



GOVERNMENT OF BERMUDA

Ministry of Health

Department of Health

COVID-19 WAIVER APPLICATION FORM

CONTACT INFORMATION

Day Care Name: _____ License #: _____

Address: _____

Email: _____ Phone #: _____

Name of Owner/Operator: _____

Owner/Operator Email: _____ Owner/Operator Phone #: _____

FACILITY INFORMATION

Requested Days/Hours of Operation: _____

Covid-19 Outbreak Response Team *(For DCC's Please list a minimum of 2-4 staff and include a designated Person-In-Charge [PIC] and Deputy)*

Team member: _____ Team member: _____

Team member: _____ Team member: _____

REQUIRED DOCUMENTATION:

Please attach the updated **CSR forms** along with the following policies and procedures that reflect the requirements outlined in the **Child Care Guidance**:

- Parent Pick Up/Drop off Procedures
- Sick Policy for Staff and Children
- Cleaning Schedule for Facility and Toys
- Outbreak Response Plan

Please review and indicate that each condition has been met:

- I have read and understand the requirements as outlined in the *Centre Reopening and Outbreak Response Guidance*.
- Both the *Person in Charge* and *Deputy* are approved by the Director of Health and will be available to ensure appropriate supervision (*DCC's only*).
- My facility will comply with licensing requirements and will implement and maintain all required protocols as outlined in the guidance.
- My facility has adequate staffing to comply with COVID-19 guidance to ensure child care ratios are upheld.
- Adequate supplies and resources required for daily health checks, increased cleaning protocols, hand washing requirements, etc. will be stocked and accessible to all staff.
- A COVID-19 Outbreak Response Team has been created and listed above.

Print: _____ Date: _____

Signature of Owner/Operator: _____