

## Child Care and Early Learning Supplemental Questionnaire

**Applicant/Agency Name** (Named insured as it reads on policy): \_\_\_\_\_ Federal ID#: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ County: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Website: \_\_\_\_\_

Operating as:  Individual  Partnership  Corporation  Other \_\_\_\_\_

Applicant as:  For Profit  Non-Profit  Govt Facility  Other \_\_\_\_\_

Executive Director: \_\_\_\_\_ E-mail: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Current Operating Budget: \$ \_\_\_\_\_ Years of Operation: \_\_\_\_\_

Have you ever filed for protection under Chapter 11 or Chapter 7 of Bankruptcy code (title 11 US Code)?  Yes  No

### INSURANCE INFORMATION

1. Has any policy or coverage been declined, cancelled, or non-renewed during the last three (3) years?  Yes  No

*\*\*Missouri applicants need not reply\*\**

2. If umbrella coverage is desired over Workers' Compensation, please provide the following:

Company: \_\_\_\_\_

Policy #: \_\_\_\_\_ Effective/Expiration dates: \_\_\_\_\_ Limits: \_\_\_\_\_

3. Does your current insurance program provide Abuse/Molestation coverage?  Yes  No

If yes, what limits? \_\_\_\_\_

4. Does your current insurance program provide Professional Liability Coverage?  Yes  No

If yes, what limits? \_\_\_\_\_

5. Do you have any Claims-Made Coverage?  Yes  No

If yes, which lines: \_\_\_\_\_

**Retro-Date:** \_\_\_\_\_

**If you are applying for claims-made coverage, the following important notice applies:**

**NOTICE: THIS IS A CLAIMS MADE AND REPORTED POLICY. THIS POLICY APPLIES ONLY TO THOSE CLAIMS THAT ARE FIRST MADE AGAINST THE INSURED AND REPORTED TO THE COMPANY DURING THE POLICY PERIOD OR EXTENDED REPORTING PERIOD, IF APPLICABLE.**

### STAFFING AND OPERATIONS

1. Does your screening/hiring process include the following:

Personal Reference Checks  Yes  No Fingerprinting  Yes  No

Employment Related Reference Checks  Yes  No National Child Abuse Registry Checks  Yes  No

If Yes, By telephone  Yes  No Primary source verification of licensing/certification  Yes  No

Comprehensive Personal Interviews  Yes  No Primary source verification of educational status  Yes  No

National Criminal Record Checks (50 State)  Yes  No Drug Testing  Yes  No

2. Do volunteers follow the same training and screenings as staff?  Yes  No

3. Type of childcare operations:

Childcare Center  Headstart  Nursery/PreK  Before/After School

Special Needs  Montessori  Sick Child  Parent Coop

Greater than 50% Drop-in

4. Is the center licensed?  Yes  No

5. Do you have operations other than childcare?  Yes  No

If yes, please explain: \_\_\_\_\_

	# of Employees		# of Non-Employees	
	Full Time	Part Time	Volunteers	Consultants
Day Care Providers	_____	_____	_____	_____
Drivers	_____	_____	_____	_____
Teachers	_____	_____	_____	_____
Others (Specify Position)	_____	_____	_____	_____

Ages	# Children Licensed For	# of Care Providers	Group Size
0 - 1 Year	_____	_____	_____
1 - 2 Years	_____	_____	_____
2 - 3 Years	_____	_____	_____
3 - 4 Years	_____	_____	_____
4 - 5 Year	_____	_____	_____
5 - 6 Years	_____	_____	_____
Over 6 Years	_____	_____	_____
Totals	_____	_____	_____
Max. age accepted in enrollment	_____	Average # of Children in all Facilities (daily)	_____
Total # licensed in all locations	_____		

6. Are there any Serious Deficiencies noted in most recent State Inspection Report?  Yes  No  
*If Yes, please attach list & describe.*

7. What state and national Organization(s) or Association(s) are you a member of?  
\_\_\_\_\_

8. How many employees are CPR and first aid certified? \_\_\_\_\_

9. Does the center care for children with special needs?  Yes  No

If yes, please provide details: \_\_\_\_\_

10. Are there pets on the premises?  Yes  No List type and breed \_\_\_\_\_

11. Do you have an accident policy in place for enrolled participants?  Yes  No

12. Do you participate in field trips?  Yes  No How many annually? \_\_\_\_\_

13. Are permission slips signed by the parent or guardian for each trip off premises?  Yes  No

Please describe trips  
\_\_\_\_\_

14. At what age can children participate in a field trip without a parent/guardian? \_\_\_\_\_

15. Your adult to child ratio on field trips is: \_\_\_\_\_ adult for every \_\_\_\_\_ children

16. Do you utilize swimming facilities?  Yes  No  On Premises  Off Premises

If yes, please answer the following questions:

- Is there a self latching gate?  Yes  No
- Is there a 4' fence around the pool?  Yes  No
- Is there a pool bottom drain cover?  Yes  No
- Are pool depths marked?  Yes  No
- Is there adequate supervision?  Yes  No Ratio at pool \_\_\_\_\_
- Is the storage of pool chemicals secure?  Yes  No
- Is the staff trained in water safety?  Yes  No How many? \_\_\_\_\_
- Minimum age allowed in the water? \_\_\_\_\_

If no, do you anticipate swimming facilities in the future?  Yes  No

17. Is there a playground?  Yes  No
- a) Is the playground fenced?  Yes  No
- b) Describe playground surfaces and depths: \_\_\_\_\_
- c) Are there trampolines?  Yes  No
- d) Is the playground equipment properly maintained and checked on a specified schedule?  Yes  No
- e) Do the play equipment and toys meet the consumer safety code requirements?  Yes  No

18. List Special Events (i.e. - Special Olympics, Fundraising, Annual Banquet, etc):

\_\_\_\_\_

## SEXUAL AND PHYSICAL ABUSE

1. Does your employment application (paid and volunteer) include questions about whether the individual has ever been convicted/pled guilty to, pled no contest to, or admitted to any crime, but not limited to, sex-related or child abuse-related offenses?  Yes  No
2. Is there staff training specific to behavioral indicators of abuse?  Yes  No
3. Do you require staff to sign a Code of Conduct which clearly defines unacceptable behavior?  Yes  No
4. Is there a program in place to teach clients that are minors about abuse?  Yes  No
5. Do you require two staff members with children at all times?  Yes  No
6. Do you have a plan of supervision that monitors staff in the day-to-day relationships with clients/children for both on and off premises?  Yes  No
7. Do you incorporate behavior modification techniques (punishment) that include: physical striking, non-emergency restraining, non-emergency isolation, withholding of sleep, food or use of bathroom facilities, or similar actions?  Yes  No
8. Do you have a Crisis Management Plan for dealing with staff personnel, victims, parents, authorities and media if you have an incident of abuse?  Yes  No
9. Are there sign in/sign out procedures?  
Is security in place to prevent wandering visitors?  Yes  No
10. Have you ever had an incident which resulted in an allegation of abuse?  
Was a claim made against you?  Yes  No  
If yes, for above, please give details below.  
Was the case settled?  Yes  No  
Taken to trial?  Yes  No  
State investigation completed?  Yes  No  
Results \_\_\_\_\_

How much money was paid as damages to the victim? \_\_\_\_\_

### 11. Corporal Punishment

- a) What is the policy on corporal punishment? \_\_\_\_\_
- b) Is there a written policy concerning the use of corporal punishment?  Yes  No
- c) Have there ever been any claims for corporal punishment?  Yes  No
- d) What are the state's laws on corporal punishment?  Allowed  Prohibited

## SAFETY AND RISK MANAGEMENT

1. Do you have procedures for Incident Reporting?  Yes  No  
a) Is staff made aware of Incident Reporting Procedures?  Yes  No  
b) Are your program participants instructed on how to report incidents?  Yes  No  
c) Does your agency have an active committee that reviews incidents?  Yes  No
2. Do the following written plans or protocols exist:
- Emergency evacuation plan including monthly drills?  Yes  No  
Maintenance plan for fire extinguishers and smoke detectors?  Yes  No  
Written fire safety program including documented weekly inspections?  Yes  No  
Child release protocol?  Yes  No  
Child/sexual abuse prevention program including training?  Yes  No  
First aid/CPR training?  Yes  No  
Written playground safety program including documented weekly inspections?  Yes  No  
Do you limit access to your facility via card or code access?  Yes  No  
Do you require signing of roster by both parent and staff at drop-off and pick-up time?  Yes  No  
Do you have a monitoring system (e.g., cameras) in your facility?  Yes  No  
Do you maintain medical history and immunization records on all children?  Yes  No  
Do you obtain signed releases for emergency medical treatment?  Yes  No  
Do you have a policy on drug and alcohol use/abuse?  Yes  No  
If yes, please describe: \_\_\_\_\_
3. Does your center exit directly to the outside?  Yes  No
4. Does your center have smoke detectors?  Yes  No  
Are they:  battery operated or  hard-wired to the building \_\_\_\_\_
5. When were the fire extinguishers last inspected and tagged? \_\_\_\_\_  
Frequency of inspection? \_\_\_\_\_
6. Has a lead abatement been performed since 1971?  Yes  No
7. Have asbestos materials been:  determined **not** to be present  removed or  protected to prevent flaking?
8. Do you have any buildings with EIFS (Exterior Insulation and Finishing Systems)?  Yes  No  
If yes, please provide the addresses of those buildings.  
\_\_\_\_\_  
a) What is the age of the installation? \_\_\_\_\_  
b) What are the qualifications of the installation contractor? \_\_\_\_\_  
c) Describe the maintenance schedule for checking into issues? \_\_\_\_\_
9. Do you have any locations with Solar Panels?  Yes  No  
If yes:  
a) Do they produce more than 250 KW?  Yes  No  
b) Please advise the age of the panels: \_\_\_\_\_

Please complete the appropriate sections that apply.

**TRANSPORTATION/NON-OWNED/HIRED AUTO**

Not Applicable

\*Note: If you do not have any owned/leased autos please skip to question #12.

- 1. a) Do you order Motor Vehicle Records on all drivers, even if they drive their own autos?  Yes  No  
If Yes, are they ordered at least Annually?  Yes  No
- b) Are there MVR Guidelines in place?  Yes  No
- 2. Do you routinely transport children?  Yes  No
- 3. Is there a formal, written procedure in place for head count at departure and return for all trips?  Yes  No
- 4. Do you allow employees under the age of 21 to transport children?  Yes  No
- 5. Do you transport anyone other than children enrolled in your center?  Yes  No

If yes, please describe: \_\_\_\_\_

- 6. Total # of agency owned vehicles: \_\_\_\_\_ Total # of drivers: \_\_\_\_\_ Minimum Age: \_\_\_\_\_
- 7. Do you allow **employees** under the age of 21 to drive agency vehicles?  Yes  No
- 8. If your center operates buses, is there a bus maintenance program ?  Yes  No  
If No, Please skip to question 12.
- 9. Do drivers hold the appropriate type of licenses?  Yes  No
- 10. Do they have back up drivers that hold the appropriate licenses?  Yes  No
- 11. What type of training is provided to drivers of the buses, please explain:  
\_\_\_\_\_

- 12. Do any staff members use their own vehicles on a regular basis to drive on behalf of the insured?  Yes  No  
If Yes, please indicate how many: \_\_\_\_\_
- 13. Do any staff members/volunteers use their own vehicles to transport children?  Yes  No
- 14. Does your criteria for qualifying drivers include safety training and observation of driving skills?  Yes  No
- 15. Do you have a driver safety program?  Yes  No
- 16. Is Driver Training provided?  Yes  No
- 17. Are seat belts required to be worn by all occupants?  Yes  No
- 18. Do you require employees to provide certificates of insurance verifying personal automobile coverage?  Yes  No  
Are these records updated annually?  Yes  No
- 19. Do you require employees to carry minimum liability limits of \$300,000?  Yes  No  
Do you agree to these requirements?  Yes  No  
If no, what limits do you require? \_\_\_\_\_
- 20. Is a visual check made of employees/volunteers vehicles to ensure the unit is safe and operational?  Yes  No
- 21. Does the facility obtain a copy of drivers licenses and confirm they are valid?  Yes  No

**Please submit the following with this application:**

- \* A complete ACORD submission must accompany this Application.
- \* Please provide five (5) years Hard Copy Loss Runs.
- \* A current list of Vehicles must accompany this application.
- \* MVR's on all drivers.
- \* Drivers list.
- \* Financials, if Agency is For Profit.

## FRAUD STATEMENTS

**NOTICE TO APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR, CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO ALABAMA APPLICANTS:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO RESTITUTION FINES OR CONFINEMENT IN PRISON, OR ANY COMBINATION THEREOF.

**NOTICE TO ARKANSAS, NEW MEXICO AND WEST VIRGINIA APPLICANTS:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT, OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

**NOTICE TO COLORADO APPLICANTS:** IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AUTHORITIES.

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS:** WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

**NOTICE TO FLORIDA APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

**NOTICE TO KANSAS APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARED WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN, ELECTRONIC, ELECTRONIC IMPULSE, FACSIMILE, MAGNETIC, ORAL, OR TELEPHONIC COMMUNICATION OR STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIAL FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.

**NOTICE TO KENTUCKY APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

**NOTICE TO LOUISIANA APPLICANTS:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

**NOTICE TO MAINE APPLICANTS:** IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

**NOTICE TO MARYLAND APPLICANTS:** ANY PERSON WHO KNOWINGLY OR WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY OR WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

**NOTICE TO MINNESOTA APPLICANTS:** A PERSON WHO FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.

## FRAUD STATEMENTS - Continued

**NOTICE TO NEW JERSEY APPLICANTS:** ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO NEW YORK APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

**NOTICE TO OHIO APPLICANTS:** ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

**NOTICE TO OKLAHOMA APPLICANTS:** WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY (365:15-1-10, 36 §3613.1).

**NOTICE TO OREGON APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR, CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, MAY BE GUILTY OF A FRAUDULENT ACT, WHICH MAY BE A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO PENNSYLVANIA APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS:** IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

**NOTICE TO VERMONT APPLICANTS:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW.

Signed: \_\_\_\_\_ (Applicant)

Date: \_\_\_\_\_

Title: \_\_\_\_\_  
*(Must be signed by authorized officer)*

Organization: \_\_\_\_\_  
*(Organization's Seal)*

Signed: \_\_\_\_\_ (Agent)

Date: \_\_\_\_\_

Title: \_\_\_\_\_

Attest: \_\_\_\_\_

Producer: \_\_\_\_\_

License Number: \_\_\_\_\_

Address: \_\_\_\_\_