



# 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
	a. If yes, is the ratio less than 25%?		Yes No
	b. If yes, is the teacher/child care worker trained and possessing skills required to care for the unique needs of the child/children?		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?		Yes No
	If yes, describe:		

## LICENSING

1.	Is the Applicant licensed?			Yes	No
	If NO, please indicate if the following applies to Applicant:				
	Certified By State/Local Authority		Registered with State or Local Authority	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.				
		# per License	Actual	Caregivers	
	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?			Yes	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?			N/A	Yes
	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?			Yes	No
	If yes, provide details:				
3.	Do you have any staff or volunteers under 18 years of age?			Yes	No
4.	Does the Applicant conduct screening procedures, including comprehensive criminal background checks to include criminal record checks, personal references, previous employers and sex offender registry, on all:				
	Employees, prior to hire?	Yes	No	Volunteers, prior to volunteering?	Yes
	If no, describe:				
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?			Yes	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.)			Yes	No
	a. If yes, provide details:				
	b. If yes, is temporary drop-in care less than 25% of total enrollment?			Yes	No
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?	Yes	No
5.	Are all procedures/guidelines reviewed by staff and volunteers?	Yes	No
6.	Do you allow corporal punishment?	Yes	No
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?	Yes	No
	If yes, describe:		
8.	Is medication required to be provided in original packaging, either pharmacy bottle with directions, or over-the-counter?	Yes	No
9.	Does the Applicant have an accident medical insurance policy?	Yes	No
	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?	Yes	No
	Describe animals (type, breed, number), method used to secure, and type of interaction with children:		
11.	Are firearms on premises?	Yes	No
	If yes, are firearms kept locked in a safe (no glass), in a room not accessible to children?	Yes	No
12.	Are bottle warmers, crockpots or similar devices used to heat bottles?	Yes	No
	If yes, how are the device and power cords protected to prevent accidental spills and children from accessing?		
13.	Are stackable cribs used?	Yes	No
14.	Are infants always placed in cribs for sleeping/rest time?	Yes	No
15.	Are "pack-n-plays" or similar portable cribs used?	Yes	No
	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,		
	a. Are at least two staff members on duty at such times?	Yes	No
	b. Is a staff member required to be awake at all times?	Yes	No
	c. Are the doors locked after normal business hours?	Yes	No
	d. Are children ever left unattended?	Yes	No
	Provide any additional details:		
17.	Is transportation ever provided?	Yes	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?	Yes	No
18.	Are any services subcontracted (transportation, maintenance, etc)?	Yes	No
19.	Are there any field trips or other activities conducted away from the premises?	Yes	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?	Yes	No
	c. Describe mode of transportation:		

20.	Are doors equipped with pinch guards to prevent fingers from getting caught?	Yes	No
21.	Can bathroom doors be unlocked from the outside?	Yes	No
22.	Are there surveillance cameras in all classrooms and play areas?	Yes	No
	If yes, is video saved for a minimum of 30 days?	Yes	No

## PLAY AREAS

1.	Is there a playground or play area on premises?	Yes	No
2.	Is the playground/play area supervised at all times while in use?	Yes	No
3.	What equipment is in the playground/play area?		
	Swings	Jungle Gym	Slide
			Sandbox
	Other (describe):		
4.	Is the playground/play area completely fenced in?	Yes	No
	a. If yes, does fence contain a self-closing gate?	Yes	No
	b. 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)?	Yes	No
6.	Is all equipment securely anchored?	Yes	No
7.	What is the maximum height of any of the playground/play area equipment?	feet	inches
8.	Is the playground/play area equipment regularly checked for safety?	Yes	No
9.	Any trampolines or bounce houses on premises?	Yes	No
10.	Any elevated indoor play structures?	Yes	No
	a. How far off the ground?	feet	inches
	b. Describe floor covering below structure:		

## SWIMMING FACILITIES/POOLS/WATER HAZARDS

1.	Are children allowed to use any type of swimming pool or swimming facility?	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 compliant 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 in 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
12.	Are there any natural bodies of water on or in close proximity to the premises? (i.e. rivers, lakes, ponds, etc.)	Yes	No

## ABUSE/MOLESTATION LIMIT

If abuse/molestation coverage is desired, select limit

\$25,000/\$50,000	\$50,000/\$100,000	\$100,000/\$300,000
\$250,000/\$500,000	\$500,000/\$500,000	\$500,000/\$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: \_\_\_\_\_