



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:

AGE GROUP	NUMBER OF CHILDREN	NUMBER OF ATTENDANT STAFF
1 month thru 6 months		
7 months thru 12 months		
1 year thru 3 years		
4 years thru 8 years		
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)? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| b. A regularly inspected and maintained smoke and fire detection and alarm system? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| c. Adequate means of emergency egress, in compliance with applicable fire codes? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| d. Appropriate first aid supplies and staff properly trained to use the supplies? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| e. Fenced and secured premises, including any outdoor play areas? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

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

Thank you!

