

## DAY CARE CENTRES QUESTIONNAIRE

New Business       Renewal

|  |  |                          |                          |                       |  |
|--|--|--------------------------|--------------------------|-----------------------|--|
| Insured  |  |                          | Policy Number            |                       |  |
| Location<br><br>Postal Code: _____   |  | Date Established         | Municipal Permit No.     | Provincial Permit No. |  |
| 1. Is centre licensed under The Day Nurseries Act? <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |                          |                          |                       |  |
| 2. Number of children at any one time: _____ Age group: _____  |  |                          |                          |                       |  |
| 3. What is the average number of children per employee:  |  |                          |                          |                       |  |
| - 0 to 2 years old: _____  |  |                          |                          |                       |  |
| - 2 to 5 years old: _____  |  |                          |                          |                       |  |
| - kindergarten age: _____  |  |                          |                          |                       |  |
| - school age: _____  |  |                          |                          |                       |  |
| 4. Hours of operation:    From: _____    To: _____    No. of days open: _____                                |  |                          |                          |                       |  |
| 5. Gross Annual Receipts: _____  |  |                          |                          |                       |  |
|  |  | Yes                      | No                       |                       |  |
| 6. a) Transportation morning and evening   |  | <input type="checkbox"/> | <input type="checkbox"/> |                       |  |
| b) Meals on premises   |  | <input type="checkbox"/> | <input type="checkbox"/> |                       |  |
| c) Cooking on premises   |  | <input type="checkbox"/> | <input type="checkbox"/> |                       |  |
| If "Yes", describe fire protection: _____  |  |                          |                          |                       |  |
| d) Dietician   |  | <input type="checkbox"/> | <input type="checkbox"/> |                       |  |
| e) Does a nurse visit the centre   |  | <input type="checkbox"/> | <input type="checkbox"/> |                       |  |
| If "Yes", describe her duties: _____   |  |                          |                          |                       |  |
|  |  | Yes                      | No                       |                       |  |
| 7. Outside area  |  | <input type="checkbox"/> | <input type="checkbox"/> |                       |  |
| a) Playground  |  | <input type="checkbox"/> | <input type="checkbox"/> |                       |  |
| If "Yes", describe area and attach diagram and describe equipment including its age and maintenance program: |  |                          |                          |                       |  |
| _____  |  |                          |                          |                       |  |
| _____  |  |                          |                          |                       |  |
| b) Fence and locked gate   |  | <input type="checkbox"/> | <input type="checkbox"/> |                       |  |
| c) Swimming pool   |  | <input type="checkbox"/> | <input type="checkbox"/> |                       |  |
| d) Activities off premises   |  | <input type="checkbox"/> | <input type="checkbox"/> |                       |  |
| If yes, describe activities: _____   |  |                          |                          |                       |  |
| _____  |  |                          |                          |                       |  |
| e) Transportation for activities off premises  |  | <input type="checkbox"/> | <input type="checkbox"/> | If "Yes", describe:   |  |
| _____  |  |                          |                          |                       |  |
| 8. How many volunteers are used on a regular basis? _____  |  |                          |                          |                       |  |

9. Employee qualifications (years of experience, training designation):

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- | 10. Building:                       | Yes                      | No                       |
|-------------------------------------|--------------------------|--------------------------|
| a) Evacuation plan                  | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Fire Drills                      | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Smoke Detector                   | <input type="checkbox"/> | <input type="checkbox"/> |
| d) Handrails on stairways and ramps | <input type="checkbox"/> | <input type="checkbox"/> |
| e) Covered electrical outlets       | <input type="checkbox"/> | <input type="checkbox"/> |

11. Location of nursery in context of building (e.g. basement egress in case of fire): \_\_\_\_\_  
\_\_\_\_\_

12. Are toys segregated by age group? (e.g. are certain toys kept out of reach of children under 2 years old)  Yes  No

13. What is your policy regarding sickness or communicable diseases? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. If a child has any allergies or other medical problems, does the day care centre obtain written instructions from parents?  
 Yes  No If "Yes", does the centre keep a written record of medication, time administered and by whom ?  
 Yes  No \_\_\_\_\_

15. What is your procedure regarding the handling of potentially harmful items? (e.g. paints, cleaning materials, medication, etc.)  
\_\_\_\_\_  
\_\_\_\_\_

16. a) Do employees receive first aid training?  Yes  No  
b) Are emergency phone numbers (e.g. ambulance, poison control) posted beside the telephone?  Yes  No  
c) Are written reports kept of all incidents involving children?  Yes  No If "Yes", attach a copy of your standard report form.

17. What are the rules relative to delivery and pick-up of children, especially when the parents are delayed or otherwise unable to pick up the child?  
\_\_\_\_\_  
\_\_\_\_\_

18. Describe all claims, including outstanding, and fees for the last five years including any accidents, facts, circumstances or allegations which may give rise to a claim:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

19. Who is the current insurer? \_\_\_\_\_ Policy No.: \_\_\_\_\_

20. Has any similar insurance applied for or carried by the Applicant been declined or cancelled by any insurer within the last three years?  Yes  No If "Yes", provide details. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE PROVIDE A COPY OF CONTRACT AND/OR REGISTRATION FORM SIGNED BY PARENTS OR GUARDIAN.**

**THE UNDERSIGNED DECLARES THAT ALL STATEMENTS MADE IN THE QUESTIONNAIRE AND THE INFORMATION CONTAINED IN DOCUMENTS SUBMITTED WITH IT ARE TRUE. SIGNING OF THIS DOCUMENT DOES NOT BIND THE APPLICANT TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THE QUESTIONNAIRE SHALL BE THE BASIS OF THE CONTRACT, SHOULD A POLICY BE ISSUED.**

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Applicant