



### CHILD CARE SUPPLEMENTAL APPLICATION

1. Named Insured: \_\_\_\_\_  
 2. Year business was established: \_\_\_\_\_  
 3. Number of years experience: \_\_\_\_\_  
 Describe prior experience: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

4. Licensed by: \_\_\_\_\_  
 5. License expiration date: \_\_\_\_\_  
 6. License number: \_\_\_\_\_  
 7. Licensed for (# of children): \_\_\_\_\_  
 8. Has a license to operate ever been denied, suspended, or revoked?  Yes  No  
 If yes, please describe: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

9. Is the facility licensed as or operating as a school?  Yes  No  
 If yes, complete School Supplemental Application.

10. Hours of operation and average daily attendance:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
____ to ____	____ to ____	____ to ____	____ to ____	____ to ____	____ to ____	____ to ____
____ children	____ children	____ children	____ children	____ children	____ children	____ children

11. What are the ages of children accepted for care? \_\_\_\_\_ to \_\_\_\_\_  
 12. Are there any disabled or special needs children or children eligible for learning services?  Yes  No  
 If yes, how many children and what are the needs of each? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

What special training has the staff taken to address the needs of these children? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

13. Any overnight stays by children at any time?  Yes  No  
 14. Is the child care provided in the applicant's or business owner's home?  Yes  No  
 If yes, is homeowners/renters liability insurance in place?  Yes  No

15. Are heat and smoke detectors present?  Yes  No  
 If yes, are all detectors checked at least semi-annually including replacement of batteries?  Yes  No
16. Are fire extinguishers present and currently tagged?  Yes  No
17. Does the premises meet current local codes with regard to fire alarms, smoke detection, means of egress, panic hardware and emergency lighting?  Yes  No
18. Does the child care center exit directly to the outside?  
 To ground level?  Yes  No
19. Is medicine and first aid equipment safely stored out of reach of children?  Yes  No
20. Are health records maintained for each child enrolled including information on immunizations and special health and dietary problems?  Yes  No
21. Are any of the following services provided?  
 Nanny services?  Yes  No  
 Babysitting services?  Yes  No  
 Services in the customer's home?  Yes  No  
 Drop-in services?  Yes  No  
 Counseling or mentoring services?  Yes  No
22. Are there cooking facilities?  Yes  No  
 If yes, complete the following:  
 a. Describe equipment and use: \_\_\_\_\_  
 \_\_\_\_\_  
 b. Is the cooking equipment and kitchen area secured to prevent access by the children?  Yes  No  
 c. Is there any commercial cooking equipment?  Yes  No  
 If yes, complete the following:  
 (1) Is there an Automatic Extinguishing System covering all cooking areas and surfaces?  Yes  No  
 If yes, is there a professional service contract in place to service and inspect the system at least semi-annually?  Yes  No  
 (2) Is cooking performed under hoods?  Yes  No  
 If yes, is there a professional service contract in place to clean the hoods, vents, and ducts at least semi-annually?  Yes  No
23. Are there any animals on the premises?  Yes  No  
 If yes, please describe: \_\_\_\_\_  
 \_\_\_\_\_
24. Do the bathroom doors lock?  Yes  No  
 Can they be unlocked from the outside?  Yes  No
25. Are doors equipped with pinch guards to prevent fingers from getting caught?  Yes  No
26. Is there any lead paint on the premises?  Yes  No
27. Is there any asbestos on the premises?  Yes  No

**STAFFING**

28. Does the ratio of attendants to children meet local and state requirements at all times?  Yes  No
29. Are all employees certified in CPR and trained in first aid?  Yes  No
30. Do all personnel submit to routine drug screening and is employment terminated or employment offer withdrawn if drug use is confirmed?  Yes  No
31. Does the Applicant's employment process (for employees, volunteers, and independent contractors) include verification of whether the individual has ever been convicted of any crime including sex-related or child abuse related offenses, before an offer of employment is made?  Yes  No
32. Does the Applicant perform national criminal background investigations and a sex offender register check confirming no violations on all:
- Employees?  Yes  No
- Volunteers?  Yes  No
- Independent contractors?  Yes  No
- If no, please explain: \_\_\_\_\_
- 

33. Have all current employees, volunteers, and independent contractors had criminal background and sex offender register checks performed to confirm no violations?  Yes  No
34. Does the Applicant keep all background checks and employee records on file after the employee leaves?  Yes  No
35. Does the Applicant's supervision plan monitor staff in day-to-day relationships with children in both on and off premises activities?  Yes  No
36. Are there operable surveillance cameras in all classrooms and play areas?  Yes  No
- If yes, is the video saved for at least 2 years?  Yes  No If yes, for how long: \_\_\_\_\_
37. Are there any other circumstances where adults, who are not the Applicant's employees, volunteers, or contractors have access to any child in your care?  Yes  No
- If yes, please describe: \_\_\_\_\_
- 

38. During new staff orientation, does the Applicant discuss physical and sexual abuse, how to recognize the signs and what to do if a child reports that someone abused him or her?  Yes  No
39. Does the Applicant have written procedures for dealing with physical or sexual abuse?  Yes  No
- MANDATORY: Provide a copy of procedures.
40. Has the Applicant ever had an incident which resulted in an allegation of physical or sexual abuse?  Yes  No

**SPECIAL ACTIVITIES**

41. Are there any off-premises activities or field trips?  Yes  No

a. If yes, describe activity and safety measures (attach additional pages if needed): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b. What age levels participate? \_\_\_\_\_

c. Chaperone to child ratio? \_\_\_\_\_

d. Are permission slips signed for each trip?  Yes  No

42. Are there any swimming pools, hot tubs or spas on premises other than a kiddie pool or wading pool?  Yes  No

43. Is there a kiddie pool or wading pool on premises?  Yes  No

If yes, describe equipment and protective measures and provide photos: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

44. Is there playground equipment on premises?  Yes  No

If yes, describe all equipment and type of surface around the equipment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

45. Is any playground equipment homemade or assembled by the insured?  Yes  No

46. Are trampolines or inflatables present at any time?  Yes  No

47. Is the playground area fully fenced with a self-latching gate?  Yes  No

48. Are special classes provided? (check all that apply):  
 Gymnastics  Dance  Karate  Tumbling  Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

49. Are special classes taught by an independent contractor on your premises?  Yes  No

50. Does the Applicant request/maintain Certificates of Insurance from all sub-contractors?  Yes  No

51. Does the Applicant have any operations other than child care?  Yes  No

If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

52. Does the Applicant provide or operate a summer camp?  Yes  No

If yes, please complete:

a. Number of children (other than children in the childcare program): \_\_\_\_\_ Ages: \_\_\_\_\_

b. Number of weeks attending: \_\_\_\_\_

c. Number of additional staff: \_\_\_\_\_

d. Describe outings away from camp location: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECURITY**

53. Are any of the Applicant's locations protected by security personnel?  Yes  No

54. Are firearms allowed on the premises at any time?  Yes  No

55. Do all locations have signage which conspicuously identifies the building as a Gun Free Zone?  Yes  No

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_