted funds, such as Guardianship, Representative Payeeship, and HALO.
20. The front desk employee will issue receipts for each cash receivable and maintain a receipt ledger.
21. Agency accounts shall be reconciled on a monthly basis and be validated by someone other than the person disbursing the checks.
22. The accounting cycle shall be facilitated monthly to help ensure accurate receivables and disbursements. The cycle shall include Accounts Receivable, Accounts Payable, Payroll and General Ledger.
23. Accurate records of client accounts shall be kept reflecting charges and payments.
24. All bank records of client accounts shall be kept, reflecting charges and payments.
25. Deposits of all receivables will be made daily. Any monies received after the daily deposit shall be maintained in a locked file cabinet for the next day's deposit.
26. Petty cash shall be maintained in a locked file cabinet out of main traffic areas.
27. An annual audit shall be performed by an independent certified public accountant.
28. The Finance and Audit Committee shall meet with the auditors directly, aside from the inclusion of staff.
29. The Board of Directors shall be cognizant of, and approve, all fund-raising activity.
30. An appropriate and reasonable check and balance system shall be maintained in regards to all receivables and disbursements

**CATHOLIC CHARITIES OF ASHTABULA COUNTY
RISK MANAGEMENT CHECKLIST**

Legal Compliance	Target Date/Time	Status (completed, reviewed or verified)
501(c)(3) ruling	Group ruling issued previously issued annually in July, but December appears to be the new timeline	Completed 2020 document
Secretary of State Certificate of Continued Existence	Valid through 07/05/2024	Completed 7/05/2019
HUD certification	Desk review took place in June 2019. Valid through 8/12/2022.	Completed 8/12/2019.
Ohio Department of Mental Health certification for Other Mental Health Services”	Valid through September 2020. Because of emergency House Bill 197 (Ohio’s Emergency Covid-19 response bill) your current certification will remain in effect until at least December 1, 2020.	Renewal In Process- Issues with LACTS R
IRS 990	Annually by November 15 (with extension)	In process
Insurance Protection		
Arthur J. Gallagher Risk Management Services. Includes: general liability, host liquor liability, automobile liability, directors and officers, errors and omissions, and employee dishonesty bond insurance	Renews annually in July through DOY	Completed. To be reviewed at Risk Management meeting.
Arthur J. Gallagher bond for Payeeship work	Renews annually in December (typically have to request an invoice and certificate)	Completed 12/02/2019
Workers’ Compensation	Ongoing through DOY, certificate renews in February	Certificate to be distributed at next BOD meeting review and posted on meeting room bulletin board. 2/1/2020-2/1/2021
Long term disability - Prudential	Ongoing through CCDOY	Reviewed by DOY
Health Insurance - Anthem	Ongoing through DOY	Reviewed by DOY

Bonds for guardianship estates in excess of \$25,000	As needed, by individual estate. Petition court to release.	None at this time.
Health and Safety		
Physical Plant & Safety Manual	Ongoing review with board and staff; updated as needed	Need to revise current manual.
Monthly Safety Check	Conducted by Safety Officer	Submitted to ED monthly.
Annual Fire Inspection	First Commonwealth arranges	Conducted in July 2020 Ashtabula Fire Department by CCAC
Fire Extinguishers	Checked annually - arranged through First Commonwealth Bank	October 2019
Elevator Inspection	Certified annually (December) through First Commonwealth Bank	Expires 12.31.20
CPR/First Aid Training - staff	Updated every two years	Last trainings First Aid – March 2018. CPR - February 2017. On hold due to COVID-19
Blood Borne Pathogen Training - staff	Annual review	Conducted 06.12.18 at staff meeting via video. To be conducted at next staff meeting 2020
Drug-free Workplace Education - staff	Annually	Opiate Summit 2019
Human Resources Practices		
Background checks	Upon hire and periodically, depending upon program requirements	Ongoing
Employee reviews and opportunity for self evaluation	Annually	Completed in July 2020
Personnel policy	Reviewed annually by Board of Directors	Significant update in 2017,
Duty to report/protect	Reviewed annually with staff	To be review at next staff meeting 2020
Child Abuse and Protection Policy	Upon hire	To be review at next staff meeting 2020
Client Rights & Confidentiality		
Confidentiality policy	Reviewed annually with staff	To be review at next staff meeting 2020
Client rights policy	Available in lobby	Verified. To be review at next staff meeting 2020

Client grievance policy	Available in lobby	Verified. To be review at next staff meeting 2020
Financial Risks		
Independent audit	Performed annually by June 30 and approved by Board of Directors	BOD approved at August 2020 meeting.
Double signatures on Agency checks	Signors include Executive Director and Executive Committee	
Conflict of Interest		
Statement of Conflict	Upon hire or appointment and annually thereafter	January 2020