



GOVERNMENT OF BERMUDA

Department of Health

### CHANGE OF INFORMATION (COI) FORM

#### Section 1 – Contact information

Submit all documentation required with this form to [childcare@gov.bm](mailto:childcare@gov.bm) or

Child Care Regulation Programme, Department of Health, Continental Building, 25 Church Street, Hamilton HM 12

<b>Name of Day Care Center:</b>	
<b>Person Submitting COI Form:</b>	

#### Section 2 – Change of Information Requiring Prior Approval by Child Care Regulation Programme

<input type="checkbox"/>	<b>Buildings and equipment:</b> Submit floor plan or playground lay-out for current structure and proposed changes. Identify the proposed changes. If planning approval is required, submit proof of planning approval.	
<input type="checkbox"/>	<b>Number of Children:</b> Submit Proposal for Reason to Increase or Decrease Capacity.	Current Number of Children Approved: Number of Children Requested:
<input type="checkbox"/>	<b>PIC or Deputy Joining:</b> Must submit Staff Application Form along with Supporting Documents and Photo ID. Submit New Child/Staff Ratio Form.	Name of Staff Joining: Class Responsible For: Start Date: _____ Contract Signed: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	<b>PIC or Deputy Leaving:</b>	Name of PIC or Deputy Leaving: Class Responsible For: Departure Date: _____ Proposed Coverage:
<input type="checkbox"/>	<b>Staff Joining:</b> Must submit Staff Application Form along with Supporting Documents and Photo ID. Submit New Child/Staff Ratio Form.	Name of Staff Joining: Class Responsible For: Start Date: _____ Contract Signed: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	<b>Staff Leaving:</b>	Name of Staff Leaving: Class Responsible For: Departure Date : _____ Proposed Coverage:
<input type="checkbox"/>	<b>Transferring Classroom:</b> Submit New Child/Staff Ratio Form.	Name of Staff: Class Changing From: Class Changing To: Date of Change: _____

<input type="checkbox"/>	<b>Ownership/Name Change:</b> Submit Signed and Notarized Agreement with the New Owner/Confirmation of Name Change.	Name of new owner or new Day Care Name:  Date of Transfer/Change: _____
<input type="checkbox"/>	<b>Change of Address:</b> Must provide a copy of the Occupancy Certificate from the Planning Department, Transition Plan and a Full Inspection must be completed prior to the effective date.	New Address:  Proposed Effective Date: _____
<input type="checkbox"/>	<b>Space Evaluation:</b> Measurements for new location or change to layout of current location.	<input type="checkbox"/> New Location <input type="checkbox"/> Current Location  Identify Location:  Reason for Request:

**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).

<b>Signature:</b> _____ <b>Date Submitted:</b> _____	
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