

General Information

Date: _____ / _____ / _____

Named Insured: _____

Location # _____ Location Address _____

1. How long has applicant operated at this location? _____
2. Is the facility licensed by the State? Yes (attach copy) No If no, explain in Remarks Section.
3. Has the license ever been revoked? Yes No If yes, explain: _____
4. Hours of operation: From _____ to _____ Number of days per week: _____
 Number of months per year _____
5. Child care facility located at: Private home Church Apartment YMCA Commercial Bldg.
 Other: _____
6. List other occupancies in the same building: _____
7. List adjacent businesses: _____
8. Additional Insured required? Yes No
 Name _____
 Address _____
 Relationship: _____

Personnel – LOCATION # _____

9. Name of Executive Director/Manager: _____
 Number of years in child care: _____ Specialized training or education: _____
10. Number of teachers with degrees: _____ Number of teachers without degrees: _____
11. Number of Aides: _____ Number of Volunteers: _____ Number of Nurses: _____
 Number of EMTs: _____
12. Number of Kitchen Staff: _____ Number of Janitorial Staff: _____
 Other (describe position and number of employees): _____
13. Total number of employees: _____ Any employees under 18 years of age? Yes No
 If yes, how many? _____
 List position and how they are supervised: _____
14. Is there always someone trained in CPR and first aid on the premises? Yes No

Enrollment - LOCATION # _____

15. Licensed Capacity: _____ Current Enrollment: _____ Average Number of Children per day: _____
16. Based on the maximum number of children enrolled on your busiest day, what is your actual breakdown of total staff to total number of children by age group (excluding director)?

Infants, ages 0-1	_____ # Staff	_____ # Children	
Toddlers, ages 1-2	_____ # Staff	_____ # Children	
Toddlers, ages 2-3	_____ # Staff	_____ # Children	
Preschoolers, ages 3-5	_____ # Staff	_____ # Children	
School age children	_____ # Staff	_____ # Children	
	_____ Total	_____ Total	

17. Are "special needs" children cared for? Yes No
- a. If yes, how many? _____
- b. Is someone on your staff trained to care for these children? Yes No
- c. Is physical therapy provided? Yes No If yes, is it provided by a contracted professional who provides you with a certificate of insurance? Yes No
- d. Is an aide assigned to accompany the child? Yes No
- e. Describe the disabilities and special arrangements made to care for these children: _____
- _____
- _____

Play Facilities - LOCATION # _____

18. Does the facility have its own play area? Yes No
If no, give name of play facility used: _____
- Does the playground you use meet all safety requirements of the CPSC (Consumer Products Safety Commission)?
 Yes No
19. Is play area fenced? Yes No List all playground equipment: _____
- _____
20. Please indicate type of surface under play equipment and depth in inches: Coarse Sand: _____" Double Shredded Mulch: _____" Engineered Wood Fibers: _____" Fine Gravel: _____" Fine Sand: _____" Medium Gravel: _____" Shredded Tires: _____" Wood Chips: _____" Other (type & depth): _____
21. Was equipment installed by, or has it been inspected by, someone certified in playground safety? Yes No
How often are regular maintenance and routine inspections performed on the equipment? At least: Weekly Monthly Only as needed Other (Specify): _____
22. Does the center have playground equipment with a primary platform higher than 6 feet? Yes No
Is there any play apparatus higher than 8 feet? Yes No If yes, describe: _____
23. Do you utilize swimming facilities? Yes No If yes, complete the Swimming Pool Supplement.

Operations- LOCATION # _____

24. To prevent children from accessing cooking areas, stoves, microwave ovens, etc., please indicate which of the following precautions are taken: Separate kitchen with closed door Gate covering entrance to kitchen area Other _____
25. To prevent children from being released to unauthorized persons, please indicate which of the following precautions are taken: Sign-out sheet Staff member must see the person before child is released Staff member calls parent when unfamiliar person comes to pick up child Staff member checks ID against child's "approved" pickup list before releasing child Other: _____
26. Please indicate which of the following procedures are used when dispensing medications to children: Written parental permission is required Written instructions for use is provided by the parent Medication is kept in its original container/package Written records are kept of all medications dispensed Other: _____
27. Are there any pets at this location? Yes No If yes, describe the pet, including size: _____
28. Are special classes provided (like music, dance, gymnastics, etc.)? Yes No If yes, explain in remarks section. If special classes are taught by an independent contractor on your premises, do you require them to provide proof of liability coverage? Yes No
29. Do you warm baby bottles in an area not accessible to children? Yes No
30. Do you have a crisis management plan for dealing with participants, employees, children, parents, authorities, and media in the event of an abuse allegation or incident or other type of crisis? Yes No
31. Does the facility have an emergency evacuation plan posted and is it practiced? Yes No
32. Does the facility have video cameras installed to monitor all daily activities? Yes No

