



# CHILD CARE QUESTIONNAIRE

(include a completed ACORD application)

Named Insured:	
Location Address:	
Website:	

## GENERAL INFORMATION:

1.	Years under current management:				
2.	Child care center is located in which type of facility?				
	Church	Commercial Building	Manufactured Classroom		
	Mobile Home	Municipal Building	Private Home		
	School	Shopping Mall/ Other Retail			
	Other (describe):				
3.	If private home, does Applicant have homeowner's property & liability insurance?			Yes	No
4.	Type of Facility:				
	Commercial Center	In-Home Day Care	Preschool		
	Head Start	School Age (5 & up)	4K		
	Drop-off Center	Latch Key	Foster Care		
	Sick Child Day Care	Other (describe):			
	Part of an Organization (describe):				
5.	Hours of Operation:	Monday – Friday:	AM to	PM	
		Weekends:	AM to	PM	
6.	Has the Applicant, any individual owner, employee or volunteer, ever been the subject of any disciplinary or enforcement action, or any complaint or investigation, by any regulatory authority?			Yes	No
	If yes provide details:				
7.	Has the Applicant been in business for less than three (3) years?			Yes	No
	If yes, describe their child care experience:				
8.	Are any special classes taught/provided (i.e. dance, gymnastics, martial arts, etc)?			Yes	No
	If yes, describe:				
9.	Are children accepted with physical, mental or emotional handicaps, or chronic illness?			Yes	No
10.	Are children released only to custodial parent/guardian?			Yes	No
	If no, describe:				

11.	Does applicant provide nannies or similar services away from premises address above?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If yes, describe:					

## LICENSING

1.	Is the Applicant licensed?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No				
If NO, please indicate if the following applies to Applicant:									
<input type="checkbox"/>	Certified By State or Local Authority	<input type="checkbox"/>	Registered with State or Local Authority	<input type="checkbox"/>	Unregulated				
If YES, provide:		License Number:		Original Issuance Date:					
State or Local Authority that Issued:									
2.	Indicated the number of children permitted by license in each age group, the actual number of children and the number of caregivers. Complete actual and caregivers even if not licensed.								
		<b># per License</b>	<b>Actual</b>	<b>Caregivers</b>					
	0-6 Months								
	6+ Months to 2 Years								
	2+ Years to 5 Years								
	5 to 7 Years								
	8+ Years								
	TOTAL								
3.	Has the license ever been denied, revoked, suspended, and/or have citations or warning issued?			<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
If yes, provide details:									
4.	Are you in compliance with applicable laws or ordinances pertaining to licensing or codes and in compliance with licensed child care ratio?			<input type="checkbox"/>	N/A	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If no, state reasons for non-compliance and corrective action taken:									

## STAFF AND CHILDREN

1.	What is the average daily attendance (number of children):									
2.	Does the Applicant use volunteers, now or in the past?			<input type="checkbox"/>	Yes	<input type="checkbox"/>	No			
If yes, provide details:										
3.	Do you have any staff or volunteers under 18 years of age?			<input type="checkbox"/>	Yes	<input type="checkbox"/>	No			
4.	Does the Applicant conduct screening procedures, including comprehensive criminal background checks, on all:									
	Employees, prior to hire?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Volunteers, prior to volunteering?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
5.	Does Applicant review the results of such checks/procedures, and consider any negative finding in its decision to hire an employee or accept a volunteer?			<input type="checkbox"/>	Yes	<input type="checkbox"/>	No			

## HEALTH AND SAFETY

1.	Are drop in services provided? (Drop in care is when children are accepted for care that are not currently enrolled or registered with your care facility.)			<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If yes, provide details:							

2.	Indicate if a file containing the following information/documentation is maintained for each child:			
	a. Immunization records and updated annually?		Yes	No
	b. Records indicating any unusual conditions a child has?		Yes	No
	c. Signed releases (by parents or legal guardian) for emergency medical treatment and dispensing medications including written instruction from a child's physician if applicable?		Yes	No
3.	Are there written procedures/guidelines in place for:			
	a. Accidents, medical treatment, notification to family?		Yes	No
	b. Dispensing of prescribed medications?		Yes	No
	c. Illness?		Yes	No
	d. Regarding discipline?		Yes	No
	e. Regarding abuse and molestation?		Yes	No
4.	Are all procedures/guidelines communicated with parents?			
5.	Are all procedures/guidelines reviewed by staff and volunteers?			
6.	Do you allow corporal punishment?			
7.	Have there ever been any claims, lawsuits, investigations, incidents or complaints against the Applicant or any past or present staff member involving corporal punishment?			
	If yes, describe:			
8.	Is medication required to be provided in original packaging, either pharmacy bottle with directions, or over-the-counter?			
9.	Does the Applicant have an accident medical insurance policy?			
	a. Does coverage apply to all children enrolled in the center?		Yes	No
	b. Does coverage apply to all staff members?		Yes	No
10.	Are there any pets or animals on premises:			
	Describe animals (type, breed, number), method used to secure, and type of interaction with children:			
11.	Are firearms on premises?			
	If yes, are firearms kept locked in a safe (no glass), in a room not accessible to children?			
12.	Are bottle warmers, crockpots or similar devices used to heat bottles?			
	If yes, how are the device and power cords protected to prevent accidental spills and children from accessing?			
13.	Are stackable cribs used?			
14.	Are infants always placed in cribs for sleeping/rest time?			
15.	Are "pack-n-plays" or similar portable cribs used?			
	a. Are all such units checked for replacement or recall at least once a year?		Yes	No
	b. Is a firm, snug-fitting mattress and mattress covering used?		Yes	No

16.	If the facility is open twenty-four (24) hours a day, provides overnight care or extends care past 8:00 pm,				
	a. Are at least two staff members on duty at such times?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	b. Is a staff member required to be awake at all times?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	c. Are the doors locked after normal business hours?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	d. Are children ever left unattended?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	Provide any additional details:				
17.	Is transportation ever provided?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	If yes, does Applicant have an auto policy which complies with state law requirements in place for all vehicles in which children are transported in?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
18.	Are any services subcontracted (transportation, maintenance, etc)?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
19.	Are there any field trips or other activities conducted away from the premises?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	a. Describe including estimated number of trips/activities done on an annual basis:				
	b. Are parents required to sign a "permission" form for EACH event?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	c. Describe mode of transportation?				

## PLAY AREAS

1.	Is there a playground or play area on premises?				<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
2.	Is the playground/play area supervised at all times while in use?				<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
3.	What equipment is in the playground/play area? (check all that apply)							
	<input type="checkbox"/>	Swings	<input type="checkbox"/>	Jungle Gym	<input type="checkbox"/>	Slide	<input type="checkbox"/>	Sandbox
	Other (describe):							
4.	Is the playground/play area completely fenced in?				<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	If no, how are children kept off of and/or away from public streets and roads?							
5.	Is the surface under and around play equipment "kid friendly" (i.e. impact absorbing)?				<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
6.	Is all equipment securely anchored?				<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
7.	What is the maximum height of any of the playground/play area equipment?				<input type="text"/>	feet	<input type="text"/>	inches
8.	Is the playground/play area equipment regularly checked for safety?				<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
9.	Any trampolines or bounce houses on premises?				<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
10.	Any elevated indoor play structures?				<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	a. How far off the ground?	<input type="text"/>	feet	<input type="text"/>	inches			
	b. Describe floor covering below structure:							

## SWIMMING FACILITIES/POOLS

1.	Are children allowed to use any type of swimming facilities?				Yes		No
	If yes, what type of swimming facilities are used:						
	Owned Pool (>18 inches deep)		Owned Pool (<18 inches deep)		Commercial Pool		
	Municipal Pool		Public Beach		Private Beach		
	Water Park		Other (describe):				
2.	Where are the swimming facilities located?						
3.	Indicate the following for the pool used:						
	Wading Section		Swimming Section		In-Ground Pool		Above-Ground Pool
	Depth at deepest point:		Dimensions: Length:		Width:		
4.	Are all swimming pools complaint with Virginia Graeme Baker Pool and Spa Safety Act?				Yes		No
5.	Are certified lifeguards on duty at all times when the swimming facilities are open?				Yes		No
6.	Is pool completely fenced with a self-closing and self-locking gate?				Yes		No
	a. Height of fence?		Feet	Inches			
	b. Are all gates locked and secured when pool is not is use?				Yes		No
7.	Are there water slides or diving boards?				Yes		No
8.	Is the walking surface around the pool non-skid and in good condition?				Yes		No
9.	What is the ratio of staff to child at the pool?		Staff to	children			
10.	What is the minimum age of children in your care allowed to be in the water?						
11.	Are all pool chemicals locked in a secure area or building that is inaccessible to children?				Yes		No

## ABUSE/MOLESTATION LIMIT

If abuse/molestation coverage is desired, select limit

\$25,000/\$50,000	\$50,000/\$100,000	\$100,000/\$200,000
\$300,000/\$600,000	\$500,000/\$500,000	\$1,000,000/\$1,000,000

## FRAUD STATEMENT

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

Any person who, with the intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud and subject to fines and/or imprisonment. Any changes in your operation must be reported to your agent.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_