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|  | Euclid Public Sector  234 Spring Lake Drive  Itasca, Illinois 60143  Phone (630) 238-1900  Website: [www.euclidps.com](http://www.euclidps.com/) Mailbox: [mail@euclidps.com](mailto:mail@euclidps.com) |

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.**