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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  |