



GOVERNMENT OF BERMUDA

Department of Health

NEW LICENCING APPLICATION V.3

Day Care Centre Regulations, 1999

Please complete this application and email to the:

Child Care Regulation Programme

childcare@gov.bm

SECTION A: Day Care Centre Information	
Day Care Centre Name:	
Physical Address:	
Phone No:	Cellular No:
Email Address:	
Hours of Operation:	
OWNER OPERATOR (NAME):	
Phone No:	Cellular No:
Email Address:	
Home Address:	
PERSON IN CHARGE (NAME):	
<i>Degree, Educational Transcript (to verify courses in Early Childhood), and Resume required at time of submission.</i>	
Phone No:	Cellular No:
Email Address:	

Child Care Regulation Programme

Department of Health, Continental Building, 25 Church Street, Hamilton HM12

Phone: (+1 441) 278-4900

Email: childcare@gov.bm

SECTION B: *Proposed Enrollment*

Young Infants (3-9 months): _____ Older Infants (9-12 months): _____ Toddlers (12-24 months): _____

2 Year Olds: _____ 3 Year Olds: _____ 4 Year Olds: _____

Please list the number of children's toilets and wash basins you have available on site:

Children's Toilets: _____ Wash basins: _____ Potties: _____

Please confirm that you have at least one staff bathroom (sink and toilet) that is separate from the children's bathroom and list its location below:

Location:

SECTION C: *Structure and Utilities*

- a. Attach a blueprint or scaled drawing showing the proposed ratios of each class/group (i.e. 1 year old 2:10), including external play area(s). Please refer to the Child to Staff Ratio form for guidance.
- b. Contact the Fire Department via email fireprotection@gov.bm for your annual inspection giving enough time to obtain a current Fire Certificate. Please note the annual inspection period for Day Care Centres falls between June – August.
- c. Your General Liability Insurance Policy must be renewed annually.
- d. Occupancy Certificates are only required for Day Care Centres who have undergone recent renovations or spaces that required change of use from the Planning Department.
- e. Your Elevator Certificate must be renewed annually.
- f. Indoor and outdoor photos of the centre spaces.

SECTION D: *Approved drinking water source*

Please describe in writing your approved drinking water source on your premises (i.e. boiled water, pure water, water bottles, parents will provide spare water:

SECTION E: *Programme*

****List the name of purchased Curriculum or submit the details of centre created Curriculum****

*Curriculum:

SECTION F: Documents and Policies in place

“Must”: is used when the action or item is required in Bermuda law

“Should”: is used when describing a best practice

DOCUMENTS	Attached	On file at CCRP	Notes
General Liability Insurance Policy:			
Valid Fire Certificate:			
Occupancy Certificate (if applicable):			
Elevator Certificate (if applicable):			
Day Care Enrollment Application:			
Curriculum:			
MUST POLICIES			
Sick Policy (COVID-19 included):			
Medicine Policy:			
Transportation Policy:			
Safe Sleep Policy children under 12 months:			
Fire & Emergency Evacuation Policy:			
Mandatory Reporting Policy:			
Discipline Policy:			
SHOULD POLICIES			
Accident & Injury:			
Complaint Policy:			
Enrolment Policy:			
Media Viewing Policy :			
Open Door Policy: (Parents/ Visitors/ Support Services)			
Food prepared on site: <input type="checkbox"/> Yes <input type="checkbox"/> No If applicable, please submit a copy of the certificate from Environment Health.			

Please note that approval for the Director of Health is required for the preparation and service of meals to children and the kitchen must comply with Public Health Food Regulations 1950.

SECTION G: Screening Questions - Circle Yes or No for all questions. If you answer yes to any of the following questions provide an explanation below.

1. Have you been charged with, convicted of, or pled guilty or no contest to a crime in Bermuda or any other country?	Yes	No
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Explanation:

2. Have you had any form of investigation or disciplinary action by any health or social services related agency in Bermuda or another country?	Yes	No
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Explanation:

SECTION H: Declaration Statement – (check each box after reading and sign below)

- I agree the information in this application and the information in any required or following documentation is true and accurate to the best of my knowledge. I understand that false statements may result in the removal from the Day Care Centre.
- I agree to notify the Child Care Regulation Programme of any changes to the information provided in this licencing application form.
- I agree for Child Care Regulation Programme and/or MOH to contact relevant persons (including but not limited to regulatory and government entities) to verify the information provided in this application.
- I agree that I will adhere to the Children Act 1998, Day Care Centre Regulations 1999, and Child Care Standards 2018.

I, _____, have knowledge of my responsibility to report known or suspected child abuse in compliance with Part III of the Children Act 1998.

I certify to the best of my knowledge that the information contained in this application is true and factual.

Printed Name of Applicant

Signature of Applicant

Date

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

PATI disclaimer: This correspondence and any response thereof is subject to public disclosure under the Public Access to Information Act 2010. Most exempt records may be disclosed if it is in the public interest (s.21). Personal information, such as names and personal details of service users, patients, complaints, children and vulnerable adults, is exempt from disclosure (s.23). Information of people receiving discretionary benefit such as a licence is not personal information and can be disclosed (s.24 (1)). Commercial information and information received in confidence may be disclosed if it is in the public interest (s.25&s. 26