

Supplement # 5

DAY CARE PROGRAMS (Must Be Part of Other Services Provided. If Stand Alone Operation, Please Contact Your Underwriter)

APPLICANT NAME: _____

1. STAFFING AND OPERATIONS: PLEASE ATTACH A COPY OF YOUR EMPLOYMENT APPLICATION

Profession	# OF EMPLOYEES		# OF NON EMPLOYEES	
	Full Time	Part Time	Volunteers	Consultants
Day Care Providers	_____	_____	_____	_____
Drivers	_____	_____	_____	_____
Teachers	_____	_____	_____	_____
Others (Specify Position)	_____	_____	_____	_____

Do any staff members hold the following credentials?

National Administrator Credential?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, how many? _____
Certified Childcare Professional?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, how many? _____
Child Development Associate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, how many? _____
RN or Medical Degree?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, how many? _____

STAFF/CHILD RATIO:

Licensed for Ages:	# of Children	# of Care Providers	Group Size
<input type="checkbox"/> 0 to 17 Months	_____	_____	_____
<input type="checkbox"/> 18 Months to 30 Months	_____	_____	_____
<input type="checkbox"/> 30 Months to 4 Years	_____	_____	_____
<input type="checkbox"/> Pre-School	_____	_____	_____
<input type="checkbox"/> After School	_____	_____	_____

Max. age accepted in enrollment _____

Total # licensed all locations _____

Average # of Children in all Facilities (daily) _____

CHILD CARE:

- Is the staff required to be licensed by applicable state and/or local authorities? Yes No
If not, do you require specific qualifications for employment? _____
- How many care providers are CPR and first aid certified? _____
- Does the center care for children with special needs? Yes No If yes, please provide details _____

- Are there pets on premises? Please list type and breed. _____
- Do you allow children to be dropped off that are not enrolled in the program? _____

2. ACTIVITIES AND ENTERTAINMENT:

a. Do you participate in field trips?

Yes No

How many annually? _____

Are permission slips signed by the parent or guardian for each trip off premises? Yes No

Please describe trips: _____

b. At what age can children participate in a field trip without a parent/guardian? _____

c. Your adult to child ratio on field trips is _____ adult for every _____ children.

d. Do you utilize swimming facilities?

Yes No On Premises Off Premises

If yes, explain below:

- Is there a self latching gate? Yes No
- Is there a 4' fence around the pool? Yes No
- Is there a pool bottom drain cover? Yes No
- Are pool depths marked? Yes No
- Is there adequate supervision? Yes No Ratio @ Pool _____
- Is the storage of pool chemicals secure? Yes No
- Is the staff trained in water safety? Yes No How many? _____
- Minimum age allowed in water? _____

e. Is there a playground?

Yes No

Is the playground fenced?

Yes No

Describe playground surfaces & depths: _____

Are there trampolines?

Yes No

Is the playground equipment properly maintained and checked on a specified schedule? Yes No

Do the play equipment and toys meet the consumer safety code requirements? Yes No