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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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| 1. What is your annual enrollment of children in your care? | | | |  | |
| 1. Identify the age range of the children in your care. | | | |  | |
| 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 |