



Human Services Benefits Company

6750 Alexander Bell Dr., Suite 100□□
 Columbia, MD 21046
 (410) 290-2909
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6. Child Care Facility Questionnaire

Name of organization _____

Human Resources Questions	Executive Director	Facility Manager
Name		
Certificates/Degrees in child care		
Number of years in this position		
Number of years in child care (Attach current resumes)		
Percent of teachers who are degreed _____		Percent of aides who are certified _____

Accident Procedure Questions

Describe the procedures taken in the event a child is injured.

Do you have accident insurance? Yes No

Insurance carrier _____ Policy number _____

Effective date _____ Limits of coverage _____

Facility Questions	1	2
Location Address		
Licensed by the State If no, explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has license ever been revoked? If yes, when? If yes, explain why.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hours of operation		

Enrollment Questions	1	2
Max licensed enrollment capacity		
Current enrollment		
Average number of children per day		
Full time		
Part time		
Ratio of children to teacher		
Age range of children		
Is supervision provided for all activities? If no, which are not supervised?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is organized education provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are disabled or emotionally disturbed children accepted? If yes, describe disabilities	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Playground Questions	1	2
Does the facility have its own playground?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is another playground used?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the playground fenced?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
List all playground equipment.		
Describe ground surface of playground.		
Describe maintenance procedures.		

Field Trip Questions	1	2
Number of field trips per year		
Describe each trip		

Submitter's Contact Information

If this form is being submitted by someone other than the Insured, please provide the submitter's contact information below.

Company Name

Contact Person

Address

Phone

Fax

Email