

## Swim School Questionnaire

Name of Organization \_\_\_\_\_

Website address \_\_\_\_\_ FEIN \_\_\_\_\_

Contact name \_\_\_\_\_

Phone number \_\_\_\_\_ Email address \_\_\_\_\_

### A. Facilities and Operations

1. Indicate number of clients, students or members in each age range:  NA  
 0-5 \_\_\_\_\_ 6-14 \_\_\_\_\_ 15-18 \_\_\_\_\_ 19-62 \_\_\_\_\_

2. Provide all applicable information:

Payroll \_\_\_\_\_ Number of employees \_\_\_\_\_

Revenue \_\_\_\_\_

3. Years under current management \_\_\_\_\_

4. What security measures are in place at your locations?

Alarmed doors  Security cameras  Other \_\_\_\_\_

**Yes No**

5. Do you have any buildings that are more than 50% vacant or unoccupied?

6. Do you have any plans for renovations or new construction during the next 2 yrs?

**If yes, describe** \_\_\_\_\_

7. Are portable heaters used in any buildings?

**If yes, describe type of heater and safety controls** \_\_\_\_\_

8. Do any locations have sprinklers?

**If yes, are all sprinklers either recessed or protected by sprinkler head guards?**

9. Does your organization provide accident insurance for members or clients?

**If yes,** a. Insurance company name \_\_\_\_\_

Policy number \_\_\_\_\_ Policy period \_\_\_\_\_ Limits \$ \_\_\_\_\_

b. Accident insurance:  applies to all members or clients  is optional, at member or clients' expense

### B. Organizations in Business Less than 3 Years

Not Applicable

**Complete this section if your organization has not been in business at least 3 years.**

1. Please list all sources of funding or revenue and amount of funding or revenue for the current fiscal year:

2. What are total projected expenses for the current fiscal year? \$ \_\_\_\_\_

**C. Swim School Exposures**

Not Applicable      Yes      No

**Complete this section if your organization operates a swim school.**

1. Has your facility or part of your facility been inspected by any regulatory or health authority within the past five years?  Yes       No

**If yes**, attach a copy of your most recent inspection.

a. Were any violations or deficiencies found in your most recent inspection?  Yes       No

b. How often are you subject to inspection and by what authority? \_\_\_\_\_

2. How often do you inspect your premises and equipment? \_\_\_\_\_

3. Do you maintain an inspection log to document inspections?  Yes       No

4. Are signs posted throughout the facility indicating how to properly use the equipment?  Yes       No

5. Are ground fault interrupters (GFI) used on all outlets in all wet areas (e.g. showers)?  Yes       No

6. Are all wet areas (e.g. showers, locker rooms, etc.) equipped with slip resistant flooring?  Yes       No

7. Do you require at least one CPR and First Aid certified employee to be on duty at all times?  Yes       No

8. Are there written medical emergency and evacuation procedures in place?  Yes       No

**If yes**, are all employees and contractors trained in emergency procedures?  Yes       No

9. Are incident reports completed and maintained for all injuries, regardless of severity?  Yes       No

10. Do you offer any services where there are not at least two staff members present?  Yes       No

**If yes**, describe services:

11. Is a waiver required to be signed by participant, the parent or guardian of the participant prior to participation in all athletic activities?  Yes       No

**If yes**, has your waiver form been reviewed by legal counsel? Attach copy of waiver.  Yes       No

12. Does your organization offer any of the following additional swim services:

Swim Clubs      total number of registrants \_\_\_\_\_

Swim Team      total number of registrants \_\_\_\_\_

Special Needs Aquatic Program (S.N.A.P.)      total number of registrants \_\_\_\_\_

13. Do you sponsor competitions or teams that participate in competitions?  Yes       No

**If yes**, describe \_\_\_\_\_

*\*Additional Special Event questionnaire may be needed*

14. Does your swimming pool meet Aqua-Tots franchise requirements?  Yes       No

**If yes**, a. Number of pools your franchise owns? \_\_\_\_\_

b. Provide information on all pools below. If more than 3 pools, please provide information on an attachment.

Size, location and description:	POOL 1		POOL 2		POOL 3	
	Yes	No	Yes	No	Yes	No
Indicate number of drains						
Indicate shallow-end depth						
Indicate deep-end depth						
How is depth marked (e.g. painted markers on pool bottom, life line)?						
Slip resistant surfacing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pool chemicals kept in a dry, ventilated, locked storage area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does pool have a pump safety shutoff?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**C. Swim School Exposures *Continued***

Size, location and description:	Yes	No	Yes	No	Yes	No
	POOL 1		POOL 2		POOL 3	
Always a certified lifeguard on duty?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safety equipment easily accessible within the pool area <i>(i.e. hooks, life preservers, kick boards)?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phone in the pool area with emergency phone numbers posted nearby?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Have all pools and spas been equipped with anti-entrapment drain covers or systems? <b>If yes</b> , describe systems installed and date for each pool or spa:					<input type="checkbox"/>	<input type="checkbox"/>

**D. Abuse Sensitive Clients, Members, Students**

Not Applicable      Yes      No

**Complete this section if your organization deals directly with minor clients (under age 18), developmentally or physically disabled clients.**

1. As respects abuse, a. Have any claims been filed or allegations of abuse been made against your organization or anyone working on behalf of your organization? b. Are you aware of any occurrences that could lead to a claim? <b>If yes to above</b> , explain _____			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Does your organization have written policies that require known or suspected abuse incidents be reported to proper authorities?			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Does your organization require at least 2 employees to be with clients at all times, prohibiting all employees and volunteers from being alone with clients? <b>If no</b> , explain _____			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Indicate all employee screening controls used by your organization: <b>Provide the following information:</b>			<b>EMPLOYEES</b>	<input type="checkbox"/> <b>No Employees</b>		
			Yes	No		
a. Written applications required			<input type="checkbox"/>	<input type="checkbox"/>		
b. Picture ID required			<input type="checkbox"/>	<input type="checkbox"/>		
c. Personal interviews conducted			<input type="checkbox"/>	<input type="checkbox"/>		
d. Personal references checked			<input type="checkbox"/>	<input type="checkbox"/>		
e. At least 5 years of employment history verified			<input type="checkbox"/>	<input type="checkbox"/>		
f. Education of professionals verified			<input type="checkbox"/>	<input type="checkbox"/>		
g. Licensing/certification of professionals verified			<input type="checkbox"/>	<input type="checkbox"/>		
<b>Explain any no responses</b>						
5. Indicate all background checks which are conducted: <b>Provide the following information:</b>			<b>EMPLOYEES</b>	<input type="checkbox"/> <b>No Employees</b>		
			Yes	No		
a. No background checks conducted			<input type="checkbox"/>	<input type="checkbox"/>		
b. Name check – local level			<input type="checkbox"/>	<input type="checkbox"/>		
c. Name check – state level			<input type="checkbox"/>	<input type="checkbox"/>		
d. Name check – national level <i>(e.g. using online vendor services)</i>			<input type="checkbox"/>	<input type="checkbox"/>		
e. State level 10-digit fingerprint check			<input type="checkbox"/>	<input type="checkbox"/>		
f. FBI fingerprint check regardless of time person has resided in the state			<input type="checkbox"/>	<input type="checkbox"/>		
g. FBI fingerprint check if person has resided in the state less than 5 consecutive years			<input type="checkbox"/>	<input type="checkbox"/>		
h. FBI fingerprint check – other criteria – describe _____						
i. Description of other screening methods _____						

**D. Abuse Sensitive Clients, Members, Students *Continued***

**Yes No**

6. Are all controls indicated in 4 and 5 above completed prior to:

a. Hiring employee?

b. Employee contact with client?

**Explain any no responses:**

7. Do applications contain a notice that a criminal background check may be run on all candidates?

**If yes**, does application advise applicant that they may be rejected or terminated based on an unacceptable background check?

8. How long are employee records, including record of background checks, retained?

Number of years \_\_\_\_\_  Permanently

**E. Automobile Exposures**

**Not Applicable** **Yes No**

**Complete this section if your organization has submitted non-owned or hired automobile coverage to us.**

1. Do any employees use their personal automobiles on behalf of the organization, either on a daily or weekly basis?

**If yes**, a. Number that have daily or weekly usage of **personal autos**:

Employees \_\_\_\_\_

b. Indicate type of usage:

Errands

Transportation of other people – average number of people transported per week \_\_\_\_\_

c. Does your organization require proof of personal auto insurance on vehicles driven for your organization, at each policy renewal?

d. Does your organization have a minimum requirement for personal auto policy limits?

**If yes**, indicate minimum limits you require \_\_\_\_\_

2. Does your organization run annual MVRs on:

a. Those who drive your autos?

b. Those who drive their personal autos on your behalf?

**Completed by** \_\_\_\_\_

**Date Completed** \_\_\_\_\_