



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



Atlantic Casualty
Insurance Company

Are all medications kept in a locked cabinet?

Yes No