

# Benchmark

**MANAGEMENT GROUP, INC.**

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## Public Entity Application Day Care Questionnaire C

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: \_\_\_\_\_