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Public Entity Application
Day Care
Questionnaire C

**(Attaches to EPS-GEN-APP Applicant Information Section)**

 [ ]  **Day Care** [ ]  **Day Camp** [ ]  **Nursery**

**(If the entity operates more than one, a separate questionnaire must be completed for each.)**

**Legal Name of Public Entity:**       **Effective Date:**

1. Name and location of facility:

2. Description of operation:

a. Is facility licensed? [ ]  Yes [ ]  No

If “yes,” by whom?

b. Number of years in operation:     Days and hours of operation:

c. Maximum number of children permitted by license:

3. Indicate the number of children within each age group and the corresponding number of attendants assigned:

|  |  |  |
| --- | --- | --- |
| **Age Group** | **Number of Children** | **Number of Attendants** |
| 1-6 months |       |       |
| 6-12 months |       |       |
| 1-3 years |       |       |
| 4-8 years |       |       |
| Over 8 years |       |       |

4. Number of staff/attendants:       Number of volunteers:

5. Professional qualifications of staff:

a. How are staff members hired/evaluated?

b. Are references checked? [ ]  Yes [ ]  No

c. Are criminal background checks completed? [ ]  Yes [ ]  No

6. Any previous or pending allegations of sexual or physical abuse? [ ]  Yes [ ]  No

If “yes,” explain:

7. Describe all activities on premises:

|  |
| --- |
| 8. Describe any activities away from premises (including number of trips, who transports, etc.):       |

9. Are parental permission/waiver forms required? [ ]  Yes [ ]  No

 10. Please describe the play equipment and facilities:

 11. Does each location have the following:

a. Emergency evacuation plan? [ ]  Yes [ ]  No

b. Regularly inspected fire/smoke detection system? [ ]  Yes [ ]  No

c. Two separated exits on each floor? [ ]  Yes [ ]  No

d. First aid equipment? [ ]  Yes [ ]  No

e. Someone on premises during business hours trained in administering first aid? [ ]  Yes [ ]  No

f. Play area fully fenced? [ ]  Yes [ ]  No

 12. Sexual abuse/molestation coverage? [ ]  No coverage Requested limits:

**Refer to EPS-GEN-APP application form for the state fraud warnings.**