

DAY CARE CENTER SUPPLEMENTAL

Applicant's Name: _____

Location Address: _____

1. The Center is located in: Private Home Separate Building Church School
 Other: _____ (Please describe)
2. Center is located in a: Commercial Residential Rural setting
3. Does your Center exit directly to the outside? Yes No To ground level? Yes No
4. Does your Center have smoke detectors? Yes No
 Does your Center have fire extinguishers? Yes No
 Are they inspected and tagged? Yes No
 Are they checked and tested on a regular basis? Yes No
 If so, how often? _____
5. Is premises child-proofed to eliminate potential hazards? Yes No
6. Do the Center's bathroom doors lock? Yes No If yes, can they be unlocked from the outside?
 Yes No
7. Has a lead abatement been performed since 1980? Yes No
8. Is the Center licensed? Yes No If yes, copy of Day Care License must be attached.
9. Has a license to operate ever been denied, suspended or revoked? Yes No
 Have you ever been brought up for a compliance hearing? If so, explain: _____
10. If the Center has an after school program, there are _____ children enrolled in that program.
11. Provide duties and ages of all staff less than 18 years of age: _____
12. Based on the maximum number of children enrolled on your busiest day or busiest session, what is your actual breakdown of total staff to total number of children by age group?

13.

AGE GROUP	# OF TEACHERS	# OF CHILDREN
0 – 6 Months		
6 - 24 Months		
2 – 5 years		
5 and older		

13. There are _____ children enrolled at the Center who are emotionally or physically handicapped or who require special treatment due to existing medical problems. Describe disability, age of child(ren), and special care provided by Center staff:

14. There are _____ children enrolled at the Center who require a special diet. Describe diet:

15. A minimum of one staff member certified in First Aid is present at all times? Yes No

16. Do you provide sick child facilities? Yes No If Yes, please describe:

17. Please describe Center's child release policy: _____

18. Is a file maintained on each child containing the following information:

Immunization records of the children being immunized successfully and updated annually? Yes No

Records for each child indicating unusual conditions the child has? Yes No

Signed releases for emergency medical treatment/dispensing of medication obtained from parents?

Yes No

Is dispensing of children's medication also subject to written instructions from physician? Yes No

19. Do you utilize swimming facilities? Yes No On Premises Off Premises

If no, do you anticipate using swimming facilities in the future? Yes No

If yes: Are pool depths marked? Yes No

Staff trained in water safety? Yes No

Minimum age of children allowed in the water: _____

Is the pool area fenced? Yes No

Is there a self-locking gate? Yes No

Is the walking surface around the pool in good condition? Yes No

Is there adequate supervision? Yes No

Are there lifeguards used at all times? Yes No

Any slides or diving boards? Yes No

If so, what is the maximum height of diving board: _____

Is the storage of pool chemicals secure? Yes No

20. Is there a playground? Yes No Is it fenced? Yes No

Please describe playground surface: _____

Are there any trampolines present? Yes No

Is there appropriate separation of age groups? Yes No

Is playground equipment properly maintained and checked? Yes No

If so, how often is equipment checked? _____

Does playground equipment and toys meet the consumer safety code requirements? Yes No

21. Are there any pets or animals kept on the premises? Yes No

Please describe: _____

22. Are field trips taken? Yes No If field trips are taken:
 Describe field trips _____
 Frequency of field trips _____
 Maximum distance from Center _____
 Is written permission/waiver obtained from each child's parent or guardian? Yes No
 Is transportation hired with or without a driver? Yes No
 What is the youngest age allowed for field trips? _____
 If no field trips provided currently, do you anticipate have the in the future? Yes No
 If yes, please explain: _____

23. Is food properly covered, stored and served in accordance with government requirements? Yes No

24. Are special classes provided? (i.e., gymnastics, dance, karate, etc.) Yes No
 If yes, please explain: _____
 Does an independent contractor on your premises teach special classes? Yes No
 Do you require proof of liability coverage for independent contractor? Yes No

25. Does applicant provide regular transportation for children? Yes No Maximum distance: _____
 Are buses and/or vans checked after children disembark from vehicle? Yes No
 Are drivers put through specialized drivers training? Yes No
 Are they experienced in driving van/buses? Yes No
 If employees, how long have they been employed by the applicant? _____
 What is the expected annual payroll? _____

26. Does the applicant check driver Motor Vehicle Reports? Yes No
 Does applicant have procedures for evaluating Motor Vehicle Report? Yes No
 What actions are taken if an employee's driving record is considered unacceptable?

27. Do you have any employees or volunteers driving their own vehicles for company business? Yes No
 If so, please answer the following:
 How many employees or volunteers? _____
 How often do they drive their own vehicles for company business? _____
 Does the applicant require the employee to carry personal insurance? Yes No
 Are certificates of insurance obtained from the employee's automobile insurance company? Yes No
 What are the minimum limits required? _____

28. Driver screening and/or vehicle maintenance plan for passenger vehicles in effect? Yes No

29. Does the applicant have a written emergency evacuation plan in effect? Yes No
 How often are evacuation drills performed?

30. Does the applicant accept drop-in children for the day? Yes No If yes, explain drop-in policy and indicate approximate number of drop-in children accepted weekly in the space provided or separate sheet of paper:

31. Are there any other operations other than child care? Yes No If yes, please explain:

SEXUAL ABUSE:

32. Does your employment application include questions about whether an individual has ever been convicted for any crimes, including sex related or child abuse related offenses? Yes No

33. Do you discuss at staff orientation, child/sexual abuse, how to recognize the signs and what to do if a member reports someone molested him/her?

34. Do you perform criminal background investigations on all current employees and volunteers? Yes No
 How long have you been performing these checks (# of years)? _____
 For how many years do you keep these records on file after employee or volunteer leaves service? _____
 Do you verify employment-related references? Yes No
 Do you conduct a personal interview? Yes No
35. Do you have written procedures for dealing with sexual abuse? Yes No If so, please attach a copy.
36. Do you have a plan of supervision that monitors staff in day-to-day relationships with clients both on and off premises? Yes No How is staff monitored? Video Windows
37. Has your organization ever had an incident, which resulted in an allegation of sexual abuse? Yes No
 If yes, please complete the following:
 Was a claim made against the organization? Yes No
 Is that individual still employed with your organization? Yes No
 Was the case settled? Yes No If so, please explain: _____
 How much money was paid as damages to the victim?
 \$ _____
38. Does your current insurance program include abuse and molestation coverage? Yes No
 If so, please indicate the limit of liability provided: \$ _____
39. Do you have an accident/health policy? Yes No Is coverage mandatory for all students?
 Yes No
 Provide carrier information: _____ Limits _____
 Policy Term: _____ to _____
40. Does the applicant utilize video-monitoring equipment? Yes No

Please be sure to provide all available loss runs for applicant.

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

The applicant, Agent and/or Broker represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

FRAUD WARNING

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

Applicant: _____
 Please print

Agency's Name: _____

Signature: _____

Producer's Name: _____

Producer's Signature: _____

Date: _____

Date: _____