



CHILD CARE FACILITY QUESTIONNAIRE

- **SEXUAL ABUSE QUESTIONNAIRE REQUIRED IF COVERAGE DESIRED**
- **AUTOMOBILE QUESTIONNAIRE REQUIRED IF TRANSPORTATION PROVIDED**

Church Name: _____

Are you required to be licensed? ☐ Yes ☐ No
If yes, by whom? _____

Does your agency have any other accreditations? ☐ Yes ☐ No
If yes, please list: _____

Does the facility offer formal education? ☐ Yes ☐ No

How many years experience does child care director have? _____

Number of degreed teachers _____ Number of aides _____

Child care facility is licensed for: _____ number of children.

Current enrollment _____ Hours of operation _____

Age of children: Youngest: _____ Oldest: _____ Average Age: _____

Average number of children on a daily basis _____

I. PERSONNEL

1. Do all employees complete job applications? ☐ Yes ☐ No
2. Do all volunteers complete job applications? ☐ Yes ☐ No
3. Are volunteers allowed to work with children? ☐ Yes ☐ No
4. Are background checks performed? ☐ Yes ☐ No
5. Are police records checked? ☐ Yes ☐ No
6. Are education records verified? ☐ Yes ☐ No
7. Does the facility have an orientation program covering all policies & procedures? ☐ Yes ☐ No
8. Is there a review of the state child abuse law? ☐ Yes ☐ No
9. Are employees trained to recognize child abuse? ☐ Yes ☐ No
10. Are teachers trained in emergency procedures? ☐ Yes ☐ No

II. OPERATIONS

- | | |
|--|--|
| 1. Is the facility licensed by the state?
If yes, please explain _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Does the facility comply with local/state regulatory requirements? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Are emergency evacuation drills conducted with the children? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Does the facility have a security system for entry? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Is access into the building limited to doors that are supervised? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Are written security procedures in place for delivery/pick-up of children?
If yes, please explain _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Is child custody pre-established for pick-up and visits? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Are policies and procedures in place for dealing with
injury or illness to the child? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Is someone trained in First Aid and CPR available at all times? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Are there at least two lighted exits from the facility? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 11. Are there heat/smoke detectors in the building? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 12. Are employees encouraged to pick up trip & fall hazards? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 13. Are separate bathroom facilities maintained for each gender? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 14. Do bathroom partitions overly limit supervision? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 15. Are areas susceptible to isolation monitored closely? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 16. Is corporal punishment prohibited? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 17. Is an outdoor playground facility available?
Describe playground equipment _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 18. Is the playground area secured with fencing?
Is fence high enough to prevent lifting a child over it?
Is an employee present at all times in the play area? | <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No |
| 19. Are the children taken on field trips?

How often? _____ How far? _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| What is the child/staff ratio? _____ | |
| 20. Are overnight activities clearly planned and approved by management
with an adequate number of pre-approved staff/volunteers and no single adult
child sleeping. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 21. Is written permission/waiver signed by the parent for trips? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 22. Does the facility prepare hot meals?
If so, does the kitchen facility have an automatic suppression system? | <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No |
| 23. Is cooking performed by children? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

III. CLIENT PROFILE

1. Are there any physically disabled children? ☐ Yes ☐ No
How many? _____

2. Are there any emotionally disabled children? ☐ Yes ☐ No
How many? _____

3. Are there any mentally disabled children? ☐ Yes ☐ No
How many? _____

4. Are any children receiving medication on a regular basis? ☐ Yes ☐ No

How many? _____ Describe _____

How is medication stored and dispensed? _____

COMPLETED BY _____ DATE: _____