



the accreditation questionnaire (application)

2015 electronic edition
Formatted for Word

INSTRUCTIONS FOR ELECTRONIC FORM COMPLETION

Scroll to the top of page 2. The cursor should already be located at the first field of entry, "*Name of Institution*". Use the "Tab" key to move from field to field ["tab" = forward, "tab + shift" = backward]. Movement from one field to another can also be achieved by placing the cursor on the selected field and clicking the left mouse button. Use the space bar to place [or remove] an "X" in a field box.

ACCREDITATION APPLICATION QUESTIONNAIRE (2015 Edition)

INSTRUCTIONS ~ PLEASE READ CAREFULLY

The 2015 edition of this application may only be used when submitting for deadlines occurring in the year 2015. The 2016 edition will be available in October 2015.

READ THE CURRENT STANDARDS AND THE GUIDE BOOK: To obtain more information on program and policy requirements, or to clarify expectations regarding any subjects or questions contained in this application/questionnaire, please consult the 2015 Edition of the “*Accreditation Standards and Related Policies*” booklet, and the 2015 Edition of the “*Guide to the Accreditation of Zoological Parks and Aquariums*”.

NEW IN THE LAST FIVE YEARS: Items added or revised in the last five years are as follows: **2015:** New: AC-30; Revised: AC-14. **2014:** New: GI-9, GI-11; Revised: AC-7. **2013:** New: AC-14, VC-26, SS-19, SS-40 – 42; Revised: SS-22, SS-27, SS-33 – 39. **2012:** New: S-19, SO-9; Revised: EI-6, F-9, F-10, PF-3, SS-9, SS-32.a, SS-45. **2011:** S-20, M-6, *notation of standards (see bottom of page).

IMPORTANT: To apply for accreditation, institutions **must:** (1) operate based on philosophies and practices considered by AZA as being *modern best practices* of the profession, (2) meet or exceed all AZA accreditation standards and adhere to all AZA policies, and (3) meet all aspects of the definition of a zoological park or aquarium (see page 9 of the 2015 Edition of the “*Guide to Accreditation of Zoological Parks and Aquariums*”).

“Appearing on VC Report form only” NOTATION: This application/questionnaire is numbered to sequentially correspond with the Visiting Committee Report Form provided to the inspection team. However, a single question appearing in this application may have *several* additional, related questions in the Visiting Committee Report Form for inspectors. To avoid the impression that questions in a sequence are erroneously missing from this application, those related questions for inspectors are noted as “*Appearing on Visiting Committee Report form only*”.

BASIC INSTRUCTIONS: (1) Please make sure that the yearly edition of this form (indicated above) matches the year in which you submit your accreditation materials. (2) After assembling this application **keep a copy for your future reference** (supporting materials included) and send **five complete sets** to: Accreditation Programs, AZA, 8403 Colesville Road, Suite 710, Silver Spring, Maryland 20910. (3) When assembling your application **be sure to precisely follow the instructions contained in the section entitled “Assembling The Application Package” appearing on pages 13-15 of the 2015 Edition of the “Guide to Accreditation of Zoological Parks and Aquariums” booklet.** **Improperly assembled or incomplete applications will be returned to the applicant.** Related delays could result in an inability to continue on the processing schedule desired by the applicant.

COMPACT DISC/FLASH DRIVE: This application and its accompanying materials must be submitted on compact disc or flash drive. Please see detailed instructions in the 2015 Edition of the “*Guide to Accreditation of Zoological Parks and Aquariums*”. **Contact the AZA office if you have any questions about this requirement.**

DEADLINES: Those desiring review at the Spring (March) meeting must submit their application materials for receipt by September 1. Those desiring review at the Fall (September) meeting must submit their application materials for receipt by March 1. ***Late applications will not be*** accepted and will *automatically* be scheduled for review at the regularly scheduled meeting *following* the one submitted for. *Missing a deadline will not be considered an acceptable reason for extension of accreditation, and will result in a lapse in accreditation and AZA membership.* ***[NOTE: If the deadline falls on a weekend or holiday, the next regular business day immediately following shall be considered the deadline.]***

FEES: Fees **must** be enclosed with this application as follows: \$3,250 (\$1,750 to cover the non-refundable* filing fee, and an additional \$1,500 as a deposit towards Visiting Committee expenses). *International* applicants located in countries other than Canada and Mexico should enclose \$4,250 (\$1,750 filing fee, and a \$2,500 deposit towards Visiting Committee expenses). **Filing fees are non-refundable once the official review process has started. If an institution withdraws its application before the official review has started, the fee may be refunded.* Checks should be made payable to AZA. A single check is sufficient. **See page 27 for more details.**

***NOTATION OF STANDARDS:** As applicable, the relevant standard(s) is noted immediately following the question. Please note that every question is not necessarily tied to a standard and, conversely, every standard is not necessarily represented by a question. Applicants should be well familiar with standards to ensure full compliance.

Name of Institution Applying For Accreditation: Cosley Zoo

Street Address: 1356 N. Gary Avenue

City: Wheaton State: Illinois Zip+4: 60187-5241

Mailing Address, if different: _____

Institution's Telephone Number: 630-665-5534 Area Code + Fax Number: 630-260-6408

Director's Name: Susan L. Wahlgren

Director's Title (Director, President, etc.): Zoo Director

Director's Phone # or Extension: 630-510-5035 Director's E-mail Address: swahlgren@wheatonparks.org

GENERAL INFORMATION (GI)

GI-1. Approximate size and name of Metropolitan Statistical Area in which your institution is located: 1,000,000

GI-2. Which of the following categories best describes your institution?

- ☒ Zoological Park
- ☐ Aquarium
- ☐ Wildlife Park
- ☐ Oceanarium
- ☐ Combination, specify: _____
- ☐ Other, specify: _____

GI-3. Year institution was founded: 1973 Year first opened to the public: 1974

GI-4. NEW APPLICANTS ONLY: Submit a statement indicating why your institution desires AZA accreditation.

☐ See CD or flash drive ☒ N/A, currently accredited ☐ _____

GI-5. Submit a one- or two-page summary of your institution's history, including dates of major events, renovations, and other important changes.

☒ Institutions History

GI-6. Provide your institution's mission statement. ☒ Institutions Mission ☐ _____

GI-7. Is your institution approved by USDA for importing ruminants (PPEQ)? ☐ Yes ☒ No

GI-8. Provide your institution's USDA Exhibitor License # 33-C-0418

GI-9. Submit at least 10 photographs that best depict your institution on a typical day of operation.

☒ Photographs of a Typical Day of Operation

GI-10. Submit at least 3 photographs that best depict your institution during a typical winter or cold-weather season.

☒ Photographs of a Typical Winter Day ☐ N/A, no significant winter or cold-weather season

ANIMAL CARE, WELFARE, & MANAGEMENT (AC)

AC-1. Is your institution currently in compliance with all relevant local, state, and federal wildlife laws and regulations (e.g., USDA, AWA, etc.)? [1.1.1]

☒ Yes ☐ No

a. If "no", explain in detail: _____

☐ See CD or flash drive

AC-2. Does your institution provide access for all animal care staff to approved AZA Animal Care Manuals (ACMs) specific to animals within your institution? [1.2.1] ☒ Yes ☐ No

a. If "yes", please list the names of the approved ACMs that are being referenced by your staff: AZAs Amphibian Husbandry Resource Guide; The Heron, Ibis, and Hammerhead Advisory Groups Avian Standardized Guidelines; Standardized Animal Care Guidelines for Owls (Strigiformes); The TITAGS Husbandry Data Sheets for Madagascar Hissing Cockroaches and Chilean Rose Hair Tarantulas; AZAs Procyonid Care Manual; AZAs Large Canid Care Manual

☐ See CD or flash drive

☐ N/A, at this time there are no approved ACMs specific to animals within our institution

AC-3. Submit a copy of your Institutional Collection Plan (ICP). [1.3.1] ☒ Institutional Collection Plan

AC-4. How often is your ICP reviewed and updated? [1.3.1] Annually

AC-5. Describe the process used in creating your ICP. [1.3.1]

☒ Process Used in Creating ICP ☐ Statement Provided Here: _____

AC-6. *Appearing on Visiting Committee Report form only.*

AC-7. Submit your institution's most recent animal inventory in taxonomic order, including scientific name and sex. The inventory should cover a 12 month period. (Use the attached format at the end of this document, or an ISIS printout.) [1.4.1, 1.4.2]

☒ Animal Inventory

a. How many animals at your institution are on loan from other institutions? 25 (21 Blanding's Turtles; 3 sheep; 1 cow)

b. How many animals at your institution are on loan to other institutions? 0

c. Who owns your institution's animals? Wheaton Park District

AC-8. Does your institution participate with ISIS? [1.4.8] ☒ Yes ☐ No

a. What percentage of your institution's animals are registered with ISIS? 100%

b. Are all of your institution's holdings of endangered, CITES I, SSP®, and studbook species registered with ISIS?

☒ Yes ☐ No, see list on CD or flash drive

c. Is your institution currently participating in ARKS?

☒ Yes ☐ No ☐ Other: _____

- AC-9. Submit a detailed explanation of the record-keeping system utilized for those animals not registered with ISIS. [1.4.8]
☐ See CD or flash drive ☒ N/A (all animals registered with ISIS)
- AC-10. Submit details on your institution's animal marking system utilized to correspond with animal records. [1.4.3]
☒ Animal Marking System
- AC-11. Other than those specimens registered with ISIS, are animal records duplicated? [1.4.4]
☒ Yes ☐ No
- AC-12. Describe how, and where, records (originals and duplicate sets) are stored [1.4.4]: ISIS records are backed up after any changes or additions. Servers are off-site at a satellite location. All hard copies of records are kept in a fireproof filing cabinet in the visitor center.
- AC-13. Are duplicate records stored in a separate location? [1.4.4]
☒ Yes ☐ No, explain: _____
- AC-14. Has someone been designated as being responsible for your institution's animal record-keeping system? [1.4.6]
☒ Yes, provide name and title: Angie Dosch, Animal Collection Supervisor ☐ No
a. Does at least one member of your institution's staff involved with record-keeping have the proper training (AZA's Institutional Records-Keeping course is one option)? [1.4.9]
☒ Yes, provide name and title: Angie Dosch, Animal Collection Supervisor, Jenny Theuman, Zookeeper ☐ No
- AC-15. Are records current with up-to-date information? [1.4.7] ☒ Yes ☐ No
- AC-16. Submit a copy of your institution's animal acquisitions, transfers, and transitions policy (ATT Policy), including a copy of your institution's animal loan agreement, and animal recipient profile form. [1.3.2]
☒ Animal Acquisitions, Transfers, and Transitions Policy
- AC-17/AC-18. *Appearing on Visiting Committee Report form only.*
- AC-19. Does your institution surplus animals to non-AZA accredited facilities? [AZA's ATT Policy] ☒ Yes ☐ No
a. If "yes", provide a detailed description of how your institution assesses the willingness and ability of the facility to provide adequate care for the animals.
☒ Surplus Animals to non-AZA Accredited Facilities ☐ Statement Provided Here: _____
- AC-20. If your institution maintains elephants, are your facilities and program in compliance with AZA's Standards For Elephant Management and Care (see pages 27 - 54 of the 2015 "Accreditation Standards and Related Policies" booklet)? [1.5.6]
☐ Yes ☐ No, explain: _____ ☒ N/A
- AC-21. If your institution maintains elephants, submit a copy of your elephant management protocols and policy, as outlined in AZA's Standards For Elephant Management and Care (see pages 27 - 54 of the 2015 "Accreditation Standards and Related Policies" booklet). [1.5.6] ☐ See CD or Flash Drive ☒ N/A
- AC-22. Does your institution have an elephant restraining device? [AZA's Standards for Elephant Management and Care]
☐ Yes ☐ No ☒ N/A

- a. If “no”, explain in detail how your institution meets AZA standards of elephant husbandry and management regarding veterinary care and examination, method of restraint, and the ability to safely manage dominance and aggression, or the introduction of a new animal. ☐ See CD or flash drive

AC-23. If your institution maintains elephants, submit a copy of your protocols for training new staff in your elephant management program. [AZA’s Standards for Elephant Management and Care]

☐ See CD or flash drive ☒ N/A

AC-24. If your institution maintains elephants, submit a copy of your elephant behavior profiles for the past 24-months. [AZA’s Standards for Elephant Management and Care]

☐ See CD or flash drive ☒ N/A

AC-25. If your institution maintains elephants, do you have a designated elephant manager? [AZA’s Standards for Elephant Management and Care]

☐ Yes ☐ No ☒ N/A

a. If yes, submit C.V. ☐ See CD or flash drive

b. If no, submit a written explanation of who is charged with direct elephant management and list their responsibilities. ☐ See CD or flash drive ☐ Statement Provided Here: _____

AC-26. Submit a copy of your institution’s USDA inspection report forms (or the equivalent for those not inspected by USDA) for the last five years.

☒ USDA Inspection Reports ☐ N/A

a. If deficiencies were noted during the last inspection, submit a written report on how those items are being/have been corrected.

☐ See CD or flash drive ☒ N/A

AC-27. Are any of your institution’s animals part of an animal training and behavioral display program? [1.5.3, 1.5.4, 1.5.5, 1.6.1]

☒ Yes ☐ No

a. If yes, submit a description of the animal training program that outlines your training philosophy and protocols.

☒ Animal Training Program

AC-28. Do any animals in your institution spend time in a “touch pool” or “petting” environment? [1.5.4, 1.5.5, 11.3.3]

☐ Yes ☒ No

a. If yes, submit your operations protocol detailing recommended exposure times, animal handling policy (pick-up, touch only, etc.), and animal rotation and/or replacement policy.

☐ See CD or flash drive

AC-29. Are hand-washing stations and appropriate signage available and visible in all public animal contact areas? [11.1.2, AZA’s Policy on Animal Contact with the General Public]

☒ Yes ☐ No, explain: _____ ☐ N/A

AC-30. Submit your institution’s written animal handling training protocol required for staff and/or volunteers. [1.5.12]

☒ Animal Handling Training Protocol

AC-31. Does your institution use program animals (animals that are used outside their normal exhibit or holding areas or are intended to have regular, physical contact with the public within their normal exhibits, e.g., contact area with domestic animals, browse feeding programs with giraffes, lorikeet feeding, etc.)? [1.5.3, 1.5.4, 1.5.5]

☒ Yes ☐ No

- a. If yes, submit detailed explanation and your institution's program animal policy (including program animal philosophy and contact policy) detailing recommended exposure times, animal handling policy (pick-up, touch only, etc.), training for animal handlers, and animal rotation and/or replacement policy. This policy should clearly adhere to the AZA approved Program Animal Policy.

☒ Program Animal Protocol ☐ N/A

AC-32. Provide a description of how your institution maintains program animals separately from the rest of the animals (include how housing conditions, and social, physical, behavioral, and nutritional opportunities provided are similar to those provided for exhibit animals). [1.5.4, 1.5.5]

☒ Program Animal Maintenance ☐ N/A

AC-33. Does your institution utilize program animals in off-premises situations (i.e. shopping malls, sporting events, school programs, theatrical productions and/or television appearances, etc)? [1.5.5]

☒ Yes ☐ No

- a. If yes, submit detailed explanation, including list of animals used, a description of who handles the animals and how they are trained, your institution's operations and safety protocols, and institutional procedures to protect the rest of the animals from exposure to infectious agents. ☒ Program Animal Use Off-Premises

AC-34. Does your institution utilize animals for photo opportunities with the public where they have direct contact or could have contact with the animals? [1.5.3, 1.5.4, 1.5.5]

☐ Yes ☒ No

- a. If yes, submit detailed explanation, including list of animals used, a description of who handles the animals and how they are trained, and your institution's operations and safety protocols, and institutional procedures to protect the rest of the animals from exposure to infectious agents. ☐ See CD or flash drive

AC-35 to AC-44. *Appearing on Visiting Committee Report form only*

AC-45. Describe the significant seasonal changes (hot, cold, etc.) your institution is subject to, and how operations are altered as a result. Include special challenges with particular animals, exhibits, and holding areas (if any), and copies of any related protocol. [1.5.7]

☒ Significant Seasonal Changes ☐ N/A, no significant seasonal change in climate

AC-46 to AC-48. *Appearing on Visiting Committee Report form only*

AC-49. Submit a copy of your institution's animal enrichment and training program. [1.6.1]

☒ Animal Enrichment and Training Program

AC-50. Provide the name and title of the person responsible for interdepartmental coordination of the enrichment program. [1.6.2]

Name: Angie Dosch Title: Animal Collection Supervisor

AC-51. If your institution is an aquarium or has significant aquarium facilities, submit a detailed description of the water

quality monitoring program that outlines parameters tested, allowable tolerances, frequency of testing, methods of testing, and data interpretation protocol for each major aquatic system. [1.5.9]

☐ See CD or flash drive ☒ N/A (no significant aquarium facilities)

AC-52. If your institution is an aquarium or has significant aquarium facilities, include a detailed description of how your institution determines that the collection procedures used by outside collectors are not causing environmental damage (reef blasting, cyanide poisoning, etc.), and are done in a sustainable manner. [1.7.1]

☐ See CD or flash drive ☒ N/A (no significant aquarium facilities) ☐ Statement Provided Here: _____

AC-53. If your institution utilizes commercial animal collectors (including aquatic animals), do you have current and complete copies of all of their applicable local, state, federal and/or international permits required to collect the animals purchased? [1.7.2]

☐ Yes, see CD or flash drive ☐ No ☒ N/A

AC-54. In the last five years, have any animals being shipped to or from your institution died or been seriously injured in transport? [1.5.11]

☐ Yes ☒ No

a. If yes, submit a detailed explanation of each event, actions taken during/after each event, changes made in procedure and/or policy as a result of each event, and copies of related correspondence and/or reports to/from the USDA and other agencies as applicable. ☐ See CD or flash drive

AC-55. Submit your institution's written animal handling training protocol. [1.5.12]

☒ Program Animal Protocols

AC-56. Does your institution utilize temporary, seasonal, or traveling live animal exhibits? [1.5.10]

☐ Yes ☒ No

a. If yes, submit a list of the exhibits used by your institution within the last five years, including a brief description of each exhibit, and your institution's protocol for oversight of such exhibits.

☐ See CD or flash drive

AC-57. Does your institution have an Animal Welfare Process that allows staff members to report animal welfare concerns to their supervisors in a non-judgmental environment following a clearly identified protocol? [1.5.8]

☒ Yes ☐ No

a. If yes, please provide supporting documentation (e.g., committee members, meeting minutes, inspection reports, individual complaints, etc.) to illustrate the functioning of the process and the committee overseeing the process.

☒ Animal Welfare Process

AC-58. NOT AZA-ACCREDITED ONLY: Does your institution permit hunting of captive wildlife? If yes, submit a detailed explanation.

☐ Yes, see CD or flash drive ☐ No ☒ N/A, Currently Accredited

AC-59. NOT AZA-ACCREDITED ONLY: Does your institution utilize auctions, the pet industry, or hunting ranches for the disposal of captive wildlife? If yes, submit a detailed explanation.

☐ Yes, see CD or flash drive ☐ No ☒ N/A, Currently Accredited

VETERINARY CARE (VC)

VC-1. Does your institution employ a full-time veterinarian? [2.1.1] ☐ Yes ☒ No

- a. If no, describe your institution's veterinary program, including the number of visits and the veterinarian's formal agreement.

☒ Veterinary Contract

VC-2. In the event of an emergency, what is the response time when the veterinarian is off the premises (i.e., distance between office/residence and facility)? [2.1.1] 10 minutes

VC-3. Are the specific controlled narcotic drugs Carfentanil, M99, or M50-50 utilized by your institution? [2.2.1]

☐ Yes ☒ No

If yes, please provide the following information:

- a. Submit your institution's written protocol regarding the use of Carfentanil, M99, or M50-50, including emergency procedures when a licensed veterinarian is not present.

☐ See CD or flash drive

- b. Is a U.S. Government Class V security container or equivalent utilized for the storage of Carfentanil, M99, or M50-50? ☐ Yes ☐ No

- c. Name of licensee(s): _____

VC-4. Are other controlled substances utilized by your institution? [2.2.1] ☐ Yes ☒ No

- a. If yes, please submit your institution's written protocol which lists those staff members authorized to administer controlled drugs, the situations in which they are authorized to do so, and all related safety and emergency protocols.

☐ See CD or flash drive

VC-5. Does your institution maintain complete medical records on all animals in the institution? [1.4.7]

☒ Yes ☐ No, explain: _____

VC-6. Is capture equipment (animal restraint) kept on the premises? [2.3.1] ☒ Yes ☐ No

- a. Submit your protocols for animal restraint and capture (including aquatic animals).

☒ Animal Restraint and Capture Protocol ☐ N/A

b. List staff members by title who are trained in the use of capture equipment: Zoo Director, Animal Collection Supervisor, FT Zookeepers (2), PT Zookeepers (10)

VC-7. Is chemical capture equipment kept on the premises? [2.3.1] ☒ Yes ☐ No

- a. If yes, where is equipment stored? Safe in visitor center
b. If yes, who is trained? Zoo Director, Animal Collection Supervisor, Zookeeper
c. Is capture equipment, including chemical, available to authorized personnel at all times?

☐ Yes ☒ No, explain: Equipment is available on premises. Chemicals are available from the veterinary clinic and would either be delivered or picked up as needed.

VC-8. Is there a program for regular disposal (or removal and separate storage) of outdated animal drugs? [2.2.1]

☒ Yes ☐ No

VC-9. Submit your institution's preventative animal medicine protocol. [2.4.1]

☒ Preventative Animal Medicine Protocol

VC-10/VC-11. *Appearing on Visiting Committee Report form only.*

VC-12. Is a post-mortem examination (necropsy) performed on every individual animal mortality? [2.5.1]

☐ Yes, provide name(s) of those performing necropsies: _____

☒ No (submit a statement describing which animals are not examined and why, and an estimate of the percentage of animals which are given a post-mortem examination.)

☒ Necropsy Protocol ☐ Statement Provided Here: _____

VC-13 to VC-15. *Appearing on Visiting Committee Report form only.*

VC-16. If your institution is an aquarium or has significant aquarium facilities, does your institution comply with the agreement between the Food and Drug Administration (FDA) and the AZA for accredited institutions with regard to the use of drugs in fishes/at public zoos and aquariums? [2.2.2]

☐ Yes ☐ No ☒ N/A (no significant aquarium facilities)

VC-17. Submit a description of your institution's quarantine facilities. [2.7.1]

☒ Quarantine Facilities ☐ N/A (no quarantine facilities) ☐ Statement Provided Here: _____

VC-18. *Appearing on Visiting Committee Report form only.*

VC-19. Attach a copy of your institution's quarantine procedures. [2.7.2]

☒ Quarantine Procedures ☐ N/A (no quarantine procedures)

VC-20. *Appearing on Visiting Committee Report form only.*

VC-21. Attach a description of your institution's animal food nutrition, acquisition, and preparation program which addresses nutritional philosophy, acquisition policy (from well managed or sustainable sources or fisheries), quality assurance, and control, storage, inventory, and stock rotation. Include most recent food analysis report. [Include your institution's basic policy, list where your institution obtains supplies, brands used, etc.] [2.6.2]

☒ Nutrition Protocol

VC-22/VC-25. *Appearing on Visiting Committee Report form only.*

VC-26. Does your institution use browse as part of the diet or enrichment for the animals? [2.6.3]

☒ Yes ☐ No

- a. If yes, list the name and qualifications of the individual responsible for oversight of the browse program:
Angie Dosch, Animal Collection Supervisor. BA degree in Environmental Science which included multiple plant based classes. For additional expertise, Angie can consult with the Wheaton Park District Horticulturist.

☐ N/A

- b. If yes, submit a description of how browse items are identified and reviewed for safety, including how your

institution ensures that the animals are not exposed to toxic plants in and around their exhibits.

☒ Browse Identification ☐ N/A

VC-27/VC-28. *Appearing on Visiting Committee Report form only.*

CONSERVATION (C)

C-1. *Appearing on Visiting Committee Report form only.*

C-2. Submit a copy of your institution's written conservation action plan/strategy. [3.2.1]

☒ Conservation Action Plan

a. Describe your institution's programs for energy and natural resource conservation, as outlined in your institution's written conservation action plan/strategy. [3.2.1]

☒ Programs for Energy and Natural Resource Conservation ☐ Statement Provided Here: _____

C-3. Describe how you evaluate the effectiveness of your institution's conservation efforts. [3.2.2]

☒ Evaluation of Conservation Efforts ☐ Statement Provided Here: _____

C-4. List your institution's involvement in all Species Survival Plans (SSPs), Taxon Advisory Groups (TAGs), Science Advisory Groups (SAGs), Conservation Action Partnerships (CAPs), Field Conservation Committees (FCCs), and other cooperative conservation programs with similar institutions. [3.2.1, 3.3.1, 3.3.2, 3.3.3, 3.3.4]

☒ Institution's Involvement in all SSPs, TAGs, SAGs, CAPs, FCCs and other programs

C-5 to C-7. *Appearing on Visiting Committee Report form only.*

C-8. Provide a list of the types of conservation initiatives your institution, staff, and governing authority participate in (e.g., educational programs/materials that increase public awareness on the importance of preserving ecosystems, training programs that provide field experiences, programs that aid the transfer of relevant technology for use in the field, programs that purchase land or contribute funds to establish reserves, field research programs, and development of economic incentives to preserve the ecosystem.) Include information on local, regional, state/province, academic, national, and international activities. [3.2.1, 3.3.3, 3.3.4]

☒ Types of Conservation Initiatives your Institution, Staff and Governing Authority Participate in

C-9/C-10. *Appearing on Visiting Committee Report form only.*

C-11. If your institution maintains elephants, provide a written description of how your institution contributes to research and conservation of elephants in captivity or the wild. [AZA's Standards for Elephant Management and Care]

☐ See CD or flash drive ☒ N/A ☐ Statement Provided Here: _____

EDUCATION AND INTERPRETATION (EI)

EI-1. *Appearing on Visiting Committee Report form only.*

EI-2. Provide the name and title of the person responsible for coordinating/directing the educational activities for your institution. [4.2.2]

Name: Tamra Romejko Title: Education Supervisor

- a. Is this person: ☒ Full-time paid staff ☐ Part-time paid staff

EI-3. Check the types of educational activities conducted by your institution:

- | | |
|---|--|
| <input checked="" type="checkbox"/> School programs (on-site) | <input checked="" type="checkbox"/> Teacher training programs |
| <input checked="" type="checkbox"/> School programs (off-site) | <input checked="" type="checkbox"/> Travel/Field program |
| <input checked="" type="checkbox"/> Youth programs | <input checked="" type="checkbox"/> Interpretive demonstrations |
| <input checked="" type="checkbox"/> Classes for individuals or families | <input checked="" type="checkbox"/> Programs targeted at underserved audiences |
| <input type="checkbox"/> Lecture series | <input type="checkbox"/> Distance learning |
| <input type="checkbox"/> Radio/TV programs | <input checked="" type="checkbox"/> Internships |
| <input type="checkbox"/> Film Series | <input checked="" type="checkbox"/> Other, specify: Scouts (on and off-site), |

Libraries (off-site), Park Districts (on and off-site), Senior programs (on and off-site), overnights

EI-4. Submit a brief description of your institution's conservation and education messages and describe how they were developed and how they relate to your institution's overall mission. [1.1.1, 4.2.1]

☒ Conservation and Education Messages

EI-5. How many and what types of classes or programs were taught on your institution's grounds in the last 12 months?

☒ Program Numbers ☐ Statement Provided Here: _____

EI-6. Submit a copy of your institution's written education plan. [4.2.1]

☒ Education Plan

EI-7. Submit a brief description of how your institution has assessed the programming needs of visitors (e.g. internal, external, multi-cultural, visitors with special needs) and how these needs are addressed by your institution's educational programs (e.g. formal, informal, on-site, off-site, etc.) [4.3.2]

☒ Assessing Program Needs ☐ Statement Provided Here: _____

EI-8. Does your institution have educationally focused collaborative partnerships with local/national groups (universities/colleges, nature centers, conservation organizations, museums, governmental agencies, etc.) [4.2.3]

☒ Education Partnerships ☐ No ☐ Statement Provided Here: _____

EI-9. Describe how your institution's educational programs (i.e., keeper talks, fee programs, animal encounters, exhibits, etc.) are evaluated. Also include how this evaluation measures both the program satisfaction as well as the impact of the programs on visitors or participants. [4.3.1]

☒ Program Evaluation ☐ Statement Provided Here: _____

EI-10. Describe your institution's overall interpretive program. Please include the scope and philosophy for exhibit interpretation and development, interpretive signage, docent carts, keeper talks, shows etc. [4.3.3]

☒ Institution's Overall Interpretive Program

EI-11. Are docents/volunteers utilized in your institution's education programs? [7.10]

☒ Yes: number of volunteers: 51 year-round; 250 for fundraising events In what capacities? Special event prep and implementation, program prep, interpretive demonstrations

☐ No

EI-12. Is there a library available for staff members to use? [4.2.4]

☒ Yes ☐ No

- a. If "yes", total number of volumes: 542
- b. If "yes", is the library available to the general public? ☐ Yes ☒ No

EI-13. Do staff members have access to the Internet on institution grounds? [4.2.4]

☒ Yes, explain: All supervisory and education staff have their own PC. The remainder of the staff (keepers, maintenance, etc.) have access to shared PC's in their respective areas. ☐ No, explain: _____

RESEARCH (R)

- R-1. Does your institution have a formal research department? ☐ Yes ☒ No
- R-2. Provide the name and title of the person responsible for coordinating the research program. [5.1]
Name: Angie Dosch Title: Animal Collection Supervisor
- R-3. Did your institution undertake, collaborate on, or support formal research projects during the last three years? [5.3]
☒ Yes ☐ No
- a. If yes, attach a list and a description. ☒ Formal Research Projects ☐ Statement Provided Here: _____
- R-4. *Appearing on Visiting Committee Report form only.*
- R-5. Are the results of research projects published or otherwise disseminated to the professional and scientific community? If yes, attach list (last five years). [5.3]
☐ Yes, see CD or flash drive ☐ No ☒ Statement Provided Here: The study, "Wild Cat Conservation Needs: A Comparative Analysis of Public Perception" was published by the Feline Conservation Federation, Volume 57, Issue 1, January/February 2013, the AAZK Forum, December 2013, and the Felid TAG Times, February 2015.
- R-6. Does your institution have plans for future research projects? If yes, attach list.
☒ Future Research Projects ☐ No ☐ Statement Provided Here: _____
- R-7. Does your institution have a formal research policy? [5.2]
☒ Research Protocol ☐ No
- R-8. Does your institution have a formal committee to review and monitor research activities? ☒ Yes ☐ No
- a. If yes, attach a list of committee members and a description of the committee's responsibilities and activities.
☒ Research Committee
- R-9. Does your institution have an Animal Care and Use Committee? ☒ Yes ☐ No
- a. If yes, submit an explanation regarding its function, members, etc.
☒ Animal Care and Use Committee

GOVERNING AUTHORITY (GA)

GA-1. Is your institution operated or directly maintained by a parent institution, society, business, organization, or

agency?

☒ Yes ☐ No

a. If yes, please provide name and address for the parent organization: Wheaton Park District, 855 Prairie Avenue, Wheaton, IL 60187

GA-2. Select the best description of your institution's governing authority (Governing Authority: agency/organization which ultimately sets policy, owns assets, including the animals and installations, but not necessarily the buildings and grounds.)

- | | |
|---|--|
| <input type="checkbox"/> Municipal Government | <input type="checkbox"/> College or University |
| <input type="checkbox"/> County Government | <input type="checkbox"/> Society |
| <input type="checkbox"/> State Government | <input type="checkbox"/> Nonprofit organization or corporation other than above administered in the public interest |
| <input type="checkbox"/> Federal Government | <input type="checkbox"/> Company, business, or corporation organized for profit |
| <input checked="" type="checkbox"/> Park or Recreational District | <input type="checkbox"/> Individual operation (an individual or partnership owns the operation, is responsible for it, and receives any profits which may accrue to it.) |
| <input type="checkbox"/> Public School District | <input type="checkbox"/> Other, specify: _____ |

GA-3. If other than governmentally operated, submit a copy of your institution's constitution, charter & bylaws, or similar documents which indicate your operating purposes. [6.1]

☐ See CD or flash drive ☒ N/A (governmentally operated)

GA-4. Submit a list of the names, years of appointment, and terms of service for the members of your institution's governing body.

☒ Governing Body

GA-5. Provide the name and address of the chairman of your institution's governing authority. (If this position is filled annually, please advise AZA when a change occurs.)

Name: John Kelly
Street Address: 21 Christina Circle
City State: Wheaton, IL Zip+4: 60189

☐ N/A, the institution has no governing authority

GA-6. Provide a brief description regarding the working relationship between the governing authority and your institution. [6.1, 6.2, 6.3, 6.4, 6.5]

☒ Working Relationship Between Governing Authority and Institution ☐ Statement Provided Here: _____

GA-7/GA-8. *Appearing on Visiting Committee Report form only.*

GA-9. Are appropriate decisions expressly delegated to the zoo/aquarium staff? [6.3, 6.4] ☒ Yes ☐ No

Comments: _____

GA-10 to GA-12. *Appearing on Visiting Committee Report form only.*

GA-13. Is your institution's chief executive officer given an opportunity to participate in meetings of the governing authority? [6.6]

☒ Yes ☐ No

GA-14. *Appearing on Visiting Committee Report form only.*

GA-15. Provide the following information regarding the structure of the governing authority:

Maximum number serving: 7

How are vacancies filled?: By election or appointment of the board of commissioners

Do officers change on a regular basis? ☒ Yes ☐ No

Are there ex-officio members of the board? ☐ Yes ☒ No

STAFF (S)

The salary portion of this questionnaire will be regarded as highly confidential and will be reviewed only by the Primary Reviewer assigned by the Accreditation Commission and the Visiting Committee.

S-1. Submit a list of all staff members and their titles. State full or part-time **AND** include the annual salary for full-time staff. [NOTE: *if an institution does not wish to place salary information on the electronic CD or flash drive, it may provide this information in hardcopy in a sealed envelope placed inside the sleeve of the application binders*]. [7.3, 7.4]

☒ Staff Members and Their Titles ☐ Hard copy in sealed envelope in binder

NOTE to "for profit" operations only. If you cannot submit exact salaries, please provide salary ranges for each full-time staff position **or** indicate that the complete salary information will be made available to the visiting committee for review during the inspection.

☐ **Salary Ranges are:** ☐ On CD or flash drive ☐ Hard copy in sealed envelope in binder

☐ **Salary information will be made available on site**

S-2. Are current job descriptions for all staff on file at your institution? ☒ Yes ☐ No

S-3. *Appearing on Visiting Committee Report form only.*

S-4. Submit a curriculum vitae for each member of your institution's senior/administrative staff (i.e., chief executive officer, assistant director, operations manager), your animal care staff (i.e., curators, section managers, veterinarians, etc.), and other staff members with responsibilities for operational functions (dive safety manager, etc., if applicable). (Note: Please include c.v. for the veterinarian regardless of whether full-time, part-time, or consulting.)

☒ Curriculum Vitae

S-5. Submit a copy of your institution's organizational chart. ☒ Organizational Chart

S-6 to S-9. *Appearing on Visiting Committee Report form only.*

S-10. Provide details regarding your institution's employee in-service training program, including how often it is conducted and by whom, and if all staff are required to participate. Also include details regarding all outside training opportunities available to staff, and the availability of training to qualify staff for management positions. [7.5]

☒ In-service Training Program

S-11. *Appearing on Visiting Committee Report form only.*

S-12. Does your institution use volunteers? [7.10]

- ☒ Yes: number of volunteers: 301 In what capacities? Animal Care, Education, Guest Services, Special Events
☐ No

S-13. Is there a structured program to recruit, interview, train, recognize, and evaluate the performance of volunteers? If yes, submit a brief description of the program. [7.10]

- ☐ No ☒ Volunteer Program ☐ Yes, Statement Provided Here: _____

S-14. Provide the name and title of the person responsible for coordinating the activities of the volunteers [7.10]:

Name: Angie Dosch; Tamra Romejko Title: Animal Collection Supervisor; Education Supervisor

S-15. *Appearing on Visiting Committee Report form only.*

S-16. Provide a list indicating staff involvement in AZA and other professional organization activities. [7.7]

- ☒ Professional Organizations ☐ Statement Provided Here: _____

S-17. *Appearing on Visiting Committee Report form only.*

S-18. Do all staff members have access to and knowledge of the AZA Accreditation Standards? [7.8]

- ☒ Yes ☐ No

a. If yes, have they been provided an opportunity to discuss the accreditation process? ☒ Yes ☐ No

S-19. Does leadership review AZA standards and related policies at least annually to stay current and ensure compliance? [7.8]

- ☒ Yes ☐ No

a. Is a staff member or team assigned to periodically inspect your institution for continued compliance with AZA standards?

- ☒ Yes ☐ No

b. If yes, name of individual or team captain: Susan Wahlgren, Zoo Director

S-20. Does your institution have a staff diversity statement or program? [7.9] ☐ Yes ☒ No

S-21. AZA-ACCREDITED INSTITUTIONS ONLY: Is your institution's CEO/Director currently an AZA Professional Fellow in good standing? [7.11]

- ☒ Yes ☐ No, please explain: _____ ☐ N/A (not currently accredited)

SUPPORT ORGANIZATION (SO)

NOTE: If your institution has more than one support organization, please submit information for each.

SO-1. Does your institution have a support organization? ☒ Yes ☐ No (If no, skip to next section, *Finance*.)

a. If yes, indicate the name(s) and year(s) formed. Cosley Foundation, Inc. Established 1985

b. Number of memberships 346, representing # 1248 individuals.

c. If the support organization does not handle your institution's membership, please explain how your

institution's membership is handled: _____

☐ See CD or flash drive

SO-2. Briefly describe benefits to members: Free admission; reciprocity with 175 other institutions; discounts in the gift shop, concessions and seasonal fundraisers (pumpkins/Christmas trees); newsletter; gift; discounts on all zoo programs and facility rentals.

SO-3. List membership fees: \$39 (individual)/\$59 (family)/\$79 (family plus one named individual)/\$99 (family plus one unnamed individual)

SO-4. Submit a copy of the support organization's most recent audited financial statement, if other than your institution's governing authority. ☒ Support Organizations Audited Financial Statement

SO-5. Submit the support organization's bylaws. ☒ Support Organizations By-laws

SO-6. Provide your support organization's stated purposes.

☒ Support Organizations Stated Purposes ☐ Statement Provided Here: _____

SO-7. *Appearing on Visiting Committee Report form only.*

SO-8. If the support organization is not a governing entity, is the relationship between it and your institution mutually agreed upon and observed? [8.2]

☒ Yes ☐ No

SO-9. Submit a copy of your institution's formal agreement with the support organization. [8.3]

☒ Institution's Formal Agreement with the Support Organization

SO-10. *Appearing on Visiting Committee Report form only.*

SO-11. Does the CEO of the support organization recognize your institution's CEO as having the overall authority for the management of the institution and its programs? [8.1]

☒ Yes ☐ No

SO-12. Does the support organization have any direct responsibility for any portion of your institution's operation? [8.1]

☒ Yes ☐ No

a. If yes, briefly describe: While the Cosley Foundation does not manage or staff operations, they do financially support the operation of both the gift shop and concessions operations. The foundation also contributes a small amount of funding for general operating expenses.

SO-13. Does the support organization participate in fund-raising activities? ☒ Yes ☐ No

SO-14. *Appearing on Visiting Committee Report form only.*

SO-15. What other activities are sponsored by the support organization?: The foundation sponsors membership (and it's related activities), Live at the Zoo, Run for the Animals, Mike Williams Cosley Classic Golf Outing, Pumpkin Fest and the Festival of Lights and Christmas tree sales.

FINANCE (F)

The finance portion of this questionnaire will be regarded as highly confidential and be reviewed only by the Accreditation Commission and Visiting Committee.

F-1. Briefly describe your institution's admission policy and fees: Adults and seniors 18+ years are charged an admission fee unless they are residents of the Wheaton Park District. All children and residents residing within Wheaton Park District boundaries are free of charge.

Adults: 5.00

Children: Free

Senior Citizens: 4.00

Free: Children under 17 years and Wheaton Park District residents

F-2. Provide the last five years' attendance figures:

	Year	Total
a.	<u>2010</u>	<u>115,450</u>
b.	<u>2011</u>	<u>114,030</u>
c.	<u>2012</u>	<u>126,602</u>
d.	<u>2013</u>	<u>134,159</u>
e.	<u>2014</u>	<u>149,934</u>

F-3. Does your institution meet all state and federal laws regarding financial reporting and auditing?

☒ Yes ☐ No, explain: _____

F-4. Submit a copy of your institution's most recent annual operating budget (and audited financial statement, if one exists) and include sources of funding. [9.1]

☒ Institutions Operating Budget and Audited Financial Statement

a. Submit your institution's total budget figures for the last five years:

	Year	Total
1.	<u>2010</u>	<u>1,158,574</u>
2.	<u>2011</u>	<u>1,208,649</u>
3.	<u>2012</u>	<u>1,138,915</u>
4.	<u>2013</u>	<u>1,192,934</u>
5.	<u>2014</u>	<u>1,235,775</u>

Comments : _____

F-5/F-6. *Appearing on Visiting Committee Report form only.*

F-7. Submit your institution's written contingency plan in the event of financial difficulties. [9.5]

☒ Written Financial Contingency Plan

F-8. Does your institution have liability insurance coverage for [9.3]: ☒ visitors, ☒ governing authority, ☒ staff,

☒ society, ☒ volunteers, ☒ the animals, ☒ the physical facilities? [check those that apply]

☐ No coverage, explain: _____

F-9. Submit a list of new facilities added/capital improvement projects, and major repairs and replacements undertaken in the last five years. [9.4, 10.1.2]

☒ New Facilities Added/Capital Improvement Projects ☐ Statement Provided Here: _____

F-10. List those major projects planned over the next five-year period (capital improvements, and major repairs and replacements), including anticipated sources of funding. [9.4, 10.1.2]

☒ Major Projects Planned Over the Next Five-Year Period ☐ Statement Provided Here: _____

F-11. If it is not clear in your institution's financial statements, please provide the amount budgeted (and percent of total

budget) for staff development (conferences, continuing education, special training, and seminars). [7.5]
\$4,500/.04%

F-12. Please provide the amount budgeted (and percent of total budget) for facility maintenance. [9.4, 10.1.2]
\$229,497/18.6%

PHYSICAL FACILITIES (PF)

PF-1. Total area of your institution:

- a. Total acreage of institution: 7.9
- b. Total acreage currently being utilized: 7.0
- c. Total buildings square footage: 22,538
- d. Total volume of water managed: 120,580 gallons
- e. Total number of aquatic exhibits: N/A ranging in size from _____ gal. (smallest), to _____ gal. (largest).

PF-2. Who owns your institution's buildings and grounds?: Wheaton Park District

PF-3. Please indicate which of the following are available on your institution's grounds:

- ☒ Holding facilities
- ☐ Laboratory
- ☒ Animal Hospital
- ☒ Quarantine facilities
- ☒ Isolation facilities
- ☐ Major surgery room
- ☒ Minor surgery room
- ☒ Necropsy room

PF-4. Submit a description of your institution's maintenance program for exhibits, buildings, grounds, and equipment. [10.1.2, 10.2.1]

☒ Maintenance Program ☐ Statement Provided Here: _____

PF-5. Does your institution own or operate a branch zoological park, aquarium, off-premises breeding facility, or other animal holding facilities?

☐ Yes, description: _____ ☒ No

PF-6. Your institution's hours of operation:

	Grounds	Buildings
Winter:	<u>9am-4pm</u>	<u>9am-4pm</u>
Summer:	<u>9am-5pm</u>	<u>9am-5pm</u>
Days Closed:	<u>Thanksgiving; Christmas Day; New Year's Day</u>	

PF-7. to PF-16. *Appearing on Visiting Committee Report form only.*

PF-17. Is your institution equipped with emergency life support systems for the animals? [10.2.1]

☐ Yes ☒ No ☐ N/A

- a. If yes, submit a brief description of your emergency system for the species in question, including details on the alarm system for flood and low water detection.

☐ See CD or flash drive

PF-18. If your institution is an aquarium or has significant aquarium facilities, submit a detailed description of the operation of the water circulation system, life support systems, and water supply. Include the following in your

description: open- or closed-system? If open-system, does your institution possess a current NPDES permit or exemption? If open-system, how does your institution prevent the unintentional release of exotic species? If open-system, how does your institution avoid discharging chemicals into the environment? If closed-system, what are the re-circulation turnover rates? If closed-system, please provide detailed information. If either, how is filter backwash water disposed of? [10.2.1]

☐ See CD or flash drive ☒ N/A

PF-19/PF-20. *Appearing on Visiting Committee Report form only.*

SAFETY/SECURITY (SS)

SS-1. *Appearing on Visiting Committee Report form only.*

SS-2. Are first-aid stations readily available to your staff and the visiting public? [11.2.3] ☒ Yes ☐ No

SS-3. How many staff members are trained in first-aid? [11.2.3] All year-round PT/FT staff - 25

a. If none, how are these needs being met for staff and visitors? _____

SS-4. How many staff members are trained in CPR? [11.2.3] 25

a. If none, how are these needs being met for staff and visitors? _____

SS-5. Are formal first-aid/CPR training programs available for staff? [11.2.3] ☒ Yes ☐ No

SS-6. Are staff required to participate in continuing first-aid/CPR training? [11.2.3] Yes - annually

SS-7. Does your institution have an automated emergency defibrillator (AED)? [11.2.1] ☒ Yes ☐ No

a. If yes, is training provided to appropriate staff? ☒ Yes ☐ No

SS-8. Does your institution provide training and procedures regarding common zoonoses for employees and volunteers who handle animals in order to recognize signs and symptoms of such zoonotic diseases? [11.1.2]

☒ Yes ☐ No, explain: _____

SS-9. Submit a copy of your institution's employee occupational health and safety program, as described in the explanation appearing under standard 11.1.3. [11.1.3]

☒ Employee Occupational Health and Safety Program

SS-10. Submit a copy of your institution's Risk Management or Safety Audit Plan. [11.4.1]

☒ Risk Management Plan and Safety Audit

SS-11. Does your institution have an active, in-house safety committee? ☒ Yes ☐ No

SS-12. Are Safety Data Sheets (SDS) made available to all employees? [11.1.5] ☒ Yes ☐ No

SS-13. Does your institution have a written procedure and training program for the handling, storage, and disposal of toxic/hazardous materials, including biohazardous materials? [11.1.4]

☒ Toxic/Hazardous Materials ☐ No

SS-14. *Appearing on Visiting Committee Report form only.*

SS-15. Does your institution allow staff to work free contact or enter enclosures with any potentially dangerous animals

(e.g., adults of the following groups: large carnivores, large reptiles, medium to large primates, large hoofstock, killer whales, sharks, venomous animals, and others, etc.)? [11.4.1, 11.5.3]

☐ Yes (list the species and reason(s), and include your assessment and mitigation of any potential risk): _____ ☐ See CD or flash drive

☒ No

SS-16. Does this practice take place in public view? ☐ Yes, explain in detail: _____ ☐ No ☒ N/A

SS-17. Submit a copy of your institution's written protocol in the event of an injury by a venomous animal or an attack by a potentially dangerous animal (e.g., adults of the following groups: large carnivores, large reptiles, medium to large primates, large hoofstock, killer whales, sharks, venomous animals, and others, etc.). [11.5.2, 11.5.3]

☐ See CD or flash drive ☒ N/A

SS-18. Have there been any major injuries to staff or the general public caused by a venomous or potentially dangerous animal in the last five* years? [*NOTE: in the last *ten* years for institutions that are not currently accredited.] [11.5.3]

☐ Yes, submit an explanation of the event, actions taken during/after the event, changes made in procedure and/or policy as a result of the event, etc. ☐ See CD or flash drive

☒ No

SS-19. Submit copies of records and evaluation reports for alarm system drills for venomous and/or dangerous animal bite/attack/escape conducted at the institution in the last five years. [11.5.2] ☒ See CD or flash drive

SS-20. *Appearing on Visiting Committee Report form only.*

SS-21. Are all animal exhibits and holding areas sufficiently secured to prevent unintentional animal egress? [11.3.1]

☒ Yes ☐ No, explain in detail: _____

SS-22. Submit your institution's written procedure and recapture plan in the event of an animal escape. [11.2.4, 11.2.5]

☒ Animal Escape Procedure

a. Have there been any major animal escapes in the last five years?

☐ Yes, submit an explanation of each event, actions taken during/after the event, changes made in procedure and/or policy as a result of the event, etc. Be sure to note whether tranquilization or veterinary treatment of an animal, or medical treatment of a human being was required.
☐ See CD or flash drive

☒ No

SS-23/SS-24. *Appearing on Visiting Committee Report form only.*

SS-25. Submit copies of other written emergency procedures, including those for natural and human disaster/emergency (fire, bomb threat, weather/environment, injury to staff or visitor, etc.). [11.2.4, 11.2.5]

☒ Written Emergency Procedures

a. Have any major emergencies involving natural/human conditions occurred in the last five years which have resulted in an extended closing of the institution for repairs?

☐ Yes, submit an explanation of the event, actions taken during/after the event, changes made in procedure and/or policy as a result of the event, etc. ☐ See CD or flash drive ☒ No

- SS-26. Are staff members aware of all emergency procedures? [11.2.4] ☒ Yes ☐ No
- SS-27. Submit copies of records and evaluation reports for the four basic types of live-action emergency drills conducted at your institution for the last five years (fire; weather/environment appropriate to the region; injury to staff or a visitor; animal escape). [11.2.5] ☒ See CD or flash drive
- a. Is a staff member or team responsible for ensuring that all drills are conducted annually and in accordance with standards?
- ☒ Yes ☐ No
- b. If yes, name of individual or team captain: Susan Wahlgren, Zoo Director
- SS-28. Are staff members and volunteers aware of the location of all fire extinguishers and alarms? [10.2.2, 11.2.2]
- ☒ Yes ☐ No
- SS-29. Are staff members and volunteers trained in the use of fire extinguishers? [11.2.2] ☒ Yes ☐ No
- SS-30. *Appearing on Visiting Committee Report form only.*
- SS-31. Does your institution use either ozone or hypochlorite (chlorine)?
- ☐ Yes, briefly explain: _____
- ☒ No ☐ N/A
- a. If yes, submit your institution's policy for safely handling and storing these and any toxic chemicals to ensure employee safety, animal well being, and environmental protection.
- ☐ See CD or flash drive
- SS-32. Is your institution required to have a confined space entry program (ozone towers, large filters)? If yes, submit copy of protocol.
- ☐ Yes, see CD or flash drive ☒ No ☐ N/A
- SS-33. Does your institution have a lock-out/lock-in program for conducting major maintenance on machinery? If yes, submit copy of protocol.
- ☒ Lock-out/Tag-out Program ☐ No ☐ N/A
- SS-34. Does your institution have ground fault interrupt (GFI) electrical service supplying all wet environments, aquatic exhibits, and associated service areas? [11.3.4]
- ☒ Yes ☐ No
- SS-35. Does your institution utilize underwater diving with compressed air (SCUBA or surface-supplied) as part of regular operations and/or maintenance? [11.7.1, 11.7.2, 11.7.3, 11.7.4]
- ☐ Yes ☒ No
- SS-36. What types of underwater diving are a part of your institution's regular operation and/or maintenance? [11.7.1, 11.7.2, 11.7.3, 11.7.4]
- ☒ N/A (no underwater diving with compressed air takes place at our institution)
- Check all that apply:
- ☐ Exhibit diving by staff/volunteers for routine cleaning/feeding/husbandry.

- ☐ Exhibit/physical facility/life support maintenance.
- ☐ In situ specimen collections.
- ☐ Bona fide underwater research.
- ☐ Guest/visitor underwater diving programs.
- ☐ Other (provide description): _____

SS-37. Upon which OSHA standard(s) are the underwater diving safety programs at your institution based? [11.7.1]

☒ N/A (no underwater diving with compressed air takes place at our institution)

Check all that apply:

- ☐ Commercial diving.
- ☐ Scientific diving.
- ☐ Recreational diving.

SS-38. Provide the name, title, and CV of your institution's Dive Safety Officer. [11.7.2]

Name: _____ Title: _____

☐ See CD or flash drive for copy of CV

☒ N/A (no compressed air diving)

SS-39. Submit a copy of your institution's dive manual. [11.7.3]

☐ See CD or flash drive ☒ N/A (no compressed air diving)

SS-40. Submit copies of records and evaluation reports for live-action dive safety drills conducted at the institution beginning January 1, 2012 through present. [11.7.4] ☐ See CD or flash drive

☒ N/A (no compressed air diving)

SS-41. Does your institution have an in-house diving control board?

☐ Yes ☐ No ☒ N/A (no compressed air diving)

a. If yes, submit a list of the board's membership, member qualifications, and board responsibilities and authority.

☐ See CD or flash drive

SS-42. Does your institution provide appropriate training and testing opportunities (including regular CPR, first-aid, and oxygen administration) to those persons involved in diving? ☐ Yes ☐ No ☒ N/A (no compressed air diving)

SS-43. Do your institution's divers maintain up-to-date diving logs? ☐ Yes ☐ No ☒ N/A (no compressed air diving)

SS-44. Does your institution provide appropriate workman's compensation (and/or Jones Act coverage for diving from vessels) for divers (including volunteers)? ☐ Yes ☐ No ☒ N/A (no compressed air diving)

SS-45. to SS-55. *Appearing on Visiting Committee Report form only.*

SS-56. Does your institution employ security officers? [11.6.1] ☐ Yes ☒ No

a. If yes, what hours are they on the premises? _____

SS-57. Provide a detailed explanation regarding the protection provided the animals and facilities during the hours the institution is closed [11.6.1]: Cosley Zoo has a burglar alarm with motion detectors, video cameras and a fire alarm system, all of which are monitored 24 hours/day. Security lighting is on in the parking lot and main buildings. Through an intergovernmental agreement, Wheaton Police regularly patrol the zoo perimeter. Cosley Zoo has had no vandalism or break-ins during the past 5 years. ☒ Protection Provided the Animals and Facilities

SS-58. Are security personnel, employed or contracted, required to make regular checks of the grounds/ buildings? (Include those persons who live on the grounds and provide security coverage during hours when the institution is not open to the public.) [11.6.1]

☐ Yes ☒ No

SS-59. Are security personnel armed? [11.6.3] ☐ Yes ☐ No ☒ N/A

SS-60. Are firearms kept on the premises? [11.6.3] ☐ Yes ☒ No

a. If yes, how and where are firearms stored? _____

b. If no, what procedures are in place for the humane destruction of a potentially dangerous animal in the event it cannot be recovered (e.g., large carnivores, large reptiles, medium to large primates, large hoofstock, killer whales, sharks, venomous animals, and others, etc.). Cosley Zoo does not exhibit any large, potentially dangerous animals, therefore humane destruction is not required. If a larger animal escaped from zoo grounds (Bobcat, Coyote, Deer), chemical immobilization would be utilized for recapture.

c. Is staff provided regular training in the use of firearms? ☐ Yes ☒ No

SS-61. Are guard dogs used? ☐ Yes ☒ No

a. If yes, please describe how and when the dogs are utilized: _____

SS-62. Is your institution enclosed by a perimeter fence? [11.8.1] ☒ Yes ☐ No ☐ N/A

a. If yes, describe the type and height:

Eight feet of galvanized chainlink above ground with an additional three strands of angled barbed wire on top, one foot of galvanized chainlink below ground.

SS-63. Is the perimeter fence independent of all animal enclosure fences? [11.8.1] ☒ Yes ☐ No ☐ N/A

a. If no, explain: _____

GUEST SERVICES (GS)

GS-1. Are public parking areas available for visitors and staff? [12.3]

☒ Yes, # of spaces/public 81 (127 on weekends) and fees/public free
of spaces/staff 31 fees/staff free
of spaces/volunteers included with staff fees/volunteers free

☐ No

GS-2. Are amusement rides/playground areas located within or near your institution? ☐ Yes ☒ No

GS-3. Are animal rides available within your institution's grounds? ☐ Yes ☒ No

a. If yes, submit detailed explanation and your animal ride policy (including philosophy and contact policy)

detailing species used, safety policies and precautions, recommended exposure times, animal handling policy, training for animal handlers, and animal rotation and/or replacement policy.

☐ See CD or flash drive

GS-4. How many public food service facilities are available to visitors/staff? [12.2] 1

GS-5. *Appearing on Visiting Committee Report form only.*

GS-6. Are drinking fountains or refreshment stands conveniently located within your institution? [12.2]

☒ Yes ☐ No, please explain: _____

GS-7. *Appearing on Visiting Committee Report form only.*

GS-8. How many gift stands/shops are available to visitors/staff? [12.3] 1

GS-9. How many sets of visitor restrooms are available on the grounds of your institution? [12.2] 2

GS-10/GS-11. *Appearing on Visiting Committee Report form only.*

GS-12. Is there a map handout at the gate? [12.3] ☒ Yes ☐ No

GS-13. Are directional signs or maps posted throughout your institution's grounds? [12.3] ☐ Yes ☒ No

GS-14. Please indicate which of the following transportation services are available on your institution's grounds [12.1]:

- ☐ Trams
☐ Trains
☐ Escalators: ☐ indoor ☐ outdoor
☐ Elevators: ☐ indoor ☐ outdoor
☐ Transportation to/from parking lot
☐ Other: _____
☒ None

GS-15. Are benches and rest areas available on your institution's grounds? [12.2] ☒ Yes ☐ No

GS-16. Does your institution rent/provide strollers and wheelchairs? [12.1, 12.3] ☒ Yes ☐ No

GS-17 to GS-22. *Appearing on Visiting Committee Report form only.*

OTHER PROGRAMS/ACTIVITIES (OP)

OP-1. If your institution conducts its own membership program supply the following information:

- ☒ N/A (we have a support organization that handles our membership program)
☐ N/A (we have no membership program)

- a. _____ # of members _____ # of households served
b. List membership/other fees: _____
c. Briefly describe benefits to members: _____
d. Provide a sample of program brochures. ☐ See CD or flash drive ☐ Hard copy samples in binder

OP-2. Which of the following are published by your institution:

- ☒ Annual report

- ☒ Newsletters
☐ Regular periodical (magazines, journals, proceedings, etc.)
☒ Brochures
☒ Interpretive guides
☐ Other, specify: _____

OP-3. Does your institution have a formal master plan? [13.2]

☒ Master Plan ☐ No

- a. If yes, in what year was the plan developed and adopted by your institution's governing authority? 2015
- b. When was the plan last reviewed and updated? 2015

OP-4. Does your institution have a formal strategic plan? [13.1]

☒ Strategic Plan ☐ No

- a. If yes, in what year was the plan developed and approved by your institution's governing authority? 2014
- b. When was the plan last reviewed and updated? 2014

MISCELLANEOUS (M)

M-1. Submit any additional materials you believe may be pertinent to this application.

☒ Additional Materials ☐ N/A

M-2. When the accreditation process is completed, may copies of your institution's policies and brochures be placed into AZA's Resource Center?

☒ Yes ☐ No

M-3. NOT AZA-ACCREDITED ONLY: Annual Operating Budget [9.1]: \$_____

Budget/AZA Dues: AZA annual dues are tiered, based upon an institution's annual operating budget. Annual operating budget is defined as annual operating revenues, as well as all in-kind services and financial support received from the governing authority/support organization, but excluding capital improvements and concession/gift shop operations.

Annual Operating Budget

Up to \$400,000
 \$401,000 - \$4,999,999
 \$5,000,000 - \$9,999,999
 \$10,000,000 - \$19,999,999
 \$20,000,000 - \$29,999,999
 \$30,000,000 and above
 International

Annual AZA Membership Dues

\$ 1,367
 .340% of annual operating budget
 \$17,074
 \$18,034
 \$18,755
 \$19,478
 \$6,250

Institutions not currently AZA-accredited **MUST SUBMIT BUDGET FIGURE** for calculating dues.
 (NOTE: These figures are subject to change. Check with AZA's Membership Department to verify current amounts.)

M-4. Have any staff members ever been found guilty of violating wildlife regulations enacted by any of the various states or any agency of the U.S. Government or those of any foreign nation? If yes, attach detailed explanation.

☐ Yes, see CD or flash drive ☒ No

M-5. To your knowledge, are any staff members currently under investigation for alleged violation of any wildlife regulations enacted by any of the various states or any agency of the U.S. Government or those of any foreign nation? If yes, attach detailed explanation.

☐ Yes, see CD or flash drive ☒ No

M-6. Would you be willing, **at no cost**, to have an inspector-in-training accompany the inspection team assigned to your institution? If "yes", you will be notified if such an assignment is made.

☒ Yes ☐ No

END
(signature pages follow)

IMPORTANT: All questions **must** be answered, as well as all required materials submitted. If a question is not applicable, please indicate as N/A. Improperly assembled or incomplete applications will be returned to the applicant. Related delays could result in an inability to complete processing in sufficient time to continue on the schedule desired by the applicant.

ALL APPLICANTS MUST SUBMIT FIVE (5) SETS OF THE QUESTIONNAIRE AND SUPPORTING MATERIALS ON CDs OR FLASH DRIVES. *Note: We recommend that a sixth set be produced and retained by the institution for reference in the future.*

THE SIGNATURES OF THE DIRECTOR (CHIEF EXECUTIVE OFFICER) AND THE PRINCIPAL OFFICER OF THE GOVERNING AUTHORITY ARE REQUIRED on at least one of the hard copies of this application questionnaire submitted in the binders with the flash drives. These signatures certify the following:

1. We will abide by the Association of Zoos & Aquariums' Code of Professional Ethics, Bylaws, Acquisitions, Transfers, and Transitions Policy, accreditation standards, all duly adopted resolutions and policies, and support its programs and objectives. This includes, but is not limited to, cooperating fully with SSPs, completing annual ARCS reports, maintaining up-to-date information in AZA's membership directory, and embracing modern zoological practices and philosophies as basic tenets within our institution. We realize that any conduct prejudicial to, or in violation of, the above will be cause for revocation of membership and accreditation.
2. Our governing authority has formally considered and approved the submission of this application and has authorized and directed the institution's staff to carry out the procedures for applying for accreditation.
3. Our institution's staff will cooperate fully with the Accreditation Commission and the Visiting Committee, and will take no action to circumvent or obstruct the accreditation process and/or policies.
4. We profess that the answers and materials provided with this application/questionnaire are truthful and accurate to the best of our knowledge and ability.
5. We agree, acknowledge, and affirm on behalf of our institution that any controversy or claim arising out of or relating to (a) this application or the breach of any affirmation or representation contained in this application, or (b) any accreditation of our institution or any denial or termination of accreditation, shall be settled by binding arbitration in Silver Spring, Maryland by a panel of three arbitrators applying Maryland law and shall be administered by the American Arbitration Association ("AAA") under its commercial arbitration rules, or such other rules as the AAA may deem appropriate. We further agree, acknowledge, and affirm that our institution submits to, and irrevocably waives any objections to, accept service of process and the exclusive jurisdiction of the courts of Montgomery County, Maryland and the U.S. District Court for the District of Maryland, Greenbelt Division for the purpose of entering an order compelling arbitration; for the enforcement of any award issued by the arbitrators; or for the issuance of any other order in aid of arbitration, including an order granting preliminary relief to preserve the status quo.
6. We understand that a decision to deny an initial application for accreditation, or to deny the continuation of accreditation, shall not be deemed final until all procedures set forth in Section 3 of the Association of Zoos & Aquarium's Bylaws have been exhausted. As such, we agree to exhaust such procedures before we may initiate the arbitration provided for above.

Signature of Chief Executive Officer/Director: _____

Name: Susan L. Wahlgren

Title: Zoo Director Date: 2/17/15

Signature of Principal Officer of Governing Authority: _____

Name: Michael Benard

Title: Executive Director, Wheaton Park District Date: 2/17/15

ENCLOSE CHECK WITH APPLICATION

FEES: A check **must** be enclosed with this application as follows: \$3,250 (\$4,250 for international institutions located in countries other than Canada or Mexico). **BREAKDOWN OF FEES:** \$3,250 [\$1,750 represents the non-refundable* filing fee, and the remaining \$1,500 represents the inspection expense deposit]; \$4,250 [\$1,750 represents the non-refundable* filing fee, and the remaining \$2,500 represents the inspection expense deposit for international institutions located in countries other than Canada or Mexico]. The inspection expense deposit will be used to defray a portion of the Accreditation Visiting Committee expenses. Once total costs for the inspection have been tallied, any balance remaining beyond the inspection expense deposit will be invoiced, or any unused portion refunded.

**Filing fees are non-refundable once the official review process has started. If an institution withdraws its application before the official review has started, the fee may be refunded.*

Please make checks payable to AZA and send this application to: Accreditation Programs, Association of Zoos & Aquariums, 8403 Colesville Road, Suite 710, Silver Spring, MD 20910.