

[Attach to Child Care Plus Insurance Program Application]

Answer all questions that apply to your operation. No coverage is bound or afforded by this application.

Date: _____ / _____ / _____

Named Insured _____

Overnight Care

If children stay overnight at your facility:

- 1. Is the staff required to stay awake all night? Yes No
- 2. Is the facility kept locked and well lighted? Yes No
- 3. Are only authorized persons allowed to come inside the facility and pick up children? Yes No
- 4. Are children under 5 years old allowed to sleep in the same room with older children? Yes No
- 5. Are children over 5 years old allowed to sleep in the same room with children of the opposite gender? Yes No
- 6. Are staff to child ratios maintained during the overnight hours? Yes No

Sick Child Care

If sick children are kept at the facility, please answer the following:

- 1. Are sick children kept in a completely separate room with separate ventilation for all activities, including meals? Yes No
- 2. Do staff members use universal precautions like latex gloves when having contact with sick children? Yes No
- 3. Are the gloves changed after each contact with a sick child? Yes No
- 4. Do staff members wash their hands after every contact with sick children, after preparing food, using the bathroom, diapering or assisting children with using the bathroom? Yes No
- 5. Do diaper-changing tables have disposable covers that are changed after each use? Yes No
- 6. Are all items sick children come in contact with (toys, toilets, drinking fountains, sinks, play equipment, etc.) washed & disinfected at least daily? Yes No
- 7. Are eating tables washed & disinfected after each use? Yes No
- 8. Are toys that have been put in a child's mouth washed after each use? Yes No
- 9. Is all other equipment, like cribs, cots, mats, playpens, etc., washed at least weekly? Yes No
- 10. Do all children wash their hands before eating, after using the bathroom and after contact with animals? Yes No
- 11. Which of the following do you have on staff to care for sick children: R.N. L.P.N. C.N.A. E.M.T.
 Other (describe): _____

****PLEASE ATTACH A COPY OF YOUR RULES & PROCEDURES FOR CARING FOR SICK CHILDREN.**

Remarks: _____

Insured Signature: _____ Date: _____