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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 number of children allowed to attend?  Number of adult supervisors:  |
| Ratio of children to adults:   |
| What is the age range of children: From:  To:  |
| If providing care for infants, how are they separated from the older children?  |
| Are electrical outlets guarded? [ ]  Yes [ ]  No  |
|  ***Please describe:*** |
| Is the playground fenced? [ ]  Yes [ ]  No  |
| If present, provide pictures of playground equipment and give a narrative of its condition:  |
| Describe playground supervision and safety procedures:  |
| Does insured obtain permission to make emergency health decisions? [ ]  Yes [ ]  No  |
| Does insured ever dispense medication? [ ]  Yes [ ]  No  |
| Are children 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  |
| Does insured offer transportation to or from the center? [ ]  Yes [ ]  No  |
| Do employees regularly use personal autos to carry children? [ ]  Yes [ ]  No  |