



**Mental Health Risk
Retention
Group Inc.**

c/o Negley Associates
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**DAYCARE, PRESCHOOL, HEADSTART
SUPPLEMENTAL APPLICATION**
(TO BE COMPLETED FOR EACH APPLICABLE LOCATION)

1. Applicant _____

Address _____

Utilized square footage _____ Fenced yard? Yes No

Are there pets on premises? Yes No If yes, please list type and breed

Describe all play equipment, indoors and outdoors

2. Licensed capacity _____ (Attach copy of license) Hours of operation _____

3. Age group	No. of clients	No. of staff	Credentials and Experience of Staff:
1 to 6 months	_____	_____	_____
7 to 12 months	_____	_____	_____
13 months to 3 years	_____	_____	_____
3 to 5 years	_____	_____	_____
Other (Age)_____	_____	_____	_____

Well Child _____ % Developmentally Disabled _____ % Aged _____ % Emotionally Disturbed _____ %

Other _____% Please specify _____

4. Does hiring procedure include: Background/reference check? Yes No
Screening for criminal record? Yes No

Include a brief description of these procedures.

5. Is transportation provided? Yes No If yes, explain:

6. Do you take clients on field trips? Yes No If yes, how many trips annually? _____

What type of trips? _____

What is the staff/client ratio? _____ Is staff trained in CPR or first aid? Yes No

Do you receive signed permission slips from the parents for each trip? Yes No

Please retain a copy of the completed application.