



GOVERNMENT OF BERMUDA
Department of Health

RENEWAL LICENCING APPLICATION V.5
Day Care Centre Regulations, 1999

Please complete this application and return with payment to the:
Child Care Regulation Programme
Ministry of Health
Continental Building
25 Church Street
Hamilton HM12

SECTION A: Day Care Centre Information

Day Care Centre Name:

Physical Address:

Phone No:

Cellular No:

Email Address:

Hours of Operation:

OPERATOR (NAME):

Phone No:

Cellular No:

Email Address:

Home Address:

PERSON IN CHARGE (NAME):

Phone No:

Cellular No:

Email Address:

Contact Details for CCRP Website

Email Address:

Phone No:

Cellular No:

Child Care Regulation Programme

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

Phone: (+1 441) 278-4936

Email: childcare@gov.bm

SECTION B: Staff (person in charge and deputy verified by qualification letter issued by CCRP)

| | | |
|----------------------------|--|-----------------------------|
| Person in Charge 1: | Qualification Letter: Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Person in Charge 2: | Qualification Letter: Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Deputy Person in Charge 1: | Qualification Letter: Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Deputy Person in Charge 2: | Qualification Letter: Yes <input type="checkbox"/> | No <input type="checkbox"/> |

List all other personnel by their position (staff and assistants verified by qualification letter issued by CCRP):

Staff:

Assistants:

Substitutes:

Students/Volunteers:

***Name Driver(s) of School Vehicle:**

^Names of Maintenance Staff:

List All CPR Certified Staff:

Notes:

*Driver of vehicle = designated driver(s) of day care vehicle:

^Maintenance staff (i.e. cleaners, cooks, etc.)

SECTION C: Children

No. of Children Registered: _____

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: _____

**Permitted number of children is determined by the Child Care Regulation Programme based on 25sqft of useable space per child*

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

Applicant initials:

SECTION D: 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.

SECTION E: 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 F: Programme (Please list if there have been changes to your curriculum within the last year)

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

*Curriculum:

Please send a copy of your updated Curriculum to childcare@gov.bm.

SECTION G: Documents and Policies (submit updated versions as necessary)

“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: | | | |
| Fire Certificate: | | | |
| Occupancy Certificate (Recent renovations ONLY): | | | N/A |
| Elevator Certificate: | | | N/A |
| Updated Day Care Enrollment Application (if applicable): | | | |
| Current Curriculum (if applicable): | | | |
| MUST POLICIES | | | |
| Sick Policy (COVID-19 included): | | | |
| Medicine Policy: | | | |
| Transportation Policy: | | | |
| Safe Sleep Policy (Must) children under 12 months: | | | |
| Fire & Emergency Evacuation Policy: | | | |
| Mandatory Reporting Policy: | | | |
| Discipline Policy: | | | |
| SHOULD POLICIES | | | |
| Accident & Injury: | | | |
| Complaint Policy: | | | |
| Enrolment Policy: | | | |
| Media Viewing Policy : | | | N/A |
| 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 H: Annual Licence Fee

| | Number of Children | Annual Fee | Fee Included | Amount |
|--|---------------------------|-------------------|---------------------|---------------|
| (a) Not More than 15 | \$ 144.00 | | | |
| (b) 16 to 30 | \$ 227.00 | | | |
| (c) More than 30 | \$ 310.00 | | | |
| (d) Late Fee* | 50% of licence fee | | | |
| Total Fee Enclosed | | | | |
| <p style="color: red;"><i>*Late renewal of licence under paragraph (3) or certificate under paragraph (5), if the application is not received 2 weeks after the licence or certificate expires. Government Fees Amendment (No.2) Regulations 2021 BR30/2021 Amends Head 14 (6)</i></p> | | | | |
| Fees are to be paid in full by bank transfer, cash, or cheque in person with the Child Care Regulation Programme Continental Building, 25 Church Street, Hamilton HM12 | | | | |
| Please make all cheques payable to The Accountant General | | | | |
| Details for MOH bank account: Ministry of Health account number: 010-723955-001(HSBC) Beneficiary Name: Government of Bermuda – Health Beneficiary Address: Continental Building, 25 Church Street, Hamilton HM12 | | | | |

SECTION I: Screening Questions for Owner/Operator - 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 |
| 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 |
| Explanation: | | |

SECTION J: 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)