

## Child Care Application

Applicant Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Inspection Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Years in Business: \_\_\_\_\_ License Capacity: \_\_\_\_\_ Maximum Daily Attendance: \_\_\_\_\_

**Locations:**

Street Address	Building Limit	Business Personal Property Limit	Square Footage	Construction Type	Year Built	Roof Age

Has Plumbing been maintained, updated, or replaced?  Yes  No  
 Has Heating system been maintained, updated or replaced?  Yes  No  
 Is there an Automatic Fire Alarm?  Yes  No  
 Is there a Sprinkler?  Yes  No

**General Liability Limits:**

\$100,000/\$200,000   
  \$300,000/\$300,000   
  \$300,000/\$600,000   
  \$500,000/\$500,000  
 \$500,000/\$1,000,000   
  \$1,000,000/\$1,000,000   
  \$1,000,000/\$2,000,000   
  \$1,000,000/\$3,000,000

**Child Molestation and Abuse Limits:**

\$25,000/\$50,000   
  \$50,000/\$50,000   
  \$50,000/\$100,000   
  \$100,000/\$100,000  
 \$100,000/\$300,000   
  \$300,000/\$300,000   
  \$300,000/\$600,000   
  \$500,000/\$500,000  
 \$500,000/\$1,000,000   
  \$1,000,000/\$1,000,000   
  \$1,000,000/\$2,000,000

**5 Year Loss History:**     NO PRIOR LOSSES

Date of Loss	Description	Status	Amount Paid	Current Reserve

Has any policy or coverage been declined, cancelled, or non-renewed in the past three years?  Yes  No  
 If Yes, Details: \_\_\_\_\_

**Any Additional Insureds:**     NO ADDITIONAL INSURED

Name	Mailing Address	Interest

**Underwriting Eligibility:**

Are functioning and operational fire extinguishers readily available?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Are wood-burning stoves, space heaters or temporary heating devices used as the primary heat source?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the applicant own or operate any other business?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the applicant, majority owner, partner or member filed bankruptcy in the past five years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have there been any actual or alleged incidents of child molestation or abuse?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the named insured or any officer, partner, member or owner of the applicant individually had any child care license, registration, or certification revoked or suspended?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are all outside play areas 100% fenced? (actual fencing not just natural barriers)?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Are there any wading and/or swimming pools on the premises deeper than 24 inches?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do any enrolled children require skilled or specialized medical care?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does any child have a health condition that requires invasive medical procedures?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the center specialize in caring for children with special needs and/or have more than 20% of their enrollment comprised of special needs children?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the center have any children who are non-functioning in a social atmosphere or who have displayed violent or aggressive behavior (whether a danger to themselves or others)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are all children independent mobile/ambulatory?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Is the applicant exempt from licensing, registration, or certification?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the applicant licensed, certified or registered with the state?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Is there any exposure to aluminum or knob and tube wiring on the premises?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is 100% of the wiring on functioning and operational 100 AMP circuit breakers?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Are there functioning and operational smoke and/or heat detectors on premises?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Does the applicant have a pre-employment/volunteer and a periodic ongoing screening process after employment and volunteering have begun which includes verification that employees and any volunteer workers have never been convicted of any crime, included sex-related or child abuse related offenses?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Is the applicant a franchisor?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the applicant ever been cited/violated by the state for the number of children on the premises exceeding the licensed capacity, failure to adhere to state mandated staff to child ratios, lack of supervision, failure to perform state mandated background checks, and/or incomplete medical records for enrolled children and/or medication logs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have all violations that have been cited in an inspection (whether the inspection was done by an insurance carrier or the state) been corrected within the required deadline for compliance?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Has the applicant ever had a hearing regarding violations discovered by the state (regardless of the outcome of the hearing)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are permission slips obtained from parents or guardians for all field trips?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
For school age children above grade 3, are they only providing before/after school (i.e. private, charter, Montessori, etc. schools that are above grade 3 are ineligible)?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Has or will the applicant provide care to children older than 14 and/or any adult care services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the applicant provide any babysitting, nanny, adoption, and/or referral services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Does the applicant travel to destinations to provide child care services?

Yes  No

Does the applicant have any homemade play equipment?

Yes  No

Is there any exposure to moonwalk or bounce equipment, gymnastic or wall-climbing equipment, ball pits or trampolines/rebounding equipment greater than 12 inches from the ground?

Yes  No

Does the applicant offer any gymnastics, martial arts and/or other contact sports?

Yes  No

Does the applicant's premises have at least two means of egress by door from each floor where they operate the child care center?

No  Yes

Are logs kept of all medicine that is administered, and is medicine only administered with the parent's/guardian's written consent and instruction?

No  Yes

Are children left unsupervised at any time (including nap time)?

Yes  No

Are all staff and volunteers over the age of 18?

No  Yes

Are children ever left with only caregivers between the age of 18 and 21 and/or with volunteers that have not had a background check performed by the center?

Yes  No

Does the applicant require that children are enrolled in the center with applications completed including complete medical information and emergency contact information that is signed by a parent/guardian prior to the first day of the child's stay (including drop in and/or short term care) and require updated immunization records annually?

No  Yes

Does the applicant take field trips to residential swimming pools, duck boats or any other type of boating trip, lakes, beaches, skiing or snow tubing, skating rinks (ice or roller), amusement/water parks and/or any overnight trips?

Yes  No

Is the applicant's center closed between 11 p.m. and 5 a.m.?

Yes  No

**For Commercial Centers Only:**

Does the applicant have any animals on premises?

Yes  No

Are all cubbies and bookcases over 24 inches in height affixed to a wall or floor?

No  Yes

Are all kitchen facilities and heating appliances including bottle warmers physically separate from areas accessible by children?

No  Yes

Does the applicant meet the minimum state staff to child ratio guidelines at all times?

No  Yes

Under all permanently installed climbing, rocking, rotating, bouncing or moving equipment, there is a minimum of 6 inches of loose fill surfacing material (such as shredded wood/rubber, sand, etc.) OR a shock absorbing surface material (must be rubber tiles, mats, or a poured in place material) regardless of what is mandated by state guidelines?

No  Yes

Does the center have any playground equipment with a platform over 6 feet high?

Yes  No

Is this center a 100% drop-in center (i.e. short-term child care services while parents are on the premises)?

Yes  No

**Does the center operate 100% as a before/after school program? If Yes:**

Yes  No

Is the center licensed for before/after school care?

No  Yes

Is the operation being held in a gymnasium or cafeteria?

Yes  No

Are they using an outside play area that is not 100% fenced?

Yes  No

Is this legal operation run by the school and/or share administrators' with the school?

Yes  No

**Does the center operate a day camp and/or summer camp? If Yes:**

Are the children in the camp permitted to stay overnight?

Is the camp offering specialized programs (other than education) such as weight loss or sports instruction?

Are any staff members under the age of 18?

Is this a seasonal operation (i.e. only open in the Summer)?

Yes  No

Yes  No

Yes  No

Yes  No

Yes  No

**For Residential Centers Only:**

Are infants always placed in cribs during naptime & not on the floor, cots, beds, etc.?

Regardless of state mandated staff to child ratios, confirm the center will maintain a staff to child ratio of 1 provider for every 6 children if any child is under the age of 3 OR if all children are greater than 3, they maintain a staff to child ratio of 1 provider for every 8 children.

No  Yes

No  Yes

**Hired and/or Non Owned Automobile Liability Questions:**

Does the applicant own any vehicles in the legal name of the business?

Do any employees or owners use their personal car for business use more than 12 times per year?

Does the applicant transport children other than for emergencies and field trips?

Does the applicant allow drivers under the age of 21 to transport children?

Does the applicant transport children on more than 5 field trips per year?

Does the applicant have a walk around vehicle checklist used when children enter and exit vehicles?

Does the applicant require proof of auto insurance from all persons transporting children including employees, parents, volunteers, etc.?

If the applicant uses a contract transportation company for field trips, do they obtain certificates of insurance confirming the transportation company carries auto insurance?

What is the annual cost of rental car or truck? \$\_\_\_\_\_

No  Yes

No  Yes

Yes  No

Yes  No

Yes  No

No  Yes

No  Yes

No  Yes

**Credit/Debit Questions for Commercial Centers**

Is there an accident and health policy for the children in force?

Does the applicant take any field trips to commercial swimming pools?

Are all doors equipped with pinch guards to prevent accidents to fingers?

Do you have infants aged 18 months or younger?

Yes  No

Yes  No

Yes  No

No  Yes

**Applicant Signature:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_