STATEMENT OF OPERATION POLICIES
(§17-892.1-6, §17-895-6, §17-896-6)

1. Name of Facility: ___________________________________________________________

2. Ages of children accepted: Over _____________ And Under ________________

3. Maximum number of children permitted by license: ____________________________

4. Operation schedule:
   a. Months of operation: ______________________________________________________
   b. Days of operation: ______________________________________________________
   c. Hours of operation: ______________________________________________________
   d. Holiday schedule: ______________________________________________________
   e. Vacation schedule: ______________________________________________________
      Paid: Yes ______ No ________
   f. Sick leave: ____________________________________________________________
      Paid: Yes ______ No ________
   g. Other hours: __________________________________________________________

5. Meals provided by: Facility Parent/Guardian
   _____Breakfast _____Breakfast
   _____Lunch _____Lunch
   _____Dinner _____Dinner
   _____a.m. snack _____a.m. snack
   _____p.m. snack _____p.m. snack

Enrolled with the USDA Food Program? Yes__________ No__________

6. Type of services offered:
   _____Group Child Care Facility     _____After-School Care
   _____Group Child Care Home      _____Infant/Toddler Care
   _____Before-School Care       _____Drop-In Care

7. Admission Requirements and Enrollment Procedures:______________________________

__________________________________________________________
8. Fees: Deposit Fee: $ followed by blank line
   Registration Fee: $ followed by blank line
   Comprehensive Fee: $ followed by blank line
   Application Fee: $ followed by blank line
   Other Fees: 

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Refund Policy: 

9. Policy and plan for emergency medical care: 

10. Liability insurance coverage for child care operation: Yes No
    Company/Policy Number: 

11. Rules concerning personal belongings brought to the facility: 

12. Transportation: Provided to and from facility? Yes No
    Mode of transporting children on field trips and outside activity: 
    Name of transportation service: 

13. Parental permission for trips and related activities outside the facility: Yes No
    If yes, explain: 

14. a. Admission of sick/moderately sick children: Yes No
b. Admission of handicapped children:  _____Yes  _____No  
Explain:__________________________________________________________________________

15. Medication administered by the facility:  _____Yes  _____No  
Explain:__________________________________________________________________________

16. Describe plan in case of natural disaster:__________________________________________________________________________

b. Describe plan in case of fire:__________________________________________________________________________

c. Are plans practiced at regular intervals?  _____Yes  _____No  

17. Policy and procedures for provision and management of diapers and other infants/toddler supplies (if applicable):__________________________________________________________________________

18. Policy on disclosure of information on child or parents or guardians:__________________________________________________________________________