

CENTER BASED CHILD CARE QUESTIONNAIRE

Applicants Name: _____

Date: _____

	Yes	No
1. Is the center licensed?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are all State standards met?	<input type="checkbox"/>	<input type="checkbox"/>
3. Is there a playground? If yes,	<input type="checkbox"/>	<input type="checkbox"/>
a.) Is it supervised?	<input type="checkbox"/>	<input type="checkbox"/>
b.) Is it fenced?	<input type="checkbox"/>	<input type="checkbox"/>
4. To the best of your knowledge, does your playground equipment and toys meet the consumer product safety requirements?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you purchase (or require the purchase of) a separate policy of accident and health insurance for all children?	<input type="checkbox"/>	<input type="checkbox"/>
6. Is a minimum of one staff member certified in first aid present at all times?	<input type="checkbox"/>	<input type="checkbox"/>
7. Are medical evaluations of all children obtained at enrollment	<input type="checkbox"/>	<input type="checkbox"/>
8. Are medical releases obtained at enrollment?	<input type="checkbox"/>	<input type="checkbox"/>
9. Is the dispensing of medication only by the written instructions of a physician?	<input type="checkbox"/>	<input type="checkbox"/>
10. Is a motor vehicle at the center at all times in case of an emergency?	<input type="checkbox"/>	<input type="checkbox"/>
11. Is a written emergency plan posted?	<input type="checkbox"/>	<input type="checkbox"/>
12. Are the following protected by screens or guards:		
a.) Steam radiators?	<input type="checkbox"/>	<input type="checkbox"/>
b.) Electric fans?	<input type="checkbox"/>	<input type="checkbox"/>
c.) Electric outlets?	<input type="checkbox"/>	<input type="checkbox"/>
d.) Electric heating units and hot surfaces such as pipes?	<input type="checkbox"/>	<input type="checkbox"/>
13. Are all medications and materials that may be harmful to children, as well as all articles labeled hazardous or poisonous, kept in properly marked containers and stored in areas inaccessible to the children?	<input type="checkbox"/>	<input type="checkbox"/>
14. Are all fire extinguishers inspected annually by a qualified person and maintained in operable condition?	<input type="checkbox"/>	<input type="checkbox"/>
15. Are exits and exit passageways at least 3 feet wide and unobstructed by furniture or other objects?	<input type="checkbox"/>	<input type="checkbox"/>
16. Is there an emergency plan in place for evacuation due to fires, storms, etc.? If yes:	<input type="checkbox"/>	<input type="checkbox"/>
a.) Are there emergency procedures posted?	<input type="checkbox"/>	<input type="checkbox"/>
b.) How often during a year do you have evacuation drills?	<input type="checkbox"/>	<input type="checkbox"/>
17. Do you have an accident investigation plan in place?	<input type="checkbox"/>	<input type="checkbox"/>
18. Do you have an emergency medical plan in place?	<input type="checkbox"/>	<input type="checkbox"/>

	Explanation or Answer
19. The center is location in: _____ Its own building; _____ Church; _____ Private home; _____ Other	
20. The center has been operating since: _____	_____/_____/_____
21. The center is open: _____ hours per day; _____ days per week; _____ months per year	
22. Number of children for which center is licensed: _____	_____
23. Number of children presently enrolled: _____	_____
24. Number of full-times equivalent staff members: _____	_____
25. Number of staff under age 18: _____	_____



	Explanation or Answer
26. Staff ratio by age of child is:	0-2 years: _____ per _____ child 2-3 years: _____ per _____ child 3-5 years: _____ per _____ child 5-7 years: _____ per _____ child 7-9 years: _____ per _____ child 10 + years: _____ per _____ child
27. Number of field trips per year:	_____
28. Does your center have physically, mentally or emotionally challenged children? If yes, please provide an explanation as to the special programs and facilities that you provide.	Yes <input type="checkbox"/> No <input type="checkbox"/>