



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

3. What are the hours of operation? _____ to _____

4. Please complete the fields below:

License Capacity: _____

Average Daily Attendance: _____

Age Group	Number of Children			Number of Staff
	Full Day	AM Only	PM Only	
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? Yes No

Describe policies specific to overnight care (number of staff, doors locked, etc.):

- 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? Yes No

Describe care needs and qualifications of staff to provide for those needs:

- 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? Yes No

- 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? Yes No

If yes, explain type and breed, how many and whether they are kept separate from children:

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