



Social Services-Institutional Program
Day Care Center/Nursery School Questionnaire
(Handicapped only)

COMPLETE QUESTIONNAIRE FOR EACH LOCATION

LOCATION NO. []

Applicant _____ Phone Contact for inspection _____

Address _____

1. Location and Description of premises _____

PRIVATE HOME [] COMMERCIAL BLDG. []

2. Interest OWNER [] TENANT []

3. Describe Affiliation (church, school, other): _____

4. Part Occupied by Applicant (Basement, 1st floor, 2nd floor): _____

5. Area Occupied (sq. feet, dimensions) _____

6. Construction of building FRAME [] BRICK [] FIRE RESISTIVE [] OTHER _____

7. No. of floors [] 8. Age of Building []

8. Type of heating _____

9. Does applicant have a play area Yes [] No []

10. If Yes, supply dimensions, a list of play equipment and security measures (fencing, locked gates, etc.): _____

11. Any 'yes' answer to the following must be described in Remarks below.

Table with 4 columns: Question, Yes, No, Yes, No. Rows include: Pools on the premises (must be fenced), Handicapped or Retarded Children (other than normal children), Employed or Contracted Physicians, Nurses, Therapists, Counselors, Animals, pets, Gymnastics Equipment, Unique/unusual teaching techniques, Field trips.

Remarks: _____

11. Is applicant licensed or certified as a Day Care Center/Nursery School Yes [] No []

If yes, please attach a copy of the license.

If no, explain _____

12. Has applicant ever been cited by authorities for day care violations with or without suspension or revocation of certification or license? Yes No If yes, explain in detail on separate sheet.
13. Does applicant require a release of liability from all children? Yes No
 If no, will you institute such a program Yes No
14. Applicant is Licensed Certified to care for children ages [] to []
 (If no license required, state maximum numbers)
- | | |
|-----------------------------|-----|
| Number children under age 2 | [] |
| from 2 to 5 | [] |
| from 5 to 10 | [] |
| over age 10 | [] |
15. Applicant's ratio of supervisors to children is [] to []
16. Applicant operates [] days per week from [] to [] with an average daily attendance of [] children.

Signature _____ Date _____

Fraud Warning

Any person who knowingly and with intent to defraud any insurance company or another (NY: other) person files an application for insurance (NY: or statement of claim) containing any materially false information, or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, (NY: and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation) and subjects the person to criminal and civil penalties. In Maine and Virginia, insurance benefits may also be denied.