

Day Care Supplemental

All questions must be answered in full. Application must be accompanied by Acords 125 & 126

Applicant's Name _____ Agent _____

Applicant Mailing Address _____ Applicant's Phone Number _____

Web Address _____

Inspection Contact _____
Proposed Policy Period _____ to _____ Phone Number for Inspection Contact _____
Applicant is ☐ Individual ☐ Partnership ☐ Corporation ☐ Joint Venture ☐ Other _____
Location #1 _____
Location #2 _____
Location #3 _____

PREMISES

1. Number of years in business? _____ If new, describe prior experience: _____

2. Daycare facility located in ☐ Commercial ☐ Building ☐ Church ☐ Home ☐ Other (describe) _____
3. Physical description of facility: # of stories _____ Bldg. sq. footage _____ Portion occupied _____
Sole occupant ☐ Yes ☐ No
If no, list other occupants: _____
of exits _____ If multi-story building, do you occupy area above grade level? ☐ Yes ☐ No
Who is responsible for maintenance?
4. Food prepared on premises? ☐ Yes ☐ No
Is kitchen arranged so that the children do not have access to it? ☐ Yes ☐ No
5. Indicate all safety equipment located on premises.
☐ Smoke detectors ☐ Lighted exit signs ☐ Fire extinguishers
☐ Sprinklers ☐ Child safety equipment ☐ Fire alarms
Are all of the above inspected annually? ☐ Yes ☐ No
6. Have premises been inspected for compliance with building codes and health standards? ☐ Yes ☐ No
Has the facility been cited for health, safety or building code violations during last 3 years? ☐ Yes ☐ No
7. Is safety education provided for children? ☐ Yes ☐ No
Are fire drills conducted? ☐ Yes ☐ No

8. Is there an outdoor play area?..... ☐ Yes ☐ No

Is it fenced? ☐ Yes ☐ No

Describe ground cover of the play area.

_____% Grass _____% Dirt _____% Sand _____% Concrete
_____% Rock _____% Blacktop _____% Wood chips _____%Other _____

9. Describe outdoor play equipment, including any unusual or special equipment. _____

Is all playground equipment properly anchored? ☐ Yes ☐ No

10. Any swimming facilities on premises? ☐ Yes ☐ No

☐ Above Ground ☐ Depth of Water _____ ☐ Diving board – Height _____

☐ Below Ground ☐ Fence – Height _____ ☐ Self Locking Gate

☐ Teach / Child Ratio _____ ☐ Age Levels of Participation _____ ☐ Waivers signed for Participation

11. Are special classes taught? ☐ Yes ☐ No

If yes, describe: _____

Estimated increase in enrollment Additional staff hired? ☐ Yes ☐ No

12. Is summer day camp provided?..... ☐ Yes ☐ No

If yes, describe. _____

13. Do you offer off-premises activities? ☐ Yes ☐ No

If yes, describe: _____

What age levels participate? _____

Chaperon to child ratio? _____

Are permission slips signed by parent? _____

14. Does the applicant provide before and after school care? ☐ Yes ☐ No

If yes, explain how children are transported. _____

15. Are procedures in place to verify that all after school children are accounted for? ☐ Yes ☐ No

16. Is there a formal drop off and pick up procedure in place? ☐ Yes ☐ No

Describe. _____

17. Any animals on premises?..... ☐ Yes ☐ No

If yes, describe. _____

OPERATIONS

1. Is risk licensed by the state? ☐ Yes ☐ No

If yes, provide license # _____ and Expiration Date _____

How long has applicant been licensed? _____ Indicate number of children licensed to handle: _____

Hours of Operation ____AM ____PM Days of Week Open ☐ Sun ☐ M ☐ Tu ☐ Wed ☐ Th ☐ Fr ☐ Sat

Average daily attendance _____ Child / Teacher ratio _____

2. Are "special needs" children cared for? ☐ Yes ☐ No

If yes, explain _____

Is applicant staffed with qualified individuals to handle these children and their special needs? ☐ Yes ☐ No

3. Describe qualifications of applicant (include education, years of experience and special training) _____

4. Are there any licensed teachers? ☐ Yes ☐ No

Any nurse or health care professionals employed? ☐ Yes ☐ No

Are all staff members 18 years or older? ☐ Yes ☐ No

If no, explain. _____

5. Is there formalized employee screening and monitoring procedures in place? ☐ Yes ☐ No

Are employee references checked? ☐ Yes ☐ No

Does applicant check for criminal records? ☐ Yes ☐ No

6. Has any staff member, including applicant or a family member, been implicated, arrested, investigated or convicted of any crime other than a traffic violation? ☐ Yes ☐ No

If yes, explain. _____

7. How often are employee records updated? _____

8. Describe applicant's policy on illness (when sick children can and can not be in attendance). _____

9. Describe how an injury or illness is handled (**Attach** formalized procedures on the handling of emergencies). _____

10. Does applicant maintain a record of medical information (allergies, regular medications, doctor name and phone number, emergency numbers of parents etc.)? ☐ Yes ☐ No

Does applicant require parents to provide medical care release? ☐ Yes ☐ No

Do you dispense medication? ☐ Yes ☐ No

Are all medications kept in a locked cabinet? ☐ Yes ☐ No