

Child Care Questionnaire

Please answer all questions. Submit this questionnaire with a completed ACORD application and prior carrier loss runs.

Named Insured:

Website:

BUSINESS INFORMATION

1. Are you licensed? License Number: Yes No
 a. If unlicensed, are you: Certified Registered Unregulated
2. Day care type: Family Child Care Group Child Care
 Preschool/4K/Head Start School Age
 a. Family child care risks only: do you have Homeowners property and liability insurance? Yes No
to
3. What are the hours of operation?
4. Please complete the fields below:

License Capacity:

Average Daily Attendance:

Number of Children

Number of Staff

Age Group	Full Day	AM Only	PM Only	Staff
Newborn – 12 months				
1 – 2 years				
2 – 3 years				
4 – 5 years				
6 – 12 years				

5. How many years has the business or owner been licensed for child day care?
 If less than 3 years, please describe previous child care experience including number of years:

6. Have you had any license suspensions, revocations, or any other enforcement actions taken? Yes No
 Provide details and describe corrective steps taken:

7. List any accreditations:

EMPLOYEES AND VOLUNTEERS

1. Do you conduct screening procedures of all employees and volunteers that include a comprehensive criminal background check? Yes No
2. Have any owners, partners, officers, directors or employees been subject to disciplinary action by a regulatory authority? Provide details and describe corrective steps taken: Yes No
3. Do you have any volunteers? Describe their roles: Yes No

GENERAL INFORMATION

- | | | |
|--|-----|----|
| 1. Do you allow corporal punishment? | Yes | No |
| 2. Do you provide drop-in care? | Yes | No |
| 3. Is the day care operating out of a mobile home or manufactured classroom? | Yes | No |
| 4. Are guns kept on the premises? | Yes | No |
| 5. Do you use bottle warmers, crockpots, or similar devices to heat bottles? | Yes | No |
| 6. Do you use stackable cribs? | Yes | No |
| 7. Do you provide overnight care?
Describe policies specific to overnight care (number of staff, doors locked, etc.): | Yes | No |
| | | |
| 8. Do you care for children over the age of 13? | Yes | No |
| 9. Do you accept children with chronic illnesses that require skilled care or children that require significant assistance with the activities of daily living?
Describe care needs and qualifications of staff to provide for those needs: | Yes | No |
| | | |
| 10. Do you require a physical examination or medical certificate before a child is accepted? | Yes | No |
| 11. Describe procedures for administering medication: | | |
| | | |
| 12. Do you have any trampolines or bounce houses on the premises? | Yes | No |
| 13. Are outdoor play areas fenced? | Yes | No |
| 14. What play equipment is on the premises? (check all that apply)
Swings Jungle Gym Slide Sandbox
Other: | | |
| a. Is all play equipment securely anchored? | Yes | No |
| b. Height of playset platforms or climbing structures: | | |
| c. Is there impact absorbing material under and around the play equipment? | Yes | No |
| d. Is supervision provided at all times? | Yes | No |
| 15. Do you have a pool on the premises?
Swimming Wading Size: ft. x ft.
In Ground Above Ground Depth: ft. | | |
| a. Is the swimming pool surrounded by a fence or barrier as least 4 feet tall with self-closing and self-latching gates? | Yes | No |
| b. Are the gates locked when the pool is not in use? | Yes | No |
| c. Is the swimming pool compliant with the Virginia Graeme Baker Pool and Spa Safety Act? | Yes | No |
| d. Are there any diving boards or water slides? | Yes | No |
| e. Are day care children allowed to use the pool? | Yes | No |
| i. What ratio of adults to children is maintained when they are in the pool? | | |
| f. Are all pool chemicals locked in a secure area inaccessible to children? | Yes | No |
| 16. Are animals allowed or kept on the premises?
If yes, explain type and breed, how many and whether they are kept separate from children: | Yes | No |

ADDITIONAL COVERAGES

Select additional coverages and limits you are requesting:

Abuse or Molestation Coverage

- \$25,000/\$50,000 – no charge
- \$50,000/\$100,000
- \$100,000/\$200,000
- \$300,000/\$600,000
- \$500,000/\$500,000
- \$1,000,000/\$1,000,000

IMPORTANT NOTICE

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE AFTER REASONABLE INQUIRY. I AGREE THAT ANY INTENTIONAL CONCEALMENT OR MISREPRESENTATION OF A MATERIAL FACT CONCERNING THIS INSURANCE OR THE SUBJECT THEREOF MAY VOID ANY POLICY ISSUED.

Applicant Signature

Title

Date

Producer Signature

Date