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| ***ENTITY INFORMATION*** |
| Named Insured: |
| Name of Center: |
| Address: |
| Is the center licensed?  Yes  No By Whom: |
| Are meals provided?  Yes  No |
| Does center comply with local and state codes regulating kitchen and food preparation/serving areas?  Yes  No |
| Maximum amount of clients allowed to attend?  Number of Supervisors: |
| Ratio of Clients to Supervisors: |
| What is the age range of clients: From:  To: |
| Describe care services provided: |
| Describe activities provided: |
|  |
| Is transportation provided?  Yes  No |
| Are all drivers trained in driving safety, use of safety restraints, and loading/unloading of clients?  Yes  No |
| Are evacuation procedures and diagrams posted for evacuating the building and guiding clients to safety?  Yes  No |
| Does insured obtain permission to make emergency health decisions?  Yes  No |
| Does insured ever dispense medication?  Yes  No  If so, who dispenses the medication?  Are medications kept in a locked location?  Yes  No |
| Are clients released only to authorized persons?  Yes  No |
| Are there any records of claims, criminal/civil actions against owner/operator or employees for alleged child abuse or  neglect? If yes, please explain:        Yes  No |
| Do employees use personal autos to carry clients?  Yes  No |