



STATES SELF-INSURERS RISK RETENTION GROUP, INC.

APPLICATION SUPPLEMENT FOR:
DAY CARE AND/OR NURSERY OPERATIONS

ATTACHES TO THE APPLICATION FOR: NAME OF APPLICANT DATED

Please answer ALL questions, entering "none" or "not applicable" (N/A), where appropriate. PLEASE PRINT OR TYPE ALL RESPONSES

1. Nature of facility: After School Care Day Care Day Camp Nursery
Other (describe):

2. General operations information:
a. Is the facility licensed? YES NO
If YES, describe licensing authority:

b. Number of years in operation:
c. Days and hours of operation:
d. Maximum number of children permitted by license:

3. In the table below, please list the number of children within each age group and the corresponding number of attendant staff assigned to them:

Table with 3 columns: AGE GROUP, NUMBER OF CHILDREN, NUMBER OF ATTENDANT STAFF. Rows include age groups from 1 month to over 8 years.

4. Total number of paid staff: Total number of volunteer staff:

5. Describe the professional qualifications and credentialing of staff:

6. Describe the process under which the facility hires and subsequently evaluates its staff:

7. Does the facility conduct criminal background checks on all staff and volunteers? YES NO

8. Have there ever been any incidents or allegations of sexual or physical abuse arising in connection with your operations? YES NO If yes, please explain:

9. Describe activities/curriculum/programs used with children on-premises (or attach materials providing this information -- e.g., brochures, program descriptions, etc.):

10. Describe activities/curriculum/programs used with children *off-premises*, such as day trips, field trips, etc. Include the number of trips annually, how transport is done and how supervision/chaperoning is structured (or attach materials providing this information -- e.g., brochures, program descriptions, etc.): _____
11. Does the facility require signed permission & liability waiver forms for its activities that are beyond its routine programs? YES NO
12. Describe the physical facility and any playground or play structures (or attach materials and photos providing this information): _____
13. Indicate whether or not the facility has the following features in place:
- a. A regularly updated emergency evacuation plan (including periodic staff training)? YES NO
 - b. A regularly inspected and maintained smoke and fire detection and alarm system? YES NO
 - c. Adequate means of emergency egress, in compliance with applicable fire codes? YES NO
 - d. Appropriate first aid supplies and staff properly trained to use the supplies? YES NO
 - e. Fenced and secured premises, including any outdoor play areas? YES NO

PLEASE ATTACH THIS APPLICATION SUPPLEMENT TO THE PRIMARY APPLICATION AND SUBMIT IT ACCORDING TO THE INSTRUCTIONS ON THE PRIMARY APPLICATION FORM.

Thank you!

