

RECREATION/COMMUNITY CENTER QUESTIONNAIRE

Applicants Name: _____

Date: _____

| | Yes | No |
|---|--------------------------|--------------------------|
| 1. Is there an admission charge or membership fee to use the center? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are there any off-premise activities (such as field trips)? If yes, list on separate sheet and give the number per year. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Number of off-premise activities per year? | _____ | |
| 4. Do you have swimming pool facilities? (If yes, please complete Supplement 10 – Swimming Pools) | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Do you have gym facilities? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Do you have a basketball program? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Do you have a boxing program? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Do you have a weightlifting program? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Do you have a gymnastics program? | <input type="checkbox"/> | <input type="checkbox"/> |
| a.) Are mats utilized and properly placed? | <input type="checkbox"/> | <input type="checkbox"/> |
| b.) Do you have trampolines? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Do you have a playground facility? If yes: | <input type="checkbox"/> | <input type="checkbox"/> |
| a.) Is it fenced? | <input type="checkbox"/> | <input type="checkbox"/> |
| b.) Is it supervised? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Do you have daycare/childcare facilities? (If yes, complete Supplement 5 – Child/Day Care) | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. 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? | _____ | |
| 13. Do you have an accident investigation plan in place? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Do you have an emergency medical plan in place? | <input type="checkbox"/> | <input type="checkbox"/> |

| | Explanation or Answer |
|--|-----------------------|
| 15. Maximum capacity of center | _____ |
| 16. The center is open: _____ hours/day; _____ days/week; _____ months | _____ |
| 17. Average daily attendance: | _____ |
| 18. Age range of attendees: | _____ |
| 19. Total number of exits in your center? | _____ |
| a.) How many are emergency exits? | _____ |
| 20. Please describe any other activities not previous listed: | |