

**DAY CARE CENTRE SUPPLEMENTAL QUESTIONNAIRE**

NOTES: This supplemental questionnaire must be completed in addition to the Specialty Lines Questionnaire.

1. Is the school licensed by a government agency? YES \_\_\_\_\_ NO \_\_\_\_\_  
Hours and days of operation: \_\_\_\_\_

2. Number of children per day: \_\_\_\_\_ Ages of children: \_\_\_\_\_  
Does age group segregate children? YES \_\_\_\_\_ NO \_\_\_\_\_  
Is there parent participation? YES \_\_\_\_\_ NO \_\_\_\_\_

3. Number of supervisors: \_\_\_\_\_  
Qualifications of supervisors: \_\_\_\_\_  
Ratio of qualified staff to children split: under 2 ½ years: \_\_\_\_\_  
over 2 ½ years: \_\_\_\_\_

4. Do all staff have first aid training? YES \_\_\_\_\_ NO \_\_\_\_\_

5. Does a nurse visit the centre? YES \_\_\_\_\_ NO \_\_\_\_\_  
**If "YES", is this a registered nurse?** YES \_\_\_\_\_ NO \_\_\_\_\_  
Who employs the nurse? \_\_\_\_\_  
Briefly explain the duties of the nurse: \_\_\_\_\_

6. Do you dispense or monitor prescribed medications at any location: YES \_\_\_\_\_ NO \_\_\_\_\_  
**If "YES", who dispenses or monitors the prescribed medications and what are their qualifications:**

7. Describe fully all playground equipment and supervision when in use:  
\_\_\_\_\_  
\_\_\_\_\_

What maintenance program is employed for indoor and outdoor play equipment?  
\_\_\_\_\_

8. Are any outside activities planned (eg. field trips, swimming classes)? YES \_\_\_\_\_ NO \_\_\_\_\_  
**If "YES", describe activity, including mode of transportation and supervision:**

9. Provide a contract signed by the parents or guardian.
10. What are the rules for delivery and pickup of children, especially when the parent is delayed or otherwise unable to pick up the child?  
\_\_\_\_\_  
\_\_\_\_\_
11. What is the policy regarding sickness or communicable disease? \_\_\_\_\_  
\_\_\_\_\_
12. What procedures are employed to handle potentially harmful items (e.g. paints, cleaning materials)?  
\_\_\_\_\_  
\_\_\_\_\_
13. Are fire drills held? YES \_\_\_\_\_ NO \_\_\_\_\_
14. Location of nursery premises in context of building (ie. basement exit in case of fire):  
\_\_\_\_\_
15. Is food served? YES \_\_\_\_\_ NO \_\_\_\_\_  
**If "YES", please provide details:**  
\_\_\_\_\_  
\_\_\_\_\_

DATE: \_\_\_\_\_

COMPLETED BY: \_\_\_\_\_ POSITION: \_\_\_\_\_