

Entity Name:	Effective Date:
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<u>DAYCARE / DAYCAMPS</u>	
Daycare <input type="checkbox"/>	Day Camp <input type="checkbox"/>
1. Name and location of Facility:	
2. Description of operation:	
3. Is the facility licensed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Days / Hours of operation:	
5. Maximum number of children permitted by license:	
6. Any overnight activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, Please describe:	
7. Describe any activities away from the premises (field trips, transportation, number of staff provided):	
8. Are rules concerning sexual and physical abuse in place and communicated?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Any previous or pending allegations of sexual or physical abuse?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain:	
10. Does orientation training include abuse recognition and response?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Are parental permission/waiver forms required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Is child custody pre-established for pickup and visits?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Staff Controls:		
13. Do you require a written application for all employees and volunteers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
14. Are criminal background checks completed for employees and volunteers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
15. Do you have an orientation program that all staff members and volunteers are required to complete?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
16. Do you offer ongoing training for existing employees and volunteers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
17. How are staff members evaluated?		
18. Is corporal punishment prohibited?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
19. Staff breakdown by age:		
Ages	Number of children	Number of staff members
0-2		
3-4		
5-7		
Over 7		
Does the facility have the following:		
20. Emergency evacuation plan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
21. Regularly inspected fire/smoke detection system?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
22. Two separate exits on each floor?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
23. First aid equipment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
24. Someone on premises during business hours, trained in administering first aid?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
25. Play area fully fenced?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
26. Describe playground equipment:		