



DROP IN CHILD CARE SUPPLEMENTAL APPLICATION

ALL QUESTIONS MUST BE ANSWERED AND APPLICATION MUST BE SIGNED BY APPLICANT.

Name of Applicant _____ Date: _____

Drop In Exposure: A full-time drop-in service OR a program within the child care facility that provides care for children that meet more than one of the following criteria:

- Care provided on an needed basis
- Care for a period of not more than 4 hours duration within a 24-hour period.
- Care for a specific child for not more than 3 consecutive days.
- Care for a specific child for not more than 6 accumulative days within a calendar month.

Does your center provide care described above? Yes No
If yes, please complete questions below.

1. What is the number of children enrolled that meet the definition of drop in exposure stated above? _____

2. Explain your Drop-In Procedures to insure adequate staffing and groupsizes.

3. Are children in facility less than 10 hours Yes No

What is the maximum # of hours the children are kept per stay? _____

4. Do you have staff members less than 21 years of age? Yes No

Describe the duties of staff members <21 yrs of age

5. Do parents stay on the same premises? Yes No

6. Is an application completed including medical information prior to 1st stay? Yes No

7. Does facility close by 9:00 p.m.? Yes No

8. Is there strict adherence to the staff/child ratio? Yes No

9. Are all children 12 years old or younger? Yes No

10. Do you offer a "sick child" facility? No Yes

11. How is the parent contacted in case of emergency? _____

12. Describe the type of playground equipment at your center _____

13. What safety measures are taken to assure only authorized personnel pick up a child?

Supplemental Application is part of the Main Child Application. For Fraud Statement and understanding of your rights, please see main application.

Applicant Signature _____ Date _____
Owner or Officer