SOUTHERN SPECIALTY UNDERWRITERS, LLC.



5444 Riverside Drive Macon, GA 31210

Phone: 478 757 7111 Fax: 478 474 9604

Child Care Addendum to Storefront/Community Church

СН	ILD CARE	OPERATIONS:					
Ch	eck all Chil	dcare services th	at apply and answer	questions a-q:			
		☐ Childcare	☐ After school program		□ Day camp		
a.	Are you:	☐ Licensed	☐ Registered	☐ Certified	☐ Exempt (explain):		
b.	Has your license, registration or certification ever been revoked or suspended?					☐ Yes	□ No
C.	Hours of operation: Number of days open per week:						
d.	Enter the MAXIMUM number of children on the premises, in "each age group" on the highest attendance date within the past 12 months:						
	# of children 0-3 years: # of staff members on duty:						
	# of children 4-6 years: # of staff members on duty:						
	# of children over 6 years: # of staff members on duty:						
	Total # of children: Total # of staff members:						
e.	Licensed capacity: Please enter highest average daily at					dance:	
f.	Do you comply with the state's staff to child ratio at all times?					☐ Yes	☐ No
g.	Do you accept physically, medically or mentally challenged children or children with special needs? If "Yes," describe conditions:					☐ Yes	□ No
h.	Do you have any outstanding violations cited in an inspection that have not been corrected within the deadline						
	for compliance?					☐ Yes	☐ No
i.	Is there an outside play area?					☐ Yes	☐ No
	If "Yes," is it completely fenced?					☐ Yes	☐ No
j.	Is there a pool, jacuzzi or spa on the premises?					☐ Yes	☐ No
	If "Yes," is it covered or locked from access by children?					☐ Yes	☐ No
k	Are there trips taken to lakes, beaches, water parks or swimming pools?					☐ Yes	☐ No
l.	Are permission slips signed by parent/guardian for all trips off premises?					☐ Yes	☐ No
m.	Any trampolines, gymnastic equipment, moonwalk/bounce equipment, wall climbing or ball pits?					☐ Yes	☐ No
n.	Any martial arts, gymnastics or contact sports?					☐ Yes	□ No
0.	Are over the counter drugs dispensed with parents written authorization stating dosage and times within						
	a written log?					☐ Yes	□ No
p.	Are criminal background check investigations conducted on all employees or volunteers?					☐ Yes	□ No
q.	Are employees under the age of 18 and all volunteers supervised at all times?					☐ Yes	□ No
Арр	olicant's sig	gnature:			Date:		
Drin	at nama:						