



CHILD DAYCARE CENTERS SUPPLEMENTAL APPLICATION

Items required for Submission: Acord Application, Loss Runs currently valued (5 yrs including current)

GENERAL INFORMATION

1. Name of organization _____
2. Date business was established _____ If less than 3 yrs, describe prior experience _____
3. Are you licensed by the state? Yes No
4. How long have you been licensed? _____ The license allows how many children _____
5. Hours of Operations: _____AM _____PM
6. Days of the week open: Sun Mon Tue Wed Thur Fri Sat
7. Turnover %: _____ Employees _____ Supervisor
8. How many employees do you have? _____ Full Time: _____ Part Time: _____
 _____ Administration _____ Teacher _____ Nurse/Health Care
 _____ Child Care Worker _____ Drivers _____ Maintenance
 _____ Other
9. Are you accredited? Yes No If Yes, name of accrediting organizations: _____
10. Daycare facility located in: Commercial Bldg Church Home School Other _____

HIRING PROCESS

11. Hiring Process Includes:
- Drug Testing Criminal Background check Motor Vehicle Record Check
- Pre Placement Reference check Pre placement physical exam Background/Reference check

12. Indicate the number of children assigned to each age group:

Age Group	Full Time/Part Time Care	# of Employees
0 mo to 1yr	____ FT ____PT	____ FT ____PT
1yr to 3 yrs	____ FT ____PT	____ FT ____PT
3 yrs to 6 yrs	____ FT ____PT	____ FT ____PT
Before/After School Age	____ FT ____PT	____ FT ____PT

13. Do the employees lift the children? Yes No What is the maximum weight lifted? _____
14. Are "special needs" children care for? Yes No If Yes, how many? _____
 Explain _____
15. What safety training is provided to the employees to handle these children? _____
16. Are employees dispensing medications Yes No If Yes, describe _____
17. Are sub-contractors utilized? Yes No If Yes, Are Certificates of Insurance received Yes No

18. What services are outsourced?

- Janitorial
- Ground keeping
- Snow/Ice Removal
- Facility maintenance
- Transportation
- Security
- Health Care
- Other

19. Do you cook food? Yes No If yes, describe: _____

20. Fire Safety Controls (check all that apply)

- Hard Wired Smoke Detectors
- Aluminate exit signs
- Fire extinguishers
- Sprinkler System
- Fire Alarm
- Other

21. Do you have an emergency evacuation plan Yes No If yes, date of last drill: _____

22. Do you transport children? Yes No If yes, please complete the questions below:

Driver Information

Do you have a drug testing policy in place? Yes No If Yes, Upon hire or For Cause
MVR's obtained? Yes No If Yes, Upon hire Annually Remedial

Do you have an MVR's criteria in place Yes No

Do any of your employees take a company vehicle home? Yes No If yes, how many? _____

Do you provide driver training? Yes No Type of Training: _____

Upon Hire Annual Remedial

Do you require a minimum of driver experience? Yes No If yes, how many years? _____

Please indicate the total number of drivers who drive agency vehicles:

_____ Full Time _____ Part Time _____ Volunteer _____ Other

23. How many children at one time? _____

24. How many field trips are taken yearly? _____

Describe the field trips: _____

SAFETY

25. Please indicate below which of the following safety programs, training and best practices are currently in place (check all that apply):

- Driver Safety Program
- WC Accident Investigation
- Health & Safety Committee
- Documented Facility Inspections
- De-escalation Training
- Workplace Violence
- Return to work/Transitional Duty
- Footwear Policy
- Bloodborne Pathogens
- Safe Children Lifting Training
- Hazard Communication
- Other

Applicant Name

Title

Signature

Date