

Attestation and Agreement 1:

On behalf of Children's Treatment Network the ("Organization"),
(Please insert the legal name of your organization.)
we agree with the findings as reflected in the Risk Assessment.


We hereby attest, after making appropriate inquiries and assessments, that the Risk Assessment remains valid and accurate, and that there have been no changes to the Organization or its risk profile that would impact its current low risk rating reflected in the Risk Assessment.

Name: Karen Eisler
Executive Director

Signature: 

Date: March 26, 2021

Name: Christianne Abou-Saab
Board Chair

Signature: 

Date: March 26, 2021

We have the necessary knowledge and authority to make this attestation and agreement on behalf of, and to bind, the Organization.