



## Day Care Application

All questions must be answered in full. Application must be signed and dated by the applicant.

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