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| **Educational institution name:** |       |

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| **Day Care** |

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| 1. Identify the location and specific child care services provided:
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| Location address | Number Employed(FTEs) | Child Care Center(Y/N) | Before/After Child Care(Y/N) | Head-start(Y/N) | Pre-k Nursery(Y/N) | Drop-in/ Short Term(Y/N) | Sick Child(Y/N) |
|       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |
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| 1. What is your annual enrollment of children in your care?
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| 1. Identify the age range of the children in your care.
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| 1. What is your average daily number of infants (18 months or younger)?
 |       |
| 1. Are any services or locations unlicensed to provide child care services?
 | Yes [ ]  | No [ ]  |
| 1. Do you have a pool or provide any type of swimming for children on or off premises?
 | Yes [ ]  | No [ ]  |
| 1. Do you have field trips that are related to the child care services you provide?
 | Yes [ ]  | No [ ]  |
| * 1. If “yes’ describe
 |       |
| 1. Do children have a minimum of two staff members with them at all times?
 | Yes [ ]  | No [ ]  |
| 1. Provide hours of operations (If hours vary by location or service use the hours of operation that are the longest):
 |       |
| 1. Are child care services open to families who are not otherwise served by the district or educational institution?
 | Yes [ ]  | No [ ]  |
| 1. Has any license to operate been suspended or revoked?
 | Yes [ ]  | No [ ]  |
| 1. Is the educational institution providing child care for more children than the licensed capacity?
 | Yes [ ]  | No [ ]  |
| 1. What is the date of the most recent state inspection?
 |       |
| * 1. Note all violations (if any)
 |       |
| 1. Do you care for children with special needs?
 | Yes [ ]  | No [ ]  |
| * 1. How many children in your care are special needs?
 |       |
| * 1. Is your staff trained to care for these children?
 | Yes [ ]  | No [ ]  |
| * 1. Are any professional services (other than academic) provided to these children including, but not limited, to physical therapy?
 | Yes [ ]  | No [ ]  |
| * 1. Please describe the disabilities and special arrangements made to care for these children:
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| This supplemental application becomes part of your primary application and must be signed and dated.Coverage cannot be bound until the Company approves your completed application. |

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| Signature  |  | Date |