

CHILDCARE, HEADSTART OR LATCHKEY FACILITIES QUESTIONNAIRE



Name of organization: _____

Website address (URL): www. _____

Location- copy this sheet if additional space is needed.	# of Childcare Personnel	Age Range of Children	# of Children Licensed for	Average Daily Attendance

1. Are all of your childcare locations licensed by your state's regulatory agency? YES NO
If no, provide details. _____

2. If facility was built prior to 1980, has premises been inspected and certified lead free? YES NO

3. Do you have an outdoor play area? YES NO
If yes,
 a. Does the value of your outdoor equipment, including surfacing, exceed \$25,000? YES NO
If yes, attach a schedule of locations with value at each.

- b. Was all equipment manufactured by a commercial manufacturer? YES NO
- c. Was all equipment installed by an insured contractor? YES NO

4. Does your organization provide accident insurance for children? YES NO
If yes,
 a. Insurance company name: _____ Policy number: _____
 Policy period: _____ Limits: _____
- b. Accident insurance applies: to all children is optional, at child's expense

AUTO COVERAGE:

5. Does your organization own or lease vehicles? YES NO

6. Is **non-owned auto liability** coverage desired? YES NO
If yes,
 a. Total number of: _____ **employees** _____ **volunteers**
- b. Complete the following chart, indicating number of employees and volunteers that **use their personal vehicles on behalf of your organization**.

Type of Usage	Number of Employees with Daily or Weekly Usage	Number of Volunteers with Daily or Weekly Usage	Annual MVR Required?	Proof of Personal Auto Insurance Required on a Renewal Basis?	100/300 or 300 CSL Personal Auto Limits Required?
Errands			YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Transport children or others			YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

ABUSE COVERAGE:

7. **As respects abuse,**

- a. Have any claims been filed or allegations ever been made, against your organization or anyone working on behalf of your organization alleging abuse? YES NO
- b. Are you aware of any occurrences that could lead to a claim? YES NO

If yes to above, explain: _____

8. Does your facility have written policies that require known or suspected abuse incidents be reported to proper authorities? YES NO

9. Provide the following information:

	Employees	Volunteers
a. Is unsupervised contact allowed with clients?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
b. Education verified?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
c. Personal references checked?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
d. Written application required?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
e. State 10-digit fingerprint criminal record check	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
f. Federal 10-digit fingerprint criminal record check if in state less than 5 years	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
g. Federal 10-digit fingerprint criminal record check regardless of time in state	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
h. Are all controls indicated in e-h required prior to any client contact?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
i. How long are records kept documenting all screening activities outlined above?	_____ years	_____ years

Federal checks require a second set of 10-digit fingerprint cards

EDUCATOR'S PROFESSIONAL LIABILITY COVERAGE:

10. Is Educator's Professional liability coverage desired? YES NO

If yes, complete questions 11-12

11. List the number of educators who desire primary coverage:

Employees	# of Professionals
Classroom Teachers	
Teacher Aids, Student Teachers, Daycare Workers	
Special Education Teachers	
Guidance Counselors, Vocational Counselors, Psychological Counselors	
School Nurse	
Other professionally trained educators (including administrators)	

12. **As respects professional liability:**

- a. Is your organization aware of any circumstances which may result in any claim being made, or any claims or suits which have been made during the past five years, against the entity or any of its past or present officers or employees? YES NO

If yes, explain:

- b. Has any similar insurance for the entity, present officers or employees ever been cancelled? YES NO

If yes, explain: _____

Completed by: _____ Date completed: _____