

**Day Care Facilities Supplement**



Complete this Supplement for each location if you operate a facility where care is provided for adults or children.  
 OUR POLICY EXCLUDES COVERAGE FOR SEXUAL ABUSE AND MOLESTATION.

<b>Named Insured</b>	
<b>Location</b>	

**1. Licensing and Operations**

a. Provide copy of license or license number, expiration date and name of licensing authority				
b. Number of years facility has been in operation				
c. Type of facility (day care, after school, summer recreation, or other – describe)				
d. Number of attendees: _____ Ages of attendees: _____				
e. Ratio of staff members to attendees				
e. Do you allow any individual supervision of attendees by staff If yes, explain	Yes		No	

**2. Hiring and Education** (check all hiring and screening procedures that apply)

Sex Offender Registry		Illegal Substances		Minimum Education Required	
Criminal Background		Employment References		Pre-Employment Physical	

**3. Training**

Do you have a staff member on the premises at all times that is certified in the following areas:

a. CPR - Adult Certified	Yes		No	
b. CPR - Infant Certified	Yes		No	
c. First Aid Certified	Yes		No	

**4. Emergency and Contingency Planning**

a. Are written emergency plans posted on site	Yes		No	
b. Is there a telephone on site for emergency use	Yes		No	
c. Do you conduct emergency evacuation drills	Yes		No	

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