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Zurich Agency Services

CHILD CARE FACILITY QUESTIONNAIRE

- **SEXUAL ABUSE QUESTIONNAIRE REQUIRED IF COVERAGE DESIRED**
- **AUTOMOBILE QUESTIONNAIRE REQUIRED IF TRANSPORTATION PROVIDED**

Named Insured: _____

Are you required to be licensed? Yes No
If yes, by whom? _____

Does your agency have any other accreditations? Yes No
If yes, please list: _____

Does the facility offer formal education? Yes No

How many years experience does child care director have? _____

Number of degreed teachers _____ Number of aides _____

Total number of assistants and other child care personnel _____

Child care facility is licensed for: _____ number of children.

Current enrollment _____ Hours of operation _____

Age of children: Youngest: _____ Oldest: _____ Average Age: _____

Average number of children on a daily basis _____

I. PERSONNEL

1. Do all employees complete job applications? Yes No

2. Do all volunteers complete job applications? Yes No

3. Are volunteers allowed to work with children? Yes No

4. Are background checks performed? Yes No

5. Are police records checked? Yes No

6. Are education records verified? Yes No

7. Does the facility have an orientation program covering all policies & procedures? Yes No

8. Is there a review of the state child abuse law? Yes No

9. Are employees trained to recognize child abuse? Yes No

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10. Are teachers trained in emergency procedures? Yes No

II. OPERATIONS

1. Is the facility licensed by the state? Yes No
If yes, please explain _____

2. Does the facility comply with local/state regulatory requirements? Yes No

3. Are emergency evacuation drills conducted with the children? Yes No

4. Does the facility have a security system for entry? Yes No

5. Is access into the building limited to doors that are supervised? Yes No

6. Are written security procedures in place for delivery/pick-up of children? Yes No
If yes, please explain _____

7. Is child custody pre-established for pick-up and visits? Yes No

8. Are policies and procedures in place for dealing with injury or illness to the child? Yes No

9. Is someone trained in First Aid and CPR available at all times? Yes No

10. Are there at least two lighted exits from the facility? Yes No

11. Are there heat/smoke detectors in the building? Yes No

12. Are employees encouraged to pick up trip & fall hazards? Yes No

13. Are separate bathroom facilities maintained for each gender? Yes No

14. Do bathroom partitions overly limit supervision? Yes No

15. Are areas susceptible to isolation monitored closely? Yes No

16. Is corporal punishment prohibited? Yes No

17. Is an outdoor playground facility available? Yes No
Describe playground equipment _____

18. Is the playground area secured with fencing? Yes No
Is fence high enough to prevent lifting a child over it? Yes No
Is an employee present at all times in the play area? Yes No

19. Are the children taken on field trips? Yes No
How often? _____
How far? _____
What is the child/staff ratio? _____

20. **Are** overnight activities clearly planned and approved by management with **an** adequate number of pre-approved staff/volunteers and no single adult child sleeping. Yes No

21. Is written permission/waiver signed by the parent for trips? Yes No

22. Does the facility prepare hot meals? Yes No
If so, confirm that **the** kitchen facility has an automatic suppression system. Yes No

23. Is cooking performed by children? Yes No

III. CLIENT PROFILE

1. Are there any physically disabled children? Yes No
How many? _____

2. Are there any emotionally disabled children? Yes No
How many? _____

3. Are there any mentally disabled children? Yes No
How many? _____

4. Are any children receiving medication on a regular basis? Yes No
How many? _____ Describe _____
How is medication stored and dispensed? _____

AGENCY NAME _____

COMPLETED BY _____ DATE: _____

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