



DAY CARE/TREATMENT CENTER QUESTIONNAIRE *

1. Applicant's Name: _____
2. Address: _____

COMPLETE ONE SUPPLEMENT PER LOCATION

3. The center is located in: ___ private home ___ separate bldg. ___ church
___ school ___ other (explain) _____
4. The center is licensed? Yes ___ No ___
5. Are all State standards met? Yes ___ No ___
6. The expiration date for the license is: ___/___/___
7. The center is licensed for _____ children and/or _____ adults
8. Presently there are _____ children, _____ adults enrolled at the center.
9. The center has been operating since: ___/___/___
10. The center is open ___ hours/day, ___ days/week, ___ months.
11. Names of Administrator and Managers: _____

12. Background of owners/operators in day care business: _____

13. There are _____ full-time professional staff employees.
14. There are _____ part-time professional staff employees.

* To be completed in connection with the Human Services Program Questionnaire
A-05

15. There are _____ employees who are 18 years of age or younger.
16. The staff breakdown by age of child/adult is:
- 0 - 2 years: _____ staff per _____ child
 - 2 - 3 years: _____ staff per _____ child
 - 3 - 5 years: _____ staff per _____ child
 - 5 - 7 years: _____ staff per _____ child
 - 7 - 9 years: _____ staff per _____ child
 - 10+ years: _____ staff per _____ child
 - adult: _____ staff per _____ adult
17. Number of field trips annually: _____
Please describe: _____

18. There are _____ children, _____ adults enrolled who are emotionally or physically handicapped or who require special treatment due to medical problems.
19. Is there a supervised playground? Yes ___ No ___
20. If there is a playground, is it fenced? Yes ___ No ___
21. Do playground equipment and toys meet the consumer product safety requirements?
Yes ___ No ___
22. Is accident/health insurance mandatory for all children/adults? Yes ___ No ___
23. Is a minimum of one staff member certified in first aid present at all times?
Yes ___ No ___
24. Are medical evaluations obtained at enrollment? Yes ___ No ___
25. Are medical care releases obtained at enrollment? Yes ___ No ___
26. Is the dispensing of medication only by the written instructions of a physician?
Yes ___ No ___
27. Are medications stored so that they are not accessible to children/adults? Yes ___ No ___
28. Is a motor vehicle at the center at all times in case of an emergency? Yes ___ No ___

29. Does the insured cook hot food on premises? Yes ___ No ___
30. Are children/adults kept away from the food processing area? Yes ___ No ___
31. Is a written emergency plan posted? Yes ___ No ___
32. How often are the following drills practiced with the children/adults?
- a. Fire: _____
 - b. Tornado/Storm: _____
 - c. Strangers: _____

PHYSICAL SURVEY

33. Are the following protected by screens or guards?
- a. Steam radiators: Yes ___ No ___
 - b. Electric fans: Yes ___ No ___
 - c. Electric outlets: Yes ___ No ___
 - d. Electric heating units and hot surfaces such as pipes? Yes ___ No ___
34. Are all materials that are harmful to children/adults, as well as all articles labeled hazardous or poisonous, kept in properly marked containers and stored in areas inaccessible to the children/adults? Yes ___ No ___
35. Are all fire extinguishers inspected annually by a qualified person and maintained in operable condition? Yes ___ No ___
Date last serviced: ___/___/___
36. Are exits and exit passageways at least 3 feet wide and unobstructed by furniture or other objects? Yes ___ No ___

I HEREBY DECLARE TO THE BEST OF MY KNOWLEDGE AND BELIEF THAT ALL OF THE FOREGOING STATEMENTS ARE COMPLETE AND TRUE AND THAT THESE STATEMENTS ARE OFFERED AS AN INDUCEMENT TO THE COMPANY TO ISSUE THE POLICY FOR WHICH I AM APPLYING. IT IS UNDERSTOOD AND AGREED THAT THE COMPLETION OF THIS APPLICATION DOES NOT BIND THE COMPANY.

Applicant's Signature

Title

Date Signed