

Roush Insurance Services, Inc.

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Agency _____ Phone _____
 Address _____ Fax _____
 City _____ State _____ Zip _____

Public Entity Application Day Care Questionnaire C

Day Care Day Camp Nursery

(If the entity operates more than one, a separate questionnaire must be completed for each.)

Legal Name of Public Entity: _____ Effective Date: _____

1. Name and location of facility: _____
2. Description of operation: _____
 - a. Is facility licensed? Yes No
 If "yes," by whom? _____
 - b. Number of years in operation: _____ Days and hours of operation: _____
 - c. Maximum number of children permitted by license: _____

3. Indicate the number of children within each age group and the corresponding number of attendants assigned:

Age Group	Number of Children	Number of Attendants
1-6 months		
6-12 months		
1-3 years		
4-8 years		
Over 8 years		

4. Number of staff/attendants: _____ Number of volunteers: _____
5. Professional qualifications of staff: _____
 - a. How are staff members hired/evaluated? _____
 - b. Are references checked? Yes No
 - c. Are criminal background checks completed? Yes No
6. Any previous or pending allegations of sexual or physical abuse? Yes No
 If "yes," explain: _____
7. Describe all activities on premises: _____
8. Describe any activities away from premises (including number of trips, who transports, etc.): _____

9. Are parental permission/waiver forms required? Yes No
10. Please describe the play equipment and facilities: _____
11. Does each location have the following:
- a. Emergency evacuation plan? Yes No
 - b. Regularly inspected fire/smoke detection system? Yes No
 - c. Two separated exits on each floor? Yes No
 - d. First aid equipment? Yes No
 - e. Someone on premises during business hours trained in administering first aid? Yes No
 - f. Play area fully fenced? Yes No
12. Sexual abuse/molestation coverage? No coverage Requested limits: _____