



# Child Care Plus Insurance Program Additional Location Supplement

P.O. Box 3870, Glen Allen, VA 23058-387  
(804) 527-2700 (800) 431-1270 Fax (804) 527-7966

Named Insured: \_\_\_\_\_

## General Information

Date of Application: \_\_\_\_\_

Location # \_\_\_\_\_ Location Address \_\_\_\_\_

1. How long has applicant operated at this location? \_\_\_\_\_
2. Is the facility licensed by the State?  Yes  No If no, explain in Remarks Section.  
License # \_\_\_\_\_ Date of Expiration \_\_\_\_\_
3. Has the license ever been revoked?  Yes  No If yes, explain: \_\_\_\_\_
4. Hours of operation: From \_\_\_\_\_ to \_\_\_\_\_ Number of days per week: \_\_\_\_\_ Number of months per year \_\_\_\_\_
5. Child care facility located at:  Private home  Church  Apartment  YMCA  Commercial Bldg.  Other: \_\_\_\_\_
6. List other occupancies in the same building: \_\_\_\_\_
7. List adjacent businesses: \_\_\_\_\_
8. Additional Insured required?  Yes  No Name \_\_\_\_\_  
Address \_\_\_\_\_ Relationship: \_\_\_\_\_

## Personnel – LOCATION # \_\_\_\_\_

9. Name of Executive Director/Manager: \_\_\_\_\_  
Number of years in child care: \_\_\_\_\_ Specialized training or education: \_\_\_\_\_
10. Number of teachers with degrees: \_\_\_\_\_ Number of teachers without degrees: \_\_\_\_\_
11. Number of Aides: \_\_\_\_\_ Number of Volunteers: \_\_\_\_\_ Number of Nurses: \_\_\_\_\_ Number of EMTs: \_\_\_\_\_
12. Number of Kitchen Staff: \_\_\_\_\_ Number of Janitorial Staff: \_\_\_\_\_ Other (describe position and number of employees): \_\_\_\_\_
13. Total number of employees: \_\_\_\_\_ Any employees under 18 years of age?  Yes  No If yes, how many? \_\_\_\_\_  
List position and how they are supervised: \_\_\_\_\_
14. Is there always someone trained in CPR and first aid on the premises?  Yes  No

## Enrollment - LOCATION # \_\_\_\_\_

15. Licensed Capacity: \_\_\_\_\_ Current Enrollment: \_\_\_\_\_ Average Number of Children per day: \_\_\_\_\_
16. Based on the maximum number of children enrolled on your busiest day, what is your actual breakdown of total staff to total number of children by age group (excluding director)?
 

Infants, ages 0-1	_____ # Staff	_____ # Children
Toddlers, ages 1-2	_____ # Staff	_____ # Children
Toddlers, ages 2-3	_____ # Staff	_____ # Children
Preschoolers, ages 3-5	_____ # Staff	_____ # Children
School age children	_____ # Staff	_____ # Children
	_____ Total	_____ Total
17. Are "special needs" children cared for?  Yes  No
  - a. If yes, how many? \_\_\_\_\_
  - b. Is someone on your staff trained to care for these children?  Yes  No
  - c. Is physical therapy provided?  Yes  No If yes, is it provided by a contracted professional who provides you with a certificate of insurance?  Yes  No
  - d. Is an aide assigned to accompany the child?  Yes  No
  - e. Describe the disabilities and special arrangements made to care for these children: \_\_\_\_\_

**Play Facilities - LOCATION # \_\_\_\_\_**

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18. Does the facility have its own play area?  Yes  No If no, give name of play facility used: \_\_\_\_\_  
Does the playground you use meet all safety requirements of the CPSC (Consumer Products Safety Commission)?  
 Yes  No
19. Is play area fenced?  Yes  No List all playground equipment: \_\_\_\_\_  
\_\_\_\_\_
20. Please indicate type of surface under play equipment and depth in inches:  Coarse Sand: \_\_\_\_\_"  Double Shredded Mulch: \_\_\_\_\_"  Engineered Wood Fibers: \_\_\_\_\_"  Fine Gravel: \_\_\_\_\_"  Fine Sand: \_\_\_\_\_"  Medium Gravel: \_\_\_\_\_"  
 Shredded Tires: \_\_\_\_\_"  Wood Chips: \_\_\_\_\_"  Other (type & depth): \_\_\_\_\_
21. Was equipment installed by, or has it been inspected by, someone certified in playground safety?  Yes  No  
How often are regular maintenance and routine inspections performed on the equipment? At least:  Weekly  Monthly  Only as needed  Other (Specify): \_\_\_\_\_
22. Does the center have playground equipment with a primary platform higher than 6 feet?  Yes  No Is there any play apparatus higher than 8 feet?  Yes  No If yes, describe: \_\_\_\_\_
23. Do you utilize swimming facilities?  Yes  No If yes, complete the Swimming Pool Supplement.

**Operations- LOCATION # \_\_\_\_\_**

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24. To prevent children from accessing cooking areas, stoves, microwave ovens, etc., please indicate which of the following precautions are taken:  Separate kitchen with closed door  Gate covering entrance to kitchen area  Other \_\_\_\_\_  
\_\_\_\_\_
25. To prevent children from being released to unauthorized persons, please indicate which of the following precautions are taken:  
 Sign-out sheet  Staff member must see the person before child is released  Staff member calls parent when unfamiliar person comes to pick up child  Staff member checks ID against child's "approved" pickup list before releasing child  
 Other: \_\_\_\_\_
26. Please indicate which of the following procedures are used when dispensing medications to children:  Written parental permission is required  Written instructions for use is provided by the parent  Medication is kept in its original container/package  
 Written records are kept of all medications dispensed  Other: \_\_\_\_\_
27. Are there any pets at this location?  Yes  No If yes, describe the pet, including size: \_\_\_\_\_
28. Are special classes provided (like music, dance, gymnastics, etc.)?  Yes  No If yes, explain in remarks section. If special classes are taught by an independent contractor on your premises, do you require them to provide proof of liability coverage?  
 Yes  No
29. Do you warm baby bottles in an area not accessible to children?  Yes  No
30. Do you have a crisis management plan for dealing with participants, employees, children, parents, authorities, and media in the event of an abuse allegation or incident or other type of crisis?  Yes  No
31. Does the facility have an emergency evacuation plan posted and is it practiced?  Yes  No
32. Does the facility have video cameras installed to monitor all daily activities?  Yes  No

**Field Trips and Special Events - LOCATION # \_\_\_\_\_**

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33. Number of field trips conducted each year: \_\_\_\_\_
- a. Is an attempt made to obtain release forms from both parents/guardians for each trip whenever possible?  Yes  No
- b. Are any trips overnight?  Yes  No
- c. Are staff to child ratios maintained or increased for trips?  Yes  No
- d. Are all children required to wear an identification badge?  Yes  No
- e. Describe types of field trips: \_\_\_\_\_

