



Day Care Change of Information Form

Day Care:	
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Section 1 – Contact information

Complete only the items that are changing. Submit all documentation required with this form to childcare@gov.bm or Child Care Programme, Department of Health, Continental Building, 25 Church Street, Hamilton HM 12.

Name of Day Care:	
Telephone:	
Email:	
Primary Contact Person:	

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

Check the box for the change being requested.

<input type="checkbox"/>	Buildings and equipment - 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"/>	Number of Children - Submit proposal for any required staffing or building changes	Current no. approved: No. of requested children:
<input type="checkbox"/>	PIC or Deputy Leaving - Submit the new classroom staff to child ratio form and application (and supporting documentation) for new PIC or Deputy.	Name of PIC/Deputy Leaving: Class responsible for: New PIC or Deputy:
<input type="checkbox"/>	Staff leaving/changing classes – Submit new classroom staff to child ratio form and plan for coverage of the class.	Name of Staff Leaving: Class responsible for: Proposed coverage:
<input type="checkbox"/>	Staff Joining – Vetting Request. Must submit their application, educational qualifications, CPR, SCARS, DCFS Form, Police Check Certificate, medical clearance form, contract. Submit new classroom, staff/child ratio form.	Name of Staff Joining: Class responsible for: Contract signed: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	Ownership – Submit signed and notarized agreement with the new owner.	Name of new owner: Proposed date for transfer:
<input type="checkbox"/>	Address – Must provide a copy of the occupancy certificate, transition plan and an environmental inspection must be completed prior to the effective date.	New Address: Proposed effective date:

Name:		Date:	
Signature			